



## Case Study

### AYURVEDIC MANAGEMENT OF *VISPHOTAKA*: A CASE STUDY

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#### ABSTRACT

*Visphotak* is characterized with *Agnidagdhanibha* (Burning sensation feels like burned by fire), *Sphota* (white or red color nodular lesion along with clear fluid), *Swajwara* (persisting fever) which spreads all over the body all over the body. A six years old male, came into the OPD of Syamadas Vaidya Shastra Pith Hospital\_at Kolkata, presenting with complaints of generalized Blisters (vesicle) over the body associated with *Osha* (burning sensation all over the body), *Arti* (pain), mild fever, *Kandu* and oozing since last three months. *Karma* or treatment depends on *Dosaswabhaba*. After treatment, vesicles were completely resolved with no sign of relapse and some scar marks. Photographs were taken before and after completing treatment of 3 months only after getting the patients consent. The outcome was a combined effect of both *Shaman-sodhan* and *Ropana* (through *Prakshalan*) therapy along with *Pathya sevan*. Hence, it was concluded that application of treatment principle of *Pittaja Visarpa* was justified in *Visphotaka*.

**KEYWORDS:** *Visphotaka*, *Twaka vikara*, *Shodhana*- *Nitya virechana* therapy, *Nimba patra kasaya*, *Mahatikta ghreeta*, *Trivritavaleham*, *Amrita guggulu*, *Saribadyasavam*.

#### INTRODUCTION

*Twaka vikara* in terms of dermatology is the study of both any alteration of normal and abnormal skin and associated structures such as hair, nails, and oral and genital mucous membranes. Large community prevalence studies have been demonstrated that between 20-30% of the population have various skin problems require attention<sup>[1]</sup>. Skin diseases have serious impact on life. They can cause physical damage, embarrassment, social and occupational restrictions. Some skin conditions can be life threatening<sup>[2]</sup>. Total 166 types of skin diseases has been described in Brihatrayee under heading on *Kustha*, *Kshudra roga*, *Visarpa*, *Vidradhi*, *Prameha*, *Soth* etc<sup>[3]</sup>. *Visphotak* is one type of *Kshudra roga*. Incompatible dietetics and abnormal activities are the cause of *Kshudra rogas*. *Visphotak* is characterized with *Agnidagdhanibha* (burning sensation like burned by fire), *Sphota* (white or red color nodular lesion along with clear fluid), *Swajwara* (persisting fever) and it spread all over the body which was co- related with Bullous eruption or Pemphigus. Mainly *Pitta* and *Rakta dosha* were aggravated with the help of *Vata* and produced *Visphotaka*<sup>[4]</sup>.

Bulla is a circumscribed large elevated lesion containing clear fluid with up to > 0.5cm diameter or an erythematous base at sites where skin cohesion of skin is weakest. It can be sub-corneal, intra-peridermal, dermo-epidermal in nature. The diagnosis of bullous disorders is based on clinical features and investigations. Sub-corneal bullae also divided into two based on characteristic of bulla i.e. pustules and clear fluid. Pemphigus foliaceus is characterized by vesicles in frequent filled with clear fluid, mainly removal of scale-crusts reveals a minimally moist area, lesion in seborrheic distribution and no involvement of oral mucosa. It usually starts on the limbs and often spread to the face and trunk which ruptures rapidly to form extensive areas of scaling and crusting<sup>[5]</sup>.

Line of treatment of *Pittaja visarpa* was applicable for this disease. After completing the three months of treatment notified development were occurred with no sign of relapse. Here *Pitta- rakta dosa hara* treatment was done through *Sodhan* (*Nitya virechana*), *Shaman* (*Tiktarasayukta Ghreeta Pana*), and *Ropana* (*Prakshalana* with *Nimba patra dhara*) therapy, which is the main treatment principle of *Pittaja Visarpa*<sup>[6]</sup>.

**Case Study****Chief Complaints**

A six years old male patients (registration number: AYUR/RG1800018146) attended *Samhita and Siddhanta* OPD of Shyamadas Vaidya Shastra Pith Hospital at Kolkata, West Bengal with complaints of generalized vesicle type lesion with sever burning sensation due to this he could not wore clothes, mild itching and fever and oozing (most affected area were upper extremities, face, trunk and upper part of the back side) since last 3 months.

**History of present illness**

Before one year it started with a red color nodular vesicle type lesion on the ventral aspect of the left hand above the wrist and upper backside part of body. Then similar lesions were seen on either hand which increased day by day rapidly and spread more or less all over the body. After that he was under treatment with allopathic medication for more or less two months. But after few months the lesion was relapsed and spread too rapidly for discontinuing the medicine. Gradually vesicle developed along with sever burning sensation, mild itching, pain, and oozing associated with persisting fever which was mild in nature. The symptoms aggravated on any contact like water, clothes and he was unable to keep any clothes on his body. After few days, associate secondary changes occurred with partial loss dermis and crust formation.

**Past history:** There was no relevant history of any past illness or relevant family history. After getting his personal history it was revealed that he used to take meat, fish, fried food such as chips, Fast foods etc. regularly. No other specific causative factor was

found relevant in the present condition.

**Integumentary system****Skin**

The lesion type was vesicle and bullae with oval and dome shaped configuration. Color was *Rakta* and *Shyaba*. Associated secondary changes occurred - partial loss of dermal layer of skin associated with crust formation. Margin (border) was ill-defined. Fever- 98.9<sup>o</sup>F. blood pressure, respiratory rate & pulse all was in normal limits.

**Investigation**

Blood routine and liver function test were within normal limits. Others skin related investigation was not done due to financial constraints of the patient.

**Diagnostic Criteria**

Based on history, the manifested symptoms and clinical findings the case was diagnosed as *Visphota* (types of *Kshudra roga*).

**Treatment Schedule**

Treatment schedule was prepared after ascertaining involvement of *Doshas*. The treatment was carried out in two phases- *Sodhana* (for eliminating excessive morbid *Doshas*) along with *Ropana* (for healing) therapy and *Shamana* (for mitigating *Dosha*).

1st phage (for fifteen days) of management- *Shodhana*- *Nitya virechana* therapy was planned for elimination of aggravated *Doshas*. *Mahatikta ghreeta* was administered for 15 days in the morning in empty stomach followed by *Trivritavaleham* which was listed in table no-1.

**Table 1: Management-Shodhana- Nitya virechana therapy**

Name of the drugs	Dose and time of administration	Anupana	Duration (28-08-2018 to 12-9-2018)
<i>Mahatikta ghreeta</i>	5ml in empty stomach at morning approx. 6-6.30am	Luke warm water	15 days
<i>Trivrit avaleham</i>	1 TSF 6gm at night after meal.	Luke warm water	15 days.
<i>Kasaya dhara</i> (pouring of medicated decoction over the body)	(Approximate 2 lit one time) two-time daily morning and evening	-	15 days

2nd phage of management- *Shamana*- the patient was discharged with internal medication which was continued for two and half months, showed in table no-2.

**Table 2: 2nd phage of management- Shamana**

Name of medicine	Dose and time of administration	Anupan	Duration
<i>Avipattikar Churna</i>	2.5gm twice in a day before meal	Luke warm milk	(13-9-2018 to 27-11-2018)
<i>Sarivadyasavam</i>	10ml thrice daily after meal -lunch & dinner	Luke warm water	(13-9-2018 to 27-11-2018)
<i>Navayas lauha + Punarnabadi mandur + Motipisti</i>	250mg + 250mg +125mg mixed together with honey taken two times daily before food- morning and evening.	Luke warm water	(13-9-2018 to 27-11-2018)

Tab- Panchatikta ghreeta guggulu & Tab. Amrita guggulu	250mg (2 pill) of each drug taken it twice daily after meal lunch and dinner	Luke warm water	(13-9-2018 to 27-11-2018)
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**Picture before treatment**



Figure-1



Figure-2



Figure-3

**Picture After treatment (after 90 days)**



Figure-4



Figure-5



Figure-6

**Pathya-** Roasted flour of barley, *Mudga yusa*, *Kharjura*, boiled water and *Dadim* was administered as *Pathya*.

**RESULT AND OBSERVATIONS**

On the day of first visit of OPD after getting proper history and thorough checkup the patient was advised to admit in IPD for fifteen days along with treatment schedule (*Sodhana* therapy) which was depicted in table number-1. There was the arrest in progression of bullae and oozing along with nominal

reduction of burning sensation after initial fifteen days of therapy. After fifteen days patient was discharged on the request of patient party along with prescribed oral medication (*Shaman* therapy) and advised to follow-up visit after next thirty days. Fever was subsided; burning sensation, pruritus and pain was massively reduced; ruptured bullae of affected area of skin started to peel off which was seen during the 2<sup>nd</sup> outpatient (45 days from 1<sup>st</sup> visit) door visit. At the time of 3<sup>rd</sup> outpatient (after one and half months from 2<sup>nd</sup> visit) level management bullae were

started to replace by normal skin with scarring and hyper pigmentation along with complete remission of burning sensation, pain, oozing, fever and pruritus. The photograph of before and after treatment were attached below:

## DISCUSSION

Acharya Vagbhata described that *Twacha* or skin formed due to the *Paka* of *Rakta dhatu* by its *Dhatvagni* in the foetus. After *Paka*, it dries up to form *Twach*, just like the deposition of cream over the surface of boiled milk<sup>[7]</sup>. According to Ayurveda, layers of skin are seven in number. These are- *Avabhasini*, *Lohita*, *Sweta*, *Tamra*, *Vedini*, *Rohini* & *Mamsadhara*<sup>[8]</sup>. Whereas *Avabhasini* resembles the outer most layer of skin and believed to reflect the health of healthy individual which may be correlated with stratum corneum of the epidermis; *lohita* indicates the quality of blood i.e., *Rakta dhatu* and it support the outer layer; *Sweta* balances the color of skin which may be correlated with stratum lucidum of epidermis; *Tamra* considered as protective barrier of skin which may be correlated with stratum granulosum of the epidermis; *Vedini* responsible for the sensation, correlated with papillary layer of dermis; *Rohini* supports healing and regeneration, correlated with the reticular layer of dermis; *Mamsadhara* is considered necessary for skin to appear firm and supple & correlated with dermis<sup>[9]</sup>. Different ways of *Samprapti* of skin diseases were described in different Ayurvedic compendium apart from *Sadharan* or general *Samprapti* such as due to *Amajanyo*, *Krimi janyo samprapti* etc.

Bulla is a circumscribed large elevated lesion containing clear fluid with up to >0.5cm diameter or an erythematous base at sites where skin cohesion of skin is weakest. It can be sub-corneal, intra-peridermal, dermo-epidermal in nature. Sub-corneal bullae also divided into two based on characteristic of bulla i.e. pustules and clear fluid. Pemphigus foliaceus a blistering skin disorder which usually affects the elderly characterized by vesicles in frequent filled with clear fluid, mainly removal of scale-crusts reveals a minimally moist area, lesion in seborrheic distribution & no involvement of oral mucosa. Usually starts on the limbs and often spread to the face and trunk which ruptured rapidly to form extensive areas of scaling and crusting. Sub corneal bulla are located below the stratum corneum, contains clear fluid/pus, heals with no residue. Intra-dermal bulla reside in prickle cell layer, takes time to rupture, presence of clear fluid, crusted

erosion on rupturing along with burning sensation, heal with pigmentary changes<sup>[10]</sup>.

In *Visphotak kshudra kushtha*, *Pitta* and *Rakta dosa* are aggravated with the help of *Vayu* & vitiated *Rasa*, *Rakta* and *Mamsa dhatu*. *Nidan paribarjana*, *Sodhana*, *Tikta rasa yukta ghreeta pana* & *Sital- kriya* are treatment principle of *Pittaja visarpa*<sup>[11]</sup>. According to the treatment principle of *Pittaja visarpa sita* contained drugs should be administered for *Sodhana* and *Shaman*. The drugs having the quality of alleviating *Pitta* & *Rakta doshas*, *Kusthagna* (alleviating skin lesion), *Kandughna* (anti-pruritus), *Dahaprasaman* (curatives of burning syndromes), *Krimigna* (curatives of all infections) & *Shonitasthapan* (which restores blood in its pure form after eliminating its vitiating *Doshas*) were administered for the treatment of *Visphotaka* because treatment principle of *Pittaja visarpa* can be applied in *Visphotak*<sup>[12]</sup>. *Sita guna* is the second of the *Vata guna* also counted as *Kapha guna* may inherent for its biological action of *Stambhana karma* and also belongs to the conjugate of *Usna guna* and inhibit or preserve the action of *Ushna guna*. In the perspective of modern cell biology this act of *Stambhana may* signifies the conservative property of cellular sustainability to maintain equilibrium in static and kinetic energy<sup>[13]</sup>.

*Nimba* (*Azarchta indica* A. Juss) *Patra* (leaves) *Kasaya* (decoction) *Dhara* (affusion) was given for its *Ropan* quality (healing power). *Nimba Patra* possesses antimicrobial, anti-inflammatory properties. *Tikta rasa yukta ghreeta* were administered because *Tikta rasa* having anti toxic and germicidal activity, cures burning sensation, itching, obstinate skin diseases including fever<sup>[14]</sup>, *Ghreeta yukta* because *Samskarahi gunantaradhanam ucchate*<sup>[15]</sup>- increase the potentiality and also helps to alleviate *Vata dosa*, *Tikta rasa* responsible for increase of *Vata dosa*. *Snehapana* is *Pittahara* (pacifying *Pitta dosa*) in nature and indicated in skin diseases<sup>[16]</sup>. Through the virtue of *Snehapan* i.e. *Dosha Utklesana* (increasing the *Dosa*) separates accumulated toxins from the body of patients. *Trivrit Avaleha* was given for *Virechana karma* (*Virechan karma* is the principle of treatment of *Pittapra doshaja vikara*). *Virechana* helped in the removal of vitiated *Dosha* from the body along with toxins at cellular level<sup>[17]</sup>. *Avipattikar churna* was administered for correction of *Agni*. The drugs had been described below with their *Karma*.

**Table3: Name of the drugs and its Guna & karma**

Name of the drugs	Guna & karma
<i>Mahatikta ghreeta</i>	<i>Raktapittaghna</i> , mainly administered in <i>Visphota, Kustha, Jirnajwara, Udarda, Kandu, Daha, Visarpa</i> etc <sup>[18]</sup> .
<i>Trivrit avaleham</i>	<i>Virechana</i> , used in all type of skin diseases, <i>Amlapitta</i> etc <sup>[19]</sup> .
<i>Avipattikar Churna</i>	<i>Pitta pradosajavikara</i> , help in <i>Amapachana</i> <sup>[20]</sup> ,
<i>Sarivadyasavam</i>	Acts as <i>Raktashodhaka</i> , & <i>Sonitasthapaka</i> , Used mainly <i>Pitta pradosaja Vikara</i> , such as <i>Nadibrana, Visphotaka</i> etc <sup>[21]</sup> .
<i>Punarnabadi mandur</i>	<i>Kaphashamak, Kleda shosaka, Sothhara, Raktavardhaka</i> <sup>[22]</sup> .
<i>Motipisti</i>	<i>Sitavirya, Pittaja shamaka</i> , used in <i>Antardaha, Kshaya</i> etc <sup>[23]</sup> .
<i>Navayas lauha</i>	<i>Kapha-pitta shamaka, Pachaka, deepaka, Rasayana &amp; Raktavardhaka</i> <sup>[24]</sup> ,
<i>Tab. Pancha tikta ghreeta guggulu</i>	<i>Pitta-vata shamak &amp; Raktasodhaka</i> property, used in <i>Udarda, Brana, Visphotaka</i> <sup>[25]</sup> .
<i>Tab Amrita guggulu</i>	<i>Pittashamaka</i> , used in <i>Kustha, Nadibrana, Dustabrana</i> etc <sup>[26]</sup> .

**CONCLUSION**

*Visphotak (Kshudra roga)* can be co-related with the blistering disorder of skin by clinical features of patients. *Rakta* and *Mamsa dhatu Dusti* are an important stage in the pathogenesis of *Visphotak*. Drugs such as *Nimba patra kasaya, Mahatikta ghreeta, Trivritavaleham, Amrita guggulu, Saribadyasavam* etc were administered (for *Samana, sodhan & Ropana karma*) due to its *Sita guna* (act as *Stambhana*) and *Pittarakta shamak* activity which was the treatment principle of *Pittaja Visarpa*. Hence, from this study it can be concluded that application of treatment principle of *Pittaja visarpa* was justified in *Visphotak*.

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