

AYURVEDIC MANAGEMENT OF VISPHOTAK: CASE SERIES

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ABSTRACT

In Ayurveda, All skin conditions are collectively referred to as Kushta. All of the *kushta* have been characterized by Ayurveda *acharyas* as involving all three *doshas*. However, depending on the predominant *dosha* involved, the signs, symptoms, and course of treatment will vary. Because *Visphotaka's* signs and symptoms resemble those of Pemphigus vulgaris, they can be compared with an autoimmune condition called pemphigus vulgaris which causes skin and mucous membranes to blister and erode. It almost always happens in middle age. When a person has pemphigus, their immune system unintentionally creates antibodies against certain skin proteins known as desmogleins. The glue that holds the skin cells together and in place is made up of these proteins. When desmogleins are attacked, skin cells can split from one another, and fluids can build up between the skin layers, causing infection and non-healing blisters. These lesions may develop over the entire body or only occupy a small portion of it. Future systemic problems could result from the allopathic approach to treatment. It is regarded as a raktapittaja condition in Ayurvedic science, and appropriate therapeutic strategies are used. When treating any skin condition, purificatory therapies like purgation, emesis and blood letting in conjunction with inside drugs have been shown to be extremely effective. A case series of a patient presenting with the similar complaints treated by Ayurvedic regimen will be presented in this paper.

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.^[1] Skin diseases have serious impact on life. They can cause physical damage, embarrassment, social and occupational restrictions. Some skin conditions can be life threatening.^[2] Total 166 types of skin diseases has been described in Brihatrayee under heading on *Kustha Kshudra roga, Visarpa, Vidradhi, Prameha, Shoth* etc.^[3] *Visphotak* is one type of *Kshudra roga*.

Transparent blisters with thin skin covering are the hallmark of *visphotak kushta* (blistering skin disease).^[4] It has been explained by all of the *Bruhatrayees* under *Kshudra Kushta*. As they are *Sarvashareeragata* (occur throughout the body), with a burning sensation, connected to fever and thirst^[5], *Charakacharya* describes them in *chikitsasthana*. *Vagbhata* indicates that *Visphotaka* has *Tanutvacha* (thin skin at the wound site) in *Nidanasthana* with reddish discoloration.^[6] According to *Sushruta's* explanation of *Visphotaka* in *Nidanasthana*, they are related to *Rakta* and *Pitta*,

resemble burnt skin lesions, and are linked to fever.^[7] These could impact just a small portion of the body or the entire body. In a different chapter with the same name, *Madhava Nidana* explains it. He describes the six different types of *Visphotaka*, which are *Vataja, Pittaja, Kaphaja, Dvandvaja, Sannipataja*, and *Raktaja*.^[8] The main line of treatment done is *pachana, vamana, virechana* (purgation), *raktamokshana* (blood letting) and *shamana*. Ayurvedic line of treatments explained in classics were done. The results will be explained below.

CASE SERIES

Case 1

A 45 yrs old male patient came with the complain of *Pidakas* (bullous eruptions) all over her upper and lower extremities, back. The *pidakas* were *Vedanayukta* (painful) with *Daha* (burning) and there was *Daha, Raktasrava* (blood discharge) and *Raga* (redness). On history patient was said to be working in a farm after which he developed these symptoms since 6 months. All the other family members were said to be healthy. Patient had tried other alternative medicines, but was not relieved. Her general health was good and blood tests were in normal limits. Patient was admitted in our hospital to administer classical *shodhan Karma*. All the other alternative medications were stopped. The details will be further explained. Patient was given *pachan chikitsa* for 5 days with *Ampachak kwath, shankh vati*,

Hingwashtak churna. Then by examining *samyak pachan lakshanas* patient was given *vamana karma*. Firstly, *snehpana* was given with *Tikta ghrita* for 4 days followed by *sarvang snehan swedan* for one day and then actual *vaman kalp* was given. During *vaman karma* patient got 7-8 *vegas* with *samyak lakshanas*. Further after 7 days *virechan karma* was done. For that *snehpan* was given same as *vaman karma*. Then 2 days of *sarvang snehan swedan*. Then actual *virechan kalpa* was given. During *virechan karma* patient got 10-12 *vegas* with *samyak lakshanas*. After *virechan karma*, *raktamokshan* i.e. *siravedh* was done. At the end patient was given *shaman chikitsa* with *Arogyavardhini vati* 250 mg Bd, *Vidangarishta* 20 ml Bd, *Gandhak Rasayan* 250 mg Bd, *Gandharva haritaki* 5 gm HS, *Nimba oil* (for local application). Duration of treatment was 6 months. Patient had significant results in all symptoms. Followup was done after every 15 days.

Case 2

A 32 yrs old male patient came with the complain of *raktavarniy Pidakas* (bullous eruptions) all over body except face. The *pidakas* were having *Raktasrava* (blood discharge) *kandu* (itchy), *daha* (burning sensation). On history patient had developed these symptoms since 1 month. All the other family members were said to be healthy. Patient was given *virechana karma* as explained in 1st case. Further after 7 days *krimighna basti karma* was done. Before and after *virechan karma*, *raktamokshan* i.e. *siravedh* was done. At the end patient was given *shaman chikitsa* with *Arogyavardhini vati* 250 mg Bd, *Gandhak Rasayan* 250 mg Bd, *Vidangarishta* 20 ml Bd, *Mahamanjishthadi kashay* 20 ml Bd, *Gandharva haritaki* 5 gm HS, *Chandanbala lakshadi* oil, herbal drug combination of *sariva*, *manjishtha*, *lodhra*, *vidang* and *triphala* with *takra* (for local application). Also after *Shaman chikitsa*, by examining *samyak pachan lakshanas* patient was given *vamana karma*. Firstly, *snehpana* was given with *Tikta ghrita* for 4 days followed by *sarvang snehan swedan* for one day and then actual *vaman kalp* was given. During *vaman karma* patient got 7-8 *vegas* with *samyak lakshanas*. Again above *shaman chikitsa* was continued. Total duration of treatment was 6 months. During *shaman chikitsa siravedh* was done 2-3 times. After 6 months patient has only one patch of discolouration over legs. Followup was done after every 15 days.

Case 3

A 55 yrs old female patient came with the complain of *raktavarniy Pidakas* (bullous eruptions) on bilateral lower extremities. The *pidakas* were *kanduyukta* (itchy). On history patient had developed these symptoms since 1 year. All the other family members were said to be healthy. Patient was admitted in our hospital to administer classical *shodhan Karma* which already explained above. During *virechan karma* patient got 6-7 *vegas* with *samyak lakshanas*. Further after 7 days *yoga basti karma* was done in which *anuvasana basti* of *Narayan tail* and *niruh basti* of *laghumanjishthadi kwath*

preparation was used. Before and after *virechan karma*, *raktamokshan* i.e. *siravedh* was done. After *basti karma jalaukavcharan* was done over right lower extremities just below knee joint. At the end patient was given *shaman chikitsa* as above. Total duration of treatment was 2 months. After 6 months patient has relief of almost 70-80 % in all symptoms. Followup was done after every 15 days.

Case 4

A 22 yrs old female patient came with the complain of *Pidakas* (bullous eruptions) on bilateral upper and lower extremities. The *pidakas* were *kandu* (itchy) and *dahayukta* (burning sensation). On history, patient had developed these symptoms since 1 year. First *shodhan karma* given as above. During *virechan karma* patient got 6-7 *vegas* with *samyak lakshanas*. Before and after *virechan karma*, *raktamokshan* i.e. *siravedh* was done. Total duration of treatment was 6 months. After 6 months patient has relief of almost 80-90% in all symptoms. Skin discolouration and itching was decreased. Followup was done after every 15 days.

Case 5

A 38 yrs old male patient came with the complain of *Pidakas* (bullous eruptions) on bilateral lower extremities. The *pidakas* were *kanduyukta* (itchy). On history, patient had developed these symptoms since 3-4 months. All the other family members were said to be healthy. Patient had tried other alternative medicines, but was not relieved. *Shodhan karma* that is *virechan* was given as explained above. During *virechan karma* patient got 10-12 *vegas* with *samyak lakshanas*. After *virechan karma*, *raktamokshan* i.e. *siravedh* was done. At the end patient was given *shaman chikitsa* same as previous cases. Total duration of treatment was 6 months. After 6 months patient had relief of almost 60-70% in all symptoms. Skin patches and itching was decreased. Followup was done after every 15 days.

Mode of Action

Deepan Pachan

The *Deepana Pachana* procedure starts the patient's digestive fire, assisting in the right digestion of the *ghrita* (ghee) we give them. The operation is meant to be terminated if there is formation of *aama* (indigestion). Therefore, appropriate *deepana pachana* aids in the process's further progression.

Snehan Swedan

The goal of *Snehana* and *Swedana* is to raise the *Shakhagata dosha* to *Koshta* so that it can be ejected from the body by the closest path (in this case, the anus). *Snehana* is *Kledakaraka* and aids in *doshavishyandana*, or the liquefaction of toxins^[9] (increases body's *kleda*).

Virechan

The concept behind *Virechana* is to use the anus to facilitate the expulsion of the now-*koshtaaashrita doshas* from the body. The medications employed for this

purpose have the qualities of *teekshna*, *sukshma*, *vyavayi*, *vikasi*, and *ushna* since they enter the bloodstream through *hrudaya* due to the *prabhava*. After all of this, they are eliminated through the anus due to the *prithvi* and *jala mahabhoota* in the medications. In *pitta dosha's* primary therapeutic method is called *virechana*. The *pitta* and *kapha sthana*, *amashaya*, is the target of the action of *virechana*. More specifically, *Pitta's sthana* is *adho-amashaya*. By extinguishing the fire at its source, *Charakaacharya*, using an analogy, argues, the fire that spread throughout the entire building goes out. Likewise, the *pittasthanagata chikitsa* alleviates the *pitta dosha* throughout the entire body.^[10]

Vaman

Skin diseases can benefit from the application of *Vamana Yoga*, which includes *Vacha Churna*, *Madhu*, *Madanphala*, *Pippali*, and *Saindhava*. *Vamanaopaga Dravya* can be treated with *Yashtimadhu Phanta*. A review of the literature demonstrates that *Vamana* alleviates the symptoms of skin conditions such as *Kandu*, *Pidaka*, *Shotha*, *Daha*, and *Vedana*. Research verified that the *Samshodhana* effect is provided by *Snehana* and *Swedana* as *Poorvakarma*. Therapy ingredients have properties like *Kaphaghna*, *Amapachana*, *Kushthaghna*, and *Krimighna* that reduce illness symptoms. By removing *Kapha Dosha*, *Vamana Yoga* slows the pathological advancement of illness. *Vamana Karma* cleanses *dushya* of skin ailments and removes impurities from the *Rasadi Dhatu*.

Krimighna basti

Krimighna dravyas are primarily *Laghu*, *Ushna*, *Ruksha*, *Tikshna*, *Sukshma*, and have comparable features and functions to *Krimighna* and *Kaphaghna* as they are *Tikta*, *Katu rasa*, *Katu* by *Vipak*, and *Ushna* by *Viryas*. All the *dravyas* included in this *basti* are similar to *Krimighna*. *Anuvasan basti* on 1st and last day by *karanj* oil and For *niruha basti* preparation, drugs which were used are *vidang*, *madanphal*, *shigru*, *triphala*, *danti*, *musta*, *shatpushpa kalka*.

Raktamokshan

The *Rakta pradoshaja Vyadhi* includes all forms of *Kushtha* and states that the finest forms of treatment are *Virechana* and *Raktamokshana*. In *Pitta*, *Rakta*, and *Kaphaja Vyadhi*, or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*, *Siravedha* mostly acts. When a patient has *Vata Prakopa*, which is caused by *Pitta* and *Kapha Avarana*, *Siravedha* can remove *Pitta* or *Kapha Dosha Avarana*, making room for *Anulomana*, which

Kandu (Itching)

Score	Grade
0	No itching
1	Often mild type of itching (1 -2 times in a day)
2	Moderate itching along with mild itching episode (1 - 2 times in a day).
3	Moderate itching along with moderate itching episode (3 – 4 times in a day).
4	Severe itching episode more than 5 times a day even night and blood spot came out.

indirectly treats both *Pitta* or *Kapha Dosha* and *Vataja* symptoms, providing the patient with instant relief.^[11]

Medications after procedure

Arogyavardhini Vati

It functions primarily as *Pathyakara*, *Deepan*, and *Pachan*. This treatment was referred to by *Acharya* as *Kushtha Nashaka*. In the therapy of *Vata Pradhan* and *Vata-Kapha Pradhan kushtha*, it is important.

Gandhak Rasayana

It primarily affects *Twak dhatu* and *Rakta*. It is used as *Rakta Shuddhikar* as a result and has anti-pruritic properties as well. Its nature is *Yogvahi*, *Vishaghna*, *Jantughna*, and *Kushthaghna*.

Vidangarishtha

Used for *Krimighna* (especially *Kaphaja* and *Raktaja*) action. It also acts as *Krimighna Rasayan*, *Yogvahi* and *Vata Shamak*.

Combination of herbal drugs for local application

Sariva, *manjishtha*, *musta*, *vidang*, *lodhra*, *triphala*, *Tikta Rasa* predominates in this formulation and acts primarily on *Twacha*, making it effective for *Kushtha Nashak* and *Rakta Shodhak*. *Kandu Nashak*, or *Tikta Rasa*, is used to treat itching.

Nimba Taila

In addition to possessing *laghu* and *Sheet Guna*, which aid in *pitta shaman*, *Nimba* (*Azadiracta indica*) has *Sheeta Virya*. *Nimba* is described as having *krimighna* and *kandughna* activity in the *Charak Samhita*.

Scoring criteria

For this purpose the assessment rating scale was developed with the help of Dr. J. Manohar and Dr. Sunil kumar Yadav. Some of them are mentioned below.^[12]

Daha (Burning sensation)

0	No burning sensation even after rubbing
1	Mild type of burning sensation, sometime and not disturbing normal activity.
2	After mild type of burning sensation
3	Severe burning sensation disturbing normal activity

Rukshata (Dryness/Roughness)

0	No dryness (Snigdha)
1	Dryness with rough skin (Ruksha)
2	Dryness with scaling (Khara)
3	Dryness with cracking (Parusha)

Srava (Discharge)

0	No discharge
1	Moisture on the skin lesion
2	Weeping from the skin lesion
3	Weeping from the skin lesion followed by crusting

Pidaka (Eruption)

0	No eruption in the lesion
1	Scanty eruption in few lesion
2	Scanty eruption in at least half of the lesion
3	All the lesions full of eruption

Vaivarnya (De-pigmentation)

0	Nearly normal skin color
1	Brownish red discoloration
2	Blackish red discoloration
3	Blackish discoloration

Raji (Thickening Of Skin)

0	No thickening of the skin
1	Thickening of the skin but no criss-cross marking
2	Thickening of skin with criss-cross marking
3	Severe lichenification

Effect of Therapy

Table 1: Showing effect of Therapy in Subjective Parameters.

Variable	Case 1		Case 2		Case 3		Case 4		Case 5	
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
<i>Kandu</i>	3	0	4	1	3	1	3	0	4	1
<i>Pidika</i>	3	1	4	0	2	1	2	1	2	1
<i>Srava</i>	2	0	3	0	0	0	2	1	0	0
<i>Vaivarnata</i>	2	1	2	0	3	1	2	0	2	0
<i>Daha</i>	2	0	3	0	1	0	2	1	0	0
<i>Rukshata</i>	1	0	3	0	1	0	2	1	1	0
<i>Raji</i>	1	0	3	0	1	0	1	0	0	0

Total Effect of Management

Table 2: Results of therapy.

Result	Case
Cured	Case 2
Marked improvement	Case 1,3,5
Improvement	Case 2
Unchanged	0

visit, at the time of the third outpatient session, level management bullae were began to give way to normal skin that was scarred and had excessive pigmentation. The burning, discomfort, oozing, fever, and itching had completely disappeared. Each observation is mentioned above after case explanation. Also The the before and after therapy photos are mentioned below.

RESULT AND OBSERVATIONS

The patient was advised to be admitted to IPD for fifteen days along with a treatment schedule (Shodhana therapy), which was illustrated on the day of the patient's initial visit to the OPD after receiving a complete examination and a correct history. The development of the bullae and oozing was stopped, and there was nominal decrease in burning feeling following the first fifteen days of treatment. Following fifteen days, some patients were released at the request of the patient party, with instructions to take the prescribed oral medication (Shaman treatment) and be seen again in thirty days. Burning, itching, and dryness significantly decreased; on the second outpatient door visit (30 days after the first appointment), the ruptured bullae of the affected area of skin began to peel off. After 1.5 months from the second

Before And After Images

1) Case 1



Figure-1



Figure-2

2) Case 2



Figure-1



Figure-2



Figure-3

3) Case 3



Figure 1



Figure 2

1) Case 4



Figure-1



Figure-2

5) Case 5



Figure-1



Figure-2

DISCUSSION

According to Acharya Vagbhata, the fetus's *Dhatvagni* causes the *Paka* of Rakta dhatu, which forms *Twacha* or skin. It dries out to create *Twacha* after *Paka*, just like cream forms on the surface of cooked milk.^[13] Seven layers make up the skin, according to Ayurveda. These include *Mamsadhara*, *Vedini*, *Rohini*, *Tamra*, *Lohita*, *Sweta*, and *Avabhasini*.

In modern science, Bulla is a big, raised lesion that is bounded and contains clear fluid up to >0.5 cm in diameter. It can also have an erythematous base at the areas where the skin's cohesiveness is the weakest. Its nature can be dermo-epidermal, intra-peridermal, or subcorneal. Based on the bulla's characteristic pustules and clear fluid, sub-corneal bullae are likewise separated into two groups. Pemphigus foliaceus is a blistering skin condition that primarily affects the elderly. It is characterized by numerous, transparent fluid-filled vesicles. Removal of the scale crusts typically exposes a minimally moist area, a lesion in the seborrheic distribution, and no oral mucosal involvement. Usually begins on the limbs and spreads quickly to the face and trunk, where it ruptures to create large regions of crusting and scaling.

Vayu helps to vitiate *Rasa*, *Rakta*, and *Mamsa dhatu* and worsen *Pitta* and *Rakta dosha* in *Visphotak kshudra kushtha*. *Pittaja Visarpa* uses *Nidan Paribarjana*, *Shodhana*, *Tikta rasa yukta ghritha pana*, and *Sita-kriya* as therapeutic pillars.^[14] Drugs containing *sheeta* should be given to *Shaman* and *Shodhana* in accordance with the *Pittaja Visarpa* therapeutic philosophy. Since the treatment of *Pittaja visarpa* can also be applied to *Visphotaka*, medications with the ability to alleviate *Pitta* and *Rakta doshas*, such as *Kusthagna* (which relieves skin lesions), *Kandughna* (anti-pruritus), *Dahaprashaman* (curatives of burning syndromes), *Krimigna* (curatives of all infections), and *Shonitasthapana* (which restores blood in its pure form after eliminating its vitiating *Doshas*), were given.^[15] *Shodhan karma* (*Vaman and 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.

CONCLUSION

Clinical aspects of patients with skin blistering disorders may be associated with *Visphotak (Kshudra roga)*. An essential phase in the pathophysiology of *Visphotak* is represented by *Rakta* and *Mamsa dhatu Dushti*. Because of their *Shita guna* (act as *Stambhana*) and *Pittarakta shamak* activity which were drugs like *Mahamanjishthadi kashaya*, *Trivrit avaleham*, *Arogyavardhini*, *Gandhak rasayan*, *Nimba oil* etc. were provided (for *shodhan, shaman & Ropana karma*). Thus, it is possible to draw the conclusion from this study that *Visphotak* was successfully treated by ayurvedic regimen.

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