Case Study

AYURVEDIC MANAGEMENT OF VISPHOTAKA: A CASE STUDY

Afroja Yeasmin Akhtar Roji*, Abichal Chattopadhyaya2

*1Ph.D. Scholar, Department of Samhita & Sanskrit, F/O-Ayurveda, IMS, BHU, Varanasi, UP., India.
2Professor and HOD, Department of Ayurved Samhita and Siddhanta, Institute of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Shastra Peeth Hospital, Kolkata, West Bengal, India.

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 Dosaswabhava. 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[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, Soth etc[3]. 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[4].

Bulla is a circumscribed large elevated lesion containing clear fluid with up to > 0.5cm diameter or an erythematos 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 seborrhic 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[5].

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[6].
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 all 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°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 Shaman (for mitigating Dosha).

1st phage (for fifteen days) of management-Shodhana– Nitya virechana therapy was planned for elimination of aggravated Dosas. 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) |
|----------------------------------|--------------------------------------------------|---------|------------------------------------|
| Mahatikta ghreeta                | 5ml in empty stomach at morning approx. 6-6.30am | Luke warm water | 15 days                            |
| Trivrit avaleham                 | 1 TSF 6gm at night after meal.                   | Luke warm water | 15 days                            |
| Kasaya dhara (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                  | Anupana | Duration (28-08-2018 to 12-9-2018) |
|-----------------------------------|--------------------------------------------------|---------|------------------------------------|
| Avipattikar Churna                | 2.5gm twice in a day before meal                  | Luke warm milk | (13-9-2018 to 27-11-2018)         |
| Sarivadyasavam                    | 10ml thrice daily after meal –lunch & dinner      | Luke warm water | (13-9-2018 to 27-11-2018)         |
| Navayas lauha + Punarnabadi mandur + Motipisti | 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)         |
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 2nd outpatient (45 days from 1st visit) door visit. At the time of 3rd outpatient (after one and half months from 2nd visit) level management bullae were

| 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) |

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

Picture before treatment

Figure-1  Figure-2  Figure-3

Picture After treatment (after 90 days)

Figure-4  Figure-5  Figure-6
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[7]. According to Ayurveda, layers of skin are seven in number. These are- Avabhasini, Lohita, Sweta, Tamra, Vedini, Rohini & Mamsadhara[8]. 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 granulosam 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[9].

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. Intradermal bulla reside in prickle cell layer, takes time to rupture, presence of clear fluid, crusted erosion on rupturing along with burning sensation, heal with pigmented changes[10].

In Visphotak kshudra kushta, Pitta and Rakta dosa are aggravated with the help of Vayu & vitiated Rasa, Rakta and Mamsa dhatu. Nidan paribarjana, Sodhana, Tikta rasa yakta ghreeta pana & Sital- kriya are treatment principle of Pittaja visarpa[11]. According to the treatment principle of Pittaja visarpa sita contained drugs should be administered for Sodhana and Shamana. The drugs having the quality of alleviating Pitta & Rakta doshas, Kusthagna (alleviating skin lesion), Kandughana (anti-pruritus), Dahaprasaman (curatives of burning syndromes), Krimigna (curatives of all infections) & Shonitashapan (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[12]. 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[13].

Nimba (Azarachta 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 yakta ghreeta were administered because Tikta rasa having anti toxic and germicidal activity, cures burning sensation, itching, obstinate skin diseases including fever[14], Ghreeta yakta because Samskarah gunantaradhanam ucchat[15]- increase the potentiality and also helps to alleviating Vata dosa, Tikta rasa responsible for increase of Vata dosa. Snehapana is Pittahara (pacifying Pitta dosa) in nature and indicated in skin diseases[16]. Through the virtue of Snehapana i.e. Doshaprashanas (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 Dosh from the body along with toxins at cellular level[17]. Avipattikar churna was administered for correction of Agni. The drugs had been described below with their Karma.
Table 3: Name of the drugs and its Guna & karma

| Name of the drugs | Guna & karma |
|-------------------|-------------|
| Mahatikta ghreeta | Raktapittaghna, mainly administered in Visphota, Kustha, Jirnajwara, Udarda, Kandu, Daha, Visarpa etc[18], |
| Trivrit avaleham | Virechana, used in all type of skin diseases, Amapitta etc[19], |
| Avipattikkar Churna | Pitta pradosajavikara, help in Amapachana[20], |
| Sarivadyasavam | Acts as Raktrashodhaka, & Sonitasthapaka, Used mainly Pitta pradosaja Vikara, such as Nadibrana, Visphota etc[21], |
| Punarnabadi mandur | Kaphhashamak, Kleda shosaka, Sothhara, Raktavardhaka[22], |
| Motipisti | Sitavirya, Pittaja shamaka, used in Antardaha, Kshaya etc[23], |
| Navayas lauha | Kapha-pitta shamaka, Pachaka, deepaka, Rasayan & Rakta vardhaka[24], |
| Tab. Pancha tikta ghreeta guggulu | Pitta-vata shamak & Rakta vardhaka property, used in Udarda, Brana, Visphota[25], |
| Tab Amrita guggulu | Pittashamaka, used in Kustha, Nadibrana, Dustabrana etc[26]. |

CONCLUSION

Visphota (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 Visphota. Drugs such as Nibma 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 visarp was justified in Visphota.

ACKNOWLEDGEMENT

We are thankful to the participant for providing his consent to published image and other clinical information in journal.

REFERENCES

1. Pande Yoges, Dermatological Manifestation in Ayurveda: A Review. European journal of pharmaceutical and medical Research, 2019, volume-6(2), page-277.
2. Nicole Yi Zhen Chiang, Julian Verbov, Dermatology, A hand book for medical student and junior, published from british association of dermatologists, edition-2nd; 2009, chapter-1, page-8.
3. Pande Yoges, Dermatological Manifestation in Ayurveda: A Review European journal of pharmaceutical and medical Research, 2019, volume-6(2), page-277.
4. Sushruta Samhita of Sushruta (Ayurveda Tattva Sandipika hindi commentary) Ambikadutta Shastri, Part-I; Chaukhhamba Sanskrit Sansthan, Varanasi, Reprint 2008, Chikitsa sthan 13, slok-18, page-547.
5. Khanna Neena, Illustrated synopsis of dermatology and sexually transmitted diseases, fifth edition, published by-Elsevier, edition-2016, chapter-five, page no-85-88.
6. Sushruta Samhita of Sushruta (Ayurveda Tattva Sandipika hindi commentary) Ambikadutta Shastri, Part-I; Chaukhhamba Sanskrit Sansthan, Varanasi, Reprint 2008, Chikitsa sthan, chapter-20, slok-7, p-478 & Chikitsasthan-17, slok-10-13, p-467.
7. Balkrisna, Gupta Ramkumar, Telles Shirley, the anatomy of the skin: concepts from Ayurveda and Computational Modelling, 2017, 5 (1): 150-153.
8. Gupta GK (Ed.) Adhunik Kriya Sharir Vigyan, Meerut, Utkarsha Prakasana, 2018, p-80.
9. Gupta Gyanendra kumar, Devi Gagan, A comparative study of Twacha Shareer with Skin (integument), Research and Reviews: A journal of Ayurvedic Sciences, Yoga and Naturopathy, 2018, volume-5, issued-3, page-7, 11.
10. Khanna Neena, illustrated synopsis of dermatology and sexually transmitted diseases, fifth edition, published by-Elsevier, edition-2016, chapter-five, page no-85-88.
11. Sushruta Samhita of Sushruta (Ayurveda Tattva Sandipika Hindi Commentary) Ambikadutta Shastri, Part-I; Chaukhhamba Sanskrit Sansthan, Varanasi, Reprint 2008, Chikitsa sthan 13, slok-18, page-547.
12. Sushruta Samhita of Sushruta (Ayurveda Tattva Sandipika Hindi Commentary) Ambikadutta Shastri, Part-I; Chaukhhamba Sanskrit Sansthan, Varanasi, Reprint 2008, Nidan Sthana 13, slok-18, page-547.
13. Dalhan, Nibandha Samgraha commentary on Susruta Samhita commentary, Edited by Yadavji Trikamji, published by – Chowkhamba Sanskrit Pratisthan, Varanasi. 6th edition, Sutrasthan, chapter -15, sloka-20, page-70-71.

14. Sharma Priyobrata, Dravyaguna Vijnan, Vol II, Chaukhamba Bharati Accademy, Varanasi, Third edition, 2006, Kandughna, page 149-150.

15. Das bhagoban, Charak Samhita (English translation and critical exposition), published by- Chowkhamba Orientala, Varanasi, 2015 ed. Vimansthan, chapter-1, sloka-21(2). Page-124 & sutra stan 27/232, Page-537.

16. Yadavji Trikamji, Charak Samhita, published by- Chowkhamba Orientala, Varanasi, 2015 ed. sutrasthan, chapter 12, sloka 14-15, Page 83.

17. Yadavji Trikamji, Charak Samhita, (Ayurved Deepika), Published by- Chowkhamba Orientala, Varanasi, 2015 ed. Sutrasthan, chapter 16, sloka 3-6 (chakrapani). Page 97.

18. Yadavji Trikamji, Charak Samhita, (Ayurved Deepika), published by- Chowkhamba Orientala, Varanasi, 2015 ed. Sutrasthan, chapter 8, Sloka 144-150, Page-457.

19. Vagbhata, Ashtanga Hridaya, with the Commentaries, Sarvangasundara of Arunadatta and Ayurveda rasayana of Hemadri, Edited by Hari Sadashiva Shastri Paradakara Bhisagacharya, Published by Chaukhamba Suryabharati Prakashana, Varanasi (2007), Kalpa sthan 2, slok-9, p-743.

20. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Churna prakaran, page-661.

21. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Asavaarista prakaran, page-759.

22. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Lauhamandur prakaran, page-574.

23. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, page-170.

24. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Lauhamandur prakaran, page-572.

25. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Guggulu prakaran, page-595.

26. Ayurveda Sara Samgraha, Shri Vaidyanath Ayurveda Bhavan limited, edition-2016, Guggul prakaran, page 590.

Cite this article as:
Afroja Yeasmin Akhtar Roji, Abichal Chattopadhyaya. Ayurvedic Management of Visphotaka: A Case Study. International Journal of Ayurveda and Pharma Research. 2020;8(Suppl 1):1-6.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence
Dr. Afroja Yeasmin Akhtar Roji
Ph.D. Scholar,
Department of Samhita & Sanskrit, F/O-Ayurveda, IMS, BHU, Varanasi, India,
Email: rosyafroz89@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.