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Understanding the treatment modalities of Pemphigus Vulgaris (*Agnivisarpa*) through the lens of Ayurveda - A Single Case Study

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ABSTRACT

Pemphigus is a disease that causes blisters and sore on the skin or mucous membrane. The blisters rupture easily, leaving open sores, which may ooze and become infected. *Agnivisarpa* can be compared to pemphigus vulgaris due to its resemblance in sign and symptoms. The disease needs early and proper treatment to prevent further morbidity and mortality. Being an autoimmune disorder physician generally use corticosteroids and immunosuppressive drugs here an attempt is made to study in detail about pemphigus vulgaris and its understanding through *Ayurveda*. A case report of 47year old male patient with clinical presentation of fluid filled blisters burning and pain along with hyperpigmentation received systemic medication in modern medicine without an adequate response. *Samshodhan* coupled with *Samshamana* medication are the cornerstones for *Visarpa*. Hence in this study, *Virechana Karma* once in a week for 2 month. After that *Raktamokshana* (After completion of 3 sitting of *Virechana Karma*) followed by 3 months of *Samshamana* medicine. At the conclusion of treatment, a skin lesion assessment was performed.

Key words: *Agnivisarpa*, *Pemphigus*, *Raktamokshana*, *Virechana Karma*, *Ayurveda*.

INTRODUCTION

Pemphigus vulgaris is a rare bullous disease of the skin and mucous membrane. It is clinically characterized by blisters and erosions of the mucus membrane and skin. It is characterized by the production of autoantibodies directed against desmosomal protein leading to acantholysis and thus formation of epidermal bullae.^[1,2] *Visarpa* is a *Pitta Nanatmaja Vyadhi Charakacharya* explains in *Chikitsa Sthana* as they are

Sarva Shariragata (appears in the whole body) with burning sensation along with fever and thirst.^[3] It is said to be caused by the vitiation of the *Tridoshas* and shows specific variations in the manifestations depending on the *Dosha* predominance. The *Vishesh Samprapti* varies in accordance with the *Doshas* involved leading to variable manifestations. Pemphigus vulgaris bears a resemblance with to *Agni Visarpa* wherein vitiation of *Vata* and *Pitta* and in turn *Rasa*, *Rakta*, *Twak*, and *Mamsa* is the reason of *Lakshanotpatti*. *Prakupit Pitta* and *Rakta* cause *Aaraktata*, *Shotha* and *Pidika*. *Agnidagdha Prakara Sphota* is the main characteristic feature of *Agnivisarpa* and the fatality is more when compared to other skin diseases.

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PATIENT PROFILE

Name: xxxx

Age/Sex: 47yr

OPD No.: T-266

Occupation: Doctor

Religion: Hindu**Address:** Mumbai**CASE REPORT**

A 47-year-old male patient was consulted in OPD of Vd. Vinay Vasudeo Welankar Clinic (OPD No- 7-266) at Dombivli MS with complaints of Small fluid-filled blisters on the face, upper trunk, and back, Pus along with blood discharge through blisters, Burning sensation, Pain, Inflammation, Hyperpigmentation of the affected area and Decreased appetite since 9 months. The patient also consulted to allopathic hospitals and took allopathic medications for 5 months but didn't get any satisfactory relief. Then for further line of management he came to Dirghayu Panchakarma Chikitsalaya, Dombivli East (MS)

Past History - No. H/O HTN, Thyroid, H/O- D.M Since 2 months

Treatment History - The patient took some Ayurvedic medicines on and off

Allopathic medications

1. Tab Prednisolone 40mg
2. Tab Azoran 50mg

Family History - Not Specific

Personal History

Appetite: Reduced

Thirst: Normal

Bowel: clear

Micturition: Normal

Sleep: Disturbed

Diet: Vegetarian

General Examination

Pallor: Absent

Icterus: Absent

Clubbing: Absent

Cyanosis: Absent

Lymphadenopathy: Absent

Edema: Present

Vital Examination

Blood Pressure: 136/86mmHg

Pulse rate: 72/min

Respiratory rate: 18/min

Weight: 78kg

Temperature: 98.6°F

Ashtavidha Pariksha

1.	Nadi	<i>Pitta Pradhan Kapha Anubandhi</i>
2.	Mala	<i>Niyamit (Regular)</i>
3.	Mutra	<i>Samanya (4-5 Times a day, No burning sensation)</i>
4.	Jivha	<i>Alpa Samta (white coated)</i>
5.	Shabda	<i>Gambhir (Deep)</i>
6.	Sparsha	<i>Ruksha (Dry), Alpa Ushna (warm)</i>
7.	Drika	<i>Pittabh Shweta (Yellowish White)</i>
8.	Aakriti	<i>Madhyam</i>

Dashvidha Pariksha

1.	Prakriti	<i>Pitta Vatta</i>
2.	Vikriti	<i>Pitta Rakta</i>
3.	Sara	<i>Mamsa Sara</i>
4.	Samhanana	<i>Madhyam</i>
5.	Pramana	<i>Madhyam</i>
6.	Satva	<i>Pravar</i>
7.	Satmya	<i>Sarvarasa Satmya</i>
8.	Ahara Shakti	<i>Madhyam</i>
9.	Vyayama Shakti	<i>Avara</i>
10.	Vaya	<i>Yuva</i>

Systemic Examination

Gastro-intestinal system: Soft, Non- tender

Respiratory system: Bilateral chest clear

Cardiovascular system: S1 and S2 heard normal

Central nervous system: Conscious, well oriented to time and place and person.

Skin Examination:

Site of eruption - Back, Chest, Face, Bilateral Axilla region.

Distribution - Asymmetrical

Margin - Irregular and diffuse

Colour - Blackish red

Samprapti Ghataka

Nidana	Virudha Ahara, Dadhi Sevana, Atya Ambu Paan, Alpa Vyaayam, Krodha, Chinta,
Dosha	Pitta, Rakta
Dushya	Twaka, Rakta, Mamsa, Lasika
Srotas	Raktvaha Srotas
Adhithana	Twaka
Rogamarga	Bahya-Marga

Vyadhi Vinishchay (Provisional Diagnosis) - Agni Visarpa (A type of skin disorder)

Treatment

1. Samshamana Chiktisa
2. Shodhana Chiktisa

Table 1: Treatment Plan

Samshaman Chikitsa	Sansodhan Chikitsa
1. Rasapachaka Vati (750mg) - TDS	1. Langhana/Rukshana
2. Raktapachaka Vati (500mg) - TDS	2. Nitya Virechana with Trivutta Avleha (15-20gms) once in a week for 2 months.
3. Haridra Guduchi Ghan Vati(750mg) - TDS	3. Raktamokshana (Sira Vedha) - After

4. Laghu Manjisthtaadi Kasyam (20ml) - BD	completion of 3 sitting of Virechana Karma.
5. Krimikudharaadi Rasa (500mg) - TDS	
6. Chopacheeni Churna (500mg) - BD	
7. Vyadhiharan Rasayana	

Follow-up

The follow-up was carried after 1 month to rule out progression of disease and adverse reaction.

Table 2: Treatment protocol

Date	Chikitsa
25 May 2021	<ol style="list-style-type: none"> 1. Rasapachaka Vati (750mg) - TDS 2. Raktapachaka Vati (500mg) - TDS 3. Haridra Guduchi Ghan Vati(750mg) - TDS 4. Laghu Manjisthtaadi Kasyam (20ml) BD 5. Trivrutta Avleha for Virechana once in a week.
17 June 2021	<ol style="list-style-type: none"> 1. Rasapachaka Vati (750mg) - TDS 2. Raktapachaka Vati (500mg) - TDS 3. Haridra Guduchi Ghan Vati(750mg) - TDS 4. Aragvadhadi Kashayam (20ml) BD 5. Siravedha Raktamokshana (Amount 100-120ml)
10 July 2021	<ol style="list-style-type: none"> 1. Haridra Guduchi Ghan Vati(750mg) - TDS. 2. Krimikudharaadi Rasa (500mg) - TDS 3. Chopacheeni Churna (500mg) - BD 4. Vyadhiharan Rasayana 5. Virechana + Raktamokshana

Table 3: Changes in Sign and Symptoms

Sign and symptoms	Before treatment	After treatment
Daha (Burning Sensation)	Present	Absent
Pidika (Blisters)	Present	Absent

Shyava (Blackish discoloration)	Present	Reduced
Sarava (Discharge)	Present	Absent



Before Treatment (25 May 2021)



After Treatment (10 July 2021)



Before Treatment (25 May 2021)



After Treatment (10 July 2021)



Raktamokshana (Siravedha)

RESULT

Significant relief has been observed in symptoms like *Daha*, *Pidika*, *Shyava*, *Sarava*. Significant improvement has also been observed in Appetite and bowel habits.

DISCUSSION

Ayurveda have classified *Visarpa* based on *Adhishtana* and *Doshabheda*. To be specific, the signs and symptoms of pemphigus vulgaris matches more with the manifestations of *Agnivisarpa*.^[4]

It is called *Visarpa* because it spreads in different directions and it is also called *Parisarpa* because it spreads all over the body.^[5] *Acharya Susruta* describes the *Pratyatma Lakshana* for pemphigus as *Sarvaanga Saarina* i.e., spreading.^[6] To be specific, the clinical features of Pemphigus vulgaris simulate with symptoms of *Agni Visarpa* explained in our classics. Understanding of *Dosha*, *Dushya*, *Agni*, *Ama* and *Srotas* are the base of diagnosis and treatment as per *Ayurveda*. *Rakta* and *Pittahar Chiktisa Raktamokshana* (*Raktmokshana* is the main treatment of *Visarpa* by *Acharya Charaka*. They have explained as other all *Chikitsa* on one side and *Raktmokshana* on one side in

Visarpa.^[7] and *Virechana* along with *Prashamana Aushadha* and *Aharaa* can be given as a treatment approach.

Nitya Virechana was given once in a week to break the pathogenesis of *Visarpa*. As *Agni Visarpa* have dominance of *Pitta Dosha*. *Trivrutta Avleha* used for *Nitya Virechana* *Trivrutta Avleha* helps in correcting *Jatharagni* and *Dhatuagni* which further eliminates the *Ama* and *Dushit Doshas* with its *Rechan* property.

Before starting the treatment the patient was kept or fasting for one day. Then the *Shamana Aushadi* were given along with *Rukshana*. No oleation therapy was given because as per *Acharya Vagbhata*.^[8] So *Sadhya Virechana* is given.

When blood gets vitiated in the *Shakhas* bloodletting itself should be done first, because increase of *Kleda* in *Twaka*, *Mamsa*, *Snayu* and *Rakta*.^[9]

Table 4: *Shamshana Yoga*

SN	Name of the medicine	Component	Karma
1.	<i>Ras-Pachaka Vati</i>	<i>Kalingaka, patolpatra, Katukrohioni</i>	<i>Raktadhatuprasadaka, Ras Dhatu Agnivaradhak, Kleda Kirmi Nashak, Vranropaka</i>
2.	<i>Rakta- Pachaka Vati</i>	<i>Patola, Sariva, Musta, Patha, Katukrohini</i>	<i>Ras Dhatu Agnivaradhak, Raktagat Kleda Shoshak, Raktaprasadak, Pitta Shamaka,</i>
3.	<i>Haridra Guduchi Ghan Vati</i>	<i>Haridra, Guduchi</i>	<i>Ras Dhatu Agnivaradhak, Raktaprasadaka, Krmighana, Kusthagna, Vranagat Puya, Kleda, Sarawa, Shoshaka.</i>
4.	<i>Arogya Vardhini Vati</i>	<i>Kutki etc.</i>	<i>Kusthagna, Pitta Virechana,</i>
5.	<i>Kirmi Kuthar Rasa</i>	<i>Karpur, Ajmoda, Vidanga, palash,</i>	<i>Kaphhara, Krimighana, Kusthagana</i>

		<i>Nagkeshara etc.</i>	
6.	<i>Vyadhiharan rasayana + Chopchini Churna</i>	<i>Parad, Gandhak, Hartal, Manhshilla</i>	<i>Rakta Shodhaka, Shothhar, due to Action on Twacha And Snayu</i>
7.	<i>Laghu Manjisthadi Kashaya</i>	<i>Manjistha, Trifala, Kutki, Devdaru, Haridra, Guduchi, Nimba Twaka</i>	<i>Rakta Shodhaka, Pitta shamaka</i>
8.	<i>Aragvadhadi Kashaya</i>	<i>Aragvadh, Kiratikta, Bhunimba, Karanja, etc.</i>	<i>Rakta Shodhaka, Kandughana, Anulomaka, Mridu Virechaka.</i>

CONCLUSION

The main theory of treating this ailment states that it is advantageous to apply *Shodhana Karma* and *Shamana Karma* repeatedly. The current case study demonstrates the efficaciousness of *Virechana Karma* followed by *Raktamokshana Karma* work effectively and can break the pathogenesis of pemphigus vulgaris. This Ayurvedic technique lessens the presenting complaint while also preventing the disease from progressing. The case study presented here demonstrates a notable decline in the condition during a brief period of time. Depending on the patient's condition, repeated *Shodhana* may be required to discontinue the use of corticosteroids and contemporary antihistamines.

REFERENCES

1. K. Tsunoda, T. Ota, M. Saito et al., "Pathogenic relevance of IgG and IgM antibodies against desmoglein 3 in blister formation in pemphigus vulgaris," -e American Journal of Pathology, vol. 179, no. 2, pp. 795–806, 2011.

2. C. M. Hammers and J. R. Stanley, "Mechanisms of disease: pemphigus and bullous pemphigoid," Annual Review of Pathology: Mechanisms of Disease, vol. 11, no. 1, pp. 175–197, 2016.
3. Sastri K., Kushtha Chikitsa. Pandeya G. (ed.), Charak Samhita, Vidhyotinitika vol.2, Chaukhambha Sanskrit, Varanasi, 2009; 7/21-25: 243.
4. Agnivesa, Caraka Samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya. Chikitsa Sthana; Chapter 21, Verse 36. Varanasi: Chaukamba Krishnadas Academy, 2010; 561: 21 – 36.
5. Agnivesa, Caraka Samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya. Chikitsa Sthana. Varanasi: Chaukamba Krishnadas Academy, 2010; 559: 21 – 11.
6. Susruta, Susruta Samhita. Nibandhasangraha commentary by Sri Dalhanacarya, edited by Vaidya Jadavji Trikamji Acharya. Nidana Sthana; Varanasi: Chaukamba Krishnadas Academy, 2013; 306: 10 – 3
7. Yadavji Trikamji, Charak Samhita, Published by Chowkhamba orientala, Varanasi, 2017 ed, Chikitsasthana, Chapter 21, Shloka 141, Page no. 566.
8. Vagbhata, Astanga Hrdayam English commentary volume 2 translated by Prof. K.R.Srikantha Murthy : Chowkhamba Krishnadas Academy Chikitsa Sthana chapter No. 18\1 page no.59
9. Vagbhata, Astanga Hrdayam English commentary volume 2 translated by Prof. K.R.Srikantha Murthy : Chowkhamba Krishnadas Academy Chikitsa Sthana chapter 18\8 page no.466

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