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 though Ayurveda. A case report of 47-year-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 months. 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.¹² 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 dominance. 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.

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- Ti-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 month. 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 month

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

Dashvidha Pariksha

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

<table>
<thead>
<tr>
<th>Nidana</th>
<th>Virudha Ahara, Dadhi Sevana, Atya Ambu Paan, Alpa Vyaayam, Krodha, Chinta,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosh</td>
<td>Pitta, Rakta</td>
</tr>
<tr>
<td>Dushya</td>
<td>Twaka, Rakta, Mamsa, Lasika</td>
</tr>
<tr>
<td>Srotas</td>
<td>Raktvaha Srotas</td>
</tr>
<tr>
<td>Adhisthana</td>
<td>Twaka</td>
</tr>
<tr>
<td>Rogamarga</td>
<td>Bahya-Marga</td>
</tr>
</tbody>
</table>

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

Treatment

1. Samshamana Chiktisa
2. Shodhana Chiktisa

Table 1: Treatment Plan

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

Follow-up

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

Table 2: Treatment protocol

<table>
<thead>
<tr>
<th>Date</th>
<th>Chikitsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 May 2021</td>
<td>1. Rasapachaka Vati (750mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>2. Raktapachaka Vati (500mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>3. Haridra Guduchi Ghan Vati(750mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>4. Laghu Manjishttaadi Kasyam (20ml) BD</td>
</tr>
<tr>
<td></td>
<td>5. Trivrutta Avleha for Virechana once in a week.</td>
</tr>
<tr>
<td>17 June 2021</td>
<td>1. Rasapachaka Vati (750mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>2. Raktapachaka Vati (500mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>3. Haridra Guduchi Ghan Vati(750mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>4. Aragyadhadi Kashayam (20ml) BD</td>
</tr>
<tr>
<td></td>
<td>5. Siravedha Raktamokshana (Amount 100-120ml)</td>
</tr>
<tr>
<td>10 July 2021</td>
<td>1. Haridra Guduchi Ghan Vati(750mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>2. Krimikudharo Rasa (500mg) - TDS</td>
</tr>
<tr>
<td></td>
<td>3. Chopacheeni Churna (500mg) - BD</td>
</tr>
<tr>
<td></td>
<td>4. Vyadhiharan Rasayana</td>
</tr>
<tr>
<td></td>
<td>5. Virechana + Raktamokshana</td>
</tr>
</tbody>
</table>

Table 3: Changes in Sign and Symptoms

<table>
<thead>
<tr>
<th>Sign and symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha (Burning Sensation)</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Pidika (Blisters)</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Symptom</td>
<td>Before Treatment (25 May 2021)</td>
<td>After Treatment (10 July 2021)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Shyava (Blackish discoloration)</td>
<td>Present</td>
<td>Reduced</td>
</tr>
<tr>
<td>Sarava (Discharge)</td>
<td>Present</td>
<td>Absent</td>
</tr>
</tbody>
</table>

Before Treatment (25 May 2021)

After Treatment (10 July 2021)
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.\(^\text{[4]}\)

It is called Visarpa because it spreads in different directions and it is also called Parisarpa because it spreads all over the body.\(^\text{[3]}\) Acharya Susruta describes the Pratyaatma Lakshana for pemphigus as Sarvaanga Soarina i.e., spreading.\(^\text{[4]}\) To be specific, the clinical features of Pemphigus vulgaris simulate with symptoms of Agni Visarpa explained in our classics. Understanding of Dosh, Dushya, Agni, Ama and Srotas are the base of diagnosis and treatment as per Ayurveda. Rakta and Pittahar Chiktisa Raktamoksahan (Raktamokshana) is the main treatment of Visarpa by Acharya Charaka. They have explained as other all Chikitsa on one side and Raktamokshana on one side in Visarpa.\(^\text{[\text{\textsection 4}}\) 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 Dosh. Trivrutta Avleha used for Nitya Virechana Trivrutta Avaleha 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 Vagbhatta.\(^\text{[8]}\) 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.\(^\text{[9]}\)

Table 4: Shamshana Yoga

<table>
<thead>
<tr>
<th>SN</th>
<th>Name of the medicine</th>
<th>Component</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ras-Pachaka Vati</td>
<td>Kalingaka, patolpatra, Katukrohioni</td>
<td>Raktadhatuprasadaka, Ras Dhatu Agnivardhak, Kleda Kirmi Nashak, Vranropaka</td>
</tr>
<tr>
<td>2.</td>
<td>Rakta- Pachaka Vati</td>
<td>Patola, Sariva, Musta, Patha, Katukrohini</td>
<td>Ras Dhatu Agnivardhak, Raktagat Kleda Shoshak, Raktaprasadak, Pitta Shamaka,</td>
</tr>
<tr>
<td>4.</td>
<td>Arogya Vardhini Vati</td>
<td>Kutki etc.</td>
<td>Kusthagna, Pitta Virechana,</td>
</tr>
<tr>
<td>5.</td>
<td>Kirmi Kuthar Rasa</td>
<td>Karpur, Ajmoda, Vidanga, palash,</td>
<td>Kaphvara, Krimighana, Kusthagna</td>
</tr>
</tbody>
</table>

Table 4: Shamshana Yoga
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 Raktamoksha 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.

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