



ISSN 2456-3110

Vol 4 · Issue 6

Nov-Dec 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Management of *Visphotaka* : A Case Study

Dr. Sanjay Kadlimatti¹, Dr. Pratima Rayabagi²

¹Principal and Professor, ²Post Graduate Scholar, Dept of Kayachikitsa, BLDEA's AVS Ayurveda Mahavidyalaya, Vijayapura, Karnataka, INDIA.

ABSTRACT

In *Ayurveda* all the skin disorders are collectively named under the heading of *Kushta*. *Ayurvedaacharyas* have described all the *kushta* having the involvement of all the three *dosha's*. But the signs, symptoms and the treatment depend on the predominance of the *dosha* involved. *Visphotaka* can be compared to Pemphigus vulgaris due to its resemblance in signs and symptoms. Pemphigus vulgaris is an autoimmune disorder that involves blistering and erosion of skin and mucous membranes. It occurs almost in the middle aged. In case of pemphigus, the immune system mistakenly produces antibodies against specific proteins in the skin called desmogleins. These proteins form the glue that keeps the skin cells attached and intact. When desmogleins are attacked, skin cells separate from each other and fluids can collect in-between the layers of skin forming infection and blisters that do not heal. These lesions may occupy a part of body or can spread in the entire body. The allopathic approach of treatment may lead to future systemic disturbances. In *Ayurvedic* science it is considered to be a *raktapittaja* disorder and the treatment modalities are applied accordingly. Purificatory therapies like purgation according to holistic approach, followed by internal medications have been proved highly significant in any skin disorder. A case report of a 27yr old female patient presenting with the similar complaints treated by *Virechana Karma* will be presented in this paper.

Key words: *Visphotaka*, *Pemphigus vulgaris*, *Virechana Karma*.

INTRODUCTION

In *Ayurveda* all the skin disorders are collectively named under the heading of *Kushta*. They are again sub- divided into *Mahakushta* and *Kshudrakushta*. Pemphigus vulgaris is one such skin condition; it can be compared to *Visphotaka* based on the signs and symptoms. All the *acharya's* have mentioned *visphotaka* under *KshudraKushta*. Pemphigus vulgaris is a most common and also potentially the most

severe immunobullous disorder involving the skin and mucous membranes. It is an autoimmune disorder common in India and young adults of both sexes are preferentially affected. In more than 50% cases begins with oral erosions. Conjunctival, nasal, pharyngeal, laryngeal, anal and genital mucous membranes are uncommonly affected. The primary lesion of pemphigus vulgaris is a soft blister filled with clear fluid that appears on healthy or irritated skin. The rupture of the blisters on the skin may be painful and limit the person's daily activities. Complications due to infections can be serious and the damaging nature of the blisters may lead to loss of body fluids.^[1]

To compare it with *Ayurvedic* science, there is a similar condition mentioned in our classics named *Visphotaka*. All the *Bruhatrayees* have explained it under *Kshudra Kushta*. *Charakacharya* explains about it in *Chikitsasthana* as they are *Sarvashareeragata* (appear in the whole body), with burning sensation, associated with fever and thirst.^[2] *Vagbhata* explains about *Visphotaka* in *Nidanasthana* having *Tanutvacha*

Address for correspondence:

Dr. Pratima Rayabagi
Post Graduate Scholar, Dept of Kayachikitsa, BLDEA's AVS
Ayurveda Mahavidyalaya, Vijayapura, Karnataka, INDIA.
E-mail: pratimarayabagi@gmail.com

Submission Date: 08/10/2019 Accepted Date: 10/12/2019

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka
Ayurveda Organization, Vijayapur,
Karnataka (Regd) under the license CC-
by-NC-SA

(thin skin at the wound site), with reddish discolouration.^[3] *Sushruta* in *Nidanasthana* explains about *Visphotaka* as, they are associated with *Rakta* and *Pitta*; they look similar to the lesions of a burnt skin, associated with fever. These may affect a part of body or the whole body. *Madhava Nidana* has explained a separate chapter named after it.^[4] He explains 6 types of *Visphotaka* namely, *Vataja*, *Pittaja*, *Kaphaja*, *Dvandvaja*, *Sannipataja* and *Raktaja*. While explaining about *Raktajavisphotaka* the *Lakshanas* told are *Raktasamutthana*, the explanation of it in the commentary is *raktasamutthanam iti raktachardanam abhimatam acharasya*, meaning there is bursting up of the eruptions and oozing of blood. This clearly can be co-related to the burst opening and oozing of the bullous eruptions. Also continues saying that *raktadushti* is the main cause of the condition. According to the *aashraya* concept, *rakta* gives *aashraya* to *pitta* and *virechana* is the main line of *shodhana* for any *pittajavikara*. *Sushruta* also clearly mentions as they are associated with *rakta* and *pitta*, hence *virechana*.

Modern line of treatment includes use of corticosteroids, immunosuppressant drugs and immunotherapy. Adjuvant therapies like use of antibiotics, antiviral, antifungal medications may be used to prevent or fight the infection. Pemphigus may require a long term treatment for its complete cure. The long term use of these above said treatment modalities are questionable. *Ayurvedic* line of treatment explained includes the line of treatment of *Visarpa*.^[5] The main line of treatment done is *virechana* (purgation) and *raktamokshana* (blood letting). *Ayurvedic* line of treatments explained in classics were done. The results will be explained below.

CASE REPORT

A 27yrs old female patient came with the complain of *Pidakas* (bullous eruptions) all over her upper and lower extremities, chest, trunk and a bit of mouth angle. The *pidakas* were *Vedanayukta* (painful) with *Daha* (burning) and there was *Raktasrava* (blood discharge) and *Raga* (redness). On history patient was

said to be working in a farm after which she 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 *Virechana Karma* (purgation therapy). All the other alternative medications were stopped. The details will be further explained.

Virechana Karma (Purgation Therapy)

The word *Virechana* is derived from the root word 'Rich' *Dhatu*, 'Vi' *Upasarga* with 'Nich' and 'Lyut' *Pratyaya*. It gives the meaning 'Visheshena *Rechayateeti*', a special form of purgation.^[6]

Rechana is derived from the root word 'Rich' *Dhatu* and 'Lyut' *Pratyaya*, which means *Malabhedana*.

Virechana is a procedure in which the orally administered drugs act on the *prakupitadosha*, (disfunctioning humour) specifically on *Pittadosha* and expel it through the anal route.

It comprises of three stages

1. *Purva karma* (steps taken before the procedure)
2. *Pradhana karma* (the main procedure)
3. *Paschat karma* (steps taken after the procedure)

Purva Karma (steps taken before the procedure)

It comprises of *Deepana- Pachana*, *Snehana* (oleation, both internal and external), *Svedana* (fomentation).

Deepana- pachana in this patient was done by *Agnitundivati* for three days.

Snehapana (internal oleation) was done by *Panchatikta Guggulu Ghrita* for 4 days, starting from 30, 60, 90, 110 ml on 1st, 2nd, 3rd and 4th day respectively, on empty stomach. On fourth day, *snehasiddhi lakshanas*^[7] (signs of proper oleation) like *varchasnigdhatta* (presence of ghee in stools), *angasnigdhatta* (lustrous skin), *vatanuloma* (proper evacuation of stool), *snehadvesha* (aversion towards ghee), were noted and *Snehapana* (internal oleation) was stopped. During these days patient was advised

to have sips of hot water frequently, *Ganji* (rice cooked with four parts of water), on appetite and *khichadi* (rice prepared with pulse) at night. The next three days (5th, 6th and 7th) patient was administered *abhyanga* (external oleation) with *Manjistadi Taila* and *Svedana* (fomentation) was done in steam box for around 15 minutes. These days the patient was advised to have normal diet with less oil and spice.

Pradhana Karma

It comprises of *Virechana Karma* (Purgation therapy). Patient was administered 60gms of *Trivrutleha* on empty stomach the 8th day. As said in our science, '*shlema kale gate jynatvakoshtam samyak virechayet*'^[8] i.e. *virechana* should be given after *kaphakala*, which falls around at 9am. She was advised to have sips of hot water after it frequently. The patient was then under observation the whole day. The number of *vegās* (motions) were counted. Patient's vitals were checked second hourly. The *virechana siddhi lakshanas* like, *indriyaprasad*, *laghutva* (lightness) of body, proper functioning of *jatharagni* (digestive fire), evacuation of faeces, *pitta*, *kapha* and *vata* in order after the *virechana*,^[9] were looked for and *ganji* was advised on appetite. In this patient 15 *vegās* (bouts) were noted till 4pm, with above said *virechana siddhi lakshanas*, after which she was advised to have *ganji*.

Paschat Karma

It comprises of *Samsarjana Karma*. It is a special form of dietary schedule advised to the patient after the purgation therapy. Considering the number of *vegās*, patient was advised a diet of 5 days (*madhyama shuddhi*). Patient was asked to reduce exposure to heat, wind, rain etc. till the period of *samsarjana karma*.

RESULTS

Right on the second day of *snehapana* a marked difference was noted on the skin. The bullous eruptions near the mouth angle and chest were reduced leaving white patches as scars. Similar was noted on upper extremities. On the fourth day of *snehapana* the eruptions were totally reduced. There was no discharge, there was no pain. There were no

new eruptions. During *abhyanga*, patient had a bit of itching sensation, which was later relieved. The picture before and after the treatment will be shown below.

Before treatment



After Snehapana



During Abhyanga



After Virechana**Mode of Action**

Deepana Pachana process ignites the digestive fire which helps in the proper digestion of the *ghrita* (ghee) we provide the patient. If there is formation of *aama* (indigestion) the procedure is supposed to be stopped. Hence proper *deepana pachana* helps in further continuation of the procedure.

Snehana and Swedana, the idea of it is to get the *shakha* *dosha* to *koshta*, so that the *dosha* is expelled out of the body through the nearest route (here the anus). *Snehana* helps in *doshavishyandana* (liquefaction of toxins) and is *Kledakaraka*^[10] (increases *kleda* in body)

Where as *Swedana* helps liquefy these *doshas* to get them to *koshta* to expel. As goes the verse, *Vrudhyatvishyandanat paakaat shrotomukha vishodhanaa. Shakha muktva malah koshtamyanti vayoscha nigrहत*,^[11] *snehana swedana* does all of the above because of which the *dosha* moves from *shakha* to *koshta*.

Virechana, the idea of it is to expel, the now *koshtaaashrita doshas* out of the body through the anus. The drugs used for this purpose possess the quality of *ushna*, *teekshna*, *sukshma*, *vyavayi* and *vikasi* because of the *prabhava* the drug reaches *hrudaya* and enter into the circulation. *Ushnaguna* does the liquefaction, *teekshnaguna* does the breakdown of *dosha*, *sukshmaguna* helps in penetrating through the minute channels of the body,

vyavayi vikasi guna helps in the quick absorption of the drug in the body. After all this, because of the *prithvi* and *jalamahabhoota* in the drugs, they are expelled out through anus.^[12] *Virechana* is the prime modality of treatment for *Pittadosha*. *Virechana* acts on *amashaya* which is the *sthana* for *pitta* and *kapha*. Specifically *adho-amashaya* is the *sthana* of *pitta*. *Charakaacharya* giving a simile explains, the fire caught in the whole building subsides by getting the fire off from the point where it started. Similarly, the *pittasthanagata chikitsa* relieves the *pittadosha* all over the body.^[13]

Samsarjana Karma

After the purification procedure a patient should not suddenly resume to normal diet, as the *agni* (digestive fire) after the therapy will be reduced. Therefore a special dietary regimen is to be followed from light diet to heavy diet to improve the *agni* after which the patient's normal diet is to be followed. *Charakaacharya* in *siddhithana* while explaining the importance of *samsarjanakarma* says, *samshodhanabhyam shudhyasya hrutadoshasya dehinah; yaatiagnih mandatam tasmāt kramam peyadim acharet*,^[14] which clearly mentions the *agni* after any *shodhana* procedure will be hampered. As said in our *samhitas* all the diseases are due to improper digestive fire, hence maintenance of dietary regimen after therapy plays an important role.

Medications after procedure

Tab. *Kaishore Guggulu*, as the drugs used are *teekshna* and *ushnavirya*, helps in drying up the wound and reduces the discharge.

Cap. *Tiktamruta*, *tiktarasa dravyas* are *tvachya* (good for skin) helps relieve any further infections.

Aragwadhadi Kashaya, as *aragwadha* is indicated in skin disorders. *Aragwadha* is also *mrudu virechaka*^[15] (mild purgative) therefore helps as *nityavirechaka*.

Manjistaditaila, for external application, which is *raktaprasadaka* and *Varnya* (brings back the natural colour of the skin).

DISCUSSION

The holistic approach of *Ayurvedic* line of treatment in this condition provided a satisfactory result. The type of *virechana* advised for this patient was *Ruksha Virechana*, where the drugs used for *virechana* are *ruksha* in nature. *Sushruta* while giving a simile about the importance of *Virechana karma* says, as like the existence of the aquatic animals and plants are questionable when whole of the water is removed from a water reservoir like wise *Virechana* helps cure the *sarvadehagata pittaja vikara*,^[16] helps bring back the normal functions of *pitta dosha*. While explaining about the importance of *shodhana*, *Acharya Charaka* says, *Dosha kadachit kupyanti jita langhana pachanai, jita samshodhanaistu natutesham purarudbhavah*,^[17] meaning, administration of *shaman* may sometimes remit the disease, but *shodhana* therapy once administered do not remit the disease. Therefore the aim is to treat the root cause of the disease which was achieved.

CONCLUSION

In modern science, while explaining laxatives, it has been told that they probably induce limited low grade inflammation in the small and large bowel to promote accumulation of water and electrolytes, stimulating intestinal mobility. From above explanation we can say that *Ayurvedic* drugs used here are mild irritant to stomach and intestinal mucosa which in turn causes inflammation. This medically produced mild inflammation facilitates quick absorption of the active principles of the drug in initial stage. Later on facilitate the excretion of the morbid matters, which generally are not supposed to be excreted out through the mucosa of gut. It is possible only because inflammation increases the permeability of the capillaries which in turn allow the absorption as well as excretion of such substances which are not allowed in normal conditions.^[18] *Shodhana* procedures are not only for the diseased condition, but it also helps maintain the general health of the person. Improves immunity, clears the bodily channels. *Ayurvedic* line of treatment, when properly administered, has always

been helpful. Though the process is longer, likewise the positive effect of it also stays longer.

REFERENCES

1. API textbook of medicine, 9th edition, Yash Pal Munjal; pg 498.
2. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 2, Chikitsasthana, chap 7, chap 12
3. Ashtanga Hridayam by Kashinath Shastri , Nidanasthana, chap 14
4. Madhavanidana with Madhukosh commentary, by Vachaspati edited by Vd. Jadavji Trikamji Acharya; edition 6; chap 53; pg 297.
5. Sushruta Samhita by Kaviraj Ambikadatta Shastri, Part 1, Chikitsasthana, chap 20, verse, 7-8, pg 116.
6. Shabdakalpradruma
7. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, Sutrasthana, chap 13, verse 58
8. Ashtanga Hridayam by Kashinath Shastri, Sutrasthana, chap 18, verse 33
9. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 2, Siddhisthana, chap 1, verse 17
10. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, Sutrasthana, chap 22
11. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, Sutrasthana, chap 28
12. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 2, Siddhisthana, chap 1
13. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, sutra sthana, chap 20, verse 16
14. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 2, siddhisthana, chap 6, verse 25
15. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, Sutrasthana, chap 25, verse 40
16. Sushruta Samhita by Kaviraj Ambikadatta Shastri, Part 1, Chikitsasthana, chap 33, verse 28

17. Charaka Samhita by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Part 1, Sutrasthana, chap 16, verse 20
18. A Textbook of Panchakarma by Dr. B. A. Lohith, first edition, chap 5, Virechana karma, pg 261-262

How to cite this article: Dr. Sanjay Kadlimatti, Dr. Pratima Rayabagi. Management of Visphotaka : A Case Study. J Ayurveda Integr Med Sci 2019;6:260-265.

Source of Support: Nil, **Conflict of Interest:** None declared.

Copyright © 2019 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.