AYURVEDIC MANAGEMENT OF VISARPA- A CASE REPORT

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ABSTRACT

Skin diseases are among the most common health problem worldwide. Visarpa is one of the common skin disorders and suffered by large scale of population. The case presented here is 45-year-old male who came with complaints of pitika over udara and prushtha pradesha along with severe daha and mild fever for 3 days. Shaman aushdhi along with shodhana raktmokshana was done. Assessment of the treatment was done on the basis of improvement of signs and symptoms of visarpa. Lesions of visarpa were found completely crusted and healed within 20 days of treatment. This detailed case of visarpa presented in full paper. Main aim of managing visarpa is nidanparivarjana, shamana chikitsa followed by shodhana chikitsa.

KEYWORDS: Visarpa, Raktmokshna, Nidanparivarjana, Raktamokshana Shamana chikitsa, Shodhana chikitsa.

INTRODUCTION

Skin is the largest sense organ of the body. Skin disease in developing countries have a serious impact on people’s quality of life causing impact on daily work. Most of the patients comes in opd after taking allopathic steroidal n antibiotics for skin disease but they suffer from recurrence of infection. Ayurveda chikitsa has a great strength in the field of skin. According to ayurved visarp is shonitaja vikar[1] and one of the reasons of shonitaja vyadhi is chhardi vega dharana[2] hence visarpchikitsa adhyaya come after chhardichikitsa in charaksanhit.

Raktadushati is most common cause of skin diseases. Raktamokshana is the main line of treatment for this. Viasarp is one of the major skin diseases mentioned apart from kushttha.
Visarpa is characterized by aashu anunnata shopha, daha, jwara, vedana and pidika and it is described as agnidagdhavat.[3] Visarp has given upma aashivishopam means it’s like sarpa visha.[4]

MATERIALS AND METHODS

Case description
Type of study- case study (Interventional)
Study Details- A 45-year-old hindu male patient from Prabhadevi, Mumbai, came to skin opd of our hospital (M. A. Podar hospital, Mumbai)
Chief complains- Pitika on lateral side of abdomen with severe kandu, Toda (pricking type of pain), Daha(burning sensation) since 3 days. The pitika are increasing in nature along with mild fever.
Past history- Nothing contributory
Family history- Nothing contributory
Personal history- Intake of non veg food, oily, spicy food, also Pt has history of inducing vomiting in moring as per his habitat

On examination
Vital signs- Pulse-80
Blood pressure-130/90 mm of hg

Local examination
The lesions occurred in clusters, red rashes over lateral side of abdomen.
Colour- Reddish
Odour- No specific odour
Secretion- Absent
Pain- Present, Toda (Pricking pain)
Loss of sensation- No
Tendency to bleed- No

Ashtavidha pariksha
- Nadi- 78/min
- Mala- Samyaka
- Mutra- Samyaka
- Jivha- Sama
Systemic examination
RS- AEBE Clear B/L
CVS- S1 S2 heard
CNS- Conscious, Well oriented
GIT- Bowel movement regular
Per abdomen soft

Samprapti ghataka
Dosh- Pitta, Rakta, Kaph
Dushya- Twak, Rasa, Rakta, Mansa
Agni- Mand
Strotas- Rasavaha, Raktavaha, Mansvaha
Rogmarga- Bahya rogmarga
Vyadhi vinishaya- Visarpa
Vyadhi avastha-Nava
Sadhyasadhyatva- Kashtasadhya
Upadrava- No any updrava noted
Strotodushti- Sanga, Vimarga gamana
Vyaktasthana- Udar Pradesha and prushtha pradesha

Treatment given
After the diagnosis was made following treatment was given-

1. Shamana chikitsa

Table no. 1- Shamana Chikitsa.

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Aushadhi Yog</th>
<th>Matra</th>
<th>Kaal</th>
<th>Anupaan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Manspachak Churna with Gairika</td>
<td>5gm Twice in a day</td>
<td>After meal</td>
<td>Koshna jala</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Chandrakala Rasa</td>
<td>2 tab (500mg)</td>
<td>After meal</td>
<td>Koshna jala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Twice in a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Panchtikta ghruta guggulu</td>
<td>2 tab (500mg)</td>
<td>After meal</td>
<td>Koshna jala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Twice in a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Paripathadi Kadha</td>
<td>20 ml Twice in a day</td>
<td>After meal</td>
<td>Koshna jala</td>
</tr>
</tbody>
</table>

2. **Shodhana Chikitsa**

*Raktmokshana* was done by *siravedhana* method. Every detail was explained to the patient. Written consent taken from the patient. Left upper arm was chosen as site of *siravedhana*. Needles no. 20 was used for *siravedhana*. *Siravedhana* was done as per SOP of *siravedhana*. 50ml. Blood was let down.

**OBSERVATION AND RESULTS**

On administration of *shaman aushadhi*, reduction of *pita* over *udara* and *prushtha pradesha* was noted. Thus, relief from *kandu* and *daha* occurred. *Shamana aushadhi* was continued for 20 days. *Mala* and *mutrapravrutti* became *samyaka*.

On 15<sup>th</sup> day, *Raktmokshana* by *siravedhana* was performed. Total 50ml. of vitiated blood was withdrawn. It was observed that *shyava aruna varna rakta*, thick, slow flowing and fast coagulation occurred.

**Table no. 2- Assessment of clinical parameters.**

<table>
<thead>
<tr>
<th>Day</th>
<th>Kandu</th>
<th>Daha</th>
<th>Toda</th>
<th>Jwar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>+++</td>
<td>++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>Day 6</td>
<td>+</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Day 11</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Day 20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Fig. no. 1- First visit.*

*Fig. no. 2- Second visit.*
DISCUSSION
In visarpa, along with three doshas, Vitiated Rakta is also involved. So raktamokshana is advised to the patient as it purifies the vitiated rakta dosha. Raktmokshana is the main treatment said in visarpa by acharya charaka. They have explained as other all chikitsa on one side and raktmokshana on one side in Visarpa.\[5\]

1. Manspachak churna with Gairika- The concept of Dhatupachaka comes from Jwarchikitsa from the view of vruddha Vaidya parampara of vd. Bayvaru sir. According to Charaka ruksha teja is responsible to Jwara vyadhi.\[6\] In chakrapani tika meaning of teja is given as pitta and this pitta is of two type sadrava and nirdrava.\[7\] It means when this ruksha teja takes ashray of any dhatu then we have to use specific dhatupachak kashay. In visarpa manspachak is used here because this ruksha teja takes ashrya of mansa dhatu showing symptoms like pitika and daha on twacha which is updhatu of mansdhatu hence we used manspachaka here along with Gairika. Gairika is silicate of alumina and oxide of iron. In charaka Samhita, Gairika comes under Kushthahara pradeha.\[8\] Gairika has madhura Kashaya ras, shita virya, guna due to its property it acts as pittashamaka.

2. Chandrakala rasa\[9\]- This contains Kajjali, tamrabhasma, abhraka bhasma etc. with the bhavana of mrudvika in it. It acts on pittajanya vyadhi. hence used in all kinds of daha.

3. Panchtikta ghruta guggula\[10\]- this drug indicated by Chakradatta in Kushtha vyadhi adhikaar. In this drug, due to combination of tikta rasa with ghruta Kalpana, it is very useful in rakt dosha pachana and raktaprasadana also. It acts on vatashonitaja vyadhi. If Vata is aggravated in excess compared to pitta then tiktaghruta is useful.

4. Paripathadi kadha\[11\]- This kalp explained in panchbhoutik chikitsa of Vd. Datar shastri. This is used when kshardharmi guna of Rakta increases. This kalp contains dravya which are kashaya and tikta rasa, which are pittaghma ras.
5. Avipattikar churna\cite{12} - It contains Trivrit, trifala, trikatu, vidanga and sharkara. It is given with the anupan of milk. It acts as mruduvirechaka.

6. Local application - Raktachanadana, Ushira, Sariva, Guduchi were used for local application with water. These drugs were chosen from dahaprashamana mahakashaya from charaka samhita.\cite{13}

**CONCLUSION**

This case is successful presentation of management of visarpa through shamana aushadhi and raktmokshana. It has shown relief in all symptoms of Visarpa. Occurrence of pidika and daha implies to pittaja vyadhi with rakta dosha vitiation as it is ashrayi of pitta dosha. So due to removal of vitiated rakta dosha with raktamokshana, and use of Kashaya tikya ras pradhana shamana chikitsa, all symptoms were relieved. Visarpa has tendency to relapse, so repeated Raktmokshana is prescribed to the patient. This is single case study. Further study needed for more evaluation on large scale.

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