Ayurveda Treatment As Black Box Design In The Management Of Visarpa- Retrospective Case-Study

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ABSTRACT

Visarpa is one of skin disease explained by most of the Acharyas. A 24-years old female came to Panchakarma OPD of Dhanvantari Ayurveda College Hospital and Research Centre, Siddapur, Uttara Kannada. With the complaints of blisters on the right-side of neck, severe burning sensation, itching, severe pricking pain, redness, pus formation for 3 days. She was successfully treated with external applications and internal medications with Tikta (bitter), Kashaya (astringent) and Sheeta (cool) drugs. This case study demonstrates that acute condition of Visarpa can be managed well in short duration with Ayurvedic medicines.

Keywords: Visarpa, Tikta, Kashaya, Sheeta, Ayurveda.

INTRODUCTION

Excessive Consumption of spicy and junk food, improper food and sleep habits etc. will result into formation of many diseases especially skin diseases. Visarpa is caused due to vitiation of seven Dhatus and three Doshas. Based on the involvement of doshas it is classified into seven types [1]. The seven Dushyas (pathogenetic factors) involved in the pathology of Visarpa are Rakta (blood), Lasika (lymph), Twak (skin), Mamsa (muscle tissue), Vata, Pitta and Kapha [2]. As a line of treatment of Visarpa, Acharyas have mentioned different Kashayas, Lepa (external application), Raktamokshana (bloodletting) and Shodhana karma (purificatory procedures) according to the involvement of doshas [3]. In modern science we can correlate the signs and symptoms of this disease to Herpes Zoster.

CASE REPORT

A 24 years old female approached Panchakarma OPD of Dhanvantari Ayurveda College Hospital & Research centre, Siddapur (Uttara Kannada) on 2nd January 2021, with the complaints of severe pain in the right lateral side of neck region along with burning sensation, mild itching, severe pricking pain, redness, blisters, pus formation, skin discoloration, disturbed sleep due to pain at the affected area for 3 days with aggravating symptoms day by day.

On examination, her Prakruti (body constitution) is Pitta-Vataja. Her Agni bala (digestive power) and Sharira bala (physique) was madhyama (moderate). Etiological factor like excessive consumption of Lavana (salt), Amla (sour), Katu (pungent), Ushna (hot) substance also Pittakara (Pitta aggravating factors) like Vidahi etc. leads to quick spreading of Dosh to internal and external path. Her appetite, bowel movement and micturition were normal but sleep was disturbed due to pricking pain.

Samprapti Ghataka [4]

Dosha: Pitta pradhana tridoshas
Dushya: Rakta Mamsa Lasika Twak
Strotas: Raktavaha
Strotodushhti lakshana: Sanga followed by Vimargagamana
Adhishtana: Twak
Vyadhishwabhava: Ashukari
Samprapti Chakra [4].

Nidana sevena
↓
Vata-Pitta-Kapha Prakopa
↓
Takes ashraya in Twak, Rakta, Mamsa, Lasika
↓
Bhay visarpa utpatti
↓
Visarpa, Vistruta, anunnata utpatti
↓
Visarpa roga

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Day-1</th>
<th>Day-2</th>
<th>Day-3</th>
<th>Day-4</th>
<th>Day-5</th>
<th>Day-6</th>
<th>Day-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (VAS Scale)</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Stabbing pain</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Redness</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Loss of sleep due to pain</td>
<td>+</td>
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<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Skin discoloration</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Itching sensation</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<td>+</td>
</tr>
</tbody>
</table>

DISCUSSION

In this present case, the etiopathogenesis of Visarpa reveals that the role of diet (excessive intake of Lavana, Katu, Amla, Ushna and Pittakar aahara) and lifestyle (ratri jagarana, adhyashana etc.) are major contributing factors. All these factors which vitiate the Pitta dosha combines with vitiated Rakta, Mamsa, Twak and resides in Twak and exhibits the signs and symptoms like formation of blisters, burning sensation, pricking pain, itching, redness, pus formation, skin discoloration etc. The first set of medicine i.e., Tablet Triphala Guggulu [5], tablet Gandhakarasyana [6], Manjistadi kwatha [7], Chandanaasava [8], and Shatadoutha ghrita [9], was given to normalise Vata, Pitta dosha and for Rakta Shodhana. The second set of medicines like Mahatiktaka Kashaya [10], Khadirarista [11], Avipattikara churna [12], was given to subside Pitta dosha and for Pitta Rechana purpose. Kumkumadi lepa [13], was given to treat discoloration. Third set of medicine was given to add Rasayana effect.

Mode of action of internal medicines

Triphala guggulu acts as Shothahara and Shulahara, Triphala has antiviral property. Amruta Guggulu is directly indicated in Kushta and it acts as Shothahara and Vranahara, Guduchi present in it reduces burning sensation and it also has antiviral property. Avipattikara churna is majorly indicated in Pittaja vikara, and it acts as Nitya Virechaka. Manjistadi Kashaya does Rakta shodhana (blood purification), Amapachana and it is Vishahara in nature. Chandanaasava pacifies Pitta dosha and acts as Raktapradasadaka and Agnideepaka. Khadirarista is indicated in all varieties of skin diseases as it is Rakta Shodhaka. Gandhaka Rasayana has Kushtahara property. Shatadhoutha ghrita acts as Vruna ropaka (wound healing), Kumkumadi lepa reduces the hyperpigmentation of the skin lesions.

Line for treatment

There was gradual improvement in the skin lesions within four days (Figure 1). The blisters, pain, burning sensation and redness reduced completely. Itching was slightly increased on fourth and fifth day and later on subsided gradually. By the time of sixth and seventh day of treatment all the symptoms were subsided completely except mild itching and slight discoloration.

Table 2: Showing the plan of treatment for Visarpa

<table>
<thead>
<tr>
<th>Days</th>
<th>Internal treatment (oral)</th>
<th>External treatment (local)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1-7 (02-01-2021 to 08-01-2021)</td>
<td>Tab Triphala Guggulu 1-0-1 (After food)</td>
<td>Shatadoutha ghrita (morning &amp; evening)</td>
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<tr>
<td></td>
<td>Tab Gandhaka Rasayana 1-0-1 (After food)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manjistadi Kwatha + Chandanaasava 6 tsp-0-6 tsp (after food)</td>
<td></td>
</tr>
<tr>
<td>Day 8-18 (09-01-2021 to 18-01-2021)</td>
<td>Mahatiktaka kashaya + Khadirarista 4 tsp-0-4 tsp (after food)</td>
<td>Kumkumadi lepa (morning &amp; evening)</td>
</tr>
<tr>
<td></td>
<td>Avipattikara Churna 1 tsp with milk at night</td>
<td></td>
</tr>
<tr>
<td>From Day 19 to 1 week (19-01-2021 to 1 week)</td>
<td>Tab Triphala guggulu 1-1-1 (After food)</td>
<td>Cont. of Kumkumadi lepa (morning and evening)</td>
</tr>
<tr>
<td></td>
<td>Tab Amrutadi guggulu 1-0-1 (After food)</td>
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</tr>
</tbody>
</table>

CONCLUSION

It has concluded that management of acute condition of Visarpa with Ayurveda line of treatment has given efficacious results in curing it completely in a short period of time, by balancing the doshas, purifying the vitiated blood and correcting the Agni of the patient.
Acknowledgement

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Conflict of Interest

None declared.

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REFERENCE


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