



An Integrated Approach To Kaphaja Visarpa Vyadhi- Bullous Impetigo

Dr. Vijayalaxmi Sujay Patil

M.D.(Kayachikitsa), Ph.D.(Kayachikitsa) Scholar

Associate Professor Department of Kayachikitsa,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi,
Hadapsar, Pune -411028, Maharashtra, India

Dr. Revati Pradeep Dhawadkar

M.D.(Kayachikitsa) Scholar,
Department of Kayachikitsa,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi,
Hadapsar, Pune -411028, Maharashtra, India

Dr. Siradram Gurubasappa Vagadurgi

M.D. Shalakya-tantra, Reader

SMBT Ayurved College and Hospital, Dhamangao, Nashik

ABSTRACT:

Skin diseases are among the most common health problems worldwide.

According to recent data, the prevalence of skin diseases in India among adults is significant, with studies reporting that between 23.7% and 40.1% of adults in India suffer from various skin disorders.

In *Ayurveda*, skin disorders have been described under headings of *Kushtha*, *Visarpa*, *Sheetpitta*, *Kshudra roga*, etc. *Visarpa* is one of the common disorders and suffered by a large scale of population.

Blistering disorders are a group of diseases presenting with vesicles and bullae over the skin and mucous membranes. 'Bullous Impetigo' is a bacterial skin infection caused by *Staphylococcus aureus* that results in large, fragile blisters called bullae.

Here is the case of 33 years male patients came in opd with complaints of pus filled blisters in both axillas and groin region associated with crusting of skin and erythema, Boils on both hands, Generalised weakness since 6-7 days.

Patient was treated with Both Ayurvedic as well as Allopathy medicine. Assessment of treatment was done on the basis of improvement of signs and symptoms of *Kaphaj visarpa* vyadhi. Main aim of managing *visarpa* is *shaman chikitsa*, local ointments (*Bahyaupchar*) and *Raktamokshana* along with modern medicines.

Integrated treatment for *Visarpa Vyadhi*, combining *Ayurvedic* and modern medical approach offers comprehensive management by addressing the root cause of the disease through *Ayurvedic* detoxification and rejuvenation therapies. And alleviating symptoms and preventing complications with modern medications.

Keywords : Skin Diseases , Bullous Impetigo, Visarpa, Raktamokshan, Shodhana Chikitsa

INTRODUCTION:

Impetigo is caused by epidermal infection with *Staphylococcus aureus* and usually presents on perioral skin, but the Bullous variant which represents 30% of cases, affects the trunk more frequently¹. *S.aureus* produces exfoliatoxins which cleave the extracellular domain of a desmosomal subunit critical for keratinocyte adhesion in the upper epidermis- desmoglein (Dsg) 1^{2,3}. This precipitates separation of the stratum corneum from its underlying granular layer, creating superficial vesicles that progress to fragile bullae. When these rapture, infection spreads to adjacent skin, resulting in BI's characteristic peripheral, annularly arranged blisters⁴. Diagnosis may be confirmed by swab culture or biopsy.

As per Ayurvedic text:

In Ayurveda, *Visarpa* is described as a severe skin disease that spreads rapidly throughout the body. It is classified as Raktaja (blood-related) disorder primarily involving the *pitta dosha*. *Visarpa* spreads across the skin surface like *sarpa* (snake).

विविधं सर्पति यतो विसर्पस्तेन स स्मृतः । परिसर्पेऽथवा नाम्ना सर्वतः परिसर्पणात् ॥११॥

...च. चि.२१/११

Visarpa is characterised by acute onset of (Ashuanunnata shops), formation of blisters (*pidaka*), pain(*shool,vedana*), burning pain(*daha*), fever(*jwara*),etc

Hetu of *visarpa* can be grouped under improper dietary habits, suppression of natural urges (*vega vidharana*) and other *pitta* aggravating factors.

There are seven elements involved in pathogenesis of *visarpa* of all kinds.i.e. Blood, skin,lymph,flesh, and three doshaj *vata,pitta,kapha*.

रक्तं लसीकात्वङ्गांसं दूष्यं दोषास्त्रयो मलाः । विसर्पणां समुत्पत्तौ विज्ञेयाः सप्त धातवः ॥१५॥

...च. चि.२१/१५

Aacharya Charak has classified *visarpa vyadhi* into following categories⁵

- *Vataj visarpa*
- *Pittaj visarpa*
- *Kaphaj visarpa*
- *Sannipataj visarpa*
- *Agni visarpa*
- *Kardama visarpa*
- *Granthi visarpa*

Acharya Charaka also categorised *visarpa* into categories based on adhissthana⁶

- *Bahir visarpa*
- *Anthar visarpa*
- *Ubhayashrita visarpa*

CASE REPORT:

A 33 year male patient admitted with complaints of –

Pus filled, pale, white coloured blisters formations over bilateral axillary region, growing and over the neck region-since 5 to 6 days

1. Itching and mild Burning sensation-since 5 to 6 days
2. Crusting and erythema of the skin around the blisters- since 2-3 days
3. Boils on the bilateral dorsum palms and joint- since 2-3 days
4. Generalised weakness, anorexia, nausea- since 2-3 days
5. Mild fever – since 2 days
6. Whitish and sticky discharge from the blisters- since 2-3 days

Patient having no any previous medical and Surgical history.

No any history of food and drug allergy.

No any addictions.

O/E- Mild Febrile

Pulse- 80/min

BP – 110/70 mm of Hg

RS – B/L clear

CVS – S1S2 normal

CNS – conscious and oriented

P/A- soft and non-tender

Kshudha-prakrut

Mala-Samyak

Jivha-sam

Prakruti-pitta kapha

Shabda-prakruti

Sparsha-prakruti

Druk-prakruti

Akruti-prakruti

Samprapti Ghatak-

Dosha-Kapha,Pitta

Dushya-Twak,Rasa,Rakta,Mansa

Agni- Mandya

Srotas- Rasa,Rakta,Mansa

Rogmarga-Bahya

Vyadhi Vinishchay- Visarpa

Sadhyo-sadhyatva- Kashtasadhyo

Upadrava- Skin discolouration

Srotodushti - Vimargagaman

Vyaktisthan- Manya,Jangha,Ubhay hasta-kaksha and vankshan pradeshi

Local Examination:

Lesions/Blisters occurred on Neck Groin,Both Axila,Dorsal palmar region

- Colour of Blisters- Whitish, pale, some reddish coloured
- Odour- Mild Pungent Smell
- Secretion- Whitish,Sticky discharge (pus),sometimes serous discharge
- Pain-Mild Pain Present
- Loss of Sensation- No

- Bleeding Tendency- No

Investigations:-Hgm-

Hb-12.9

WBC-16,700

Neutrophils-86.1%

Lymphosites-9.8%

Rest-WNL

Serology- Negative

RFT,LFT,Sr.Elecrolytes-WNL

Hba1c-5.6%

BSL F and PP- WNL

Pus culture and sensitivity

Site- Blisters over neck

Appearance-

Gram Stain-Many pus cells seen

-Many gram positive coccus in chains and pairs seen

Zn Stain -No AFB seen

Organism- *Streptococcus* pyogens

(Luxuriant Growth)

Sensitivity- Sensitive to Ceftriaxone,Amoxicillin,Clarithromycin,etc

Patient was treated with Ayurvedic as well as modern medicines.

Shamana Chikitsa:

No.	Name of The Drug	Dose	Frequency	Duration	Route	Anupana
1	<i>Aarogyavardhini vati</i>	250mg	2TDS	15Days	PO	<i>Jala</i>
2	<i>Gandhaka Rasayana</i>	250mg	2TDS	15Days	PO	<i>Jala</i>
3	<i>Mahamnjishtadi Kwath</i>	20 ml	TDS	15Days	PO	<i>Koshna Jala</i>
4	<i>Siddharthak Snan/Dhawan</i>		OD	15Days	LA	-
5	<i>Shatdhauta Ghrita+ Bhimseni Kapoor</i>	-	BD	15Days	LA	-
6	Inj. Monocef	1gm	BD	5Days	IV	-
7	Inj. Omez	40mg	OD	5Days	IV	-
8	Tab.Omnacortil	20mg	BD	7Days	PO	<i>Jala</i>
9	Soframycin Cream		OD	7Days	LA	-
10	KMnO ₄ Wash		OD	7Days	LA	-

Shodhana Chikitsa:

Raktamokshana done by *Siravedha* method. Written consent was taken. Around 40 mL blood was let down.

Sthana- Vam Kurpar Sandhi

Matra-40 mL

Varna – Krishna-Rakta Varnya

Dosha– Vata pradhan Pitta

Raktamokshna was repeated after seven days.

DISCUSSION

According to *Rasaratnasamucchaya*, *Bhaisajyaratnavali* and *Bharatbhaisajyaratnakar* the drug *Arogyavardhini vati* possess the pharmacological action like *kusthanashaka* (can alleviate all types of skin disorders)⁷⁻¹¹. Also, the drug having the properties like— *medonashaka*, *malshuddhikari*, increase *kshudha*, *sarvaroga prashamani*.

Gandhaka rasayana mainly acts on skin and blood. *Gandhaka Rasayana* is *ushna veeryatmaka* and *katu rasa vipaki* so acts as best *kaphagna* and *kledaghna*. *Gandhaka rasayana* exhibited good clinical improvement in terms of individual symptoms as well as reducing severity of disease. *Daha, Kandu, Ruja* and *sparshaashatva* were significantly reduced. It is also effective in significant relief of *tvak vaivarna*.^{12,13} By reviewing *Yog Ratnakar* and different articles, it is found that *Gandhak Rasayana* can be used in various *tvakvikar*. It was also found that *Gandhak Rasayana* has shown significant results in fungal and bacterial skin disorders.¹⁴

Mahamanjishthadi kwatha having properties *varnya*, *raktashodhaka*, *kapha pitta shamaka*, *kandughna*, *dahshamak*, *vedanashamak* useful in treating skin disorders.¹⁵

Siddharthak snan churnam is indicated for local application. It contains *Musta*, *Madanphal*, *Triphala*, *Karanja*, *Aragwadha*, *Indrayava*, *Darvi*, *Saptaparni* It acts as Antifungal and twagdoshahar.¹⁶

Siravedha - Blood letting procedure helps to remove all the vitiated *doshas* helping to cure *visarpa*. As *pitta* is *mala* of *rakta dhatus*, it helps to break the pathophysiology of the *visarpa*.

Meanwhile, the allopathic medicines IV Monocef, Tab Omamacortil orally, Soframycin ointment locally and KMnO₄ wash helped to relieve the symptoms.

COONCLUSION:

This case study presents integrated approach towards *Visarpa vyadhi*.

The integrated approach in *Visarpa vyadhi* has shown relief in symptoms.

Shodhana as well as *Shamana chikitsa* and other medicines provides holistic management, addressing physical as well as psychological aspects of the *Visarpa Vyadhi*.

BEFORE	AFTER
	
	
	
	

References:

<https://ijdvl.com/the-burden-of-skin-diseases-in-india-global-burden-of-disease-study-2017/#:~:text=The%20burden%20due%20to%20infectious,leprosy%2C%20scabies%2C%20fungal%20infections%2C>

Chakak Chikitsa 21 visarpachikitsitam, Ayurved Dipika Vyakhya(Chakrapanidatta krut)

- 1.Koning S, van der Sande R, Verhagen AP, van Suijlekom-Smit LW,Morris AD, Butler CC, Berger M, van der Wouden JC. Interventions for impetigo. Cochrane Database Syst Rev. 2012;1:CD003261. [PMID: 22258953].
2. Sommer LL, Reboli AC, Heymann WR. Bacterial diseases. In: Bolognia, JL, Schaffer JV, and Cerroni L,eds.Dermatology, 4th ed.Amsterdam: Elsevier; 2017: Page 1260-1261
3. Dollani LC, Marathe KS. Impetigo/Staphylococcal Scalded Skin Disease.Pediatr Rev. 2020;41:210-212. [PMID:32238552].
4. Stanley JR, Amagai M. Pemphigus, bullous impetigo, and the staphylococcal scalded-skin syndrome. N Engl J Med.2006;355:1800-10. [PMID: 17065642].
5. Caraka. Caraka Samhita with Ayurveda deepika commentary of Cakrapani dutta. Varanasi: Chaukhamba Sanskrit Sansthan; Vol 1-2, 5th ed., 1997; Pp-513
6. Caraka. Caraka Samhita with Ayurveda deepika commentary of Cakrapani dutta. Varanasi:
7. Ayurvedic Formulary of India. Part I and II. Ministry of Health and Family Welfare, Govt. of India. 2005
- 8.Tripathi Indradev. Rasaratna Samuchchaya. 20/86-92, 3rd ed., Varanasi; Chaukhamba Sanskrit Bhawan; 2006.p. 252
9. Ambikadatta shastri. Rasaratna Samuchchya. 9th edition. Chapter no-20. Verse no-87. Varanasi: Chaukhamba Sanskrit Publisher;1994. p. 400.
- 10.Kaviraj Govinda Das Sen. Bhaisajyaratnavali. Siddhipada Hindi Commentary, Prof. Siddhinandana Mishra editor. 1st edition.Kustharogadhikara, Chapter no-54, Verse no-117, Varanasi: Chaukhamba Surbharati Prakashana; 2012.p.871
11. Ambikadatta shastri. Rasaratna Samuchchya. 9th edition. Chapter no-20. Verse no-87. Varanasi: Chaukhamba Sanskrit Publisher;1994. p. 400.
- 12.Ramdayal Joshi Ramnarayan Vaidya, Ayurved Sarsangraha, 1st edition, Reprint, Nagpur, Shree Baidyanath Ayurved Bhavan Pvt.Ltd., 2004, RasaRasayan Prakarana, pg.no. 292.
13. Patil Sachin Madhav, Patil Kavita Sachin, Phartale Vaibhav Dattatray, Patil Sachin Madhav. Role of Gandhak Rasayan in Shushka Vicharchika (Eczema). AYUSHDHARA, 2016;4(3):1207-1210
14. Gangaprasad R. Asore, Dr. Sachin S. Sheth, Dr. Snehal B. Shinde, Critical review of Gandhak Rasayan with special reference to Tvachavikar, IRJIMS Oct-Dec 2017, Vol 4 (Issue 1).

15.Sharangdhara Madhyamakhand 2/137-142, Bhaishajyaratnavali.

16.Charak Samhita Uttaradha Acharya vidyadhar shukla, prof. ravidatta tripathi, Acharya priyavrata Sharma, chaukhamba Sanskrit pratishtan, 2016; 190.

