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An Integrated Approach To Kaphaja Visarpa Vyadhi- Bullous Impetigo

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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 exfoliatins 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 rupture, 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 । परिसर्पोऽथवा 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 । विसर्पाणां समुत्पत्तौ विज्ञेयाः सप्त धातवः ॥१५॥

...च. चि.२१/१५

Acharya 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 adhishthana⁶

- *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-prakrut

Sparsha-prakrut

Druk-prakrut

Akruti-prakrut

Samprapti Ghatak-

Dosha-Kapha, Pitta

Dushya-Twak, Rasa, Rakta, Mansa

Agni- Mandya

Srotas- Rasa, Rakta, Mansa

Rogmarga-Bahya

Vyadhi Vinishchay- Visarpa

Sadhya-sadhyatva- Kashtasadhya

Upadrava- Skin discolouration

Srotodushhti - Vimargagaman

Vyaktisthan- Manyas, 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%

Lymphocytes-9.8%

Rest-WNL

Serology- Negative

RFT,LFT,Sr.Electrolytes-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 pyogenes*

(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 | Aarogyavardhini vati | 250mg | 2TDS | 15Days | PO | Jala |
| 2 | Gandhaka Rasayana | 250mg | 2TDS | 15Days | PO | Jala |
| 3 | Mahamnjishtadi Kwath | 20 ml | TDS | 15Days | PO | Koshna Jala |
| 4 | Siddharthak Snan/Dhawan | | OD | 15Days | LA | - |
| 5 | Shatdhauta Ghrita+ Bhimseni Karpoor | - | BD | 15Days | LA | - |
| 6 | Inj. Monocef | 1gm | BD | 5Days | IV | - |
| 7 | Inj. Omez | 40mg | OD | 5Days | IV | - |
| 8 | Tab.Omnacortil | 20mg | BD | 7Days | PO | Jala |
| 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 vaivarnya*.^{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 twagdosahar.¹⁶

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

Meanwhile, the allopathic medicines IV Monocef, Tab Omnacortil 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 |
|---|--|
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Chakak Chikitsa 21 visarpachikitsitam, Ayurved Dipika Vyakhya(Chakrapanidatta krut)

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