

Successful Management of Visphota Kustha (Blistering Skin Diseases) through Multimodality Treatment of Ayurveda - A Case Study

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Abstract: ***Introduction:** Twak Vikar (skin diseases) has a very wide range of understanding in Ayurveda. Acharya Charaka explained that, apart from the existing classification of Kustha, it can also be divided further based on types of pain (Ruja), colour (Varna), nature of origin (Sammuthana), appearance (Akruti), area (Sthana) and others. **Case Study:** A 48 years male patient presenting severe itching, burning sensation all over the body with small fluid filled pockets diagnosed as Visphota Kustha and was managed successfully through both internal and external measures like classical Virechana and Pariseka, initial Amapachana with Sunthi and Haritaki, Snehapana with Mahatiktaghrita followed by Virechana with Avipattikara Churna, external Pariseka was done with Panchavalkala Kwatha and discharge medicine was given as Patolamuladi Kashyam, Guduchi Churna, Arogyavrdhini Bati and Trivanga Bhasma. The discharge improvement was very significant in terms of all presenting symptoms of the disease. **Discussion:** Visphotais a variety of Kshudra Kustha by Charaka characterized by multiple small pidaka with very thin outer layer. The symptoms explained by Madhav Nidana founds more suitable here i. e. due to Pitta vitiation blisters which burns like Agni, occurs with or without fever either localized or generalized over the body. However, on close observation it reveals that even though Acharya explained eighteen variety of Kustha with their respective cardinal symptoms, the causative factor but general line of treatment has been explained for all. **Conclusion:** Virrudha Ahara (practice wrong combination of food) and Agni Mandya (reduced appetite) are considered as root cause for all varieties of diseases including skin disorders. The ultimate aim of Ayurveda is to bring Dhatusamyata (homeostasis). Assessment of DoshaAmsa Amsa Kalpana is must before administering any treatment even though Acharya advised for Tridosaharachikitsa. This study can be considered as a guide to treat other blistering skin diseases and assessment of Dosha Amsamsa Kalpana.*

Keywords: Management of Visphota Kustha, Blistering skin diseases in Ayurveda, Multimodality treatment in Ayurveda, single case study on VisphotaKustha

1. Introduction

Kustha (skin diseases) in Ayurveda considered as Amashaya Samuttha Vyadhi (place of origin). Virrudha Ahara (wrong combination of food) and Agni mandhya (reduced appetite) are considering as the direct triggering factor for different skin diseases¹. Acharya explained Sapta Dravya (seven factors) includes Tridosha, Twak, Mamsa, Shonita and Lasika are responsible for the formation of all varieties of Skin disorders². Further based on the prognosis, severity, and treatment response it has been classified into Brihat Kustha (requires more efforts) and Kshudra Kustha (requires less efforts)³. Diagnostic symptoms explained for Visphota Kustha by Madhava Nidana is way ahead than Acharya Charaka reason may be due to addition of new varieties of Nidana responsible for more severity or added of symptoms like Jwara (fever), Sphota (Vesicles) with thin membrane, Rakta Varnata (Reddish discolouration), Kandu (Itching), and Daha (burning sensation) etc⁴. As Kustha is considered as Tridoshaja which indicates that different formulation and treatment protocols explained are Vadhipratyanika in nature. Still assessment of individual Dosha through its Amsa – amsa Kalpanais must to obtain the target result i. e. Doshapratyanike Vyadipratyanika chikitsa. Example planning of Virechana in Pitta and Rakta dominated Kustha. Selection of Rukshadravya for Virechana in Snigdha or Kledaja Vikara⁵. In the chronic skin diseases Dhatu Kashyaya, Ojo Kshaya and Agni - mandhya should be taken

care especially. Role of Madhura, Tikta, and Kashaya rasa are important here considering the Bala of Roga and Rogi. Nidana Parivarjana is an important part of treatment which can be considered as patient education in regards to his diet, lifestyle and disease. In this case patient was presenting maximum numbers of classical symptoms which were managed successfully with multimodality approach of Ayurveda like Panchakarma Shodhana (bio purification) followed by Shamana Aoushadhi (internal medication).

Chief and Associate Complaints:

A 48 years old male patient non hypertensive, non-diabetic came with complaints of severe itching, burning and vesicles over face and spreads all over body within seven months. For that he consulted many physicians but did not get any relief so he came to our hospital for better management. Associate problem was reduced appetite, disturbed sleep and irregular passing of stool since last three months.

Clinical Examination and findings: (Roga & Rogi Pariksha)

Rogi Pariksha - Prakriti - Kapha - Pittaja

General Examination: Height - 170cm, Weight - 87kg, BMI - 31 (over weight), Icterus - Absent, Cyanosis - Absent, Clubbing - Absent, Blood Pressure – unable to record, Pulse - 78/min.

Systemic Examination - CNS - NAD, CVS&RS - NAD (unable for auscultation), GI - only inspection examination was able to complete.

Local examination of Skin - Multiple smooth, cold in touch, whitish water filled blisters with thin outer skin cover (extracellular vesicle) of different size around (1 - 3 cm) all over body especially on neck, trunk, forearm and thighs. No other previous scar marks/injuries or any other abnormalities were detected during the examination process.

Image - 1: Before Treatment



Assessment of pathophysiology based on history: (Karyat Karana Anumanam)

In Ayurveda, *Ahara* (Diet) and *Vihara* (Daily regimen) plays a major role for initiating as well as managing different diseases. In this case patient had a long history of daily intake of alcohol, irregular diet habit due to his work pattern, and hyper consumption of meat (three to four days per weekly) with less intake of water. In long term practice these results into term formation of *Ama* (food toxins) due to *Agni mandya* (decrease in appetite). Further excessive consumption of alcohol and non - veg vitiates *PittaDosh* followed by *Kpaha Dosh* with its *Sneha, Drava, Singdha, Kledaetc Guna* respectively. Due to *Sthana Prabhava* (Twak) involvement of *Vata* along with *Twak, Rakta, Mamsa* and *Lasika* converted into formation of *Visphota Kustha*.

Treatment Plan:

Considering *Kustha* as *Amashya Samuttha Vyadhi* (origin place), spread *Sarva Shareera* (all over body) and manifestation of *Spotha* (Vesicles) *Amapachana* & *Rukshanachikitsa* been planned. After attaining desired state of body classical *Virechana* therapy was planned as a curative and preventive measure. During discharge medicine having *tikta rasa* and *Nitya Virechana* (mild purgative in nature) effect were been advised.

Table 1: Therapeutic Interventions

Name of Yoga	Dose	Duration
Fine powder of Shunthi30gm+ Haritaki 50gm	1 tsp (5 - 6gm) with lukewarm water, thrice B/F	For 3 days
Snehapana with Mahatikta Ghrita (SDM pharma)	By increasing dose 40 ml, 70ml, 120ml, 150ml on morning empty stomach followed by lukewarm water till digestion.	For 4 days
Pariseka with Pancha Valkala Quathachurna	Q. S	For 3 days
Virechana with Avipattikara Churna (SDM pharma)	40 grams mixed with hot water on morning empty stomach followed by hot water as Anupana 50ml in each 30 mints	For one day, (total 9 Vegas attended with Kaphantalakshana
Discharge Medicine		
Patolamuladi Kashaya (Self - prepared - Ref - Cha. Chi 7)	50ml morning empty stomach once a day	For 15 days
Guduchichurna+ TrivangaBhasma + Arogyavrdhini Rasa	Half tsp thrice after food with normal water	For 15 days

Discharge day Improvements

There was no new Vesicles or blisters formation at any part of body. Appetite was improved; bowel becomes regular once per day, sleep was improved. There was complete absence of burning sensation apart from mild to moderate itching was present during early morning or night time.

Image 2 - After Treatment



Follow up and Outcome:

Patient came for follow up after 15 days and was found in a stable condition. All the previous complaints like Vesicles, Itching, burning were under control. On local examination white macular scars were present all over body at the site of Vesicles. Patient was feeling general weakness without disturbing his daily routine.

2. Discussion

There are twenty Guna (s) explained by our Acharyas named as Shareerika guna⁶. Further it explained that Shareera is made up off Dosha, Dhatu and Mala. It indicates these twenty guna (s) are controlling all the functional and pathological aspects of body through different Ahara, Vihara and Aoushadha in terms of Dosha, Dhatu and Mala. Further, there are few Guna which is found commonly among two Doshas like Sheeta in Vata and Kapha, Laghu in Vatta and Pitta, Sneha in Pitta and Kapha. Concept of Asharaya - ashrayee shows that all the seven Dhatu are in deep relation with respective Dosha like Vata with Asthidhatu, Pitta with Rakta and Kapha with rest of five Dhatu (s)⁷.

Coming to pathological assessment of Kustha, all Kustha (s) are Tridoshaja and possible through combination of Saptadravya (seven factors involvement). Where most of them falls under Drava, Kleda and Snigdha property i. e. Pitta, Kapha, Twak, Shonita, Mamsa, Lasika. In this case study the patient is of Kapha - Pitta Prakruti, having Nidana which are more of Pitta and Kapha karaka (triggering factor) like Madhya (alcohol), mutton, fish etc. excessive exposure to Sunlight in a long term aspect ended up with VisphotaKustha (blistering skin disease).

Considering the Sadhya - sadhyata, the Visphota is considered as a Ksudra Kustha. According to Maharshi Sushruta, *Raktadhara Kala* which resides at *Twak – Mamsa Ashreeta* immediately after Mamsadhara Kala⁸. The presentation of Visphota Kusthais at superficial layer of skin (Extracellular Vesicles) that might be areason for early responding to Rukshana Chikista when carried out both internally and externally. Using Katu, Tikta and kashaya Rasa dravya like Sunthi, Patola, Guduchi, Haritaki internally and Vata, Udumbara, Plakshyaas external administration plays important role to counters the Snigdha, Kleda, Drava Guna of Pitta and Kapha respectively. Study shows that Guduchi having Tilta rasa also considered as immunomodulatory action to prevent the reoccurrences of disease.

In the discharge medicine Patolamuladi Kashaym was selected as a Vyadhipratyanika Dravya having Nitya Virechana effect for and to removal Leena Dosha from body⁹. Guduchi (*Tinospora Cardifolia*) powder was selected due to its Tikta rasa, shamana effect and known for its Rasayana (rejuvenation) effect. Arogyavardhini Bati is a widely used rasa aoushadhi for Pitta - Kapha disease to manage the Kandu and for its Nitya Virechana effect. Trivanga Bhasma considered as Kusthahara, Vishahara and Rasayana selected for this case.

In contemporary dermatology science, recent studies indicate that EVs (extracellular vesicle) play key

immunomodulatory roles in inflammatory skin disorders, including psoriasis, atopic dermatitis, lichen planus, bullous pemphigoid, systemic lupus erythematosus, and wound healing. Importantly, EVs can be used as biomarkers of pathophysiological states and/or therapeutic agents, both as carriers of drugs or even as a drug by themselves¹⁰.

3. Conclusion

This single case study gives an outline to decode and understand the pathophysiology of Visphota Kustha and different other blistering diseases including EV. Importance of Guna Siddhnata (Amsa – amsa Kalpana) has play a major role starting from identification of Nidana (etiological) up to complete manifestation of disease. Effect of external Pariseka and Virechana was found significant in this study. Selection of medicine plays an important role based on Dosha predominance even though Kustha has been considered as Tridosha Vikara and Vyadhipratyanika treatment has been advised. This case study can be considered as a guideline to understand, treatment of other similar blistering diseases in Ayurveda.

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