



Case Report

Effect of a multimodality Ayurveda treatment in a case of *Visphota kushta*

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ABSTRACT

Visphota kushta (blistering skin disease) is characterized by transparent blisters with thin skin covering. Management of *Visphota Kushta* in Ayurveda is rarely reported. The case reported here showed significant regression in the condition in short span of time and could completely stop the use of anti histamines and corticosteroids. A 32 year old female, presented with complaints of blisters over both upper and lower extremities associated with edema, burning sensation, pain, severe itching and oozing since three months. The treatments were given after ascertaining the involved *dosha* and the *samprapti* (pathogenesis). The involved *dosha* were and *Pitta* (metabolic factor) and *Kapha* (binding factor) *dosha*. *Pitta - kapha dosha hara* line of treatment was adopted in terms of mitigating and purificatory therapy. It helped in arresting the progression of the condition and a complete healing of blisters. Photographs were taken during and after the treatment for records. The blister completely resolved and the skin was normal as before. The patient was back to her normal routine with no signs of relapse. The outcome was a combined effect of both *shamana* and *shodhana chikitsa* along with *pathya sevana*.

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1. Introduction

Visphota kushta (blistering skin disease) is characterized by transparent blisters with thin skin covering [1]. It can be considered under the broad spectrum of vesiculobullous diseases which are characterized by vesicles and bullae. The condition varies from dermatitis to autoimmune blistering disorders. Ayurvedic management of such diseases is rarely reported. The case reported here with the informed consent of the patient showed significant regression in the condition with no signs of relapse. The patient showed a good response in short span of time and could completely stop the use of antihistamines and corticosteroids. The scope of Ayurvedic approach to address such vesiculobullous diseases is discussed in this paper. The employed treatments were non-invasive and cost-effective, purely based on the principles of Ayurveda.

2. Case presentation

A 32-year-old female nursery teacher, presented with chief concerns of blisters over both upper and lower extremities along

with oedema since 3 months. It was associated with severe burning sensation, pain, itching and oozing.

It started with a small nodular skin lesion on the ventral aspect of the left hand above the wrist. Then similar lesions appeared on either hand which increased in size day by day for which she took allopathic medication and found relief. But the condition relapsed on discontinuing the medications. Gradually blisters developed over both upper and lower extremities along with oedema. It was associated with severe burning sensation, pain, itching and oozing. The symptoms aggravated on contact with water and she was unable to do her daily chores. There was no relevant history of any past illness or relevant family history. The personal history of the patient reveals regular intake of fish, curd, and excessive intake of sour and spicy food which may have attributed to the condition. No other specific causative factor was found relevant in the present condition.

3. Clinical findings

The lesion type was vesicle and bullae with oval, dome-shaped configuration. The lesions were transparent and fluid filled with smooth texture. It was distributed over upper and lower extremities mostly in hands and foot along with swelling. Nails and mucosa were unaffected.

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4. Diagnostic assessment

4.1. Investigations

Blood routine and liver function test were within the normal limits. Other skin investigations were not done due to financial constraints of the patient.

4.2. Diagnosis: *Visphota kushta*

Based on the manifested symptoms and clinical findings the case was diagnosed as *Visphota Kushta* which is characterized by transparent blisters with thin skin covering. The lesions were limited to the extremities and it helped to rule out other blistering disorders associated with systemic illnesses.

5. Therapeutic intervention

The interventions were done after ascertaining the *dosha* involved. The involved *dosha* were *Pitta* (metabolic factor) and *Kapha* (binding factor). It was elicited based on the presenting complaints like severe burning sensation, itching and the nature of the skin lesion. The mentioned causative factors also suggest the vitiation of *Pitta* and *Kapha dosha*. The treatment was accomplished in two phases- *Shamana Cikitsa* (treatments aimed at mitigating the *dosha*) administered as outpatient and *Shodhana Cikitsa* (treatments for eliminating excessive morbid *dosha*) was performed as inpatient.

5.1. First phase of management – *Shamana cikitsa*

The internal and external medications given are listed in Table 1. The patient was advised to avoid curd, fish, black gram, brinjal, ladies finger, sour, spicy food, fried items, etc in the diet.

Table 1
First Phase of Management (*Shamana Chikitsa*) - as outpatient.

Sl No.	Formulation	Dose	Adjuvant	Duration
1	<i>Patolamooladi kashaya</i> [2] (Decoction prepared out of herbs)	10 mL of each <i>kashaya</i> together twice daily on an empty stomach	60 mL of boiled then cooled water	0 th –14th day
2	<i>Guducyadi kashayam</i> [3] (Decoction prepared out of herbs)			
3	<i>Manibhadra gulam</i> [4] (Jaggery based herbal preparation)	1 tablespoon at bedtime	–	0 th –14th day
4	<i>Dushivishari gulika</i> [5] (Tablet)	1-0-1 tab	Rice washed water	0 th –14th day
5	<i>Nimbaharidradi churna</i> [6] (Herbal Powder)	Decoction for washing the lesion	–	0 th –14th day
6	Herbal Paste	External application	–	0 th –7th day
7	<i>Mahatiktaka ghrta</i> [7] (Medicated ghee)	External application	–	0 th –14th day

Table 2
Second Phase of Management - *Shodhana Chikitsa* – as inpatient.

Sl No.	Procedure	Formulation	Dose	Duration
1	<i>Kashaya dhara</i> (Pouring of medicated decoction over the body)	<i>Triphala kashaya</i> [8] (Decoction)	Aprox. 5L/day	0 th –4th day
2	<i>Snehapana</i> (Internal administration of medicated ghee in increasing dose)	<i>Tiktaka ghrta</i> [9] (Medicated ghee)	Starting with 30 mL on the first day and increased up to 140 ml on the fifth day (final day)	5 th –9th day
3	<i>Abhyanga</i> (Whole body oil massage) and steam fomentation	<i>Eladi kera</i> [10] (Medicated oil)	120 mL/day	10 th –12th day
4	<i>Virecana</i> (Purgation therapy)	<i>Manibhadra gulam</i> (Jaggery based herbal preparation)	60 g with hot water	12 th day

5.2. Second phase of management – *Shodhana cikitsa*

Virecana (Purgation therapy) was planned for the purification of the body. As a part of preoperative procedure *pacana* (carminative therapy) using *kashaya dhara* (pouring of medicated decoction over the body), oleation therapy (both internal and external) and sudation therapy were performed as listed in Table 2.

5.3. Ingredients of medicine

The ingredients of the medicines used are given in Table 3.

6. Follow up and outcomes

There was the arrest in the progression of blister and oedema during the first week followed by erosion and healing of blisters in the second week of outpatient level management. Following the rupture of bullae the affected area of skin started to peel off and was replaced by the normal skin without any scarring or hyper pigmentation but secondary milia formation was noticed. There was marked relief of pain, burning sensation but itching persisted. Itching reduced considerably after *Triphala kashaya dhara*. After *virecana* there was complete relief in itching and all other associated symptoms. Photographs were taken during and after the treatment for records.

7. Timeline

Timeline of the case report is shown in Table 4.

8. Result

The blister completely resolved and the skin was normal as before. The patient was back to her normal routine with no signs of relapse. The photographs taken during *shamana cikitsa*, after the

Table 3
Ingredients of medicine.

Sl No.	Formulation	Ingredients
1	<i>Patolamooladi kashaya</i> (Decoction prepared out of herbs)	1. <i>Trichosanthes dioica</i> Roxb. 2. <i>Emblica officinalis</i> Gaertn. 3. <i>Terminalia chebula</i> Retz. 4. <i>Terminalia belerica</i> Roxb. 5. <i>Citrullus colocynthis</i> Schrad. 6. <i>Bacopa monnieri</i> (Linn.) Pennell 7. <i>Picrorhiza kurroa</i> Royle ex Benth. 8. <i>Zingiber officinale</i> Roxb.
2	<i>Guducyadi kashayam</i> (Decoction prepared out of herbs)	1. <i>Tinospora cordifolia</i> (Willd.) Miers. 2. <i>Prunus cerasoides</i> D. Don 3. <i>Azadirachta indica</i> A. Juss. 4. <i>Coriandrum sativum</i> Linn. 5. <i>Pterocarpus santalinus</i> Linn.
3	<i>Manibhadra gulam</i> (Jaggery based herbal preparation)	1. <i>Embelia ribes</i> Burm.f. 2. <i>Emblica officinalis</i> Gaertn. 3. <i>Terminalia chebula</i> Retz. 4. <i>Operculina turpethum</i> (Linn.) Silva Manso 5. Jaggery
4	<i>Dushivishari gulika</i> (Tablet)	1. <i>Piper longum</i> Linn. 2. <i>Scindapsus officinalis</i> (Roxb.) Schott 3. <i>Cymbopogon martini</i> (Roxb.) Wats 4. <i>Nardostachys jatamansi</i> DC. 5. <i>Symplocos racemosa</i> Roxb. 6. <i>Elettaria cardamomum</i> (Linn.) Maton. 7. <i>Tribulus terrestris</i> Linn. 8. <i>Oroxylum indicum</i> Vent. 9. <i>Valeriana wallichii</i> DC. 10. <i>Saussurea lappa</i> C.B.Clarke. 11. <i>Glycyrrhiza glabra</i> Linn. 12. <i>Santalum album</i> Linn. 13. Red ochre
5	<i>Nimbaharidradi churna</i> (Herbal Powder)	1. <i>Azadirachta indica</i> A. Juss. 2. <i>Curcuma longa</i> Linn. 3. <i>Berberis aristata</i> DC. 4. <i>Ocimum sanctum</i> Linn. 5. <i>Trichosanthes dioica</i> Roxb. 6. <i>Saussurea lappa</i> C.B.Clarke 7. <i>Withania somnifera</i> Dunal. 8. <i>Cedrus deodara</i> (Roxb.) Loud. 9. <i>Moringa oleifera</i> Lam. 10. <i>Brassica campestris</i> Linn. 11. <i>Zanthoxylum armatum</i> DC 12. <i>Coriandrum sativum</i> Linn. 13. <i>Chrysopogon aciculatus</i> Trin.
6	Herbal Paste	1. <i>Moringa oleifera</i> Lam. 2. <i>Boerhavia diffusa</i> Linn. 3. <i>Curcuma longa</i> Linn. 4. <i>Acorus calamus</i> Linn. 5. <i>Pterocarpus santalinus</i> Linn. 6. <i>Cissampelos pareira</i> Linn. 7. <i>Hemidesmus indicus</i> (Linn.) R. Br. 8. <i>Aristolochia indica</i> Linn.
7	<i>Mahatiktaka ghrta</i> (Medicated ghee)	1. Juice of <i>Emblica officinalis</i> Gaertn. 2. <i>Cassia fistula</i> Linn. 3. <i>Alstonia scholaris</i> (Linn.) R. Br. 4. <i>Picrorhiza kurroa</i> Royle ex Benth. 5. <i>Acorus calamus</i> Linn. 6. <i>Aconitum heterophyllum</i> Wall. Ex Royle 7. <i>Cissampelos pareira</i> Linn. 8. <i>Cyperus rotundus</i> Linn. 9. <i>Vetiveria zizanioides</i> (Linn.) Nash 10. <i>Emblica officinalis</i> Gaertn. 11. <i>Terminalia chebula</i> Retz. 12. <i>Terminalia belerica</i> Roxb. 13. <i>Trichosanthes dioica</i> Roxb. 14. <i>Azadirachta indica</i> A. Juss. 15. <i>Curcuma longa</i> Linn. 16. <i>Fumaria indica</i> Pugsley 17. <i>Piper longum</i> Linn. 18. <i>Piper chaba</i> Hunter 19. <i>Santalum album</i> Linn. 20. <i>Prunus pudum</i> (Wall.) Roxb. ex Brandis 21. <i>Berberis aristata</i> DC. 22. <i>Citrullus colocynthis</i> Schrad. 23. <i>Asparagus racemosus</i> Willd.

Table 3 (continued)

Sl No.	Formulation	Ingredients
		24. <i>Hemidesmus indicus</i> (Linn.) R. Br. 25. <i>Holarrhena antidiysenterica</i> (Roth.) A. DC. 26. <i>Adhatoda vasica</i> Nees. 27. <i>Marsdenia tenacissima</i> (Roxb.) Moon 28. <i>Tinospora cordifolia</i> (Willd.) Miers. 29. <i>Swertia chirata</i> Buch. Ham. 30. <i>Glycyrrhiza glabra</i> Linn. 31. <i>Gentiana kurroo</i> Royle. 32. Ghee
8	<i>Triphala kashaya</i> (Decoction prepared out of herbs)	1. <i>Emblica officinalis</i> GAERTN. 2. <i>Terminalia chebula</i> RETZ. & WILLD. 3. <i>Terminalia bellerica</i> ROXB.
9	<i>Tiktaka ghrta</i> (Medicated ghee)	1. <i>Trichosanthes dioica</i> Roxb. 2. <i>Azadirachta indica</i> A. Juss. 3. <i>Picrorhiza kurroa</i> Royle ex Benth. 4. <i>Berberis aristata</i> DC. 5. <i>Cissampelos pareira</i> Linn. 6. <i>Alhagi pseudalhagi</i> (Bieb.) Desv. 7. <i>Fumaria indica</i> Pugsley 8. <i>Gentiana kurroo</i> Royle. 9. <i>Cyperus rotundus</i> Linn. 10. <i>Andrographis paniculata</i> (Burm.f.) Wallich ex Nees. 11. <i>Holarrhena antidiysenterica</i> (Roth.) A. DC. 12. <i>Piper longum</i> Linn. 13. Ghee
10	<i>Eladi kera</i> (Medicated oil)	1. <i>Elettaria cardamomum</i> (Linn.) Maton 2. <i>Hydnocarpus laurifolia</i> (Dennst.) Steum. 3. <i>Saussurea lappa</i> C.B.Clarke 4. <i>Callicarpa macrophylla</i> Vahl, etc 5. Oil of <i>Cocos nucifera</i> Linn.

shamana cikitsa and *after the shodhana cikitsa* are shown in [Figs. 1–9](#). Follow up after a year reveals no signs of relapse.

9. Discussion

The main causative factors in the manifestation of the pathology of *Visphota kushta* are *pitta* and *kapha dosha* associated with *dhatu's* like *rasa* and *rakta*. As mentioned in *viruddhahara* (incompatible food), regular intake of fish and curd becomes the cause of the manifestation of skin eruptions. Patient's diet especially sour and spicy food also contributed to this and caused the vitiation of above-mentioned dosha resulting in the presentation of *Visphota kushta* (*pitta kapha dosha* predominant *kushta*) [11] with blisters and other associated symptoms in the skin. Based on the *dosha* involved, *pitta kapha hara* (*pitta* and *kapha dosha* pacifying) line of treatment was adopted in terms of *shamana* and *shodhana cikitsa*.

In the *shamana chikitsa*, both internal and external medications were included. The internal medicines helped in *mrdu shodhana* (mild purification) as well as helped in *srotoshodhana* (clearing the channels). The decoctions given were *pitta kapha hara* in nature and had a mild laxative as well as anti-inflammatory property. *Trichosanthes dioica* is known to have an anti-ulcerous effect and proved useful in skin disorders [12]. Cucurbitacin B present in *T. dioica* has been shown to have antimicrobial and anti-inflammatory activity [13,14]. Potential medicinal properties of *Tinospora cordifolia* reported by scientific research include antipyretic [15], anti-inflammatory [16], antioxidant, anti-allergic, anti-stress, anti-leprotic, hepato-protective and immuno-modulatory [17]. The ideal management of *pitta dosha* is *virecana*. This could be achieved on a daily basis by use of *Manibhadra gulam* that was indicated in conditions of skin. *Dushivisha* is the toxins that get accumulated in due course of time and on exposure to some triggering factors, exhibits its symptoms including skin manifestations. The dietary

Table 4
Timeline.

Dates	Events	Intervention
10 Mar 2017	Initial presentation: Small nodular skin lesion on the ventral aspect of the left hand above the wrist. Similar lesions appeared on either hand which increased in size	Took allopathic treatment and found temporary relief.
12 May 2017	Condition relapsed on stopping allopathic medications.	Consulted traditional ayurveda practitioner and took medicines but did not get any relief
17 May 2017	Current Illness: Blisters over both upper and lower extremities associated with pain, burning sensation, severe itching and oozing	<i>Shamana cikitsa</i> using internal and external medications along with strict diet restriction
24 May 2017	Follow up 1: Blisters dried up and crust formation noticed in hand, peeling off of skin, few blisters on leg present. Burning sensation and pain reduced, itching persists	Continued same internal and external medications
31 May 2017	Follow up 2: Secondary milia present on both hands, crust formation and peeling off of skin on legs, itching persists	Continued same internal and external medications
24 Jun 2017	Follow up 3: Secondary milia present on both hands, itching persists, pain in both legs	Hospitalization for <i>Shodhana</i> (purgation therapy)
10 Jul 2017	Follow up 4: Complete relief in itching and leg pain. No signs of any skin lesion in the body.	Resolved completely, back to normal routine.
10 May 2018	Follow up 5 (Telephonic conversation): No signs of relapse.	—

habits of the patient, which are mentioned earlier like regular intake of fish and curd, etc, are considered as incompatible food and in due course of time, the toxins might have accumulated in the body acting as *dushivisha*. *Dushivishari* tablet is known for its antitoxic property and is reported to be beneficial in skin disorders.

The herbs given for external application like *Curcuma longa* [18], *Azadirachta indica* [19] were anti-inflammatory and mainly helped in the erosion of blisters which might have decreased the chance of wound progression by relieving pressure. The herbal paste, which includes *Hemidesmus indicus* [20], *Moringa oleifera* [21] are anti-inflammatory and anti microbial in action, helped in reducing oedema and preventing secondary infection in the wound. The aqueous extract of *Boerhavia diffusa* possesses anti-inflammatory properties [22] which can be attributed to its cell membrane stabilizing effect and inhibit the lysis and release of the

proinflammatory mediators. Further, local application of medicated ghee processed with *sheeta virya* (cold potency) and *tikta rasa* (bitter taste) drugs helped in reducing the burning sensation and itching. Ghee has a special quality of *nirvapana* [23] (mitigating burning sensation) and also prevented excess drying up of the skin tissue. It prevents fluid loss from burn wound and also lubricates the surface of wound preventing hard eschar formation. It is having *vranaropana* (healing) and *kantivardhana* (improving luster) property which helps in early healing with good pigmentation.

As a part of *shodhana cikitsa* purgation therapy was planned. Prior to *shodhana*, *Triphala kashaya* was used for *dhara*. *Triphala* and its individual components showed an antibacterial effect on both gram-positive and gram-negative bacteria, which suggest the ingress of active phytochemicals through both the bacterial cells

**Fig. 1.** During *shamana cikitsa*.**Fig. 2.** After *shamana cikitsa*.



Fig. 3. After shodhana cikitsa.



Fig. 5. After shamana cikitsa.



Fig. 4. During shamana cikitsa.



Fig. 6. After shodhana cikitsa.

walls. The immuno-modulatory property of *Triphala* could be attributed to flavonoids, alkaloids, tannins, saponins, glycosides and phenolic compounds [24].

For the purpose of *snehapana*, *Tiktaka ghrta* was chosen, it is pitta hara (pacifying pitta dosha) in nature and indicated in skin diseases. It was suggested that the drugs present in the ghee may have some affinity towards the target organ [25]. *Snehapana* by virtue of its *dosha utkleshana* (increasing the dosha) separates toxins accumulated in the patient's body. The separated morbid

dosha are eliminated by *virecana*. It helped in the removal of vitiated dosha out of the body along with toxins at cellular level. Even though *avara shuddhi* (minimal purification) was attained, there was a remarkable improvement in the patient. It is advised to perform repeated purification in minimal quantities in skin disorders to protect *prana* (life) as an excess elimination of dosha can aggravate *vata dosha* (factor responsible for neurological and cognitive responses in the body) and may further deteriorate the strength of the patient [26].



Fig. 7. During shamana cikitsa.



Fig. 9. After shodhana cikitsa.



Fig. 8. After shamana cikitsa.

Throughout the *shodhana* procedures, the patient was advised to follow strict diet restrictions. Following wholesome food and regimens is also vital especially in conditions of skin. The diet restriction like avoiding curd, black gram, sour, spicy items was aimed to prevent further increase in kapha and pitta dosha. Moreover, curd and fish are considered as *abhishyandi* (secretive) and can cause *srotorodha* (obstruction to the channels). Incompatible and unwholesome food habits can further aggravate condition [27].

The outcome was a combined effect of both *shamana* and *shodhana cikitsa* along with *pathya sevana*.

10. Conclusion

In this diagnosed case of *Visphota kushta*, based on the *samprapti* (pathogenesis), *pitta-kapha hara* line of treatment was adopted. Both internal and external purification along with wholesome diet was found effective in doing the *samprapti vighatana* (breaking the *samprapti*). The patient showed a good response in short span of time and could completely stop the use of antihistamines and corticosteroids. The adopted treatment modalities helped in arresting the progression of the condition and complete healing of blisters. All other associated signs and symptoms resolved completely. Follow up after a year also revealed no signs of relapse.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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