



# Ayurvedic Management Of Visphota Kustha W.S.R. To Prurigo Nodularis- A Case Study

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## Abstract:

All ages from neonates to elderly persons suffer from skin disorders. The pathophysiology and management of skin disorders are explained in Ayurveda under Raktavahasrotodushtijanya Vikara. Prurigo Nodularis (PN) is a chronic skin condition characterized by intensely itchy, firm, raised nodules, often on the arms, legs, and trunk. These nodules are typically a result of persistent scratching and rubbing, leading to thickening and hardening of the skin. While the exact cause is unknown, Prurigo Nodularis is believed to involve both immune system and nerve dysfunction. In Ayurveda this manifestation has close resemblance with Visphota. A case of 54-year-old female who came with the complaints of multiple nodules over both upper and lower extremities associated with itching and burning. The patient was treated according to the Ayurvedic regimen of Shodhana and Shamana therapy followed by Pathya-Apathya. The involved Dosha were and Pitta (metabolic factor) and Kapha (binding factor) dosha. Pitta - Kapha Doshahara line of treatment was adopted in terms of mitigating and purificatory therapy. Patient got relief with appreciable changes in symptoms.

**Key words:** Prurigo Nodularis (PN), Raktavahasrotodushtijanya vikara, Shamana, Shodhana, Visphota

## INTRODUCTION:

Prurigo nodularis (PN) Is a chronic disorder of the skin that is classically seen as multiple, firm, flesh-to-brown to black-colored nodules commonly located on the extensor surfaces of the extremities. The lesions are very pruritic, and the condition may occur in any age group. It is commonly associated with another disorder of cutaneous hypersensitivity, such as atopic dermatitis or chronic pruritus of diverse origins. The diagnosis is mainly clinical, although certain conditions may simulate it clinically, warranting differentiation. In Ayurveda this manifestation has close resemblance with the disease Visphota 1. Prurigo Nodularis can be managed successfully with Ayurvedic regimen based on the line of treatment of Visphota.

## CASE STUDY:

A 54-year-old female patient came to Kayachikitsa OPD with the c/o Intense, persistent itching, Firm, raised, dome-shaped bumps or nodules which were darker (brown or black) in colour, nodules followed symmetrical pattern particularly on the extensor surfaces of the arms and legs, Repeated scratching lead to open sores, excoriations, and scarring of the skin, The intense itching disrupted sleep, leading to fatigue and daytime sleepiness. living with these symptoms caused anxiety, depression, and feelings of shame or embarrassment in the patient due to the appearance of the skin and the constant itching. In addition to itching, patient experienced pain, burning, or stinging sensations in the affected areas. These symptoms were present since 2 months. For this she consulted nearby hospital and took treatment but not got relief. So, for better management she visited our hospital.

**FAMILY HISTORY:**

There was no relevant family history.

PAST MEDICAL HISTORY: Not a known case of Diabetes, Hypertension and any other systemic diseases.

PAST TREATMENT HISTORY: ● Tab Cefixime 200mg 1-0-1 ● Tab Pan 40 1-0-0 ● Tab Omnacortil 20 mg 1-0-1 ● Clob-G ointment L/A

ON EXAMINATION: General examination- Appearance: Ill,look, Built: Lean, Consciousness: Conscious, Orientation: Well oriented to time-place & person. Vital Examination- Vitals were normal. Physical examination- Pallor present (+). Icterus, Clubbing, Cyanosis, Edema and Lymphadenopathy were Absent. Integumentary system examination: The lesion type was multiple, itchy, firm, raised nodules, symmetric, widespread. Lesions were located in both upper and lower extremities. Active discharge is absent. Palmar lesion was rough and dry. Nails and mucosa were unaffected.

**AYURVEDIC TREATMENT ADOPTED:****Table No. 1: Shodhana Therapy**

SR NO	TREATMENT	MEDICINE	DURATION
1.	Snehpana 2 purvak virechana 3pradhankarma	WITH Trivruttavaleha	7 DAYS
2.	Siravedha		4 SETTINGS

**Shamana Therapy .**

SR NO	TREATMENT	DOSE	DURATION
1.	Aarogyavardhini Vati	250 mg Vyanodane	7 DAYS
2.	Rasaraktapachak Kashaya	40 ml Apano	30 DAYS
3.	Vidangarishta	30 ml Vyanodane	30 DAYS
4.	TAB A. K. PILLS	250 mg at bed time	7 DAYS
5.	Lepa	Siddharthak Snana	45 DAYS
6.	Taila	Karanj Taila	45 DAYS

**PATHYA-APATHYA:**

Pathya4: Mudga Yusha, Purana shali, Patola, Karavellaka, Nimba.

Apathya4: Matsya, Mamsa, Katu-Kshara-Lavana-Amla Ahara, Tila, Masha, Dadhi.

**RESULTS/IMPROVEMENT:**

# Before



# Mid





## DISCUSSION:

Kushta manifests due to the aggravation of Tridosha along with the Dushyas like Twak, Rakta, Mamsa and Lasika. Depending upon the permutation and combination of the Dosha-Dushya innumerable Vikaras are formed. In the pathogenesis of disease Visphota, involved Dosha is Pitta-Kapha<sup>5</sup> Pradhana Tridosha and involved Dhatu are Rakta and Mamsa. Virechana, Raktamokshana and Shamana Chikitsa are the basic principles of Chikitsa explained in classics for Raktadushtijanya Vikaras. As Visphota is mentioned one among Kshudra Kushta, Kushtahara line of treatment like Shodhana is helpful. The patient was treated on an IPD basis for 10 days and as OPD basis for 45 days. Virechana with Trivruttavaleha was advised to control Bahudosha, and which acts as Tridoshahara. Raktamokshana with Siravedha is advised to eliminate the Doshas out of body. As Bahiparimarjana chikitsa with Sidharthaka Snana which acts as Pittahara, Vranaropaka and its Lepa also acts as Pittahara were advised. In Shamana Chikitsa, medicine with Tikta Rasa, Sheeta Virya was given which are Pitta-rakta Shamaka, Amapachana, Shothahara, Kushtahara, Krimigna, Kandugna and Anulomaka in action. The patient got relief with appreciable changes in symptoms with above ayurvedic regimen of Shodhana and Shamana. Conclusion of this Ayurvedic management in the present case is that, all the signs and symptoms of Prurigo Nodularis (Visphota) got completely diminished within 45 days. Principle based approach with proper Shodhana and Shamana is significantly effective, followed by a proper Pathya-apathya regimen in the management of dermatological conditions.

Declaration of patient consent: Authors certify that they have obtained patient consent form, where the patient/caretaker has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caretaker understands that his/her name and initials will not be published, and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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