

Management of *Visarapa* (cellulitis) – A case study

Archana Kaushik*¹, Shriniwas Gujjarwar², Vikash Kaushik³

1. Assistant professor¹(Shalakyatantra Dept.) at G.B.A.C. ,Brahmanwas , Rohtak, Haryana
2. Principal, Professor & H.O.D². (Shalya Dept.) at Baba Khetanath Ayurvedic College, Narnoul, Haryana
3. Assistant professor³, Kumarbhritya Dept., G.B.A.C., Brhmanwas, Rohtak, Haryana

*Corresponding author: archanamaan1990@gmail.com

ABSTRACT

Acharya Sushruta, father of Indian surgery (*Shalya Tantra*) was well aware of importance of *Visarpa* and their management in surgical practices. Clinical features of *Visarpa* explained by *Acharya Sushruta* are very much resembles inflammatory swelling like as cellulitis. In *Ayurveda* cellulitis may be compared to *Visarpa*. It is a skin and subcutaneous tissue diseases. This skin disease is of a particular type and its spreads very fast like snake, hence it is called *Visarpa*. As per modern science cellulitis explained as an infection of the deeper layer of the skin and the underlying tissue. Cellulitis is characterized by an acute, diffuse, spreading, edematous, *suppurative* inflammation of the dermis and subcutaneous tissues. *Alepa -poulticing* applying paste of drugs etc on the *Vranashopa* is the first treatment, it is common for all kinds of swelling and very important one also. Poulticing is beneficial

in unripe swellings, it mitigates the *Dosha* and relieves burning sensation, itching and pain, it is foremost in clearing the skin, muscle and blood by removing their blemishes and best to relive burning sensation, pain and itching. So keeping above assumption in mind , the present study was designed to add newer concept of *Ayurveda* regarding Magsulf (*glycerine + magnesium sulphate*)application in management of *Visarpa* along with some ayurvedic formulations described below in full text and hence present study entitled " management of *Visarpa* (cellulitis) – A case study". The present study designed as Prospective randomized control single blind clinical trial .On the basis of hypothesis study will be designed ,patient will selected for external application in management of *Visarpa* (cellulitis) On the basis of observation, data analysis will be drawn and result will be analyzes after that discussion and conclusion will be drawn accordingly.

KEYWORDS: Magsulf , *Visarpa*, Cellulitis, *Arogyavardhni vati*, *manjistha kwath*, *Gandhaka rasayana*.

INTRODUCTION

Ayurveda is the spine of healthy life, the recent spreadable in nature and hence known as *Visarpa*, *Visarpa* advances and researches in *Ayurveda* not only promoted is one of the commonest clinical conditions of *Vranashopa*, which we come across in our day-to-day surgical practice. *Sthanik Shopha* is also termed as *Vranashopha*. This clinical entity is characterized by *Vedana*, *Utseda*, *Sthanik Ushma Vrudhi* and *Vivarnata*. The disease has three different stages as *Ama*, *Pachyamana* and *Pakwa Avastha*, The sufferer experience more pain in *Ama* and *Pachyamana avastha*. *Acharya Sushruta* cautions that, in this disease, the wise surgeon should not allow *Paka* to take place. If appropriate measures are not taken in *Amavastha*, then the disease will progress into next stage and cause excessive loss of *Dhatu*. *Shalya-Tantra* was well aware of importance of *Visarpa* and their management in surgical practices.

This ailment is called *Visarpa* because of its nature of spread (i.e. *Sarpana*) in different directions⁽¹⁾. It is also called *Parisarpa* as it may spreads all over the body i.e. *Paritah*. *Acharya Charaka* described in it in seven different types according to predominance of *Dosha* and *Dushya*. There are various causes of this ailment described in *Samhita's* i.e. classical text books of *Ayurveda*. *Acharya's* also explains *rakta-pradosaj viakara* in the pathogenesis of *Visarpa*⁽²⁾.

Clinical features of *Visarpa* explained by *Acharya Sushruta* are very much resembles inflammatory swelling like as cellulitis.

Cellulitis is a common bacterial skin infection. there are often 14 million cases of cellulitis in the U.S. each year. The infection can occur anywhere on the body and can lead to serious complication if it goes untreated. clinical manifestations of this diseases are first appear discolored, swollen area that feels hot and tender to touch, this swelling and discoloration can spread quickly. Later on it typically appears red/pink on lighter skin tone and dark brown /gray/purple on darker tone of skin. Most often it affects feet and lower legs. It affects skin and the tissues underneath, infection can spread to lymph nodes and bloodstream also.

Basically *Staphylococcus* and *streptococcus* causes cellulitis but it can also start in skin injuries, like cuts, bug bites surgical wound etc.

Sushruta, the father of surgery has explained *Visarpa* as Vitiated *Dosha* beginning to spread in *Twacha* and thus leads to grave prognosis",

Magsulf with Glycerin dressing to evolve a simple, safe and effective therapeutic procedure for the management of *Vranashopa* i.e. (*Visarpa*).

Lepa therapy possess the qualities like instant pain relief, reduction of burning sensation and purification of blood, these qualities of local treatment will bring the beneficial effects in the disease *Vranashopa* particularly in the *Amavastha* of the disease. (*Shothahara*, *Vedanasthapaka*, *Vranashsodhana*, *Vrana ropana* and *Krimighna* preparation.)

Materials And Method Materials:

Study type: open randomised, clinical study
b. Clinical study: The study was carried out in OPD of *Shalaky Tantra*, Dept. at G.B.A.C. *Ayurved* college, Brahmanwas, Rohtak. The patient attending OPD was selected of their age, sex history of previous disease etc. Fulfilling the criteria of selection & eligibility for study.

Choice of drugs :

Magsulf (*glycerine* and *magnesium sulphate* for local application)

Giloyghan vati

Manjistha kasaya

Gandhaka rasayan

Aarogyavardhani vati

Patient details:

Name: XYZ

Age: 55yrs

Sex: M

Socioeconomic status: lower middle

Occupation: Garbage worker

Chief complains: h/o severe pain and swelling in rt. Lower limb from 3 days.

Burning sensation with low grade fever

Past history : h/o RTA before 10 yrs ago a little marks of wound (healed) on the ant. part of tibia.

Personal history :

Diet : 2times/day

Addiction : tobacco addicted from last 35yrs.

Occasionally alcohol taken by patient

Micturition – Normal

Bowel – clear

Drug history: Patient was allergic to Tinidazole salt.

Family history: N.A.D.

Investigations:

- CBC:
- TLC -9.45 *10³/ul

- L – 60.9%
- M-2.6%
- Plt -1.80 *10/L
- E.s.r. - 35
- HbA1c – 5.3%
- Crp :43.24 mg/L
- L.F.T.:ALP 138.00,AST-33U/L,ALT- 34.0U/L
- X-ray rt. L.L.- AP,L- NAD

Patient was admitted and Treatment given is as follows:

- Strictly bed rest for at least 7 days .
- Elevation of rt. L.L. (almost 30-degree elevation must have needed)
- Daily dressing with magsulf (*glycerine* + *magnesium sulphate*)
- Tab. *Giloyghan vati* 2bd with lukewarm water
- Tab. *Gandhak rasayan* 2bd with lukewarm water
- Tab. *Aarogyavardhani vati* 2bd with lukewarm water
- *Manjistha kasaya* 20ml bd with equal amount of water

Note:

- All medicine should be taken only after meal.
- This treatment continues for 8 days
- After 8 days :
- Patient discharged from ward.
- Bed rest for further 7 days.
- Maintain hygiene .
- Tab. *Gandhak rasayan* 2bd with lukewarm water
- Tab. *Aarogyavardhani vati* 2bd with lukewarm water
- *Manjistha kasaya* 20ml bd with equal amount of water
- F/U after 7 days /S.O.S.

Result:

Patient got completely relief in pain, redness and swelling. Now patient have no temperature and any other fresh complains .
Before treatment day 0



After treatment ,day 8

Discussion:

As shown in pics of patient i.e. patient's redness, swelling and other inflammatory problems were completely subsides after taking above mentioned treatment .

Now I on my behalf with the help of *Samhita's* try to discuss with u about some facts of given drugs in treatment protocol of my study .

Pathogenesis of *Visrapa* (cellulitis) :

Acharya Charaka^(8,9) describe *Visrupa* in detail (C.ch. 21),i.e. when due to etiological factors described earlier *Doshas* aggravated and causes *dushti* in *Twak,mansa,Rakta,Lasika* including 7 dhatus of body then patients shows symptoms of *Visurpa*⁽¹⁾.

Seven body elements involved in pathogenesis of *Visurpa* :

1. *Rakta*
2. *Lasika*
3. *Twak*
4. *Mamsa*
5. *Vata*
6. *Pitta*
7. *Kapha*

Here out of 7 types of *Visurpa* ,patient is of *V -P Visurpa/ Agneya* .

Aarogya vardhanivati:

Aarogyavardhani vati is one of the most precious and potent drug in *Ayurveda* to treat skin diseases because to its *pitta* and *Kapha* balancing ,and *Sothahara* properties.It also helps in detoxification of blood .*Aarogyavardhani vati* scavenges free radicals from the body and its antipruritic nature alleviates itching,and burning sensation caused due to various allergic conditions.

Gandhak rasayan :

Gandhak rasayan is processed with different herbal juices as the dominant ingredients.it is a versatile ayurvedic medicine that exhibits various properties like antimicrobial,antiviral,anti-bacterial etc.it is mainly used to treat chronic fever,skin disorders,pruritis,oligospermia etc.

Giloyghanvati :

Giloy, also known as *Amrita* or *Guduchi* in Hindi, is an herb that helps improve

digestion and boost immunity. It has heart-shaped leaves that resemble betel leaves. All parts of the plant are used in *Ayurvedic* medicine. However, the stem is thought to have the most beneficial compounds. In the *Ayurvedic* textbook '*Bhavaprakasha*', the properties of *Giloy* are described in below *shloka*:

Giloy is *Titka* (bitter) in taste and *Ushna* (hot) in potency. After *metabolization*, it becomes *Madhura* (sweet) and *Guru* (heavy) in nature. It has *Deepan* (appetizer) and *Pachan* (digestive) properties which help in improving digestion. *Giloy* also helps to reduce excessive thirst, pain, and burning sensation because of its *Tridosha* balancing property. Regular use of *Giloy* can boost energy and immunity because of its *Balya* (strength provider) and *Rasayana* (rejuvenating) qualities. The bitter taste of *Giloy* may help manage blood glucose levels in diabetic patients. *Giloy* also helps in weight management by improving overall metabolism.

Drinking fresh *Giloy* juice helps to improve immunity and can be used to manage fevers due to its antipyretic activity. It also increases platelet count and might help in dengue fever.

Manjistha kwatha :

It is also known as *Rubia cordifolia* L., *Manjistha* or *Manjit* in Hindi. *Manjistha* contains various chemical constituents like quinines, iridoids, bicyclic hexapeptides, anthraquinones etc. the anthraquinones present in *Manjistha* possesses various potential to treat a patient like it may have antihelmentic properties, exhibit blood purifier activity, anti-stress, anti-platelet activity, also

posses anti-microbial properties and anti-inflammatory properties etc.

Mode of action of Magsulf dressing:

As we know that magnesium sulfate are transdermal in nature. This means that they are absorbed into the skin. Sulfates speed up the absorption of nutrients into the cells and detoxify the body efficiently. The primary mechanism of action is the formation of an osmotic gradient i.e. more electrolyte in pad than inside the swollen tissues which reduces edema.

Role of glycerine: acts as moisturizer

Conclusion :

After observing the data and seeing improvement in patient, I completely agreed that choice of drugs for the management of *Visarpa* was absolutely fair, patient got relief from the treatment without any complications and also the treatment is very cost effective.

References:

1. I. P. Kashinath Shastri, Charak Samhita Volume 2. Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi., 2015; 21/16-21
2. Kaviraj Atrideva Gupta. Ashtanga Hridayam. Reprint Chaukhambha Prakashan Varanasi, A. H. N., 2016, 13/45-46.
3. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi, Ch. Chi., 2015; 21/22
4. Kaviraj Ambikadatta Shastri, Susruta Samhitavolume I. Reprint Chaukhambha Sanskrit Sansthan Varanasi, Su. Ni, 2014; 10/3
5. Kaviraj Atrideva Gupta, Ashtanga Hridayam, Reprint Chaukhambha

- Prakashan Varanasi, A. H N., 2016, 13/44-45.
6. P. Ravidatta Tripathi, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi., 2015; 21/15
 7. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi. Ch. Chi., 2015; 21/23
 8. PL Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi Ch. Ch, 2015, 21/12-14.
 9. Pt. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi, Ch. Chi, 2015; 21/29-30
 10. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi., 2015; 21/31-32.
 11. P. Kashinath Shastri, Charak Sambita Volume 2, Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi., 2015; 21 33-34.
 12. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi., 2015; 21/35-36
 13. 13 Kaviraj Ambikadatta Shastri, Susruta Samhita volume 1, Reprint Chaukhumbha Sanskrit Sansthan Varanasi, Su. Ni., 2014; 10/7.
 14. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi, Ch. Chi, 2015: 21/37-38
 15. P. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy, Varanasi, Ch. Chi. 2015; 21/39.
 16. Pt. Kashinath Shastri, Charak Samhita Volume 2, Reprint Chaukhambha Bharti Academy. Varanasi, Ch. Chi., 2015; 21/41

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

*Management of Visarapa (cellulitis) – A case study
Archana Kaushik, Shriniwas Gujjarwar, Vikash Kaushik*

Ayurlog: National Journal of Research in Ayurved Science- 2022; (10) (04): 01-06