

## MANAGEMENT OF VISARPA WITH SPECIAL REFERENCE TO PEMPHIGUS FOLIACEUS WITH PANCHAKARMA: A CASE STUDY

Vd. Reddy Anuradha P.\*<sup>1</sup> and Vd. Bankar Snehal A.<sup>2</sup>

<sup>1</sup>Associate Professor, <sup>2</sup>P. G. Scholar

Department of Rog Nidan Avum Vikriti Vigyan, R A Podar Medical (Ayurved) College,  
Worli, Mumbai, Maharashtra, India.

Article Received on  
09 Dec. 2016,

Revised on 29 Dec. 2016,  
Accepted on 19 Jan. 2017

DOI: 10.20959/wjpr20172-7799

### \*Corresponding Author

**Dr. Vd. Reddy Anuradha P.**

Associate Professor,  
Department of Rog Nidan  
Avum Vikriti Vigyan, R A  
Podar Medical (Ayurved)  
College, Worli, Mumbai,  
Maharashtra, India.

### ABSTRACT

*Visarpa* is particular type of skin disease, which spreads fast like a serpent. It is a skin and subcutaneous tissue disease. Diagnosis of *Visarpa* in clinical practice is very controversial. *Visarpa* is some extreme forma viral and spread in similar to that of cobra venom. If not attended properly readily inflict as death. Hence *Visarpa* is known as extreme form of *Atyayika Roga*. In the modern dermatology, *Visarpa* can be correlated with Pemphigus Foliaceus. "Pemphigus foliaceus (PF) is generally a benign variety of pemphigus. It is an autoimmune skin disorder characterized by the loss of intercellular adhesion of keratinocytes in the upper parts of the epidermis (acantholysis), resulting in the formation of superficial blisters. For present study, we had reported a 28 years old male patient having blisters as a *avakasho visarpa anusarpa yathi* with full of fluid,

*shopha, shula, Kunapa Gandha, daha, kandu, srava, vrana* on bilateral legs, abdomen, back and *jwara* since 1-1.5 years. He undergone allopathic treatment but not relived. This condition is diagnosed as Pemphigus foliaceus (*Visarpa*). The patient is treated with *Vaman* and *Virechana karma* after *Snehapana (Oleation)* and *sanshaman aushadhi* for 3 months. Patient reported significant improvement in the symptoms after the therapy.

**KEY WORDS:** *Visarpa, Vaman, Virechana, Snehapana, Pemphigus foliaceus.*

### INTRODUCTION

In *Ayurveda*, all skin diseases are grouped under a broad heading of *Kushtha Roga*. *Seven Dhatus* and *Tridosas* are involved in the pathogenesis of *Visarpa* and *Kustha* (a group of

obstinate skin diseases). In spite of the identify of these seven elements there is difference between these two diseases in as much as *Visarpa* is characterized by its spreading nature, and *Kustha* by its chronic condition. *Visarpa* should also be differentiated from diseases in which *Rakta*, *Lasika*, *Tvak*, *Mamsa* are vitiated i.e. from *Kushtan*, *Vidhradhi*, *Visphota*, *Apachi*.

In *Charak Chikitsa Sthana*, *Visarpa Chikista Adhyaya* described after *Cchhardi Chikitsa Adhyaya* because *Visarpa* is one of the disease occurs due *Dharana Of Chhardi Veg* mentioned in *Navegannadharaniya Adhyaya*.

Clinical features of Pemphigus foliaceus [*Rupa of Visarpa*]-

- Pemphigus foliaceus is confined to the skin and there is little or no involvement of mucous membranes.
- Small fluid-filled blisters (*Visphota*) first form on the trunk.
- Because they form in the upper layers of the epidermis they rupture very easily (*Srava*) and only erosions (*Vrana*) may be seen.
- On the face, scalp and upper trunk the lesions are often scaly and crusty on a red and inflamed base.
- A burning sensation (*Daha*) and localised pain (*Shula*) may be felt.

Line of *Ayurvedic* treatment for Pemphigus foliaceus –

- *Snehapana (Oleation)* (Oral administration of medicated Ghee)
- *Shodhana – Vamana* (emesis), according to the need *Virechana* (Purgation) can also be carried out or else both are also recommended one after the other.
- *Shamana Aushadha* (Medication) – Both external and internal medication is carried.

In *Panchakarma*, among *Shodhana* therapy, *Vamana* is principle treatment for *Kapha dosha*. *Acharya Charak* defined *Vamana* as a process in which waste products or toxins (*dushta doshas*) are eliminated through upper route that is mouth. *Acharya Sharangdhar* explains that the process in which *Apakwa Pitta* and *Kapha* are forcibly expelled out through upper route that is mouth. Likewise, in *Virechana* *Pitta* and *Kapha* are expelled out through lower route that is anus. *Vata dosha* is *Yogvahi* that means it functions according to the accompanying *Kapha* or *Pitta dosha*. Oral medications which are prescribed to the patients were *Mahatiktak Ghrit*, *Arogyavardhini Vati* and for Local application *Marichyadi Tail*. All these conservative medications were used for the pacification of *Vata* and *Kapha dosha*. These drugs have

mainly *Tikta* and *Katu* properties. Thus, it was assumed that purification mechanism in combination with oral medication would be helpful in treatment of *Visarpa*.

### CASE REPORT

A 28 years old male was presented in OPD no.15 of *Rognidan* Department presenting with chief complaints as blisters as a *avakasho visarpa anusarpa yathi* with full of fluid, *shopha*, *shula*, *Kunapa Gandha*, *daha*, *kandu*, *srava*, *vra*na on bilateral legs, abdomen, back and *jwara* since 1-1.5 years. He undergone allopathic treatment but not relieved, he was in healthy state, later he started with itching all over her back, abdomen, chest, and both legs. The area affected with itching slowly got Small fluid-filled blisters (*Visphota*) first form on the trunk, which ruptures easily(*Srava*)and erosions(*Vra*na) were seen. Also, there was appearance of lesions which was often scaly and crusty on a red and inflamed base. The patches were more pronounced over abdomen and both legs. Simultaneously he was suffering from mild fever(*Jwara*) and swelling over both legs(*Sho*tha). He had taken treatment of allopathic medicine for years but didn't get any relief.

When he visited OPD, first of all we carried out his all routine blood investigations as Complete Blood Count, Blood Sugar Level, Liver Function Tests, Renal Function Tests and Routine and Microscopic Urine Examination to rule out any possible associated disorder. But finding of these investigations were found within normal limits. There was no significant past history of any type of addiction was found.

### Treatment Plan

The treatment is carried out in two phases

#### I. First Phase

First phase of treatment included *Sanshodhana Karma* (Purification Mechanism) i.e. *Vamana* (Process of vomiting) and *Virechana*(Process of purgation).It was strictly followed with *Purvakarma* and *Paschatkarma* (Before and after *Vamana* and *Virechana* respectively) Total period required for this process is 40 days.

#### II. Second Phase:

After *Shodhana*, second phase of treatment initiated in the form of oral medication. The composition of oral administration of drugs was *Mahatiktak Ghrit*, *Arogyavardhini Vati* and for Local application *Marichyadi Tail* for 50 days.

*Shamana Aushadha* (Medication) of patient is continued until full relief of symptoms.

### **Preparation and Process of Vamana And Virechana**

As *Visarpa* is spreads fast like a serpent in nature and also there is an involvement of *Tridosha* and *Twaka, Rakta, Mansa, Lasika* and *Kleda*. Hence, repeated *Shodhana* is required for treatment. *Shodhana* is one of the important treatments of *Ayurveda* which deals mainly with elimination of aggravated *Doshas* from body. These *Doshas* (toxins and waste materials) should be eliminated naturally as well as by *Panchakarma* from nearest route of the body

#### ***Purvakarma***

##### ***Deepana Pachana***

It is very essential process before any purification process. As with this process, *Ama doshas* (toxins) present in the *Shakha* undergo digestion. For removal of *Ama dosha*, stuck to the *Srotas* should undergo the process of digestion through *Deepana Pachana*. Thus, the free *doshas* (toxins) can be easily eliminated outside the body through *Vamana*. For this the patient was administered *Trikatu* (*Zingiber officinale, Piper longum* and *Piper nigrum*) *Churna* (powder form) and *Musta* (*Cyperus rotundus*) *churna* in dose of 3gms thrice a day for 5 days with luke warm water.

##### ***Snehapana(Oleation)***

After five days of *Deepan Pachan* process, *Snehapana* (Oleation) therapy was carried out in patient. *Acharya Charaka* quotes that *Kapha* slides fluently towards *Koshtha* through the body, which is kept ready by Oleation and Fomentation, in the same manner as the water stream eloquently through the vessel coated with a layer of unctuous material. For this patient was administered with *Mahatiktaka Ghrita* in *Vardhamana Matra* (i.e. dose of increasing order of 30ml, 60ml, 90ml, 120ml 150ml and 180ml) with luke warm water for respective six days. During this period, the patient was kept on semi liquid, hot diet with less unctuous material.

##### ***Sarvang Abhyang (Whole Body Massage with Oil) And Swedan(Fomentation)***

After completion of Oleation therapy, on 7<sup>th</sup> day patient was subjected for *Sarvang Abhyang* (Whole body massage with oil) and *Sarvang Swedan*(Fomentation) for 20-25 mins or until profuse perspiration occurred. The patient was advised for complete rest on this day and to eat *Kaphavardhak Aahara* in the evening like *Dahi vada, Dahi bhaat* or *Khichadi*.

**Pradhan Karma****[A] Vamana**

On this day, the patient was kept on nil by mouth (NBM) till the process of *Vamana* start. *Abhyanga* along with *Swedana* was given to the patient. *Phanta* of *Yashtimadhu* (*Glycyrrhiza glabra*) as *Vamanopaga* (helpful for vomiting), which was prepared by using *bharad* (coarse form) of *Yashtimadhu* 500mg mixed with 5 litres of hot water.

After general examination of patient, Pulse and Blood pressure was monitored. Then he was administered luke warm *Godugdha* (milk of cow) till he felt that his stomach was filled (1.5 litre) completely. The *Vamaka yoga* (preparation used for vomiting) that contained the drugs *Madanphala* (*Randia dumetorum*), *Nimba* (*Azadirachta indica*), *Vatsaka patra* (*Holarrhena antidysenterica*) and *Saindhav* (Sodium Chloride) in proportion of 4:2:2:1 mixed with Honey in total quantity of 9 gms of it was administered to patient (Table 1). After 15 minutes of administration of *Vamaka yoga*, patient was follow for *Vamana vega* (acts of vomitings) to commence on his own. Time and quantity of administration of *Vamanopaga dravyas*, acts of vomiting (major, moderate or minor) and amount of vomitus along with the contents were noted. The process was continued till patient was undergone through 7 major and 4 minor vomiting acts (*vegas*). When the appearance of vomitus was composed of medicine along with *Pitta dosha*, the procedure was stopped.

**Paschat Karma** (Process After Vomiting):**Dhumapana**

After rest of 10 mins, *dhumapana* was given with *Nirdosh Dhoom* for 3-4 times by each nostril of patient.

**Sansarjana Karma**

Since patient was undergone in *pravara* (major) grade of purification (7major and 4 minor *vega*) of *vamana*, he was advised to follow the dietic and behavioural restrictions regimen of seven days. The sequence of regimen was planned as *Peya*, *Vilepi*, *Akrita Mudga Yusha*, *Krita Mudga Yush*, rice with *Mamsa rasa* were served for 3 *Aahara kaala* (diets).

**[B]Virechana**

After 7days rest after *Sansarjana karma*, *Snehapana* therapy was carried out again as before for 6 days, which was followed by *Sarvang Abhyang* (Whole body massage with oil) and

*Sarvang Swedan*(Fomentation) for 2 days. The patient was advised to take *Anabhishyandi* and *Nati Kaphakara aahara*, in the evening on the second day of *Abhyang* and *Swedan*.

On the day of *Virechana* patient was kept Nil by Mouth (NBM), till the process of *Virechana* start. *Abhyang* along with *Swedan* was given to the patient. *Triphala* (*Emblica officinale*, *Terminalia belerica*, *Terminalia chebula*) kwath 100ml, *Erand Tail* (Castor oil) 10ml, *Abhayadi Modak* 2tablets, this *yog* was given to patient. After 1 hour of administration of *virechana yog*, patient was followed for *virechana vega* (acts of purgations) to commence on his own. Time and quantity of administration of *Virechana dravyas*, acts of *Virechana* (major, moderate and minor), amount of stool along with its consistency colour and other symptoms were noted. The process was continued till patient was undergone through 17 major and 3 minor *vegas* (purgation acts). When appearance of stool was composed of *Pitta* and *Kapha* and also patient felt tired but light, the procedure was stopped. *Sansarjan karma* was followed as in *Vamana karma* but for 2 *Aahar kaal*(2diets) as *shuddhi* (purification) was *madhyam*(moderate).

## OBSERVATION AND DISCUSSION

During the 40 days course of *Vamana*, patient had reported 60-70% improvement in his symptoms. He had got 50% relief from itching. The erosions, discoloured skin and red scaly patches had been improved by 40%. The swelling, fever and small fluid filled blisters were reduced. The treatment regime was planned in two phases. In the initial phase of the management patient was undergone through *Vamana and Virechana karma*. The principle of the therapy is until one expel out the morbid *Doshas* from the body. It acts mainly on vitiated *doshas* of Pemphigus foliaceus that is *Pitta* and *Kapha*. In *Purvakarma* patient was administered *Mahatiktaka Ghrita* in an increasing manner. *Ghrita* carries property of drug without leaving its own property. The ingredients are *Saptaparna* (*Alstonia scholaris*), *Ativisha* (*Aconitum heterophyllum*), *Musta* (*Cyperus rotundus*), *Ushir* (*Andropogon muricatus*), *Triphala* (*Emblica officinalis*, *Terminalia chebula*, *Terminalia belerica*), *Shampak* (*Cassia fistula*), *Kutaki* (*Picrorrhiza kurroa*), *Patha* (*Cissampeloc pareira*), *Patola* (*Trichosanthes dioica*), *Nimba* (*Azadirachta indica*), *Parpataka* (*Fumariaparvi flora*), *Dhanwayasa* (*Alaghi mouroum*), *Chandana* (*Santalum album*), *Pippali* (*Piper longum*), *Padmaka* (*Prunus cirasoidus*), *Haridra* (*Curcuma longa*), *Daruharidra* (*Berberis aristata*), *Vacha* (*Acorus calamus*), *Vishala* (*Citrullus colocynthis*), *Shatavari* (*Asparagus racemosus*), *Sariva* (*Hemidesmos indicus*), *Krishna Sariva* (*Ichnocarpus frutescens*), *Vasa* (*Adhatoda*

*vasica*), *Murva* (*Clematis triloba*), *Guduchi* (*Tinospora cordifolia*), *Kiratatikta* (*Swerita chirata*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Trymamana* (*Gentian kurroa*), *Goghrita* (*Butyrum departum*) etc. The drugs possess *Ushna*, *Tikshna*, *Vyavayi*, *Vikashi*, *Katu*, *Tikta rasatmaka* and *Katu vipaka*. It was observed that the action of drugs was mainly due to properties of these drugs which have *Dipan*, *Pachana*, *Amapachaka*, *Strotoshodhaka*, *Raktaprasadan*, *Raktashodhaka*, *Kandughna*, *Kushthaghna* and *Varnya* mechanism of actions. They acted mainly for the eradication of *doshas* from whole body and brought them into *Koshtha*. It also pacified the symptoms like itching, discoloration and dryness due to aggravated *Vata* and *Kapha doshas*.

The main components of *Vamana* and their actions are as follows - *Madanaphala* (*Randia dumetorum*) in small doses acted as nauseant and provided useful as a nervine calminative and antispasmodic during vomiting process. *Nimba* (*Azadirachta indica*) was *Krumighna*, *Vatsaka patra* (*Holarrhena antidysenterica*) was having spasmolytic action. *Yashtimadhu* i.e. *Glycyrrhiza glabra* helped to lower the increasing blood pressure during the strenuous *Vamana* process. It also acts as smooth muscle relaxant. *Saindhava* i.e. Sodium Chloride was said to be the best in helping the process of emesis. According to *Acharya Vagbhata*, it possesses the properties like *Vishyandi*, *Aruksha*, *Sukshma*, *Ushna*, *Vyavayi*. *Acharya Indu* clears that it increases secretions through channels, penetrates the minute channels and spread quickly to the whole body. *Madhu* was effective in breaking the *Avarana* (shield) of fat tissue without aggravating the *Vata*.

Components of *Virechana yoga* and their action are as follow: -

*Triphala kwatha*- *Amalaki* (*Embllica officinale*) was *tridosahar* and *Vibandhanashak* action like *Haritaki* (*Terminalia chebula*) and *Bibhitaki* (*terminalia belerica*) had *Rechak* (laxative) action.

*Erand Tail* (*Ricinus communis*) acted as *Adhibhaghar*, *Virechak*, *Kruminissarak* and also did *shodhana* of *Kapha* in *Aamashaya*.

In *Abhayadi Modak*, *Haritaki* and *Aamlaki* is *Anulomak*, *Danti* is *Tikshna Virechak*, *Trivrut* has *Virechak prabhav*, *Pippali* is *Pitta Virechak* and *Marich* has *Pramathi* property. Along with *pitta rechan*, *kapha samshodhana* and *vatanuloman* take place. *Abhaydi Modak* is *Katu Rasa*, *Tikshna Guna* and *Ushna Virya* with *Katu Vipak*. *Doshas* expel out through anal route (*Gudamarga*) as *Virechak dravyas* have *Jala* and *Pruthvi Mahabhut pradhanya* and have

*Adhobhaghar prabhav*. Thus *Vamana* and *Virechana* pacified *shopha*, *shula*, *Kunapa Gandha*, *daha*, *kandu*, *srava*, *vra*na on bilateral legs, abdomen, back and mildly normalized the discoloration.

In second phase of treatment, the patient was administered with oral medications like *Arogyavardhini Vati*, *Mahatiktak Ghrit* and for local application *Marichyadi Tail*. *Arogyavardhini Vati* contains *Shuddha Parada* (Herbal Purified Mercury), *Shuddha Gandhaka* (Herbal Purified Sulphur), *Shuddha Loha* (Purified Iron), *Abhraka bhasma* (Purified Mica), *Tamra bhasma* (Purified Copper), *Triphala*, *Shuddha Shilajit* (Asphaltum), *Shuddha Guggulu* (*Commiphoramukul*), *Twaka* of root of *Chitraka* (*Plumbago zeylanica*), *Kutaki* (*Picrorrhiza kurroa*) all are pasted in *swarasa* (juice extract) of leaves of *Nimba* (*Azadirachta indica*). It was administered in a dose of 500 mg thrice a day with water after meal. *Arogyavardhini Vati* worked as Purificatory agent for large intestine and mainly on the organic toxins produced in large intestine.

The other drug is *Mahatiktaka Ghrita* which has *Dipana*, *Pachana*, *Amapachaka*, *Strotoshodhaka*, *Raktaprasadan*, *Raktashodhaka*, *Kandughna*, *Kushthaghna* and *Varnya* mechanism of actions. It is administered in dose of 10ml early morning empty stomach.

The drug used for external application is *Marichyadi Tail* which contains *Marich*(*Piper nigrum*) *Hartaal*, *Manahshila*, *Nagarmotha*(*Cyperus rotundus*), *Arkadugdha*(*Calotrpis procera*), *Kaneramulatwak*(*Nerium indicum*), *Nishoth*(*Operculin ipomoca*), *Gorasa*, *Indrayanamula* (*Citrullus cococynthis*), *Kushtha*(*Saussurea lappa*), *Haridra*(*Curcuma longa*), *Daruharidra*(*Berberis aristata*), *Devdaru*(*Cedrus deodara*), *Raktachandana*(*Pterocarpus santalinus*), *Vatsanabha* (*Aconitum ferox*), *Sarshap tail*(*Brassica alba*). Most of the drugs are of *Katu*, *Tikta* and *Kashay Rasa* which acts as *Kapha shamaka*, reduces *Kandu*, *Laghu Snigndha guna* reduces scaling, *Ushna virya* increases Swedan by *Vaat Kapha nashak Dravya*, *Rakta shodhaka*, *Immunomodulator*, *Kushtha Kandu Nashak* property.

Along with *Shodhana* and *Shamana* therapy patient was advised to avoid Non vegetarian food(Fish, Mutton, Chicken, Eggs etc), fast food(Chinese,Vada paav, Samosa, Kachori etc), fermented food(Idli, Dosa etc), *Katu Amla rasa*(Dahi wada,Spicy food), Contaminated water and environment.

Table1: Preparation of *Vamana*

Ingredients	Quantity
<i>Madanphala</i> ( <i>Randia dumentorum</i> )	4gm
<i>Nimba</i> ( <i>Azadirachta indica</i> ),	2gm
<i>Vatsaka patra</i> ( <i>Holarrhena antidysenterica</i> )	2gm
<i>Saindhav</i> (Sodium Chloride)	1gm
<i>Madhu</i> (Honey)	Sufficient quantity

Table 2: Oral drugs, their Composition, Doses and Exact effect

Name of drug Compound	Ingredients	Dose	Frequency	Duration	Exact effect
<b><i>Arogya-vardhini Vati</i></b>	<i>Shuddha Parada, Shuddha Gandhaka, Abhraka bhasma, Tamra bhasma, Triphala, Shuddha Shilajit, ShuddhaGuggul, Chitrakmula twaka, Kutaki</i> all pasted in <i>swarasa(rasa)</i> of Leaves of <i>Nimba</i>	2tab (500 mg each)	Thrice a day	6 months	<i>Amadoshanashak, Hepatoprotective, Vata and Kapha nashaka</i>
<b><i>Mahatiktak Ghrit</i></b>	<i>Saptaparna, Ativisha, Shampak, Kutaki, Patha, Musta, Ushir, Triphala, Patola, Nimba, Parpatata, Dhanwayasa, Chandana, Pippali, Padmaka, Haridra, Daruharidra, Vacha, Vishala, Shatavari, Sariva, Krishna Sariva, Vasa, Murva, Guduchi, Kiratatikta, Yashtimadhu, Trymamana, Goghrita</i>	10ml	Once a day	6 months	<i>Dipan, Pachana, Amapachaka, Strotoshodhaka, Raktaprasadan, Raktashodhaka, Kandughna, Kushthaghna and Varnya</i>
<b><i>Marichyadi Tail</i></b>	<i>Marich, Hartaal, Manahshila, Nagarmotha, Arkadugdha, Kaneramulatwak, Nishoth, Gorasa, Indrayanamula, Kushtha, Haridra, Daruharidra, Devdaru, Raktachandana, Vatsanabha, Sarshap tail</i>	As per required on lesion	Once a day	6 months	<i>VaatKapha nashak, Rakta shodhaka, Immunomodulator, Kushtha Kandu Nashak</i>

Table 3: Overall Effect of *Vamana* and *Virechana*

Steps in Process of <i>Vamana</i> and <i>Virechana</i>	Mechanism	Exact effect showed
<i>Dipana Pachana</i>	Removal of <i>Amadosha</i> Increase in <i>Agni</i>	<i>Ama-doshanashaka</i>
<i>Snehapana</i>	Pacification of <i>Vata dosha</i> Decrease in Burning Sensation Reduction in Scaling and Dryness	<i>Vata-doshashamaka</i>
<i>Abhyanga</i>	Removal of Dryness Decrease in Scaling	<i>Vata dosha Shamaka</i>
<i>Sarvanga Swedana</i>	Removal of Obstruction Increase in <i>Swedana</i>	<i>Strotas Shodhana</i> (Purification of system)
<i>Vamana</i>	Reduction in Itching Pacification of <i>Kapha dosha</i>	<i>Kapha dosha Shodhana</i>
<i>Dhumapana</i>	<i>Kapha dosha</i>	<i>Shiro Virechana</i>
<i>Virechana</i>	Reduction in itching, discolouration and scales Pacification of <i>Kapha dosha</i> and <i>Pitta dosha</i>	<i>Pitta dosha shodhana</i>

## IMAGES

## BEFORE TREATMENT



## AFTER VAMANA



## AFTER VIRECHANA



## CONCLUSION

*Visarpa* [Pemphigus foliaceus] though difficult to manage, but if proper diagnosis is made at proper time, it can give significant relief. In present case, the treatment was found very effective in treating Psoriasis. There was 60-70% relief in signs and symptoms after *Shodhana* Therapy and then total 80% to 90% relief after Oral medications.

## CONSENT

Written consent was obtained from patient for documentation and to publish present work without revealing patient's identity.

**ACKNOWLEDGEMENT**

I express my deepest gratitude to VD RATNA DAMLE, LECTURER, Department of Rog Nidan Avum Vikriti Vigyan, R. A. Podar Medical College, Worli, Mumbai – 18 for their valuable suggestions & ideas during this case study.

**REFERENCES**

1. Charaka Samhita - Charaka Chandrika Hindi Comm. By Bramhanand Tripathi,
2. Dalhana - Nibandha Sangraha Comm. on Sushruta Samhita. Ed. By YT. Acharya, Chaukhambha Orientalia, Varanasi.
3. Kapopara NB (1988) Structure and function of skin w.s.r. to pathophysiology of Visarpa and its principle of treatment.
4. Harita Samhita - Ed. By. Ravidatta Shastri., Shri Krishnadas Academy, Mumbai.
5. Kirtikar & Basu. - Indian Medicinal Plants Vol. I to IV, 2nd Ed, 1984.
6. Madhava Nidana - Madhukosha Comm. with Hindi Vidyotini Comm. By S. Shastri. Vol. I & II, Chaukhambha Sanskrit Sansthana, Varanasi.
7. Sushruta Samhita - Hindi Comm. By Ambikadatta Shastri, Chaukhambha Sanskrit Series, Varanasi.
8. Ashtanga Hridaya - Nirmala Hindi Commentary By. Bramhanand Tripathi, Chaukhambha Sanskrit Pratisthan, Delhi.
9. Ashtanga Samgraha - Hindi Commentary by. Pd. Lalchandra Shastri, Baidyanath Ayu. Bhavan. Ltd., Nagpur.
10. Bhav Prakash nighantu, hindi commented by K.C. Chunekar and G.S. pandey, haritakyadivarga, page 123, reprint:1999, chaukhambha Bharati Academy Varanasi. \* M.D. (Ayu) Scholar, P.G. Department of Sharir Kriya, NIA, jaipur.