

# A Clinical Case Study of *Kaphaja Visarpa* W.S.R to Pemphigus Vulgaris

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## Abstract

**Background:** *Visarpa* is a classical Ayurvedic dermatological condition characterised by Swift spreading of lesions across the skin involving *Twak*, *Lasika*, *Rakta*, and *Mamsa*. *Kaphaja Visarpa*, a subtype dominated by *Kapha dosha*, presents with pallor-coloured oily lesions, itching, swelling, and mild pain.

**Case Summary:** A 58-year-old female patient, a known case of Type 2 Diabetes Mellitus, presented with shiny, oedematous, pale skin lesions across the chest, abdomen, and back, accompanied by oily secretion, mild pruritus, mild pain, and oral mucosal ulceration of 14 days duration and it was diagnosed as a Pemphigus Vulgaris by modern dermatologist. After thorough classical Ayurvedic examination, she was diagnosed with *Kaphaja Visarpa*. The treatment protocol included *Langhana* and *Rukshana* as primary interventions with Internal medicines. No *Panchakarma shodhana* or external applications were employed.

**Outcome:** Remarkable improvement in all symptoms was observed within one month, with complete resolution achieved by 1.5 months — considerably faster than the 1–1.5 year prognosis given by the consulting dermatologist for Pemphigus Vulgaris.

**Conclusion:** This case underscores the clinical efficacy of precise Ayurvedic diagnosis and classical treatment principles. Identifying the predominant *dosha* and applying appropriate *chikitsa*

can yield swift and complete resolution even in conditions considered chronic and refractory in conventional medicine.

**Keywords:** *Kaphaja Visarpa, Twak-Rakta-Lasika-Mamsa Dushti, Pemphigus Vulgaris, Ayurveda, Langhana-Rukshana.*

## 1. Introduction

Skin diseases have been recognised and systematically classified in Ayurvedic literature since antiquity. Among the diverse dermatological conditions described in classical texts, *Visarpa* holds a prominent place owing to its acute onset, rapid progression.<sup>1</sup> The term *Visarpa* is etymologically derived from the Sanskrit root "*vi + sarp*", meaning a disease that spreads swiftly in various directions across the body surface.<sup>2</sup>

According to *Charaka Samhita* and *Sushruta Samhita*, *Visarpa* is caused by the vitiation of *Rakta* in association with one or more other *doshas*, and it primarily afflicts *Twak* (skin), *Lasika* (lymph), *Rakta* (blood), and *Mamsa* (muscle tissue). The classical texts enumerate seven subtypes of *Visarpa*, among which *Kaphaja Visarpa* is characterised by dominance of *Kapha dosha* manifesting as sluggish lesion progression, heaviness, pallor, oily secretion, pruritus, and mild pain.

In the context of contemporary dermatology, Pemphigus Vulgaris is an autoimmune blistering disorder involving mucocutaneous surfaces. It is marked by intraepidermal acantholysis mediated by autoantibodies against desmoglein-1 and desmoglein-3, resulting in painful, flaccid bullae and erosions on the skin and mucous membranes. PV is considered a chronic, potentially life-threatening condition requiring prolonged immunosuppressive therapy, often spanning one to two years or more.<sup>3</sup>

The clinical overlap between *Kaphaja Visarpa* and Pemphigus Vulgaris — particularly in presentation with oedematous, moist, spreading skin lesions and mucosal involvement — offers a valuable opportunity for an integrative clinical inquiry. This case report presents a 58-year-old diabetic woman diagnosed with Pemphigus Vulgaris by a modern dermatologist who achieved complete cure within 1.5 months through classical Ayurvedic management, specifically through *Langhana* and *Rukshana* principles (by giving Internal Medications).

## 2. Case Report

### 2.1 Patient Information

A 58-year-old married female patient presented to the *Kayachikitsa* outpatient department with a chief complaint of multiple shiny, oedematous skin lesions over the anterior and posterior aspects of the trunk — involving the chest, abdomen, and back — for the preceding 14 days. She was a known case of Type 2 Diabetes Mellitus (DM2), under conventional medical management.

### 2.2 History of Present Illness

The onset of symptoms was gradual, with progressive enlargement and spread of the lesions. The patient described associated oily discharge from the affected areas, moderate pruritus, and mild pain. She also reported ulceration of the oral mucosa during the same period. She denied any history of burning sensation, fever, or trauma. No similar episodes had been reported previously. She had been evaluated by a modern dermatologist, who established a diagnosis of Pemphigus Vulgaris and informed her that conventional treatment would require approximately 1–1.5 years for resolution.

### 2.3 Clinical Examination

**General condition:** Moderately built, conscious, cooperative, afebrile.

#### **Ashtavidha Pariksha (Eightfold Ayurvedic Examination):**

*Nadi (Pulse):* Slippery, slow - suggestive of *Kapha* predominance.

*Mala (Stool):* Slightly pale, sluggish bowel movements.

*Mutra (Urine):* Within normal limits for the patient.

*Jihva (Tongue):* Coated with white-grey slime — indicative of *Ama* and *Kapha dushti*.

*Shabda (Voice):* Normal.

*Sparsha (Skin palpation):* Lesions were cool to touch, soft, and moist.

*Drik (Eyes):* Slight pallor of conjunctivae.

*Akriti (Build/Appearance):* Moderately obese — consistent with *Kapha prakriti*.

**Dermatological findings:** Multiple *Pandu-varna, utsedhayukta, snigdha mandala* (pale, elevated, oily disc-shaped lesions) of varying sizes were distributed over the anterior chest wall, upper and lower abdomen, and posterior thorax. Lesions showed oily discharge (*sraav*), palpable oedema (*shotha*), and were associated with itching (*kandu*). The margins were ill-defined with a tendency to peripheral spread. Oral examination revealed superficial erosions on the buccal mucosa (*mukha paka*).

## 2.4 Ayurvedic Diagnosis<sup>4</sup>

Based on the presenting symptoms — *kandu* (pruritus), *gaurava* (heaviness), *snigdha* (oily/greasy character of lesions), *alpa vedana* (mild pain), *sraav* (secretion), and *shotha* (swelling) — along with the absence of burning sensation and the slow-spreading nature of lesions, the condition was diagnosed as *Kaphaja Visarpa* as described in classical Ayurvedic texts. The exclusion of burning sensation helped differentiate it from *Pittaja Visarpa*, while the absence of severe pain and blackish discoloration ruled out *Vataja Visarpa*.

## 2.5 Differential Diagnosis in Ayurveda

The seven types of *Visarpa* — *Vataja*, *Pittaja*, *Kaphaja*, *Vata-Pittaja*, *Pitta-Kaphaja*, *Vata-Kaphaja*, and *Sannipataja* — were considered. The key differentiating features in this patient were the absence of burning, the pale oily appearance of lesions (rather than red or blackish), the mild nature of pain, and the sluggish progression — all of which are hallmarks of *Kapha dosha* dominance.

## 3. Treatment Protocol

### 3.1 Line of Treatment

In classical Ayurveda, the primary treatment principle for *Visarpa* in its active, spreading phase is *Langhana* (therapeutic lightening/fasting) and *Rukshana* (drying/dehydrating therapy).<sup>5</sup> These two interventions arrest the spread of *doshas* by countering the *snigdha* (unctuous) and *guru* (heavy) qualities of vitiated *Kapha* that drive the pathogenesis.

The classical dictum is that *Shodhana* (purificatory therapies) are central to the management of *Visarpa* conditions. In this patient, *Raktamokshana* was advised but could not be performed due to logistical constraints. Similarly, no *Panchakarma shodhana* procedures were administered, and no topical applications were applied throughout the treatment course. This restraint provides a

compelling testament to the potency of the oral *Langhana-Rukshana* approach alone when correctly applied

### 3.2 Medicines Administered.

The patient was prescribed classical Ayurvedic internal medications aimed at *Kapha-Pitta shamana* and *Rakta prasadana*, including light, dry, easily digestible formulations consistent with *Langhana* and *Rukshana* principles. Dietary modifications adhering to *Kaphapittahar ahara* (light, warm, dry, astringent food) were advised throughout the treatment period. The patient was also counselled on lifestyle modifications including avoidance of *guru, snigdha, madhura* foods, daytime sleeping, and inactivity.

Table 1. Drug Name and Dosage of Drug

Sr No	MEDICATION	DOSE AND DURATION
1.	<i>MANJISTHADI KWATH</i>	20 ML BD
2.	<i>CHANDRAKALA RASA</i>	2 TDS
3.	<i>AROGYAVARDHINI VATI</i>	2 TDS
4.	GUDUCHI SATVA	1 PINCH IN EVERY 2HOURS
5.	TRIVRUT CHURNA	1 TSP at NIGHT BEFORE SLEEP
6.	VINA SUNTHI SHADANG SIDHDHA SHRUT SHEET JAL	MEDICATED WATER WHOLE DAY FOR DRINKING

### 3.3 Duration of Treatment

The patient was followed up weekly. Treatment was continued for a total of six weeks (1.5 months). No modifications to the core treatment plan were required during this period.

#### 4. Results and Observations

At the end of the **first week**, the patient reported a noticeable reduction in pruritus (*kandu*) and a decrease in the amount of oily discharge (*sraav*). Oral ulceration showed early signs of healing.

By the **end of the second week**, the elevated nature (*utsedhata*) of the lesions was visibly reduced, and the peripheral spread of lesions had arrested completely. The oily character of the skin lesions diminished significantly.

At the **one-month mark**, significant improvement was observed in all parameters — itching, discolouration, oedema, and secretion — with near-complete resolution of lesions. Oral mucosa was healed completely.

By **six weeks (1.5 months)**, complete resolution of all skin lesions was achieved. The skin texture and colour returned to normal. No relapse was observed at the follow-up visit four weeks after treatment completion.



Picture 1 Patient's first Visit to OPD



Picture 2 After 7 days of Treatment



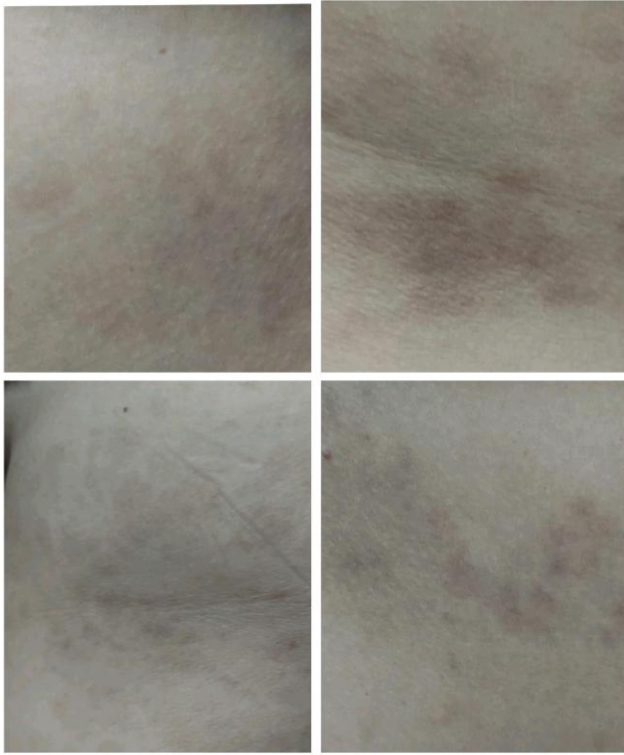
Picture 3. After 3 Weeks of Treatment



Picture 4. After 4 weeks of Treatment



Picture 5. After 5 weeks of treatment



Picture 6. After 6 weeks of Treatment

## 5. Discussion

### 5.1 Understanding *Kaphaja Visarpa*

The classical description of *Kaphaja Visarpa* in the *Charaka Samhita* (*Chikitsa Sthana*, Chapter 21) and *Sushruta Samhita* (*Nidana Sthana*, Chapter 10) outlines lesions that are pale, oily, cold, raised, and slowly spreading, associated with itching and mild pain. The dominance of *Kapha dosha* imparts the *snigdha* (unctuous), *guru* (heavy), *shita* (cold), and *manda* (slow) qualities to the pathological process. All of these features were present in this case, validating the diagnosis.

The involvement of *Twak*, *Lasika*, *Rakta*, and *Mamsa* in *Visarpa* parallels the multi-layer involvement seen in *Pemphigus Vulgaris*, which affects the epidermis and submucosa through immunological mechanisms. While the pathophysiological frameworks differ, the clinical presentation can be remarkably similar in cases where *Kapha* predominance is responsible for the character of the lesions.

## 5.2 Pemphigus Vulgaris: A Modern Perspective<sup>6</sup>

Pemphigus Vulgaris is a rare autoimmune blistering disorder with an incidence of approximately 0.76–5 per 100,000 population annually. It predominantly affects middle-aged individuals and involves IgG-mediated destruction of intercellular adhesion proteins (desmoglein-1 and desmoglein-3) in the epidermis, leading to acantholysis and the formation of intraepidermal blisters. Mucosal involvement — particularly of the oral cavity — is a cardinal feature and often precedes cutaneous involvement. Conventional management involves systemic corticosteroids, immunosuppressants (azathioprine, mycophenolate mofetil), and rituximab in refractory cases, with therapy typically extending over 12–18 months or longer.

## 5.3 Correlation Between Kaphaja Visarpa and Pemphigus Vulgaris

The correlation between *Kaphaja Visarpa* and Pemphigus Vulgaris is supported by the following clinical parallels:

*Sraav* (oily/serous secretion from lesions) corresponds to the serous exudate from ruptured bullae in PV.

*Shotha* (swelling/oedema) correlates with the tense, oedematous bullae seen in PV.

*Mukha paka* (oral ulceration) aligns with the mucosal erosions that are a hallmark of PV.

*Pandu varna* (pallor) of lesions corresponds to the whitish, fragile bullae preceding erosions.

*Kandu* (pruritus) is consistent with the discomfort and itching observed in some PV cases.

Importantly, the *Nidana* (causative factors) of *Visarpa*<sup>7</sup> — including consumption of incompatible foods, suppression of natural urges, emotional disturbances, and *Kapha*-aggravating and raktadushtikara dietary habits — mirror recognised triggers of autoimmune conditions in modern medicine, including stress, poor diet, and gut dysbiosis.

## 5.4 Rationale for Treatment

The therapeutic approach adopted in this case is logically aligned with the pathogenesis of *Kaphaja Visarpa*, where *Kapha* predominance associated with *Rakta dushti* leads to symptoms such as swelling, heaviness, itching, mild pain, and spreading nature of lesions. The line of management therefore emphasizes *Kapha shamana*, *Rakta prasadan*, *Langhana*, and *Rukshana*, all of which are reflected in the selected formulations.

***Manjisthadi Kwath***<sup>8</sup> plays a central role due to its well-known *Rakta Prasadaka* and *Pitta-Kapha shamaka* properties. *Manjistha* and associated drugs help in clearing vitiated *Rakta*, reducing inflammation, and controlling the spread (*Visarpa gati*), thereby addressing the core pathology.

***Chandrakala Rasa***<sup>9</sup> contributes primarily through its *Pitta shamana* and *Rakta prasadana* actions. In *Kaphaja Visarpa*, although *Kapha* is dominant, *Pitta* association leads to discoloration and inflammatory changes. *Chandrakala Rasa* helps in pacifying this *Pitta* component and stabilizing *Rakta dhatu*.

***Arogyavardhini Vati***<sup>10</sup> is particularly relevant due to its action on *Agni deepana* and *Ama pachana*. *Kaphaja* conditions are typically associated with *Mandagni* and *Ama* accumulation, which further obstructs *Srotas*. By improving metabolic fire and clearing *Ama*, this formulation helps in breaking the pathogenesis at a fundamental level while also supporting liver function and Blood metabolism.

***Guduchi Satva***<sup>11</sup>, administered frequently, provides continuous *Tridosha shamana* with a strong emphasis on *Pitta* and *Rakta* balancing. Its *Rasayana* and immunomodulatory properties support tissue healing, reduce inflammation, and enhance resistance against disease progression.

***Trivrit Churna***<sup>12</sup> serves as a mild *Virechaka*, which is especially important in conditions involving *Pitta* and *Rakta dushti*. *Virechana* is considered a prime therapy for eliminating vitiated *Pitta* from the body. Regular bowel cleansing also aids in reducing internal toxin load and prevents further aggravation of *Doshas*.

***Vina sunthi Shadang Kwath***, used as medicated water throughout the day, ensures sustained *Pitta-Kapha shamana*, *daha prashamana*, and *Rakta shodhana*. It also maintains hydration while continuously delivering therapeutic effects, which is particularly useful in conditions with systemic involvement.

In addition to internal medications, the advised *Kapha-nashaka ahara* and lifestyle modifications play a crucial supportive role. Avoidance of *guru*, *snigdha*, and *madhura ahara*, along with restriction of *divaswapna* and inactivity, directly counteracts *Kapha vriddhi* and *Srotorodha*. The emphasis on *Langhana* and *Rukshana* further helps in reducing heaviness, clearing channels, and facilitating *Dosha* elimination.

Overall, the selected treatment protocol effectively addresses the *Samprapti* of *Kaphaja Visarpa* by:

Pacifying *Kapha* and *Pitta* (Shamana),

Purifying *Rakta* and preventing disease spread,

Eliminating vitiated *Pitta* (*Shodhana* through *Virechana* support),

Digesting *Ama* and improving *Agni*,

Supporting tissue healing and immune response.

Thus, the combination of these classical formulations, along with appropriate dietary and lifestyle measures, forms a rational and comprehensive management strategy for *Kaphaja Visarpa*.

## 6. Conclusion

This case report demonstrates that *Kaphaja Visarpa*, a well-defined entity in classical Ayurvedic medicine, diagnosed as a Pemphigus Vulgaris by Modern Dermatologist. The classical treatment protocol of *Langhana* and medicine having *Rukshana and raktaprasadana property*, applied with rigour and precision, achieved complete cure within 1.5 months — a fraction of the time projected by conventional management. This outcome highlights three fundamental strengths of the Ayurvedic system: the depth of its diagnostic framework, the individualised nature of its therapeutic approach, and the efficacy of its time-tested principles even in complex, chronic dermatological disorders.

Further multi-centric clinical studies and randomised controlled trials are warranted to establish the reproducibility of these findings, document outcomes on a larger scale, and explore the

immunological correlates of Ayurvedic therapeutic interventions in autoimmune skin conditions such as Pemphigus Vulgaris.

## Declarations

**Ethical Statement:** Informed written consent was obtained from the patient for publication of this case report.

## References

- <sup>1</sup> **Charaka, Agnivesha.** *Charaka Samhita – Chikitsa Sthana, Chapter 21 (Visarpa Chikitsa)*. Edited by Pt. Kashinath Shastri & Dr. Gorakhnath Chaturvedi. Chaukhambha Bharati Academy, Varanasi, 2009. p. 571–575.
- <sup>2</sup> **Sushruta, Maharshi.** *Sushruta Samhita – Nidana Sthana, Chapter 10 (Visarpa Nidana)*. Edited by Kaviraj Ambikadatta Shastri. Chaukhambha Sanskrit Sansthan, Varanasi, 2012. p. 280–283.
- <sup>3</sup> **Hertl, M. (Ed.)** *Autoimmune Diseases of the Skin: Pathogenesis, Diagnosis, Management*. Springer, Berlin, 2011. pp. 85–110.
- <sup>4</sup> **Charak Samhita – Chikitsa sthana** chapter 21 (*Visarpa Chikitsa*) Verse 34, Edited by Dr Laksmidhar Dwivedi, Chaukhambha krushnadas academy, Varanasi. P. 692-693.
- <sup>5</sup> Ashtang Hridaya – Chikitsa sthana chapter 18 , Verse 1 , Edited by Dr Brahmanand Tripathi, Chaukhanbha Sanskrit pratisththan Delhi.
- <sup>6</sup> **Kasperkiewicz M, et al.** *Pemphigus vulgaris: Pathogenesis, clinical presentation, and new therapeutic options*. J Invest Dermatol. 2017;142(4):1058–1064.e7.
  - Discusses **autoantibodies against desmoglein-1 and -3** and their role in acantholysis.
- <sup>7</sup> **Charak Samhita – Chikitsa sthana** chapter 21 (*Visarpa Chikitsa*) Verse, 16-21 Edited by Dr Laksmidhar Dwivedi, C-haukhambha krushnadas academy, Varanasi. P. 690
- <sup>8</sup> Saranghdhar Samhita – Madhyam Khanda chapter 2 verse 138 , edited ny rajvaidhya shri rasiklal jethalal parikh ,Sastu Sahitya vardhaka karyalaya, Ahmedabad
- <sup>9</sup> **Bhaishajya Ratnavali**
  - *Mutrakricchra Chikitsa*, Chapter 34, verses 47–55.
- <sup>10</sup> **Vāgbhaṭa Ācārya.** *Rasaratnasamuccayaḥ*. With commentary by Jīvarāma Kālidāsa. Bombay: Khemaraja Shri Krishnadas Press, 1878.
- <sup>11</sup> **Yogaratanakara.** *Yogaratanakara with Vidyotini Hindi Commentary. Jwara Chikitsa*. Edited by Bhisagratna Lakshmipati Shastri. Varanasi: Chaukhambha Sanskrit Series Office, 1999.
- <sup>12</sup> **Charaka.** *Charaka Samhitā. Sutra Sthana, Chapter 4 (Shodhana Virechana Dravya)*. Edited by Pt. Kashinath Shastri and Dr. Gorakhnath Chaturvedi. Varanasi: Chaukhambha Bharati Academy, 2006.