EXISTING EMERGENCY MANAGEMENT USED FOR VISARPA DISEASE

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ABSTRACT
Emergency management in Visarpa is most challenging. The aim of this study is to review the existing Critical care for Visarpa from basic Ayurveda classics as well as online. In this review article, after evaluation of emergency care from brihatrayai as well as laghutrai and available relevant 21 articles regarding Visarpa chikitsa, we discussed the need of development of Ayurveda diagnostic as well as intensive care units in present era. It is found that emergency treatment is not available to the satisfaction in Ayurveda literature. Therefore, possible strategy regarding emergency care research for this critical disease is provided which is useful for Ayurveda researchers.

Key words: Visarpa, Parisarpa, erysipelas, gangrene, Septicaemia, Sepsis, Septic shock, necrotizing-fasciitis, B cell Lymphoma of skin, fulminant spreading skin infections.

INTRODUCTION
The Visarpa emergency management is concerning global Ayurveda practitioner’s problem. Interpretation of this disease with Allopathic disorders is very confusing to scholars. It is need of time to develop emergency care for this disease.

Visarpa stands for ‘sarpan’ means ‘spreading’. Vivedham Sarpati Iti Adha Urthava Tiryaka Tathāspothe Shophādibhih Prasarati Iti Visarpa. It means Inflammatory, erythematous, pustular, glandular etc. lesions which spread rapidly in localised or widespread pattern.¹ The term Visarpa has two parts viz., ‘vi’ and
Overview of literature related to Visarpa

Visarpa Hetu

The chapter ‘Visarpa chikitsa’ follows that of ‘Chardi chikitsa’ because suppression of natural urge chardi (vomiting) as well as Chardi disease are to be considered as causative factors for Rakta dusti (vitiation of blood) leading to Visarpa. This indicates that Rakta vitiating factors and vitiation of Rakta is an important basic underlying phenomenon prior to the Visarpa. General etiological factors of Vispara are diet and lifestyle related, injury, poisons, toxins, burns etc., some of these cause vitiations of dosha and khavaigunya (disease prone condition) in dhatu and some cause direct vitiation of dosha and dhatu leading to Visarpa. It shows that favourable condition for disease phenomenon or infection occurs first.

Allopath point of view, Visarpa like condition is generally caused by infection or immune reaction. Mode of infection may be uncooked food, contaminated food, water etc. but Punarvasu Atreya has given various causative factors which are not directly considered in Allopath.

As a treatment principle, hetu should be taken into consideration during management. In treatment plan this concept of favourable body environment should be considered. Change in internal body atmosphere is possible by shodhana therapy and medications.

Vidhi Samprapti

On location basis Visarpa is classified into Bahih-srita (externally situated), Anthah-srita (internally situated) and Ubhayasamsrita (all over situated). It is also classified into Vatic, Paitik, Slaimik, Agni visarpa, Kardam visarpa, Granthi visarpa and Sannipatik on dosha basis. Sushruta has described one additional Kshataja visarpa. Diagnosis, prognosis and treatments are linked to the disease classification hence pranabhisar physician (experienced in life saving treatments) should apply it appropriately during Visarpa management.
Samprapti

Seven elements are involved in the pathogenesis of Visarpa viz., Rakta (blood) Lasika (lymph), Twaka (skin), Mamsa (flesh), Vata, Pitta and Kapha. Same elements are considered for Kustha (various skin disorders) but clinical presentation of both the diseases is different because every disease is having its own nature. As Kustha is chronic in nature and Visarpa is acute and fatal therefore spreading Kustha should not be interpreted as Visarpa.

Shodhana therapy helps to normalise the samprapti in curable condition of Visarpa.

Visarpa Lakshana

Antahsrita visarpa (situated in both external as well as internal pathways and is to be known more and more serious consecutively)

1. Bahishrta visarpa (externally situated, pathogenesis in rasa and rakta dhatu) OR

2. Abhyantarsrita visarpa (internally situated, pathogenesis in internal organs and dhatu) OR

3. Ubhayasamsrita visarpa (situated in both external as well as internal pathways and is to be known more and more serious consecutively)

General etiological factors of visarpa are diet and life style related, injury, poisons, toxins, burns, excess intake of salt, sour, pungent, hot articles etc.

The provoked vatadi dosha affect the susceptible body elements such as rakta, lasika etc. and spread in the body.

Vitiation of dosha and khavaigunya (disease prone condition) in dhatu or some cause direct vitiation of dosha and dhatu.

Visaryasrita visarpa is a combine manifestation of Antahsrita and Bahihsrita visarpa spreading all over the body and is fatal;[6] this shows severe septicaemia or septicaemic shock like condition.

Here general diagnostic guideline is given for Antahsrita visarpa and Bahihsrita visarpa, but prompt diagnosis requires most experienced physician in critical care managements and advance technology.

Vatic, Paitik and Kaphaja

Comparison of these Visarpa with Allopathic entity is controversial hence dosha predominant signs and symptoms should be considered for differential diagnosis. Clinical presentation of these entities resembles with severe spreading ailments erysipelas, gangrene, cellulitis, herpes etc. 

Agni visarpa (aggressive)

Agni visarpa is a serious illness resembles with various ailments like gas gangrene, erysipelas, cellulites etc. which may lead to septicaemia like condition. Clostridium responsible for gas gangrene is having around 100
species. If we go through the symptoms of these species, one can find the infection spreading in 3 ways as mentioned by Acharya. Further their symptoms are identical with Sannipatik, Agni and Kardam visarpa. It is not appropriate to label Agnisarpa as a particular one ailment. Due to drug and technology evolution this disease may be cured with appropriate early management in intensive care unit.

**Kardam visarpa** (Pic.7)

It is called Kardam visarpa because the affected part appears like Kardam (mud). The clinical picture described here is Kapha and Pitta predominant and often spreads to Amamshaya as it is seat of Kapha as well as Pitta. [7]

It is grave necrotizing illness identical with necrotizing fasciitis, gangrene and manifested with complete symptoms becomes incurable. If it is manifested with minimal symptoms may be cured by cautious crucial management.

**Granthi visarpa** (Pic.8)

It is not appropriate to label Granthi visarpa as a particular one ailment. B cell lymphoma, generalised lymph adenopathy due to severe ailment etc. are identical with it. Advance technology may be used to confirm the associated ailment in it for appropriate treatment approach. Kapha and Vata predominant condition is difficult to cure. In patient having Rakta, Kapha and Pitta vitiation along with complications is rejectable.

**Sannipataja visarpa** (Pic.9)

The Visarpa which is caused by all etiological factors, manifesting with all signs and symptoms, spreads in all body elements very rapidly and great disastrous is known as Sannipataja visarpa and is not treatable. Its clinical picture described here is a very grave manifestation and is Ubhaya-samsrīta. This resembles to very severe emergence of sepsis, gangrenes etc. and is not treatable. Sarvadhatvamusrītāsavam signify that it involves all rasadi dhatu’s. [9]

It is very difficult to label Sannipatik visarpa as a single ailment. It is not treatable as per Punarvasu Atreyah, even though researchers can try to do research in advance intensive care unit after consent.

**Sadhyasadhyatva**

Prognosis of Bahih-srīta visarpa caused by Vata, Pitta and Kapha is good if treated promptly. Agni visarpa and Kardam visarpa may be cured with appropriate timely management otherwise negligence leads to death of the patient. Granthi visarpa should be treated before complication otherwise becomes incurable. Sannipatic visarpa is a severe manifestation of the disease leading to death, [10] this indicates that majority of Visarpa cases are having bad prognosis as per experience of Punarvasu Atreyah.

Externally, internally and externally as well as internally situated Visarpa is to be known more and more serious successively. Externally spread is curable, internally situated is very serious and difficult to cure and externally as well as internally spread is incurable.

Here prognosis assessment of Visarpa on location basis and spreading path of provoked dosha [11] is given. Before treatment of any acute disorder prognostic assessment is very important because success or unsucss of treatment and fame of physician is concerned with. [12]

Visarpa is acute and fatal in nature hence experienced physician in life saving management should explain the prognosis to the relatives and ask for consent before treatment. Generally, patients having very bad prognosis should be convinced for no treatment or referred to higher centre.

**Chikitsa**

**Shodhan therapy**

In curable Visarpa, shodhan (Vamana, Virechana, Basti, Nasya and Raktamokshana) therapy has given prime importance because Rakta, Kleda and dosha vitiation is at higher level.

Visarpa never occurs without association of vitiated rakta and pittta. Hence common treatment principle is rakta and pittta pacification. Specific treatments are described as per the dosha involvement.

Shodhana therapy is described for curable Visarpa and its maximum cases are incurable as per experience of Punarvasu. This is challenge to the researchers to apply shodhana therapy in incurable emergency cases along with lifesaving management to cure the incurable ones.
Lepa, pralepadi therapy

When the inside of the body is cleansed and morbid doshas remain in the skin and flesh, or dosha morbidity is little, the external application is indicated. Important principle for external therapy is rakta-pitta prashamana (pacification), rakta prasadana (purification), vrana shodhana (cleansing) and vrana ropana (healing). Ghee is included in almost all preparations due to its best rakta-pitta prashamana, vrina shodhana, vrina ropana, samsakaramuvartana (transfers properties as it is of combined ingredients without losing its own properties) etc. beneficial properties.

The external application mentioned as pradeha may also be used for sprinkling or for preparation ghrit yoga or churna yoga used for dusting in wounds of Visarpa, ghee cooked with Durva juice promotes wound healing. All these external applications as pradeha should be used for samprasadana (cleansing and pacifying the blood). These are to be used repeatedly after removing the previous one. Thin pradeha should be applied repeatedly after removing the previous one without washing it. In Kaphaja visarpa thick pradeha should be applied after removing the previous dried one. The pralepa should be prepared as kalka of micronized paste and applied of thickness equal to one third of the thumb. A pralepa should be neither too unctuous nor to dry, neither too solid nor to liquid, but of the right consistency. The stale lepa should never be used for application; the previously used lepa should not be used again for application because it causes accumulation of heat leading to kleda (purification), visarpan (spread of disease) and pain. The pralepa smeared over a piece of cloth, it sudates the wound and consequently swedaja pidaka and itching are induced. If the pralepa is applied without removing the previous one, it produces same adverse effects as those mentioned in the case of applications over the bandage. The pralepa applied externally that is either too unctuous or too fluid does not adhere properly and therefore cannot alleviate the diseased condition. Thin lepa should not be applied because while drying develops cracks and its medicinal property does not penetrate in the affected part as it dries up quickly. If the pralepa is applied without mixing ghee, it produces same but in excess adverse effects as described for thin pralepa. While getting dried up this pralepa leads to aggravation of disease manifestation. Pralepa is cold, thin and non-drying or drying. Pradeha is hot or cold, thick and non-drying. Alepa is of medium character. Alepa pacifies Rakta and Pitta.

Pradeha normalises vata and cleanses kapha, heals, normalises swelling and pain. It is used in both open and closed wounds. Pradeha checks discharges, softens, eliminates sloughing flesh, removes inside pus and cleans wounds. Various external applications may be used appropriately by experienced Pranabhisar vaidya ex. Udumbaradipradeha, Nyagrodhadi lepa, Kaliyadi pralepa, Shadvaladi pradeha, Sarivadi pralepa, Naladadi pralepa etc.

Rules for pralepa, pradeha and alepa should be followed strictly for desired effects. Researchers may use advance technology to prepare most effective external applications without changing basic principles.

Treatment principles as per Visarpa types

While treating Vataja visarpa experienced physician should consider the samprapti aspects for most appropriate treatment approach of upstambhit vata and nir-upstambhit vata. Pittic visarpa is curable with appropriate pitta rakta pacifying management. In Agni visarpa, vata pitta pacifying measures are beneficial and in Kardama visarpa mostly kapha pitta alleviating measures should be administered.

The Granthi visarpa, on inspection predominant in Rakta and Pitta, the physician experienced in timely management should treat the case with rukshana, langhana, seka, and pradeha of pancavalkala, Si-ramoksha, Jalaukavcharan, Vaman, Virechana and kashaya- tikta ghrita preparations. After shodhan, the measures alleviating Vata and Kapha are beneficial. If Granthi is strong, firm and stony hard and not responding to all these proven methods of treatment then it is better to open and extract.

If all the therapeutic measures described here as curative of Visarpa be put on one side and raktamokshana on other, they will be found equal. Hence expert physician should administer appropriately along with described therapies.
Visarpa is Rakta and Pitta predominant acute disorder hence dosha predominance should be considered along with general consideration of Rakta and Pitta. Various internal medicines can be used, for example Kirattiktadi kashaya, Prapaundrikadi kwath, Drakshadi kashaya, Patoladi kashaya, Udumbaradi pradeha, Nyagrodhadi lepa, kaliyadi pralepa, Sarivadi pralepa, Naladadi pralepa etc. as per the indications.

**Diet**

Diet described for visarpa is basically Rakta and Pitta prashamama but do not vitiate Kleda (putrification ingredient) and Kapha. Hence selection of described grains must be of old type. Preparation method principles should be followed strictly. Purana shali, Yava and Godhum [17] are not aggravating Kapha even though they are madhu rin rasa and vipaka. [18]

Of these measures, mostly sheeta, ruksha and snigdha ingredients should be given in Paittik, Kaphaja and Vataja visarpa respectively.

Diet and lifestyle concept of Punarvasu Atreya is timely tested and very beneficial. This should be applied appropriately by intelligent researchers, practitioners and dieticians.

**Results**

In review it is noticed that satisfactory lifesaving management is not existing for acute emergency cases of Visarpa. Online google search engine found 21 relevant articles and it is witnessed that research work is not carried out to the satisfaction on acute emergency conditions of Visarpa. [19]

It is noticed that Agnivesh is the foremost researcher who raised the question in front of Punarvasu Atreya regarding acute emergency, snake venom like spreading and fatal disease Visarpa. It is not possible to compare Visarpa with single entity of allopathy, It is an umbrella term that covers various Allopathic severe ailments like erysipelas, gangrene, necrotizing-fascitis, B cell lymphoma of skin, extensive herpes, extensive burns, septicaemia, septicaemic shock etc.

After samhita period all have followed Charaka and Sushrut’s description of Visarpa except additional few medications.

**DISCUSSION**

Ayurveda research centres are not well equipped for critical care hence Ayurveda researchers are not working on evolving emergency treatments for Visarpa disease. Prognosis of maximum serious cases of Visarpa is bad hence victims prefer Allopathic ICU instead of Ayurveda hospital because the strength of Allopathic science is emergency treatments in well-equipped intensive care units by experienced doctors.

Shodhana therapy is described for curable cases of Visarpa and maximum cases are incurable as per experience of Punarvasu Atreya. This is challenge to the researchers to apply shodhana therapy in incurable emergency cases along with lifesaving management to cure the incurable ones.

In treatment plan the concept to change the disease encouraging body environment should be considered. It is possible by shodhana therapy and proper medications.

**CONCLUSION**

Visarpa is an acute emergency disease and require critical care but satisfactory emergency management is not existing throughout literature. It is necessary to do research in collaboration with well-equipped intensive care unit and experts in emergency managements, besides it is need of time to develop Ayurveda intensive care units.
Sepsis is caused by an immune response triggered by an infection. The infection is most commonly by bacteria, but can also be by fungi, viruses, or parasites. Common locations for the primary infection include lungs, brain, urinary tract, skin, and abdominal organs. Risk factors include young or old age, a weakened immune system from conditions such as cancer or diabetes, and major trauma or burns. Diagnosis is based on meeting at least two systemic inflammatory response syndrome (SIRS) criteria due to a presumed infection. Blood cultures are recommended preferably before antibiotics are started; however, infection of the blood is not required for the diagnosis. Medical imaging should be done to look for the possible location of infection. Other potential causes of similar signs and symptoms include anaphylaxis, adrenal insufficiency, low blood volume, heart failure, and pulmonary embolism among others.

**Pic. 2. Bahya ashrit visarpa** (http://how-shealth.com/gangrene-symptoms-pictures-causes-treatment/)

Wet gangrene usually develops rapidly due to blockage of venous (mainly) and/or arterial blood flow. The affected part is saturated with stagnant blood, which promotes the rapid growth of bacteria. The toxic products formed by bacteria are absorbed, causing systemic manifestation of sepsis and finally death. The affected part is oedematous, soft, putrid, rotten and dark.

**Pic. 3. Vataja Visarpa**

https://www.pinterest.com/pin/83457399319169052

Gas gangrene is a bacterial infection that produces gas within tissues. It can be caused by Clostridium, most commonly alpha toxin producing Clostridium perfringens, or various non-clostridial species. [6][10] Infection spreads rapidly as the gases produced by...
bacteria expand and infiltrate healthy tissue in the vicinity. Because of its ability to quickly spread to surrounding tissues, gas gangrene should be treated as a medical emergency.

**Pic. 4. Pittaja visarpa**
https://www.google.co.in/search?q=erysipelas&biw=1366&bih=667&source=lnms&tbnrisch=sa=X&sqi=2&ved=0ahUKEwiVhJCixLzLAhVjCI4KHxnJBD
Erysipelas is more superficial than cellulitis and is typically more raised and demarcated. Affected individuals typically develop symptoms including high fevers, shaking, chills, fatigue, headaches, vomiting, and general illness within 48 hours of the initial infection. The erythematous skin lesion enlarges rapidly and has a sharply demarcated, raised edge. It appears as a red, swollen, warm, and painful rash, similar in consistency to an orange peel. More severe infections can result in vesicles (pox or insect bite-like marks), blisters, and petechiae (small purple or red spots), with possible skin necrosis (death). Lymph nodes may be swollen, and lymphedema may occur. Occasionally, a red streak extending to the lymph node can be seen.

**Pic. 5. Kaphaja Visarpa** (21.2) resembles with erysipelas
https://www.google.co.in/search?q=erysipelas&biw=1366&bih=667&source=lnms&tbnrisch=sa=X&sqi=2&ved=0ahUKEwiVhJCixLzLAhVjCI4KHxnJBD

**Pic. 6. Agni Visarpa** resembles with erysipelas
https://www.google.co.in/search?q=erysipelas&biw=1366&bih=667&source=lnms&tbnrisch=sa=X&sqi=2&ved=0ahUKEwiVhJCixLzLAhVjCI4KHxnJBD

**Pic. 7. Kardam Visarpa** resembles with necrotizing-fasciitis, gangrene etc.
Necrotizing Fasciitis (Flesh-Eating Disease) NF is a rapidly progressive infection that primarily affects the subcutaneous connective tissue planes (fascia), where it may quickly spread to involve adjacent soft tissue, leading to widespread necrosis (tissue death). Several different types of flesh-eating bacteria may cause this life-threatening condition, which can affect both healthy individuals as well as those with underlying medical problems. Though rarely encountered, there has been an increase in the incidence of necrotizing fasciitis over the last few decades. Early identification and prompt treatment of necrotizing fasciitis is critical to manage the potentially devastating consequences.

**Pic. 8. Granthi Visarpa** resembles with B cell lymphoma of skin.
http://cursoenarm.net/UPToDATE/contents/mobipreview.htm?4/49/4883
B-cell lymphomas account for the majority of nodal lymphomas, whereas primary cutaneous B-cell lymphomas (CBCLs) represent 20-25% of all cutaneous lymphomas. Because CBCLs have an overall favourable prognosis, proper recognition is vital for appropriate therapy and to avoid overtreatment in most cases. The tumour type and the extent of cutaneous involvement are the 2 most relevant prognostic factors in primary CBCL.

**Pic. 9. Sannipatic Visarpa** (21.2) resembles with septicaemia
https://noshinrezaie.files.wordpress.com/2013/07/2451hlight.jpg
It is a generalized infection caused by a germ that spreads throughout the body. It is always a serious disease and can be fatal if untreated.

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