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Case Study

MANAGEMENT OF *DUSIVISHAJANYA VISARPA:* ADVERSE EFFECT OF CORTICOSTEROIDS

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ABSTRACT

Corticosteroid is popular medication used to treat various conditions like autoimmune diseases, skin disorders etc. But prolong use can cause numerous side effects including steroid withdrawal syndrome, insomnia, gastrointestinal symptoms, weight gain, osteoporosis. Here is a case of skin disorder developed after two years of continuous use of oral corticosteroids which was managed in IPD level using Ayurvedic principles and found to be effective. The condition was considered as *Visarpa* with *Dusivisha* involvement. Treatment was planned according to the signs and symptoms of the patient. *Sodhana* was done followed by *Shamana* chikitsa. Unique *Yogas* mentioned in *Keraleeya visha chikitsa* textbooks like *Nalpamaraadi yoga, Visavilwadi yoga* etc. were used for treatment. After IP treatment follow up was done for 1 month. The skin lesions got complete relief remaining some hyperpigmented scars.

INTRODUCTION

Corticosteroids are medicines that treat inflammation in body. However extended and recurrent use of corticosteroids is associated with substantial toxicity [1]. Studies reveal an increased risk for costly adverse events including bone fracture, infections and gastrointestinal bleeding [2]. The concept of *Dushivisha* (cumulative toxicity) can be adopted in treatment of such adverse effects. When there is continuous exposure to toxic substances, it will lodge inside body for long period without being eliminated. During favorable situation it will produce different kinds of illnesses like skin manifestations or other systemic disorders [3]. So different kind of measures should be used to eliminate such toxins like *Shamana* (pacification treatment) and *Sodhana* (purification treatment) procedures. Skin manifestations usually are of *Pitta kapha* predominant and spreading in nature, *Visarpa chikitsa* can also be adopted.

Case Report

A 28-year-old male patient from Kodinhi visited Agadatantra OPD on 18th October 2023 with multiple pruritic exuding skin lesions all over the body especially at lower limbs.

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Four years back he had itching over palm after coming into contact with some vegetables. He started using prednisolone 20mg tab as per the advice of a dermatologist. On discontinuing medicine, complaints reappeared. So, he continued for two years without any medical advice. When he stopped medicines, papular rashes appeared over upper and lower limbs which later became exuding pruritic plaques over bilateral soles, palms, upper back and erythematous swelling over right leg along with fever, vomiting and headache. He took OPD treatment for two weeks and then IPD treatment for 1 month.

Personal history

Diet: Mixed
Appetite: Less in the last 2 months
Sleep: Sound, 7 hrs./ night
Bowel: Hard stools
Micturition: 4-5 times/day
Addiction: Not known

General examination

Heart rate: 70/min
Pulse: 70/ min
Blood pressure: 122/90 mmHg
Temperature: 98.6°F
No pallor, icterus, cyanosis and clubbing, lymph node enlargement, edema

Physical Examination

Systematic Examination

Cardiovascular system: Normal S1 S2 sound heard

Central nervous system: Conscious, well oriented to time, place and person.

Respiratory system: Normal broncho vesicular sound heard.

Gastrointestinal system: Normal bowel sound heard.

Local examination

Hyperpigmented hyper keratinized exuding plaques over bilateral soles, similar discrete annular lesions over dorsal aspect of bilateral forearm, erythematous edematous plaque over posterior aspect of left leg.

Treatment schedule

Table 1: Treatment Schedule

Date	Procedure & duration	Medicines used
	Internal medication (2 weeks)	*Punaravarthaka jwarahara kashayam* 90ml BD
		Pravalapanchamritha ras 1 BD
2/11/2023	*Kshalana* (washing)	*Sarivadi vati* 1BD
	Internal medication	*Kottamthagaradi kashayam*
		Drakshadi kashayam 90ml BD
		Pravalapanchamritha ras 1BD
	Kasayadhara (medicated decoction bath) (20 days)	*Sarivadi vati* 1BD
		Nalpamaraadi kashayam
12/11/2023	*Accha snehapana* (internal oleation)	*Mahatikthaka ghritha*
14/11/2023	Internal medication	*Punaravarthakajwarahara kashayam* 90ml BD
		Triphala guggulu 1BD
	Kasayadhara	*Sarivadi vati* 1 BD
22/11/2023	*Sadyasnehapana*	*Nalpamaradi kashayam*
22/11/2023	*Abhyanga* (oil massage) and *Ushna snana* (hot water bath)	*Mahatikthaka ghrita*
		Dhanwantaram thaila
23/11/2023	*Vamana*	
24/11/2023	*Samsarjana krama* (3 days)	
27/11/2023	Internal medicines (2 weeks)	*Patolamooladi kashayam* 100ml OD
		Ardhavilwam kashayam 90ml BD
		Dasangam tab 1 BD
	Lepana (external application)	*Guluchipatradi lepa*
	Kasayadhara	*Nalpamaradi kashayam*
07/12/2023	Internal medication	*Ardhavilwam kashayam* 90 ml BD
		Dasangam tab 1BD
		Abhayaristam 10 ml QID
	Kasayadhara	*Nalpamaradi kashayam*
13/12/2023	Internal medicines	*Amritaristam +punarnavasavam* 10 ml QID
		Triphala guggulu 1 TID
		Vishavilwadi gutika TID
		Punaravarthakajwarahara kashayam 90 ml BD
18/12/2023	Internal medication	*Mustaramachadi kashayam* 90ml BD
		Tarunabhaskaram gutika 1BD
		Punaravarthakajwarahara kashayam 90ml BD
		Vishavilwadi gutika 1TID
	Kasayadhara	*Nalpamaradi kashayam*

23/12/2023	Internal medication	*Drakshadi kashayam* *Triphala guggulu*1BD *Vishavilwadi gutika* 1 TID *Manibhadra gudam* 10g HS
27/12/2023	Discharge medicine (2 weeks)	*Tikthakam kashayam* 90 ml bd *Vishavilwadi gutika* 1BD Grab cap 1 BD *Manibhadra gudam* 5 g HS

Table 2: Ingredients of *Nalpamaradi Kasayam*

Drug	Botanical name	Family
Aswattha	*Ficus religiosa* L.	Moraceae
Udumbara	*Ficus racemosa* L.	Moraceae
Plaksha	*Ficus macrocarpa* L.	Moraceae
Nyagrodha	*Ficus benghalensis* L.	Moraceae
Nili	*Indigofera tinctoria* L.	Fabaceae
Usheera	*Chrysopogon zizanioides* (L.)	Poaceae
Madhuka	*Glycyrrhiza gabra* L.	Fabaceae
Chandana	*Santalum album* L.	Santalaceae
Durva	*Cynodon dactylon*(L.) Pers.	Poaceae

Table 3: Ingredients of *Punaravarthaka Jwarahara Kashayam*

Drug	Scientific name	Family
Kiratatiktha	*Swertia chirata* Buch. -Ham. Ex Wall.	Gentianaceae
Katuki	*Picrorhiza kurroa* Royle ex Benth.	Plantaginaceae
Mustha	*Cyperus rotundus* L.	Cyperaceae
Parpataka	*Oldenlandia corymbose* L.	Rubiaceae
Amritha	*Tinospora cordifolia* (Wild.)	Menispermaceae

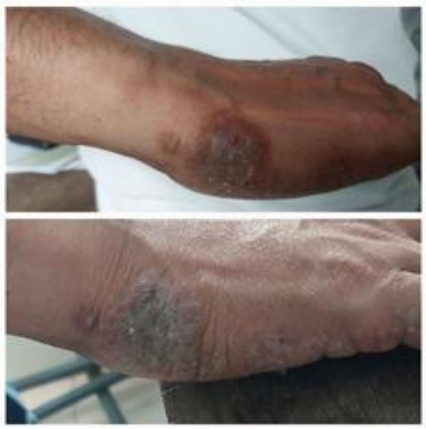

Fig.1 Before and after treatment -right wrist

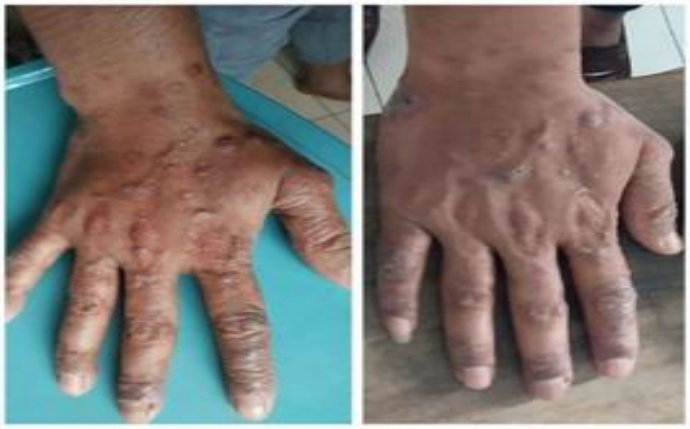

Fig. 2 Before and after treatment – right palm

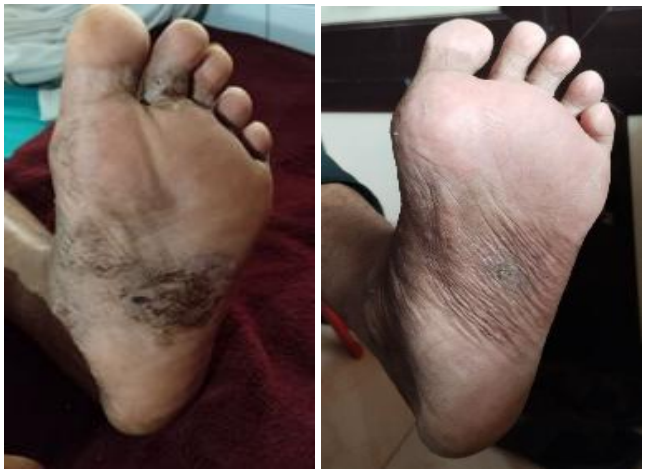

Fig. 3 Before and after treatment – left foot

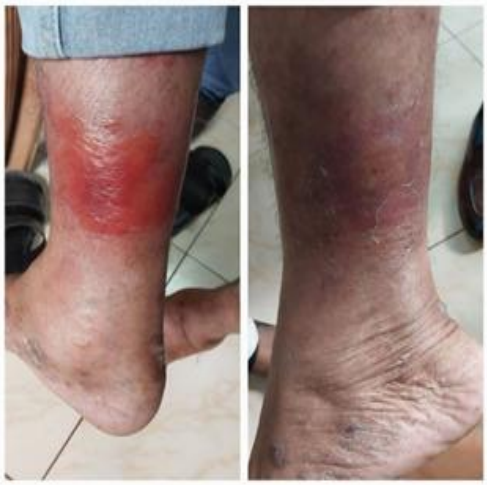

Fig. 4 Before after treatment – right lower limb

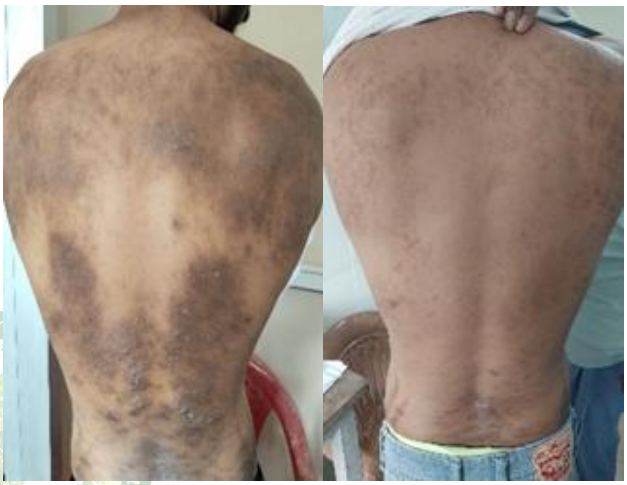

Fig. 5 Before and after treatment – back of trunk

RESULT AND DISCUSSION

The continuous use of steroid acts like *Visha* (poison) with low potency. Due to its *Heenaviryata* (low potency), it does not manifest with acute symptoms. When it is chronic, it gets *Kapha avarana* and act as *Dusivisha*. During favourable condition, manifested as skin disorder with spreading nature showed *Visarpa* features along with *Jwara* (fever). *Visarpa* is similar to that of *Sarpavisha* (snake venom) when it comes to the fast-spreading nature. So, both management of *Visha* and *Visarpa* needs special attention as it will take time to cure and if not managed properly, will cause recurrence of disease. The recurrence of signs and symptoms indicating *Samprapti* (pathophysiology) similar to *Punaravartaka jwara* (relapsing fever), so opted *Kashaya yoga* mentioned in context of *Punaravartaka jwara*, which contain *Kiratatiktha, Katuki, Musta, Parpataka* and *amrita.*[4] *Pravalapanchamritha ras* and *Sarivadi vati* was given along to reduce the *Pitta* aggravation in *Kosta* (GIT). By 2 weeks of medications, oozing reduced. *Vamana* (emesis) and *Virechana* (purgation) were planned since the *Vyadhi* (disease) is *Gambeera dhatustha* (deep seated) and *Dosa* were at *Utklishta avastha* (excited state). *Kasyadhara* was started along with *Ruksana* (drying therapy) medicines. *Nalpamaradi kasaya*[5] mentioned in 3rd *Paricchеda, Mandali visha prakarana* of *Prayogasamucchaya* contain *Nalpamara, Chandana, Usheera, Yasti, Durva* and *Nili,* which is indicated in *Vishaja visarpa* (allergic dermatitis due to toxin) helps in relieving itching, burning sensation, swelling and exudation. When the exudation and itching of the lesion reduced and the patient shown *Ruksha* features, *Accha snehapana* was started. *Mahatikthaka ghritha*[6] was chosen for *Snehapana* since the disease is predominant of *Pitta kapha dosa* and this *Ghrita* (ghee) is indicated in *Pittaja kusta* (skin disease), *Visarpa, Vispota* (eruptions) etc. But on 2nd day of *Snehapana*, lesions got aggravated and started oozing indicates presence of *Kleda* (wetness). Even though patient showed *Ruksha* features externally, as it is a *Visarpa* like condition, administration of *Ghrita* should be done carefully. Only after complete *Kleda Shosana, Sneha* can be given. So again, *Ruksana* started. *Triphala guggulu*[7] and *Punaravarthaka jwarahara kasaya* was given. Then *Sadyasnehapana* was planned and then *Vamana.* Patient got *Madhyamashudhi* (medium purification) and *Samsarjana krama* was followed accordingly. Still *Shopha* (oedema)was present. So *Anulomana* with *Patolamooladi kasaya*[8] was done for 1 week.

Considering *Kaphaja sopha* features, *Ardhavilwam kasaya*[9] and *Dasangam gutika*[10] were also given. Patient developed fever and vomiting after intake of *Apathya ahara* (improper diet). The skin complaints aggravated and new lesions appeared over upper back. Since *Jwara* recurred due to *Apathya sevana*, *Punaravarthaka jwarahara kasaya* was opted. *Amritaristam* and *Punarnavasava* were also given along with *Triphalaguggulu*. *Visavilwadi gutika* [11] was also given. It is mentioned in *Keraliya visha chikitsa textbooks* like *Kriyakoumudi* in which ingredients of *Vilwadi gutika* added with *Pata, Iswaramuli* and *Neeli moola* and is indicated in *Vishaja shopha.* Fever got subsided but nausea persisted. So *Drakshadi kasaya*[12] was given. Swelling reduced and new lesions showed healing tendency. *Tikthakam kasayam*[13] given for pacifying the remaining *Rakthadusti* (impure blood), *Visavilwadi gutika* and *Manibhadra guda*[14] were also given as discharge medicine. After 3 weeks all the lesions got relieved remaining hyperpigmented scars and internal medications were stopped.

CONCLUSION

Continuous use of steroids results in many systemic disorders. Considering the *Visha* involvement and *Visarpa lakshana*, it can be treated with ayurvedic principles. Skin manifestations are well explained in context of *Dusivisha.* So, by proper *Shodhana* and *Shamana* chikitsa along with *Pathyakrama* such condition can be managed well.

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