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AYURVEDIC MANAGEMENT *OF AGNIVISARPA (PITTA-RAKTA PRADHANA VISARPA*) IN AN ELDERLY FEMALE: A CASE REPORT

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ABSTRACT

Background: *Agnivisarpa* is *a Pitta-Rakta* predominant variety of *Visarpa* characterized by erythema, burning sensation, inflammation, and rapid progression. In Ayurvedic classics, *Visarpa* is described as a rapidly spreading inflammatory disorder involving vitiation of *Dosha*, *Rakta*, *Twak*, and *Mamsa*, with *Agnivisarpa* representing the severe manifestation dominated by *Pitta* and *Rakta*. Management principles include *Pitta-Rakta Shamana*, *Shodhana* therapies especially *Virechana*, and local applications with *Tikta* and *Sheeta* Dravyas. **Case Presentation:** A 76-year-old female presented with reddish discoloration in the left axillary region associated with severe itching and burning sensation for three days, along with constipation and anal burning. Based on the clinical features of *Rakta varnata*, *Daha*, *Kandu*, and localized inflammatory spread, the condition was diagnosed as *Agnivisarpa (Pitta-Rakta* Pradhana *Visarpa*) according to Ayurvedic principles. **Intervention:** The patient was treated with *Mahatiktam Kashaya* Tablet, *Mahatiktam Ghritam* Capsules, Urocure Tablet, Urileex Tablet, Dermidex Tablet, Neurowin Nutra Capsules, and local application of *Mahatiktaka* Ghrita Ointment. These interventions were selected to achieve Pitta-Rakta Shamana, *Twak* Prasadana, *Kleda* Shoshana, *Deepana-Pachana*, and *Anulomana*, which are recommended therapeutic approaches in *Visarpa* management. **Outcome:** Clinical improvement was observed within ten days with complete

relief in burning sensation and erythema and marked reduction in itching. The favorable outcome may be attributed to the anti-inflammatory, wound-healing, *Pitta*-pacifying, and *Rakta-prasadana* actions of *Tikta*-dravya-based formulations described in Ayurvedic literature. Skin diseases are among the leading causes of non-fatal disease burden globally and contribute substantially to disability-adjusted life years (DALYs), particularly in older adults. Early management of inflammatory dermatoses is essential to prevent progression and improve quality of life. **Conclusion:** Ayurvedic management aimed at *Pitta-Rakta Shamana, Agni Deepana*, and bowel regulation showed favorable clinical improvement in managing *Agnivisarpa* without adverse effects. This case highlights the potential role of classical Ayurvedic principles in the management of inflammatory dermatological conditions resembling *Visarpa*.

KEYWORDS: *Agnivisarpa, Visarpa, Pitta-Rakta Dushti, Mahatiktam Ghrita*, Ayurveda, Skin Disorders.

Plain Language Summary

Agnivisarpa is an inflammatory skin disorder described in Ayurveda that is characterized by redness, burning sensation, itching, warmth, and rapid spread of skin lesions. This case report describes the successful Ayurvedic management of a 76-year-old woman with *Pitta-Rakta* Pradhana *Agnivisarpa* using a combination of classical internal medicines, local *Mahatiktaka Ghrita* application, dietary regulation, and bowel correction. Marked clinical improvement was observed within 10 days, including complete relief from burning sensation and erythema, substantial reduction in itching, normalization of bowel habits, and no treatment-related adverse effects. The treatment was based on the Ayurvedic principles of *Pitta-Rakta Shamana, Agni Deepana, Ama Pachana, Anulomana*, and tissue healing. Although this report describes only a single patient, it suggests that individualized Ayurvedic management may provide a safe and effective approach for inflammatory skin disorders resembling *Visarpa*. Larger well-designed clinical studies are required to confirm these findings.

INTRODUCTION

Skin and subcutaneous diseases constitute a major global public health concern, accounting for a substantial proportion of morbidity and disability worldwide. According to the Global Burden of Disease (GBD) 2021 analysis, skin diseases accounted for approximately 4.7 billion incident cases, 2.0 billion prevalent cases, and 41.9 million disability-adjusted life

years (DALYs) globally, highlighting their significant healthcare burden, particularly among older adults.[10]

Among acute inflammatory dermatological conditions, erysipelas, cellulitis, and herpes zoster frequently present with erythema, burning sensation, warmth, edema, pain, and rapid progression. Erysipelas is a superficial bacterial infection involving the upper dermis and lymphatics, whereas cellulitis affects the deeper dermis and subcutaneous tissue. Herpes zoster results from reactivation of latent varicella-zoster virus and typically manifests as a painful unilateral vesicular eruption with a dermatomal distribution, predominantly affecting elderly and immunocompromised individuals. These conditions often require careful clinical differentiation because of overlapping inflammatory manifestations.[11-14]

Inflammatory dermatoses may mimic erysipelas or cellulitis, posing diagnostic challenges in clinical practice. Careful assessment of lesion morphology, distribution, associated systemic manifestations, and disease progression is therefore essential for accurate diagnosis and appropriate management.[12]

In Ayurveda, *Visarpa* is described as a rapidly spreading inflammatory disorder resulting from the vitiation *of Dosha, Rakta, Twak, Lasika, and Mamsa Dhatu*. Among its various types, *Agnivisarpa* represents *a Pitta-Rakta* predominant form characterized by *Raga* (erythema), *Daha* (burning sensation), *Ushnata* (local warmth), *Toda* (pricking pain), and rapid progression of lesions. Acharya Charaka describes *Agnivisarpa* as a severe inflammatory condition requiring prompt therapeutic intervention aimed at *Pitta-Rakta Shamana, Agni Deepana, Ama Pachana, Shodhana*, and restoration of tissue homeostasis.[1-8]

Factors such as excessive intake of *Pitta*-provoking diet, *Viruddhahara*, *Agnimandya*, *Ama* formation, constipation, and *Rakta Dushti* contribute significantly to the pathogenesis of *Visarpa*. Classical Ayurvedic texts describe that vitiated Pitta and *Rakta* spread rapidly through *Twak, Rakta, Lasika, and Mamsa Dhatu*, producing the characteristic manifestations of *Agnivisarpa* and guiding treatment based on *Pitta-Rakta Shamana, Shodhana, Deepana-Pachana*, and restoration of physiological homeostasis.[1-8] The present case demonstrates the successful Ayurvedic management of *Agnivisarpa* (*Pitta-Rakta Pradhana Visarpa*) in an elderly female using a comprehensive treatment approach focused on *Pitta-Rakta Shamana*, correction of *Agni*, bowel regulation, and local healing therapies.[1-8]

History of Present Illness

A 76-year-old female presented with sudden onset of erythematous discoloration over the left axillary region associated with severe itching and burning sensation for three days. Symptoms were aggravated by sweating and friction. The patient also reported constipation with incomplete bowel evacuation and associated anal burning and itching. No history of fever, trauma, diabetes-related skin infection, or drug allergy was reported.

The predominant symptoms of erythema (R*a*ga), burning sensation (*Daha*), and itching (*Kandu*) are consistent with the classical clinical features of *Pitta-Rakta* predominant *Visarpa* described in the Ayurvedic classics.[1-8] Aggravation by heat and sweating further suggests the involvement of vitiated Pitta *Dosha***,** whereas associated itching indicates secondary *Kapha* involvement, which is also described in the classical symptomatology of *Visarpa***.** [1–8] Constipation and impaired bowel evacuation indicate associated *Agnimandya* and *Purisha Vega Dushti***,** which may contribute to the pathogenesis of *Pitta-Rakta* disorders through *Ama* formation and impaired elimination of vitiated Doshas.[1-3] According to *Charaka Samhita***,** impaired *Agni* results in the formation of *Ama***,** which acts as a pathogenic factor leading to *Dosha* vitiation and disease manifestation.[1-3] The vitiated *Pitta and Rakta* subsequently localize in *Twak, Rakta, Lasika,* and *Mamsa Dhatu***,** producing the characteristic inflammatory manifestations and rapid spread of *Agnivisarpa* described in *Charaka Samhita, Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava* Nidana.[1-8]

The baseline demographic characteristics and clinical profile of the patient are summarized in Table 1.

Table 1.

Parameter	**Details**
Age	76 years
Gender	Female
Weight	76 kg
Height	162 cm
BMI	28.96 kg/m² (Overweight)
Occupation	Retired
Marital Status	Married
Diet	Mixed
Appetite	Reduced
Bowel Habit	Unsatisfactory evacuation
Sleep	Disturbed due to itching
Addiction History	Nil
Family History	Non-contributory

Informed consent

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical photographs. The patient's identity has been protected throughout the manuscript.

Chief Complaints

1. Reddish discoloration in left axillary region for 3 days.
2. Severe itching (*Kandu*) and burning sensation (*Daha*) in affected area.
3. Unsatisfactory bowel evacuation.
4. Anal itching and burning sensation.

Findings of Ashtavidha Pariksha are summarized in Table 2.

Sr.no	Parameter	Findings
1	*Nadi* (Pulse)	*Pitta-Kapha* predominance
2	*Mutra* (Urine)	Normal frequency, mild burning sensation present
3	*Mala* (Stool)	Constipation with incomplete evacuation
4	*Jivha* (Tongue)	Slightly coated (*Saama*)
5	*Shabda* (Speech)	Clear and normal
6	*Sparsha* (Touch): Increased local temperature over lesion	*Ushna* (localized warmth over lesion)
7	*Drik* (Eyes)	Normal
8	*Aakruti* (Build)	*Madhyama*, overweight

The findings of Ashtavidha Pariksha are summarized in Table 2

The findings ofcoated tongue (*Saama Jivha*), constipation, and localized heat *(Ushnata*) indicate the presence of *Agnimandya, Ama formation*, and *Pitta-Rakta Dushti*, which are considered important factors in the pathogenesis of *Visarpa* according to Ayurvedic principles. Impairment of Agni leads to the formation of *Ama*, which vitiates *Pitta and Rakta* and subsequently affects *Twak, Lasika, and Mamsa Dhatu*, resulting in the characteristic inflammatory manifestations of *Agnivisarpa.*[1-2]

The findings of *Dashavidha Pariksha* are presented in Table 3.

Table 3

Sr no	Pariksha points	Interpretation
1	*Prakriti*	*Pitta-Kapha*
2	*Vikriti*: *Pitta*	*Rakta-Dushti*
3	*Sara*	*Madhyama*
4	*Samhanana*:	*Madhyama*

5	*Pramana*:	*Madhyama*
6	*Satmya*	*Madhyama*
7	*Satva*:	*Madhyama*
8	*Aharashakti*:	*Avara*
9	*Vyayamashakti*:	*Avara*

Dashavidha Pariksha assists in evaluating the patient's constitutional status (Prakriti), disease strength (Vyadhi Bala), patient strength (Rogi Bala), and therapeutic suitability, thereby facilitating individualized treatment planning in Ayurveda. The predominance of Pitta-Kapha Prakriti with Pitta-Rakta Vikriti supported the diagnosis of Agnivisarpa (Pitta-Rakta Pradhana Visarpa) and guided the selection of Pitta-Rakta Shamaka, Tikta-pradhana, Deepana-Pachana, and Rakta Prasadana therapeutic modalities in accordance with the classical principles described in Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana.[1-9]

Ayurvedic Assessment

Nidana (Probable Etiological Factors)

Pitta-provoking diet and lifestyle

Agnimandya leading to *Ama* formation

Constipation causing accumulation of *Pitta and Rakta Dushti*

The causative factors responsible for *Visarpa* include the intake of *Ushna, Amla, Katu*, and *Vidahi Ahara*, improper dietary habits, impaired digestion (*Agnimandya*), and *Dosha*-provoking lifestyle practices. *Agnimandya* results in the formation of *Ama*, which acts as a pathogenic factor leading to *Dosha* vitiation, particularly of *Pitta* and *Rakta*, thereby initiating the disease process of *Visarpa*. Constipation further aggravates *Pitta* and impairs the normal elimination of vitiated Doshas, contributing to disease progression.[1-8]

***Dosha* Involvement**

Predominant: *Pitta*

Associated: *Kapha* and *Rakta Dushti*

The clinical presentation of *Daha* (burning sensation), *Raga* (erythema), *Ushnata* (localized heat), and *Kandu* (itching) indicates predominant involvement of *Pitta* and *Rakta*, while associated itching and mild inflammatory swelling suggest secondary *Kapha* involvement. This pattern is consistent with the classical description of *Pitta-Rakta Pradhana Agnivisarpa* in the Ayurvedic classics.[1-8]

Dushya

Rakta

Twak

Mamsa (superficial involvement)

Classical Ayurvedic texts describe *Visarpa* as a disease involving *Twak, Rakta, Lasika*, and *Mamsa Dhatu* following vitiation of *Pitta and Rakta*. The observed erythema, burning sensation, and localized inflammatory changes in the present case support predominant involvement of *Rakta* and *Twak*, with superficial extension into *Mamsa Dhatu*, consistent with the classical pathogenesis of *Agnivisarpa*.[1-8]

***Srotas* Involved**

Rasavaha Srotas

Raktavaha Srotas

Purishavaha Srotas

The inflammatory process reflects vitiation of *Rasavaha* and *Raktavaha Srotas*, resulting in impaired circulation and inflammatory changes within the skin and underlying tissues. Associated constipation indicates dysfunction of *Purishavaha Srotas*, which contributes to *Agnimandya, Ama* formation, and inadequate elimination of vitiated *Doshas*, thereby facilitating the progression of *Pitta-Rakta Dushti*.[1–3]

Vyadhi

Agnivisarpa (Pitta-Rakta Pradhana Visarpa)

The predominance of *Pitta-Rakta Lakshanas*, including severe burning sensation (*Daha*), erythema (*Raga)*, localized warmth (*Ushnata*), rapid onset, and inflammatory changes, strongly supports the diagnosis of *Agnivisarpa (Pitta-Rakta Pradhana Visarpa*) as described in *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya,* and *Madhava Nidana*. The clinical findings correlate well with the classical description of *Visarpa* involving vitiation of *Pitta, Rakta, Twak, Lasika,* and *Mamsa Dhatu,* thereby guiding the selection of *Pitta-Rakta Shamana, Tikta-pradhana, Deepana-Pachana,* and *Rakta Prasadana* therapeutic principles.[1–9]

Diagnostic Assessment

The diagnosis was established based on detailed history taking, clinical examination, *Ashtavidha Pariksha, Dashavidha Pariksha*, and assessment *of Dosha-Dushya* involvement. The patient presented with classical features of *Agnivisarpa*, including *Raga* (erythema),

Daha (burning sensation), *Kandu* (itching), and localized inflammatory changes predominantly indicating *Pitta-Rakta Dushti.*

Differential diagnoses considered included erysipelas, cellulitis, intertrigo, allergic contact dermatitis, and herpes zoster. However, the predominance of *Daha, Raga, Kandu*, localized involvement, absence of systemic infection, and Ayurvedic assessment supported the diagnosis of *Agnivisarpa (Pitta-Rakta Pradhana Visarpa).*

No major diagnostic challenges were encountered during case assessment.

The overall clinical course, treatment milestones, and follow-up schedule are illustrated in Figure 1

Figure 1

DAY 0

Patient presented with erythema over left axilla, severe burning (*Daha*), itching (*Kandu*), local warmth (*Ushnata*), constipation.

↓

Initial Assessment: Diagnosis - *Agnivisarpa (Pitta-Rakta Pradhana Visarpa); Ashtavidha & Dashavidha Pariksha; Pitta-Rakta Dushti; Mandagni; Ama.*

↓

Treatment Started: *Mahatiktam Kashaya, Mahatiktam Ghrita*, Dermidex, Urocure, Urileex, Neurowin Nutra, *Mahatiktaka Ghrita* Ointment; *Pitta*-pacifying diet and lifestyle advice.

↓

DAY 3

Burning reduced, itching reduced, bowel evacuation improved, sleep improved.

↓

DAY 7

Erythema markedly reduced local warmth absent, minimal itching, and healthy healing.

↓

DAY 10

Near-complete resolution, no burning, no erythema, no adverse events, patient satisfied.

↓

Follow-up: Continue *Pathya Ahara*, avoid *Pitta*-aggravating foods, maintain bowel regularity, follow-up if recurrence.

The complete therapeutic regimen, dosage, duration, and Ayurvedic rationale are summarized in Table 4.

Table 4

Medicine	Dose	Frequency	Duration	Therapeutic Rationale
Mahatiktam Kashaya Tablet	2 tablets	Twice daily after meals	10 days	*Pitta-Rakta Shamana, Ama Pachana*, anti-inflammatory action
Mahatiktam Ghritam Capsule	2 capsules	Twice daily before meals	10 days	*Tikta Ghrita, Rakta Prasadana, Twak Poshana*, tissue healing
Dermidex Tablet	2 tablets	Twice daily	10 days	Reduction of inflammation, itching, and skin irritation
Urocure Tablet	2 tablets	Twice daily	10 days	Regulation of *Pitta* and urinary metabolism
Urileex Tablet	2 tablets	Twice daily	10 days	Supportive *Pitta Shamaka* and detoxification
Neurowin Nutra Capsule	1 capsule	Twice daily	10 days	Neurotrophic support and nutritional supplementation
Mahatiktaka Ghrita Ointment	Local application	Twice daily	10 days	Local *Pitta-Rakta Shamana*, cooling effect, wound healing

Samprapti

Agnimandya leads to the formation of *Ama*, which acts as a pathogenic factor causing vitiation of Pitta and *Rakta Dosha*. The vitiated Pitta, together with *Rakta Dushti*, localizes in *Twak, Lasika, and Mamsa Dhatu*, particularly in the axillary region in the present case, resulting in *Raga* (erythema), *Daha* (burning sensation), *Kandu* (itching), *Ushnata* (localized warmth), and other inflammatory manifestations characteristic of *Agnivisarpa*. Constipation (*Vibandha*) further aggravates *Pitta*, promotes *Ama* accumulation, and impairs the elimination of vitiated *Doshas* through *Purishavaha Srotas*, thereby contributing to persistent *Rakta Dushti* and associated symptoms such as anal burning and itching. This sequence closely resembles the classical *Samprapti of Visarpa* described in *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya*, and *Madhava Nidana*, where impairment of *Agni, formation of Ama*, vitiation of *Pitta-Rakta*, and involvement of *Twak, Rakta, Lasika, and Mamsa Dhatu* collectively produce the rapidly spreading inflammatory manifestations of *Agnivisarpa*.[1–8]

Clinical outcomes observed during follow-up are summarized in Table 5.

Table 5

Parameter	Day 0	Day 5	Day 10
Erythema (Raga)	**2**	**1**	**0**
Burning sensation	2	1	0

Itching	2	2	1
Redness	3	2	0
Bowel evacuation	Unsatisfactory	Improved	Normal
Anal burning	Present	Reduced	Absent

Outcome Assessment: Clinical improvement was evaluated using a composite symptom severity score comprising erythema (*Raga*), burning sensation (*Daha*), itching (*Kandu*), and redness, each graded on a 4-point ordinal scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe). The percentage improvement was calculated using the formula: [(Baseline Total Score − Final Total Score)/Baseline Total Score] × 100**.** The composite symptom score decreased from 9 at baseline to 1 on Day 10**,** corresponding to an 88.9% overall reduction in symptom severit**y**. In addition, bowel evacuation improved from unsatisfactory to normal, and anal burning resolved completely, indicating favorable overall clinical recovery.

DISCUSSION

The present case demonstrates a classical presentation of *Pitta-Rakta Pradhana Agnivisarpa*, characterized by erythema (*Raga*), burning sensation (*Daha*), local warmth (*Ushnata*), and itching (*Kandu)*. According to the Ayurvedic classics, aggravated *Pitta* associated with *Rakta Dusht*i spreads through *Twak, Rakta, Lasika,* and *Mamsa Dhatu,* producing rapidly spreading inflammatory lesions characteristic of Visarpa.[1-8] The associated constipation indicated *Mandagni*, *Ama* formation, and impaired elimination of vitiated *Doshas*, which are considered important contributors to the pathogenesis of *Visarpa*.[1–3] Clinically, these manifestations resemble acute inflammatory dermatoses such as erysipelas and cellulitis; however, the diagnosis in the present case was established based on classical Ayurvedic features, clinical examination, and *Dosha–Dushya* assessment.[11–13]

The therapeutic approach was based on the Ayurvedic principles of *Pitta-Rakta Shamana*, *Agni Deepana, Ama Pachana, Anulomana*, and local management, which are recommended for the management of *Visarpa* in the classical texts.[1-8] *Mahatiktam* formulations possess *Tikta Rasa, Laghu-Ruksha Guna, and Sheeta Virya,* making them classically indicated in *Visarpa, Kushta, Raktapitta*, and *other Raktapradoshaja Vikara*.[1-9] *Ghrita* acts as a *Yogavahi,* facilitating deeper tissue delivery of therapeutic principles while promoting *Rakta Prasadana, Twak Prasadana, Dhatu Poshana,* and tissue repair.[2-6-8] Correction of bowel habits was considered an important component of therapy, as restoration of normal bowel function facilitates *Anulomana*, reduces *Pitta* aggravation, supports physiological elimination of vitiated *Doshas*, and helps prevent further *Ama* accumulation.[1-3] The complete treatment

regimen, including the prescribed formulations, dosage, duration, and therapeutic rationale, is summarized in Table 4.

The favorable clinical response may also be supported by the pharmacological properties of the constituent herbs of *Mahatiktam Ghrita*. Classical *Tikta Mahakashaya* herbs such as Azadirachta indica (*Neem*), Tinospora cordifolia (*Guduchi*), Curcuma longa *(Haridra*), Rubia cordifolia (*Manjistha*), and Picrorhiza kurroa (*Katuki*) have demonstrated anti-inflammatory, antioxidant, antimicrobial, wound-healing, and immunomodulatory activities in experimental and clinical studies.[9-15-20] These herbs have been reported to modulate inflammatory mediators including TNF-α, IL-1β, and IL-6, suppress oxidative stress, and promote tissue repair through enhancement of fibroblast proliferation, collagen synthesis, angiogenesis, and epithelial regeneration.[15-20] Although the present case does not establish a direct mechanistic relationship, these pharmacological properties may complement the classical Ayurvedic rationale and have contributed to the observed reduction in erythema, burning sensation, local warmth, and itching.[9-15-20]

Local application of *Mahatiktaka Ghrita* Ointment likely provided additional *Sheeta*, *Daha-Shamana*, *Kandu-Hara*, *Tvachya*, and *Vrana-Ropana* effects, facilitating symptomatic relief and restoration of skin integrity. These actions are consistent with the classical properties of *Tikta Dravyas* and *Ghrita* described in Ayurvedic literature.[2-6-9] The combination of systemic medication, local therapy, dietary regulation, and bowel correction may have acted synergistically to interrupt disease progression and promote tissue healing. Similar therapeutic principles have been described in the Ayurvedic classics for the successful management of *Visarpa* and other *Pitta-Rakta* predominant dermatological disorders through *Pitta-Rakta Shamana* and *Tikta-pradhana* interventions.[1-8] The marked improvement in the clinical appearance of the lesion before and after treatment is illustrated in Figure 2.

Clinical improvement was demonstrated by a reduction in the composite symptom severity score from 9 at baseline to 1 on Day 10, corresponding to an 88.9% reduction in symptom severity. In addition, bowel evacuation improved from unsatisfactory to normal, anal burning resolved completely, and no adverse events were observed during treatment, indicating good tolerability of the prescribed regimen**.** The serial changes in individual clinical parameters and overall treatment outcomes are summarized in Table 5

Although this report represents a single clinical observation with a short follow-up period, the favorable outcome suggests that an Ayurvedic approach emphasizing *Pitta-Rakta Shamana*, *Agni* correction, *Ama Pachana*, *Anulomana*, and local *Ghrita* therapy may be beneficial in the management of *Agnivisarpa*.[1-8] However, larger prospective studies incorporating standardized outcome measures, laboratory biomarkers, imaging, and longer follow-up are required to validate these findings and further elucidate the therapeutic mechanisms of *Mahatiktam* formulations.[15-20]

CONCLUSION

This case report demonstrates the effectiveness of Ayurvedic management in *Agnivisarpa (Pitta-Rakta Pradhana Visarpa)* in an elderly patient. A treatment regimen focused on *Pitta-Rakta Shamana, Agni* correction, bowel regulation, and local *Ghrita* application resulted in significant clinical improvement, with an 88.9% reduction in the composite symptom severity score within ten days and no adverse effects. The favorable outcome observed in this case is consistent with the classical Ayurvedic principles of managing *Visarpa* through correction of *Dosha–Dushya* imbalance, enhancement of *Agni*, elimination of *Ama, Pitta-Rakta Shamana*, and restoration of normal physiological functions as described in *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana.*[1-8] The classical therapeutic role of *Tikta Dravyas* and *Ghrita* in promoting *Rakta Prasadana, Twak Prasadana*, and tissue healing further supports the rationale for the treatment employed in the present case.[2-6-9]

Further well-designed prospective clinical studies with larger sample sizes, standardized outcome measures, laboratory biomarkers, and longer follow-up are warranted to validate these findings and establish stronger evidence for the role of Ayurvedic interventions in the management of *Agnivisarpa* and related inflammatory skin disorders.[15-20]

CARE Guideline

This case report has been prepared according to CARE reporting guidelines.

Limitation

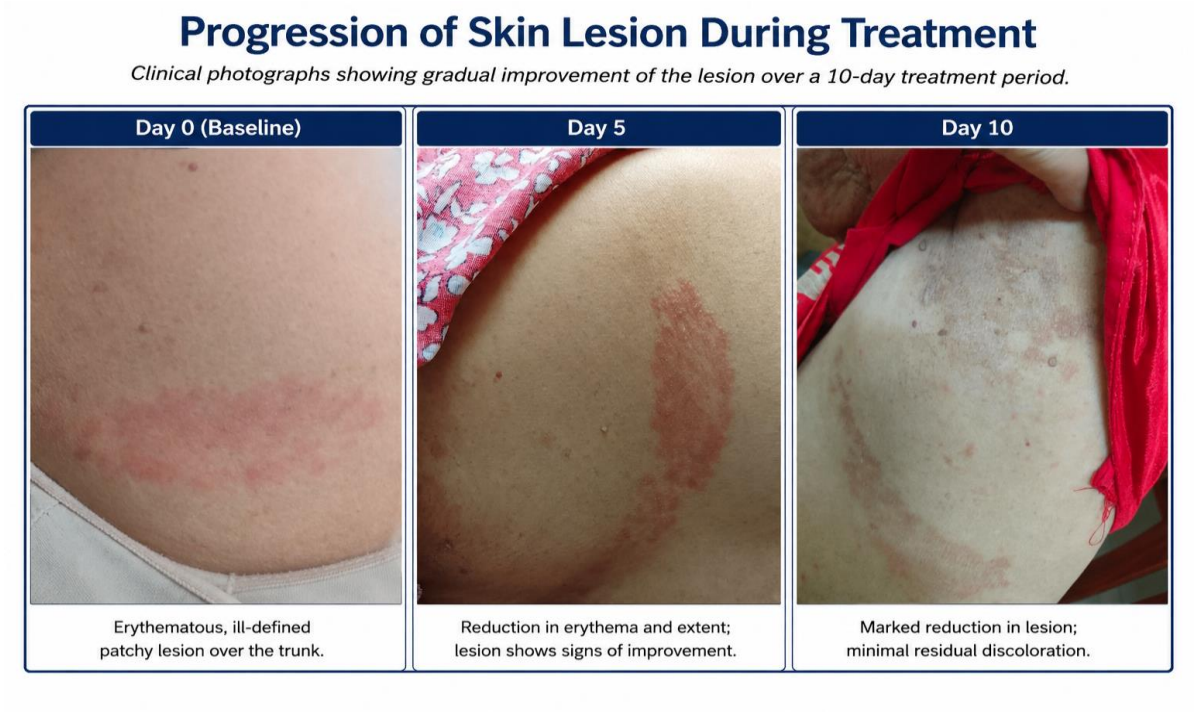
This report describes the clinical outcome of a single patient; therefore, the findings cannot be generalized to a broader population. Objective assessment was limited because laboratory biomarkers of inflammation and imaging investigations were not performed. In addition, the patient was followed for only 10 days, precluding assessment of long-term outcomes and disease recurrence. A validated quality-of-life assessment was not included, which could

have provided additional information regarding the functional and patient-reported benefits of treatment. Therefore, larger prospective studies with standardized clinical outcome measures, laboratory evaluation, imaging where appropriate, and longer follow-up are required to further establish the efficacy and safety of Ayurvedic management in *Agnivisarpa*.

Representative clinical photographs demonstrating the lesion before initiation of treatment and after completion of therapy are presented in Figure 2.

Figure 2

Clinical appearance of the lesion before and after treatment



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Conflicts of Interest

The authors declare that there are no conflicts of interest.

Ethics Statement

This case report was prepared in accordance with the ethical principles of the Declaration of Helsinki (2013 revision). Written informed consent was obtained from the patient for publication of the clinical details and accompanying images. All identifying patient information has been anonymized to protect patient confidentiality. As this manuscript

reports a single clinical case without any experimental intervention, formal Institutional Ethics Committee approval was not required.

Declaration of Patient Consent

Written informed consent was obtained from the patient for publication of the clinical information and accompanying clinical photographs.

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