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## An Overview of *Phiranga* in Ayurveda

Ajantha<sup>1</sup>, Sangita Maharjan<sup>2\*</sup>, Arun Raj MN<sup>3</sup> and Anjana<sup>4</sup>

<sup>1,2,3</sup>Department of Roga Nidana Evam Vikruti Vignana, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

<sup>4</sup>Department of Swastha Vrutta, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

### ABSTRACT

*Phiranga roga* is considered analogous with syphilis. This disease is believed to have high incidence among *Phirangi* and spread to others through their contact especially sexual contact. Hence it is named as *phiranga*. No direct description of *phiranga roga* is available in *Bruhat trayee*. *Bhavamishra* was the first *Ayurveda* physician to document this disease *phiranga* in 16<sup>th</sup> century. He has documented the details of this disease in his book *Bhavaprakasha*. *Phiranga* is classified based on the manifestation. The classification of *phiranga* can be understood as different stages of syphilis. Hence, here an attempt is made to understand different aspects of *phiranga roga*.

### KEYWORDS

*Phiranga*, Syphilis, *Gandha roga*, STD, *Nidana*



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## INTRODUCTION

*Phiranga roga* also known as *Gandha roga*; has more incidences in *phiranga desha* among the inhabitants *phirangi* and hence named so<sup>1</sup>. *Bhavamishra* was the first *Ayurveda* physician to document the disease *phiranga* in 16<sup>th</sup> century. He has documented the details of this disease in his book *Bhavaprakasha*. Therefore, it may be inferred that prior to 16<sup>th</sup> century this disease was either not prevailing in India or not documented. Hence references are not available regarding *phiranga roga* in *Bruhat trayee*. *Madhava Nidana* has quoted *Bhavamishra's* explanation regarding *phiranga roga*<sup>2</sup>. It is a sexually transmitted disease caused due to the physical contact with the people affected by *phiranga*. It is an extraneous disease.

Many numbers of drugs are mentioned for management of *phiranga* in *Ayurveda*. *Bhavamishra* has specifically mentioned *chopachini* a new drug in management of *phiranga*<sup>3</sup>. This is not found mentioned in works by any previous authors; *chopachini* is an effective remedy in *phiranga roga*.

It is believed and documented that *Phiranga* was not prevailing in India and this disease came to India by advent of people from *Phiranga desha*. Inhabitants of *Phiranga desha* are called as *phirangi*. This disease

spread to Indians by direct contact, especially sexual contact with *Phirangi*. It is opined that *phiranga desha* is Portugal as per a book by Brahmnanada Tripathy on *Madhava Nidana* in *Vimala hindi commentary*<sup>4</sup>.

### NIDANA PURVAKA SAMPRAPTHI (Etiology and pathogenesis):

*Phiranga* is a *agantuja* (exogeneous) *roga* (disease)<sup>5</sup>. It gets transmitted by physical contact with people from *phiranga desha* especially by *prasanga* (sexual contact) with woman inhabitant of *phiranga desha*<sup>6</sup>. *Bhavamishra* states that, based on *lakshanas* (signs and symptoms) manifested the involvement of *doshas* have to be assessed<sup>7</sup>.

**BEDHA (Types):** In *Bhavaprakasha* *Phiranga* is classified into 3 types based on manifestation as *Bahya phiranga*, *Abhyanthara phiranga*, *Bahirantharbhava phiranga*<sup>8</sup>.

**Bahya phiranga**<sup>9</sup>: It is characterised by lesions resembling *Visphota* (fluid filled lesion), associated with mild pain. These lesions ruptures and results in *vrana* (ulcers). It is *sukha sadhya* (easy to cure)

**Abhyandhara phiranga**<sup>10</sup>: It manifests in the *sandhi* (joints) and produces pain similar to *amavata*, It is associated with *shotha* (swelling). Prognosis is *kashta sadhya* (difficult for management).



**Bahirantarbhava phiranga:** This variety is characterised with manifestation of signs and symptoms of both the above mentioned variety.

**UPADRAVA (Complications):** Following are enumerated as *upadrava* (complication) of *phiranga*<sup>11</sup>. It includes *Karshya* (Emaciation), *Bala kshasya* (Loss of strength / Immunity), *Nasa bhangha* (Nasal deformity), *Vahnimandata* (Decreased digestive capacity), *Asthisosha* (Desiccation of bones) and *Asthi vakrata* (Deformity of bones)

**SADHYA ASADHYATA (Prognosis):** *Bahya Phiranga*, which is *naveen* (of recent onset) and not associated with any *upadrava* (complications), has good prognosis, whereas *Abhyantara phiranga* is difficult to cure<sup>12</sup>. *Asadhya* (Incurable) *Phiranga roga* would possess characteristics of both *bahya* and *abhyantara phiranga*, which is *jeerna* (chronic), associated with *upadrava* (complications) and afflicts *ksheena* (debilitated individual)<sup>13</sup>.

## DISCUSSION

Syphilis, known in India as Portuguese disease or *firanga* or *firangi roga* reached the subcontinent in early 16<sup>th</sup> century and soon became widespread<sup>14</sup>, this is also the time period of *Bhavamishra*. Hence, absence

of description regarding *phiranga* in *bruhat trayee* and concurrent occurrence of syphilis and time period of *Bhavamishra* being 16<sup>th</sup> century, suggests that the description of *phiranga* given in *Bhavaprakasha* is of syphilis. *Phiranga* is an *agantuja vyadhi* and syphilis is a sexually transmitted infection caused by bacterium *Treponema pallidum*. The signs and symptoms of syphilis vary depending upon the stage of syphilis. Syphilis manifests in four stages. The primary syphilis is characterized by the typical primary chancre that usually begins as a single painless papule that rapidly becomes eroded and usually becomes indurated, with a characteristic cartilaginous consistency on palpation of edge and base of the ulcer<sup>15</sup>. This description is similar to lesions described in *bhaya phiranga*. The common sites of occurrence of lesion are cervix and labia in females and penis in males<sup>16</sup>. The occurrence of lesions on external surfaces testifies that primary syphilis can be understood as *bhaya phiranga*. Even un-treated lesion of primary syphilis heals spontaneously in 4 - 6 weeks<sup>17</sup>. Thus this can be understood as *sadhya phiranga* as the manifestations are *bhaya* (over external surfaces), it is *naveen* (recent onset) and is not associated with any *upadrava* (complications).



Secondary syphilis is characterised by localized or diffused muco-cutaneous lesions and generalized lymphadenopathy<sup>18</sup>. Initially, the lesions are distributed over trunk and later over palms and soles<sup>19</sup>. Areas like perianal region, vulva, scrotum, oral mucosa and genital mucosa are also afflicted<sup>20</sup>. Constitutional features such as fever, malaise, anorexia headache, weight loss, and sore throat may accompany or precede secondary syphilis<sup>21</sup>. Less common complications of secondary syphilis include hepatitis, nephropathy, gastrointestinal involvement, arthritis and periostitis<sup>22</sup>. Considering constitutional symptoms and joint inflammation this stage can be equated with *abhyantara phiranga*. Manifestation of skin lesions and constitutional features along with manifestation of less common complications, secondary syphilis can be considered also as *bhaya- abhyantara phiranga*.

Regarding the latent syphilis, as in latent syphilis there are few or no symptoms. The stage of latent syphilis can be understood in the light of concept of *leena dosha*.

Tertiary syphilis is characterized with gummas (soft non- cancerous growths), neurological, or cardiovascular symptoms. Late manifestation of syphilis include, gummatous syphilis, late neurosyphilis and

cardiovascular syphilis<sup>23</sup>. Gummatous syphilis is characterised by the formation of chronic gummas, which are soft, tumour like balls of inflammation varying considerably in size. They typically affect the skin and skeletal system<sup>24</sup>. Skeletal gummas most frequently involve the long bones. Radiological abnormalities with advanced gummas of bone include periostitis or destructive or sclerosing osteitis. Upper respiratory gummas can lead to perforation of the nasal septum or palate. This can be taken as *asthi vakrata, nasa bhanga*. General paresis is one of the symptoms of neurosyphilis<sup>25</sup>, which can be related to *balakshaya*. Thus tertiary syphilis could possibly be understood as *phiranga* manifesting with *upadravas*.

*Bhavaprakash* has not mentioned about congenital syphilis but *Gananatha Sen* in his book *Siddhanta Nidana* has mentioned about congenital syphilis by explaining the source of transmission is *matrurakta*(blood from mother)<sup>26</sup>.

## CONCLUSION

*Phiranga* also known as *ganda roga* is a sexually transmitted disease, which occurs due to sexual contact with inhabitants of *phiranga desha*. The occurrence of syphilis in 16<sup>th</sup> century in India, which is also time



period of *Bhavamishra* suggests *phiranga* is analogous with syphilis. *Phiranga* is an *agantuja vyadhi*. Depending upon the manifestation, *Bhavaprakasha* classifies *phiranga* into 3 varieties, which has similarity with different stages of syphilis. *Bhaya phiranga* can be considered as primary syphilis. *Abhyantara* and *bhaya-abhyantara phiranga* can be considered as secondary syphilis. *Phiranga* with manifested *upadrava* can be taken as tertiary stage of syphilis.

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