

## OPD MANAGEMENT OF HERPES ZOSTER THROUGH PRINCIPLES OF LUTA VISHA CHIKITSA – A CASE REPORT

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### ABSTRACT

**Background:** Herpes zoster is a viral infection characterised by painful vesicular rashes typically appears in one side of body. According to Ayurveda it has *pitta dosa* predominance. The signs and symptoms are similar to that of *luta visha*. **Aim:** The aim was to evaluate role of *luta visha chikitsa* in herpes zoster. **Materials and Methods:** A 60-year-old male patient was apparently normal before four days noticed sudden onset of fever associated with red popular rashes over left axilla. It was gradually developed into vesicular eruptions of varying size over flexor aspect of left upper limb associated with pain and burning sensation. *Shamana chikitsa* mentioned in context of *luta visha* was opted. Internal administration of *Lodhramsevyadi kashaya* and *Sarivadi vati* was advised along with *Sariva nili kashaya parisheka* for two weeks. When all the lesions cured, *Neelidaladi kera* was given for external

application to manage post herpetic neuralgia. **Result:** The study showed significant result with complete cure of herpes zoster.

**KEYWORDS:** Herpes zoster, *luta visha*, *visarpa*.

### INTRODUCTION

Herpes zoster (Shingles) is caused by *Varicella zoster* virus. It is a dermal and neurological disorder caused by reactivation of *Varicella zoster* virus that has remained dormant within dorsal root ganglia after the patient's initial exposure to virus, in form of chicken pox. The incidence of herpes zoster ranges from 1.2 to 3.4 per 1000 persons per year among younger

healthy individuals while incidence is 3.9 to 11.8 per 1000 persons per year among patients older than 65 years.<sup>[1]</sup>

The characteristic feature of herpes zoster is unilateral vesicular eruption within dermatome associated with severe pain and burning sensation.<sup>[2]</sup> There is difference in opinion regarding the Ayurvedic diagnosis of herpes zoster. *Visphota kushta* with *vata pitta* predominance mentioned in Caraka Samhita refers to vesiculobullous eruptions.<sup>[3]</sup> Because of spreading nature it also considered as *visarpa*.<sup>[4]</sup> The disease *kaksha*, a *ksudra roga* which is presented as black eruptions at armpit later spread to arm.<sup>[5]</sup> The eruptions that developed in body due to *dusta ahara* is also called as *luta*.<sup>[6]</sup> On analysing the *dosa* and *laksana* of *luta visha*, it shows similarity with that of herpes zoster.

## CASE REPORT

A 60-year-old male patient visited Agadatantra OPD, VPSV Ayurveda College, Kottakkal on October 2025 with chief complaints of vesicular eruptions on flexor aspect of left upper limb extending from axilla to palm associated with pain and burning sensation since three days. Patient noticed the red papular rashes over axilla before four days associated with fever for which he took paracetamol. On next day it developed into blister form and within two days, new lesions appeared over the forearm, arm and wrist with pain and burning sensation. The patient gave a history of chicken pox infection in childhood.

### Personal history

Diet : Mixed  
Appetite : Less since 5 days  
Sleep : Sound, 6 hours/ night  
Bowel : Regular  
Micturition : 4-5 times/day  
Addiction : Not known

### General examination

Heart rate : 72/min  
Pulse : 72/ min  
Blood pressure : 130/92 mmHg  
Temperature : 99.4°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

Integumentary system : Erythematous grouped fluid and pus filled blisters of varying size over left axilla, flexor aspect of arm, fore arm and cubital fossa, wrist with erythematous border was present. Tenderness and slight local rise in temperature was present.

**OBSERVATION AND TREATMENT**

**Table no. 1: treatment schedule.**

Date	Observations				Treatment
	Pain score (VAS scale)	Burning sensation (VAS scale)	Temperature	Skin lesion	
07/10/2025	8	7	99.4 <sup>0</sup> F	Pus and fluid filled vesicles of varying size	<i>Lodhramsevyadi kashayam</i> 90ml BD <i>Sarivadi vati</i> 1 BD <i>Sariva nili kashaya</i> for <i>sheetha parisheka</i>
14/10/2025	5	2	98.6 <sup>0</sup> F	Blister showed healing tendency, scab formed	<i>Lodhramsevyadi Kashaya</i> 90ml BD <i>Sarivadi vati</i> 1BD <i>Sariva nili kashaya</i> for <i>sheetha parisheka</i>
21/10/2025	3	0	98.6 <sup>0</sup> F	Only scar remained	<i>Neelidaladi keram</i> for external application
28/10/2025	0	0	98.6 <sup>0</sup> F		medicines stopped



**Fig. 1: before treatment.**



**Fig. 2: after 1 week.**



**Fig. 2: after 2 weeks.**

## DISCUSSION

The observed result is as given in Table no.1. *Lodhramsevyadi Kashaya* mentioned in *Astanga hridaya* in the context of *luta visha* is used for internal administration.<sup>[7]</sup> It is *pittakaphahara*, *vrana ropaka*, *rakthasodhaka yoga*. Its *pitta shamana* property helps in relieving the burning sensation. *Sarivadi vati* lowers the aggravated *pitta* and *vata* which helps in relieving the burning sensation, pain and cures fever. Roots of *Sariva* (*Hemidesmus indicus*) and *Nili* (*Indigofera tinctoria*) were made into *kashaya* and was used for *parisheka*.<sup>[8]</sup> This *yoga* is mentioned in *Vishavaidya Jyotsnika* in context of *luta visha* which was commonly used by traditional *keraleeya visha vaidya* for managing spider envenomation. Previous studies shows that it is effective in managing *daha*, *raga* and *ruja* of *luta visha* when administered both internally and externally.<sup>[9]</sup> The anti-inflammatory and antitoxic action of *Sariva* and *Nili* has already been proven. Antimicrobial activity of *Sariva* and analgesic activity of *Nili* also support the result. The skin lesion was completely cured with in two weeks, but the post-herpetic neuralgia was persisting. The internal medicines were stopped and *Neelidaladi kera yoga* mentioned in *lutavisha prakarana* in *Prayogasamucchaya*

was given for external application.<sup>[10]</sup> *Nili, tulasi, sariva, nirgundi, chandana, trikatu, kusta, yasti, aswagandha, lashuna, natha* and *iswaramooli* are the ingredients. The *yoga* possesses *vata kapha hara* property which helps in relieving pain. Moreover, most of the ingredients have *shoolaghna* property. The pain was completely cured by one week of application of *Neelidaladi kera*.

## CONCLUSION

The patient was treated only by applying the principles of Ayurveda or *Visha chikitsa* and no antiviral drugs were given. It conveys that on implementing the concepts of *luta visha*, it gives better and wider treatment options in managing herpes zoster. The complications like post herpetic neuralgia can also be cured cost effectively.

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