



## Ayurvedic Management of *Visarpa* W.S.R to Herpes Zoster: A Case Study

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### KEYWORDS

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### ABSTRACT:

Introduction- Herpes zoster is sporadic disease that results from reactivation of latent Varicella-Zoster Virus from dorsal root ganglia. Herpes zoster occurs at all ages, but its incidence is highest among individuals in sixth decade of life and beyond, due to compromised immune system. In general population, incidence rate is typically between 3-10 cases per 1,000 persons per annum. In Ayurveda *Visarpa* can be considered as Herpes zoster. *Visarpa* (Herpes zoster) occurs due to Pitta Pradana Tridosha Dusthi and Dushyas such as Shonitha, Lasika, Twak and Mamsa.

Materials and Methods: A 46year old male patient presented with symptoms of serous filled reddish rashes over left upper back region accompanied by pain and burning sensation. After Roga-Rogi Pareeksha (examination of disease and patient) the patient was diagnosed with *Visarpa*. The treatment protocol consisted of Virechana Karma (purgation therapy) followed by Shamana Chikitsa (palliative treatment).

Observation: This study shows the efficacy of Ayurveda treatment in management of *Visarpa*. 90% of symptomatic relief was achieved by Virechana Karma then patient was advised with Shamana Chikitsa and remaining symptoms were relived during follow-up.

### INTRODUCTION:

Herpes Zoster or Shingles, it is a viral infection caused by reactivation of latent varicella-zoster virus, which primarily affects the dorsal root ganglia. This reactivation leads to a characteristics painful rash and blisters, typically localized to a single dermatome. The condition can significantly impact quality of life, causing severe pain, discomfort and emotional distress. <sup>(1)</sup> Furthermore, Herpes Zoster can lead to complication such as Postherpetic Neuralgia. <sup>(2)</sup> In Ayurveda Herpes Zoster can be correlated to *Visarpa* a type of skin disorder, which is characterized by *Parisarpana* of *Sphota* (spreading skin lesions), *Sotha* (inflammation) and *Vedana* (pain). <sup>(3)</sup> Clinical features are similar to Herpes zoster. Ayurvedic management of *Visarpa*

involves holistic approach including, *Nidana Parivarjana* (avoiding causative factor), *Shodana Chikitsa* (purificatory therapy), *Shamana Chikitsa* (palliative treatment) and *Pathya-Apathya* (dietary regimen) restore balance of body and promote health. <sup>(4)</sup> This case study aims to explore the Ayurvedic management of *Visarpa* and evaluate the efficacy of traditional Ayurvedic therapies in alleviating symptoms and improving quality of life.

### CASE REPORT:

**Chief complaints (*Pradana Vedana*):** A 46 years old male patient registered with OPD number 60622 approached Kayachikitsa OPD of JSS Ayurveda Medical Hospital, Mysuru on 23/6/2025. He presented with



serous filled reddish rashes over the right upper back and right armpit region associated with burning sensation and pain since 15days.

### **History of present illness (*Pradana Vyadhi Vruttanta*):**

As per statement of the patient, he was apparently healthy before 15 years ago, patient was working as Army officer in Delhi, and during that time he started developing allergy to dust and pollen grains. Gradually started observing sneezing 10-12 per day and running nose for that patient approached allopathic hospital and advised with oral medication. But symptoms relive on intake of medicine and aggravated on avoiding medicine. After 2 years he started observing recurrent episodes of difficulty in breathing, again patient consulted Allopathic hospital and advised with oral medication and inhaler and patient got symptomatic relief and he is on same medicines till date, when symptoms develop. Since 15days, suddenly he started noticing serous filled reddish rashes over right upper back region and right armpit region associated with burning sensation and pain. For which he approached dermatologist and advised with local applicants. Then patient got symptomatic relief. For further management patient approached our hospital.

### **History of past illness (*Adhyatana Vyadhi Vruttanta*):**

H/O Chickenpox at the age of 7 years.

History of Allergy -since 15years on regular medication and K/C/O of Asthma since 12years

Not a known case of Hypertension, Type 2 Diabetes mellitus and Thyroid dysfunction.

### **Medication history (*Aoushadha Vruttanta*):**

Tab.Moutek.LC 1BD, after food – since15 years.

Inhaler. Aerocort - only on aggravated state of Asthma symptoms.

Tab. Acyclovir -1 BD, after food with water for 1 week – 3days back

### **Family history (*Koutumbika Vruttantta*):**

No contributory history found

### **Occupational History (*Udhyoga Vruttanta*):**

Army officer.

### **Personal history (*Vyaktika Vruttanta*):**

*Ahara* (diet) - Consume both vegetarian and non-vegetarian food at regular timings.

*Vihara* (lifestyle) – Army officer and moderate lifestyle

*Nidra* (sleep) – Sound sleep for about 6-7 hour/night. No

*Diwaswapna* (day-sleep) is noted.

*Vyasana* (habit) – No habit of alcohol /tobacco consumption

### **General physical examination (*Samanya Pareeksha*):**

- Built - Moderate
- Nourishment - Moderate
- Nails – Normal
- Conjunctiva: Pallor – Absent, Icterus - Absent
- Cyanosis – Absent
- Clubbing – Absent
- Oedema – Absent
- Lymphadenopathy – Absent

### **Vital signs:**

- Pulse – 84 bpm
- Blood pressure – 130/90 mmHg
- Respiratory rate – 17cpm
- Temperature – 98°F

### **Systemic Examination:**

**Cardiovascular system-** S1 & S2 heard and no murmur

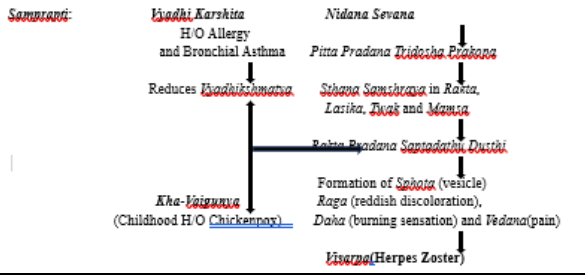
**Respiratory System** – O/A: B/L wheezing

**Central Nervous System** – Conscious and well oriented

**Gastro-intestinal System** – P/A – Soft, nontender and no organomegaly

### **Integumentary System:**

- Onset – since15 days
- Type – Vesicular lesion- Primary, Discrete and cluster
- Dimension – Smaller lesions: less than 0.5cm  
Bigger lesions: near 0.5cm
- Morphology – Reddish Vesicular lesion
- Distribution – Right scapular region, right posterior axillary region
- Number – Multiple
- Color – Reddish color
- Surface – Soft lesion surface
- Discharge – Absent



**Chikista:**

Patient is subjected to *Shodana Chikitsa* as mentioned in Table-1 followed by *Shamana Chikitsa* as mentioned in Table-2 and assessment in Table-3.

**Table-1: *Shodana Chikitsa -Virechana Karma***

Sl.No		<b>Purva Karma</b>	
1)	<b>Deepana-Pachana</b>	<i>Musta Churna</i>	Given for 3 days. 5gm BD, before food with lukewarm water
2)	<b>Snehapana</b>	<i>Mahatiktaka Gritha</i>	Given in <i>Arohana Krama</i> 23/6/2025 – 30ml 24/6/2025 – 60ml 25/6/2025 – 90ml 26/6/2025 – 120ml Patient attained <i>Samyak-Snigda Lakshana</i> and <i>Snehapana</i> is stopped on 26/6/2025
3)	<b>Vishrama Kala</b>	<i>Abhyanga</i> with <i>Chandanadi Taila</i> followed by <i>Sarvanga Bashpa Sweda</i>	From-27/6/2025 to 30/6/2025
		<b>Pradana Karma</b>	
4)	<b>Virechana</b>	<i>Sarvanga Abhyanga</i> with <i>Chandanadi Taila</i> followed by <i>Sarvanga Bashpa Sweda</i> . Then <i>Trivruttalehya</i> - 30grm given	On 30/6/2025 Patient had 10 <i>Vega</i>
		<b>Paschat Karma</b>	
5)	<b>Samsarjana Krama</b>	Patient attained <i>Avara Shuddhi</i>	<i>Samsarjana Krama</i> advised for 3days from 1/7/2025 to 3/7/2025

Table-2: *Shamana Oushadhi*

Sl.No	<i>Shamana Oushadi</i> (Oral medication)	<i>Matra</i> (Dosage)	<i>Kaala</i> (Duration)
1)	<i>Laghu Sootashekara Rasa</i>	1BD before food with lukewarm water	For 15days From 4/7/2025 to 18/7/2025
2)	<i>Dushivishari Agada</i>	1BD after food with lukewarm water	For 15 days From 4/7/2025 to 18/7/2025

**Results:**Table.3: Assessment of clinical features based on gradings<sup>(17)</sup>

Sl.No	<i>Laxana</i> (clinical features)	Before treatment	After <i>Virechana Karma</i>	After treatment
1.	<i>Daha</i> (Burning sensation)	Grade-3	Grade-2	Grade-0
2.	<i>Vedana</i> (Pain)	Grade-3	Grade-1	Grade-0
3.	<i>Vaivarnya</i> (Discoloration)	Grade-4	Grade-2	Grade-1

**Discussion:**

In this article, a case of *Visarpa*, acute skin disease can be correlated with Herpes Zoster, was treated using Ayurveda principles. The condition is characterized by rash consisting of grouped vesicles on an erythematous and edematous, these vesicles often appear in a band-like pattern along a dermatome.<sup>(5)</sup> It is caused due to vitiation of *Pitta Pradana Tridosha* and *Shonita, Lasika, Twak* and *Mamsa*. The treatment approach consisted of *Shodana Chikitsa* and *Shamana Chikitsa*.<sup>(6)</sup> *Shodana Chikitsa* was performed to eliminate the *Dosha* and to bring the *Dhatus* to *Prakutavasta* and to improve *Kayagni* (digestion) that leads to prevention and relapse of the disease and the treatment was planned according to the strength of the *Roga* (disease) and *Rogi* (patient).<sup>(7)</sup>

**Deepana – Pachana:** *Musta Churna* it used to improve the *Agni*(digestion) and eliminates toxins. It is also act as *Rakta Shodaka* (blood purifier) and reduces *Ama*(toxins).<sup>(8)</sup>

**Snehapana:** *Mahatiktaka Gritha* containing *Saptaparna* (*Alstonia scholaris*), *Ativisha* (*Aconitum heterophyllum*), *Tiktarohini* (*Picrorhiza kurroa*), *Patola* (*Trichosanthes dioica*), *Amruta* (*Tinospora cordifolia*) etc was used to loosen and break the bonding between *Dushita Dosha* and *Dathu*. This results in mild symptomatic relief during only *Snehapana*.<sup>(9)</sup>

**Vishrama Kaala:** After *Snehapana* patient underwent *Srvanaga Abhyanga*(full body massage) with *Chandanadi Taila* which contains *Manjista* (*Rubia*

*cardifolia*), *Utpala* (*Neluma nucifera*), *Yastimadhu*(*Glycyrrhiza glabra*), *Chandana* (*Santalum albam*), *Sariva*(*Hemidesmus indicus*) etc, act as *Pitta Shamaka*, *Rakta Shodaka*, *Daha Prashamana* and directly indicated in *Visarpa*<sup>(10)</sup> used for *Sarvanga Abhyanga* followed by *Baspa Sweda*(sudation) helps in *Vilayana of Dosha* (liquification of dosha) leads mobilization of *Doshas* from *Shaka* to *Kostha*.<sup>(11)</sup>

**Virechana Karma:** *Virechana Karma* is one among *Pancha Karma* which act as *Adhobhaga Doshaharana* and also help in *Pitta-Vata Nirharana* and *Rakta Shodana*<sup>(12)</sup>. *Trivrutta lehya* which act as *Virechaka*<sup>(13)</sup> was administered, then patient advised for *Samsarjana Karma* of 3 days based on *Shuddi*.<sup>(14)</sup>

**Shamanaushadi:**

**Laghusootashekara Rasa** which contain *Swarna Gairika*, *Shunti* (*Zingiber officinale*) prepared by 3 *Bhavana* of *Nagavalli Swarasa*. *Swarna Gairika* has property like *Sheeta Veerya*, *Kashaya Rasa* and act as *Pitta -Kapha hara*, *Rakta Shodaka* and *Viasarpahara*. *Shunti* act as *Kaphahara* and *Shoolagna*.<sup>(15)</sup>

**Dooshivishari Agada** contains drugs like *Pippali* (*Piper longum*), *Gajapippali* (*Scindopus officinalis*), *Dhyamaka* (*Cybopogon martini*), *Mansi* (*Nardostachys jatamansi*), *Lodra* (*Symplocos recemosa*), *Ela* (*Elletteria cordamomum*), *Suvarchika* (*Sodium baicarbonate*), *Kutannata* (*Oroxylum indicum*), *Nalada* (*Veleriana jatamansi*), *Kusta* (*Sassurea Luppa*), *Yastimadhu* (*Glycyrrhiza glabra*), *Chandana* (*Santalum album*),



*Gairikam* (Red ochre). It contains most of drugs with *Sheeta veerya* and act as *Pitta-Kaphahara*.<sup>(16)</sup>

**Conclusion:**

In conclusion, the treatment protocol of *Shodana Chikitsa (Virechana)* followed by *Shamana Oushadi* with proper *Pathya-Apathya* was found to be effective in

subsiding the symptoms of *Visarpa* significantly. *Visarpa* is *Ashukari* (acute) and occurs due to vitiation of *Rakta Pradana Anya Dhatu* and *Pitta Pradana Tridosha*, hence *Virechana Karma* is recommended. This treatment approach highlights the potential of Ayurveda Chikitsa in managing skin condition like *Visarpa*, and warrants further research to explore its efficacy and safety.

**Before treatment**



**After Vicechana**



**After treatment**



**References:**

1) Richard J. Whitley, Harrison's Principles of Internal Medicine, 18<sup>th</sup> Edition, Volume-1, New York :

McGraw-Hill Education, Chapter-180, Page No-1462.

2) Anthony A. Amato, Richard J. Barohn, Harrison's Principles of Internal Medicine, 18<sup>th</sup> Edition,



- Volume-2, New York: McGraw-Hill Education, Chapter- 384, Page No-3461.
- 3) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sanskrit Santhan, Varanasi, Chikitsa Sthana, Adhyaya-21, Shloka-1.
  - 4) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sanskrit Santhan, Varanasi, Chikitsa Sthana, Adhyaya-21.
  - 5) Surabhi Dayal, API Textbook of Medicine, 10<sup>th</sup> Edition, Volume-1, Jaypee Brothers Medical Publishers, Part-11, Chapter-2, Page No-670-671
  - 6) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sanskrit Sansthan, Varanasi, Chikitsa Sthana, Adhyaya-21, Shloka-15.
  - 7) Dr.Santosh N. Belavadi, Panchakarmasarasangraha, Edition -2010, D.G.M Ayurveda Medical College, Gadag, Adhyaya-1, Page No-9.
  - 8) Dr.J.L.N. Shastry, Illustrated Madanapaala Nigantu, Edition-2010, Chaukhambha Orientalia, Abhayaadi Varga, Page No-172.
  - 9) Dr.B. Rama Rao, Asthanga Hridhaya of Vabhata, Chaukhambha Vishvabharati, Edition-2016, Varansi, Chikitsa Sthana, Chapter-19, Page No-415.
  - 10) Dr.G. Prabhakara Rao, Sahasrayogam, Chaukhambha Sanskrit Sansthan, Edition-2021, Taila Prakarana-28, Page No-483.
  - 11) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sanskrit Samsthan, Varanasi, Edition-2012, Sutra Sthana, Chapter-14, Sholka-5.
  - 12) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sansrit Samsthan, Varanasi, Kalpasthana, Chapter-1, Shloka-5.
  - 13) Dr.B. Rama Rao, Astanga Hridhaya of Vagbhata, Chaukhambha Vishvabharatai, Varanasi, Edition-2016, Kalpasthana, Chapter-2, Shloka-9.
  - 14) Pt.Kashinath Shastri, Charaka Samhita, Chaukhambha Sanskrit Samsthan, Varanasi, Kalpa Sthana, Chapter-1, Shloka-11.
  - 15) Pro.Krishnagopal, Rasa Tantra Sara -Siddha Yoga Sangraha, Prathama Khanda, Krishnagopal Ayurveda Bhavana, Edition-2003, first section, Kharaliya Rasayana 134, Page No-546.
  - 16) Dr.G. Rama Rao, Asthanga Hridhaya of Vagbhata, Chaukhambha Vishvabharati, Vranasi, Edition-2016, Uttara Tantra, Chapter-35, Shloka-39.
  - 17) WHO-DFC sponsored project on Developing Guidelines for Clinical Research Methodology in Ayurveda, ITRA, Gurjarat Ayurveda University, Jamnagar, 2011.