

Ayurvedic Approach towards treating Visarpa w.s.r. to Herpes Zoster Ophthalmicus -A case report.

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Abstract

Background: Skin health is integral to both physical and mental well-being. Dermatological conditions are common, with studies indicating a prevalence rate of 20–30% in the general population. Among viral skin infections, Herpes Zoster is the most prevalent, and its incidence is rising globally.

Objective: To highlight the increasing burden of Herpes Zoster, its complications, economic implications of treatment, and its correlation with the Ayurvedic condition Visarpa.

Methods: A review of recent epidemiological data was conducted, with emphasis on incidence and prevalence rates of Herpes Zoster, particularly in the Indian context. Classical Ayurvedic texts were examined to explore the description and correlation of *Visarpa* with modern clinical features of Herpes Zoster.

Results: The incidence of Herpes Zoster is estimated at 5–10 cases per 100 individuals, with a prevalence of 2–6% in India. Despite advancements in antiviral therapy, the high cost renders it economically unfeasible for many patients. Postherpetic neuralgia remains a significant long-term complication, lasting from 3 months to over 10 years. Ayurvedic literature describes *Visarpa* as a rapidly spreading dermatological condition, closely resembling the clinical manifestation of Herpes Zoster.

Conclusion: Herpes Zoster poses a significant public health challenge due to its high prevalence, complications, and treatment costs. Exploring traditional approaches such as the Ayurvedic concept of *Visarpa* may offer complementary perspectives in understanding and managing the disease.

Keywords: Ayurveda, Visarpa, Agadtantra, Vishachikitsa, Herpes Zoster Ophthalmicus.

Introduction

One of the **Adhithanas** of **Gyanendriyas** as described in the ayurvedic Texts is Skin ⁽¹⁾. To maintain both physical and mental health, healthy skin plays a crucial role. Studies have shown that the prevalence of various skin disorders affects approximately 20–30% of the population ⁽²⁾. Recent research has also highlighted a notable rise in the incidence of viral infections, with Herpes Zoster being the most common among them. The incidence rate is estimated to be around 5–10 cases per 100 individuals, and in India, the prevalence ranges from 2–6 per 100 individuals. While significant advancements have been made in the antiviral treatment of Herpes Zoster, the cost of these therapies often makes them inaccessible for many. A major complication of this disease is postherpetic neuralgia, which can persist for three months to as long as ten years after the initial infection.

In traditional Ayurvedic texts, a condition resembling the acute inflammatory and dermatological presentation of Herpes Zoster or Erysipelas is known as *Visarpa*. It is described as a disease that spreads rapidly in various directions, similar to the movement of a snake ⁽³⁾.

Aim

To demonstrate the efficacy of Ayurvedic interventions, grounded in classical principles, in managing **Visarpa** (Herpes Zoster Ophthalmicus, HZO).

Clinical Summary

A 64-year-old female presented to the OPD at Yashovijay Panchakarma Clinic on **01 March 2024**, with **acute unilateral facial vesicular eruptions** along the **right trigeminal dermatome**.

Key symptoms included

- Pus-filled lesions
- Severe itching
- Burning pain (VAS score 9/10)
- Orbital swelling and heaviness
- Purulent discharge
- Fever persisting for four days

The patient's past history was unremarkable, except for **chickenpox approximately 20 years prior**. Panchakarma and systemic examinations were largely within normal limits.

Ayurvedic Diagnosis

The clinical picture was diagnosed as **Pittapradhāna Tridoṣaja Visarpa**, categorized under **Yāpyā** (manageable) conditions. Considering the patient's age (**Vṛddha avasthā**), a **Śamana (palliative)** line of treatment was preferred over Śodhana (purificatory) therapies.

Treatment Protocol:

Following treatment protocol was adopted while treating the patient on OPD basis:

This was the protocol used for a period of 08 days first and then repeated for another 15 days, which yielded the given results. The Visarpa in this case has been caused by presence of Samadosha in the body, as we all know the presence of samadosha in the kaphasthana calls for Shodhana, but because patient is in vrudhnavastha, Shodhana was avoided and shamana chikitsa was given.



On the day of visit

After Treatment 8th Day

Therapeutic Protocol

Table 1. Internal Ayurvedic Medications

Name of medicine (Yoga)	ROA	Dose	Anupana	Duration
Kamadudha Rasa	Oral	2-2-2	Koshna Jala	15 days
Krumikuthar Rasa	Oral	2-2-2	Koshna Jala	15 days
Paripathadi Kashaya	Oral	15 ml -15ml-15ml	Koshna Jala	15 days
Nuro XT	Oral	1-0-1	Koshna Jala	8 days
Dooshi Vishari Gulika	Oral	1-1-1	Koshna Jala	15 days
Palsinuron	Oral	1-1-1	Koshna Jala	8 days
Soothashekharrasa	Oral	1-1-1	Koshna Jala	15 days

Table no. 2:- Showing Karmukata (Pharmacokinetics) of Kamadugha Rasa ¹

Ingredients	Botanical / English name	Rasa	Guna	Veerya	Vipaka	Doshagnata	Karma
Amrutasatwa	Tinospora cordifolia	Tikta, Kashaya	Guru, Snigdha	Ushna	Madhura	Tridoshagna	Rasayana Jwaragna, Dahaprashamana, Krimigna
Shuddha gairika	purified red ochre	Kashaya, Madhura	Snigdha, Vishada	Sheeta	Madhura	Pitta nashaka	Vranaropaka, Kaphahara, Jwaragna
Abhraka bhasma	Calcined Mica	Kashaya, Madhura	Mrudu smooth	Sheeta	Madhura	Tridoshasha maka	Twakvikara
Muktashukti bhasma	Mollusca Phylum (Calcined oyster shell)	Madhura	Laghu	Sheeta	Madhura	Pittakapha shamaka	Jwarahara, Shoolahara, Raktarogahara
Pravala bhasma (Calcined coral)	Corallium rubrum	Madhura, Amla, Kashaya	Laghu, Snigdha	Sheeta	Madhura	Kaphavatash amaka	Agnideepaka, Twachya, Chakshushya
Shankha bhasma	Calcined conch shell	Katu	Laghu, Ruksha, Tikshna	Ushna	Katu	Tridoshasha maka	Deepana shoolahara
Varatika (cowries shell)	Cyprea moneta Linn	Katu	Ruksha, Teekshna	Ushna	Katu	Kaphapittas hamaka	Indigestion, Boils, Pitta diseases

Rationale

- **Kamadudha Rasa**, composed of *Amrtasatva* (*Tinospora cordifolia*), *Āmalakī* juice, and *Svarṇa Gairika*, is known for its **Pitta-pacifying, immunomodulatory, antioxidant, and antiviral** actions ⁽⁴⁾.
- **Paripathādi Kaṣāya**, containing *Pātā* (*Cissampelos pareira*), *Gokṣura*, *Dhāmasā*, *Punarnavā*, and *Gulābakālī*, provides **cooling, bitter, and anti-inflammatory** effects, beneficial for alleviating *Daha* (burning) and skin inflammation ⁽⁵⁾.
- **Nuro XT**, a proprietary formulation with *Bala*, *Śilājatu*, and other **Vāta-pacifying Rasas**, supports **neuroprotection** and helps address **neural involvement** ⁽⁶⁾.

Clinical Outcome

- **By Day 8:** Marked reduction in burning sensation, rash severity, and orbital swelling; improvement in visual symptoms noted.
- **By Day 15:** Complete crusting and healing of lesions; no signs of **post-herpetic neuralgia** were observed.

Discussion

Herpes Zoster Ophthalmicus (HZO) and analogous *Visarpa* presentations have demonstrated favorable outcomes with Ayurvedic interventions, particularly those targeting Pitta pacification and neuronal support. In a pediatric case, the use of Kamadudha Rasa and Pinda Taila led to a significant reduction in lesions by Day 5, with near-complete resolution by Day 7⁽⁷⁾. This underscores the potential of these formulations in managing acute inflammatory dermatoses.

Similarly, a case study by Adiga et al. reported that Ayurvedic formulations such as Patolādi Kaṣāya, Kamadudha Rasa, and Nimbādi Guggulu achieved over 75% symptom resolution in *Visarpa*, highlighting the efficacy of Pitta-pacifying and anti-inflammatory therapies ⁽⁸⁾.

Furthermore, Kotangale outlines a broader Ayurvedic approach to *Visarpa Vyadhi*, emphasizing Śamana therapy, which includes internal decoctions, topical applications (*lepa*), and supportive care. These therapies aim to balance aggravated Pitta and Rakta, reduce inflammation, and support nerve function. Consistent positive outcomes in managing both *Visarpa* and HZO presentations have been reported⁽⁹⁾.

The clinical outcomes observed in the present case align with these findings, reinforcing the utility of Ayurvedic treatments with anti-inflammatory, immunomodulatory, and neuroprotective properties. These not only help in resolving acute symptoms but may also play a significant role in preventing chronic complications such as postherpetic neuralgia.

Collectively, these report provide strong preliminary evidence for the integration of Ayurveda into the management of Herpes Zoster and related conditions. Further well-structured clinical trials are needed to validate and generalize these findings.

Conclusion:

Ayurveda offers a promising approach for the management of conditions such as *Visarpa*, *Garavisha*, and *Dooshivisha*, which may correspond to certain dermatological and

toxicological conditions in modern medicine. Its holistic and individualized treatment methods may provide effective outcomes with minimal complications. However, more rigorous scientific studies and clinical trials are necessary to establish its efficacy and gain wider recognition in the management of these disorders. With further research and validation, Ayurveda could emerge as a viable and potentially superior treatment modality for such conditions.

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