

## Case Report



### Evidence-Based case report on *Ayurveda* Management of *Luta Visha* (Spider Bite).

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#### ABSTRACT:

**Background:** We report a case of *Luta Visha* (spider bite) over the forearm, aggravated in 48 hours. This case report documents day-wise typical *luta visha* presentation and its effective management through *Visha chikithsa* (anti-toxic) principles. **Clinical findings:** The present case presented with a primary complaint of an insect bite, accompanied by painful, spreading vesicular lesions from the wrist to the elbow on her left forearm within 2 days, along with swelling and mild exertional dyspnoea. **Intervention:** *Vilwadi Agada*, *Dashanga Agada*, and *Neelitulsyadi Kashaya* were prescribed for the initial 7 days to cease the progression of lesions due to their *Vishahara* (anti-dote), *kleda hara* (reduces external secretions), and *Rakta Shodhana* (blood purifier) qualities. Subsequently, *Patolakaturohinyadi Kashaya* was prescribed to eliminate residual *Pitta* and *Kapha doshas* that could lead to *kandu* (itching) and to aid in restoring *agni* (metabolism). **Outcome:** Lesions and developing fever came down by day 7 of treatment, with improvement in appetite. At day 20, there was complete healing without any marks. **Conclusion:** This case study demonstrates successful acute management of *luta visha* based on *visha chikithsa principles* within 15 days with complete healing without any adverse events and marks on skin. This study can be anecdotal reference for further clinical trials on *luta visha* and *visha chikithsa*. **KEYWORDS:** *Dashanga Agada*, *Neelitulsyadi Kashaya*, *Luta Visha*, Spider bite, Case report

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## 1. INTRODUCTION

Spider bites are rare medical events. Of the thousands of spider species that exist around the world, only a few cause problems in humans. The venom of most spiders has a relative effect on mammalian tissues. The severity of reactions to spider venom depends on factors such as its amount, site of bite, duration, age and health condition. Mortality due to a spider bite is rare. [1, 2] Though the number of insect bites compared to the previous era is lower, the incidence remains a good number. Bites can happen during travelling, about 2% of the population consult for insect bites and stings with symptoms that affect more than just the surrounding area of skin. [3] Insect bites become important because knowledge about insect bites is very little, sometimes; insect bites lead to even anaphylaxis and death. Similar and extensive briefings have been mentioned in *Ayurveda* literature in *Agadatantra* (Clinical toxicology), mentioning varied prognoses from repeated allergic manifestations to life-threatening situations if unattended. [4] Though this is not immediate, within one or two weeks, it can aggravate. Here is a case of *Luta-Visha* (spider envenomation) that aggravated within 48 hours, with evolving systemic signs and was managed effectively based on *visha chikithsa* (anti-toxic) principles.

## 2. CASE REPORT:

**Patient Information:** A 27-year-old female presented with a primary complaint of an insect bite, accompanied by *toda* (pricking pain) and *visarpavat dadru mandal* (multiple vesicular lesions spreading in nature)

spreading from the wrist to the elbow on her left forearm within two days, along with swelling.

History revealed that she had been travelling by train and, during the night while asleep, felt an insect bite on her left forearm. The patient immediately rubbed the area, experiencing irritation at the bite site but no pain initially (Table no.2, Fig. A). By the morning (post 6-8 hours of bite), the patient developed *Kandu* (itching) and *toda* at the bite site and, incidentally, also found a dead spider aside from the seat.

Later in the evening, the patient noticed evolving *visarpavat dadru mandal* (Fig A) around left wrist and elbow. Within the next 48 hours, the lesions had spread and conglomerated, accompanied by severe *toda*, *raga* (erythema) and *kandu*. (Table no.2 and Fig B)

The patient had resorted to self-management using antihistamines but found no relief. Patient subsequently visited the *Nirvisha* Outpatient Department (OPD) for further evaluation and treatment. Patient's medical history was unremarkable, with no significant metabolic, psychological, or menstrual issues, and no known allergies.

### Clinical Findings:

#### Physical findings

**General examination:** Moderate rise in body temperature (99.6°F), pulse rate (82/min) and respiratory rate (20/min). No Pallor, icterus, clubbing, or lymphadenopathy was present.

Systemic findings of cardiovascular (Blood pressure 120/70 mmHg, no added sounds), Central Nervous System (well-oriented, conscious and intact reflexes) and Respiratory system (bilateral air entry normal) were

found to be normal expect a complaint of mild uneasiness during breathing while walking.

Appetite was inconsistent, Bowel movements were satisfactory, and sleep was disturbed due to severe pain, burning sensation and itching.

**Local examination:** Multiple, asymmetrical, vesicles were found along the left elbow and near the left wrist region associated with erythema, inflammation of the surrounding area of the bite, warm on touch, tenderness and watery discharge were present. The

nature of the lesions was spreading in the direction of the flow of secretion. (Table no.2, Fig. B-D)

### Diagnostic Assessment

History of the bite, site of spider post-bite and classical clinical findings (morphological) that wherever the secretions of vesicles touch, it produces new lesions (Table no.1 and Fig C-D) were affirmative about the diagnosis as *Luta Visha* which downplayed the necessity of other differential and laboratory diagnoses. [5]

**Table no 1. Differential diagnosis.**

Condition	Key features	Distinguish features
<i>Pittaja Keeta visha</i>	<i>Daha</i> (burning sensation), <i>raga</i> (redness), <i>visarpa</i> , <i>pakwa peelu phala sadrusha</i> (ripened peelu fruit), <i>jvara</i> (fever).	<i>Alpa srava</i> (slight discharge)
<i>Sheet pitta</i> (Urticaria)	<i>Varti damsta samsthana</i> , <i>sopha</i> , <i>kandu</i> , <i>toda Bahula</i> , <i>chardi</i> , <i>vidaha</i> , <i>jvara</i> .	<i>Seeta maarutha samsparsha</i> (aggravates with cold breeze)
<i>Luta visha</i>	<i>Visarpavata dadru mandal sannibha</i> , <i>mrudur unatha</i> (elevated), <i>madhye krisna syava paryanta</i> (Lesions like craters with depression in the centre and elevated at the edges), <i>jvara</i> , <i>ashu paka</i> , <i>vikledi</i> .	<i>Kledena Yat Sprushate Angnam Tatrapi Kurati Vrunam</i> . (lesion spread by the contact of secretions)

### 3. Intervention:

Considering the *luta visha lakshana* with *pitta pradana dosha* and *kleda bahulata* (Figure B-D) *lepa chikithsa* and *shaman chikithsa* was considered with *Neelitulyadi Kashaya* (SNA pharmacy, batch no. N1204) and *Dashanga Agada* (Vaidyaratnam oushadhalaya, batch

no. 23A1623). Subsequently, once the complaints came down *shamana* medicine for removing *pitta* and *agni sthanpana* with *Patolakaturohinyadi Kashaya* (Vaidyaratnam oushadhalaya, batch no. 23B1089) and *Vilwadi agada* (Vaidyaratnam oushadhalaya, batch no. 23C1037) was done as mentioned in Table no .1

**Table no.2: Signs and symptoms assessment and therapeutic management.**

Visit & date	Symptoms Observed	Management adopted
<b>Day 0</b> 05-07-2024	The patient suffered a bite. No medications were taken at this stage.	1. Anti-histamine tablet for 2 days.
<b>Day 2</b> 07-07-2024	Noticed asymmetrical reddish vesicles with watery discharge. Symptoms included burning sensation, itching, irritation, mild tenderness	1. <i>Vilwadi agada</i> : 1 tablet three times a day with warm water after meals for 3 days. 2. <i>Haridra Churna</i> : with water for external application for 3

	and raised body temperature.	days.
<b>Day 5</b> 10-07-2024 to 17-07-2024	Increase in symptoms, including multiple vesicle-bullous lesions across the right forearm and a single blister at the left wrist. Associated with severe burning sensation, pain, erythema and itching.	<ol style="list-style-type: none"> <li>1. <i>Neelitulsyadi Kashaya</i>: 15ml, three times a day before food with warm water for 8 days.</li> <li>2. <i>Dashanga Agada</i>: 2 tablets three times a day with honey for 8 days.</li> <li>3. <i>Raktachandana Churna</i> + <i>Manjishta Churna</i>: For external application with water for 8 days.</li> </ol>
<b>Day 12</b> 18-07-2024 to 25-07-2024	Vesicles subsided, leaving a flat, mild erythematous appearance. Occasional burning sensation and itching persisted.	<ol style="list-style-type: none"> <li>1. <i>Patolakaturohinyadi Kashaya</i>: 15ml, three times a day on an empty stomach with warm water for 8 days.</li> <li>2. <i>Vilwadi agada</i>: 2 tablets three times a day with warm water for 8 days.</li> <li>3. <i>Raktachandana Churna</i> + <i>Manjishta Churna</i>: For external application with water for 8 days.</li> </ol>
<b>Day 20</b> 26-07-2024	No vesicles and clear skin, with no evidence of erythema, itching, or burning sensation.	Treatment stopped.

#### 4. FOLLOW UP AND OUTCOMES:

During the first visit, the patient experienced a mild burning sensation and itching. Based on the diagnosis of *Vata Pittaja*, *Vilwadi agada* was administered as an antidote, and *Haridra Churna* was prescribed for external application. [6]

By the second visit (day 5), the lesions had worsened with increasing swelling, indicating more of *Pittaja lakshan*. *Haridra churna* (*Curcuma longa* L) was replaced by *Raktachandana Churna* (*Pterocarpus santalinus* Linn) and *Manjishta Churna* (*Rubia cordifolia* L) for external application. [7, 8] *Neelitulsyadi Kashaya* and *Dashanga Agada*, which are specifically prescribed for *Keeta Visha* (insect venom), were given.

On the third visit (day 12), there was a reduction in lesions, along with a slight decrease in swelling, burning sensation, itching (Fig E), no fever, improvement in

appetite and exertional dyspnoea. To aid in *Pitta Rechana* (elimination), provide continued *Vishagna* (anti-toxic effects) and bring down *Kandu*, *Patolakaturohinyadi Kashaya* was added to the treatment plan. *Dashanga Agada* was stopped as pain and exertional dyspnoea had come down, and *Vilwadi agada* was restarted.

By the fourth visit (day 20), the lesions had completely subsided (Fig F), with no signs of erythema, itching, or burning sensation. Hence, no treatment was advised.

Patient showed good compliance and attended all scheduled follow up visits over a period of 20 days (demonstrated by Fig B-F). Adherence to prescribed treatment regimen was done through counselling and patient came with medicine strips and bottles during follow-up that confirmed intake of medicine was appropriate. No complications or adverse drug reactions

were observed, and patient showed good tolerability to change in treatment during course of treatment.



**Illustrations: Figures of day wise *Luta visha* Lakshana.**

**Figure A:** Day 1-Asymptomatic for the first half of the day, pricking pain and itching, lesions yet to appear. **Figure B:** Day-2 Different lesions, like vesicles, nodules, with deranged pigmentation. Lesions like craters with depression in the centre and elevated at the edges. **Figure C:** Day 3- horripilation, erythema, secretions and increasing swelling. **Figure D:** Day-4: Aggravation of symptoms in a severe grade with irritation. **Figure E:** Day-6 lesions started to resolve and reduced. **Figure F:** Day-20 complete resolution of skin lesions without any marks.

## 5. DISCUSSION

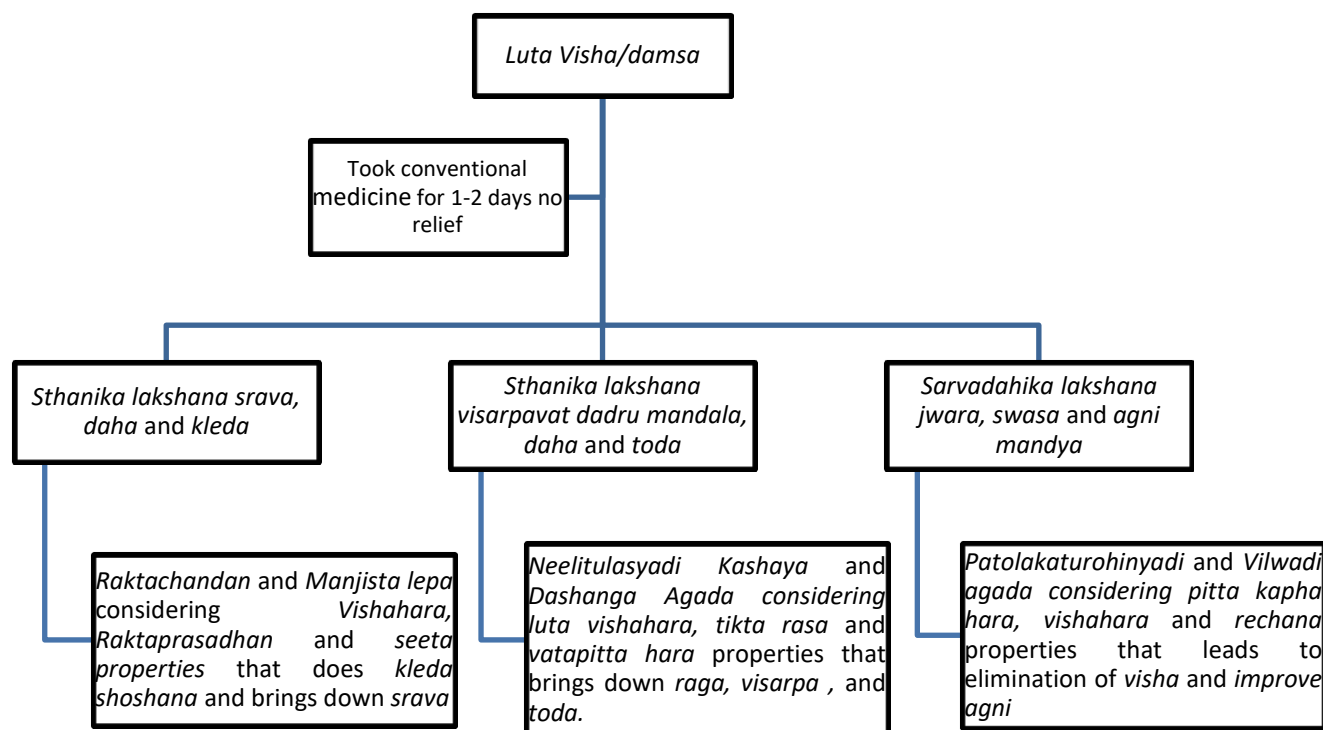
The present case report is evidence for the classical symptomatology of *Luta visha*, which is said to be spreading in nature, and *Keeta hara chikithsa* was able to cease the spread. *Upashaya* (reliving factor) and *Anupashay* (aggravating factor) *Siddhanta* of *Ayurveda* was also useful in cessation of the *samprapti* (pathogenesis). Initial *Lepa* with *Haridra* (*Curcuma longa* L) showed aggravation of inflammation and burning sensation. Hence, the *Lepa* was changed to *Raktachandana* and *Manjista* combination, which alleviated the complaints, indicating the importance of *sheeta guna* (cold potency) despite all being *Tikta Rasa*, *Varnya*, *Kandugna* and *Vishagna Guna* (anti-toxic).

*Vilwadi Agada*, *Dashanga Agada* and *Neelitulyadi Kashaya* are specific antidotes indicated for *keeta* and *luta Visha*. Most of these formulations are *tikta katu rasa pradhana*, *laghu guna* and *ushna veerya* that are required for *vishahara* (anti-toxic), *kleda hara* (cease pathological secretions) and *rakta shodhana* (anti-allergic or anti-inflammatory). These formulations have some common herbs, namely *Terminalia chebula* Retz, [9] *Valeriana wallichii* DC, [10] *Piper longum* L, [11] *Indigofera tinctoria* L, [12] *Aristolochia indica* Linn, [13] *Glycyrrhiza glabra* Linn, [14] *Hemidesmus indica* L, [15] and *Withania somnifera* (L.) dunal. [16] These drugs are proven for their analgesic, anti-inflammatory, immunomodulatory, and antimicrobial property.

After the inflammation and pain had come down, to eliminate the vitiated *Pitta*, *kapha* (which may lead to itching) and optimise *Agni* (metabolism), the prescription was changed to *Patolakaturohinyadi*

*Kashaya*. This *Kashaya* has herbs like *Trichosanthes dioica* Roxb., *Picrorhiza kurroa* royle ex benth., *Marsdenia tenacissima* (Roxb.) Moon, etc., which are *tikta pradhana rasa* and help in *pitta rechana* (choleric

action) due to *sara guna*, [17,18] and also help attain *niramata* to *pitta*. There is a plethora of evidence on both being anti-inflammatory, anti-bacterial and immunomodulating.



**Flowchart 1: Probable mode of action**

**Limitation:** As this is a single case study and diagnosed clinically without any laboratory aid for systemic associations.

## 6. CONCLUSION:

This acute *Luta visha* case report demonstrates the efficacy of *visha chikithsa* in a span of 15 days, initial 7 days with *shaman* medicine namely *Dashaga Agada* and *Neelitulasyadi Kashaya*, that ceased the spread of lesions, swelling and exertional dyspnoea. Subsequently, in next 7 days, *Patolakaturohinyadi Kashaya* and *Bilwadi agada* helped in eliminating *visha* and improve *Agni*. However, Initial *Haridra lepa* showed increase in swelling and

lesions due to *pitta* which was again addressed with *manjista* and *raktachanda lepa*. This study can be anecdotal reference for further clinical trials on *luta visha* and *visha chikithsa*. No adverse events were observed during the treatment course.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - Initial treatment of antihistamine and *Ayurveda* treatment showed slight aggravation of complaints. However, when medicine was changed, I felt relief in 2-3 days and was overwhelmed by the end of treatment by seeing my skin without any marks.

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