CLINICAL EVALUATION OF *SIRAVEDHA* IN THE MANAGEMENT OF *VISARPA*: A SINGLE CASE STUDY

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ABSTRACT

Varicella Simplex Virus (VZV) is a worldwide pathogen known by many names: chickenpox virus, varicella virus, Simplex virus and human herpes virus 3 (HHV-3). VZV Infections are species specific to humans, but can survive in external environments for a few hours, maybe a day or two. Disease manifestations include chickenpox (varicella) and shingles (herpes Simplex). *Visarpa* is *Tridoshaja vyadhi* predominantly involved *dosha* is *Pitta*, due to its *drava* and *Sara guna* which spreads easily all over the body. *Visarpa* is a rapidly spreading inflammatory skin disorder described in *Ayurveda*, characterized by severe pain, burning sensation, erythema, fever, and vesicular eruptions, with clinical features comparable to herpes Simplex. The present single-case report evaluates the clinical effectiveness of *Siravedha* in the management of *Visarpa*. A 27-year-old male presented with a two-day history of severe pain, burning sensation, fever and erythematous vesicular lesions over the left side of the chest and back. Based on classical *Ayurvedic* principles, the patient was diagnosed with *Visarpa* and treated with *Siravedha* in two sittings on Day 1 and Day 3, along with internal administration. This case suggests that *Siravedha*, when combined with appropriate *Ayurvedic* medications, may serve as a safe and effective treatment modality for *Visarpa*. However, as the findings are based on a single patient, further well-designed clinical studies with larger sample sizes are required to establish its efficacy, safety, and broader clinical applicability.

Keywords: *Visarpa*, Herpes Simplex, *Siravedh*, Ayurvedic Management

INTRODUCTION

Skin is one of the '*Adhisthana* of *Gyanendriyas'* as described in Ayurvedic texts.[1] Healthy skin plays great role in physical and mental well-being of any individual. Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems requiring attention.[2] Recent studies reveal an upsurge in the incidence of viral diseases in general as well as in dermatological conditions also. Amongst many viral infections of the skin, Herpes Simplex is one. The worldwide incidence of Herpes Simplex is 5-10% per 100 populations and the Indian incidence is 2-6% per 100 populations.[3] It is characterized by clinical features such as *Aashu- anunnatashopha* (quickly raised and subside), *Daha* (burning sensation), *Jwara* (fever), *Vedana* (pain). Nature of *Sphotas* /*Pidika* (vesicles) is so specific that it is described as Agnidagdhavat (with intense burning sensation). [4]

Among the various Ayurvedic treatment modalities, *Siravedha* (therapeutic bloodletting) is

considered an *Ashu Phala Chikitsa*, producing rapid therapeutic effects in diseases involving vitiated *Rakta* and *Pitta*. By eliminating vitiated blood and restoring *doshic* balance, *Siravedha* is believed to reduce inflammation, burning sensation, pain, and disease progression. When combined with appropriate internal medications and local therapies, it may enhance clinical recovery and improve patient outcomes. The present case report highlights the clinical effectiveness of *Siravedha* in the management of *Visarpa* and aims to demonstrate its potential as a safe and effective *Ayurvedic* intervention for achieving rapid symptomatic relief and lesion resolution.

AIM

To evaluate the clinical efficacy of *Siravedha* in the management of *Visarpa* through a single-case study.

OBJECTIVES

1. To assess the effect of *Siravedha* on pain, burning sensation, swelling, and vesicular lesions in a patient with *Visarpa*.
2. To evaluate the overall clinical improvement following *Siravedha* combined with *Ayurvedic* internal medications.

CASE REPORT

A male patient of 27 years old, patient attended *SURGIVED CLINIC, Borivali*, Mumbai, with complaints of severe pain and blister at left side of chest and back region.

Case History:

Patient name- ABC
Age- 27 yrs
Sex –Male
Occupation- Job
Weight-60 kg

C/O-

Acute skin eruptions preceding severe pain and burning sensation over left side of chest and back region.(all these symptoms since 2 days).

Past History:

No/h/o- HTN/DM/PTB/BA/Epilepsy/ or any other serious medical illness
No/h/o-Any surgical illness
Family History- NAD

O/E:

GC-fair,febrile
Pulse- 90/min
BP- 120/70 mm of Hg

S/E:

RS- Air entry bilaterally equal and clear
CNS- Conscious and well oriented
CVS- S1S2 normal, no added sound

P/A: Soft, Non-tender.
T- 100.2 F

***Ashtavidha Pariksha*:**

1. ***Nadi:*** *ushana, chal, saam.*
2. ***Mala:*** *samyaka pravrutti*
3. ***Mutra:*** *samyaka pravrutti*
4. ***Jivha:*** *Saam*
5. ***Druka:*** *vision normal*
6. ***Sparsha:*** *sheeta, snigdha*
7. ***Shabda:*** *gambhir swara*
8. ***Aakruti:*** *Madhayam- Krush*

Vikrutipareeksha*:*

Samprapti Ghataka

1. ***Dosha*** *: Pitta pradhanatridosha*
2. ***Dushya*** *: Rakta,Rasa*
3. ***Mamsa****, Ambu*
4. ***Agni*** *: Mandagni*
5. ***Agni dushti*** *: Raktadhatwagnimandhya*
6. ***Srotas*** *: Rasavaha, Raktavaha, Mamsavaha, Ambuvaha*
7. ***Srotodushti*** *: Sanga*
8. ***Udbhavasthana*** *: Adho-amashaya*
9. ***Vyakthasthana*** *: Vamabhaga of Uras and Prushta*
10. ***Sancharasthana*** *: Sarvasharira*
11. ***Rogamarga*** *: Aabhyantara*
12. ***Rogaswabhava*** *: Aashukari*
13. ***Sadhya-asadyata*** *: Yaapya*

Signs and Symptom

1. Burning Sensation (*Daha*)
2. Pain (*Shoola*)
3. fever (Jwara)
4. Vesicle (*Pidikas*)
5. *Rakatavarniyapitika*
6. *Antardaha*

Local Examination

On Inspection

Distribution of the lesion: There was a small area of erythema on the Chest & back region with a few tiny blisters. Lesions found consisting of grouped, tense, superficially seated vesicles distributed unilaterally along a dermatome on the chest area and back on the left side of the body. Otherwise there was no herpetic rash over the rest of her body.

Diagnosis: Visarpa (Herpes Simplex infection).

Differential Diagnosis: Herpes Zoster infection, Urticaria, Chicken pox.

MATERIALS AND METHODS

Treatment Modality If the vitiated *Dosha* causing the *Visarpa* (Erysipelas) are of *Ama* (uncooked) nature and if these (*Saamadosha*) *Dosha* are located in the *Kapha Sthana*, abode of *Kapha* (upper part of the body, i.e. chest, neck and head), then *Siravedh* therapies are useful.

Ayurvedic management for *Visarpa* was given as:

Table No.1 – Oral Medication
Table No.2 – *Siravedh* Procedures

Table No. 1 – Oral Medication

Sr. no.	Formulations	Dose and Time	*Anupana*	*Karma*
1.	***Chandrakala ras*** **(125mg)**	2TDS after meal	Luke Warm water	*Pittashamak, Raktaprasadaka, Daha Prashamana,Rakta stambhak.*
2.	***Kaishor guggul*** **(250mg)**	2TDS after meal	Luke Warm water	*Raktashodhaka, Shothahara, Vranashodhaka, kushthaghna, Amapachana.*
3.	***Shallaki 600mg***	2TDS after meal	Luke Warm water	*Srotohara, Vedanasthapana,* Anti- inflammatory
4.	***Avipattikar vati***	2TDS after meal	Luke Warm water	*Deepan – Pachana, Yakritottejaka, Raktashodhaka*
5.	***Shatdhaut ghrit***	External Application	-	*Daha Prashamana, Vranaropana, Twak prasadana, Pittashamak*

Table No. 2 – *Siravedh (Raktamokshana)* Therapies

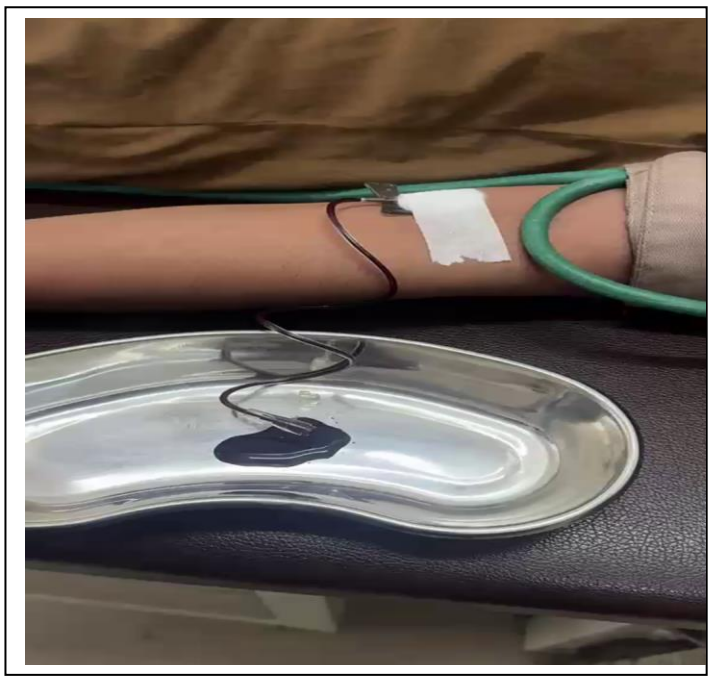
Procedure

Purva karma: informed consent obtained vital signs recorded aseptic preparation of the site.

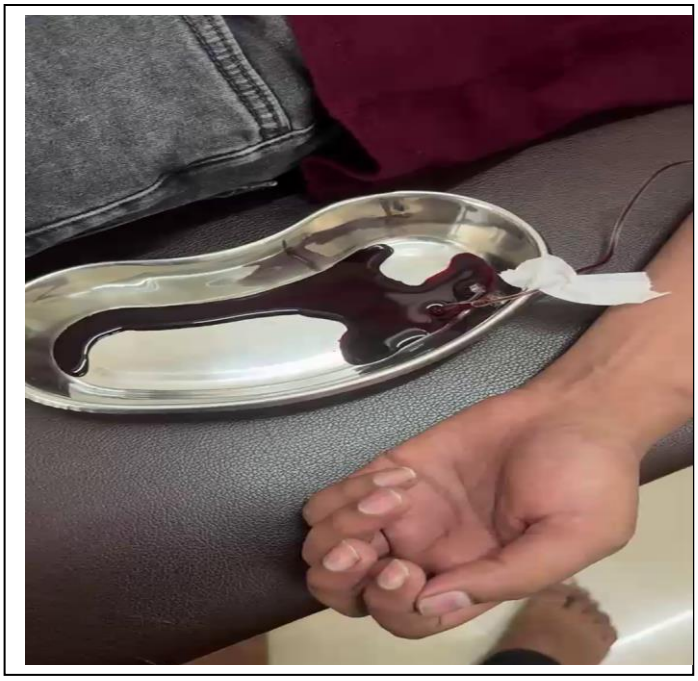
Pradhana Karma: *Siravedh* was performed using a sterile scalp vein set. Approximately 30 ml blood was removed on Day 1 and 60ml on Day 3, until features of *Samyak Rakta Mokshana* were observed.

Paschat Karma: Pressure dressing applied, patient advised rest, and oral *Ayurvedic* medications were continued.

Sr. no.	*Samagri*	Procedure	Mode of Administration	Dosage/ Samyak Matra
1.	***Scalp Vein Set***	*Siravedh*	External	30ml bloodletting (Day 1)
2.	***Scalp Vein Set***	*Siravedh*	External	60ml bloodletting (Day 3)



Pictue No. 1 : Siravedh 1st Setting (Day1)

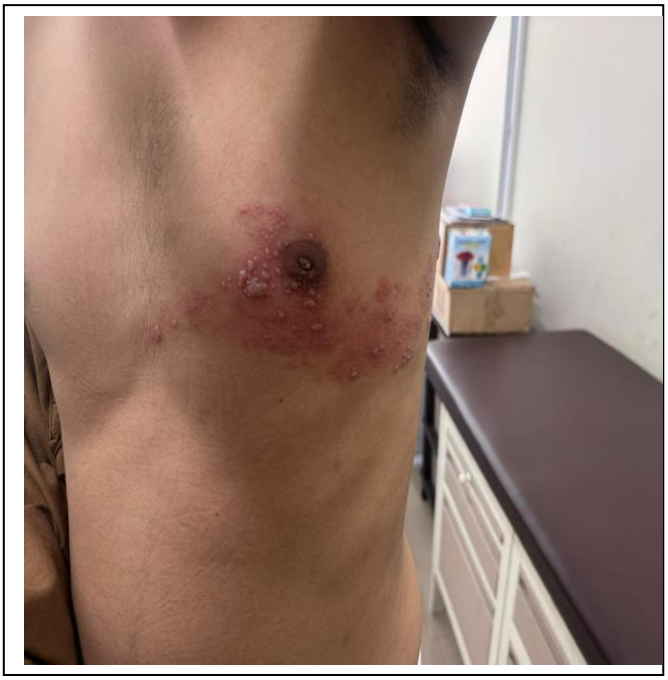


Pictue No. 2 : Siravedh 2nd Setting (Day3)

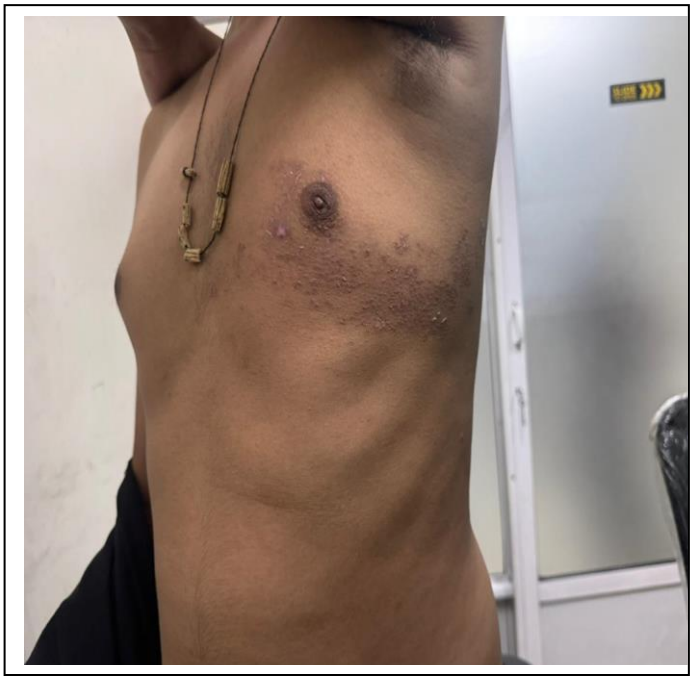
OBSERVATION AND RESULT

Table No.3 – Subjective Criteria

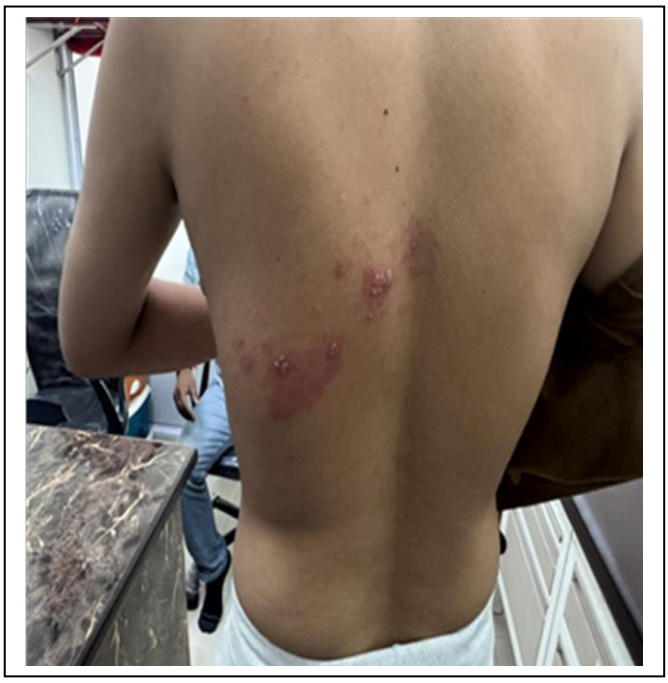
Clinical Parameter	*Toda* Pain (VAS Score)	*Daha* (Burning Sensation)	*Shotha* (Swelling)	*Raga* (Redness)	*Jwara*
Before Treatment	9/10	Present	Present	Severe	Present
After Treatment	0/10	Absent	Absent	Absent	Absent



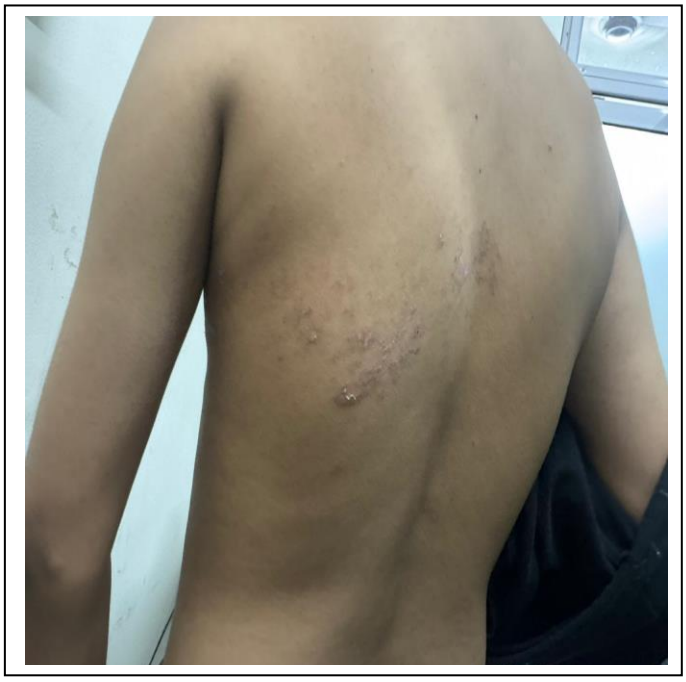
Pictue No. 3: Before Treatment



Pictue No. 4 : After Treatment



Pictue No. 5 : Before Treatment



Pictue No. 6 : After Treatment

DISCUSSION

Treatment principles in Visarpa

" आदावेव विसर्पेषु हितं लङ्घनरूक्षणम् । रक्तावसेको वमनं विरेकः स्नेहनं न तु ॥ १ ॥"

Visarpa is predominantly a *Rakta-Pitta Pradhana Tridoshaja Vyadhi* characterized by rapid spread of inflammatory skin lesions associated with pain, burning sensation, erythema, and fever. The clinical presentation of the present case closely resembled herpes Simplex, with unilateral painful vesicular eruptions distributed over the thoracic dermatome. According to the *Ayurvedic* classics, *Siravedha* is indicated in disorders involving vitiated *Rakta* and *Pitta* and is considered an *Ashu* Phala Chikitsa because of its ability to provide rapid therapeutic relief. In the present case, Siravedha was performed in two sittings, resulting in immediate reduction of pain, burning sensation, and swelling, along with arrest of lesion progression. Removal of vitiated blood is believed to restore normal circulation, reduce local inflammation, alleviate tissue congestion, and facilitate the elimination of vitiated *Doshas*, thereby promoting faster healing of the lesions.

The internal medications were selected based on their classical pharmacological actions. **Chandrakala Rasa** helped alleviate burning sensation and pacify *Rakta-Pitta Dushti*, while **Kaishora Guggulu** acted as an anti-inflammatory and *Rakta-Shodhaka* formulation.

Shallaki contributed analgesic and anti-inflammatory effects, reducing pain and swelling, whereas ***Avipattikara Vati*** promoted *Pitta Shamana* and mild *Virechana*, supporting *Dosha* elimination. Local application of ***Shatadhauta Ghrita*** provided a cooling effect, relieved burning sensation, and accelerated wound healing.

The combined therapeutic approach resulted in complete resolution of subjective and objective symptoms without any adverse effects or complications. Although the outcome observed in this case was highly encouraging, it represents the experience of a single patient. Therefore, larger controlled clinical studies are necessary to validate the efficacy, safety, and reproducibility of *Siravedha* as an effective treatment modality for *Visarpa*.

CONCLUSION

The present case highlights the potential therapeutic efficacy of *Siravedha* in the management of *Visarpa*, a condition characterized by severe pain, burning sensation, erythematous vesicular lesions, and systemic symptoms. Administration of *Siravedha* in two sittings, along with appropriate *Ayurvedic* internal medications and local application of *Shatadhauta Ghrita*, resulted in rapid symptomatic relief and complete clinical recovery. Significant improvement was observed in both subjective and objective parameters, including complete resolution of pain, burning sensation, swelling, fever and vesicular eruptions, without any treatment-related adverse effects.

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