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Case Study

Role of Viruddha Ahara in the Etiopathogenesis and Ayurvedic Management of Visarpa: A Case Study

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A B S T R A C T

A 34-year-old female IT professional presented with grouped vesicles, severe pain, burning sensation, and mild fever localized in the left thigh region for 8 days. Clinical findings and Ayurvedic assessment revealed Vatpittaj Prakriti with Pitta-dominant Vikruti, diagnosed as Visarpa. Therapeutic intervention included internal medication (Tab Aampachak, Chandrakala Ras, Nirocil syrup Guduchyadi Kwath, Raktdoshantak Kadha, Avipattikar Choorna) and external treatment (Siravedha, Sinchan with Lagupanchmuladi Kwath, Dashang Lepama). This approach resulted in symptomatic relief and healing. Dietary and lifestyle factors including Viruddha Ahara (incompatible food combinations) and sleep disturbance were notable contributors. This case highlights the importance of holistic Ayurvedic management in Visarpa.

Keywords: Visarpa, Ayurveda, Herpes Zoster, Vatpittaj Prakriti, Pitta-Dominant Vikruti, Viruddha Ahara, Siravedha, Ayurvedic Management, Guduchyadi Kwath, Skin Disorders

Introduction

In contemporary society, evolving lifestyles, rapid urbanization, and the allure of Western cultural influences have profoundly altered dietary patterns. This shift manifests in discernible changes in food consumption habits and preparation techniques when compared to historical practices. Ayurvedic texts, such as those by Acharya Charaka, systematically classify Viruddha Ahara (incompatible foods) into 18 distinct categories, including Desha Viruddha (place-incompatible), Kala Viruddha (time-incompatible), Samskara Viruddha (processing-incompatible), Agni Viruddha (digestive fire-incompatible), and Matra Viruddha (quantity-incompatible)[1]. These incompatible food combinations act as etiological agents in numerous pathologies, particularly dermatological disorders like Visarpa (erysipelas-like conditions), Visphotaka (blistering eruptions), Kilasa (leucoderma), and Kushta (various chronic skin diseases). Moreover, they contribute to reproductive disorders, including male and female infertility, as well as congenital anomalies in offspring. As elaborated by Acharya Sushruta in the Hitahita Adhyaya, such substances exert toxic effects akin to poisons when consumed in incompatible pairings. In Ayurvedic classics, including the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, visarpa is a well-documented

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illness entity. It is typified by spreading eruptions that resemble herpes zoster and are accompanied by vesicles, redness, and burning sensation. Visarpa, which mimics the symptoms of herpes zoster, is one of the ailments mentioned in our traditional writings. Visarpa is a type of skin disorder that focuses on Vedana (pain), Agnidagdhavat pidika (burning sensation and lesions), Anaunnat shopha (non-raised swelling), and Jwara. According to Acharya Charaka (Charaka Samhita, Vimanasthana 4/4), Visarpa is caused by the vitiation of Doshas (predominantly Pitta and Vata) leading to Rakta Dhatu (blood tissue) disturbance manifesting as spreading eruptions with burning and pain. Charaka also mentions the aggravation of disease due to Viruddha Ahara (incompatible food), which disturbs Agni (digestive fire) and vitiates Doshas.[3]

Patient Information

A 34-year-old female IT professional from Pune presented to Dr. D.Y. Patil College of Ayurveda & Research Centre, Pimpri, on April 10, 2025, with an 8-day history of clustered vesicles, severe neuralgic pain, and intense burning sensation localized to the left thigh dermatome as shown in Figure 1.Clinical Examination- Physical findings included a sharply demarcated erythematous plaque with grouped vesicles, distinct from surrounding skin, accompanied by mild fever, localized hyperesthesia, and exquisite tenderness suggestive of herpes zoster reactivation.

Medical History - No history of comorbidities, immunosuppression, or systemic illness was elicited. Pain, Hyperesthesia and Burning Sensation, mild fever, anorexia.

Patient History

- **History of food**: taking chines, Spicy diet regularly along with honey potato, and taking a non-veg diet & canteen meal regularly – here viruddhahar hetu is observed
- **History of Sleep pattern**: Due to USA working style in IT Profession she used to late night working, so Diva swap hetu is observed.
- **History of Addiction or Habit**: daily 3-4 times coffee and occasionally take alcohols
- **No history of insect bite**: The site pathology was locally well defined with no smell and discharge. The patient had no history diabetes mellitus, Hypertension, or other chronic illness. On physical examination, no pallor, icterus, cyanosis, or any other lymphadenopathy were noticed.

Clinical findings

General examination

Patient was afebrile, pulse 80/min, blood pressure 110/80 mm Hg.

Her appearance was pale. Blisters and vesicles appeared on left thigh lateral region.

Systemic examination

In systemic examination, respiratory, cardiovascular system examinations were within normal limits. Patient was conscious but she was restless, severe pain and burning at the site, her pupillary reflexes were within normal limits. Deep tendon reflexes & superficial reflexes were also normal.

Ashtasthan Parikshan

- Nadi (pulse) – Vatpittaj
- Jivha (tongue) - Sama (coated)
- Aakriti -Madhyam (medium built)
- Mala- Aprakrut (bowel habit were irregular)
- Mutra - Prakrut
- Druk (vision)- Prakrut (Normal)
- Sparsha – Anushna
- Koshtha- Mrudu

Dashvidh Examinanation showed

- Prakruti -Vaat pittaj
- Dosha- Pitta
- Dushya – Rakta, Lasika, Mansa,Twak
- Kaal – Adan kaal (Vasant Rutu)
- Desha - Sadharan
- Bhumi - Sadharan
- Vaya - Tarun
- Sarta - Madhyam
- Satva –Madhyam
- Satmya - Avara
- Vyayam Shakti- Alpa
- Abhyavaharan and Jaran Shaki – Madhyam
- Vikruti - Vaatpitta Pradhan

Diagnostic Assessment

Clinical diagnosis correlates with Visarpa (Herpes Zoster) in Ayurveda.

The clinical presentation of grouped vesicular eruptions with severe pain, hyperesthesia, and burning sensation localized to the left thigh strongly aligns with Visarpa—an Ayurvedic correlate of Herpes Zoster. However, this case uniquely highlights the pathogenic role of Viruddha Ahara Hetus (incompatible dietary factors) too, as a principal causative agent, potentiating Dosha imbalance and tissue disturbance. The patient's habitual intake of incompatible food combinations such as honey with potatoes, regular spicy and non-vegetarian diet, combined with sleep irregularities, contributed to Rakta Dushti (impurity in blood tissue) and Twak Dushti (derangement of skin tissue), exacerbating local inflammation and symptom severity.

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Pain, hyperesthesia, and burning sensation assessed by clinical scales consistent with Pitta-Vata involvement.

Therapeutic Intervention – Table No.1

For therapeutic intervention we prescribed internally tab. Chandrakala ras vati, a

treatment strategy that took Rakt Dhatu, Tvacha Sthan and Vatpitta Dosha into consideration, was planned. Also, treatment took Visarpa Vyadhi Updrava into account. The Ayurvedic description of the medicines and their easy accessibility at our hospital were both considered important factors in the selection of specific medications. Both Shodhana and Shamana chikitsa was given.

- Shodhana Chikitsa Jalaukavacharana was done and more than 40 ml blood was let down in every sitting. (5 sittings)
- Shaman Chikitsa: Prescribed shaman chikitsa is mentioned in table-2

Based on the history, detailed clinical examination, the patient was diagnosed to be suffering from Pittaj Visarpa. The pathological staging was pitta and kapha dosha abnormality along with vata dosha and shonita dusti. The management of Visarpa is Rakta mokshana (therapeutic bloodletting) and other Panchakarma (bio-purificatory therapies) along with oral medications. Application of all these is according to stages of the disease and strength of the patient.

Based on classical guidelines of Ayurveda the following treatment was adopted in this patient. Daily cleaning of the affected part with Laghupanchmoola kashayam decoction of Shalaparni (Desmodiumgangeticum), Prishniparni (Urariapicta), Brihati (Solanum indica), Kantakari (Solanum xanthocarpum), Gokshura (Tribulusterrestris) for 20 days from 10-Apr-2025. After complete drying of the affected part, the patient was educated and advised topical application of Dashang churna with ghrita. Syp. Guduchyadi Kashayam (AVA pharmaceuticals) consists Guduchi(Tinospora cordifolia), Dhanyaka(Coriandrum sativum), Neem (Azadirachta indica), Rakta chandan (Pterocarpus santalinus) , Padmaka (Prunus cerasoidesis) 20 mL t.i.d, syp, Nirocil proprietary medicine containing Bhumyamlaki (Phyllanthus niruri), 10 ml t.i.d and Amapachak vati was prescribed to the patient for 7 days t.i.d., as patient is coming into the Sammyavastha so the Aam pachan is important before the mridushodhan, after 3 days The same medicines were continued and patient is prepared for Siravedh on 14-Apr-2025, 40ml blood is drained via vein section by using 20 no. scalpel. Patient was instructed by some basic Pathya Apathya Ahar vihar which is mentioned in table no.1.

Patient came on 18-Apr-2025 for follow up as shown in figure 2. On the follow up observation was reduced redness, pain, burning sensation, increase in appetite, and jivha samata is reduced. Patient prescribed by the same medicine and tab. Aampachak vati was omitted and instructed by the same Pathya- Apathyakar ahar vihar, follow up after 7 days.

On 28-Apr-2025 patient was come with no any complaints (Figure 3). Redness, burning sensation, pain was completely reduced. The maximum affected area of visarp was cleared, some mild lesions are observed. So the sinchan with laghupanchmool kashay, topical application of Dashang churna with ghee were continued. For mrudu anulomak Avipattikar churna has been started 3gm. Per day with lukewarm water for 15 days at the bedtime. Avipattikara powder acts as pitta rechaka (cholegogue). The Ayurveda is well-known for the “Apunarudbhav chikitsa”, totally comfort from these symptoms, to cure pitta rakta dushti patient was prescribed with Syp.Raktadoshantak Kadha 10 ml b.i.d. with water for next 2months. The Raktadoshantak kadha is proprietary medicine which containing of Loadhra, Daruharidra, Nishottar, Manjishtha, Chopchini etc. which regulate the pitta especially bhrajak pitta which is along with the skin and enhancing the properties of rakta so the skin become healthy. When lesions are complety reduced patient was instructed to stop using laghupanchmooladi kashay and Dashang churna with ghee. Patient had complete relief of all the complaints and was symptom free.



Figure 1.On 10-Apr-2025

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Figure 2.On 18- Apr-2025 (On follow up)



Figure 3.On 28-Apr-2025 (After Treatment)

Table 1.Date-wise Ayurvedic Therapeutic Interventions, Dosage, and Duration in the Management of Visarpa

Date	Category	Intervention	Dosage/Duration
10/04/2025	Internal	Tab. Aampachak Vati	7 days
	Internal	Tab. Chandrakala Ras	2 tabs. Twice a day
	Internal	Syrup Nirocil	10 ml thrice daily
	Internal	Guduchyadi Kashayam	20 ml with water thrice in a day
	Internal	Tab. Sutshekhar Ras	2 tabs thrice daily
	External	Dashang Lepam (Lepam)	Topical application mix with Ghee
	External	Lagupanchmuladi Kwath (Sinchan)	Local application for cleaning site.
13/04/2023	External	Siravedh	Drain 40 ml blood (scalpel)
18/04/2025	Internal	Tab. Chandrakala Ras	2 tabs twice in a day
	Internal	Syrup Nirocil	10 ml thrice daily
	Internal	Tab. Sutshekhar Ras	2 tabs thrice daily
	Internal	Guduchyadi Kashayam	20 ml with water twice in a day
	External	Lagupanchmuladi Kwath (Sinchan)	Local application for cleaning the wound site.
	External	Dashang Lepam (Lepam)	Topical application mix with ghee

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28/04/2025	Internal	Syrup Raktdoshantak Kadha	10ml with water twice in a day for next 1 month
	Internal	Avipattikar Choorna	3gm with lukewarm water for 15 Hs days.Hs
	External	Lagupanchmuladi Kwath (Sinchan)	Local application for cleaning the wound site.
	External	Dashang Lepam (Lepam)	Topical application mix with Ghee

Table 2.Pathya and Apathya Ahara in Visarpa (Recommended and Avoided Dietary Practices)

S.No	Category	Pathya Ahara (Recommended)	Apathya Ahara (To be Avoided)
1.	Cereals (Dhanya)	Shali rice, Shashtika shali, Yava (barley), Godhuma (wheat in moderation)	New rice (Nava anna), excess wheat, fried grain preparations
2.	Pulses (Shimbhi Dhanya)	Mudga (green gram), Masura (lentil), Adhaki	Masha (black gram), Kulattha (horse gram), excessive pulses
3.	Vegetables (Shaka)	Patola, Nimba patra, Karavellaka (bitter gourd), Vartaka, Lauki	Kanda shaka (onion, garlic), radish, fermented vegetables
4.	Fruits (Phala)	Draksha (grapes), Dadima (pomegranate), Amalaka	Amla rasa pradhana fruits in excess, very sour or overripe fruits
5.	Milk & Milk Products	Takra (diluted buttermilk, in Kapha dominance), cow's milk (boiled & cooled)	Curd (Dadhi), cheese, paneer, milk with sour/salty food (Viruddha Ahara)
6.	Fats (Sneha)	Ghrita (cow ghee in small quantity)	Taila (oil) in excess, deep-fried food
7.	Taste (Rasa)	Tikta, Kashaya, Madhura rasa	Amla, Lavana, Katu rasa
8.	Liquids (Drava)	Ushna-sheeta jala (lukewarm or cool water as per stage), herbal decoctions	Alcohol, carbonated drinks, very cold water
9.	Processed / Lifestyle Diet	Freshly prepared, light, non-irritant food	Junk food, bakery items, packaged & preserved foods
10.	Viruddha Ahara	—	Milk with fruits, milk with salty food, fish with milk

Discussion

In Ayurveda, Visarpa is explained by various Acharyas apart from Kushthroga.

Visarpa is a rapidly spreading inflammatory skin disorder described extensively in Ayurvedic classics, characterized by Vedana (pain), Daha (burning sensation), Raga (erythema), Pidika (vesicles), and Jwara (fever). In contemporary medicine, these clinical features closely resemble Herpes Zoster, caused by reactivation of the varicella-zoster virus along sensory dermatomes. However, Ayurveda offers a multifactorial etiopathogenic explanation, emphasizing dietary incompatibilities (Viruddha Ahara), lifestyle errors, and Dosha–Dhatu involvement. Here we treat the visarp as Rakta- Pitta dushti due to viruddhahar, and on history taking we found the all causative fators of viruddhahar and kaal shanshraya janya avastha patient came to the hospital in the period of Rutusandhikaal (March end and beginning April) and as per the Ayurveda classical reference the Rutsandhikaal is named as Yamdranshtra.

Role of Viruddha Ahara in Etiopathogenesis

In the present case, long-standing consumption of Viruddha Ahara—such as honey with potatoes (Samskara and Samyoga Viruddha), frequent spicy and non-vegetarian food (Agni and Matra Viruddha), along with irregular meal timings—acted as a chronic insult to Agni, leading to Ama formation. The vaya (age) Tarun avastha which already pitta dominant, and the all reasons are indicating the rakta dushti as well, According to Acharya Charaka, Viruddha Ahara vitiates Rakta Dhatu and Twak, predisposing the individual to dermatological disorders like Visarpa, Kushta, and Visphotaka.

Acharya Sushruta, in Hitahita Adhyaya, compares Viruddha Ahara to Visha (poison), as its repeated intake produces slow, cumulative toxicity, manifesting as inflammatory and immune-mediated diseases. From a contemporary perspective, such dietary habits promote systemic inflammation, oxidative stress, gut dysbiosis, and immune dysregulation, which may facilitate viral reactivation and exaggerated neural inflammation seen in herpes zoster.

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Treatment

Siravedha is the prime treatment for Rakta-Pitta Pradhana disorders, especially Visarpa by eliminating vitiated Rakta, it: Reduces Daha, Raga, and Shotha, Breaks the disease Samprapti, prevents complications like Vrana and Granthi, Acharya Sushruta describes Siravedha as "Ardha Chikitsa" in Rakta disorders. According to Charak chikitsa raktmokshan is one of the finest treatments for Visarp.

Visarpa is rakta (blood) pradoshaja disease and one of Pittaja disease manifesting in twacha (skin). Owing to its spreading nature it is termed visarpa and is classified into 8 subtypes viz., vataja, pittaja, kaphaja, sannipataja, agneya (vaatapittaja), kardama (kaphapittaja) and granthi (kaphavataja). Reported case had vitiation of pitta dosha and Rakta and diagnosed with Pittaj Visarpa. The treatment concentrated on lesion cleansing with Laghupanchmool Kahayam, which is kashaya rasa, sheeta veerya (cold potency), varnya (which imparts the normal color to the skin), vrana ropaka (wound healing property) and daha hara (pacifying the burning sensation) properties. The herbs in the Dashang Lepam possess tikta rasa, sheeta veerya (cooling), (laghu) light and (ruksha) drying in nature the Dashang choorna is mixed with cow ghee then applied on affected part for thrice in a day. The Guduchyadi Kashayam containing of Guduchi (Tinospora cordifolia), Dhanyaka (Coriandrum sativum), Neem (Azadirachta indica), Rakta chandan (Pterocarpus santalinus), Padmaka (Prunus cerasoidesis) alleviates pitta dosha. Guduchyadi Kashaya is a classical polyherbal decoction indicated in Pitta–Rakta predominant disorders, fever, skin diseases, and inflammatory conditions. In Visarpa, where Vata–Pitta Dosha vitiation with Rakta and Twak Dushti is central, Guduchyadi Kashaya acts at multiple levels of pathogenesis. Syp.Nirocil contains the Bhumyamalakai, it does shoshana of vranagata kled. The Bhumyamalaki acts as potent antiviral per the modern pharmacology along with Guduchi possessing Tikta and kashaya rasa. It also contains The Erand, Pain, stiffness, roughness, dullness, immobility, conduction defect, disturbed metabolism and many neurological diseases etc. are due to vata vyadhi. R. communis has therapeutic efficacy and known to possess anti-inflammatory, analgesic, antioxidant, anti tumor, purgative activity, Jasad bhasma is useful in many skin disoders,and chronic eczema, according to bhaishjya ratnavali tab. Chandrakala ras is useful on rakta pittaj skin disorder especially on Visarp visphotak, kilat kushta. The sootashekara rasa formulation digests the sama pitta in digestive tract thus promoting good quality rasa dhatu formation for dhatu poshana. The avipattikara churna helps in the expulsion of morbid pitta from the GI tract, it acts as mrudu anulomak. The Rakshodhantak Kadha is propritory medicine which containing of Loadhra, Daruharidra, Nishottar, Manjishtha, Chopchini, Neem, Haldi, and Giloy etc. which regulate the pitta especially bhrajak pitta which is along with the skin and enhancing the properties of rakta so the skin become healthy. Manjishta, , designed to cleanse blood, remove toxins, and treat blood-related issues like skin problems and liver ailments by pacifying Pitta/Kapha, supporting kidney function, and boosting immunity. The pathya- apathya diet is explained to the patient in her regional language, so she can easily follow the diet chart, which is mentioned in table no.-2.

Conclusion

Visarpa, though described separately from Kuṣṭha in Ayurvedic classics, represents a distinct, rapidly spreading Rakta–Pitta pradhāna twak vikāra with systemic involvement. The present case highlights the classical Ayurvedic understanding of Visarpa as a disease arising from the cumulative impact of Viruddha Ahara, Agni dushti, Rakta dushti, kaal rutu sansarnjanya roga , particularly during Ṛtusandhikal (Yamdaṃṣṭra kala), a period known for doshaj instability and disease flare-ups.

Long-term intake of incompatible dietary combinations, irregular food habits, and pitta-aggravating ahara in a taruṇa avastha (pitta-dominant age) acted as a chronic toxic insult comparable to dushi visha, leading to Ama formation, Rakta dushti, and subsequent manifestation of Pittaja Visarpa. This Ayurvedic etiopathogenesis correlates well with the modern understanding of herpes zoster, where immune imbalance, systemic inflammation, and neural involvement play a key role. The management strategy adopted in this case was strictly based on Samprapti vighatana. Siravedha (Raktamokṣaṇa), described by Acharya Susruta as Ardha Chikitsa in Rakta disorders, proved pivotal in breaking the disease process by eliminating vitiated Rakta and Pitta, thereby reducing daha, raga, vedana, and sotha, and preventing further complications.

The internal administration of Guduchyadi Kaṣaya, Avipattikara Curṇa, Sutashekhara Rasa, Chandrakala Rasa, syp. Raktshodhantak formulations, along with Syp. Nirocil, addressed Pitta–Rakta samana, Agni dipana, Ama pachana, antiviral activity, and immune modulation. External therapies like Dashanga Lepa and lesion cleansing with Laghu Pancamula Kashaya effectively pacified Bhrajaka Pitta, promoted vrana sodhana–ropana, and provided symptomatic relief.

Overall, this case demonstrates that Ayurvedic management of Visarpa, when based on proper nidana parivarjana, doṣa–dhatu assessment, kala consideration, and classical chikitsa principles, can effectively manage even acute, inflammatory, and viral-like skin disorders. The integrative approach of Raktashodhana, Pittahamana, and Rasayana-based immune support offers a comprehensive, safe,

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and holistic alternative for conditions like herpes zoster, reinforcing the timeless relevance of Ayurvedic wisdom in contemporary clinical practice.

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