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Case Study

AYURVEDIC MANAGEMENT OF *LOOTHA VISHA* (SPIDER ENVENOMATION) IN A PAEDIATRIC PATIENT

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ABSTRACT

Lootha Visha (spider envenomation), as described in Ayurvedic toxicology (*Agada Tantra*), is characterised by progressive ulcerative lesions that may spread through contact with toxic exudate. Despite the richness of classical descriptions, published case reports documenting Ayurvedic management of *Lootha Visha* in the paediatric population remain limited. **Case Presentation:** A 10-year-old male child presented with multiple ulcerative lesions over the right arm, right periorbital region, and right side of the chest, three days following a spider bite. Secondary lesion spread to contact areas during sleep was consistent with the classical principle *"Yat sprishatyangam tatra api kurute vranam"* (wherever the discharge touches, it creates lesions). **Intervention:** *Varachoornam* (*Triphala*) for wound washing, *Rajanyadi Choornam* orally for systemic detoxification, and *Vilwadi Gulika* both orally and topically with *Tulasi Swarasa*, administered twice daily for seven days. **Outcome:** Complete resolution of all ulcerative lesions was achieved by day 7. Itching, burning sensation, erythema, and discharge resolved progressively; no recurrence was noted at 15-day follow-up. **Conclusion:** This case demonstrates that a single well-indicated *Agada Yoga* can effectively manage *Lootha Visha*, including its characteristic feature of contact-mediated lesion spread, confirming the enduring clinical relevance of Ayurvedic toxicological principles.

INTRODUCTION

Spiders are among the most widely distributed venomous arthropods, with over 40,000 species identified globally, though the estimated number may be four times higher[1]. While most spiders possess venom glands, only a few species pose significant threat to human health. Clinical manifestations following spider bites, termed arachnidism, result from complex interactions between venom composition, quantity inoculated, and host factors. Spider venoms contain peptides and enzymes that act on sodium, calcium, and potassium channels in neuronal membranes, as well as glutamate and acetylcholine receptors, producing clinical presentations that range from localized irritation to systemic neurotoxicity[2].

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Ayurvedic classics provide detailed descriptions of spider envenomation under *Lootha Visha* within *Agada Tantra* (toxicology). *Acharya Sushruta* classified spiders into sixteen types based on prognosis, eight as *Krichra Sadhya* (curable with difficulty) and eight as *Asadhya* (incurable)[3]. *Acharya Vagbhata* described twenty-eight varieties grouped by *Dosha* predominance: *Vatika (Vata), Paitika (Pitta), Sleshmika (Kapha),* and *Sannipatika (Tridosha)*[4]. The classics enumerate eight sources of venom transmission: *Swasa* (breath), *Damshtra* (fangs), *Shakrit* (feces), *Mootra* (urine), *Shukra* (semen), *Lala* (saliva), *Nakha* (nails), and *Artava* (menstrual blood)[5].

Clinical features of *Lootha Visha* include *Dadru mandala sannibha* (ringworm-like patches), *Jalakavritha* (sieve-like appearance), *Shopha* (swelling) resembling *Visarpa, Bahuvedana* (severe pain), *Jwara* (fever), *Aashu Paka* (rapid suppuration), and *Kledatha* (exudation)[6]. A defining feature is the tendency for *Kotha* (putrefaction) and *Vrana* (ulceration) developing not only at the primary site but also at any area coming contacting toxic discharge which is a

phenomenon with significant implications for disease spread and patient morbidity.

Acharya Vagbhata described a day-wise progression: Day 1- needle-pricking pain; Day 2- elevated lesions with central depression; Day 3- fever, red patches; Day 4 - profound swelling, dyspnoea; Day 5- generalized symptoms; Day 6- venom reaches *Marma*; Day 7- may prove fatal if untreated[7].

Children are particularly vulnerable to envenomation owing to lower body mass and developing physiology. Despite the classical emphasis on *Lootha Visha* management, published case reports in the contemporary Ayurvedic literature especially in the paediatric context remain sparse. This report presents the management of a 10-year-old male child with *Lootha Visha* manifesting as multifocal ulcerative lesions, demonstrating that a single well-indicated *Agada Yoga* can achieve complete symptomatic resolution.

Case Report

Patient Information

A 10-year-old male child was brought to the outpatient department by his parents. The patient presented with multiple ulcerative lesions over the right arm, right periorbital region, and right side of the chest with three days' duration.

Chief Complaints

- Ulcerative lesions over the right arm, right periorbital region, and right side of the chest since three days.
- Itching (*Kandu*) and burning sensation at the site of the lesion.
- Discomfort during eye movements due to periorbital muscle involvement.

History of Present Illness

The patient was apparently well three days prior to presentation, when he sustained a spider bite on the right arm. On day 1, a reddish lesion appeared at the bite site. By day 2, the lesion progressed to papular eruptions (*Pidaka*) with mild itching. On day 3, pustular formations appeared and coalesced into ulcerative areas with seropurulent discharge.

A clinically important observation was that the patient habitually slept in the left lateral position, bringing his right arm into close contact with the periorbital region and right cheek. This resulted in transfer of toxic exudate to these areas, producing secondary ulcerative lesions a direct manifestation of the classical principle *"Yat sprishatyangam tatra api kurute vranam"* - tendency of lesion to spread through contact. There was no history of fever, respiratory distress, giddiness, or altered sensorium; the general condition remained stable throughout.

Past Medical and Personal History

No significant past medical history, no history of similar episodes, and no known allergies. Immunisation status was complete for age. Diet was mixed; appetite, bowel habits, and bladder function were normal. Sleep was disturbed due to lesion discomfort. The patient was described as generally restless and active, preferring outdoor activities.

Clinical Findings

General Examination

Parameter	Finding
Temperature	Afebrile
Pulse rate	82 beats/min
Respiratory rate	18 breaths/min
Blood pressure	110/70 mmHg
Body weight	28 kg
Build	Moderate
Pallor / Icterus / Lymphadenopathy / Oedema	Absent

Local Examination

Right Arm: Multiple coalesced ulcerative lesions with surrounding erythema, serous discharge, and tenderness.

Right Periorbital Region: Ulcerative lesions involving the lower eyelid and cheek; periorbital oedema present; eye movements and visual acuity unaffected.

Right Side of Chest: Patchy ulcerative lesions distributed over the area corresponding to right arm contact during sleep.

***Ashta Vidha Pareeksha* (Eightfold Examination)**

Parameter	Finding
Nadi (pulse)	*Vata-Pitta* predominance
Jihwa (tongue)	*Saama* (coated)
Mala (stool)	*Prakrita* (normal)
Mutra (urine)	*Prakrita* (normal)
Drik (eyes)	*Vyakta* (clear)
Shabda (speech)	*Spashta* (clear)
Sparsha (touch)	*Ushna* (warm at lesion site)
Akruti (build)	*Madhyama* (medium)

***Dashavidha Pareeksha* (Tenfold Examination)**

Parameter	Finding
Prakriti (Constitution)	*Vata-Kapha* (consistent with restless behaviour)
Vikriti (pathology)	*Sannipatika* with *Rakta Dushti*
Sara (tissue excellence)	*Madhyama*
Samhanana (compactness)	*Madhyama*
Pramana (measurement)	Appropriate for age
Satmya (suitability)	*Sarvarasa*
Satva (mental strength)	*Madhyama*
Ahara Shakti (digestive capacity)	*Madhyama*
Vyayama Shakti (exercise tolerance)	*Madhyama*
Vaya (age)	*Balya* (childhood)

Diagnosis

Based on the presenting clinical features, the condition was diagnosed as *Lootha Visha* (spider envenomation). The evolution of symptoms showed a close resemblance to classical Ayurvedic descriptions. The lesions initially appeared as *Dadru mandala sannibha*, resembling ringworm-like circular patches, and later developed a *Jalakavritha* (sieve-like) pattern. Progressive changes included the formation of *Pidaka* (papular eruptions) that subsequently evolved into pustules, accompanied by *Srava* (exudation) and *Kandu* (itching) at the affected site. The extension of lesions to areas of contact further substantiated the classical principle, *"Yat sprishatyangam tatra api kurute vranam,"* indicating the tendency of the condition to spread upon contact.

Differential Diagnosis

Condition	Reason for Exclusion
Visarpa (erysipelas)	Absence of rapid progression and associated high-grade fever
Masoorika (chickenpox)	There were no prodromal symptoms or the typical generalized vesicular distribution
Herpes zoster	Absence of a dermatomal pattern and preceding neuralgic pain
Bacterial cellulitis	Lack of systemic features such as fever and signs of acute infection

Therapeutic Intervention

Treatment Protocol

S.No.	Medicine	Dose	Route	Timing	Duration
1	*Varachoornam*	For washing lesions	External	Twice daily	7 days
2	*Rajanyadi Choornam*	1 teaspoon (approx. 3g)	Oral	Twice daily before food	7 days
3	*Vilwadi Gulika*	½ tablet (approx. 250mg)	Oral	Twice daily with *Tulasi Swarasa*	7 days
4	*Vilwadi Gulika* paste with *Tulasi Swarasa*	Sufficient quantity	External	Twice daily after washing	7 days

Lifestyle and Behavioral Advice Given to Parents

- Advised to keep the child's sleeping area clean and dust-free.
- Suggested to trim nails regularly to prevent scratching and secondary infection.
- Recommended covering the lesions with clean gauze during sleep to prevent spread of exudate.
- Advised supervision during outdoor play to avoid spider-infested areas.
- Counseled regarding the importance of immediate washing with *Varachoornam* if any new lesion appears.
- Suggested wearing full-sleeve clothing during outdoor activities.

Outcome and Follow-up

Day-wise Progress

Day 1: Multiple ulcerative lesions with blisters and purulent discharge; severe itching and burning at all three sites.

Day 3: Appreciable reduction in discharge; itching subsided to mild; burning sensation reduced.

Day 5: Significant reduction in lesion size; erythema minimal; discharge absent.

Day 7: Complete healing of lesions at all three sites; all symptoms absent.



Figure 1-Day 1



Figure 2- Day 1



Figure 3- Day 3



Figure 4- Day 5



Figure 5- Day 7

RESULT

Assessment Parameters

Parameter	Day 1	Day 3	Day 5	Day 7
Itching (*Kandu*)	Severe	Moderate	Mild	Absent
Burning Sensation	Present	Mild	Absent	Absent
Erythema	Marked	Reduced	Minimal	Absent
Discharge (*Srava*)	Present	Reduced	Absent	Absent
Ulcer size (arm)	4×3 cm	3×2 cm	1×1 cm	Healed

Follow-up

The patient was advised to continue *Rajanyadi Choornam* for three more days after complete healing to eliminate residual toxins. On follow-up after 15 days, complete healing with mild post-inflammatory hyperpigmentation was observed, with no recurrence or complications. Parents reported compliance with lifestyle advice and no fresh lesions had appeared.



DISCUSSION

Spider envenomation is described under *Jangama Visha* in Ayurvedic toxicology, with classical texts demonstrating a sophisticated understanding of this condition. Acharya Sushruta classified spiders into sixteen types based on prognosis eight as *Krichra Sadhya* (manageable with difficulty) and eight as *Asadhya* (unfavorable prognosis). Acharya Vagbhata further described twenty-eight varieties grouped by *Dosha* predominance *Vatika, Paitika, Kaphaja*, and *Sannipatika* allowing treatment selection based on presenting symptoms rather than spider identification. The classics also describe eight potential sources of venom transmission, including fangs, saliva, feces, and urine, explaining cases of indirect poisoning through contact with contaminated clothing or surfaces. A unique characteristic of *Lootha Visha* is the tendency for lesions to spread through contact *"Yat sprishatyangam tatra api kurute vranam"* a phenomenon strikingly demonstrated in this case where the primary lesion on the right arm spread to the periorbital region and chest during sleep.

The characteristic clinical features of *Lootha Visha* include *Jalakavritha* lesions with edges resembling a delicate mesh or netting; *Daha* (burning sensation accompanied by laterally extending swelling), *Teevra Vedana* (intense, sharp pain), *Jwara* (elevated body temperature), *Aashu Paka* (rapid maturation into ulcer), *Srava* (discharge of fluid or pus), *Kotha* (tissue degradation and loss) and *Kledatha* (exudation causing irritation) with new ulcers developing on adjacent areas upon contact with the infected wound.

Triphala, the classical combination of Haritaki, *Bibhitaki*, and *Amalaki*, was employed in this case as *Varachoornam* for wound washing. In the context of *Lootha Visha,* where the exudate itself is capable of creating new lesions upon contact, meticulous wound cleansing serves a critical preventive function. *Triphala* possesses *Kashaya* (astringent) properties that reduce exudation, anti-microbial effects that prevent secondary infection, and *Ropana* qualities that promote tissue regeneration. Regular washing with *Triphala* solution helps remove toxic discharge, interrupts the cycle of lesion spread, and maintains a clean wound environment conducive to healing particularly important given the child's restless nature and sleeping habits that facilitated mechanical spread of the exudate.

Rajanyadi Choornam was administered orally to support systemic detoxification and address the underlying *Dosha* imbalance caused by the venom. This formulation, which possesses *Rakta Prasadaka* (blood purifying), anti-inflammatory, and antimicrobial properties. In *Lootha Visha*, where venom rapidly vitiates *Rakta Dhatu* (blood tissue), such blood-purifying agents play a crucial role in eliminating

circulating toxins and preventing systemic complications. The formulation was administered twice daily before food with honey, which contributing its own antimicrobial and wound-healing properties. In this instance, *Rajanyadi Choornam* was specifically employed in the field of *Balachikitsa* (paediatric medicine). From the perspective of its composition, *Rajanyadi Choornam* contains ingredients such as *Haridra* (turmeric) and *Devadaru*, which possess anti-inflammatory, antimicrobial, and immunomodulatory properties, thereby offering a plausible pharmacological basis for its use in post-bite wound repair. The seven-day course, followed by three additional days, ensured complete elimination of residual toxins and prevention of recurrence.

Vilwadi Gulika is a classical polyherbal compound indicated specifically in *Visha Chikitsa* (management of poisoning) in *Ashtanga Hridayam*. Its principal ingredient *Vilwa*, combined with other constituent drugs, confers *Vishagna* (antitoxic), anti-inflammatory, and *Tridosha*-balancing properties. Dual administration oral and topical maximised antidotal action at both systemic and local levels. *Tulasi Swarasa* as *Dravadravya* for Lepana or adjuvant contributed to antimicrobial, immunomodulatory, and wound-healing effects. The combination of this single *Agada Yoga* across both routes, alongside the wound-washing protocol, achieved complete resolution within seven days.

CONCLUSION

This case demonstrates the effective application of Ayurvedic classical principles in the management of *Lootha Visha* in a paediatric patient. The clinical presentation closely mirrored classical descriptions, validating the continued relevance of *Agada Tantra* in contemporary practice. *Yogas* comprising *Varachoornam*, *Rajanyadi Choornam*, and *Vilwadi Gulika* achieved complete resolution of multifocal ulcerative lesions within seven days, with no recurrence at 15-day follow-up. Limitations include the absence of microbiological identification of the spider species and serological markers of systemic envenomation. Prospective studies with larger cohorts are warranted to establish standardised Ayurvedic protocols for paediatric *Lootha Visha* management.

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