



## Management of Luta Visha (Spider Bite Poisoning) with Ayurveda - A Case Report

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Agadtantra encompasses the knowledge of various types of Visha (poisons) derived from animals or plants. It provides detailed insights into the origin, classification, symptoms, and management of poisoning caused by the bites of Sarpa (snakes), Mushaka (rodents), Keeta (insects), and Luta (spiders). Acharya Vagbhat classified Lutavisha under Keetavisha (insects) due to its resemblance to insect characteristics. The Dosha Avastha of Luta is predominantly Pittakapha, meaning symptoms associated with Pitta and Kapha Doshas are more prominent. In cases of spider poisoning, the primary symptoms include pain, swelling, itching and erythema. Renowned Ayurvedic scholars like Acharya Sushruta, Acharya Vagbhata, and Acharya Bhava Mishra have extensively discussed Luta Visha (spider venom). Globally, over 40,000 species of spiders have been identified, and although only a few are harmful to humans, spider bites are a common concern. Delay in treatment of venomous bites can lead to severe consequences, including death. Therefore, spider bites, especially in endemic areas, should be addressed promptly and taken seriously. This is a case report of 25 yr old male patient with complaints of Vesicular lesion, pain and burning sensation on the posterior aspect of neck in the last 2 days and he was treated with Dushivishari Agad along with external application of Shatdhaut Ghrita which includes Shothahara (anti-inflammatory), Dahahar (cooling), Vishaghna and Kandughna properties. The symptoms were reduced completely within 7days.

**Keywords:** Luta Visha, Keeta Visha, Shothahara, Dahahar, Vishaghna, Kandughna

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## Introduction

In *Ayurveda*, *Visha* is mainly classified as *Sthavar* and *Jangam*. *Sthavar* includes plant origin whereas *Jangam* includes animal origin like snake, spider, scorpion and insects etc. Spider bites is a common problem among people. Most bites are harmless but some causes minor to major complications and some can even cause death. While the initial bite is often painless and goes unnoticed, a burning sensation and swelling typically develop within a few hours or days. A spider bite can result in localized tissue damage and ulcers at the site of the bite, which may gradually spread to the affected limb. This often leads to intense pain, swelling, muscle spasms, and tremors, with the involvement of muscles in the back, thighs, legs, arms, and face. Systemic symptoms may include nausea, vomiting, abdominal cramps, difficulty in breathing, hypertension, tachycardia, restlessness, irritability, sweating, and swollen eyelids.[1]

According to *Acharya Sushruta*, there are 16 species of *Luta*, while *Acharya Vagbhata* mentions 28 varieties of *Luta*. *Acharya Vagbhat* included this *Lutavisha* under the *Keetavisha* (insects) since it possesses the features of insects. The *Dosha Avasthā* of *Luta* is described as *Pittakaphaadhika*, meaning the characteristics of both *Pitta* and *Kapha* will be predominant.[2] Spider venoms contain a diverse mix of necrotic agents, neurotoxins, and pharmacologically active compounds. In the *Samhitas*, various varieties of *Luta* (spiders) are mentioned; however, identifying them by name can be challenging. Therefore, they are typically classified and treated based on the predominant *dosha* (regulatory functional factors of the body) after a bite. According to the *Ashtanga Hridaya*, the bite of *Luta* is considered more dangerous than that of other insects. *Sushruta* and *Vagbhata* describe the sites of *Luta Visha* (spider venom) differently: *Sushruta* identifies seven, while *Vagbhata* lists eight. These venomous sources include *Swasa* (breath), *Damstra* (fangs), *Shakrit* (fecal matter), *Mutra* (urine), *Shukra* (semen), *Lala* (saliva), *Nakha* (nail), and *Artava* (menstrual blood). These substances can trigger signs and symptoms upon contact with the human.[3] The symptoms of poisoning are explained based on the predominance of *Doshas*, the site of the poisoning, and the day-wise progression of manifestations.

Various treatments are described in *Samhitas* for *Luta Visha* including *Shodhana* (detoxification) techniques such as vomiting, purgation, and nasal drops. Local treatments include *Chedana* (surgical incision), application of heat, collyrium, massage, and the use of pastes. Additionally, medicated liquids for drinking or pouring over the affected area, medicated fumes, and bloodletting are also recommended.[4]

## Aim and Objectives

The main aim of this study is management of *Luta Visha* (spider bite poisoning) with *Ayurvedic* principles.

## Case Report

### Patient information

A 25yr old male, with a history of spider envenomation came to the outpatient department (OPD) of *Agadtantra* complaining of a brownish lesion with itching, pain, and burning sensation on the posterior aspect of neck in the last two days. Two days back, when the patient was sleeping, he felt a crawling sensation on the back side of neck. Later, after a couple of hours, he noticed small circular patch on the posterior side neck and a dead spider in bed. Neither pain nor any associated symptoms were felt at that time. On the next day morning, the patient had pain, burning sensation, and itching over lesion.

### Clinical findings

On local examination, one circular brownish raised lesion of about 3-4 cm in diameter with a pale depression in the centre and small blisters along the margins were observed on the posterior side of neck of patient. Slight necrotic changes were noted in the lesion on the third day [Figure 1].

The surrounding skin was inflamed, oedematous, and warm on touch. On general examination, the patient was having no fever and was apparently normal during the examination. No lymph node enlargements were noted.

### Personal History

*Koshta: Mridhu*

*Agni: Sama*

Sleep: disturbed due to irritation

**Physical Examination**

Pulse: 70/min  
 Bp: 120/80 mmHg  
 Weight: 65kg  
 Temperature: 98°F  
 Respiratory rate: 22/min

**Ashthavidha Parikshan (eight-fold examination)**

1. *Nadi* (pulse) - *Sarpagati* (~indicating predominance of *Vata*)
2. *Jivha* (tongue) - *Aruna* (pinkish)
3. *Mala* (excreta)- *Samyak* (Normal)
4. *Mootra* (urine)- *Peeta* (yellow)
5. *Drik* (eye) - *Snigdha* (unctuousness)
6. *Shabda* (voice)- *Sphuta* (clear)
7. *Sparsham* (touch)- *Ushna* (warm)
8. *Akruti* (body stature) - *Krusha* (slim)

**Diagnostic Assessment**

On local examination, the lesion is assessed thoroughly. In this case, the patient presented with *Daha* (burning sensation), *Sphota* (vesicles), *Brishoshma* (intense warmth at the bite site), and *Rakthabha* (red discoloration), indicating the symptoms of *Paittika Luta Dansha*. It was also associated with *Kandu* (itching), which is a symptom of *Kaphaja Luta Dansha*. Considering this, the bite was diagnosed as *Pitta-Kapha* predominance. In addition to these symptoms explained in *Ashtanga Hridaya*, *Dadru Mandala* (circular raised patch), *Aruna* (brownish), *Mridurunnatha* (soft elevated), *Madhyesyava* (discoloured punctum), *Visarpa* (spreading in nature), *Bahu Vedana* (excessive pain) and *Katha* (necrosis) were also presented in this case.

**Details of lesion**

Site: Posterior aspect of neck  
 Size: 3×4 cm  
 Colour: brownish red  
 Oozing: No oozing  
 Swelling: elevated and soft

**Therapeutic focus and assessment**

Treatment was given at OPD level.

Dushivishari Agad (500 mg)	1 tablet twice in a day after food
Shatdhaut Ghrita (local application)	3 times a day

Spicy, sour, non-vegetarian foods and *Abhishyandi* foods (such as curd) were strictly restricted.

**1. Dushivisharigad - Contents with its Rasa, Virya, Vipaka and Karma[5]**

SN	Drug	Rasa	Virya	Vipaka	Karma (Action)
1.	Pipalli (Piper longum)	Katu	Anushnashita	Madhur	Raktashodhak
2.	Dhyamakam (Vitiveria Zizanoidis)	Madhur	Sheeta	Madhur	Raktajvikarhar
3.	Jatamansi (Nardostachys jatamansi)	Tikta, Kashay, Madhur	Sheeta	Katu	Kushthaghna
4.	Lodhra (symplocos racemosa)	Kashay	Sheeta	Katu	Raktashodhak, Kushthaghna
5.	Ela (Elettaria cardamomum)	Katu, Madhur	Sheeta	Madhur	Kushthaghna, Kandughna
6.	Suvarchika (Gynandropis pentaphylla)	Katu	Sheeta	Katu	Vishaghna
7.	Mustak (Cyperus rotundus)	Tikta, Katu, Kashay	Sheeta	Katu	Raktaprasadak, Twakdoshar, Vishaghna
8.	Tagar (Tabernaemontana divaricata)	Tikta, Katu, Kashay	Ushna	Katu	Vishaghna, Kushthaghna
9.	Kushtha (Saussurea lappa)	Tikta	Ushna	Katu	Vishaghna, Kandughna
10.	Yashtimadhu (Glycyrrhiza glabra)	Madhur	Sheeta	Madhur	Raktajvikar, Twakrog, Kandughna
11.	Chandan (Santalum album)	Tikta, Madhur	Sheeta	Katu	Kushthaghna, Raktashodhak
12.	Gairik (Ferrous oxide)	Madhur, Kashay	Sheeta	Katu	Vishaghna

**2. Shatdhaut Ghrita**

*Guna* - *Laghu*, *Sheet*, *Snigdha*, *Madhur*, *Ropana*, *Dahashamak*, *Pittashamak*, *Jeewanurakshak*.

**Before Treatment**



Figure 1

**After Treatment**

**Day 3**



**Figure 2**

**Day 7**

**Follow-up and outcome**



**Figure 3**

On third day of treatment there was a considerable reduction in burning sensation. Itching and redness were reduced on fourth day. No adverse effects were noticed throughout the treatment. The changes in the spider-bite lesion during the course of management are depicted in following figure.

**Observation**

SN	Symptoms	Before treatment	After treatment			
			Day 1	Day 3	Day 5	Day 7
1.	Pain	++++	+++	++	+	-
2.	Burning sensation	++++	+++	++	+	-
3.	Itching	+++	++	+	-	-
4.	Lesion	Brownish raised lesion with blister like pattern Necrosis	Brownish red lesion, with blister like pattern	Brown border with reduced necrosis	Blisters disappeared, sloughed skin, wound healed	Little discoloration without any scarring

Patient was given *Dushivishari Agad* 500mg twice a day after meal for 7days and *Shatdhaut Ghritha* as local application.

Symptoms are seen to be reduced from first day of treatment and disappeared completely after course of 7days.

**Timeline of management**

Day	Event
Day 0	Bite
Day 2	On local examination a circular brownish raised lesion of about 3-4cm diameter with a pale depression in the centre, and small blisters in surrounding were seen. Slight necrotic changes were noted in the lesion. The patient was having pain, burning sensation, and itching in the affected area. <i>Dushivishari Agad</i> 500mg after meal for 7 days. <i>Shatdhaut Ghritha</i> local application thrice daily for 7 days given.
Day 3	Considerable decrease in burning sensation, redness and pain.
Day 5	Pain, itching and burning sensation were reduced. Blisters disappeared and skin sloughing was seen with no pain on palpation.
Day 7	The lesion was fully healed with little discoloration but without any scarring.

**Discussion**

In the present case, the bite was possibly a result of a defence mechanism when it was crushed or rolled over in bed. Such bites usually will present with only an urticarial rash. If the bite is more severe, the course of the manifestation also is intense. The initial symptoms will be painless; however, over the subsequent 2-8 hr, it will become increasingly painful.

Systemic symptoms of spider venom can be presented as malaise, nausea, headache, and myalgia. In children, the systemic reaction is more severe and may also include weakness, fever, joint pain, hemolytic anemia, thrombocytopenia, organ failure, disseminated intravascular coagulation, seizures, and death.[6]

The bite site may initially have two small puncture wounds with surrounding erythema. From there, the center of the bite will become paler as the outer edge becomes red and edematous, this relates to vasospasm which will cause pain to become more severe. Over the next few days, a blister will form, and the centre of the ulcer will turn a blue/violet colour with a hard, stellate, and sunken centre.

After this, skin sloughing can occur, and the wound will eventually heal by secondary intention[6] however, this can take several weeks. According to *Ayurveda*, different varieties of *Luta* are mentioned; however, knowing or distinguishing by their name is difficult; hence, they can be treated on the basis of *Dosha*, which is predominant after a bite.

The contents of *Dushivishari Agad* include *Pippali*, *Rohisha*, *Jatamansi*, *Lodhra*, *Ela*, *Shyonak*, *Tagar*, *Kustha*, *Yashtimadhu*, *Chandan*, *Suvarchika*, and *Gairik*. As mentioned in the *Ashtanga Hridayam Uttarasthana*, this formulation is effective in managing various toxic conditions, including *Luta Visha* (spider bite poison).

Its efficacy is attributed to the *Vishaghna* (anti-toxic) properties of the content such as *Jatamansi*, *Lodhra*, *Yashtimadhu*, *Kustha*, and *Chandan*. Each of its content has individual action on the body. The ingredients have property of *Deepana*, *Pachana*, *Raktashodhana*, *Kushtaghna*, *Kandughna*, *Vishaghna* properties.

Additionally, *Shatadhaut Ghrita* possesses *Shothahara* (anti-inflammatory), *Dahakar* (cooling), *Vedanasthapan* (pain-relieving), and *Vishaghna* properties, making it effective in alleviating inflammation caused by insect bites.[7]

Therefore is given as external application. One of the important facts about the *Agada Yogas* is that they can be used in various types of formulations and different modes of administration.

## Conclusion

In this case, the manifestation of spider bite was of dermonecrotic type without any systemic involvement. Here, *Pitta Kapha Shamana* and *Vishahara* treatment was given with internal and external application of Ayurvedic formulations. Stages of wound healing were keenly observed with adequate intervention like removing the necrotic tissues to aid the healing process.

The interventions controlled the poisoning only to the site of the bite, inferring that such cases can be successfully managed with Ayurvedic medicines by giving utmost care for wound healing. Venomicity and clinical manifestation of *Luta* varies in accordance with mode of poisoning.

Symptoms like bluish red, soft, elevated patches along with pustules indicate the *Vikrthaawastha* of *Pitta* and *Kapha*. Line of treatment adopted here is for balancing *Pitta* and *Kapha*.

This study demonstrates that *Ayurvedic* management at the proper stage of disease is very beneficial in the management of *Lutavisha*.

## Consent

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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