

A SUCCESSFUL CLINICAL STUDY ON MANAGEMENT OF HERPES ZOSTER (VISARPA) THROUGH COMBINATION THERAPY

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ABSTRACT

Herpes zoster infection is a painful worldwide disease. The inappropriate and delayed treatment causes prolongation of the disease with debilitating symptoms and postherpetic neuralgia. Herpes zoster is commonly known as shingle's caused by varicella zoster virus (VZV). Current studies have shown that exosomes play a significant role in pathogenesis as well as the spread of herpes. Combination therapy has shown pain reduction, reduction in burning, and arrest progression of the disease. This technique is cost effective and easy to apply. In Ayurveda herpes can be correlated with Pittaj visarpa. Principle of treatment is Raktmokshan (Bloodletting) and Pradeha (Local application of medicines). A 50-year-old male presented in OPD of Kayachikitsa at Datta Meghe Ayurved Medical College Hospital and Research Centre. We treated his Herpes zoster on the basic principles of management of Vata-Pittaj Visarpa. A rapid decrease in pain severity was observed after 7 days of Combination Therapy according to Zoster Specific Brief Pain Inventory (ZBPI) Questionnaire. Lesions of Herpes Zoster were found completely crusted and healed within 2 weeks. Repeated application of Ayurvedic Formulation Lepa along with internal medications gave complete relief. Adaptive trials are necessary to discover further practical applicability of Ayurveda and modern treatment together. Future research on the effect of combination therapy on exosomes is necessary.

KEYWORDS: Pittaj Visarpa, Herpes Zoster, Shaman Chikitsa, Ayurvedic formulation Lepa.

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INTRODUCTION

Chickenpox and herpes zoster are caused by varicella zoster virus (VZV), a DNA virus belonging to the herpes virus group. Primary infection with VZV causes chickenpox. After resolving chickenpox, the VZV remains latent in the nerve cell bodies and less frequently the non-neuronal satellite cells of the dorsal root, cranial nerve, or autonomic ganglia. Herpes zoster, also known as shingles, results from reactivation of the latent infection.⁽¹⁾

There is a unilateral vesicular eruption within the dermatome associated with severe pain.⁽²⁾ Modern medicine doctors routinely manage it with antiviral therapy like acyclovir, corticosteroids, and the local application of lidocaine jelly. In herpes, zoster early clinical diagnosis and management within 72 hr. after the appearance of the rash is important to avoid complications.⁽³⁾ The main aim of treatment is pain management; induces healing, reduction in the viral spread, and avoidance of complications. This technique is cost effective and easy to apply. It is being used for a wide range of diseases in Ayurveda including pain and burning management and skin diseases.⁽⁴⁾ Risk factors for Herpes zoster include old age, poor immune system, and patients receiving biologic

agents (tumour necrosis factor inhibitors). As a result of very low immunity chances of further complications like post herpetic neuralgia are there. Other complications include secondary infection, motor nerve palsy, encephalitis, and dissemination in immune-compromised patients.⁽⁵⁾

In Ayurveda Visarpisvatapitta predominant; and wide range of acute skin diseases may be included under herpes is one of them.

Patient information

It is a single case study and the informed consent of the patient is taken in his own language.

A 50-year-old male patient visited on 10/12/2020 in OPD of Kayachikitsa (OPD No. 2012100008) at Datta Meghe Ayurved Medical College Hospital and Research Centre with blisters on right subscapular, the right axilla, and right side of chest region with severe burning pain.

Findings

General examination

The patient was febrile, pulse 74/min, blood pressure 130/90 mm Hg. His appearance was pale. Blisters were

present on the right subscapular, right axilla, and right side of the chest region.

Systemic examination

In the systemic examination, respiratory, cardiovascular system examination was within normal limits. The patient was conscious but he was restless, severe pain and burning at the site of the axillary nerve was also present, his pupillary reflexes were within normal limits. Deep tendon reflexes & superficial reflexes were also normal.

Ashtavidha Parikshanh is Nadi (pulse) was Vatpittaj, Jivha (tongue) was Sama (coated), Aakriti was Madhyam (medium built), bowel habit were regular and normal. Druk (vision) was normal.

Clinical findings

The patient had a complaint of blisters on the right subscapular, right axilla, and right side of the chest region with severe burning pain. ZBPI Score was very high that eventually reduced after treatment.

Diagnostic assessments

The patient was diagnosed on the basis of clinical findings. Photographs of the patient before treatment and after treatment are given in Fig. a and Fig. b. The assessment was done on the basis of Zoster Specific Brief Pain Inventory (ZBPI) questionnaire.⁽⁶⁾ It is a Pain Scale based on a Brief Pain inventory. It is a herpes zoster; hence a more reliable for diagnostic and therapeutic assessment of herpes in clinical trials. This also measures intensity, Duration, area covered, mental condition and relations of patients with other people, ability to perform daily activities.

Therapeutic intervention

The treatment plan was done considering VatpittaDosha, Rakt Dhatu, TvachaSthan. Removal of DushtaRakta along with Shaman through internal medicines was considered. The involvement of Ambu (Kled) is also considered as an important factor during planning the treatment.⁽⁷⁾ Ayurveda Treatment was planned considering Vyadhi Sankar of Visarpa. S. Table 1 summarizes various properties of internal medicines mentioned in Ayurveda.⁽⁸⁾ Easy availability of these medicines at our hospital and Ayurveda description of the medicines both were given importance to choose particular medicines.

A) Khadirarishta

B) Triphala Churna

C) Ayurved formulation Lepa -

Mangishta churna 5 gm + Gairika Churna 5 gm + Yastimadhu Churna 3 gm + Chandan 1 gm for Lepa (external application) twice daily with Dugdha was given for local application. This Lepa is mainly indicated in burning and wound healing.

D) Acyclovir (400 mg)

Table 1: Showing Combination treatment Plan

Sr. No.	Treatment plan	Doses/day	Duration
A	Khadirarishta	10 ml / Thrice a Day	15 days
B	Triphala Churna	250 mg / Twice a Day	15 days
C	Ayurvedic formulation lepa	Local Application / Thrice a day	15 days
D	Tab. Acyclovir	400 mg/ Twice a day	7 days

Follow up and outcomes

The patient got relief in the severity of burning pain and other symptoms; rash and blisters were also subsided due to combination therapy within 7 days.

This was assessed by Zoster Brief Pain Inventory (ZBPI) questionnaire. Changes after 7 days follow-ups are shown in images [Fig. 2]. Currently patient does not have any pain, burning related to herpes till the date of submission of this version of the manuscript.

Figure 1: Photographs of Patient before Treatment



Figure 2: Photographs of Patient after Treatment



DISCUSSION

The study of Visarpa (Herpes zoster) with its clinical presentation and complications is an important area for research. The description of the management of Visarpa with different treatment modalities is available not only in the classical literature of Ayurveda but also in the later textbooks. Herpes zoster commonly known as shingles has a rapid spread along with severe burning at the site of lesion Varicella virus (VZV). Skin disorders vary greatly in symptoms and severity. So they can be temporary or permanent. They can be situational or genetic, minor or mortal. Thus, Visarpais one which if mismanaged can lead to a life-threatening situation. Khadirarishta.⁽⁹⁾ This contains Khadira, Devdaru, Babchi, Daruharidra, Triphala and water. The decoction is prepared using above the ingredients and water is reduced to 10.24 kg (8th part). Khadirarishta is an Ayurvedic formulation prepared using ancient Ayurvedic fermentation techniques. The main effect of Khadirarishta is observed on blood, skin and intestine. It is beneficial in skin diseases, blood disorders, intestinal worms, splenomegaly, urticaria, gout, herpes, wounds, tumors, etc. Triphala Churna.⁽¹⁰⁾ Triphala, a well-recognized and highly efficacious polyherbal Ayurvedic medicine consisting of fruits of the plant species Emblica Officinalis (Amalaki), Terminalia bellerica (Bibhitaki), and Terminalia chebula (Haritaki) Studies have validated a number of potential uses of Triphala, which include antioxidant, anti-

inflammatory, immune-modulating, appetite stimulation, gastric hyperacidity reduction, antipyretic, analgesic, antibacterial, wound healing.⁽⁴⁾

Mangishta Churna: The role of Manjistha in supporting skin health is evidenced by traditional and reported activities, which show that it acts as potent blood purifier, antioxidant, and anti-inflammatory, antimicrobial which can play an important role to cure and improve skin health.

Gairika Bhasma: Gairika a silicate of alumina and oxide of Iron. As per Acharya Charaka, Gairika is one among Khushthahar Pradeha. It is having properties i.e. Madhur Kashaya Rasa Snigdha Guna and Sheet Virya Due to its property it acts as Pitta Shamka. Yastimadhuchurna - It is most commonly used Ayurvedic herb. It is having property i.e. Madhura in Rasa, Guru, Snigdha in Guna, Madhura in Vipaka, and Sheet Virya in nature. Due to its property, it pacifies the aggravated Pitta and Vata. It is also having the property of a blood purifier and increases the quality and quantity of blood so useful in bleeding disorder.

Chandan powder: The strong antiseptic property, trigger the immune system and supports the body to heal. Chandan powder shows minimal side effects such as dermatitis, itching, and digestive problems. It is not recommended to be used raw on the skin, for applying on the skin always blend it with some type of liquid base.

Acyclovir: Acyclovir is considered the “gold standard” of treatment.⁽¹¹⁾ Acyclovir, an acyclic purine nucleoside analog, is a highly potent inhibitor of the herpes simplex virus (HSV), types 1 and 2, and varicella zoster virus, and has extremely low toxicity for the normal host cells.^(12,13)

CONCLUSION

Since the patient was old, having low immunity from such a long time combination therapy was given and marked improvement was found in all signs and symptoms. This case is a successful presentation of the management of an acute condition like visarpathrough combination therapy. It has shown relief in the symptoms of visarpa like daha and pidika. Use of kashaya - tikta rasa pradhan shaman aushadhihas relived kanduand toda. Based on the conceptual analysis and observations made in this clinical study, the following conclusions are drawn. The disease herpes zoster in modern medicine and visarpa has a lot of similarities, particularly pittaja and vatapittaja visarpascan be correlated with herpes zoster. Elderly people are more prone to this disease. The disease herpes zoster in modern medicine and visarpa has a lot of similarities, particularly pittaja and vatapittajavisarpascan be correlated with herpes zoster. Ayurvedic treatment with antiviral acyclovir as a combination therapy has shown better and faster relief in visarpa (herpes zoster). Lesions of herpes zoster were found completely crusted and healed within 2 weeks.

ETHICAL CLEARANCE

Taken from institutional ethics committee

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