



Case Report

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ACUTE MANAGEMENT OF VISARPA (HERPES ZOSTER): A CASE REPORT

Ashwini K Sori ^{1*}, Ravishankar Pervaje ²

¹ Assistant Professor, Sanjeevini Ayurveda college and hospital, Hubballi, Karnataka, India

² CMO, Sushruta Hospital Puttur, Dakshina Kannada, Karnataka, India

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*Corresponding author

E-mail: ashwnisori@gmail.com

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ABSTRACT

Herpes zoster (Visarpa) is infection that results in the formation of painful red skin rashes due to reactivation of Varicella-Zoster Virus from its latent state present in a posterior dorsal root ganglion. The worldwide incidence of Herpes Zoster is 5-10% per 100 populations. In our ancient classics of Ayurveda, the disease mentioned as visarpa resembles herpes zoster which is mentioned apart from Kushtha vyadhis. The attributes to acute symptoms like an utana shopha, daha, jwara, vedana and the nature of sphotas / pidikas are so specific that it is described as agnidagdhat. The management of disease in contemporary system is though only symptomatic done with antiviral drugs. The description of management of Visarpa with different treatment modalities is available in the classical literatures of Ayurveda having promising results, so here is a case report of a female patient presenting with lesions over the neck region with itching, fever and burning sensation, Dhara, lepa, mridu shodhana was given along with oral medications by the end of 5 days treatment patient showed good improvement in symptoms.

Keywords: Herpes zoster; Shamana; Shodhana; Visarpa

INTRODUCTION

Human body easily reacts with physical, chemical and biological agents and skin being the organ to react first. Herpes zoster is condition characterised by rashes appear which develops and stays for a period of 15 to 20 days, depending up on one's immune strength.

The worldwide incidence of Herpes Zoster is 5-10% per 100 populations and the Indian incidence is 2-6% per 100 populations¹. And the condition resembles to visarpa in Ayurveda caused due to the Pitta which is responsible factor for the eruption of reddish painful boils. Initially even prior to any eruptions, non-specific Headache, Fever & malaise occurs. Pain of varying degrees in the form of tingling or burning; hyperesthesia or paraesthesia occurs unilaterally Later the pain & burning gets severe like "quick stabbing & agonizing pain followed by rashes. In present day their upsurge in the incidence of viral diseases in general as well as in dermatological conditions. Amongst many viral infections/ conditions of the skin, Herpes Zoster is one². Though there is management of this disease is done by antiviral drugs which is only symptomatic and in addition the synthetic drugs produce the following ill effects such as inflammation at the site of injection, urticaria, Acute Renal failure, Haematuria, pruritis, rashes³. In ancient classics of Ayurveda, the disease Herpes Zoster closely resembles to a condition called as Visarpa. It is one of the major skin diseases which is explained in detail apart from "Kushtha" vyadhi. This gives us an idea about the seriousness and significance of this disease. Visarpa is characterized by clinical features such as, Aashu - anunnatashopha, Daha, Jwara, Vedana and the nature of sphotas / pidikas are so specific that it is described as agnidagdhat⁴. Though the disease appears to be simple, the pain and burning sensation is agonizing. Therefore, it is considered as one of the acute conditions in skin.

Disease an aashukaarivyadhi i.e., it has acute manifestations and needs urgent treatment. The management of this condition is well explained in classics which is the area to be explored. Here is the case study of a female who patient who reported to Sushruta Ayurveda Hospital and was successfully treated by shodhana and shaman therapies.

MATERIALS AND METHODS

Case report

A female patient aged 46 years who is non-diabetic and non-hypersensitive presented to OPD of Sushruta Ayurveda Hospital Puttur, Dakshina Kannada, Karnataka with the macular lesions in the cervical region with burning sensation and itching associated with fever and mild headache.

Informed consent was taken from the patient.

Personal history

Bowel: Regular
Appetite: Reduced
Micturition: Normal
Sleep: Disturbed due to pain.
Habits: H/o. Smoking.

Physical examination

B.P: 150/88 mm of Hg.
P.R: 68/min.

Lab investigations

T.C -34,600/Cu.mm
D.C: Polymorph: 66%
Lymphocytes: 30%
Eosinophil: 4%
ESR: 110 mm/hour.
H.B: 9.5 gram%
FBS: 100 mg/dl

PPBS: 126 mg/dl
 Total Cholesterol: 186 mg%
 HDL Cholesterol: 40 mg%
 LDL Cholesterol: 110 mg%
 VLDL Cholesterol: 30 mg%
 Triglycerides: 150 mg%

General examination

Appearance: Normosthaenic
 Facies: Normal
 Attitude: Conscious.

Systemic examination

CVS: - H. R: 72/min.
 P. R: 72/min.
 B. P: 150/84 mm of Hg.

CNS: NAD
 RS: NAD
 GIT: NAD

Specific examination

Distribution of lesions: around the neck
 Redness: present
 Appearance: Pustules with oozing

Treatment planned

Himadhara with amalaka and dhanyaka for 20 minutes, lepa karma with eranda patra kalka mixed with Rasna churna, Jalouka avacharana, Sadhyovamana, Sadhyovirechana, Shamana aushadhi

Table 1: Treatment given

Date	Procedures	Shamana Aushadhis	Improvement
01/7/2017 Day 1	1. Himadhara with Amalaki + dhanyaka for 20 minutes for 3 times 2. Lepa karma with eranda patra kalka mixed with Rasna churna for 3 times	1. Laxmi Narayana Rasa 2 Tid 2. Kamadudha with mukta 2 Tid 3. Sutasekara rasa 1 Tid 4. Sarivadi asava 3 Tsp Tid	After Shirodhara burning sensation was reduced on first day itself lesions were reduced in size (Figure 1 and 2 before and after treatment)
02/7/2017 Day2	1. Sadhyovamana 2. Jalouka avacharana at site of lesions 3. Himadhara for 2 times 4. Lepakarma for 2 times	1. Laxmi Narayana Rasa 2 Tid 2. Kamadudha with mukta 2 Tid 3. Sutasekara rasa 1 Tid 4. Sarivadi asava 3 Tsp Tid	Lesions reduced much in size and started to dry; Pain reduced (Figure 2)
03/7/2017 Day3	1. Sadhyovamana 2. Jalouka avacharana at site of lesions 3. Himadhara for 2 times 4. Lepakarma for 2 times	1. Laxmi Narayana Rasa 2 Tid 2. Kamadudha with mukta 2 Tid 3. Sutasekara rasa 1 Tid 4. Sarivadi asava 3 Tsp Tid	Lesions completely dried without any itching and burning sensation. (Figure 3)



Figure 1: Day 1



Figure 2: Day 2



Figure 3: on 3rd day



Figure 4: Follow up after 7th day

RESULTS

During the period of treatment there was good improved which was well attributed on the first day itself after Himadhara and lepa the lesions size was and oozing was reduced drastically in post hours of the procedure, pain and burning sensation also reduced to some extent but fever and mild headache was present on second day post Sadhyovamana the lesions started appearing dry and after Jalouka avacharana the pain was reduced efficiently and lesions turned pinkish in colour and on 3rd day blackish crusts formation was noticed on the lesions with burning sensation and pain completely relieved (Figure 4).

DISCUSSION

Management of Visarpa with its clinical presentation and complications is an important area for research. In contemporary management is limited to only symptomatic presentations⁵. The description of management of Visarpa with different treatment modalities can be seen by considering the predominance of dosha and dushya the treatment should be planned. Among the different treatment options Sadhyovamana⁶ and Sadhyovirechana is important which shows immediate effects, as Visarpa is the bahu dosha avastha with predominance of Pitta dosha, Sadhyovamana and virechana immediately helps in pacifying the symptoms,

Along with sheeta parishchaka⁷ i.e., Himadhara with Amalaki acts as daha prashamana and also does pitta shamana so burning sensation s reduced, Jalouka avacharana⁸ helps in letting of vitiated blood because along with pitta rakta dushti is also one of the nidana after Jalouka avacharana pain is subsided and lepa karma⁹ done with eranda patra kalka and Rasna churna reduces pain efficiently and the Shaman Aushadhis used acts as jwara hara i.e., pitta hara because pitta is the main dosha responsible for causing this disease in association with other doshas.

CONCLUSION

Based on the concepts laid down in our texts visarpa an Aashukaari vyadhi which resembles herpes zoster can be treated efficiently and has better results than the contemporary line of management. The treatment aimed should be pitta hara counteracting the rakta prodoshaja vikara especially Raktamokshana holds well in Visarpa, showing good results. Shodhana and sheeta dhara has a major role in the relief of symptoms like Daha, Kandu, and aids the faster healing of lesions. So, keeping all these factors in mind, by using Yukti after evaluating the concepts of chikitsa said in texts it is necessary to explore possible Ayurvedic therapies which is interesting area of research, to manage the acute condition Herpes Zoster/ Visarpa.

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