



Research Article

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AYURVEDIC INTERVENTION IN THE MANAGEMENT OF HERPES ZOSTER OTICUS: A CASE STUDY

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ABSTRACT

Herpes Zoster Oticus is caused by the reactivation of *Varicella zoster* virus along the distribution of sensory nerves innervating the ear, usually includes the geniculate ganglion of the facial nerve. In Modern medicine, the first line of treatment is the use of anti-viral and cortico steroid drugs. But prolonged use of these drugs lead to various side effects. The aim of the study is to evaluate the effect of Ayurvedic treatment in the management of Herpes Zoster Oticus. A 41 years old male patient visited OPD of Shalakya tantra, IPGT & RA hospital on 12.06.2017 with complaints of fever for past 1 week, multiple painful vesicular rashes on left side of the face which spreaded up to left ear for last 3 days, earache and decreased hearing in left ear from last 2 days. He had consulted with a General physician for fever and rashes and was advised to take analgesic and antipyretic medicines. But he did not get relief in signs and symptoms. Treatment was given as Virechana with 60gm Trivrit Avaleha, followed by Shamana Aushadhis, Mukha Lepa with Guduchi, Khadira, Lodhra, Shudha Tankana and honey over rashes, Jatyadi Taila Karna Pichu. Marked relief was found in signs and symptoms after 10 days of treatment. These drugs showed excellent result in controlling the infection both systemically as well as locally. Ayurvedic treatment can prove to be an effective alternative, a noninvasive safe therapy in the management of Herpes Zoster Oticus.

Keywords: Herpes zoster Oticus, Virechana, Shamana Aushadhis, Jatyadi Taila.

INTRODUCTION

Herpes Zoster Oticus is caused by the reactivation of latent *Varicella zoster* virus. It occurs along the distribution of sensory nerves innervating the ear. Most commonly the geniculate ganglion of the facial nerve is affected in this disease. The virus affects one or more branches of the trigeminal nerve unilaterally¹. Individuals with decreased cell mediated immunity resulting from carcinoma, radiation therapy, and chemotherapy or HIV infection are at greater risk for reactivation of latent virus. Physical and emotional stresses often are cited as precipitating factors. The disease manifests as severe otalgia and associated with cutaneous vesicular eruption usually of the external ear canal and pinna. Other symptoms include painful burning blisters on face, vertigo, nausea, vomiting, hearing loss, tinnitus, eye pain and lacrimation. In severe cases of Herpes Zoster Oticus, involvement of vestibulo-cochlear nerve that leads to sensorineural hearing loss in 10 % and vestibular symptoms in 40% patients².

MATERIALS AND METHODS

Case history

A 41 years old male, factory worker by profession, has visited OPD of Shalakya tantra, IPGT & RA hospital on 12.06.2017 with complaints of intermittent fever, painful vesicular rashes on left side of the face, earache and decreased in hearing in left ear.

Before 12.06.2017, the patient had been suffering from intermittent fever for last 1 week. At the 4th day of fever there is appearance of multiple painful vesicular rashes over left side of the face. Gradually the rashes were spreaded up to the left ear (pinna and external auditory canal). Moreover, from last 2 days he had been suffering from severe earache and decreased in hearing in left ear. This condition hampered his regular day to day activities as he was unable to sleep at night. He had consulted with a General physician and diagnosed as Herpes Zoster Oticus. He was advised to take analgesic, topical steroid and antipyretic medicines, but did not get any relief in signs and symptoms.

Personal history

Diet-Vegetarian, Appetite- Moderate, Bowel- Regular, Micturition- Normal, Sleep- Disturbed, fatigue on awakening, Addiction- Bidi (4-5/day).

Table 1: Otological examination

	Right	Left
External Auditory Canal	Clear	Vesicular eruption with inflammation
Tympanic membrane	Intact/Normal	Severe congestion with vesicular eruption
Rinne's Test	Positive	Negative
Weber Test		Lateralized

Investigations

All the hematological and biochemical blood parameters, urine examination reports were within normal limits. Audiogram report showed normal in right ear, mild conductive hearing loss in left ear.

Treatment given

The patient was treated with both internal and external medications. Total duration of the treatment was given for 10 days.

External therapies

Table 2: Drugs used in treatment

Procedure	Drugs used	Duration	Dosage
1. Mukhalepa	Guduchi churna-2gm Khadira churna-2gm Lodhra churna-2gm SuddhaTankana-500mg + Honey	10 days	3 gm twice daily for 30 mins
2. Karnapichu	Jatyadi Taila	10 days	Twice daily

Virechana (Purgative therapy) with 60 gm Trivrit Avaleha at morning in empty stomach.

Internal medications

- Triphala Guggulu: 2 Pills thrice daily after meal.
Anupana: Luke warm water
- Vishamajwarahara Vati: 2 Pills thrice daily after meal.
Anupana: Luke warm water

Karnapichu is Vata Pitta Shamaka and pacifies pain, inflammation and burning sensation. Most of the ingredients of Jatyadi taila³ having Katu Tikta Rasa, Laghu, Snighdha Guna, Ushna veerya, Shothahara, Vrana Ropana, Vrana Sodhana Raktasodhaka properties.

Mukhalepa⁴ having Ropana (regenerating tissues), Shothahara (Anti-inflammatory), Twaka Prasadhana (to make skin healthy), Pitta Rakta Prasadhana, Daha Shamaka (Soothing), Dosha Shamaka (pacify Doshas) properties. So, the Mukha Lepa used for this study containing the drugs having these above-mentioned properties which are very much effective locally.

RESULTS AND DISCUSSION

After 2 days of Karnapichu (Cotton soaked medicated oil), Otalgia completely subsides. After the procedure of Mukhalepa (Facial pack) and Virechana (Purgative therapy), the rashes were completely subsided. Fever subsides after 3 days of treatment. Audiometry report also changed to normal to minimal hearing loss in left ear. After the complete treatment procedure, the patient became completely relieved of his disease.

Virechana having Dhatu Sthairya (Stabilizing Dhatus), Raktaprasadana (Blood purifier), Doshanulomana (Pacify Doshas) properties. It is indicated in Sphota⁵ (Blisterous condition). Trivrit having Kasaya, Madhura Rasa, Ruksha, Katu Vipaka, Sukha Virechaka (Mild Purgative)⁶. The internal medicines were used for Doshashamana (Pacifying property).



Figure 1: Before treatment



Figure 2: Mukhalepa and Karnapichu



Figure 3: Progression up to Mukhalepa and Karnapichu



Figure 4: After Virechana and completion of treatment

CONCLUSION

It is to conclude that combination of Ayurvedic therapies like Mukhalepa, Karnapichu, Virechana along with internal medications are very much effective for proper Srotoshodhana (Clearing obstruction in channels) and Doshanulomana (Pacify Doshas). These therapies had shown significant improvement in relieving the signs and symptoms of Herpes Zoster Oticus. But study on a larger number of samples is needed to draw more concrete conclusions. Therefore, awareness should be created for role of Ayurveda in such infective diseases especially concerned with Shalakya tantra.

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