



Case Study

AYURVEDIC MANAGEMENT OF VISARPA W.S.R.TO HERPES ZOSTER - A CASE STUDY

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ABSTRACT

Varicella Zoster Virus (VZV) is a worldwide pathogen known by many names: chickenpox virus, varicella virus, zoster virus and human herpesvirus 3 (HHV-3). VZV Infections are species specific to humans, but can survive in external environments for a few hours, maybe a day or two. Disease manifestations include chickenpox (varicella) and shingles (herpes zoster). The incidence and severity of herpes zoster affects upto 25 % persons during their lifetime and increases with age due to an age - related decline in immunity against VZV. Populations at increased risk for Varicella zoster - related diseases include immunosuppressed persons and persons receiving biologic agents (tumor necrosis factor inhibitors).

Skin complaints affects all ages from the Neonates to the Elderly persons and cause harm in a number of ways such as - discomfort, disfigurement, disability etc. Besides this, they suffer from social stigma because skin lesions are visible and has a cosmetic importance. *Visarpa* is such skin condition which pays more attention towards pain and burning sensation apart from cosmetic value. Though the lesions of *Visarpa* / H.Z appears to be annoying, the pain and burning sensation is unbearable by the patient. *Visarpa* is one of the major skin diseases which is explained in detail apart from "*Kushta*" *Vyadhi* in all the Ayurvedic classics. This gives us an idea about the seriousness and significance of this disease. Based on *Dosha* predominance, they are seven types of *Visarpa* as per Charakaacharya. *Visarpa* occurs as an acute disease which may remain for 10-12 days and not a chronic one as *Kushta* (skin diseases).

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INTRODUCTION

Skin is one of the '*Adhithana* of *Gyanendriyas*' as described in Ayurvedic texts.^[1] Healthy skin plays great role in physical and mental well-being of any individual. Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems requiring attention.^[2] Recent studies reveal an upsurge in the incidence of viral diseases in general as well as in dermatological conditions also. Amongst many viral infections of the skin, Herpes Zoster is one. The worldwide incidence of Herpes Zoster is 5-10% per 100 populations and the Indian incidence is 2-6% per 100 populations. However, there is tremendous progress in the management of this disease under the heading of the antiviral drugs such as acyclovir, famciclovir,

valacyclovir etc., these medicaments are not economically viable, further post herpetic neuralgia is a major complication of this disease which may stay from 3 months to 10years. *Visarpa* is an acute inflammatory dermatological manifestation which is similar to Erysipelas/ Herpes in Modern science. It spreads very quickly like snake in various directions.^[3] It is characterized by clinical features such as *Aashu- anunnatashopha* (quickly raised and subside), *Daha* (burning sensation), *Jwara* (fever), *Vedana* (pain). Nature of *Sphotas /Pidika* (vesicles) are so specific that it is described as *Agnidagdhatvat* (with intense burning sensation).^[4] Even though the description of management of *Visarpa* with different treatment modalities is available in Ayurvedic literatures and also practiced out by

Ayurvedic physicians through the ages, there is not many works have been documented on the disease *Visarpa*. Keeping all these factors in mind, here is our sincere effort to manage *Visarpa* w.s.r to Herpes zoster based on Ayurvedic principles.

AIM: To study the efficacy of *Shamana-oushadis* in the management of *Visarpa* - a case study.

Case Report

Chief complaints: Complaints of acute skin eruptions preceding severe pain and burning sensation over right scapular region and right side of chest since 3 days.

Associated complaints: Patient complaints of severe itching in the bilateral buttock region and disturbed sleep since 2 weeks.

History of Present illness: A 70 years old woman who is known hypertensive and non-diabetic approached the Kayachikitsa OPD on 10/09/18 of Shri D.G.M. Ayurvedic Medical College and Hospital, Gadag with chief complaints of acute skin eruptions preceding severe pain and burning sensation over right scapular region and right side of chest since 3 days. She had felt slightly unwell for a few days and

Personal history

- Ahara* : Vegan diet, 3 times /day, *Sarvarasatmya*
Vihara : Mild exposure to *Vata* and at *Apa*
Nidra : *Prakruta* before the onset of symptoms and disturbed since few days

Ashtasthana Pareeksha

- Ashtasthanapareeksha** : **Analysis**
Naadi : *Pittakaphaja, Mandukahamsagati*
Mala : 1 time /day, *Prakruta*
Mutra : *Pita varna, Jalanayukta, Mutraalpata* since 1 week
Jihwa : *Alipta, Rukshata*
Shabda : *Deenavaak*
Sparsha : *Ushnasparsha*
Druk : Diminished vision, Uses spectacles
Aakruti : *Madhyamakaya*

Dashavidhapareeksha

- Dashavidhapareeksha** : **Analysis**
Prakruti : *Pittakapha*
Vikruti : *Pitta pradhana tridosha vikruti*
Satwa : *Pravara*
Saara : *Pravara*
Samhanana : *Madhyama*
Ahara Shakti : *Abhyavaharana Shakti :Madhyama; Jarana Shakti : Madhyama*
Vyayama Shakti : *Madhyama*
Satmya : *Madhyama*
Pramana : *Madhyama kaya, Weight: 70kg, Height :158cm, BMI : 28*
Vaya : *Vruddhavasta*

then noticed *Raktavarnapidikas* over right lower border of scapular region and right side of lower chest with severe pain i.e., like “pins and needles” pain level is about 6-7/10, which is continuous in nature and severe burning sensation over the affected area since 3 days. The lesions found consisting of grouped, tense, superficially –seated vesicles distributed unilaterally along a dermatome on the right lower side of the chest and right upper back of the body. She felt fever, body malaise, disturbed sleep and generalized weakness since 7 days along with *Antardaha* (internal burning sensation of the body) for which she used to take 3-4 tender coconut per day since 1 week. She took Tab. Paracetamol 500mg since 2 days but not found any relief. So for better management she visited our hospital.

Past history: Known case of Hypertension on Tab. Atenolol 50mg since 8-10 yrs.

There is no history of any chronic or debilitating disease or any infectious disease.

Family history: 6 members in the family and all are said to be healthy.

Vikrutipareeksha : Samprapti Ghataka

Samptapti Ghataka

Dosha	:	Pitta pradhanatridosha
Dushya	:	Rasa, Rakta, Mamsa, Ambu
Agni	:	Mandagni
Agni dushti	:	Rasadhatwagnimandhya
Srotas	:	Rasavaha, Raktavaha, Mamsavaha, Ambuvaha
Srotodushti	:	Sanga
Udbhavasthana	:	Adho-amashaya
Vyakthasthana	:	Dakshinabhaga of Uras and Prushta
Sancharasthana	:	Sarvasharira
Rogamarga	:	Aabhyantara
Rogaswabhava	:	Aashukari
Sadhya-asadyata	:	Yaapya

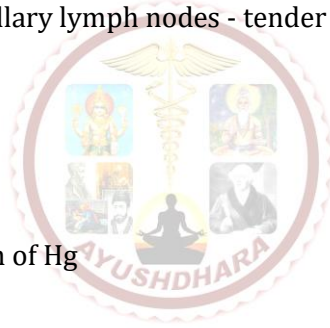
General Examination

General Examination

Pallor	:	Absent
Icterus	:	Absent
Cyanosis	:	Absent
Clubbing	:	Absent
Lymphoedenopathy	:	right axillary lymph nodes - tender to touch and mildly swollen
Oedema:	:	Absent

Vital Examination

Vitals		
Pulse rate	:	78/min
Heart rate	:	78/min
Blood pressure	:	150/90 mm of Hg
Temperature	:	100°F



Systemic Examination

Respiratory System: Normal vesicular breath sounds heard, no added sounds.
Cardiovascular system: S₁S₂ heard – No added sounds
Central Nervous System: intact
Per Abdomen: Soft, Non-tender.

Signs and Symptom

1. Burning Sensation (*Daha*)
2. Pain (*Shoola*)
3. Itching (*Kandu*)
4. fever (*Jwara*)
5. Vesicle (*Pidikas*)
6. *Rakatavarniyapitika*
7. *Antardaha*

Local Examination

On Inspection

Distribution of the lesion: There was a small area of erythema on the right scapular region which extended towards right side of lower chest with a few tiny blisters. Lesions found consisting of grouped, tense, superficially seated vesicles distributed unilaterally along a dermatome on the chest area and back on the right side of the body. Otherwise there was no herpetic rash over the rest of her body.

On palpation: The area was tender to touch and there is rise of temperature.

Pathological Investigation: CBC, RBS, HIV, HBSAg test are showing normal result.

Diagnosis: *Visarpa* (Shingles / Herpes Zoster infection).

Differential Diagnosis: Herpes simplex infection, Urticaria, Chicken pox.

Sapekshanidana: *Sheetapitta, Udarda* etc.

Treatment Modality

If the vitiated *Dosha* causing the *Visarpa* (Erysipelas) are of *Ama* (uncooked) nature and if these (*Saamadosh*) *Dosha* are located in the *Kapha Sthana*, abode of *Kapha* (upper part of the body, i.e. chest, neck and head), then *Langhana* (Fasting) and *Vamana* (emetic) therapies are useful. [5]

As the patient is in *Vruddhavastha*, *Shodana* line of treatment neglected and planned *Shamana* line of treatment. In *Shamana* line of treatment the patient is given with ingredients having *Tikta Rasa* (bitter taste) i.e., *Patolaadi ghana dravya* of *Ashtangahrudaya* are selected for internal administration. The affected part of the body is anointed with the *Lepa* (paste) of the ingredients having *Snigdha* (unctuousness) and *Sheeta Guna* (cooling effect).

Treatment adopted: Patient was treated on OPD basis with the following medications.

Table 1: Showing Materials and Methods

Yoga	R.O.A	Dose	Ausada Sevana Kala	Anupana	Duration
<i>Patolakaturohinyadi kashaya</i>	Oral	3tsp tid	Before food	Luke warm water	7 days
<i>Kamadugha rasa</i>	Oral	1 tid	Before food	Luke warm water	7 days
<i>Nimbaadi guggulu</i>	Oral	1 bd	After food	Luke warm water	7 days
<i>Shatadhouta ghrita</i>	Parenteral	Thrice a day	-	-	7 days

Following image showing stage wise improvement of *Visarpa* (Herpes zoster)



Such a patient should be given ingredients having *Tikta Rasa* (bitter taste). The affected part of the body should be anointed with the *Lepa* (paste) of the ingredients having *Snigdha* (unctuousness) and *Sheeta Guna* (cooling effect). In this case, as the patient is in *Vruddhavastavamana* karma is contraindicated and hence planned for *Shamanachikitsa* with the following *Yogas*.

Patoladi Gana of Ashtanga Hrudayam:

पटोलकट्टरोहिनिचन्दनमधुस्रवगुडचिपाठान्वितम्।

निहन्तिकफपित्तकुष्ठज्वरान्विषंविमरोचकंकामलाम्॥ (Ashtanga Hrudayam Sutrasthana15/15)

Table 3: Showing Karmukatha (Pharmacokinetics) of Patolakaturohinyadi Kashaya^[6]

Drug	Botanical Name	Rasa	Guna	Veerya	Vipaka	Karma
Patola	<i>Trichosanthes dioica</i>	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Kaphapittahara, Kushtaghna, Kandughna, Varnya
Katurohini	<i>Picrorhiza kurroa</i>	Tikta	Laghu, Ruksha	Shita	Katu	Pittavirechaka Piittajwarahara Raktashodaka Dahaprashamana Krimigna
Chandana	<i>Santalum album</i>	Tikta	Laghu, Ruksha	Shita	Katu	Kaphapittashamaka Sramagna Pittavikarahara Raktadoshahara Dahagna Angamardaprashamana
Madhusrava	<i>Marsdenia tenacissima</i>	Madhura	Laghu, Snigdha	Sheeta	Madhura	Vatapittashamaka
Guduchi	<i>Tinospora cordifolia</i>	Madhura	Guru	Ushna	Madhura	Tridoshashamaka Rasayana Jwaragna, Dahaprashamana Krimigna
Patha	<i>Cissampelos pariera</i>	Tikta	Snigdha	Ushna	Katu	Kaphavatashamaka Hrudya Dahanigraha Kandugna Raktashodaka Krimigna

Table 4: Showing Karmukatha (Pharmacokinetics) of Kamadugha Rasa^[7]

Ingredients	Botanical / English name	Rasa	Guna	Veerya	Vipaka	Doshagnata	Karma
Amrutasatwa	<i>Tinospora cordifolia</i>	Tikta, Kashaya	Guru, Snigdha	Ushna	Madhura	Tridoshagna	Rasayana Jwaragna, Dahaprashamana, Krimigna
Shuddha gairika	purified red ochre	Kashaya, Madhura	Snigdha, Vishada	Sheeta	Madhura	Pitta nashaka	Vranaropaka, Kaphahara, Jwaragna
Abhraka bhasma	Calcined Mica	Kashaya, madhura	Mrudu smooth	Sheeta	Madhura	Tridoshasha maka	Twakvikara
Muktashukti bhasma	Mollusca Phylum (Calcined oyster shell)	Madhura	Laghu	Sheeta	Madhura	Pittakapha shamaka	Jwarahara, Shoolahara, Raktarogahara
Pravala	<i>Corallium</i>	Madhura,	Laghu,	Sheeta	Madhura	Kaphavatash	Agnideepaka,

<i>bhasma</i> (Calcined coral)	<i>rubrum</i>	<i>Amla, Kashaya</i>	<i>Snigdha</i>			<i>amaka</i>	<i>Twachya, Chakshushya</i>
<i>Shankha bhasma</i>	Calcined conch shell	<i>Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridoshasha maka</i>	<i>Deepana shoolahara</i>
<i>Varatika</i> (cowries shell)	<i>Cyprea moneta</i> Linn	<i>Katu</i>	<i>Ruksha, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapittas hamaka</i>	Indigestion, Boils, Pitta diseases

Table 5: Showing Rasapanchaka of ingredients of Nimbadi guggulu^[8]

S.No.	Dravya	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Nimba</i>	<i>Tikta, Kashya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittahara, Deepana, Grahi, Krimighna, Netrya, Vishagna</i>
2.	<i>Harithaki</i>	<i>Kashayapradhana Lavanavarjitha Pancharasa</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosahara, Kushtagna, Jwaraghna, Rasayana</i>
3.	<i>Vibhithaki</i>	<i>Kashaya</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosahara, Krimighna, Jwaraghna, Chakshushya</i>
4.	<i>Amalaki</i>	<i>Amlapradhana Lavanavarjitha Panchrasa</i>	<i>Guru, Ruksha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahara, Sthambana, Rasayana</i>
5.	<i>Vasa</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittahara, Hridya, Swarya, Kushtaghna, Kasahara</i>
6.	<i>Patola</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapittahara, Kushtaghna, Kandughna, Varnya</i>
7.	<i>Guggulu</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosahara, Kushtaghna, Rasayana</i>

Pathya (Regimen to be followed): *Madhura* rasa (sweet test) diet combined with *Ghrita* (ghee), adequate sleep at night (8hours).

Apathya (Regimen to restricted): Oily substances like chips etc., non-veg, egg, fast food, tea and coffee, night awakening (*Ratrijagaran*), daytime sleeping and itching of *Pitika*.

Results: On depiction of overall effects of therapy (Both subjective and Objective assessment) it shows >75% improvement i.e., Excellent result noted.

Follow up: After 10 days of treatment the patient is asked to make follow up. During the follow up period the patient had no complaints.

DISCUSSION

By considering the *Rasapanchaka* and *Karma* of *Shamana Yogas* i.e., *Patolakaturohinyadi Kashaya, Kamadugharasa* and *Nimbaadi Guggulu* which reflects the *Tridoshashamaka* nature and can be considered as best combination to treat *Visarpa*.

In *Kushtachikitsa* Acharya Charaka says that if there is *Daha* in *Kushta*, then for *Daha-*

shamanartha (for pacification of burning sensation) *Abhyanga* (massage with ghee) is advised with *Tiktaghrita* or *Shatadhoutaghrita*.^[9]

Shatadhouta Ghrita (100 times washed ghee) which is *Madhura* (sweet) *Rasa* (taste), *Guru Guna, Sheeta Veerya, Madhura* (sweet) *Vipaka, Pitta dahaasrajit* is an effective remedy for *Visarpa* (herpis), when applied repeatedly by mixing equal quantity of fine powder of *Pancha Valkala*, it subsides *Daha* (burning sensation), *Shoola* (pain) in *Vrana* (wound) and cures *Visarpa* like that of *Garuda* killing the *Sarpa*.^[10]

CONCLUSION

Before the Herpetic rash appears, there is usually pain or a burning sensation over the dermatome affected and there may be increased sensitivity of the skin. This may persists for 3-5 days before the rash appears. The rash is initially erythematous prior to blisters forming, which increase in size over several days. Characteristically the rash remains in one dermatome and is unilateral. It may take up to 3-4 weeks to resolve.

This case study shows effectiveness of stage wise recovery in the management of *Visarpa*. Recovery in the present case was promising and worth documenting. Traditional medicines plays crucial role in the treatment of viral infections and need in depth and intensive researches. The basic phenomenon of Ayurveda approaches including chemistry of involved formulations, pharmacokinetics and duration of treatment etc. are well explained. A controlled pilot study is required to establish proof of efficacy.

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