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**Case Study** 

# MANAGEMENT OF HERPES ZOSTER IN AYURVEDA THROUGH JALAUKAVCHARAN ALONG WITH OTHER AYURVEDIC MEDICINES

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#### Article info

# ABSTRACT

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#### **KEYWORDS:**

Raktpradoshaj Vikar, Jalaukavcharan, blisters, Kshudra Roga.

Herpes zoster, commonly known as shingles, is a viral infection caused by the varicella-zoster virus (VZV), which is the same virus responsible for chickenpox. After a person has had chickenpox, the virus remains dormant in the nervous system. Later in life, usually when the immune system is weakened due to age, stress or other factors, the virus can reactivate and cause shingles. The main symptom of shingles is painful rash that usually appears unilaterally as a band or strip of blisters. Other symptoms may include fever, headache, fatigue and sensitivity to light. Although shingles is contagious, it cannot be transmitted through casual contact. The virus can only be transmitted through direct contact with the fluid from the blisters of an infected person. In Ayurveda Herpes zoster can be correlated with Raktpradoshaj Vikar, Kaksha, Pittaj Kshudra Rog (a Pitta predominant disease.). Clinical Findings: Here we discuss the case of a 55 years old female patient came to OPD of NIA Jaipur, with symptoms of unilateral onset of blisters on the left thigh spreading to anteroposterior surface, after three days of onset of blisters, along with burning pain, itching, sleeplessness and difficulty in lying from left side. Diagnosis: According to Ayurveda, the patient was diagnosed with Kaksha, a Pittaj Kshudra Rog. Intervention: Treatment was planned on the basic principles of Pittaj Visarp, Raktmokshan with Jalauka and Ayuvedic medicines for internal use. Outcome: Relief in pain and burning sensation was observed after first sitting of Jalauka and after 28 days of Jalaukavacharan along with Ayurvedic internal medicines gave complete relief from blister formation, pain and normal skin complexion appeared. **Conclusion:** Application of *Jalauka* reduces post herpetic neuralgia and recurrence of herpes infection.

## **INTRODUCTION**

Herpes zoster, also called as Shingles, is a viral infection caused by the varicella-zoster virus (VZV), the same virus is causative factor of chickenpox. Once a person has had chickenpox, the virus stays dormant in their nervous system. When the immune system is compromised, shingles can resurface later in life.

Shingles is typically characterized by rashes that often appear unilaterally as a band or strip of blisters associated with severe pain.

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Additional signs and symptoms could be light sensitivity, headache, fever, and exhaustion. Although shingles is contagious, it cannot be transmitted through casual contact. The virus can only be transmitted through direct contact with the fluid from the blisters of an infected person. Most common complication of herpes is post-herpetic neuralgia that refers to the condition where the person may continue to feel mild to moderate pain later in life. According to Ayurveda herpes can be correlated with Kaksha, a Pitta predominant disease. Sushruta Samhita mentions Kaksha in Kshudra Rog, it is produced by aggravation of Pitta characterised by black coloured painful vesicles arising in the sides of arm, shoulder or axilla and it should be treated like treating Visarpa and Madhur Aushadh Siddha Ghrit should be used to heal the wounds. According to Charaka Kaksha is a PittaAnita Sharma *et al.* Management of Herpes Zoster in Ayurveda Through Jalaukavcharan along with other Ayurvedic Medicines

*Vataj Kshudra Rog* and according to *Vagbhatt* also *Kaksha* is *Pitta-Vataj Kshudra Rog* with blisters.

# MATERIAL AND METHOD

**Patient information:** A 55 years old female patient with *Pittapradhan Prakriti* visited NIA OPD with complains of unilateral onset of blisters on the left thigh spreading to anteroposterior surface, associated symptoms were itching, burning pain, sleeplessness and difficulty in lying from left side. Patient was admitted to NIA IPD on 06-10-2023, its OPD no was 332023176669 and IPD no was 4585.

**Past-medical history:** Patient had no history of hypertension, diabetes or any other specific medical condition.

Addiction- Not any

**Family history:** One of patient's brother is hypertensive and is on medication.

**Patient daily routine:** Patient wakes up at 4.30am, no exercise routine, tea 2 cups a day, breakfast at 7am-*Chapaati, Chhach*, lunch at 1pm- seasonal *Sabji, Dahi, Roti*, green chili, day time sleep- yes, dinner at 8pm-*Daal, Chapaati, Lashun Chatni*, milk at 8.30pm, water consumption- 2-3liters a day, sleep time-9pm.

## **Findings**

**Local examination:** Blisters on the anteroposterior surface of left thigh, reddish-black in colour, asymmetric in shape, without any specific smell, hot in touch, secretion of serous fluid on itching with severe burning and pain, no loss of sensation.

**General examination:** Patient was afebrile, B.P.-120/80mmHg, Pulse- 80/min, RR- 19/min, Temperature: 98.7 F, all vital signs normal, body weight- 68kg, height- 5".

**Systemic examination:** Cardiovascular, respiratory systems were within normal limits and the patient was active but anxious due to severe pain and burning in the blisters.

Ashtvidh prikshan: Naadi- Pitta Pradhan, Mutra- WNL, Mal- WNL, Jlhva- Saam (coated), Shabd- normal, Sparsh- Soshna, Drik- normal, Akriti- Madhyam.

Dashvidh pariksha: Prakriti- Pitta Pradhan Vataj, Vikriti- Pitta Pradhan, Saar- Raktsaar, Samhanan-Madhaym, Praman- Saam, Satmya- Madhyam, Satva-Alpa, Ahar Shakti- Madhaym, Vyayam Shakti- Avar, Vaya- Vriddha.

**Investigations:** BT, CT, CBC and RBS were performed before initiation of *Jalauka* therapy, all the tests were within normal limits.

**Diagnostic assessment:** On the basis of clinical findings the patient was diagnosed with *Kaksha*.

According to *Sushruta Kaksha* is a *Pittaj Kshudra Rog* representing with blisters on skin and its treatment is similar to *Visarp*. This can be correlated with Herpes Zoster in modern system of medicine. On the basis of modern clinical assessment criteria like onset of blisters, colour, intensity of pain, duration and ability to perform routine work, the diagnosis is Herpes Zoster. Considering other factors like *Dhatu Dushti, Rog Adhishthan, Rogi Bal* and *Kaal,* in this case there is vitiation of *Pittapradhan Vaat Dosha* and *Dushti of Rakt Dhatu, Rog Adhishthan* is *Tvak* (skin), *Rogi Bal* is *Avar* and *Kaal* is *Sharad Ritu. Sharad Ritu* is *Pitta Prakopak Kaal* and disease being a *Pittapradhan Vyadhi* it becomes more challenging to manage.

**Therapeutic intervention:** After considering all the factors given above, *Raktmokhan* through *Jalauka* and internal medicines for *Pitta Shaman* were planned. First sitting of *Jalauka* therapy was given at the site of blisters with two leeches immediately after evaluation of the case. Patient was admitted to IPD of NIA hospital for further management. Along with *Jalauka* therapy *Avipattikar Churn, Shankh Bhasm, Syp.* M Liv, were added for internal use. All herbal medications given to treat the patient are mentioned in the table indicated with dose and time respectively.

The patient was on *Pathya Sankhya*-1 of NIA IPD which includes breakfast, lunch and dinner comprised Roti, seasonal Sabji, Daal, fruit, milk.

After first sitting of *Jalauka* patient had considerable relief in pain and burning at the site of blisters. After two sittings patient had complain of pain in abdomen and gas, therefore *Gandhak vati, Chandraprabha Vati* and *Sutshekhar Ras* were added. *Jalauka* therapy was paused for a while because it has to be given intermittently and patient had the complain of backache and joint pain so meanwhile the condition was treated by *Baluka Swedan* for five days, but it was not applied at the site of blisters. Patient was suffering from indigestion on 6<sup>th</sup> day so Syp M Liv, Cap *Dhatri Lauh* was added and ointment *Kailas Jeevan* was given for local application. On 19<sup>th</sup> day and 25<sup>th</sup> day the *Jalauka* therapy was repeated with 2 leeches in every sitting and internal medicines were the same as earlier.

Patient had remarkable relief in the symptoms of pain, itching, burning and onset of blisters also had stopped and all the blisters had healed. The timeline of the treatment given to the patient during this period is enlisted in the table-1 below. The patient was completely satisfied with the treatment and application of *Jalauka*.



Image 1,2,3 first day 06-10-2023 in OPD before treatment



Image 4,5 first sitting of leech application on 07-10-2023 in IPD



Image 6. Second sitting of leech application on 09-10-2023



Image 7, 8 Third sitting of leech application on 25-10-2023

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Image 9,10 on 28-10-2023



Image 11,12 forth sitting of leech application on 30-10-2023



Image 13,14 on 31-10-2023



Image 15 on 01-11-2023

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Image 16,17 on 03-11-2023 date of discharge, after treatment Table 1: Avurvedic treatment plan

Day	Date	Treatment plan	Aushadh Sevan Kaal
1 <sup>st</sup> day	07-10-23	<ol> <li>Avipattikar Churn 3gm, Shankh Bhasm 250mg, Kapardika Bhasm 250mg</li> <li>Chandrakala Ras 500mg</li> <li>Kaishor Guggulu 500mg</li> <li>Jalaukavacharan</li> </ol>	Twice a day after meal 2 leeches at the blisters site
3 <sup>rd</sup> day	09-10-23	Same as above	2 leeches at the blisters site
4rth day	10-10-23	Continue medicines as above and added 4. Gandhak Vati 500mg	Twice a day after meal
5 <sup>th</sup> day	11-10-23	Continue same added 5. <i>Chandrapprabha Vati</i> 500mg 6. Sutshekhar Ras 500mg	Twice a day after meals
6,7,8,10,11 <sup>th</sup> day	12-10-23 to 17-10-23	Continue same added 7. Dhatri Lauh 500mg 8. Syp. M Liv 15ml 9. Kailas Jeevan LA 10. Baluka Swedan	Local application In the morning
19 <sup>th</sup> day	25-10-23	Continue same internal medicines Jalaukavcharan	2 leeches at the site
24 <sup>th</sup> day	30-10-23	CST Jalaukavcharan	2 leeches at the site
28 <sup>th</sup> day	03-11-23	CST	Patient was discharged

**Outcomes:** Only after first sitting of *Jalauka* patient got significant improvement in severity of burning and pain at the site of blisters. Rashes on skin and blisters also got diminished gradually after each sitting of *Jalauka*. Total four sittings of *Jalauka* were done during the whole period and other internal medicines were given for *Pitta Shaman*.

Patient has not experienced any Herpes related discomfort like burning, pain or blisters on skin until the submission date of this article work.

## DISCUSSION

After a thorough examination, it was determined that the patient in this case had *Kaksha*, which is associated with intense burning at the site of blisters and is similar to herpes zoster in modern medicine. VZV can lie dormant in the nerve ganglion for years, leading to postherpetic neuralgia.

The line of treatment for *Kaksha* in Ayurveda is similar to *Visarp*, a *Pitta* predominant skin disease and *Madhur-Aushadh Siddha Ghrit* for wound healing. The primary treatment of *Visarp* recommended in *Samhita*  Anita Sharma *et al.* Management of Herpes Zoster in Ayurveda Through Jalaukavcharan along with other Ayurvedic Medicines

is *Raktmokshan. Kaksha* is *Pitta-Vata* predominant *Kshudra Rog* and *Tvak* (skin) is *Adhishthan,* therefore *Raktmokshan* is planned by *Jalauka* (leeches).

In the recent studies, it is shown that leeches suck blood from the site of infection and they have anti-inflammatory, analgesic effects and thus neutralises the viral load. In light of this summary, we started Jalauka therapy, on the first day two Jalauka were applied at the site of blisters and other medicines for internal use like Avipattikar Churn. Chandrakala Ras, Kaishor Gugaulu were given for Pitta Shaman. Patient had great relief in pain and burning on the very first day. On third day patient had second sitting with Jalaukas and after that Gandhak two Vati. Chandraprabha Vati and Sutshekhar Ras were added as oral medicine. Then patient gave complain of joint pain and backache, therefore Jalauka therapy was given a pause and the condition was treated with Baluka Swedan for five days. Baluka Swedan has an impact on *Aam-Pachan* and thus gives relief in pain and swelling of joints. Kailas Jeevan ointment was given for local application and Syp M-Liv, Dhatri Lauh capsules were added orally, as the patient experienced digestive problems and weakness.

Patient showed improvement in joint pain but itching and pain in blisters reoccurred, then we gave third sitting of *Jalauka* with two leeches to the patient on nineteenth day. Blisters had disappeared after that and a healing crust was formed. Patient had occasional itching at the site of infection, therefore last sitting of *Jalauka* was given on twenty forth day with two leeches. Patient was discharged on twenty eighth day continuing same internal medicines.

*Chandrakala Ras* has *Pitta Shaman* properties and *Kaishor Guggulu* has blood purifying and *Rasayan* properties. *Sutshekhar Ras* and *Dhatri Lauh* work on *Saam Pitta* and formation of good quality of *Ras- Rakt Dhatu. Chandraprabha Vati* has *Pitta Shamak*, analgesic, haematogenic and anti-inflammatory effect. *Gandhak Vati* and Syp M-Liv improve digestion, low appetite and enhances overall vitality. *Kailas jeevan* ointment used for local application has antiseptic, antibacterial, anti-inflammatory and analgesic properties, it has cooling effect on burns and facilitates healing of wounds.

## Conclusion

This case study provides an innovative and cost-effective approach for treatment of searing pain, blister eruptions, quick healing and prevention of complications like post herpetic neuralgia with the application of *Ayurvedic Jalauka* therapy regimen. Additionally highlights the efficacy of *Raktmokshan (Jalaukavacharan)* therapy in *Pitta Pradhan* diseases. *Raktmokhan* is simple yet effective module for treatment of blisters and burning pain in herpes zoster. Internal use of *Pitta Shamak* medicines quickens the healing process and provides a comfort to the sufferer. The current study includes a single case report, it is recommended that a large number of individuals with herpes be treated with this therapy regimen for enhanced cognizance.

**Informed consent:** Informed consent was given by the patient prior to the initiation of the therapy. The patient received a thorough explanation of consent, including its advantages and risks associated with the trial in her language, then she voluntarily gave her consent and permitted for the publication of the work.

Abbreviations: WNL- Within Normal Limits REFERENCES

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