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 up to 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 have 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 Charakaccharaya. Visarpa occurs as an acute disease which may remain for 10-12 days and not a chronic one as Kushta (skin diseases).

INTRODUCTION

Skin is one of the ‘Adhisthana 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 10 years. 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-anumnatasophha (quickly raised and subside), Daha (burning sensation), Jwara (fever), Vedana (pain). Nature of Sphotas/Pidika (vesicles) are so specific that it is described as Agnidagdhavat (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

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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 on10/09/18 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 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 fewer, 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.

**Personal history**

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

**Ashtasthana Pareeksha**

**Analysis**

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

**Dashavidhapareeksha**

**Analysis**

- *Prakruti:* Abhyavaharana Shakti :Madhyama; Jarana Shakti : Madhyama
- *Vikruti:* Pitta pradhana tridosha vikruti
- *Satwa:* Pravara
- *Saara:* Pravara
- *Samhanana:* Madhyama
- *Ahara Shakti:* Madhyama kaya, Weight: 70kg, Height :158cm, BMI : 28
- *Vaya:* Vruddhavasta
Vikruti Pareeksha: Samparpti Ghataka

Samprapti Ghataka

Dosha:
\text{Pitta pradhanatridosha}

Dushya:
Rasa, Rakta, Mamsa, Ambu

Agni:
Mandagni

Agni dushti:
Rasadhatwagnimandhya

Srotas:
Rasavaha, Raktavaha, Mamsavaha, Ambuvaha

Srotadushti:
Sanga

Udbhavasthana:
Adho-amashaya

Vyakthasthana:
Dakshinabhaga of Uras and Prushta

Sancharasthana:
Sarvasharira

Rogamarga:
Aabhyantara

Rogaswabhava:
Aashukari

Sadhya-asadyata:
Yaapya

General Examination

Pallor:
Absent

Icterus:
Absent

Cyanosis:
Absent

Clubbing:
Absent

Lymphoedema:
right axillary lymph nodes - tender to touch and mildly swollen

Oedema:
Absent

Vital Examination

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: S_1S_2 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

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, HBS Ag 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 (*Saamadosha*) *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. 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., *Patolakadi ghan 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>
<thead>
<tr>
<th>Yoga</th>
<th>R.O.A</th>
<th>Dose</th>
<th>Ausada Sevana Kala</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patolakaturohinyadi kashaya</td>
<td>Oral</td>
<td>3 tsp tid</td>
<td>Before food</td>
<td>Luke warm water</td>
<td>7 days</td>
</tr>
<tr>
<td>Kamadugha rasa</td>
<td>Oral</td>
<td>1 tid</td>
<td>Before food</td>
<td>Luke warm water</td>
<td>7 days</td>
</tr>
<tr>
<td>Nimbaadi guggulu</td>
<td>Oral</td>
<td>1 bd</td>
<td>After food</td>
<td>Luke warm water</td>
<td>7 days</td>
</tr>
<tr>
<td>Shatadhouta ghritya</td>
<td>Parental</td>
<td>Thrice a day</td>
<td>-</td>
<td>-</td>
<td>7 days</td>
</tr>
</tbody>
</table>

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:**

पटोलादी गणोत्तरत्मक विमुख्यायनकारक चिकित्सार्थ (Ashtanga Hrudayam Sutrasthana15/15)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Botanical Name</th>
<th>Rasa</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patola</td>
<td>Trichosanthes dioica</td>
<td>Tikta, Katu</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphapittahara, Kushtagha, Kandugha, Varnya</td>
</tr>
<tr>
<td>Katurohini</td>
<td>Picrorhiza kurroa</td>
<td>Tikta</td>
<td>Laghu, Ruksha</td>
<td>Shita</td>
<td>Katu</td>
<td>Pittavirechaka, Pittajvarahara, Raktaashodaka, Dahaprasramana, Krimigna</td>
</tr>
<tr>
<td>Chandana</td>
<td>Santalum albumlinn</td>
<td>Tikta</td>
<td>Laghu, Ruksha</td>
<td>Shita</td>
<td>Katu</td>
<td>Kaphapittashamaka, Sramagna, Pittavikarahara, Raktaooshahara, Dahagna, Angamardaprashamana, Krimigna</td>
</tr>
<tr>
<td>Madhusrava</td>
<td>Marsdenia tenacissima</td>
<td>Madhura</td>
<td>Laghu, Snigdha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Vatapittashamaka</td>
</tr>
<tr>
<td>Guduchi</td>
<td>Tinospora cordifolia</td>
<td>Madhura</td>
<td>Guru</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshashamaka, Rasayana, Jwaragna, Dahaprasramana, Krimigna</td>
</tr>
<tr>
<td>Patha</td>
<td>Cissampelos pariera linn</td>
<td>Tikta</td>
<td>Snigdha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatashamaka, Hrudya, Dahanigraha, Kandugna, Raktaashodaka, Krimigna</td>
</tr>
</tbody>
</table>

**Table 3: Showing Karmukatha (Pharmacokinetics) of Patolakaturohinyadi Kashaya**

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

By considering the Rasapanchaka and Karma of Shamana Yogas i.e., Patolakuturohinyadi 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 Kushtha, then for Daha-shamanartha (for pacification of burning sensation) Abhyanga (massage with ghee) is advised with Tiktaghrita or Shatadhoutaghrita.[9]

**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 is 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.

**Table 5: Showing Rasapanchaka of ingredients of Nimba Guggulu[8]**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Dravya</th>
<th>Rasa</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nimba</td>
<td>Tikta, Kashya</td>
<td>Laghu, Ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittahara, Deepana, Grahi, Krimighna, Netrya, Vishagna</td>
</tr>
<tr>
<td>2.</td>
<td>Harithaki</td>
<td>Kashayapradhana</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshahara, Kushtagna, Jwaraghna, Rasayana</td>
</tr>
<tr>
<td>3.</td>
<td>Vibhithaki</td>
<td>Kashaya</td>
<td>Rukha, Laghu</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshahara, Krimighna, Jwaraghna, Chakshushyana</td>
</tr>
<tr>
<td>4.</td>
<td>Amalaki</td>
<td>Amlapradhana</td>
<td>Guru, Ruksha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Tridoshahara, Stambana, Rasayana</td>
</tr>
<tr>
<td>5.</td>
<td>Vasa</td>
<td>Tikta, Kashya</td>
<td>Laghu, Ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittahara, Hridya, Swarya, Kushtaghna, Kasahara</td>
</tr>
<tr>
<td>6.</td>
<td>Patola</td>
<td>Tikta, Katu</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphapittahara, Kushtagna, Kandughna, Varnya</td>
</tr>
<tr>
<td>7.</td>
<td>Guggulu</td>
<td>Tikta, Katu</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Tridoshahara, Kushtaghna, Rasayana</td>
</tr>
</tbody>
</table>

**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 persist 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 play a 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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