

**MANAGEMENT OF POST-HERPETIC NEURALGIA THROUGH AYURVEDA
- A CASE STUDY**Jayashree Gunjigonvi^{1*}, Praveen. Sajjan²

¹Final Year P.G Scholar, Department of PG Studies in Kayachikitsa,
S.V.M. Ayurvedic Medical College Ilkal, Karnataka, India.

²Assistant Professor, MD (Ayu), Department of PG Studies in Kayachikitsa,
S.V.M. Ayurvedic Medical College Ilkal, Karnataka, India

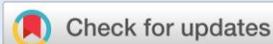
Corresponding Author: jayag2037@gmail.com<https://doi.org/10.46607/iamj14p6032022>

(Published Online: March 2022)

Open Access

© International Ayurvedic Medical Journal, India 2022

Article Received: 05/03/2022 - Peer Reviewed: 15/03/2022 - Accepted for Publication: 16/03/2022

**ABSTRACT**

Herpes is an acute viral infection of the nerve cells and surrounding skin that is caused by the varicella-zoster virus. It is characterized by painful raised blisters. The pain usually subsides in a few weeks. In a small proportion of patients, neuropathic pain persists in the dermatomal distribution of the affected ganglia. This pain is known as postherpetic neuralgia (PHN). The pain associated with acute zoster infection is typically described as a sharp or stabbing sensation, while burning is the quality most often cited by patients with PHN. In *Ayurveda*, Herpes zoster can be correlated with *Visarpa* when there is the dominance of *Daha* it can be considered as *Pitta pradhan visarpa*. When there is an association of *Pitta* and *Rakta*, *Raktamokshana* by *Jalouka* is the choice of treatment. Which is a cost-effective and quick symptoms reliever. In this case study, a 65yr old patient suffering from PHN was treated with *Jalouka* application. After the treatment course patient shows remarkable improvement in symptoms.

Keywords: Post-herpetic neuralgia. *Jalaukavacharana*.

INTRODUCTION

Post-herpetic neuralgia is a complication of herpes zoster which is characterized by intense, burning, hyperplastic and unrelenting pain.¹ Here pain persists beyond 4 months from the initial onset of rash. Advancing age is a risk factor for this outcome. PHN occurs in 9 -19% of all HZ patients. Its incidence is age-dependent: the risk of PHN is low (2%) in patients younger than 50 years of age, ~20% in those older than 50 years and ~35% in those over the age of 80 years.² Pain from PHN has a potentially high impact on the quality of life. In some patients, blunting of the pain to tolerable levels is achieved by the use of anticonvulsants such as carbamazepine or gabapentin or tricyclic antidepressants.³ But the long-term use of these drug cause side effects like constipation, dry mouth, drowsiness, weight gain etc.

Visarpa is one of the diseases explained in our classical texts. It is involved in all three *dosha* and it got the quality of *vividham sarpati* (spreading in different ways) and it is also called *parisarpa* which is spread all over the body. Even though there is the involvement of all three *dosha*, based on the dominance of *dosha* symptoms it is classified as *vataja*, *pittaja*, *kaphaja*. For *pittaja visarpa* the *laxana* are *sphota* associated with *daha*, *bheda* along with it patients suffering from *Jwara*, *Trushna*, *Anga bheda*, *anatar-daha* etc. As PHN is a complication or *Upadrava* of *Visarpa* here in this case the symptoms explained by the patient and current symptoms are suggesting it is *upadrava* of *Pittja visarpa*. *Ayurveda* had different treatment modalities like *Shodhan*, *Shamana*. *Raktamokshana* treatment modality comes under *Shodana* aspect. In that *Jalaukavacharana* is one of the best, painless and cost-effective treatments compared to modern medicine which has side effects.

In classics for *Pittaja visarpa* treatment principle explained is *Raktamokshan* with *Jalouka*.⁴

CASE REPORT:

A 65yr female patient visited *Kayachikitsa* OPD of RPK Ayurvedic hospital, Ilkal on date: 14/12/2021 with the following details:

Patient Name: XYZ, Age/Sex: 65yr/ Female, OPD No: 2123690, Date: 14/Dec/2021, Address: Kadihala.

Chief complaints:

- Continuous burning sensation in the right side of neck up to shoulder joint for 6 months.
- Pain in the right side of the neck for 6 months.

Associated complaints:

- Disturbed sleep because of pain.

History of present illness:

The patient is said to be healthy before 6 months then one day she suddenly developed reddish vesicular type rashes which are very painful on the right side of the neck. The patient took treatment with allopathic medicine and rashes subside and pain intensity was also reduced. But after the subsidence of rashes, there is a severe burning sensation with pain over the right side of the neck started. The intensity of pain is severely associated with a burning sensation, which is constant throughout the day, but it sometimes increases with the change of food habits. Because of severe pain, the patient is unable to have good sleep, and she is facing a problem doing her daily activity, because of all these complaints patient consulted a local physician but there are no satisfactory results. So, the patient approached our hospital for further management.

History:

H/O -Herpes Zoster 6month back.

N/H/O - DM/HTN.

Personal History:

Diet: Vegetarian.

Appetite: Good

Bowel: Clear

Sleep: Disturbed because of pain.

Astavidha Pariksha:

Naadi – *Vatapittaja*, *Mala* – *Prakruta*, *Mutra-Prakruta*, *Jihva* – *Aliptha*, *Shabda* – *Prakruta*, *Sparsha* – *Prakruta*, *Druk-Prakruta*, *Akruti-Madyam*.

Systemic Examination:

CNS: Patient is conscious, well oriented with place and time.

CVS: S1 and S2 heard normally.

RS: Normal vesicular breath sounds heard and no added sounds.

Dermatological Examination of right neck:

Rash: Absent
Tenderness: Present
Temperature: Warm
Edema: Absent.

• **Treatment (14/12/2021):**

- Application of *Jalouka* at the right side of the neck.

- *Shamanoushadi: Himasagara taila* for external application.
- *Cap Palsineuron* 1TID after food.
- *Kamaduga Rasa*. 1TID before food.
- **Follow up medication. (28/12/2021)**
- *Himasagar taila* for external application.

Assessment of patient:

Sl. No	Criteria	Before treatment	After treatment	After follow up
1.	Pain	8+ (VAS Scale)	2+ (VAS scale)	1+ (VAS Scale)
2.	Burning sensation	Severe and continuous	Mild occasionally	Absent.

OBSERVATION AND RESULT:

After application of *Jalouka* patient found significant relief in burning sensation and pain intensity. Assessment of the patient was carried out by VAS scale and burning sensation based on severity. As per the patient's words she got very significant relief compared to any other treatment she took before.

DISCUSSION

When a patient is suffering from long term symptoms patient want to get quick relief. And *Jalouka* application is one the best treatment of *Ayurveda* serves multiple purposes like quick pain relief, cost-effective and painless. The treatment principle applied here is *Pittaja visarpa chikitsa* which is *Jalaukavacharana* and *Sheetal dravya prayoga*. The probable mode of action is explained below.

Jalaukavacharana: *Jalouka* application help to pacify vitiated *dosha* and does the *Raktashodana* by removing vitiated blood which in turn helps to relieve symptoms. As per modern view, leech saliva includes several substances such as hyaluronidase, histamines like vasodilators, collagenase and also characterized anaesthetics and analgesic compounds.⁵ which helps to relieve the pain and burning sensation.

Himasagar Taila:⁶

Himasagar taila contains *Shatavari swarasa*, *Vidarikanda swarasa*, *Kushmanda*, *Amalaki* as main ingredients. It is the best reliever of *Vataja vyadhi*, *shoola*, *daha*. In Post-herpetic neuralgia application of *Himasagar taila* will help to reduce *daha* and *shoola*.

Palsineuron:

Palsineuron contains *Mahavatavidhwamsa rasa*, *sameer pannag ras*, *ekangaveera rasa*, *sootshekar ras* as main constituents. It balances *Vata dosha*. Its use helps to relieve Post-herpetic neuralgia (Burning sensation), Trigeminal neuralgia and cervical spondylosis.

Kamaduga Rasa:⁷

Kamadugha rasa contains *Amrutha satwa*, *Svarna gairika* and *Abhraka bhasma*. It pacifies *pitta dosha* which also helps in skin disorders with bleeding, secretions, burning sensation.

CONCLUSION

Ayurveda is not always taking time to cure. It has quick action also. The *Jalouka* application helps to relieve pain quickly. Here I am concluding that based on *dosha*, *laxana* and *Vaidya Yukti*, in post-herpetic neuralgia the significant relief in symptoms by *Ayurveda* is possible.

REFERENCES

1. "Kasper DL, Fauci AS, Longo DL, Braunwald E, Hauser SL, Jameson JL editors." ("Anesthesia for cesarean section in a parturient with acute ...") Harrison's principles of internal medicine, Vol -2. 16th Edition. New York: McGraw- Hill; 2005.p.2508.
2. Wim opstelten, Jan w Maurtiz, Niek J de Wit, Albert Wijck, Wim stalman, Gerrit A van Essen. Herpes zoster and Postherpetic neuralgia: incidence and risk indicators using a general practice research database.

- Family practice, volume 19, issue 5, October 2002, Page 471-475.
3. Kasper DL, Fauci AS, Longo DL, Braunwald E, Hauser SL, Jameson JL editors. Harrison's principles of internal medicine, Vol -2. 16th Edition. New York: McGraw- Hill; 2005.p.2508.
 4. Acharya Vaidya Jadhavji Trikamji Charakasamhita by Agnivesha with Ayurveda Deepika teeka of Chakrapaanidatta. Varanasi: Chaukhamba Sanskrit Series; Reprint 2014, p.563.
 5. Dr Snehal kukude, Dr vivek Dhongadi, Dr Mamta G. mate. Jalaukawacharana a scientific review in Ayurveda. European Journal of molecular and clinical medicine volume 8. Issue 01, 2021.
 6. Acharya Kaviraj shree Ambikadattashastri Ayurvedacharya. Bhaisajya Ratnavali of shri Govind das. Eighteen editions. Varanasi. Chaukhamba prakashan; 2019.p.579.
 7. Vaidya Pandit Hariprapannasharma, Rasa Yoga Sagar, Volume 1. Mumbai, The late Pandit Hariprapanna Charitable Trust. P. 260-261.

Image of Jalouka application.



Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Jayashree Gunjigonvi & Praveen. Sajjan: Management Of Post-Herpetic Neuralgia Through Ayurveda - A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited March 2022} Available from: http://www.iamj.in/posts/images/upload/3447_3450.pdf