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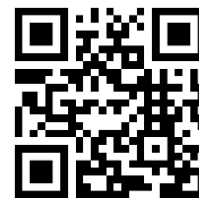


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An Approach to Post Herpetic Neuralgia by Ayurvedic Management

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ABSTRACT: **Introduction-** Herpes Zoster is mainly due to reactivation of latent Varicella Zoster virus in Dorsal Root Ganglia. Mainly the patient present with Unilateral Dermatome eruption with burning and severe pain. As the disease cures the pain subsides, the Eruptions are healed but in some patients the pain persist even after 3 to 4 weeks of healing period. This condition is called as Post Herpetic Neuralgia where the Stabbing, Sharp, Burning pain persist along the dermatome.^[1] This directly impacts quality of life of patients. On the basis of symptoms Herpes Zoster is correlated with *Visarpa* where there is rapid local eruptions with severe pain. A 37 years old Male patient came to *Kayachikitsa* OPD with C/O – Severe Burning Sensation, Sharp Pain At Right Face Region since 2 weeks Maculo – Papular Rash, Vesicular Rash and Pustular Rash over Right Face Region 3 weeks back now completely healed. **Methods-** The patient was treated with *Raktamokshana* with help of *Jalauka*, *Nitya Virechana*, *Pradeha* with *Dahaprashamana* medications and *Ayurvedic Formulations*. **Result** - Patient was assessed Before and After Treatment and patient had satisfactory relief in all the symptoms. **Conclusion-** Decoding Post Herpetic Neuralgia Pathogenesis in *Ayurveda* and Treating Patient by *Samprapti Vighatana* was fulfilled. Hence, this *Shodhana* and *Shamana Chikitsa* approach in Post Herpetic Neuralgia had a successful outcome. This treatment is patient oriented and cost effective.

KEYWORDS: Post Herpetic Neuralgia, Herpes Zoster, Pittaja Visarpa, Raktamokshana, Virechana, Sheeta Pradhana Chikitsa.

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INTRODUCTION:

Herpes Zoster is also known as Shingles which is mainly due to reactivation of latent Varicella Zoster virus in Dorsal Root ganglia. There is Unilateral Dermatomal eruption with severe pain. It starts with mild pain along the Dermatome -> 48 to 72 hours later there is formation of Maculopapular Rash then converting to Vesicular Rash and Pustular Rashes which continues for 3 to 5 days. This Pain usually subsides within 2 to 4 weeks. But in some patients the Pain persists which is termed as Post Herpetic Neuralgia which is complication of Herpes Zoster. This pain is specifically described as Sharp/Stabbing/Burning pain along the Dermatome without any eruptions over skin. Post Herpetic Neuralgia impacts the quality of life.^[2]

Post Herpetic Neuralgia is one of the late complications of herpes zoster which is characterized by persistent Sharp, Intense, Unrelenting pain where the pain persists for more than span of 3 to 4 weeks. With advancing age the risk for Post Herpetic Neuralgia increases. Prevalence Rate is 9 to 19% of all Herpes Zoster patients. The incidence is age dependent where 2% in younger than 50 years, 20% in patient above 50 years and 35% over age of 80 years.^[3] Mainly treated with Tricyclic antidepressants and Anticonvulsants. But majorly has side effects of Weight gain, Dizziness, Fainting, Constipation and many more.

Twacha word is derived from the word 'tvac' which means to cover something. *Twacha* is protective layer against external environment. *Ayurvedic Samhitas* describes almost 51 disorders related to skin. These *Twacha Roga* are formed by disturbance in *Tridosha-Dhatu* Mainly *Rakta*.

Among many skin disorders described in classical texts Herpes Zoster can be correlated to *Visarpa Vyadhi* on basis of symptomatology. The disease which spreads

in all the direction is termed as *Visarpa/Parisarpa*.^[4] The movement of disease spreads in all direction with *Spota* and *Shopha* present. As it is rapidly spreading in nature, it is compared to *Aashivisha* or *Sarpavisha*. It is described as *Agnidagdhavata* as it is *Ashukari* in nature spreading rapidly with lakshanas of *Aashu anunnata shopha*, *Pidika*, *Daha*, *Jwara* and *Vedana*.^[4]

The rationale of above study is –

1. High prevalence rate 2. Conventional treatment limitations - less drugs with many adverse effects and relapse of pain post medicine withdrawal. Restricting the treatment for patients. 3. *Ayurvedic* treatment targets immediate results reducing the severity of pain and no relapse with less or no side effects. 4. Patient centred outcome which is cost effective.

Hence, this study in Post Herpetic Neuralgia helps to know more about the *Ayurvedic* methods of treatment.

Case study

A 37 years old male patient came to *Kayachikitsa* OPD on 05/11/2025 at Shri Eknath Ayurved Rugnalaya, Shevgoan with C/O –

Severe burning sensation since 2 weeks

Sharp pain at Right Face region since 2 weeks
Maculo – Papular Rash, Vesicular Rash and Pustular Rash over Right Face region 3 weeks back now completely healed had already taken modern treatment but had no relief for severe pain.

Hence, patient was assessed started with *Ayurvedic* management.

HISTORY OF PAST ILLNESS – No any K/C/O – DM/HTN/IHD

MEDICINAL HISTORY – No any Known

FAMILY HISTORY – MATERNAL- No Any Known

PATERNAL- No Any Known

SURGICAL HISTORY- No Any Known

ALLERGY HISTORY- No Any Known

Personal History-

Appetite	Reduced Mainly Includes Curd, Pickle, Salt, Papads, Fried Food
Occupation	Farming Mainly <i>Atapa Sevana, Ati Vyayama</i>
Bladder	3 To 4 Eps/Day
Bowel	1ep/Day, Evacuates Within Time
Sleep	Adequate
Habit	No Any

General Examination

BP – 120/80 MM OF HG	Palor - Absent
P-80/MIN REGULAR	Oedema – Mild Present At Right Face Area
T –AFEB	Lymphadenopathy – Absent
RR – 18/MIN	Cyanosis – Absent
SPO2 – 99% ON RA	Icterus - Absent

Asthavidha Pariksha

<i>Nadi</i>	<i>Vatapitta</i>
<i>Mala</i>	Bowel – 1ep/Day
<i>Mutra</i>	Bladder– 3 To 4eps/Day
<i>Jivha</i>	<i>Saam</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Ushna Sparsha</i>
<i>Druk</i>	<i>Prakrut</i>
<i>Akruti</i>	<i>Madhyama</i>

Dashavidha Pariksha

<i>Prakruti</i>	<i>Pitta Vata</i>
<i>Vikruti</i>	<i>Pitta – Rakta Pradhana</i>
<i>Sara</i>	<i>Rakta Mamansa</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Satwa</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhura, Amla, Katu</i>

<i>Ahar Shakti</i>	<i>Madhyama</i>
<i>Vyayama Shakti</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Pramana</i>	72 Kg

Systemic Examination

RS	AEBE clear, no added sounds
CVS	S1S2 heard , no murmur
CNS	Concious and oriented to time place and person
P/A	Soft and Non Tender

Local Examination -

Inspection - Rash Marks Are Present At
Right Face Region.

Palpation – Affected Area Was Tender
On Touch- Hyperesthesia
Warm On Touch

NIDANA -

<i>Ahara</i>	<i>Vidahi, Amla, Lavana, Kshara Atisevana, Viruddha Ahara</i>
<i>Vihara</i>	<i>Adharma Karma Atisevana, Atapa Sevan</i>

SAMPRAPTI -

SAMPRAPTI GHATAKA ^[5]

Dosha	Pitta Pradhana Tridosha
Dushya	Rasa, Rakta, Mamsa and Lasika
Agni	Mandagni
Ama	Saama
Strotas	Rasavaha, Raktavaha, Mamsavaha

Strotodushti	Sanga
Adhishtana	Bahya Roga Marga
Vyaktasthana	Right Side Of Face (Twaka)
Swabhava	Ashukari, Chirkari

Chikitsa -

Nidana Parivarjan, Visarpa Chikitsasutra and Yukti Chikitsa are used to treat Post Herpetic Neuralgia.

Raktamokshana and Virechana is main line of treatment for Pittaja/Agneya Visarpa. ^[6]

Shita Guna Pradhana Chikitsa is mainly indicated. ^[7]

SR NO	PROCEDURE	DOSE	ADMINISTRATORON	DURATION
1	Jalauka Awcharana	At The Area Of Rash And Burning	Local Application 3 Settings	05/11/2025 08/11/2025 16/11/2025
2	Pradeha By Sariva Chandana Amalaki	1-1-0	Local Application Mix with Sheeta Jala	21 days
3	Shatadhauta Ghruta	0-0-1	Local Application	21 days

SR NO	MEDICINE	DOSE	KALA	ANUPANA	MODE OF ACTION	DURATION
1	Mahamanjist hadi kashyam	15 ml	Vyanodana	Sheeta Jala 30 ml	Pittashamaka Rakta shodhaka Rakta prasadana Dahashamaka	21 Days
2	Kamadudha Rasa	2-0-2	Vyanodana	Sheeta Jala	Pittashamak Dahanashaka	21 Days
3	Avipattikara Churna	3gm	Nishi Kala	Manuka Phanta 100 ml	Ruksha Virechaka Deepana Amapachana	7 days daily then alternate 2 days upto 21 days

DISCUSSION:**1. Raktamokshana With Jalauka Awcharana** ^[6]

Pitta and Rakta vitiates -> situates on Right side of Face -> Utsehd, Spota on face then with Daha and Bhedanavat vedana -> Pitta Visarpa.

In Charaka Chikitsasthana- Visarpa Chikitsa Adhyaya, all the curative measures mentioned in Visarpa Chikitsa are on one side while Raktamokshana on other they are found equal. As Visarpa never occurs without association of Rakta and Pitta. Hence, Raktamokshana is prime treatment for

Visarpa.As Jalauka is mainly Shita Guna Pradhana it acts against Ushna guna of pitta

and rakta and removes Dushit Rakta and Ashrit Pitta.

2.Lepa Chikitsa^{[7][8][9]}

SR NO	Drug	Rasa	Virya	Vipaka	Guna
1	Chandana	Madhura Tikta ,Kashaya	Shita	Madhura	RaktaPitta Shamaka Dahan Shamana
2	Amalaki	Madhura	Sheeta	Madhura	Rakta,Pitta Shamaka
3	Sariva	Madhura	Sheeta	Madhura	RaktaPrasadaka Pitta Shamak

Locally,there is Pitta+Rakta +Vata Dushti on right face region causes burning sensation. Sheetta guna pradhana chikitsa is indicated in pittaja visarpa. Hence, sheeta dravya lepa application is indicated for local application reducing local pitta and rakta dushti.

3.Shatadhauta Ghruta^[10]

Locally,there is Pitta+Rakta +Vata dushti on right face region causes burning sensation. Ghruta has Vata,Pitta Shamaka property. Here,we used Shatadhauta Ghruta prepared by washing ghruta in water for 100 times. Hence,Shatadhauta Ghruta reduces Vata Pitta locally and give a cooling effect and maintain skin hydration.

4.Mahamanjisthyadi Kashaya^[11]

Rasa	Tikta ,katu,kashaya
Virya	Ushna
Vipaka	Katu
Guna	Laghu ruksha

Pitta and Rakta vitiates -> situates on Right side of Face -> Utsedh ,Spota on face then with Dahan and Bhedanavat vedana-> Pitta Visarpa. Mahamanjistadi Kashaya is Raktashodhaka, Raktaprasadana,Dahaprashamana and Pittashamaka reducing Pittaja Visarpa and reduces Dahan and Vedana.

5.Kamadudha Rasa^[12]

Rasa	Madhur Kashaya
Virya	Shita
Vipaka	Madhura

Guna	Deepana Raktashodhaka Pitta Shamaka
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As there is vitiation of Pitta+ Rakta dosha by vyana vayu at Twacha, Mamsa. Kamadudha Rasa improves the Jataragni as well as Sthanik Agni of Rakta Dhatu by Deepana and does Shodhana of Raktadhatu. Improves quality of Rakta Dhatu. There is Shita Guna pradhanata in all the drugs which equalizes vitiated Pitta Dosha.

6.Avipattikar Churna^[13]

Rasa	Katu, Tikta, Madhura
Virya	Ushna
Vipaka	Katu, Madhura
Guna	Laghu, Ruksha, Tikshna

Pitta and Rakta vitiates -> situates on Right side of Face -> Utsedh ,Spota on face then with Dahan and Bhedanavat vedana-> Pitta Visarpa. Best therapy for vitiated Pitta is Virechana Karma. Avipattikar Churna along with Manuka Phanta is used for Virechana Karma. Avipattikar Churna works as Deepana but when used in higher dose it acts as Virechaka along Manuka is Virechanopag drug which will support preceding Virechana Karma. Here, in this case we are giving patient Nitya Virechana so that vitiated Pitta is removed on daily basis.

With help of Laghu, Ruksha,Sara guna Avipattikar Churna does Deepana, Virechana with Vata anulomana. Hence, removes the

vitiated *Pitta* by *Mala marga*. In this way *Vyadhishamana* is done.

Observation and Result

SR. NO.	PARAMETER	BEFORE TREATMENT DAY 0	AFTER TREATMENT DAY 21
1	VAS Pain Scale	8/10	2/10
2	Burning Sensation	Severe	Mild
3	Hyperesthesia	Present	Absent
4	Sleep Disturbance	Yes	No
5	Daily Functioning	Markedly Reduced	Restored

PATHYA - APATHYA^{[14][2]}

	AHARA	VIHARA
PATHYA	Langhana, Laghu Ahara, Mantha Yusha Mamsa Shastika Shali	Cropping Of Finger Nails Water Bath Wet Compression
APATHYA	Vidahi Viruddha Ahar Avoid Katu, Tikshna, Ruksha Ahara	Diwaswapna Krodha Vyayama Surya Agni Pravaat Variya Avoid Tight Clothes Handle with Gentle Care Avoid Stress

CONCLUSION:

Decoding Post Herpetic Neuralgia Pathogenesis in *Ayurveda* and Treating Patient by *Samprapti Vighatana* was fulfilled. Patient successfully treated with *Panchkarma* and *Ayurvedic Oral Formulations*. Burning, Stabbing Sharp Pain was subsided and Improved Quality of Life. From results of above Single case study we can use this treatment protocol for large scale population and expand the depth of research for Post Herpetic Neuralgia. This treatment is patient oriented and cost effective.

Declaration of Patient's Consent-

Patient's written consent has been taken to publish patient's information without disclosing identity of patient.

Conflict Of Interest –

The author declares no conflict of interest.

Source Of Support –

None

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