

**A SUCCESSFUL CLINICAL STUDY ON MANAGEMENT OF VISARPA (HERPES ZOSTER) THROUGH AYURVEDA****Dr. Pushkar Rai<sup>\*1</sup>, Dr. Mahesh Parappagoudra<sup>2</sup>, Dr. Shahin Khan Pathan<sup>3</sup> and Dr. K. B. Roy<sup>4</sup>**<sup>1,3</sup>rd Year PG Scholar, Department of *Panchakarma*, Parul Institute of Ayurveda, Vadodara, Gujarat.<sup>2</sup>Assistant Professor, Department of *Panchakarma*, Parul Institute of Ayurveda, Vadodara, Gujarat.<sup>4</sup>Professor, Department of *Panchakarma*, Parul Institute of Ayurveda, Vadodara, Gujarat.**\*Corresponding Author: Dr. Pushkar Rai**<sup>3</sup>rd Year PG Scholar, Department of *Panchakarma*, Parul Institute of Ayurveda, Vadodara, Gujarat.

Article Received on 22/05/2019

Article Revised on 12/06/2019

Article Accepted on 02/06/2019

**ABSTRACT**

*Visarpa* is one of the commonest skin disorder which is widely explained in Ayurveda and is one of the most common skin ailments suffered by large population worldwide. The clinical features contemplates with Herpes Zoster which is an active transmitting viral disease causing painful skin rashes with blisters in localized areas. The case presented here of a 19 year old female who came with complaints of *Sukshma Pidika* over the *Udara* and *Prushtha Pradesh* along with other associated complaints severely at night time and mild fever since 3 days. As an emergency treatment immediately, *Siravedhana* was done and along with that *Shamana Aushadhi* like *Chandrakala vati* etc. was given to the patient. Consecutively 2 sittings of *Siravedhana* were done at an interval of 3 days. Assessment of the treatment was done on the basis of improvement in signs and symptoms of *Visarpa*. Lesions of *Visarpa* (Herpes Zoster) were found completely crusted and healed within 1 week of treatment. The detailed case is presented in the full paper.

**KEYWORDS:** *Visarpa*, *Siravedhana*, Herpes zoster, *Kustharoga*.**INTRODUCTION**

Physical appearance is something that is related to psychological stress. Skin is major organ which remains as a presentable material in front of the world which also defines any individuality. Ayurveda considers *Raktadushti* as one of the prime cause of skin diseases,<sup>[1]</sup> and on same account *Raktamokshana* is considered as a best line of treatment for *Raktadushti*. Around 20 – 30% population suffer from skin ailments. According to a study the incidence rate of herpes zoster was highest i.e., 56% at 20 – 40 years of age and from lower socio-economic strata.<sup>[1]</sup> These problems vary from age, locality and season. Among all type of dermatological condition herpes zoster gains immediate notice of a doctor due to its severity in localized spread, pain and burning sensation.<sup>[3]</sup> Herpes zoster closely resemble to a condition called *Visarpa* which is described in Ayurveda.

*Visarpa* is one of the major skin disease which is explained in detail apart from *Kusthavyadhi* by every *Acharya*.<sup>[6]</sup> This imparts the severity and significance of disease. *Visarpa* is characterized by *Aashu* – *anumatashopha*, *Daha*, *Jwara*, *Vedana* and nature of *Pidika* is described as *Agnidagdavat*.<sup>[5]</sup> So, undertaking the severity of disease, different treatment modality is explained by different *Acharya*'s. for immediate acknowledgment of disease and management of disease

medical science had headed with tremendous progress with antiviral drugs but these are not economically feasible and do not go for long term run.

**Line of treatment****Case Report****Name-XYZ****Age:** 19 Year old**OPD:** 18006128**Gender:** Female**Residence:** Vadodara

**History of present illness:-** A female patient of 19 years old, coming from hindu community and presently living in Limda, Vadodara, Gujarat, was complaining of *Sukshmapidika* associated with severe *Kandu* (Itching sensation), *Toda* (Pricking type of pain), *Daha* (severe burning sensation) since 3 days over *Udara* and *Prushtha* region (fig 1) specially at night time and mild fever. She visited the OPD of Parul Institute of Ayurveda, *Panchkarma* department, Vadodara for the same.

**Past medical History:-**No such history

**Past surgical history:-** No any relevant surgical history

**Family history:-** Not relevant

**Personal history:-**Aahara–Intake of non-vegetarian food, oily, junk foods

#### On examination

General- Patient was *Vata-Pittaja*

Vital signs- Pulse= 78/min, BP = 130/90 mm of Hg

#### Local examination

The lesions occurred in clusters, red rashes.

**Area** – Over both flanks and abdomen

On palpation - lymph nodes of axillary region were found tender and swollen.

**Color** – Reddish

**Odor** – No specific odor

**Secretion** – Absent

**Pain** – Present

**Tendency to bleed** – No

**Loss of sensation** - No

#### Astavidhapariksha

- *Nadi*(pulse) - 78/min
- *Mala* (stool) –*Vibandha*
- *Mutra* (Urine) –*Samyaka* 4-5 times/day
- *Jihva* (Tongue) –*Sama*
- *Sparsha* –*Ushna*
- *Shabda* - *Samyaka*
- *Akruti* – *Samyaka*
- *Druk*– *Samyaka*

#### Systemic examination

RS –AEBE clear B/L

CVS –S1 S2 heard, no added sounds

CNS – conscious well oriented, superficial reflexes intact

GIT – Bowel movements irregular, tongue coated, per abdomen – non tender, hard

#### Samprapti Ghatak

- *Dosha* – *Pitta, Rakta, Kapha, Vata*
- *Dushya* – *Twak/Rasa, Rakta, Mamsa, Ambu*
- *Agni* – *Mandya*

- *Srotasa*- *Rasaavaha, Raktavaha, Mamsavaha*
- *Srotodushti* – *Sanga, Pashat Vimarga-gaman,*
- *Ama* – *Sama*
- *Vyaktasthana* - *Udar Pradesh and Pristha Pradesh*

#### Treatment Given

Patient was one of the staff from same hospital so immediately she came to Parul institute of Ayurveda. After the diagnosis was made, considering the acute condition of the disease patient was advised for immediate *Raktamokshana*. Every detail was explained to the patient and after taking concern from the patient, advised procedure was conducted.

After the diagnosis was made following treatment was given;

**A. Shodhana Chikitsa:-** Two consecutive cycles of *Siravedhana* was done at an interval of 3 days on 09/04/2018 and 12/04/2018. *Raktmokshna* (*Siravedhan*) was done on 1<sup>st</sup> day and on 3<sup>rd</sup> day. Left upper arm was chosen as site of *Siravedhan*. On 1<sup>st</sup> sitting 50ml and on 2<sup>nd</sup> sitting 50 ml of blood was let down (Table-1). Needle number 20 was used for *Siravedhana*. *Siravedhan* is done as per SOP of *Siravedhana*.

#### B. Shaman Chikitsa:- 09/04/2018– 16/04/2018

1. *Chandrakala Vati* 250mg 2 – 2 – 2 – 2
2. *Panchatiktaghruta Guggulu* 250 mg 2 – 2 – 2 – 2
3. *Katuki churna* 3gm + *Avipattikar Churna* 2gm at bed time with Water.
4. *Gairika Churna* 5gm + *Yastimadhu Churna* 3gm for *Lepa* (external application) twice daily with *Dugdha*.

**Note:-**\**Patola churna* 2gms was added with *Katuki* and *Avipattikara churna*.

\*\**Amalaki Rasayana* 250mg 4 – 4 – 4 after food with water was added from 12/04/2018.

Table 1:

Date	Raktamokshana (Siravedhana)	Quantity of blood withdrawn	Time
09/04/2018	1 <sup>st</sup> sitting - done on left upper arm	50ml	11.00 am
12/04/2018	2 <sup>nd</sup> sitting - done on right upper arm	50ml	10.00 am

#### OBSERVATION AND RESULTS

From the first day of admission, *Raktamokshana* (*Siravedhana*) was performed. Total 50 ml of vitiated blood was withdrawn. An immediate improvement in pain and burning sensation was found just after *Siravedhana*. After 2<sup>nd</sup> sitting there was complete relief in pain, and burning sensation. On further analysis of *Dosha*'s, it was observed that *Shyava aruna varna rakta*, thick, slow flowing & fast coagulation occurred. This signifies involvement of *Kapha* and *Vata dosha* respectively which lead to the occurrence of *Visarpa* (Table-2). On administration of *Shaman Aushadhi*, mild

reduction of *Pidika*'s over *Udara* & *Prustha pradesha* was noted. Thus relief from *Kandu*, *Daha* also occurred. *Mala* & *Mutrapravritti* became *Samyak*. *Shaman Aushadhi* was continued for 7 days.

Table 2: Assessment of clinical parameters.

Date	Day	Kandu	Daha	Toda	Vata anulomana	Jwara
09/04/18	Day 1	+++	++	+++	-	+
10/04/18	Day 2	++	+	+	-	+
11/04/18	Day 3	++	-	+	+	-
12/04/18	Day 4	+	-	+	+	-
13/04/18	Day 5	-	-	+	+	-
14/04/18	Day 6	-	-	-	+	-
15/04/18	Day 7	-	-	-	+	-

## Before Treatment

After 1<sup>st</sup> Raktamokshana.After 2<sup>nd</sup> Raktamokshana.

Table 3: Overall observation of clinical features.

	Medicine	Observation of <i>Lakshana</i>
Before treatment (09/04/18)	<i>Yathavat</i>	<ul style="list-style-type: none"> <li>Severe itching, burning sensation and pain</li> <li>Red rashes over abdomen and flanks</li> </ul>
After treatment (13/04/18)	<i>Yathavat</i>	<ul style="list-style-type: none"> <li>Itching, burning sensation and pain reduced</li> <li>Reddishness of rashes reduced</li> <li><i>Malapravritti</i> became regular</li> </ul>
1 <sup>st</sup> follow up (16/04/18)	<i>Yathavat</i>	<ul style="list-style-type: none"> <li>Itching, burning sensation and pain was absent</li> <li>Normal coloration of skin</li> <li>Disappearance of skin lesions</li> </ul>

## DISCUSSION

Skin disorders vary greatly in symptoms and severity. So they can be temporary or permanent. They can be

situational or genetic, minor or mortal. Thus, *Visarpa* is one which if mismanaged can lead to a life threatening situation. *Tvaka Roga* are *Chirakari* and so recurrent

relapse occurs easily. It has been stated that, *Punahpunah shodhan* in *Bahudoshajanya Tvak Roga*.

*Visarpa* is a *Bahudosha Vyadhi* as along with three *Dosha's Rakta* is also involved as main supporting factor of vitiation. So, *Raktamokshana* is advised as it purifies the vitiated *Raktadosha*.

*Raktamokshana* is a therapeutic blood letting process included under Panchakarma by *Acharya Shushruta*. It gives relief from acute conditions very quickly.<sup>[6]</sup>

*Chandrakala Vati*:- This contains *Kajjali, Shalmali, Vanga, Ayasa, Abhraka bhasma* etc with *Bhavana of GhritKumari, durva* in it. It acts upon *Pittaj vyadhi* Hence Beneficial in all kind of *Daha*.<sup>[7]</sup>

*Panchatiktaghruta guggulu*.<sup>[8]</sup> This is a very potent drug indicated exclusively by *Chakradutta* in *Kushtha Adhikar*, due to combination of *Tikta Rasa* and *Ghruta kalpana*, this makes it very potent as *Raktadosha Pachaka* and *Raktaprasadaka*. It acts on *Vatashonitaja vyadhi*. If *Vata* is aggravated in excess compared to *Pitta* then *Tiktagruta* is useful.<sup>[9]</sup>

*Katuki churna*.<sup>[10]</sup> It acts as cooling agent as it balances *Pitta* and *Kapha*, due to *Tikta Rasa* and *Sheeta virya*. It shows immune-modulator activity which helps to control hypersensitivity, humoral response to RBC.<sup>[11]</sup> *Katuki* helps for elimination of *Dusta Pitta* and corrects *Rakta*

*Avipattikara churna*.<sup>[12]</sup> It contains *Trivrit, Triphala* (best anti-oxidant), *Trikatu, Vidanga*.<sup>[13]</sup> (anti-microbial) etc. It also acts as *Mridu Virechaka*.

*Gairika Bhasma*:- *Gairika* a silicate of alumina and oxide of Iron. As per *Acharya Charaka*, *Gairika* is one among *Khustahar Pradeha*. It is having properties i.e. *Madhur Kashaya Rasa Snigdha Guna* and *Sheet Virya*. Due to its property it Act as *Pitta Shamka*.

*Yastimadhu churna*:- It is most commonly used *Ayurvedic* herbs. It is having property i.e. *Madhura in Rasa, Guru, Snigdha in Guna, Madhura in Vipaka*, and *Sheet Virya* in nature, Due to its property it pacifies the aggravated *Pitta* and *Vata*. It is also having property of blood purifier and increases quality and quantity of blood so useful in bleeding disorder.

*Patola churna*:- *Patola churn* is a *Ayurvedic* herb, It is having *Ruksha, Laghu, Guna, Tikta Rasa Katu Vipak* and *Ushna Virya*, It balances *Kapha* and *Pitta Dosha*. In condition of *Pitta* inflicting the *Rasa* and *Rakta Dhatu*. *Patola* by the virtue of its *Tikta Rasa* it pacifies *Pitta*, it does *Prasadan* of those *Dhatu* too.

*Amalaki Rasayana*:- It consist of *Amlaki churna* which is again impregnated in *Amlaki swarasa* thus enhancing its properties to treat *Visarpa*.

## CONCLUSION

This case is a successful presentation of management of an acute condition like *Visarpa* through *Raktamokshana (Siravedhana)*. It has shown relief in the symptoms of *Visarpa* like *Daha* and *Pidika*. Occurrence of *Pidika* and *Daha* implies to *Pittaja vyadhi* with vitiation of *Rakta Dosha* as it is the *Ashraya* of *Pitta*. So due to removal of vitiated *Rakta Dosha*, these symptoms were relieved by *Siravedhana*. Use of *Kashaya - Tikta Rasa Pradhan Shaman Aushadhi* has relived *Kandu* and *Toda*. *Visarpa* has a tendency to relapse, so repeated *shodhana Chikitsa* is prescribed after considering the *Agni, Deha, Bala* etc of the patient.

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