



Case Study

AYURVEDIC MANAGEMENT OF VISARPA W.S.R TO HERPES ZOSTER

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ABSTRACT

Visarpa is one of the major skin diseases which is widely explained in our Ayurvedic classics. The clinical features contemplate with Herpes Zoster which is an active transmitting viral disease. This case reports shows the successful treatment of Visarpa. Here presenting a case of 72 year, female with sudden onset of 2-3 vesicles on an erythematous base over the chin and left half of the lower lip, along with dragging pain and burning sensation within 2 days. Gradually vesicles started to appear over the left side of the face, left ear, tongue with increased number of vesicles within 4-5 days along with other symptoms persists. Clinically the patient was diagnosed as Visarpa (Herpes Zoster). As Pitta Dosh and Raktha Dhathu vitiation was noticed, managed by Siravyadha as Shodhananga chikitsa and the Dravyas with Tiktha Rasa, Sheetha veerya in nature. The patient showed improvement within 15 days of treatment. The detailed case is presented in the full paper.

INTRODUCTION

Skin is one of the Adhishtana of Gyanendriya^[1], healthy skin plays a major role in physical and mental well being of any individual. Physical appearance is something that is related to psychological stress. Ayurveda classifies the disease based on the Srotas. Visarpa is one of the diseases caused because of the vitiation of Rakhavaha Srotas mainly involving Pitta Dosh and Saptha dushyas. It is one such disease explained in detail apart from Kushta Roga by every Acharyas. Acharya Charaka defines Visarpa as 'Sarvato visarpanaad visarpa' (which manifests and spread rapidly in the body in all direction)^[2]. Undertaking the severity of disease, different treatment modality as been explained by different Acharyas. It can be correlated to herpes zoster. Herpes Zoster is caused by the varicella zoaster virus.^[3] It is characterized by closely grouped vesicles on an erythematous base in the dermatome pattern associated with burning type of pain. This condition is systematically conducted literature search yield 27 studies, published between

January 2011 and May 2020, reporting 3124 herpes zoster clinical cases, with high proportions in older adults (>50 years of age: 15.0 to 81.3%). Thoracic dermatome was consistently reported as the most frequent site effected by Herpes Zoster (38.9 to 71.0%). Post Herpatic neuralgia and secondary Bacterial infections were the two most frequent complications (10.2 to 54.7% and 3.5 to 21.0% respectively).^[4] The treatment of Visarpa mainly aims at normalizing vitiated Pitta. It is planned based on the site of lesion. In this disease, treatment emphasis is given to external applications along with internal medications.

CASE REPORT

Chief Complaints: A 72 year female patient approached our OPD presented with a chief complaint of vesicles over left side of the face, chin, left ear, tongue and left half of the lower lip and also pain and burning sensation over the affected area since 3days.

Associated Complaints: Generalized weakness, difficulty in swallowing since 2 days.

History of Present illness: Patient visited our OPD 5 days back with complaining of abdomen discomfort, indigestion, generalized weakness and treatment was given for the above said complaints and patient was apparently normal after 3 days of treatment. Since 2 days patient presented with chief complaints of small

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vesicles over the chin, left half of the lower lip and also pain and burning sensation over the affected area since 2 days, gradually vesicles starts to spread over the left side of the face, left ear, tongue and was associated with generalized weakness, fever and difficulty in swallowing hence approached our hospital for further management.

Personal History

- Ahara - Vegetarian, 3 times/day, Sarvarasa satmya
- Vihara - Yaana, mild exposure to Vata and Atapa.
- Nidra - Vaikrutha

On Examination

- Pallor- Absent
- Icterus- Absent
- Cyanosis- Absent
- Clubbing- Absent
- Lymphoedenopathy- Absent
- Oedema- Mild swelling over the left upper lip

Vital Examination

- Pulse rate = 88/min
- BP=120/80 mm of hg
- SpO₂=98%
- Temperature: 98°F

Local Examination

- ✓ Vesicles occurred in clusters an erythematous base in the dermatome pattern
- ✓ Area: Over left side of the face, ear, chin, left half of the upper lip, tongue
- ✓ Color- Reddish white
- ✓ Odour- No specific odour
- ✓ Secretion- Absent
- ✓ Pain- Present
- ✓ Loss of sensation- No

Ashta Sthana Pareeksha

- Nadi: Pittavataja
- Mala: 2-3 times/day.
- Mutra: Prakrutha, 4-5 times/day
- Jihwa: Liptata
- Shabda: Prakrutha
- Sparsha: Ushna
- Akruthi: Madhyama kaya

- Druk: Prakrutha

Systemic Examination

- CNS-conscious and oriented
- RS- B/L NVBS
- CVS- S1, S2 heard, no added sounds
- P/A- Soft, Non-tenderness

Samprapthi Ghataka

- Dosh: Pitta Pradhana Tridoshaja
- Dushya: Twak, Raktha, Mamsa, Lasika
- Agni: Jataragni and Dhatwagni
- Agni Dushti: Mandagni
- Srotas: Rakthavaha
- Srotodushti: Sanga followed by Vimarga gamana
- Adhishtana: Twak
- Udhbhavasthana: Amapakwashaya
- Sanchara sthana: Twak and other Dhathus
- Vyaktha sthana: Twak
- Rogamarga: Abhyantara and Bahya
- Rogaswabhava: Ashukari

Therapeutic Intervention

Based on the history, detailed clinical examination, Patient was diagnosed to be suffering from Visarpa. Pathological staging was Pitta and Raktha dushti abnormality along with Vata dosha, Managed with Siravyadha and Shamanoushadhis like Pachanamrutha kashaya, Panchatikthaka kashaya 10ml thrice a day and Kamaduga rasa with Muktha 1 tid before food, Kaishora guggulu and external applications like Dashanga lepa, Shatadhoutha ghritha along with Erandapatra kalka for local application and Himadhara using Dhanyaka and Amalaki churna for 10 days.

After 5 days of treatment vesicles were reduced, mild pain and burning sensation persist, started with Drakshadi kashaya 15ml twice a day before food, Suthashekar rasa with gold 1 tid and capsules grab (proprietary medicine) 1 tid after food along with Yashtimadhu taila was given for external application and Triphala kashaya was given for gargling for 10 days. Patient has been recovered 90% from the symptoms and advised to continue the same medications for further 10 days.

S.No	Duration	Lakshana	Doshas	Chikitsa
1	1 st to 5 th day	Vesicles over left side of the face, chin, ear and left half of the lower, tongue, pain and burning sensation over the affected area, generalized weakness and one episode of fever	Pitta, Raktha, Vata	1. Siravyadha 2. Pachanamrutha kashaya ^[5] + Panchatikthaka kashya ^[6] along with Kamadugarasa with Muktha ^[7] 3. Combination of Avipattikara churna ^[8] , Pravala pishti ^[9] , Gandhaka Rasayana ^[10] 4. Dashangalepa ^[11] , Shatadhoutha ghritha ^[12] along with Erandapatra kalka for external application 5. Amalaki churna + Dhanyaka for Hima dhara

2	5 th to 15 th day	Vesicles reduced, mild pain and burning sensation persist	Vata, Pitta	1. Suthashekara Rasa with gold ^[13] 2. Drakshadi kashaya ^[14] 3. Cap. Grab 4. Yashti taila ^[15]
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Gradual onset of Visarpa



After the treatment



DISCUSSION

Visarpa is a Bahudoshajanya Vyadhi, manifesting over skin. Owing to its spreading nature it is termed as Visarpa. It is classified into 8 types namely Vataja, Pittaja, Kaphaja, Agneya (Vatapittaja), Kardama (Pittakaphaja), Granthi (Kaphavataja). Reported case had vitiation of Pitta and Vata dosha and diagnosed as Agneya Visarpa. Externally applied with the Dashanga Lepa and Shatadhouta Ghritha ointment. Shatadhouta Ghritha which is Madhura Rasa, Guru Guna, Sheetha Virya, Madhura Vipaka and Pittadaha hara is an effective remedy with Dashanaga lepa for Visarpa. As Dashanga lepa is best for Vrana Ropana and Visarpahara. The medicated decoction of Pachanamarutha kashaya contains mainly Amrutha, Ushira, Vasa, Musta, Shunti, Bhunimba etc and Panchatikthaka Kashaya contains Guduchi, Nimba, Patola, Vasa, Kantakri both the formulations are Tiktha Rasa Pradhana, Sheetha veerya acts as Pitta Shamana

and Amapachana. As in Charaka Samhitha it has explained that Tiktha Rasa dravyas to be given for the 1st line of treatment. Kaishora Guggulu helps to pacify the Agneya mahanhutha which is present in Pitta Dosh. Gandaka Rasayana and Pravala pishti acts as Kushtahara and Pittahara. Avipattichurna churna helps in expulsion of morbid Pitta Dosh from the body as a Rechana property. Suthashekara Rasa formulation digests the Sama Pitta in the digestive tract thus promoting good quality Rasa Dhatu formation for Dhathu Poshana. Stomatab gel is one of the proprietary medicines which contain Triphala Guggulu, Gandhakara rasaya and Arogyavardhini Rasa, Guduchi, Manjishta acts as Vrana Ropana and Pittahara.

CONCLUSION

Pitta and Raktha vitiation are the main causative factor for Visarpa. Small and less number of herpetic rashes were appeared, pain and burning

sensation over the affected area persists for 1-2 days, characteristically the rashes size and number increased after 4-5 days even though patient was on medication. Gradually on 6th day onwards rashes and other symptoms started to subside. After 2 weeks of her treatment 90-95% of the symptoms were subsided.

This case study shows effectiveness of stage wise recovery in the management of *Visarpa*. Here *Siravyadha*, *Tiktha Rasa Dravyas* along with *Anulomana* variety of *Virechana* and topical applications of *Sheetha* and *Ruksha lepa* were beneficial. The patient was treated only with Ayurvedic line of treatment with no antiviral drugs. Results observed in this case were encouraging and emphasize the importance of Ayurvedic intervention in the successful management of *Visarpa*.

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