

## AYURVEDIC MANAGEMENT OF HERPES ZOSTER OPHTHALMICUS -A SINGLE CASE STUDY

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### ABSTRACT

Herpes zoster ophthalmicus (HZO) is a disease that occurs when the ophthalmic division of the trigeminal nerve is impaired as a result of reactivation of the varicella-zoster virus. HZO develops in 10-20% of patients who experience reactivation of zoster in the fifth cranial nerve dermatome. Ophthalmic involvement has been considered the most important and potentially serious of all sites of Herpes Zoster. This teaching case illustrates many of the classic signs and symptoms of HZO and discusses appropriate treatment, management and patient education. The case report explores important clinical findings and consideration in the treatment of HZO. This case emphasizes the need for a list of differential when patient comes with comorbid diseases. Thus it also teaches to manage multiple conditions in same patient, all of which may contribute to patient's visual impairment and may be important in the determination of treatment and prognosis.

**Materials and methods:** this prospective study was conducted to a patient who was clinically diagnosed to have HZO who attended outpatient department of *shalakya tantra*.

**Result:** Patient got significant relief in all presenting symptoms.

**Conclusion:** The potential ocular manifestations of HZO are numerous. Ocular complications were less frequent in this patient when given systemic medicines. Any disease which is not mentioned in our classics can be treated with basic principles of *Ayurveda* whether it is in acute condition or a chronic one.

**Keywords:** Herpes zoster ophthalmicus, Antiviral, *Ayurveda*.

**INTRODUCTION:** Both Varicella (Chicken pox) and Herpes Zoster (shingles) are caused by the Varicella-Zoster virus (VZV). Herpes Zoster (HZ) results from the reactivation of the VZV which remains latent in the primary sensory ganglion like Gasserian ganglion. HZ involving the Ophthalmic division of the Trigeminal nerve is called Herpes Zoster Ophthalmicus (HZO), irrespective of the presence or absence of ocular involvement<sup>1</sup>. The incidence and severity of herpes zoster affects upto 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 (tumour necrosis factor inhibitors). It usually occurs in adults.

**CASE STUDY:** A 63 year old male patient, OPD case No-38339; came in the OPD of Netra roga-Shalaky Tantra Department of Government Akhandanand Ayurvedic Hospital, Ahmedabad in the month of December-16-2017 with complaints of painful 3-4 red blister rash surrounding the right eye and 5-6 on forehead accompanied with burning sensation, severe ocular pain; marked eyelid edema; conjunctival, episcleral, and circumcorneal conjunctival hyperemia; Sometimes tingling of the forehead since 4 days (PHOTOGRAPH 1,2)

PHOTOGRAPH 1



**Past medical history:** Not specific

**Past surgical history:** Patient has not been given any relevant surgical history.

**Family history:** Not relevant

**On Examination**

**General** -His *Prakṛti* was *Pitta-Kaphaja*. His *Agni bala* and *Sharir bala* was *Avara* (poor).

PHOTOGRAPH 2



**Vital sign:** P-82/m, BP- 130/90 mm of Hg

**Systemic examinations:** RS-NAD, CVS-NAD, CNS – Conscious, well oriented.

**Ocular examination:**

**Forehead:** 5-6 no of blisters seen on the right side of forehead.

OD		OS
Normal	<b>Lashes</b>	Normal
Upper-Blisters and oedematous, covers cornea upto pupil; Lower- mild oedematous	<b>Eye lid</b>	Normal
Congested	<b>Bulbar Conjunctiva</b>	Congested
Severe Congested	<b>Palpebral Conjunctiva</b>	Mild congested
Normal	<b>Cornea</b>	Normal
Normal – Reactive	<b>Pupil</b>	Normal – Reactive

**MATERIALS AND METHODS:** This prospective study was conducted to a patient who was clinically diagnosed to have HZO who attended outpatient department of *shalakya tantra*. On the basis of present signs and symptoms patient was diagnosed as affected by herpes Zoster rash on the forehead or eyelid plus eye findings. Diagnosis is based on a typical acute herpes zoster rash on the forehead, eyelid, or both or on a characteristic history plus signs of previous zoster rash (eg, atrophic hypopigmented scars).

**Treatment given**

After the diagnosis of HZO treatment was given as below.

For first 3 days he was prescribed for

1. *Sanshamani vati* (650 mg) 2-2-2 with water after meal
2. *Guduchyadi kwath* 40ml twice a day before meal
3. *Chandraprabha vati* (500mg) 2-2-2 with water after meal

After three days

C/O	O/E
burning sensation ↓↓ed	eyelid edema ↓↓ed
ocular pain ↓↓ed	conjunctival, episcleral, and circumcorneal conjunctival hyperemia ↓↓ed

but blisters and oedema was still there so afterwards thretment is changed according to present symptoms as following (PHOTOGRAPH 3,4)

PHOTOGRAPH 3



PHOTOGRAPH 4



Due to above condition of patient he was prescribed for medications as below for 3 days.

1. *Chandraprabha vati* (500 mg) 2-2-2-2 with water after meal
2. *Triphala guggulu* (500 mg) 2-2-2-2 with water after meal
3. *Dashmula kwath* 40ml twice a day before meal

After another three days follow up has been taken and we observed marked improvement. There were no any symptoms accept mild blisters which were dry and black colored which indicates they are about to heal. (PHOTOGRAPH 5,6)

PHOTOGRAPH 5



PHOTOGRAPH 6



So all the above mentioned medicines were stopped and given only following treatment

1. *Sanshamani vati* (650 mg) 2-2-2 with water after meal
2. *Jatyadi ghrita* –for LA twice a day Q.S.

**DISCUSSION:** *Ayurveda* is a science of life in which all the matter related with health is discussed. Herpes zoster ophthalmicus and many diseases like wise

are not described by its name but through its basic principle and some similar disorders and their pathology we can treat any diseases whether it is in acute condition or a chronic one. *Visarpa* is a disease in which *Rakta*, *Mamsa*, *Twak* and *Lasika* are mainly affected<sup>ii</sup>. Due to *ati amla katu lavan ahar* or direct with *Abhighat -Pitta* and *Rakta* are vitiated and gets *Sthansashray* into *Mamsa Twak* and *Lasika* leading to formation of blisters and

burning pain. Here *Pitta* and *Rakta* are vitiated by its *Ushna* and *Drav guna* which in turn lead to formation of excessive *Drav dhatu*. Vitiated *Pitta* and *Rakta* then vitiates *Kapha* and all the *Dhatus* in the body.

Here we came up with thought that to treat this kind of patient with specific pathogenesis and definite treatment protocol seems very difficult, so we gave only 3 days treatment and called him again for follow up. The first aim was to stop its further progression of disease. On very first consultation he was advised to take *Sanshamani Vati*, *Guduchyadi Kwath* and *Chandraprabha Vati*. As per presenting symptoms *Sanshamani vati* and *Guduchyadi kwath* was given for *Dah prashaman* and *Arti-prashaman* whereas *Chandraprabha vati*<sup>iii</sup> for its anti-inflammatory action<sup>iv</sup>. All these three drugs are *Pittashamak* also. After three days on second consultation he came up with relief in all symptoms like burning and pain but *Shoph* was still there so advised to take *Chandraprabha vati*, *Triphala guggulu* and *Dashmool kwath*. *Triphala guggulu* and *Dashmoola* both works as *Vat-Kapha shamak* and *Shothaghana*. Again after three days he came with total relief in all the acute symptoms and presenting only healed black dead skin over affected part. So he then advised to take *Jatyadi ghruta* to facilitate *Ropan* and *Sanshamani vati* for *Tridoshshaman*.

**CONCLUSION:** In this way with this case it is clear to understand that herpes zoster ophthalmicus can be correlated with *visarpa* affecting to *netra* and can be treated with same treatment modalities of *visarpa*. It is a single case study so further research study with more amount of patient is required.

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