



MANAGEMENT OF HERPES ZOSTER (VISARPA) THROUGH AYURVEDA

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ABSTRACT

Skin is the first organ of the body interacting with environmental agents like physical, chemical and biological agents. The worldwide incidence of Herpes Zoster is 5-10% per 100 populations and the Indian incidence is 2-6% per 100 populations. The disease Herpes Zoster closely resembles to a condition called as Visarpa which is described in our ancient classics of Ayurveda. Visarpa is one of the major skin diseases which is explained in detail apart from "Kushta" vyadhi in all the classics. This gives us an idea about the seriousness and significance of this disease. The disease Visarpa is characterized by clinical features such as, aashu - anunnatashopha, daha, jwara, vedana and the nature of sphotas / pidikas are so specific that it is described as agnidagdat. Though there is tremendous progress in the management of this disease under the heading of the antiviral drugs such as acyclovir, famicyclovir etc., these medicaments are not economically viable. The description of management of Visarpa with different treatment modalities is available not only in the classical literatures of Ayurveda, but also in the later text books. Among the different treatment options VIRECHANA is one which is not only mentioned in the text books but also practiced out by Ayurvedic physicians through the ages. Among the different shamanoushadhis described for Visarpa, DAHA PRASAMANA kashaya is one which is cheaper and the ingredients of the kashaya are readily available. Even PANCHAVALKALA choorna, GHRITA are also easily available and economically viable medications. Hence it was considered to explore the utility of this combined therapy consisting of a virechana, a palliative medication and a topical application, in the management of Visarpa.

KEY WORDS: Ayurveda, Aragwadadikashaya, Herpes Zoster, Trayamnakashaya, Visarpa.

INTRODUCTION

Skin is the first organ of the body interacting with environmental agents like physical, chemical and biological agents.

Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems requiring attention. Skin complaints affects all ages from the Neonates to the Elderly persons and cause harm in a number of ways, such as discomfort, disfigurement, disability etc.

Besides this, they suffer from inferiority complex in the society, because skin lesions are visible. Recent studies reveal an upsurge in the incidence of viral diseases in general as well as in dermatological conditions also. Amongst many viral infections/ conditions of the skin, Herpes Zoster is one.

The worldwide incidence of Herpes Zoster is 5-10% per 100 populations and the Indian incidence is 2-6% per 100 populations.

Though there is tremendous progress in the management of this disease under the heading of the antiviral drugs such as acyclovir, famicyclovir etc., these medicaments are not economically viable. In addition to this, these synthetic drugs produce the following ill effects such as inflammation at the site of injection, Acute Renal failure, Haematuria, Skin reactions like pruritis, rashes, urticaria.

The disease Herpes Zoster closely resembles to a condition called as Visarpa which is described in our ancient classics of Ayurveda. Visarpa is one of the major skin diseases which is explained in detail apart from "Kushta" vyadhi in all the classics. This gives us an idea about the seriousness and significance of this disease. The disease Visarpa is characterized by clinical features such as, aashu - anunnatashopha, daha, jwara, vedana and the nature of sphotas / pidikas are so specific that it is described as agnidagdat.

Though the lesions of H.Z / Visarpa appears to be simple, the pain and burning sensation is agonizing. Therefore it is considered as one of the acute condition in skin

diseases. The post herpetic neuralgia is a major complication of this disease which may stay from 3 months to 10 years.

Not many works have been done on the disease Visarpa as it is an aashukaarivyadhi i.e. it has acute manifestations and needs urgent treatment. Keeping all these factors in mind, it made us to consider the situation and to explore possible Ayurvedic therapies in this important area of research, to manage the disease Herpes Zoster/ Visarpa.

MATERIALS

The drugs selected for the clinical study were

FOR GROUP –A

Trayamanakashaya for virechana.

Dahaprashamanakashaya

Internally- twice daily.

Panchavalkalalepa with grita twice daily

FOR GROUP – B

Aragwadadikashaya for virechana

Dahaprashamanakashaya

Internally- twice daily.

Panchavalkalalepa with grita twice daily.

GROUP – A Trayamanakashaya Method of preparation

Trayamanayavakutchoorna 25 grams was taken and 4 parts i.e.100 ml of ksheera was added. To this 8 parts of water i.e. 200 ml is added and boiled over mandagni till ksheeravashesha .It was taken out and filtered .The lukewarm siddha ksheera was given to the patients along with Anupana of Ushnajala. Dose: 100 ml on empty stomach

Dahaprashamanakashaya Method of preparation

This was selected as the shamanaoushadhi, kashaya was prepared freshly every time, the ingredients of this kashaya are, Laja, Chandana (Santalum album), Kashmaryaphala (Gmelinaarborea), Madhuka (Madukaindica, Neelotpala (Nymphoeastellata), Usheera (Vetiverazizanoidis), Sariva(Hemidesmusindicus), Guduchi (Tinosporacordifolia), Hibera (Valerianawallichii), Sharkara, Each ingredients were taken in 1 part, to which 16 parts of water is added. Then it was boiled till it remains to1/4th part. Then it was filtered and given to the patients with the Anupana of Ushnajala.

Dose: 25 ml twice daily. Time of administration: Anannakala.

Panchavalkalasukshmachurna with gritha for lepa

It was selected for local application, the ingredients are VataUdumbara, Ashvata, Plaksha, Pareesha. Firstly all the ingredients were taken in form of fine powder in equal parts, Then they were mixed thoroughly. Thus prepared choorna is mixed with Go grita - in required quantity to prepare lepa and applied to the affected part in pratilomagati.

Dose: Daily twice application

OBJECTIVES OF STUDY

To asses the efficacy of Trayamnakashaya for sramsana type of virechana along with shamanaoushadhi and lepa in the management of Herpes Zoster (Visarpa).

To asses the efficacy of Aragwadadikashaya for sramsana type of virechana along with shamanaoushadhi and lepa in the management of Herpes Zoster (Visarpa) .

METHODOLOGY

A comprehensive management of Herpes Zoster (visarpa) clinical trial was carried out with the following materials and methods.

Aragwadadhikashaya Method of preparation

Aragwadaphalamajja, Draksha, Each 25 grams was taken and 4 parts i.e.100 ml of ksheera was added. To this 8 parts of water i.e. 200 ml is added and boiled over mandagni till ksheeravashesha. It was taken out and filtered. The lukewarm siddha ksheera was given to the patients along with Anupana of Ushnajala.

Dose: 100 ml in morning on empty stomach

The shamanaoushadhi and lepa remains the same for the group B.

METHODS

Total 30 patients, Randomly selected for the present clinical study excluding the dropouts and divided into two groups as A and B.

Study design: Clinical trial

Inclusion criteria:

- 1) Freshly diagnosed patients of H.Z (visarpa) were taken for clinical trial.
- 2) The patients of either sex between the age group of 15- 55 years.
- 3) The patients without any systemic/metabolic disorders.
- 4) Virechanayogya patients were taken for clinical trial.

Exclusion criteria:

- 1) Patients who showed HIV + (by tri dot method) on screening.
- 2) Patients below the age group of 15 years and a above 55 years.
- 3) Patients with systemic and metabolic disorders.
- 4) Patients who are unfit for virechana karma.

Diagnosis: Diagnosis was entirely based on the signs and symptoms of H.Z (visarpa)

Method of examination of the patients

In present study, the data was collected from the patients with the help of interview. A detailed data related to general history, history of past illness, present illness family history, food habits, history of treatment taken so far etc, was recorded in the specially prepared Performa. The systemic examinations of the patient were also done and findings were recorded as per the Performa.

Laboratory investigation

Before the treatment data was collected.

Blood – Hb%, TC, DC, ESR Urine-Sugar, Albumin, Micro

HIV I and II by tridot method (To exclude the +ve patients)

Duration of Active treatment

For group A -1. Trayamaana kashaya for virechana– on 1st day

2. Dahaprashamanakashaya – for 30 days

3. Panchavalkala lepa with grita – for 30 days

For Group B-1. Aragwadadhi kashaya for virechana– on 1st day

2. Dahaprashamanakashaya- 30 Days

3. Panchavalkla lepa with grita

Follow up of 3 months, in both groups.

Criteria for Assessment

The criteria for assessment was done based on the improvement shown in the signs and symptoms. To assess this following symptom scoring method was adopted.

Subjective Parameters**1. Burning sensation (DAHA)**

0- Absent.

1- Mild, Occasional and Localised.

2- Moderate and Localised.

3- Severe, Localised and generalised burning sensation

2. Vesicle (Pidika)

0- Absent

1- Erythematous rashes

2- Vesicle formation

3- Pustules with oozing

4- Crust

3. Itching (Kandu)

0- Absent

1- Mild localized

2- Moderate (Intermittent)

3- Severe

4. Fever

0- Normal Temp 98.6 F

1- Mild up to 100 F

2- Moderate 100 to 102 F

3- Severe 103 F

5. Pain (Shoola)

0- No pain

1- Mild pain

2- Discomforting

3- Horrible

6. Distribution of the lesion

Upper limb : Right hand / Left hand

Lower limb : Right leg / Left leg.

Head : Face / Neck.

Abdomen : Upper / Lower.

Back : Thoracic / Lumbar.

Depiction of Overall Effects of Therapy (Both subjective and Objective)

0 – 25 % : Mild improvement

26 – 50 % : Moderate improvement

51-75 % : Good improvement.

> 75 % : Excellent

Table showing lakshana wise distribution of patients

ROOPA	GROUP -A	GROUP-B	TOTAL	PERCENTAGE
PIDIKA	15	15	30	100%
DAHA	12	14	26	93.33%
SHOOLA	12	09	21	60%
JWARA	04	03	06	13.33%
KANDU	05	03	08	20.00%

Table showing body region wise distribution of patients

DISTRIBUTION	GROUP -A	GROUP-B	TOTAL	PERCENTAGE
Head/Neck	02	04	06	20%
Upperlimb	02	02	04	13.33%
Abdomen	05	04	09	30.00%
Back	06	05	11	36.66%
Lowerlimb	00	00	00	00.00

Table showing Overall Effect of therapy on in patients on all lakshanas

PERCENTAGE	GROUP -A	GROUP-B
1-25%	-	-
26-50%	1	1
51-75%	5	2

>75%	9	12
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DISCUSSION on Methodology

Study of Visarpa with its clinical presentation and complications is an important area for research. The description of management of Visarpa with different treatment modalities are available not only in the classical literatures of Ayurveda, but also in the later text books.

Among the different treatment options VIRECHANA is one which is not only mentioned in the text books but also practiced out by Ayurvedic physicians through the ages.

Among the different shamanoushadhis described for Visarpa, DAHA PRASAMANA kashaya is one which is cheaper and the ingredients of the kashaya are readily available.

Even PANCHAVALKALA choorna, GHRITA are also easily available and economically viable medications. Hence it was considered to explore the utility of this combined therapy consisting of a virechana, a palliative medication and a topical application, in the management of Visarpa.

This is very important in a situation where the treatment options available in contemporary medical system are highly limited. Presently antiviral drugs are used for the management of Herpes Zoster which are effective only if they are used within 72 hours of beginning of the disease. It is also observed that Varicella Zoster virus is not highly sensitive to antiviral drugs. Another major problem with antiviral medication is, its role is very minimum in controlling pain which is usually very severe in Herpes Zoster.

In a given situation like this, it seemed logical to consider the management of Visarpa with the above said combined therapies.

So far not many studies have been conducted to assess the role of the before mentioned treatments either in combination or individually, in the effective management of Herpes Zoster (Visarpa).

Among the modalities of management utilized in the study Virechana is the most important one. Its role in the management of Visarpa has been explained in most of Ayurvedic classical text books. Visarpa is a condition in which pain is the most important symptom which agonises the patient and for relief of which a patient approaches the doctor. In a condition where an effective pain management is not possible with antiviral drugs.

If the predominance of dosha and dushya is considered. Virechana is the most important method of treatment in pitta Pradhanavyadhi and raktapradoshajaVyadhis.

It was difficult task to decide as how many days of virechana procedure has to be done and what should be the frequency, because there are no specific instructions in this regard. After a pilot study, it seemed convenient to conduct the virechanaprocedure on first day only.

VirechanaDravya

In Group A Trayamanakashaya: was taken for virechana. It is sramasana type of dravya which is having the properties like tikta rasa with ushnaveerya and katuvipaka. It is considered as one of the best pittaharadravyas and which does the pitta shodhana karma, shamana of kaphavata and has raktashodhana and krimihara properties. Dugdha is anulomkadravya, which is used to prepare the kashaya. The dosage was 100 ml on empty stomach in early morning with the Anupana of Ushnajala .on first day of treatment only

In Group B Aragwadadhikashaya :Aaragwadham is shreshtasramasanadravya which has madhura rasa and madhuravipaka, has sheetaveerya it also has guru snigdha and teekshnagunas. Draksha and Dugdha are anulomka due to their soumyaguna and the induce Mruduvirechan.

The dosage was 100 ml on empty stomach in early morning with the Anupana of Ushnajala on first day of treatment only.

Diagnostic and Assessment Criteria

The diagnosis of Herpes zoster was basically based on clinical features which have been mentioned in the books. In all the patients the same clinical features were found. (rash, erythema, vesicles, local rise in temp and pain) when we go through the ayurvedic literature the lakshanas mentioned for visarpa coincides with the clinical features of Herpes Zoster (ashuanunnathashopa , raga, stanikausmathavridhhi, shoola, daha, kandu) hence the disease was diagnosed as herpes zoster visavisarpa. All the above mentioned clinical features of herpes zoster have been taken as assessment criteria to asses efficacy of the therapy. The parameters of the assessment have already been mentioned in the methodology.

Probable mode of action

Virechanakashaya

Aragwadadhikashaya: Aaragwadha is shreshtasramasanadravya which has madhura rasa and madhuravipaka, has sheetaveerya it also has guru snigdha and teekshnagunas due to which it eliminates the slishta mala without acting on it. (apaktwaivaslishtamkoshtemaladikamnayatiadha – Shasampu. Kan 4/4.)

Aaragwadha is indicated in pitta pradhanaroga for pitta shodhana. Draksha and Dugdha are anulomka due to their soumyaguna and the induce Mruduvirechana.

Visarpa is an aashukaarivyadhi with lesions spreading quickly and associated with severe daha and shoola. Employing sramasana type of virechana with the above dravyas does not need the classical procedure of sevana and swedana. It enables pitta shodhanaimmediately so that shamana treatment can be immediately started with Dahaprashamanakashaya.

Virechana also aids in raktaprasadana through its action on Pitta. It also acts on Kapha and Vata and therefore has a tridoshahara effect. It was observed in the study that Aragwadadhikashaya significantly reduced daha, shoola, kandu and above all it also had a significant effect on the pidikas. Patients who presented with vesicles were immediately relieved of the collection of fluid in the vesicles and the lesions dried up. Complications like pustule formation can be prevented by this sramasana type of virechana.

Trayamaanakashaya :Trayamana is tiktarasatmaka with ushnaveerya and katuvipaka it is kaphavatashamaka and pitta shodhaka. Has raktashodhana and krimihara properties it was observed that trayamana is not as effective as Aaragwadha with regards to the effect on daha, kandu, pidika

DahaprashamanaKashaya

Kashayas are given importance when dushtadoshas get adhishatana in rakta. Keeping this in view a kashaya was selected for the study. Dahaprashamanakashaya, is a shamana yoga indicated for Visarpa in CharakaSamhita. The ingredients are, Laja, Chandana, Kashmaryaphala, Madhuka, Sharkara, Neelotpala, Usheera, Sariva, Guduchi, Hibera, Most of the ingredients are tikta, kashaya and katu in rasa, sheeta in veerya and have pitta and raktashamaka properties. Tikta rasa acts as kandughna, katu rasa acts as kanduprashamaka. Kashaya rasa acts as rakta, pitta, kaphashamaka and does kledashoshana.

Laja;

It is madhura rasa, madhuraVipaka, Sheetaveerya. It is pitta and raktashamaka.

Chandana (Santalum Album):

Chandana contains tikta as pradhana rasa followed by madhura rasa. It has sheetaveerya. If the doshagnata is considered, it is pitta and raktashamaka. It is traditionally used to treat skin diseases. It has got antibacterial, antiseptic and disinfectant properties. Probably, it helps to prevent the complications of visarpa such as infections etc.

Kashmaryaphala (GmelinaArbora):

It is tridoshashamakatrishnashamaka, dahashamaka, above all shoolahara.

Madhuka(MadhukaIndica):

It is Vata-Pitta shamaka, Dahaprashamaka

Sharkara:

It is rakta – pitta shamaka, Dahashamaka.

Neelotpala (NymphaeaStellata):

It is having sheetaveerya, madhura rasavipaka is also madhura hence it is Vata –Pitta shamakaDahaprashamaka

Usheera (VetiveriaZizanoidis):

Due to sheetaveerya and tikta rasa it doesraktashuddhi, digests the ama and it is twakdoshashara andvarnakara

Sariva(HemidesmusIndicus):

It does the rasagatavata –pitta shamana and is indicated in raktajanyavikara and vaivarnyata.

Guduchi(TinosporaCordifolia):

It mainly acts as raktashodhaka ,raktavardhaka, dahaprashamaka and it is tridoshashamaka.

Hibera(ValerinaWallichii):

It is jwaragna, does the shamana of kapha andvata . It is kushtagna.

PanchavalkalaLepa

Panchavalkalachoorna is mixed with grita and in the form of paste is used for external application. Panchavalkala are guru, rooksha in guna, kashaya in rasa and sheeta in veerya. By virtue of all these factors, it pacifies pitta and rakta. It has a specific rakta pitta shamaka, vranaropaka, shothahara, vedanastapaka, dahashamaka property and hence is helpful in Visarpa.

The lepa applied gets absorbed by bhrajakagni present in twak. Through various tiryagatadhamanis it gets absorbed.

CONCLUSION

Based on the conceptual analysis and observations made in this clinical study, the following conclusions are drawn.

1. The disease Herpes Zoster in modern medicine and Visarpa has a lot of similarities, particularly pittaja and vatapittajaVisarpas can be correlated with Herpes Zoster.
2. Elderly people are more prone to this disease.
3. Chikitsa sutra explained in raktaprodoshajavikara especially Raktamokshana holds well in Visarpa.
4. Virechana has a major role in the symptomatic relief of Daha, kandu, and aids the faster healing of lesions.

REFERENCES

1. Kashinath Shastri & Gorakhnath Chaturvedi, Charak Samhita, Chaukhambha Bharti Academy, Varanasi, edition 1995.
2. Sharangadharacharya, Sharangadhara Samhita with Adhamalla's 'Dipika' and Kasirama's Gudarth Dipika commentaries, Chaukhambha Orientalia, Varanasi, 3rd edition, 1983.

3. Sharma PV, Kaiyadev Nighantu, Ashwakarna, Chaukhambha Orientalia, Varanasi, 1982.
4. Tripathi Indradeva, Raj Nighantu-Dravyaguna Prakashika, Hindi Comm., Chaukhambha Sanskrit Bhavan, Varanasi, 1992.
5. Kaviraj Atridev Dutta, Astanga Sangraha by Acharya Vagbhatta with Hindi commentary, Part I, Krishnadas Academy, Varanasi, 1993.
6. Madhava, Madhava Nidana with Madhukosha Vyakhya by Vijayrakshita and Sri Kanta Dutta commentary by Sudarshan Shastri, Chaukhambh Sanskrit Sansthan, Varanasi..
7. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Edited by Yadavaji Trikamaji, Fifth Edition, Chaukhambha Sanskrit Sansthana, Varanasi, 2001.
8. Sushruta Samhita with Nibandha Sangraha Vyakha by Dalhana, edited by Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi.