

A CASE REPORT: HERPES ZOSTER MANAGED BY AYURVEDIC TREATMENT USING LEECH THERAPY (JALOUKAVACHARANA).

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ABSTRACT

The varicella-zoster virus (VZV) reactivates to cause herpes zoster, an acute viral disease that causes painful blisters and skin rashes. The elderly, people on biological agents, and people with weakened immune systems are the main groups affected. Conventional therapies, such as antiviral drugs, steroids, and NSAIDs, provide temporary respite but are ineffective in controlling the persistent burning pain or averting consequences like postherpetic neuralgia (PHN). Herpes zoster and Kakshavyadhi, a painful rash condition that is treated by Raktamokshan (bloodletting), notably through leech therapy (Jaloukavacharana), are comparable in Ayurvedic medicine.

Keyword: Kaksha, leech therapy, Jaloukavacharana, Raktamokshan, herpes zoster.

1. INTRODUCTION

The varicella-zoster virus (VZV) reactivates to cause herpes zoster, commonly referred to as shingles, an acute viral infection.^[1] After an initial chickenpox infection, VZV stays latent in the sensory ganglia and can reawaken later in life, usually when the immune system is compromised by aging, immunosuppressive medications, or other underlying medical disorders.^[2] A painful vesicular rash that develops along the afflicted nerve dermatomes is the hallmark of herpes zoster; the sensation is frequently characterized as scorching, throbbing, or stabbing.^[3] Patients may have pruritus, fever, and malaise in addition to the rash. Postherpetic neuralgia (PHN), which appears as ongoing nerve pain even after the rash has cleared up, is one of the most crippling side effects of herpes zoster.^[4,5]

This chronic pain can severely affect the patient's quality of life, leading to long-term disability and discomfort. Traditional treatment modalities such as antiviral medications (e.g., acyclovir), non-steroidal anti-inflammatory drugs (NSAIDs), and corticosteroids aim to reduce the acute symptoms and prevent complications like PHN but are often insufficient in providing complete relief from nerve pain and preventing long-term sequelae.^[6] In Ayurveda, Acharya Sushruta's description of a condition known as Kaksha matches numerous clinical traits with herpes zoster.^[7] Similar to the

vesicular rash observed in herpes zoster, this illness involves painful or burning skin sores.^[8] In Nidansthana of Sushrut Samhita, 44 Kshudraroga are described.^[8] Kaksha is one of the disease among 44 Kshudraroga.^[9] According to Ayurveda, the fundamental cause of Kaksha is thought to be an imbalance in the Pitta dosha. In Sutrashtana of Carak Samhita, Acharya Caraka mentioned 40 Nanatmaj vyadhi, Kaksha is pittaj Nanatamaj vyadhi.^[10] Inflammatory disorders like Kaksha, which present as skin sores and discomfort a skin to herpes zoster, are caused when this dosha becomes unbalanced. According to Astangsangraha, small pitika more than one, near the axilla small in size like laja (fried paddy) hard caused by anila(vayu) together with pitta is known as Kaksha. Visarpa is another ailment associated with Pitta dosha; it also manifests as inflammatory skin disorders and unpleasant rashes.^[11]

2. CASE STUDY

A 47-year-old female patient in Amravati, presented to the Shalyatantra outpatient department with complaints of severe pain and burning sensation. The patient reported the appearance of blister-like skin lesions that extended from the left outer canthus of eye to which had been present for two days. Based on the clinical presentation, the patient was diagnosed with herpes zoster.

General Examination:

The patient's vital signs were as follows:

BP: 120/80 mm , Pulse rate: 80/min, O2: 99%
RR: 18/min

Systemic Examination:

The examination of other systems revealed normal findings:

RS & CVS- Lungs and heart were functioning within normal limits.

CNS- Pupillary reflexes were normal.

Investigations:

Hemoglobin: 13 gm%

Total Leukocyte Count (TLC): 4600/cum

Random Blood Sugar (RBS): 122 mg/dl

Platelet Count: 2,30,000/cum

HBsAg & HIV: Negative

Diagnosis:

Herpes zoster (shingles).

3. MATERIAL AND METHODS

Materials:

Leeches (Jalouka) for bloodletting.

Yashtimadhu Ghrith for local application.

Paripatthyadi Kadha (2 tsp BD) for internal use.

Amrutarishta (2 tsp BD) for internal use.

Methods: A thorough, well-informed interview and clinical evaluation had been done. She received treatment in the OPD and was monitored for a while. As an emergency measure, she received three doses of the Jaloukavacharana medicine—leech therapy—on the first, third, and fifth seventh days of her treatment. Thus, leech therapy was administered to the three measurements, which not only reduced redness and swelling but also eased burning and pain associated with herpes zoster.

RESULT

Treatment Procedure: The patient underwent three sittings of Jaloukavacharana:

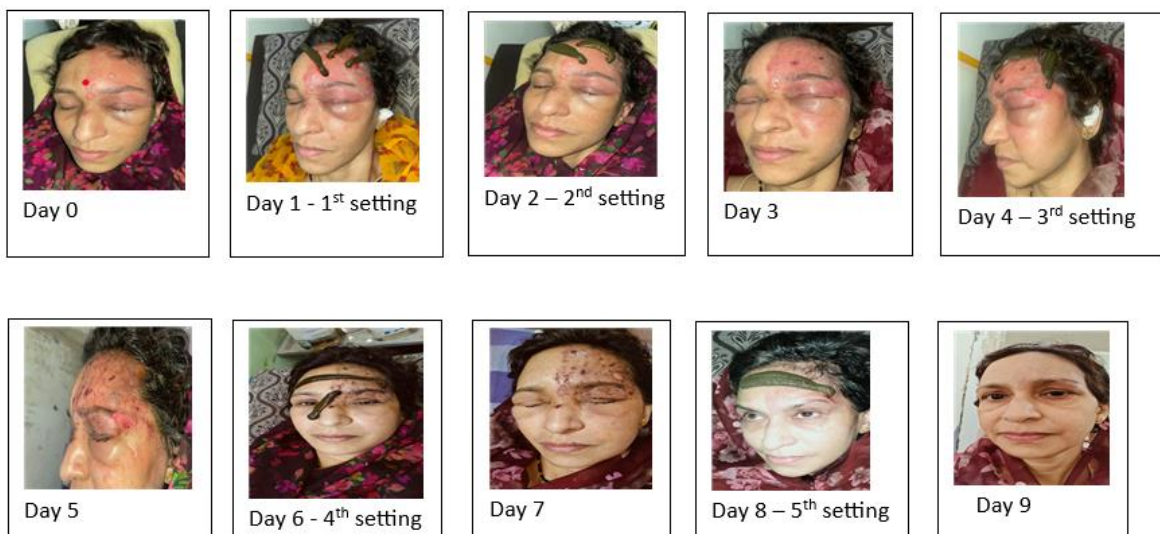
1st setting: On day 1, the leeches were applied to the affected area.

2nd setting: On day 2, a second session of leech therapy was performed.

3rd setting: On day 4, the third session of leech therapy was administered.

4th and 5th setting done to avoid post herpetic neuralgia.

Observations: Following each session, the patient experienced progressive relief from the burning sensation (Daha) and pain (Shool). The lesions, which were initially red and blistered, began to show signs of healing. The following table summarizes the observations of the patient's symptoms before and after treatment:



3. DISCUSSION

The varicella-zoster virus (VZV) reactivates to cause herpes zoster, a common viral infection that is characterized by painful vesicular eruptions that are usually limited to a particular dermatome. One of the main causes of morbidity is the severe discomfort, especially the burning feelings that go along with the rash. Even while the illness is managed with typical treatments such as analgesics and antiviral drugs, these mostly provide palliative comfort and ignore long-term problems like postherpetic neuralgia (PHN). Long after the rash has healed, PHN can still exist, causing chronic pain and lowering the quality of life for those who are afflicted. Alternative therapies that improve symptom management and maybe lower the likelihood of problems like PHN are therefore becoming more and more necessary. One such alternative treatment that has been explored in recent years is Jaloukavacharana or leech therapy, which is grounded in Ayurvedic principles. As outlined in the case study, leech therapy involves the application of medicinal leeches to the affected areas, and their saliva contains numerous bioactive compounds that are believed to provide multiple therapeutic benefits. These include anticoagulants, analgesics, antivirals, and anti-inflammatory agents, all of which have the potential to directly influence the course of herpes zoster.

The ancient Ayurvedic doctor Acharya Sushruta suggested Raktamokshan, or bloodletting, as a treatment for certain ailments. The Pitta dosha imbalance believed to be the cause of these skin lesions can be efficiently managed using leech therapy, a contemporary version of bloodletting. By preventing clotting and promoting the flow of "impure" blood—which is believed to be a contributing factor to the inflammation and suffering associated with herpes zoster—the anticoagulant substances found in leech saliva, such as hirudin, are essential for enhancing blood circulation. The findings noticed in the patient of this case study are promising and consistent with Ayurvedic principles. Relief from the pain of burning instantaneously and recovery of the lesions completely within 20 days indicates that leech therapy can render considerable symptomatic improvement. Such a finding is especially significant when no complications in the form of PHN occurred, which is a frequent complication of herpes zoster.

4. CONCLUSION

Herpes zoster can be effectively treated with leech therapy, also known as Jaloukavacharana, which relieves the discomfort and burning feeling. There were no side effects or difficulties, and the patient handled the treatment quite well. Within 21 days, she was fully recovered and showed no symptoms of post-herpetic neuralgia. When orthodox treatment for acute viral infections like herpes zoster is insufficiently effective, this instance illustrates the potential role that traditional remedies like Jaloukavacharana may play.

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