

Herpes Zoster Treated with Individualized Homoeopathic Medicine: A Case Report

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Abstract: *The varicella-zoster virus, an acute, painful, and self-limiting cutaneous viral infection. herpes zoster is a case of emergency department in modern medicine. This is a case report of a 65-years-old female with the complaint of Herpes zoster who was treated with Rhus Toxicodendron 200 C by individualized homoeopathic medicine. Two weeks later, the patient felt totally relieved. In this case study shows, treatment of acute instances, homoeopathic medicines are effective.*

Keywords: Homoeopathy, Herpes zoster, repertory Rhus toxicodendron 200

1. Introduction

Varicella-zoster, a subtype of the herpes virus, usually referred to as shingles, a painful skin rash or blistering. [1]. Vesicular eruption often manifests two to three days following the onset of pain in the affected dermatome. The rash usually appears as a blister or ring of rash with an erythematous base, most commonly in the thoracic and lumbar origins. Usually, only one unilateral dermatome is afflicted, while distant and neighbouring regions are occasionally affected as well. A lesion on the side, inner corner, tip, or root of the nose indicates that the trigeminal nerve is affected [2]. Usually, the damaged dermatome hurts first, and within two to three days, vesicular eruption appears. Thoracic and lumbar roots are the most prevalent locations for the rash, which typically manifests as a ring of rash or blister with an erythematous base. Most of the time, just one unilateral dermatome is impacted, although sporadically, nearby and distant regions are as well. Following the onset of varicella (chicken pox), This viral disease was brought on by the virus's persistent dormancy in the cranial nerve's dorsal root ganglia or sensory ganglia [1,3]. Herpes zoster classically occurs in adults or geriatric patients, due to inefficiency of immune system to resist the latent replication of the virus. Virus causes local inflammation and blistering in the skin and pain caused as a result of inflammation of the affected nerve root [1,3]. Many individuals experience moderate to severe pain even after their herpes zoster resolves, a condition known as post-herpetic neuralgia. In younger, healthy individuals, the annual incidence of herpes zoster varies from 1.2 to 3.4 per 1000 persons. On the other hand, the incidence ranges from 3.9 to 11.8 per 1000 persons annually among older patients who are above 65 [2].

Etiology

Alpha herpesviridae is home to the neurotropic human herpes virus, or VZV. The virus only infects human cells, including

ganglionic neurons, T lymphocytes, and epithelial cells. It is strongly cell-associated. [4]. The heparan sulphate proteoglycan and the glycogen synthase kinase 3 (GSK-3) pathway facilitate virus entrance into brain cells [5]. The core fusion complex involves the participation of viral core glycoproteins B, H, and L. As early as nine to twelve hours after cellular entrance, new virus particles can be released [6].

Pathophysiology

Cutaneous lesions of herpes zoster create Varicella-zoster virus-specific T-cell proliferation, while the generation of interferon alfa leads to the resolution of herpes zoster. Immunocompetent patients develop long-lasting, improved cell-mediated immunity against the varicella-zoster virus as a result of specific antibodies (IgG, IgM, and IgA) emerging more quickly and reaching greater titers following reactivation (herpes zoster) than during the initial infection.

Clinical Features

Manifest in three stages: acute exudative, chronic, and pre-eruptive [7]. The afflicted dermatome experiences burning or pain at least two days prior to cutaneous eruptions during the pre-eruptive stage. There may also be non cutaneous symptoms such as headaches, a general feeling of unwellness, and photophobia. Multiple umbilicated and painful vesicles emerge during the acute eruptive phase. Frequently, the vesicles rupture, develop ulcers, and finally dry up. The most infectious stage is this one. Often, nonsteroidal pain relievers do not relieve acute pain. Acute eruptions can recur for two to four weeks. Pain may last longer. An acute HZ infection is defined by excruciating discomfort that lasts longer than four weeks. Dysesthesias, paresthesias, and even shock-like sensations are experienced by patients. The crippling discomfort could persist. The majority of patients have a clinical diagnosis. In certain patients, the diagnosis of HZ may be difficult because of the disorder's inconsistent clinical presentation and unusual instances [8]

Complication

Postherpetic Neuralgia
Herpes zoster ophthalmicus
Acute retinal necrosis
Ramsay hunt syndrome
Bacterial infections

Case report

A 65 years old lady, non veg who is reported with the complaints of severe itching and burning pain in right side of face, below the ear, behind the ear and shoulder, on the neck and shoulder since 5 days. Complaints gets worse from touching, open air, motion, turning the body better by warmth.

History of presenting complaint

Patient was apparently healthy before 5 days. Complaints started gradually and causation was not known. Initially it is started as small reddish vesicles in the right side of neck with intense itching and burning pain. Then gradually turn in to multiple vesicles and it get increasing in size and spread to the right side of neck, face, front of ear, below the ear also complaint of rise of temperature, headache. She took allopathy medicine but there was no relief Complaint get worsen and there is oozing of pus discharge from the vesicles with intense burning pain.

Treatment history

Took allopathy medicine but there was no relief.

History of past illness

Chicken pox at the age of 5 took home treatment relieved.

Family history

No similar family history. Mother and father died due to old age.

Physical generals

Appetite - 3 times /day.
Thirst - Increased for large quantities of water.
Stool - Regular once a day.
Perspiration - Generalized on exertion.
Sleep- disturbed due to pain in the right side of face.
Thermal - Chilly.

Local examination

On examination of skin
Inspection: Redness of skin, vesicular eruption , oozing of pus discharge from the side of right side of face, below the ear, behind the ear, front of ear and side of neck.

Mental generals.

Irritable due to pain
Desire – company
Fear of ghost.

Physical generals

Desire - Milk.
Thirst - Large quantities for water.

Particulars

Itching and intense burning pain in the right side of face, below the ear ,behind the ear, front of the ear and neck .
Multiple vesicles on the right of face, below the ear, behind the ear, front of the ear and neck.
Oozing of pus discharge from some vesicles.
Complaints gets worse from touching, open air ,motion better by warmth.

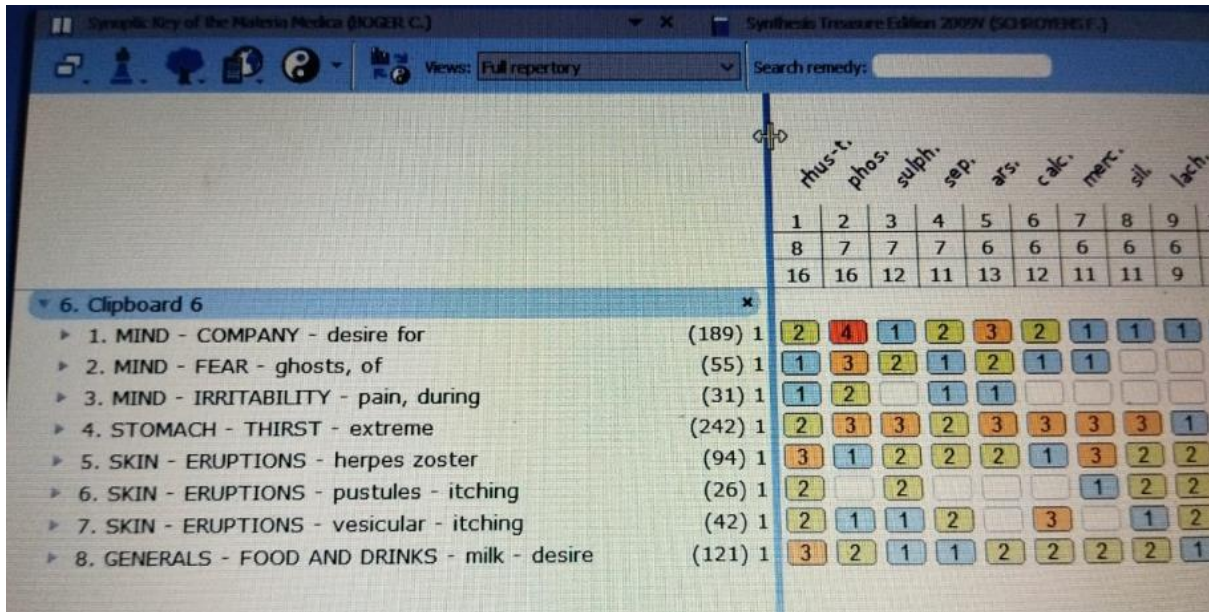
Totality of symptoms

Irritable due to pain
Desire – company
Fear of ghost.
Itching and intense burning pain in the right side of face, below the ear,,behind the ear, front of the ear and neck .
Multiple vesicles on the right of face, below the ear, behind the ear, front of the ear and neck.
Oozing of pus discharge from some vesicles .
Complaints gets worse from touching, open air ,motion better by warmth.
Desire - Milk.
Thirst - Large quantities for water.

Reportorial Totality

Desire – company
Fear of ghost.
Irritable due to pain
Thirst - Large quantities for water.
Oozing of pus discharge from some vesicles .
Multiple vesicles on the right of face, below the ear, behind the ear, front of the ear and neck
Eruption and burning pain in the right side of face, below the ear,,behind the ear, front of the ear and neck .
Desire - Milk.

Reportorial Analysis



Repertorial Results

Medicines	Rhus	Phos	Sulph	Sepia	Ars alb
Marks	16	16	12	11	13
Symptoms covered	8	7	7	7	6

Prescription

After analysis and evolution of following symptoms for Kents method. Rhustox covered the mental and the physical generals. So I prescribed Rhus toxicodendron 200 BD for three days.

RHUS TOXICODENDRON 200 BD for 2 days

Rubrum 30 /TDS for 3 days

Follow up

Date	Changes	Follow up
15-6-023	Burning pain in the right side of the ear face slightly reduced, spreading of vesicles reduced and oozing of pus discharge remained	Rhus toxicodendron200/BD in to two days. Rubrum 30 / TDS for 3 days
18-6-023	Intence itching and burning pain reduced and oozing of pus discharge from the vesicles reduced.	Rhus toxicodendron200/1 Rubrum 30 / TDS for 3 days.
21-6-023	Pus discharge from the vesicles reduced.	Rubrum 30 / TDS for 3 days in three days.
23-6-023	Vesicles turned in to ulcer on the front of ear and also severe pain radiating inside the ear ulcers on the side of ear and there is white colour slough with sharp pain	Rhus toxicodendron200/Bd in three days.
26-6-023	Marked improvement in ulcers on the side of ear and Marked improvement in itching and eruption, no redness,	Rubrum 200 tds in three days.
28-6-023	Stitching sharp and neuralgic pain in neck, ear and shoulder, ulcer completely cured and blackish colour scar mark remained.	Rhus toxicodendron 200/Bd in three days.
30-6-023	Neuralgic pain relieved and also scar mark slightly reduced	Rubrum 30/tds in three days.
15-07-023	Scar mark also completely reduced and no other complaints	Rubrum 30 /tds in three days.

Photos During Follow Up





2. Discussion

The condition usually affects a single dermatome innervated by a single dorsal root or cranial sensory ganglion, presenting as many painful, unilateral vesicles development followed by ulceration. Because the prevalence rises with ageing and immunosuppression, early treatment is essential to preventing morbidity and death [9]. Apart from this case report few prior research and case reports also suggests the efficiency of individual homoeopathic medication in treatment and control of herpes zoster. Other homoeopathy medicine which is used for herpes zoster are *Ranunculus bulbosus*, *mezeorum*, *ars alb*, *apis mellifica*, *iris versicolor*, *clematis*, *tabacum* etc.

3. Conclusion

Herpes zoster is an emergency case in modern medicine. If untreated, herpes zoster infection causes a host of consequences. Only a thorough understanding of this illness may aid in the early detection, management, and prevention of these side effects, giving customised homoeopathic treatment plans a competitive advantage. Thus, this case report demonstrates the benefits of individualised homoeopathic treatment, which manages herpes zoster cases quickly and successfully. Homoeopathy plays observably statistical role in the treatment of Herpes zoster.

4. Limitations of the study

There is just one case report here. In the future, case studies can be documented and published to demonstrate the effectiveness of customised homoeopathic treatment for herpes zoster.

Conflict of interest

Not available

Financial support

Not available

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