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Research Article

**HERPES ZOSTER – EVIDENCE BASED CLINICAL
DEMONSTRATION****Short running title:** Herpes Zoster – Rhus tox**¹Dr. Partha Pratim Pal and ²Dr. Gouri Ningthoujam,****¹ MD (Hom) - Research Officer / Scientist – I,** Regional Research Institute for Homoeopathy, Tripura under Central Council for Research in Homoeopathy, Central Council for Research in Homoeopathy, New Delhi – Ministry of AYUSH, Government of India**²MD (Hom) - Research Scientist,** Regional Research Institute for Homoeopathy, Tripura under Central Council for Research in Homoeopathy, Central Council for Research in Homoeopathy, New Delhi – Ministry of AYUSH, Government of India**Abstract:**

Herpes zoster is an acute viral disease diagnosed by the presence of grouped vesicles on erythematous oedematous skin with severe pain and having unilateral segmental distribution. Homoeopathic medicines are ideal for the treatment of herpes zoster and it cures this condition safely without any post disease complications. It also helps to improve the immune mechanism so that reactivation of varicella virus does not occur in future. In this article an attempt has been made to illustrate the efficacy of Rhus tox in treatment of two consecutive cases.

Key words : Shingles, Case reports, Homoeopathic indications, Rhus tox**Corresponding author:****Dr. Partha Pratim Pal,**

37C, Hemchandra Street, Kolkata – 700023

(West Bengal) / Mobile no: 91-8910890779

QR code



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INTRODUCTION:

Herpes zoster also known as shingles, presents as a painful cutaneous eruption affecting one or more dermatomes and is caused by varicella-zoster virus. It is mainly due to reactivation of the virus remaining dormant in posterior root ganglion after an attack of chicken pox in childhood [1]. Virus reactivation may be associated with a decline in cell-mediated immunity, usually due to age or to immunosuppressive illness or treatment [2]. It presents with two to the cardinal features i.e. pain and rash. Morphologically there is painful, segmental eruption of grouped papules & vesicles on an erythematous slightly oedematous base within a day or two [3]. Rash may progress to pustules and ulceration with crusts, scabbing or both at around 7-10 days [4]. The most frequent and perhaps the most typical seat of the eruption is on the chest, where it may form a semi-girdle corresponding to the area supplied by one of the intercostal nerves [5]. Post-herpetic neuralgia is the major complication (i.e. if pain continues for more than 30 days after onset of skin healing) [6].

Herpes Zoster and Homoeopathy

In illustration of cases of Erastus Ely, Arsenic album was the most effective remedy [7]. Arsenic can be used in all stages and is most effective⁸. In fact, from evidences of toxicology as per Professor Jonathan Hutchinson, in an address to the British Medical Association (reported in the British Medical Journal for July 30th, 1887), after stating that herpes zoster is frequently brought out by the medicinal use of Arsenic [7]. According to ML Tyler "One has over and over again seen herpes zoster clear up with two or three doses of *Ranunculus bulbosa* 10M". For intercostal neuralgia, follows herpes zoster *mezereum*, *Ran. Bulb* and Arsenic are the prime remedies (Homoeopathy – 1938 – June – Volume VII). JC Burnett (On neuralgia it's causes and remedies) says that *Rhus tox.* is a much more frequently efficacious remedy for the shingles after-pain. Phosphorus was the best and by best he meant that it was most frequently curative. Of course, the best must ever be that remedy which is pathogenetically most similar to the case in point. As per C. Dunham (Science of therapeutics – collection of papers) in herpes zoster *Mercurius vivus* is a specific⁷. The major internal remedies and their indications are as follows [5-9]

Aconite in the earlier stages, when the neuralgic pain is accompanied by febrile symptoms. *Apis* in conditions of burning and stinging pains with swelling; better from cold applications. *Arsenic* when

confluent eruption with intense burning of the blisters, worse after midnight and from cold applications; neuralgia in debilitated constitutions. In *Cantharis* there will be large blisters, burning when touched; smarting and stinging; mostly on the right side; worse in the open air. *Cistus* eruptions on the back; neuralgic symptoms; in scrofulous subjects. *Comocladia* eruptions on the legs; violent itching-burning redness and swelling of face, and other parts of body, followed by yellow vesication and desquamation of cuticle. *Dulcamara* eruptions after taking cold from damp air; moist, suppurating eruption; glandular swellings in neighbourhood of eruption; eruption precedes the menses. *Graphites* eruptions on the left side; large blisters from the spine to the umbilicus, burning when touched; worse indoors; better in the open air; dry skin, tendency to ulceration; in blonde individuals inclined to obesity. *Iris vers* eruptions following gastric derangement; pain in liver; especially on right side of body; fine eruption, showing black points after scratching, great itching at night. *Kali mur* vesicles encircling half of the body like a belt. *Kalmia* facial neuralgia remaining after eruptions; worse at night; palpitation of the heat; rheumatic pains. *Lachesis* eruptions during spring and fall; the vesicles turn dark and are very painful, all symptoms are worse after sleep. *Mercurius* Zoster on the right side, extending across the abdomen; worse at night, from the warmth of the bed; tendency to suppuration; easy perspiration without relief. *Mezereum* eruptions in old people; constant chilliness; neuralgic pains; worse at 9 p.m.; burning, changing location after scratching; in scrofulous persons. *Prunus spinosa* has succeeded in removing the very troublesome neuralgic pain which often remains when the eruption of shingles has disappeared, by means of *Prunus spinosa* 30x. *Ranunculus bulb* eruptions aggravated by change of temperature; neuralgic sequels; in rheumatic subjects. *Rhus tox* have burning and stinging pains aggravated by scratching. Small burning vesicles with redness of the skin; confluent vesicles; worse in cold weather; rheumatic pains during rest; sleeplessness with restless tossing about; zoster brought on by getting wet, while overheated. *Thuja* with eruption only on covered parts; better from gentle rubbing; in individuals of lymphatic temperament. *Zincum* neuralgia following zoster; pains relieved by touching the parts; worse after dinner and towards evening.

Variola, varicella in all their different forms have very marked characteristics of the sycotic element present [10]. Hence, herpes zoster has a sycotic basis, which we have to deal with as per the symptomatology of manifestation [11].

Case 1

A male patient (NN/62yrs) came with blisters at the right lateral side of the back which was spreading slowly since last 5 days. Eruptions were vesicular and were associated with severe pain and burning aggravated at night. Pain was increasing after bathing especially when the water was colder. Since the patient came few days after, few eruptions were turning blackish. Patient was having extreme thirst but for small at a time. Appetite was markedly diminished. Bowel movements were normal. Patient was debilitated more because of the pain. Based on the strikingly marked particulars and general symptoms, Rhus tox 30 was prescribed TDS for 3 days, followed by placebo for one week.

Remedy Name	Symptom Options				Remedy Options				Nom. Methods			Adv. Methods	
	Rhus-t	Ars	Lach	Caust	Merc	Bell	Lyc	Sulph	Phos	Sep	Ant.c	Ni.ac	
Totality	19	16	10	9	9	8	7	7	6	6	6	6	
Symptoms Covered	8	6	5	4	4	5	3	3	4	4	3	3	
[KT] [Back]Eruptions.Herpes.Zoster.	1		2		2								
[KT] [Skin]Eruptions.Herptic.Burning.	3	3	1	3	3	1	2	2	1	1			
[KT] [Skin]Eruptions.Vesicular.	3	3	3	3	2	2	2	3	3	2	2	3	
[KT] [Skin]Eruptions.Burning.Night.	3	1		1	2								
[KT] [Skin]Eruptions.Blackish.	2	3	2			2				1	1	1	
[KT] [Generalities]Bathing.Cold .Agg.	3			2		2			1	2	3	2	
[KT] [Generalities]Weakness, enervation (see lassitude, weariness).Pain, fro.	2	3											
[KT] [Stomach]Thirst.Small quantities, for.	2	3	2			1	3	2	1				

1 st visit	Date	Condition of patient	Medicine prescribed
1 st visit	20.07.13	Herpetic eruptions (detailed above)	Rhus tox 30 / TDS x 3 days
2 nd visit	30.07.13	Pain much less. Scarring started. Crusts formation occurring.	Placebo for more 2 weeks
3 rd visit	15.08.13	No eruptions. Only few spots of discolouration.	Placebo for 2 more weeks



Case 2

A female patient (LT/33yrs) on the same day came with vesicular eruptions scattered over right axilla and shoulder for 2 days. Eruptions were erythematous and were associated with pain and itching aggravated at night and from the warmth of the bed. Pain was increasing after exposure from cold air and after perspiration. Patient was also having headache in occipital region which was extending to forehead and having a pressing sensation. Thirst was not marked. Appetite was much less. Bowel movements were normal. Sleep was disturbed after midnight due to the pain. Based on the strikingly marked particulars and general symptoms, again Rhus tox 30 was prescribed TDS for 3 days, followed by placebo for one week.

Remedy Name	Symptom Options												
	Rhus-t	Merc	Clem	Sulph	Nat-m	As	Sep	Sil	Mez	Graph	Petr	Staph	Bov
Totally	10	11	11	11	10	10	9	9	8	8	8	7	7
Symptoms Covered	7	8	5	5	5	4	4	4	5	4	4	5	4
[KT] [Chest]Eruptions:Axilla Herpes:	2				2		2		1				
[KT] [Skin]Eruptions Herpetic:Itching:	3	2	3	2	1	3	3	2	1	2	1	2	2
[KT] [Skin]Eruptions:Vesicular:	3	2	3	3	3	3	2	2	2	2	2	1	2
[KT] [Skin]Eruptions:Itching:Night:	2	3	2			2			2	1		1	
[KT] [Skin]Eruptions:Itching:Warmth:Of bed agg:	2	1	2	3								1	
[KT] [Head]Pain,headache in general:Occiput:Extending:Forehead,to:	2	1	1	1	2			2			2		1
[KT] [Head]Pain,headache in general:Pressing (see bursting,drawing):Occ:	2	2		2	2	2	2	3	2	3	3	2	2

	Date	Condition of patient	Medicine prescribed
1 st visit	20.07.13	Herpetic eruptions (detailed above)	Rhus tox 30 / TDS x 3 days
2 nd visit	2.08.13	Pain nothing as such. Headache also not occurring. No such scarring started but few crusts were visible.	Placebo for more 2 weeks
3 rd visit	18.08.13	No eruptions.	Placebo for 2 more weeks



CONCLUSION:

No homoeopathic medicine should be blindly used specifically as per the disease nosological nomenclature. It may appear from the above cases that something like that had happened, as in both circumstances the eruptions were annihilated by Rhus tox with almost the same dosage, potency and repetition. But on proper analysis of both the cases, it will clearly point out the difference in indications with which the patient of two different age group and of opposite gender came. This is where lies the beauty of totality of symptoms, skilful use of repertory (Kent Repertory in this cases) and of course homoeopathy.

REFERENCES:

1. Sandra S. Chaves, Tammy A. Santibanez, Paul Gargiullo, and Dalya Guris, Chickenpox Exposure and Herpes Zoster Disease Incidence in Older Adults in the U.S. Public Health Rep. 2007 Mar-Apr; 122(2): 155–159
2. Hope-Simpson RE. The nature of herpes zoster: a long-term study and a new hypothesis. *Proc R Soc Med.* 1965; 58:9–20
3. Khanna N. Illustrated synopsis of Dermatology and sexually transmitted diseases. 1st printed edition in India. New Delhi. RELX India private limited; 2016. pg no 295
4. WW David and Breuer J. Herpes zoster. British Medical Journal. 2007 Jun 9; 334(7605): 1211–1215
5. Douglas ME. Skin Diseases, Their description, Etiology, Diagnosis and Treatment according to the Law of Similars. Reprint edition 1998. New Delhi: B. Jain Publishers (P) Ltd.; 2010.
6. KR Cohen, Rebecca LS, Frank J, I Israel. Presentation and Management of Herpes Zoster (Shingles) in the Geriatric Population. *Pharmacy and Therapeutics Journal.* 2013 Apr; 38(4): 217-224, 227
7. RADAR 10. Archibel Homoeopathic Software. Belgium. 2009
8. Gupta R, Manchanda RK. Textbook of Dermatology for Homoeopaths. 5th edition. New Delhi. B. Jain Publishers Pvt. Ltd.; 2004. Pg no 99
9. Lilienthal S. Homoeopathic therapeutics. Second, revised and enlarged edition. Boericke and Tafel. Philadelphia; 1879. Available from www.books.google.com. Last cited on 28.02.18.
10. Roberts HA. The principles and art of cure by homoeopathy. Reprint edition. B. Jain Publishers. New Delhi. 1981.
11. Allen JH. The Chronic miasms- Sycosis. Volume II. Available from www.books.google.com. Last cited on 28.02.18.