



Research Article

EVIDENCE BASED HOMOEOPATHY IN TREATING HERPES ZOSTER – A PROSPECTIVE AND INTERVENTIONAL STUDY

Dr. Chandranath DAS. MD(Hom.).

Reader, Dept. of Pathology M.H.M.College & Hospital. Former Medical Officer of Homoeo Specialty Clinic,
Govt. Of West Bengal.

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Corresponding Author's email: dr.cndas@rediffmail.com

Abstract: Varicella Zoster virus (VZV) causes varicella and herpes zoster. After varicella infection the virus can reactivate and cause a skin rash with pain. The most debilitating complication of herpes zoster is pain associated acute neuritis and postherpetic neuralgia. A 40 years old male was presented with severe burning, stinging and blister like rash on the upper lateral part of the thorax (Fig.1) and was a history of varicella at childhood. This case study is a prospective and intervention to combat Herpes Zoster by Homoeopathy. After taking the case and evaluating the totality of symptoms the similimum was selected on the basis of individualization. The blister like rash with severe burning, stinging pain gradually disappeared after the treatment (Fig.3). There was no any postherpetic pain and others complication appeared after the treatment.

Keywords: Herpes Zoster, Homoeopathy, prospective and interventional study.

INTRODUCTION

Herpes Zoster is the painful reactivation of latent varicella zoster virus infection and characterised by a unilateral vesicular eruption with in a dermatome, associated with severe pain^{1,2,3}.

The dermatomes from T₃ to L₃ are most frequently involved and trigeminal nerve also may involved^{1,2,3}. The onset of disease is heralded by pain with the dermatodeme that may precede lesions by 48 hrs to 72 hrs. The characteristic erythematous maculopapular rash turn to vesicular lesions, that may takes as long as 2 to 4 weeks for the skin to return to normal^{1,3}. Patients with Herpes Zoster can transmit infection to seronegative individuals with consequent chickenpox¹.

The complication of Herpes Zoster in both the normal and immunocompromised host is pain with acute neuritis and postherpetic neuralgia. Changes in sensation in the dermatome resulting in either hypo or hyperesthesia, are common. CNS involvement may follow localized Herpes Zoster¹.

The management of acute neuritis and postherpetic neuralgia can be particularly difficult by modern medicinal treatment¹. This case study is a prospective and intervention to combat Herpes Zoster by Homoeopathic method of treatment.

Case Report : A 40 years old male was presented with severe burning, stinging pain and blister like rash on the upper lateral part of the thorax (Fig.1) on dated 11/10/11 at Dass Homoeo Pharmacy, Kolkata.

Taking The Case: Present Complaint with duration : severe burning, stinging and blister like rash on the upper

lateral part of the thorax (Fig.1), relieved by cold, for one day.

Past History : H/O routine vaccination and chickenpox.

Family History : Bronchial asthma.

Physical General:

Appetite: less,

Desire : milk, salt.

Intolerance: nil,

Thirst : less,

Stool : constipation.

Urine : 4 – 6 times /day, can not hold it.

Sleep : regular,

Sweat : on face and head.

Thermal reaction : hot patient.

Genenal modalities : relieve by open air.

Mental General : apathy and nervous.

Totality of Symptoms : 1) severe burning, stinging and blister like rash on the upper lateral part of the thorax, relieved by cold, for one day. 2) h/o routine vaccination and chickenpox, 3) Desire for milk, salt. 4) Thirstlessness, 5) constipation. 6) can not hold the urine. 7) hot patient, 8) relieve by open air, 9) apathy and nervous.

Treatment:

After receiving the totality of symptoms, evaluation of symptom and miasmatic diagnosis was achieved and the similimum was applied in 50 millesimal potency as per Homoeopathic principal. In the first course of treatment Apis mellifica 0/1 was administered in 8 doses twice daily from 11/10/11. On 15/10/11 the patient was examined and found the eruption turn to dark (Fig.2) and pain was relieved and he was feels better. In this stage Apis mellifica 0/2 (12 doses /B.D.) was prescribed and again on 21/10/11 patient was examined and found the eruption turns

to dry and pain was absent, then prescribed Apis mellifica 0/3 (12 doses /B.D.). On 28/10/11 the patient was examined and found the eruption disappear only dark mark was remain (Fig.3) and patient feels better, in this stage Apis mellifica 0/4 (12 doses /B.D.) was prescribed. 03/11/11 the patient was examined and no any complaints was present.

RESULT

The blister like rash with severe burning, stinging pain gradually disappear as well as there was no any postherpetic pain and others complication appeared after the treatment (Fig.1 to Fig-3).

Table -1

Date	Medicine	Remark
11.10.11	Apis mel 0/1/8d/bd	First prescription
15.10.11	Apis mel 0/2/12d/bd	Improved
21.10.11	Apis mel 0/3/12d/bd	Improved
28.10.11	Apis mel 0/4/12d/bd	improved
03.11.11	Nothing given	May cure



Fig-1: Before Treatment



Fig-2: Fist Improved



Fig-3: Improved may Cure

DISCUSSION

Herpes Zoster also called shingles, in children reactivation of virus and lesions are usually benign, where as in adults it may debilitating¹. However disease must be brought out in symptoms, with the end of its becoming a likeness of some remedy of the materia medica. All the diseases known to man have their likeness in the materia medica, and the physician must become so conversant with this art that he may perceive this likeness. All the senses must be on the alert in order to perceive that which similar, and most similar⁴. A prescription can only be made upon those symptoms which have their counterpart or similar in the materia medica⁵. As the totality of symptoms represent Apis mellifica in receiving materiamedica, the medicine was prescribed. For rapid and gentle cure I had find out the uncommon, peculiar, rare symptoms of the case and selected a single similimum after proper case study.

CONCLUSION

By alternative way of treatment only oral introducing of small doses of less expensive medicine pain with acute neuritis and postherpetic neuralgia of Herpes Zoster was control during as well as after completed the treatment.

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