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Management of *Pittaja Visarpa* (Herpes zoster ophthalmicus) with Ayurveda - Clinical Images

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Abstract:

No abstract is needed as these are clinical images.

Key Words: Anantmula Lepa, Durva lepa, Ayurveda, Herpes zoster ophthalmicus, Visarpa.

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Introduction:

A male patient of 68 years age visited OPD on 8/10/2017 Sunday morning with complaints of sudden onset of redness and mild oedema with mild oozing to left side of his face was visible (Fig-1). On the basis of complaints and local examinations the case was diagnosed as Pittaja Visarpa. Patient did not mention any history of bite or external injury and was not on any medication. The symptoms that are redness along with oedema was spreading spontaneously so Durva (Bermuda grass) an easily available herb is commonly used for *Pitta* dominant diseases was started. [1] Patient was advised to apply fine paste of Durva made with water all over the swollen area (Fig-2). After application of Lepa, further progression of Visarpa was stopped.

In the afternoon patient slept in day time for 2 hours which is an important causative factor according to Ayurveda for *Pitta* and *Kapha* dominant diseases. ^[2] Patient developed oedema near left eyelid (Fig-3). Also he had not applied *Lepa* (coat of

drugs made with water) near that region. Hence he was advised to apply fresh thin layer (0.5cm) of *Durva Lepa* in the evening. Next day on 9/10/2017 patient visited to clinic with moderate reduction in redness and oedema (Fig-4). He was again examined and following observations, treatment and diet advised.

Observations:

Nidana Panchaka: (Based on Examination done on 9/10/2017)

Primary diagnosis was *Visarpa* (Herpes zoster ophthalmicus) with predominance of *Pitta and Vata*. (Based on images received).

Hetu: Sannikrushta- Not found

Viprakrushta- Habitual to tobacco chewing (8-10 times a day), drinking tea (at least 4/5 times a day)

Dosha: Pitta (Drava and Ushna Guna),

Vata (Ruksha and Chala Guna)

Dushya: Twacha, Lasika

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Gandha: Patient presented with some foul smell from mouth as he couldn't wash his mouth due to pain. (09/10/2017)

Marg: Bahya

Sadhyasadhyatwa: Sukhasadhya Mala: Had not passed stool since 1 day Mutra: Yellowish, 4/5 times a day. Vyadhi Vinishyaya: Pittaja Visarpa

Investigations: all the investigations were normal limit except TLC-1100/cumm and neutophill 90.

Treatment given:

- 1. Lepa of Anantamula (roots of Hemidesmus indicus) powder made with water (0.5 cm thick) was applied two times a day
- 2. Aaragwadha Ghana Vati 500 mg at bed time with luke warm water
- 3. Mixture of powders of Anantamuladi Yoga 3 gm thrice a day with plain water. [Anantamuladi Yoga: Equal amount of powders of Anantamula (Hemidesmus indicus), Ushira (Vetiveria zizanioides). Musta (Cyperus rotundus), Dhamasa (Fagonia arabica), Parpataka (Hedyotis corymbosa) and Guduchi (Tinospora cordifolia) [3]

4. Triphala, Khadir (Acacia catechu), Nimba (Azadirachta indica), Patha (Cissampelos parietal) Gandush (Each powder 2 gms. Decoction prepared in 200 ml water for gargling) twice a day.

Pathya: (Started from day 1)

Aahara- The patient advised to consume only *Mudga Yusha*, *Dadima*, *Mrudwika* (black raisins) for 4 days as per his hunger.

Vihara- Avoid tobacco, day time sleep.

The above mentioned local and systemic treatment and diet was advised for 4 days and assessed daily for relief in symptoms and photographs were taken. It was observed that the symptoms of Visarpa were gradually reduced day by day after application of Ananata Lepa (Fig. 5, 6, 7). After 4 days on 14/10/17 all the symptoms mainly redness, oedema with mild oozing was subsided (Fig-8). Patient was advised to start wholesome diet which mainly includes wheat, sorghum, legumes, vegetables, etc. Treatment was continued for further next 4 days and then completely stopped. The patient was advised to stop its consumption of tobacco chewing and explained its adverse effects.

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Clinical images:



Fig-1: First visit on 8/10/2017



Fig-2: Applied Durva (Bermuda grass) Lepa



Fig-3: After Application of Durva Lepa



Fig-4: Status on second day on 9/10/2017

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Fig-5: After Anantamula (*Hemidesmus indicus*) Lepa on 10/10/1/2017



Fig-6: Status on third day on 11/10/2017

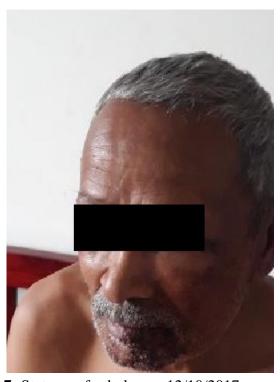


Fig-7: Status on forth day on 12/10/2017



Fig-8: complete recovery on third day on 14/10/2017

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