

Post-Herpetic Neuralgia Treated by Wet Cupping: A Case Report

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ABSTRACT:

The *Raktamokshana* (bloodletting) therapy of Ayurveda is a popular para surgical procedure as well as *sanshodhan* (purification) therapy in various diseases caused by vitiated *pitta dosha* and impure *rakta dhaatu*. As per Ayurveda, bloodletting is beneficial in *Raktaja-Pittaja* diseases, cellulitis, inflammatory swelling, wound healing, abscess, postherpetic neuralgia, etc. The therapeutic removal of blood helps to remove toxins, facilitate circulation and enhance oxygenation. The "*Kaksha*" disease of Ayurveda mentioned in "*Kshudraroga*" has features similar to conditions of postherpetic neuralgia (PHN). The *Raktamokshana* is mentioned for the treatment of *Kaksha* in the Sushruta Samhita. As the pathology is situated at *twacha* (skin) level, so specifically, the wet cupping model of bloodletting is adopted here. A 70-year-old male patient has been diagnosed with postherpetic neuralgia based on history, clinical features, and examination. The single-cup was applied for wet cupping therapy at the local site after making a small nick with appropriate pressure. The bleeding was completed and then it was removed, followed by aseptic cleaning and dressing. The bloodletting procedure of Ayurveda is helpful in draining impure blood, which is vitiated by dosha. After the bleeding, the impure blood was let out and the patient got relief. The patient's symptoms of pain, hyperesthesia, and patches subside after three sittings of bloodletting (wet cupping). The bloodletting by wet cupping in postherpetic neuralgia has a promising effect.

KEYWORDS: *Alabu therapy*, Bloodletting, *Kaksha*, Post Herpetic Neuralgia, *Raktamokshana*, Wet-cupping.

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INTRODUCTION:

Ayurveda, the ancient science of life, has the description of various treatment modalities for the care of a patient. One among them is the popular procedure *Raktamokshana* (bloodletting) which is indicated in *pittja* and *raktaj* disorders [1]. The therapeutic removal of blood from the diseased site via venepuncture (*siravedhana*), scarification (*Pracchana karma*), *Shringa*, *Alabu*, and

Jalaukavacharana (Leech therapy) depending on the site of disease, nature of the disease, the strength of the patient, as well as diseases [2]. *Alabu* therapy (cupping therapy) is indicated when the blood is vitiated by *Kapha* dosha [3]. In this, the blood is let out from selected sites with the ancient *Alabu* method or now available ready-made plastic-made cupping sets of different sizes (wet cupping). In this case, the cup is placed

over the skin to create negative pressure after suction [4].

The *Herpes zoster (varicella-zoster)* virus causes "**Herpes zoster**" [5] or "**shingles**" [6] disease and affects the particular dermatome (area of skin innervated by a sensory nerve). The vesicular eruptions are seen along the course of the nerve. Postherpetic neuralgia (PHN) is a dermatological nerve pain that occurs after more than ninety days of exposure [7]. In this regard, neuropathic pain occurs due to the reactivation of the virus, which causes damage to the peripheral nerve. The abnormal sensations are itching, highly sensitive even after gentle touch, and pain of nature; continuous burning, episodic severe shooting, or electric-like pain are the main features. The treatment includes a variety of medications like gabapentin, anticonvulsants, topical painkillers, etc. that modify the course of the disease. Only pain management and symptomatic treatment are in practice. The side effects of oral drugs are considerable [8].

CASE REPORT:

A 70-year-old male patient attending the Shalya OPD of the institute has complaints of continuous mild pain, discoloured patches, and spots in the right lateral back (*Paarshwa*) region after an acute attack of *Herpes zoster* one year ago. The localised site seen differs from the nearby skin. The patient was under acute management at the time of onset. Still, the patient feels continuous mild pain associated with hyperesthesia while wearing or touching clothes. The site of pathology was locally well defined, with no discharge, and no foul smell. The involved area has discoloured patches on inspecting and while palpating. The affected site was the trunk and involved a single site. The history of allopathic and Ayurvedic treatment for the same from the

various centres present. The patient had no history of diabetes mellitus, tuberculosis, hypertension, or other chronic illness. The family history is not significant. The bowel habit, appetite, micturition, and sleep were reported as normal by the patient. On physical examination, no pallor, icterus, cyanosis, clubbing, oedema, or any lymphadenopathy were noticed.

Investigations- Investigations revealed that the haemoglobin (Hb) level was 14.3 gm/dl, the clotting time was 5 minutes 2 seconds, the bleeding time was 2 minutes 4 seconds, HIV I & II were nonreactive, and HBsAg was nonreactive. The complete blood picture was normal.

Hence, on the basis of history and clinical examination, the case was diagnosed as "*Kaksha*" [9] disease from an Ayurvedic perspective, which is similar to postherpetic neuralgia (PHN) of modern science.

TREATMENT PLAN:

The Ayurvedic method of bloodletting was adopted as a therapy. *Alabu* therapy (wet cupping therapy) and Ayurvedic drugs are advised for the patient. A single cup of a specific size was selected and applied at the local site with appropriate pressure for bleeding purposes.

Procedure of wet cupping:

1. **Poorva-Karma (preliminary phase):**
After explaining the procedure of wet cupping, written consent was taken from the patient and their attendant. The procedure was performed in a clean minor operation theatre at the hospital. All required materials are kept ready, like modified *Alabu yantra* (cupping set), surgical blade of 15 number, gauze piece, cotton, bandage, micropore, antiseptic solutions, etc., checked and ensured cleanliness. The surgical profile reports bleeding time, clotting time, HIV status, Hepatitis B status, haemoglobin level,

etc. screened and was normal. The vital signs of temperature, pulse rate, blood pressure, and respiratory rate were recorded and noted before proceeding. The locals, *Snehana* and *Swedana*, The soft diet and fruit juice were given orally prior to the procedure.

2. **Pradhan-Karma (main therapy-wet cupping):** The patient was kept in the left lateral position. Local part, i.e. right lateral site of abdomen, cleaned with an antiseptic solution, draped with a sterile cut sheet. Initially, the cup was applied at the desired site and left for 30 seconds, until the skin elevated and reddened. At the demarcated site, initial *Pracchana karma* (scratching) was done and a single modified *Alabu yantra* (cupping set) of appropriate size was selected and applied locally [figure 1-3 attached]. The skin is elevated and bleeding starts. The blood oozes out and fills the cup. After 5 minutes, the cup was removed and the bleed-out impure blood was wiped off with a sterile gauze piece. Full aseptic

precautions were taken during the whole procedure to avoid infection.

3. **Paschat-Karma (post-therapy care):** After the procedure, the *Madhuyastyadi* oil [10] is used for cleaning and dressing. For the first 7 days, the Ayurvedic drugs *Triphala Guggulu* 500mg [11] two tablets twice a day with lukewarm water, and *Haridra-Khand* powder [12] one teaspoonful twice a day with water given orally, were prescribed. The patient was advised to take care of the local part, avoid trauma, avoid wetness, and avoid itching. A light diet was advised with a normal lifestyle. Avoid excessive intake of oily (spicy) foods, junk foods, sour foods, excessive, maida (fine flour), dahi (curd), excessive walking, and exercise. The procedure was repeated for consecutive 3 sittings at the weekly intervals. The follow up was done after a 15-day interval. The patient's symptoms decrease continuously with improvement after each sitting. Finally, the patient becomes asymptomatic.

Table 1: Timeline of events

02/09/2019	Patient first attended in Shalya OPD 17
02/09/2019	Patient screened, surgical profile checked
02/09/2019	First sitting of wet cupping therapy
12/09/2019	Second sitting of wet cupping therapy
24/09/2019	Third sitting of wet cupping therapy
After 15 day	Follow up

Table 2: Outcome measures and follow up:

Sign/symptoms	In first sitting of wet cupping	Assessment before second sitting of wet cupping	Assessment before third sitting of wet cupping	Assessment in follow up (after 15 day)
Pain	Wet cupping done	25% reduced	50% reduced	No pain
Discoloured patches	Wet cupping done	25% reduced	50% reduced	disappeared
Hyperesthesia	Wet cupping done	25% reduced	50% reduced	Not feel while rubbed during clothing

Clinical images:**Figure 1 : Before the therapy and site****Figure 2 : Pradhhan karma – main procedure****Figure 3 : Paschat karma- after care**

DISCUSSION:

Immunocompromised and elderly patients are more likely to contract *Herpes zoster*. The pain exists at the affected skin site and may persist even after the resolution of rashes. Post-herpetic neuralgia is a common complication after an acute attack that may be severe in patients older than 50 years.^[13] The particular feature of postherpetic neuralgia is that it intensifies at night and worsens when skin and clothes rub together. These features are seen in patients with postherpetic neuralgia. ^[14] Bloodletting is the therapeutic removal of blood from the patient's body after taking full aseptic caution. Alabu therapy is a type of bloodletting therapy indicated when the vitiated blood is situated in the *twacha* (skin). ^[15] Generally, the *Varicella zoster* virus merges itself into nerve cells. They may lie there in the resting phase even after recovery from an acute infection attack. With the wet cupping therapy, the dushti rakta drained out the nearby skin and decreased the pathological load. This may be a probable mode of action. After the first sitting of wet cupping, the patient got 25% relief in their symptoms. After the second sitting of wet cupping therapy, I got 50% more relief and was finally asymptomatic after the third sitting of the procedure. Aseptic precaution is expected throughout the whole procedure as the therapy is associated with exposure to blood.

CONCLUSION:

This case report shows that *Raktamokshana* (bloodletting) by *Alabu* therapy (wet cupping therapy) is one of the options for the treatment of postherpetic neuralgia (PHN). Although the work is going on, more studies are required on patients for its authentication on the scientific dais.

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