

Ayurvedic Management of Herpes Zoster with Post-Herpetic Neuralgia: A Case Report

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ABSTRACT:

Herpes Zoster (HZ), commonly called shingles, is a viral illness resulting from the reactivation of the Varicella-Zoster Virus (VZV). It typically presents with painful, blistering skin rashes and may lead to a complication known as Post-Herpetic Neuralgia (PHN). In Ayurveda, this condition can be correlated with *Visarpa* due to similarities in clinical features, such as rapid spread and painful vesicles. A 57-year-old female patient diagnosed with HZ presented with localized pain, vesicles, fever, and a burning sensation. The patient developed PHN following the resolution of the acute vesicles. The patient was treated with Ayurvedic treatments, including; *Raktamokshan* (bloodletting) *Virechana* (purgation) *Pradeha* (local applications) *Seka* (herbal washing), and *Samana oushada* (internal medicine). These interventions aimed to reduce pain, resolve the rash, and manage PHN. Symptomatic patient assessment was carried out periodically, and a satisfactory outcome was noted. The vesicular rash, located along the cervical and thoracic dermatomes, resolved with Ayurvedic treatment. There was a significant reduction in pain. The Ayurvedic approach positively impacted the management of both Herpes and PHN. This case highlights the efficacy of Ayurvedic treatments in managing Herpes Zoster and Post-Herpetic Neuralgia, with notable pain relief and vesicle resolution. The rational application of treatment methods, such as *sodbana* and *samana*, contributed to a successful outcome.

KEY WORDS: Ayurvedic management, Herpes Zoster, Post-Herpetic Neuralgia, *Visarpa*.

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INTRODUCTION:

The skin serves as a mirror, reflecting both internal and external changes within the body, which aids in diagnosing illnesses. Skin issues can affect individuals of all ages, from newborns to the elderly, leading to various negative effects, including discomfort, disfigurement, disability, distress, and even death. Herpes Zoster (HZ) is a viral disease triggered by the reactivation of the varicella-zoster virus (VZV), which stays inactive in the body following a primary varicella (chickenpox) infection. ⁽¹⁻²⁾ HZ is characterized by painful, vesicular rashes typically along a dermatomal distribution, and can lead to Post-Herpetic Neuralgia (PHN) as a complication, a debilitating condition causing persistent nerve pain long after the rash has healed. ⁽³⁾ The disease primarily affects older adults and individuals with weakened immune system, leading to significant morbidity due to the intense pain and potential complications associated with PHN.

In the Ayurvedic context, *Visarpa*, is a condition that manifests as rapidly spreading skin lesions associated with pain and burning sensations. ⁽⁴⁾ The disease in Ayurveda is linked to an imbalance in *Tridosha* with a predominance of *Pitta* and *Vata* doshas, which affect the skin and the nervous system. ⁽⁵⁾ The treatments aim to balance the doshas, eliminate toxins, and reduce inflammation, thereby alleviating pain and promoting the healing of affected tissues.

The rationale behind adopting Ayurvedic therapies in this case stems from the desire to address the disease's root causes, providing not just symptomatic relief but also long-term management of the disease. Ayurvedic medicine offers a promising avenue for improving patient outcomes, especially in those suffering from chronic conditions like PHN, where conventional

treatments often fall short. This case study illustrates the benefits of Ayurvedic approaches in managing Herpes Zoster with PHN, providing valuable insights into how Ayurvedic medicine can manage HZ and PHN.

CASE HISTORY:

A 57-year-old woman visited the outpatient department reporting issues of severe pain in her left upper limb, along with acute skin eruptions on the same limb and her left upper back. She also reported fever and a severe burning sensation in the affected areas for the past seven days.

Associated Complaints:

Generalized weakness and lack of sleep for 7 days.

History of presenting illness

On 21/11/2021, a 57-year-old female with a known history of hypertension and diabetes mellitus visited the outpatient department (OPD) complaining of intense pain in her left upper limb. The pain began abruptly, preceded by acute skin eruptions and a severe burning sensation on the left upper limb and left upper back for the past 7 days. She reported feeling slightly unwell for a few days before the onset of pain. The pain was described as continuous, sharp, and severe, associated with fever. About two days after the pain began, she observed the development of red skin rashes in the affected region. The lesions appeared as clusters of tense, superficial vesicles arranged unilaterally along a dermatome on the left upper limb and left upper back, accompanied by a continuous burning sensation in the same area. In addition to the localized pain and skin eruptions, the patient also experienced generalized malaise and disturbed sleep since the onset of symptoms. Despite taking antipyretics and

antiviral drugs for 3 days, she did not experience any relief, prompting her visit to our hospital for further evaluation and management. There is no history of insect bites, contact dermatitis, or any prior skin conditions.

Past illness

She has been on antihypertensive medication (Tablet-Telmiget H 1-0-0, Tablet-Telmiget 40mg 0-0-1) for the past eight years to manage her hypertension.

She has been receiving treatment for Type 2 Diabetes with medication (Tablet Metformin SR 500mg 1-0-1) for the past year.

History of chickenpox 43 years ago.

Past surgical history: No relevant surgical history.

Family History: No similar complaints have been reported among family members.

Psychosocial Status: The patient appears anxious and irritable.

Personal History:

- **Bowel Habits:** Once daily with hard stools
- **Appetite:** Irregular, often accompanied by abdominal bloating
- **Diet:** Mixed (includes both vegetarian and non-vegetarian foods)
- **Micturition:** 2–3 times during the day and 1–2 times at night
- **Sleep:** Disturbed, primarily due to pain
- **Allergies:** None reported

On Examination

General Examination:

- **Pallor:** Present
- **Icterus:** Not observed
- **Cyanosis:** Not observed
- **Clubbing:** Not present

- **Lymphadenopathy:** Tender and mildly enlarged lymph nodes noted in the left axillary region
- **Oedema:** Mild swelling observed on the left upper limb and face

Vital Examination

Pulse rate -92/min

BP-170/110 mm of Hg

Temperature-100°F

Local Examination

Inspection:

- Clusters of vesicles were observed on the left upper limb and upper back, situated on an erythematous base and following a dermatomal distribution.
- **Involved Area:** Dorsal and ventral aspects of the left upper limb and the left upper back
- **Color:** Reddish
- **Odour:** No noticeable odour
- **Secretion:** Clear, watery discharge present
- **Pain:** Present
- **Loss of Sensation:** Not observed
- **Bleeding Tendency:** Not noted

Palpation:

- The affected area was tender on touch, with a localized increase in temperature.

Systemic Examination

Respiratory and Cardiovascular System:

Both systems were examined and found to be within normal limits.

General Observations: The patient was conscious but appeared restless and anxious.

Reflexes: Deep tendon and superficial reflexes were normal.

Ashtavidha Pariksha

Nadi - vatapittaja

Jivha-sama(coated)

Aakriti- Madhyam (medium built),

Malapravritti- regular.

Druk (vision) -*prakruta*

Dashvidha pareeksha

The patient exhibited a *Kapha-Pittaj* constitution, with a medium (*Madhyam*) *Sara*, *Satva*, *Satmya*, *Vyayam Shakti*, and *Vaya*. Her *Vikeruti* was predominantly *Vaatpitta*, and both her digestion (*Abhyavaharan*) and metabolism (*Jaran Shakti*) were of medium strength (*Madhyam*).

- *Srotas: rasa rakta mamsa*
 - *Srotodushti: Sanga, Vimarga gamana*
 - *Adhishtana: Twak*
 - *Rogamarga: Abhyantara and Bahya*
 - *Roga swabhava: Ashukari*
Upasaya and *anupasaya*-both *sheeta* and *ushnata* aggravates the condition
- Diagnosis:** *Visarpa (Agni visarpa)*

Samprapthi Ghataka

- *Dosha:vata-pitta*
- *Dushya: Twak, Raktha, Mamsa, Lasika*
- *Agni Dushti: Mandagni*

THERAPEUTIC INTERVENTION:

The details of the therapies are mentioned in table1 and 2.

Table 1: Internal medication with time and duration

Duration of intervention	Lakshana	Samana chikitsa	Remarks
1-5 th day	Fever, severe pain, acute skin vesicles, burning sensation	<i>Pachanamrutha kashaya</i>	15 ml with 45ml of lukewarm water at 6 AM&6PM
		<i>Drakshadi panakam</i>	As drinking water
		<i>Sudarshanam tab</i>	1-1-1 after food
6-15 th day	Severe pain moderate burning sensation	<i>Laghumanjishtadi+brubatyadi kashayam</i>	15 ml with 45ml of water at 6 AM&6PM
		<i>Vilwadi gudika</i>	1-1-1 along with <i>kashayam</i>
		<i>Chandraprabha</i>	1-0-1 before food
16-45 th day	Mild burning sensation, Persistent severe pain	<i>Guloochi ksbeerakashaya</i>	30ml at 6 AM&6PM
		<i>Vilwadi Gulika</i>	1-1-1 after food
46-75 th day	Blackish discoloration of skin	<i>Ksbeeraguluchi tab</i>	0-0-1 at bedtime

Table-2: External treatments with time and duration

Duration of intervention	Lakshana	Sodhana chikitsa	Remarks
1 st day	Fever, severe pain, acute skin vesicles, burning sensation	<i>siravyadha</i>	60 ml From anterior cubital vein
1-5 th day	Fever, severe pain, acute skin vesicles, burning sensation	<i>Virechana- Avipattikara yoga</i> (⁶)5gm with warm water	<i>Nitya Virechana</i>
1-5 th day	Fever, severe pain, acute	<i>Aragwadpatra kashaya-</i>	For 15 minutes

	skin vesicles, burning sensation	<i>samasheetoshna parisheka</i>	daily once
6-15 th day	Severe pain moderate burning sensation	External application with <i>doorvadi keram</i>	Frequently
6-15 th day	Severe pain moderate burning sensation	<i>Virechana- Anipattikara yoga</i> 5gm with warm water	Alternate days
6-15 th day	Severe pain moderate burning sensation	<i>Nalpamara kashaya sheeta-parisheka</i>	For 15 minutes daily once
16-45 th day	Mild burning sensation, Persistent severe pain	<i>Karaskaratwak kashaya dbara</i>	For 20 minutes daily
46-75 th day	Blackish discoloration of skin	<i>Mabathiktakalepam</i>	Two times daily

Table-3: Results

DAY	Fever	Skin vesicles	Burning	pain
1 st day	+++	+++	+++	+++
6 th day	+	+	++	+++
16 th day	-	-	+	+++
45 th day	-	-	+	+
75 th day	-	-	-	-



Figure-1: on day first



Figure-1: on 6th day



Figure-1: on 75th day

RESULT AND DISCUSSION:

The observed relief in signs and symptoms is mentioned in Table 3. The treatment plan focuses on *amabarana* (removal of toxins), *agnideepana* (stimulating digestive fire), *kledanirharana* (removing excess moisture), and *sodbaharana* (anti-inflammatory).

Sodbhana chikitsa-sodbhana therapy has a vital role in eliminating the accumulated toxins as well as preventing relapses.

On the first day patient underwent *siravyadha*. It is considered as the supreme method for the treatment of *visarpa*. *Raktamokṣaṇa* [*siravyadha*] not only purifies the channels but also allows other parts to become free from disease, and its action is faster than

other remedies. ⁽⁷⁾ Caraka has also indicated its efficacy in *raktaja roga*. ⁽⁸⁾ When doshas are present in *sakha*, particularly in *raktadhatu* and *twakdushti*, the vitiated *rakta* should be removed through *raktamokṣaṇa*. Otherwise, *raktakṣeda* can further produce *twak*, *māmsa*, and *snāyu kṣeda*, leading to *pāka* or *vidradhi* in them. ⁽⁹⁾ The vitiated blood plays an important role in the pathogenesis of *visarpa*. Bloodletting therapy corrects this vitiation of blood, resulting in the cure of *visarpa*.

In this case from 1st day onwards *Nityavirechana* has been done for one week, 2nd week onwards *Virechana* is done on alternate days. *Virechana karma* specifically targets *drava dhathu*, particularly the seven *dushtyas*, which are key contributors to skin disorders. In this context, we administer *Aripattikara yoga* for *ruksha Virechana*, leveraging the pharmacological properties of its ingredients to help normalize the vitiated *Pitta*. When *malarupa pitta* increases in the body due to *rakta dushti* conditions, *virechana* emerges as the optimal choice for removal. There is a crucial relationship between *pitta* and *rakta*; thus, *pitta*'s involvement is unavoidable in skin issues accompanied by *raktadushti*. *Virechana* effectively addresses both *pitta* and *rakta* while assisting in the elimination of morbid factors.

External therapy: After *raktamokṣaṇa* and internal *sodbhana*, external therapy, i.e., *lepana* and *seka*, should be initiated immediately. Even after the interior of the body is cleansed by *sodbhana*, residual doshas remain in the exterior of the body. To remove these morbid doshas, external therapies should be administered in the beginning. The condition is *vata-pitta* dominant, so *lepa* and *seka* should be *samasbeethoshna* in nature. *Seka* with *Aragwatapatra* decoction, which has a *Madhura Thikta rasa* (sweet and bitter taste), *sheeta veerya* (cold potency), *varnya* (promotes normal skin color), *vraṇa ropaka*

(wound healing properties), and *daha hara* (soothing the burning sensation), aids in the resolution of rashes. After the *Amavastha doovadi kera* is applied externally, it is known for its *vraṇa sodhana*, *ropana*, and *raktaprasadana* properties. In order to reduce burning sensation *dhara* with *panchavalkala* has been done. After the resolution of the rashes, the patient developed PHN. To manage this, *seka* with *karaskara twak* is performed. The active compounds in *Nux vomica* include strychnine and brucine, both of which are alkaloids. These compounds are known for their stimulating effects on the central nervous system, particularly through their action on the spinal cord and peripheral nervous system. At therapeutic doses, it can help in modulating neural sensitivity and pain perception.

In the case of post-herpetic neuralgia, nerve damage caused by the varicella-zoster virus results in abnormal nerve firing, which leads to chronic pain associated with PHN. The persistent pain can be a consequence of both the physical injury to the nerve fibers and the resultant inflammatory processes. The alkaloids in *Nux vomica* help to improve nerve function and restore proper signaling. This could lead to a reduction in the abnormal nerve firing responsible for chronic pain. Enhancing the nerve's responsiveness to normal stimuli could decrease the hypersensitivity caused by nerve damage in PHN. Studies suggest that *Nux vomica* may have mild anti-inflammatory effects, potentially addressing the underlying inflammation that exacerbates nerve pain. ⁽¹⁰⁾ Finally, *Mahatiktaka Ghrita* is applied. The herbs in *Mahatiktaka Ghrita* have a *tikta rasa* (bitter taste), *sheeta veerya* (cooling effect), and are characterized by *laghu* (light) and *ruksha* (drying) properties. It helps in scar clearing. Initially, *Pachanamrutam Kashayam* was administered for *amapachana* (digestive

purification), *agni deepana* (appetizer), and *yakrut uthejana* (liver stimulation). As *pachanamritham kashaya* has *tiktha pachana* property it performs *amapacahana* without raising pitta levels. The most effective *pittashamaka rasas* are *Madhura, thikta*, and *kashaya*, respectively. ⁽¹⁾ *Madhura rasa* neither has a *pachana* quality nor manage *raktadbushti*, leading us to choose *pachanamrutam kashaya*. *Sudarshanam Gulika* which is well known for its antiviral and antipyretic properties were given along with *kashaya*. *Drakshadi Panam* was given frequently to alleviate the burning sensation, as it has *vata-pittahara* (balances vata and pitta) and *dabahara* (soothing for burning) properties. Following one week of medication, the fever and burning sensation in the affected area significantly decreased. Post-*Amavastha*, *Laghumanjishtadi kashaya* was administered to induce *sramsana* and to alleviate *raktadushti*, while *Brubatyadi Kashayam* was prescribed to reduce *kledatwa*. ⁽²⁾ Along with *kashayam Vilwadi Gudika* and *Chandraprabha gudika* were administered to promote blood purification, reduce swelling, and counteract poisons. Even after the resolution of rashes patient complaints or severe persistent pain for which *Gooluchiksheera Kwatha* was recommended, as it is a good neurotonic, antioxidant and immunomodulator.

CONCLUSION:

This case illustrates the efficacy of an integrated, *dosha*-specific Ayurvedic treatment protocol in managing herpes zoster and its complications, including post-herpetic neuralgia. Timely, individualized interventions addressing systemic and localized pathophysiology contributed to symptom resolution, improved nerve function, and enhanced recovery outcomes.

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Declaration of parent's assent:

The patient written consent has been taken for clinical information to be published in the journal without disclosing the identity of patient.

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