To Study Combine Effect Of Ayurvedic And Allopathy Treatment In The Management Of Herpes Zoster Ophthalmicus - Case study

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ABSTRACT: Herpes zoster commonly known as shingles caused by varicella zoster. It is most common complication developed in the patient of herpes. It show unilateral vesicular eruption within the dermatome associated with the severe pain, burning, fever, malaises, photophobia etc. In these disease there is vitiation of vatapitta predominant tridosha and vitiating twak, rakta and mansa dhatu.

Leech when applied over affected part of herpes zoster suck the blood and there by interference with extracellular communication through these exosomes. It helps to reduced signs & symptoms like pain, burning sensation, photophobia, watering, difficulty in opening eye etc and also help to arrest progression of disease. Along with ayurvedic treatment like basti, nasya, tarpan, parishek, bidalaka we also used allopathy medicine. So management of the disease is easy and also it help to avoid serious complication which is not get through only modern medicine or with only ayurvedic treatment . So we manage the disease with the help of ayurvedic and modern medicine.

INTRODUCTION
Herpes zoster commonly known as shingles caused by varicella zoster virus (VZV) due to aging or immunosuppression decreased immunity which causes reactivation of VZV in dorsal root of ganglion. The symptoms of herpes zoster ophthalmicus are fever with burning sensation, pain, ulceration, photophobia, watering through affected eye, conjunctival congestion with involvement of cornea , exudation and sometime destruction of muscle tissue with involvement of nerve. So the main aim of the treatment is to reduced symptoms of herpes and avoiding complication of herpes is very important. Leech therapy play important role in the pain management , reduced burning sensation and achieve analgesic, anti-inflammatory, platelet inhibitory, anticoagulant, thrombosis regulatory function as well as extracellular matrix degradation and antimicrobial effect. This technique is low cost effective and easy to apply. Also other treatment like kriyakalpa including parisheka and bidalaka help in reducing symptoms of herpes. Nasya with tarpan help to improve activity of that affected part which help to maintain normal function of that area. Allopathy medicine also avoid complication of the disease and reduced signs and symptoms.

KEYWORDS
Basti, Bidalaka, Herpes zoaster ophthalmicus , Jalokavacharan ,Kryakalpa ,Nasya, Parishek, Tarpan, Shamaushadhi

AIM
To study combined effect of ayurvedic and allopathy treatment in the management of herpes zoster ophthalmicus.

OBJECTIVE
To study pathophysiology of herpes zoster ophthalmicus.
To study jalokavacharan and shaman chikitsa in herpes zoster ophthalmicus.
To study role of jalokavacharan for reduction of symptoms of herpes zoster ophthalmicus.
To break pathophysiology of herpes zoster ophthalmicus with the help of ayurvedic and modern medicine.

CASE REPORT
A 56 years male pt came at OPD of our hospital complaining of pain, burning sensation, watering, photophobia, difficulty in opening right eye etc. since 20 days. He has taken allopathy medicine for the same complaints and got no satisfactory relief. After that patient consulted ophthalmologist and was diagnosed as right eye herpes zoster ophthalmicus . Hence he approached to the shalakyatantra OPD of our hospital seeking ayurvedic treatment for the same.

CLINICAL FEATURE
Right eye ache
Right eye burning sensation, photophobia
Right eye watering
Difficulty in opening right eye
Blister and ulceration of right side of forehead and eyebrow
Discolouration at ulceration with irregular margin of ulcer at right side of face
Not able to open right eye

MEDICAL HISTORY
k/c/o hypertension since 20 years
K/C/O Left sided paraplegia since 20 years
On medication - tab telma ct 40 od
    tab Bisobis t 25/40 od
    tab Rosules 10 od
    tab Galopin NT 400 half HS

SURGICAL HISTORY - NIL
PAST HISTORY - NIL

ON EXAMINATION:

<table>
<thead>
<tr>
<th></th>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYELID</td>
<td>Dropping of the upper eyelid with formation of blister at supraorbital region and right side of forehead, swelling at right upper eyelid</td>
<td>Normal</td>
</tr>
<tr>
<td>CONJUNCTIVA</td>
<td>Mild congestion</td>
<td>Normal</td>
</tr>
<tr>
<td>SCLERA</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>CORNEA</td>
<td>Hazy cornea</td>
<td>Normal</td>
</tr>
<tr>
<td>IRIS</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>PUPIL</td>
<td>Not reacting to light</td>
<td>Not reacting to light</td>
</tr>
<tr>
<td>LENS</td>
<td>changes</td>
<td>changes</td>
</tr>
</tbody>
</table>

VISUAL ACUITY

<table>
<thead>
<tr>
<th></th>
<th>DISTANCE</th>
<th>NEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT</td>
<td>6/12</td>
<td>N18</td>
</tr>
<tr>
<td>LEFT</td>
<td>6/6P</td>
<td>N10</td>
</tr>
</tbody>
</table>

FLUORESCIENT STAIN

<table>
<thead>
<tr>
<th></th>
<th>RIGHT – NEGATIVE</th>
<th>LEFT – NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHIRMER TEST –</td>
<td></td>
<td></td>
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<tr>
<td>RIGHT 3MM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT 5MM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOCAL EXAMINATION-
No Hutchinson sign seen

ASHTAWIDHA PARIKSHA
Nadi – 98 / min          druk – drushtimandya
Mala – prakrit           Shabda - aspashtha
Mutra – prakrit          sparsh – usha
Jivha – eshat saam       akruti- madhyam

General condition – moderate
Temperature – 98 degree f
Spo2 – 98 %

SAMPRAPTI
Primary infection of varicella zoster virus
Varicella (chickenpox)
Latency
Reactivation of virus due to hetu sevan (stress, excessive intake of ahitkar ahara and vihara ) AND decrease vyadhikshamatva
Vitiation of dosha (Tridosha)
Parakupit dosh a shray in netra pradeshi
Show lakshan like photophobia, burning sensation in eye, formation of blisters over affected area, eyelid oedema, unable to open eye, redness in eye etc
Herpes zoster ophthalmicus

**MATERIAL AND METHOD**

1. Jalokavacharan – at right eye outer canthus (apang pradeshi) 2 times in a week
2. Parishek – with guduchi, Chandan, ushir, nimbapatra, jatipushpa patra, sariva, manjishta bharad for 1 month in morning
3. Bidalaka – triphala, yashtimadhu, dashamul, Chandan, nimba churna for 1 month in morning
4. Paripathadi kwath – 15 ml tds (BF)
5. Shadongodak – muhurmuhu
6. Chandrakala ras – 2 tab bid (BF)
7. Tab famicyclovir 500 mg – tds (AF)
8. Tab rabec DSR- BID (BF)
9. Acyclovir aye ointment 3%- 5 times a day local application
10. Tab pyregesic SOS
11. Nasya with shadbindu taila – pratimarsha nasya 6 drop in both nostril for 7 days
12. Netratarpan with yashtimadhu ghrita for 20 min starting from 50 matra and increasing 50 matra per day for 7 days
13. Matra basti with guduchadi taila – 60 ml taila for 8 days
14. Yog basti for 8 days – niruh basti with guduchyadi kwath and dashamul kwath
15. Yapan basti with mustadi yapan Dravya for 7 days

Treatment is given as per sign and symptoms of the disease.

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Signs and symptoms</th>
<th>Treatment used and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st follow up</td>
<td>• Pain in right eye +++&lt;br&gt;• Redness in right eye at bulbar conjunctiva ++&lt;br&gt;• Photophobia +++&lt;br&gt;• Difficulty in opening right eye +++&lt;br&gt;• hazy cornea ++&lt;br&gt;• burning sensation in right eye +++&lt;br&gt;• blisters with scars of blister over right eyebrow and forehead+++&lt;br&gt;• fever+</td>
<td>a. Tab famicyclovir&lt;br&gt;b. Tab rabec DSR&lt;br&gt;c. Aciclovir eye ointment&lt;br&gt;d. Tab pyregesic SOS&lt;br&gt;e. Aloderma lotion local application&lt;br&gt;f. Apdrop PD eye drop&lt;br&gt;g. Paripathadi kwath&lt;br&gt;h. Chandrakala ras&lt;br&gt;i. Jalokavacharan&lt;br&gt;j. T plus eye drop instilled in right eye</td>
</tr>
<tr>
<td>2nd follow up</td>
<td>• Pain in right eye ++&lt;br&gt;• Redness in right eye at bulbar conjunctiva +&lt;br&gt;• Photophobia ++&lt;br&gt;• Difficulty in opening right eye ++&lt;br&gt;• hazy cornea +&lt;br&gt;• burning sensation in right eye +&lt;br&gt;• no new blisters seen over right</td>
<td>a. Continue previous medicine with&lt;br&gt;b. Shadangodak&lt;br&gt;c. Netraparishek&lt;br&gt;d. Netrabidalaka&lt;br&gt;e. Matra basti with guduchyadi taila</td>
</tr>
<tr>
<td>Fundoscopic Examination</td>
<td>Right</td>
<td>Left</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Pupil</strong></td>
<td>Fully dilated</td>
<td>Fully dilated</td>
</tr>
<tr>
<td><strong>Fundal glow</strong></td>
<td>present</td>
<td>present</td>
</tr>
<tr>
<td><strong>Lens</strong></td>
<td>Nuclear sclerosis grade I – II with corticular changes</td>
<td>Nuclear sclerosis grade I – II with corticular changes</td>
</tr>
<tr>
<td><strong>Vitreous</strong></td>
<td>normal</td>
<td>normal</td>
</tr>
<tr>
<td><strong>Optic disc</strong></td>
<td>normal</td>
<td>normal</td>
</tr>
<tr>
<td><strong>Cup disc ratio</strong></td>
<td>0.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

3rd follow up
- Pain in right eye +
- Redness in right eye at bulbar conjunctiva +
- Photophobia +
- Difficulty in opening right eye +
- Clear cornea
- Burning sensation in right eye +
- Scar over right eyebrow and forehead +
- No fever present

4th follow up
- Pain in right eye +
- Redness in right eye at bulbar conjunctiva – absent
- No Photophobia
- Difficulty in opening right eye +
- No haziness over cornea
- Burning sensation in right eye – absent
- Mild scar over right eyebrow and forehead +
- No fever

a. Continue previous medicine with
b. Adhobhagi snehan swedan pachat mustadi yapan basti
c. Ubhaynetra tarpan with yashtimadhu ghrita
Herpes zoster ophthalmicus commonly known as ophthalmic zoster or shingles is caused by reactivation of varicella zoster (VZV). It is characterised by a unilateral painful skin rash in one or more dermatome distributions of the trigeminal nerve. Varicella virus present in large amount in vesicle. That infections virus from vesicle enters into endings of sensory nerve to dorsal and cranial sensory ganglia. Virus reaches to skin through axon of many neurons that result into appearance of rash on skin of the eyelid and forehead. Varicella treatment used to treat symptoms of varicella zoster. Leech’s sucks blood and lymphatic material and exhibit their action through various exosomes they’re by bringing the reduction in viral load, anti-inflammatory action and deactivation of herpes virus neutralised. We also used kriya Kalpa like parishek and bidalaka with various dravyas. Bidalaka and parishek has significant effect in herpes zoster ophthalmicus. The above selected drug provide anti infective, anti inflammatory, analgesic effect. Also drug used for this kriyakalpa help in rakta pitta shaman which mostly aggravated dosha in herpes zoster virus. Due to this it help in reduced sign & symptoms like burning sensation, photophobia, redness, pain etc. Not only it help in treating the disease but also help to reduce neuralgic pain and stopped progression of disease with avoid complication also. Basti chikitsa also used in this patient to treat not only symptoms of herpes zoster ophthalmicus but also help in the management of paraplegia of right side. Matra basti help in overall detoxification of whole body. On the action of basti vagbat says that conveyed to apana and when apan vayu attain their sanya avastha it will help for shaman of all other prakupit vayu. At the same time basti by pacifying vata, restored prakupit pitta and kapha at their original sthana & thus help in breaking the samprapti of the disease. The ingredients used in the guduchyadi basti get absorbed and then through general circulation reaches at the site of lesion & reduced symptoms. After completing matra basti with guduchyadi taila we start dashmool and guduchyadi kwath yog basti to treat symptoms of paraplegia. After that we start mustadi yapan basti. Mansakshay and balakshay are the predominant manifestation in that patient of paraplegia which is neuromuscular disorder. The main aim of the treatment to provide nutrition to muscle & body also improve life style of patient and stop further progression of disease. also, it helps for improving bala and mansa dhatu of the patient by sending proper signal to brain and then brain to neuron. We started nasya for this patient to improve health of the organ and proper functioning of the tissue.

Along with that we also did tarpan of the patient with yashtimadhu ghrita. Tissue contacts bioavailability is more in this kriyakalpa. It also allows more absorption of drug through eyelid conjunctiva, cornecal surface, sclera etc and exerting direct pressure upon the eye. So that it helps in reduced lakshan like burning sensation, difficulty in opening eye, photophobia etc. Antiviral drug oral and local application in the eye supress the virus ability to infect & multiply in the cells. It helps by inhibiting molecular interaction & functions needed by the virus to produce new copies of itself. So, it works by stopping the spread of the herpes virus in the body.

CONCLUSION
Herpes zoster ophthalmicus is potentially serious reactivation of varicella zoster virus in the distribution of the ophthalmicus division of trigeminal nerve. Ayurvedic treatment with allopathy medicine help in the treatment of disease also help in avoiding complication of these virus. For that purpose, we used antiviral drug for suppression of virus quickly and reduced lakshan of disease. Along that we given various ayurvedic treatment for management of herpes zoster to treat disease early and avoid complication.

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