

Managing Herpes with Ayurveda Principles: A Case Report

Case Report

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Abstract

Herpes is generally correlated with *Visarpa* in Ayurveda, In Modern science, Herpes is a viral infection caused due to species of *herpesviridae*. It is treated with several oral and topical antivirals. These medicines are very expensive and have limited role to cure such type of viral infections; also they do not work upon the complications like post herpes neuralgia. Present case study enlightens about the effective treatment of herpes based upon ayurvedic principles; which not only completely cures the disease but also takes care of complications. Ayurvedic treatment is also cost effective and offers early recovery as well. Present case is treated with some ayurvedic oral medicines and *siravedh* (Bloodletting by venepuncture). Patient got complete relief from signs and symptoms in twelve days; also there was no evidence of post herpetic neuralgia or any other complication of herpes. No side effects of treatment were observed in this case.

Key Words: Ayurveda Principles, Herpes, *Visarpa*, *Raktamokshan*, *Siravedh*, Venepuncture.

Introduction

Herpes simplex virus 1 and 2 (HSV-1 and HSV-2) belong to diverse family of *Herpesviridae*, causing oral herpes lesions (HSV-1), genital lesions (HSV-2), meningitis, and encephalitis (1). Primary infection within the genital tract, followed by an established latency phase gives rise to life-long infection in humans (2).

Infectious diseases like Herpes, which predominantly affect skin, are correlated with *kushtha* or *visarpa* in Ayurveda (3). Because of fast spreading nature of Herpes, it is commonly correlated with *visarpa*. *Visarpana* or *parisarpana* means fast spreading nature (4).

Visarpa is one of the major skin diseases which are explained in detail apart from *Kusthavyadhi* by almost every *Acharya* (4). This imparts the severity and significance of disease. *Visarpa* is characterized by *Aashu* – *anunnatashopha* (Rapidly developing blisters/swelling), *Daha* (Burning), *Vedana/Shoola/Toda* (Pain/Pricking Pain), *Jwara* (Fever) and nature of *Pidika* is described as *Agnidagdhavat* (looks like burnt by fire) (5,6). So, undertaking the severity of disease, different diagnosis and treatment modalities are explained by different *Acharyas* for immediate acknowledgment of disease and management of disease. Ayurvedic

treatment is always based upon the common treatment principles and the treatment principles of that particular disease.

Here in case of *visarpa*, it must be taken into consideration that *visarpa* is a disease of *raktavaha srotas* (7) in which there is *pitta* predominance also *Kleda* (excessive moisture) is one more factor contributing in the pathogenesis of *visarpa* (8). There are seven factors which predominantly contribute in the pathogenesis of *visarpa* (8) these are *rakta*, *lasika*, *twacha*, *mamsa*, and *vata*, *pitta*, *kapha*; And the symptoms are expressed in *twak* (skin) and *Mamsa* (subcutaneous tissue).

Diagnosis of *visarpa* is made on the basis of *Nidan Panchaka* i.e. *Hetu* (etiological factors), *Purvaroop* (Prodromal Symptoms), *Roopa* (Symptoms), *Upashaya* (alleviating factors) and *samprapti* (pathogenesis) that is observed in patient and the *Rugna pariksha* i.e. History, Physical, systemic and local examination of patient.

Treatment principle of *visarpa* includes *Langhana*, *lekhana*, *Tikta rasa*, *Ruksha* and *sheet pralepa* (*Kaphaj*), *Rukshan*, *Virechan*, *Raktamokshan* (*Pittaj*), *shaman*, *Rukshan* (no oleation is useful) (9,10), if *pitta dosha* is aggravated much then *virechana* (Purgation) and *Raktamokshana* (Blood letting) therapy should be used (9).

Visarpa never manifest without the vitiation of *rakta* and *pitta*, bloodletting therapy can match all the other modes of treatment described for management of *visarpa* (11).

Along with the extensive discussion on treatment of *visarpa*, the light is also focused over the wholesome and unwholesome diet to be consumed and avoided in *visarpa* (12)

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There are some studies and case reports published previously on herpes (13, 14, 15, 16, 17). These studies conclude with the different angles of diagnosis and treatment of herpes. Extensive work has been carried out on the effect of leech therapy on herpes also.

Medical science had headed with tremendous progress with antiviral drugs but these are not economically cost effective and do not go for long term run, also the side effects of antiviral cannot be neglected. This case study enlightens about the treatment of herpes based purely upon the ayurvedic principles. This further gives the confidence to the Ayurved practitioners for successful treatment of herpes in a proper ayurvedic way and also opens the door for researchers for further research.

Along with the complete relief from the symptoms, early diagnosis and treatment in ayurvedic way, avoids the long term complications like post herpetic neuralgia.

Patient information

A 32-year-old female, not a known case of any notable illness, presented in private OPD with reddish eruptive blisters on lower back (right side) and right thigh region with severe pain but no burning. She was advised by physician acyclovir 400 mg 5 times in a day and NSAID (Tab. zerodol) and Oint. Acyclovir and oint. Clobate GM for local application but patient did not consume any oral medication advised by physician; and she visited to Ayurvedic OPD for ayurvedic treatment.

Findings

General examination

Patient was afebrile, pulse 80/min, blood pressure 110/80 mm Hg. RR 18 /min, P/A Soft and non-tender.

Reddish eruptive blisters on lower back (Right side) and right thigh region.

Systemic examination

In systemic examination, respiratory, cardiovascular system examination was within normal limits. Patient was conscious and well oriented. She was somewhat restless, severe pain at the site of blisters was also present; her pupillary reflexes were within normal limits. Deep tendon reflexes & superficial reflexes were also normal.

Ashtavidha Parikshan (8 fold Examination): *Nadi* (pulse) was *Vatpittaj*; *Mutra*(Urine): *Atipeet* (Dark Yellow); *Jivha* (tongue) was *Sama* (coated); *Aakriti* was *Madhyam* (medium built); *Mala* (Bowel habit) was regular and normal; *Druk* (vision) was normal with correction.

Dashvidh Pariksha showed *Pitta Pradhan Vatanubandhi* *Prakruti*, *Madhyam Sarata*, *Alpa Satva*, *Madhyam Satmya* *Avara Vyayam Shakti*, *Taruna Vaya*, *Vikruti Vaatkapha Pradhan Pittanubandhi*, *Abhyavaharan* and *Jaran Shaki* was *Madhyam*.

Investigations

Patient was not a known case of any major illness and as the primary diagnosis was herpes infection; no laboratory investigations were advised.

Clinical findings

Patient had a complaint of blisters on lower back (Right side) and right thigh region with severe pain and reduced joint movements and stiffness was present

Patient was not complaining of burning at blisters site.

Diagnostic assessments

Patient was diagnosed on the basis of clinical findings. Photographs are given in Fig. 1 to Fig. 07. Assessment was done on the basis of signs and symptoms.

Therapeutic intervention

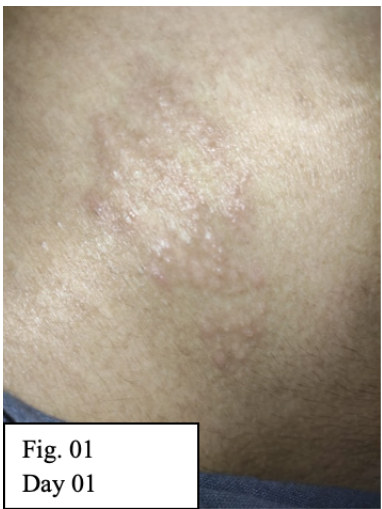
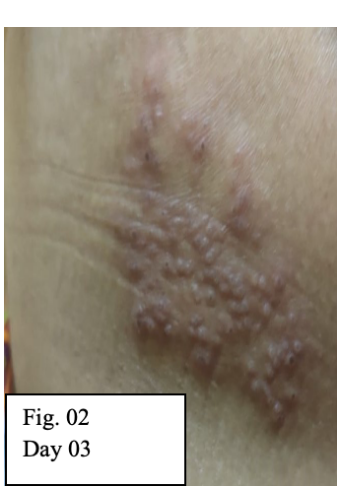
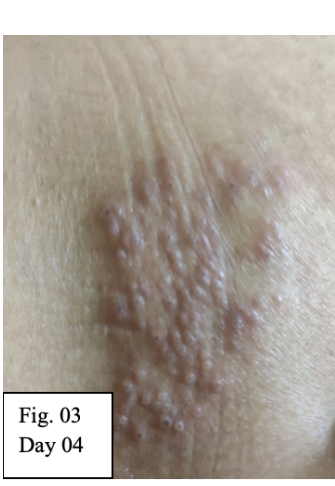

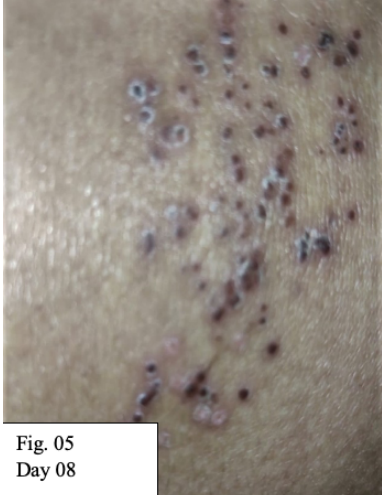



Treatment plan was carried out considering *Vata-kaphanubandhi pitta Dosh*, *Rakta Dhatu*, *Tvacha Sthana*. Removal of *Dushita Rakta* along with Shaman through internal medicines was considered. Involvement of *Ambu (~Kleda)* (abnormal excessive moisture) is also considered as important factor during planning the treatment (18). Easy availability of these medicines at our hospital and *Ayurveda* description of the medicines both were given importance to choose particular medicines.

Acharya charak quoted that all the treatment protocols are towards one side and *Raktamokshan* alone towards another (19); hence *Raktamokshan* is given prime importance. *Siravedh* is preferred for bloodletting because Acharya sushrut has described the importance of bloodletting by venepuncture (20). Scope of *siravedh* is quite wider (21) than the other *raktamokshan* methods (i.e. *jalouka*, *shrunga*, *alabu*) and also the unavailability of *jalouka* (leeches), *Shrunga* and *alabu* in our clinic.

First sitting of *Siravedh* was done on 3rd day of treatment. The *dusheeta rakta* (Impure blood) was removed by pricking a great saphenous vein (lower part) at right foot by 20 no. scalp vein set under all aseptic precautions. Around 50 ml of blood removed. The drained blood was darker than usual blood red colour. Total two sittings were required to achieve complete recovery. The second sitting was performed on 5th day of treatment. Standard operating protocol was followed as mentioned by Dr G. Shreenivasa Acharya (22).

Decoction of powders of *Guduchi* (*Tinospora cordifolia* Miers.), *Sariwa* (*Hemidesmus Indicus* R.Br.), *Patol* (*Trichosanthes dioica* Roxb.), *Vasa* (*Adhatoda Vasika* L.), *Darvi* (*Berberis aristata* DC.) *Bala* (*Sida cordifolia* L.), *Dhanvayasa* (*Fagonia cretica* L.), *Dashamoola* and *Draksha* (*Vitis vinifera* L.) was given internally considering their *Vata-kaphagna* and *raktashodhaka* and *Kledaghna* properties respectively as well as availability at our clinic (23).

Sanshamani vati contains powder of *guduchi* (*Tinospora cordifolia* Miers.) boiled again and again with decoction of *guduchi* itself, until becomes solid. It

Fig. 1 & 2 - Before treatment;		Fig 3 – On the day of first sitting of <i>Siravedh</i> ;	Fig 4 - 2 days after first sitting of <i>siravedh</i>
 Fig. 01 Day 01	 Fig. 02 Day 03	 Fig. 03 Day 04	 Fig. 04 Day 06
Fig 5 – on the day of second sitting of <i>Siravedh</i>	Fig 6- 2 days after second sitting of <i>Siravedh</i>	Fig 7 - After treatment	Fig. 08 <i>Siravedh</i> from great saphenous vein (Lower part)
 Fig. 05 Day 08	 Fig. 06 Day 10	 Fig. 07 Day 12	 Fig. 08

is explained under *jwaradhikara* (fever chapter) in *siddhayoga samgraha* (24). It is advised considering the *jwaraghna* (antipyretic), *pittaghna* (lowers pitta), *kledagha* (absorbs excessive unwanted moisture) quality of *guduchi* (25) and considering *Tikta Rasa* (bitter taste) of *guduchi*.

Gandhak Rasayan is a formulation described in *Yogaratanakara*. When there is vitiation of *rakta* and *pitta* simultaneously or vitiation of *rakta* because of aggravated *pitta*, *gandhaka rasayana* can be used very effectively (26).

Erand Tail (Castor Oil): Castor oil is said to be the best for *virechana* and also it lowers the aggravated *vata* and *pitta* (27).

During the course of treatment no antiviral, analgesics for herpes were consumed no any kind of topical ointments were applied.

Follow up and outcomes

Siravedh was performed on the 3rd day of onset of rash at the lower back Right side. Patient got relief in severity of pain and other symptoms; rash and blisters

were also subsided within 1day after first sitting of *siravedh*; this was recorded in case record format.

Changes in consequent follow ups are shown in images. Fig 1 shows before treatment condition. Treatment was started after capturing image. Fig. 2 was captured on 3rd day of treatment *Siravedh* was done on 3rd day after capturing image. Fig.3 shows the changes in blisters after *siravedh*. Fig. 4 was captured on day 6 of treatment. The second sitting of *siravedh* performed on this day after capturing the image. The drastic change in blisters can easily be seen in this image. The symptoms were drastically reduced up to 6th day of treatment.

The second sitting of *siravedh* was performed on 6th day of treatment. Fig. 5 shows the effect of two sittings of *siravedh* and internal medication on blisters. The symptoms were further reduced gradually. Fig. 6 shows dried blisters.

Currently patient did not have any pain, burning related to herpes till the date of submission of this version of manuscript.

Table 1. Showing Ayurveda treatment Plan

Date	Treatment plan	Aushadhi Sevan Kal
03/02/2022	<p>1) Internal Medications : Decoction of <i>Guduchi Churna (Tinospora cordifolia Miers.)</i> <i>Sariwa Churna (Hemidesmus indicus R.Br.)</i> <i>Patol Churna (Trichosanthis dioica Roxb.)</i> <i>Vasa Churna (Adhatoda vasika L.)</i> <i>Bala (Sida cordifolia L.)</i> <i>Darvi (Berberis aristata DC.)</i> <i>Dhanvayasa (Fagonia cretica L.)</i> <i>Dashamula (combination of 10 herbs)</i> <i>Draksha (Vitis vinifera L.)</i></p> <p>Sanshamani Vati Maha-Gandhak Rasayana Erand Tail (Castor Oil)</p>	<p>40 ml Decoction 3 times a day (<i>Prana, Vyana-Udana kala</i>) With addition of 10 ml Castor oil</p> <p>1-----1-----1 1-----0-----1</p> <p>With Decoction 10 ml 3times a day</p>
06/02/2022	1st Sitting of Siravedh	50 ml venous bloodletting (<i>siravedh</i>) from a vein of right foot in morning
08/02/2022	2nd Sitting of Siravedh	50 ml venous bloodletting (<i>siravedh</i>) from a vein of right foot in morning
10/02/2022	Same Internal medication continued for 3 more days	As per above
13/10/2022	<p>Same Decoction was continued for 3 more days but it was without castor oil and frequency also reduced to twice a day.</p> <p><i>Sanshamani vati</i> (Frequency reduced to twice a day) <i>Maha gandhak Rasayan</i> (Omitted) <i>Erand Tail</i> (Omitted)</p>	<p>40 ml decoction without castor oil in Afternoon and night after meal (<i>Vyanodan kala</i>)</p> <p>1-----0-----1</p> <p>Stopped Stopped</p>

Results

Assessment of treatment and results were recorded based primarily upon subjective criteria. Pain, Stiffness and restricted movements of right lower limb, burning, tenderness, area occupied by blisters, and form of blisters.

Table 2: Showing the Assessment of the parameters

Sr. No.		Day 0 (Before Treatment)	Day 04 (After 1 st sitting of <i>siravedh</i>)	Day 07 (After 2 nd sitting of <i>siravedh</i>)	Day 12 (After treatment)
1	Pain	++++	++++	++	Nil
2	Stiffness/ Restricted movements of right lower limb	++++	+++	+	Nil
3	Burning	Nil	Nil	Nil	Nil
4	Tenderness	++	++++	++	Nil
5	Area Occupied by Blisters	Lower Back Right side, Right Thigh spreading towards groin region	Lower Back Right side, Right Thigh spreading towards groin region	Area restricted to previous spread. No further spread of blisters noted.	Spread remains restricted to limited area. All blisters were dried.
6	Form of Blisters	Small, reddish, tender blisters	Small but eruptive blisters, Dark red in colour, tenderness increased	Blackish drying blisters, tenderness reduced markedly	Exfoliated dead skin flaked off and blisters were totally went off.
7	PHN	Post-herpetic neuralgia was not at all observed in present case. Ayurvedic medicines were continued for 2 weeks after the treatment of herpes.			

Discussion

Herpes is generally been correlated with *Visarpa*. In this particular case it is correlated with *vata- Kaphaj* type of *visarpa*.

Ayurveda suggests *Rukshan*, *Virechan* and *Raktamokshana* in such type of pathogenesis (28).

Amongst all the treatment protocols available for *visarpa*, *Raktamokshana* has given a prime importance (29) in all means.

Probable Mode of Action

Rukshana: In the development of *visarpa*, *Kleda* (the unwanted excessive moisture) is given prime importance as far as pathogenesis of *visarpa* is concern. The treatment for *Kleda* i. e. *Rukshana* is achieved with the help of the decoction of several medicinal powders (mentioned in Table No. 01). Most of the medicines used in decoction i.e. *Patola*, *Musta*, *darvi*, *dashamoola*, *Vasa* possess *Ruksha* (Dry) and *kledaghna* (Absorbs excessive moisture) property, which ultimately lowers *Kleda*.

Virechana: vitiated *Pitta dosha* plays a pivot role in pathogenesis of *visarpa* and *virechana* is the best treatment for aggravated *pitta dosha*. *virechana* with *eranda tail* (Castor Oil) and *Draksha* in decoction was given. Which expelled the *Bahu Pitha dosha*, thus in turns reduces the symptoms.

Raktamokshan: *Rakta* (Blood) is a most vitiated factor in *visarpa*. Hence *raktamokshana* is desperately advised in treatment protocol. In this case, *Raktamokshana* (Bloodletting) i.e. Removal of *dushita rakta* (Impure blood) is carried out by *siravedh* (bloodletting by venous puncture).

Amrutadi kwatha: *Amrutadi kwatha* is a decoction of over said powders of medicines. It consist of *Guduchi*, *Patola*, *Musta*, *Darvi*, *Dashamula*, *Dhamasa*, *Bala*, *Draksha*, and *erand taila*, which are having *Pittashamak* (lowers aggravated *pitta*), *Raktaprasadak* (Purifies Blood), *Dahagna* (Relives Burning) action. This decoction is given aiming towards the *rukshana* (absorption of moisture) and *virechana karma* (Medicated Purgation) for suppression of *Kleda* (Excessive moisture) and removal of aggravated *pitta* respectively (23).

Sanshamani vati: *sanshamani vati* is also known as *guduchi Ghana vati*. It lowers the aggravated *pitta* and *jwara*. It absorbs excessive unwanted moisture/slough from skin and hence relieves the symptoms as well as helps to break the pathogenesis. Also *Tikta rasa* (Bitter taste) is advised in treatment of *visarpa*. *Guduchi* is a primary bitter medicine that is advisable in *visarpa* (24).

Maha gandhak rasayana: It acts on by its *Kleda hara*, *Pitha hara* property and its property to purify the blood in one sense. When there is vitiation of *rakta* and *pitta* simultaneously or vitiation of *rakta* because of aggravated *pitta*, *gandhaka rasayana* can be used very effectively (26).

Herpes of patient is treated with Ayurveda principles considering clinically as herpes which is correlated with *vata-kaphanubandhi visarpa*. In *vata-*

kaphanubandhi Visarpa Principle treatment is *Rukshan*, *Virechan*, *Raktamokshan* and *Pradeha*. Actually, *acharya charaka* advices *raktamokshan* in *visarpa* by *shrung* (*Vataj* Type), *Jalouka* (leech) (*pittaj* type) and *alabu* (Bitter Guard) (*Kaphaj* type) but unavailability of *shrunga* (Cupping), *jalouka* (Leeches), and *alabu* (Bitter Guard), *Siravedh* method is preferred and removal of *dushita rakta* (Removal of impure blood by venepuncture method) is achieved in two sittings of *siravedh*.

Pitta Doshghna Pradeha (application of topical ointment) is also importantly indicated. In this particular case, *Pradeha* means local application over skin was very difficult as far as site of blisters is concern. Hence local application was not advised in present case.

Herpetic neuralgia is one of the most common complications of herpes. In this case patient did not experience any pain or burning after completion of whole treatment. The medicines and the bloodletting have taken care of post herpetic neuralgia also.

It is important to note the decrease in pain just after first sitting of *siravedh*. This effect has impressed patient to continue, only with Ayurveda treatment.

In modern science, even after treating herpes with antivirals post herpetic neuralgia (PHN) is very common. Treatment of PHN requires medicines like pregabalin for long longer duration those are costly. In this case report we did not observe such symptoms of PHN. Various studies have shown that medicinal leeches can reduce the PHN very effectively (30).

Patients perspective

Initially patient was also due adverse effect of antiviral therapy; and hence she was not willing for consuming antiviral medicines. She was restless due to pain and burning in initial stages but after first sitting of *Siravedh*, she was much more relaxed as there was marked reduction in symptoms. Patient received the whole treatment and followed dietary advice very positively which helped her to recover very fast.

Informed consent

Patient signed the informed consent explained to her and she has willingly given consent to publish this article.

Conclusion

Ayurveda approach to break the pathogenesis in the management of herpes based upon the treatment principles gives better and cost effective solution. It not only reduces the signs and symptoms of the disease but also provides a complete cure of disease and prevents complications.

The bloodletting by *siravedh* (Venous puncture) instead of any other bloodletting method, can also offer better results in such cases.

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None disclosed.

Conflicts of interest

None disclosed.

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