



Case Report

Siravedhan in Refractory Herpes Zoster Ophthalmicus: An Ayurvedic Case Report

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Abstract

Herpes Zoster Ophthalmicus (HZO) is a painful, often sight-threatening condition resulting from reactivation of latent varicella-zoster virus in the ophthalmic division of the trigeminal nerve. Conventional management can be done with antiviral therapy and analgesics, yet complications like post-herpetic neuralgia (PHN) remain challenging to prevent and treat. This case report presents Ayurvedic interventions, particularly *Siravedhan* (therapeutic venepuncture), in managing acute HZO. A 74-year-old male presented with acute unilateral vesicular eruptions over the left forehead, periorbital region and ear, severe burning pain (VAS 8/10), photophobia, swelling and positive Hutchinson's sign. The patient received three sittings of *Siravedhan* performed above the *Kshipra Marma* on the affected side, alongside oral Ayurvedic formulations (*Sutshekhara Rasa*, *Arogyavardhini Vati*, *Gandhak Rasayan* and *Mahatikta Ghrita*) and local application of *Shatadhauta Ghrita*. The patient experienced immediate relief from burning pain after the first *Siravedhan* procedure. By day 7, swelling and photophobia were resolved. By Day 14 vesicular lesions had crusted and healed; by Day 21, only mild discoloration remained. The patient resumed normal activities with no evidence of post-herpetic neuralgia. This case shows the potential of Ayurvedic interventions, particularly *Siravedhan*, in managing HZO by providing rapid symptom relief and possibly preventing post-herpetic neuralgia. It suggests that more clinical studies are warranted to validate these findings.

Keywords: Hutchinson's Sign, Kshipra Marma, Post-herpetic neuralgia, Siravedhan, Therapeutic bloodletting, Visarpa.

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Introduction

Herpes Zoster Ophthalmicus (HZO) accounts for approximately 10-20% of all herpes zoster cases and occurs when the varicella-zoster virus (VZV) reactivates in the ophthalmic division of the trigeminal nerve (1). This reactivation typically manifests as a painful unilateral vesicular rash in the dermatome of the affected nerve, often accompanied by prodromal symptoms such as fever, malaise and localized pain or paresthesia (2). The incidence of

HZO increases with advancing age, making elderly individuals more susceptible (3). Despite appropriate treatment, approximately 10-20% of patients develop post-herpetic neuralgia (PHN), characterized by persistent pain persisting beyond the acute phase, particularly impacting quality of life (4). Preventing PHN remains a clinical challenge.

From an Ayurvedic perspective the symptoms observed in Herpes Zoster Ophthalmicus (HZO) may be correlated with condition known as "*Visarpa*," particularly "*Pittaja Visarpa*". These features symptoms like by spreading vesicular eruptions (*Pidaka*), burning sensation (*Daha*) and inflammation. Among these interventions, *Raktamokshana* (therapeutic bloodletting), particularly through *Siravedhan* (venepuncture), is highly regarded in Ayurvedic classics for conditions characterized by vitiated *Pitta* and *Rakta*. According to *Sushruta Samhita*, a foundational text of Ayurvedic surgery, "*Raktamokshana* is half the treatment in *Pittaja disorders*" (5). This procedure is believed to directly eliminate

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vitiated *Rakta dhātu*, thereby rapidly reducing inflammation and alleviating symptoms.

Despite the widespread clinical use of these Ayurvedic interventions in India, there is limited documented evidence regarding their efficacy in managing HZO. This case report aims to document and analyze the effectiveness of an integrated Ayurvedic approach, with particular emphasis on *Siravedhan*, in the management of acute HZO, offering insights into alternative or complementary therapeutic strategies for this debilitating condition.

Case Report

A 74-year-old male presented with a three-day history of unilateral vesicular eruptions over the left side of the forehead, periorbital region, upper eyelid and ear and nose, accompanied by severe burning pain, photophobia, swelling and itching. Hutchinson's sign was positive, suggesting Naso ciliary nerve involvement (1). The patient reported blurred vision with no significant past medical, surgical or family history.

Vital signs were stable (blood pressure 130/80 mmHg, SpO₂ 99%, temperature 98.5°, pulse rate 80/min). Systemic examination findings were normal. Ophthalmic evaluation showed conjunctival congestion and dry eye confirmed by Schirmer's test (<10 mm in 5 minutes) without corneal ulceration.

From an Ayurvedic perspective, the condition was diagnosed as "*Pittaja Visarpa*" with involvement of *Rakta dhātu*, characterized by unilateral vesicular eruptions (*Pidaka*), burning pain (*Daha*), erythema (*Raga*) and tenderness all indicative of vitiated *Pitta dosha* and *Rakta dhātu* (6).

Intervention

The patient was treated with an integrated Ayurvedic approach combining both *Shodhan* (purificatory) and *Shaman* (palliative) approaches. The treatment was initiated on the day of presentation (Day 0) and continued with follow-ups on Days 7, 14 and 21 as shown in Table 1.

Table 1: Treatment Protocol

Days	<i>Shodhan</i> Therapy (Purificatory)	<i>Shaman</i> Therapy (Palliative)	Clinical Observations
Day 0 (4/02/2025) (Initial Presentation)	<i>Siravedhan</i> - Site: Above <i>Kshipra Marma</i> on the left side	- <i>Sutshekhar Rasa</i> : 2 tab (125 mg) twice daily before meals with lukewarm water - <i>Arogyavardhini Vati</i> : 2 tab (250 mg) twice daily after meals with lukewarm water - <i>Gandhak Rasayan</i> : 2 tab (250 mg) twice daily after meals with milk - <i>Shatadhauta Ghrita</i> : Applied topically three times daily Carboxymethylcellulose eye drops for dryness	- Burning Pain: VAS 8/10 - Significant periorbital and forehead swelling. - Itching: Itching Severity Pruritus Numeric Rating Scale (IS-PNS): 7/10 - Active vesicular eruptions with erythema - Photophobia present - Immediate reduction in burning sensation noted after <i>Siravedhan</i>
Day 7 (11/02/2025) (First Follow-up)	Second sitting of <i>Siravedhan</i> - Same site and procedure as Day 0	Continued all previous medications -Added: <i>Mahatikta Ghrita</i> : 10 ml twice daily on empty stomach	- Burning Pain: VAS 3/10 - Itching: IS-PNS: 2/10 - Complete resolution of facial swelling and periorbital edema. - Vision improved, no photophobia - Vesicular lesions dried crusts turned dark brown - Nasal congestion resolved
Day 14 (18/02/2025) (Second Follow-up)	Third sitting of <i>Siravedhan</i> - Same site and procedure as previous sessions	-Continued: <i>Arogyavardhini Vati</i> , <i>Mahatikta Ghrita</i> and <i>Shatadhauta Ghrita</i> -Discontinued: <i>Sutshekhar Rasa</i> and <i>Gandhak Rasayan</i> -Eye drops continued	- Burning Pain: VAS 0/10 - Itching: IS-PNS: 0/10 - Lesions healed, changing from dark brown to light brown - No erythema, itching, or burning pain - Vision clear with improved dryness
Day 21 (25/02/2025) (Third Follow-up)	No further <i>Siravedhan</i> required	-Continued: <i>Arogyavardhini Vati</i> , <i>Mahatikta Ghrita</i> and <i>Shatadhauta Ghrita</i> for additional 7 days	- Healed lesions, slight skin discoloration with minimal scarring. - No recurrence of symptoms - No development of post-herpetic neuralgia - Patient resumed normal activities

Raktamokshana (Therapeutic Bloodletting) through *Siravedhan* (Venepuncture)

The site chosen for *Siravedhan* was above the *Kshipra Marma* (the vital point situated between the thumb and index finger) on the left side.

The procedure was carried out under strict aseptic conditions. A sterile 22½ scalp vein set was used for venepuncture and approximately 20 ml of blood was drawn under aseptic condition.

Hemostasis was achieved by gentle pressure. The procedure was repeated at weekly intervals for a total of three sittings.





Shaman Chikitsa (Palliative Therapy)

Sutshekhar Rasa for *Pitta*-pacifying action and inflammation. *Arogyavardhini Vati* for antimicrobial, immune-regulating, and anti-inflammatory actions. *Gandhak Rasayan* for antibacterial and reduces the inflammation. *Mahatikta Ghrita* for anti-inflammatory, antimicrobial effect. *Shatadhauta Ghrita* as topical soothing agent.

Pathya Apathya was advised with emphasis on light, easily digestible foods (*mudga, yusha*, cooked vegetables, rice, wheat) and avoidance of spicy, oily, fermented, and refrigerated items. Rest and protection from sunlight were recommended.

Photograph Integration

Table 2: Clinical Photographs of the Patient during Treatment

Description	Photograph
Day 0: Unilateral vesicular eruptions over the left forehead, periorbital region, upper eyelid and left ear and active Lesions and periorbital swelling are clearly visible.	Figure 1: 
Day 7: Complete resolution of facial and periorbital swelling and drying of lesions compared to Day 0. Noticeable improvement in lesion.	Figure 2: 
Day 14: Lesions appear healed. No active vesicular eruptions or swelling.	Figure 3: 
Day 21: Healed lesions, slight skin discoloration remaining, overall improvement.	Figure 4: 

Scales Utilized

Visual Analog Scale (VAS): A validated tool for measuring pain intensity on a scale of 0 to 10, with 0 representing "no pain" and 10 representing "worst imaginable pain"

Itching Severity Pruritus Numeric Rating Scale (IS-PNS): A single-item, 11-point scale where patients rate their worst itching intensity over the past 24 hours from 0 ("no itching") to 10 ("worst imaginable itching")

Schirmer's Test: A standardized ophthalmic test that quantitatively assesses tear production to diagnose dry eye, using filter paper strips inserted into the lower conjunctival sac

Discussion

This case report shows the efficacy of *Siravedhan* (therapeutic venepuncture) combined with Ayurvedic formulation in the management of Herpes Zoster Ophthalmicus. The patient experienced rapid symptom relief, with complete resolution of swelling and photophobia within one week and no evidence of PHN during the follow-up.

HZO is a sight-threatening manifestation of varicella-zoster virus reactivation, accounting for 10–20% of all herpes zoster cases (1). The disease presents with acute pain, vesicular eruptions, ocular involvement, and can lead to keratitis, uveitis, and vision loss (2,3). Although antiviral therapy reduces viral replication, approximately 10–20% of patients develop PHN (4,5), a

debilitating neuropathic pain syndrome. PHN disproportionately affects the elderly, significantly impairing quality of life and creating a therapeutic challenge (2).

Ayurvedic Perspective

In Ayurveda symptoms of HZO correlates with "*Pittaja Visarpa*," where vitiated *Pitta dosha* and *Rakta dhatu* manifest as vesicular eruptions, burning pain and inflammation. This vitiated *Pitta* further contaminates *Rakta dhatu* (blood tissue), leading to inflammatory manifestations in the skin and deeper tissues (7). The involvement of *Rakta dhatu* explains the characteristic erythema and vessel congestion, while *Pitta* vitiation accounts for the burning pain and inflammatory response

Mechanism and clinical significance of Siravedhan

The immediate reduction in burning pain observed in this case can be explained through both Ayurvedic and modern perspectives. From an Ayurvedic point of view, venesection reduces the burden of vitiated *Rakta*, thereby relieving *Daha* and *Raga* (8). Biomedical mechanisms may include removal of inflammatory mediators, improvement in microcirculation, and reduction of tissue congestion, leading to decreased nociceptor sensitization. Neurohumoral modulation and endorphin release may also contribute to analgesia.

Narayanaswamy et al. reported that *Raktamokshana* significantly reduced pain and hastened healing in herpes zoster patients (9), findings consistent with the present case.

Similar benefits were also reported by Jain et al., where bloodletting (*Raktamokshana*) combined with Ayurvedic formulations led to rapid pain relief and prevention of PHN in a herpes zoster case, further supporting the present findings. The use of *Siravedhan* in elderly patient not only provided rapid symptom relief but also appeared to prevent PHN, a complication often resistant to pharmacological management. This highlights its relevance as a simple, cost-effective, and minimally invasive intervention suitable for outpatient practice.

Role of Ayurvedic formulations

In addition to *Siravedhan*, the patient received standard Ayurvedic formulations. *Sutshekhar Rasa* reduced burning pain (10), *Arogyavardhini Vati* supported inflammation control and liver function, *Gandhak Rasayan* promoted vesicle healing and infection prevention (11), while *Mahatikta Ghrita* enhanced tissue repair (12). Topical application of *Shatadhauta Ghrita* soothed lesions and reduced discomfort (13). Although each medicine has its own therapeutic relevance, the synergistic effect of these interventions likely contributed to the patient's favorable recovery.

Conclusion

This case highlights that *Siravedhan* with Ayurvedic formulations, showing rapid symptom relief, faster lesion healing and no PHN in HZO during the follow up. It is cost-effective and minimally invasive therapy, providing quick relief from pain, itching and swelling by reducing inflammation and improving local microcirculation. The outcomes suggest scope for further clinical studies to validate its role in reducing complications and enhancing quality of life in patients with HZO. Further studies with larger and more diverse populations are needed to assess general efficacy.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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