

Successful Treatment of Post Herpetic Neuralgia and Herpes Zoster (Shingles) with Homeopathic Medicines

Keywords: Herpes zoster; Homeopathy; Post herpetic neuralgia

Abstract

Herpes Zoster (HZ) is a viral disease resulting from the reactivation of Varicella Zoster virus (VZV) which remains latent in the nerve ganglion after primary infection. The commonest complication of HZ is Post herpetic neuralgia (PHN). When the body immunity goes down then the latent VZV become active in the sensory ganglia and causes inflammatory neural damage which subsequently leads to the incidence of PHN and acute neuralgic pain. Both the central and peripheral nervous system are affected. But the intensity of suffering of this disease is less in children than in adults. Incidence of PHN is common in elderly persons and is a serious problem to them with sleepless nights (insomnia) that may persists several years. There is no definite consensus on the definition of PHN but in the latest studies it is defined as pain persisting more than 3 months after the rash has healed.

In this study we treated 100 HZ cases of different age and sex; with homeopathic medicines (*Rhus tox* & *Thuja oc.*) but no one developed PHN after one to six months of follow up and in all patients rashes or lesions were healed within 8-12 days, which may indicate the positive role of these medicines to prevent PHN. The results of this study were very encouraging indicating a definite role of homeopathic medicine in HZ and PHN.

Introduction

HZ is commonly characterized by unilateral painful vesicles in the affected dermatome of the respective sensory ganglion. PHN is a common complication of HZ. PHN can last several years, and is the most common sequel of HZ [1,2]. The frequency of PHN has been reported to be from 10% to 34% depending on its definition [1,2]. If PHN is defined as persistent pain three months after the onset of the HZ rash, the incidence of PHN is 10% to 20% [2,3]. The quality of life of patients experienced by patients with PHN can be negatively affected not only by the pain, but also by comorbid conditions such as fatigue and insomnia, and decreased social activities [4,5].

The true incidence of PHN is difficult to establish and depends partly on the definition used. Data from a number of studies indicate that 5 to 57 per cent of patients have pain persisting for one month or more [6] and that incidence increases with advancing age [7,8].

The pathophysiology of PHN is not well understood. But it is clear that HZ affects the central and peripheral nervous systems, particularly when body vitality goes down, the latent VZ virus become active in the sensory ganglia and leads to inflammatory neural damage that subsequently lead to the occurrence of PHN and acute zoster pain. Sometimes motor paresis may occur due to the spread of infection and inflammation from the dorsal horn to the anterior horn [9].



Journal of Clinical & Investigative Dermatology

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Submission: 06 March, 2017

Accepted: 25 March, 2017

Published: 06 April, 2017

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Although many clinicians have tried to distinguish acute herpetic neuralgia from chronic herpetic neuralgia, there is no definite consensus on the definition of PHN. However, from the recent studies, it appears valid to define three phases of pain following HZ: (1) acute herpetic neuralgia, defined as pain that occurs within a month after the onset of rash; (2) subacute herpetic neuralgia, defined as pain that occurs from the acute phase of HZ to the chronic phase of PHN; and (3) PHN, defined as pain that persists beyond three months after rash appearance. It was found that PHN that continues six months after the onset of rash is more likely to be obstinately persistent for several years [10,11].

The patients usually complain burning sensation and redness at the site of the lesion followed by skin eruption or rash and pain along the course of the nerve.

The well-defined risk factors for PHN in patients with HZ include older age, the presence of prodromal pain, the extent and severity of rash, and the severity of acute HZ pain [12].

In our clinic, while treating Chicken pox patients, we have seen *Rhus tox* and *Thuja oc.* were very much effective medicine in Chicken pox to control pain and inflammation quickly, and prevent secondary infection. Then we thought that these drugs may be helpful for treatment of HZ and PHN. With this knowledge, we did first a pilot

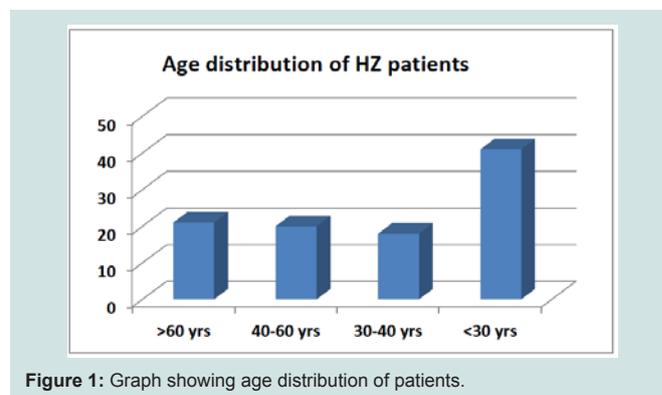


Figure 1: Graph showing age distribution of patients.

Table 1: Result of the pilot study with 20 patients, the final experiment was based on the result of this pilot study.

Patients		1 st day	2 nd day	3 rd day	4 th day	5 th day	7 th day	10 th day	Remarks
No	Age/Sex	Medicines used							
1	50 F	RT	RT	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
2	27 F	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
3	50 F	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
4	23 F	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
5	68 F	do	do	Thuj	Thuj	Thuj	Thuj	x	No new vesicle after 2 nd day Neuralgic pain on 2 nd day and disappear on 4 th day.
6	65 F	do	do	Thuj	Thuj	Thuj	Thuj	x	No new vesicle after 2 nd day Neuralgic pain on 2 nd day and disappear on 4 th day.
7	11 F	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
8	8 F	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 1 st day No neuralgic pain
9	7 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 1 st day No neuralgia
10	14 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
11	19 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
12	35 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
13	44 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
14	46 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
15	48 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
16	58 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgia
17	62 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
18	65 M	do	do	Thuj	Thuj	Thuj	x	x	No new vesicle after 2 nd day No neuralgic pain
19	70 M	do	do	Thuj	Thuj	Thuj	Thuj	x	No new vesicle after 2 nd day Neuralgic pain on 2 nd day and disappear on 4 th day.
20	77 M	do	do	Thuj	Thuj	Thuj	Thuj	x	No new vesicle after 2 nd day Neuralgic pain on 2 nd day and disappear on 4 th day.

(*Rhus Tox* : RT, *Thuja Oc.* : Thuj) (x : No medicine, only placebo which was the vehicle of the medicine).

study with 20 Herpes Zoster patients (as the same virus is responsible for Chicken pox and Herpes Zoster) with these two drugs and the result was excellent. Then we planned a master study with 100 HZ patients who were treated with homeopathic medicines, along with a separate group of 20 cases (which we called as placebo group in the main experiment) who were treated with allopathic medicine in the same clinic (Tables 1 and 2). Details of our findings are given in the following sections.

Materials and Methods

The patients

Total 100 patients were enrolled in this study of different age, sex and religions. Only gravid mothers were excluded in this study. Male:Female ratio was ~1.2:1. The patients were selected from the general patients attending our dermatology clinic. They were diagnosed, categorized and followed up by our Dermatologist of the

Institution. The patients were enrolled after taking consent either from the patients or from their parents. Permission of this study was also taken from Ethical Committee of the Institute. All dermatographic records of the patients were maintained after the final diagnosis by our dermatologist when the patients were enrolled for the study. All patients were instructed to attend the clinic daily for 7 days and then twice in a month for six months.

To include placebo group was considered as unethical by our Ethical Committee, so we recorded and followed up side by side the patients who were treated with allopathic medicine (Acyclovir and other allopathic medicines) in the same clinic which we considered as control study. Total 20 patients were enrolled in this group (male 14, female 6; > 60 yrs - 14; 30-60 yrs - 6) (Figure 1).

Treatment (the homeopathic medicines): Only two medicines (*Rhus Tox.* 1000 and *Thuja Oc.* 1000) were used in this study and they were given following the results of our pilot study with 20 patients

Table 2: Age and sex distribution of the patients.

Age group	Percentages of total patients (100)
> 60 yrs	21
40 - 60 yrs	20
30 - < 40 yrs	18
< 30 yrs	41

Table 3: Sites of different lesions according to different age groups.

Age groups	Sites of lesions		
	Chest and back	Extremities	Head and neck
< 30 years	25	8	8
30 - 40 years	12	4	2
>40 - 60 years	12	4	4
>60 years	15	2	4



Figure 2: SK, Female 10 yrs Herpes Zoster patient treated with homeopathic medicines.



Figure 3: SD, Male, 48 yrs Herpes Zoster patient treated with homeopathic medicines.



Figure 4: PP, Female, 74 yrs Herpes Zoster treated with homeopathic medicines.

which are given in the result section. The same medicines were given to all the patients except the control group. For first two days Rhus Tox 1000 was given one drop orally twice a day for body ache and pain and to control inflammation. No more new vesicles appeared after 48 hrs of taking Rhus Tox. Then on the following days Thuja 1000 was given one drop daily for 3 to 4 days to prevent secondary infection and for quick healing. Only single oral homeopathic medicine was used for all patients, at a time, without any local application. The other group who were treated with Allopathic medicines in the same hospital by our dermatologist.

Result and Discussion

Results of Pilot study - Detailed of this pilot study with results are given in Table 1.

Affected parts of the patients

Most of them presented with lesion in thorax (chest+back), extremities, face and neck, given in Table 3.

Outcome of the final study

In almost all the cases after giving *Rhus Tox*, within 24 hrs, all the vesicles comes out and no new vesicles seen after 48 hrs of treatment. The body pain and inflammations were reduced and the vesicles were dried up within 4-6 days of starting treatment. Few of them noticed severe neuralgic pain, 2-3 day after the onset of irruption and pain disappear with the same medicines in most of the cases within 2-3 days and only in two cases pain continued. All were cured within 8-10 days (Figures 2 and 3). Only two patients felt PH neuralgic pain after one to six months of follow up.

Those who were taking allopathic medicines under the Dermatologist of the same clinic, out of 20 patients only 4 patients had no symptoms of PHN of which one > 60 yrs and the remaining three were below 50 yrs. In 4 cases pain persisted over one year (in spite of analgesic/corticosteroid therapy and neural block). All the vesicles dried up within 7 days and no more new vesicles appeared after 4 days of starting treatment. But all 16 patients felt severe neuralgic pain after 5-7 days of irruption and it continued over 6 months (Figures 4-6). Many had sleepless night.

Discussion

The incidence of PHN increases with increasing patient age. Early diagnosis of HZ and treatment with antiviral medications decreases the risk of PHN. Post herpetic neuralgia is very difficult to treat.



Figure 5: BN, Male 60 yrs patient with Herpes Zoster over right chest wall.



Figure 6: ND, Male, 77 yrs Patient with Herpes Zoster in left side of face and neck.

Even with the use of a variety of medications and referral to a pain specialist, pain relief may be incomplete.

Allopathic treatment of HZ include antiviral agents (such as acyclovir, famciclovir, and valacyclovir), analgesics, corticosteroids, and neural blockade (Interventional treatments like nerve block, spinal cord stimulation). The primary importance of treatment is to prevent PHN. Antiviral agents such as acyclovir, famciclovir, and valacyclovir have been shown to reduce acute HZ pain, speed lesion healing, and prevent the occurrence of PHN. Based on the results of clinical trials, antiviral therapy should be initiated within 72 hours of the skin eruption [13-15] in patients with neurological complications, good results were also found even when it is initiated beyond 72 hours of rash onset [15,16]. We have seen in this study that early start of antiviral medicine reduces the incidence of PHN even in the patients above age of 60 yrs.

Though vaccination with live attenuated VZV can prevent or reduce the incidence of HZ and PHN, but it is contraindicated in pregnant women and immunocompromised individuals and not yet widely used in developing country.

Conclusion

The result of this study is very encouraging. Out of 100 HZ patients only two patients noticed severe neuralgic pain even after one month of treatment which continued over 6 months. This treatment is equally useful in children below the age of 10 and also in immunocompromised persons as there are no known side effects of these medicines. Thus this method of treatment may prevent post herpetic neuralgia.

The real mechanism of action of these homeopathic medicines is very difficult to explain and so far there is no definite explanation of the mechanism of action of these medicines, but these results after treatment proved that it works well. Thus possible attempts should be made in future studies to find out the mechanism. This preliminary report may help the suffering humanity at large.

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Acknowledgements

I hereby acknowledge the President, Ramakrishna Mission for giving me permission to publish this paper. I also thank all doctors and paramedical staff of our Medical Unit for helpful suggestions.