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Oro Facial Herpes Zoster Ayurvedic Management

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ABSTRACT:

The viral disease herpes zoster (HZ), which is primarily brought on by nerve tissue, requires a multidisciplinary approach for treatment. The varicella zoster virus (VZV) is a DNA virus that can infect people both initially and repeatedly. Shingles, or HZ, is a rare condition brought on by VZV reactivation. In such cases, prodromal symptoms include neuropathic pain, headaches, aches and pains, and lack of energy. HZ causes a unilateral, pruritic, localized, and vesicular rash. No matter their age, people who are immunocompromised as a result of illness or any type of treatment are also at higher risk. HZ and its aftereffects put a significant strain on the healthcare system, business, and those who care for the patients. The consequences of HZ remain a therapeutic challenge despite recent advances in prevention and treatment. This is a case report of a 70-year-old male patient who contracted HZ and underwent extensive medical care.

Keywords: Herpes, postherpetic neuralgia, Ramsay−Hunt syndrome, trigeminal,Visarpa

1. Introduction

Varicella zoster is a double-stranded DNA virus that belongs to the Herpes viridae family. It is a single virus that causes two distinct clinical manifestations: chickenpox (varicella) and shingles (herpes zoster [HZ]). Primary varicella infection is often a self-limiting pediatric disease causing a generalized symptomatic maculopapular rash, malaise, fever, and mild oral sores.The rash appears first on the chest, back, and face, and then spreads to the entire body. This infection is caused when the virus in respiratory droplets or alveolar fluid from an infected person comes into contact with the lining of the airways in a healthy person. Since the introduction of smallpox vaccination in 1995, the number of cases has decreased. People who have had chickenpox are more likely to develop shingles later in life, which occurs when the varicella zoster virus (VZV) becomes reactivated. Garland and Hope-Simpson were the first to suggest that reactivation of the latent varicella virus leads to shingles infection.

2. Patient information

A 70-year-old patient with high blood pressure mainly complained of swelling of the left upper lip, left side of the face and lower eyelid, accompanied by redness, burning and tears in the left eye. The patient could not open his left eye for 2 days. After taking the medical history, the patient developed a sudden edema in the upper gums, consulted a dentist and was treated with Ofloxacin 200 mg and Ornidazole 500 mg, BD,Multivitamin.

Apply the drugl topically to the gums. He started taking the medicine and within a few days the swelling in her gums went down.After two days, the patient noticed 3-4 blisters on the left half of the upper lip, which ruptured and spread to the left upper jaw, left nostril, left side of the nose and under the left eyelid within 2 days. The patient's temperature rose once after 7 days. These complaints were associated with decreased tactile and thermal sensation in the maxilla, left nostril, left side of nose, left upper lip, and under the left eyelid.

3. Clinical findings and diagnostic assessments

On extraoral examination, the middle and lower third of the right side of the face revealed multiple unilateral prominences of confluent vesicles and multiple superficial ulcerations and tissue prominences extending anteriorly from the midline to approximately 1.5 cm anterior to the tragus and beyond the liner. the right eye at the corner of the mouth on the same side

The lesions had a rough dermatomal appearance with erosive erythematous areas and fluid discharge. When palpated, it was tender, the surface was rough, and purulent discharge when provoked. On intraoral examination, multiple unilateral confluent vesicles and ulcerations were noted on the right side of the tongue, alveolar mucosa, and palate, extending anteriorly from the labial and palatal regions.

On palpation, the texture was delicate and soft with a rough surface. Based on the medical history and the clinical picture, a preliminary diagnosis of an acute vesiculovesicular lesion on the right side of the face was made, with the differential diagnoses of herpes zoster infection, Ramsay Hunt syndrome

and erythema multiforme. Exfoliative cytology was performed and referred for cytopathology (hematoxylin and eosin stain, × 10) which showed acantholysis with the formation of numerous free-floating Tzanck cells presenting nuclear and sometimes multinucleated chromatin borders.

All hematological tests were within normal ranges, except for the erythrocyte sedimentation rate, which increased to 38 mm/h. Based on the history, physical examination and tests performed, the definitive diagnosis of CS infection on the right side of the face in the maxillary and mandibular branches of the trigeminal nerve was made.. The patient was reported after 5 days. At the first follow-up, pain was partially relieved and the extraoral and intraoral lesions showed marked healing with dry crust formation over the extraoral lesions.

4. Therapeutic intervention

Based on a detailed medical history and physical examination, the patient was diagnosed with Visarpa-type oral herpes. The pathological condition is abnormal pitta and kapha dosha with vata dosha and shonita dusti. Administration of Visarpa includes Rakta Mokshana (therapeutic bloodletting) and other Panchakarmas (biological purification therapy) along with oral medicines. The application of all this depends on the stage of the disease and the strength of the patient. Based on classical Ayurvedic guidelines,

consecutive treatments were performed on this patient.Wash the affected body part with a Panchavalkala decoction of Vata (Ficus benghalensis), Udumbara (Ficus glomerata Roxb), Plaksha (Ficuslacor Buch), Parisha (Thespesia populnea) and Ashwatha (Ficus orientale Linn) daily for 10 days starting April 10). After the affected part was completely dried, the patient was instructed and recommended to apply Mahatiktaka Ghrita ointment topically [5]. .), Katuki (Picrorhiza royle) and Tulasi (Ocimum). Linn Shrine.), 15ml three times, Guduchi powder (T. cordifolia Willd), Nimba (Azadirachta indica A. Juss), Sariva (Hemidesmus indicus Linn.), Vasa (Adhatoda vasica Nees) and Amalaki (Emblica officinalis Gaertn.) 4g three times once daily, Tab Sootashekara with Gold, 1 tablet twice [6], Tab Nirocil, a proprietary drug containing Bhumyamlaki (Phyllanthus niruri), three tablets [7] and Avipattikara powder, 10 g at bedtime.The Avipattikara powder acts as a pitta rechaka (enema) after the patient has not complained of pain or burning and the wounds have healed. The same medications were continued and after the end of the Avipattikar dose, Eranda Tail Nimbaamrutadi [9] 10 ml was added at bedtime for three days.

Lasted up to 1 month. The patient came to the GP after 1 month for a left sided headache that had been persistent and burning in the jaw area for 3 days. The shoots have fallen off. The oral drug was in Guloochyadi kashaya [11] three tsf b.i. changed.d, Briht Vata Chinatamani (Swarnamukta) tablet[12] twice daily, topical application of Mahatiktaka Ghrita ointment and continuation of Pathyadi Khada 15 ml twice daily after meals (Table 2).At the fourth follow-up visit at 45 days, pain in the pre-existing lesion reduced by 8 to 2 on the VAS scale, burning by 90% and headache by 10 to 2 on the VAS scale. The patient was advised to continue taking the medication,patient had complete relief of all the complaints and was symptom free.

5. Discussion

Visarpa is a Pradoshaja Rakta disease (blood disease) and one of the Pittaya diseases that manifests on the face (skin). Due to its widespread nature, it is known as Visarpa and is divided into 8 subtypes namely Vataja, Pittaja, Kaphaja, Sannipataya, Agneya (Vatapittaja), Kardama (Kaphapittaja) and Granthi (Kaphavataja). The case described concerned pitta and kapha dosha defects and the diagnosis of Kardam Visarpa. Treatments focus on cleansing lesions with Panchavalkala decoction, e.g. B. Kashaya

Rasa, Sheeta Veerya (cold power), Varnya (gives normal color to the skin), Vrana Ropak (healing properties). disease) and Daha Hara (relieves burning) wealth.Mahatiktaka Ghrita Maść Zioła majje tikta rasa, sheeta veerya (chłodzenie), (laghu) sławny i (ruksha) tel caractère. Tuốc åều tuốc Đạn Bhumyamalaki, Guduchi, Punarnava, Bhringara, Katuki, Tulasi Soulage Kapha und Pitta Dosha. Punarnava en raison de sa madhura, tikta et kashaya guna kiyiiku rakta dhatvagni, fait shoshana de raktagata kleda. Bhumyamalakai hat Shoshana von Vranagata mit Guduchi, dieser mii tikta und kashaya rasa zusammengebracht. Selon

Pharmacologie Moderne, Bhumyamalaki byl aktywny w twirzenie rodzaju leku przeciwwirusowego.In the above Sud, Punarnava, Bhringaraja and Guduchi deal with Rajanaka Pitta. Sariva and Amalaki aid in the digestion of Raktagata Ama. Vasa and Nimba take care of Pachana dosha (poorly digested dosha) and calm poisoned Pitta and Kapha dosha. The Sootashekara rasa recipe digests the pitta itself in the digestive tract, promoting the formation of high quality rasa dhatu for dhatu

Poshana. avipattikara churna and nimbamrutadi eranda taila help expel sick pitta from the digestive tract. In the later stages of the disease, Pathyadi kwatha, Brihat Vata Chintamani and Gooluchyadi Kwatha are prescribed for shirahoola (postherpatic neuralgia), which mainly acts on vatakaphaja. .

Table 2

Details of therapeutic interventions at different times, eg Herpes facial.

Sr. No.	Duration of Intervation Day	Symptoms	Doshas	Dosha vrudhi/ ksha y avastha	Chikitsa (shodhan&Shaman)
1.	1 to 10	Watery eyes, burning eyes, red eyes The wound has a few black lines, fever a wave, loss of sensation on the left side chest side .	Kapha pitta, and Rakta	Kapha and pitta vruddhi and shonita kleda vruddhi	1. Bahirparimarjana – Vrana Praksharana with Pancha Varkala Kashaya. After it is completely dry, apply Maha Tika Grita Ointment. 2. 2) Battanuromana and Mridhu Virechana - Avipattikala Chulna for the first 3 days and Nimbamurtadi Taira for the next 3 days. 3. 3) Tabunirosil BD 4. 4) Cooked from Kashaya, Guduchi, Punarnava, Bhringaraja, Katuki 5. Tulasi. 6. 5) Guduchi, Saliba, Nimba, Vasa, Amalaki 6g 3 times a day. 6) Tab Sootashekar with gold once a day. 7. 1) Patiyadi Kada 15ml BD 8. 2) Brihit Vata Cintamani Gold 1 BD 9. 3) Mahatiktaka Ghrita external application 10. 4) Grouchyad Kashaya 15ml BD
	10 to 44				
2.		Left side headache, with intense Burning sensation in the left jawbone land	Vata, pitta	Vata and pitta vruddhi	

6. Conclusion

Abishanga (viral infection) and weak Pitta are the main causes of Visalpa. Ayurvedic treatment with oral Tikta Rasa and Anuroman Virechana diet variant as well as topical application of Theta and Ruksha Lepa benefited the patient for a total of 164 days. The patient was asymptomatic after 164 days. The patient was treated exclusively with Ayurvedic therapy without antiviral drugs. The results observed in this case are encouraging and underline the importance of Ayurvedic interventions for the effective treatment of orofacial herpes.

7. References

CharakaSamhita of Agnivesha Bhaisajyaratnavali IADVL Textbook of Dermatology