



Homoeopathic Approach in Herpes Simplex Virus Infection.

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ABSTRACT:

Herpes simplex virus (HSV) is a common viral infection that affects humans. There are two main types of herpes simplex virus: HSV-1 and HSV-2.

HSV-1 (Herpes Simplex Virus Type 1):

Oral Herpes: HSV-1 commonly causes oral herpes, characterized by cold sores or fever blisters around the mouth and on the lips. It is often transmitted through non-sexual contact, such as kissing or sharing utensils. Oral herpes can also be transmitted to the genitals through oral-genital contact, resulting in genital herpes.

Genital Herpes (caused by HSV-1): While less common, HSV-1 can also cause genital herpes through oral-genital contact. In recent years, there has been an increase in genital herpes cases caused by HSV-1, particularly in young adults, due to changes in sexual behaviors.

HSV-2 (Herpes Simplex Virus Type 2):

Genital Herpes: HSV-2 is the primary cause of genital herpes, which manifests as sores, blisters, or ulcers in the genital area. It is primarily transmitted through sexual contact, including vaginal, anal, and oral sex. Genital herpes is a sexually transmitted infection (STI) and is one of the most common STIs worldwide.

Keywords: Homoeopathy, Herpes Simplex, Viral infection Here's a detailed overview of herpes simplex infection:

Introduction:

Herpes simplex virus (HSV) is a common and widespread virus that belongs to the family Herpesviridae, subfamily Alphaherpesvirinae. It is a double-stranded DNA virus known for causing a range of infections in humans.

Historical perspective:

The history of herpes simplex virus (HSV) is intertwined with the history of medicine and virology. Here's a brief overview:

- Ancient Times:** Herpes infections have likely been around for millennia. References to symptoms resembling herpes can be found in ancient texts from civilizations such as Greece and Rome. In fact, the word "herpes" itself comes from the Greek word meaning "to creep" or "to crawl," describing the way the virus spreads and the appearance of its lesions.
- 20th Century:** Significant progress in understanding herpes simplex virus began in the early 20th century:
 - In the 1920s, researchers identified the herpes simplex virus as the cause of cold sores.
 - In the 1930s, scientists distinguished between herpes simplex virus type 1 (HSV-1), associated with oral lesions, and herpes simplex virus type 2 (HSV-2), associated with genital lesions.
 - Throughout the mid-20th century, research focused on understanding the biology and pathology of herpes simplex virus, including its replication cycle and transmission.
- 1970s-1980s:** This period saw advancements in diagnostic techniques and antiviral therapies:
 - The development of viral culture techniques and serological tests enabled more accurate diagnosis of herpes infections.
 - In the late 1970s, the antiviral drug acyclovir was discovered. Acyclovir revolutionized the treatment of herpes infections and became the first-line therapy for managing outbreaks.
- Late 20th Century to Present:** Research into herpes simplex virus has continued, with a focus on prevention, treatment, and vaccine development:
 - Efforts to develop a vaccine against HSV have been ongoing for decades. While progress has been made, challenges remain in creating an effective and safe vaccine.

- The advent of molecular biology techniques has deepened our understanding of herpes simplex virus genetics, pathogenesis, and immune evasion strategies.
- New antiviral drugs with improved efficacy and safety profiles have been developed, providing additional treatment options for individuals with herpes infections.
- 3. **Social and Cultural Impact:** Herpes simplex virus infections have significant social and cultural implications. The stigma surrounding herpes, particularly genital herpes, can lead to psychological distress and discrimination against affected individuals. Advocacy groups and healthcare organizations work to raise awareness, reduce stigma, and provide support for people living with herpes infections.

Transmission:

- Herpes simplex virus is highly contagious and is typically transmitted through close contact with an infected individual.
- Transmission can occur through direct contact with herpes sores, saliva, genital secretions, or mucous membranes.
- The virus can be transmitted even when there are no visible symptoms (asymptomatic shedding).

Symptoms:

- The symptoms of herpes simplex infection vary depending on the type of virus and the location of the infection.
- Oral herpes (HSV-1) often presents as cold sores or fever blisters on or around the lips.
- Genital herpes (HSV-2) presents as sores, blisters, or ulcers in the genital area. These may be painful and can cause itching and burning sensations.
- Some individuals may experience flu-like symptoms such as fever, headache, and swollen lymph nodes during the initial outbreak.

DIAGNOSTIC TESTS:

- Primary orofacial herpes by HSV1 is readily identified by clinical examination. -The appearance and distribution of sores typically presents as multiple, round, superficial oral ulcers accompanied by acute gingivitis.
- Genital herpes can be more difficult to diagnose through clinical basis, since HSV2 infected persons have no classical symptoms.

Laboratory tests:

- Viral culture test: By taking fluid sample or culture from lesions ideally within 3 days. Skin biopsy
- Polymerase chain reaction test for presence of viral DNA.
- Laboratory confirmation permits subtyping of virus, which
- Serological tests for antibodies to HSV –
- More accurate when done 12 to 16 weeks after exposure.
- Newer 'type-specific' arrays test for antibodies to two different proteins, associated with herpes virus.

a) Glycoproteins gG-1 is associated with HSV1

b) Glycoprotein gG-2 is associated with HSV2 Various recommended tests include:

1. Herpe-select: Includes enzyme-linked immunosorbent assay on immunoblot, results take larger time.
2. Biokit HSV-2: Detects only HSV2, less expensive, results provide in less than 10 minutes.

Western-blot: This is gold standard, expensive and not widely available.

Management:

- There is no cure for herpes simplex virus infection, but antiviral medications can help manage symptoms, reduce the frequency and severity of outbreaks, and decrease viral shedding.
- Common antiviral medications used to treat herpes simplex infection include acyclovir, valacyclovir, and famciclovir.
- Topical treatments, such as creams or ointments containing antiviral agents, can help relieve symptoms of oral or genital herpes.

Prevention:

- Practicing safe sex by using condoms or dental dams can reduce the risk of genital herpes transmission.
- Avoiding close contact with individuals who have active herpes sores can help prevent oral and genital herpes transmission.
- Vaccines for herpes simplex virus are currently under development but are not yet widely available.

Complications:

- While herpes simplex infection is generally not life-threatening, it can cause complications in some cases.
- Complications may include meningitis, encephalitis (inflammation of the brain), and neonatal herpes (when the virus is transmitted from mother to newborn during childbirth).
- Herpes infection can also increase the risk of acquiring or transmitting other sexually transmitted infections, including HIV.

Overall, herpes simplex virus infection is a common viral condition that can cause discomfort and inconvenience, but with proper management, most individuals can effectively control their symptoms and reduce the risk of transmission to others.

HOMEOPATHIC MANAGEMENT:**Graphitis:**

- Herpes in females with scanty menstruation, burning blisters on lower side and tip of the tongue, dryness of the skin.
- Eruption on face, in appearance as if the skin were raw. Ulcers on internal surface of the lips, fissures in ulcerated lips. Ulcerated corner of the mouth with cracked lips.
- Eruption of pimples on the prepuce, and on the penis with violent erections and uncontrollable sexual desire. Vesicles and pimples on the vulva and excoriation in between the thighs with soreness of the vagina.
- Unhealthy skin, every injury tending to ulceration.
- Eruption of pimples and nodules which itch very much.

Cantharis:

- Large, burning painful blisters with erysipelatous inflammation of the parts. Burning, tearing ulcerative pains, worse on right side and urinary complications. Burning redness and swelling of the face and lips, fissure and exfoliation of the lips. Inflammation of the mucous membrane of the mouth, aphthae in the mouth.
- Itching vesicles with burning pain on being touched.

Natrum muriaticum :

- Herpes occurring during fevers, eruptions on the lips and flexures of the joints, Vesicles on the tongue and itching pricking feeling on the skin.
- Itching and eruption of pimples on face and forehead.
- Lips dry, cracked or excoriated and ulcerated, with scabs, burning and smarting eruption. Fever blisters on the lips, ulcer on cheek.
- Sanguineous vesicles in the internal surface of upper lip, with burning pain when touched. Skin of nails especially about nails, dry and cracked.
- Exanthema on mouth and lips in intermittent fever where there are large exanthematous spots looking like large peas, on lips . Lips look puffy

Apis mellifica :

- Large confluent vesicles, burning stinging pains, Vesicular eruption on the lips, cold sores.
- Lips oedematous, hot and red.
- Swollen tongue, borders blistered, feel as if scalded and quite raw, Ulcers on left border. Dry tongue, cracked, sore, ulcerated, covered with vesicles.

Mercurius solubilis :

- Herpes on the prepuce with a tendency to suppuration. Ulcers on glands, itching of the genitals.
- Feverish heat and redness of cheeks with red and tettery spots on face.
- Swelling and ulceration of lips with burning when touched. Burning pain, vesicles, blisters, aphthae and ulcers in the mouth.
- Voluptuous itching, tingling, tearing and shooting pain in glans and prepuce.
- Vesicles and ulcers with lard like, or cheesy, bases and raised margin, on glans and prepuce. Itching of genitals < from contact of urine.
- Inflammatory swelling of vagina, with a sensation as if it were raw and excoriated.
- Swelling of labia, with heat, hardness, shining redness, great sensitiveness to touch, burning, pulsative and shooting pains.

Rhus toxicodendron :

- Herpes upon hairy parts with burning and stinging, itching worse after scratching. Rheumatic pains with great weariness.
- Face red with burning heat, vesicular eruptions with yellow serum in vesicles.
- Herpetic, crusty eruptions around mouth and nose, with itching, jerking, and burning sensation. Triangular red tip tongue, with offensive smell in the mouth.
- Profuse eruption on male genital organs with inflammation of glans.
- Running vesicles on the glans and swelling of prepuce.
- Herpes, sometimes alternately with asthamatic sufferings and dysentery.

Sepia:

- Herpetic eruption around the lips, herpes during pregnancy
- Inflammation and herpetic eruptions on face with yellow scurfy pimples, thickly grouped.
- Itching and eruption on face and on forehead, sometimes merely like redness and roughness of skin. Yellow colour and herpetic eruption round mouth.
- Painful ulcer on internal surface of lips.
- Skin yellow, cracked which may extend deeply into tissues which < by washing in water. Dry itch, bad effects where itch is suppressed by Merc. or Sul.
- Brown vinous or reddish and herpetic spots on skin which is annular herpes.

Petroleum:

- Herpes on the perineum and genitals, itching worse in the open air.
- Burning pain, itching, redness, excoriation, itching pimples on genitals with diminished sexual desire. Swelling and induration of glands, itching excoriated and running spots on skin.
- Unhealthy skin every injury tends to ulceration.

Sulphur:

- Herpes around the mouth and nose with itching and burning, aggravated by warmth with hot palms and soles. Itching and moist blisters over the face chiefly above nose, round eyes and in eyelids.
- Yellowish herpetic spots on upper lip with burning sensation and continued heat. Vesicles, blisters and aphthae in the mouth and tongue with pain when eating.
- Unhealthy skin, slightest injury followed by inflammation and ulceration.
- Herpetic spots of yellow or brownish colour.
- Skin dry, rough scaly voluptuous itching , feeling good by scratching.
- Itching of skin worse at morning and night, in bed and often with pain and bleeding of the part which has been scratched.

Arsenic album:

1. Red herpetic skin around the mouth, with burning, worse from scratching and after midnight.
2. Eruptions on mouth and lips with burning pain, hard knots and ulcers having thick scurf with lard like bottoms on the lips.
3. Lips excoriated with sensation of tingling, swelling and bleeding of the lips.
- 4... Mouth is reddish blue, inflamed and burning,
5. Aphthae in the mouth.
6. Eruptions of small red pimples which increase and change into gnawing ulcers, vesicular eruptions.
- 7...Herpes, with vesicles, and violently burning especially at night.

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