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Homeopathic management of herpes zoster: A case report

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Abstract

Herpes zoster, the cutaneous reactivation of varicella-zoster virus, typically presents as a painful dermatomal rash and carries a risk of debilitating post-herpetic neuralgia. Conventional management involves early antiviral therapy alongside analgesics, corticosteroids and neuropathic pain agents to mitigate the pain and reduce post-herpetic neuralgia. However, these interventions can be limited by adverse effects, high cost or incomplete pain relief.

This report describes a case of a 19-year-old male who presented with a classic vesicular eruption on right upper abdominal, lateral thoracic, and upper back accompanied by severe burning, consistent with herpes zoster. After considering the totality of symptoms, the patient was prescribed Calcarea carbonica in 1M potency. Within 48 hours there was a marked reduction in burning, which had been the most distressing symptom, followed by complete crusting of all lesions over the next two days. Importantly, the case resolved without progression to post-herpetic neuralgia, a common complication of herpes zoster. This case challenges the prevailing perception that homeopathy is slow in action, demonstrating that an appropriately selected remedy can achieve rapid resolution of herpes zoster and prevent complications such as post-herpetic neuralgia.

Keywords: Herpes zoster, shingles, calcarea carbonica, homoeopathy

Introduction

Herpes zoster, also known as shingles, is a debilitating neuro-cutaneous disease caused by the reactivation of the Varicella-zoster virus (VZV), an alpha herpes virus that remains dormant in the dorsal root ganglia or cranial nerves following primary chickenpox infection. Till date the only known reservoir for VZV is humans^[1]. The term herpes zoster is derived from two Greek words '*herpein*' and '*zoster*' which means creep and girdle respectively, that typically captures the pattern of appearance of rash^[2].

Post chicken pox the virus remains latent in the sensory ganglia usually held in check by the residual host immunity. When the host immunity is waned, reactivation occurs and the virus spread from the dorsal root ganglia to the sensory nerves and peripheral ganglia with subsequent inflammation of the nerves, reflected as the typical neuritic pain^[2].

Epidemiological studies shows that around 20% of those with a history of chicken pox subsequently develop shingles. Approximately 1 million new cases of herpes zoster occur annually, with an estimated 20% progressing to post-herpetic neuralgia. The incidence is highest among individuals aged above 50 years, although recent surveillance data indicate a rising burden in 20-60 years age group. The life span occurrence rate ranges between 20-30% with a slightly higher female preponderance^[3].

Commonly recognized risk factors for herpes zoster include advancing age, states of immunosuppression, concurrent infection and psychological stress. Clinical reports and surveillance data suggest an increased incidence of herpes zoster reactivation following COVID-19 vaccination^[4].

Herpes zoster is manifested in three phases-the prodromal, eruptive and chronic phase. The prodromal phase is characterized by mild to moderate burning or tingling under the skin of the affected dermatome. Commonest dermatome to get involved is the thoracic followed by cervical, trigeminal and lumbosacral^[5]. After 2 days of prodromal phase begins the eruptive phase which is the most contagious stage manifested as multiple, umbilicated and painful vesicles unilaterally along the dermatome, which may last for 2-4 weeks^[4]. Some patients may show atypical presentation without the typical rash known as zoster sine herpetic^[3].

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The pain along the dermatome can last more than 3-6 months manifested as post-herpetic neuralgia marking the chronic phase [5]. Shingles is contagious only during the acute phase of rash, spreading via vesicular fluid and remains infectious until lesions crust over [3].

Although rarely fatal, herpes zoster can lead to several complications like secondary infection, post-herpetic neuralgia, neurological deficits and blindness, among which post-herpetic neuralgia is the commonest and concerning one [1, 3]. The diagnosis of herpes zoster is primarily clinical based on its characteristic appearance with PCR serving as the preferred confirmatory test in atypical cases [6, 4].

Homeopathy has a longstanding tradition in the management of viral diseases, a role that was also highlighted during the recent COVID-19 pandemic [1]. A case series by Guess demonstrated the effectiveness of individualized homeopathic medicines in acute herpes zoster, with patients recovering within a short span of time and without progression to post-herpetic neuralgia [3]. Several homeopathic remedies are recognized for their role in herpes zoster, and in this case report, we present a case successfully treated with *Calcarea carbonica*.

Case Report: A 19-year-old male patient presented to surgery OPD on 10th August 2025, with the complaint of vesicular eruptions with burning on right half of upper abdomen, lateral thoracic and upper back for the past 2 days.

History of presenting complaint

Approximately two days ago, the patient noticed redness over the right side of the upper abdomen, which was initially ignored. Later, similar erythema appeared on the right side of the upper back and right lateral thoracic region. The redness progressed to vesicular eruptions associated with intense burning sensations, worsened by contact with clothing.

There was no history of itching, fever, or discharge from the vesicles.

Past history

- H/O recurrent attacks of tonsillitis during childhood.
- H/O Chicken pox at the age of 7 years

Family history

- Mother - Bronchial asthma.
- Father - Hypertension.

Physical Generals

- **Diet:** Mixed
- **Appetite:** Good
- **Thirst:** Thirsty, 1-1.5L/day
- **Craving/aversion:** Nothing significant
- **Bowel habits:** Constipated with hard stools.

- **Bladder habits:** 4-5/day, 1/night. No difficulty.
- **Perspiration:** More on scalp.
- **Sleep:** Sound.
- **Dreams:** Nothing significant.
- **Thermals:** Chilly patient.

Life Space Investigation: The patient hails from an upper-middle-class family and resides with his father, mother, and elder brother. He shares a positive and supportive relationship with all family members. He is currently pursuing his first year of undergraduate studies.

Since childhood, he has consistently sought emotional and academic support both at home and in school. He has struggled academically and has been a poor performer in studies throughout his schooling.

During case-taking, the patient's mother primarily narrated his complaints, while the patient responded only when directly questioned.

General Physical Examination

- Well oriented with time, place and person.
- Appearance: Short stature, obese.
- No signs of pallor, clubbing, cyanosis, icterus or oedema.

Local examination

- Multiple small vesicular eruptions localized to right upper abdomen, right lateral thoracic region and right upper back.
- Lesions are unilateral and do not cross the mid-line.
- Vesicles are intact, with no evidence of discharge, crusting, or secondary infection.
- Surrounding skin appears mildly erythematous, with no significant edema or induration.
- Affected area was sensitive to touch.

Provisional diagnosis: Considering the unilateral distribution of lesions without crossing the midline, along with a history of childhood chickenpox, the case is diagnosed as the eruptive phase of Herpes Zoster.

Analysis of symptoms: (Table 1)

Table 1: Analysis of symptoms

Common symptoms	Uncommon symptoms
▪ Vesicular eruptions	▪ Lack of self-confidence.
▪ Redness	▪ Desires company.
▪ Burning	▪ Mentally slow.
	▪ Constipation with hard stools.
	▪ Perspiration more on scalp.
	▪ Chilly patient
	▪ Right sided affections.
	▪ Aggravation by touch of clothing

Evaluation of symptoms: (Table 2)

Table 2: Evaluation of symptoms

Mental generals	Physical generals	Characteristic particulars
▪ Lack of self-confidence ⁺⁺ .	▪ Constipation ⁺⁺ with hard stools.	▪ Right sided affections.
▪ Desires company ⁺⁺ .	▪ Perspiration more on scalp.	▪ Vesicular eruptions ⁺⁺ with redness ⁺ and burning ⁺⁺ aggravated by touch of clothing ⁺⁺ .
▪ Mentally slow ⁺⁺ .	▪ Chilly patient	



Fig 1: Fluid filled vesicles localized to right upper abdominal region before treatment.



Fig 2: Fluid filled vesicles localized to right lateral thoracic region before treatment.



Fig 3: Fluid filled vesicles localized to right upper back before treatment.

Totality of symptoms

- Lack of self-confidence.
- Desires company.
- Mentally slow.
- Constipation with hard stools.

- Perspiration more on scalp.
- Chilly patient
- Right sided affections.
- Vesicular eruptions with redness and burning aggravated by touch of clothing.

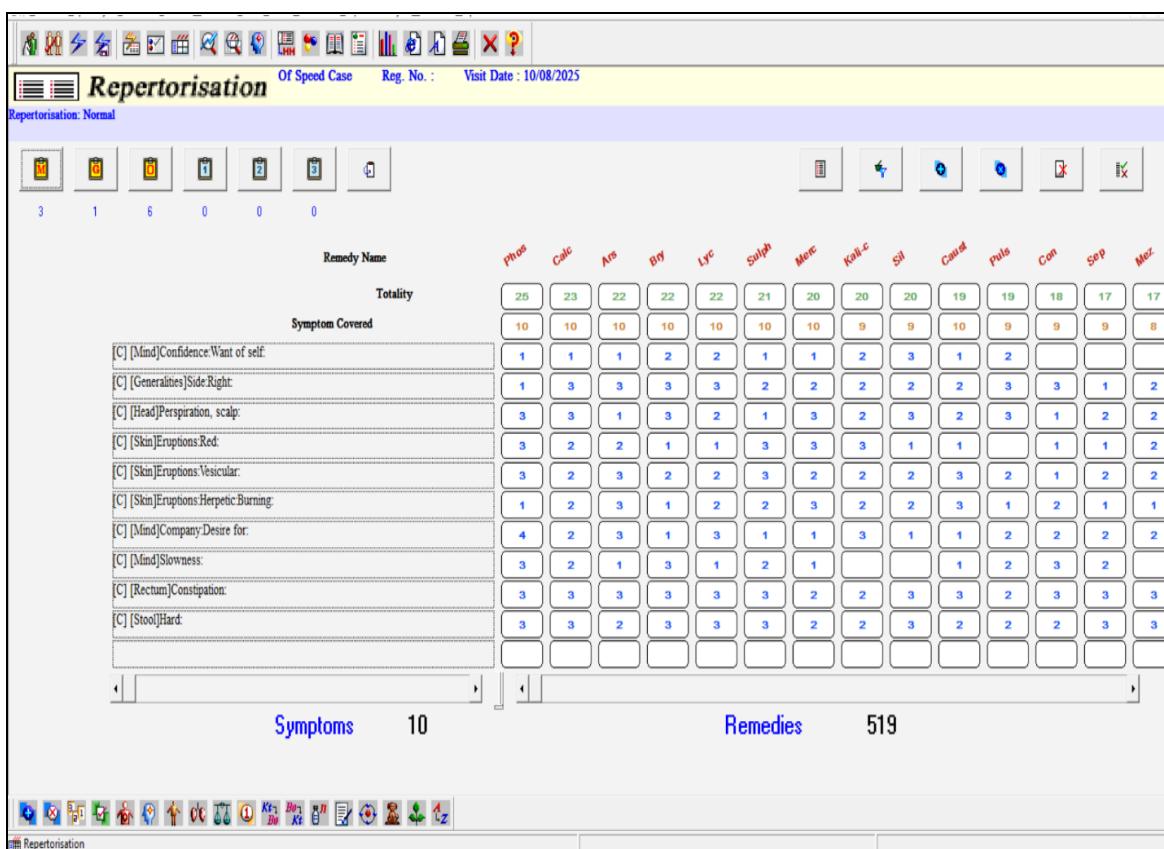


Fig 4: Tabulated repertorisation chart with rubrics extracted from the case and repertorial result

Potential differential field (pdf)

- Chilly patient
- Aggravation by touch of cloths

Selection of Remedy: After a comprehensive assessment of the patient's mental, physical, and characteristic symptoms, repertorisation was carried out using Hompath software. On the basis of repertorial analysis and corroboration with the *materia medica*, *Calcarea carbonica* was selected as the remedy, most consistent with the patient's presentation.

Prescription

1. *Calcarea carb* 1M, 6 pills, (Stat)
2. *Rubrum* TID for 3 days.

Follow ups: Following administration of *Calcarea carbonica* 1M one dose, the patient experienced marked reduction in burning within 48 hours, with complete drying of eruptions over the subsequent two days. At one-month follow-up, the mother (informant) reported that the patient remained well, with no evidence of post-herpetic neuralgia or other complications.

Table 3: Follow ups and prescriptions

Date	Follow up	Prescription
12 th August 2025	<ul style="list-style-type: none"> ▪ Burning – 70% better. ▪ Generals – good. ▪ No new complaints. 	Rx 1. Rubrum BD for 3 days.
14 th August 2025	<ul style="list-style-type: none"> ▪ All eruptions dried up. ▪ Burning - 90-95% better. ▪ Generals- good. 	Rx 1. Rubrum BD for 15 days.
15 th September 2025	<ul style="list-style-type: none"> ▪ Patient generally doing well. ▪ Generals - good. 	Rx 1. Rubrum BD for 15 days

**Fig 5:** Crusted lesions localized to right upper abdominal region after treatment.**Fig 6:** Crusted lesions localized to right lateral thoracic region after treatment.**Fig 7:** Crusted lesions localized to right upper back after treatment.

Discussion

Viral infections are recognized for being effectively managed with homeopathic treatment^[1]. Although herpes zoster is not a life-threatening viral disease, it causes considerable suffering due to severe pain and, more importantly, the systemic and neurological complications that may follow. Homeopathy has demonstrated notable effectiveness in the treatment of herpes zoster, both in reducing the duration of illness and in minimizing complications.

A case series by Guess reported favorable outcomes with individualized homeopathic medicines in acute herpes zoster, with patients recovering within a short span of time and without progression to post-herpetic neuralgia; remedies were selected based on the subjective symptoms experienced by each patient^[3]. Similarly, Parveen *et al.* documented the effectiveness of individualized homeopathic medicines in childhood herpes zoster, achieving recovery within 10 days and without complications^[6]. Choudhury *et al.* presented two narrative case reports highlighting the pivotal role of Pyrogen and Calendula in the successful management of herpes zoster facialis in elderly patients^[1]. In another case report, Gupta *et al.* provided evidence of complete recovery from acute herpes zoster without subsequent post-herpetic neuralgia following administration of individualized homeopathic medicine Hypericum in the 30th potency^[5].

Calcarea carbonica, described by Dr. Samuel Hahnemann as one of the greatest anti-psoric remedies, was historically employed in the old school as an escharotic alongside caustic potash^[7, 8]. It is particularly indicated for individuals of a leuco-phlegmatic constitution, characterized by a jaded state both mentally and physically^[7]. JH Clarke notes that, Calcarea carbonica exhibits an action similar to Rhus Toxicodendron, a well-established remedy for herpes zoster

leading to its designation as the acute satellite of Calcarea carbonica^[9]. According to Gurnsey, Calcarea carbonica is predominantly a right-sided remedy, while Farrington highlights its usefulness in herpes affecting the facial region covered by whiskers^[9, 10]. It is also recognized for its role in neuralgias, with pains that are aggravated by the pressure of clothing^[9]. In the present case, treatment with Calcarea carbonica resulted in complete resolution of eruptions within a few days, without subsequent post-herpetic neuralgia, supported by photographic documentation of the case.

While several homeopathic medicines have been documented in the management of herpes zoster, to the best of our knowledge no prior authors have reported the successful treatment of herpes zoster with Calcarea carbonica. This case therefore adds unique evidence to the existing literature, highlighting the therapeutic potential of Calcarea carbonica in herpes zoster. The complete resolution of eruptions without progression to post-herpetic neuralgia underscores its clinical relevance and provides a rationale for further exploration of this remedy in similar cases.

Conclusion

This case of herpes zoster, successfully managed with the homeopathic remedy Calcarea carbonica, demonstrates the potential effectiveness of individualized homeopathic treatment in viral diseases. The patient recovered within a short span of time without developing post-herpetic neuralgia, which is a common complication. This case contributes to the existing knowledge base by highlighting the role of Calcarea carbonica in herpes zoster beyond facial involvement, underscoring the importance of considering characteristic and individualistic symptoms in remedy selection.

Conflict of Interest

There are no conflicts of interest related to this study.

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