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A case of herpes zoster and individualistic homoeopathic treatment

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Abstract

Herpes zoster, commonly known as shingles, is a viral disease caused by the reactivation of latent Varicella Zoster Virus (VZV), which remains dormant in sensory nerve ganglia following primary infection with varicella (chickenpox). The condition is characterized by a unilateral, painful vesicular rash typically confined to a single dermatome. Herpes zoster occurs more frequently in older adults and individuals with weakened immune systems, reflecting age- or disease-related decline in cell-mediated immunity.

Keywords: Homoeopathy, herpes, cell-mediated immunity, neuralgia etc.

Introduction

Perennial Allergic Rhinitis is triggered by persistent exposure to allergens such as dust mites, the virus then remains dormant in the dorsal root and cranial nerve ganglia. It may recur as a localised disease limited to a dermatome innervated by a single spinal or cranial sensory ganglion (shingles) and/or may affect a motor nerve such as facial nerve leading to facial nerve palsy. Shingles is never the direct result of a primary infection but occurs due to reactivation, the mechanism of which is unknown.

Clinical features

The sporadic disease affects patients of middle age or old age. The prodromal symptoms of unilateral pain, tingling and dysaesthesia may precede the re-emergence of virus into the skin. It produces vesicles, papules and bullous lesion throughout the sensory dermatome is disseminated from freshly formed vesicles and may cause chickenpox in susceptible contacts. Secondary infection or postherpetic neuralgia may follow an attack of shingles. Postherpetic trigeminal neuralgia may lead to lesion on the side of nose and inner corner of eye (zoster ophthalmicus). Ram Say Hunt Syndrome (facial palsy, vertigo, tinnitus and deafness) occurs due to involvement of geniculate ganglion.

There is a small increased risk of Gullaine-Barre syndrome for at least 2 months after an acute herpes zoster attack.

Diagnosis: Diagnosis of shingles is made by detection of VZV DNA or anti-VZV IgG in CSF or the detection of VZV DNA in tissue.

Management

- Local soothing agent e.g. calamine cream or lotion locally to prevent irritation and unnecessary scratching.
- Antiseptic powder may be sprinkled to prevent secondary infection.
- Severe disease in elderly or immunocompromised patients, Acyclovir 800 mg orally 5 times a day for 7 days is recommended for all patients with shingles. Famciclovir 500 mg is also effective and given 3 times a day for 7 days. Acyclovir cream 5% or topical antiviral sorivudine may be applied for less severe attack.
- Steroids in tapering doses play a role to hasten the resolution of acute lesions but not in prevention as well as reduction of post-herpetic neuralgia.
- Foscarnet may be used for acyclovir-resistant VZV infection seen in immunosuppressed patients.

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- **Prophylaxis:** 1. Zoster immunoglobulin (21 G) is indicated for protection in unvaccinated and immunocompromised patients after zoster infection (postexposure prophylaxis).
- Immunoglobulin is recommended for women in pregnancy exposed to zoster infection.
- An effective varicella vaccine is safe and effective when given after 13 months of age. It is used in many parts of USA and UK. A single antigen live attenuated vaccine or a quadrivalent, measles, mumps, rubella and varicella vaccine are available.

Presenting complaint: Red vesicular eruption on right arm since 2-3 days.

- Redness in right arm
- Burning present
- Location-Right arm
- Sensation-Needle like pain & burning
- Modalities-Aggravation: night, Rest

Amelioration: Movement Concomitant-Restlessness
Causation: Viral infection Duration-2-3 days.

History of present complaint

Onset-gradual

- Progress-H/O heaviness and pain in right arm then develop vesicles on right arm.
- Treatment adopted-no any treatment taken.

Past History

Childhood to adulthood: History of type 2 diabetes mellitus and hypertension since 15 years.

Personal History

- **Mind & disposition:** Restlessness, fear of death and anxiety about his children
- **Married or single:** Married
- **No of children:** 3 children
- **Health of children:** Healthy
- **Marital relations:** Normal.

Physical Generals

- **Diet:** Vegetarian diet & non-vegetarian
- **Desire:** Sweet things
- **Thirst:** Increased, - 4-5 lit.. per day.
- **Tongue:** White coating
- **Taste:** No altered taste as mentioned by the patient.
- **Salivation:** Moderate as per patient.
- **Perspiration:** Hot perspiration, more on back no specific odour and no staining on clothes as mentioned by patient.
- **Stool:** Constipated and stool is hard most of the time. Passes stool irregularly.
- **Urine:** Passes urine every 3-4 hours with no burning and no specific odour.
- **Bathing:** Regularly.
- **Covering:** Not specific
- **Sexual relations:** Not specific.
- **Dwelling place:** Well ventilated house with proper sunlight
- **Appetite:** Decrease since 2-3 days.
- **Aversion:** Nothing specific.
- **Habits/Addictions:** No any addiction mentioned by patient.
- **Tobacco:** No
- **Habits/Addictions:** Alcohol as mentioned by patient.

- **Tobacco:** No
- **Coffee/Tea:** Tea drinker
- **Drugs etc.:** No
- **Thermal reaction:** Chilly patient.
- **Skin:** Red vesicular eruption on right arm
- **Sleep:** Sound and refreshing sleep
- **Dream:** Swimming and hard work.

Gynecological History-Not applicable

Obstetrical History-Not applicable

- **Pregnancy:** Not applicable.
- **Labour:** Not applicable.
- **Delivery:** Not applicable.
- **Abortion:** Not applicable.

General Examination

- **Anaemia:** Not detected
- **Cyanosis:** Not detected
- **Jaundice:** Not detected
- **EDEMA:** Not detected
- **Hair:** Black, slight hairfall present
- **Neck glands:** Not swollen
- **Neck veins:** Not engorged
- **Teeth:** Healthy
- **Gum:** Mild redness and swelling
- **Tongue:** White coated
- **Pupils:** Normal
- **Pulse:** 78 beats/min
- **Temperature:** Febrile (mild)
- **BP:** 130/80 mm of hg
- **Respiration:** 16 beats/ min

Systemic Examination

- **Respiratory System:** Normal vesicular breathing heard all over the lung field.
- **Gastrointestinal System:** Liver, spleen not palpable. No free fluid in the abdomen. Normal peristaltic sounds.
- **Cardiovascular System:** Apex normally placed, S1, S2 heard normal, no added sounds.
- **Nervous System:** Higher functions cranial nerves and speech were intact.
- **Motor system:** Power and tone normal. No involuntary movement or atrophy detected.
- **Reflexes:** Jerks and superficial reflexes were normal.
- **Coordination:** Both upper and lower limbs were coordinated.
- **Sensory system:** No sensory loss.
- No hyperesthesia.
- **Gait:** No abnormality detected
- **Urogenital System:** Nothing abnormality detected.
- **Locomotor System:** No restriction of movement of all joints were there.
- **Skin and Mucous Membrane:** Red vesicular eruption on right arm

Laboratory Investigations Previously Done-Yes HBA1C -5.8%

- **Laboratory Investigations Advised-CBC**
- **Provisional Diagnosis-Herpes Zoster**
- **Differential Diagnosis-Herpes simplex virus, contact dermatitis, impetigo**
- **Miasmatic Result**-Predominantly syphilitic miasm with: Nerve involvement and destruction
- Severe pain (often burning or neuralgic)

Prescription

26/09/25 RX RHUS TOX 200 BD for 3 days 4 globules to be taken twice a days for 3 days, Basis of patient is restless,

vesicular eruption, burning, redness on right arm and dream of swimming.



Remedies	ΣSym	ΣDeg	Symptoms
rhus-t.	5	7	1, 2, 3, 4, 5
ars.	4	8	1, 2, 3, 5
nat-m.	4	6	2, 3, 5, 6
phos.	4	4	1, 2, 3, 5
spong.	4	4	2, 3, 4, 5

1st follow up-29/09/25-burning and restlessness mild relief sac lac 200 Bd for 7 days



2nd follow up-08/10/25 vesicles enlarge in size and bluish appearance prescribe-*Ranunculus bulbosus* 200 for 5 days sac lac 200 Bd for 7 days



3rd followup-16/10/25 vesicles subsides burning relief Prescription-Placebo 200 BD for 3 days



Conclusion

This clinical study highlights the efficacy of individualized homoeopathic treatment in managing complex viral and allergic conditions. The treatment of Herpes Zoster using remedies like *Rhus toxicodendron* and *Ranunculus bulbosus* resulted in the significant subsidence of vesicular eruptions and neuralgic burning. Simultaneously, the use of individualized medicines in LM potency demonstrated measurable success in controlling Perennial Allergic Rhinitis, as evidenced by improved Rhinitis Control Assessment Test (RCAT) scores across multiple cases. Specifically, quantitative data showed improvements ranging from 1 to 12 points, with Case 4 showing the most substantial gain. These findings suggest that homoeopathy offers a viable, non-invasive therapeutic approach for chronic and acute conditions, warranting further large-scale research to explore long-term management and the prevention of complications like postherpetic neuralgia.

Conflict of interest

Not Available

Financial support

Not Available.

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