AYURVEDIC MANAGEMENT OF KAKSHA W.S.R. TO HERPES ZOSTER -A CASE REPORT

Dr. Shejal Inkar[1], Dr. Vaishali Wankhade[2]

1) P. G. Scholar Final Year, Department of Kayachikitsa, Vidarbha Ayurved Mahavidyalaya, Amravati Maharashtra

2) Professor, H.O.D & Guide, Department of kayachikitsa, Vidarbha Ayurved Mahavidyalaya, Amravati Maharashtra

CORRESPONDING AUTHOR:

Dr. Shejal Bhujangrao Inkar

P.G.Scholar Final Year , Department of Kayachikitsa,

Vidarbha Ayurved Mahavidyalaya, Amravati, Maharashtra

Email:inkarshejal@gmail.com

Abstract

Background:

Herpes zoster, or shingles, is an acute viral infection caused by the varicella-zoster virus (VZV), the same pathogen responsible for chickenpox. After primary infection, the virus remains dormant in the dorsal root ganglia and may reactivate later, producing painful, unilateral, vesicular eruptions within a dermatome. Clinically, it presents in three stages: pre-eruptive (pain and burning sensation), acute exudative (vesiculo-pustular eruptions), and chronic (post-herpetic neuralgia). In Ayurveda, this condition can be compared to Kaksha, a type of Kshudra Roga, characterized by throbbing, blackish vesicles in the axillary region extending along the arm, associated with severe pain and burning. The pathogenesis involves Pitta vitiation, primarily affecting Twak (skin) and Rakta Dhatu (blood). Management is focused on Pitta Shamana Chikitsa, which helps in Samprapti Vighatana (breaking the pathogenesis) and Dosha Shamana (pacification of vitiated dosha). Thus, analyzing both perspectives, Herpes zoster and Kaksha share close similarities in symptomatology and treatment principles.

Materials and Methods:

A 76-year-old female presented with vesicular eruptions on her right thigh, accompanied by severe pain and burning sensation. The lesions appeared as multiple fluid-filled vesicles grouped together on an erythematous base, surrounded by classical inflammatory signs including ruber, calor, and dolar. Considering the resemblance of these features to Kaksha described in Ayurveda, a Pitta-hara (Pitta-pacifying) line of treatment was adopted for management.

Observation and Result:

The skin blisters began to dry and shrink. They eventually fell off without spreading further or recurring. A few healing spots showed slight yellow discharge. Pain and burning sensation had completely disappeared.

Keywords: Kaksha, Herpes Zoster, Kshudra Roga, Samprapti Vighatana, ,Pitta Shamana Chikitsa, Pitta-hara, Ayurveda

Introduction:

Skin is described as one of the Adhisthana of Gyanendriyas in Ayurvedic texts, [1] highlighting its vital role in the physical as well as psychological well-being of an individual. Any disturbance in the health of skin not only affects the body but also the mind. Community-based studies reveal that nearly 20–30% of the population suffers from various skin disorders that require medical attention.[2] In recent years, there has been a noticeable rise in viral diseases, including those affecting the skin. Among these, Herpes Zoster holds clinical importance. Globally, the incidence of Herpes Zoster is estimated at 5–10 per 100 population, while in India it ranges between 2–6 per 100 population. Although antiviral drugs such as Acyclovir, Famciclovir, and Valacyclovir have shown significant progress in the management of this disease, their economic viability remains a challenge. Moreover, post-herpetic neuralgia, a major complication, can persist from three months to as long as ten years, posing a significant burden on the quality of life. Clinically, Herpes Zoster presents initially with clusters of closely spaced erythematous papules that rapidly transform into vesicles on a red and oedematous base. These lesions are unilateral, often appearing as continuous or broken bands in one or more adjacent dermatomes. The disease usually progresses through three stages: the pre-eruptive stage, the acute eruptive stage, and the chronic stage [3]. In Ayurveda, this condition can be compared to Kaksha, which is categorized under Kshudra Rogas. It is characterized by throbbing pain and blackish vesicles, typically spreading from the axilla to the extensor area of the arm. The nomenclature Kaksha is derived from the location of the lesion. The commentary of Chakrapani on Charaka Chikitsa Sthana further describes the site and distinctive nature of this disease, strengthening the correlation between Herpes Zoster and Kaksha.[4]

Case Report:

Chief complaints:

Complaints of acute skin eruptions preceding severe pain and burning sensation over right thigh region since 3 days.

Associated complaints:

Patient complaints of B\L Knee joint pain and Swelling, Backache and disturbed sleep since 2 weeks.

History of Present illness:

A 76 years old woman who is known hypertensive and non-diabetic approached the Kayachikitsa OPD on15/01/24 of G.N.T Ayurvedic Hospital Amravati with chief complaints of acute skin eruptions preceding severe pain and burning sensation over right thigh region since 3 days. She had felt slightly unwell for a few days and then noticed Raktavarnapidikas over right thigh region with severe pain i.e.,like “pins and needles”pain level is about 6-7/10, which is continuous in nature and severe burning sensation over the affected area since 3 days. The lesions found consisting of grouped, tense, superficially–seated vesicles distributed unilaterally. She felt fever, body malaise, disturbed sleep and generalized weakness since 7 days along with Antardaha(internal burning sensation of the body) . She

had taken Tab. Nevcef 200mg , Tab Aptflam SP, Cap Rabnev DSR , Vobate GN Cream since 2 days but not found any relief. So for better management she visited our hospital.

Past history:

Known case of Hypertension on Tab. Atenolol 50mg since8-10 yrs. There is no history of any chronic or debilitating disease or any infectious disease.

Family history:

6 members in the family and all are said to be healthy.

Personal history

Ahara: Mixed diet, 3 times /day, Sarvarasasatmya

Vihara: Mild exposure to Vata and at Aatap seven

Nidra: Prakruta before the onset of symptoms and disturbed since few days

Clinical Examination

Personal examination

- Appetite - Reduced
- Bowel - Regular
- Micturition - Regular
- Sleep - Disturbed and Reduced due to Increased Pain and Pricking Sensation over the Lesions
- Diet - Mixed
- Habits - Nothing Specific
- Occupation - Home Maker
- Socio Economic Status - Middle Class

Ashtasthana Pareeksha

Ashtasthanapareeksha	**:**	**Analysis**
Naadi	:	Pittakaphaja, Mandukahamsagati
Mala	:	1 time /day, Prakruta
		Mutraalpatasince 1 week
Mutra	:	Pita varna, Dahayukta Mutrapravrutti,
Jihwa	:	Alipta,Rukshata
Shabda	:	Prakruta
Sparsha	:	Ushnasparsha
Druk	:	Diminished vision, Uses spectacles
Aakruti	:	Madhyamakaya

Dashavidhapareeksha

Dashavidhapareeksha	**:**	**Analysis**
Prakruti	:	Pittakapha
Vikruti	:	Pitta pradhana tridosha vikruti
Satwa	:	Pravara
Saara	:	Pravara
Samhanana	:	Madhyama
Ahara Shakti	:	Abhyavaharana Shakti :Madhyama;
		Jarana Shakti :Madhyama
Vyayama Shakti	:	Madhyama
Satmya	:	Madhyama
Pramana	:	Madhyama kaya, Weight: 70kg,
		Height :158cm ,BMI : 28
Vaya	:	Vruddhavas

General Examination

General Examination

Pallor	:	Absent
Icterus	:	Absent
Cyanosis	:	Absent
Clubbing	:	Absent
Lymphoedenopathy	:	right axillary lymph nodes -tender to touch and mildly swollen
Oedema	:	Absent

Vital Examination

Vitals

Pulse rate	:	84/min
Heart rate	:	84/min
Blood pressure	:	130/90 mm of Hg
Temperature	:	99 ^{0}F

Systemic Examination

Respiratory System	:	Normal vesicular breath sounds heard, no added sounds.
Cardiovascular system	:	S1S2heard –No added sounds
Central Nervous System	:	intact
Per Abdomen	:	Soft, Non-tender.

Local Examination

- Site of Lesion - Dorsum of thigh
- Distribution - Asymmetrical
- Character of Lesion - Reddish Blue, Fluid Filled, Spreading in Nature
- Itching - Present (Mild)
- Inflammation - Ruber, Calor, Dolar Present
- Discharge - Present when Vesicles Rupture
- Superficial Sensations on Lesion - Pain (Severe)
  Swelling (Present)
  Itching (Present)
  Burning Sensation (Present)
- Oedema - Lesion Surface Elevated
- Texture of Lesion - Smooth Clustered Vesicles

Signs and Symptom

1. Daha (Burning Sensation)

2.Shoola (Pain)

3. Kandu (Itching)

4.Jwara (Fever)

5. Pidikas (Vesicle)

6.Rakatavarniyapitika

7.Antardaha

Pathological Investigation:

CBC, RBS, HIV, HBSAg test are showing normal result.

Process of Disease Manifestation

• Nidana:

Diet - 10 days prior to the appearance of the lesions, increased consumption of milk, curd, salt, sour food, spices, chicken, fish, consumption of fish followed by consumption of milk, over eating, consumption of oil fried food, consumption of food before digestion of previous meals.

Lifestyle - Occasional day sleep, sedentary lifestyle

Poorva Rupa - Red rash

Lakshana - Redness, swelling, burning sensation, spreading in nature, pain, blackish discoloration.

SamraptiGhataka

Dosha	:	Pitta prakopa (aggravated pitta)
Dushya	:	Rasa, Rakta, Mamsa, Ambu
Agni	:	Mandagni
Agni dushti	:	Rasadhatwagnimandhya
Srotas	:	Rasavaha, Raktavaha, Mamsavaha, Ambuvaha
Srotodushti	:	Sanga
Udbhavasthana	:	Amashaya
Vyakthasthana	:	Twak
Rogamarga	:	Bahya
Rogaswabhava	:	Aashukari
Sadhya-asadyata	:	Yaapya

Diagnosis:

Kaksha (Shingles / Herpes Zoster infection).

Differential Diagnosis:

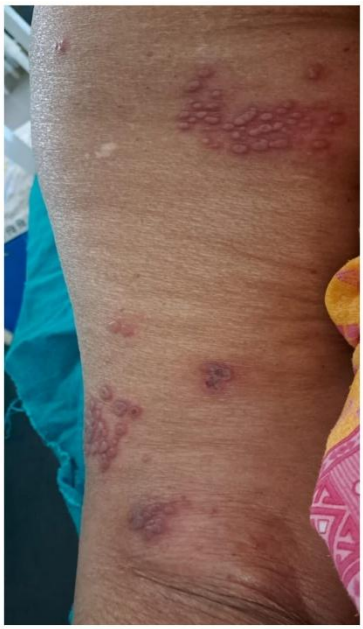
Herpes simplex infection, Urticaria, Chicken pox , Pittaja Visarpa, Pittaja Kshudra Roga Rakta Pradoshaja Vikara.

Treatment:

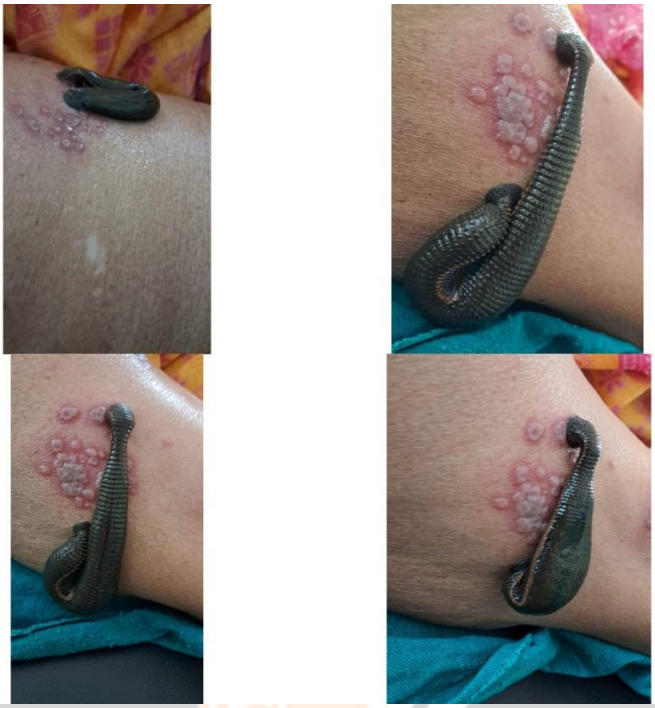
Table No 1: Treatment

Day	Treatment	Procedure
Day 1	Tab Acyclovir 400mg QID for 5 days	Jalokawachran
Day 5	1. Tab Nirocil 1 BD 2. Chandanasava15 ml TDS with koshna jal 3. Sarivadyasava 15 ml TDS with koshna jal 4. Avipatikar churna 5 gm nishakali with koshna jal 5. Sariwa churna 1 gm, Manjistha churna 1 gm, Guduchi churna 1 gm — TDS with koshna jal	Jalokawachran
Day 15	1. Tab Nirocil 1 BD 2. Chandanasava15 ml TDS with koshna jal 3. Sarivadyasava 15 ml TDS with koshna jal 4. Avipatikar churna 5 gm nishakali with koshna jal 6. Sariwa churna 1 gm, Manjistha churna 1 gm, Guduchi churna 1 gm — TDS with koshna jal	Jalokawachran

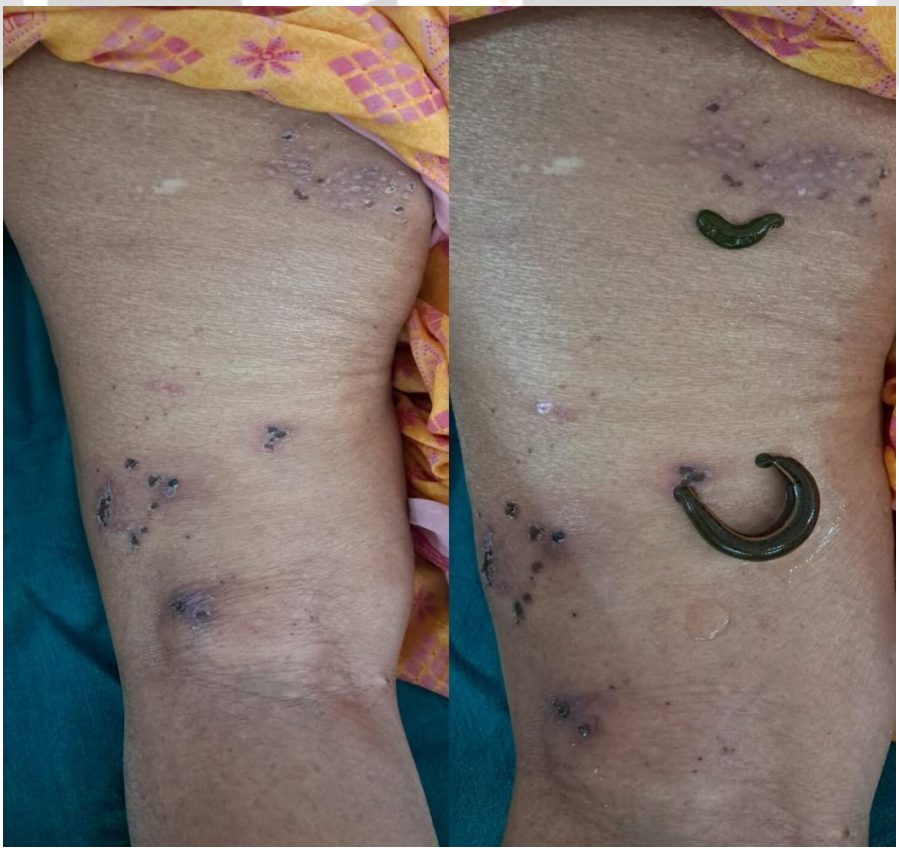
Before Treatment :



Day 1



Day 5



Day 15

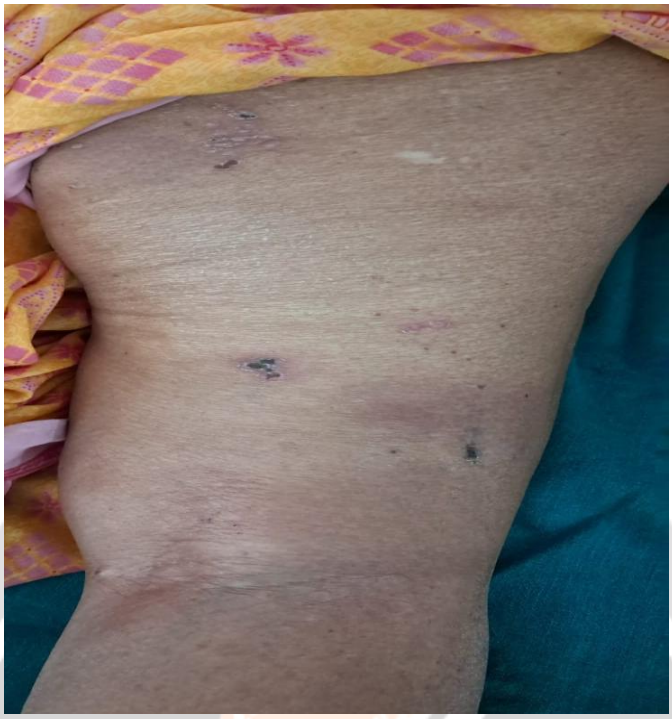


Table 2: Assesment Before and After Treatment.

Signs and Symptoms	Before Treatment	After Treatment
1.Daha(Burning Sensation)	Present	Absent
2.Shoola (Pain)	Severe	Absent
3. Kandu (Itching)	Mild	Absent
4.Jwara (Fever)	$100^{0\,F}$	$97^{0\,F}$
5.Pidikas (Vesicle)	Present	Absent
6.Rakatavarniyapitika	Present	Absent
7.Antardaha	Present	Absent

Discussion :

According to Acharya Sushruta, the main cause of this illness is the imbalance of Pitta dosha.[5] Hence, treatment similar to Pittaja Visarpa (disorders caused by aggravated Pitta) was suggested.[6] In this case, the patient had been regularly indulging in causative factors such as Viruddha Ahara (incompatible diet), Avyayama (lack of exercise)and Divaswapna (daytime sleep) for about ten days. These habits disturbed the Pitta dosha, Agni Mandya (weakened digestion), and led to the production of Ama (toxins), which finally resulted in the disease. The skin lesions that developed were painful, red, highly sensitive, and had a severe burning sensation. Therefore, treatment focusing on Pitta Rechaka(removing excess Pitta)and Pitta Hara (soothing or balancing Pitta) was followed. The patient was treated with Acyclovir 400 mg along with Ayurvedic medicines like Nirocil, Chandanasava, Sarivadyasava, Sariwa churna, Manjistha churna, Guduchi churna, and Avipathikara churna. In addition, proper dietary and lifestyle changes were advised. These measures helped prevent the disease from spreading further and promoted healing of the existing lesions. Most of the selected medicines are known for their anti-inflammatory and anti-viral effects, which helped in controlling the viral activity, stopping the progression of the illness, and aiding the healing process. On follow-up after one week, the patient reported no burning, itching, redness, or discomfort. The lesions had developed dry crusts, with the outer areas showing healing signs. In some places, a pale-yellow discharge was seen after shriveled and merged lesions broke open. Smaller lesions had completely healed, and healthy skin was visible in those areas.

Conclusion :

The patient showed remarkable recovery with Ayurvedic management, and no side effects were observed during the treatment. This case highlights how Pitta-pacifying diet, lifestyle, and medicines can effectively manage Herpes Zoster (Kaksha). Most of the medicines used have proven antiviral and anti-inflammatory properties, which not only helped stop the disease from worsening but also prevented serious complications like post-herpetic neuralgia. This case supports the practical role of Ayurvedic formulations in managing viral illnesses, and suggests their potential in treating other viral conditions as well.

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