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Ayurvedic Management of Post- Herpetic Neuralgia: A Case Report

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ABSTRACT
Post-herpetic neuralgia (**PHN**) is a debilitating chronic neuropathic pain condition that frequently follows an episode of Herpes zoster. The Ayurvedic perspective interprets the acute phase (Herpes zoster) as a manifestation of **Visarpa** with a predominance of Pitta and Rakta vitiation. The subsequent persistent neuralgia is conceptualized as a **Vāta-pradhāna avasthā** (Vāta-dominant state) affecting Tvak (skin), Māṃsa (muscle tissue), Snāyu (ligaments/tendons), and Sira (vessels/nerves).
Case Presentation: A 40-year-old female presented with severe burning pain, hyperesthesia, and an ulcerative wound in the dermatome corresponding to a prior Herpes zoster outbreak. The Ayurvedic diagnosis was Post-Visarpa neuralgia, characterized by a **Doshic predominance of Vāta > Pitta**.
Interventions: The management protocol over a **21-day period** (three 7-day follow-ups) included:
- **Internal Medicines:**Paripathadi Kwath (15 ml twice daily), Chirabilvadi Kashaya (10 ml twice daily), and Cap. Palsineuron 1 BD.
- **Local Therapy:** Topical application of Shatadhout Ghrita and Dashang Lepa.

Outcome: Significant clinical improvement was observed: the **Visual Analog Scale (VAS) pain score reduced from ~8–9/10 to ~2–3/10**; the burning sensation and hyperesthesia markedly improved; the ulcer achieved complete healing with healthy granulation; and the patient's sleep and ability to perform daily activities were restored. No adverse events were reported.
Keywords: Post-herpetic neuralgia, Visarpa, Vāta, Paripathadi Kwath, Shatadhout Ghrita

I. INTRODUCTION

Post-herpetic neuralgia (PHN) represents a significant clinical challenge as a persistent neuropathic pain syndrome following the resolution of Herpes zoster lesions. Its clinical presentation is marked by debilitating burning or stabbing pain, hyperesthesia, and allodynia within the affected dermatome, occasionally accompanied by ulceration or secondary infection in severe cases. Modern pathophysiology attributes PHN to varicella-zoster virus-mediated damage to the dorsal root ganglia and peripheral nerves, resulting in aberrant neuronal hyperexcitability and central sensitization.

Ayurvedic Conceptualization of PHN

In Ayurveda, the acute vesicular eruption and associated burning sensation of Herpes zoster are correlated with the description of **Visarpa** (as detailed in Suśruta Saṃhitā). Classic Ayurvedic texts further explain that chronic pain and sensory disturbances following inflammatory skin diseases are due to the subsequent vitiation and lodging of **Vāta** in Tvak, Māṃsa, and Snāyu. This Vāta pathology occurs after the initial Pitta-Rakta aggravation (Prakopa), leading to tissue dryness (Rukṣatā) and degeneration (Kshaya). Therefore, PHN is conceptualized as a **Vāta-pradhāna avasthā** subsequent to the Pitta-Rakta Prakopa of Visarpa.

This case report systematically documents the Ayurvedic management protocol and favorable clinical outcome in a patient presenting with severe PHN, accompanied by an ulcerative lesion.

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Case Presentation

Patient Demographics and History

Parameter	Details
Age	40 years
Sex	Female
Occupation	Housewife
Relevant History	Prior episode of Herpes zoster in the same dermatome (healed lesion). No significant comorbidities.
Duration of Current Complaints	15 Days

Chief Complaints and Clinical Findings (Initial Visit)

The patient presented with:

- Severe burning pain.
- Intense hyperesthesia/allodynia (intolerance to light touch/clothing).
- Ulcerative lesion with mild serous discharge on the axial side of the trunk.
- Disturbed sleep and significant difficulty in daily activities.

Clinical Indicator	Baseline Assessment (Day 0)
Pain (VAS)	Approx. 8–9/10 (Severe)
Burning Sensation	Severe
Ulcer	Present, with local tenderness and mild serous discharge
Hyperesthesia/Allodynia	Marked
Sleep	Disturbed due to pain
Systemic Examination	Within normal limits

Ayurvedic assessment

Ayurvedic Parameter	Diagnosis/Involvement
Probable Diagnosis	Post-Visarpa Neuralgia
Doshic Predominance	Vāta > Pitta
Dushya Involved	Tvak (Skin), Rakta (Blood), Māṃsa (Muscle), Snāyu (Nerve/Tendons)

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Ayurvedic Parameter	Diagnosis/Involvement
Srotas Involved	Raktavaha (Circulatory), Rasavaha (Lymphatic/Nutritional)

Samprapti (pathogenesis): Pitta- rakta prakopa → visarpa with vesication and inflammation → healing with rukṣatā and snāyu- kṣaya → vāta vr̥ddhi and lodging in sira /snayu/tvak → chronic vedanā (toda, bheda, suptata)

Therapeutic Intervention

Duration: 21 days (three follow- ups of 7 days each)

Internal medicines

Medicine	Dosage	Rationale
Paripathadi Kwath	15 ml, twice daily after meal	Classical antiphlogistic and Pitta-Rakta pacifying action, effective in inflammatory dermatoses and for Dāha relief.
Chirabilvadi Kashaya	10 ml, twice daily	Exhibits Vedana-sthapana and Raktaprasādana effects; supports wound healing and reduces local inflammation.
Cap. Palsineuron	1 BD	Neuro-supportive; specifically addresses Vāta-hāra properties and nerve nourishment, aiding neuropathic symptom control.

Local treatment

Therapy	Application	Rationale
Shatadhout Ghrita (Topical/Cream)	Applied locally, 2–3 times daily	Classic washed medicated ghee; pacifies Pitta, reduces burning, provides Mardava to the skin, and promotes Vrana Ropana (wound healing).
Dashang Lepa (Topical Paste)	Applied over wound/lesion, once or twice daily	Anti-inflammatory, wound cleansing, and analgesic properties as per classical compendia.

Ancillary measures and advice

Category	Advice	Rationale
Pathya (Wholesome Diet)	Warm, nourishing diet: milk, ghee, Mudga Yusha (mung bean soup); small frequent meals.	Supports tissue repair and minimizes Vāta aggravation.
Apathya (Unwholesome)	Avoid Ruksha (dry), Katu (pungent), Tikshna (sharp) Āhāra (food); avoid exposure to cold/wind; avoid excessive physical stress.	Prevention of recurrence or exacerbation by curtailing Vāta-aggravating factors.

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Category	Advice	Rationale
Activity	Gentle care of affected area; avoid tight clothing.	Protects the hyperesthetic area and aids local healing.

Follow- up and Outcomes
Follow- up visits were scheduled at 7, 14 and 21 days. Clinical photographs were taken before treatment and after follow- up for documentation (available in clinical records).

Objective and subjective outcome measures

Parameter	Baseline (Day 0)	Day 21 (Final)	Change/Improvement
VAS Pain Score	8–9 /10	**2–3 /10**	Marked Reduction
Burning Sensation	Severe	**Mild**	Significant Improvement
Ulcerative Wound	Present, Tender	**Healed, Epithelialized**	Complete Healing
Hyperesthesia / Allodynia	Marked	**Minimal/Absent**	Sensation Restored
Sleep Disturbance	Present	**Nil**	Restored Quality
Daily Functioning	Markedly Reduced	**Restored**	Return to Normal Activities

Adverse events: None reported
Photographic documentation: Before and after treatment photographs have been archived and can be appended to the manuscript as Figure 1 (Before) and Figure 2 (After).

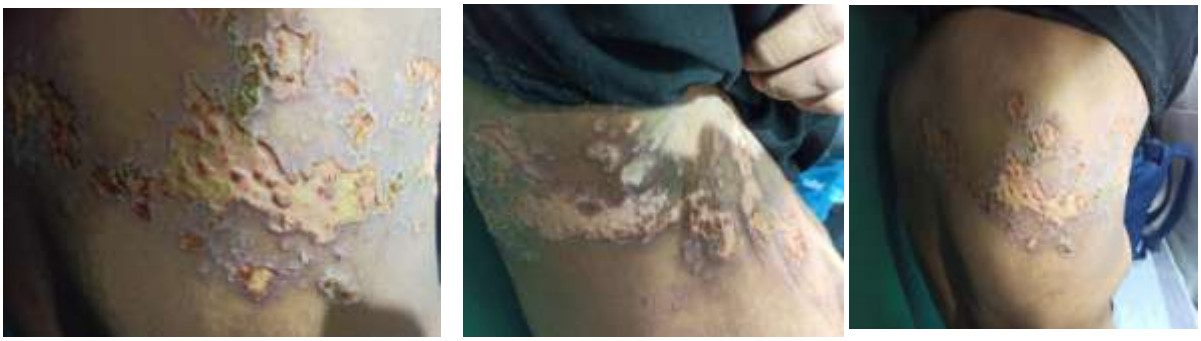

Figure 1 (before treatment)

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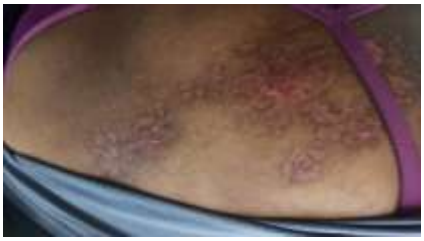

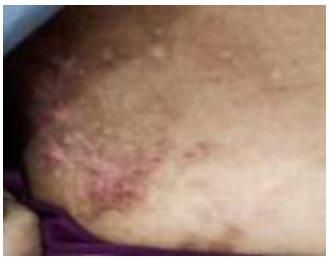

Figure 2 (after treatment)

II. DISCUSSION

This case report strongly suggests the efficacy of a comprehensive Ayurvedic regimen in the management of PHN, providing both **symptomatic relief and promotion of tissue repair**. The multimodal approach directly targeted the established Ayurvedic pathogenesis: Vāta predominance following Pitta-Rakta vitiation.

- **Paripathadi Kwath** served as Pitta-Rakta Shodhana and reduce residual inflammation (Dāha-Hara).
- **Chirabilvadi Kashaya** contributed to neuralgic pain, Vedana-Shamana and supported the healing process actingas Raktaprasādana.
- **Cap. Palsineuron** offered essential nerve nourishment and addressed Vāta pacification.
- The local therapies, **Shatadhout Ghrita** and **Dashang Lepa**, addressed the local pathology by soothing burning, Pitta-Pacification, Shotha Nilayana, and accelerating Vrana Ropana, as cited in classical texts (Bhāvaprakāśa, Aṣṭāṅga Hṛdaya).

The rapid and significant clinical improvements—including marked pain reduction, ulcer healing, and restoration of normal sensation and function within three weeks—are consistent with the expected outcomes of Vāta-pacifying, Shotha-reducing, and Vrana-ropana therapies described in the Ayurvedic classical compendia (Charaka, Suśruta, Aṣṭāṅga Hridaya). The integration of Pathya further supported the therapeutic outcome by preventing the exacerbation of Vāta.

III. CONCLUSION

This case study demonstrates that a structured Ayurvedic management plan—encompassing internal medicaments (Paripathadi Kwath, Chirabilvadi Kashaya, Palsineuron), topical applications (Shatadhout Ghrita, Dashang Lepa), and essential Pathya and care—can yield **clinically meaningful relief in Post-Herpetic Neuralgia within 21 days**. The therapeutic strategy successfully addresses the Ayurvedic pathogenesis (Vāta-dominance after Pitta-Rakta Visarpa), alleviates symptoms, facilitates wound healing, and restores the patient's functional status.

Further research utilizing larger cohorts and objective neurophysiological assessments is recommended to validate these encouraging clinical findings.

REFERENCES

[1]. Suśruta Saṃhitā, Nidāna Sthāna 5/15–20 – Description of Visarpa, symptoms like daha, sphota, shoola.

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[3]. Bhāvaprakāśa, Vrana Chikitsa Adhyaya – Use of Shatadhouta Ghrita in wound healing and burning sensation.

[4]. Aṣṭāṅga Hṛdaya, Chikitsa Sthāna 21/8 – Dashang Lepa as shothahara and vedanahara.

[5]. Suśruta Saṃhitā, Nidāna Sthāna 5/19: "दाहः शूलं च त्वचि स्फोटा विसर्पः प्रजायते |" (Burning, pain and eruptions on the skin are seen in Visarpa.)

[6]. Aṣṭāṅga Hṛdaya Sūtra 12/4: "वातस्तु शुष्कः शीघ्रश्च तीक्ष्णो लेखश्च मारुतः | स्नायु सिरे त्वगाश्रित्य तद्विकारान् करोत्यसौ ||" (Aggravated Vāta lodges in tendons, vessels and skin causing chronic disorders.)