



## MANAGEMENT OF VISARPA (HERPES ZOSTER) IN AYURVEDA

Dr. Shilpa P. N.\*<sup>1</sup> and Dr. T. D. Ksheersagar<sup>2</sup>

<sup>1</sup>Associate Professor, Dpt. of Shalya Tantra, Govt Ayurveda Medical College, Bengaluru.

<sup>2</sup>Former HOD and Professor, Dpt. of Shalya Tantra, Govt Ayurveda Medical College, Bengaluru.

\*Corresponding Author: Dr. Shilpa P. N.

Associate Professor, Dpt of Shalya Tantra, Govt Ayurveda Medical College, Bengaluru.

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### ABSTRACT

Skin being the largest of all organs is an insulating shield guarding the body against extremes of temperature, damaging sunlight and harmful chemicals making a human presentable. Herpes zoster is more common in people with diminished cell mediated immunity with Indian incidence of 2-6% per 100 population. Its presentability matches those features of *visarpa* vividly explained in Ayurveda. Its features being *agnidagdavat sphota* which are *anunnata*, with *vedana daha* and *jwara*. Treatment of the same is explained both in the *Samhitas* and in the later texts that mainly focuses against the *dushta pitta* and *rakta*. Thus all measures that tackle the *pitta* and *rakta* like *virechana kashaya*, *raktamokshana*, *lepa*, can be adopted for the treatment of *visarpa* according to the stage and need.

**KEYWORDS:** *Vedana daha, jwara, agnidagdavat sphota, rakta.*

### INTRODUCTION

Skin, an insulating shield is the largest of all organs guarding the body against extremes of temperature, damaging sunlight and harmful chemicals making a human presentable. Around 20-30% sufferers of various skin ailments are demonstrated through large community prevalence study.<sup>[1]</sup> A number of skin conditions last a long time. Some may continue into adulthood from childhood. In some cases, the condition will not always be present but will flare up at certain times. The burden of skin disease is multidimensional that mostly encompasses psychological stress along with social and financial consequences on self, the family and on society.

Conditions of the integumentary system of human body constitute a broad spectrum of diseases, also known as dermatoses. Thousands of skin conditions are described but only a few meet the eyes of a physician. On the contrary herpes zoster is one such disorder of skin that is immediately brought to the notice of a doctor due its severity in localised spread, pain and burning sensation.

Herpes zoster commonly called shingles is a viral disease characterized by painful skin rashes with blisters in a localized area. The earliest symptoms include headache, fever and malaise followed by sensations like burning pain, itching, hyper or paraesthesia like pins and needles, pricking, tingling or numbness. Episodes with quick

stabs of agonizing pain which is mild to extreme can also be seen.<sup>[2]</sup>

*Visarpa* has been explained in Ayurvedic classical literatures as a *pradhana vyadhi* and also an *updrava* of others. The name so acquired is because of its nature of spread like that of a snake. The pathogenesis is said to occur through the *kupita vataadi dosha* being *aashritha* in *twak, maamsa* and most importantly *rakta*. This leads to production of *vistruta, anunnata shoph* that has *sarpana prakruthi* associated with *daha* and *vedana*.<sup>[3]</sup>

### AIMS AND OBJECTIVES

To understand the mode of action of different treatment modalities in the management of *visarpa*.

### CLASSIFICATION

Acharyas have classified *Visarpa* into different varieties based on *Dosha, Adhishtana* and *Nidanas* (etiological factor).

**CHARAKA** – *Charaka* has attributed 3 to each one of the *dosha*, 3 each to combination of two and one from the combination of all the three *dosha*. Viz.<sup>[4]</sup>

\* *Vataja Visarpa*

\* *Pittaja Visarpa*

\* *Kaphaja Visarpa*

\* *Vatapittaja visarpa* also known as *Agni Visarpa*

\* *Kapha pittaja Visarpa* also called as *Kardama Visarpa*

- \* *Vata kaphaja Visarpa or Granthi Visarpa*
- \* *Sannipataja Visarpa*

*Caraka* also categories *Visarpa* into three based on *adhishatana* (i.e. seat of manifestation) viz.<sup>[5]</sup>

- 1) *Bahir Visarpa*
- 2) *Anthar Visarpa*
- 3) *Ubhayashrita Visarpa*

Which indicates the confinement of the disease to *shaka*, *antarmarga* and combination of *antar* and *bahir marga* respectively.

**SUSHRUTHA** - Sushruta has classified the disease into two major varieties as *Doshaja Visarpa* and *Kshataja Visarpa*.<sup>[6]</sup>

*Doshaja Visarpa* has 7 sub divisions viz.

- \* *Vataja Visarpa*
- \* *Pittaja Visarpa*
- \* *Kaphaja Visarpa*
- \* *Vatapittaja Visarpa*
- \* *Kapha Pittaja Visarpa*
- \* *Rata kaphaja Visarpa*
- \* *Sannipataja Visarpa*

*Kshataja* is indicative of its *nidana*.

**VAGBHATA** - *Ashtang Hridaya* classifies *Visarpa* into eight varieties as that of *sushruta*.<sup>[7]</sup>

*Laghu trayees* have also endorsed the views of *Ashtanga Hridaya*.

### NIDANA

The *Nidana* may be one or many for any disease. The *nidana* for *Visarpa* is just not one but many which can be included under different headings *Ahara*, *vihara*, *panchakarma viparyaya* and as an *upadrava* of other *vyadhi*.<sup>[4]</sup>

### PURVA RUPA

The occurrence of *Raktamandala* at the area of probable affliction is considered as the *sthanika purva rupa*. The manifestation of *jwara*, *daha* represents the *sarvadaihika purvarupa* of *Visarpa* as stated by *Acharya Kashyapa*.<sup>[8]</sup>

### RUPA

Specificity of symptoms is with respect to the predominant *dosha* involved in accordance to the diseases' classification.

### MANAGEMENT AND ITS PROBABLE MODE OF ACTION

All measures that dominantly tackle the *pitta* and *rakta* like *virechana kashaya raktamokshana*, *lepa*, can be adopted for the treatment of *visarpa* according to the stage and need.

### VIRECHANA KASHAYA

*Virechanakashaya*

*Aragwadadhikashaya*: *Aaragwadha* is a *sramasanadravya* which has *madhura rasa vipaka*, *sheetaveerya* and *guru snigdha teekshnaguna* due to which it eliminates the *slishta mala*. *Aaragwadha* is indicated in *pitta pradhanaroga* for its *shodhana*. *Draksha* and *Dugdha* are *anulomka* and thus induce *Mruduvirechana*. *Sramasana* with the above *dravya* does not need the classical procedure of *snehana* and *swedana* and enables *pitta shodhana* immediately. It also acts on *Kapha* and *Vata* and thus is also *tridosahara*. *Aragwadadhikashaya* significantly reduced *daha*, *shoola*, *kandu* and above all it also had a significant effect on the *pidikas* according to a study. Patients who presented with vesicles were immediately relieved of the collection of fluid in them and the lesions dried up sooner. Thus management of acute symptoms along with its complication like pustule formation can be prevented by administration of *virechana kashya*.<sup>[1]</sup>

### LEPA

**Shatadhouta ghrta**: Application of *shata dhouta ghrta* is an effective management towards *visarpa* (herpis). Increase in moisture content of *shata dhouta ghrta* is highly useful for skin hydration and cooling effect. Ph change from acidic to neutral makes it beneficial to tackle skin irritation. Reduction in particle size with nongranular and homogenous consistency makes it easier to apply on skin also resulting in increased rate of its absorption. The same along with other *sheeta veerya*, *daha prashamana dravyas* can be used along to subside *daha* (burning sensation) and *shoola* associated with the disease.<sup>[9]</sup>

### JALOUKAVACHARANA

There are different treatment modalities described in treating *Visarpa* but *raktamokshana* is considered superior, based on the observation and results. It is considered equivalent to the combination of all the other treatment modalities put together. *Raktamokshana* relieves symptoms much quickly in comparison to other treatment options.

Without *pitta* there is no *paka* and *raktamokshana* arrests *paka pradurbhava* by expelling *dushta rakta* along with *pitta*. This is the reason why *jaloukavacharana* a *raktamokshana* of choice in *pitta pradhana vyadhi* is implemented in *pittaja vidradhi* and the same concept holds good also in case of *visarpa* to arrest the disease progress.<sup>[3]</sup>

Management of *visarpa* by *jaloukavacharana* can be understood by analyzing the role of different biochemical secretions of the leech which are released while it is sucking. The saliva contains more than 30 enzymes that has got several actions. The major action of leech's saliva is inhibition of blood clotting. This is done by the mechanism of inhibition of platelet aggregation and

coagulation cascade. Hirudin inhibits platelet aggregation and the coagulation cascade. This causes relief of venous congestion and the presence of anti coagulant causes the bite to ooze upto 48 hours resulting in further reduction in venous congestion. Calin causes secondary bleeding for approximately another 12 hrs. The other enzymes present are protein inhibitors that inhibit coagulation by means of various mechanisms. Hyaluronidase which is a spreading factor contributes in the anti coagulation process by clearing the path for active substances to penetrate. Reduction in venous congestion causes reversal of oedematous changes. Fresh blood flow starts once the venous congestion is relieved. Histamine also facilitates fresh blood flow. This fresh blood flow facilitates the faster healing of lesions. Hyaluronidase is speculated to have some antibiotic property which would probably prevent a secondary infection facilitating better healing of the lesion.

The saliva of leech is also said to contain some anti-inflammatory and nonspecific anaesthetic substances which probably anaesthetize the wound area the reason for pain relief that sustains for almost 7-8 hrs after application.<sup>[10]</sup>

## CONCLUSION

The signs and symptoms of herpes zoster and that of *visarpa* match very closely and thus a correlation can be drawn between the two. *Visarpa* is a disease characterised with acute manifestation of symptoms that can be effectively managed using Ayurveda treatment lines. *Virechana Kashaya* has a major role in tackling the symptoms like *daha*, *kandu* and helps in drying up of active lesions. *Lepa* has its action mainly on burning sensation and *raktamokshana* in arresting the disease pathology and relief of pain. Judicious usage of each or combination of these treatment can effectively manage the disease rendering the patient happy.

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