

Case Report



Early Integrative Management of Visarpa (Herpes Zoster) with Jalaukavacharana (Leech Therapy): A Case Report

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ABSTRACT:

Background: Herpes zoster is a viral infection characterized by painful vesicular eruptions unilaterally with a propensity for post-herpetic neuralgia despite standard antiviral therapy. It resembles the features of *Visarpa* in Ayurveda, and *Raktamokshana* is indicated as a line of treatment. This is a peculiar case of early leech therapy as an adjunct to conventional treatment in herpes zoster for its neural complications as well as pain relief.

Clinical Findings: A 25-year-old female had an episode of severe burning pain associated with erythema and grouped vesicular eruptions over the left side of the neck as well as the upper chest for 2 days. Pain was severe (7 on Visual Analog Scale-VAS). Eruptions were limited to left C3, C4 dermatomes with no secondary infection. **Intervention:** Patient was treated with 3 sittings of *Jalaukavacharana* along with *Kaishora Guggulu*, *Mahamanjishthadi Kashaya*, and *Avipattikar Churna*. *Shatadhauta Ghrta* was applied locally from the 7th day. Antiviral therapy (acyclovir for 5 days) was given concomitantly for supportive purposes. **Outcome:** There is a considerable reduction in burning pain and erythema following initiation of integrative treatment, including *Jalaukavacharana*, internal Ayurvedic medications, and antiviral therapy. Vesicular lesions healed in due course. Lesions disappeared by 30 days. Overall, the VAS score was reduced to 0 by the 15th day. There were no episodes of post-herpetic neuralgia during 6-month follow-up period. No adverse effects were noted. **Conclusion:** Early application of leech therapy sittings at alternate intervals along with internal ayurvedic medicines for 1 month and supportive antiviral therapy had rapid pain relief, increased healing, and prevented post-herpetic neuralgia without any adverse events. This highlights the role of integrative management and *Jalaukavacharana* as early intervention in herpes zoster in order to accelerate the healing process and avoid complications, including PHN. Further large-scale clinical trials are needed to validate these findings.

KEYWORDS: Case Report, Herpes zoster, Integrative Management, *Jalaukavacharana*, Leech therapy, Post-herpetic Neuralgia, *Visarpa*

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1. INTRODUCTION

Herpes zoster commonly known as shingles. Herpes zoster is a viral condition that occurs with the reactivation of the varicella-zoster virus that resides as latent infection in dorsal root ganglia post primary infection. Clinically it is characterized by unilateral occurrence of vesicular eruptions distributed in dermatomes and mostly accompanied by severe burning pain as well as hyperesthesia. Estimated incidence worldwide ranges around 1.2 to 3.4 per 1,000 persons per-year, [1] In Asia 5.0 per 1000 person per-year, [2] and life time risk is around 25-30% in general population, that increases with advancing age as well as immunosuppression.

The most dreaded complication of herpes zoster is post-herpetic neuralgia (PHN), [3] which can last for months and cause considerable distress. Apart from standard antiviral therapy, treatment includes analgesics, corticosteroids and supportive care. Even though early antiviral therapy helps but pain control is difficult in many individuals. There is no convincing evidence that antiviral medication prevents PHN as well. [4] In Ayurveda, herpes zoster features resemble with that of *Visarpa*, inflammatory condition of skin that spreads rapidly. [5] *Pittaja Visarpa* with *Vata* association is characterized by *daha* (burning sensation), *raga* (erythema), *sphota* (vesiculation) and *shoola* (severe pain) which is *shighragatva* (rapid spreading). Classical texts mentioned *Raktamokshana* (bloodletting) as one of important therapeutic modality in *Rakta-Pitta* dominant disorders. *Jalaukavacharana* (leech therapy) is considered as safe as well as effective method of bloodletting in delicate and inflammatory conditions. [6]

This is a unique case documentation in which *Jalaukavacharana* was used as early to adjuvant along with antiviral therapy in acute stage of herpes zoster. Only limited literature is available on current aspect. Integrated therapy

resulted in early pain relief, faster healing of lesions, complete cure in 1 month and most important prevention of PHN. It also demonstrated that this therapy is safe and effective in pacifying *Rakta* and *Pitta Dosh*a and providing early symptomatic relief without any complication.

2. CASE REPORT

A 25-year-old unmarried female patient presented with complaints of severe burning pain, redness and grouped vesicular eruptions over the left side of the neck and upper chest for 2 days. Pain was continuous in nature, aggravated by touch and movement and was associated with discomfort and local tenderness was present while a vesicular eruption was spreading upward in nature. She has noticed mild fever during initial phase of illness. She denied any history of itching, discharge or similar episodes in the past.

There was no history of diabetes mellitus, hypertension, tuberculosis, bronchial asthma or thyroid disorder or any other chronic systemic disease as well. She was not taking any long-term medications and was not allergic to drugs. There was no significant family history of dermatological diseases, autoimmune diseases or a neurological disease was found. She was from a middle socio-economic status. She was mentally stable, oriented and showed good cooperation during treatment. Moreover, she did not have any history of psychological stress or substance abuse or sleep disturbances prior to onset of these symptoms.

Patient did not take any specific medical or Ayurvedic treatment for current condition before presenting to our hospital. Patient had taken over the counter analgesics medications for pain relief. But they provided minimal and temporary benefit only. After consultation at our hospital, she was started on integrative management. Detailed timeline of events mentioned in [table 1](#).

Table 1: Timeline of Events

Time	Event
01/08/2025	Initial symptoms appeared in the form of burning pain, redness, and vesicular eruptions over the left side of the neck and upper chest
03/08/2025	First clinical consultation and diagnosis of acute herpes zoster (<i>Pittaja-Vataja Visarpa</i>)
03/08/2025	Baseline investigations including CBC, RBS, BT-CT performed (within normal limits)
03/08/2025	Treatment initiated with <i>Jalaukavacharana</i> , internal Ayurvedic medicines, and antiviral therapy
05/08/2025	First follow-up evaluation; significant reduction in pain and erythema observed
07/08/2025	Second and third sittings of leech therapy completed; <i>Shatadhauta Ghrita</i> started
17/08/2025	Subsequent follow-up showed marked improvement with crusting and healing
02/09/2025	Complete recovery with no pain or active lesions
March 2026	Long-term follow-up showed stable condition without PHN

Clinical Findings: On general examination, patient was conscious, oriented and cooperative. Her vital parameters were stable with pulse rate of 84 beats per minute, blood pressure of 110/80 mmHg and 98.6 °F body temperature. No pallor, icterus, cyanosis, clubbing, lymphadenopathy or pedal edema was noted. Systemic examination of cardiovascular, respiratory and nervous system did not reveal any abnormality.

Local examination showed grouped vesicular eruptions over erythematous base involving the left side of neck and upper chest (C3, C4, C5) in dermatomal pattern ([Figures 1A](#)). Affected area was tender on palpation. But there was no ulceration, secondary infection, discharge or any foul smell. Skin was associated with severe burning sensation as well as hyperesthesia. Lesions were about 18-20 cm × 15 cm in size. No regional lymphadenopathy was noted on clinical examination. Hutchinson's sign was absent and no trigeminal or ophthalmic involvement was seen.

On Ayurvedic examination, features were suggestive of *Pitta* and *Vata* predominance. He was complaining of *Daha* (burning sensation), *Raga* (redness), *Shoola* (pain) and *Sphota* (vesicle formation) with *Shighragatva* (Rapid upward spreading) in nature, and these clinical features are resembled to classical *Lakshanas* of *Vata-Pittaja visarpa* (*Agnivisarpa*). [5] *Nadi Pariksha* showed *Pitta-Vata*

predominance. *Jivha* was slightly *Saam* (coated), *Agni* (digestive fire) was *Madhyam* and *Mala Pravrutti* (stool frequency and consistency) was regular.

Diagnostic assessments: Diagnosis was established mainly based on detailed clinical examination as well as typical dermatomal distribution of grouped vesicular lesions associated with severe burning pain. Routine laboratory investigations i.e. complete blood count, random blood sugar, bleeding time and clotting time were done and all were within normal limits. Serological tests for HIV and hepatitis B were negative. As it is a typical case of herpes zoster, no advance techniques like CT scan, MRI or viral study seem necessary.

There were no any specific challenges encountered in making the diagnosis, patient had access to fundamental laboratory facilities with ease and no financial, cultural or social problems presented a burden to diagnosis or treatment. The early presentation and classical symptoms made diagnosis easy.

Final Diagnosis and Differential Diagnosis: Based on clinical findings and above presentation patient was diagnosed as acute herpes zoster from modern medical perspective and while based on presenting features *Agnivisarpa/Vata-Pittaja Visarpa* according to Ayurvedic principles. Differential diagnoses considered mentioned in [table 2](#).

Table 2: Differential Diagnosis excluded.

Sr. No.	Differential Diagnosis	Clinical Features	Reason for Exclusion in Present Case
Modern			
1	Herpes simplex infection	Grouped vesicles, recurrent episodes, perioral/genital involvement	Lesions followed dermatomal pattern and no past history of recurrence
2	Allergic contact dermatitis	Erythema, itching, vesiculation	Absence of intense itching and presence of severe burning pain
3	Bullous impetigo	Flaccid bullae, honey-colored crusts	No purulent discharge or crusting
4	Cellulitis	Diffuse redness, swelling, pain	Presence of well-defined vesicles and dermatomal distribution
5	Pemphigus vulgaris	Flaccid bullae, mucosal involvement	No oral lesions or positive Nikolsky sign
Ayurveda			
1	<i>Visphota (Pittaja)</i>	Presence of <i>sphota</i> (vesicles), <i>daha</i> (burning sensation), <i>raga</i> (erythema) with <i>pitta</i> predominance	Absence of <i>jwara</i> (fever), <i>srava</i> (discharge), <i>trishna</i> (thirst) and <i>paka</i> (suppuration); presence of unilateral dermatomal distribution with severe neuralgic pain favors <i>Visarpa</i>
2	<i>Sheetapitta</i>	Presence of <i>daha</i> and <i>raga</i> indicating <i>pitta</i> involvement	Absence of <i>kandu</i> (itching) and <i>toda</i> (pricking sensation); no <i>chardi</i> (vomiting), <i>pipasa</i> (thirst), <i>hrullasa</i> (nausea); presence of <i>sphota</i> (vesicles) with severe <i>shoola</i> (pain), not aggravated by <i>sheeta</i> (cold)
3	<i>Udarda</i>	Presence of <i>raga</i> and elevated lesions indicating superficial involvement	Lesions are grouped vesicles, not <i>mandala</i> (broad patches); absence of <i>sheeta</i> and <i>snigdha</i> (unctuous) features; localized dermatomal pattern
4	<i>Kotha</i>	Acute onset with <i>daha</i> and erythema resembling <i>pitta</i> involvement	Lesions not insect bite-like; absence of <i>chardi</i> , <i>pipasa</i> , <i>hrullasa</i> , pain is continuous, not <i>toda</i> ; vesicles not wheals
5	<i>Vicharchika</i>	Presence of <i>pidaka</i> (eruptions/lesions) and <i>shyava varna</i> (dark or reddish discoloration) with inflammatory changes	Absence of <i>kandu</i> and <i>lasika srava</i> (oozing/discharge), lack of chronic eczematous features, presence of grouped vesicles in unilateral dermatomal distribution with severe <i>daha</i> and <i>shoola</i> , acute onset and nerve involvement

Diagnostic Challenges: No significant diagnostic challenges were faced as case presented with classical clinical features of herpes zoster. So final diagnosis was made primarily based on clinical grounds without need for advanced investigations relying on careful history taking and thorough physical examination.

Prognosis: Considering early stage of disease and absence of immunosuppression, and timely initiation of treatment, prognosis was favorable. Complete recovery without

complications, particularly PHN was expected which was subsequently achieved during follow-up.

Therapeutic Intervention: Patient was subjected to 3 sittings of *Jalaukavacharana* on Day 1, Day 3 and Day 5 along with internal Ayurvedic medicines *Kaishora Guggulu* and *Mahamanjishthadi Kashaya* from Day 1 to Day 30 as well as *Avipattikar Churna* for 7 days. *Shatadhauta Ghrita* was applied locally from Day 7 to Day 30. At the same time acyclovir was given in the first 5 days. Detailed therapeutic intervention mentioned in [table 3](#).

Table 3: Detailed integrative therapeutic intervention given

Date (From–To)	Type of Intervention	Name of Medicine / Procedure	Dose / Procedure	Frequency	Anupana / Mode
03/08/25, 05/08/25, 07/08/25	Procedure	<i>Jalaukavacharana</i> [7] (Leech Therapy)	Application of medicinal leech for 20–25 minutes under aseptic precautions	3 sittings (Alternate days)	Local application
03/08/25 to 02/09/25	Internal Medication	<i>Kaishora Guggulu</i> [8] (Shree Dhootapapeshwar, Batch: DU152506)	500 mg	Twice daily	Lukewarm water
		<i>Mahamanjishthadi Kashaya</i> [9] (Sandu, Batch: GA-15)	20 ml	Twice daily	Equal lukewarm water
		<i>Avipattikar Churna</i> [10] (Shree Dhootapapeshwar, Batch:DB012511)	5 g	At bedtime	Lukewarm water
09/08/25 to 02/09/25	External Application	<i>Shatadhauta Ghrita</i> [11] (SKM Batch:NBM25021)	Local application	2–3 times daily	Topical
03/08/25 to 07/08/25	Concurrent Medication	Acyclovir (Cipla Batch:ACY2405)	400 mg	Three times daily	Oral
		Pantoprazole (Sun Pharma Batch: PAN2311)	40 mg	Once daily	Oral

***Jalaukacharana* Standard operating Procedure: (figure 1B)**

Purva Karma (Pre-procedure): Patient was prepared with local *snehana* (oleation) and *swedana* (sudation). Then affected area was cleaned and leeches were purified through turmeric water.

Pradhana Karma (Procedure): A small prick was taken at site and then leech was applied and covered with moist cotton. Then *madhu* (honey) and *ghrita* (ghee) was used in order to facilitate attachment. Leech was allowed to suck blood for

around 20–25 minutes until it detached naturally.

Paschata Karma (Post-procedure): After detachment of leech then the site was cleaned bleeding was controlled with gentle pressure applied at that site and then sterile dressing was applied. Wound was managed as required and no complications were observed.

Leech Care: Leech was made to expel ingested blood using turmeric and salt later kept in clean water. Reuse was avoided for at least 7 days after its use.



Figure 1A: Showing lesion appearance before the treatment



Figure 1B: Showing lesion appearance during the 3rd sitting of *Jalaukacharana*



Figure 1C: Showing complete resolution of the lesion after the complete treatment

Table 4: Timeline of Follow-ups and Outcomes

Follow-up Day	Clinician's Assessment	Patient-Reported Outcome	Pain (VAS)	Lesion Status	Investigations / Remarks
Day 1 (Baseline)	Active vesicular lesions with erythema and tenderness	Severe burning pain and discomfort	7/10	Multiple active vesicles	Baseline investigations within normal limits
Day 3	Reduced erythema and tenderness	Marked relief in burning sensation	3/10	Vesicles reduced	No adverse effects
Day 7	Crusting and drying of lesions	Mild discomfort	1/10	Crust formation	No secondary infection
Day 15	Significant healing	Complete relief from pain	0/10	Healed skin	No complications
Day 30	Normal skin texture	No symptoms	0/10	Complete recovery	No scarring
6 Months	Stable condition	No recurrence or neuralgia	0/10	Normal skin	No PHN

Table 5: Assessment of Symptoms and Clinical Parameters

Parameter	Day 1	Day 3	Day 7	Day 15	Day 30
VAS [12]	7	3	1	0	0
Redness	+++	+	0	0	0
Vesicles	Present	Present	Reduced	Crust	Healed
Itching	0	+	++	+	0

Follow-up and Outcome: Patient showed progressive improvement across multiple complaints including pain, redness as well vesicular lesions from Day 3 i.e. from initiation of integrative treatment and achieved complete healing by Day 30. No recurrence, complications or PHN were noted during follow-up. Detail outcomes outlined in table 4-5 and [Figure 1C](#).

Adherence: Patients adherence to treatment including oral medications was monitored through regular follow up visits, by medicine counts as well as patient self-reporting. Compliance with both medications as well as procedures was satisfactory throughout whole treatment time.

Tolerance: Patient tolerated both procedures as well as oral medications well with progressive relief in symptoms. Tolerability of interventions was evaluated clinically after each procedure performed.

Adverse Effects: No adverse events including excessive bleeding or other complications were noted during whole treatment and follow up period.

3. DISCUSSION

Herpes zoster involves acute inflammation of sensory nerves and their associated ganglia along with corresponding dermatome and surrounding tissue later resulting in severe neuralgic pain and pigmented vesicular eruptions. Although antiviral therapy treatment decreases viral shedding but it does not prevent neural inflammation or PHN all cases. Early supportive and adjunctive therapies are therefore important to help improve clinical outcomes.

In current case, *Jalaukavacharana* along with internal Ayurvedic medicines and antiviral therapy (table 3) at early stage of the herpes zoster showed good result in reliving the symptoms fast and early complete recovery within 1 month ([figure 1C](#)). As depicted in the Timeline Table 1 and Outcome Assessment Table 4-5 and [Figure 1C](#) significant reduction in pain along with erythema was noted from Day 3 onwards while complete healing by Day 30 and no recurrence during the follow-up.

Previous studies reported comparable outcomes. Local application of *Nimba Tila Kalka Lepa* showed reduction in pain, burning sensation as well as lesion healing. [13] In another study a case managed with Ayurvedic therapies including *Patolakaturhinyadi Kashayam*, *Sariva*, *Yashtimadhu* and *Amalaki churna*, *Gandhaka rasayana* and local application of *Shatadhauta ghrta* and *Durva ghrta* also showed successful resolution of lesions and also symptoms.

These findings are consistent with results observed in current case. [14] Apart from another one study showed *Jalaukavacharana* with internal medications reported faster pain relief from 1st sitting and complete recovery with repeated applications. [15] Systematic review highlighted potential therapeutic utility of leech therapy in inflammatory and pain related disorders. [16]

According to modern scientific literature, anti-coagulants, enzymes and other bioactive substances hirudin, calin, destabilase, bdellins and eglins have anticoagulant, anti-inflammatory and analgesic properties which found in leech saliva. These agents improve micro-circulation, relieve tissue congestion as well as inhibit inflammatory mediators thereby reduces pain and promotes healing. This could explain early reduction in burning sensation and tenderness experienced by this patient after treatment. [17]

According to Ayurveda, *Visarpa* is a *Vata, Pitta* and *Rakta Pradhan Tridoshaja Vyadhi*. *Jalaukavacharana* administered as per classical indications in *pitta* dominance *visarpa*, aids in removal of vitiated *Rakta* thereby pacifying aggravated *Pitta*, in turn reducing symptoms of *Daha*, *Raga* and *Shoola*. Early intervention with this therapy prevents further vitiation of *doshas* and accumulation in *rakta* (blood), *mamsa* (skin) and *meda* (flesh) *dhatu* thereby promoting quick resolution of lesions and preventing PHN complications. Internal medicines include *Maha Manjishthadi Kashaya* and *Kaishor Guggulu* indicated in *Rakta-Pitta* disorders that help in pacifying vitiated *Pitta* and *Rakta*, thereby reducing *Daha*, *Raga* and *Shoola* in *Visarpa*. These formulations possess anti-inflammatory, analgesic, wound-healing as well as blood-purifying properties of their ingredients work together to promote quick resolution of lesions and prevent PHN complications. *Avipattikar churna* helps in maintaining digestive balance with its *Deepana* (digestive stimulant), *pachana* (digestive) and *vatanulomna* (Regulation of *Vata*) action also which act as an anti-secretory thereby helping

healing process. *Shatadhauta Ghrita* exhibits cooling and promotes epithelial regeneration in order to reduce *daha*. Improvement seen in current case may be due to combine effect of integrative treatment so as *Jalaukavacharana* and acyclovir were used together so possibility of synergistic effects cannot be excluded.

Integrative effect of these therapies (Table 3) could have resulted in early control of symptoms and faster healing as observed in this case and as shown in Tables 4, 5 and fig 1, 2. Also, recent meta-analytical evidence has also suggested a significant effect of bloodletting-based therapies in reducing pain intensity and shortening lesions in acute herpes zoster, thereby supporting the clinical outcome in present study.

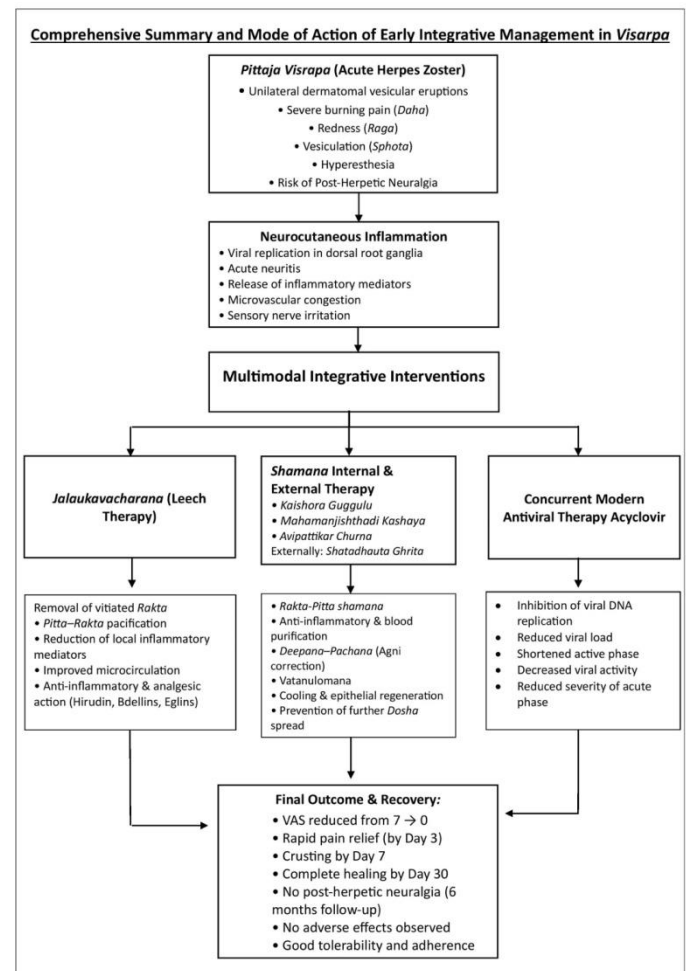


Figure 2: Probable Mode-of-Action of Integrative Treatment Protocol

Strengths and limitations: Main strength of this case report is early initiation of integrative therapy with detailed documentation of clinical outcomes and follow-up, which demonstrated fast resolution of symptoms and good tolerance. In this case, the use of standardized assessment tools in a structured fashion remains a strength. On the other hand, as this case report is a single-case study without a control group, the results cannot be generalized. As integrative plan including *Jalaukavacharana*, internal medications and antiviral therapy (acyclovir) were administered concurrently so it is difficult to attribute observed outcomes to a single intervention. So, possibility of additive or synergistic effect cannot be excluded. Further prospective studies and randomized controlled trials of larger populations are needed in order to confirm its efficacy, safety and reproducibility of this integrative therapy approach.

4. CONCLUSION

This case report illustrates successful treatment outcome of acute case of *Visarpa* through integrative management protocol. Patient presented in the early stage of *Visarpa*, which provided a window of opportunity to employ timely intervention leading to prevention of debilitating chronic complications likewise PHN. Treatment plan included *Jalaukavacharana*, internal and external Ayurvedic medicines in addition to conventional antiviral treatment. Whole treatment course lasted for 30 days and she was further followed up for 6 months to assess the course of the disease. Substantial improvement was seen in score of pain intensity (VAS reduced to 0 from 7), number of skin lesions ([figure 1C](#)) and inflammation onwards Day 3 and complete remission was achieved by Day 30. Improvement noted may be due to combine effect of integrative treatment, however as *Jalaukavacharana* and acyclovir were used alongside their individual effects cannot be clearly distinguished. No adverse effects or complications associated with the procedures were identified and patients had good tolerability. No incidental

findings were demonstrated during all course of management. Key outcome of this case of early curtailment of symptoms and prevention of PHN. Early integrative intervention by using leech therapy in this case suggests rapid healing recovery along with clinical outcomes in acute cases of herpes zoster.

Abbreviations:

CBC – Complete Blood Count

RBS – Random Blood Sugar

BT – Bleeding Time

CT – Clotting Time

HIV – Human Immunodeficiency Virus

VAS – Visual Analog Scale

PHN – Post-Herpetic Neuralgia

mg – Milligram; g – Gram

ml – Milliliter; cm – Centimeter

mmHg – Millimeters of Mercury

°F – Degree Fahrenheit

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: Patient stated that severe burning pain which was main issue reduced rapidly after leech therapy and that she recovered completely without long-term discomfort. Overall, she expressed satisfaction with treatment given.

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