



MANAGEMENT OF *VISARPA* (HERPES ZOSTER) WITH *NIMBA TILA KALKA LEPA*- A CASE REPORT

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ABSTRACT:

Herpes zoster is a viral disease caused by reactivation of Varicella zoster virus. Unilateral vesicular eruption within the dermatome associated with severe pain is the main manifestation in herpes. On analyzing the symptoms of herpes zoster, vitiation of *Vatapitta* predominant *Tridosha* and it vitiates *Twak*, *Rakta* and *Mamsa Dhatu*. A case study of a 72 years old female patient with main complaint of skin lesion over left medial thigh region associated with pain, burning sensation and redness of skin. The patient was treated with *NimbaTila Kalka* external application over the lesions. Application of *Nimba Tila Kalka* gave good results in the management of Herpes zoster.

Key words: Ayurveda, Herpes Zoster, *Nimba Tila Kalka*, *Visarpa*

INTRODUCTION

Herpes zoster is a viral disease caused by reactivation of Varicella zoster virus. The Varicella-zoster virus (VZV) or human herpes virus 3 is a neurotropic human alpha herpes virus responsible for chickenpox/varicella and shingles/Herpes zoster (HZ)^[1]. Unilateral vesicular eruption within the dermatome associated with severe pain is the main manifestation in herpes^[2]. Herpes Zoster occurs worldwide without seasonal variations of incidence. The incidence of Herpes Zoster is age-dependent and ranges from 1.2 to 3.4 per 1000 persons per year among younger adults to 3.9–11.8 per 1000 persons per year in elderly patients (i.e., >65 years)^[3]

Clinical symptoms appear in three stages—pre-eruptive, acute exudative, and chronic. The pre-eruptive stage presents with burning or pain within the affected dermatome at least 2 days prior to cutaneous eruptions. In the acute eruptive phase, multiple umbilicated and painful vesicles develop. The vesicles often burst, ulcerate, and eventually dry out. Chronic Herpes Zoster infection is characterized by severe pain that lasts >4 weeks^[4]. Among the possible complications, postherpetic neuralgia is the most frequent one so pain management is essential.^[5]

In Ayurveda Herpes zoster which can be correlated with *Pittaja Visarpa*. After analyzing

the symptoms of herpes zoster, it is *Vatapitta* predominant *Tridosha vyadhi* and vitiating *Twak, Rakta* and *Mamsa Dhatu*^[6]. In *Pittaja Visarpa* Principles of treatment are *Pradeha* and *Raktamokshana*, *Pradeha* means local application over skin^[7]. While explaining the efficacy of *Lepa*, it is mentioned in *Sushruta Samhita* that by pouring water over a burning house, how the fire is getting extinguished immediately, in the same manner by application of *Lepa*, reduces *Doshas* of *Vrana* (wound) *Vedana* (pain), *Shophya* (inflammation)^[8]. *Nimba Tila Kalka Lepa* is *Pittahara* and having antiviral properties, hence adopted here for management of Herpes zoster.

CASE HISTORY

A 72-year-old female patient with a known case of hypertension for 2 years visited the outpatient department (OPD) of Shri Dharmasthala Majunatheswara Hospital, under the Department of Shalyatantra (OP Number: 283365), on April 30th, 2023, with the main complaint of skin lesions over the left medial thigh region. The patient experienced pain, burning sensation, blisters, and redness of the skin for three days. The patient was already receiving modern medications for the treatment of other concomitant illnesses at different durations.

General examination: Patient was afebrile, pulse 78/min, blood pressure 140/80 mm Hg. Blisters in left thigh region.

Systemic examination: Respiratory system and cardiovascular system examination were within normal limits. The patient was conscious but restless, with pupillary reflexes within normal limits. Deep tendon reflexes and superficial reflexes were also normal.

Local examination: Multiple lesions were present unilaterally over the left medial thigh region, with redness, severe pain, and burning sensation. The lesions included pustules, macules, papules, and vesicles.

Ashtavidha Pariksha showed that *Nadi* (~pulse) was *Kaphapittaja*, *Jivha* (tongue) was *Sama* (~coated), *Aakriti* was *Madhyam* (~medium built), bowel habit were regular and normal. *Druk* (~vision) was normal.

Dashavidha Pariksha showed *Kaphapittaja Prakruti*, *Vikruti Vatapitta Pradhana*, *Mamsa Sara*, *Madhyama Samhanana*, *Madhyama Pramana*, *Alpa Satva*, *Sarvarasa Satmya*, *Avara Vyayama Shakti*, *Vridhdha Vaya*, *Abhyavaharan and Jarana Shakti* was *Madhyam*.

MATERIALS AND METHOD

Source of data: Patient were selected from the IPD of department of *Shalyatantra*, SDM College of Ayurveda & Hospital, Hassan.

Consent: A well informed written consent of patient and his relative (son) was taken before starting the treatment.

Routine haematology investigations (TC, DC, Hb%, ESR, RBS, LFT, RFT) and urine investigations were done and they were within normal limits.

Diagnostic assessment: Patient was diagnosed on the basis of clinical findings. Photographs are given in Fig. 1a, b, c, d. Assessment was done on the basis of Zoster Specific Brief Pain Inventory (ZBPI) questionnaire.(Table 1)

Treatment protocol

Nimba Tila Kalka uniformly applied over the surface, thrice a day, once in morning, afternoon and evening as thin layer (0.5 cm) as fresh *Kalka*. (Fig 2b)

Properties of *Nimba* and *Tila*^[9]

Nimba:

Part used- Leaves, Root bark, Gum, Stem bark, Fruits, Seeds, Flowers, Seed oil.

Action and uses: Antifertility activity, Anti-inflammatory, antiarthritic, cardiovascular, antidiabetic, skin disorders and antimicrobial activity, immunostimulant.

Ayurvedic properties -*Rasa: Tikta, Guna:*

Ruksha, Laghu, Veerya: Sheeta, Vipaka: Katu

Doshghnata: Vataja, Pittaja, Kaphaja

Rogaghata: Jwara, Kushta, Krimi, Prameha,

Vrana, Chardi, Visharoga, Arsha, Gulma, Netra

Roga, Kandu, Kasa.

Karma – Kapha-Pittahara, Deepana, Grahi, Krimighna, Netrya.

Tila

Parts used: seeds

Actions and uses: *Vedanasthapana, Vranaropana, Deepana, Shoolaprashamana, Balya, Rasayana.* Ayurvedic properties –

Rasa: Madhura, Katu, Tikta,

Guna: Guru, Snigdha

Veerya: Ushna

Vipaka: Madhura, Katu

Criteria for assessment of parameters

Assessment done on the basis of Zoster Specific Brief Pain Inventory (ZBPI) questionnaire. It is a Pain Scale based on Brief Pain inventory. It is herpes zoster specific. Hence a more reliable for diagnostic and therapeutic assessment of herpes in clinical trials. This also measures intensity, duration, area covered, mental condition relations of patients with other people, ability to perform daily activities^[10]

Table 1: Assessment of effect pf therapy

ZBPI Parameters	DAY 1	DAY 3	DAY 7
Pain last 24 hours	Yes	yes	Yes
Areas of pain	Medial left thigh	Medial left thigh	Medial left thigh
Worst pain in 24 hours	9	5	1
Least pain in 24 hours	8	3	0
Average pain in 24 hours	8	4	0
Pain right now	9	4	0
Treatment received	Yes	Yes	Yes
Percent of pain relief	0%	40%	90%
General activity interfered	8	5	2
Mood interfered	7	3	2
Walking ability interfered	9	5	2
Work outside home interfered	10	7	4
Relation with people interfered	7	4	2
Sleep interfered	8	5	1
Enjoyment of life interfered	8	5	2

OBSERVATION

After the application of *NimbaTila Kalka* on the blisters regularly three times in a day for 7 days further progression of *Visarpa* was stopped. Pain, burning sensation and redness reduced considerably. After each seating pain reduction was observed. Repeated application of *Nimba Tila*

Kalka along with internal medications gave complete relief, (table 2). Ayurveda pain management in Herpes zoster by *Nimba Patra Tila Kalka Lepa* is innovative easy, better and cost effective treatment.

Table 2: Details of Treatment given

Day	Condition of patient	Medicine given	Frequency
Day 1	Multiple pustules over left medial thigh, associated with severe pain burning sensation, redness and itching, restlessness, generalised weakness	1. <i>NimbaTilakalka Lepa</i> 2. <i>Tab.Maha Yogaraja Guggulu</i> 3.Tab.Acyclovir 400 mg 4.Syrup. <i>Maharasnadi Kashaya</i>	Thrice a day 2 BD 1 BD 15 ml BD with 45 ml luke warm water
Day 3	Pain and burning sensation reduced 40 % Reddish discolouration, restlessness and generalised weakness reduced No further pustule formation and reduction in size of vesicles and pustules with brownish colour	1. <i>NimbaTilakalka Lepa</i> 2. <i>Tab.Maha Yogaraja Guggulu</i> 3.Tab.Acyclovir 400 mg 4.Syrup. <i>Maharasnadi Kashaya</i>	Thrice a day 2 BD 1 BD 15 ml BD with 45 ml luke warm water
Day 7	Pain and burning sensation reduced 90% Pustules and vesicles disappear Reddish discolouration, generalised weakness and restlessness – absent blackish scar marks present over medial thigh.	1. <i>NimbaTilakalka Lepa</i> 2. <i>Tab.Maha Yogaraja Guggulu</i> 3.Tab.Acyclovir 400 mg 4.Syrup. <i>Maharasnadi Kashaya</i>	Thrice a day 2 BD 1 BD 15 ml BD with 45 ml luke warm water

FOLLOWUP AND RESULT

On the 1st day of application of *NimbaTila Kalka* on the 3rd day of onset of rash at the site of blister. Patient got relief in severity of burning sensation and pain, rash and blisters were also subsided within one day after application of *lepa* and this was assessed by

ZBPI questionnaire. (table no 1)shows effect of treatment on ZBPI Symptom Score. Changes in the follow ups are shown in images figure 2a,2b,2c,2d .Currently patient does not have any pain, burning related to herpes till the date of submission of this version of manuscript.



Fig.1a -before application of *Kalka*



Fig.1 b- during application of *Kalka*

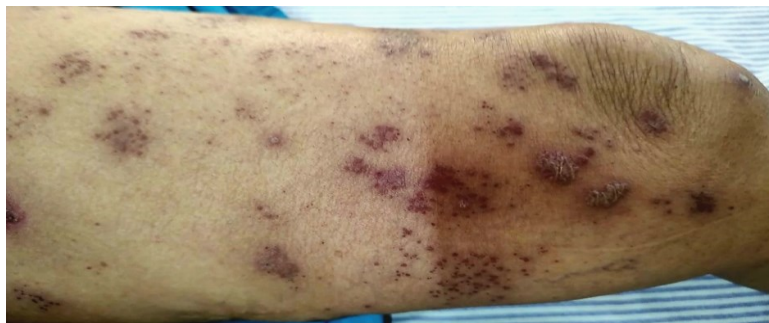


Fig.1 c-After three days of application of *Kalka*



Fig.1 d After seven days of treatment

DISCUSSION

Herpes zoster commonly known as shingles has a rapid spread along with severe burning at the site of lesion. Varicella virus (VZV) present in large amount in vesicles. That infectious virus from vesicles enters into endings of sensory nerves in the skin then travels from sensory nerve to dorsal root ganglia and cranial sensory ganglia. [11]

Ayurvedic understanding considering clinically as Herpes zoster which can be correlate with *Pittaja Visarpa*. In *Pittaj Visarpa* principle treatment is *Pithahara Chikitsa* like *Raktamokshan* and *Pradeha*, *Pradeha* means local application over the skin. It is easiest way among other forms of medication, as preparation time is less. High residence time over affected area and drug to correct the local pathological events [12]. *Sushruta* emphasized about its pain-relieving element with an analogy as just like water poured over burning house extinguishes the fire [13]. The *Kalka* to be applied on the blisters in the morning and removed after few hours when it

dries up and it is contraindicated to be kept in the night hours [14]

The ingredients of *NimbaTila Kalka* are *Nimbapatra, Tila* and water. *Nimbatila kalka* is *Pitta Kaphasamaka* and *Krimighna, Kandughna, Vranaropaka, Vedanasthapana, Shoolaprashamana Yoga*. *Nimba patra* can be given in *Twak Vikaras* due to antimicrobial property and it is *Sheeta Veerya* so act as *Pitta Pradhanadosha*. It has *Vedhanasthapana, Shoolaprashamana Karmas* which helps in relieving the pain. Immunostimulant activity of *Nimba* helps against Herpes zoster. *Tila* has qualities of *Vedhanasthapana, Vranaropna* and *Shoolaprashamana* which helps to reduce the burning sensation, redness and prevents blister formation. These reflects the *Tridosaharatva* of the *Nimba Tila Kalka*. By one week follow up the patient got complete relief from symptoms. After the relief of symptoms, he was advised to continue *Pathya* for next few weeks.

Patients perspective

Initially patient was in severe distress with excruciating pain and burning sensation; she

was also restless due to adverse effects of antiviral therapy. After first day application of *Nimba Tila Kalka* she felt relaxed and confident about Ayurveda treatment and in three days got considerable relief from symptoms. In one week symptoms reduced about 90%. Patient was satisfied with the treatment.

Informed consent

Patient sign the informed consent in structured format (Scientific writing in Health and Medicine format) same format is explained to patient and she has willingly given consent.

CONCLUSION

Patient's recovery from a viral disease by traditional Ayurveda medicine is very promising one. From the above study it is concluded that *Nimba Tila Kalka* is effective in management of herpes zoster by their *Kandughna*, *Vranaropaka*, *Vedanasthapana*, *Shoolaprashamana* property, which helps to heal the *Visarpa* by *Sheeta Veerya* and *Krimighna* shows tremendous result. After application of *Kalka*, further progression of *Visarpa* was stopped. So we can give this treatment directly to the patient those who having the Herpes Zoster. Adaptive trials are necessary to explore further practical applicability of Ayurveda and modern treatment together.

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CITE THIS ARTICLE AS

Subimol P R, Shyam P Warma, Mahesh Kumar E S, Shivani A C. Management of *Visarpa* (herpes zoster) with *Nimba Tila Kalka Lepa*- A case report. *J of Ayurveda and Hol Med (JAHM)*. 2023;11(6):52-60

Conflict of interest: None

Source of support: None