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A single case study: Jaluokavacharan in herpes zoster-shingles (Agnivisarap)

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Abstract

Varicella zoster virus (VZV) is HHV-3. Disease manifestations include chickenpox (varicella) and shingles (herpes zoster). The incidence and severity of herpes zoster affects up to 25% of persons during their lifetime and increases with age due to an age-related decline in immunity against VZV. Populations at increased risk for Varicella zoster-related diseases include immunosuppressed persons and persons receiving biologic agents (tumor necrosis factor inhibitors). It usually occurs in adults. Visarp occurs as an acute disease which may remain for 10-12 days and not a chronic one as Kustha (skin diseases). It appears as grouped vesicular lesions. Visarp presents with small or large size vesicles or presents with rash along with signs of inflammation. It spreads anywhere and in a very fast manner (d'utgait: sau. ina), hence defined as Visarp.

An adult female known diabetic patient presented with complaints of mild fever (100° F) and acute vesicular eruptions with bacterial skin superinfection as a complication preceding severe pain. The lesions found consisting of grouped, tense, deep-seated vesicles distributed unilaterally along a dermatome on the chest area, shoulder and cervical region on the right side. Right axillary lymph nodes found tender and swollen. Chills, cold, nausea, vomiting and generalized weakness since 4-5 days were also found.

On Examination – P-82/m, BP- 130/90 mm of Hg, RS-NAD, CVS- NAD, CNS – Conscious, oriented, P/A- mild tenderness in right iliac fossa. Nothing specific

On Investigation

On admission

HB- 10.8 gm%, TLC- 8, 3000/cmm. Platelet Count- 290000/cmm, E.S.R.-14mm/hr S.Urea-16 mg/dl, S.Creatinin 0.6 mg/dl mg/dl, HBs Ag- negative HIV- negative. TFT-normal
BSL-F-178mg/dl, PP-338 mg/dl

S. Electrolytes-S. Sodium 135.3 mEq/L, S. Potassium- 4.1 mEq/L.S.Chloride-102.2 mEq/L

Urine Examination – Proteins- +, Pus cells- 6-8/hpf, Epithelial cells- 8-10/hpf, No RBC's

X-ray Chest- NAD;

USG - NAD

On Treatment

1. Jalaokavacharana- Fresh four number of leeches applied on the affected side. Leeches abstract blood, about four times their own weight. An average sized leech will remove directly and by subsequent haemorrhage about ½ ounce to 2 ounce of blood.
2. Navakashaygugulu -40 ml morning –evening after meals for 7 days
3. Dashang Lepa for local application. mor- evening for 7 days
4. For diabetes management Inj Human Actrapid given

Conclusion

Leeches extract the blood of their victims in a painless manner. For this reason, leeches are very useful in removing the bad blood in laymen's word to cure the disease. Leeches work as analgesia. It helps to reduce swellings and pain and found disappearance of the skin lesions. Severity of rash and pain subsequently came down. Lesions in Herpes Zoster found completely crusted and found healed after 2 weeks. No recurrence of the eruptions found. Navakashaygugulu is also helpful in the improvement of the Visarp and Dashang Lepa lowers Shoth (inflammation) and pain. During follow-ups it is found that there is no Post herpetic neuralgia. Pain totally subsided. Patient found with no any other complications.

Keywords: Herpes Zoster, Agni Visarp, Vesicles, Leeches, Jalaokavacharan

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1. Introduction

Herpes Zoster

Varicella Zoster Virus (VZV) is HHV-3. Disease manifestation include chickenpox (varicella) and shingles (herpes zoster). The incidence and severity of herpes zoster affects upto 25 % persons during their lifetime and increases with age due to an age- related decline in immunity against VZV. Populations at increased risk for Varicella zoster – related diseases include immunosuppressed persons and persons receiving biologic agents (tumor necrosis factor inhibitors). It usually occurs in adults.

Visarp

Visarp occurs as an acute disease which may remain for 10-12 days and not a chronic one as Kustha (skin diseases). It appears as grouped vesicular lesions. Visarp presents with small or large size vesicles or presents with rash along with signs of inflammation. It spreads anywhere and in very fast manner, hence defined as Visarp. Charakacharya has defined seven types of Visarpa as VatajVisarp, PittajVisarp, KaphajVisarp, AgniVisarp (VataPittaj), GranthiVisarp (KaphaVataj), KadarmaVisarp (KaphaPittaj) and Sannipatik Visarp. Sushruta has defined KshatajVisarp as another type and in its Samprapti, Pitta Dosha is dominant. Charaka has said Kshat is one of the etiological factors in Visarp whereas in Madhukosha Teeka of Madhavnidan has given the guidelines that KshatajVisarp should be included in Pittaj Visarp.

AgniVisarp- Due to the vitiation of Vata and Pitta Dosha this Visarp is formed. Here Jwar, Charddi, Moorcha, Atisar, Trushna, Bhrama, Asthibheda, Agnimandhya, Arochaka, and Tamadarshan these symptoms and signs are found. Patient feels that the ash of the burning fire is coming all over the body and especially at the site of the lesion. Where it spreads, the lesions are like coal as black, blue or reddish in color. Eruptions and Vesicles are found as the skin is burnt.

Upadrava

Charakacharya has explained Raktashthivi Sannipata as a upadrava of Antargata Visarpa. Due to tridosh prakop (sannipata), Haemoptasis occurs (raktashthivan). Raktashthivan can be seen in Antargata Visarpa due to prakop of Tridosha.

As this spreads very fast and having an acute onset, it affects the Marma leading to severe bodyache, somnolence, stupor, insomnia, Shwas (dyspnoea), Hikka (hiccoughs). Patient becomes very restless and feels uncomfortable. Patient feels very uneasy while sitting, walking, sleeping and finally from the sleep may have somnolence, stupor and sometimes comatose stage.

Case Presentation

An adult female known diabetic patient presented with complaints of mild fever (100° F) and acute vesicular eruptions with bacterial skin super infection as a other complication preceding severe pain. The lesions found consisting of grouped, tense, deep –seated vesicles distributed unilaterally along a dermatome on the chest area, shoulse and cervical region on the right side. Right axillary lymph nodes found tender and swollen. Chills, cold, nausea, vomiting and generalized weakness since 4-5 days were also found. Patient diagnosed as having herpes zoster and AgniVisarp as in Ayurved.

On Examination

P-82/m, BP- 130/90 mm of Hg, RS- NAD, CVS- NAD, CNS – Conscious, oriented, P/A-mild tenderness in right iliac fossa. Nothing specific

On Investigation

On admission
 HB- 10.8 gm%, TLC- 8, 3000/cmm. Platelet Count- 290000 /cmm, E.S.R.-14 mm/hr S. Urea- 16 mg/dl, S. Creatinin 0.6 mg/dl mg/dl, HBs Ag- negative HIV- negative. TFT-normal BSL-F-178mg/dl, PP-338 mg/dl
 S. Electrolytes- S. Sodium 135.3 mEq/L, S.Potassium- 4.1 mEq/L.S.Chloride-102.2 mEq/L
 Urine Examination – Proteins- +, Pus cells- 3-4/hpf, Epithelial cells- 5-6/hpf, No RBC's
 X-ray Chest- NAD;
 USG - NAD
 On Discharge

On Treatment

1. Jalaukavacharana (Blood Letting Therapy)
 Was done in the morning at 10 am. Fresh four number of Nirvish leeches applied on the affected side.
 Medicinal leech - *Hirudo medicinalis*
 Phylum - Annelida
 Class - Hirudinea
 Order - H. Limnoblatta
 Family - Hirudinae
 Species - *H. medicinalis*
 General - Hirudinaria

Hirudinaria

External features

The genus *Hirudinaria* comprises fresh water leeches, which are sanguivorous (Blood sucking) in habit.

Purvakarma

1. Examination and Preparation of the patient who is undergoing Jalaukavacharana. Patient was haemodynamically very stable. Procedure was explained to the patient and also to the relatives. Consent for the same was taken from the relatives.

The site of the leech application cleaned with lukewarm water so that Swedana also instituted. As the vesicles at the site of the lesion found ulcerated no rubbing (Vigharshan) was done.

2. Shodhana of leech- Before the application of leeches, they kept in Haridramixed water for one minute and then cleaned with the help of pure water.

Pradhana karma

After preparation of the patient the leeches applied after wearing the disposable surgical gloves as leeches are too much slippery being soft and Pichchila in nature and slips off from the hand.

Leeches attach to the lesion by two muscular suckers before biting with three teeth inside their anterior suckers. Patient complained as pricking pain in the beginning during application of the leeches. The leeches stuck to the affected part inferred from the mouths of the leeches raised and arched position of their necks after they attached at the site of the lesion.

The Leeches then sprinkled with cold water and covered with the gauze soaked with water. If they slightly refuse to

stick to the desired spot, then the affected part sprinkled over with drops of milk or blood. Otherwise, other fresh leeches applied.

Blood is sucked into the stomach by peristalsis. The middle portion of the leech found swollen, as soon as it starts sucking the blood. Patient not complained of pain at the time of sucking the blood by the leech, it proved that it started to suck only impure blood.

Clinical findings during the procedure

Patient found bit anxious and worried O/E P-90 /m, BP-130/90 mm of Hg, RS- NAD, CVS- NAD, CNS – Conscious, oriented, No sensation of itching and or drawing pain at the site of leeches application.

Thus it presumed that the leeches have started to suck the vitiated blood only from the lesion.

Removal of the leeches

Leeches fall off on their own after ingesting blood nearly ten times of its body weight before falling off. Here 3 Leeches fall off on their own while 1 leech needed to sprinkle Haridra powder at its mouth for removal as it found swollen, lying dull and blood sucking was too slow and delaying the procedure.

Paschat karma

1. Method of Emanation

After falling off, the leeches dusted over with rice powder and their mouths sprinkled with Haridra powder. Then they caught by the tail end with the thumb and the forefinger of the left hand and their backs gently rubbed with the same fingers of the right hand from tail upward to the mouth with a view to make them eject the full quantity of blood, they had sucked. This process repeated until they manifest the fullest symptoms of engorging and then leeches kept in a separate pot containing pure water and found again moving. It found the leeches vomited the full quantity of blood sucked.

2. Patient management

The blood will not clot due to the property of anticoagulant “Hirudin”. Hence as soon as the leeches removed from the lesion Haridra powder was at the leech application sites and proper tight dressing was done. Micropore sticking was applied.

All the procedure went uneventful. Patient found hemodynamically very stable.

As patient was admitted in the hospital was kept under observations. In the evening dressing was removed and the whole lesion applied with the

1. Dashang Lepa and administration of Navkashay guggulu Kwath.
2. Navakashayguggulu -40 ml morning –evening after meals for 7 days Guduchi, Vasa, Patolpatra, Nimbawak, Triphala, Khadirsaar and Amaltas. Kwath was prepared and added with Shuddha Guggulu
3. Dashang Lepa for local application. mor- evening for 7 days (Bark of Shirish, Yasthimadhu, Tagar, Rakta Chandan, Ela, Jatamanshi, Haridra, Daru Haridra, Kustha, Gandhamala–powders of all these Dravyas in equal quantity along with Goghrit)
4. For diabetes management Inj. Human Actrapid given

Pathapathya

Pathya

Moong, Massor, Chana and Turdal, Navneet, Ghee, Dadim, Karela, Amalaki, Tiktarasa Dravya, Light kind of food and not pungent or hot kind of food, Bed Rest

Apathya

Vegvidharan, Vegetables, Virrudha Bhojan, Dadhi, Heavy kind of food and liquids, Garlik, Urad, Kulath, Til, Salty and sour kind of food. Aatapsevan (Sunbath), Overexertion, Stress (Krodh, Shoka)

Conclusion

Leeches extract the blood of their victims in a painless manner. For this reason, leeches are very useful in removing the bad blood in laymen’s word to cure the disease. Leeches works as analgesia It helps to reduce swellings and pain and found disappearance of the skin lesions. Severity of rash and pain subsequently came down. Lesions found completely crusted and found healed after 2 weeks. No recurrence of the eruptions found. Also there was no need of reapplication of Leeches also.

Nakashayguggulu also found helpful in the alleviation of the Visarpa and Dashang Lepa lowers Shoth (inflammation) and pain

During follow-ups it is found that there is no Post herpetic neuralgia. Pain totally subsided. Patient found with no any other complications.

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