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Research Article

MANAGEMENT OF HERPES ZOSTER (NAMLA) THROUGH UNANI MEDICINE: A CASE REPORT

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ABSTRACT

Background and Aim: Herpes zoster (shingles) is caused by the varicella-zoster virus (VZV) and is pain full infection prevalent worldwide. The inappropriate and delayed treatment causes prolongation of the disease with debilitating symptoms and postherpetic neuralgia. Combination therapy has shown a reduction in pain, burning, and arrest of the progression of the disease which was cost-effective and easy to apply. In the Unani system of medicine, herpes can be correlated with Namla or Sa'iyā. Material And Method: A 60-year-old male patient, approached the outpatient department of the National Research Institute of Unani Medicine for Skin Disorder (NRIUMSD), Hyderabad, with complaints of severe burning, itching, pain, blisters of the skin, and fever for 3 days. The examination of the skin revealed a herpes zoster (Namla). The patient was treated with the Unani compound formulations; Marham Safed Kafoori (topical) over infected skin, Habb-i-Asgandh 2 Tablet, Sharbat-e-Unnab 20 ml, Ma'jun Chobchini 5gm two times daily for 6 weeks. A rapid decrease in pain was observed after 7 days of treatment according to Zoster Specific Brief Pain Inventory (ZBPI) Questionnaire. Result: Lesions of Herpes Zoster were found completely crusted and healed within 6 weeks. Conclusion: Repeated topical application and oral administration of compound formulations gave complete relief. So, Unani medicine has potential efficacy in healing herpes zoster.

Keywords: Herpes Zoster, Unani formulation, Marham Safed Kafoori, Habb-i-Asgandh, Sharbat-e-Unnab, Ma'jun Chobchini

INTRODUCTION

Herpes zoster (zoster = a girdle) also known as varicella-zoster or shingles, is a segmental eruption due to reactivation of latent VZV from dorsal route ganglion. An earlier infection with varicella (chicken pox) is essential before herpes zoster can occur. Chicken pox occurs in childhood and herpes zoster in middle to older age. The mean age of zoster is about 60 years and is more common in females, immunosuppression and old age^{1, 2}. The first manifestation of zoster is pain, which may be severe, and may be accompanied by fever, headache, malaise, and tenderness localized to areas of one or more dorsal roots ¹. The pain may be sharply localized and unilateral but may be more diffuse. Instead of or in addition to pain, occasionally pruritus may be an early feature of shingles¹. The time between the start of the pain and the onset of the eruption averages 1.4 days in trigeminal zoster and 3.2 days in thoracic disease. Closely grouped red papules, rapidly becoming vesicular and then pustular, develop in a continuous or interrupted band in the area of one, two, and, rarely, more contiguous dermatomes¹. Pathogenesis is explained as varicella VZV passing from lesions in the skin and mucosa via sensory fibers centripetally to sensory ganglia. In the ganglia, the virus establishes a lifelong latent infection. Reactivation occurs in those ganglia in which VZV has achieved the highest density and is triggered by immunosuppression, trauma, tumors, or irradiation³. The thoracic dermatome, the ophthalmic division of the

trigeminal nerve, is frequently involved. Vesicles may appear on the cornea and leading to ulceration and blindness. Genuiculate ganglion involvement causes the Ramsay Hunt syndrome. Bowel and bladder dysfunction occur with sacral nerve root involvement. The virus causes cranial nerve palsy, myelitis, or encephalitis. Post-herpetic neuralgia causes troublesome persistence of pain for 1–6 months or longer, following healing of the rash. It is more common with advanced age^{4, 5}.

An antiviral is indicated for zoster infections preferably within the first 1 or 2 days. Oral treatment for zoster is with acyclovir 800 mg five times a day for 7–10 days or with valaciclovir 1 g or famciclovir 250 or 500 mg three times a day for 7 days ¹. Rest, Antiviral therapy, analgesic, Soothing topical preparations, acute pain control; lidocaine patch (5%), gabapentin, pregabalin, opioids, and tricyclic antidepressant reduces post herpetic neuralgia ².

In USM herpes is known as Namla. Its literal meaning is 'ant'. These are one or more small red papules that cause severe burning and itching which is similar to an ant bite. These red papules spread along one line like an ant that is why it is known as Namla or Sa'iyā. It is of many types. Herpes zoster is called Namla Mintaqiyya in this condition eruptions appear on the line of distribution of nerves which changes into transparent papules and causes severe burning and itching. Later blisters with crusting

appear within 10-14 days⁶. It is a condition in which rapidly spreading, superficial small Busūr (eruptions) and inflammatory patches appear on the skin^{7,8}. It is caused by Safrā' (yellow bile) mixed with Dam (sanguine)^{7,9} with the sensation of ant biting, itching, and burning⁹. These Busūr (Eruptions) may either resolve or turn into ulcers⁸. According to Unani physician Principles of treatment include Evacuation of yellow bile through Purgation & sanguine part through Blood-letting, to normalize the heat of sanguine, Topical cooling to relieve the symptoms, and Local desiccation. The Unani physician used pharmacotherapy, local application, regimental therapy (Bloodletting and Purgation)¹⁰, and diet therapy for the successful management of herpes zoster^{10,11}. In this case report, we successfully treated a case of herpes Zoster with Unani formulations.

MATERIALS AND METHODS

Selection of case- A clinically diagnosed patients with herpes zoster was taken for the study from Medicine (Moalajat) OPD of the Unani hospital. The treatment was started after taking written informed consent from the patients.

Case Report

A 60-year-old male patient visited on 05/06/2021 in OPD, National Research Institute of Unani Medicine for Skin Disorder (NRIUMSD), Hyderabad with blisters on the left shoulder, left ear, left side of the neck and left side of the chest region with severe burning pain and itching. The patient had taken medicine for herpes zoster for 1 day from a dermatologist i.e Tablet Aciclovir 800mg, tablet paracetamol 650mg orally, and terbinafine cream for Local application were prescribed, but the patient was not satisfied with the treatment and having blisters on the left shoulder, left ear, left side of neck, and left side of chest region with severe burning pain and itching for which he attended OPD of NRIUM-SD for Unani treatment.

Clinical Findings: On examination; the patient was febrile, with a pulse of 98/min, blood pressure 130/90 mm Hg, with a normal build, and his appearance was pale. Local examination revealed the presence of Blisters on the left shoulder, left ear, left side of the neck, and left side of the chest region. Ulcer, crusting, and the scab were found on the lesion (Table 1).

Systemic examination: Showed, respiratory (air entry bilaterally equal, no added sound), cardiovascular system (s1 and s2 heard, no murmurs), and central nervous system examination (conscious, oriented with time, place, person, hyperesthesia at the site of lesion noted) within normal limits. The patient was conscious, but he was restless and severe pain and burning at the site of the axillary nerve and thoracic nerve were also present, his pupillary, Deep tendon & superficial reflexes were normal. Pulse was regular, the tongue was normally coated, was medium built, bowel habit was regular. The vision was normal. The patient complained of blisters on the right subscapular, right axilla, and right side of the chest region with severe burning pain. ZBPI Score was very high that eventually reduced after treatment. The patient was not having any medical history of Diabetes mellitus, Hypertension, thyroid disease, ischemic heart disease, etc. No family history of Herpes zoster was present.

Diagnostic Assessments: The patient was diagnosed based on clinical findings. Photographs of the patient before treatment and after treatment are given in Figure 1 & 3. The assessment was done based on Zoster Specific Brief Pain Inventory (ZBPI) questionnaire⁶. It is a Pain Scale based on a Brief Pain inventory. It is a Herpes zoster; hence had a more reliable diagnostic and therapeutic assessment of herpes in clinical trials. This also

measures intensity, duration, area covered, mental condition and relations of patients with other people, and ability to perform daily activities.

Therapeutic intervention: Patient was given Marham Safed Kafoori (topical. QS), Habb-i- Asgandh 2 Tablets, Sharbat-e-Unnab 20ml, Ma'jun Chobchini 5g, all two times daily for 6 weeks. All medicine were made up of Indian Medicines Pharmaceutical Corporation Limited, IMPCL.

Follow-up and outcomes: The patient got relief in burning, pain and other symptoms; rash and blisters also subsided due to topical and oral combination therapy within 2 weeks. This was assessed by Zoster Brief Pain Inventory (ZBPI) questionnaire. Changes after 4 and 6 weeks of follow-ups are shown in images [Figure 2 & 3]. The patient was followed up for 2, 4, and 6 weeks. Currently, the patient does not have any pain or burning related to herpes till the date of submission of this version of the manuscript. Pre-treatment and post-completion of treatment all investigations, complete blood count, liver function test, renal function test, urine routine, and microscopy were within normal limit. No adverse reactions and toxicity were noted during and after the completion of treatment.

DISCUSSION

Herpes zoster is viral skin disease caused severe pain and burning on site of infection with worldwide prevalence. We used Unani compound formulation regimen topical and oral in management of herpes zoster. In Unani medicine Habb-i-Asgandh has Muhallil-i-Waram action and used in Waja' al-Mafasil and Waja' al-Warik¹³. Ma'jun Chobhini has Musaffi (blood purifier), Muqawwi-i-Bah (aphrodisiac) and Muqawwi Mi'da (stomachic) action and is used in Waja' al-Mafasil (arthritis), Gathiya (Gout), Du'f Bah (anaphrodisia/ loss of libido), Du'f Mi'da, Dad or Quba (tinea) and Kharish (itching)¹⁴.

Sharbat-e-Unnab is used as an antitussive for curing cough and Sore throat. This formulation has various actions such as blood purifier, blood and bile refrigerant, antitussive, analgesic, expectorant, and used for urticaria, smallpox, measles, chest pain, and pneumonia¹². The clinical study was conducted to assess the safety and efficacy of Sharbat-e-Unnab in the management of Acne vulgaris. The results of the study showed a significant reduction in the grading and VAS scores of the post-treatment group ($P < 0.01$). Therefore, it was concluded that the test drugs are safe and effective in the management of Busoor-i-Labniyya (Acne vulgaris)^{12,15}. An in vitro antimicrobial study of Hydro-alcoholic (HAE) extract of the ingredients of Sharbat-e-Unnab was also conducted by Mudasir *et al.* (2021) which was found significant against *Staphylococcus aureus*, *S. typhi* and *E. coli*. As the antibacterial activity of Sharbat-e-Unnab is promising, it validates the classical claims about use of these drugs in case of various infective conditions¹⁶.

An ointment called Marham Safed Kafoori is used as an anti-inflammatory, to clear away dead tissue and other debris, and to hasten the healing of wounds^{17,18}. Beeswax's (mom) has anti-inflammatory, analgesic, wound-healing, muscle-fiber-growing qualities. Oleate esters, palmitoleate, triacontanyl palmitatoceric acid, and palmitate are all components of Mom Zard that contribute to its effects^{17,19}. Rahman *et al.* (2015) conducted a clinical trial to assess the effectiveness of benzyl benzoate and Murdar Sang (litharge), a component in a herbo-mineral Unani formulation, in treating scabies. In this clinical investigation, the test and control groups both had cure rates of 86.67 and 90% with no negative side effects. Murdar Sang was found to be effective in the treatment of scabies²⁰. *Cinnamomum*

camphora has been noted to have diaphoretic, sedative, antiseptic, and anti-inflammatory effects when applied topically¹⁸. Najmul Ghani asserts that Kafoor has a wide range of pharmacological properties, including antipruritic, anti-inflammatory, anti-allergic, and helpful for vesicles, pruritus and

burning feeling^{17, 18, 21}. In conventional system, antiviral drugs along with analgesic are used, which has many side effects and are not cost-effective, while Unani drugs are safe, potent and cost-effective.

Table 1: Findings of a local examination of skin

Examination	Findings
	Inspection
Site	Right side of neck, ear, shoulder
No. of lesions	Multiple
Shape	Irregular, in distribution of nerve
Type of lesion	Papule, pustules, vesicles
Discharge	In few lesions' pus, and blood oozing present
	Palpation
Local temperature	Raised
Tenderness	Yes
Depth 0.5cm	Variable (0.1-0.4cm)
Bleeding/ pus on touch	Yes



Figure 1: Before Treatment



Figure 2: Follow Up (2nd weeks)



Figure 3: Follow Up (6 weeks/ after treatment)

CONCLUSION

Herpes zoster is characterized by unilateral dermatomal pain and rash as a result of reactivation of the endogenous varicella-zoster virus that has persistent in latent form within sensory ganglion after an earlier attack of varicella. According to the Unani concept It is caused by Safrā' (Yellow bile) mixed with Dam (Sanguine). Effective management is resolving symptoms and countering the disease. Excellent tolerance and acceptability were observed in a patient without any reported side effects. These results indicate that Unani compound formulations produce significant improvements in signs and symptoms of herpes zoster. Hence, it may be concluded that the above drugs can be used safely and effectively for the treatment of herpes zoster. Randomized clinical trials are needed to reveal a new and novel therapeutic option for satisfactory treatment of herpes zoster through Unani classical drugs.

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