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CASE-REPORT

Title: Herpes treated by individualized homoeopathic medicine - Sulphur: A case report

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ABSTRACT

Shingles is the common name for herpes zoster. This infectious disease occurs when the varicella-zoster virus (VZV) reactivates after lying dormant in the dorsal root ganglia or sensory ganglia of the cranial nerve following a prior episode of varicella infection. Varicella is frequently referred as chickenpox which affects the younger age group whereas herpes zoster affects the adult age group.

Case Summary: A 28-year-old female came to us with a complaint of severe burning and itching accompanied with redness. A complete and systematic case analysis was conducted and was thoroughly studied and after repertorization of the case, Sulphur was prescribed based on individualization. This article seeks to provide evidence and observations demonstrating the effectiveness of Sulphur in the cases of herpes zoster.

Keywords: *Herpes Zoster, Homoeopathy, Shingles, Sulphur.*

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INTRODUCTION

VZV is the responsible agent for both varicella (chickenpox) and herpes zoster (shingles).^[1] This virus spreads through droplet infection and direct contact with individuals who have chickenpox or herpes zoster.^[2] Before the appearance of zoster lesions, individuals often experience mild to severe itching, tenderness, or pain in the affected area. The pain can be felt across the entire nerve segment, confined to a specific part, or even referred to other regions of the body.^{[3][4]}

The pain experienced can be misinterpreted as pleural or cardiac diseases, cholecystitis, other abdominal issues, renal or ureteral colic, sciatica, or various other ailments, depending on its location. Within the affected dermatome, there are neurological changes that lead to heightened sensitivity, abnormal sensations, or reduced sensitivity. The period between the onset of pain and the appearance of related symptoms can vary, with some cases taking up to 10 days, though the average is around 3 to 5 days. Certain patients, particularly children, may not exhibit any sensory changes. While the pain typically subsides within a few weeks, it's worth noting that around 73% of patients over the age of 60 continue to experience discomfort lasting beyond 8 weeks.^[3]

Initially, the zoster lesions emerge on the posterior aspect and then progress towards the front and periphery of the affected nerve. In rare instances, the eruption can be bilateral.^[4]

The first noticeable signs are erythematous macules, papules, and plaques, and within a day, grouped vesicles usually appear, though in some cases, blisters may not develop at all. The plaques can be irregularly scattered along a segment of the dermatome or may merge. The mucous membranes within the affected dermatomes are also impacted. As time goes on, the vesicles become filled with pus, form crusts, and eventually heal within 1 to 2 weeks. A few vesicles (around 10 to 25) can appear outside the affected dermatome, but this does not indicate dissemination of the condition.^[3]

Post-herpetic neuralgia is characterized by persistent pain that continues for more than a month and can last for up to 120 days after the vesicles have resolved. In cases where the pain starts within 120 days of the rash, it is known as subacute herpetic neuralgia. During the acute phase of the infection, the virus directly damages and leads to inflammatory neuritis of the peripheral nerve fibers, dorsal root ganglia, and the spinal cord. As the inflammatory response diminishes, fibrosis and nerve tissue

destruction occur, affecting various levels of the pain pathway. This process contributes to the development of the lingering pain associated with post-herpetic neuralgia.^[5]

HISTOPATHOLOGY OF SKIN LESIONS:

I. EARLY STAGE:

The initial change occurs in the nuclei of the epidermal cells. The chromatin in the nuclei clumps at the periphery and later exhibits a homogenous ground glass appearance. These changes start at the basal layer and gradually involve the entire epidermis.^[6]

II. VESICULAR STAGE:

The formation of intraepidermal vesicles results from two types of changes:

1) Ballooning degeneration, and
2) Reticular degeneration. Ballooning degeneration is unique to viral vesicles. Affected cells swell and lose their connections to neighboring cells, leading to their separation (secondary acantholysis).^[7] Some of these separated cells, known as Tzanck cells, become multinucleated with intensely eosinophilic and homogeneous cytoplasm. In certain cases, the basal layer of the epidermis is also affected, resulting in the formation of a sub-epidermal vesicle.^[8] Reticular degeneration is characterized by increasing hydropic swelling of epidermal cells, making them large and clear, with fine cytoplasmic strands at the edges. Eventually, these cells rupture, contributing to vesicle formation.^[8]

Reticular degeneration is characterized by increasing hydropic swelling of epidermal cells. The cells become large and clear with fine cytoplasmic strands present at the edge. They ultimately rupture which further helps in the formation of a vesicle.^[9]

III. LATE STAGE:

During the late stage, the skin lesions show the presence of ballooned cells and eosinophilic intranuclear inclusion bodies. Neutrophils can also be found within the vesicles at this point.^[10]

CASE RECORD

Mrs. XYZ, 28 yrs. old came to us with a complaint of itching and burning with redness on a circumscribed area around the suprasternal notch, right chest, right abdomen, right arm, on forehead.

PRESENTING COMPLAINTS

The patient came to us with a complaint of severe burning and itching accompanied by redness on a circumscribed area around the suprasternal notch, right chest, right abdomen, right arm, on the forehead since 2 days. Burning was severe and on slight touch, even clothing was unbearable on the affected area. Neuralgic pain while stretching neck around the suprasternal notch which <from warmth, heat. Also, 1-2 vesicles were seen on the affected area.

The patient likes comfortable clothing otherwise suffers from bloating.

HISTORY OF PRESENTING COMPLAINTS

The patient started feeling pain in supra clavicular lymph nodes followed by intense pain two days ago. Afterward, itching in the affected areas started. It gradually started severe burning and became reddish. 1-2 vesicles were present.

PAST HISTORY

Past history: Jaundice – At 8 years of age

Chicken pox-At age 14 yr of age

FAMILY HISTORY

Father: Healthy and Alive; Age-57 years

Mother: Healthy and Alive; Age- 55 years

Grandmother: Diabetic, Hypertension; Age- 85 years

CONSTITUTION

Wheatish complexion.

Height- 152cm and weight- 53Kg (BMI= 22.6 kg/m²- normal weight)

PATIENT AS A WHOLE

Desire: Spices.

Aversion: Milk.

Appetite: 3-4 chapaties/meal; 2 meals/day.

Thirst: 1-2 lit./day. Takes seasonal water.
Stool: Satisfactory but sometimes disturbed bowel habit.
Sweat: on armpits, on soles and palms, on face offensive, staining the linen yellow.
Thermal Reaction: Hot⁺; feet get warm even in winter and have to put out of blanket.
Menstrual History: 4-5 days/30 days cycle, bright reddish bleeding, no clots present, bearable dysmenorrhea on the first day.
Obstetric history - G0 P0 A0 L0
Sexual history - Satisfactory

MIND:
 Joyous. Consolation amelioration. Cries when angry. The patient was mild and cooperative. Emotional. Fear of animals.

SLEEP:
 7-8 hrs. of sleep at night. Refreshing, sound sleep.

ANALYSIS OF CASE

MENTAL GENERALS:

Joyous.
 Consolation amelioration.
 Cries when angry.
 The patient was mild and cooperative.
 Emotional.
 Fear of animals.

PHYSICAL GENERALS:

Desire for Spices
 Aversion to Milk
 Prefers loose clothing
 Sweat: on armpits, on soles and palms, on face, offensive, staining the linen yellow.
 Thermal Reaction Hot.

PARTICULARS: Severe burning and itching accompanied by redness on a circumscribed area around suprasternal notch, right chest, right abdomen, right arm, on the forehead; <from warmth, heat; 1-2 vesicles seen on the affected area. Severe burning and on slight touch, even clothing was unbearable. Neuralgic pain on stretching neck.

EVALUATION OF SYMPTOMS

Joyous.
 Cries when angry.
 Fear of animals.
 Desire for Spices
 Aversion to Milk
 Prefers loose clothing
 Sweat offensive
 Herpetic eruptions
 Burning and itching
 Complaints right sided

TOTALITY

Joyous
 Cries when angry
 Fear of animals
 Offensive perspiration
 Herpetic eruptions
 Burning and itching
 Complaints right sided
 Loosening of clothes ameliorates
 Aversion to milk

Repertorization was done using RADAR 10.0. Synthesis Repertory has been chosen due to the presence of marked Mental generals and particulars and the reportorial sheet is shown in [Figure 1].

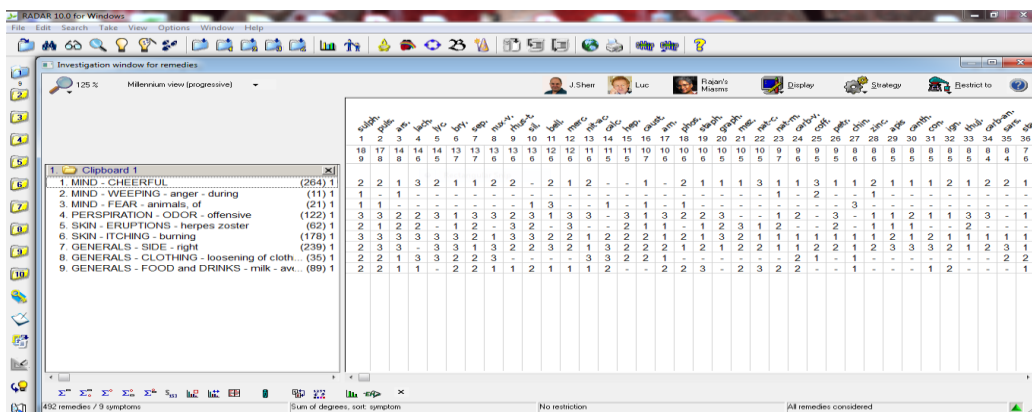


Figure 1: Repertorization sheet

Figure 2: 20/07/2022



Figure 3: 27/07/2022



Figure 4: 10/08/2022



Figure 5: 7/09/2022



Figure 6: 5/10/2022



Figure 7: 4/11/2022



FIRST PRESCRIPTION:

On 20 July 2022, Sulphur.30C/1Dose/stat.

SELECTION OF MEDICINE:

Sulphur was selected after considering the totality of symptoms and remedy differentiation with the help of Materia Medica. Moreover, Sulphur was selected because it covers the totality of symptoms.

Also, the thermal reaction of the patient was hot. Sulphur 30C/1Dose/Stat, was prescribed. The potency was changed based on assessment of improvement in itching, burning, and pain in subsequent follow-ups as shown in Table-1.

DATE	SYMPTOMS	PRESCRIPTION	JUSTIFICATION OF POTENCY & DOSES
20/07/2022 (Figure 2)	Severe burning and itching on slight touch, even clothing was unbearable. Redness on a circumscribed area around suprasternal notch, right chest, right abdomen, right arm, on forehead. 1-2 vesicles are seen on the affected area. Neuralgic pain on stretching neck.	Rx Sulphur 30/1D/ stat Rubrum 30/TDS/7 days	Low potency chosen because of low susceptibility.
27/07/2022 (Figure 3)	The patient feels slight relief in complaints of burning and itching in eruptions. No improvement in pain and redness. No vesicles were further seen.	Rx Sulphur 30/1D/ stat Rubrum 30/TDS/14 days	Medicine is repeated again because of low potency.
10/08/2022 (Figure 4)	Marked relief in burning and itching in eruptions. No improvement in pain and redness.	Rx Phytum 30/1D/ stat Rubrum 30/TDS/14 days	No medicine was suggested, as it left to act.
24/08/2022	No marked improvement was further seen.	Rx Sulphur 200/1D/ stat Rubrum 30/TDS/14days	High potency was chosen because no improvement seen.
7/09/2022 (Figure 5)	No burning and itching in eruptions. Slight improvement in pain No redness. Skin became dry and formed scar.	Rx Phytum 30/1D/ stat Rubrum 30/TDS/14days	No medicine was suggested, as it left to act.
21/09/2022	No improvement in pain was noticed.	Rx Sulphur 200/1D/ stat Rubrum 30/TDS/14days	Potency repeated due stand still condition
5/10/2022 (Figure 6)	No pain was noticed since 7 days and tissue granulation seen on affected areas.	Rx Phytum 200/1D/ stat Rubrum 30/TDS/30days	No medicine was suggested, as it left to act.

4/11/2022 (Figure 7)	No new complaints appeared.	Rx Phytum 200/1D/ stat Rubrum 30/TDS/30days	The individual is cure, but still under observation with no pain seen.
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TABLE 1 – FOLLOW UP TABLE

DISCUSSION

The distinctive features of varicella are the centripetal distribution, the polymorphism in each affected site, and the rapid progression of the individual lesion from vesicle to crust.^[4] The differential diagnoses of herpes zoster include HSV, localized bacterial infections such as bullous impetigo, contact dermatitis, and less commonly, other conditions such as trigeminal trophic syndrome. As opposed to the dermatomal distribution of herpes zoster, HSV and bullous impetigo are more likely to be localized centrally, crossing the midline, and more randomly distributed. Contact dermatitis is localized to the exposed area, which is usually different but may coincide with a dermatomal distribution. The trigeminal trophic syndrome presents with excoriations in a trigeminal distribution and usually spares the tip of the nose.^[11] A case report by Parveen S *et al.* concludes beneficial effects of homoeopathic medicine hypericum in treating cases of post herpetic neuralgia.^[12] Case series by Pareveen S *et al.* positive response of individualized homeopathic medicines in the treatment of childhood HZ.^[13] This case highlights usage of Sulphur, which was selected on the basis of individualization in treating a case of herpes zoster. Also post herpetic complications were not seen.

CONCLUSION

Sulphur proved its effectiveness in the treatment of herpes of the patient which was selected on the basis of individualization of case. According to the photographs attached above it is evidently seen that the patient is completely cured with no recurrence.

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