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Case Report

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Herpes Zoster involving the Right Mandibular Branch of Trigeminal Nerve - A Case Report

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Herpes Zoster (HZ) is an acute, self-limiting, neuro cutaneous viral infection caused by the reactivation of the Varicella Zoster Virus (VZV) that remains latent in the dorsal root ganglion. About 50% of occurrence is seen in older age groups and immunocompromised patients. Less than 5% occur in children. HZ is characterized by the unilateral pain, burning and tingling sensation followed by the vesicular eruptions limited to the single dermatome that are innervated by the single cranial ganglion, sometimes it leads to Post Herpetic Neuralgia (PHN). Herpes zoster closely resembles to a condition called Visarpa which is described in Ayurveda. Visarpa is an acute skin condition with a quick spreading involving mainly Twak, Rakta, Lasika and Mamsa due to vitiation of all three Doshas which may remain for 10-12 days. We report a case of HZ, a 53-year-old female patient presented with vesicular lesion on her right side of face associated with mild itching, burning sensation and pain. Treated with Shodhana and Shaman therapies which showed significant improvement in the condition.

Keywords: Visarpa, Right Mandibular Branch, Jaloukavacharana, Patolakaturohinyadi Kashaya, Kamaduga Rasa

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Introduction

Herpes zoster is also known as Shingles. It is acute viral infection of the nerve cells and surrounding skin. Characterized by a blister, itching, burning, or tingling sensations, can be very painful but is not life threatening. Caused by the varicella zoster virus that also causes chickenpox, though the virus remains in the body in a dormant state and can reactivate later, often triggered by factors like stress, illness, sun exposure, or a weakened immune system. Shingles usually appears, band of blisters on one side of the chest or back, but it can occur anywhere on the body, including on the face and near the eyes. When VZV reactivates in the trigeminal nerve, which is the fifth cranial nerve, it can affect one or more of its three major branches: the ophthalmic (V1), maxillary (V2), and mandibular (V3) branches. Herpes zoster in the mandibular branch (V3) of the trigeminal nerve[1] involves the lower part of the face, including the chin, lower lip, teeth, gums, and jaw.[2] Throughout the world, the incidence rate of herpes zoster every year ranges from 1.2 to 3.4 cases per 1,000 healthy individual, increasing to 3.9-11.8 per year per 1000 individuals among those older than 65 years.[3] High incidence group is anyone who had chickenpox and people over the age of 50. Incubation period 10- 12 days, it is self-limiting disorder but unlike chicken pox the rash is very painful and even after it disappears, the pain may persist specially in the elderly due to post herpetic neuralgia.

Treatment includes antiviral medications can help reduce the severity, frequency, and duration of outbreaks. These medications, such as acyclovir, famciclovir, or valacyclovir, are often used to manage the infection, and topical treatments can alleviate symptoms. Additionally, lifestyle changes, such as avoiding triggers and boosting immune health, can help prevent outbreaks.

The disease, in which spreading is very rapid in different directions, is known as *Visarpa* in Ayurveda.[4] According to Charka Samhita, *Tridosha* vitiation along with *Rakta Dhatu* and rapid spreading are the key features of *Visarpa*.[5] Susruta Samhita has mentioned that *Visarpa* in one of the *Kshudra Kushta* is caused by *Twaka* (skin), *Rasa, Rakta,* and *Mamsa Dhatu* vitiation, resulting in increased inflammation, and eruptions causing other local or systemic symptoms.[6]

Acharya Vagbhat also called it *Vata-Pitta Dosha Dustijanya Vikara* (disease caused by *Vata-Pitta* vitiation) and a painful condition with *Visphota*.[7] *Visphota* is a *Pitta* dominant *Nija-Vrana* lesion characterized by pain, burning sensation, and eruption. Ayurvedic treatments for *Visarpa* include *Raktamokshan*[8] (bloodletting), *Pradeha* (local application), and other *Pittashamak* (*Pitta*-calming treatment). The objectives of treatment were early management of burning pain, reduction in vesicle eruption, appropriate healing, and avoidance of major complications like post-herpetic neuralgia.

Case Report

A 53-year-old female patient reported with a chief complaint of vesicular rash present over the right side of lower lip, chik, chin, anterior scalp around ear since 2day, with prodromal symptom of crawling insect. Vesical associated with severe pain and mild itching and burning sensation. No oral lesion, hearing problem was observed. Pain was severe and continuous in nature which was aggravated on eating or speaking with no relieving factors. It was radiating till the Right ear and lip region. Vesicles not crossing the midline, segmental distribution, absence of any dental pathology led to diagnosis of herpes zoster of mandibular div. of trigeminal nerve.

Past History

Not a known case of DM, HTN, Thyroid dysfunction, No history of chicken pox

Family History

No family history

Personal History

| Ahara | Nonvegetarian, 3 times /day, Sarvarasasatmya | | |
|--------|--|--|--|
| Vihara | Exposure to Vata, Sheetha and Atapa | | |
| Nidra | Prakruta | | |

Ashtasthana Pareeksha

| Ashtastana Pareeksha | Analysis |
|----------------------|-----------------------|
| Naadi | Vatapittaja |
| Mala | 1 time /day, Prakruta |
| Mutra | Prakrutha |
| Jihwa | Alipta, Rukshata |
| Shabda | Prakrutha |
| Sparsha | Ushnasparsha |
| Druk | Prakrutha |
| Aakruti | Krushakaya |

Dashavidha Pareeksha

| Dashavidha Pareeksha | Analysis |
|----------------------|--|
| Prakruti | Vatapitta |
| Vikruti | Pitta Pradhana Tridosha Vikruti |
| Satwa | Pravara |
| Saara | Pravara |
| Samhanana | Madhyama |
| Ahara Shakti | Abhyavaharana Shakti: Madhyama |
| | Jarana Shakti: Madhyama |
| Vyayama Shakti | Pravara |
| Satmya | Madhyama |
| Pramana | Krusha Kaya, Weight: 49kg, Height :157cm |
| Vaya | Madhyama |

Process of disease manifestation

Nidana:

Ahara - 10 days prior to the appearance of the lesions, increased consumption of milk, curd, salt, sour food, spices, chicken, fish, oil fried food, consumption of food before digestion of previous meals.

Vihara - Excessive exposure of sunlight, Ativyavaya

Poorva Rupa:

Sensation Crawling of insect in face and light headache.

Lakshana:

Vasical, sever pain, burning sensation, spreading in nature, swelling.

Samprapti Ghataka

| Dosha | Pitta Pradhanatridosha |
|----------------|--|
| Dushya | Rasa, Rakta, Mamsa, Ambu |
| Agni | Mandagni |
| Agni Dushti | Rasadhatwagnimandhya |
| Srotas | Rasavaha, Raktavaha, Mamsavaha, Ambuvaha |
| Srotodushti | Sanga |
| Udbhavasthana | Adho-Amashaya |
| Vyakthasthana | Dakshinabhaga of Mukha |
| Sancharasthana | Sarvasharira |
| Rogamarga | Aabhyantara |
| Rogaswabhava | Aashukari |

General Examination

| Pallor | Absent | | |
|---------------|---|--|--|
| Icterus | Absent | | |
| Cyanosis | Absent | | |
| Clubbing | Absent | | |
| Lymphoedenopa | Right submandibular lymph nodes - tender to touch and | | |
| thy | mildly swollen | | |
| Oedema | Absent | | |

Systemic Examination

Respiratory System: Normal vesicular breath sounds heard, no added sounds. Cardiovascular system: S1S2 heard - No added

sounds

Central Nervous System: intact Per Abdomen: Soft, Non-tender

Local Examination

On inspection:

Distribution of the lesion: Extraoral: Unilateral diffuse multiple vesicular lesions were present on the right side of the face extending from right temporal region up to lower border of the mandible, but not crossing the midline.

Lesions were also present on the external right ear. Edema with crustations was present on the right side of lower lip.

On intraoral examination: no oral lesion is present.

On palpation: The area was tender to touch and there is rise of temperature.

Pathological Investigation: CBC, RBS, HIV, HBS Ag test are showing normal result.

Diagnosis: *Visarpa* (Herpes zoster in the mandibular branch).

Differential Diagnosis: Herpis simplex infection, Chicken pox.

Treatment Intervention

Treatment plan was done considering *Vatpitta Dosha, Rakt Dhatu, Tvacha Sthan*. Removal of *Dushta Rakta* along with *Shaman* through internal medicines was considered.

For removal of *Dushta Rakta* and *Pitta Jaloukavacharana* were selected. Leech therapy (*Jalouka*) was performed continuously for 3 days from the day the lesion started. Total three leech application sitting were required to achieve complete recovery.

Three leeches of medium size were used in each sitting. *Kamadugha Rasa* with *Moukthik* and *Patolakaturohinyadi Kashaya* was given internally considering their *Pittaghna, Rasayan* and *Kledghna* properties. *Gairika* + *Grutha* was given for local application for 8 days.

This ointment is mainly indicated in burning and wound healing.

Follow-up and outcomes

Leech therapy was administered on the first day of rash onset at the site of the blister. The patient experienced relief from the severity of burning pain and other symptoms, and both the rash and blisters subsided.

Changes observed during subsequent follow-ups are shown in the images: Fig. 1 shows the first sitting of *Jalouka* application, Fig. 2 shows the second sitting, Fig. 3 shows the third sitting, and Fig. 5 shows the patient after completing the treatment.

Fifteen days later, the patient developed right-sided headache, which was treated with Tab. *Vatavidwamsa Rasa*, 7 days BD after food. The pain gradually subsided.

Intervention

| Date | Shodhana | Shamanoushadi with | | Lepa | |
|-------------|--|--------------------|-------------|-------------|-------|
| | Chikitsa | Dose | | application | |
| 10/5/2024 | Day-1 | Patolakaturohiny | 30ml BD | Gairika + | Twice |
| | Jaloukavacah | adi Kashaya | after food | Go-Grutha | daily |
| | arana | Kamadugha Rasa | 1 tab BD | | |
| | | with Moukthik | Before food | | |
| 11/5/2024 | Day-2 | Patolakaturohiny | 30ml BD | Gairika + | Twice |
| | Jaloukavacha | adi Kashaya | after food | Go-Grutha | daily |
| | rana | Kamadugha Rasa | 1 tab BD | | |
| | | with Moukthik | Before food | | |
| 12/5/2024 | Day-3 | Patolakaturohiny | 30ml BD | Gairika + | Twice |
| | Jaloukavacha | adi Kashaya | after food | Go-Grutha | daily |
| | rana | Kamadugha Rasa | 1 tab BD | | |
| | | with Moukthik | Before food | | |
| 13/5/2024 - | .3/5/2024 - Same Shamanoushadi continued for next 7 days | | | | |
| 20/5/2024 | | | | | |

Showing gradual improvement day by day

Right side of mandible and Right Side of temporal



Figure 1: 1st sitting of Jalokavacharana



Figure 2: 2nd session of Jalokavcharana



Figure 3: 3rd session of Jalokavacharana



Figure 4: 5th day



Figure 5: 10th day

Discussion

Visarpa is caused due to involvement of all the three *Doshas* where *Pitta* is predominant. The vitiation of the *Doshas* is due to both *Nija* and *Agantuja Nidanas*. The *Nija Hetus* are intake of *Lavana*, *Amla*, *Katu*, *Ushan*, *Dadhi*, *Amla*, *Raga*, *Shadava*, *Shukla*, *Sura* etc. *Agantuja Nidanas* including *Shastra*, *Prahara*, *Vyala*, *Nakha*, *Danta*. These etiological factor cause vitiation of *Pitta* and *Rakta* immediately leading to *Visarpa*. The treatment focuses on balancing the aggravated *Doshas* and eliminating toxins through a combination of *Shodhana* therapy using *Jaloukavacharana*, *Shamana Chikitsa* with *Kamadugha Rasa* with *Mouktika*,

And *Patolakaturohinyadi Kashaya*, along with local application of *Gairika* with *Grutha*.

Shodhana Chikitsa

Raktamokshana was done through Leech therapy, helps in treating *Visarpa* by improving circulation, reducing inflammation, and promoting detoxification through the anticoagulant and anti-inflammatory properties of compounds in leech saliva, such as *hirudin* and *hyaluronidase*. In modern science, these effects aid in tissue healing, pain relief, and the removal of toxins from the affected area. In Ayurveda, *Visarpa* is understood as an imbalance of *Pitta* (fire) and *Rakta* (blood), and leech therapy is used to draw out excess *Pitta* and purify the blood, helping to alleviate the infection and inflammation.

Shamanaushadi

Patolakaturohini Kashaya: It contains Patola (Trichosanthes dioica), Katurohini (Picrorhiza kurroa), Chandana (Santalum album), Madhusrava (Marsdenia tenacissima), Guduchi (Tinospora cordifolia), Patha (Cissampelos pareira). Combination of these herbs balance Pitta and Kapha Doshas. with their *Tikta* (bitter), Kashaya (astringent), and Madhura (sweet) Rasa properties providing cooling, anti-inflammatory, and healing effects. Phytochemically, they contain compounds like alkaloids, flavonoids, glycosides, and saponins, which exhibit strong anti-inflammatory, antimicrobial, and antioxidant properties, reducing swelling, redness, and infection. Additionally, they detoxify the body, support immune function, and promote skin healing.

Kamadugha with Moukthik: It contains *Pravala Bhasma* 1 part, *Shouktik Bhasma* 1 part, *Kapardika Bhasma* 1 part, *Shankha Bhasma* 1 part, *Shuddha Suvarna Gairik* 1 part, *Guduchi Satva* 1 part.

The Ayurvedic formulations for treating *Visarpa* (skin infections like herpes or shingles) include a combination of mineral - based *Bhasmas* and plant - based remedies, each offering unique therapeutic benefits to balance the *Pitta Dosha*, reduce inflammation, detoxify the body, and support the immune system. *Pravala Bhasma*, rich in calcium, magnesium, and trace minerals, promotes skin healing and immunity by reducing inflammation and detoxifying the body. *Shokthik Bhasma*, with its zinc and copper content, accelerates recovery by reducing pain, redness, and swelling,

While preventing secondary infections and complications like post-herpetic neuralgia. Kapardika Bhasma, composed of calcium carbonate and magnesium, offers antibacterial, antiviral, and detoxifying effects, helping soothe the skin and enhance immune function. Shankha Bhasma, made from conch shells and rich in magnesium, and trace calcium, phosphorus, minerals, detoxifies, boosts immunity, and accelerates skin recovery. Suvarna Gairika Bhasma, containing gold nanoparticles, iron oxide, and trace minerals, promotes healing and immunity, while offering antimicrobial effects to prevent recurrence. Guduchi Satva provides immuneanti-inflammatory, boostina, antiviral, and antibacterial benefits through its active compounds like alkaloids, glycosides, and flavonoids. These formulations work together to reduce inflammation, prevent infections, enhance skin integrity, and promote faster recovery, while also preventing and complications, making recurrence them effective holistic treatments for Visarpa.

Gairika: Having properties like Snigdha, Kashaya, Madhura, Sheetha Veerya and Kapha Pitta Shamaka. Gairika (Kaolin) helps in the treatment of herpes vesicles due to its chemical constituents and properties. The primary mineral, **Kaolinite**, has soothing and cooling effects, reducing pain and irritation while absorbing excess fluid from the blisters, aiding in faster healing. Silica promotes collagen formation and tissue repair, helping to heal the sores more quickly, while its absorbent nature dries out the vesicles, preventing further irritation. anti-inflammatory Alumina provides effects, reducing swelling and redness, and protecting the skin from further damage. Iron oxide offers mild antiseptic properties, helping to prevent secondary infections, while magnesium oxide and calcium oxide support skin protection and healing. The water content in Kaolin ensures hydration, preventing excessive dryness of the skin. Together, these properties work to soothe, protect, and speed up the healing of herpes vesicles.

Grutha: the local application of *Grutha* (ghee) along with *Gairika* (a form of red ochre) is used to treat *Visarpa* (a skin condition with inflammation and redness). *Grutha* helps soothe and cool the skin, reduce inflammation, and promote healing due to its anti-inflammatory and moisturizing properties. *Grutha* combined with *Gairika*, which has a drying and cleansing effect, This treatment can help absorb excess moisture, control infection, and balance the *Pitta Dosha*, aiding in faster recovery and relief from symptoms like swelling, heat, and burning sensations.

Conclusion

In conclusion, the successful management of Visarpa in this case study was achieved through the integration of Jaloukavacharana (leech therapy) and unique formulations. The symptoms of *Toda* (tingling), Daha (burning sensation), and Pidaka (blisters) pointed to a Pitta-dominant imbalance, with the vitiation of *Rakta Dosha* playing a key role in the manifestation of the condition. The application of leech therapy helped draw out impure blood, reducing the excess Pitta and alleviating the associated symptoms, while the customized herbal formulations targeted the restoration of imbalanced Dosha. This combined approach not only addressed the symptoms but also focused on correcting the underlying Doshic imbalance, shows the effectiveness of Ayurvedic treatments in managing viral skin diseases like Visarpa.

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