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*Corresponding author:
elsathakur44@gmail.com

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Management of Shingles (Herpes Zoster) in an Elderly Patient with Dorsal Lesions: A Case Study

Ilsa Thakur^{1*} Chandni Gupta²

¹Post Graduate Scholar, Post Graduate Department of Dravyaguna Vigyan, Rajiv Gandhi Government P.G. Ayurvedic Medical College and Hospital, Paprola, Himachal Pradesh, India 176115

²Reader, Post Graduate Department of Dravyaguna Vigyan, Rajiv Gandhi Government P.G. Ayurvedic Medical College and Hospital, Paprola, Himachal Pradesh 176115

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ABSTRACT

Background: Herpes zoster, commonly known as shingles, is caused by the reactivation of the varicella-zoster virus (VZV) and is characterized by painful, vesicular eruptions distributed along dermatomes, predominantly affecting the elderly. In Ayurveda, this condition closely resembles *Visarpa*, a rapidly spreading dermatological disorder described as *Tridoshaja*, involving *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), *Lasika* (lymph), and *Sweda* (sweat). This case study highlights an Ayurvedic approach to the management of herpes zoster using classical formulations.

Patient Information: A 60-year-old female presented with painful vesicular eruptions, burning sensation, and discharge over the right posterolateral region of the back for one month. She had previously received antiviral therapy (Acyclovir and Famciclovir) with minimal relief.

Intervention: A *Shamana Chikitsa* (palliative treatment) approach was adopted. The patient was administered *Arogyavardhini Vati* (500 mg, three times daily), *Panchanimba Churna* (3 g, twice daily), and local application of *Jatyadi Taila* for 21–30 days. Appropriate dietary and lifestyle modifications (*Pathya–Apathya*) were also advised. **Results:** Marked symptomatic improvement was observed within two weeks. Vesicular lesions healed completely, pain and discharge subsided, and no new eruptions developed. No post-herpetic neuralgia or scarring was observed during follow-up.

Conclusion: This case demonstrates the effective management of herpes zoster through Ayurvedic interventions emphasizing *Pitta-Rakta Shamana* and *Vrana Ropana*. The selected formulations promoted rapid healing and prevented complications. Larger clinical studies are required to validate the efficacy of Ayurvedic management in viral dermatoses.

Keywords: Herpes Zoster, *Visarpa*, *Tridosha*, *Raktashodhana*, *Jatyadi Tail*

1. BACKGROUND

Herpes zoster, usually known as shingles or zona, is a painful viral rash caused by the varicella-zoster virus (VZV). Herpes zoster is secondary to varicella. VZV is the same virus that causes chicken pox in the first stage. When a person recovers from chicken pox in childhood, the virus does not leave the body. It remains dormant in the dorsal root ganglia. In approximately 10–30% of individuals, the virus reactivates as herpes zoster, primarily affecting those above 50 years of age or the immunocompromised [1]. This virus reactivates after years when there is age related decline in immunity to VZV. This reactivation causes the virus to travel down the nerves to the skin. Which further causes a painful rash, with blisters usually on one side of the body or face. Herpes zoster can be correlated with *Visarpa* due to the similar presentation of rapidly spreading, painful, inflammatory, and blistering skin eruptions. *Visarpa* is compared to *Aashivisha* or *Sarpa Visha* due to its rapidly spreading nature [2]. *Visarpa* is considered a vitiation of *Tridosha*, *Twak*, *Rakta*, *Mamsa*, *Lasika* and *Sweda* as per Ayurveda [3]. As Acharya Charaka refers to *Visarpa* as *Aashukari Vyadhi* (acute disease), characterised by *Daha*, *Jwara*, *Vedana*, *Pidika* and *Agnidagdhvata Sphota* [4]. Shingles can lead to complications such as

post-herpetic neuralgia, visual or auditory deficits, encephalitis, and pneumonia. Once the rash develops, the distinct clinical features of herpes zoster generally enable an accurate diagnosis [5]. Modern medical management of herpes zoster involves the use of antivirals, antihistamines, non-steroidal anti-inflammatory drugs (NSAIDs), topical soothing agents, and symptomatic relief through analgesics, for example, Acyclovir 800 mg administered five times daily for two weeks [6]. The main aim of treatment is to balance *Doshas*, promote *Vrana Ropana*, control pain and inflammation and minimise complications.

1.1. Objectives of the Study

To evaluate OPD-based Ayurvedic management of Herpes Zoster in patients presenting to the Department of *Dravyaguna Vigyan*, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, District Kangra, Himachal Pradesh.

2. THE CASE

2.1. Introduction

A 60-year-old female patient presented to the outpatient department of *Dravyaguna Vigyan* with complaints of painful lesions and discharge from pustules over the right post-erolateral region of the back, associated with itching, burning sensation,

pain, and disturbed sleep for one month. She had previously been treated with Acyclovir, Famciclovir 250 mg twice daily for seven days, and topical Moisturex Calm lotion, with no significant relief. There was no history of similar illness or any chronic systemic disease.

2.2. Clinical Manifestations and

Diagnostic Evaluation

2.2.1. General Examination

Temperature	98.6°F
Pulse rate	62/min
BP	124/86 mm Hg
RR	19 bpm
Weight	48 kg

2.2.2. Systematic Examination

Systemic examination revealed no abnormalities in the respiratory or cardiovascular systems. The chest was clear, in CVS S1S2 heard. CNS, the patient was conscious but exhibited signs of restlessness, with complaints of intense pain at the localised site. The gastrointestinal system revealed no abnormalities. Neurological assessment demonstrated that pupillary reflexes were within normal limits. Deep tendon reflexes and superficial reflexes were within normal physiological parameters.

Ashta Sthana Pariksha

<i>Sthana</i>	<i>Lakshna</i>
<i>Nadi</i>	<i>Manda</i> (Feeble)
<i>Mala</i>	<i>Vibandha</i> (Occasionally constipated)
<i>Mutra</i>	<i>Samyaka</i> (Normal)

<i>Jihwa</i>	<i>Lipta</i> (Normal)
<i>Shabda</i>	<i>Prakruta, Spashta</i> (Clear)
<i>Sparsha</i>	<i>Ushna</i> (At the affected area)
<i>Drika</i>	<i>Prakruta</i> (No icterus)
<i>Aakruti</i>	<i>Madhyama</i> (Medium built)

Dashvidha Pariksha

<i>Prakruti</i>	<i>Vata-pitta</i>
<i>Vikruti</i>	<i>Pitta-kapha</i>
<i>Sara</i>	<i>Asthi</i>
<i>Samhana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmaya</i>	<i>Madhyama</i>
<i>Ahara Shakti</i>	<i>Madhyama</i>
<i>Jarna Shakti</i>	<i>Madhyama</i>
<i>Vayayama Shakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Vridha</i>

2.2.3. Local Examination

On inspection, the affected area displayed a prominent, blackish-coloured lesion. The patient reported significant localized pain and discharge from the lesion, both of which are characteristic symptoms associated with the reactivation of the varicella-zoster virus.

On palpation, the affected area on the back was tender on palpation with localised warmth suggestive of inflammation.

2.3 Clinical Findings

The patient had a complaint of clusters of painful, fluid-filled blisters accompanied by reddish black with a burning sensation observed along the dermatomal distribution on the back (Fig 1). Based on these clinical features, the condition was diagnosed as Herpes Zoster (Shingles),

and this highlights the importance of timely, effective treatment, especially in older individuals with potentially compromised immunity.

3. INTERVENTION

3.1. Therapeutic Regimen

Considering the patient's advanced age (*Vruddhavastha*), the *Shodana* line of treatment was not undertaken, and instead, the *Shamana* line of treatment was planned. In accordance with the *Shamana* line of therapy, substances possessing a bitter taste (*Tikta Rasa*) were chosen. *Panchanimba Churna* and *Arogyavardhini Vati* were administered orally to purify the blood and reduce inflammatory toxins, which further aid in

skin healing and immune modulation. For external application, the affected area was treated with *Jatyadi Taila*, an herbal oil known for its unctuous (*Snigdha*) and cooling (*Sheeta*) properties, which aim to soothe inflammation and promote the healing of skin lesions.

3.2. Treatment Protocol

S. No.	Yoga	Matra, Sevan Kala
1	<i>Aarogyavardhani Vati</i>	500 mg TDS PC for 21 days
2	<i>Panchnimba Churna</i>	3 gm BD PC for 21 days
3	<i>Jatyaadi Tail</i>	LA BD for 30 days

3.3. Follow-up and Outcomes

Visit	Yoga	Matra	Sevan Kala	Anupana	Duration	Observation / condition of patient
First visit	<i>Aarogyavardhani Vati</i>	500 mg TDS	After food	Lukewarm water	21 days	- Severe Pain - Burning sensation - Redness - Black lesion - Discharge - Numerous Vesicles
	<i>Panchnimba Churna</i>	3 gm BD	After food	Lukewarm water	21 days	
	<i>Jatyaadi Tail</i>	Local application BD	After bath	-	30 days	
Follow-up 1	Continue same treatment (CST)					- Pain reduced - Burning sensation present - Relief from redness - Relief from discharge - No new vesicles - Healing vesicles
Follow-up 2	Patient was advised follow <i>Pathya</i> along with maintaining good personal hygiene					Relief from symptoms

3.4. Pathya and Apathya

Pathya: *Madhura Rasa* (sweet taste), *Ghrta* (ghee), adequate sleep at night (8hours), Coconut water, Buttermilk, Use clean and breathable cotton cloth. **Apathya:** Oily items,

Excess hot, spicy, and sour, Curd, Non-veg, Fast food, any type of caffeine, alcohol, Smoking, Night awakening (*Ratrijaagran*), Daytime sleep (*Diwaswapana*).

3.5. Observations on Symptoms

Day	<i>Daha</i> (Burning Sensation)	<i>Raag</i> (Redness)	<i>Toda</i> (Prick ing Pain)	<i>Kandu</i> (Itching)	<i>Sphota</i> (Eruptions or blisters)	<i>Strava</i> (Discharge)	<i>Jwara</i>
1 st	+++	+++	++	+++	+++	++	-
7 th	+++	++	+	+++	++	+	-
14 th	+	++		++	+	-	-
21 st	-	+		-	-	-	-



FIGURE 1: Before treatment



FIGURE 2: After treatment

4. DISCUSSION

From an Ayurvedic perspective, Herpes Zoster (*Visarpa*) is characterised by pain, redness, burning sensation, and blisters. It is considered *Tridoshaja* but often

dominated by *Pitta* and *Rakta*, with secondary involvement of *Vata* (pain) and sometimes *Kapha* (oozing, heaviness). It involves disturbances in *Twak* (skin), *Mamsa* (muscle tissue), *Rakta* (blood), *Lasika* (lymph), and *Sweda* (sweat). The treatment approach focused on *Tridosha shamana* (balancing the three *doshas*), *Raktashodhana* (blood purification), and *Agni vardhana* (enhancing digestive/metabolic fire) to alleviate symptoms and improve overall health outcomes. The patient was prescribed *Arogyavardhini Vati* and *Panchanimba Churna* for internal use, along with the external application of *Jatyadi Taila*. *Panchanimba Churna*, known for its *Tikta-Kashaya rasa* and *Pitta-Rakta shamana* properties, served as a primary internal detoxifying agent.

Arogyavardhini Vati, a multi-herbal formulation with ingredients like *Katuki*, *Nimba*, and *Triphala*, further supports liver function, enhances digestion (*Agni*), and promotes *dosha* balance. *Jatyadi Taila*, with its *vrana ropana* (wound healing) and *krimighna* (antimicrobial) action, aided in healing the local eruptions without scarring or secondary infections. The timely administration of these formulations led to quick symptomatic relief and prevented complications. The outcome aligns with Ayurvedic principles of early *dosha* assessment, *shodhana* (if needed), and *shamana chikitsa* using *Pitta-Rakta* balancing herbs. This case adds to the growing body of evidence supporting Ayurvedic intervention in viral skin conditions, especially when modern treatments offer only symptomatic relief. However, the need for larger controlled clinical trials remains essential to validate and standardise these therapies.

5. CONCLUSION

The present case study highlights the effective management of Herpes Zoster (Shingles) through an Ayurvedic approach, correlating the condition with *Visarpa* as described in classical texts. The results reinforce the Ayurvedic principle of treating the root cause by balancing *Pitta* and *Rakta*, improving *Agni*, and

promoting *Vrana Ropana* through both internal and external therapies. Hence, this case underscores the relevance and potential of Ayurvedic formulations in managing viral dermatological conditions like Herpes Zoster. However, to establish the generalizability and efficacy of such treatment protocols, larger-scale clinical studies and evidence-based trials are recommended.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identities, but anonymity cannot be guaranteed.

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Conflicts of interest

There is no conflict of interest.

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