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Evidence-based Homoeopathy: Individualized Homoeopathic Approach in a Case of Herpes Zoster in a Pediatric Patient

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Abstract

Introduction: Herpes zoster (HZ) is a dermatomal viral infection caused by varicella zoster that remains dormant within posterior root ganglion, characterized by pain along the affected dermatome followed by vesicular eruptions. It commonly occurs in people above 50 years, but it can affect any age, especially those with immunosuppression. Homoeopathic literature shows that cases of Herpes zoster have been successfully treated with homoeopathic medicines.

Case summary: This is a paediatric case of herpes zoster. The case presented here is an 8 year old girl, from Repertory OPD, Homoeopathic Hospital, North Eastern Institute of Ayurveda and Homoeopathy, Shillong. The patient was treated with homoeopathic individualized medicine (*Ranunculus bulbosus* 200C) for about 1 month, with significant improvement and there was complete disappearance of eruptions, pain and itching.

Keywords: Herpes Zoster, Individualized Homoeopathy, Pediatrics

Introduction

Herpes zoster (HZ) also called as shingles, is a dermatomal viral infection caused by the reactivation of latent Varicella zoster virus that remains in the posterior root ganglion ^[1]. It usually develops after several years of the primary infection of chickenpox or vaccination with chickenpox vaccine ^[3]. Adults above 50 years are at an increased risk for developing herpes zoster, probably due to the reduced immunity with advancing age, but it can affect individuals of any age, especially those with a suppressed immunity due to any disease or drugs ^[2]. HZ is a rare disease in childhood. Varicella in early childhood is a risk factor of HZ in immunocompromised and immunocompetent children ^[1]. It may be due to the reactivation of the vaccine strain or previous subclinical infection ^[4]. Infantile herpes zoster is more commonly associated with intra-uterine varicella-zoster virus infection than postnatal infection. In approximately 2% of children exposed to Varicella-zoster virus in utero, subclinical varicella develops, and therefore they are at risk for herpes zoster after birth ^[5]. The incidence of herpes zoster increases with age, being less than 1 per 1000 person years in children and as much as 12 per 1000 person years in those aged over 65 year ^[8]. HZ has been found to be more common in the white race and female gender ^[12].

Common risk factors for HZ include age > 50 years, immunosuppression, infections, and mental stress ^[11]. The clinical features of HZ can be divided into 3 stages: Prodromal, acute and chronic. In initial stages, patient may feel generalized weakness, malaise and pain along the affected sensory nerves ^[10]. Herpes zoster commonly occurs on one side of the trunk or back. However, it may also appear on the face, arms, or legs. Symptoms may include: Pain, burning, tingling or numbness before the onset of the rash as well as following resolution, fluid-filled blisters which open and scab over, rash which usually resolves in two to four weeks, fever, chills, and headache, nausea. On some occasions postherpetic neuralgia (PHN) occurs causing pain that is persistent after resolution of the rash and lasting for weeks, months or more than a year ^[6]. Herpes zoster also shows some additional symptoms, depending on which dermatome is involved. If ophthalmic branch of trigeminal nerves is affected, it presents as HZ ophthalmicus, with symptoms of conjunctivitis, keratitis, optic nerve palsies, loss of vision, ocular pain etc. If the virus spread from facial nerve to vestibulocochlear nerve, it presents as HZ oticus or Ramsay Hunt syndrome type II, with symptoms of vertigo, hearing loss and dizziness ^[10].

The diagnosis of herpes zoster is usually made clinically once the rash appears. Tzanck smear and electron microscope (EM) use to detect the presence of a herpes virus from the vesicle. But, it cannot distinguish between herpes simplex virus and

varicella zoster virus. PCR is considered the most sensitive and specific diagnostic test for herpes zoster, since it can detect varicella zoster virus DNA in the vesicular fluid [2]. In conventional system of medicine, patients with herpes zoster should receive treatment to control acute symptoms and prevent complications. The antiviral medicines such as acyclovir, famciclovir, and valaciclovir reduce the severity of zoster. Corticosteroids in combination with antiviral therapy are used in patients at high risk for post herpetic neuralgia. Analgesics, sometimes strong opioids are used to reduce acute pain [8].

Homoeopathic remedies can offer safe and gentle treatment in herpes zoster. Homoeopathy focuses on subjective experience of patient. Pathology of disease can certainly influence the homoeopathic physicians in selection of the medicines, but it is not the final choice. This distinguishes homoeopathy from conventional orthodox system of medicine. Homoeopathy treats the patient as whole, this includes patient's personal history, past medical history, family history, susceptibility, underlying predisposing factors etc. Homoeopathic literature speaks about many medicines, which are highly effective in treating herpes zoster such as *Ranunculus bulbosus*, *Mezereum*, *Iris versicolor*, *Rhus toxicodendron*, *Variolinum*, *Thuja occidentalis*, *Sarsaparilla*, *Mercury* etc [9].

Case Report

History:

An 8-year-old girl reported with herpes zoster in the Repertory OPD, at Homoeopathy Hospital, North Eastern Institute of Ayurveda and Homoeopathy, Shillong, on 1st April, 2024. She presented with painful, reddish, vesicular, itching eruptions in the left upper abdomen and back (dermatomes T5, T6) which had troubled her since 1 week. The affected part was very sensitive to touch, even touch of clothing was also difficult. The pain was stitching and burning type with soreness in the affected parts. The pain and itching was more on touching and on perspiring. She also had fever and a chill along with these eruptions. There was past history of varicella zoster at age of 5, and she took allopathic medicine with relief of symptoms. During the case taking, her mother informed that, she was having some allergic dermatitis towards some bushes and dust. She was very calm and intelligent, had desires for egg

and potato, aversion to meat, perspired scanty and her thermal reaction was chilly. After thorough case taking, analysis and examination, following symptoms are considered for repertorization (Table 1).

1. Herpes zoster
2. Burning sensation over eruptions
3. Vesicular eruptions with itching
4. Painful eruptions aggravation from touch
5. Soreness and neuralgic pain
6. Chilly patient
7. Left sided complaints.

Intervention:

First prescription: On 1st April, 2024, *Ranunculus bulbosus* 200C, three times a day, for 1 week.

Basis of prescription: The medicine was selected after repertorization (Table 1) of characteristic symptoms, and in consultation with material medica. This case was repertorized by RADAR Software using Synthesis Repertory. Furthermore *Ranunculus* was chosen as it covers the important symptoms, such as shingles especially left sided vesicular eruptions, with stitching and burning pains, very sensitive to touch and soreness of affected parts, and it also covers patient's thermal reaction which was chilly. *Ranunculus bulbosus* 200C, three times a day, for 1 week, was prescribed. On subsequent follow ups; the remedy was repeated, based on the assessment of improvement of the patient.

Table 1: Repertorization table of first prescription done by RADAR Software

The screenshot shows a repertorization table with 9 symptoms and 12 remedies. The top remedy is Ranunculus bulbosus 200C, which has a score of 132. Other remedies include Mezereum (125), Iris versicolor (110), and Rhus toxicodendron (71).

Follow-up and outcome

Follow-up of the patient assessed weekly or as required. The date wise, detailed follow ups are summarized in Table 2.

Table 2: Details of follow- ups and prescription

Date	Symptoms	Medicine with dose & repetition
1 st April 2024	Painful, itching, reddish vesicular eruptions on left upper abdomen and back. Burning pain and soreness < touch, perspiration (fig 1)	<i>Ranunculus bulbosus</i> 200C (three times a day for 1 week)
6 th April, 2024	Eruptions had dried up, but persist. Itching and pain improved, < touch. Fever no more. (fig 2)	<i>Ranunculus bulbosus</i> 200C (three times a day for 1 week)
13 th April, 2024	Eruptions had dried up. Pain no more. Slight itching at night. (fig 3)	<i>Ranunculus bulbosus</i> 200C (three times a day for 1 week)
27 th April, 2024	Eruptions and pain no more, slight discoloration in places of eruptions. Slight occasional itching. (fig 4)	<i>Ranunculus bulbosus</i> 200C (two times a day for 1 week)
4 th May, 2024	Eruptions and pain no more, slight discoloration in places of eruptions persist. Slight occasional itching, more at night (fig 5)	<i>Ranunculus bulbosus</i> 200C (one time a day for 1 week)

Result

The eruptions dried up completely, and pain and itching relieved. Initially, Ranunculus bulbosus 200C showed improvement. However much significant improvement was observed with repeated doses of Ranunculus bulbosus 200C.

The vesicular itching eruptions disappeared completely within 1 month of homoeopathic treatment.

Clinical images



Fig 1: Before treatment on 1st April 2024



Fig 2: During treatment on 6th April 2024

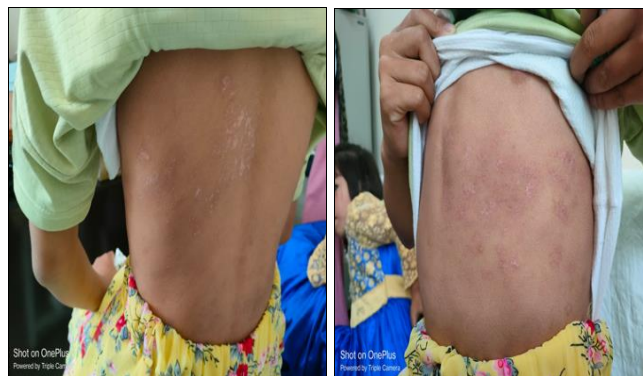


Fig 3: During treatment on 13th April 2024



Fig 4: During treatment on 27th April 2024



Fig 5: After treatment on 4th May 2024

Discussion

The patient presented with painful, reddish, vesicular itching eruptions in the upper abdomen and back. There was past history of Varicella in her age of 5, she took allopathic medicine with relief of symptoms. This case treated with homoeopathic medicines showed a complete cure in a follow - up period. There is no effective treatment in conventional system, since its delayed response, limited treatment options to treat the complications especially in paediatric cases; a substantial number of patients are utilizing alternate system, especially homoeopathy. Homoeopathy, with its high safety profile and easy administration methods, it is very effective in acute as well as chronic cases.

In this case, after careful history recording, repertorization of characteristic symptoms and in consultation with materia medica, *Ranunculus bulbosus* 200C was prescribed. The patient showed marked improvement from the beginning, which proved correct selection of medicine and potency. This case shows the effectiveness of homoeopathic medicines in the treatment of herpes zoster, when prescribed according to homoeopathic principles.

Conclusion

Hahnemann once said, there is no disease, but sick persons. Homoeopathy is a specialized system of medicine, which treat patients as a whole. So, the medicines will be different for each case. When a patient comes to a homoeopathic physician, he will find the characteristic symptoms, that will be unique and it will represent the patient. According to this, the medicines are prescribed. A complete disappearance of eruptions along with pain and itching, without any complications are the documentary evidences (Figures 1-5). This case shows an effective role of homoeopathy in treating herpes zoster in children.

Limitations of the Study

It is a single case report, but herpes zoster may be associated and presented with some other unpredictable symptoms, so some more scientific detailed case studies are needed for the validation of result. In future, case series can be recorded and published to establish the efficacy of homoeopathic medicines in case of herpes zoster.

Informed Consent

The patient has agreed that her images and other clinical information is to be reported in the journal. The patient understood her name and initials will not be included in the manuscript and due efforts will be taken to conceal her identity.

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