

Herpes Zoster (Shingles)

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Definition

An acute, central nervous system infection involving the dorsal root ganglia that is characterized by vesicular eruption and neuralgic pain in various areas of the skin.

Key Words

Immunocompromised

A state in which the immune system is suppressed or not functioning properly.

Post-herpetic neuralgia

The term used to describe the pain after the rash associated with herpes zoster is gone.

Tzanck preparation

Procedure in which skin cells from a blister are stained and examined under the microscope. Visualization of large skin cells with many cell centers or nuclei indicates a positive diagnosis of herpes zoster when combined with results from a physical examination.

Introduction

Shingles, also called herpes zoster, gets its name from both the Latin and French words for belt or girdle and refers to girdle-like skin eruptions that may occur on any part of the body (see figure). The virus that causes chickenpox, the varicella zoster virus (VSV), can become dormant in nerve cells after an episode of chickenpox and later reemerge as shingles. Initially, red patches of rash develop into blisters. Because the virus travels along the nerve to the skin, it can damage the nerve and cause it to become inflamed. This condition can be very painful. If the pain persists long after the rash disappears, it is known as post-herpetic neuralgia. Any individual who has had chickenpox can develop shingles. Approximately 20% of those who had chickenpox can get shingles at some time in their lives.



Disease Process

The virus travels from the dorsal root ganglia down the sensory nerve and inflames and infects the skin of the affected ganglion.

Sign & Symptoms

Early signs of shingles are often vague and can easily be mistaken for other illnesses. The condition may begin with fever and malaise (a vague feeling of weakness or discomfort). Within two to four days, severe pain, itching, and numbness/tingling (paresthesia) or extreme sensitivity to touch (hyperesthesia) can develop, usually on the trunk and occasionally on the arms and legs. Pain may be continuous or intermittent, usually lasting from one to four weeks. It may occur at the time of the eruption, but can precede the eruption by days, occasionally making the diagnosis difficult. Signs and symptoms may include the following:

- Itching, tingling, or severe burning pain
- Red patches that develop into blisters
- Grouped, dense, deep, small blisters that ooze and crust
- Swollen lymph nodes.

Potential Complications

Herpes zoster ophthalmicus may result in vision loss. A generalized outbreak of shingles may lead to acute urinary retention and unilateral paralysis of the diaphragm. In rare cases shingles may be complicated by central nervous system infection, muscle atrophy, transient paralysis, and ascending myelitis.

Diagnosis

Diagnosis is usually not possible until the skin lesions develop. Once they develop, however, the pattern and location of the blisters and the type of cell damage displayed are very characteristic of the disease, allowing an accurate diagnosis primarily based upon the physical examination.

Diagnostic Tests

- Culture: Varicella virus in vesicular fluid
- Microscopic examination using a Tzanck preparation. This involves staining a smear obtained from a blister. Cells infected with the herpes virus will appear very large and contain many dark cell centers or nuclei.
- Complete blood count (CBC) may show an elevated white blood cell count (WBC), a nonspecific sign of infection.
- Rise in antibody to the virus.

Prognosis:

Shingles usually clears up in two to three weeks and rarely recurs. The elderly or debilitated patient may have a prolonged and difficult course. For them, the eruption is typically more extensive and inflammatory, occasionally resulting in blisters that bleed, areas where the skin actually dies, secondary bacterial infection, or extensive and permanent scarring.

Similarly, an immunocompromised patient usually has a more severe course that is frequently prolonged for weeks to months. They develop shingles frequently and the infection can spread to the skin, lungs, liver, gastrointestinal tract, brain, or other vital organs. Cases of chronic shingles have been reported in patients infected with AIDS, especially when they have a decreased number of one particular kind of immune cell, called CD4 lymphocytes. Depletion of CD4 lymphocytes is associated with more severe, chronic, and recurrent varicella-zoster virus infections. These lesions are typical at the onset but may turn into ulcers that do not heal.

Potentially serious complications can result from herpes zoster. Many individuals continue to experience persistent pain long after the blisters heal. This pain, called post-herpetic neuralgia, can be severe and debilitating. Post-herpetic neuralgia can persist for months or years after the lesions have disappeared. The incidence of post-herpetic neuralgia increases with age, and episodes in older individuals tend to be of longer duration. Most patients under 30 years of age experience no persistent pain. By age 40, the risk of prolonged pain lasting longer than one month increases to 33%. By age 70, the risk increases to 74%. The pain can adversely affect quality of life, but it does usually diminish over time.

Treatment

Homoeopathic Medicines are most effective in this disease and patient immediately get symptomatic relief in burning, pain and drying out the eruptions. The so-called fear of post herpetic neuralgia never occurs in patients who take homoeopathic medicines.

The following are medicines which is found most effective in this disease:

Arsenic Alb

Confluent herpetic eruptions, with intense burning of the blisters, dry and parchment-like skin; nausea and marked prostration, lassitude, Aggravation after midnight and from cold of any kind, Amelioration from warmth and from lying with head high. Herpes having a red, unwholesome appearance..

Mezerium:

Herpes zoster, following intercostal or supraorbital nerve with sharp stitching, lightning-like pains, sometimes boring, which leave the parts numb, Aggravation in bed, from touch; form a brownish scab; blotches on forearm becoming hard after scratching; neuralgic pains continue for some time after disappearance of herpes.

Rhus Tox:

Right side especially affected in herpes zoster, with incessant itching, burning, tingling, alternating with pains in chest and dysenteric stools; herpes upon hairy parts, more annoying after perspiration; Aggravation in winter, hardly any eruption in hot weather; debility; rheumatism.

Ranunculus Bulb:

Herpes zoster supraorbitalis and intercostalis, with sharp, stitching pains (Mez.); vessels filled with a thin, acrid fluid; burning, itching vesicles in clusters; herpes over fingers, palms of hands; finally all over the body, Aggravation from touch, motion, from change of temperature, on entering a cold place; for drunkards.

Apis Mel:

Burning and stinging pain, much swelling. Vesicles large, sometimes confluent. Come out in cold weather. Ulcerate with great burning, stinging pain. Worse warmth: better cold applications.

Variolinum:

Burnett said Variolinum had wiped out the condition, pain and all-and one has seen this also.

Sepia:

Herpetic conditions about the knees and ankles, in the bends of joints and behind the ears, at first dry, it becomes moist and discharges copiously.

Locally Apis Mel Q can be applied to relieve burning pain & itching. Calamine lotion also found very effective to relieve itching & burning of the eruptions.

Conclusion

Homoeopathic medicines are very effective and safe and economical as compared to modern system of medicine and prevent patients from the agony of post herpetic neuralgia.

Warning

The above given information of the disease is for the general awareness for the commoners. Homoeopathic medicines should not be taken without the proper guidance of qualified and registered Homoeopathic physician.

References

1. Microsoft Encarta Encyclopedia
2. Mosby's Medical Encyclopedia
3. Gale's Encyclopedia of Alternative Medicine
4. Homoeopathic Materia Medica By Dr. Kent.