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Case Report

Elderly patient with post-herpetic neuralgia treated with homoeopathic medicine: A case report

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Abstract

Introduction: Post-herpetic neuralgia (PHN) is the most troublesome complication of herpes zoster (HZ). It often occurs in elderly and immunocompromised persons. PHN is a chronic neuropathic pain that can persist months to years after HZ rashes have healed. The persisting pain causes physical and psychological distress and negatively impacts the quality of life. The conventional method of treatment (CMT) is often only partially effective. In patients with inadequate response, or intolerance to current conventional treatments for pain relief, homoeopathy may be considered. Case Summary: A 64-year-old woman presented with severe neuralgic pain on the right upper chest wall and upper arm with a recent history of HZ. The acute neuralgic pain was accompanied with HZ rashes. Within 1 month of CMT, HZ healed, but neuralgic pain persisted. Homoeopathic medicines Hypericum perforatum and Sulphur were prescribed as per the totality of symptoms and individualisation, which relieved PHN (assessed by ‘Visual Analogue Scale’ [VAS]). It was accompanied with relief in associated symptoms and improvement in functional daily activities. The causal attribution of the improvement was assessed using the Modified Naranjo Criteria. This case report suggests that homoeopathic intervention may be the choice of treatment for relief of pain of PHN along with improvement in the psychological distress and quality of life.

Keywords: Post-herpetic neuralgia, Homoeopathy, Hypericum perforatum, Sulphur, VAS

INTRODUCTION

Post-herpetic neuralgia (PHN) presents as a pain that persists for months or may be even years after the resolution of rashes of herpes zoster (HZ). It is a complication of HZ lesions which often occur in elderly and immunocompromised persons. PHN may also induce psychosocial dysfunction, negatively affecting the quality of life.[1-3] Approximately 20%–30% of people have HZ during their lifetime and about 10–20% of them may develop PHN. PHN incidence is quite variable, increases with age, being more frequent (>50%) among patients aged over 60 years.[4,5] The pain of PHN usually follows typical dermatomal distribution of the HZ rashes. Unilateral thoracic dermatomes and ophthalmic branch of trigeminal nerve are most commonly affected. PHN is characterised by symptoms of neuropathic pain described as throbbing, burning, lancinating or electric shock-like intermittent or continuous. PHN is sometimes associated with allodynia, hyperaesthesia or hypoaesthesia in nature the same dermatome as in HZ that may continue long after healing of HZ eruption.[6] The quality of life of patients with PHN can be negatively affected not only by the pain but also by comorbid conditions such as fatigue, insomnia, reduced anorexia, physical activity, anxiety, depression and decreased social activities.[7-9]

Patients with PHN may have different forms, although none is pathognomonic and it is difficult to distinguish acute presentation from chronic one. There are three different phases of pain which occurs as per the progression of HN: Acute HN (pain that occurs within a month after the onset of rash), subacute HN (pain continues from the acute to the chronic phase, duration 1 month–3 months) and PHN (pain that persists beyond 3 months after appearance of rashes). A well-established PHN that continues 6 months after the

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onset of rashes may be obstinately persistent for several years.\cite{10,11}

The pathophysiology of PHN is poorly understood. PHN stems from damage to peripheral and central neurons that may be a by-product of the immune or inflammatory response that accompanied zoster virus reactivation and migration. When body vitality goes down, the latent varicella zoster virus becomes active in the sensory ganglia and leads to inflammatory neural damage that subsequently leads to the occurrence of PHN and acute zoster pain without painful stimuli.\cite{6,12-14}

Diagnosis of PHN is essentially clinical and the pain reported by the patient is quantified with VAS score.\cite{10,14} History of HZ and persistent pain in affected dermatome defines this clinical entity. On physical evaluation, there are areas of hyperpigmentation, hypopigmentation or scars in dermatomes previously affected by HZ. Diagnostic tests have limited application in the clinical management of PHN. There is no effective and predictable treatment for PHN.\cite{3,15} In PHN, a multimodal approach is usually necessary for a good clinical outcome. Antiviral treatment may prevent PHN through vaccination but an antiviral drug in acute HZ phase does not prevent PHN, although it may decrease its severity and duration. Conventionally, the recommended treatment of PHN in a hierarchical manner is with calcium channel two ligands (gabapentin and pregabalin), TCAs (amitriptyline, nortriptyline or desipramine) or topical lidocaine patches as first-line drugs; opioids and topical capsaicin patch as second or third-line treatment options or combination therapies which cause adverse effects, especially in elderly patients with comorbidity. When medical therapies are not effective, interventional techniques such as peripheral or sympathetic nerve blocks, cryotherapy, acupuncture and transcutaneous electrical stimulation are considered, which are useful but invasive and cost effective.\cite{15-18} In spite of the current advancement of treatments, PHN is still unsatisfactory in a remarkable proportion of the patients with considerable economic burden and impact of quality of life.\cite{18,14,19,20}

A clinical study has reported that homoeopathic treatment has shown a positive role in the management of PHN.\cite{21}

Here is a case of successfully treated PHN, in an elderly woman also having diabetes mellitus type 2 and cardiovascular disease.

**Case Report**

**Patient information**

A 64-year-old Hindu married woman presented at the outpatient department of Dr. Anjali Chatterjee Regional Research Institute for Homeopathy, Kolkata, on 15 May 2019 with complaint of episode of severe neuralgic pain on the right upper chest wall and extending to the right upper arm, shoulder and back. The pain was accompanied with acute HZ eruptions on the right upper chest and upper arm for the past 2 months [Figure 1]. She reported the appearance of acute HZ rashes healed with conventional medicinal treatment (tricyclic antidepressants, gabapentin and carbamazepine) within 2 months but pain persisted with increased intensity and was spreading on the same affected dermatome of HZ. The pain was severe, unilateral, stitching, lancinating and burning like electric shock in nature. It was associated with itching, hyperaesthesia and feeling of tightness in chest during movement. Due to the severity of pain, the patient had developed psychological distress (anxiety, depression and insomnia), which affected her daily activities and impaired her quality of life. She wanted to take homoeopathic treatment as an alternative medicinal treatment method.

**Medical history**

The patient was a diagnosed case of cardiovascular dysfunction and hypertension and was on conventional medication for same for the past 5 years. Eleven years back, she had underwent cholecystectomy.

**Family history**

The patient’s father had bronchial asthma, and mother had renal stone. Her elder sister had cervical carcinoma.

**Generals**

Since the onset of pain, she was suffering from anxiety, sadness and depression, with occasional anxious dreams. She has aversion to interaction with others. She had good appetite but was averse to eating due to her pain. Her routine physical activities as well as socialising were affected due to her symptoms. She had increased thirst; with strong desire for warm drinks (especially hot milk), pepper and pickles and had aversion to bananas. She had a tendency for excessive sweating, which was more on face and around mouth. Her sleep was affected because of the burning sensation of pain, which aggravated at night. She was thermally chilly.

**Diagnostic Assessment**

This case was diagnosed clinically as a subacute type of PHN, based on recent history of HZ lesions, pain presentation,
unilateral pain location, spreading of pain on the same affected dermatomes and duration of occurrence with persistence of pain.

The intensity and severity of pain of PHN were assessed by VAS score, on a 0–10 scale, where 0 indicated no pain and 10 indicated maximal or severe pain. At the first consultation, the pain intensity scored 8 out of 10.

**General examination**

Body temperature – 98°F; blood pressure – 140/90 mm of Hg and pulse – 76/min.

**Local examination**

The hyperpigmented lesions were present on the right upper chest and upper arm of healed HZ lesions and the neuralgic pain also was located on the dermatome of the affected HZ site and extended to the right shoulder and right lower chest along the same nerve distribution.

**Analysis of the case and repertorisation**

As per the direction of the ‘Organon of Medicine’ and homoeopathic principles, all the symptoms and signs of this case were recorded in details and evaluated. After analysis of the case, the characteristic general and particular symptoms were considered for totality and repertorisation. The patient was very much anxious and depressed due to the pain, had aversion to daily activities and social interaction and reported of anxious dreams. Thermally, she was chilly; had extreme thirst; craved for warm drink (especially hot milk) and sour things; specially pickles; burning and electric shock sensation of PHN with night aggravation disturbing sleep; stitching pain associated with itching in the previously affected area and extending to the lower side of the chest. Very often, she felt constriction and tightness in the right sides of chest, associated with shortness of breath.

Considering the above symptomatology, using Kent’s repertory, repertorisation was done with ‘Hompath Classic M.D software, version 10.’ The repertorial results are shown in Figure 2.

**Follow-up and outcome**

After repertorisation, high scoring medicines were Sulphur, Arsenic album, Hyp-perf. and Calcarea carbonica, in which the maximum number of symptoms (10/13) was covered by Hypericum perforatum. Finally, after consultation with Materia Medica, Hyp-perf. was selected as similimum and prescribed in 1 M (1000CH) potency with two doses for 2 consecutive days followed by placebo.

Homoeopathic medicines were procured from Hahnemann Publishing Company Pvt. Ltd. (Good Manufacturing Practice certified ISO 9001:2008 unit) and were dispensed from DACRRI (H) dispensary.

Follow-up of the patient was done fortnightly or as per requirement. The pain intensity was assessed with VAS score in every follow-up. The timeline of the case including the first visit and subsequent follow-ups with prescription is presented in Table 1.

As per the guidelines of homoeopathic philosophy, changes of medicine, potency and repetitions of doses were done during follow-ups. Hyp-perf. 1 M initiated the improvement in pain to some extent, but burning sensation or electric shock-like sensations were not reduced. Very often, burning sensation aggravated at night, which caused sleeplessness and psychological distress. The improvement of pain of PHN also came to a standstill. Sulphur in 200C potency was prescribed on the basis of the striking characteristic symptom: Burning sensation and as an intercurrent and anti-psoric medicine for further improvement. After that, burning sensation was reduced, but the intensity of pain of PHN and other associated symptoms remained status quo. For further improvement, Hyp-perf. in a higher potency 10 M (10000CH) was prescribed in two doses.

Over a period of 4 months of homoeopathic treatment, PHN disappeared completely, along with other associated symptoms. The pain was assessed with VAS in every follow-up, and at the end of the treatment, the VAS score was 1/10. Complete alleviation of pain for PHN and other associated psychological distress symptoms (anxiety, depression and insomnia) was observed over a period of 4 months of homoeopathic treatment. She gradually resumed her normal daily functional activities and social activities with improvement in quality of life.

The final outcome and possible causal attribution of the changes were assessed using the ‘Modified Naranjo Criteria’ [Table 2]. In this case, the total score as per Modified Naranjo

![Figure 2: Repertorisation chart](image-url)
Criteria was +09, which is close to the maximum score +13. This explicitly shows the positive causal attribution of the individualised homoeopathic treatment of PHN.

**DISCUSSION**

Complementary and alternative medicine may be a viable option in PHN cases with inadequate response or intolerance to conventional treatment for pain relief. As an alternative modality, homoeopathy treatment is used for pain management in a variety of conditions such as osteoarthritis, rheumatological diseases, peripheral diabetic neuropathy, myofascial pain syndrome and trigeminal neuralgia.\[30\] This case presented a positive response to an individualised homoeopathic medicine Hyp-perf. in relieving the pain of PHN with an improvement of other associated symptoms within 4 months of treatment.

Studies have shown that Hyp-perf. has therapeutic properties, such as anti-inflammatory, antiseptic and antidepressant. Hyp-perf. has two active principles hypericin and hyperforin which have a role in depression and pain management. In vitro studies have found that Hyp-perf. may have neuronal modulation and protective properties and it has the ability of enhancing survival, protection and regeneration of nerve tissue suggesting its applicability for neuropathic pain state such as PHN.\[31-33\]

It has been reported that homoeopathic treatment is safe and causes minimal to no adverse effects. Homoeopathic treatment holistically treats individuals, rather than restricted to the pathological problem. In generalities chapter of the Essential Synthesis Repertory under rubric, ‘Inflammation nerve’ Hyp-perf. is presented as a second grade medicine. Hyp-perf.\[34\]

---

**Table 1: Timeline: Follow-ups with intervention**

<table>
<thead>
<tr>
<th>Date of follow-ups</th>
<th>Indications/symptoms/prescription justification</th>
<th>Medicines prescribed with potencies and doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 May 2019 (1st visit)</td>
<td>Baseline symptoms;</td>
<td>Hyp-perf. 1 M/2 doses, once daily for 2 days</td>
</tr>
<tr>
<td></td>
<td>Base line VAS score – 8/10</td>
<td></td>
</tr>
<tr>
<td>30 May 2019</td>
<td>Neuralgic pain in the right side of the chest/thoracic region reduced only little and radiated to the upper arm, burning sensation and electric shock-like sensation – present as earlier, constriction and tightness of chest during movement – persist. Sleeplessness – due to pain as earlier. Anxiety and other associated symptoms have no change. VAS score – 8/10</td>
<td>Hyp-perf. 1 M/2 doses/once daily for 2 days</td>
</tr>
<tr>
<td>15 June 2019</td>
<td>Neuralgic pain reduced in the right side of the chest, but, burning sensation and electric shock-like sensation present as earlier, constriction and tightness of chest – slightly reduced, stitching pain-mild less. Painless in daytime but feels more at night and causes sleepless. Anxiety about pain less. VAS score – 6/10</td>
<td>Placebo is given</td>
</tr>
<tr>
<td>29 June 2019</td>
<td>No further improvement in neuralgic pain. Standstill condition. Burning sensation and electric shock-like sensation present, which aggravates at night. No further change in other associated symptoms. VAS score – 6/10; On the basis of more burning sensation and predominant Psoric miasm, Sulphur is prescribed for further improvement</td>
<td>Sulphur 200/2 doses, once daily for 2 days</td>
</tr>
<tr>
<td>15 July 2019</td>
<td>Neuralgic pain – reduced only little; burning sensation and electric shock-like sensation reduced, sleep – better than earlier; no further improvement in constriction and tightness of chest and stitching pain; anxiety – persists VAS score – 5/10</td>
<td>Placebo is given</td>
</tr>
<tr>
<td>30 July 2019</td>
<td>No further improvement in neuralgic pain, constriction and tightness same. Burning sensation reduced, sleep better than earlier but very often pain leading to sleeplessness. VAS score 5/10. For further improvement of neuralgic pain of PHN, higher potency</td>
<td>Hyp-perf. 10 M/ 2 doses, once daily for 2 days</td>
</tr>
<tr>
<td>16 August 2019</td>
<td>Markedly reduced radiation of neuralgic pain to the right side of chest, improvement in burning sensation and electric shock-like sensation. Anxiety – reduced; sleep better. Remarkable relief from pain, VAS score – reduced (2/10) She feels better overall</td>
<td>Placebo is given.</td>
</tr>
<tr>
<td>31 August 2019</td>
<td>Improvement is maintained. But for further improvement, higher potency is prescribed VAS score – 2/10</td>
<td>Hyp-perf. 10 M/one dose</td>
</tr>
<tr>
<td>15 September 2019</td>
<td>Markedly improved neuralgic pain with no radiation, constriction or tightness of chest. Burning and electric shock-like sensation also improved. VAS score – 1/10 She can perform her daily physical activities; free from psychological distress and anxiety; improvement in all aspects</td>
<td>Placebo is given.</td>
</tr>
<tr>
<td>30 November 2019 (telephonic conversation)</td>
<td>Patient is free from PHN and other associated symptoms. There was no episode of pain and other associated symptoms of PHN</td>
<td>No medicine</td>
</tr>
</tbody>
</table>
Did the effect encompass more than the main symptom or condition that is, were other symptoms ultimately improved or changed?

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>+1</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Was there an initial aggravation of symptom? (need to define in glossary)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Did the effect encompass more than the main symptom or condition that is, were other symptoms ultimately improved or changed?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Did overall well-being improve? (suggest using validated scale)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 (A)</td>
<td>Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 (B)</td>
<td>Direction of cure: Did at least two of the following aspects apply to the order of the improvement of symptoms – from organs of more importance to those of less importance – from deeper to more superficial aspects of the individual – from the top downwards</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Did ‘old symptoms’ (defined as nonseasonal and noncyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)</td>
<td>-3</td>
<td>+1</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)</td>
<td>+2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total score=Maximum score=13

Score=09

The interpretation of the total Naranjo Score predicting drug action is as follows: Define: >or=9; probable: 5–8; possible: 1–4 and doubtful: <or=0

studies have shown it as a useful remedy for the reduction of unbearable, shooting or jabbing pain, especially in nerve damage. Hyp-perf. has also showed its significant relevance in the field of psychiatry for the treatment of mild-to-moderate depression and anxiety. Hyp-perf. can be helpful as a homoeopathic remedy for people who tend to be anxious and depressed due to an injury or nerve damage. The positive outcome of this case report represents the usefulness of individualised homoeopathic treatment in relieving PHN. However, the positive outcome of this single case does not support conclusively the use of Hyp-perf. as an alternative management for PHN, but opens a new avenue of possibility.

**Conclusion**

The homoeopathic medicine H. perforatum may be a promising homoeopathic therapeutic option for PHN pain when indicated, and it deserves to be explored further.

**Declaration of Patient Consent**

The authors declare that they have obtained all appropriate consent from the patient. In the form, the patient has given written consent for her non-identifiable images and other clinical information for reporting. The patient understands that her name will not be published and due efforts will be made to conceal her identity.

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Nil.

**Conflicts of Interest**

The author declares that there are no conflicts of interest regarding the publication of this case report.

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Tratamiento homeopático de un paciente mayor con neuralgia postherpética: reporte de un caso

Introduction: La neuralgia postherpética (NPH) es la complicación más problemática del herpes zoster (HZ). A menudo ocurre en los ancianos y personas con inmunodeprimidas. La PHN es un dolor neuropático crónico que puede persistir meses o años después de que hayan sanado las erupciones por HZ. El dolor persistente provoca malestar físico y psicológico y repercute negativamente en la calidad de vida. El método de tratamiento convencional (CMT) a menudo es solo parcialmente efectivo. En pacientes con una respuesta inadecuada o intolerancia a los tratamientos convencionales actuales para aliviar el dolor, se puede considerar la homeopatía. Resumen del caso: Una mujer de 64 años se presentó con dolor neurálgico severo en la pared torácica superior derecha y la parte superior del brazo con antecedentes recientes de HZ. Dentro de un mes de CMT, HZ sanó, pero persistió el dolor neurálgico. Los medicamentos homeopáticos Hypericum perforatum y Sulphur se prescribieron según la totalidad de los síntomas y la individualización, lo que alivió la NPH (evaluada mediante la “Escala Visual Analógica” (EVA)). Se acompañó de alivio de los síntomas asociados y mejora de las actividades funcionales diarias. La atribución causal de la mejoría se evaluó utilizando los Criterios de Naranjo Modificados. Este informe de caso sugiere que la intervención homeopática puede ser la opción de tratamiento para el alivio del dolor de la NPH junto con la mejora de la angustia psicológica y la calidad de vida.