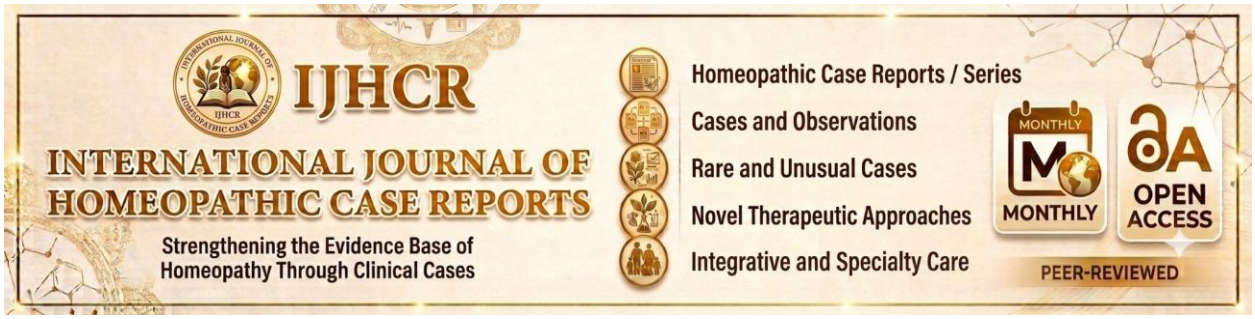

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Homoeopathic Management of Post-Herpetic Neuralgia Following Herpes Zoster: A Case Report at Dr Batra's

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Abstract

Herpes zoster is caused by reactivation of latent varicella-zoster virus and commonly affects older adults. Although the cutaneous lesions usually resolve within a few weeks, persistent neuropathic pain, known as post-herpetic neuralgia (PHN), remains the most debilitating complication and significantly impairs quality of life. Conventional management primarily includes antiviral therapy, analgesics, anticonvulsants, and antidepressants; however, pain frequently persists despite prolonged treatment.

This case report describes a **60-year-old postmenopausal female** who presented with persistent post-herpetic neuralgia involving the right thigh three months after an episode of herpes zoster. Despite receiving antiviral therapy, pregabalin, vitamin supplementation, and analgesics, she continued to experience severe needle-like pain aggravated by touch, sitting, and walking. Constitutional assessment revealed a friendly, cheerful, spiritually inclined woman with a calm disposition, conscientious nature, emotional sensitivity, and preference for walking and yoga. Based on the individualized symptom totality, **Sepia officinalis** was selected as the constitutional remedy, while **Rhus toxicodendron**, **Magnesia phosphorica**, and **Hepar sulphuris** were prescribed according to the acute symptomatology.

Following **12 months of individualized homoeopathic treatment**, complete healing of cutaneous lesions was achieved with approximately **70% reduction in neuropathic pain**, marked reduction in touch sensitivity, discontinuation of regular analgesic medication, and significant improvement in daily functioning and quality of life. This case highlights the potential role of individualized homoeopathic treatment in the long-term management of post-herpetic neuralgia.

Keywords: Herpes zoster, Post-herpetic neuralgia, Individualized homoeopathy, Sepia, Rhus toxicodendron, Neuropathic pain, Case report.

Introduction

Herpes zoster (HZ), commonly known as shingles, is an acute viral infection caused by reactivation of dormant **varicella-zoster virus (VZV)** residing within sensory dorsal root ganglia following primary varicella infection. Increasing age, immunosenescence, diabetes mellitus, malignancy, and immunosuppression are recognized risk factors for viral reactivation.

The most common long-term complication of herpes zoster is **post-herpetic neuralgia (PHN)**, defined as persistent neuropathic pain lasting for at least three months after healing of the characteristic vesicular eruption. PHN predominantly affects older adults and is characterized by burning pain, stabbing or electric shock-like sensations, hyperalgesia, allodynia, and marked impairment of physical, psychological, and social well-being.

Conventional treatment includes antiviral agents, pregabalin, gabapentin, tricyclic antidepressants, topical lidocaine, capsaicin, and opioid analgesics. Despite these interventions, many patients continue to experience persistent neuropathic pain requiring prolonged medication.

Homoeopathy emphasizes individualized constitutional prescribing based upon the patient's complete symptom totality rather than the diagnosis alone. Constitutional treatment aims to improve the patient's susceptibility while reducing chronic symptom burden and enhancing quality of life.

The present case illustrates the successful management of persistent post-herpetic neuralgia following herpes zoster through individualized homoeopathic treatment with long-term follow-up.

Case Presentation

A **60-year-old postmenopausal female homemaker** presented with persistent pain over the **right thigh**, three months after an episode of herpes zoster.

The initial vesicular eruption had healed following conventional treatment comprising antiviral medication, pregabalin (50 mg), Neurobion Forte, analgesics, and prior herpes zoster vaccination. Although the skin lesions resolved completely, severe neuropathic pain persisted over the affected dermatome.

The pain was described as **sharp, needle-like, and extremely sensitive to touch**, making routine daily activities difficult. Pain was aggravated by sitting, walking, and even light contact with clothing, while massage, pressure, and rest provided temporary relief.

The patient also complained of residual swelling over the affected thigh and generalized weakness. She had a history of childhood chickenpox.

She sought homoeopathic treatment because persistent pain continued despite prolonged conventional therapy.

History of Present Illness

Approximately three months before consultation, the patient developed painful vesicular eruptions over the right thigh that were diagnosed as herpes zoster.

Following antiviral treatment, the vesicular eruption healed completely; however, severe neuropathic pain persisted. The patient continued pregabalin and analgesics because of disabling pain, particularly while sitting, walking, and touching the affected area.

The persistent pain significantly restricted mobility and household activities.

Past History

- Childhood chickenpox.
- Hypothyroidism on Thyronorm 75 µg/day.
- Vitamin D deficiency.
- Hypercholesterolemia.
- No previous history of herpes zoster.

Family History

- Parents deceased due to age-related causes.
- Husband retired government employee.
- Two healthy married sons.
- No significant family history of neurological disorders.

Personal History

Parameter	Findings
Diet	Pure vegetarian
Appetite	Normal
Craving	Curd
Aversion	Citrus fruits, papaya, carrot
Thirst	Normal (2–3 L/day)
Stool	Normal
Urine	Normal
Thermal reaction	Chilly
Perspiration	Profuse, offensive
Sleep	Refreshing (6 hours)
Menstrual history	Postmenopausal

Mental Generals

The patient described herself as an **extroverted, cheerful, calm, and friendly woman** with a positive outlook towards life.

She enjoyed spending time with her family and considered the birth of her granddaughter one of the happiest moments of her life. She was spiritually inclined, regularly performed prayers, and strongly believed in God.

She denied excessive anxiety or fear and was not easily angered. She remained emotionally sensitive but generally maintained emotional balance. Her hobbies included walking, yoga, and maintaining an active lifestyle.

Clinical Examination

General examination revealed:

- Conscious, cooperative, and oriented.
- Vital parameters within normal limits.
- No active vesicular lesions.
- Residual hyperpigmentation over the right thigh.
- Localized tenderness over the healed dermatome.
- Marked allodynia over the affected region.
- Mild residual swelling.
- No secondary bacterial infection.

Systemic examination was otherwise unremarkable.

Investigations

Baseline investigations demonstrated:

Investigation	Result
Hemoglobin	**11.4 g/dL**
TSH	**3.5 mIU/L** (later fluctuated during follow-up)
T4	**16.4 µg/dL**
Vitamin D	**26.3 ng/mL**
Total Cholesterol	**265 mg/dL**
Serum Calcium	**10.76 mg/dL**

Serial laboratory investigations during follow-up demonstrated improvement in thyroid parameters following treatment adjustments, while hypercholesterolemia required continued monitoring.

Diagnosis

Primary Diagnosis

- Post-herpetic neuralgia following herpes zoster involving the right thigh.

Associated Comorbidities

- Hypothyroidism.
- Hypercholesterolemia.
- Vitamin D insufficiency.

Differential Diagnosis

- Lumbar radiculopathy.
- Meralgia paresthetica.
- Peripheral neuropathy.
- Diabetic neuropathy.

Case Analysis

The patient presented with persistent **post-herpetic neuralgia** characterized by sharp needle-like pain, marked touch sensitivity, residual swelling, and significant impairment of daily activities despite conventional treatment.

Constitutional assessment revealed an emotionally balanced, cheerful, spiritually inclined, friendly woman who enjoyed walking and yoga and remained calm under stressful situations. Physical generals included chilly constitution, profuse offensive perspiration, craving for curd, refreshing sleep, and postmenopausal status.

The constitutional totality corresponded most closely with **Sepia officinalis**, which was selected as the constitutional remedy. **Rhus toxicodendron** was prescribed during the acute painful phase because of neuralgic pain following herpes zoster, while **Magnesia phosphorica** and **Hepar sulphuris** were administered according to the changing symptomatology during follow-up.

Totality of Characteristic Symptoms

Mental Generals

- Conscientious about even trivial matters.
- Emotionally sensitive.
- Calm and friendly disposition.
- Extroverted personality.
- Spiritual and religious; regularly performs prayers.
- Enjoys walking and yoga.
- Mild nervousness.
- No marked anxiety or fear.

Physical Generals

- Chilly patient.
- Profuse perspiration.
- Refreshing sleep (6 hours).
- Desire for curd.
- Aversion to citrus fruits.
- Pure vegetarian diet.
- Offensive perspiration.
- Menopausal.

Particular Symptoms

- Herpes zoster over right thigh.
- Severe post-herpetic neuralgia.
- Sharp, needle-like pain.
- Pain aggravated by slight touch, sitting, and walking initially.
- Better with massage, pressure and rest.
- Residual swelling over right thigh.
- Previous chickenpox during childhood.
- Associated hypothyroidism and hypercholesterolemia.

Repertorial Analysis

Repertorization was performed using Hompath Zomeo software after selecting the characteristic mental generals, physical generals and local symptoms.

Selected Rubrics

- Mind – Conscientious about trifles.
- Mind – Forsaken feeling.
- Sleep – Refreshing.
- Perspiration – Profuse.
- Extremities – Pain after herpes zoster.
- Skin – Herpes zoster.
- Skin – Neuralgic pain after eruptions.

Remedies	sulph.	bamb-a.	galla-q-r.	positr.	ars.	puls.	ign.	nat-c.	thuj.	aur.	kali-s.	lyc.	nat-sil.	sep.	sil.	stram.	bar-c.	cham.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Intensity	5	3	3	3	6	6	5	5	5	4	4	4	4	4	4	4	3	3
Result	3/5	3/3	3/3	3/3	2/6	2/6	2/5	2/5	2/5	2/4	2/4	2/4	2/4	2/4	2/4	2/4	2/3	2/3
Clipboard 8																		
MIND - CONSCIENTIOUS about trifles	3	1	1	1	4	3	3	3	3	1	3	3	1	3	3	2	2	1
MIND - FASTIDIOUS - perfect way; wants to perform in a		1																
MIND - FASTIDIOUS - personal appearance; about			1	1														
MIND - FASTIDIOUS - time; always wants everything to happen at the same	1																	
MIND - FORSAKEN feeling	1	1	1	1	2	3	2	2	2	3	1	1	3	1	1	2	1	2

Leading Remedies

Remedy	Result
Sulphur	**3/5**
Bambusa	3/3
Galium aparine	3/3
Positronium	3/3
Arsenicum album	2/6
Pulsatilla	2/6
Ignatia	2/5
Natrum carbonicum	2/5
Thuja	2/5

Although Sulphur achieved the highest repertorial score, constitutional evaluation favored **Sepia** because of the patient's overall constitutional profile, menopausal state, independent personality, calm disposition, and long-standing chronic constitutional characteristics. Repertorization served as an aid, while final prescription was based on totality and materia medica.

Remedy Differentiation

Sepia officinalis

Sepia was selected as the constitutional remedy because the patient demonstrated a strong, independent personality, calm disposition, emotional sensitivity, menopausal state, chronic endocrine disturbances, and constitutional characteristics corresponding closely to Sepia. The remedy also possesses affinity for chronic constitutional disorders in women during the post-menopausal period.

Sulphur

Sulphur scored highest during repertorization and was considered because of the skin pathology and constitutional features. However, the patient's overall constitutional picture corresponded more closely with Sepia.

Rhus toxicodendron

Rhus toxicodendron was prescribed during the acute phase because of intense neuralgic pain, inflammation, aggravation from movement and post-herpetic pain.

Magnesia phosphorica

Magnesia phosphorica was prescribed as an intercurrent remedy for persistent neuralgic pain and muscle spasm associated with post-herpetic neuralgia.

Hepar sulphuris

Hepar sulphuris was prescribed briefly during the inflammatory stage because of marked tenderness, swelling and sensitivity.

Prescription

Stage	Prescription
Constitutional	**Sepia 200C**
Acute neuralgia	**Rhus toxicodendron 30C**
Intercurrent	**Magnesia phosphorica 6X**
Acute inflammatory stage	**Hepar sulphuris 200C**
Organ support	Thyroidinum 6X and Cholesterinum 6X as supportive medicines for associated thyroid dysfunction and hypercholesterolemia
Follow-up	Placebo during periods of sustained improvement

Miasmatic Analysis

The case predominantly represented a **Psoro-Sycotic** miasmatic state.

Psoric Features

- Neuralgic pain.
- Hypothyroidism.
- Functional disturbances.
- General weakness.
- Emotional sensitivity.

Sycotic Features

- Chronicity.
- Persistent post-herpetic neuralgia.
- Hypercholesterolemia.
- Residual skin pigmentation.

Follow-up

Follow-up	Clinical Progress
1 Month	Active skin lesions healed; severe neuralgic pain persisted but intensity reduced.

Follow-up	Clinical Progress
3 Months	Walking improved; pain reduced significantly; swelling decreased.
5 Months	Allopathic analgesics gradually discontinued; touch sensitivity markedly reduced.
7 Months	No new lesions; only mild discomfort after prolonged sitting or touching the thigh.
9 Months	Post-herpetic neuralgia improved considerably; skin lesions completely healed.
12 Months	Approximately **70% overall improvement** with only occasional mild pain during prolonged walking or pressure over the affected thigh.

Clinical Outcome Assessment

Clinical Parameter	Baseline	After 12 Months
Active herpes lesions	Present	Completely healed
Skin erythema	Marked	Resolved
Swelling	Present	Minimal
Neuralgic pain	Severe, sharp needle-like pain	Reduced by approximately 70%
Touch sensitivity	Severe	Mild occasional sensitivity
Walking	Painful	Comfortable with occasional discomfort
Sitting	Aggravated pain	Minimal discomfort
Requirement of analgesics	Regular Pregabalin and analgesics	Significantly reduced/discontinued
Sleep	Disturbed by pain	Comfortable and refreshing
Quality of life	Markedly impaired	Significantly improved

Health-Related Quality of Life (HRQL)

Initially, persistent post-herpetic neuralgia significantly affected the patient's mobility, daily household activities, and sleep, necessitating regular use of pregabalin and analgesics. As treatment progressed, pain intensity gradually diminished, allowing discontinuation of most conventional pain medication. The patient resumed regular walking and yoga, experienced improved sleep, and reported a substantial improvement in physical comfort and daily functioning. Overall, her health-related quality of life improved considerably, with an estimated **70% clinical recovery**.

Patient Perspective

"The skin infection healed, but the pain continued for months and made even touching my thigh difficult. Gradually, after treatment, the pain reduced, I stopped depending on painkillers, and

I was able to walk and perform my household work comfortably. I now have only occasional mild discomfort and feel much better than before."

Learning Points

- Post-herpetic neuralgia may persist long after resolution of herpes zoster skin lesions and significantly impair quality of life.
- Constitutional homoeopathic prescribing should be individualized and not based solely on the diagnosis.
- Objective documentation of pain intensity and functional improvement helps assess long-term therapeutic response.
- Integrating constitutional treatment with acute remedies may provide sustained improvement in chronic post-herpetic neuralgia.
- Long-term follow-up is essential to evaluate reduction in pain recurrence and improvement in daily functioning.

Discussion

Herpes zoster results from reactivation of latent varicella-zoster virus and is frequently complicated by post-herpetic neuralgia, particularly in older adults. Persistent neuropathic pain may continue for months despite complete healing of the cutaneous lesions and often requires prolonged analgesic therapy. In the present case, the patient continued to experience severe neuropathic pain despite receiving antiviral medication, pregabalin, and analgesics before seeking homoeopathic treatment.

Constitutional analysis demonstrated a calm, friendly, spiritually inclined, independent woman with menopausal status and chronic endocrine disorders, corresponding closely with **Sepia**. During the acute phase, **Rhus toxicodendron**, **Magnesia phosphorica**, and **Hepar sulphuris** were prescribed according to the evolving symptomatology of neuralgia, tenderness, and inflammation. Organ-supportive medicines were also prescribed for associated hypothyroidism and hypercholesterolemia.

Over a 12-month follow-up, the patient demonstrated complete healing of the skin lesions, marked reduction in post-herpetic neuralgia, improvement in mobility, and discontinuation of regular analgesic medication. Although occasional mild pain persisted after prolonged walking or pressure, the patient reported approximately **70% overall clinical improvement**, accompanied by a significant enhancement in daily functioning and quality of life.

Conclusion

This case demonstrates successful long-term management of **post-herpetic neuralgia following herpes zoster** using individualized constitutional homoeopathic treatment. **Sepia** as the constitutional remedy, supported by acute and intercurrent remedies according to symptom evolution, was associated with complete healing of skin lesions, marked reduction in neuropathic pain, decreased dependence on conventional analgesics, and significant improvement in quality of life. This case highlights the potential value of individualized homoeopathic management in chronic post-herpetic neuralgia following herpes zoster.