CASE SERIES

The Homeopathic Approach to the Treatment of Acute Herpes Zoster

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ABSTRACT

Despite its demonstrated efficacy, the conventional pharmacologic approach to the treatment of Herpes zoster often has shortcomings—delayed treatment response times, limited treatment window to prevent PHN, and outright treatment failures. It is obvious in light of the foregoing evidence that other treatment options merit consideration, complementary and/or alternative medical disciplines among them. Homeopathic medicine, based on extensive clinical experience, coupled with its remarkable safety profile and convenience of administration, is one such discipline. (*Altern Ther Health Med.* 2023;29(5):90-96).

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INTRODUCTION

Shingles, caused by the varicella-zoster virus (VZV), can provoke great suffering in patients and prove a challenge to healthcare practitioners to effectively and quickly treat. While conventional antiviral agents have proved to be relatively effective in both reducing pain and shortening somewhat the course of the acute disease, the window to introduce antiviral treatment is often rather short and, even in those patients treated in a timely fashion, antiviral agents often produce disappointing results. While other pharmaceutical agents can palliate symptoms, such as capsaicin cream, tricyclic antidepressants, gabapentin, lidocaine, their therapeutic effects tend to be even more disappointing and are seldom curative. As a consequence, practitioners and patients might well find themselves seeking alternatives to conventional pharmacological treatment. Following is a brief introduction to one such therapeutic alternative, homeopathic medicine, with several clinical case examples demonstrating efficacy. The author's clinical experience of over 40 years has repeatedly verified the utility of classical homeopathic medicine in treating shingles.

Herpes Zoster (Shingles)

The Varicella-Zoster virus, a member of the Herpes family of viruses and the same virus that causes chickenpox, occurs in those who have been previously exposed to chickenpox and have partial immunity to it. About twenty percent of those who have had chickenpox subsequently contract shingles.[1] The virus lies dormant in the dorsal root ganglia, later erupting when reactivated and affecting the area the nerve root supplies and usually encompassing but a single dermatome.[1]

Incidence

Approximately one million people develop shingles annually (20% go on to suffer post-herpetic neuralgia [PHN]).[2] The disease affects primarily the elderly over 50 years of age; however, there is an increasing incidence in the 20–60-year age range, while the rate of increase in those over 60 is tending to flatten. The all-ages occurrence rate varies from 20-30%, with more women than men contracting the condition and African Americans even less (about fifty percent the incidence of Caucasians). Immunocompromised patients are especially at risk of contracting shingles, especially those suffering with such ailments as AIDS, cancer, lymphatic cancers, leukemia, as well as those on steroids,

chemotherapy or immune suppressant drugs. In this latter population, patients can experience recurrent zoster or disseminated shingles. Most otherwise healthy individuals only develop shingles once in life. Causes of reactivation of VZV vary from simple stress to re-exposure to the virus, chronic disease (especially cancer, illnesses causing immunocompromise, and such illnesses as rheumatoid arthritis, COPD, asthma, chronic kidney disease, depression, hyperparathyroidism and hypercalcemia); also, after cataract surgery, immune-altering medications, and acute infectious diseases.[2]

Clinical Presentation

Shingles is contagious only during the acute phase of the eruption and is transmitted by contact with vesicular fluid; the exposed non-immune can contract chickenpox. Patients remain infectious until the lesions have dried up and crusted over.[3]

Typically, symptoms precede the eruption of shingles—localized tingling, itching, stitching, burning pains, and hyperesthesia; an eruption usually follows after a few days, typically consisting of grouped vesicles (which may coalesce into large bullae) on an erythematous base forming over the course of 1-10 days (usually 2-3), and eventually involuting and scabbing over. The vesicles may be filled with pus or blood. There is almost always pain associated with the eruption, although a few patients might not experience any pain. Additional symptoms might be present, such as fatigue, malaise, myalgia, headache, photophobia, and, uncommonly, fever. Localized adenopathy may be present. Rarely, in cases where the typical rash is absent (Zoster sine herpete), one might experience an unusual toothache, earache, cranial nerve, cervical or pharyngeal pain, as well as dysphagia, dysphonia, even facial palsy and hearing loss (Ramsay Hunt syndrome - Herpes zoster oticus.). In such instances, shingles might even be mistaken for anginal pain.[4]

The affected area is usually unilateral and localized, usually to the trunk, buttock, or face. If the face is involved, one must be especially vigilant for involvement of the eye since zoster of the eye can result in blindness. If the shingles rash affects the tip of the nose, the risk of eye involvement (keratitis) is much more likely.[5]

Diagnosis

Diagnosis is usually made based on clinical presentation. Laboratory confirmation of VZV infection is available via either direct fluorescent antibody or polymerase chain reaction (PCR) serological testing, or the old classic Tzanck smear taken from a lesion. PCR is the preferred means of laboratory confirmation.[6]

The most common and concerning complication of shingles is post-Herpetic neuralgia (PHN). It is traditionally advised that antiviral treatment is best begun within 72 hours of acute shingles symptom onset and can reduce the incidence of PHN; institution of antiviral treatment after 72 hours can have a positive effect, albeit reduced.[7] Many patients, however, fail to seek treatment within that time frame, potentially limiting the efficacy of tardy treatment.[8]

Conventional Treatment

Conventional medical treatment consists of topical agents such as 5% aluminum acetate, lidocaine, acyclovir cream, capsaicin; and oral antivirals (acyclovir, valacyclovir, famcyclovir).[8] While the mainstay of conventional medical treatment, antivirals have proved variably effective. While some patients experience significant pain relief within five to ten days,[9] many do not experience complete pain relief for as long as anywhere from 28-80 days,[9,10] and about 20%, as observed in one study, enjoy no pain relief from antivirals at all).[9]

Enter Homeopathy

Homeopathic medicine is a phenomenological medical discipline in that its clinical focus resides primarily, although not exclusively, on the subjective experience of patients. While pathology can certainly influence a homeopathic physician's selection of a medicine, it is not the final arbiter, distinguishing homeopathy from conventional orthodox medicine. Symptoms, in all their varied presentations, are the bedrock of the homeopathic discipline. 'Symptoms,' in the homeopathic sense, are far more elaborately defined than they are conventionally. Not only do they include sensations such as the quality of pain or discomfort (burning, stitching, cutting, stiffness, tension, heaviness, heat, coldness, etc.) but also the modifiers of those sensations, such as the effects of heat or cold, touch or pressure, position, movement, time of day, weather, various physiological functions, etc. Concomitants are also important—physical or emotional changes that occur in concert with the primary complaint.

There is a saying in homeopathic medicine: "treat the patient, not the disease." This phrase evolved from an understanding that any given disease can present in individuals in a variety of ways, ways that are far more complex and illustrative than those usually elicited conventionally. Such disease expressions are viewed by homeopathic physicians as unique representations of an individual's pathophysiologic response to a stressor, also individually determined, and often yielding a rich array of unique symptomatology usually ignored in conventional medicine, which as a matter of course ignores so-called idiosyncratic symptomatology and focuses upon the symptoms and signs common to and corroborative of a diagnosis.

In the case of shingles, as in all ailments, this same understanding informs the homeopathic approach to treatment. Consequently, homeopathic physicians seek to elicit those symptom characteristics that stand out as uniquely representative of the patient's experience of "shingles." As a result, any one of several possible homeopathic medicines might be prescribed; there is no "one size fits all" in homeopathy.

How homeopaths recognize which medicinal substance might be applicable in a particular case stems from the bedrock founding principle of the discipline—'Similia

similibus curentur' (let like be cured by like)—otherwise known as the Law of Similars. Practically, this dictum involves much experimentation, which has been conducted continually over the more than 200 years of homeopathy's existence, in the form of homeopathic provings. In such provings, substances in highly diluted form are administered to trial participants and resulting symptoms are assiduously catalogued and provide the initial profile of the medicine, which is subsequently confirmed and further elaborated by clinical experience.

As a practical necessity, Samuel Hahnemann, the founder of Classical Homeopathy, adapted, in the course of conducting the aforementioned drug provings, the dosages of the medicinal substances administered to avoid toxicity. This adaptation involved serial dilution and, eventually, vigorous agitation (termed succussion in homeopathic parlance), which process, while understandably diminishing toxic side effects, also, quite paradoxically increased medicinal effects when administered to sensitive individuals. Over time this counterintuitive phenomenon has led to the administration of very dilute 'potentized' homeopathic medicines by practicing homeopathic physicians. The common scales of dilution used in this potentization process are:

- Decimal: 1 part medicinal agent/9 parts alcohol-water diluent (designated X or D)
- Centesimal: 1 part/99 parts (C)
- Fifty millesimal: 1 part/49 999 parts (LM or, more precisely Q).

Consider, for instance, the centesimal scale (C): to create a 6C 'potency' a medicinal substance is serially diluted (and succussed) at a scale of 1 part substance to 99 parts diluent six times, resulting in a 10^{-12} concentration of the original substance. Similarly, a 200C potency, that used in all the case reports below, represents a 10^{-400} attenuation of the original medicinal substance.

The mechanism by which such small dosages effect biologic responses has yet to be fully elaborated. It has been demonstrated that the potentization process yields nanoparticles of the original medicinal substrate and accompanying nanobubbles which increase in number as the 'potency' increases.[11]

The unique biologic effects of nanomedicines have been well described as quite distinct from the effects of regular medications in conventional doses; furthermore, hormesis, a well-established pharmacologic phenomenon, informs us that in the hermetic zone small doses exert stimulatory biologic effects quite the opposite of the inhibitory effects of large doses, providing some explanation for the paradoxical effects of homeopathic medicines.[12,13] The physicochemical and biologic properties of nanomedicines, especially as applied to homeopathy, are quite complex, incompletely understood, and well beyond the scope of this paper. A thorough review of the possible nanopharmacological mechanisms of homeopathy is available elsewhere.[14] Additionally, it has been proposed that homeopathic nanomedicines stimulate complex adaptive responses in living organisms that account for their biologic effects.[15,16]

Despite any existing uncertainty as to the precise mechanism of action of ultra-dilute homeopathic medicines, ample research evidence exists corroborating the physicochemical and biologic effects of homeopathic medicines, as well as their clinical efficacy in many diseases.[17] As previously mentioned, when attempting to treat shingles or any ailment, homeopathic physicians solicit a great amount of information, which in the case of acute conditions will include the following:

1. possible causation (such as an exceptional stress, exposure or preceding illness compromising the immune system[18]),
2. the complaint with associated sensations (in the case of shingles this might consist of details of a rash, the quality of pain—burning, stinging, stitching, etc.),
3. the location of the complaint,
4. all modifiers (termed 'modalities' in homeopathic medicine) of the sensations and pain (such as the effects of: heat, cold, touch, pressure, movement, position, activities such as walking, jarring, etc.; time of day, etc.), and finally,
5. concomitants—complaints arising in association with the presenting ailment. Examples of concomitants might be: emotional changes (anxiety, depression, restlessness, etc.), physical symptoms seemingly unrelated to the presenting complaint but nonetheless occurring simultaneously (joint pain, headache, nausea, diarrhea, exceptional chilliness or heat, changes in thirst and/or appetite, etc.)

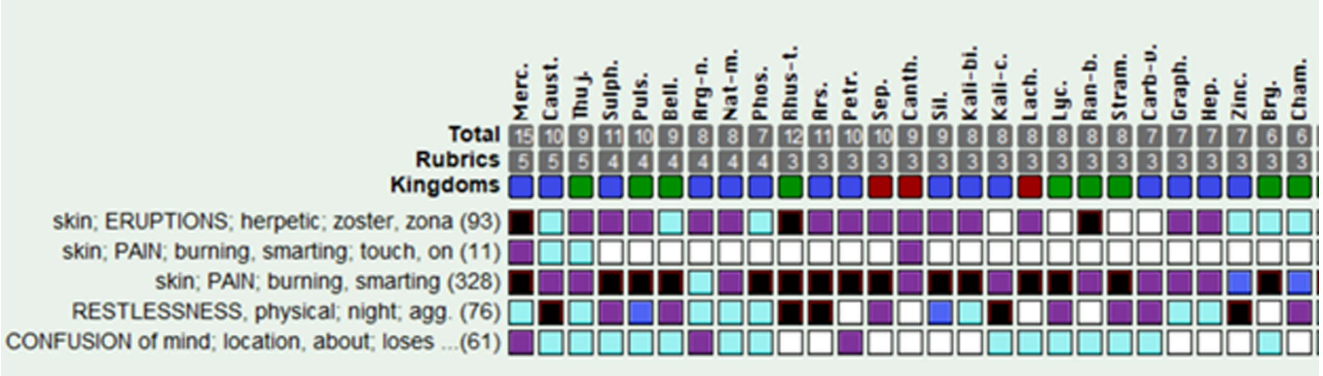
Once the above information has been collected homeopathic physicians will analyze the data obtained, focusing upon the more striking and characteristic symptoms of the case, and determine the most appropriate single homeopathic medicine from our homeopathic pharmacopeia (the Homeopathic Pharmacopoeia of the United States, which has been recognized as a legitimate medicinal formulary by the 1938 Food, Drug, and Cosmetic Act, and has been in existence since 1897).[19,20]

To aid in the selection of an appropriate homeopathic medicine reference is often made to a homeopathic repertory, in essence a database of symptoms and associated homeopathic medicines (examples of 'repertorization' will be provided below). Once selected, the homeopathic medicine is then administered orally in either pilule or liquid form in a frequency determined by the nature and severity of the complaint.

A Series of Cases of Acute Herpes zoster

Following is a small series of cases from my clinical practice which, I believe, will convincingly demonstrate the efficacy of homeopathic medicine for many cases of shingles. As previously mentioned, the diagnosis of shingles is primarily

Figure 1. Repertory graph case 1



a clinical diagnosis; thus, in the following cases no laboratory studies were conducted to confirm diagnosis. As in all matters medical, treatment failures will occur; however, clinical experience informs that such failures are a rarity. Of particular note, I would suggest, is the speed with which these patients' shingles symptoms resolved. In none of the cases below did post-herpetic neuralgia follow, as has been my usual experience when treating shingles homeopathically, experience confirmed by a 2017 study in which none of the 100 cases of Herpes zoster treated homeopathically developed PHN.[21]

In several of the following cases, a graphic of the "repertorization" will be included, which, I believe, will help to further illustrate the homeopathic method. A repertory, as mentioned, is a database of symptoms (rubrics in homeopathic parlance) and correlated homeopathic medicines. The reader will encounter the term 'dose' in the case descriptions below. In the homeopathic manufacturing process lactose (sometimes sucrose) globules are saturated with attenuated liquid solutions of homeopathic medicines and dried. Depending on the size of globule employed, a 'dose' consists of a variable number of such dry globules or tablets.

Case 1

16 July 1999. Male, 42 years old, consulted for shingles of the left abdomen causing burning and shocking sensations which were worse from touch and the touch of clothing. The burning pain felt like that of acid. Since the onset of the shingles five days previously, the patient noted a distinct loss of his sense of direction, becoming confused when driving. Also, he was restless at night in bed and quite chilly. Examination revealed a vesicular eruption on the left side of the abdomen in approximately the T9 distribution.

Analysis: In this case the characteristic symptoms are well represented in the repertory graph (Figure 1). The reader will note three medicines appear prominently in the repertorization; in this case the intense burning, 'acid-like' quality of the pain resulted in the prescription.

Prescription: *Causticum* 200C, one dose every 6-8 hours, as needed.

Result: After the second dose improvement began. Symptoms completely resolved after 48 hours. Eruption subsided over the following 5-6 days.

Some *Causticum* (distillation of a mixture of calcium hydroxide and potassium sulphate: $CaHKO_5S$) characteristics: Neuralgia with the sensation of burning as if the skin were raw (or, as this patient put it, as if acid were poured on it). There is great burning from touch. The complaints of this homeopathic medicine are typically aggravated by dry cold and ameliorated in rainy and hot, humid weather.

Case 2

22 October 2001. Male, 39 years old, complaining of Herpes zoster of the back, diagnosed by his allopathic physician, of 9-10 days' duration, causing sharp pain, especially in the left scapular area, extending up and down the spine, worse from movement. The affected area was sore to touch. Itching accompanied the pain. The eruption was, at first, papular, then vesicular with later crusting, and located over the left scapula. Associated symptoms: twitching of muscles of left hand had been occurring since the onset of the shingles; additionally, his sleep was restless, with restless, "electric" feet. Tingling of the soles caused the patient to rub his feet together. Chilly. (This patient appeared to be progressing into PHN, given the continuation of very intense pain despite the resolving lesions. While not the topic of this paper, homeopathic medicine is very effective for many neuralgias, including PHN.)

Analysis: Once again, the repertorization reflects the unique features of both this patient's shingles experience and the medicine prescribed—sharp neuralgic pain, twitching, restless feet.

Prescription: *Zincum metallicum* 200C. Of the former, he took only 3 doses, each 12 hours apart.

Result: Steady improvement with resolution of all symptoms, as well as the residual eruption, within three days.

Zincum metallicum (zinc) is more commonly a neuralgic medicine and thus more frequently prescribed in cases of PHN; nonetheless, it has utility in cases of acute Herpes zoster when indicated. Characteristics: Herpetic lesions which suppurate. Classically, the neuralgic pains are better from touch, unlike this patient, although aggravation from touch can occur. Lancinating pains. Pain can be worse after eating, especially dinner; worse in the evening. Itching sometimes accompanies the pains. The concomitant "restless feet" is considered a keynote of this homeopathic medicine.

Figure 2. Repertory graph case 2

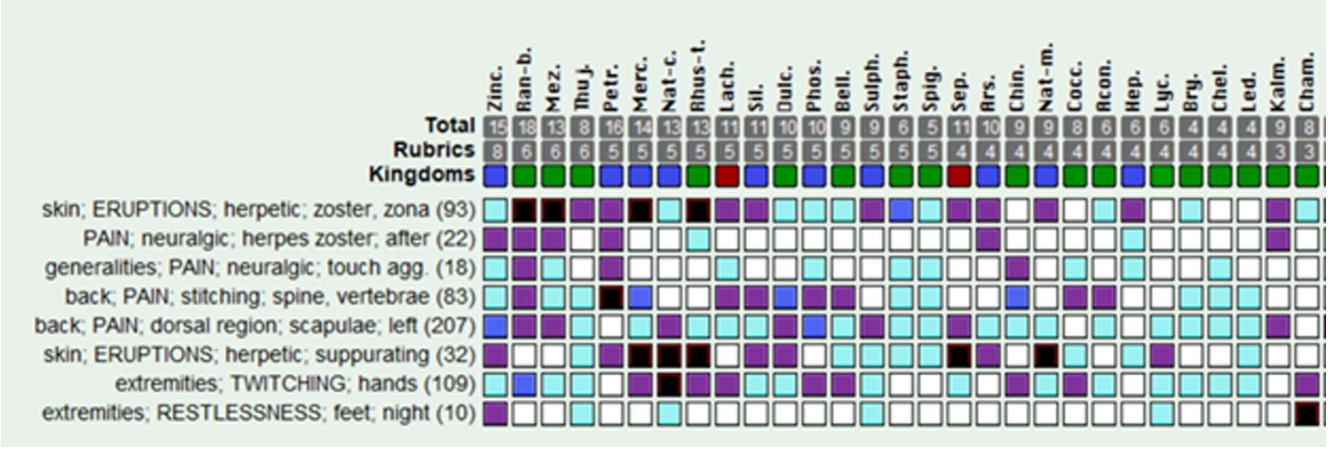
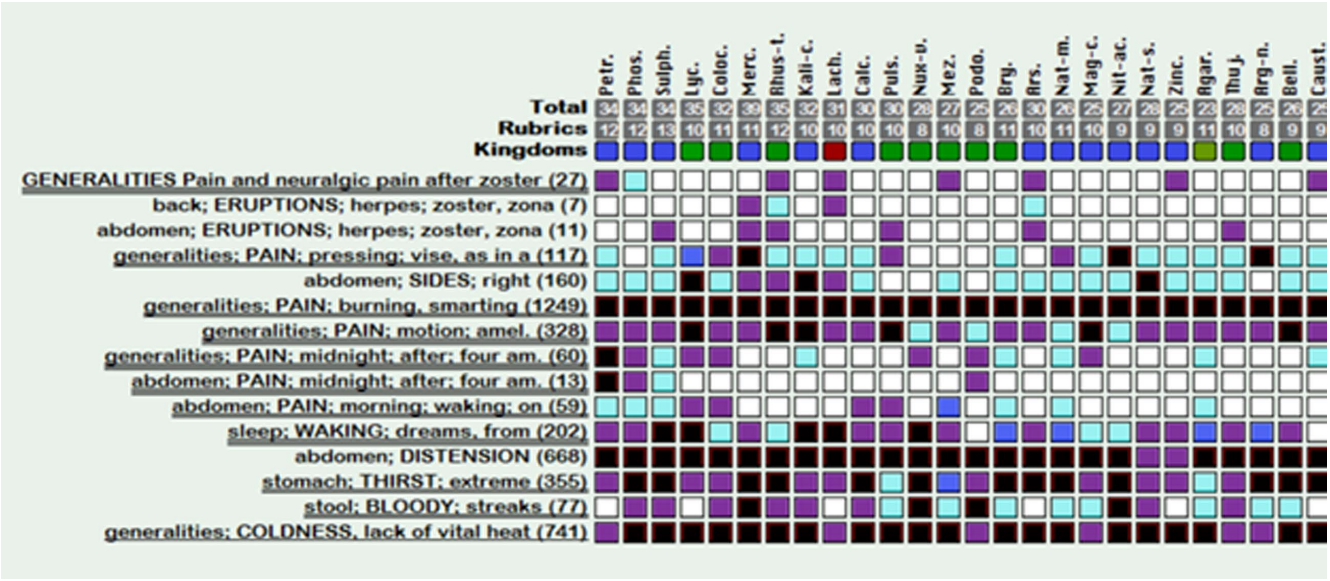


Figure 3. Repertory graph case 3



Case 3

15 April 2005. Woman, age 64, complaining of neuralgia for three weeks since observing a patchy, red, vesicular eruption on her right flank and the right upper quadrant of her abdomen. The diagnosis of Herpes zoster had been made by a conventional physician; she had refused allopathic medication. The pain was vice-like and burning, with only slight itching, and better from motion. The pain was also worse after sudden waking from a bad dream, usually around 4 a.m. Atypically, her abdomen was bloated and hard since the onset of the shingles. She was also chilly and thirsty. One week preceding the office visit she had noted some bright red blood in her stool.

Analysis: Repertorization was essential to the solution of this case, given the multiple disparate symptoms presenting. The reader will observe that both *Petroleum* and *Phosphorus* vie for attention in Figure 3. A distinguishing characteristic in this case was the observation that touching the affected area caused no aggravation. In cases of shingles, *Petroleum* is well known to be aggravated by touch; hence *Phosphorus* was preferred. The possible prodromal symptom of blood-streaked stool was included in this analysis, another important point for *Phosphorus*, which is a hemorrhagic homeopathic medicine. (She was advised to follow up on this complaint with a gastroenterologist.)

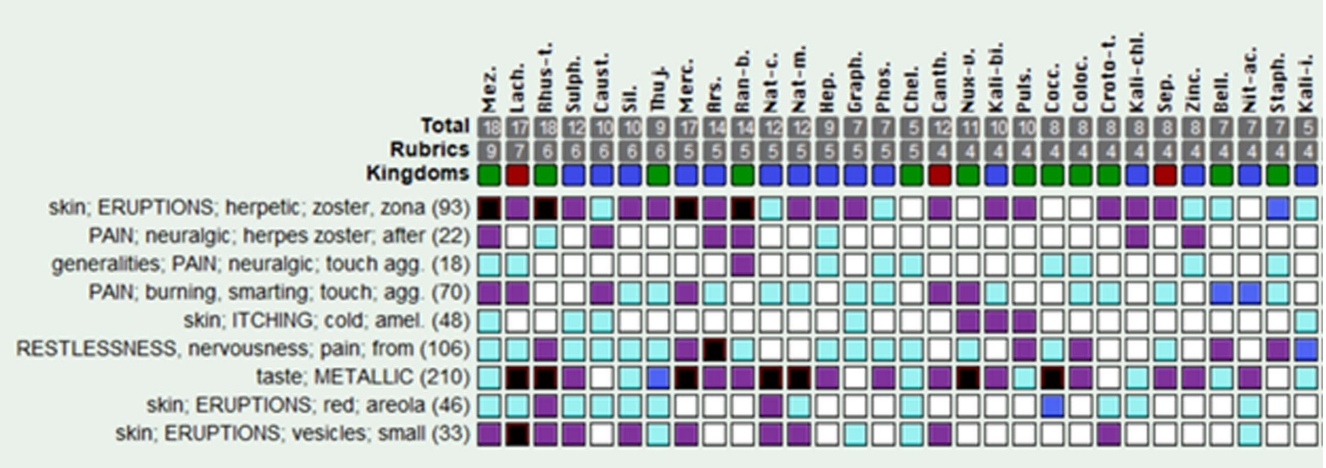
Prescription: *Phosphorus* 200, one dose.

Phosphorus (saturated solution of phosphorus in alcohol) is a commonly prescribed homeopathic medicine with many indications, one of which is post-herpetic neuralgia. It is classically considered a chilly medicine, with great thirst, especially for very cold drinks; burning pains are common, as is a tendency to hemorrhage, usually of bright red blood.

Case 4

6 September 2012. Woman, age 73. This patient presented with shingles of six days' duration, the eruption, consisting of clusters of red, purplish papules and small vesicles with yellow tops, some serpiginous, was located just to the right of

Figure 4. Repertory graph case 5



the gluteal crease and extended downward parallel to the vagina. Two weeks before the onset she noted itching all over without a rash. There were burning pains at the site of the eruption, which were worse at night—"horrendous" was how she described the pains, during which she yelled nonsense and spoke out loud about wanting to die because of the pain. The pain was aggravated by sitting on the affected area and light touch. A warm bathtub brought some relief. The burning was aggravated by contact with urine. She also noted urinary frequency every two hours. There were also shooting pains around the rectum. She was very restless at night due to the pain; it seemed to help to walk around, and she was, in fact, rather restless during the interview, continually getting up and down from her seat.

Prescription: *Rhus toxicodendron* 200C (poison ivy) had no effect over the course of the rest of that day and night. She was then prescribed *Arsenicum album* 200C (arsenic trioxide), one dose every 4-6 hours as needed.

Result: After the second dose she started to improve, with pain, anguish and restlessness all decreasing. She took a few more doses over the next two days as all discomfort subsided, the eruption clearing as well over the course of the following week.

Discussion: Both *Rhus toxicodendron* and *Arsenicum album* are frequently indicated in shingles, and their symptomatology is quite similar. Both can present with itching, burning pains, aggravation from cold and at night, amelioration from warmth, and restlessness. What often helps to distinguish the two is the amelioration afforded the *Rhus toxicodendron* patient from movement, as seemed apparent in this case; however, in retrospect, given that *Arsenicum album* proved the correct medicine, it seems her desire for movement was just an expression of her restlessness rather than a source of amelioration.

Case 5

8 June 2017. This 38-year-old woman conferred with me having been advised by her conventional physician that she had shingles and could anticipate weeks of discomfort. Details of the case were as follows: Herpes zoster for seven days affecting the right buttock, genitals and medial thigh, provoking itching and burning which were improved by cold applications and aggravated by the touch of clothing, especially the itching. Two days before the onset of eruptions she had noticed aching and throbbing in the affected area, worse at night when lying in bed, said pain provoking restless change of position without improvement. She'd had a strong thirst for ice cold water all week and noted a strong metallic taste in her mouth. Further, all joints of her right leg hurt—a fiery, hot pain, and her right hip hurt when lying on it. In general, she felt dreadful, depressed, lethargic and very fatigued. Appetite was diminished. The skin lesions consisted of scattered small vesicles on a larger red base (areola), some of which were discharging watery fluid; there was no crusting at that time.

Analysis: Yet again, the repertorization proved very helpful.

Prescription: *Mezereum* 200C.

Result: The patient rang back five days later to say that her response had been "incredible," all pain and itching subsided completely within six hours; the rash began diminishing very soon and was completely gone in a few days.

Mezereum (spurge olive) is a major homeopathic medicine for Herpes zoster and PHN, especially when affecting the face (supraorbital area), head and intercostal areas; itching and burning are aggravated by touch while itching alone tends to be worse from becoming heated, and burning pains are aggravated by cold. Patients are usually very chilly during the ailment and the affected areas tend to feel cold. *Mezereum* cases arise more often in elderly populations.

DISCUSSION

Despite its demonstrated efficacy, the conventional pharmacologic approach to the treatment of Herpes zoster often has shortcomings—delayed treatment response times, limited treatment window to prevent PHN, and outright treatment failures. It is obvious in light of the foregoing

evidence that other treatment options merit consideration, complementary and/or alternative medical disciplines among them. Homeopathic medicine, based on extensive clinical experience, coupled with its remarkable safety profile[22] and convenience of administration, is one such discipline.

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