



# POST-HERPETIC NEURALGIA REFRACTORY TO CONVENTIONAL THERAPY SUCCESSFULLY MANAGED WITH JALAUKA AVACHARANA AND AYURVEDIC SHAMANA CHIKITSA: A CASE REPORT

Shweta Raghuwanshi<sup>1</sup>, Dr Priyanka Sharma<sup>2</sup>, Dr Monika Choudhary<sup>3</sup>

<sup>1</sup>Associate Professor, Department of Kayachikitsa, R N Kapoor Memorial Medical College & Hospital, Indore

<sup>2</sup>Associate Professor, Department of Kayachikitsa, Shubhdeep Ayurved Medical College & Hospital Indore

<sup>3</sup>Professor, Department of Prasutitantra Evam Stree Rog, Veena Vadini Ayurvedic medical College & Hospital Bhopal, Phd Sch Mahatma Gandhi Ayurvedic Medical College, Wardha Nagpur

**Abstract :** Post-Herpetic Neuralgia (PHN) is a chronic neuropathic pain condition persisting after healing of herpes zoster lesions and often shows inadequate response to conventional pharmacological therapy. Persistent burning pain and hyperesthesia significantly impair quality of life. Ayurveda describes similar clinical manifestations under Vata-Rakta vitiation where Raktamokshana is indicated. This case report presents a 38-year-old male suffering from PHN for two months, refractory to conventional therapy. Jalauka Avacharana (leech therapy) was performed locally on the affected thoracic dermatome. Within 24 hours, pain intensity reduced markedly (VAS 8/10 to 3/10), and conventional analgesics were discontinued. Subsequent Shamana Chikitsa was administered for one month. Complete resolution of pain and burning sensation was achieved without recurrence or adverse effects. This case highlights the potential role of Jalauka Avacharana followed by Shamana Chikitsa in refractory neuropathic pain.

**Keywords** – Post-Herpetic Neuralgia, Jalauka Avacharana, Raktamokshana, Neuropathic Pain

## I. INTRODUCTION

Post-Herpetic Neuralgia (PHN) is the most common chronic complication of herpes zoster, characterized by neuropathic pain persisting beyond cutaneous lesion healing. The pain is typically burning, stabbing, or electric shock-like and disturbs sleep and daily activities. Conventional management includes antivirals, anticonvulsants, antidepressants, and analgesics; however, therapeutic response is frequently inadequate.

Ayurvedic classics describe chronic pain (Ruja), burning sensation (Daha), and hypersensitivity under Vatavyadhi associated with Rakta Dushti. Jalauka Avacharana, a type of Raktamokshana, is particularly indicated in Pitta-Rakta predominant painful conditions. This report documents immediate and sustained benefits of Jalauka Avacharana followed by Shamana Chikitsa in refractory PHN.

## II. CASE PRESENTATION

### 2.1 Patient Information

Age/Gender: 38 years/Male

Occupation: Private Service

Duration of illness: 2 months

### 2.2 Presenting Complaints

- Severe burning pain over right thoracic region (T5–T7 dermatome)
- Hyperesthesia
- Disturbed sleep

### 2.3 Clinical History

The patient had received standard antiviral therapy during acute herpes zoster. After lesion healing, neuropathic pain persisted despite analgesics, antihistamines, and neuropathic pain medications for two months.

### 2.4 Examination Findings

- Healed scars with mild hyperpigmentation
- No active lesions
- Pain intensity (VAS): 8/10

### 2.5 Ayurvedic Assessment

Prakriti:Kapha–Pitta

Vikriti:Vata-pradhana&RaktaDushti

Samprapti: Aggravated Vata localized in Snayu and Twak associated with vitiated Rakta causing Ruja and Daha.

## III. THERAPEUTIC INTERVENTION

### 3.1 Jalauka Avacharana

- Site: Right thoracic region
- Number of leeches: 2
- Procedure: Performed under aseptic precautions
- Post-procedure care: Haridra powder application and sterile dressing

Immediate Outcome (Within 24 Hours)

Pain reduced from VAS-8/10 to 3/10.

Burning sensation markedly decreased.

All conventional medications discontinued.

### 3.2 Shamana Chikitsa (1 Month)

- Kaishore Guggulu – 500 mg twice daily
- Patoladi Kwatha – 20 ml once daily
- Eranda Bhrishta Haritaki – 5 g at bedtime
- Bilwadi Gulika – twice daily

## IV. OUTCOME AND FOLLOW-UP

Table 1: Clinical Outcome Assessment

Parameter	Baseline	Day 1	End of 1 Month	Follow-up (2 Month)
Pain (VAS)	8	3	1	0
Burning sensation	Severe	Mild	Absent	Absent
Sleep disturbance	Present	Improved	Absent	Absent
Allopathic drugs	Continued	Stopped	Not required	Not required

No adverse effects were observed.

## V. DISCUSSION

PHN results from nerve inflammation and damage following viral infection. In Ayurveda, persistent Vata aggravation associated with Rakta Dushti explains chronic pain and burning sensation.

Jalauka Avacharana is considered the safest Raktamokshana procedure and is effective in Pitta–Rakta dominant conditions. Leech saliva contains hirudin and other bioactive substances possessing analgesic and anti-inflammatory properties, explaining rapid pain relief.

Shamana Chikitsa helped pacify Doshas and prevent recurrence. The integrative Ayurvedic approach addressed the underlying pathology rather than providing symptomatic relief alone.

## VI. CONCLUSION

Jalauka Avacharana provided rapid and sustained relief in refractory Post-Herpetic Neuralgia and enabled early withdrawal of conventional medications. Follow-up Shamana therapy ensured complete symptom resolution without recurrence. This case supports the role of Raktamokshana in neuropathic pain management.

### Patient Consent

Written informed consent was obtained from the patient for publication.

**Conflict of Interest**

None declared.

**Funding**

No external funding received.

**References**

1. Johnson RW, Rice AS. Postherpetic neuralgia. *N Engl J Med.* 2014;371(16):1526–1533.
2. Dworkin RH, Schmader KE. The epidemiology and natural history of herpes zoster and postherpetic neuralgia. *Herpes.* 2003;10(Suppl 2):40A–44A.
3. Watson CPN, Oaklander AL. Postherpetic neuralgia. *Pain Pract.* 2002;2(4):295–307.
4. Raja SN, Haythornthwaite JA. Combination therapy for neuropathic pain. *N Engl J Med.* 2005;352(13):1373–1375.
5. Tripathi B. *Ashtanga Hridaya of Vagbhata.* Varanasi: Chaukhambha; 2019.
6. Sharma PV. *Sushruta Samhita.* Varanasi: Chaukhambha; 2018.
7. Kumar S, Dobos G, Rampp T. The significance of leech therapy. *J Evid Based Complementary Altern Med.* 2013;18(2):1–6.
8. Whitaker IS, Rao J, Izadi D, Butler PE. *Hirudo medicinalis.* *Br J Oral Maxillofac Surg.* 2004;42(2):133–137.
9. Singh RH. Exploring issues in Ayurvedic research methodology. *J Ayurveda Integr Med.* 2010;1(2):91–95.
10. Gagnier JJ, et al. The CARE guidelines. *J Clin Epidemiol.* 2014;67(1):46–51.