

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.^[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.^[6,12-14]

Diagnosis of PHN is essentially clinical and the pain reported by the patient is quantified with VAS score.^[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.^[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.^[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.^[10,14,19,20]

A clinical study has reported that homoeopathic treatment has shown a positive role in the management of PHN.^[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 Homoeopathy, 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 undergone 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,



Figure 1: Herpes zoster rashes

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.^[22] 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 ‘Homopath Classic M.D software, version 10.’^[23,24] 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*,^[25,26] *Hyp-per.* 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,^[27,28] 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 200°C 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’^[29] [Table 2]. In this case, the total score as per Modified Naranjo

Repertorisation Table		Sulph	Ars	Hyper	Calc	Acam	Phos	Graph	Lye	Sil	Caust	Puls	Bell	Nux-v	Hep
Totality		10	10	10	10	10	10	13	13	13	12	12	12	12	11
Symptom Covered		9	9	10	9	9	9	9	9	9	9	9	9	9	9
[KT] [Generalities]Cold:In general agg:		2	3	3	3	2	3	3	3	3	3	2	2	3	3
[KT] [Stomach]Desires:Milk:Hot:				1	1				1						
[KT] [Stomach]Desires:Pickles:		2		1											1
[KT] [Generalities]Inflammation:Nerves:		1	2	2		3	3				2	1	2	3	2
[KT] [Sleep]Dreams:Anxious:		3	3	2	3	3	3	3	3	3	2	3	2	3	2
[KT] [Chest]Pain:Stitching:Sides:Evening:		1		1	1				1						
[KT] [Chest]Pain:Sides:Right:To shoulder:															
[KT] [Chest]Pain:Sides:Motion:On:		1		1	1		1	1	1						
[KT] [Chest]Pain:Burning:		2	3	1	2	2	2	2	2	2	2	1	2	2	1
[KT] [Extremities pain]Pain:Upper arm:Neuralgic:				1											
[KT] [Chest]Constriction,tension,tightness:		3	3	2	3	3	3	3	3	3	3	2	3	2	2
Symptoms		13													
Remedies		272													

Figure 2: Repertorisation chart

Table 1: Timeline: Follow-ups with intervention

Date of follow-ups	Indications/symptoms/prescription justification	Medicines prescribed with potencies and doses
15 May 2019 (1 st visit)	Baseline symptoms; Base line VAS score – 8/10	<i>Hyp-perf.</i> 1 M/2 doses, once daily for 2 days
30 May 2019	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	<i>Hyp-perf.</i> 1 M/2 doses/once daily for 2 days
15 June 2019	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	Placebo is given
29 June 2019	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, <i>Sulphur</i> is prescribed for further improvement	<i>Sulphur</i> 200/2 doses, once daily for 2 days
15 July 2019	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	Placebo is given
30 July 2019	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 still 5/10. For further improvement of neuralgic pain of PHN, higher potency	<i>Hyp-perf.</i> 10 M/ 2 doses, once daily for 2 days
16 August 2019	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	Placebo is given.
31 August 2019	Improvement is maintained. But for further improvement, higher potency is prescribed VAS score – 2/10	<i>Hyp-perf.</i> 10 M/one dose
15 September 2019	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	Placebo is given.
30 November 2019 (telephonic conversation)	Patient is free from PHN and other associated symptoms. There was no episode of pain and other associated symptoms of PHN	No medicine

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 2: Assessment by Modified Naranjo Criteria score

S. No.	Item	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2 ✓	-1	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1 ✓	-2	0
3	Was there an initial aggravation of symptom? (need to define in glossary)	+1	0	0 ✓
4	Did the effect encompass more than the main symptom or condition that is, were other symptoms ultimately improved or changed?	+1 ✓	0	0
5	Did overall well-being improve? (suggest using validated scale)	+1 ✓	0	0
6 (A)	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0 ü
6 (B)	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	+1	0	0 ✓
7	Did ‘old symptoms’ (defined as nonseasonal and noncyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0 ✓
8	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)	-3	+1 ✓	0
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2 ✓	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1 ✓	0	0
Total score=Maximum score=13		Score=09		
Minimum score=03				

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.^[35,36] *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.^[37]

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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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. El dolor neurálgico agudo se acompañó de erupciones cutáneas por 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.

同类疗法治疗老年带状疱疹后神经痛：一个案例报告

简介:

带状疱疹后神经痛 (PHN) 是带状疱疹 (HZ) 最麻烦的并发症。它经常发生在老年人和有免疫力的人身上。PHN 是一种慢性神经性疼痛，在 HZ 皮疹愈合后可持续数月甚至数年。持续的疼痛造成身体和心理上的痛苦，对生活质量产生负面影响。传统的治疗方法 (CMT) 往往只有部分效果。对于反应不充分的患者，或不耐受目前的常规止痛治疗的患者，可以考虑使用同种疗法。

案例摘要: 一名 64 岁的女性因右上胸壁和上臂有严重的神经痛而就诊，最近有 HZ 病史。

急性神经痛伴有 HZ 皮疹。在 CMT 的一个月内，HZ 痊愈，但神经痛仍然存在。根据症状的整体性和个体化，开出了顺势疗法药物 *金丝桃* 和 *硫磺*，缓解了 PHN (通过 "视觉模拟量表" (VAS) 评估)。它伴随着相关症状的缓解和日常功能活动的改善。改善的因果关系是用修正的纳兰霍标准来评估的。本病例报告表明，同种疗法可能是缓解 PHN 疼痛以及改善心理痛苦和生活质量的治疗选择。

Homöopathische Behandlung eines älteren Patienten mit postherpetischer Neuralgie: ein Fallbericht

Einführung: Die postherpetische Neuralgie (PHN) ist die lästigste Komplikation von Herpes zoster (HZ). Sie tritt häufig bei älteren und immungeschwächten Personen auf. PHN ist ein chronischer neuropathischer Schmerz, der noch Monate bis Jahre nach dem Abheilen des HZ-Ausschlags auftreten kann. Die anhaltenden Schmerzen verursachen körperliche und psychische Beschwerden und beeinträchtigen die Lebensqualität. Die konventionelle Behandlungsmethode (CMT) ist oft nur teilweise wirksam. Bei Patienten mit unzureichender Reaktion oder Intoleranz gegenüber den derzeitigen konventionellen Behandlungen zur Schmerzlinderung kann die Homöopathie in Betracht gezogen werden. **Zusammenfassung des Falles:** Eine 64 Jahre alte Frau stellte sich mit starken neuralgischen Schmerzen an der rechten oberen Brustwand und am Oberarm vor, die vor kurzem auf HZ zurückzuführen waren. Die akuten neuralgischen Schmerzen wurden von HZ-Ausschlägen begleitet. Innerhalb eines Monats nach der CMT heilte die HZ ab, aber die neuralgischen Schmerzen blieben bestehen. Die homöopathischen Arzneimittel *Hypericum perforatum* und *Sulphur* wurden entsprechend der Gesamtheit der Symptome und der Individualisierung verschrieben, wodurch die PHN gelindert wurde (bewertet anhand der "Visuellen Analogskala" (VAS)). Dies ging einher mit einer Linderung der Begleitsymptome und einer Verbesserung der funktionellen täglichen Aktivitäten. Die kausale Zuordnung der Verbesserung wurde anhand der modifizierten Naranjo-Kriterien bewertet. Dieser Fallbericht deutet darauf hin, dass eine homöopathische Behandlung das Mittel der Wahl sein könnte, um die Schmerzen bei PHN zu lindern und gleichzeitig die psychische Belastung und die Lebensqualität zu verbessern.

पोस्ट हेरपेटिक न्यूरेलजिया से पीड़ित एक बुजुर्ग मरीज का होम्योपैथिक उपचार: एक मामला प्रतिवेदन

प्रस्तावना: पोस्ट हेरपेटिक न्यूरेलजिया (पीएचएन), हरपस जोस्टर (एचजेड) की सबसे कष्टप्रद जटिलता है। यह प्रायः बुजुर्ग एवं कमजोर प्रतिरोधक क्षमता वाले लोगों को होता है। पीएचएन एक क्रॉनिक न्यूरोपैथिक पीड़ा है जो एचजेड छालों के ठीक होने के बाद भी महीनों से लेकर वर्षों तक बनी रह सकती है। लगातार होने वाले दर्द से शारीरिक एवं मानसिक तनाव होता है और जीविका गुणवत्ता पर नकारात्मक प्रभाव पड़ता है। परंपरागत उपचार प्रणाली (सीएमटी) प्रायः आंशिक रूप से प्रभावी होती है। अपर्याप्त प्रतिक्रिया वाले मरीजों, या दर्द से राहत दिलाने हेतु मौजूदा परंपरागत उपचारों के प्रति असहनशीलता की स्थिति में, होम्योपैथी का इस्तेमाल किया जा सकता है।

मामला सारांश: एक 64 वर्षीय महिला जिसका एचजेड का हालिया इतिहास है उसे छाती के दायीं तरफ ऊपरी भाग में और ऊपरी बांह में अत्यधिक न्यूरेलजिक दर्द हो रहा था। तीव्र न्यूरेलजिक दर्द के साथ एचजेड छाले भी थे। सीएमटी से एक माह के भीतर ही, एचजेड ठीक हो गए थे, मगर न्यूरेलजिक दर्द बना हुआ था। लक्षणों एवं व्यक्ति-विशिष्टता के आधार पर हाईपरिकम परफोरेटम एवं सल्फर निर्धारित की गई थी, जिसने पीएचएन ("विजुएल एनालॉग स्केल" वीएएस से मूल्यांकित) में राहत पहुँचाई थी। इसके साथ-साथ संबंधित लक्षणों में भी राहत मिली थी तथा दैनिक कार्यशील गतिविधियों में सुधार हुआ था। संशोधित नरंजो मानदंड का इस्तेमाल करते हुए सुधार का कारणात्मक संबंध आंकलित किया गया था। यह मामला प्रतिवेदन सुझाता है कि पीएचएन दर्द में राहत दिलाने के साथ-साथ मनोमिति तनाव एवं जीविका गुणवत्ता को सुधारने हेतु होम्योपैथिक मध्यवर्तन एक वैकल्पिक उपचार हो सकता है।

TRAITEMENT HOMÉOPATHIQUE D'UN PATIENT ÂGÉ SOUFFRANT DE NÉVRALGIE POST HERPÉTIQUE : UN RAPPORT DE CAS

Introduction: La névralgie post-herpétique (NPH) est la complication la plus gênante du zona (HZ). Elle survient souvent chez les personnes âgées et les personnes immunodéprimées. La NPZ est une douleur neuropathique chronique qui peut persister des mois, voire des années, après la guérison des éruptions zoonotiques. La douleur persistante provoque une détresse physique et psychologique et a un impact négatif sur la qualité de vie. La méthode de traitement conventionnelle (CMT) n'est souvent que partiellement efficace. Chez les patients présentant une réponse inadéquate ou une intolérance aux traitements conventionnels actuels pour soulager la douleur, l'homéopathie peut être envisagée. **Résumé du cas:** Une femme de 64 ans a présenté une douleur névralgique sévère sur la paroi thoracique supérieure droite et le bras supérieur avec une histoire récente de HZ. La douleur névralgique aiguë était accompagnée d'éruptions cutanées de HZ. En un mois de CMT, l'HZ a guéri, mais la douleur névralgique a persisté. Les médicaments homéopathiques *Hypericum perforatum* et *Sulphur* ont été prescrits en fonction de l'ensemble des symptômes et de l'individualisation, ce qui a soulagé la PHN (évaluée par "échelle visuelle analogique" (EVA)). Cela s'est accompagné d'un soulagement des symptômes associés et d'une amélioration des activités fonctionnelles quotidiennes. L'attribution causale de l'amélioration a été évaluée à l'aide des critères modifiés de Naranjo. Ce rapport de cas suggère que l'intervention homéopathique peut être le choix de traitement pour le soulagement de la douleur de la NPZ ainsi que l'amélioration de la détresse psychologique et de la qualité de vie.