

Case Report

Management of Post-Herpetic Neuralgia (PHN) by Yoga Prana Vidya (YPV) Healing: A Case Study

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Abstract

Post Herpetic Neuralgia (PHN) is a chronic potentially debilitating resistant neuropathic pain. This is a single in-depth case study conducted to assess the effectiveness of Yoga Prana Vidya (YPV) Healing in the Management of PHN. Experience has shown that YPV is an effective noninvasive non-drug therapy for several ailments and this study has used YPV in the management of this severe painful condition. A 45 year old male patient suffering from PHN was treated with a set of YPV protocols. He had been treated earlier with conventional therapy consisting of Opioid Analgesic Pentazocin injection, sedatives like valium, tricyclic antidepressant like Gapapentin for four months duration with little relief from pain. The patient was advised to perform self-practice of some YPV protocols including rhythmic yogic breathing 2-3 times a day. Initially healing was done three times a day for 3 days and then once in a day for 4 days. During the first healing session, the patient slept in clinic and got relief in the pain by 20%. On the same day in the night he slept for 7 hours. Within a week the patient was completely relieved of his pain, stopped taking any analgesic, psychotropic drugs, and resumed his daily chores. YPV is an effective alternative noninvasive nondrug, non-touch therapy for the relief of pain in PHN when the conventional therapy may be ineffective. The article also provides some insights into the future possibilities of YPV applications.

Key words: Post herpetic Neuralgia treatment, neuropathic pain, Yoga Prana Vidya meditation healing.

1. Introduction

Herpes Zoster (HZ) is a self-limiting disease affecting 33% of the population [1] and generally the risk increases with age. [2] For most patients healing of the skin rashes & resolution of pain generally occur within 3-4 weeks. The most common complication of HZ is persistent pain, also known as post Herpetic Neuralgia (PHN) which may last for several months to years. PHN occurs in 9-19% of all HZ Patients, PHN risk is low (2%) in patients younger than 50 years of age, 20% in those older than 50 years & 35% in those over the age of 80 years.[3] The principal goal of the treatment of HZ in elderly patients is the reduction or elimination of pain. Nonpharmacological approaches to HZ pain help accomplish this goal. [4] For example, reassurance and education about the illness dispel myths and fears about HZ. Social support, mental and physical activity, adequate nutrition, and a caring attitude go a long way toward coping with this illness. Pharmacological approaches to HZ pain include use of antiviral therapy, anti-inflammatory drugs, and analgesics and include antiviral agents such as acyclovir or famciclovir. However these agents do not reduce the likelihood of subsequently developing PHN. PHN is one of the most resistant chronic neuropathic pain commonly affecting elderly & immunocompromised patients.[5] Management of chronic pain using complementary and alternative medicine (CAM) therapies has been examined for a variety of conditions. [2] Some of the most commonly used CAM therapies are relaxation techniques, with meditation,[6] but no research available in the literature for the use of prana healing for the relief of pain. Therefore this study aims to examine a case study in which Yoga Prana Vidya healing techniques have been used successfully to heal PHN.

2. Literature review

2.1 PostHerpetic Neuralgia (PHN)

Although a variety of definition of PHN have been used by clinicians & investigators, the most accepted is that pain associated with HZ has 3 phases:

- 1) An acute pain that accompanies rash lasts up to 30 days after the onset of rash.
- 2) sub- acute that lasts for 30-120 days after the onset of rash.
- 3) Post herpetic Neuralgia (PHN) where pain persists beyond 120 days after the onset of rash. The duration of PHN is highly variable & 50% of patients recover within a year of onset of pain. About 40-50% of patients suffer from pain despite the use of a multitude of presently available therapy.[5]

The pain of PHN usually follows the typical dermatomal distribution of the rash caused by HZ. Unilateral Thoracic dermatome and Trigeminal nerve especially ophthalmic branch are most frequently affected. The pain is typically described as electric shock like radiating, burning itching, stabbing, unilateral [7] and chronic but may be constant, intermittent, spontaneous or evoked. Apart from this, patchy allodynia, hyperaesthesia and hypoaesthesia can present to varying degrees in the affected region. The pain can be disabling, leading to sleep disturbance, psychological conditions like depression, anxiety, social isolation and increased healthcare utilization.

2.2 Pathophysiology:

The VZV-induced ganglionitis and neuritis during the acute stage of the HZ stimulate a robust local sympathetic reaction which causes vasoconstriction with consequent ischaemic nerve damage and pain,

thus contributing to the intensity of the acute neuritic pain. [3] This results in hyperexcitability of dorsal horn neurons with the capacity to fire spontaneously. After Initial varicella zoster infection, the virus persists in the ganglia of the sensory cranial nerve, spinal sensory dorsal root ganglion without any triggering symptoms for many years.[2]

Reactivation of the virus occurs following stress, depression of cell mediated immunity, advanced age. The Reactivated Virus replicates & migrates down the sensory nerve to skin & mucosa leading to dermatomal distribution of pain.[3] The associated inflammation of the peripheral nerve leads to demyelination, wallerian degeneration & fibrosis.

Saru singh et .al .in 2013 [5] revealed following factors associated with greater chances of PHN- old age, acute pain of severe intensity during AHZ, greater rash severity, fever >38degree centigrade in acute phase⁴, others have reported Ophthalmic localization, psychosocial problem, immune-incompetence , connective tissue disease, diabetes.

The Neural damage in these patients is seen to be severe, which can be prevented by starting early antiviral agents, corticosteroids, tricyclic antidepressant & Paravertebral, sympathetic Nerve Blocks & so on. The use of narrow band ultraviolet light B in the prevention and treatment of post herpetic neuralgia was studied. [6]

Peripheral Nerve Stimulator/Spinal Cord Stimulator Therapy: By percutaneous placement of stimulatory electrode in close proximity to a particular peripheral nerve, using electrical stimulator to provide paresthesia in painful area leading to pain relief. The exact mechanism by which this approach renders pain relief is incompletely understood. [7]

Some Complementary and alternative medicine such as Pranic healing [8] approaches have been practiced to heal such instances.

2.3 An overview of YPV Healing ⁽⁹⁾

Integrated YPV Healing Approach involves rapidly increasing the natural healing ability of the body to heal itself. Some or all of the steps stated below are followed to bring about improvement in the patient, and also work as preventive healing for sustaining good health.

1. Physical Exercises Including walking
2. Rhythmic Yogic Breathing (RYB) Exercise
3. Balanced Diet
4. Planetary Peace Meditation - PPM
5. Forgiveness Sadhana
6. YPV Healing Techniques
7. Group Practices

Steps 1 to 5 are meant for patients to learn and practice as much as possible. Step 6 is performed by the healer. Healing involves balancing of energy body and chakras, which have both physical and psychological functions. The healing process consists of cleansing and energizing the affected parts and chakras. Step 7 as a group activity is important for further acceleration of healing process and spiritual upliftment. In this case, the following two techniques were applied to the patient for recovery from pain.

Breathing Exercise: This involves slow regular rhythmic breathing with 6-3-6-3 cycle, i.e. inhalation & exhalation for account of 6 & then hold for a count up to 3. Though it is a simple technique but if done properly bring about tremendous change in the prana level of the body, hence improve the immune system & protect the body from various infections.

Healing: Active intervention by the YPV Healing was done to bring the size of aura and chakra, i.e., Energy body to normalcy, so patient is rapidly brought back to normalcy with minimal use of conventional therapy, thereby reducing the number of days of suffering and medication.

Steps of healing; 1) Scanning the aura & chakras: this scanning is done with hand to determine which chakra is hypo/hyperactive, congested or depleted.

2) Generalized sweeping; the aura is made strong and healthy by removing diseased energy, cracks & holes are sealed.

3) Localized sweeping of Chakra & concerned Organ & energizing with fresh prana to improve their vitality.

By regular practice of the above YPV Technique vitality is maintained and sustained and in the long run, may be cured of the Disease.

The Energy Healing is based on the principle that the body has ability to heal itself. By healing technique energy is provided so that self-healing process of the body can be accelerated, energy healing has role of catalyst in accelerating the metabolic reactions of the body. By healing the energy body which surrounds the physical body the energy condition can be changed which helps to improve health without any drug.

3. Case Report

Patient information: A 45years old male presented with a history of severe unilateral excruciating pain on the left side of face for more than 4 months

Past Medical Intervention background: Pain following an acute eruptive episode of Herpes Zoster on face that has not subsided even after taking Opioid Analgesic Pentazocin injection besides receiving sedatives like valium, tricyclic antidepressant like Gapapentin.

Other symptoms: He has also not slept comfortably since 4 months and has not gone for work. Mostly he was bedridden because of intolerable Pain. This has led to anxiety, depression, financial burden & relationship problem in Family.

Diagnosis: Diagnosis was quite obvious by History of characteristic unilateral radiating pain localized along the trigeminal nerve tract & clinical examination confirmed the herpes zoster eruption on the face.

Therapeutic YPV intervention: From experience gained in the use of YPV healing, it was evident that it is an effective modality of treatment for the relief of pain as in various other clinical situations. This was the rationale for the author (1) to apply YPV techniques in case of the patient in this case.

Because of severe intractable pain, after explaining the YPV Technique to patient, YPV healing was given to the patient on the first visit itself. During Healing session only patient slept in author (1) practice clinic and got relief in the pain by 20%. On the same day in the night he slept for 7 hrs. Initially healing was done three times a day for 3 days and then once in a day for 4 days. Patient was advised to do rhythmic yogic breathing 2-3 times a day.

Thus within a week the patient was completely relieved of his pain, stopped taking any analgesic, and psychotropic drugs, and he resumed his daily chores. Figure 1 shows the patient before healing and Figure 2 after the patient was healed and relieved of pain after a week.



Figure 1: Picture before YPV healing



Figure 2: Picture after YPV healing

4. Discussion:

Although the symptoms of AHZ typically resolve within 2–4 weeks, approximately 10 % of patients develop post herpetic neuralgia (PHN), often defined as pain persisting more than 3 months after the onset of the rash in the same affected area. The herpes zoster vaccine was shown to significantly reduce the incidence of PHN versus placebo by approximately two-thirds. Greater reductions in PHN than in AHZ suggest that vaccinated patients who develop AHZ are less likely to progress to PHN. Although the vaccine was most effective in younger patients, most cases of herpes zoster and PHN emerge in older and immunocompromised patients.

The limitation of the herpes zoster vaccine is that it is a live virus vaccine and should not be administered to most immunocompromised patients, including patients with acquired or primary immunodeficiency, and must be administered with caution in patients receiving immunosuppressive drugs such as prednisone. A single agent alone may not be capable of effectively modifying the complex pain mechanisms that underlie PHN. Consequently, the use of multiple agents with different mechanisms of action may be required to provide enhanced pain relief. In the management of PHN pain, clinical studies also suggest that gabapentin combined with nortriptyline or morphine combined with gabapentin yields greater reductions in PHN pain than either modality alone; however, the rate of drug-specific adverse events remained high.

In patients with PHN, first-line systemic therapies, such as tricyclic antidepressants (amitriptyline, nortriptyline and desipramine) and gabapentinoids (gabapentin and pregabalin) have demonstrated efficacy, but may not be the most appropriate therapy for all patients because of their relatively slow onset of action and potential for treatment-limiting systemic adverse events.

In comparison with the medical approaches stated above, YPV has the advantage of being non-invasive, non-drug therapy, can be used safely even as primary treatment or complementary in PHN cases without any side effect

Conclusion

PHN is a chronic potentially debilitating resistant neuropathic pain. A medical consensus that has emerged for the management of PHN, because of universal presence of varicella zoster infection, individuals at least 50 years of age should receive the AHZ vaccine to minimize their risk of both AHZ & PHN. In the present case study the author (1) has used alternative effective non-invasive nondrug, non-touch therapy for the relief of pain where the conventional therapy was ineffective. The result obtained in this case study is encouraging. Further study may be conducted as targeted research to test the efficacy of YPV healing taking appropriate sample in a larger group.

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