

Management of Herpes Zoster Infection

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Herpes zoster is an acute vesicular eruption of viral origin which has a propensity for tissue following the course of a sensory nerve pathway and usually occurs unilaterally. Although literature proposes one attack conferring lifelong immunity, this author has seen it occur more than once in the same patient. The most common location for the appearance of the vesicles is the thorax and the lumbar or trunk regions.

Pain usually precedes the eruptions for 48 hours or more. The pain may persist and increase in intensity following the disappearance of the vesicular lesions. With the appearance of superficial vesicles, cold quartz ultraviolet irradiation is recommended providing that the actinic light is not exposed to the eyes and only after performing a minimal erythematous dose (MED) test on some distant portion of the body not involved in the eruption. Two to three MEDs are recommended following appropriate procedures relative to distance and angle of body surface (cosine and inverse square laws). CQ-UV exposure is limited to once every other day and is only of value when the eruption is superficially exposed and thereby exposes the varicella virus to the direct CQ-UV rays.

To reduce or abolish the intensity of the pain, interferential current therapy is recommended using the Davis procedure (sequential triple dose intensity). To properly administer this current therapy, the electrodes must be placed carefully to encompass the neural pathway in an elliptical geometric configuration when treating the lumbar, abdominal or thoracic region. Upon presenting themselves for care the patient usually describes an exquisitely painful experience which otherwise may persist beyond the disappearance of the vesicular lesions. Scarring has not been a problem in the experience of this author, possibly due to the eradication of bacterial infection of the vesicles during CQ-UV irradiation.

Since herpes zoster infection of supraorbital or ocular distribution may lead to blindness, it may be prudent clinical judgment to secure an ophthalmological consult in the management of this form of herpes zoster, especially when present in the elderly. Otherwise, this author has had favorable experiences with the regimen outlined in this writing. Dimerization of the thymine base of the RNA/DNA of the involved pathogen by CQ-UV is an effective method of control and eradication.

References

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