

THE HOMOEOPATHIC TREATMENT  
OF RECURRENT CUTANEOUS HERPES SIMPLEX I

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OF RECURRENT CUTANEOUS HERPES SIMPLEX I

BY

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Dissertation submitted in partial compliance with the requirements for the Master's Diploma in Technology in the Department of Homoeopathy at Technikon Natal.

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30 NOVEMBER 1994

I Keryn White do declare that this dissertation represents my own work both in conception and execution.

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## ABSTRACT

The purpose of the study was to determine the efficacy of simillimum treatment and Natrum muriaticum and Rhus toxicodendron on the treatment of recurrent cutaneous Herpes Simplex I with reference to patients response to treatment and patients perception of the effectiveness of treatment in order to determine the efficacy of the treatment methods in the management of recurrent Herpes Simplex I attacks.

Thirty one patients with recurrent cutaneous Herpes Simplex I were admitted to the study if they suffered from frequently recurring cutaneous Herpes Simplex I- at least three times a year. Patients were recruited by means of advertising in local newspapers, shopping centres and libraries. Age group was 5-65 years.

After an initial consultation including a case history and physical examination, a double-blind, random procedure ensured that the 31 patients were allocated to one of the two experimental groups. One group received simillimum treatment and the other group received Natrum muriaticum and Rhus toxicodendron for a period of five months. Treatment only started at the beginning of a recurrent attack.

At the time of recurrence details of the HSV I lesion were obtained and a patient perception questionnaire

was filled in by the patient. There were repeat consultations every month at which details of the overall physiological reaction to treatment were obtained.

The data were analysed by means of crosstabulation, tables of median values and bar graphs.

It was found that the Simillimum group showed a 21% more positive reaction than the Natrum muriaticum and Rhus toxicodendron group in the overall physiological reaction to treatment. The Simillimum group also showed a marginally more positive reaction in the physiological reaction of the HSV I lesion to treatment and a marked positive reaction in the patient perception of treatment.

There were no distinct differences between the groups with regard to the number of recurrences over the treatment period.

42% of remedies prescribed as acute Simillimum in the Simillimum group were Natrum muriaticum and 50% were Rhus toxicodendron - thus resulting in similar results between the groups and showing that in many cases Natrum muriaticum or Rhus toxicodendron were the simillimum in the acute lesion.

Simillimum treatment (especially the chronic treatment) seems to be the most effective in the management of cutaneous Herpes Simplex I - as it allows for variation for each patients specific circumstances. However Natrum muriaticum and Rhus toxicodendron could effectively be used as an "emergency" remedy in acute cases or when Simillimum is uncertain.

## UITTREKSEL

Die doel van hierdie studie was om die effektiwiteit van simillimum behandeling en Natrum muriaticum en Rhus toxicodendron te bepaal in verband met die behandeling van herhaalde kutaniese Herpes Simpleks I infeksies, met verwysing tot die pasiënte se reaksie tot die behandeling en hulle persepsie van die effektiwiteit van die behandeling, met die doel om die effektiwiteit van hierdie behandelings metodes te bepaal in die hantering van herhaalde Herpes Simpleks I infeksies.

Pasiënte is tot die studie toegelaat indien hulle gereeld (ten minste drie maal jaarliks) gesukkel het met Herpes Simpleks I infeksies. Een-en-dertig pasiënte is behandel. Pasiënte is gewerf deur middel van advertensies in lokale koerante, inkopie sentrums en biblioteke. Die ouderdomsgroep was 5 tot 65 jaar.

Na 'n eerste konsultasie wat 'n gevallestudie en ondersoek ingesluit het, is die 31 pasiënte ewekansig verdeel in twee groepe. Die een groep het simillimum behandeling en die ander groep het Natrum muriaticum en Rhus toxicodendron ontvang. Behandeling het oor 'n periode van vyf maande gestrek, en het slegs na die begin van 'n hernieude aanval begin.

Besonderhede oor die HSV I letsel is verkry tydens 'n

aanval en 'n pasiënt persepsie vraelys is deur die pasiënt voltooi. Opvolg besoeke het maandeliks plaasgevind waartydens besonderhede oor die algemene fisiologiese reaksie tot die behandeling ingewin is.

Die data is deur middel van kruis tabellering, tabelle van mediaan waardes en staaf grafieke ontleed.

Dit is gevind dat die simillimum groep 'n 21% meer positiewe reaksie getoon het in die algemene fisiologiese reaksie tot die behandeling in vergelyking met die Natrum muriaticum en Rhus toxicodendron groep. Die simillimum groep het verder ook 'n meer positiewe reaksie getoon in die fisiologiese reaksie van die HSV I letsel tot die behandeling en 'n opmerkbare positiewe reaksie in die pasiënte se persepsie van die behandeling.

Daar is nie 'n duidelike verskil tussen die twee groepe met verwysing tot die voorkoms van herhaalde infeksies gedurende die behandelingstydperk nie.

42% van die medisyne voorgeskryf as die simillimum vir die akute infeksies in die simillimum groep was Natrum muriaticum en 50% was Rhus toxicodendron. Dit het aanleiding gegee tot die soortgelyke resultate tussen die twee groepe. Dit toon ook dat in baie gevalle Natrum muriaticum of Rhus toxicodendron die



simptomatiiese simillimum was.

Simillimum behandeling (veral die chroniese behandeling) blyk die mees effektiefste te wees in die behandeling van kutaniese Herpes Simpleks I infeksies omdat dit die verskil in elke pasiënt se omstandighede in ag neem. Nietemin kan Natrum muriaticum en Rhus toxicodendron effektief gebruik word as "nood" behandeling in akute gevalle, of waar die simillimum onseker is.

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## INTRODUCTION

Herpes simplex virus is a highly successful parasite of man (Brandt,1981). The pattern of life-long latent infection with periodic symptomatic or asymptomatic reactivation and virus shedding ensures the survival of the Herpes simplex virus and causes a major problem in the eradication and control. The principle mode of infection is the saliva and being highly contagious it is thus easily spread by close personal contact, fomites and dental and medical procedures. (Wheeler,1990) So far antiviral drugs do not eliminate the virus from infected ganglia and drug resistant strains can develop (Perna et al.,1988).

Although the Herpes simplex 1 lesions are usually benign and self-limited recurrent infections can be painful,annoying and embarrassing and result in a source for primary infection of others, leading to the need for a viable treatment.

Homoeopathic treatment acts holistically thereby strengthening the resistance of the infected person leading to relief from the recurrent cutaneous Herpes simplex 1 lesions and decreasing the frequency and severity of outbreaks. As homoeopathic treatment works on the law of minimum dose - very little is needed to stimulate the body back to health and there are no side effects. (Muller,1987; Jouanny,1991)

## CHAPTER ONE: THE PROBLEM AND ITS SETTING

### 1.1 THE STATEMENT OF THE PROBLEM

The purpose of this study is to determine the effectiveness of simillimum treatment and homoeopathic Natrum muriaticum and Rhus toxicodendron on the treatment of recurrent attacks of cutaneous Herpes simplex I with reference to patients response to treatment in order to determine the effectiveness of the treatment methods in the management of recurrent Herpes simplex I attacks.

### 1.2 THE STATEMENT OF THE SUBPROBLEMS

#### 1.2.1 The first subproblem

To evaluate the physiological reaction of patients with recurrent cutaneous Herpes simplex 1 to treatment with simillimum in order to determine the efficacy of simillimum treatment on patients with recurrent attacks of cutaneous Herpes simplex I.

#### 1.2.2 The second subproblem

To evaluate the patients perception of treatment with simillimum in order to determine the efficacy of simillimum treatment on recurrent cutaneous Herpes

simplex I.

1.2.3 The third subproblem

To determine the physiological reaction of patients with recurrent cutaneous Herpes simplex 1 to treatment with Natrum muriaticum and Rhus toxicodendron in order to determine the efficacy of Natrum muriaticum and Rhus toxicodendron on recurrent cutaneous attacks of Herpes simplex 1.

1.2.4 The fourth subproblem

To determine the patients perception of treatment with Natrum muriaticum and Rhus toxicodendron in order to determine the efficacy of Natrum muriaticum and Rhus toxicodendron treatment on patients with recurrent cutaneous Herpes simplex 1.

1.2.5 The fifth subproblem

To integrate the results of the subproblems 1-4 in order to determine the relative effectiveness of the treatment methods in the management of recurrent cutaneous Herpes simplex 1.

### 1.3 THE HYPOTHESES

#### 1.3.1 Hypothesis one

It is hypothesised that there will be no significant physiological response of the Herpes simplex 1 lesions to treatment with simillimum but that the overall physiological response will be positive.

#### 1.3.2 Hypothesis two

It is hypothesised that the patients' perception of the treatment with simillimum on the Herpes simplex 1 lesions will be negative.

#### 1.3.3 Hypothesis three

It is hypothesised that patients with recurrent cutaneous Herpes simplex 1 will experience a significant physiological response of the Herpes Simplex I lesion to treatment with Natrum muriaticum and Rhus toxicodendron.

#### 1.3.4 Hypothesis four

It is hypothesised that the patients' perception of the treatment with Natrum muriaticum and Rhus toxicodendron will be positive.



### 1.3.5 Hypothesis five

The fifth hypothesis is that treatment with Natrum muriaticum and Rhus toxicodendron is more effective in the management of recurrent attacks of cutaneous Herpes simplex 1 but simillimum treatment results in an improvement in the overall patients well-being.

### 1.4 THE DELIMITATIONS

- \* The patient must suffer from frequently recurring cutaneous HSV I (at least three times a year)
- \* This study only includes effectiveness of treatment on cutaneous HSV I- and does not include:-
  - i) Genital Herpes
  - ii) Complications of Herpes simplex I
- \* The patient must not be taking any other form of medication for the Herpes simplex I.
- \* This study does not include neonates or those patients suffering from immunosuppression.

### 1.5 THE ASSUMPTIONS

- \* The first assumption is that the patient takes his/her medication correctly and that the medication is not antidoted either in storage by the patient or by the activities of the patient.

\* The second assumption is that the patient is no longer in contact with the infectious agent/person.

#### 1.6 DEFINITIONS

Physiological response:- The response of the patient to the medication as recorded in the case histories and physical examinations of the patient.

Patients perception:- The patients perception of the treatment as recorded from the questionnaires.

Simillimum treatment:- Treatment of the patient following the law of similars to find a remedy or remedies that correspond closely to the pathological picture of the patient in order to stimulate the patient back to health.

Natrum muriaticum:- Sea salt prepared in accordance with the Hahnemannian preparation method.

Rhus toxicodendron:- The poison ivy plant prepared according to the Hahnemannian preparation method.

## CHAPTER TWO: REVIEW OF THE RELATED LITERATURE

### 2.1 DEFINITION

#### Cutaneous Herpes simplex 1

An acute inflammatory infection of the skin or mucous membranes due to Herpes Simplex virus 1 (HSV1)(Brande,1981). The infection is as a result of a primary infection occurring in susceptible people, most often occurring in childhood. The acute disease is usually self-limited with the symptoms disappearing within 10-14 days, however a latent infection is established which persists throughout life.

### 2.2 AETIOLOGY

"Herpes" is derived from a Greek word meaning "to creep" from the time of Hippocrates (Corey et al.,1984).

Herpes Simplex virus is a member of the herpes virus group which includes 3 other human viruses- varicella-zoster, cytomegalovirus and Epstein-Barr virus- all of which establish lifelong latent infections (Howard,1987; Vestey et al.,1992).

All Herpes viruses are similar- the nucleic acid core is 30-45nm in diameter and is surrounded by an icosahedral pattern. The capsid is covered by a glycoprotein envelope. However serological tests can readily differentiate among Herpes viruses. (Corey et al.,1984)

There are 2 distinct serotypes of HSV - Type 1 and Type 2- which differ in their clinical and epidemiological behaviour, and mode of transmission.

HSV I -transmitted primarily by non-venereal routes- by contact with saliva and causing acute herpetic gingivostomatitis, pharyngitis and tonsillitis, keratitis, encephalitis and herpetic whitlow. (Spruance, 1992; Corey et al., 1984)

HSV 2- transmitted venereally or maternally to the newborn (Brande, 1981).

Unlike other Herpes viruses, HSV has a wide range of hosts- infecting many experimental animals and cell cultures of human and animal origin (Brande, 1981; Corey et al., 1984).

### 2.3 PATHOLOGY AND PATHOGENESIS

HSV infection is cytolytic, resulting pathology is a consequence of necrosis of infected cells with local inflammation.

HSV infection of the skin and mucous membranes results in intradermal vesicles. The virus acquired by contact with saliva replicates locally in the cells of the stratum spinosum. Infected cells undergo ballooning degeneration with loss of the intracellular bridges and are soon separated by intracellular oedema. The early papular lesions soon evolve into intraepidermal vesicles due to the increase in degeneration and oedema which elevates the uninvolved stratum corneum

to form vesicles.

The vesicle fluid contains fibrin, degenerating epithelial cells, multinucleated giant cells and large amounts of cell free virus. In the underlying dermis and lamina propria- capillary dilatation and infiltration of inflammatory cells occurs. Once inflammatory cells have invaded the vesicle the fluid becomes cloudy. The fluid in vesicles on the skin is absorbed leaving a flat crust that becomes detached when subadjacent epithelial cells grow back. The lesion heals without a scar. Lesions in the mucous membrane develop in the same way but the thin roof of the vesicle breaks down quickly and a shallow ulcer remains. (Brande, 1981.)

Early in the infection the virus invades the local nerve endings in the mucous membranes and skin and ascends within the axons to reach the sensory ganglion innervating the site of the primary HSV1 infection (trigeminal ganglia if the infection occurs in the mouth). There it establishes a latent infection in the sensory neurons which persists for life. (Corey et al., 1984; Spruance, 1992; Vestey et al., 1992) The latent virus can then be reactivated by various stimuli such as fever, stress, fatigue, chapped lips, season of the year, sunlight, menses, trauma, section of the trigeminal nerve sensory root, and certain foods and drugs (Brande, 1981; Pariser, 1989;

Spruance,1992).

Once reactivated the virus travels within the axons of the neuronal soma to reinvade the peripheral epithelium (Spruance,1992). This may result in an asymptomatic infection or a clinical lesion (Vestey et al.,1992). Replication and cell to cell spread in epithelial cells produces a vesicle undistinguishable from that produced in the primary infection. Virus is shed in the saliva during recurrent attacks. (Brande,1981)

Humoral and cellular immunity limits the local virus replication and spread so the recurrent HSV infections are usually less severe, less extensive and shorter in duration than primary infections. Sometimes recurrent infections are asymptomatic resulting in only shedding of virus in the saliva. (Brande,1981; Vestey et al.,1992)

The establishment and nature of the latent infection is described in Latchman(1990) and Lycke(1990).

#### 2.4 CLINICAL MANIFESTATIONS

The manifestations are determined by the nature of the HSV1 infection itself- whether it is primary or recurrent infection, the portal of entry of the virus, the amount of virus initiating the infection, the host-age, immune status, nutritional status, the

presence or absence of conditions like eczema or burns. (Brandt, 1981)

Herpes labialis- the cold sore or fever blister - is the most common manifestation of HSV1 infection (Wheeler, 1990). Almost 50% of young adults have recurrent oral Herpes usually involving the mucocutaneous junction of the lip (Howard, 1987). In most patients (60 - 75% (Howard, 1987) and 46-60% (Spruance, 1992)) the recurrence has a prodrome of pain, burning, tingling or itching at the site of the subsequent lesion. This lasts for 1-48 hours and corresponds to the replication of the virus in the skin (Spruance, 1992). It is followed by a cluster of raised erythematous papules that quickly develop into vesicles. Patients with prodrome tend to experience more severe lesions than patients without prodrome (Spruance, 1992). Studies show that the evolution of the lesion is rapid with the vesicular stage lasting for a 12 to 24 hours and vesicles crusting within 36 to 48 hours (Leigh, 1988). Pain is maximal during the vesicular stage and declines thereafter. Healing is complete with loss of scab and without scarring within 7-10 days. (Vestey et al., 1992) Patients sometimes have local lymphadenopathy. The most common site for Herpes labialis is the vermillion border of the lips. Other sites include the nose, chin, cheek and oral mucosa. The distribution is normally segmental or dermatomal. From episode to episode, lesions can cross

the midline of the face or move from one lip to the other if the patient suffers frequent episodes, whereas those with infrequent lesions, the lesion location generally remains the same. The mechanism of movement of the HSV I infection to other locations is unclear, but it could be spread by autoinoculation or movement of the virus within the neural ganglion. (Spruance, 1992)

Virus titer is at its highest during the vesicular stage (usually days 2 -3 of the recurrence) and it decreases thereafter (Vestey et al., 1992). Herpes simplex virus however can be cultured from the lesions until the crusting stage (Pariser, 1989).

Asymptomatic virus shedding occurs in 5 -8 % of children and 2 - 9 % of adults (Vestey et al., 1992).

## 2.5 EPIDEMIOLOGY

HSV are highly successful parasites of man, humans are the only natural reservoir and no vectors are involved in the transmission. The principle mode of infection is the saliva. The pattern of life-long latent infection with periodic reactivation and virus shedding ensures the survival of HSV1, thus HSV1 is endemic in every human society in the world. The rate of infection is related to the degree of exposure and this is influenced by the population density, housing conditions and hygiene. (Brande, 1981; Corey et al., 1984) Many primary infections are asymptomatic and



an increasing number of people develop specific antibody in childhood and early adult life. 80% of 30 year olds will have specific antibody. Of the population 20-40% have recurrent orolabial infections with HSV1 infections at some stage of life. (Leigh, 1988; Wheeler, 1990) Most afflicted populations (10-65%) have an average of less than one recurrence every 6 months, but 5-25% have recurrences as frequently as once a month (Howard, 1987). According to Vestey et al. (1992) 28% of adults suffer recurrences more than twice a year.

## 2.6 DIAGNOSIS

Diagnosis can be made by means of the clinical picture or laboratory diagnosis. Clinical picture has been described above and is normally sufficient unless severe, or in complications and hospitalisation (Sirieux, 1994). Methods for direct detection include electron microscopy, tzanck preparation, Papanicolaou smear, direct and indirect immunofluorescence and immunoperoxidase or ELISA (Howard, 1987; Vestey et al., 1992). The virus can also be isolated in tissue cultures from swabs of the affected area (Pariser, 1989; Vestey et al., 1992). Serological testing can be used, however as with other viral infections when immune response to a primary HSV1 is measured - antibody rises within 10-14 days after infection, but during recurrence or reinfection with the same or

different HSV serotype titers do not increase thus making diagnosis difficult (Howard,1987).

## 2.7 TREATMENT

### Allopathic

HSV is susceptible to a variety of antiviral compounds, most of which are nucleotide analogues that interfere with DNA metabolism involving the virus enzymes DNA polymerase and thymidine kinase (Field,1989).

Acyclovir is commonly used, it inhibits viral DNA synthesis and hence prevents the lytic cycle (Beutner,1992).

Acyclovir is used topically in primary infections but has no effect on recurrence or development of latency (Howard,1987; Leigh,1988; ; Perna et al.,1988; Pariser,1989).The ineffectiveness being attributed to low concentration of drug, inability to penetrate skin or drug being applied to late in the disease process (Raborn et al.,1988).Intravenous Acyclovir is used in systemic constitutional symptoms and the immunocompromised. Oral Acyclovir is used in primary infections and in recurrences with some success.Oral Acyclovir in combination with sunscreens has been shown to suppress Herpes Labialis induced by UV (Spruance,1992).It was found that patients using Acyclovir prophylactically in daily doses reported 53% less episodes of cold sores and their blisters tended

to heal faster than those on placebo (Drug offers relief from chronic cold sores,1993; Rooney et al.,1993).

Acyalovir interferes with the replication of HSV it does not affect the latent state of the virus.

#### Homoeopathic

All information on the Herpes virus has been done through provings i.e. where a drug is administered to a group of healthy persons and certain symptoms and signs of the toxicity, similar to those produced by the Herpes simplex virus, are produced, or from clinical experience. Therefore any medication which produces in a healthy person lesions similar to those produced by HSV can be used. This is the process used when prescribing simillimum.

Examples of those used include: Sepia officianalis, Natrum muriaticum, Aconitum Napellus, Apis mellifica, Arsenicum album, Clematis erecta, Graphites, Hepar sulphuricum, Rhus toxicodendron, Sulphur and Malandrinum (Hiltner,1981; Muller,1987).

Remedies found to be effective in:

Acute symptoms: Rhus toxicodendron, Apis mellifica, Cantharis, Mezereum;

Chronic symptoms: Hormonal: Natrum muriaticum, Sepia officianalis

Febrile: Sulphur, Sulphur iodatum, Natrum muriaticum

Sun: Natrum muriaticum, Lycopodium

Stress: Lycopodium (Siriex,1994).

In Homoeopathy there are many remedies which have been shown clinically to have some effect, and in individual cases a cure for Herpes Viruses (Hiltner,1981).Homoeopathy has the ability to prevent new outbreaks of Herpes simplex (Muller,1987).

The pathogenesis of Natrum muriaticum Herpes simplex I like lesions: Eruptions around mouth like pearls on lips,swelling and burning. Lips and corners of mouth ulcerated and cracked. Numbness and tingling of lips and nose. Swelling of the submaxillary glands.

The pathogenesis of Rhus toxicodendron Herpes simplex I like lesions: Fever blisters around mouth,chin and nose.Vesicles with red border itch and burn intolerably - aggravated by scratching, improved by hot compresses. Swollen glands.

(Boericke,1990; Clarke,1962; Jouanny,1984)

#### Prophylaxis

Avoid contact with individuals with symptomatic HSV1. Some individuals whose episodes of recurrent HSV1 regularly follow specific provocative events (eg. Herpes labialis after exposure to the sun) could avoid provocative events.

According to Spruance(1988) Acyclovir can decrease the frequency of UVR induced Herpes lesions.

## 2.8 CONCLUSION

In conclusion it could be said that there exists a need for an effective treatment which prevents or decreases the frequency of the outbreaks of the HSV I lesions and which also decreases the severity of the outbreaks. This study aims to evaluate the efficacy of Natrum muriaticum and Rhus toxicodendron and Simillimum treatment in the management of recurrent cutaneous Herpes Simplex I.

## CHAPTER THREE: MATERIALS AND METHODS

### 3.1 THE DATA

The data of this research is of 2 kinds: primary and secondary data. The nature of these 2 types of data is given below.

#### 3.1.1 The Primary Data

Four kinds of data are needed:

1. The physiological responses of patients with recurrent HSV1 to treatment with Natrum muriaticum and Rhus toxicodendron
2. The responses of patients to the questionnaire on patient perception of treatment after treatment with Natrum muriaticum and Rhus toxicodendron.
3. The physiological response of patients with recurrent HSV1 to treatment with simillimum.
4. The responses of patients to the questionnaire on patient perception of treatment after treatment with simillimum.

#### 3.1.2 The Secondary Data

Current data on recurrent cutaneous Herpes Simplex 1 is needed as well as journal articles on the recurrence, Allopathic treatment and Homoeopathic treatment of recurrent cutaneous HSV1.

### 3.2 THE SAMPLE

The sample was a convenience sample of 31 patients recruited by means of advertising in local newspapers, shopping centres and libraries. The patients were admitted to the study if they had a history of suffering from frequently recurrent cutaneous HSV I- at least three times a year.

### 3.3 THE CRITERIA GOVERNING THE ADMISSIBILITY OF THE DATA

Only the data collected in case histories and physical examinations was used.

Only responses to patient perception questionnaires from the patients themselves were used.

Information with regards to detail of the recurrent cutaneous HSV1 lesions was collected at time of recurrence.

### 3.4 THE INSTRUMENTS

A complete case history and physical examination will be carried out on each patient at the initial consultation and every month for the 5 month treatment to determine the overall physiological response to treatment. (Refer to Appendix A)

A questionnaire will be completed by patients after treatment with Natrum muriaticum and Rhus toxicodendron or simillimum treatment at the time of

recurrence to determine the patients perception of the treatment.(Refer to Appendix B)

Detail of the Herpes Simplex I lesion at the time of recurrence will be recorded for each recurrence.(Refer to Appendix C)

### 3.5 THE RESEARCH METHODOLOGY

Patients were recruited by means of advertising in local newspapers , shopping centres and libraries.Of the patients answering to the adverts 37 patients were admitted to the study because they suffered from frequently recurring cutaneous Herpes Simplex I - at least three times a year.(Six of these 37 patients dropped out of the study during the treatment period, leaving 31 patients.)

Treatment of each patient started at the beginning of a recurrent attack of cutaneous HSVI.After an initial consultation including case history and physical examination, a simillimum treatment was prescribed to each patient.A double-blind, random procedure ensured that the patients were allocated to one of the 2 experimental groups.One group received the simillimum treatment prescribed and the other group received Natrum muriaticum and Rhus toxicodendron treatment.Each group received an acute and chronic treatment.





ACUTE TREATMENT	
Natrum muriaticum 5CH and Rhus toxicodendron 5CH	Simillimum 5CH and Placebo
Take 5 pillules of each alternating each every half an hour for first day and three times a day thereafter. (Taken for the duration of the attack and at each further attack.)	Take 5 pillules of each alternating each every half an hour for first day and three times a day thereafter. (Taken for the duration of the attack and at each further attack.)
CHRONIC TREATMENT	
Natrum muriaticum 15CH and Rhus toxicodenron 15CH	Simillimum 15CH
Take 5 pillules once weekly for the duration of the 5 month treatment.	Take 5 pillules once weekly for the duration of the 5 month treatment.

The treatment period was 5 months. All medicines were made and dispensed by a qualified pharmacist in the Homoeopathic department at Natal Technikon. There were repeat consultations every month for the 5 months at which a case history and physical examination were done. At the time of recurrence the patient filled in the Patient Perception of treatment questionnaire and details of the HSV1 lesion were noted.

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### 3.6 STATISTICAL ANALYSIS

Statistical analysis was done by means of crosstabulation, bar graphs and frequency tables. The Statsgraphics Computer package was used.

### 3.7 THE SPECIFIC TREATMENT OF EACH SUBPROBLEM

#### Subproblem one

##### The data needed

The data needed for testing the hypothesis of subproblem one was obtained from the complete case histories and physical examinations of the patients with recurrent cutaneous HSV1 on the first and repeat visits.

Detailed descriptions of the patients recurrent lesions were obtained at the time of recurrence.

Detail included: Duration of pain in days

Time to loss of crust in days

Time to complete healing in days

Triggering factor

Number of lesions

Location of lesions

(based on the parameters used by Raborn et al. (1988).

##### The treatment of the data

Analysis of the case histories and physical examinations was carried out to determine any significant physiological changes in the recurrent cutaneous Herpes simplex 1 and in the overall

physiological reaction of the patient to treatment. The data will be recorded in the form of computer spread sheets.

#### Subproblem two

##### The data needed

The data needed for testing subproblem two was obtained from the answers to the questionnaire completed by patients with regards to patients perception of treatment.

The following data from patients was obtained:

- How the patient perceived the treatment to be;
- Duration of the prodrome symptoms;
- Whether the HSVI lesion had changed much in size;
- Rating the pain perceived during the vesicular and crust stages of the lesion;
- How the patient rated the recurrent attacks compared with before the start of treatment;
- How the patients attitude towards their HSVI lesion has changed since starting treatment;

##### The treatment of the data

All the questionnaires were screened to see that they were filled out correctly. The questionnaire was in the form of a semantic differential scale - providing values for each question. These values were transferred to a spread sheet and a median value calculated for each question.

Subproblem three

The data needed: As for Subproblem 1

The treatment of the data: As for Subproblem 1

Subproblem four

The data needed: As for Subproblem 2

The treatment of the data: As for Subproblem 2

Subproblem five

The data needed

The data needed for testing the hypothesis of subproblem five was obtained from the questionnaires to the patients, repeat case histories and physical examinations and descriptions of the lesions at the time of recurrence.

The treatment of the data

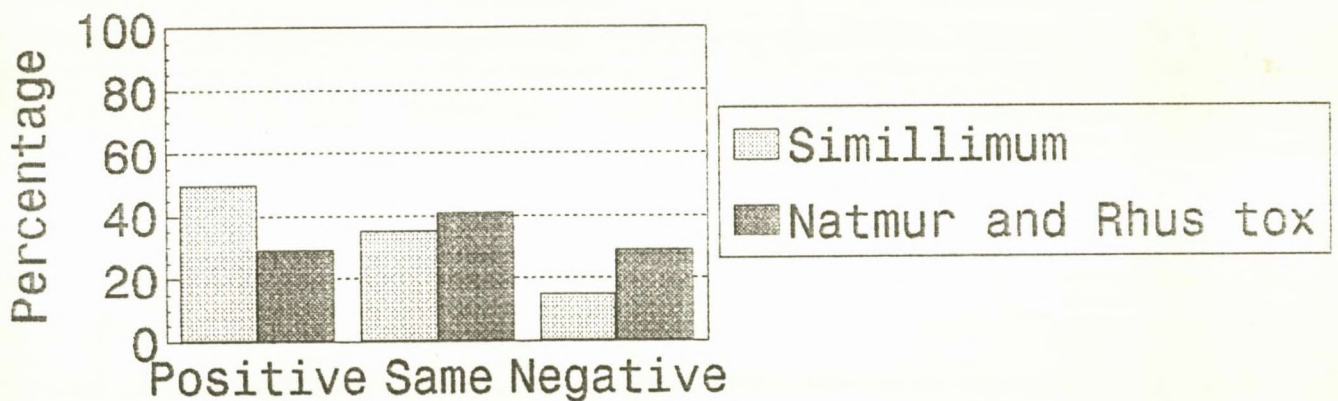
The conclusions obtained in Subproblems 1-4 will be intergrated to either reject or accept the hypothesis.

#### CHAPTER FOUR: THE RESULTS

The overall physiological changes occurring in the patients over the treatment period were transferred to a spread sheet. These changes were classified as either positive or negative changes or no change and were analysed by means of crosstabulation.

The results being depicted in the bar-graph below.

Figure 4.1: Overall physiological changes occurring in both groups (Appendix A)



The simillimum group showed a more positive reaction than the Natrum muriaticum and Rhus toxicodendron group.

The physiological changes occurring in the cutaneous Herpes Simplex I lesion during each recurrence (Appendix C) were analysed by calculating the median of the values recorded.

The results are displayed in the tables below.

Table 4.1: Effect of the treatment on the duration of pain in days (No.1), time to loss of crust in days (No.2), time to complete healing in days (No.3) and no. of lesions (No.4)

Natrum muriaticum and Rhus toxicodendron group

	No.1	No.2	No.3	No.4	Sample size
Recurrence1	2	6	8	1	17
Recurrence2	1	4	7	1	11
Recurrence3	1	5	8	2	7
Recurrence4	1	4	5	1	3
Recurrence5	2	5	10	8	1
Recurrence6	0	4	7	1	1

Compared to recurrence 1 at the start of treatment:  
 Duration of the pain decreased in recurrence 2 to 4.  
 Time to loss of crust improved in recurrence 2 to 6.  
 Time to complete healing improved in recurrence 2.

Table 4.2: Effect of the treatment on the duration of the pain in days (No.1), time to loss of crust in days (No.2), time to complete healing in days (No.3) and no. of lesions

Simillimum group

	No.1	No.2	No.3	No.4	Sample size
Recurrence1	2.5	7.5	10.5	1.5	14
Recurrence2	0.75	2	4	1	10
Recurrence3	1.25	3.5	5.5	1	6
Recurrence4	3	5	6.5	2	2
Recurrence5	3	6	10	7	1
Recurrence6	0	0	0	0	0

Compared to recurrence 1 at the start of treatment:

Duration of pain decreased in recurrence 2 to 3.

Time to loss of crust improved in recurrence 2 to 6.

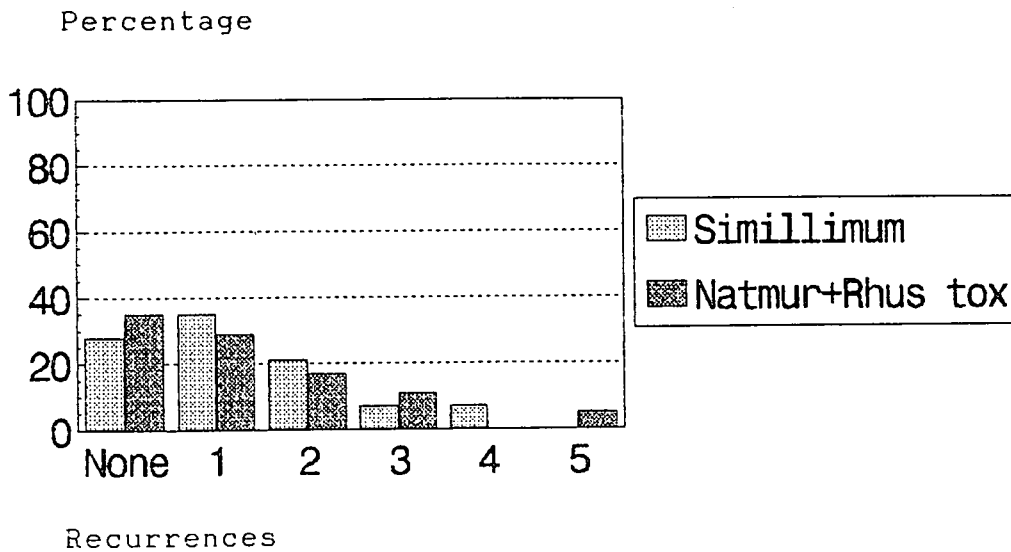
Time to complete healing improved in recurrence 2 to 4.

Note: The sample size changes in both groups because the number of recurrences of the cutaneous HSV I lesions during the treatment period differed for each patient.

There was no apparent change in the number of lesions in either group. There was also no distinct difference between groups - although the Simillimum group improved drastically in recurrence 2 and 3 compared to the Natrum muriaticum and Rhus toxicodendron group.

(Compared to recurrence 1 at the start of treatment)

Figure 4.2: Percentage of recurrences experienced in both groups after the initial recurrence at the start of treatment.



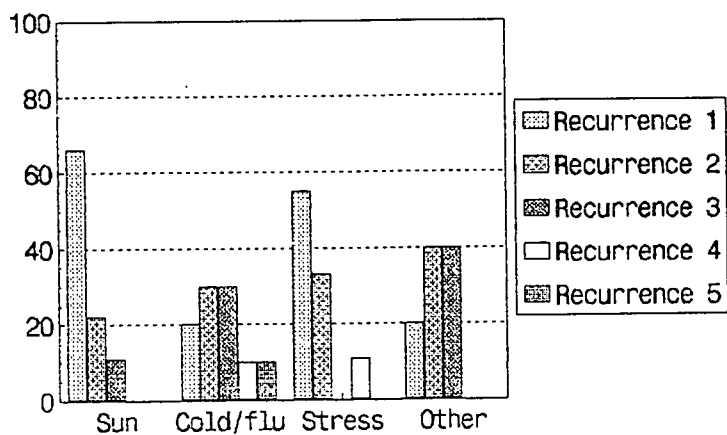
There was no apparent difference between the groups.



Figure 4.3: The percentage frequency of the various triggering factors of the cutaneous HSV I lesion in the recurrences.

Simillimum group

Percentage

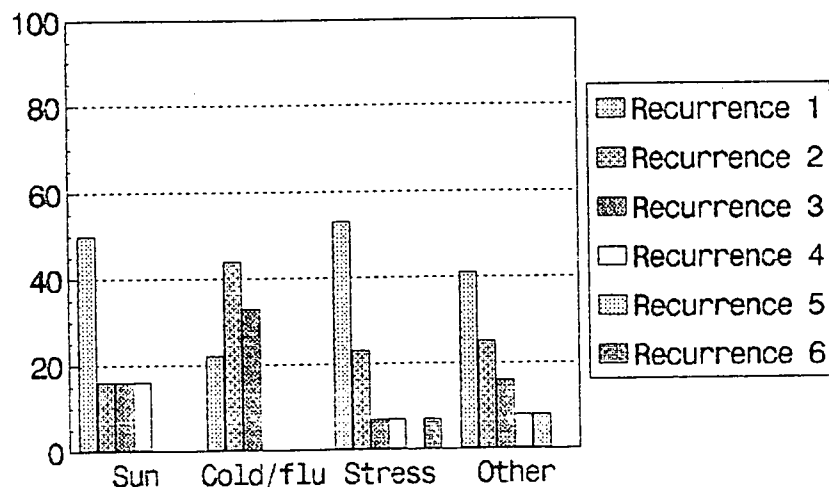


Other includes: Contact, Menses, Weather changes, wind, Headache, High salt intake.

Figure 4.4: The percentage frequency of the various triggering factors of the cutaneous HSV I lesion in the recurrences

Natrum muristicum and Rhus toxicodendron group

Percentage



Other includes: Contact, menses, Weather changes, wind, Headache, High salt intake.

Sun, cold/flu and stress were the most responsible triggering factors in both groups. From recurrence 1 to 3, sun as a triggering factor decreased in both groups whilst cold/flu increased.

The patient perception of treatment was analysed by means of calculating the medians of the values recorded on the questionnaire.

The questions asked were:

Qu 1: How the patient perceived the treatment

Qu 2: Duration of prodrome: 1 - More than 24 hours

2 - 12 - 24 hours

3 - 6 - 12 hours

4 - 3 - 6 hours

5 - 1 - 3 hours

Qu 3: The severity of the pain during the vesicular stage

Qu 4: The severity of the pain during the crust stage

Qu 5: If the HSV I lesion has become 1 - Larger

5 - Smaller

Qu 6: How the patient rated the recurrent attacks compared to before the treatment

Qu 7: How the patients attitude towards his condition has changed since he/she started treatment

These are represented in table form below.

Table 4.3: Patient perception of treatment

Simillimum Group

	Qu1	Qu2	Qu3	Qu4	Qu5	Qu6	Qu7	Sample Size
Recurrence1	4	3	3	3	3	3	3.5	14
Recurrence2	4.5	4	3.5	5	4	4.5	4.5	10
Recurrence3	3.5	5	4	4.5	3.5	4.5	4	6
Recurrence4	4	3	3	3.5	3.5	4	4.5	2
Recurrence5	4	5	1	3	4	5	5	1
Recurrence6	-	-	-	-	-	-	-	0

Across the questions the group perceived the recurrence to be of the following percentage:(0%-bad,100%-good)

Recurrence 1: 64%

Recurrence 2: 85%

Recurrence 3: 82%

Recurrence 4: 72%

Recurrence 5: 77%

1 - Negative perception

3 - Neutral

5 - Positive perception

Table 4.4: Patient perception of treatment

Natrum muriaticum and Rhus toxicodendron Group

	Qu1	Qu2	Qu3	Qu4	Qu5	Qu6	Qu7	Sample size
Recurrence1	3	2	3	4	3	3	3	17
Recurrence2	3	2	4	4	4	4	4	11
Recurrence3	3	3	2	3	3	3	3	7
Recurrence4	4	2	4	4	4	3	4	3
Recurrence5	2	3	1	1	3	3	3	1
Recurrence6	2	3	2	2	3	3	3	1

Across the questions the group perceived the recurrence to be of the following percentage:

(0%-bad,100%-good)

Recurrence 1: 60%

Recurrence 2: 71%

Recurrence 3: 57%

Recurrence 4: 71%

Recurrence 5: 45%

Recurrence 6: 51%

1 - Negative perception

3 - Neutral

5 - Positive perception

Note: The sample size in both groups changes because the number of recurrences of the cutaneous HSV I lesion during the treatment period differed for each patient.

Total Perception of treatment seems to be more positive in the Simillimum group especially in Questions 1,2,6 and 7.

Perception of treatment improved between recurrence 1 and 2 in both groups but trends thereafter are erratic.

Figure 4.5: Percentage of patients suffering from prodromal symptoms before each recurrence.

Natrum muriaticum and Rhus toxicodendron group

Percentage

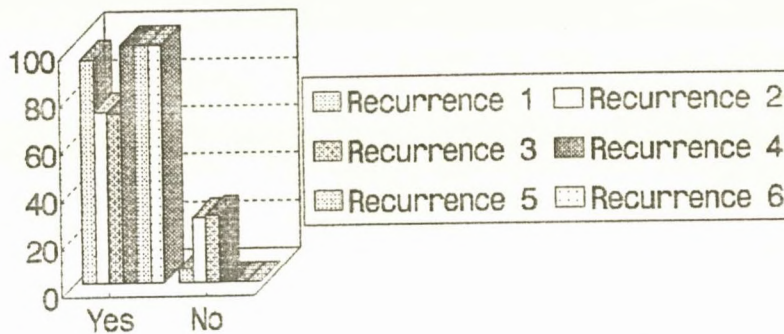
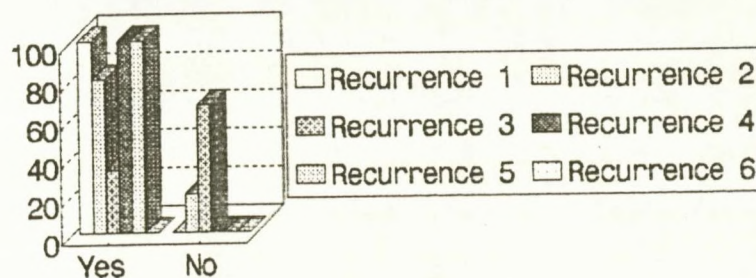


Figure 4.6: Percentage of patients suffering from prodromal symptoms before each recurrence.

Simillimum group

Percentage



Note: Remember that the sample size changes from recurrence 1 to recurrence 5.

In both groups more patients suffered from prodromal

symptoms.

There was no marked difference between the groups.

Table 4.5: Number of prodromal symptoms experienced without the appearance of a cutaneous HSV I lesion.

GROUPS	NO. OF PRODROMES	NUMBER OF PATIENTS
Simillimum group	6	4 patients
Natrum muriaticum and Rhus toxicodendron group	3	3 patients

Remedies prescribed

Table 4.6: Frequency of remedies prescribed: All patients

REMEDIES	15CH	5CH	TOTAL
Argentum nitricum	1		1
Apis mellifica		3	3
Calcarea carbonica	2		2
Cantharis		1	1
Graphites		1	1
Hepar sulphuris	2	1	3
Lycopodium	2		2
Natrum muriaticum	10	12	22
Natrum sulphuricum	1		1
Nux vomica	1		1
Phosphorus	2		2
Psorinum	2		2
Pulsatilla pratensis	5		5
Rhus toxicodendron		11	11
Sepia officinalis	2	1	3
Silica	1		1
Sulphur		1	1

Simillimum was prescribed (but not given) to every patient before a double-blind procedure divided the patients into the 2 groups. The above table of remedies was included to show the range of acute and chronic Simillimum remedies for both groups before the groups were divided and the treatment was given. The prescribing of Simillimum to every patient was used to keep the study double-blind.



Table 4.7: Frequency of remedies prescribed: Simillimum group

The following table indicates the acute and chronic treatment given to the Simillimum group only. (The other group received Natrum muriaticum and Rhus toxicodendron.)

REMEDIES	15CH	5CH	TOTAL
Argentum nitricum	1		1
Apis mellifica		1	1
Calcarea carbonica	1		1
Natrum muriaticum	4	6	10
Nux vomica	1		1
Phosphorus	1		1
Psorinum	1		1
Pulsatilla pratensis	4		4
Rhus toxicodendron		7	7
Sepia officianalis	1		1

42% of the remedies prescribed as acute Simillimum were Natrum muriaticum and 50% were Rhus toxicodendron.

As a chronic treatment Natrum muriaticum was used as Simillimum in 28% of cases and Rhus toxicodendron not at all.

Table 4.8: Homogeneity of the groups

GROUP	MALE	FEMALE	AGE
Simillimum	2	12	31,714 ± 14,149
Natrum muriaticum and Rhus toxicodendron	3	14	29,118 ± 14,387
Total	5	26	

There was no apparent difference between the groups.

## CHAPTER FIVE: DISCUSSION

The goal of this study was to determine the efficacy of two treatment methods in the management of the cutaneous Herpes Simplex I.

In overall physiological reaction to treatment, the Simillimum group showed a 21% more positive reaction than the Natrum muriaticum and Rhus toxicodendron group. The Natrum muriaticum and Rhus toxicodendron group showed a 14% more negative reaction. This could be attributed to the fact that a Chronic Simillimum was prescribed according to the law of similars - thus matching the symptom picture properly and resulting in a more positive reaction (Boyd, 1983).

In the physiological reaction of the HSV I lesion to treatment the Simillimum group showed a marginally more positive reaction than the Natrum muriaticum and Rhus toxicodendron group. The difference in values between recurrence 1 and recurrence 2 (especially in the Simillimum group) (Refer to Table 4.1 and 4.2) could be because the sample size is still fairly large and the majority of patients are represented. The values do not continue to decrease in further recurrences because the sample size is then too small, and contains some severe cases of recurrent cutaneous HSV I which could have done with a more extensive

treatment eg. Patient 6,16,27 and 28. In whose cases the patient was repeatedly exposed to a triggering factor eg. stress, cold/flu, which should have been treated specially but the treatment regime did not allow this.

It should be noted that 42% of the remedies prescribed as Acute Simillimum in the Simillimum group were Natrum muriaticum and 50% were Rhus toxicodendron - thus resulting in very similar results between the groups, and showing that in many cases Natrum muriaticum and Rhus toxicodendron were the Simillimum in the acute lesion. (Refer to Table 4.7.) However as a chronic treatment Natrum muriaticum was used as Simillimum in 28% of cases and Rhus toxicodendron not at all.

There were no marked difference between the groups with regard to the number of recurrences over the treatment period.

Sun, stress and colds/flu were the most responsible triggering factors in both groups. (Refer to Figure 4.3 and 4.4.) From recurrence 1 to recurrence 3 sun as a triggering factor decreased rapidly in both groups whilst colds/flu increased. This could be attributed to the fact that most of the recurrences 2 and 3 occurred during the winter months.

Patient perception of treatment was distinctly more positive in the Simillimum group over the entire treatment period. (Refer to Table 4.3 and 4.4.) This is most noticeable in the questions 1,6 and 7 - all of which are questions regarding the patients overall perception of the treatment in relation to the HSV I lesion. (The other questions are more linked to the perception of the physiological attributes of the HSV I lesion.) The more positive reaction could be explained because Simillimum reacts on the person as a whole - improving the patients sense of well-being. The similarities between the two groups in the other questions being explained by the large percentage of Natrum muriaticum and Rhus toxicodendron prescribed as Acute Simillimum in the Simillimum group.

Perception of treatment improved between recurrence 1 and 2 in both groups but trends thereafter are erratic. Again as explained for the physiological reaction of the HSV I lesion - the group size plays a large role.

The duration of the prodromal symptoms (Q2) of the Simillimum group also showed a marked improvement over the different recurrences. A trend noticed during the treatment period was that the prodromal symptoms often disappeared in the 2nd and 3rd recurrence. This is particularly noticeable in the recurrence 3 of the

Simillimum group where 66% of the patients did not experience prodromal symptoms. This sometimes proved to be disadvantageous as the prodromal symptoms herald the onset of the HSV I lesion and if remedies are taken soon enough during the prodromal symptoms it was noticed that the lesion could be prevented from erupting. (See table 4.5.)

In conclusion it could be said that Simillimum (especially as a chronic treatment) seems to be the most effective in the management of cutaneous Herpes Simplex I. The chronic Simillimum seemed to enhance the effect of the acute Simillimum (which in many cases was Natrum muriaticum and Rhus toxicodendron). It acts on the person as a whole, within Homoeopathic laws and principles and allows for variation for each patient's specific circumstances. However, Natrum muriaticum and Rhus toxicodendron could easily be used as a "complex" emergency remedy to be prescribed in the acute case, when the Simillimum is uncertain or by non-Homoeopaths.

The original hypothesis that the Simillimum would benefit the patient in his overall physiological reaction and Natrum muriaticum and Rhus toxicodendron would be more effective on the HSV I lesion - would have to be rejected because Simillimum treatment was more effective in both areas.

## CHAPTER SEVEN: RECOMMENDATIONS

It is recommended that the sample size be increased, this would improve the validity of the study as analysis of such small sample groups is inaccurate and comparison within groups was not possible because of the different sample sizes from one recurrence to the next.

The treatment time should also be increased allowing for a period of observation before treatment started - to record the number of lesions per month/year in order to select a more homogenous group with regard to frequency of recurrence. In this study it was not possible to analyse whether frequency of recurrence decreased during treatment in comparison to before treatment - as there was no "control" period before the study - frequency of recurrence was dependant on patients memory.

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APPENDIX A

Homoeopathic Case history and physical examination:

Patient details:

Name: Occupation:  
Address: Marital status:  
Tel.no:  
Date of birth:  
Past medical history:  
Past surgical history:  
Allergies:  
Family history:  
Present medication:  
Smoker?  
Recent travel:

Case history

Main complaint: Cold sore or fever blister

Triggering factor:

Date of last attack:

Approx. frequency of attacks:

Duration of prodrome

pain

healing

Location

Other systemic symptoms:

Systemic history:

Detail of any complaint will include:

Character	Modalities
Site	Severity or amount
Duration	Times of occurrence
Radiation	Colour
Cause	Concomitants

Head

Headaches

Vertigo

Visual or hearing disturbances

Eyes: Pain,itch,discharge

E.N.T

Tendency to otitis,sore throat,colds

Ears:Pain,itch,discharge,hearing

Nose:Bleeding,coryza,itching,cracks

Sinusitis

Throat:Pain,itch,dryness,voice

Mouth:Breath odour,jaw cracking,mouth ulcers

Respiratory

Tendency to bronchitis or asthma

Coryza,phlegm

Pain

Cough:sputum,haemoptysis

Dyspnea

Wheeze

Digestive

Appetite, likes and dislikes

Pain

Abdominal distention

Nausea or vomiting

Change in weight

Heartburn

Belching

Hunger time

Frequency of stool, constipation or diarrhoea

Flatulence

Sensations or pain

Thirst

Urinary

Frequency

Colour

Odour, sediment

Amount

Pain

Difficulty in micturition

Genital

Pain or swelling, lumps in breasts

Length of menstrual cycle, regularity

Type and quantity of blood

Change in emotions, bloatedness, bowel habits, appetite

Pain

Leucorrhoea-when

Menopause, problems

Pregnancies

### Circulatory

Dyspnea, orthopnea

Palpitations

Pain, exertional pain

Oedema

Weakness, tiredness, fainting, blackouts

Arteries and veins problems

### Skin

Rashes, itches

Acne, boils, warts

Cracks, chilblains

Ulcers

Hair-oily, dry

Nails-break, split, flake

Perspiration

### Locomotor

Pain

Joints-Cracking, nodosities

Trembling, swelling, tenderness, numbness, weakness

Cramps, stiffness, injuries or fractures

Nervous

Emotions

Anxiety, intolerance

Sleep pattern

Fears

Pain, numbness tingling, weakness, movement

Co-ordination, tremor

General

Aggravation or improvement from cold/heat

damp/dry

sea/mountains

time of day

season

Physical examination

Vital signs: Blood pressure

Pulse: Rate and rhythm

Resp. rate

Temperature

Height

Weight

General:

General body inspection for abnormalities

Hand: Temperature, moisture, muscle  
tone, colour, callosities, joint pain or deformity

Nails: Colour, clubbing, ridges, splinter haemorrhages

Arm: Muscle tone, joint deformity



lymph nodes

Head and neck: Auroscopy, ophthalmoscopy

Colour of skin

Mouth: tongue and throat

Bloodvessels and pulses

Salivary glands and lymph nodes

Position of trachea

Thyroid

Neck stiffness

Chest and lungs: Chest shape and movement

Vibrations, pulsations

Breath sounds

Heart sounds

Abdomen: Lesions, scars, Distention

Muscle tone, tenderness, masses, viscera

Bowel sounds, arterial bruit

Legs: Lymph nodes, pulses

Venous or arterial distention, pain

Oedema

(A detailed examination of the particular system will be carried out if a problem is suspected)

APPENDIX B

Patient perception questionnaire

To be completed at the time of recurrence of the cutaneous Herpes Simplex I.

Patient name:

Instructions

Answer all the questions by circling the correct number or placing a tick in the appropriate box.

Eg. If I ask the question: How do you feel about rainy days?  
I hate them ----- I love them  
1 2 3 4 5

Complete all the questions.

1. I perceive the treatment to be:

Not good at all ----- Very good treatment  
1 2 3 4 5

2. Did you experience prodromal symptoms before the appearance of your cold sores/fever blisters?

Yes	No
-----	----

3. If so, how long did it last?

1-3 hours	3-6 hours	6-12 hours	12-24 hours	More than 24 hours
--------------	--------------	---------------	----------------	-----------------------

For office use:

4. Rate the severity of the pain during the vesicular stage:

Excruciating pain ----- No pain  
1 2 3 4 5

5. Rate the severity of the pain when there are scabs:

Excruciating pain ----- No pain  
1 2 3 4 5

6. Have your cold sores/fever blisters changed much in size.  
How have they changed?

Getting larger ----- Getting smaller  
1 2 3 4 5

7. How would you rate your recurrent attacks of cold sores  
compared to before you started treatment ?

Worse ----- Very much better  
1 2 3 4 5

8. Has your attitude concerning your condition changed since  
you started treatment?

Worse ----- Better  
1 2 3 4 5

APPENDIX C

To be completed by me at the time of recurrence of the cutaneous Herpes Simplex I.

Duration of pain in days:

Time to loss of the crust in days:

Time to complete healing in days:

Number of lesions:

Location of the lesions:

Triggering factor of the lesions:

(Based on the parameters used by Raborn et al. (1988))