

Herbal and Conventional Treatments for Shingles: A Review

A. A. Acharya¹; M. D. Pomaje²; A. B. Patil³; S. M. Gangan⁴; G. C. Parab⁵

^{1,4,5}Department of Pharmaceutics, Govindrao Nikam College of Pharmacy, Sawarde, Ratnagiri, India

²Department of Pharmaceutical Biotechnology, Govindrao Nikam College of Pharmacy, Sawarde, Ratnagiri, India

³Department of Pharmaceutical Science and Fine Chemicals, Govindrao Nikam College of Pharmacy, Sawarde, Ratnagiri, India

Correspondence Author: A. A. Acharya*

Publication Date: 2026/10/12

Abstract: Herpes zoster is a painful viral disorder caused by reactivation of the varicella-zoster virus and is frequently associated with acute neural pain and post-herpetic complications. Conventional antiviral drugs such as acyclovir, valacyclovir, and famciclovir remain the primary treatment options, as they effectively suppress viral replication, accelerate lesion healing, and reduce disease severity when initiated early. However, pain and inflammatory symptoms may persist despite antiviral therapy. Herbal medicines have emerged as supportive therapeutic options due to their anti-inflammatory, antioxidant, analgesic, and wound-healing properties. Although they do not directly inhibit viral replication, herbal interventions contribute to symptom relief, pain reduction, and tissue repair, thereby improving patient comfort. This review presents a comparative overview of conventional antiviral agents and herbal therapies, focusing on their mechanisms of action, clinical roles, efficacy, safety, and therapeutic relevance in herpes zoster management. The review highlights that an integrated approach combining antiviral therapy with evidence-based herbal support may provide comprehensive disease management. Further clinical validation and standardization are required to optimize such combined treatment strategies.

Keywords: Herpes Zoster, Antiviral Therapy, Herbal Supportive Therapy, Traditional Use, Pain Management.

How to Cite: A. A. Acharya; M. D. Pomaje; A. B. Patil; S. M. Gangan; G. C. Parab (2026) Herbal and Conventional Treatments for Shingles: A Review. *International Journal of Innovative Science and Research Technology*, 11(10), 274-281. <https://doi.org/10.38124/ijisrt/26oct376>

I. INTRODUCTION

Herpes zoster, commonly known as shingles, results from the reactivation of the varicella-zoster virus (VZV), which remains dormant in sensory ganglia after chickenpox, striking adults, especially those over age 50, amid immune decline. Annually affecting over 1 million in India alone, it manifests as a unilateral dermatomal rash with severe neuropathic pain, risking debilitating post-herpetic neuralgia in 10-20% of cases. Standard care relies on antivirals like acyclovir and valacyclovir to blunt viral spread if started within 72 hours. Yet, these agents rarely eliminate lingering nerve damage or counter emerging resistance in vulnerable groups.

Traditional remedies from Ayurveda and folk medicine counter with botanicals such as *Piper betle*, *Curcuma longa*, and *Aloe vera*, prized for their innate antiviral, anti-inflammatory, and skin-soothing properties that complement synthetic limitations. This review juxtaposes these herbal options against conventional drugs across efficacy, mecha-

nisms, safety profiles, and research voids, advocating evidence-driven fusion therapies suited to diverse healthcare landscapes^[1,2].

➤ Pathophysiology:

Herpes zoster develops because of reactivation of the varicella-zoster virus (VZV), a double-stranded DNA virus belonging to the herpesvirus family. Initial infection with VZV usually occurs during childhood through the respiratory route, leading to varicella (chickenpox). Following entry into the body, the virus multiplies within regional lymphatic tissues and subsequently spreads through the bloodstream, allowing further replication in organs such as the liver and spleen. After the primary infection is resolved, the host immune system suppresses viral activity; however, the virus is not eliminated.^[1,2]

VZV persists in a latent state within the sensory nerve ganglia, particularly the dorsal root ganglia and, in some cases, cranial nerve ganglia. During periods of reduced immune

surveillance—such as aging, stress, or immunosuppression—the dormant virus may become reactivated. Upon reactivation, the virus travels along the sensory nerve fibres toward the skin, resulting in localized inflammation of nerves and corresponding dermatomes. This process leads to the characteristic unilateral vesicular eruptions accompanied by severe neuropathic pain, which are hallmarks of herpes zoster.^[3]

As the infection progresses, fluid-filled vesicles develop, rupture, and eventually crust over before healing. In certain individuals, nerve damage caused by viral replication and inflammation may persist even after the skin lesions resolve, giving rise to post-herpetic neuralgia, a common and debilitating complication of shingles.^[4]

II. RATIONALE FOR COMPARATIVE STUDY

Management of herpes zoster remains clinically challenging due to its complex disease mechanism involving viral reactivation, inflammation, nerve injury, and delayed tissue healing.

Conventional treatment primarily focuses on antiviral therapy and pain management, which are effective in controlling viral replication and acute symptoms when administered early.

However, these therapies often provide limited benefit in addressing persistent inflammation, oxidative stress, and long-term neural complications, and their use may be restricted by adverse effects and patient tolerance.

Traditional herbal medicines have been used for generations in the treatment of skin disorders and painful inflammatory conditions, offering a broader therapeutic approach through multiple biological actions such as immune modulation, reduction of inflammation, and promotion of tissue repair. Despite their widespread traditional use, these remedies are often underrepresented in direct comparisons with modern pharmacological treatments. The absence of focused comparative evaluations limits a clear understanding of their relative benefits, limitations, and potential complementary roles.

Therefore, a comparative assessment of selected traditional herbal therapies and modern drug treatments is essential to highlight differences in therapeutic targets, safety profiles, and clinical outcomes. Such an approach may provide valuable insights into the strengths and shortcomings of both systems and support the development of more balanced and integrative strategies for effective herpes zoster management.

III. TRADITIONAL HERBAL MEDICINES

Herbal medicines offer a natural approach to managing shingles (herpes zoster), a painful viral rash caused by varicella-zoster reactivation, by targeting inflammation, antiviral activity, and immune support. These remedies complement conventional antivirals like acyclovir, focusing on symptom relief through anti-inflammatory, soothing, and skin-healing properties.

➤ *Curcuma longa*:

Curcuma longa, commonly known as turmeric, has been used in traditional health practices for centuries. It is a familiar household plant and has been valued not only as a culinary ingredient but also for its place in traditional remedies.



Fig 1 *Curcuma longa*

This historical significance has kept it central to discussions of plant-based therapeutic approaches.^[5-7]

• Botanical Information:

Curcuma longa belongs to the family *Zingiberaceae* and is commonly known as turmeric. It is a perennial herb cultivated mainly in tropical regions. The rhizome is the medicinally important part of the plant.

• Major Phytochemical Constituents:

The major bioactive constituents of turmeric are curcuminoids, including curcumin, demethoxycurcumin, and bisdemethoxycurcumin. It also contains volatile oils such as turmerone and zingiberene.

• Pharmacological Activities:

Turmeric exhibits significant anti-inflammatory, antioxidant, analgesic, neuroprotective, and wound-healing activities. These properties contribute to its wide therapeutic application.

• Mechanism of Action (MOA) – Anti-inflammatory:

Curcumin inhibits the activation of nuclear factor-kappa B (NF-κB) and suppresses the production of pro-inflammatory cytokines. It reduces prostaglandin synthesis and decreases oxidative stress. These actions help in controlling inflammatory signaling pathways.

• Role in Nerve Pain and Inflammation:

Turmeric reduces inflammation of sensory nerves and decreases pain sensitization. It protects neurons from oxidative damage and supports nerve healing and functional recovery.

• Therapeutic Uses:

Turmeric is used in the management of inflammatory disorders, neuropathic pain, and musculoskeletal conditions. It is also used for treating skin inflammation, promoting wound healing, and providing supportive therapy in herpes zoster.

- **Traditional Uses:**

Traditionally, turmeric is applied as a topical paste for skin diseases and wounds. It is also consumed orally to relieve pain, swelling, and inflammation.^[5-7]

- **Aloe vera:**

Few medicinal plants have achieved the level of familiarity associated with *Aloe vera*. The plant has been used across generations and is particularly well known for its place in traditional preparations and personal care practices. Its simple accessibility and longstanding use have contributed to its popularity in both household and herbal applications. Over time, *Aloe vera* has become a prominent example of a plant connecting traditional practices with contemporary interest in natural healthcare.^[8,9]



Fig 2 *Aloe vera*

- **Botanical Information:**

Aloe vera is a well-known medicinal plant traditionally used for soothing painful skin conditions and promoting wound healing. It is commonly known as aloe and belongs to the family *Asphodelaceae*. The leaf gel is the medicinally important part of the plant.

- **Major Phytochemical Constituents:**

The gel of *Aloe vera* contains bioactive compounds such as polysaccharides, glycoproteins, vitamins, and amino acids. These constituents contribute significantly to its therapeutic and healing properties.

- **Pharmacological Activities:**

Aloe vera exhibits anti-inflammatory, antioxidant, wound-healing, moisturizing, and soothing activities.

These properties make it useful in managing painful and inflammatory skin disorders.

- **Mechanism of Action (MOA) – Anti-inflammatory:**

Aloe vera suppresses the release of inflammatory mediators involved in skin irritation and nerve sensitization. It exerts cooling, moisturizing, and tissue-repair effects which collectively help reduce inflammation and promote healing.

- **Role in Nerve Pain and Skin Inflammation:**

Topical application of *Aloe vera* provides a cooling and soothing effect that relieves burning pain and discomfort at lesion sites. It reduces local inflammation and supports recovery of damaged skin, thereby indirectly decreasing pain intensity.

- **Therapeutic Uses:**

Aloe vera is used for soothing inflamed skin, relieving burning sensations, and promoting wound healing. It is also employed as a supportive topical therapy in herpes zoster for symptomatic pain relief and skin repair.

- **Traditional Uses:**

Traditionally, *Aloe vera* gel is applied directly to burns, wounds, and irritated skin. It is widely used for treating skin inflammation, dryness, and painful dermal conditions.

- **Therapeutic Relevance in Herpes Zoster:**

Aloe vera provides symptomatic relief during the acute phase of shingles by calming inflamed skin and reducing local pain. It supports faster healing of vesicular lesions and helps minimize discomfort associated with nerve irritation^[8,9]

- **Phyllanthus emblica:**

Known widely as amla, *Phyllanthus emblica* has held a distinctive place in traditional healthcare practices, particularly within the Indian medicinal tradition. The plant has been regarded as an important part of traditional herbal preparations and has been used in various forms over a long period. Its continued presence in traditional practices reflects the cultural and medicinal importance attached to this plant. Consequently, amla has remained a notable subject within the broader field of medicinal plant research.^[10-12]



Fig 3 *Phyllanthus emblica*

- **Botanical Information:**

Phyllanthus emblica, commonly known as amla or Indian gooseberry, is an important medicinal plant widely used in traditional systems of medicine. It belongs to the family *Phyllanthaceae*, and the fruit is the medicinally valuable part of the plant.

- **Major Phytochemical Constituents:**

Amla is rich in vitamin C, polyphenols, flavonoids, and tannins. These bioactive constituents are responsible for its strong antioxidant and therapeutic properties.

- **Pharmacological Activities:**

Amla exhibits potent antioxidant, anti-inflammatory, immunomodulatory, and rejuvenating activities. These properties contribute to its role in managing inflammatory and oxidative stress-related conditions.

- **Mechanism of Action (MOA) – Anti-inflammatory:**

Amla modulates inflammatory pathways involved in tissue damage and nerve irritation. It suppresses inflammatory mediators and scavenges free radicals, thereby reducing oxidative stress and supporting immune balance.

- **Role in Nerve Pain and Inflammation:**

Amla reduces inflammation-mediated nerve irritation and limits oxidative damage that worsens neural pain. Its antioxidant and immune-supportive actions help in nerve recovery and pain reduction.

- **Therapeutic Uses:**

Amla is used for improving immunity, reducing systemic inflammation, and managing oxidative stress-related disorders. It is also employed as a supportive therapy in herpes zoster to reduce pain intensity and promote recovery.

- **Traditional Uses:**

Traditionally, amla is consumed orally to enhance vitality, improve digestion, strengthen immunity, and manage inflammatory conditions. It is widely used as a rejuvenating tonic in Ayurvedic medicine.

- **Therapeutic Relevance in Herpes Zoster:**

Amla supports the management of shingles-associated pain by reducing inflammation and oxidative stress. It may help decrease the severity and duration of neural discomfort and promote overall recovery.^[10–12]

➤ ***Callicarpa macrophylla*:**

Unlike some widely familiar medicinal plants, *Callicarpa macrophylla* has received comparatively less attention in common household use, while maintaining relevance within traditional herbal practices. Its history of use provides an interesting basis for examining lesser-known medicinal plants and their potential contribution to healthcare. Interest in such plants has increased with the broader exploration of traditionally used natural resources. *C. macrophylla* therefore provides a valuable example of a medicinal plant whose traditional background warrants further scientific consideration.^[13–15]



Fig 4 *Callicarpa macrophylla*

- **Botanical Information**

Callicarpa macrophylla is a medicinal plant in the family *Lamiaceae*, commonly known as Priyangu. It is widely distributed in tropical and subtropical regions and is used in

traditional systems of medicine. The leaves and roots are the major parts used for therapeutic purposes.

- **Major Phytochemical Constituents**

The plant contains various bioactive constituents such as flavonoids, phenolic compounds, diterpenoids (including calliterpenone), and glycosides. These phytochemicals are associated with their biological activities.

- **Pharmacological Activities**

Callicarpa macrophylla exhibits anti-inflammatory, analgesic, antioxidant, and antimicrobial properties. These activities support its traditional use in managing inflammatory and painful conditions.

- **Mechanism of Action (MOA) – Anti-inflammatory**

The plant exerts its effects by modulating inflammatory pathways and reducing the release of pro-inflammatory mediators. Its phytoconstituents, including flavonoids and diterpenoids, are associated with anti-inflammatory and antioxidant actions, which help in reducing tissue inflammation and oxidative stress.

- **Role in Pain and Inflammation**

Callicarpa macrophylla may help in reducing pain and inflammation by suppressing inflammatory responses and protecting tissues from oxidative damage. This action may contribute to symptomatic relief in conditions involving nerve irritation and skin inflammation.

- **Therapeutic Uses**

The plant is traditionally used for the management of inflammatory disorders, skin diseases, wounds, and pain-related conditions. It is also employed in certain regional practices for treating skin lesions and irritation.

- **Traditional Uses**

Traditionally, *Callicarpa macrophylla* is used in Ayurvedic and folk medicine for wound healing, treatment of skin disorders, and reduction of inflammation. It is commonly applied in the form of paste or extract.

- **Therapeutic Relevance in Herpes Zoster**

Callicarpa macrophylla is traditionally used in certain regional medicinal practices for managing inflammatory skin conditions. The presence of bioactive constituents such as flavonoids and diterpenoids, which are associated with anti-inflammatory activity, may contribute to the reduction of pain and inflammation associated with herpes zoster. However, there is limited clinical evidence supporting its direct therapeutic role in shingles, and further clinical studies are required to establish its efficacy.^[13–15]

IV. CONVENTIONAL DRUGS FOR SHINGLES DISEASE

Conventional antiviral medications constitute the mainstay of therapy for acute herpes zoster. Oral antiviral treatment yields maximum benefit when started at an early stage, ideally within 72 hours of rash appearance.^[1] Early drug administration suppresses viral multiplication and restricts disease progression. Timely therapy contributes to faster symp-

tom resolution and minimizes the likelihood of complications.^[16]

Acyclovir, valacyclovir, and famciclovir are the principal antiviral agents used in clinical practice. These drugs act by interfering with viral DNA synthesis, thereby inhibiting viral replication. Valacyclovir and famciclovir offer improved absorption and simplified dosing regimens. Acyclovir continues to serve as a reference antiviral agent, although its frequent dosing schedule may affect adherence. Overall, antiviral drugs play a central role in controlling infection and reducing disease burden in shingles.^[1,16,17]

➤ *Acyclovir*^[1,18,19]

- *Drug Class:*

Acyclovir is an antiviral drug belonging to the class of guanine nucleoside analogues.

- *Mechanism of Action (MOA):*

ACV selectively stops the herpes virus DNA replication. Viral thymidine kinase (absent in healthy cells) first phosphorylates ACV to monophosphate; human kinases then form ACV triphosphate—40-100x higher in infected cells. This fake nucleotide competes with dATP, binds viral DNA polymerase, causing irreversible inhibition and chain termination. Selective basis: Activation only in infected cells by viral kinase. Stronger binding to viral vs. human polymerase.

- *Pharmacokinetics:*

Acyclovir (ACV) comes in oral, intravenous, and topical forms. Oral dosing yields poor bioavailability of only 15-30%. The drug distributes widely into body fluids, including cerebrospinal fluid, vesicular fluid, and vaginal secretions. It undergoes primarily renal excretion, with about 85% eliminated unchanged by the kidneys. ACV readily crosses the placenta throughout pregnancy and appears in breast milk.

- *Pharmacological Role in Herpes Zoster:*

- ✓ Acyclovir reduces viral multiplication in infected tissues.
- ✓ It limits the progression and spread of skin lesions.
- ✓ It shortens the duration of acute neural pain.
- ✓ It promotes faster crusting and healing of vesicular eruptions.

- *Clinical Benefits:*

- ✓ Acyclovir decreases the severity of skin rash.
- ✓ It reduces the intensity and duration of acute herpetic pain.
- ✓ Early initiation lowers the risk of complications associated with herpes zoster.

- *Dosage Regimen:*

- ✓ The common oral dose is 800 mg administered five times daily for seven days. Therapy should ideally be initiated within 72 hours of rash onset for optimal benefit.

- *Efficacy:*

- ✓ Acyclovir effectively accelerates lesion healing.
- ✓ It provides significant relief from acute herpetic pain.
- ✓ Its impact on the prevention of post-herpetic neuralgia is moderate.

- *Safety and Tolerability:*

- ✓ Acyclovir is generally well tolerated when administered at therapeutic doses.
- ✓ Common adverse effects include nausea, headache, dyspepsia, and constipation. Intravenous acyclovir may cause renal toxicity, especially in patients with underlying kidney disease.

- *Special Populations:*

- ✓ Acyclovir is the preferred antiviral agent in children, pregnant women, and immunocompromised patients.

- *Clinical Limitations:*

- ✓ Frequent dosing reduces patient compliance.
- ✓ Renal function monitoring is required during high-dose or intravenous therapy.

➤ *Valacyclovir*^[1,16,20,21]

Valacyclovir is a prescription antiviral drug approved for the management of several viral infections. It is commonly used in the treatment of herpes zoster (shingles), genital herpes, and herpes labialis (cold sores) in adults. In pediatric patients, it is indicated for the treatment of chickenpox and cold sores. The drug is formulated as oral tablets and is available in two dosage strengths: 500 mg and 1000 mg. Valacyclovir is marketed in both branded and generic forms, allowing wide accessibility and cost-effective therapy.

- *Drug Class:*

Valacyclovir is an antiviral drug belonging to the class of guanine nucleoside analogues and acts as a prodrug of acyclovir.

- *Mechanism of Action (MOA):*

- ✓ Valacyclovir is rapidly converted into acyclovir after oral absorption.
- ✓ The active drug inhibits viral DNA synthesis by blocking viral DNA polymerase.
- ✓ It selectively acts inside virus-infected cells, thereby preventing viral replication.

- *Pharmacological Role in Herpes Zoster:*

- ✓ Valacyclovir reduces viral multiplication in infected tissues.
- ✓ It limits the progression and spread of skin lesions.
- ✓ It shortens the duration of acute neural pain.
- ✓ It promotes faster crusting and healing of vesicular eruptions.

- *Clinical Benefits:*

- ✓ Valacyclovir decreases the severity and extent of rash.
- ✓ It reduces the intensity and persistence of acute herpetic pain.
- ✓ Early treatment lowers the risk of post-herpetic neuralgia.

- *Dosage Regimen:*

- ✓ The standard oral dose is 1000 mg three times daily for seven days.
- ✓ Therapy should ideally begin within 72 hours of rash onset.

- *Efficacy:*

- ✓ Valacyclovir effectively accelerates lesion healing.
- ✓ It provides significant relief from acute shingles-associated pain.
- ✓ Its higher bioavailability results in improved therapeutic outcomes compared to acyclovir.

- *Safety and Tolerability:*

- ✓ Valacyclovir is generally safe and well-tolerated.
- ✓ Common side effects include headache, nausea, dizziness, and mild gastrointestinal discomfort.
- ✓ Serious adverse effects are rare at recommended doses.

- *Special Populations:*

- ✓ Valacyclovir can be safely used in immunocompetent adults.
- ✓ It may also be administered in immunocompromised patients under medical supervision.
- ✓ Dose adjustment is required in patients with renal impairment.

- *Clinical Advantages:*

- ✓ Reduced dosing frequency improves patient compliance.
- ✓ Better absorption enhances systemic antiviral activity.
- ✓ How Do Valacyclovir and Acyclovir Act in Shingles:

Valacyclovir is a prodrug of acyclovir. After oral administration, it is rapidly converted into acyclovir in the liver and intestinal wall. Acyclovir selectively enters virus-infected cells. Viral thymidine kinase phosphorylates acyclovir to acyclovir monophosphate. Host cellular enzymes further convert it into acyclovir triphosphate, the active form. Acyclovir triphosphate inhibits viral DNA polymerase. It competes with natural nucleotides, blocking viral DNA chain elongation. This prevents viral DNA synthesis and replication. Minimal activation occurs in uninfected cells, ensuring selective antiviral action.^[1,21]

➤ *Famciclovir*^[1,17,20,22]

Famciclovir is a prodrug of penciclovir, widely used as an antiviral for herpes zoster (shingles) caused by the varicella-zoster virus.

- *Drug class:*

Famciclovir is an antiviral drug that acts as a prodrug of penciclovir.

- *Mechanism of action (MOA):*

- ✓ Famciclovir is converted into its active metabolite, penciclovir, inside the body.
- ✓ Penciclovir inhibits viral DNA polymerase, thereby suppressing viral DNA synthesis and viral replication.

- *Pharmacological role in herpes zoster:*

- ✓ Famciclovir effectively controls the spread of the varicella-zoster virus. It accelerates the healing of skin lesions. It reduces the intensity of acute nerve pain. It shortens the duration of post-herpetic discomfort.

- *Clinical benefits:*

- ✓ Famciclovir provides faster reduction in pain intensity.
- ✓ It promotes rapid resolution of skin lesions.
- ✓ It is convenient dosing schedule improves patient adherence.

- *Dosage regimen:*

- ✓ The standard oral dose is 250 mg three times daily for seven days. Treatment should preferably begin within 72 hours of rash onset.

- *Efficacy:*

- ✓ Famciclovir shows comparable or superior effectiveness to acyclovir in reducing pain severity.
- ✓ It shortens the duration of acute neuralgia.
- ✓ It may help reduce the persistence of post-herpetic pain.

- *Safety and tolerability:*

- ✓ Famciclovir is generally well tolerated.
- ✓ Common adverse effects include headache, nausea, and constipation.
- ✓ It shows better gastrointestinal tolerability compared to acyclovir.

- *Pharmacokinetic advantages:*

- ✓ Famciclovir exhibits higher oral bioavailability.
- ✓ It has a longer intracellular half-life, allowing sustained antiviral action, less frequent dosing is required due to prolonged drug activity.

- *Clinical limitations:*

- ✓ Famciclovir is relatively more expensive than acyclovir. Dose adjustment and caution are required in patients with renal impairment.

Table 1 Comparative Chart: Herbal vs Conventional Medicines in Shingles Management

Sr. No	Parameter	Herbal Medicines	Conventional Medicines
1	Source	Derived from natural materials	Chemically synthesized antiviral agents
2	Primary therapeutic role	Supportive therapy aimed at reducing inflammation, pain, oxidative stress, and promoting tissue healing.	Direct antiviral therapy targeting viral replication.
3	Mechanism of action	Modulate inflammatory pathways, provide antioxidant protection, and promote skin and nerve healing.	Inhibit viral DNA polymerase, thereby blocking viral replication.
4	Onset of action	Gradual onset with sustained supportive effects.	Rapid onset with strong antiviral activity.
5	Effect on viral load	Indirect effect through immune modulation	Direct and potent reduction of viral replication.
6	Pain management	Reduces pain mainly by anti-inflammatory and soothing actions.	Reduces pain by suppressing viral activity and nerve inflammation.
7	Skin healing	Promotes wound healing, tissue regeneration, and moisture retention.	Accelerates lesion crusting and resolution by controlling viral spread.
8	Safety profile	Generally safe with low systemic toxicity when used appropriately.	Generally safe but may cause side effects, especially at high doses.
9	Adverse effects	Usually, mild reactions are rare, Mainly gastrointestinal or allergic reactions.	May cause nausea, headache, renal toxicity, and neurological effects at high doses.
10	Long-term use	More suitable for prolonged Supportive use.	Long-term use is limited due to toxicity concerns.
11	Standardization	Variability in phytochemical content and formulation quality.	Highly standardized dose and consistent pharmacokinetics.
12	Clinical evidence	Growing experimental and clinical support, but limited large scale trails.	Strong clinical evidence and guideline-based use.
13	Cost and availability	Often affordable and widely accessible.	May be costly depending on formulation and duration.
14	Role in therapy	Complementary and supportive role.	Primary and essential therapy

V. CONCLUSION

Herpes zoster remains a clinically important condition due to its painful manifestations and potential long-term complications. Conventional antiviral agents such as acyclovir, valacyclovir, and famciclovir form the cornerstone of treatment by directly inhibiting viral replication, thereby reducing disease severity, accelerating lesion healing, and lowering the risk of complications when initiated early. These drugs represent the foundation of evidence-based therapy and are essential for effective clinical management of shingles.

In parallel, herbal medicines offer supportive benefits through their anti-inflammatory, antioxidant, analgesic, and wound-healing properties. Although herbal therapies do not directly eliminate the virus, they contribute to symptom relief, pain reduction, tissue repair, and overall patient comfort. Their role as complementary agents may enhance therapeutic outcomes and improve quality of life, particularly during the acute and recovery phases of the disease.

A balanced therapeutic approach that integrates conventional antiviral therapy with carefully selected herbal interventions may provide comprehensive disease management by addressing both viral activity and symptomatic burden. However, further clinical validation, standardization of herbal formulations, and mechanistic investigations are required to establish optimized treatment strategies. Overall, both conventional and herbal medicines possess distinct and complementary roles, and their rational integration may offer

a promising direction for improved management of herpes zoster.

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