

Post Herpetic Neuralgia

Herpes zoster is a painful neurocutaneous disorder characterized by dermatologic rash and pain. Although the acute phase frequently resolves in 2 to 3 weeks, a chronic form, more common in the elderly population, may continue for a protracted period of time. The syndrome is due to a recurrent form of infection of varcella zoster virus.

The cause of the pain is not completely understood, but the focus of current attention is the endogenous neuropeptides, such as substance P, which has been demonstrated to play a role as primary chemomediators of nociceptive impulses transmitted from the peripheral to central nervous system. Elevated levels of substance P have been detected in sensory nerves supplying localized sites of chronic inflammation.

Capsaicin (Zostrix, Axain) is a pungent substance found in the fruit of various species of plants of the nightshade family. It is known to play a role in the release or inhibition of Substance P from cell bodies and nerve terminals in both the central and the peripheral nervous systems. Chemically induced pain in the skin, which closely resembles the pain of post-herpetic neuralgia, may be mediated by substance P.

To investigate the possibility that topical treatment with capsaicin controls the pain resulting from herpes zoster infection, Bernstein, from the department of dermatology at Northwestern University Medical School, and colleagues from other universities undertook an investigation to evaluate the effectiveness of Zostrix on patients with Herpes zoster. The results were considered successful in the fact that most patients had sufficient relief to discontinue the use of opiate analgesics. Of all patients considered, only three experienced no relief of pain. The response rate during the trial period of four weeks of treatment was 75%.

The only adverse effect was a mild to moderate burning sensation noted intermittently by one patient, and this occurred at the time of application of the treatment.