

Clinical Research

Observation on the effect of fire needle combined with *Linggui Bafa* for post-herpetic neuralgia

火针配合灵龟八法治疗带状疱疹后遗神经痛的疗效观察

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ABSTRACT

Objective To observe the clinical effect of fire needle combined with *Linggui Bafa* for post-herpetic neuralgia (PHN). **Methods** One hundred and twenty patients were randomly divided into an observation group and a control group with 60 cases each. For observation group, fire needle was applied to prick Zúsānlǐ (足三里 ST 36), Yánglíngquán (阳陵泉 GB 34), Taichōng (太冲 LR 3), Sānyīnjiāo (三阴交 SP 6) and partial *Ashi* points around the lesion, and *Linggui Bafa* was combined to perform acupuncture therapy, once every other day, 10 times as a course of treatment; for the control group, only fire needle was applied. After 2 courses of treatment, the comparison of the value of visual analogue scale (VAS) and the total effective rate for the two groups were carried out. **Results** The VAS value of the observation group after treatment was obviously lower than that before treatment (2.28 ± 2.08 vs 6.12 ± 1.96) and that of the control group (2.28 ± 2.08 vs 3.62 ± 2.90), there were significant differences (all $P < 0.01$). The total effective rate of the observation group was obviously higher than that of the control group [93.3% (56/60) vs 76.7% (46/60)], the difference between the two groups was statistically significant ($P < 0.05$). **Conclusion** The effect of fire needle combined with *Linggui Bafa* for PHN is obviously superior to that of single fire needle therapy.

KEY WORDS: post-herpetic neuralgia; PHN; fire needle; *Linggui Bafa*

Herpes zoster is caused by chickenpox-herpes zoster virus with the symptom of grouped vesicles on the skin, which is an acute herpes skin disease with severe pain. Post-herpetic neuralgia (PHN) is the most common and troublesome complication of herpes zoster. The chance of healing PHN on its own is low for longer than 6 months. The specific symptoms include acute intractable pain, haphalgnesia, knife-like pain and thermal burning pain which show light effect during the day and strong effect at night. It usually affects sleep at night and brings severer pain for those in older age. Some patients even suffer from the pain for years or tens of years. In recent years, the morbidity of this disease is on the rise, as one of

the diseases deteriorating the living quality of middle aged and elderly people^[1]. The authors cured the PHN in 60 patients by applying fire needle combined with *Linggui Bafa* from September 2012 to September 2013 in the outpatient of the Acupuncture Department in Air Force General Hospital. The results are reported as follows.

CLINICAL DATA

All the 120 cases were PHN patients. They were randomly divided into an observation group and a control group. In the observation group, there were 60 cases with 23 male and 37 female, aged from 40 to 74, averagely 62.3 years old; the duration of disease

was from 2 months to 3 years. For the painful area, 11 of them were on chest, 19 on intercostal, 24 on abdomen and 6 on arms and legs. In the control group, there were 60 cases with 31 male and 29 female, aged from 42 to 68, averagely 58.2 years old; the duration of disease is from 3 months to 2 years. For the painful area, 10 of them were on chest, 15 on intercostal, 26 on abdomen and 9 on arms and legs. In the two groups, there were no significant differences in sex, age, duration of disease, painful area, etc. ($P > 0.05$), with comparability.

Inclusive criteria

① Those who were aged over 40; ② those who had cluster herpes in zonal and unilateral distribution; ③ the pain had lasted for 1 month or more since the rash was cured; ④ those whose visual analogue scale (VAS) exceeded 6 points; ⑤ those who signed the Informed Consent and could finish the treatment.

Exclusive criteria

① Those who did not meet the inclusive criteria; ② women during lactation, pregnancy, or pre-pregnancy; ③ allergic constitution and allergic to a variety of drugs; ④ those who had serious primary diseases in liver, kidney, hematopoietic system and endocrine system or mental disorders; ⑤ trigeminal neuralgia, migraine, intercostals neuralgia, sciatica; ⑥ those who were in a critical condition and difficult to evaluate the exact effect and safety of drugs.

METHODS

Observation group

Fire needle therapy: Zúsānlǐ (足三里 ST 36), Yánglíngquán (阳陵泉 GB 34), Taichōng (太冲 LR 3), Sānyīnjiāo (三阴交 SP 6) and local *Ashi* points around the lesion were selected. The patient was asked to keep in recumbent or latericumbent position with the affected area exposed for routine sterilization. The handle of a middle-sized (0.5 mm×25 mm) carbide tip fire needle was held with the right thumb and forefinger by the practitioner, and an alcohol lamp was prepared in the left hand. The needle was heated at the outer flame of the alcohol lamp until it became reddish, pierced rapidly at ST 36, GB 34, SP 6, etc., and withdrawn swiftly. The depth of piercing was about 20 mm for ST 36, GB 34, SP 6 and 10 mm for LR 3. Then, prick was performed around the painful area and local *Ashi* points in an intensive manner. Each lesion area should be pricked for about 15 times, with depth of 5 mm, during which the needle should be withdrawn swiftly (the piercing and withdrawing were controlled by the wrist, within half a second).

The operation was required to be “steady, accurate and rapid”. In addition, an explanation should be given to the patient before treatment to release psychological barriers for coordination. After fire needle treatment, the pinprick area should not be washed. Moreover, the patient should eat light food rather than excitant food such as seafood, mutton, alcohol, etc.

Linggui Bafa therapy: it was asked to look up the point-open simple list of *Linggui Bafa*^[2] with daily clinic time of patients (Beijing time), the corresponding point-open of Gōngsūn (公孙 SP 4), Nèiguān (内关 PC 6), Zúlínqì (足临泣 GB 41), Wàiguān (外关 TE 5), Shēnmài (申脉 BL 62), Hòuxī (后溪 SI 3), Zhàohǎi (照海 KI 6) and Lièquē (列缺 LU 7) were found, and the adjunct acupuncture points were selected according to corresponding methods in eight points of father-mother, husband-wife, male-female and host-guest in *Bamai Jiaohui Ge* (《八脉交会歌》 *Eight Extra-Meridians Jingle*). The two points at both sides were selected. Then, the four points were pricked with a 0.25 mm×40 mm needle after routine alcohol sterilization in mild reinforcing and reducing method, and the needle was retained for 30 minutes after *deqi*.

Fire needle combined with *Linggui Bafa* for PHN was performed once every other day, 10 times for each course of treatment. The statistical analysis on therapeutic effect was carried out after 2 courses of treatments.

Control group

Simple fire needle treatment was given once every other day, 10 times for each course of treatment. The statistical analysis on therapeutic effect was carried out after 2 courses of treatment.

Observation indices

The visual analogue scale (VAS) was used to estimate the level of pain before and after treatment, taking 10 cm as scale plate, 1 cm for 1 point, 0 as no pain, and 10 points as severe pain.

Therapeutic effect criteria

In accordance with the *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in TCM*^[3], the effect indices (n) = [(total points before treatment – total points after treatment) ÷ total points before treatment] × 100%. Cured: pain was gone, $n \geq 95\%$; markedly effective: pain was significantly alleviated, $70\% \leq n < 95\%$; effective: pain was alleviated, $30\% \leq n < 70\%$; ineffective: there was no significant changes in symptoms, $n < 30\%$.

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