Clinical Research

Observation on clinical efficacy of acupuncture combined with direct moxibustion with fine-strip moxa for 62 cases of herpes zoster

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LI Meng (李 梦), **GOU Chun-yan** (苟春雁), **WANG Yi-gang** (王毅刚)✉

Department of Acupuncture, Chongqing TCM Hospital, Chongqing 400021, China (重庆市中医院针灸科, 重庆 400021, 中国)

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First author: Li Meng (1973-), female, associate chief physician.
Research field: treatments on nervous system diseases with acupuncture and TCM.
E-mail: limengmail@163.com
✉ Corresponding author: WANG Yi-gang, male, supervisor for Ph.D. candidates.
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ABSTRACT

Objective To evaluate the clinical effect of acupuncture combined with direct moxibustion with fine-strip moxa for herpes zoster. **Methods** Sixty-two patients with herpes zoster were randomly divided into two groups according to attendance number, 32 in acupuncture group and 30 in western medicine group. The patients in the acupuncture group were treated by acupuncture at the nidus-related nerve segments Jiājǐ (夹脊 EX-B2) in combination with direct moxibustion with fine-strip moxa, while the patients in the western medicine group were treated by oral valaciclovir hydrochloride, vitamin B_1, vitamin B_{12}. The times of response, incrustation and decrustation were observed respectively, and pain relief degree of the two groups were compared. **Results** The response time, incrustation time and decrustation time of the acupuncture group were all less than those of the western medicine group [(1.74±0.43) days vs (3.86±0.58) days, (2.03±0.52) days vs (5.46±0.65) days, (5.14±0.33) days vs (8.34±0.59) days, all P<0.05]. The pain relief degree (VAS score), and pain duration in the acupuncture group were all higher obviously than those of the western medicine group [(10.41±12.1) vs (15.63±11.39), (4.78±0.45) days vs (8.12±0.63) days, all P<0.05]. The total effective rate of the acupuncture group was 96.9% (31/32)and that of the western medicine group was 90% (27/30), thus the therapeutic effect of acupuncture group was better than that of western medicine group (P<0.05). **Conclusion** The therapeutic effect of acupuncture combined with direct moxibustion with fine-strip moxa is remarkable. It can effectively control the development of herpes zoster, alleviate pain and shorten therapy periods. It is worthy to be promoted and applied.

KEY WORDS: herpes zoster; acupuncture therapy; fine-strip moxa; randomized controlled trial

Herpes zoster refers to herpes clustered along peripheral nerves of ganglia and skin infringed by varicella-zoster virus, characterized by neuralgia. As one of the most common diseases, its main symptoms in the acute phase are represented by pain and skin lesions. If the disease is treated in the acute phase, its lesions can be controlled, pain can be alleviated, and neuralgia and complications can be lowered, which is deemed as a critical period for treatment. Therapies applied by western medicine are based on anti-virus, prevention of infections, shortened course and symptomatic treatment while the ones applied by traditional Chinese medicine vary. In this study, good clinical efficacy was achieved by applying acupuncture plus moxibustion in which herpes zoster was treated with thin moxa sticks. Here's the report.

CLINICAL DATA

General data

Sixty-two patients with herpes zoster were collected from the Dept. of Acupuncture and Moxibustion and Dept. of Dermatology of Chongqing TCM Hospital from January 2012 to December 2012. Patients were randomly divided into the acupuncture group (32 cases) and the western medicine group (30 cases) according to their attendance number. In the acupuncture group, 19 males and 13 females were included with an average age of (34.1±6.1) years old, while 16 males and 14 females were included in the western medicine group with an average age of (35.2 ±5.9) years old. Differences of patients' age, gender and course (less than 7 days) were not statistically significant (all $P>0.05$) but comparable, the trail was approved by the Ethics Committee.

Diagnostic criteria

TCM diagnosis criteria were developed with reference to the *Criteria for Diagnosis and Therapeutic Effect of Diseases and Symptoms in TCM*: ① Skin lesions are usually manifested as a cluster of mung bean-sized watery scar with tight scar wall and red base. They are often distributed unilaterally like a belt; in severe cases, lesions can be manifested as hemorrhage, or even gangrenous damage. Cases with lesions on head and face are usually considered as severe ones. ② The patients suffered from skin pricking pain or burning pain before rashes come out. ③ People with obviously conscious pain, even unbearable pain or postherpetic pain after rashes were gone.

The diagnostic criteria of western medicine were developed with reference to diagnostic basis of herpes zoster in *Clinical Guidelines for Diagnosis and Treatment: Dermatology and Venerology 6*. ① There may be some prodromes like fatigue, low fever, general malaise, loss of appetite before blistering. ② The affected area may have neuralgia and hyperesthesia of skin. ③ The predilection sites are dermal regions dominated by intercostals nerve, trigeminal nerve, brachial plexus and sciatic nerve. ④ The rash, formed on the basis of erythema, are manifested as a cluster of blisters with clear fluid ranging from millet-size to soybean-size. ⑤ The rash are often distributed unilaterally, generally no exceeding body median line. ⑥ Disease course lasts about 3–4 weeks, which may result in pigmentation after recovery, and cases with necrotizing ulceration may leave a scar. ⑦ Herpes zoster on head and face can affect eyes, ears, causing herpes keratoconjunctivitis or facial paralysis, etc.

Inclusive criteria

① Those who complied with the diagnostic criteria. ② Those who were aged from 18 to 70 years old. ③ The disease course lasted for 1–7 days without analgesia and antiviral treatment. ④ Those who signed the *Informed Consent Form* and were willing to participate in the test.

Exclusive criteria

① Pregnant or lactating women. ② Hypersensitive diathesis. ③ Scar diathesis. ④ Bleeding tendency. ⑤ Cases complicated with severe heart and cerebral vessels diseases, diabetes, malignant tumors, mental diseases, severe hepatic and renal functional impairments or multiple organ failure.

METHODS

The acupuncture group

Acupuncture: 3–5 Jiājǐ (夹脊 EX-B 2) acupoints in herpes lesion area related to cervical, thoracic and lumbar spinal nerve segments were selected as stimulation points; choosing 3–5 acupoints of distal margins of focal area in four directions including upside, downside, inside and outside as well as the herpes group margin with the most obvious symptoms of cluster as stimulation points, then surrounding needling manipulation was manipulated to these acupoints where there was no lesion. Obliquely needling with 25–40 mm acupuncture needles to the upside inward direction, after *deqi*, making the needling sensation radiate towards ribs or chest; non- EX-B 2 acupoints on the selected location were punctured with 40 mm needles penetrating to lesion direction along the skin; electroacupuncture (EA) and condensation-rarefaction wave in a frequency of 5 Hz/10 Hz were applied on EX-B 2. The intensity was within patients' tolerance. The needles were withdrawn after retention for 30 minutes.

Direct moxibustion with fine-strip moxa: choosing distal margins of the lesion area as stimulation points. When manipulating moxibustion, away from needling points, the fine-strip moxa was lighted at the location 1 cm away from lesions and then quickly contacted with the skin and quickly moved away. 1 *zhuang* of treatment was finished when the patients just started feeling pain. Every stimulation point was treated for 3–5 *zhuangs*; selecting 2–3 most obvious symptoms spots of herpes cluster, each spot was treated for 3–5 *zhuangs*. Acupuncture treatment was carried out once a day, 10 days in total.