

Clinical Research

Thin cotton moxibustion combined with plum-blossom needle in treatment of herpes zoster: a controlled trial

薄棉灸结合梅花针叩刺治疗带状疱疹

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ABSTRACT

Objective To compare the difference of clinical efficacy of thin cotton moxibustion combined with plum-blossom needle and western medication in treatment of herpes zoster. **Method** Eighty patients with herpes zoster were divided into thin cotton moxibustion group (group A, $n=40$) and western medication group (group B, $n=40$) according to the sequence of admission. Patients in group A received thin cotton moxibustion that the cotton was used as thin as a cicada's wings, combined with plum-blossom needle, and patients in group B received intravenous infusion with 0.25 g of acyclovir once a day, and acyclovir ointment application on affected part for 3–5 times per day. Five days were considered as a course of treatment. Analgesic effect and the incidence of postherpetic neuralgia were observed after two consecutive courses. **Result** The total effective rate was 97.5% (39/40) in group A, and 80.0% (32/40) in group B ($P<0.05$); it was shown from the comparison of course between two groups that the cure rate after one in group A was markedly higher than that in group B ($P<0.01$, $P<0.05$); the differences in effectual time and analgesic time between group A and group B were statistically significant ($P<0.05$); after treatment, the incidence of postherpetic neuralgia in group A was markedly lower than that in group B ($P<0.05$). **Conclusion** Thin cotton moxibustion combined with plum-blossom needle in treatment of herpes zoster can obviously shorten the time of therapy, effectively control pain, and reduce the incidence of postherpetic neuralgia.

KEY WORDS: thin cotton moxibustion; plum-blossom needle; herpes zoster; acyclovir; postherpetic neuralgia; controlled trial

Herpes zoster, commonly known as “snake string sores”, is a kind of common skin disease caused by chickenpox-herpes zoster virus, which mostly attacks the middle-aged and elderly in spring and autumn. Herpes zoster's clinical manifestations include clustered herpes on skin and severe pain. As one of the symptoms of herpes zoster, neuralgia^[1] is the precursory symptom of more than 92% of patients, with the manifestations of severe burning pain and cutting pain, which are insufferable, and impact patients' life. As a kind of self-limited disease, herpes zoster can disappear 2–3 weeks later without

any therapy^[2]. However, about 30%–50% of patients may suffer from refractory postherpetic neuralgia for several months or several years^[3]. There are many methods in treating herpes zoster^[4–6], and different therapeutic effects have been obtained. Taking shortening of time of therapy, rapid control of pain and active suppression of postherpetic neuralgia as key and difficult points, and aiming at alleviating patients' suffering, we conducted thin cotton moxibustion combined with plum-blossom needle on the affected skin in treatment of herpes zoster, and obtained great efficacy. The report is as follows.

CLINICAL DATA

General data

Eighty patients with herpes zoster, visited department of acupuncture and moxibustion, Taihe Hospital from March, 2011 to March, 2014, were included in the study, and divided into thin cotton moxibustion group (group A, 40 cases) and western medication group (group B, 40 cases) according to the sequence of admission. All the patients conformed to the inclusive diagnostic criteria. There were 12 males and 28 females in group A, the youngest was 18 years old, and the oldest was 72 years old, with the average age of (45.6 ± 4.5) years old; the shortest course of disease was 1 day, and the longest was 6 days, with the average course of (3.0 ± 0.6) days; location of herpes: 5 cases were on the neck, 4 on upper limb, 26 on the body, and 5 on lower limb. There were 13 males and 27 females in group B, the youngest was 19 years old, and the oldest was 73 years old, with the average age of (46.1 ± 4.7) years old; the shortest course of disease was 1.5 days, and the longest was 6.1 days, with the average course of (3.3 ± 0.6) days; location of herpes: 3 cases were on the neck, 6 on upper limb, 27 on the trunk, and 4 on lower limb. The differences of the two groups in gender, age, course of disease and location of herpes were not significant (all $P > 0.05$), and were comparable.

Diagnostic criteria

TCM diagnosis was based on the diagnostic criteria of “snake string sores” in *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine*^[7], and western medicine diagnosis was based on the diagnostic criteria of herpes zoster in *Dermatovenereology*^[8].
① With typical unilaterally zonal distributed clustered erythema, chickenpox, and pain with different degrees.
② Commonly with the precursory symptoms of burning pain and cutting pain.
③ with insufferable pain which is distributed by innervation areas.

Inclusive criteria

① The patients with the age of 18–73 years old, and the course of disease of less than 7 days; the patients who visited hospital with 3 days, without any antiviral or analgesic therapy;
② the patients who voluntarily joined in the study, conformed to the diagnostic criteria, and signed the Informed Consent Form.

Exclusive criteria

① Pregnant women and lactating women;
② the patients with allergic constitution or scar

diathesis, or were allergic to drugs;
③ the patients with very serious condition, of whom the effectiveness and safety cannot be evaluated correctly;
④ the patients voluntarily dropped out of the study, or dropped out of the study due to other reasons;
⑤ the patients with incomplete information, which impacted the efficacy evaluation.

The study was approved by Medical Ethics Committee of Taihe Hospital.

METHODS

Thin cotton moxibustion group (group A)

(1) Plum-blossom needle

Appropriate position was selected according to pathogenic site of patients. After routine disinfection on local skin, a sterile plum-blossom needle was applied to tap the herpes from one end to the center; after the focus was surrounded, the plum-blossom needle was tapped slightly heavily to make the margin of skin lesion hyperaemia. Plum-blossom needle was applied again to tap the herpes heavily, breaking the skin surrounding the herpes, until a little bleeding. Then, flash-fire cupping was used on the site tapped by plum-blossom needle, and the cup was retained for 5–10 min. After the cup was removed, the wound was cleaned, and applied by povidone iodine, finally, thin cotton moxibustion was conducted.

(2) Thin cotton moxibustion

A small piece of cotton was torn down from a degreasing cotton lump (the cotton on cotton swab was not suitable), the cotton piece was stretched outwards with even strength, the thinner the better. The cotton piece should cover the herpes completely, and be 1mm excess the area of skin lesion. The edge of cotton piece was turned upwards, and burned for 1–2 s, till the cotton was burnt out. The patient felt a little burning sensation during burning. After the moxibustion, the surface of herpes was light yellow; moxibustion for another time was needed if the surface of herpes was not light yellow. Moxibustion can be conducted for 2–3 times continuously. A thin layer of *Jingwanhong* ointment was applied to prevent burns. After treatment for once, the herpes turned black and scabbed, and the same treatment was conducted for patients with new herpes; for patients without new herpes, the same treatment was conducted once every other day on and around the herpes treated last time (Figure 1).

Western medication group (group B)

Intravenous infusion with acyclovir (Hubei Keyi Pharmaceutical Co., Ltd., with code number approved

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