Observation on clinical effect of electroacupuncture plus pricking-cupping bloodletting therapy for herpes zoster

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Abstract
Objective: To observe the clinical effect of electroacupuncture (EA) plus pricking-cupping bloodletting therapy for herpes zoster.

Methods: A total of 43 patients with herpes zoster were randomly divided into two groups, 23 cases in the treatment group and 20 cases in the control group. The treatment group was given EA plus pricking-cupping bloodletting therapy. The control group was given oral administration of Aciclovir Tablets, Diclofenac Sodium Dual Release Enteric-coated Capsules, Methylcobalamin Dispersible Tablets, and Vitamin B12.

Results: The total effective rate was 87.0% in the treatment group and 70.0% in the control group, with a statistical significance in difference of the total effective rate between the two groups (P < 0.01).

Conclusion: The clinical effect is better in the treatment of herpes zoster by EA plus pricking-cupping bloodletting therapy than by medications.

Keywords: Herpes Zoster; Acupuncture Therapy; Electroacupuncture; Cupping Therapy; Blood-letting Puncturing and Cupping

Herpes zoster is an acute infectious skin disease caused by varicella zoster virus. Because the virus is neurotropic, virus would move to skin along the nerve fibers after the onset, causing fierce inflammation in the involved nerves and skin. Skin rash is usually characterized by unilateral presence or presence along the nerve segment, composed of clustered blisters and accompanied by pain. Herpes zoster often affects adults and is more commonly seen in spring and autumn. This disease is similar to snake sores in traditional Chinese medicine (TCM). We treated 23 cases with this disease by electroacupuncture (EA) plus pricking-cupping bloodletting therapy, together with 20 cases treated by oral administration of medications for control study. Now, the report is given as follows.

1 Clinical Data

1.1 Diagnostic criteria
The diagnosis was made in reference to the diagnostic criteria of snake sores in the Shanghai Diagnostic and Therapeutic Guidelines of Traditional Chinese Medicine [1] promulgated by Shanghai Municipal Health Bureau. Skin rash was characterized by blisters in size of mung bean, in cluster, tense in the blister wall, in red base, often distributed unilaterally and in belt. In severe cases, skin rash was manifested by bleeding or visible gangrenous damage. If skin rash occurs in the head and face, the pathological condition would be severe. Before appearance of skin rash, pricking pain or burning sensation would often appear first in the skin,
accompanying by mild discomfort in the whole body, fever, obviously subjective pain, intolerable severe pain or neuralgia after fadeaway of skin rash.

1.2 Inclusion criteria
In conformity with the above diagnostic criteria; at the age of 28-70; with blisters for 1-7 d, without anti-viral and analgesic treatment; informed consent, able to go on with acupuncture treatment.

1.3 Exclusion criteria
Women in pregnancy or lactation; those in allergic constitution and allergic to various medications; in scar diathesis; those with severe primary diseases in the cardiovascular, hepatic, renal and hemopoietic system; patients with diabetes, malignant tumor, connective tissue disease, hemophilia; patients with bleeding tendency or in poor blood coagulation; those difficult to make a precise assessment on the efficacy and safety of the treatment; and those unable to accept or inappropriate for acupuncture treatment.

1.4 Statistical method
The obtained data were statistically analyzed by SPSS 13.0 version statistical software. The enumeration data were processed by Chi-square test. The measurement data were processed by t-test. A P value < 0.05 indicates a statistical significance.

1.5 General data
From May of 2010 to January of 2014, 43 patients with herpes zoster were selected from the Community Health Service Center, Huajing Township, Xuhui District, Shanghai, and randomly divided into two groups, 23 cases in the treatment group and 20 cases in the control group. In comparisons of gender, age and duration between the two groups, there were no statistical significances (P>0.05), indicating that the two groups were comparable (Table 1).

<table>
<thead>
<tr>
<th>Groups</th>
<th>n</th>
<th>Gender (case)</th>
<th>Mean age (X±s, year)</th>
<th>Average duration (X±s, day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>23</td>
<td>Male 10 Female 13</td>
<td>52±3.96</td>
<td>4.3±1.7</td>
</tr>
<tr>
<td>Control</td>
<td>20</td>
<td>Male 8 Female 12</td>
<td>51.2±8.2</td>
<td>4.2±1.4</td>
</tr>
</tbody>
</table>

2 Therapeutic Methods

2.1 Treatment group
The patients in the treatment group were given EA plus pricking-cupping bloodletting therapy.

Acupoints: Based upon the positions of the patient’s blisters, Jiaji (EX-B 2) points on the sick side were selected in accordance with the corresponding nerve segments of skin rash, and one segment above and one segment below respectively, and Ashi points.

Operation: The patient took a lateral position, with the sick side above. After routine disinfection, the filiform needles of 0.35 mm in diameter and 40 mm in length were selected. In puncturing Jiaji (EX-B 2), the needles were inserted with an angle of 60-80° between the needle tip and the spine. Ashi points on the skin area surrounding the blisters were punctured circularly around the sick area, in an angle of 15-45° between the needle tip and center of skin rash, about 1-1.5 cun. After the arrival of the needling sensation, Jiaji (EX-B 2) points and Ashi points were manipulated by Tou Tian Liang (Heaven-penetrating Cooling) manipulation (i.e. after the needle was inserted into the deep layer and the arrival of the needling sensation, the needle was thrust lightly and lifted heavily, for six times; then the needle was lifted to the middle layer and thrust lightly and lifted heavily for six times; finally, the needle was lifted to the superficial layer and thrust lightly and lifted heavily for six times, as one process, totally for two processes). Jiaji (EX-B 2) points as one group, and the points in diagonal lines of blister area as one group respectively, totally three groups of the points, were connected to SDZ-II acupuncture apparatus (Huatuobrand) with a dense-sparse wave, at frequency of 2 Hz/100 Hz, and current intensity of 2-5 mA, within the patient’s tolerance. The treatment was given once per day, for 20 min each session. Ten sessions made one course and totally two courses were given.

After EA treatment, the blister area and surrounding skin were disinfected routinely, and then were tapped with a seven-star needle till slight oozing of blood. Afterward, a cup was quickly attached on the tapped area by a fire-flashing method, to suck out fluid and stagnant blood from local tissue. The cup was retained for 8 min. After the cup was removed, fluid and stagnant blood of the local tissue were wiped off, and then Chlorotetramycin eye ointment was applied, in order to prevent infection. The treatment was given once every other day. Five sessions made one course. Totally, two courses were given.

2.2 Control group
The patients in the control group were treated by oral administration of medications, Aciclovir Tablets 800 mg, three times per day; Diclofenac Sodium Dual Release Enteric-coated Capsules 10 mg, once per day; Methylcobalamin Dispersible Tablets 0.5 mg, three times per day; and Vitamin B12 0.25 mg, three times per day. The local skin of the blisters was kept clean. Ten days made one course. The therapeutic effect was assessed after two courses of treatment.

3 Observation of Therapeutic Effects

3.1 Measurements
Scores of clinical symptoms: Pain, itching and serious burning sensation, accompanied by discomfort...