

Treatment of 60 Cases of Senile Herpes Zoster by Encircled Acupuncture plus Valaciclovir

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摘要 目的: 观察局部围针配合万乃洛韦治疗老年带状疱疹的临床疗效及安全性。**方法:** 60 例老年带状疱疹患者分为两组: 针药组采用局部围针配合万乃洛韦治疗, 在皮肤损害的周围, 离疱疹约 0.8 寸左右进针, 针尖与皮肤呈 15°, 进行斜刺向疱疹中心, 根据皮肤损害部位的大小, 每隔 1 寸左右取 1 穴围刺。治疗期间同时予口服万乃洛韦, 每次 300 mg, 每日 2 次, 连服 10 日; 西药组单纯口服万乃洛韦, 每次 300mg, 每日 2 次, 连服 10 天。**结果:** 针药组在止疱、止痛、结痂时间均显著低于西药组 ($P < 0.01$), 后遗神经痛发生率明显降低 ($P < 0.05$)。**结论:** 局部围针配合万乃洛韦治疗老年带状疱疹起效快, 能有效缩短病程、降低后遗神经痛发生率。

关键词 针刺疗法; 围刺; 带状疱疹

Abstract Objective: To observe the clinical therapeutic effect and safety of local encircled acupuncture plus valaciclovir in treating senile herpes zoster. **Methods:** Sixty senile patients with herpes zoster were divided into two groups. In acupuncture and medicine group, the patients were treated by encircled acupuncture plus valaciclovir. The needle was inserted about 0.8 cun away from herpes and to form an angle of 15° with the skin around the skin lesion. During treatment, valaciclovir was taken orally 300 mg every time, twice every day for successive 10 days. In western medicine group, valaciclovir was taken orally 300 mg every time, twice every day for successive 10 days. **Results:** The time of stopping herpes, relieving pain and scabbing in acupuncture and medicine group was significantly lower than that in western group. **Conclusion:** Local encircled acupuncture plus valaciclovir in treating senile herpes zoster got effects quickly and could effectively shorten the course of disease and reduce the incidence rate of residual neuralgia.

Key Words Acupuncture Therapy; Encircled acupuncture; Herpes Zoster

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The department of the authors treated senile herpes zoster by local encircled acupuncture plus valaciclovir from January 2006 to August 2006, compared with valaciclovir group. The clinical therapeutic effect and safety were observed. Now it was reported as follows.

Clinical Data

1. Inclusive criteria

In clinic on the basis of typical erythema, clusters of blisters appear along one of the lateral nerve in a belt-like distribution, accompanied by obvious

neuralgia. The age of patient is over 60 years old, either male or female, the duration of disease is within 4 d and the patient hasn't systemic or external use of antiviral drug since the onset of disease.

2. Exclusive criteria

The patient had cardiac, hepatic or renal functional insufficiency; the patient with malignant tumor has accepted treatment; the patient has the long-term application of corticosteroid or immunodepressant; and the patient has hypersensitiveness of valaciclovir. The patient doesn't follow doctor's order to take drug or adds the other drug without authorization; and the

patient can't complete the course of treatment and observation.

3. General data

Among the 60 cases, 32 cases were male and 28 cases were female; the ages were between 60 and 84 years old and the average age was 72.4; 11 cases were affected on head and face, 18 cases on chest and back, 16 cases on waist and abdomen and 5 cases on four limbs. The patients were divided into acupuncture and medicine group and western medicine group, 30 cases in each group. There was no significant difference in age, gender, course of disease and severe degree of patient's condition between the two groups.

Therapeutic Methods

1. Acupuncture and medicine group

The needle was inserted obliquely towards the center of herpes about 0.8 cun away from herpes to form an angle of 15° with the skin around the skin lesion. According to the size of skin lesion area, encircled acupuncture was given every other 1 cun or so. Then the needles were lifted, thrust, twirled and rotated gently till local sore and distensible feelings appeared. The needles were remained for 30 min with 1-2 times needle manipulation. The treatment was given once every day. Meanwhile, valaciclovir was taken orally 300 mg every time, twice every day for successive 10 days.

2. Western medicine group

Valaciclovir was taken orally 300 mg every time, twice every day for successive 10 days.

Routine blood and urine, and hepatic and renal functions were examined respectively before and after treatment.

Drug for external use was not combined during treatment.

Observation on Therapeutic Effects

1. Criteria of therapeutic effects^[1]

The patients were observed 2, 4, 6, 8, 10, 15 and 20 days after the beginning of treatment. The time of relieving pain, the conditions of blister extinction and scabbing and adverse reaction were recorded.

Cure: Pain disappeared with skin lesion relief \geq 90%.

Marked effectiveness: Pain alleviated obviously with skin lesion relief by 60%-89%.

Effectiveness: Pain alleviated with skin lesion relief by 30%-59%.

Ineffectiveness: Pain has no change with skin lesion relief $<$ 30%.

2. Therapeutic result

The time of relieving pain (from the beginning of treatment to neuralgia alleviating obviously) in acupuncture and medicine group was significantly shorter than that in western medicine and there was a significant difference between the two groups ($P < 0.001$). There was no significant difference in time of stopping herpes (from the beginning of treatment to herpes stopping) and scabbing time (time of blister searing and scabbing) between the two groups ($P > 0.05$). See in table 1.

Table 1. Patients' reaction time to the treatment on herpes area in two groups (Days)

| Group | N | Time of relieving pain | Time of stopping herpes | Scabbing time |
|--------------------------------|----|---------------------------|---------------------------|---------------------------|
| Acupuncture and medicine group | 30 | 3.85 ± 1.86 ¹⁾ | 2.54 ± 1.09 ²⁾ | 5.33 ± 1.78 ³⁾ |
| Western medicine group | 30 | 5.58 ± 1.41 | 2.70 ± 1.02 | 5.50 ± 1.52 |

Note: Compared with western medicine group, 1) $t = 5.59, P < 0.01$; 2) $t = 0.560, P > 0.05$; 3) $t = 0.388, P > 0.05$

Table 2. Comparison of therapeutic effects between the two groups (Cases)

| Group | N | Cure | Marked effectiveness | Effectiveness | Ineffectiveness | Total effective rate (%) |
|--------------------------------|----|------|----------------------|---------------|-----------------|--------------------------|
| Acupuncture and medicine group | 30 | 25 | 4 | 1 | 0 | 96.7 |
| Western medicine group | 30 | 23 | 5 | 2 | 0 | 93.3 |

The total effective rate in acupuncture and medicine group was 96.7% and that in western medicine group was 93.3%. There was no significant difference between the two groups ($\chi^2 = 0.351, P > 0.05$).

Eight cases in acupuncture and medicine group has residual neuralgia, accounting for 26.7% and 16 cases in western medicine group, accounting for 53.3%. There was a significant difference between the two groups ($\chi^2 = 4.444, P < 0.05$).

The patients in acupuncture and medicine group had no adverse effect during the treatment of encircled acupuncture. Five cases in acupuncture and medicine group and 6 cases in western medicine group had nausea and stomach discomforts after taking valaciclovir. The symptom was slight, didn't influence the continuous medication and disappeared by itself after treatment.

Discussion

Herpes zoster is a kind of skin infection caused by reactivation of varicella-zoster virus hiding in sensory ganglion. Its characteristic is herpes in corresponding segments along sensory nerve, accompanied by severe pain. Herpes zoster in children usually has innocent course, but in adult, especially in the aged people, local acute neuritis or residual neuralgia often make patient suffer unbearable pain. Local neuritis and residual neuralgia are the puzzling complications of herpes zoster. Residual pain after antiviral therapy is rarely seen in young people or has slight degree and quick extinction. But at least 50% patients over 50 years still has pain on affected area several months after the disappearance of skin lesion, which continues for several months^[2]. It may be owing to rather slow rehabilitation of nervous tissue of the aged people^[3]. Therefore, though herpes zoster is a disease curable, active treatment is still needed. Besides shortening course of disease and relieving pain as soon as possible, an important intention is to do the best to reduce the incidence rate of residual neuralgia, especially for the aged patients.

In TCM, this disease may occur all the year round, but mostly in spring and autumn. Its symptoms are

clusters of blisters appearing on the skin along the nerve distribution in a belt-like arrangement, megalgia and pain like being needled. It is called "chan yao huo dan", "she dan" and so on in TCM. The pathogenesis of this disease is damp-heat stagnating in the spleen, fire stagnating in liver meridian or exogenous pathogenic fire, heat and toxin stagnating in skin to obstruct meridians, qi and blood. Therefore the treatment must eliminate wind, clear heat, eliminate damp and harmonize qi and blood. Local encircle needling is used to dredge qi, blood and meridians around herpes to achieve the purpose of "unobstruction stopping pain".

Valaciclovir, the prodrug of acyclovir, has good absorption by oral administration and transforms to acyclovir quickly in body. Its effect of antivirus is done by acyclovir, which is guanosine derivant, can selectively restrain and inactivate virus DNA polymerase, block virus DNA synthesis, strongly resist herpes simplex virus and relatively strongly resist varicella-zoster virus. Blood level of valaciclovir after oral administration is 3-5 times higher than that of acyclovir, which obviously heighten the bioavailability to enhance the therapeutic effects.

The combination of both treatments in senile herpes zoster can get effects quickly, shorten the duration of disease effectively and reduce the incidence rate of residual neuralgia obviously, and has simple manipulations and no adverse reaction. It's a good therapeutic method and worth generalizing in clinic.

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