The TCM Treatment Approach in Herpes Zoster: A Case Report

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Abstract

Herpes zoster, typically referred to as "shingles" result from reactivation of the varicella-zoster virus(VZV), the same virus that causes chickenpox. Chickenpox is generally a childhood disease, but shingles is more common with age. Nearly one in three people in the United States will develop herpes zoster in their lifetime. Symptoms may be accompanied by blistering at the rash site, fever and chills, headache, fatigue and pain which usually appears first on the herpes zoster anywhere from one to five days before the onset of the rash. A 64-year-old-Caucasian female who has been suffering from multiple sclerosis for more than 10 years presented with pain and rashes under the left axillary region. Burning pain increased during the night for 2 nights. It was confirmed to be herpes zoster at the hospital. Four consecutive sessions of acupuncture and moxa stick treatment was performed for the first four days and Chinese herbal formula was added to the treatment. 80% of the constant pain disappeared after 10 treatments and 10 more treatments were given for continues progress during a period of two and a half months. In conclusion, Acupuncture and Chinese Herbal Medicine can be very effective to manage herpes zoster, especially to someone who may have low immune systems and complicated conditions of illness.

1. Introduction

Herpes zoster, commonly referred to as "shingles" affects the nerves due to reactivation of the varicella-zoster virus acquired during the primary varicella infection, or chickenpox. Even after a person has recovered from chickenpox, the virus is dormant in the body. Furthermore, whereas varicella is generally a disease of childhood, herpes zoster becomes more common with increasing age. Every year, nearly 1 million Americans get herpes zoster [1]. Factors that decrease immune function, such as human immunodeficiency virus infection, chemotherapy, malignancies and chronic corticosteroid use, may also increase the risk of developing herpes zoster [2]. Usually, herpes zoster develops only one side of the body, and nearly one in three people in the United States will develop herpes zoster in their lifetime [3]. Most people have some of the following symptoms accompanied with blistering, tingling, numbness at the rash site, fever and chills, headache, fatigue and mild itching to severe pain. The pain which usually appears first on the herpes zoster anywhere from one to five days before the onset of the rash [3]. Burning pain typically precedes the rash by several days and can persist for several months after the rash resolves. Scientists aren't sure why the virus can reactivate years later, causing herpes zoster [4]. After the rash goes away, some people may be left with ongoing pain called post-

herpetic neuralgia or PHN. The pain is felt in the area where the rash had been. For some people, PHN is the longest lasting and worst part of shingles. The older people they are when they get herpes zoster, the greater their chance of developing PHN [5]. Herpes zoster is usually treated with orally administered acyclovir. Other antiviral agents include famciclovir and valacyclovir. It is most effective to administer antiviral medications within 72 hours after the rash [6]. The addition of an orally administered corticosteroids can provide modest benefits in reducing the pain of herpes zoster and the incidence of PHN [6]. Patients with PHN may require narcotics for adequate pain control. Tricyclic antidepressants or anticonvulsants, often given in low dosages, may help to control neuropathic pain. Capsaicin, lidocaine patches and nerve blocks can also be used in selected patients [4, 6] Herpes zoster can be treated successfully with Acupuncture and Herbs. According to Traditional Chinese Medicine, herpes zoster is caused by "toxin-damp-heat" in the body due to qi and blood stagnation, and the toxins are attacking the Liver and Gallbladder meridians. Acupuncture and Chinese herbs can help to remove the heat and toxins, expel dampness, and regulate Qi and Blood. There have been many studies to treat herpes zoster, but it is still best known to reduce the duration of the virus and reduce symptoms. Considering the side effects and limitations of benefit from existing medicines, especially those already suffering from complex symptoms and taking other medicines, are looking for alternative therapies to improve their quality of life. On the other hand, there are many studies show that acupuncture and Chines herbal medicines are safely reduce symptoms and improve quality of life in a case of herpes zoster. [7, 8, 9, 10]

2. Case Presentation





A 64-year-old-Caucasian female who has been suffering from multiple sclerosis for more than 10 years, presented with pain and rashes which affected her left axillary region down to the lateral side of patient's rib cage. Burning pain was increased at night for 2 nights and was confirmed to be herpes zoster at the hospital. After confirmation of herpes zoster by hospital, the blisters quickly spread from the left axillary region to the back side of the left scapulae along with a sharp burning pain. Her self-measured overall pain level score was 9-10 out of 10 on a visual analog scale (VAS). Symptoms were poor appetite, disturbed sleep, dry stools, yellow urine, string-taut/rapid and forceful pulse, red tongue with slightly yellow coating. She also

complained of burning pain which became aggravated at night, easily anxious, dryness of the throat. Blood pressure was 140/90 mmHg at the first day of treatment.

Four consecutive sessions of acupuncture and moxa stick treatment were performed for the first four days and Chinese herbal formula- Long Dan Si Gan Wan was added to the treatment. Total of 20 treatments were administrated in a period of two and half months. Her self-measured overall pain level score was 2-3 out of 10 on a VAS, and 10 more treatments were given afterwards. The constant pain attacks and their frequency disappeared after 20 treatments. During the acupuncture and herbal treatment, the patient had no further treatments for shingles at another hospital or clinic.

3. Differentiation and Treatment Procedure

Differentiation: Accumulation of pathogenic damp heat and strong pathogenic factors in the liver and gallbladder spreading along with related channels due to low immunity and constant stress related with work. The principle of treatment was to expel the damp-heat of the liver, gallbladder, and the Sanjiao, while promoting the smooth flow of qi and blood. Along with treatments, the patient had been receiving acupuncture protocols, which include bilateral ear points of Shen men, Point zero, which are well known for pain management, and right side of SJ 6 (Zhigou), Liv 13 (Zhangmen), GB 34 (Yanglingquan), LI 11 (Quchi) were needled every session along with moxa stick on rash area. SJ 6 (Zhigou) was needled perpendicularly, 0.5 to 0.8 cun in depth with the reducing method in coordination with respiration to eliminate the pathogenic heat from the hypochondriac region. After manipulations, the needle was retained for fifteen minutes. Then another manipulation was conducted and the needle was retained for another fifteen minutes. Liv 13 (Zhangmen) was needled perpendicularly, 0.5 cun in depth with the reducing method. Retention of the needle was the same as above. GB 34 (Yanglingquan) was needled perpendicularly, 0.5-0.8 cun in depth with the reducing method in coordination with respiration, the needle was retained for half an hour to eliminate pathogenic factors from the liver and gallbladder and for regulation of qi flow in the liver and gallbladder. LI 11(Quchi) was for cooling pathogenic heat from internal and external and resolves dampness in skin. We used Ashi points each time according to the patient's condition. Four consecutive sessions of acupuncture and moxa stick treatment were performed for first Four days and Chines herbal formula-Long Dan Xie Gan Wan, which clears damp-heat from the Liver and Gallbladder channels, and cools Liver Fire was added to the treatment. On withdrawal of the needles with moxa stick, pain was greatly relieved each treatment. On the tenth visit the following day, by the time when patient finished the third bottle of Long Dan Xie Gan Wan, after acupuncture, patient did not feel any sharp pain. She had a sound sleep that night and good appetite was returned. There was no presence of new blisters and old ones became dry and shriveled. However still she has residual nerve pain around the affected area, the pulse was still string-taut and rapid, and the tongue was red with thin yellow coating, therefore the same treatments were given ten more times without herbal formula. Total of twenty acupuncture treatments along with three and half week dosages of Long Dan Xie Gan Wan was applied. The patient was treated twice a week for 8 weeks after the first four treatments. At the end of her twentieth acupuncture treatment, her self-measured overall pain score around left rib cage went down from 9 out of 10 to an "occasional 1 out of 10".

4. Discussion

Most experts recommend that herpes zoster should be treated within 72 hours of onset [6], because if it is not treated properly, it can cause other complications. Especially in the case of frail elderly people, severe pain can be sustained in places where blisters are present for long time. Povidone iodine, oral antibiotics, oral acyclovir, and steroids, are major drugs for treating shingles. Well known side effects of these drugs include rash, hives, itching, nausea, vomiting, upset stomach, diarrhea, headache, liver tumor, jaundice, fluid retention, etc. Considering these side effects, acupuncture treatment can be said to be very safe. Can Chinese medicine be said to be safe compared to conventional medicines? The viewpoint of disease mechanism between Chinese medicine and conventional medicine is different, so it cannot be concluded. There must be more objective measurements into future studies on this topic. The patient from the case study above who has been suffering from MS, has been receiving holistic and natural remedies for more than 10 years, such as acupuncture, Chinese herbal formulas, moxibustion, biofeedback, and scalp acupuncture from our clinic. The patient was concerned with her well-being and wanted acupuncture and herbal medicine for herpes zoster because of her present chronic illnesses, such as, limited walking, chronic back pain, limited balancing, leg spasm, urination frequency, lack of heat tolerance, inability to hear high pitch sounds such as normal cell phone ring tone and difficulty hearing when in a crowded room, and susceptible to heat temperatures.

After 10 treatments, there was a concern that it would not be cured and would be transferred to PHN, but after 10 more treatment it could safely say that the treatment was successful due to patient's self-measurement. In conclusion, there is no better form of treatment method or medicine. All forms of medicines have their strengths and flaws. What is important is not to prove which treatment method is better, but to see positive results in the patient. From that point of view, this treatment can be said to have achieved its purpose.

References:

- 1. Pearce, J. Post herpetic neuralgia. J. Neurol. Neurosurg. Psychiatry 76, 572 (2005).
- 2. Thyregod, H. G. et al. Natural History of Pain Following Herpes Zoster. Pain 128, 148–156 (2007).
- 3. Dworkin, R. H. et al. Recommendations for the management of herpes zoster. Clin. Infect. Dis. Off. Publ. Infect. Dis. Soc. Am. 44 Suppl 1, S1–26 (2007).
- 4. Vaccine. 2013 Mar 25; 31(13): 1680–1694. doi: 10.1016/j.vaccine.2012.05.050 5. https://www.nia.nih.gov/health/shingles

- 6. Forbes HJ, Bhaskaran K, Thomas SL, Smeeth L, Clayton T, Langan SM. Quantification of risk factors for herpes zoster: population based case-control study. BMJ (Clinical research ed) 2014;348:g2911.
- 7. World J Hepatol. 2017 Oct 18; 9(29): 1141–1157. Published online 2017 Oct 18. doi: 10.4254/wjh.v9.i29.1141
- 8. Evid Based Complement Alternat Med. 2017; 2017: 8242136. Published online 2017 Feb 19. doi: 10.1155/2017/8242136
- 9. BMC Complement Altern Med. 2011; 11: 46. Published online 2011 Jun 5. doi: 10.1186/1472-6882-11-46
- 10. BMC Complement Altern Med. 2009; 9: 31. Published online 2009 Aug 12. doi: 10.1186/1472-6882-9-31