

Clinical Research Progress on Treatment of Acute Stage of Herpes Zoster by Blood-letting Puncturing and Cupping

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Abstract: *Herpes zoster is an infectious skin disease caused by the reactivation of varicella zoster virus which has been lurking in the dorsal root ganglia or cranial ganglia for a long time. Review the related literatures in recent 8 years, summarize the research progress of blood-letting puncture and cupping in the treatment of acute stage of herpes zoster, put forward the deficiency in clinical application, and provide more ideas and schemes for the treatment of acute stage of herpes zoster.*

Keywords: Bloodletting puncture and cupping, Acute stage of herpes zoster, Clinical progress.

1. Introduction

Herpes zoster is an infectious disease that affects nerves and skin caused by varicella zoster virus infection [1]. Because the rash is often arranged in zoster, it is often called herpes zoster. It is common in summer and autumn. It is common in people who take hormone immunotherapy drugs for a long time and middle-aged and elderly people with low immunity, accounting for more than 50% of the total number of patients. The rash of herpes zoster occurs mostly on the side of the body, showing pain, vesicles clustered along unilateral peripheral nerves, not crossing the midline of the body, and can occur on the head, face, neck, chest, abdomen and limbs. Generally, 2 to 3 weeks can be clinically cured, but if not treated in time or improperly, local scars and neuralgia sequelae can be left. In the prodromal stage of herpes zoster, if there is no typical skin lesion herpes, neuralgia is obvious, it is easy to be misdiagnosed as intercostal neuralgia or pleurisy, etc. Clinical diagnosis should be carefully identified in combination with the patient's medical history, symptoms, signs and auxiliary examinations to avoid misdiagnosis or missed diagnosis [2]. Traditional Chinese medicine believes that herpes zoster belongs to "snake series sore" and "waist fire pill" [3]. According to the cause of disease, it can be divided into liver channel stagnation heat type, spleen deficiency dampness accumulation type and qi stagnation and blood stasis type. In the early stage, damp-heat fire toxin is the main type, and in the later stage, it is mostly due to deficiency of qi and blood stasis combined with dampness evil [4]. Blood-letting puncture and cupping therapy is a simple and effective acupuncture therapy, which has a good clinical therapeutic effect on herpes zoster and many other diseases [5]. Blood-letting and cupping therapy can effectively treat this disease, especially in the acute stage, which is its basic treatment method. At present, for herpes zoster, western medicine treatment is often based on nutritional nerve, antiviral, analgesic and other drug treatment [6], but its adverse reactions are many, clinical efficacy is not ideal, while blood-letting and cupping therapy can significantly improve the clinical symptoms of herpes zoster patients, and can effectively prevent and reduce the neuralgia. The curative effect is rapid and accurate, relatively safe, has a high cure rate, is a very valuable treatment method [7]. Now nearly 8

years of blood-letting cupping treatment of acute herpes zoster literature review is as follows.

2. Herpes Zoster is a Common Disease

2.1 TCM Etiology and Pathogenesis

Herpes zoster belongs to the category of "snake series sore" and "zengdai sore" in traditional Chinese medicine [8]. It occurs mostly on one side of the chest and hypochondrium, and is mostly distributed in a snake shape, so it is called "snake series sore", also known as winding waist fire pill, fire belt sore, etc. There is the earliest record of herpes zoster in "Treatise on the Causes of Diseases". It is believed that the cause of this disease is rheumatism invading the fur, chronic illness entering the interior, and mutual conflict with qi and blood, resulting in stagnation of qi and blood, so that the skin loses its nourishment. According to the collateral theory originated from the Yellow Emperor's Internal Classic, collateral is the succession of meridians, which are separated from the meridian branches and refined step by step to form a network structure. Dispersion type infiltrates qi and blood from the meridians to all parts of the body to nourish the internal organs and nourish the skin externally. When collateral is invaded by pathogenic factors, qi and blood circulation is not smooth, resulting in blood stasis, loss of nourishment and breeding of pathogenic factors. Meanwhile, collateral is small and intertwined, which is also prone to qi and blood stasis and disease [9]. According to the theory of traditional Chinese medicine, the liver governs the tendons, likes to reach the tendons but hates depression, and is in the interior and exterior of the gallbladder, mostly distributed in the chest, hypochondrium, waist and ribs. If you are usually angry and depressed, it is easy to cause liver-qi stagnation, depression and fire, so that the liver and gallbladder fire is prosperous, the fire of the liver and gallbladder moves upward along the meridians, burns the skin passing through the meridians, and sees the skin cluster blisters like bands, local skin flushing, burning and pain. "Su Wen-Zhi Zhen Yao Da Lun" says: "All wet swelling, all belong to the spleen. The spleen is in charge of transportation and transformation. It likes dryness and hates dampness. If the patient usually eats improperly or worries about the spleen, it will cause abnormal

spleen transportation and transformation. The dampness is endogenous, and it will not melt for a long time. It will accumulate dampness and heat, and overflow the epidermis. Yellow and white blisters appear on the skin. The accumulation of dampness and toxin is not dispersed. The liver is usually depressed and injured. The stagnation of liver qi, the disorder of dredging or the weakness of qi and blood in old age can cause qi and blood stagnation, and the skin is lost in nourishing. The symptoms are pale and shriveled skin blisters, or the rash disappears, but the pain is not stopped. It has been said in Surgical Authentic Medicine that the pathogenic factors of heat toxin invade the skin surface, and the skin is mostly red and itchy, and most of them are caused by the fire of the heart and liver meridians. If the pathogenic factors of damp-heat injure the skin of human body, the color is mostly yellow and white, and the skin lesions are painful, which is mostly caused by damp-heat of the spleen and lung meridians. From the above discussion, it can be seen that the main pathogenesis of snake string sore is heat toxin, rheumatism and blood stasis, and it has a certain relationship with the disorder of the function of the heart, liver and spleen.

2.2 Etiology and Pathogenesis of Western Medicine

Western medicine believes that this disease is an acute infectious skin disease caused by varicella zoster virus, generally in the incubation period of about 2 weeks headache, general discomfort, fever, appetite loss and other early symptoms, followed by typical red spots [10].

3. Treatment of Blood-letting Puncture and Cupping

3.1 Bloodletting Puncture and Cupping Alone

Li Hui [11] treated 32 patients with HZ with blood-letting puncture and cupping on the basis of conventional western medicine treatment, with a total effective rate of 96.88%. The effect of blood-letting puncture and cupping on herpes zoster in acute stage was fast and the cure rate was high, effectively avoiding the occurrence of sequela neuralgia. Cai Xiaoce et al. [12] divided 32 patients with herpes zoster into western medicine group and blood-letting puncture and cupping group by random number table method. Results The total effective rate of blood-letting puncture and cupping group was 100% and the pain relief of blood-letting puncture and cupping group was significantly better than that of western medicine group. The curative effect of blood-letting puncture and cupping on herpes zoster was significant. Xing Yukui et al. [13] selected 56 patients with HZ and randomly divided them into control group (conventional western medicine treatment) and experimental group (blood-letting puncture and cupping treatment). The effective rate of experimental group was 92.86%, which was higher than that of control group (64.29%), and the difference was statistically significant ($P < 0.05$).

3.2 Bloodletting and Cupping Combined with Acupuncture

Qu Hui et al. [14] observed the clinical efficacy of blood-letting and cupping combined with surrounding acupuncture in the treatment of acute herpes zoster, 30

patients with HZ were treated with blood-letting and cupping combined with surrounding acupuncture on the basis of the treatment of control group. The total effective rate was 93.33%, and the time of herpes stopping blister, scab formation and scab removal, and the pain time of patients were lower than those of control group. Cai Ying [15] treated 40 HZ patients with acyclovir cream for topical use, and 40 HZ patients with acupuncture combined with blood-letting puncture and cupping therapy. Results The total effective rate of acupuncture combined with blood-letting puncture and cupping therapy was 95.0%, the total incidence of adverse reactions was 5.0%, and the pain score was lower than that of acyclovir cream alone, which had statistical significance. Acupuncture combined with bloodletting puncture and cupping therapy for herpes zoster has significant effect, which can reduce the incidence of complications and relieve pain of patients, and is worthy of clinical popularization and application. Wu Longhai and Gao Peng [16] treated 40 patients with HZ by local surrounding puncture combined with bloodletting puncture and cupping therapy, with a clinical effective rate of 100.0%. Cai Jingjing et al. [17] took acupuncture at Jiaji points and herpes at corresponding segments of skin lesions, and after acupuncture, local bloodletting puncture and cupping were performed on herpes, resulting in a total effective rate of 94.1%. Zhang Qiong [18] used acupuncture combined with blood-letting puncture and cupping to treat 26 cases of HZ patients, 1 case was ineffective, 5 cases were effective, 20 cases were effective, and the total effective rate was (96.15%), acupuncture combined with blood-letting puncture and cupping treatment of herpes zoster is effective, worthy of clinical application. Li Qinfang [19] treated 35 patients with acupuncture combined with blood-letting puncture and cupping, the total effective rate of treatment was 97.14%, higher than acupuncture alone. Zhang Wenjing and Ren Yuanyuan [20] divided 42 patients with HZ into acupuncture and cupping group and acupuncture group on the basis of taking famciclovir tablets. The results showed that the effective rate of acupuncture and cupping group was 95.23%, and that of acupuncture group was 85.71%. The time for stopping blisters, scab formation and scab removal of herpes in acupuncture and cupping group was shorter than that in acupuncture group, indicating that acupuncture and cupping combined had better clinical effect in treating herpes zoster in acute stage. Dai Huifeng et al. [21] examined Longyan acupoint on the affected side of 80 patients with HZ (Between the 2nd and 3rd joints on the ulnar side of the little finger, clench your fist at the end of the horizontal stripes), Longtou (at the beginning of herpes), Longwei (at the end of herpes), and acupuncture Ganshu, Danshu, Shenshu, Zhigou, Quchi, Hegu, Waiguan, Liangqiu, Xuehai, Yinlingquan, Sanyinjiao, Taichong and local ashi points on the affected side. The results showed that 52 cases were cured, 20 cases were effective, 5 cases were effective and 3 cases were ineffective. The cure rate was 65%, and the total effective rate was 96.25%.

3.3 Blood-letting Puncture and Cupping Combined with Electroacupuncture

Xia Minghui et al. [22] treated 27 cases of HZ patients with local herpes and corresponding Jiaji acupoints with acupuncture after blood-letting and cupping, and connected with electroacupuncture. The result showed that the recovery

rate was 62.96%, and the total effective rate was 100.00%. The curative effect of blood-letting and cupping combined with electroacupuncture on herpes zoster was better than that of conventional western medicine. Hao Changhong et al. [23] treated 30 HZ patients with western medicine (control group), and 30 HZ patients with acupuncture and cupping bloodletting (treatment group) on the basis of western medicine treatment. The results showed that the effective rate of control group was 76.7%, and that of treatment group was 96.7%, ($P < 0.05$), indicating that acupuncture and cupping bloodletting had significant curative effect on herpes zoster.

3.4 Blood-letting Puncture and Cupping Combined with Fire Needle

Cui Hongwei [24] divided 86 patients with HZ into western medicine group and traditional Chinese medicine group by random number table method. The western medicine group was treated with acyclovir tablets and ibuprofen sustained release capsules, while the traditional Chinese medicine group was treated with fire needle puncture into local herpes and cupping at lung acupoint, Dazhui acupoint and liver acupoint. The final result showed that the total effective rate of traditional Chinese medicine group was 97.67%, which was higher than that of western medicine group 81.40%. ($P < 0.05$), and TCM group can reduce the occurrence of sequela neuralgia and improve the quality of life of patients. Wang Ansen [25] et al selected 35 patients with HZ in 3 days, applied fire needle pricking, then quickly pricking Ashi point for bloodletting with triangular needle, and applied flash fire cupping at the bloodletting site. Results The recovery rate was 82.86%, and the total effective rate was 100%. Yang Qingyu and Chen Yunxi [26] observed the total effective rate of the observation group (cupping therapy) was 95.92%, which was better than that of the control group (western medicine therapy). VAS scores decreased after treatment ($P < 0.01$), and the pain relief degree of the observation group was better than that of the control group ($P < 0.01$).

3.5 Bloodletting Puncture and Cupping Combined with Traditional Chinese Medicine

Luo Xiuping [27] used Qingqingxiehao Chushi Recipe combined with bloodletting therapy to treat 20 patients with HZ, with a total effective rate of 95.0%, which was superior to conventional western medicine treatment. He Huiqiang [28] et al randomly divided 50 patients with HZ into two groups. The control group received intramuscular injection of polyinosinic acid and oral carbamazepine, while the observation group was treated with trichosanthes safflower licorice decoction combined with blood-letting puncture and cupping. The results showed that the effective rate of the observation group was 96.00%, and that of the control group was 68.00% ($P < 0.01$). The treatment effect was better than that of western medicine alone.

3.6 Blood-letting Puncture and Cupping Combined with Moxibustion

Wan Xuerong [29] et al. used the method of lighting thread incense locally and pricking blood and cupping to treat various blister indicators of herpes zoster in their observation on the treatment of herpes zoster in acute stage by pricking

blood and cupping combined with thread incense moxibustion. (blister stopping time, scab time and scab removal time) are better than simple western medicine treatment, pain relief is also better than western medicine treatment. Han Xingjun [30] uses self-made traditional Chinese medicine incense moxibustion (The main components are equally divided raw Arisaema, rhubarb, frankincense, myrrh, sparganium, zedoary, raw aconitum, sandalwood, etc.) combined with blood-letting puncture and cupping treatment of 19 cases of HZ patients, 15 cases were cured, 3 cases were improved, and 1 case was ineffective. Ye Guoping [31] selected 70 cases of HZ patients, excluding the number of cases falling off, and finally 33 cases in the observation group and 34 cases in the control group. The observation group was treated with thread-incense moxibustion combined with blood-letting puncture and cupping, while the control group was treated with western medicine combined with intramuscular injection of interferon. The time of stopping blister, scab and removing scab in the observation group was earlier than that in the control group ($P < 0.05$), and the time of relieving pain was also earlier than that in the control group ($P < 0.05$).

3.7 Blood-letting Puncture and Cupping Combined with Physiotherapy

Ni Shali et al. [32] treated 40 patients with HZ in the control group with conventional medicine, and 40 patients in the treatment group were additionally treated with blood-letting puncture and cupping combined with polarized light local irradiation. The total effective rate of the treatment group was 87.50% without adverse reactions. Cong Shujuan et al. [33] treated 32 patients with herpes zoster with blood-letting puncture and cupping combined with red light irradiation, with a total effective rate of 100%. Lin Yumin et al. [34] selected 70 patients with herpes zoster in acute stage. The treatment group was treated with blood-letting puncture and cupping plus TDP irradiation, while the control group was treated with oral western medicine valciclovir. After treatment, the total score and significant efficiency of herpes zoster symptoms in the treatment group were compared with those in the control group, and the differences were statistically significant ($P < 0.05$), suggesting that the curative effect of the treatment group was better than that of the control group.

3.8 Bloodletting Puncture and Cupping Combined with Acupoint Injection

Zhang Jinbo and Zhang Yanxia [35] selected 70 HZ patients in acute stage. The control group was given famciclovir tablets, vitamin B1 tablets and mecobalamin capsules orally, and three parts of herpes head, tail and body were selected for puncture and bloodletting cupping. On this basis, the treatment group was injected with a mixture of compound angelica, vitamin B12 and lidocaine hydrochloride injection at Jiaji point and Ashi point of skin lesion at corresponding segments. After treatment, the treatment group was given herpes stopping time, The scab time and decrustation time were significantly shorter than those of the control group ($P < 0.05$). According to VAS score after treatment, pain was significantly relieved, and the treatment group was better than the control group ($P < 0.05$).

3.9 Combined Use of Blood-letting and Cupping with Various Methods

Wu Minyan [36] treated 48 cases of HZ patients with blood-letting puncture and cupping, acupuncture and Longdan Xiegan Decoction. The total effective rate was 97.92%, and the curative effect was accurate. He Yuying [37] treated 30 cases of HZ patients with traditional Chinese medicine on the basis of conventional western medicine treatment. First, acupuncture Dazhui, Fengmen, Feishu, Hegu, Shetou, Longyan and other acupoints with purgative method, and at the same time, suspended moxibustion operation on herpes prone parts and Shetou acupoints, followed by blood-letting cupping Dazhui, Feishu, Shetou, Longyan, local Ashi acupoints, then ultra-laser irradiation of the corresponding nerve segments governing the local lesions, and finally oral Chinese medicine according to different syndrome types. The cure rate was 96.7%, the total effective rate was 100.0%, and the incidence of adverse reactions was 3.3%.

4. Mechanism of Blood-letting Puncture and Cupping in Treating Herpes Zoster

4.1 TCM Mechanism

Blood-letting puncture and cupping therapy is often used to treat heat syndrome, excess syndrome, blood stasis syndrome, skin disease and some difficult miscellaneous diseases [38]. It is one of the comprehensive cupping methods combining blood-letting therapy and cupping therapy. It is a comprehensive treatment method that uses sterilized three-edged needle and thick filiform needle to puncture blood and then cupping to suck out a certain amount of blood. The earliest record of cupping therapy is in "Fifty-two Diseases-Muzhi" [39], which is called angle method. The detailed description of blood-letting puncture and cupping can be found in Huangdi Neijing as early as in Lingshu-Nine Needles and Twelve Origins. For blood excess diseases caused by qi stagnation, heat toxin and deficiency of qi and blood, blood stasis can be removed by dredging meridians, blood stasis can be regenerated, skin can be nourished by new blood, and diseases can be cured. Qi and blood are the two most important substances in the human body. They play an important role in human life activities. The so-called "owner of human body, blood and qi ear." "If qi and blood function is abnormal, the body will get sick. The solution is to" unblock its meridians and regulate its blood gas ". Puncturing collateral and bloodletting can directly reach the disease site, induce toxin evil to go out, eliminate stasis, restore the diseased collaterals to normal collaterals, smooth qi and blood circulation, nourish the skin, and cure the disease. The disease of the body is the result of the conflict between qi and evil. If evil invades the human body, the healthy qi is insufficient to resist, and the disease will occur. The method of blood-letting and cupping can lead the evil to go out, so that the evil has a way out. The evil qi is removed, and the healthy qi is calmed. The human body will slowly return to the normal functional state, thus the disease will be cured. It was discussed in Acupuncture Dacheng that the method of blood-letting can be used to remove stagnant qi and blood, so that qi and blood are smooth, and the general rule is not painful. It can be seen that blood-letting has the effects of promoting blood circulation,

removing blood stasis, harmonizing qi and blood, and leading evil to go out. Blood stasis is the key to pain. Bloodletting can induce stagnation and evil to leak out along with the blood. Meridians can be unblocked without pain. At the same time, cupping can enhance the adsorption power of dredging meridians and stop pain. It can be seen that the simultaneous use of bloodletting and cupping can induce evil to go out, dredge meridians, remove blood stasis and relieve pain. As Zhang Zihé said, "Bloodletting with acupuncture is the most effective way to attack evil." Therefore, in the treatment of herpes zoster, blood-letting and cupping therapy can better eliminate blood stasis caused by stagnation of heat in liver meridian, accumulation of dampness due to spleen deficiency, qi stagnation and blood stasis, open the door to expel evil, induce evil to go out, so that blood stasis has a way out, so as to achieve the effect of treating diseases, detumescence and pain.

4.2 Western Medicine Mechanism

According to modern medicine, blood-letting and cupping therapy can promote the absorption of inflammation, dry and scab wounds; blood-letting therapy can promote human metabolism, stimulate bone marrow hematopoietic function, promote metabolism, improve microcirculation and vascular function, help eliminate harmful substances in the blood, and make beneficial substances timely supplement to the blood circulation, thus restoring normal physiological functions; improve body functions, improve the body's resistance to diseases, and thus alleviate and improve diseases in the body. Modern related studies have demonstrated that bloodletting and cupping can accelerate local blood circulation of skin lesions, improve circulation disorders, improve platelet coagulation state and reduce blood viscosity [40-42]. At the same time, bloodletting and cupping have sedative and analgesic effects. Bloodletting and bloodletting can release pain-causing substances potassium ions and sodium ions to the outside of the body, and at the same time, it can drain new blood to the affected area, so that the concentration of pain-causing substances is reduced, thus producing analgesic effects [43].

5. Summary

Blood-letting and cupping therapy is one of the traditional Chinese medicine treatments, which has been widely used in the treatment of many diseases, especially in the treatment of herpes zoster. Bloodletting and cupping therapy is the key to cure herpes zoster. Meanwhile, bloodletting and cupping therapy is widely accepted by patients because of its clinical advantages such as safety and effectiveness, exact curative effect and affordable price. However, through summarizing the literature of bloodletting and cupping therapy for herpes zoster in recent 8 years, it is found that the most clinical reports are the application of bloodletting and cupping combined with acupuncture, and there are few reports on bloodletting and cupping combined with ear acupuncture and acupoint embedding. There are few clinical studies on the optimal scheme of blood-letting puncture and cupping in the treatment of herpes zoster in acute stage. Meanwhile, there are few reports on the suction strength, bleeding volume and cupping retention time during cupping. There are also few reports on the prognosis evaluation and follow-up of

blood-letting puncture and cupping in the treatment of herpes zoster. In the later clinical studies, the improvement of the above problems should be strengthened to further strengthen the clinical therapeutic effect of blood-letting puncture and cupping.

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