

**Southern California University of Health Sciences**

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**Effectiveness and Safety of  
Traditional Chinese Medicine for  
Shingles**

*Lawrence Hsiao*  
*Eric Hsiao*  
*Wen-Shuo Wu*

*lungshenghsiao@scuhs.edu*  
**562-9478755 ext 608**

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**Outlines**

- Introduction/ Definition
- Etiology/pathology
- Nationwide trends
- Symptoms
- Tests/Diagnosis
- Risk factors
- Complications
- Treatment
- Shingles with TCM
- Review of clinical studies
- Conclusion

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**Introduction/ Definition**

- Shingles is a viral infection that causes a painful rash. Although shingles can occur anywhere on your body, it most often appears as a band of blisters that wraps from the middle of your back around one side of your chest to your breastbone.
- Shingles is caused by the varicella-zoster virus — the same virus that causes chickenpox. After you've had chickenpox, the virus lies inactive in nerve tissue near your spinal cord and brain. Years later, the virus may reactivate as shingles.
- While it isn't a life-threatening condition, shingles can be very painful. Vaccines can help reduce the risk of shingles, while early treatment can help shorten a shingles infection and lessen the chance of complications.

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- Varicella zoster virus can become latent in the nerve cell bodies and less frequently in non-neuronal satellite cells of dorsal root, cranial nerve or autonomic ganglion,<sup>[1]</sup> without causing any symptoms.<sup>[2]</sup>
- Years or decades after a chickenpox infection, the virus may break out of nerve cell bodies and travel down nerve axons to cause viral infection of the skin in the region of the nerve. The virus may spread from one or more ganglia along nerves of an affected segment and infect the corresponding dermatome (an area of skin supplied by one spinal nerve) causing a painful rash.<sup>[3][4]</sup>
- Although the rash usually heals within two to four weeks, some sufferers experience residual nerve pain for months or years, a condition called postherpetic neuralgia.

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### Etiology & Pathology

- Varicella Zoster virus (VZV) is one of eight known herpes viruses that infect humans.
- Primary infection is clinically identified as varicella or chickenpox. VZV is ubiquitous and highly contagious, with initial exposure typically occurring during childhood. The virus enters the host via the respiratory system, replicates at an undefined site, infiltrates the reticuloendothelial system, and eventually makes its way into the bloodstream.
- The usual incubation period for varicella is 14-16 days, with root ganglia communicability ranging from 10-21 days after initial exposure.
- Once the initial outbreak has subsided, VZV then retreats into the dorsal where it can lie dormant for years until some excitatory factor triggers reactivation. The associated outbreak is then clinically identified as HZ or shingles.

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### Human Herpes Viruses

Human Herpes Virus (HHV)	Common Associated Disease
Herpes simplex, type 1 (HSV-1)	Oral herpes lesions
Herpes simplex, type 2 (HSV-2)	Genital herpes lesions
Varicella zoster virus (VZV)	Chickenpox, shingles
Epstein-Barr virus (EBV)	Infectious mononucleosis
Cytomegalovirus (CMV)	CMV mononucleosis
Human herpes virus 6 (HHV-6)	Roseola, mononucleosis syndromes
Human herpes virus 7 (HHV-7)	Currently, no human disease definitely linked
Human herpes virus 8 (HHV-8)	Suspected association with Kaposi's sarcoma

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## Shingles



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### Development of the shingles rash



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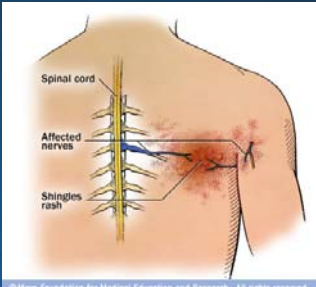
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### Shingles affects the nerves



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## Nationwide Trends

- Throughout the world the incidence rate of herpes zoster every year ranges from 1.2 to 3.4 cases per 1,000 healthy individuals, increasing to 3.9–11.8 per year per 1,000 individuals among those older than 65 years.<sup>[5][6][7]</sup>
- Antiviral drug treatment can reduce the severity and duration of herpes zoster if a seven- to ten-day course of these drugs is started within 72 hours of the appearance of the characteristic rash.<sup>[5][8]</sup>

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## Symptoms

The signs and symptoms of shingles usually affect only a small section of one side of your body. These signs and symptoms may include:

- Pain, burning, numbness or tingling
- A red rash that begins a few days after the pain
- Fluid-filled blisters that break open and crust over
- Itching

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## Symptoms

Some people also experience:

- Fever and chills
- General achiness
- Headache
- Fatigue

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## Symptoms

- Pain is usually the first symptom of shingles. For some, it can be intense. Depending upon the location of the pain, it can sometimes be mistaken for a symptom of problems affecting the heart, lungs or kidneys. Some people experience shingles pain without ever developing the rash.
- Most commonly, the shingles rash develops as a band of blisters that wraps around one side of your chest from your spine to your breastbone. Sometimes the shingles rash occurs around one eye or on one side of the neck or face.

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## Diagnosis

- Shingles is usually diagnosed based on a history of pain on one side of the body, along with the telltale rash and blisters.
- Doctor may also take a tissue scraping or culture of the blisters for examination in the laboratory.

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## Risk factors

- **Having had chickenpox**  
Anyone who has ever had chickenpox can develop shingles. Most adults in the United States had chickenpox when they were children, before the advent of the routine childhood vaccination that now protects against chickenpox.
- **Age**  
Shingles is most common in people over the age of 50. The risk increases with age. Some experts estimate that half the people who live to the age of 85 will experience shingles at some point in their lives.

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## Risk factors

- **Weakened immune systems**  
People with weakened immune systems are at higher risk for developing shingles. A weakened immune system can be caused by:
  - HIV/AIDS
  - Cancer or cancer treatments, such as radiation and chemotherapy
  - Prolonged use of steroids, such as prednisone
  - Drugs designed to prevent rejection of transplanted organs

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## Complications

Complications from shingles can range from a mild to severe, ranging from minor skin infections to postherpetic neuralgia.

- **Postherpetic neuralgia**  
For some people, shingles pain continues long after the blisters have cleared. This condition is known as postherpetic neuralgia, and it occurs when damaged nerve fibers send confused and exaggerated messages of pain from your skin to your brain. Pain medication, antidepressants or anticonvulsant medications may help provide relief until the pain subsides.
- **Vision loss**  
Shingles in or around an eye (ophthalmic shingles) can cause painful eye infections that may result in vision loss.
- **Neurological problems**  
Depending upon which nerves are affected, shingles can cause:
  - Encephalitis, an inflammation of the brain
  - Hearing or balance problems
  - Facial paralysis
- **Skin infections**  
If shingles blisters aren't properly treated, bacterial skin infections may develop.

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## Treatment

- **Conventional treatment**  
To accelerate healing of the lesions, reduce the accompanying pain, and prevent complications.
- **Antiviral agents** – particularly when treating elderly and immunocompromised patients (like acyclovir, valacyclovir)
- **Corticosteroids** - Oral corticosteroids commonly been used for pain management in HZ, although clinical trials have yielded inconsistent results for reducing development of PHN.
- **Analgesics and NSAIDs** -The pain associated with HZ covers a broad spectrum of intensity. Generally, individuals with mild-to moderate pain find sufficient relief via over-the-counter topical or oral analgesics and anti-inflammatory agents, such as aspirin. In patients with severe pain, use of narcotics may be indicated. Use of nerve block injections is another option in the conventional medical model. Local anesthetic may be injected around affected nerve, providing pain relief typically lasting 12-24 hours.
- **Tricyclic Antidepressants** - Low-dose tricyclic antidepressants (TCAs) have been used for PHN. Although TCAs lessen pain by inhibiting reuptake of serotonin and norepinephrine, they require at least three months for positive effects.

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## Treatment

**Natural treatment**  
The objective of natural therapeutics in the prevention and treatment of HZ and PHN is to facilitate healing of skin lesions, reduce pain, and prevent complications.

**Dietary/Multiple-Nutrient Effects** -Incidence of HZ rises sharply after 50. One possible explanation is the potential decline in immune competence that can accompany age, making older individuals more susceptible to infection overall. A recent study reviewing 243 HZ cases examined whether an association exists between risk of zoster and fruit and vegetable consumption or dietary intake of select nutrients (Vitamins A, B6, C, and E, and folic acid, zinc, and iron). It was determined that individuals, particularly those over age 60, who ate less than one serving of fruit or vegetables weekly had a three-fold greater risk of zoster compared to those who ate more than three servings daily.

**Vitamin A** -Vitamin A deficiency has been associated with increased susceptibility to numerous infectious diseases, and is of particular concern in patients undergoing bone marrow transplant. An observational trial on 120 bone marrow transplant patients demonstrated an association between increased incidence of hypoproteinemia and increased risk of HZ infection.

**Enzyme Therapy** - Prior to the introduction of acyclovir, pancreatic enzyme preparations were used effectively in Germany as a treatment for HZ. Such historical application led researchers to conduct some comparison trials.

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## Treatment

**Other Botanical Considerations**  
The followings botanicals or plant extracts have demonstrated efficacy against HSV-1 and HSV-2, either in vitro or in vivo.

**Honey/Propolis** - Their healing properties for select herpes viruses are being confirmed in both the laboratory and the examination room.

**Sangre de Grado (Croton lechleri)** - Extracts of sangre de grado have demonstrated activity against a number of viruses, including influenza, hepatitis A/B, and HSV-1 and 2 .

**Aloe** - Topical administration of Aloe vera has been widely used for wound healing. Aloe emodin, an anthraquinone prepared from aloe vera, was shown in vitro to inactivate HSV-2.

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## Shingles in TCM

In traditional Chinese medicine (TCM), herpes zoster is called She Chuan Chuang. It is often explained three ways in TCM.

1. Deficiency in antipathogenic energy allows toxins to invade the body and damp heat spreads to the skin.
2. Stagnation of Liver qi, in which extreme heat generates wind and fire is depressed in skin.
3. Damp heat in the Spleen and Stomach that spreads to the skin.

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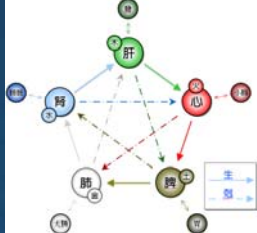
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 **Shingles in TCM**

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 **Pathology of Shingles in TCM**

- Liver Damp-Heat
- Heat Toxicity
- Blood deficiency with excess Liver-yang
- Qi/Blood stagnation

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 **TCM Pattern Differentiation**

- LV/GB excessive fire or Damp-Heat
- Qi stagnation/Blood stasis
- Yangming Heat
- Qi /Blood deficiency
- LIV/KI Yin deficiency

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## TCM Treatment

- Herbal treatments
- Acupuncture
- Cupping
- External treatment

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## Herbal Treatment

- **LV/GB excessive fire or Damp-Heat**
  - Long Dan Xie Gan Tang

Modifications:

- High fever add Shi Gao
- Severe pain add Yu Jing, Yuan Hu Suo, Dan Shen, Ru Xiang, Mou Yao
- On the face add Ju Hua
- On the leg add Niu Xi
- On upper limbs add Jiang Huang
- Lower back add ji sheng, du zhong.

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## Herbal Treatment

- **Qi stagnation/Blood stasis**
  - Xiao Yao San

- add Jing Ling Zi San (Yuan Hu, Jing Ling Zi)
- add Chai Hu, Dang Gui, Fu Ling, Bai Shao, Zhi Gan Cao, Chuan Lian Zi, Yuan Hu Suo, Dan Shen, Sheng Jiang.

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## Herbal Treatment

- **Yangming Heat**
  - Xuan Shen, Mai Men Dong, Sheng Di, Da Huang, Gua Lou, Tao Ren, Ren Dong Teng

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## Herbal Treatment

- **Qi/Blood deficiency with Stasis**
  - Huang Qi , Dang Gui, Chi Shao, Di Long, Chuan Xiong, Tao Ren, Hong Hua

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## Herbal Treatment

- **LIV/KI yin deficiency**
  - Sha Shen, Mai Men Dong, Dang Gui, Sheng Di, Gou Ji Zi, Chuan Lian Zi, Wu Ling Zhi

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## Acupuncture treatment

- A-shi surrounding
- Hua Tuo Jia Ji (lesion on back)
- Body points - Quchi (LI-11), XueHai (SP-10), Weizhong (BL-40), YangLingquan (GB-34), Taichong (LIV-3)
- Electro-acupuncture
- Moxibustion
- Blood-letting with cupping
- Three -edged needle
- Seven- star needle
- Herbal injection - affected nerve
- Ear acupuncture - Lung, Brain, Inter-tragus and other corresponding points

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## Review of Clinical Studies of Herpes zoster treated by Herbs (RCT)

Author/ Publish Yr	Patient No. (T/C)	Tx	Pattern Diff.	Efficacy, SD	Tx course
Wang, YZ 2007	156 (78/78)	T: H* C: W	-	100% VS 84.6% (p<0.05), SD	10days
Jiang, C 2010	72 (36/36)	T: H C: W	-	83.3% VS 33.3% (p<0.05), SD	28 days
Yang, GD 2010	108 (63/45)	T: H+ W C: W	+	100% VS 84.4% (p<0.05), SD	4 weeks
Fan, YM 2007	80 (49/31)	T: H* C: W	+	93.8% vs. 29.03% (p<0.01)	10 days
Zheng, XJ 2010	92 (47/45)	T: H+ W C: W	+	85.1% vs. 57.78% (p<0.05), SD	3 weeks
Lu, JG 2010	80 (40/40)	T: H* C: W	-	100% vs. 97.5% (p<0.05)	7-10 days
Tran, LC 2010	70 (35/35)	T: H+ W C: W	-	100% vs. 76% (p<0.01)	10 days
Fan, ZC 2011	45 (30/15)	T: H C: W	-	85.7% vs. 60% (p<0.05)	15 days
Pu, JM 2011	80 (40/40)	T: H+ H* C: W	-	86.7% vs. 62.5% (p<0.05)	20 days

H: herbs  
W: western medicine  
T: treatment group  
C: control group  
SD: Side effect report  
H\*: External herbs  
He: Herbal intravenous injection

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## Methods

- Inclusion Criteria: RTC (Randomized control trials), N>10; only one paper clearly mentioned randomization procedure. No blinding.
- Identification and selection: CQVIP, PubMed (2000-2011)
- Outcome measurement: Clinical symptom-7; VAS (visual analogue scale)- 1; CS+VAS+IgCD8,CD4,CD3
- Side effects: BUN, Cr increased, fatigue, sleepy, thirsty

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### 1. Clinical observation on preventing Postherpetic Neuralgia by acupuncture and bleeding therapy at the Acute stage of Herpes Zoster

- Randomized treatment allocation, and sample size: N=60
  - Intervention Group (N=30) treated with bleeding and acupuncture
    - ZhiGou(SJ-6), Xiaxi(GB-43), Qixu(GB-40), Ligou(LI-5), Neiting(ST-44), Gongsun(SP-4), Quchi(LI-11)
    - Bleeding therapy: local points
  - Control group (N=30) treated with antiviral and analgesic medication plus Vitamin B1/B12
- Outcome measurement: Main outcome is VAS 0-100mm, with 0 being no pain and 100 being the maximum imaginable pain. The therapeutic effect was elevated by the score of VAS before the treatment and on days 6, 12, 18 of the therapeutic course, and the incidence of PHN after treatment was assessed.
- Results: The score of VAS in both groups decreased during the therapeutic course. The score of VAS in TG was lower significantly (p<0.01) than that in the CG, and by the end of the therapeutic course, it still continued (p<0.05). The incidences of PHN in two groups after treatment 3 months was 3.4% and 10.3% respectively.
- Conclusion: At the acute phase of HZ, the acupuncture and bleeding therapy is better than antiviral and analgesic medication in relieving HZ and preventing the occurrence of PHN.

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### 2. Clinical observation of acupuncture associated with western medicines on herpes zoster and its effect on substance P

- Randomized treatment allocation, and sample size: N=60
  - Intervention Group (N=30) treated with acupuncture with western medicines (including: antiviral, analgesic, and trophic nerve)
    - Acupuncture points: local points, Huatuojiāji, LI-11, LI-4, GB-34, LIV-3; constipation add SJ-6, lesion on head add GB-20, Tai Yang.
  - Control group (N=30) treated with antiviral, analgesic .
- Outcome measurement: Main outcome is VAS 0-100mm, with 0 being no pain and 100 being the maximum imaginable pain. Time without new vesicles, time to total crusting and healing. The incidences of post-herpetic neuralgia (PHN). The levels of substance P in peripheral blood plasma were measured before and after the treatment.
- Results: Time without new vesicles, time to total crusting and healing of the TG was significantly shortened than the CG (p<0.05). In two groups, both of the VAS index and the level of substance P in peripheral blood plasma were significantly decreased after treatment (P<0.01). However, this changes of TG were more significant comparing with CG (p<0.01). Furthermore, the incidence of PHN in TG was much lower than CT (P<0.05).
- Conclusion: Acupuncture associated with western medicines can accelerate the healing of the rash and relieve the zoster-associated pain. The mechanism might be realized with the decreasing of the level of substance P.

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### Wet cupping therapy for treatment of herpes zoster: a systematic review of randomized controlled trials 1.

- Methods: Authors included randomized controlled trials (RCTs) on wet cupping for herpes zoster. They searched PubMed, the Cochrane Library (Issue 3,2008), China Network Knowledge Infrastructure (CNKI), Chinese Scientific Journals Fulltext Database VIP, and Wan Fang Database. All search ended in February 2009. Two authors extracted data and assessed the trials' quality independently. RevMan 5.0.18 SOFTWARE was used for data analysis with effect estimate presented as relative risk (RR) and mean difference (MD) with 95% confidence interval (CI).
- Result: Eight RCTs involving 651 patients were included, and the methodological quality of trials was generally fair in terms of randomization, blinding and intention-to-treat analysis. Meta analyses showed wet cupping was superior to medication in the number of cured patients (RR 2.49, 95% CI 1.91 to 3.24, P<0.00001), the number of patients with improved symptoms (RR 1.15, 95% CI 1.05 to 1.26, P=0.003), and reducing the incidence rate of post herpetic neuralgia (RR 0.06, 95% CI 0.02 to 0.25, P=0.0001). Wet cupping plus medication was significantly better than medication alone on number of cured patients (RR 1.93, 95% CI 1.23 to 3.04, P=0.005) but demonstrated no difference in symptom improvement (RR 1.00, 95% CI 0.92 to 1.08, P=0.98). There were no serious adverse effects related to wet cupping therapy in the included trials.

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### Wet cupping therapy for treatment of herpes zoster: a systematic review of randomized controlled trials 2.

- Discussion: There are some limitations. First, the quality of the included studies is generally fair, which may cause moderate risk of bias. Because of inadequate application of randomization and lack of blinding in the majority of the trials, there was potential for performance bias and detection bias because patients and researchers were aware of therapeutic interventions for the subjective outcome measures. Intention-to-treat analysis was not applied in data analyses in the included trials. Though the funnel plot could not be generated due to the limited number of trials in the meta-analysis. All studies reported a positive result favoring the treatment group, so there may be publication bias. Furthermore, all of the included trial were published in Chinese, which also may affect the possibility of selection bias.
- Second, one trial included only middle-aged and senile patients with herpes zoster, and one trial included only patients with head-face herpes zoster. There were different types of needles used in the trials, including triangle-edged in four trial, plum-blossom needles in two trials, filiform needles in one trial, and seven star needles in on trial. Seven trials applied the pricking/bloodletting of skin lesions, and one trial applied pricking and cupping on acupoints DU14, BL13, BL17, and BL18 with bloodletting on the ear apex. The variety of participants and the details of interventions may create the heterogeneity among the included trials and affect the meta-analysis of therapeutic effect. Additionally, the use of composite outcome measures in eight trials to evaluate the overall improvement of symptoms limits the generalization of the findings. The classification of cure—markedly effective, effective, or ineffective—is not internationally recognized, and it is difficult to interpret the effect. (Recommendation Outcome measurement: VAS, SF-36, Profile of Mood States, and the Present Pin Intensity score)
- Laboratory testing, and long term follow-up
- Conclusion: Wet cupping appears to be effective in the treatment of herpes zoster. However, further large, rigorously designed trials are warranted.

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Study	Sample Size (n)	Intervention	Control	Outcome	Quality of Evidence
Li et al. (2010)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2011)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2012)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2013)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2014)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2015)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2016)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2017)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2018)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2019)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low
Wang et al. (2020)	100	Wet cupping	Acupuncture	Wet cupping was significantly more effective than acupuncture in treating herpes zoster.	Low

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### Cupping therapy

- Cupping therapy is an approach for diagnosis, treatment, and prevention of disease that employs horn, bamboo, or glass cups on patient's skin to create negative pressure inside the cups. There are many types of cupping therapy, but eight types of cupping are commonly used in clinical practice: empty cupping, moving cupping, retained cupping, needling cupping, moxa cupping, wet cupping, herbal cupping, and water cupping.
- Wet cupping: called full or bleeding cupping, was the most favored and practiced cupping method used by early practitioners in Europe, who employed the bleeding cupping technique in order to purge foul blood, considered the source of disease, from the body. Wet cupping can be used in the treatment of a sudden increase in blood pressure and in discharging pus from boils and furuncles, which represent excess of blood heat and stagnation.

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### Systematic review of randomized-controlled trials on treatment with Dan Shen pharmaceuticals for herpes zoster

- Methods: Randomized controlled trials (RCTs) were identified from the Cochrane Controlled Trial Register (CTR), MEDLINE, and China National Knowledge Infrastructure (CNKI), Chinese Biological Medicine database (CBM), WanFang data. More than 10 different Chinese journals from Jan to Oct in 2009 were hand searched. The studies chosen were extracted and evaluated by method quality evaluation and meta analysis independently.
- Result: 13 studies (1285 patients) which fit the internal standards were identified. Meta-analysis indicated that there was evidence to support that Dan Shen pharmaceuticals for herpes zoster was more effective than standard western medicine treatment, and could reduce post-herpetic neuralgia.
- Conclusion: This study shows that Dan Shen pharmaceuticals has a better curative effect on herpes zoster compared with western medicine, but because of the low qualities of trials, the small sample sizes and other defects, more randomized controlled trials are necessary to draw definite conclusions.

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### The use of Dan Shen and its preparations

- 中药丹参为唇形科多年生草本植物丹参的根及根茎。 Labiatae Salvia perennial herb Salvia roots and rhizomes. 由于其显著的临床疗效而越来越受到广大中西医药工作者重视，基础研究逐步深入，成果不断涌现。 Because of its significant clinical efficacy and more attention by the majority of Chinese and Western medicine practitioners, the gradual deepening of basic research, the results continue to emerge.
- **1 丹参的药理作用 1 The pharmacological effects of Salvia**
- 1.1 传统医学理论 1.1 theory of traditional medicine
- 丹参味苦、性微寒 - Salvia bitter, slightly cold. 药理作用：(1) 活血化瘀，用于血热瘀滞、气滞血瘀之痛经、女性阴道炎等；(2) 降脂安神，用于气滞血瘀、心神不宁之心悸、失眠症；(3) 消肿止痛，用于余邪未清、痈疖肿痛及下肢溃疡等。 Pharmacological effects: (1) blood circulation, for the blood heat stasis, qi stagnation of the vein, dysmenorrhea and other female; (2) Chafan soothe the nerves, blood stasis is used, interference of the mind is upset, insomnia disease; (3) swelling and pain, for joint pain, carbuncle and lower limb ulcers, ulcer pain and swelling.
- 1.2 现代医学理论 1.2 Modern medical theory
- 丹参主要成分有：丹参甲酮、丹参乙酮、丹参丙酮、丹参素等。 Salvia main ingredients are: Salvia ketone, ethyl ketone Salvia, Salvia acetone, Salvia and other elements. 药理作用：扩张冠状动脉，改善微循环，降低外周血管阻力，降低血管中血液黏稠度，抑制血小板聚集，因而能对心肌缺血时细胞过氧化损伤，保护细胞膜，降低心肌僵硬度，抑制缺血再灌注时心肌细胞凋亡，从而保护缺血心肌 (1)。 Pharmacological effects: expansion of the coronary artery, improve microcirculation, reduce peripheral vascular resistance, lower blood viscosity in blood vessels, inhibit platelet aggregation, which can antagonize myocardial hypoxia lipid peroxidation, protecting cell membranes, reducing myocardial stiffness, lack of inhibition blood reperfusion myocardial cell apoptosis, thereby protecting the ischemic myocardium (1). 另有资料报道，丹参能有效地改善脑、肾、骨、前列腺、睾丸、卵巢等器官的循环系统，促进其功能恢复。 Another data reported Danshen can effectively improve the brain, liver, kidney, prostate, testis, ovary and other organs of the circulatory system, promote their functional recovery.

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丹参



丹参-药用部分



丹参注射液



丹参-植物形态

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### Acupuncture in acute herpes zoster pain therapy (ACUZoster)- design and protocol of a randomized controlled trial

- **Methods/Design:** Three-armed, randomized, placebo-controlled trial with a total follow-up time of 6 months. Up to an estimated 336 patients (interim analysis) with acute herpes zoster pain (VAS>30mm) will be randomized to one of the three groups (a) semi-standardized acupuncture (168 patients); (b) gabapentine with individualized dosage between 900-3600 mg/d (84 patients); (c) sham laser acupuncture. Intervention takes place over 4 weeks, all patients will received analgesic therapy (non-opioid analgesics: metamizol or paracetamol and opioids: tramadol or morphine). Therapy phase includes 4 weeks in which group (a) and (c) consist of 12 sessions per patient, (b) visits depend on patients need
- **Outcome measurement:** Main outcome is to assess the alteration of pain intensity before and 1 week after treatment sessions (VAS 0-100mm). Secondary outcome measure are: alteration of pain intensity and frequency of pain attacks; alteration of different aspects of pain evaluated by standardized pain questionnaires (NPI, PDI, SES); Effects on quality of life (SF36); analgesic demand; alteration of sensory perception by systematic quantitative sensory testing (QST); incidence of post-herpetic neuralgia; side effects and cost effectiveness, credibility of treatment will be assessed.

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### Conclusion

- Preliminary studies demonstrate Traditional Chinese Medicine (Chinese herbs, Acupuncture, cupping..) may show promise when used in conjunction with conventional therapies in the management of Shingles and PHN.

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### Thank You

Lawrence Hsiao

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