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. 
• 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, without causing any symptoms.

• 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.

• 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.

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.

Human Herpes Viruses

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

Development of the shingles rash

Shingles affects the nerves
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.\(^5\)\(^6\)\(^7\)

- 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.\(^5\)\(^8\)

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

Some people also experience:

- Fever and chills
- General achiness
- Headache
- Fatigue
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.

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.

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.
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

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.

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. For 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.
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 dietary intake and risk of zoster. The study found that individuals who consumed 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 - Deficiency has been associated with increased susceptibility to infectious diseases, and is of particular concern in patients undergoing bone marrow transplantation. A randomized trial of erythromycin and vitamin A supplementation in bone marrow transplant patients demonstrated an association between increased incidence of hyporetinolemia 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.

Other Botanical Considerations - The following 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.

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.
Shingles in TCM

Pathology of Shingles in TCM

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

TCM Pattern Differentiation

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

- Herbal treatments
- Acupuncture
- Cupping
- External treatment

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

- **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.
Herbal Treatment

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

Herbal Treatment

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

Herbal Treatment

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

- A-shi surrounding
- Hua Tao 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

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

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Patient No. (T/C)</th>
<th>Tx Pattern</th>
<th>Efficacy</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wang, YZ</td>
<td>2007</td>
<td>156 (78/78)</td>
<td>T:H</td>
<td>100% vs 84.6% (p&lt;0.05)</td>
<td>10 days</td>
</tr>
<tr>
<td>Jiang, C</td>
<td>2010</td>
<td>72 (36/36)</td>
<td>T:H</td>
<td>83.3% vs 33.3% (p&lt;0.05)</td>
<td>28 days</td>
</tr>
<tr>
<td>Yang, GD</td>
<td>2010</td>
<td>108 (63/45)</td>
<td>T:H+W</td>
<td>+ 100% vs 84.4% (p&lt;0.05)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Fan, YM</td>
<td>2007</td>
<td>80 (49/31)</td>
<td>T:H</td>
<td>+ 91.8% vs 29.03% (p&lt;0.05)</td>
<td>10 days</td>
</tr>
<tr>
<td>Zheng, XJ</td>
<td>2010</td>
<td>92 (47/45)</td>
<td>T:H+W</td>
<td>+ 85.11% vs 57.78% (p&lt;0.05)</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Lu, JG</td>
<td>2007</td>
<td>80 (40/40)</td>
<td>T:H</td>
<td>+ 100% vs 97.5%</td>
<td>7-10 days</td>
</tr>
<tr>
<td>Tsai, LC</td>
<td>2010</td>
<td>70 (35/35)</td>
<td>T:H+W</td>
<td>_ 100% vs 76% (p&lt;0.01)</td>
<td>10 days</td>
</tr>
<tr>
<td>Fan, ZC</td>
<td>2011</td>
<td>45 (30/15)</td>
<td>T:H</td>
<td>_ 86.7% vs 60% (p&lt;0.05)</td>
<td>15 days</td>
</tr>
<tr>
<td>Pu, JM</td>
<td>2011</td>
<td>80 (40/40)</td>
<td>T:He+H*</td>
<td>_ 86.7% vs 62.5% (p&lt;0.05)</td>
<td>20 days</td>
</tr>
</tbody>
</table>

Methods

- Inclusion Criteria: RTC (Randomized control trials), N>10; only one paper clearly mentioned randomization procedure. No blinding.
- Outcome measurement: Clinical symptom-7; VAS (visual analogue scale)- 1; CS=VAS+lgCD8,CD4,CD3
- Side effects: BUN, Cr increased, fatigue, sleepy, thirsty
1. Clinical Study of Chinese Medicine by Oral and Topical Application in treating Elderly Herpes Zoster

- Randomized treatment allocation, and sample-size estimation: N=156
  - Intervention Group (N=78) treated with herbal formula
    - Huang Qi, Dang Gui, Dan Shen, Hong Hua, Qi Shao, Chuang Xiong, Ge Gen, Liu Qiao, Da Huang, Zhan, Liu Zhi
  - External herbs: Bin Pin, Xiu Jia
  - Control group (N=78) treated with aciclovir 200mg 5 times/day
  - Outcome measurement: Main outcome is VAS 0-100mm, with 0 being no pain and 100 being the maximum imaginable pain. Second outcome: Alteration of pain intensity and frequency of pain attacks, Ig/CD8, CD3, CD4, CD4/CD8
  - Dropping-out rate is 1.29% vs. 2.59%
  - Results: The overall response rates of TG vs. CG (98.7%/84.6%) (P<0.05). Symptoms improvement (controlling herpes, crust and pain), VAS pain, the descent degree of Ig and CD8, the ascent degree of CD3, CD4, CD4/CD8 of treatment group were significantly better than that in control group. (P<0.05)
  - Conclusion: Chinese medicine by oral administration and topical application is effective for the treatment for herpes zoster in elderly patients, and it can prevent neuralgia that remains after herpes zoster, and regulate the immune function of elderly patients.

2. Clinical Study of Chinese Medicine by Topical Application in treating Herpes Zoster 80 cases

- Randomized treatment allocation, and sample-size: N=80
  - Intervention Group (N=40) treated with external herbal formula
    - Huang Qi, Huang Lian, Da Huang, Tian Hua Fen, Chuan Xiong, Qing Dai, Bai Zhi, Dan Nan Xing, Bing Pan, Bo He
  - Control group (N=40) treated with external herbs
    - Niu Huang, She Xiang, Zhen Zhu, Huo Po, Pen Sha, Bing Pan
  - Outcome measurement: Clinical symptoms
  - Results: The overall response rates of TG vs. CG (100%/97.5%) (P<0.05).
  - Conclusion: Chinese medicine by topical application is effective for the treatment for herpes zoster in elderly patients.

Review of Clinical Studies of Herpes zoster treated by Acupuncture (RCT)

<table>
<thead>
<tr>
<th>Author/Publisher</th>
<th>Year</th>
<th>Patient No. (T/C)</th>
<th>Tx Pattern</th>
<th>Diff.</th>
<th>Efficacy</th>
<th>SD</th>
<th>Tx course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wang, 2005</td>
<td>2005</td>
<td>40 (21/19)</td>
<td>T:A+W</td>
<td>C: W</td>
<td>100% vs. 89.5% (p&lt;0.05)</td>
<td>15 days</td>
<td></td>
</tr>
<tr>
<td>Zhou, 2008</td>
<td>2008</td>
<td>120 (60/60)</td>
<td>T:A</td>
<td>C: A</td>
<td>+ 93.3% vs. 67.7% (p&lt;0.05)</td>
<td>30 days</td>
<td></td>
</tr>
<tr>
<td>Shi, 2011</td>
<td>2011</td>
<td>46 (26/20)</td>
<td>T:A+W</td>
<td>C: A</td>
<td>_ 96.1% vs. 70% (p&lt;0.01)</td>
<td>10 days</td>
<td></td>
</tr>
<tr>
<td>Pang, 2011</td>
<td>2011</td>
<td>82 (42/40)</td>
<td>T:B+C*</td>
<td>C: W</td>
<td>_ 100% vs. 90% (p&lt;0.01)</td>
<td>10 days</td>
<td></td>
</tr>
<tr>
<td>Won, 2010</td>
<td>2010</td>
<td>60 (30/30)</td>
<td>T:B+C*</td>
<td>C: W</td>
<td>95.2% vs. 83.3% 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong, 2010</td>
<td>2010</td>
<td>60 (30/30)</td>
<td>T:A+B+C*</td>
<td>C: W</td>
<td>_ 93.1% vs. 72.4% (p&lt;0.05), SD 18 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tong, 2010</td>
<td>2010</td>
<td>60 (30/30)</td>
<td>T:A</td>
<td>C: W</td>
<td>_ 86.7% vs. 60% (p&lt;0.05). SD 20 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wang, 2010</td>
<td>2010</td>
<td>56 (28/28)</td>
<td>T:A+H</td>
<td>C: W</td>
<td>_ 98.8% vs. 71.4% (p&lt;0.05). 10 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dan, 2011</td>
<td>2011</td>
<td>83 (43/40)</td>
<td>T:A</td>
<td>C: W</td>
<td>93% vs. 67.5% (p&lt;0.01) 10 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A: acupuncture
T: treatment group
C: control group
W: western medicine
B: blood-letting
C*: cupping
(see reference)
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), Qiuxu (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 evaluated by the course 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 incidence of PHN in two groups after treatment was lower in TG and insignificant (p>0.05).

- 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, Huatuojiaji, 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). The changes of TG were more significant comparing with CG (p<0.01). Furthermore, the incidence of PHN in TG was much lesser 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

- Methods: Authors included randomized controlled trials (RCTs) on wet cupping for herpes zoster. They searched PubMed, the Cochrane Library (Issue 3, 2008), China National Knowledge Infrastructure (CNKI), Chinese Scientific Journal 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 was used for data analysis with effect estimate presented as relative risk (RR) and mean difference (MD) with 95% confidence interval (CI).

- Results: Eight RCTs involving 653 patients were included, and the methodological quality criteria was generally good in terms of randomization, blinding, and dropouts. In terms of number of cured patients, 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 in number of cured patients (RR 1.93, 95% CI 1.23 to 2.99, P=0.005) and symptom improvement (RR 1.06, 95% CI 0.52 to 2.18, P=0.86). 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 trials and the data were analyzed as available. Though the number of trials included was small, the sample size of the included trials was sufficient. Furthermore, all of the included trials were published in Chinese, which 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 trials, plum-blossom needles in two trials, filiform needles in one trial, and seven-star needles in one 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 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 Pain Intensity score)

• Laboratory testing, and long-term follow-up

Conclusion: Wet cupping appears to be effective in the treatment of herpes zoster. However, further rigorously designed trials are warranted.

Cupping therapy

• Cupping therapy is an approach for diagnosis, treatment, and prevention of disease that employs horn, bamboo, or glass cups on a 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 practical 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.
Systematic review of randomized-controlled trials on treatment with Dan Shen pharmaceutics for herpes zoster

Methods: Randomized controlled trials (RCTs) were identified from the Cochrane Controlled Trial Register (CCTR), 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 pharmaceutics for herpes zoster was more effective than standard western medicine treatment, and could reduce post-herpetic neuralgia.

Conclusion: This study shows that Dan Shen pharmaceutics 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

1. Modern medical theory
   - Dan Shen mainly contains: Dan Shen ketone, ethyl ketone Salvia, Salvia acetone, Salvia and other elements. The pharmacological effects: (1) 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 injury, protecting cell membranes, reduce myocardial stiffness, lack of blood reperfusion myocardial cell apoptosis, thereby protecting the myocardial function; (2) another study showed Danshen can effectively improve the effects of anti-inflammatory, anti-oxidation, anti-apoptosis, anti-platelet aggregation, anti-inflammatory injury, protecting myocardial function.

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Dan Shen and its preparations adverse reactions

- Danshen and its preparations adverse reactions are usually due to the direct contact of drugs with mucous membranes or skin, which can cause allergic reactions or local irritation.
- The adverse reactions can be divided into two types: Type I (immediate-type allergic reaction) and Type II (delayed-type allergic reaction).
- Type I reactions are caused by the formation of antigen-antibody complexes, which can cause symptoms such as rashes, fever, and anaphylaxis.
- Type II reactions are caused by the binding of antibody to cell-bound antigen, which can cause cell lysis or graft rejection.

Danshen injection of Salvia and Dalbergia pure Chinese

- Danshen injection may be the active ingredient in the mucous membrane caused by vasodilation, increased vascular permeability, and glandular secretion increase, leading to severe diarrhea, which results in severe dehydration and immediate shock in the severe cases.
- It is important to monitor blood pressure and maintain hydration to prevent complications.

Basis and consideration of disease menu of acupuncture and moxibustion therapy grade classification of herpes zoster

- Methods: Based on the five point classification of evidence-based medicine for evaluation, the internalized documents were evaluated according to the sequence from high level to low level. If the conclusion supported by the higher level documents, other lower documents’ results were given up.
- Results: Acupuncture is effective and safe to herpes zoster, comparing with the international accepted curative drugs such as aciclovir tablet and so on, it is much more effective to relieve pain and make it quickly absorbed and cured.
- Conclusion: Herpes Zoster is the first grade disease menu of acupuncture and moxibustion therapy.
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 (meets
analgesic - 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. Interventions take place over 4 weeks, all patients
will receive 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 sections per patient, (b) visits
depend on patient 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 measures: Improvement in pain intensity and duration of
pain attacks; alteration of different aspects of pain evaluated by standardized
pain questionnaires (NPI, PDI, SES); effects on quality of life (SF36);
integrated digital assessment of analgesic perception by ambulatory quantitative
monitoring; effects on costs; credibility of treatment will be assessed.

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.

Thank You

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