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Herpes zoster treated by acupuncture

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SUMMARY

The treatment of *Herpes zoster* by acupuncture is described. These were four patients with acute zoster and four with post-herpetic neuralgia. In a majority of the cases electro-acupuncture was found to be effective, and this treatment should be instigated as early as possible. Since the treatment of *Herpes zoster* by drugs is not routinely successful and can prove expensive, acupuncture, whose side effects are minimal, merits a trial.

INTRODUCTION

Known to the ancients as "ignes sacer" (sacred fire) *Herpes zoster* is one of the scourges of older life. One or two out of every 100 elderly people will have an attack of shingles in a single year.¹ Hope-Simpson reported that persons over 70 are five times more likely to suffer an attack of *herpes zoster* in any one year than middle-aged persons.²

The distribution of the rash is thoracic in 50–56 pc of cases, while lumbar, cervical and cranial regions are about equal in involvement as 15 pc each.³

The primary aim of treatment in the acute stage is the prevention of post-herpetic neuralgia.⁴ Post-herpetic neuralgia is usually described as pain persisting in the affected dermatome three months after the onset of the rash. Once the pain has expired for a time it becomes imprinted at a high level in the central nervous system, much like "phantom limb" pain. The pain and discomfort may persist for the remainder of the patient's life. It can cause dependence on powerful analgesics, and may lead to severe depression and even suicide. Females are more at risk from post-herpetic neuralgia than males.⁵

This paper reports the treatment by acupuncture of eight patients, four with *Herpes zoster* and four with

established post-herpetic neuralgia.

CASE REPORTS

1. MH Female. Aet. 76. Admitted with very severe pain from acute attack of *Herpes zoster*. The rash was located on the left side on thoracic dermatomes nine and 10. She could not bear to turn on to that side. After the third treatment she could read lying comfortably on the affected side. One month later she was pain free, and one year later there was still evidence of the rash present, but there was no pain.

2. GL Female. Aet. 70. Admitted from an old peoples' home with a two week history of *Herpes zoster*, and a painful rash over thoracic dermatomes eight and nine. She was treated every day for three days and then at two day intervals on four subsequent occasions, with complete relief.

3. AC Female. Aet. 70. Developed a painful rash on the left side along thoracic dermatomes six and seven. Diagnosed by her physician as having early *Herpes zoster*. Following four treatments the painful rash had disappeared.

4. MD Male. Aet. 71. Had a rash for two months with constant pain along thoracic dermatomes nine and 10. Was depressed and unable to work. Admitted to some improvement after five treatments on successive days. Returned to work. When interviewed two months later, the rash was fading and the pain easier.

5. MR Female. Aet. 66. Patient was referred because of a dull shoulder ache, and a constant itch which she said she scratches "all the time" She had an attack of acute *Herpes zoster* five months before, along the distribution of cervical dermatome four, and the rash was still present. Five treatments given at four day intervals gave permanent relief.

6. RG Male. Aet. 78. Following an attack of herpes five months before, he presented with a residual rash and pain along dermatomes T12 and L1. The pain in his groin prevented him from sitting comfortably and he was unable to watch television. Five acupuncture treatments were given at three day intervals. This enabled him to resume viewing, and when he was seen three months later the improvement had been maintained.

7. EHM Male. Aet. 73. For seven years he had post-herpetic neuralgia along the distribution of the ophthalmic division of the trigeminal nerve with recurring painful eruptions along the course of the left supra-orbital branch. There was accompanying watering of the left

eye and photophobia. After two treatments the photophobia disappeared and when six treatments had been completed, his eye stopped watering and the pain in his scalp had disappeared. He had no recurrence but died one year later of lung cancer.

8. MM Male Aet. 43. An HIV-positive patient, who for several years suffered from constant pain and recurrent rash along thoracic dermatomes nine and 10 on the right side. After treatment on three consecutive days, he didn't return. Though claiming at first to be improved, when interviewed one month later, this improvement was not maintained. Immuno-compromised patients are more susceptible to *Herpes zoster*. They have more tissue destruction, and are also more likely to develop post-herpetic neuralgia, which often recurs.

DISCUSSION

Acupuncture is now an accepted method of pain relief. In a recent publication, it is stated that the lack of effective treatment offered by Western trained medical practitioners to patients with *Herpes zoster* frequently "results in patients seeking recourse to herbal medicines, acupuncture or moxibustion⁶. It is claimed that post-herpetic neuralgia does not occur in China, because, there, acupuncture is routinely used to treat acute *Herpes zoster*⁷.

The wide variety of treatments used to treat herpetic pain indicates that there is no sure method available. Apart from the usual analgesics, injections of steroids, proteolytic enzymes, sodium iodide and cobra venom have been tried, as have more drastic techniques like radiotherapy, alcohol blocks, nerve-root ablation and section of the spino-thalamic tracts.

In acupuncture treatment, needles are inserted on both sides of the skin lesion, and paravertebral needles are placed in the appropriate dermatomes. Distal points are also needed (e.g. at the wrist and ankle) which are traditionally known to produce analgesia. From seven to 14 needles are used.

The initial treatment consists in simple (so-called "dry needling"). At the second session the needles are stimulated manually, and from the third treatment onwards, an electrical current of three Hz is applied to the needles. A Japanese "TTO" pulse-generator is employed using a current-strength tolerable to the patient. It employs six 1,5 volt torch batteries.

At the Ludwig Boltzmann Acupuncture Institute in Vienna it is felt that if the herpes scar is deeply adherent

so that the tissues cannot be rolled between the finger and thumb, the acupuncture treatment will not succeed⁸.

Patients having acupuncture should always be warned that the treatment may, at first, cause exacerbation of the pain. This, indeed, is regarded as a promising sign, but it deterred an early herpes patient (not in this series) from returning for a second treatment. Treatment lasts from 20 to 30 minutes. If the pain is severe, it is carried out daily at first, and then at four day intervals. It is noticeable that after the first few treatments the herpes rash is less angry looking. On average five treatments per patient were given, and the average age of the patients treated was 68.

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