The acupuncture treatment of Herpes Zoster complicated by right side facial palsy: A case report

Dr. Emad Tukmachi, MBCb, DTM(Dublin), PhD(London)

DIRECTOR OF ACUPUNCTICA MEDICA CLINICS At Nuffield Hospitals in Stoke-On-Trent, Derby & Wolverhampton (www.nuffieldhealth.com and www.acupunctureuk.co.uk)

ACUPUNCTURE MANAGEMENT

The management of HZ by drugs (Table 3) is not usually successful and can carry with it some side effects and expense. While acupuncture is proved to be an effective measure in aborting signs and symptoms of herpes zoster.

Table 3. Conventional treatment of HZ

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Symptomatic measures (rest as much as possible).</td>
<td></td>
</tr>
<tr>
<td>2. Analgesic therapy (simple painkillers, such as aspirin or paracetamol).</td>
<td>Regularly</td>
</tr>
<tr>
<td>3. Anti-viral therapy (Antiviral compounds, namely aciclovir, famciclovir and valaciclovir).</td>
<td></td>
</tr>
<tr>
<td>4. Skin therapy: Topical application of creams with an ingredient such as c bác)in, a local anesthetic drug or a non-steroidal anti-inflammatory drug (NSAID) and aspirin-in-</td>
<td></td>
</tr>
<tr>
<td>5. Other therapy: the tricyclic drugs (eg., amitryptiline, nortriptiline) for treatment of post-</td>
<td></td>
</tr>
<tr>
<td>6. Nerve blocks: Anesthetic approaches include local infiltration, peripheral or epidural nerve</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Clinical picture of HZ (7)

1. HZ usually appears as unilateral red patches that soon turn into small or large groups of dermatomal vesicular eruptions that look like chicken pox, commonly involving the thoracic (50%) or facial (40%) dermatomes (2).

2. The rash usually develops a crust within 10 days, while the vesicular eruptions generally last for 2-3 weeks. These lesions start out clear but can turn into pus or dark blood collected in the blisters before they crust over (scab) and begin to disappear. There were clear signs of right facial paralysis associated with symptoms of pain and burning sensation. This can be explained by the fact that a rash on the neck and lower part of the face, involving the trigeminal and cervical nerves, may be associated with paralysis of the facial nerve and loss of taste.

3. Distal Points for strong stimulation: LI11 (Zuchi), SI5 (Waiguan), SI8 (Sanyangluo), SI3 (Houxi) and ST4 (Hegu). A need for more scientific studies based on well-constructed single or double blind comparative trials is necessary to establish the effectiveness of acupuncture management of herpes zoster (18).

ACUPUNCTURE POINTS SELECTION AND STIMULATION METHODS

A. ACUPUNCTURE POINTS FOR MANUEL STIMULATION

1) Specific points for pain: LI4 ( Hegu), LV3 (Taching) and GB34 (Yanglingquan).

2) Local Points for mild stimulation: Ashi points, Points near to the affected area, Points on the Governing vessel (Du Mai), ST3 (Siao), SY7 (Siba) and ST7 (Xiaoguan).

3) Distal Points for strong stimulation: LI11 (Zuchi), SI5 (Waiguan), SI8 (Sanyangluo), SI3 (Houxi) and ST4 (Hegu).

A. ACUPUNCTURE POINTS FOR ELECTRICAL STIMULATION (A combination of paired points were used for electrical stimulation):

- LI4 ( Hegu) + SI5 (Waiguan) and SI3 (Houxi) + ST4 (Hegu).

A. ACUPUNCTURE POINTS FOR LASER TREATMENT (Radiation of each local acupuncture points for 10 to 40 second):

- Ashi points, Points near to the affected area, Points on the Governing vessel (Du Mai), ST3 (Siao), SY7 (Siba) and ST7 (Xiaoguan).

Outcome and Discussion

Acupuncture therapy in acute phase of HZ is usually directed at preventing post-herpetica neuritis and other associated complications, whereas in chronic, or remedial, phase, it is aimed at minimizing already existent pain (11). On one hand, most western therapies are helpful to some people but sometimes carrying high probability of risk and side effects (12). Despite this, however, the scientific evidence of efficacy from double blind and controlled studies on these therapies is often lacking. On the other hand, Traditional Chinese Acupuncture has accumulated many previous experiences for treating this disease as the bulk of published work to date supports the use of acupuncture (11,12,13,14) and laser therapy (15,16) for treatment of herpes zoster and its complications.

This patient, in our opinion, was in late stage of acute phase and responded well to the combination treatment of manual acupuncture, electroacupuncture and laser therapy and achieved a full recovery in only three weeks. It is in agreement with the previous report on the management of HZ by acupuncture (14). Other most significant outcome of the combination treatment course was the complete recovery from the right facial paralysis. Previous report by li (17) indicated that 100% of patients were markedly improved or cured when acupuncture was initiated within three days post-onset in 84% cases of facial nerve paralysis. The acupuncture management of this patient may be an example of a significant method in treating its associated with facial paralysis.

Case History and Clinical Presentation

A 71-year male grey-haired white male self-referred, seeking acupuncture treatment for HZ on the right neck and post-auricular regions associated with facial paralysis on that side. He first complained of prodromal symptoms of flu-like such as fever, chills, and gastrointestinal symptoms for two days. Then he started to develop an odd sensation in the skin over the right side of the neck ascending to behind the right ear that gradually turned into pain (Table 2). In these areas, the skin lesion of an extensive vesicular rash began as a series of well circumscribed, erythematous, maculopapular skin eruptions that follow sensory dermatomes. Twenty-four hours after the rash appearance he noticed that the area on his right side of neck and up to behind the right ear was covered by extensive mass of ulcerated abrasions. This picture was associated with an acute right facial paralysis as the patient was unable to close her right eyelid, and experienced difficulty with drinking and mastication. During the appearance of theses signs and symptoms he visited the family doctor and the diagnosis came as HZ associated with right facial paralysis. He has no past history of chemical reactions.

On examination, new crops of blisters were seen while the older ones started to crust over with some few crusts dropped off leaving behind a red skin tender to touch. Furthermore, there were clear signs of right facial paralysis associated with symptoms of pain and burning sensation. This can be explained by the fact that a rash on the neck and lower part of the face, involving the trigeminal and cervical nerves, may be associated with paralysis of the facial nerve and loss of taste.

Table 1. FACTS ON HERPES ZOSTER (SHINGLES)

a. The word herpes is derived from French and Latin meaning to creep and zoster is a belt or girdle. It is described as a "belt of rashes from hell". While Shingles is derived from the Latin term "singulatus" meaning to encircle or wrap around.

b. It is known that 20% of those people who have had chicken pox will get zoster at some time during their lives. Fortunately, most people will get zoster only once. Many peoples in the UK are infected with varicella-zoster virus (VZV) in childhood and later in adulthood may develop Herpes zoster. However, Herpes zoster can occur at any age of 50.

c. A reactivation of the chickenpox virus lying dormant for many years in the root of a nerve in the spinal cord or brain may be brought up by stress or by the loss of natural immunity in as in the ageing. The only Western treatment options for acute zoster are antiviral medications and corticosteroids.

References