

Dermatological Health

Editors-in-Chief

Shauna Higgins

University of Southern California, USA

Li He

Yunnan Dermatology Hospital, China

BIO-BYWORD SCIENTIFIC PUBLISHING PTY LTD

(619 649 400)

Level 10

50 Clarence Street

SYDNEY NSW 2000

Copyright © 2026. Bio-Byword Scientific Publishing Pty Ltd.

Complimentary Copy



Dermatological Health

Focus and Scope

Dermatological Health is a peer-reviewed, open access journal that publishes original research articles and review articles related to the prevention, diagnosis, and treatment of disorders of the skin, hair, and nails. The covered topics include, but are not limited to: clinical, investigative, and population-based studies, healthcare delivery and quality of care research, high quality, cost effective, and innovative treatments, new diagnostic techniques, and other topics related to the prevention, diagnosis, and treatment of disorders of the skin, hair, and nails. Each issue includes continuing medical education articles designed to fill practice and knowledge gaps in the delivery of dermatologic care.

About Publisher

Bio-Byword Scientific Publishing is a fast-growing, peer-reviewed and open access journal publisher, which is located in Sydney, Australia. As a dependable and credible corporation, it promotes and serves a broad range of subject areas for the benefit of humanity. By informing and educating a global community of scholars, practitioners, researchers and students, it endeavors to be the world's leading independent academic and professional publisher. To realize it, it keeps creative and innovative to meet the range of the authors' needs and publish the best of their work.

By cooperating with University of Sydney, University of New South Wales and other world-famous universities, Bio-Byword Scientific Publishing has established a huge publishing system based on hundreds of academic programs, and with a variety of journals in the subjects of medicine, construction, education and electronics.

Publisher Headquarter

BIO-BYWORD SCIENTIFIC PUBLISHING PTY LTD

Level 10

50 Clarence Street

Sydney NSW 2000

Website: www.bbwpublisher.com

Email: info@bbwpublisher.com

Table of Contents

- 1 The Therapeutic Value of Valacyclovir Combined with Thymosin Therapy for Esophageal Cancer Complicated with Postherpetic Neuralgia**
Jun Zou

- 8 An Exploration of the Etiology, Pathogenesis, and Therapeutic Principles of Herpes Zoster Based on the Theory of “Eliminating the Prolonged Stagnation”**
Yuanyuan Deng, Biqu Huang, Xiaochun Wei, Yuming Zhang, Wenjie Zhang

The Therapeutic Value of Valacyclovir Combined with Thymosin Therapy for Esophageal Cancer Complicated with Postherpetic Neuralgia

Jun Zou

Dermatology Prevention Hospital of Huangpi District, Wuhan 430300, Hubei, China

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: *Objective:* To evaluate the therapeutic effect of valacyclovir combined with thymosin therapy on patients with esophageal cancer complicated by postherpetic neuralgia (PHN). *Methods:* A total of 76 patients with esophageal cancer complicated by PHN who were admitted for treatment from January 2023 to January 2025 were selected and evenly divided into two groups using a random number table. The observation group received valacyclovir combined with thymosin therapy, while the reference group received valacyclovir monotherapy. The overall response rate, pain scores, serological indicators, and T-lymphocyte subsets were compared between the two groups. *Results:* The overall response rate in the observation group was higher than that in the reference group ($P < 0.05$). After 10 days of treatment, the pain scores in the observation group were lower than those in the reference group, and the serological indicators and T-lymphocyte subsets were superior to those in the reference group ($P < 0.05$). *Conclusion:* Valacyclovir combined with thymosin therapy can improve the clinical efficacy in patients with esophageal cancer complicated by PHN, alleviate pain symptoms, regulate serological indicators, and protect the immune function of patients.

Keywords: Valacyclovir; Thymosin therapy; Esophageal cancer; Postherpetic neuralgia

Online publication: March 25, 2026

1. Introduction

The symptoms of esophageal cancer include dysphagia, ascites, stabbing pain behind the sternum, and weight loss, among others, with squamous cell carcinoma being the predominant type. Surgical intervention combined with radiotherapy and chemotherapy is required to prolong the patient's survival. However, these treatment measures can reduce the patient's immunity, leading to immunosuppressive manifestations due to physiological stress, thereby increasing the risk of viral infections, such as herpes zoster and other viral diseases^[1]. Postherpetic neuralgia (PHN) is a common sequelae of herpes zoster, characterized by neuropathic pain persisting for one month or longer after the complete resolution of herpetic skin lesions. It is marked by persistent pain and can coincide with cancer-related pain from esophageal cancer, significantly exacerbating the

patient's physiological discomfort and consequently affecting their treatment compliance. Oral medication is the primary treatment approach for this comorbidity, utilizing antiviral drugs such as valacyclovir and thymosin therapy to alleviate pain symptoms. This approach leverages the synergistic mechanisms between different drugs to exert multi-target therapeutic effects while protecting the patient's immune system and promoting disease recovery. Based on this, the present study selected 76 patients with esophageal cancer complicated by PHN to evaluate the therapeutic effects of valacyclovir combined with thymosin therapy.

2. Materials and methods

2.1. General information

A total of 76 patients with esophageal cancer complicated by PHN who were admitted for treatment between January 2023 and January 2025 were selected and evenly divided into two groups using a random number table. The observation group consisted of 38 patients, including 21 males and 17 females, aged between 24 and 81 years, with a mean age of 44.58 ± 4.91 years. The duration of esophageal cancer ranged from 0.5 to 2 years, with a mean of 1.09 ± 0.49 years, while the duration of PHN ranged from 5 to 10 weeks, with a mean of 7.11 ± 1.53 weeks. The reference group also included 38 patients, with 23 males and 15 females, aged between 22 and 80 years, with a mean age of 44.71 ± 4.85 years. The duration of esophageal cancer ranged from 0.6 to 2 years, with a mean of 1.12 ± 0.46 years, while the duration of PHN ranged from 4 to 11 weeks, with a mean of 7.19 ± 1.46 weeks. There were no significant differences in the data between the two groups ($P > 0.05$).

Inclusion criteria: Diagnosis of esophageal cancer based on esophagoscopy and biopsy pathology; meeting the PHN diagnostic criteria established in the *Chinese Expert Consensus on the Diagnosis and Treatment of Postherpetic Neuralgia* ^[2]; a Visual Analog Scale (VAS) score of ≥ 6 points upon admission; stable vital signs; normal communication and cognitive abilities; and informed consent to participate in the study. Exclusion criteria: Use of immunomodulators or antiviral drugs within the past 2 weeks; allergy to the study drugs; abnormal heart, liver, or kidney function; distant metastasis of esophageal cancer; coagulopathy; presence of psychiatric disorders; and withdrawal from the study midway.

2.2. Methods

The reference group received monotherapy with valacyclovir: oral administration of valacyclovir hydrochloride tablets (Kunming Yuanrui Pharmaceutical Co., Ltd., National Medical Products Administration Approval Number H20103021, specification: 0.15 g; tablet form) at a dose of 0.15 g each time, twice daily, for 10 consecutive days. The observation group received a combination therapy of valacyclovir and thymopeptides, with the valacyclovir treatment method being the same as above. Thymopeptides for injection (Furen Pharmaceutical Group Co., Ltd., National Medical Products Administration Approval Number H20074234, specification: 10 mg; injection form) were administered intravenously at a dose of 30 mg each time, once daily, for 10 consecutive days.

2.3. Observation indicators

- (1) Pain score: The McGill Pain Questionnaire (MPQ) was used, which includes the Present Pain Intensity (PPI, ranging from 0 to 12 points), Sensory Pain Rating Index (PRI, ranging from 0 to 33 points), and Visual Analog Scale (VAS, ranging from 0 to 10 points). Pain severity was positively correlated with the score.

- (2) Serological indicators: Before treatment and after 10 days of treatment, venous blood (10 ml) was collected in a fasting state, centrifuged for 10 minutes at a speed of 3,000 r/min and a radius of 10 cm, and the serum was extracted. Enzyme-linked immunosorbent assay was used to evaluate the levels of serum substance P (SP), neuropeptide Y (NPY), and β -endorphin (β -EP).
- (3) T-lymphocyte subsets: Fasting venous blood (5 ml) was collected at the same time points, and density gradient centrifugation was used for cell processing. Flow cytometry was used to evaluate the levels of CD3⁺, CD4⁺, and CD8⁺.

2.4. Efficacy evaluation criteria

The overall response rate was evaluated using the efficacy index (difference in VAS scores before and after treatment \div VAS score before treatment \times 100%). A cure was defined as an efficacy index of 100%; a significant response as an efficacy index between 60 and 99%; a preliminary response as an efficacy index between 30 and 59%; and no response as an efficacy index of <30%.

2.5. Statistical analysis

Data were processed using SPSS 28.0 software. Count data were expressed as [*n* (%)] and compared using the chi-square test. Measurement data were tested for normal distribution using the Kolmogorov-Smirnov (K-S) test and expressed as mean \pm standard deviation (SD). Independent samples *t*-tests were used for comparisons between groups, and paired *t*-tests were used for comparisons within groups. A statistically significant difference was defined as $P < 0.05$.

3. Results

3.1. Comparison of overall efficacy rates

Between the two groups, the overall efficacy rate in the observation group was higher than that in the reference group ($P < 0.05$). See **Table 1**.

Table 1. Comparison of overall efficacy rates between the two groups [*n* (%)]

Group	Number of cases	Disease cure	Significant efficacy	Initial efficacy	No efficacy	Total effective rate
Observation group	38	17	10	9	2	94.74% (36/38)
Reference group	38	13	10	7	8	78.95% (30/38)
χ^2						4.146
<i>P</i>						0.042

3.2. Comparison of pain scores

Before treatment, there was no significant difference in pain scores between the two groups ($P > 0.05$). After 10 days of treatment, the pain score in the observation group was lower than that in the reference group ($P < 0.05$). See **Table 2**.

Table 2. Comparison of pain scores between the two groups (mean \pm SD, points)

Group	Number of cases	PPI		PRI		VAS	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	38	7.16 \pm 1.53	4.02 \pm 1.06	18.95 \pm 2.34	8.11 \pm 1.59	6.75 \pm 1.48	3.11 \pm 0.68
Reference group	38	7.19 \pm 1.55	4.98 \pm 1.09	19.02 \pm 2.31	10.73 \pm 1.65	6.71 \pm 1.46	3.92 \pm 0.73
<i>t</i>		0.085	3.892	0.131	7.048	0.119	5.005
<i>P</i>		0.933	0.000	0.896	0.000	0.906	0.000

3.3. Comparison of serological indicators

Before treatment, there were no significant differences in serological indicators between the two groups ($P > 0.05$). After 10 days of treatment, the levels of SP and NPY in the observation group were lower than those in the reference group, while the level of β -EP was higher than that in the reference group ($P < 0.05$). See **Table 3**.

Table 3. Comparison of serological indicators between the two groups (mean \pm SD, ng/L)

Group	Number of cases	SP		NPY		β -EP	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	38	172.65 \pm 25.41	105.16 \pm 12.74	301.59 \pm 28.76	237.65 \pm 15.84	16.54 \pm 2.35	25.64 \pm 3.11
Reference group	38	171.19 \pm 25.33	123.65 \pm 12.81	301.44 \pm 29.02	258.44 \pm 16.49	16.57 \pm 2.38	21.05 \pm 3.06
<i>t</i>		0.251	6.309	0.023	5.605	0.055	6.485
<i>P</i>		0.803	0.000	0.982	0.000	0.956	0.000

3.4. Comparison of T-lymphocyte subsets

Before treatment, there were no significant differences in T-lymphocyte subsets between the two groups ($P > 0.05$). After 10 days of treatment, the levels of CD3⁺ and CD4⁺ in the observation group were higher than those in the reference group, while the level of CD8⁺ was lower than that in the reference group ($P < 0.05$). See **Table 4**.

Table 4. Comparison of T-lymphocyte subsets between the two groups (mean \pm SD, %)

Group	Number of cases	CD3 ⁺		CD4 ⁺		CD8 ⁺	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	38	55.46 \pm 5.19	67.18 \pm 7.20	29.44 \pm 3.51	40.21 \pm 4.85	32.38 \pm 3.64	25.77 \pm 2.58
Reference group	38	55.50 \pm 5.23	61.49 \pm 7.15	29.48 \pm 3.56	34.91 \pm 4.77	32.41 \pm 3.69	28.43 \pm 2.60
<i>t</i>		0.033	3.457	0.049	4.803	0.036	4.477
<i>P</i>		0.973	0.001	0.961	0.000	0.972	0.000

4. Discussion

Esophageal cancer is a highly prevalent type of malignant tumor that significantly depletes the body's nutritional reserves, weakens cellular immune function, and activates latent viruses within the body, leading to complications such as herpes zoster. Furthermore, treatments such as esophageal cancer resection and postoperative radiotherapy and chemotherapy can adversely affect the patient's immune system, reducing their disease resistance and thereby increasing the risk of herpes zoster^[2]. While systemic treatment can significantly alleviate herpes zoster, it often results in persistent neuropathic pain after skin lesion healing, with a prolonged duration that is detrimental to disease prognosis.

Valacyclovir is a commonly used medication for treating patients with esophageal cancer complicated by PHN. It exhibits potent antiviral activity against the herpes zoster virus and serves as a prodrug of acyclovir, offering 2 to 4 times greater efficacy than acyclovir without inducing toxicity in human cells, ensuring high treatment safety. After oral administration, valacyclovir accumulates in large quantities within infected cells, forming acyclovir triphosphate, a biologically active substance that competitively binds to DNA polymerase, thereby blocking viral replication and inhibiting proliferation^[3,4]. Thymopeptides, extracted from calf thymus, are rich in active peptides and possess antiviral protein gene activation properties within target cells, inhibiting viral proliferation. Additionally, thymopeptides strongly stimulate lymphocytes or mononuclear macrophages, regulating the immune system and providing immune protection.

The results showed that the overall response rate in the observation group was higher than that in the reference group, and the pain score after 10 days of treatment was lower in the observation group ($P < 0.05$). The reasons are as follows: Valacyclovir demonstrates excellent antiviral effects, with good water solubility, rapid absorption after oral administration, and high bioavailability, effectively clearing the varicella-zoster virus and improving treatment efficacy^[5,6]. Thymopeptides, as immunomodulators, enhance mitogen activity after intravenous infusion, promoting peripheral lymphocyte maturation, accelerating the secretion of T-cell lymphokines by various antigens, and increasing lymphokine receptor content, effectively resisting varicella-zoster virus invasion and controlling the disease.

After 10 days of treatment, the serological indicators in the observation group were superior to those in the reference group ($P < 0.05$). Among them, SP participates in the inflammatory response process, activates immune cell agents, and affects pain signal transmission^[7]. NPY reflects the degree of nerve injury, with increased synthesis and elevated levels due to sensory neuron and sympathetic nerve proliferation. β -EP binds to endogenous opioid receptors and opioid peptides, producing a sense of pleasure and effectively exerting analgesic mechanisms, showing a negative correlation with the patient's pain level^[8]. Valacyclovir treatment can alleviate nerve injury, inhibit the release of pain substances, and suppress the pathological remodeling process of NPY, thereby blocking pain signal transmission and improving pain-related serological indicators. Thymopeptides reduce the overall release of pro-inflammatory factors, continuously exerting anti-inflammatory mechanisms, thereby assisting in downregulating SP and NPY levels^[9,10]. Additionally, thymopeptides activate the body's analgesic system, increasing β -EP release from the pituitary gland and immune cells, thereby providing long-lasting analgesia.

After 10 days of treatment, the T-lymphocyte subsets in the observation group were superior to those in the reference group ($P < 0.05$). T-lymphocyte subsets such as $CD3^+$ and $CD4^+$ objectively reflect the patient's immune function. The thymus contains α , γ , and β hormones that promote T-cell differentiation and accelerate their maturation. Thymosin $\alpha 1$, the most abundant active component in thymopeptides, contains 28 amino

acids and exhibits strong biological activity, inducing T-cell differentiation, increasing cytokine synthesis, and enhancing B-cell antibody response capabilities, thereby regulating the immune system and enhancing disease resistance. Additionally, thymopeptides increase the secretion of inflammatory factors such as interleukin-2, indirectly enhancing B-cell activity, thereby improving immune system function and the levels of the above indicators^[11].

5. Conclusion

In conclusion, combined treatment with valacyclovir and thymopeptides for patients with esophageal cancer complicated by PHN yields favorable results, reducing pain levels, regulating pain-related serological indicators, improving T-lymphocyte subset levels, protecting the patient's immune function, and maximizing physiological comfort. This combination therapy demonstrates significant advantages.

Disclosure statement

The author declares no conflict of interest.

References

- [1] Xie X, Huang L, Chu X, et al., 2025, Clinical Study on Valacyclovir Combined with Pregabalin in the Treatment of Acute Pain in Elderly Patients with Herpes Zoster. *Chinese Journal of Drug Application and Monitoring*, 22(6): 977–981.
- [2] Expert Group for the Compilation of Consensus on the Diagnosis and Treatment of Postherpetic Neuralgia, 2016, Chinese Expert Consensus on the Diagnosis and Treatment of Postherpetic Neuralgia. *Chinese Journal of Pain Medicine*, 22(003): 161–167.
- [3] Shi H, Gao P, Du Y, et al., 2025, Clinical Efficacy and Safety of Valacyclovir in Preventing Herpes Zoster After Trigeminal Nerve Balloon Compression. *Clinical Rational Drug Use*, 18(13): 132–134, 138.
- [4] Yang X, Liang H, Li Q, et al., 2024, Impact of Valacyclovir Combined with Nerve Block on the Clinical Efficacy of Acute Herpetic Neuralgia. *China Medical Innovation*, 21(9): 64–69.
- [5] Yang X, 2024, Observation on the Efficacy of Pregabalin Combined with Valacyclovir in the Treatment of Elderly Herpes Zoster with Neuropathic Pain. *Chinese Journal of Practical Rural Doctors*, 31(10): 71–74.
- [6] Zhang Y, Yang C, Lin Y, et al., 2023, Efficacy Analysis of Valacyclovir Combined with Semiconductor Laser in the Treatment of Herpes Zoster. *Journal of Shandong Medical College*, 45(1): 25–26.
- [7] Wang L, Zhang C, Zhang L, 2025, Effects of Valacyclovir Combined with Pregabalin and Phototherapy on Pain and DLQI Scores in Patients with Acute Herpes Zoster. *Anhui Medical and Pharmaceutical Journal*, 29(6): 1147–1150.
- [8] Liu Y, 2020, Analysis of the Clinical Efficacy and Safety of Different Doses of Valacyclovir Combined with Thymopeptides in the Treatment of Herpes Zoster. *Electronic Journal of Clinical Medical Literature*, 7(A1): 180, 182.
- [9] Guo C, Jiao X, 2020, Clinical Study on the Efficacy of Semiconductor Laser, Thymosin α 1 Combined with Pregabalin in the Treatment of Postherpetic Neuralgia. *Dermatology and Venereology*, 42(4): 553–554.
- [10] Zhang J, Guan Z, Wang J, 2021, Effects of Blood-Letting Puncture and Cupping Combined with Electroacupuncture on the Outcome of Neuropathic Pain in Elderly Patients with Acute Herpes Zoster. *Clinical Journal of Traditional Chinese Medicine*, 13(6): 62–64.

- [11] Yan S, Han B, Yan L, 2023, Study on the Efficacy of Postherpetic Neuralgia Treated by Nerve Block Combined with Pulsed Radiofrequency and Changes in T-Lymphocyte Subsets and Cytokines. *Sichuan Journal of Physiological Sciences*, 45(10): 1887–1889.

Publisher's note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

An Exploration of the Etiology, Pathogenesis, and Therapeutic Principles of Herpes Zoster Based on the Theory of “Eliminating the Prolonged Stagnation”

Yuanyuan Deng, Biqu Huang, Xiaochun Wei, Yuming Zhang, Wenjie Zhang*

Guangxi International Zhuang Medicine Hospital Affiliated to Guangxi University of Chinese Medicine, Nanning 530000, Guangxi, China

*Author to whom correspondence should be addressed.

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: This paper explores the etiology, pathogenesis, and acupuncture treatment principles of herpes zoster based on the academic perspective of “eliminating the prolonged stagnation” from *Ling Shu: Nine Needles and Twelve Source Points*. The core pathogenesis of herpes zoster is “deficiency” and “stasis,” with blood stasis being the primary pathological product. The blood stasis obstructs the meridians, triggering neuralgia. The therapeutic principle focuses on promoting blood circulation to resolve stasis and regulating qi to alleviate pain. Guided by “eliminating the prolonged stagnation,” the acupuncture therapy [e.g., He’s *Santong* needling method: *Weitong* (normal needling), *Wentong* (fire needling), and *Qiangtong* (bloodletting)] acts directly on the stasis areas through techniques like filiform needling, fire needling, and pricking and cupping, thereby effectively alleviating neuralgia caused by herpes zoster. Clinical case studies are used to illustrate the significant advantages of acupuncture therapy under the guidance of the theory of “removing the prolonged stagnation” in treating neuralgia associated with herpes zoster.

Keywords: Removing the prolonged stagnation; Herpes zoster; Pricking and cupping

Online publication: April 3, 2026

1. Introduction

Herpes zoster is an acute dermatological condition caused by varicella-zoster virus reactivation, characterized by unilateral vesicular eruptions and severe neuralgia. In traditional Chinese medicine, it is classified as “snake-like sores,” with its pathogenesis attributed to “deficiency” and “stasis”—specifically, blood stasis obstructing the meridians as the core pathological factor underlying pain.

The theory of “eliminating what obstructs the meridians,” originating from the *Huangdi Neijing*, establishes

a fundamental principle for acupuncture treatment: removing pathological accumulations such as blood stasis to restore the free flow of qi and blood. Guided by this principle, acupuncture modalities—including filiform needles, fire needles, and bloodletting with cupping—have demonstrated clinical efficacy in treating herpes zoster and postherpetic neuralgia.

This paper explores the etiology and pathogenesis of herpes zoster from the perspective of this theory, examines the application of acupuncture therapies guided by it, and presents a case study to illustrate its clinical value.

2. Analysis of the connotation and theoretical basis of “removing the prolonged stagnation”

The theory of “removing the prolonged stagnation” was first recorded in *The Miraculous Pivot · Nine Needles and Twelve Source Points*, which states, “In needling, deficiency should be supplemented, excess should be drained, prolonged stagnation should be eliminated, and pathogenic excess should be reduced. *The Plain Questions · Blood, Qi, Form, and Spirit* further elaborates: “In treating diseases, one must first remove the blood stasis to alleviate suffering, observe the patient’s condition, and then drain what is excessive and supplement what is deficient.” *Plain Questions · Disease Mechanism* states: For cases with exuberant qi and congealed blood, stone needles should be used to drain it. Many similar expositions from *The Yellow Emperor’s Inner Classic* discuss similar viewpoints, all asserting that localized conditions involving stasis and stagnation can be treated with acupuncture. Consequently, the theory has been regarded as the general principle of acupuncture therapy by physicians of successive dynasties ^[1].

Here, “Stagnation” refers to the accumulation and congealing of pathological products such as qi, blood, phlegm-turbidity, and static blood within the body. “Elimination” refers to achieving the effects of regulating and unobstructing qi and blood, removing blockages, and dredging the meridians and collaterals through acupuncture. However, “elimination” does not simply mean removal, but achieving the goal of “eliminating pathogens and reinforcing healthy qi, to prevent pathological products from impairing the body’s healthy qi. According to the basic theory of traditional Chinese medicine, qi, blood, and body fluids are the fundamental substances sustaining human life, while the meridians and collaterals are pathways for their circulation and distribution. When the body is invaded by the six exogenous pathogenic factors or disturbed by internal injury due to emotions, the flow of qi, blood, and body fluids is easily obstructed, leading to prolonged stagnation, which tends to accumulate in the meridians and collateral. By acting directly on the areas where pathological products accumulate, acupuncture therapy achieves the therapeutic goal of “eliminating the prolonged stagnation,” ultimately unblocking the meridians, promoting qi and blood movement, and resolving diseases caused by qi stagnation and blood stasis ^[2,3].

Clinically, the theory of “eliminating the prolonged stagnation” is applied to a wide range of conditions, including heat syndromes, pain syndromes, skin diseases, and orthopedic disorders. Among skin diseases, herpes zoster is a typical example.

3. TCM understanding of herpes zoster

Herpes zoster is an acute inflammatory skin disease caused by the varicella-zoster virus (VZV). Its clinical manifestations include unilateral clustered vesicles, which can occur in various parts of the body, with the chest, back, and face being the most common areas. It is often accompanied by significant neuralgia, presenting as

intermittent or persistent dull pain, stabbing pain, or burning pain. It can severely impact the patients' physical and mental health and can easily lead to severe complications such as meningitis and myelitis ^[4].

In the scope of traditional Chinese medicine (TCM), herpes zoster is referred to as “snake-like sore,” “fire erysipelas around the waist. Based on basic theory of TCM, “obstruction causes pain” and “malnourishment causes pain.” The pathogenesis of herpes zoster can be summarized into two major categories: “stasis” and “deficiency” ^[5,6], which are essentially qi deficiency with blood stasis and qi stagnation with blood stasis. In terms of the etiology, elderly patients are constitutionally weak with insufficient healthy qi, making them unable to resist external pathogenic factors. These pathogens stagnate in the meridians, consume qi and blood, and ultimately lead to the disease. Alternatively, internal injury due to emotions or liver qi stagnation causes liver depression and qi stagnation, which transforms into fire, impeding the movement of qi and blood and triggering the disease along the meridians ^[7]. Thus, static blood is the main pathological product. It obstructs the meridians, hindering the smooth flow of qi, blood, and body fluids, and thereby causes pain. TCM treatment is based on syndrome differentiation according to the etiology and pathogenesis of the disease ^[8]. The main therapeutic principles for herpes zoster can be summarized as “activating blood circulation to resolve stasis, and moving qi to relieve pain.” Clinical treatment mainly consists of two major systems: internal treatment and external treatment. Internal treatment primarily involves oral administration of blood-activating and stasis-resolving medicine. The commonly used formula is modified Xuefu Zhuyu Decoction, with frequently used herbs such as Semen Persicae (*Taoren*), Flos Carthami (*Honghua*), Radix Angelicae Sinensis (*Danggui*), Rhizoma Corydalis (*Yanhusuo*), and Rhizoma Cyperi (*Xiangfu*, processed with vinegar). These herbs regulate qi and blood of the zang-fu organs to resolve stasis and relieve pain. External treatment encompasses various methods such as Chinese herbal compress [e.g., decoction of heat-clearing and detoxifying herbs such as Cortex Phellodendri Chinensis (*Huangbai*), applied to the lesions], pricking and cupping, and medicinal thread moxibustion. This paper will focus on exploring the mechanism of action and clinical value of acupuncture therapy in relieving neuralgia associated with herpes zoster ^[9-11].

4. The relationship between acupuncture therapy based on the theory of “eliminating the prolonged stagnation” and herpes zoster

In the clinical treatment of herpes zoster, Western medicine mainly adopts antiviral and neurotrophic therapy, which has a limited effect in relieving herpes zoster-induced neuralgia ^[12]. In contrast, TCM shows distinct advantages in relieving postherpetic neuralgia through distinctive therapies such as acupuncture, cupping, and bloodletting ^[13]. Guided by the principle of “eliminating the prolonged stagnation,” acupuncture therapy can dredge the corresponding meridians, improve the circulation of qi and blood, thereby alleviating local neuralgia and achieving the therapeutic effect of “free flow eliminates pain” ^[14].

He's *Santong* needling method is a theoretical system of acupuncture therapy developed by Professor He Puren, a National Master of Traditional Chinese Medicine. The *Santong* needling method refers to *Weitong* (filiform needling), *Wentong* (fire needling), and *Qiangtong* (bloodletting), grounded in Professor He's core theory that “diseases often involve qi stagnation, and the treatment should follow the *Santong* needling method” ^[15]. Professor He holds that, despite the wide variety of diseases and diverse clinical manifestations, therapeutic efficacy can be achieved by focusing on “dredging or unblocking (*Tong*).” In the treatment of herpes zoster, *Weitong* (filiform needling) involves treating with filiform needles. This approach aims to enhance immune function, inhibit inflammatory exudation, and thus reduce the pain threshold in patients by needling corresponding points along

the meridians^[16]. *Wentong* (fire needling) uses fire needles to stimulate local skin lesions. This allows substantial pathogens such as static blood to be directly expelled through the needle pores, achieving the effects of resolving stasis, dissipating masses, and warming and reinforcing yang qi^[17]. *Qiangtong* (bloodletting) uses three-edged needles or other needle tools for pricking and bloodletting. This approach aims to draw out pathogenic factors like internal heat-toxins from the body, improve local blood circulation in the lesions, accelerate metabolism, and exert the actions of dredging meridians and collaterals, activating blood circulation, resolving stasis, and relieving pain^[18]. Guided by Professor He's theory, treatment at different stages of herpes zoster is based on syndrome differentiation according to the patient's specific clinical manifestations, and consistently centers on removing prolonged stagnation and eliminating pathogenic toxins and blood stasis to achieve the goal of curing the disease^[19].

5. Case study

Patient: Female, initial consultation on July 20, 2025.

Chief complaint: Rash accompanied by pain in the right chest for two weeks.

Present history: The patient reported pain in the right chest and hypochondriac region two weeks ago following fatigue and emotional distress; Subsequently, scattered red herpetic lesions appeared in a clustered distribution on the right anterior chest and back, accompanied by pain. She visited the dermatology department of a local hospital and was diagnosed with herpes zoster after relevant examinations and physical assessment. She was prescribed valacyclovir, pregabalin, and mecobalamin for antiviral treatment, and her symptoms improved slightly. However, she still reported migratory pain over the skin, which was obvious at night and seriously affected sleep. For this reason, she visited our clinic for consultation.

Manifestations at initial consultation: Conscious and listless.

Physical examinations: Dark red herpes on the right chest and back, clustered in distribution, with severe paroxysmal stabbing pain, aggravated at night, accompanied by pruritus; no exudation or desquamation. Aversion to wind and cold, cold sweats, poor sleep, normal appetite, and loose stool once daily. No dizziness, occasional headache, no chest distress or palpitations. Pale and dark tongue with petechiae; tortuous sublingual collaterals.

Western medicine diagnosis: Herpes zoster.

TCM diagnosis: Snake-like sore with a pattern of qi stagnation and blood stasis.

TCM treatment principle: Dredge the meridians, activate blood, and relieve pain.

Case analysis: The patient's condition had entered the collaterals, with severe pain. Therefore, during the initial consultation, *Qiangtong* (bloodletting) was directly applied to the affected area for pricking and cupping to expel static blood, promote local blood circulation, and accelerate metabolism. *Ashi* points (the most painful sites) and the corresponding paravertebral (*Jiaji*) points were selected. Fire needles or filiform fire needles were used: A circle of point-pricking was performed around the herpes, followed by 3–5 rapid point-pricking on the herpes lesions. At the most painful sites, rapid vertical superficial needling (depth: approximately 0.2–0.5 cm) was performed, with 2–3 point-pricking at each site until slight bleeding occurred. Then, flash-fire cupping was used for cupping at the needled sites. Negative pressure suction was applied to draw out local blood, tissue fluid, and herpetic fluid, with an appropriate blood volume of 1–5 mL. The cup was retained for about 3–5 minutes until local skin flushing or bluish-purple subcutaneous ecchymosis appeared, which could effectively unblock the meridians, reduce swelling, and relieve pain. After cup removal, the exudate and blood were wiped clean with sterile gauze, and local disinfection was performed. The treatment was given once every other day, with

five sessions constituting one treatment course. During the follow-up visit on July 26, 2025, the patient reported that the pain was relieved compared with before; the color of the skin lesions had darkened and crusted over, but occasional dull pain and mild pruritus still occurred at night. The same treatment plan was continued. During the follow-up visit on August 9, 2025, the patient reported essentially no pain during the day, improved sleep, with only minor discomfort remaining. The above treatment plan was continued for three additional courses. During the follow-up visit on August 26, 2025, after the above treatments, the patient reported that discomfort such as pain, numbness, and pruritus had basically disappeared. The scabs at the lesion sites had fallen off, with dark red pigmentation on the right chest and back. The patient's mental state was improved, with normal sleep and appetite, and no aversion to wind and cold. The tongue was dark red with a white, greasy coating; the sublingual collateral congestion had improved. The patient was advised to avoid wind and cold, regulate emotions, and routinely engage in physical exercise.

6. Conclusion

The etiology and pathogenesis of herpes zoster can be summarized into two major categories: “deficiency” and “stasis.” Its treatment follows the principle of “eliminating pathogens and reinforcing healthy qi, dredging collaterals and relieving pain”^[20]. “Eliminating the prolonged stagnation” serves as a fundamental theory and principle guiding acupuncture treatment. It has the effects of activating blood circulation, removing blood stasis, unblocking collaterals, as well as supplementing deficiency and draining excess^[21]. Therefore, compared to modern antiviral therapy, the application of acupuncture and cupping to improve the movement of qi, blood, and body fluids demonstrates significant advantages in alleviating herpes zoster neuralgia and promoting skin lesion healing. This provides an important traditional Chinese medicine approach and method for the treatment of herpes zoster.

Disclosure statement

The authors declare no conflict of interest.

References

- [1] Chen J, Liang FR, Ren YL, et al., 2012, A Comparative Study of Ancient and Modern Literatures on Acupuncture Techniques and Acupoint Selection Related to the Principle of “Eliminating the Prolonged Stagnation.” *Liaoning Journal of Traditional Chinese Medicine*, 39(03): 433–435.
- [2] Yu SY, Zhang LX, Yang J, et al., 2014, An Exploration of the Theory and Clinical Application of the Principle “Eliminating the Prolonged Stagnation.” *Liaoning Journal of Traditional Chinese Medicine*, 41(09): 1870–1872.
- [3] Cao GM, Zhang DH, 1987, Analysis of “Eliminating the Prolonged Stagnation” from Yellow Emperor's Internal Classic. *Journal of Traditional Chinese Medicine*, (04): 68.
- [4] Lin ZM, Yang Y, Li RY, 2010, Herpes Zoster and Postherpetic Neuralgia. *Journal of Clinical Dermatology*, 39(06): 393–395.
- [5] Liu GH, Yang HT, Bai L, et al., 2023, Data Mining-Based Analysis on Medication Rules of Chinese Herbal Medicine Treating Headache with Blood Stasis Syndrome. *Heliyon*, 9(4): e14996.
- [6] Li Z, Wu J, Huang S, et al., 2023, Screening of Key Part in IFN Pathway for Herpes Zoster: Evidence from

Bioinformatics Analysis. *Comb Chem High Throughput Screen*, 26(4): 719–727.

- [7] Chen YF, Liu QQ, Ji Y, et al., 2025, Integrative Application of Bloodletting and Cupping for Refractory Herpes Zoster in an Immunocompromised Patient with Ovarian Cancer. *Explore (NY)*, 21(4): 103202.
- [8] Li WY, Wu J, 2023, An Exploration of the Application of Pricking and Cupping Therapy in the Treatment of Postherpetic Neuralgia Based on the Principle of “Eliminating the Prolonged Stagnation.” *Journal of Chengdu University of Traditional Chinese Medicine*, 46(02): 8–11.
- [9] Yang Y, Li J, 2013, Research Progress in the Treatment of Herpes Zoster with Traditional Chinese Medicine. *Global Traditional Chinese Medicine*, 6(02): 155–158.
- [10] Wang HX, Luo XL, Gao H, 2020, Research Progress in the Treatment of Herpes Zoster with Traditional Chinese Medicine. *China Medicine and Pharmacy*, 10(13): 39–42 + 47.
- [11] Zhou DM, Chen WW, 2015, Guidelines for the Diagnosis and Treatment of Snake-Like Sore with Traditional Chinese Medicine (2014 Revised Edition). *Journal of Traditional Chinese Medicine*, 56(13): 1163–1168.
- [12] Yang Y, Xu W, Li M, et al., 2024, Collateral-Pricking and Bloodletting Cupping Combined with Electroacupuncture for Postherpetic Neuralgia: A Meta-Analysis. *Altern Ther Health Med*, 30(11): 290–296.
- [13] Xiumei G, Chenyan W, Yong N, et al., 2023, Clinical Effect of Acupuncture Along Fascia, Meridians, and Nerves Combined with Ultrasound-Guided Paravertebral Nerve Block in the Treatment of Postherpetic Neuralgia: A Randomized Parallel-Controlled Study. *J Tradit Chin Med*, 43(2): 359–364.
- [14] Kui W, Xie L, Li Y, et al., 2023, Efficacy and Safety of Bloodletting Puncture and Cupping in Postherpetic Neuralgia: A Systematic Review and Meta-Analysis. *Biomed Rep*, 20(2): 30.
- [15] Cheng HY, 2012, He Puren’s Academic Thought and Experience Inheritance. *Beijing Journal of Traditional Chinese Medicine*, 31(04): 243–245.
- [16] Tran DP, Nguyen TV, 2025, Effectiveness of Filiform Needle Acupuncture and Long Needle Acupuncture in Managing Periarthritis of the Shoulder: A Randomized Controlled Trial. *J Pharmacopuncture*, 28(2): 100–107.
- [17] Wang J, Wang X, Xia H, et al., 2021, An Update of Fire Needle Acupuncture for Acute Herpes Zoster and Prevention of Postherpetic Neuralgia in Adults: A Protocol for Systematic Review and Meta-Analysis. *Medicine (Baltimore)*, 100(1): e24180.
- [18] Zeng JC, Zhang RL, Wei XJ, et al., 2022, Acupuncture for Improving a Case of Widespread Herpes Zoster After Non-Hodgkin’s Lymphoma Chemotherapy. *Explore (NY)*, 18(5): 608–611.
- [19] Lan HB, Xu PP, Zhou DM, 2015, Clinical Efficacy Evaluation of He’s Santong Needling Method in the Treatment of Snake-Like Sore with Pattern of Heat Stagnation in Liver Channel. *Chinese Journal of Dermatovenereology of Integrated Traditional and Western Medicine*, 14(03): 180–182.
- [20] Xia YF, Sun RH, Li SM, et al., 2025, Different Acupuncture Therapies for Postherpetic Neuralgia: An Overview of Systematic Reviews and Meta-analysis. *Chin J Integr Med*, 31(1): 55–67.
- [21] Wu D, Jiang Y, Wu Q, et al., 2025, Efficacy and Safety of Bloodletting Therapy for Acute Herpes Zoster: A Systematic Review and Meta-Analysis. *Front Neurol*, 16: 1674245.

Publisher’s note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Integrated Services Platform of International Scientific Cooperation

Innoscience Research (Malaysia), which is global market oriented, was founded in 2016. Innoscience Research focuses on services based on scientific research. By cooperating with universities and scientific institutes all over the world, it performs medical researches to benefit human beings and promotes the interdisciplinary and international exchanges among researchers.

Innoscience Research covers biology, chemistry, physics and many other disciplines. It mainly focuses on the improvement of human health. It aims to promote the cooperation, exploration and exchange among researchers from different countries. By establishing platforms, Innoscience integrates the demands from different fields to realize the combination of clinical research and basic research and to accelerate and deepen the international scientific cooperation.

Cooperation Mode



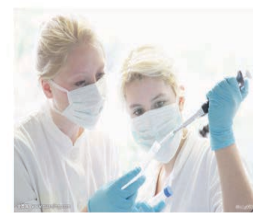
Clinical Workers



In-service Doctors



Foreign Researchers



Hospital



University



Scientific institutions

OUR JOURNALS



The *Journal of Architectural Research and Development* is an international peer-reviewed and open access journal which is devoted to establish a bridge between theory and practice in the fields of architectural and design research, urban planning and built environment research.

Topics covered but not limited to:

- Architectural design
- Architectural technology, including new technologies and energy saving technologies
- Architectural practice
- Urban planning
- Impacts of architecture on environment

Journal of Clinical and Nursing Research (JCNR) is an international, peer reviewed and open access journal that seeks to promote the development and exchange of knowledge which is directly relevant to all clinical and nursing research and practice. Articles which explore the meaning, prevention, treatment, outcome and impact of a high standard clinical and nursing practice and discipline are encouraged to be submitted as original article, review, case report, short communication and letters.

Topics covered by not limited to:

- Development of clinical and nursing research, evaluation, evidence-based practice and scientific enquiry
- Patients and family experiences of health care
- Clinical and nursing research to enhance patient safety and reduce harm to patients
- Ethics
- Clinical and Nursing history
- Medicine



Journal of Electronic Research and Application is an international, peer-reviewed and open access journal which publishes original articles, reviews, short communications, case studies and letters in the field of electronic research and application.

Topics covered but not limited to:

- Automation
- Circuit Analysis and Application
- Electric and Electronic Measurement Systems
- Electrical Engineering
- Electronic Materials
- Electronics and Communications Engineering
- Power Systems and Power Electronics
- Signal Processing
- Telecommunications Engineering
- Wireless and Mobile Communication

