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Herpes Zoster

Zona : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques - pathologie - acupuncture expérimentale - qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Qi 2022

Qi T, Lan H, Zhong C, Zhang R, Zhang H, Zhu F, Ji B. Systematic review and meta-analysis: the effectiveness and safety of acupuncture in the treatment of herpes zoster. Ann Palliat Med. 2022 Feb;11(2):756-765. https://doi.org/10.21037/apm-22-109

Background	The treatment of herpes zoster (HZ) by the traditional Chinese medicine of acupuncture is attracting attention. However, there is still a controversy about the effectiveness and safety of acupuncture treatment of HZ.
Methods	Articles on randomized controlled trials examining acupuncture and Western medicine treatments of HZ published since the establishment of the PubMed, Embase, Medline, and Chinese Biomedical Literature (CBM) databases to March 2021 were electronically retrieved. The Cochrane System Evaluation Manual was used for the data analysis with Review Manager 5.3 software, and the Cochrane Handbook version 5.3 systematic review writing manual was adopted to evaluate the risk of bias.
Results	In total, **11 articles, comprising 1,156 patients** (585 in the experimental group and 571 in the control group) were included in the meta-analysis, and the results showed that the treatments used in the experimental and control groups were significant differences of total treatment efficiency [odds ratio (OR) =6.76; 95% confidence interval (CI): 3.46 to 13.21; P<0.05] in terms of the incidence of posterior neuralgia (OR =0.07; 95% CI: 0.02 to 0.21; P<0.05), pain-relief time [mean difference (MD) =-2.17; 95% CI: -2.90 to -1.44; P<0.05], shingles time (MD =-1.61; 95% CI: -2.84 to -0.38; P<0.05), and scabbing time (MD =-1.62; 95% CI: -2.64 to -0.61; P<0.05), and patients' visual analogue scale (VAS) pain scores improved [standard MD (SMD) =0.87; 95% CI: 0.01 to 1.73; P=0.05] was no significant difference.
Discussions	Compared to Western medicine treatments, acupuncture had a better effect on HZ, reduced the posterior neuralgia rate of patients, and shortened the course of treatment, but had no obvious effect on the relief of pain.

1.1.2. Wu 2022

Wu L, Chen Y, Man T, Jin L, Xu Z, Lv L, Luo J, Zhu T. External Therapy of Chinese Medicine for Herpes Zoster: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2022 Mar 10;2022:3487579. https://doi.org/10.1155/2022/3487579

Background	Herpes zoster (HZ) is a common skin disease that has a huge impact on the quality of life of sufferers. Antiviral therapy is a conventional treatment, but it still has limitations. This review evaluates the safety and efficacy of acupuncture in the treatment of HZ.
Methods	We identified randomized controlled trials from multiple electronic sources (including Embase, PubMed, Cochrane, Web of Knowledge, China National Knowledge Infrastructure (CNKI), and China Biology Medicine Disc (CBM)) and reference lists of relevant articles and extracted data and assessed risk of bias (Cochrane's Risk of Bias tool). Pooled data are expressed as standardized mean differences (SMDs), with 95% confidence intervals (CI) (random-effects model).
Results	We included **15 trials (1811 participants)** comparing acupuncture to medicine. Ten studies involving 1424 patients provided these data for the meta-analysis. The results showed that acupuncture as a control group had a higher clinical cure rate than Western medicine therapy (n = 1424, 95% CI 2.19-3.14, I 2 = 0%). Eleven studies used the visual analog scale (VAS), but only nine provided specific data, which we used as a continuous variable for data extraction. The meta-analysis also showed an SMD of -2.64 (n = 646, 95% CI -3.79-1.48, I 2 = 97%) which showed great heterogeneity. Meta-analysis showed a significant reduction in the incidence of PHN in those who received acupuncture compared to pharmacotherapy (OR = 0.35, 95% CI 0.04-2.86, I 2 = 52%) which showed moderate heterogeneity. Economic indicators suggest that acupuncture costs less and has fewer adverse reactions.
Conclusions	This review compares acupuncture therapy with conventional treatment and finds that the curative effects of acupuncture are exact, with fewer side effects. However, with the risk of bias and imprecision of the studies included, a concrete conclusion is difficult to draw. Thus, well-designed, rigorous studies are warranted in the future.

1.1.3. Cui 2021

Cui Y, Wang F, Li H, Zhang X, Zhao X, Wang D. Efficacy of Acupuncture for Herpes Zoster: A Systematic Review and Meta-Analysis. Complement Med Res. 2021;28(5):463-472. [223073]. https://doi.org/10.1159/000515138

Introduction	This study aimed to assess the efficacy of acupuncture in patients with herpes zoster (HZ) based on current randomized clinical trials (RCTs).
Methods	Five databases were screened for RCTs published until August 2019. Studies that assessed the efficacy of acupuncture when used as an independent intervention for HZ were included. The outcomes of interest were pain intensity, as assessed using the visual analog scale (VAS), incrustation time, decrustation time, and incidence of post-herpetic neuralgia (PHN).
Results	In total, **21 RCTs** were included in this research. Compared with antiviral therapy, acupuncture was associated with a reduction in VAS score by 16.13, incrustation time by 1.86 days, decrustation time by 2.19 days, and incidence of PHN by 83%. According to a meta-regression analysis, the main sources of heterogeneity were sample size and duration of treatment. There was no publication bias except on decrustation time. A sensitivity analysis showed that the outcomes were relatively stable and reliable.
Conclusion	Acupuncture may be effective for patients with HZ. Nevertheless, this finding should be validated by conducting high-quality trials with a larger sample size.

1.1.4. Coyle 2017 ☆

Coyle ME, Liang H, Wang K, Zhang AL, Guo X, Lu C, Xue CC. Acupuncture plus moxibustion for herpes zoster: A systematic review and meta-analysis of randomized controlled trials. Dermatol Ther. 2017. [191970].

Background	Herpes zoster is an acute inflammatory condition which can have a significant impact on quality of life. Antiviral therapies are effective, but do not meet patients' expectations of symptomatic relief. Acupuncture and moxibustion have been used for herpes zoster; this systematic review evaluated their efficacy and safety.
Methods	Nine English and Chinese databases were searched from their inceptions to March 2016. Randomized controlled trials evaluating the combination of acupuncture plus moxibustion in adult herpes zoster were included. Outcomes included pain intensity and duration, quality of life and adverse events. Meta-analysis was performed using RevMan software (version 5.3).
Results	**Nine studies (945 participants)** were included. Studies were of low to moderate methodological quality based on risk of bias assessment. Pain intensity (visual analogue scale) was lower among those who received acupuncture plus moxibustion compared with pharmacotherapy (one study; MD -8.25 mm, 95% CI -12.36 to -4.14). The clinical significance of this result is yet to be established. Some benefits were seen for other pain and cutaneous outcomes, and global improvement in symptoms. Mild adverse events were reported in the intervention groups.
Conclusion	**Acupuncture plus moxibustion may improve pain and cutaneous outcomes, although current evidence is limited by the number of studies and methodological shortcomings.**

1.1.5. Yu 2007 ☆☆

Yu Xm, Zhu Gm, Chen Yl, Fang M, Chen Yn. [Systematic assessment of acupuncture for treatment of herpes zoster in domestic clinical studies]. Chinese Acupuncture And Moxibustion. 2007;27(7):536-40. [146650]

Objective	To assess the effectiveness of acupuncture for treatment of herpes zoster.
Methods	According to the requirement of evidence-based medicine, acupuncture, body acupuncture, electroacupuncture, head acupuncture, three edged needle, plum-blossom needle, fire needle, elongated needle, encircling needling, herpes zoster, etc. were selected as subject words to retrieve the relative medical database at home, and clinically randomized controlled trials were used as enrolled criteria, the treatment group were treated with acupuncture or acupuncture plus other therapies, and the control group with medicine, the cured rate and the time of killing pain for herpes zoster were used as assessment indexes. Altogether 43 papers were enrolled. Among them **10 papers** were conducted for Meta-analysis by RevMan 4.2.9.
Results	The total OR was 4.27 with 95% CI [2.90, 6.29] of the clinically cured rate in the 10 studies, and the total OR was -7.64 with 95% CI: [-8.12, -7.15] of the time of killing pain in the 4 studies. The therapeutic effect in the treatment group on herpes zoster was superior to that of the western medicine ($P < 0.01$).
Conclusion	**Acupuncture therapy for herpes zoster is effective**, but more high-quality studies are required to prove this view point.

1.1.6. Zhao 2007 ☆

Zhao Ting, Wang Ying-Hui. [Systematic Assessment of Randomized Controlled Trials of Acupuncture-moxibustion Treatment of Herpes Zoster]. Shanghai Journal of Acupuncture and Moxibustion. 2007; 26(6):30-3. [181664].

Objective	To assess the efficacy of acupuncture and moxibustion for treating herpes zoster.

Methods	Randomized controlled trials of acupuncture-moxibustion treatment of herpes zoster were assessed systematically. A statistical analysis was performed using RevMan softwarc (version 4. 2. 8).
Results	Seven randomized controlled trials of acupuncture treatment of herpes zoster conformed to inclusion criteria and were single-center studies. The number of included persons ranged from 40 to 120 and totaled 479. The sum of result measurement indices in accordance with posttreatment improvement in clinical symptoms and signs is OR 6. 97 (95% CI 4. 48 to 10. 84).
Conclusion	Present studies conforming to inclusion criteria show that acupuncture has a certain curative effect on herpes zoster without obvious toxic side effects. But because included literature on the study are not much, many high quality studies are still needed for validation.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Liang 2024

Liang X, Chen X, Li X, Yang S, Wang S, Ma D, Guo M, Zhang H. Efficacy and safety of therapies related to acupuncture for acute herpes zoster: A PRISMA systematic review and network meta-analysis. Medicine (Baltimore). 2024 May 17;103(20):e38006. https://doi.org/10.1097/MD.0000000000038006

Backgound	Herpes zoster (HZ) is mainly characterized by intense pain and severe skin lesions, particularly during the acute phase, which seriously affects the patient's quality of life. Acupuncture is a widely used and effective treatment for HZ. However, there are many types of acupuncture, which have different curative efficacy. This study employed a network meta-analysis (NMA) to assess and rank the clinical efficacy of different acupuncture therapies.
Methods	The database of Cochrane Library, Web of Science, PubMed, MEDLINE, Embase, China National Knowledge Infrastructure (CNKI), Chinese BioMedical Database, VIP Database, and Wanfang Database were searched from inception to December 31, 2022 to identify eligible randomized controlled trials (RCTs) of acupuncture related therapies in the treatment of acute HZ. The outcome indicators measured were visual analogue scale (VAS), date of cessation of herpes increase (DCHI), effective rate (ER), postherpetic neuralgia (PHN), and adverse events (AEs). Bayesian network meta-analyses were performed using the GeMTC package (version 1.0-1) and R software (version 4.2.3).
Results	A total of **59 RCTs with 3930 patients** were included. The results of this NMA were as follows: compared with pharmacotherapy, electroacupuncture (EA) + pricking and cupping (PC) shown the best efficacy to improve VAS score and reduce DCHI. In terms of ER, EA + fire needle (FN) had the highest results of probability ranking. PC was more effective in reducing the incidence of PHN. Furthermore, this study shown that the incidence of AEs associated with acupuncture-related therapies was acceptable.
Conclusions	This study indicated that therapies related to acupuncture were both effective and safe in treating acute HZ, and could significantly reduce patients' symptoms such as pain and skin lesions with fewer adverse events. Clinically, the selection of the appropriate therapy should be based on practical considerations. However, due to the limitations of this study, more high-quality trials are required to evaluate the efficacy and safety of acupuncture-related therapy for the treatment of acute HZ.

1.2.1.2. Zhang 2023

Zhang J, Mou Q, Wang Z, Huang J, Zhang Y, Li F. Comparison of efficacy of acupuncture-related therapy in the treatment of herpes zoster: A network meta-analysis of randomized controlled trials. Medicine (Baltimore). 2023 Sep 29;102(39):e34920. https://doi.org/10.1097/MD.0000000000034920

Objective	A systematic review and meta-analysis of randomized controlled trials (RCTs) were conducted to evaluate the efficacy and safety of acupuncture-related therapy in the treatment of herpes zoster (HZ) and to provide a reference for the clinical treatment of herpes zoster.
Methods	PubMed, Cochrane Library, EMBASE, Web of Science, CNKI, VIP database, Wanfang Database, and SinoMED Chinese and English databases were systematically searched for RCTs on acupuncture-related therapy for HZ until February 2023. Literature screening, data extraction, and risk of bias assessment were performed independently by 2 researchers. R4.2.1 and Stata15.1 software were used for data analysis.
Results	A total of **26 RCTs involving 1929 HZ patients** were included, and the network meta-analysis results showed that acupotomy appeared to be most effective in terms of improving VAS scores and the time of incrustation; SUCRA cumulative probability ranking showed the best efficacy of bloodletting in improving efficiency and the time of ceasing new blisters, acupuncture in improving the time of decrustation, and moxibustion in reducing the incidence of postherpetic neuralgia (PHN).
Conclusions	Through a comprehensive comparison of 9 different acupuncture therapies, acupotomy was the optimal treatment to improve VAS pain scores and the time of incrustation; bloodletting, acupuncture, fire needle, and moxibustion could be effective intervention measures to improve the time of ceasing new blisters and decrustation and reduce the incidence of PHN; Western medicine was closely related to adverse reactions. The conclusions need to be further verified due to the limitations of the study.

1.2.2. Moxibustion

1.2.2.1. Pang 2017

Pang Yuzhou, Lin Jiyong, Fang Gang, Liang Fengzhen, Huang Lan. [Meta-analysis for Effects of Medicated Threads Moxibustion of Zhuang Medicine to Herpes Zoster]. Liaoning Journal of Traditional Chinese Medicine. 2017;12. [52112].

Objective	To evaluate the effects of the medicated threads moxibustion of Zhuang medicine for treatment of herpes zoster.
Methods	We collected studies in CBM, CNKI, WANFANG DA-TA, VIP database, Cochrane Library, PubMed, Embase and Web of Science during January 2000 to July 2006 and the data by included and excluded standard. Furthermore, we extracted and analyzed the data which was collected. Jadad scale was used to evaluate the methodology of the included studies. Review manager 5. 3 software for Meta-analysis included studies.
Results	Eleven RCTs were included in the study, a total of 911 patients, 470 cases in treatment group, 441 cases in control group. Meta-analysis results showed that the amount OR value and 95% CI were 4. 66, [3. 00, 7. 23]. There was significant statistical difference between treatment group and control group (P < 0. 00001). And the former efficiency (93. 8%) was better than the later (76. 9%). The effect of the medicated threads moxibustion of Zhuang medicine acupuncture in the treatment of herpes zoster comprehensive was better than that of the control group.

Conclusion	Compared with the traditional treatment, the medicated threads moxibustion of Zhuang medicine acupuncture may have better effect on ascension herpes zoster, but the present study sample size was small and methodological quality was low. The curative effect of medicated threads moxibustion of Zhuang medicine to herpes zoster is still needed further verification.

1.2.3. Fire Needle

1.2.3.1. Li 2019

Li Dong, Mo Zhuo-mao, Zhang Ren-wen, et al. Is fire needle superior to Western medication for herpes zoster? A systematic review and meta-analysis. Journal of Acupuncture and Tuina Science. 2019;17(5):312. [202781].

Objective	To compare the effectiveness of fire needle versus Western medicine in the treatment of herpes zoster.
Methods	Randomized controlled trials comparing fire needle with Western medicine in the treatment of herpes zoster were identified using 8 databases. A meta-analysis was performed using RevMan 5.3 software.
Results	Eight trials involving 569 patients were included in this meta-analysis, and the results showed that fire needle was superior to Western medicine comparing the effective rate [risk ratio (RR)=1.13, 95% confidence interval (CI): 1.06 to 1.20; P=0.0002], the visual analog scale (VAS) score [mean difference (MD)=-7.95, 95% CI: -10.71 to -5.20; P<0.00001], time of pain disappearance (MD=-7.61, 95%CI: -9.38 to -5.84; P<0.00001), time of blister-stop (MD=-1.34, 95%CI: -1.51 to -1.18; P<0.00001), time of crusted scab (MD=-2.92, 95%CI: -3.62 to -2.23; P<0.00001), and time of scab off (MD=-4.64, 95%CI: -5.83 to -3.46; P<0.00001). In addition, a significantly lower incidence of postherpetic neuralgia was found in the fire needle group in 30 d (RR=0.23, 95%CI: 0.11 to 0.51; P=0.0002) and 60 d (RR=0.33, 95%CI: 0.12 to 0.91; P=0.03) after treatment.
Conclusion	Fire needle has a favorable effect in increasing the effective rate, relieving pain, recovering skin lesions and decreasing incidence of postherpetic neuralgia in the treatment of herpes zoster. However, considering the limitations in this study, the findings should be interpreted cautiously.

1.2.3.2. Wang 2019

Wang JX, Zhao WX, Zeng JC, Liu K, Li QJ, She YL, Lin GH. [Systematic review and sequential analysis on treatment of herpes zoster pain mainly by fire needle therapy]. Acupuncture Research. 2019;44(9):677-85. [201917].

Objective	To assess the therapeutic effect and safety of fire needle therapy in the treatment of herpes zoster pain.
Methods	We collected randomized controlled trials about treatment of herpes zoster pain mainly by fire needle therapy (published from the date of establishment of each database to Dec 1 of 2018) from databases of CNKI, Wanfang, VIP, Chinese Biomedical Document Service System (SinoMed), PubMed, Embase, Cochrane Library by using key words of “fire needle” “burnt needle” “red-hot needle” “herpes zoster” “postherpetic neuralgia” and “herpetic neuralgia”. Then, we conducted Meta-analysis and sequential analysis about the outcomes of studies met our inclusion criteria using RevMan5.3.5 and TSA0.9.10 Beta softwares and employed GRADE profiler 3.6.1 to grade the quality of evidence.

Results	A total of **25 studies including 2 024 patients** were brought into the present analysis. Outcomes of the qualitative analysis indicated that the fire needle therapy has a higher effective rate than the western medicine group. Meta-analysis showed that after the treatment mainly with fire needle therapy, 1) the VAS score is evidently lower [WMD=-0.96, 95% CI(-1.22, -0.71), P<0.000 01], 2) the duration of 30% pain relief is obviously shorter [WMD=-1.82, 95% CI (-2.46, -1.18), P<0.000 01], 3) the duration of pain is evidently shorter {fire needle combined with electroacupuncture [WMD=-11.53, 95% CI(-14.57, -8.48), P<0.000 01]; fire needle combined with cupping [WMD=-4.75, 95% CI (-7.99, -1.51), P=0.004]; pure fire needle therapy [WMD=-1.82, 95% CI (-2.46, -1.18), P<0.000 01], and 4) the occurrence rate of post-herpetic neuralgia is considerably lower [RR=0.16, 95% CI (0.09, 0.30), P<0.000 01]. The occurrence and management of adverse events were not mentioned in all the included studies, suggesting no safety problem of the therapy, but the publication bias has not been taken seriously.
Conclusion	In the treatment of herpes zoster pain, fire needle as the main treatment approach can significantly relieve pain, shorten the pain duration, and reduce the incidence of post-herpetic neuralgia.

1.2.3.3. Zhao 2019 ☆

Zhao Nanqi , Lily Lai, Xiao Wang, Liyan Jia, Jianping Liu. Fire needling for herpes zoster: A systematic review and meta-analysis of randomized clinical trials. Journal of Traditional Chinese Medical Sciences. 2019;6(1):3-12. [197254].

Objective	To evaluate the effectiveness and safety of fire needling for herpes zoster from randomized clinical trials (RCTs).
Methods	We searched Cochrane Central Register of Controlled Trials, Pubmed, Sino-Med, CNKI, VIP, WanFang databases, and conference proceedings to November, 2017. RCTs were eligible if they tested fire needling for treating herpes zoster more than 3 times. Two authors screened all references, assessed the risk of bias, extracted data, independently, and analyzed data using Trial Sequential Analysis (TSA). Treatment effects were presented as risk ratio (RR) for binary data and standardized mean difference (SMD) for continuous data with 95% confidence interval (CI).
Results	We included 27 RCTs with a total of 1933 participants. Only one RCT had low risk of bias, and the others were of high or moderate risk of bias. For total effectiveness rate (proportion of total number of people who were cured or significant symptom improved), there was no significant difference between Western medicine (acyclovir, valacyclovir, adenosine cobalamin) and fire needling (risk ratio 1.05, 95% CI 0.98 to 1.12; n = 5). For pain relief (VAS scale): fire needling used alone showed lower scores than Western medicine (SMD -1.37, 95% CI -1.77 to −0.97; n = 2) or external medicine (diclofenac) (SMD-2.23, 95% CI -2.81 to −1.64; n = 1). Combination of fire needling and Western medicine was better than Western medicine alone in relieving pain (VAS scale) (SMD-2.19, 95% CI -3.40 to −0.97, I2 = 94%; n = 4). Patients receiving fire needling had lower incidence of neuralgia than those receiving Western medicine (3.3% vs 26.7%, RR 0.09, 95% CI 0.01 to 0.82; n = 1) at follow up for 30 days. No serious adverse events such as infection were reported.
Conclusion	Fire needling appears to offer relief for alleviating pain in herpes zoster. As the sample size of included trials was small and the quality of studies was generally low, rigorous clinical trials with robust reporting and appropriate outcome measures are still needed.

1.2.4. Warm Needle

1.2.4.1. Wang 2009 ☆☆

Wang Jing-Hua, Chen Hong-Pei. [systematic review of randomized controlled trial on treating herpes zoster by fire needle]. Journal of Clinical Acupuncture and Moxibustion. 2009;25(6):16. [154265]

等医学数据库，同时手检中医各类杂志和综合期刊，纳入有关火针治疗带状疙疹 的随机对照试验文献，质量评价按照Cochrane 系统评价员手册4.2.2 版推荐的质量评价标准评价纳入 研究质量，并进行Meta 分析。结果：6 篇研究（共435 例患者）符合纳入标准，除2 篇研究质量为B 级外， 其余4 篇均为C 级。Meta 分析结果显示，与西药组相比，火针组带状疱疹的痊愈率升高，结痴时间、脱 痴时间、止痛时间减少，差异有统计学意义。结论：从现有临床证据来看，火针治疗带状疙疹优于杭病毒 治疗，但目前的研究病例总数较小，且纳入试验的方法学质量普遍较低，为得出更加可靠的结论，有必要 进一步开展大样本、高质量的临床试验。 .

Traduction automatique	
Objectif	évaluer l'efficacité clinique du traitement incendie Aiguille du zona et de la sécurité.
Méthode	En utilisant des méthodes d'examen systématique Cochrane, la récupération de l'ordinateur CBM-S CNKI ... VIP .. Wangfan DATAS PUBMED CENTRAL.S Business Source Premier ... HSRPROJ- Essais cliniques, bases de données et d'autres bases de données médicales, et toutes sortes de bases de Médecine Chinoise. Magazines et périodiques complets, intégrés dans la technique de l'aiguille de feu, des essais contrôlés randomisés, l'évaluation de la qualité en conformité avec les évaluateurs Cochrane Manuel Version 4.2.2 des critères d'évaluation de la qualité recommandée pour évaluer la qualité des études incluses, et méta-analyse.
Résultats	**Six études (un total de 435 cas de patients)** répondaient aux critères d'inclusion, en plus de deuxième année la qualité de la recherche B, les quatre autres sont C grade. La méta-analyse a montré que, par rapport au groupe de la médecine occidentale, le taux de guérison de zoster groupe aiguille de feu accrue, le temps de la douleur est réduite, la différence était statistiquement significative.
Conclusion	A partir des données cliniques existantes, **la thérapie par aiguille de feu de l'herpès est supérieure à Hangzhou**, mais le nombre total de cas de l'étude en cours est faible et la qualité méthodologique des essais inclus généralement plus faible pour tirage des conclusions plus fiables, il est nécessaire de poursuivre un grand échantillon d'essais cliniques de haute qualité.

1.2.5. Cupping

1.2.5.1. Cao 2010

Cao H, Zhu C, Liu J. Wet Cupping Therapy for Treatement of Herpes Zoster: A Systematic Review of Randomised Controlled Trials. Altern Ther Health Med. 2010;16(6):48-54 (eng) [157058]

Background	Wet cupping is a traditional Chinese medicine therapy commonly used in treating herpes zoster in China, and clinical studies have shown that wet cupping may have beneficial effect on herpes zoster compared with Western medication

Methods	We included randomized controlled trials (RCTs) on wet cupping for herpes zoster. We searched PubMed, the Cochrane Library (Issue 3, 2008), China Network Knowledge Infrastructure (CNKI), Chinese Scientific Journals Fulltext Database VIP, and Wan Fang Database. All searches ended in February 2009. Two authors extracted data and assessed the trials' quality independently. RevMan 5.0.18 software (The Cochrane Collaboration, The Nordic Cochrane Centre, Copenhagen, Denmark) was used for data analysis with effect estimate presented as relative risk (RR) and mean difference (MD) with a 95% confidence interval (CI)
Results	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 < .00001), the number of patients with improved symptoms (RR 1.15, 95% CI 1.05 to 1.26, P = .003), and reducing the incidence rate of postherpetic neuralgia (RR 0.06, 95% CI 0.02 to 0.25, P = .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 = .005) but demonstrated no difference in symptom improvement (RR 1.00, 95% CI 0.92 to 1.08, P = .98). There were no serious adverse effects related to wet cupping therapy in the included trials
Conclusion	Wet cupping appears to be effective in the treatment of herpes zoster. However, further large, rigorously designed

1.2.6. Acupoint Bloodletting

1.2.6.1. Wu 2025

Wu D, Jiang Y, Wu Q, Jin Y, Wang C, Guan L, Shao W. Efficacy and safety of bloodletting therapy for acute herpes zoster: a systematic review and meta-analysis. Front Neurol. 2025 Oct 13;16:1674245. https://doi.org/10.3389/fneur.2025.1674245

Background	Acute herpes zoster (HZ) presents with severe pain and significant morbidity, while conventional treatments often provide limited relief. Bloodletting therapy (BLT), a traditional intervention with analgesic and immunomodulatory potential, has gained popularity in China, but its efficacy and safety remain uncertain due to inconsistent evidence.
Methods	A systematic search of PubMed, Embase, Cochrane Library, MEDLINE, CNKI, Wanfang, VIP, and the Chinese clinical trial registry was conducted up to June 2025 for randomized controlled trials comparing BLT with pharmacotherapy in acute HZ (≤10 days post-eruption). Primary outcomes included clinical efficacy rate, Visual Analog Scale (VAS), skin lesion recovery, and postherpetic neuralgia (PHN) incidence. Risk of bias was evaluated using Cochrane RoB 2.0, and data were pooled using RevMan 5.4. PROSPERO registration: CRD420251110060.
Results	**Sixteen RCTs including 1,283 patients** were analyzed. Compared with pharmacotherapy, BLT significantly improved clinical efficacy (OR = 4.51, 95% CI [2.89–7.04], p < 0.00001), reduced pain (VAS MD = −1.57, 95% CI [−1.93 to −1.21], p < 0.00001), shortened crust formation (MD = −1.58 days, 95% CI [−1.79 to −1.38], p < 0.00001) and scab detachment times (MD = −2.53 days, 95% CI [−3.82 to −1.23], p = 0.0001), and decreased PHN incidence (OR = 0.23, 95% CI [0.15–0.35], p < 0.00001). Adverse events were similar between groups (OR = 0.66, 95% CI [0.31–1.38], p = 0.26). Subgroup analyses indicated stronger effects for fire needle techniques. Sensitivity analyses reduced heterogeneity.

Conclusion	BLT appears to improve short-term outcomes in pain relief, skin healing, and PHN prevention for acute herpes zoster, with an acceptable safety profile. However, the evidence is limited by high risk of bias and regional confinement of studies to China. Large, multicenter RCTs with standardized protocols and longer follow-up are needed to confirm efficacy and safety.

1.2.6.2. Lin 2020

Lin Li. [A meta-analysis of randomized controlled trials of acupuncture bloodletting for shingles]. Journal of Hainan Medical University. 2020. [212870].

Objective	To systematically evaluate the clinical efficacy of acupuncture bloodletting therapy for herpes zoster.
Methods	The computer searched the CNKI, WanFang, VIP, CBM, PubMed, and Cochrane Library databases. The time limit was from the establishment of the database to December 31, 2019. Relevant literatures on randomized controlled trials of spinal bloodletting for shingles were retrieved. Data were extracted and quality evaluated based on the Cochrane bias risk assessment method. Meta analysis was performed using Rev Man5. 3 and Stata15 statistical software.
Results	(1) A total of **21 Chinese literatures** were included, with a total of **1,533 patients** ; (2) Meta-analysis was performed using a fixed effect model, and the results showed that the total effective rate of the experimental group (OR = 5. 11, 95% CI: (3. 48, 7. 50), Z = 8. 33, P <0. 00001) is better than the control group, the difference is statistically significant; (3) VAS score analysis using a random effects model (MD-2. 23, 95% CI (-2. 46, -1. 99), p <0. 0001) (4) The incidence of sequela neuralgia was analyzed using a random effects model (OR = 0. 21, 95% CI: (0. 09, 0. 51), Z = 3. 48, P = 0. 0005).
Conclusion	The effect of spinal bloodletting on the treatment of shingles and VAS scores, symptomatic relief, and the incidence of sequela neuralgia have advantages.

1.2.7. Electro-acupuncture

1.2.7.1. Zhou 2025

Zhou Q, Jing M, Ren H, Li G, Wang Z. Efficacy of electroacupuncture on clinical signs and immunological factors in herpes zoster: The first systematic review, meta-analysis, and trial sequential analysis of randomized clinical trials. Medicine (Baltimore). 2025 Mar 21;104(12):e41458. https://doi.org/10.1097/MD.0000000000041458. https://pubmed.ncbi.nlm.nih.gov/40128056.

Backgound	Electroacupuncture (EA) is utilized to address various health conditions. Herein, we designed a systematic review and meta-analysis to evaluate the efficacy of EA on clinical and immunological factors in herpes zoster (HZ) based on randomized clinical trials.
Methods	Four international databases and 3 Chinese databases were searched until January 2024. We used RevMan 5.3 for meta-analysis and presented the data as standardized mean difference (SMD) or odds ratio (OR) and 95% confidence interval.

Results	A total of 1361 records were identified in the databases and at last, **19 articles** were entered into the meta-analysis. The result shows a negative pooled SMD of -2.55 (P < .00001) for the VAS score. The pooled SMD for cessation of pustules time in the case group compared to the control group was -0.69 (P = .0008), for pain relief time was -1.36 (P = .002), for the time to scab was -0.47 (P = .009), and for time to remove scab was -1.01 (P = .0003). The pooled OR for the incidence of postherpetic neuralgia was 0.11 (P < .00001), and the total effective rate was 4.25 (P < .00001). The pooled SMD for the cluster of differentiation (CD)3 count was 2.59 (P = .07), for the CD4 count was 2.81 (P = .04), for the CD8 count was -0.75 (P = .50), and for theCD4/CD8 ratio was 1.12 (P = .15).
Conclusions	The results indicate that the EA treatment had several significant benefits compared to Western medicine (WM) in HZ patients in terms of clinical and immunological factors. But, the combination of treatments of EA with WM had better effects compared to EA treatment alone.

1.2.7.2. Chen 2013

Chen Lizhi, Xie Weixiang, Fan Li, Liang Zhiwei, Zhang Hong. [Systematic review of randomized controlled trials of electro-acupuncture for herpes zoster]. Hebei Journal of Traditional Chinese Medicine. 2013;4:593-596. [186979].

Objective	To evaluate the clinical efficacy and safety of electro-acupuncture on herpes zoster.
Methods	Randomized controlled trials (RCTs) involving electro-acupuncture in the treatment of herpes zoster were identified from CBM, CNKI, VIP, Wanfang Database and Pubmed. Relevant journals of traditional Chinese medicine and comprehensive journals were manually searched. The data were extracted and evaluated by two reviewers independently with a specially designed extraction form. The Cochrane Collaboration's RevMan5. 0 software was used for data analyses.
Results	A total of **9 trials involving 560 patients** were included. 1 trial was high quality, the other 8 trials were low quality. Systematic review showed that the clinical cure rate, the VAS scores, the clinical symptoms scores, the time of crusting, the duration of pain were superior to the western drugs group, no significant difference was noted between them.
Conclusion	**The profit treated by electro-acupuncture on herpes zoster is superior to that in the control group from the clinical evidence**. But the incorporation of the limited number of documents and the quality was not very good. To get more reliable conclusions. Further large-scale trials are required to define the role of electro-acupuncture in the treatment of herpes zoster.

1.3. Specific outcome

1.3.1. Postherpetic Neuralgia

see corresponding item

1.3.2. Special Clinical Forms

1.3.2.1. HIV-Associated Acute Herpes Zoster

1.3.2.2. Jiang 2022

Jiang Y, Zheng RX, Yu ZY, Zhang XW, Li J, Lan HD, Qiao SY, Han M, Cao HJ, Robinson N, Liu JP. Traditional Chinese Medicine for HIV-Associated Acute Herpes Zoster: A Systematic Review and Meta-Analysis of Randomized Trials. Evid Based Complement Alternat Med. 2022 Feb 18;2022:8674648. https://doi.org/10.1155/2022/8674648

Background	Herpes zoster (HZ) is a common infection in individuals with acquired immunodeficiency syndrome (AIDS) patients. Traditional Chinese medicine (TCM) has been used widely in clinical practice for HZ, which remains not supportive of evidence. This review aimed to evaluate the effectiveness and safety of TCM in treating HIV-associated HZ.
Methods	Nine electronic databases were searched for randomized controlled trials (RCTs) testing TCM in treating HIV-associated HZ. Data were extracted on citations, interventions, and outcomes, by two authors independently. For the quality evaluation, Cochrane risk-of-bias tool 2.0 was used. Meta-analyses were performed by Revman5.3 software. Effect estimation presented as risk ratio (RR) for dichotomous data and mean difference (MD) for continuous data with their 95% confidence interval (CI).
Results	Twelve RCTs (n = 644) were included; the majority of them had a high or unclear risk of bias. Meta-analysis showed that pain intensity (VAS 0–5) in the Chinese herbal medicine (CHM) group was lower than it in the drugs group (MD = −0.87, 95% CI [−1.69, −0.04], two trials, n = 93). Duration of herpes-related pain (days) of patients in the combination group was shorter than those in the drugs group (MD = −9.19, 95% CI [−16.73, −1.65], n = 144). The incidence of postherpetic neuralgia (PHN) in the combination group was lower than in the drugs group (RR = 0.49, 95% CI [0.25, 0.99], n = 202). As for cure rate (complete absence of pain and herpes), two trials showed that CHM was better than drugs (RR = 1.58, 95% CI [1.13, 2.22], n = 93), five trials showed combination treatment was better than drugs (RR = 1.40, 95% CI [1.08, 1.82], n = 224). The cure rate in the **acupuncture** group was more than that in the drugs group (RR = 1.99, 95% CI [1.18, 3.36], n = 120). Four trials reported adverse effects and found no serious adverse events occurred.
Conclusion	CHM and acupuncture demonstrate more benefits than drugs in pain relief, cure rate improvement, and incidence reduction of PHN. However, given the data limitation and TCM therapies' diversity, the conclusions need to be verified in future trials.

2. Overviews of Systematic Reviews

2.1. Yin 2020

Yin Zihan. [Acupuncture Treatment of Herpes Zoster and Postherpetic Neuralgia: An Overview of Systematic Reviews Online First]. Modernization of TCM and Materia Medica-World Science and Technology. 2020. [212888].

Objective	Based on the current systematic evaluation of acupuncture and moxibustion in the treatment of herpes zoster and its sequelae, the methodology and evidence quality were evaluated, so as to provide accurate clinical decisions for acupuncture and moxibustion in the treatment of herpes zoster and its sequelae.
Methods	In the database of CNKI, WanFang, VIP, CBM, Embase, PubMed and Cochrane Library, Web of Science, systematic review literatures on acupuncture treatment of HZ and PHN were searched, and the methodological quality of the literature was evaluated by AMSTAR list. Meanwhile, the GRADE system was used to grade the quality of evidence.

Results	A total of **20 systematic reviews** were included, and the outcome was mainly due to the effectiveness and safety of acupuncture treatment of HZ and PHN. According to the AMSTAR score, there was one high quality study, 19 moderate quality studies, and no low quality study. The GRADE showed that acupuncture had a relatively good quality of evidence for herpes zoster and its sequelae. A total of 27 outcomes were very low quality; 19 were low quality, 12 were of moderate quality evidence, and there was no high quality evidence.
Conclusion	Nowadays, acupuncture treatment of herpes zoster and its sequelae has certain efficacy and safety. The methodological quality is moderate to high, but the quality of evidence is low, mainly due to the poor quality of the original research.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. Ministère de la Santé et des Services Sociaux, Québec (MSSS, Quebec, Canada) 2021 Ø

Algorithme de prise en charge du zona. Ministère de la Santé et des Services Sociaux, Québec. 2021;22P. [219423]. https://publications.msss.gouv.qc.ca/msss/fichiers/2021/21-947-01W_zona.pdf

Intervention en réadaptation : Il n’existe aucune preuve scientifique pour recommander des approches telles que TENS ou **l’acupuncture** pour le zona aigu.

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Last update: **15 Aug 2026 05:01**