

Application and Efficacy Observation of the Zheng's Family Nine-Needle Therapy in Herpes Zoster

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Abstract: This clinical study aims to investigate the clinical efficacy of Zheng's Yellow Emperor Nine-Needle Therapy in patients with herpes zoster. We selected 60 patients with herpes zoster admitted to the Acupuncture Department of our hospital from January 2018 to December 2025 as the study subjects. We randomly divided 60 herpes zoster patients into an observation group and a control group, with 30 cases in each group. The observation group received Zheng's Yellow Emperor Nine-Needle Therapy, while the control group was treated with conventional antiviral medications. The treatment duration was two weeks. Before and after treatment, we assessed the pain intensity (VAS score) in 60 patients, recorded the time to lesion resolution, and documented the incidence of postoperative neuralgia. The study results demonstrated that the observation group significantly outperformed the control group in terms of pain relief, resolution of skin lesions, and reduction in the incidence of postherpetic neuralgia ($P < 0.05$ or $P < 0.01$). The results of this study demonstrate that Zheng's Yellow Emperor Nine-Needle Therapy can shorten the duration of herpes zoster and improve patient prognosis. The Zheng Family Yellow Emperor Nine-Needle Therapy has demonstrated significant clinical advantages in the treatment of herpes zoster. The Nine-Needle Therapy of the Yellow Emperor demonstrates significant clinical applicability for the treatment of herpes zoster.

Keywords: Zheng family Nine-Needle therapy, herpes zoster, acupuncture therapy, efficacy observation

1. Introduction

Herpes zoster is an acute viral disease primarily affecting nerves and the skin, caused by the varicella-zoster virus. It is a common dermatological condition characterized by high incidence, severe pain, prolonged duration, and consequently high patient consultation rates. Humans are the sole host of varicella-zoster virus. The primary susceptible population for initial infection by this virus is often children, presenting as varicella or asymptomatic infection. Additionally, the virus can remain latent long-term in the dorsal root ganglia of the spinal cord or the sensory ganglia of cranial nerves. Under conditions of decreased host resistance, impaired immune function, or the influence of certain triggering factors, the latent varicella-zoster virus can reactivate, travel along sensory nerve axons to proliferate within the skin innervated by those nerves, causing erythema and vesicles. Concurrently, the affected nerves undergo inflammation and necrosis, leading to neuralgia—this condition is known as herpes zoster^[1].

The occurrence of herpes zoster is mostly due to emotional disturbances causing internal injury, which gives rise to liver Qi stagnation that over time transforms into Fire. This liver meridian Fire-toxin can overflow, spreading into the meridians, leading to obstruction and poor circulation. Qi stagnation and Blood stasis result, and when there is no free flow, pain arises. Its typical symptoms include herpes eruptions and severe neuralgia, causing great physical and psychological suffering.

In traditional medicine, herpes zoster is named “snake-string sores” or “fire rash around the waist” because of its clinical characteristics. Traditional Chinese medicine has long studied this disease, considering its pathogenesis to be related to Damp-heat, Wind-toxin, and excessive liver and gallbladder Fire^[2].

The Zheng family Nine-Needle therapy originates from The Yellow Emperor's Inner Canon where nine different types of needles are described: The spade needle, rounded needle, arrowpoint needle, sharp point needle, lancet needle, round-sharp needle, fine needle, long needle and big needle. Each needle embodies unique functions and techniques. Through the specific acupuncture mechanisms of the

Huangdi Nine Needles applied to designated acupoints, they can effectively regulate Qi and Blood, balance Yin and Yang, and deliver distinctive clinical benefits.

In treating the acute stage of herpes zoster, the Zheng family Nine-Needle therapy not only significantly improves patient symptoms but also minimizes sequelae and reduces the risk of recurrence, thereby enhancing patients' quality of life.

2. Materials and Methods

2.1 General Information

60 patients with herpes zoster who were diagnosed in the Acupuncture Department of our hospital between January 2018 and December 2025 were selected for this study. They were randomly divided into an observation group and a control group, with 30 cases in each group. In the observation group, there were 12 males and 18 females; in the treatment group, 11 males and 19 females. The patients' ages ranged from 30 to 75 years, with disease duration lasting from 1 to 10 days. The average age in the observation group was (55.23 ± 2.32) years, and the average disease course was (6.23 ± 0.52) days. The average age in the control group was (54.05 ± 2.25) years, and the average disease course was (6.52 ± 0.34) days. There were no statistically significant differences between the two groups in gender composition, average age, or average disease course ($P > 0.05$). All patients signed informed consent forms and voluntarily participated in this study.

Inclusion criteria: Cases that met the diagnostic criteria for herpes zoster in the Standards for Diagnosis and Therapeutic Effect of TCM Diseases and Syndromes [3]. Exclusion criteria: (1) Patients with severe cardiac, hepatic, or renal insufficiency, or other systemic diseases; (2) Pregnant or lactating women; (3) Patients with clear contraindications or a history of allergy to acupuncture therapy or related medications; (4) Patients with concurrent dermatological or neurological diseases.

2.2 Method

2.2.1 Observation group

Receiving the Zheng family Nine-Needle therapy group specific treatment plan. Needle selection was based on the patient's condition, using combinations or single use of the spade needle, rounded needle, arrowpoint needle, sharp point needle, lancet needle, round-sharp needle, fine needle, long needle, and big needle. The treatment methods were as follows:

① Bloodletting and cupping: In the early stage of herpes zoster (within 3 days of onset), the local skin is routinely disinfected with alcohol. First, the fine needle is used to surround and prick the area of the herpes lesions. Then, the sharp point needle is applied to prick and bleed either directly at the lesion site or at the tips of both thumbs and little fingers (the "dragon head" points and the "snake tail" area.) Immediately after, a suction cup is applied to the local lesion area to draw out yellowish fluid and congested blood. After removing the cup, the skin is wiped clean and disinfected. This treatment is performed once every other day, for 3–5 consecutive sessions.

② Meridian-based acupoint selection: In the later stage of herpes zoster (3–10 days), after routine disinfection, the fine needle was used to puncture acupoints along the meridian corresponding to the lesion site and pain area. Additional acupoints are selected both upstream and downstream along the meridian, as well as Ashi points. After needle insertion, the needles are retained and combined with local moxibustion for 40 minutes. This treatment is performed once daily for 5 consecutive days.

③ Arrowpoint needle puncture: At local Ashi points, after routine alcohol disinfection, the sharp point needle was used to open the skin, and the arrowpoint needle was inserted into the subfascial interspaces at the head, middle, and tail of the herpes lesions using a through-penetration method without needle retention. The insertion depth is 0.5–1 cm. Treatment is performed 1–2 times per week for a duration of 1 week.

④ Round-sharp needle method: For herpes zoster and pain occurring unilaterally (in the neck, ribs, trunk, or limbs), acute-stage pain and rash are considered to correspond to the syndrome of liver meridian stagnation and heat. The round-sharp needle is used to puncture GV14, BL15, and Zhiyang GV9 at a 45° downward angle along the spine. Both SP10 points are punctured vertically at a 90° downward angle. After insertion, the needles are manipulated with lifting, thrusting, and rotating

techniques, without needle retention. The insertion depth is 1–2 cm. Treatment is performed 2–3 times per week for 1 week.

2.2.2 Observation Indicators

The control group received a standard antiviral treatment regimen: an intravenous infusion of acyclovir injection (Approval No. H20035043; specification 250 mg), 0.5 g per dose, twice daily, for 7 consecutive days; oral mecobalamin capsules (Approval No. 20030927), 0.5 mg per dose, twice daily, for 7 consecutive days; and topical acyclovir cream (Approval No. 20063578), 0.5 g per application, five times daily, for 7 consecutive days.

2.2.3 Observation Indicators

Pain intensity: Assessed using the Visual Analogue Scale (VAS) to evaluate pain relief before and after treatment.

Time to herpes resolution: Recorded from the onset of lesion regression to complete disappearance.

Incidence of postherpetic neuralgia: Within 4 weeks after treatment, patients were monitored for the occurrence of postherpetic neuralgia, and data were statistically analyzed.

2.2.4 Statistical Methods

Data were processed and analyzed using SPSS 22.0 software. Continuous variables conforming to a normal distribution were expressed as mean $\pm$ standard deviation ($\bar{x} \pm s$). Independent-sample t-tests were used to compare differences between groups, and chi-square (χ^2) tests were applied for group comparisons. A P-value < 0.05 was considered statistically significant.

3. Results

3.1 Comparison of Pain Between the Two Groups (VAS Score)

Before treatment, there was no statistically significant difference in pain scores between the two groups. After treatment, pain scores in both groups decreased compared with pre-treatment levels, and the difference between the two groups was statistically significant ($P < 0.01$) (see Table 1).

Table 1 Comparison of VAS scores before and after treatment in the two groups ($\bar{x} \pm s$)

Groups	n	Before treatment	After treatment	F	P
Observation group	30	7.37 $\pm$ 0.85	2.03 $\pm$ 1.16	412.903	0.000
Control group	30	7.30 $\pm$ 1.02	3.63 $\pm$ 1.22	159.645	0.000
F		0.075	27.183		
P		0.785	0.000		

3.2 Time for Complete Herpes Resolution in Both Groups

After treatment, the time for complete herpes resolution in the observation group was significantly shorter than that in the control group ($P < 0.01$) (see Table 2).

Table 2 Comparison of time to complete herpes resolution after treatment between the two groups (days) ($\bar{x} \pm s$)

Groups	n	Time to complete resolution of herpes(day)
Observation group	30	7.53 $\pm$ 1.01
Control group	30	11.23 $\pm$ 2.08
F		76.923
P		0.000

3.3 Comparison of Postherpetic Neuralgia Incidence Between the Two Groups

Within 4 weeks after treatment, in the observation group of 30 patients, 2 developed postherpetic neuralgia, with an incidence rate of 6.67%. In the control group of 30 patients, 10 developed postherpetic neuralgia, with an incidence rate of 33.33%. The difference between the two groups was

statistically significant ($P < 0.05$) (see Table 3).

Table 3 Incidence of postherpetic neuralgia in the two groups (%)

Groups	n	Number of individuals affected by postherpetic neuralgia	Incidence of postherpetic neuralgia(%)
Observation group	30	2	6.67
Control group	30	10	33.33
Pearson chi-square			6.667a
P			0.021

4. Discussion

The onset of herpes zoster is closely related to a decline in the body's immunity. Its typical clinical manifestations are blisters and neuralgia. Neuralgia is a painful sequela that may occur when herpes zoster does not fully heal.

Traditional Chinese Medicine (TCM) has conducted in-depth research on herpes zoster, considering its main causes to be liver stagnation and spleen deficiency, while its pathological features involve four major factors: dampness, phlegm, stasis, and toxin^[4]. Herpes zoster is a chronic, refractory pain disorder that significantly impacts patients' quality of life, and its treatment has long posed challenges in the medical field. Western medicine primarily employs various approaches—including antiviral drugs, local therapy, systemic treatment, and physical therapy—but these methods have certain limitations in practical application. In contrast, traditional Chinese medicine offers distinct therapeutic perspectives and methodologies for herpes zoster management. TCM posits that the condition often arises from unresolved residual heat and liver qi stagnation, leading to blood stasis and meridian obstruction. Consequently, TCM treatment focuses on regulating qi and blood circulation and promoting meridian patency^[5].

Extensive research has demonstrated that acupuncture is highly effective in treating acute-stage herpes zoster. Compared to conventional Western antiviral and analgesic therapies, acupuncture can improve the body's immunosuppressed state, correct immune imbalances, mitigate inflammatory responses, and offers advantages such as reducing pain intensity, promoting skin lesion healing, lowering the risk of postherpetic neuralgia, and minimizing adverse effects; therefore, it should be actively employed during early-stage herpes zoster treatment.^[6] Ancient TCM texts such as the *The Yellow Emperor's Inner Canon* already recorded the "Nine Needle Therapy." With the growing understanding of herpes zoster and advances in treatment, this method has gradually developed and improved.

In *Lingshu Nine-Needles and Twelve Principles*, it is stated: "The names of the Nine-Needles refer to their different shapes." This reflects how ancient physicians created nine different needle instruments and techniques tailored to the type, nature, and depth of disease. Such an approach embodies the TCM principle of individualized treatment and demonstrates the richness of therapeutic methods, offering effective strategies for treating herpes zoster.

5. Conclusion

The application of the *Zheng's Yellow Emperor Nine-Needle Therapy* is not limited to treating acute-stage diseases; it also shows significant effectiveness during the recovery phase of herpes zoster patients. By regulating the patient's overall condition, the Nine Needles can help alleviate severe symptoms such as neuralgia and blisters in the acute stage, while in the recovery stage it improves quality of life, reduces long-term neuralgia, and prevents other potential complications.

When combined with conventional antiviral treatment, the integrative strategy of the Nine Needles can markedly accelerate patient recovery. Based on traditional Chinese medicine principles, stimulating specific acupoints with the Nine Needles not only relieves postherpetic neuralgia and speeds up lesion resolution, but also harmonizes yin and yang as well as Qi and Blood, thereby enhancing therapeutic outcomes.

This comprehensive approach provides a deeper and more holistic treatment plan for herpes zoster. , *Zheng's Yellow Emperor Nine-Needle Therapy* as illustrated in this study, has achieved satisfactory

results under the framework of TCM's syndrome differentiation and treatment. It reflects the holistic concepts and dialectical thinking of the The Yellow Emperor's Inner Canon, and demonstrates the strengths of traditional Chinese medicine in clinical practice.

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