

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

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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

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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.

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