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Application of Moxibustion Combined with Sihuang Anti-inflammatory Lotion in a BMT Patient with Herpes Zoster

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Abstract: *Objective*: To explore the application effect of moxibustion combined with Sihuang Anti-inflammatory Lotion in patients with herpes zoster after bone marrow transplantation (BMT). *Methods*: One patient with herpes zoster after BMT was selected and treated with moxibustion combined with Sihuang Anti-inflammatory Lotion in addition to conventional antiviral drugs. *Results*: The patient's pain disappeared within 48 hours after the intervention (NRS score decreased from 6 to 2), large-scale crusting of herpes occurred within 72 hours, and complete shedding occurred within 10 days. No infection or other adverse reactions occurred, and the patient had high nursing satisfaction. *Conclusion*: Moxibustion combined with Sihuang Anti-inflammatory Lotion can safely and effectively improve the symptoms of herpes zoster after BMT, which is worthy of clinical promotion.

Keywords: Bone marrow transplantation; Herpes zoster; Moxibustion; Sihuang Anti-inflammatory lotion

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1. Introduction

Herpes zoster is a viral skin disease caused by the reactivation of the varicella-zoster virus. This virus remains latent in the human body and can be activated when the body's immunity declines. The virus spreads from the affected area to the surrounding nerve tissues, leading to clinical symptoms such as itchy rashes and severe stinging pain [1,2]. According to relevant data, 1.56 million people in China experience outbreaks of the herpes zoster virus annually, with an incidence rate of 3–5 per 1,000 person-years in the general population and up to 31 per 1,000 person-years among patients with hematological malignancies [3,4]. Approximately 30% of bone marrow transplant (BMT) patients develop herpes virus infections within one year after transplantation [5]. If herpes zoster patients do not receive timely and effective intervention, there is a 10% to 20% chance of developing postherpetic neuralgia, characterized by a rapid increase in pain that severely affects the patient's physical and mental health,

daily work, and may even lead to depression and suicidal thoughts [6]. Western medical treatment for BMT patients with herpes zoster primarily involves antiviral, anti-inflammatory, and analgesic medications, all of which have varying degrees of toxic side effects. In contrast, traditional Chinese medicine (TCM) offers a safer alternative, utilizing herbs that promote blood circulation and remove blood stasis, regulate Qi and alleviate pain, or employing moxibustion and cupping therapy for pain intervention, achieving significant analgesic effects [7]. Moxibustion has anti-inflammatory, detoxifying, and cold-dispelling pain-relieving properties. High-dose moxibustion not only promotes rapid scabbing and shedding of herpes but also provides more pronounced relief from the pain caused by herpes [8]. Sihuang Anti-inflammatory Lotion is an in-hospital preparation of Guangdong Provincial Hospital of Chinese Medicine, containing Chinese herbs such as *Phellodendron chinense Schneid*. and *Scutellaria baicalensis Georgi*, which have heat-clearing and detoxifying properties. The combined application of these herbs can achieve the effects of clearing heat, detoxifying, reducing inflammation, and relieving pain. Therefore, this study selected one case of a BMT (Bone Marrow Transplantation) patient with herpes zoster to evaluate the intervention effect of moxibustion combined with Sihuang Anti-inflammatory Lotion.

2. Materials and methods

2.1. General information

The patient, Mr. Huang, male, aged 23, presented with the following symptoms upon admission: herpes zoster with pain on the left ear, face, and head, without itching, a pale purple tongue, a white and greasy tongue coating, and a thin and rapid pulse.

2.1.1. Traditional Chinese medicine diagnosis

Blood cancer (deficiency of both Qi and Yin syndrome)

2.1.2. Western medicine diagnosis

(1) Herpes zoster neuralgia;
(2) Impaired liver function;
(3) Thrombocytopenia;
(4) Acute leukemia;
(5) Hematopoietic stem cell transplantation status;
(6) Graft-versus-host reaction;
(7) Chronic gastritis.

2.2. Methods

After admission, the patient was treated with intravenous infusion of piperacillin sodium and sulbactam sodium for anti-infection and acyclovir for antiviral therapy according to the doctor's advice. Additionally, *Chloranthus spicatus Thunb*. liniment was applied topically to the herpes lesions, combined with infrared therapy to promote scabbing and healing of the herpes. On February 3rd and February 4th, the assessment showed moderate effects, so the intravenous drug therapy regimen was continued, while the topical drug intervention regimen was modified twice. Finally, moxibustion combined with Sihuang Anti-inflammatory Lotion was used for herpes intervention, achieving significant effects, as detailed below:

From February 1st to 2nd, the patient experienced touch-induced pain at the herpes sites on the left ear, head, face, and neck, with a pain score of 5. The pain was primarily located in the head, face, and ear, with no pain in the neck. The patient assumed a forced posture, unable to rest their head on the left or back pillow, only able to rest on the right pillow. New herpes lesions appeared on the ear, accompanied by swelling and pain, with intermittent pricking sensations at the herpes sites. The patient had poor sleep quality, experiencing pricking sensations 5–6 times during the night. Following medical advice, the patient received intravenous infusions of piperacillin sodium and sulbactam sodium, as well as acyclovir. *Chloranthus spicatus* liniment was applied topically to the patient's herpes sites, and infrared therapy was also administered. On February 3rd, an evaluation revealed no improvement in the patient's symptoms. Following medical advice, the topical application of *Chloranthus spicatus* liniment was discontinued and replaced with topical application of penciclovir cream once, along with infrared therapy and external application of Sihuang anti-inflammatory lotion.

On the morning of February 4th, an efficacy evaluation showed no improvement in the patient's symptoms. Following medical advice, the treatment was adjusted to include external application of Sihuang anti-inflammatory lotion combined with moxibustion intervention therapy, in addition to the topical application of penciclovir cream once and infrared therapy. The specific steps of the intervention therapy were as follows:

(1) First, apply Sihuang anti-inflammatory lotion externally to the patient's herpes sites;
(2) Immediately after external application, perform moxibustion on the patient's head, face, ear, and neck for a total of 60 minutes.

For the herpes on the neck, transverse moxibustion was used for 5 minutes. For the herpes on the ear, small circular moxibustion was selected and continued until the patient felt no pain in the ear. Intensive moxibustion was applied to the heart acupoint, spleen acupoint, subcortex, lung acupoint, and liver Shu, for a total of 15 minutes. For the herpes on the head, large circular moxibustion combined with sparrow-pecking moxibustion was used. Large circular moxibustion was applied to the entire herpes area on the head, while sparrow-pecking moxibustion was used for the areas with severe pain, for a total of 40 minutes. Instruct the patient not to take a bath or wipe their body on the day of moxibustion treatment, avoid exposure to wind and cold, and refrain from consuming seafood, beef, lamb, pickled products, and other vesicant foods in their diet. Recently, the diet should primarily consist of white foods, such as *Coicis semen*, tremella, and *Dioscoreae rhizoma*.

On February 5th, during the efficacy evaluation, the patient reported no pain in the left ear and face. Pain symptoms occurred only when the head was pressed firmly, with a pain score of 3. The patient adopted a forced posture and, although unable to rest on the left pillow, could now rest with the head on the back or right pillow. There was no tingling sensation at the herpes site, good night sleep, no new herpes outbreaks, and all old herpes had scabbed over, accompanied by itching. The same treatment was continued.

On February 7th, during the efficacy evaluation, large areas of scabs had fallen off, and the itching at the herpes site had worsened. Moxibustion treatment was discontinued, and the patient was instructed to continue applying Sihuang Lotion externally to the herpes site for anti-inflammatory and itch-relieving purposes. The diet was advised to be warm and moist, with increased consumption of warm boiled water and avoidance of cold exposure.

On February 11th, the patient's scabs had completely fallen off with no itching, and they were discharged from the hospital.

3. TCM syndrome differentiation

3.1. Four diagnostic methods in TCM

Based on the evaluation results presented in **Table 1**, the patient is a conscious but fatigued individual with a thin build and a pallid complexion. Physical examination reveals scattered clusters of herpes vesicles on the left side of the head, face, neck, and ear, accompanied by localized sharp pain. The patient also reports night sweats and poor sleep quality disrupted by episodes of head pain. Tongue examination shows a pale-dark tongue with bluish-purple edges and a white, greasy coating, while pulse diagnosis indicates a thready and rapid pulse. Other systems, including appetite, bowel movements, and respiratory functions, appear normal.

Table 1. Diagnostic methods and the results

Evaluation content	The evaluation result				
Inspection	Observation of spirit	The patient is conscious, with a tired spirit and no special expression	Inquiry	One inquire about chills and fever	No abnormalities
	Observation of complexion	Pallor (grayish-white)		Two inquiries about sweating	Sweaty hands and feet during nighttime rest
	Observation of body shape	Thin and slender build		Three inquiries about the head and body	Sharp pain upon touch, with occasional stabbing pain at the sites of herpes on the head, face, and ear
	Observation of demeanor	Cooperative during examination		Four inquiries about bowel movements	Normal bowel and urinary functions
	Observation of tongue	The tongue is pale-dark with bluish-purple edges and a white, greasy coating		Five inquiries about diet	Normal appetite
	Observation of skin	Clustered vesicles scattered on the left side of the head and face, neck, and ear		Six inquiries about the chest and abdomen	No abnormalities
	Observation of Discharges/Excreta	No abnormalities		Seven inquiries about hearing loss	No hearing loss or tinnitus
Auscultation and olfaction	Hear the sound	Clear speech, normal breathing, no abnormal sounds such as coughing		Eight inquiries about thirst	No dry mouth or bitter taste
	Smell the odor	No special odors detected		Nine inquiries about sleep	Poor sleep quality, with episodes of sharp head pain 5–6 times at night
Palpation and pulse feeling	Pulse diagnosis	The pulse is thready (Xi) and rapid (Shuo)		Ten inquiries about gynecology	/

3.2. Syndrome differentiation based on the eight principles

After undergoing chemotherapy and bone marrow transplantation, the patient exhibits a weak constitution, particularly characterized by a deficiency of Qi and blood, compromised blood circulation capacity, and reduced immunity. Additionally, the liver has been affected by cold, impairing its function in regulating the flow of Qi. Since the liver is considered the "mother" of the heart in traditional Chinese medicine theory, a deficiency in the mother (liver) leads to weakness in the child (heart), further compromising heart Qi. Insufficient heart Qi fails to propel blood circulation, leading to blood stasis. Thus, Qi stagnation and blood stasis are the underlying causes of

this condition. The etiology of this disease is a deficiency of Qi and blood, with the primary affected organs being the heart and liver. The pathogenesis involves Qi deficiency and blood stasis, with a nature of deficiency in the root and excess in the manifestation. The treatment principle should focus on replenishing Qi and promoting blood circulation, as well as warming and nourishing the heart and liver. See **Table 2**.

Table 2. Syndrome differentiation analysis

Pattern differentiation	Reasoning (English)
Exterior (Biao) / Interior (Li)	Scattered clusters of vesicles on the head, face, and ear, accompanied by swelling and pain, indicate an Exterior Pattern.
Cold (Han) / Heat (Re)	Scattered clusters of vesicles on the left head, face, and ear, accompanied by swelling and pain, indicate a Heat Pattern.
Deficiency (Xu) / Excess (Shi)	A pale tongue and grayish-white facial complexion indicate a Blood Deficiency Pattern; bluish-purple edges of the tongue indicate Cold in the Liver.
Yin / Yang	Profuse sweating of the hands and feet during nighttime rest indicates Yang Deficiency; fissures on the tongue indicate insufficient body fluids, pointing to Yin Deficiency.

4. Nursing procedures

4.1. Nursing problems

(1) Pain

Related to nerve irritation caused by the herpes virus.

(2) Sleep disturbances

Related to interference from nerve tingling at the herpes site

(3) Itching

Related to herpes crusting

(4) Impaired skin integrity

Related to scattered clustered blisters on the left side of the head, face, neck, and ear

4.2. Nursing objectives

(1) Elimination of pain, with a pain score of 0.

(2) Absence of sleep disturbances, with a PSQI score < 5.

(3) Absence of itching, with a VAS score of 0. 3.2.4 Maintenance of skin integrity.

4.3. Nursing measures and nursing evaluation

4.3.1. Pain management

(1) Nursing measures

Starting from February 4th, pour Sihuang Lotion onto gauze pads and apply them to the patient's herpes sites, using only one layer per herpes site. Then, perform moxibustion on the gauze pads containing Sihuang Lotion.

(2) Nursing evaluation

Before the intervention with moxibustion combined with Sihuang Lotion, the pain score was 5, primarily in the ear and head, presenting as touch-induced pain. After the first intervention, the pain score was 3,

with no pain in the ear and touch-induced pain in the head. After the second intervention, the pain score was 0.

4.3.2. Sleep care

(1) Nursing interventions

Starting from February 4th, guide the patient to attempt deep breathing or warm foot soaking before bedtime to relax the body and mind for better sleep. Avoid consuming beverages such as coffee and milk tea after dinner, refrain from using electronic devices half an hour before bedtime, and instruct the patient to elevate one side of the pillow with clothing before bed. Ensure the patient sleeps with their head on the right side of the pillow to prevent head compression-induced pain.

(2) Nursing evaluation

On February 4th, before any intervention, the PSQI score was 13, indicating sleep disturbances. After the first intervention on February 5th, the patient had 7 consecutive hours of sleep at night, with a PSQI score of 2, indicating no sleep disturbances.

4.3.3. Itching care

(1) Nursing interventions

Daily application of Sihuang Anti-inflammatory Lotion to the affected area as prescribed by the doctor to reduce inflammation and relieve itching. Instruct the patient to avoid consuming foaming foods such as seafood, beef, lamb, and pickled products in their diet, and to focus on white-colored foods recently, such as coix seed, white fungus, and Chinese yam.

(2) Nursing evaluation

On February 4th, the VAS score was 5. After the first intervention, the VAS score was 4, and on the sixth day after the intervention, the VAS score was 0.

4.3.4. Skin care

(1) Nursing interventions

Instruct the patient to keep the skin at the herpes site clean and dry, wash the affected area with warm water to prevent infection, and trim their nails to avoid scratching, thereby reducing the risk of skin damage and infection caused by scratching. If necessary, the patient can wear gloves at night to prevent scratching during sleep.

(2) Nursing assessment

Prior to intervention on February 4th, the patient had new herpes blisters and swelling on the head, face, and ears. After the first intervention, no new herpes blisters appeared, and all blisters had scabbed over. After the second intervention, large areas of the scabs fell off. On the sixth day after the intervention, all scabs had completely fallen off.

5. Comparison of figures before and after intervention

The areas marked in green frames are all herpes blisters, but due to the patient's refusal, no images of large-area herpes blisters were taken. See **Figure 1, 2** and **3**.

Figure 1. Tongue appearance and skin at the herpes site before intervention.

Figure 2. Tongue manifestations and skin conditions at the herpes site during the intervention process.

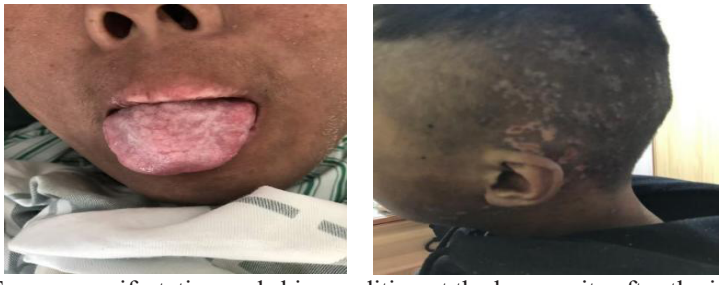

Figure 3. Tongue manifestation and skin condition at the herpes site after the intervention.

6. Discussion and limitations

Herpes zoster is referred to as “Huo Dai Chuang” (fire-belt sore) or “She Chuan Chuang” (snake-string sore) in traditional Chinese medicine [9]. Western medicine attributes the disease primarily to the herpes virus, whereas traditional Chinese medicine considers it to be mostly caused by emotional distress, liver Qi stagnation, impaired Qi circulation, and Qi stagnation leading to blood stasis. Consequently, traditional Chinese medicine often employs nursing techniques that promote Qi circulation and blood activation, as well as soothe the liver and resolve depression, such as Gua Sha (scraping), bloodletting, and cupping therapy, to treat herpes zoster. However, most patients with hematologic malignancies exhibit signs of anemia, particularly those who have undergone bone marrow transplantation (BMT). Moreover, BMT patients have poor blood coagulation and a high risk of bleeding, significantly limiting the application of traditional Chinese medicine nursing techniques. Considering the patient’s condition based on the four diagnostic methods (inspection, auscultation and olfaction, inquiry, and palpation), and based on the theory from “Su Wen · Liu Yuan Zheng Ji Da Lun” (Plain Questions · The Grand Treatise on the Patterns of the Six Climatic Factors) that “fire stagnation should be dispersed, and heat should be drawn out with heat, allowing internal heat and pathogenic fire to be expelled from the interior to the exterior and dispersed”, this study adopted an intervention plan combining moxibustion with Sihuang Anti-inflammatory Lotion [10]. Sihuang Anti-inflammatory Lotion can alleviate inflammation and relieve itching, while moxibustion

has anti-inflammatory and cold-dispelling effects, as well as the ability to warm and nourish Qi and blood. The lotion is applied externally to the herpes lesions through gauze, followed by moxibustion at the herpes lesions and acupoints such as Xin (Heart) acupoint, Pi (Spleen) acupoint, Pizhixia (Subcortex), Fei (Lung) acupoint, and Ganshu (Liver Shu) on the ears. This allows moxibustion to work synergistically with Sihuang Anti-inflammatory Lotion, enabling the heat and anti-inflammatory effects to better penetrate the herpes lesions and the heart and liver regions, thereby promoting Qi circulation and blood activation, as well as warming and nourishing the heart and liver. It takes 14 to 21 days for the scabs of common herpes zoster to form and completely fall off. In this case, the tingling sensation disappeared on the first day after intervention, there was no pain at the herpes site on the second day after intervention, all scabs had formed and mostly fallen off by the fourth day after intervention, and all scabs had completely fallen off by the sixth day after intervention. It took only 10 days from the onset of the rash to the shedding of the herpes. Practice has proved that this treatment protocol is effective and worthy of clinical reference and application.

The incidence of herpes zoster has been increasing year by year. Patients who have undergone Bone Marrow Transplantation (BMT) are highly susceptible to herpes zoster virus outbreak within three months after surgery, with an incidence rate of up to three-tenths within a year, indicating an unfavorable trend. When herpes zoster breaks out early in BMT patients, traditional Chinese medicine (TCM) combined intervention can be applied with a relatively short intervention time and good prognosis. However, in the early stages of the disease, it is often mistaken for common rashes. Most BMT patients seek medical attention only when the herpes has formed patches or when secondary neuralgia occurs. At this point, TCM combined intervention requires a longer time and the effect is not as pronounced as early intervention. Patients are prone to abandon TCM intervention treatment. Therefore, how to provide an efficient TCM nursing intervention protocol for BMT patients with postherpetic neuralgia and promptly cure their neuralgia is our main research direction in the future.

7. Conclusion

The combination of moxibustion and Sihuang Xiaoyan Lotion is safe and effective in alleviating symptoms of herpes zoster following bone marrow transplantation, and warrants clinical application and promotion.

Disclosure statement

The authors declare no conflict of interest.

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