Recurrent Herpes Simplex Infection from Western and Traditional Chinese Medicine Viewpoints

Peter Stoyanov, Emil Iliev

Summary
The authors have previously followed traditional Chinese acupuncture methods in the treatment of recurrent herpes simplex infection and have had moderately good results. However, following the successful treatment of a very severely affected patient who had suffered more than 15 recurrences per year, an alternative regime was instituted. This involved body acupuncture to immunomodulating points, direct irradiation of the herpetic lesions with He-Ne laser, daily application of aloe vera extract, and specific dietary restrictions.

Using this regime they report complete recovery, with no herpetic recurrence for more than a year, in up to 83% of their patients. They also measured immunological parameters before and after treatment, finding that: serum IgG, C3 complement fraction, and the protease inhibitors α1-antitripsin and α2-macroglobulin all increase, while secretory IgA and C3 complement fraction in urine normalise. These preliminary results have encouraged continuation of the clinical trials of this method.

Key words
Acupuncture, Clinical report, Dermatology, Herpes simplex virus, Immunological parameters, Traditional Chinese medicine.

Introduction
Herpes simplex viruses (HSV) types 1 and 2 lead to various infections of skin and mucous membrane, CNS and sometimes viscera. HSV has a marked affinity towards cells of ectodermal origin (1). Due to their ubiquity and ready recurrence, which may lead to emotional as well as functional problems, HSV infections are a considerable medico-social problem.

Recurrent HSV infection is seen mainly in conditions marked with disturbance of the internal homoeostasis of the organism, for instance: stress, endocrine disturbance, menstrual abnormality, intercurrent infection, physical agents or trauma (2,3).

The response of the body to HSV challenge will affect whether the infection takes, and determines its severity, development and maintenance of latency and frequency of recurrence (4). Humoral and cell-mediated immunity are both important for the clinical development of these diseases (5). In patients with severe deficit of cell-mediated immunity infection tends to be more severe and with wider areas of recurrence than in patients with humoral immunity disturbances. T cells are believed to play an important role in protection against the lethal, disseminated form of infection while antibodies decrease the viral titre in neural tissues. Thus several cell populations, such as NK cells, macrophages and various T cells as well cytokines produced by them, are responsible for protection against infection with HSV (4).

According to traditional Chinese medicine (TCM) the disease is caused by the emptiness of Zheng Qi and at the same time intrusion of Wind and Heat can be observed. They accumulate in the meridian pairs of Kidney and Heart or Pericardium and Liver, blocking transportation and evaporation of water, and thus leading to stockpiling of dampness in the body. This process leads to aggregation of heat in the soft tissues and skin, and leads to the obstruction and stagnation of Qi and Blood (6).

TCM separates herpetic lesions developing on the upper or lower part of the body, dividing at the umbilical line. Herpetic lesions on the upper part of the body are considered to be caused by toxins due to the pathogenic external Wind and Fire (Wai Gan Feng Re Zhi Du), external toxins which enter the meridians of Lung and Stomach. The toxins evaporate and reach the mouth, where the phenomenon of accumulation of the toxins in the skin is observed (Yun Zheng Pi Fu) which leads to development of the typical clinical picture of HSV infection.

Lesions developing on the lower part of the body are due to the Damp toxins going down: into the meridians of the Liver and Gall Bladder (Gan Dan Shi Re Xia Zhu). Movement of the Damp and Heat down results in genital herpes: Damp and Heat stop...
in the genitals (Zu Yu Yin Bu) (7).

Recurrent herpes infection develops when Spleen and Stomach lose their transport and transformation functions (Pi Wei Yun Hua Shi Jian), leading to evaporation of toxins under the influence of the Fire of the Stomach, and their upright motion (Ji Re Shang Zheng). During this process they and the Heat injure Fluids. A second cause of recurrent herpes infections could be pathogenic Fire, which injures the Tendons (Re Xie Shang Jie) leading to creation of internal deficit of Yin due to the internal heat (6,7).

**Therapy**

The treatment of recurrent HSV infections remains a difficult task due to the ineffectiveness or high toxicity of antiviral medication. Also, in Western medical practice we still don’t pay enough attention to the impaired internal homeostasis, which often accompanies the infection or its recurrences.

Most of the contemporary anti-HSV drugs act through inhibition of the HSV DNA polymerase. The most commonly used drug, acyclovir, and its derivatives are selectively phosphorylated after entry into the infected cells, converting in the presence of HSV coded thymidine kinase to the triphosphate which acts as an inhibitor of, and substrate for, herpes specific DNA polymerase, preventing further viral DNA synthesis. The main disadvantages of this therapy are renal toxicity (particularly with intravenous use), development of resistant subtypes of HSV and high price, especially of the more recent drugs such as foscarnet and cidofovir (1,8,9).

Hopes of a vaccine against HSV have not been realised as none is yet fully effective clinically and there remains the possibility of oncogenicity of the virus DNA incorporated in the organism through the vaccine (3,8-10).

Our research on HSV began some 15 years ago during the treatment of a patient suffering from granulomatose cheilitis and recurrent HSV with more than 15 recurrences annually (11). After 2 courses of treatment as described in Table 1, the patient remained without recurrences for more than 2 years. This led us to apply the method in other resistant cases, such as recurrent erythema exudativum multiforme and recurrent erythema nodosum in connection with HSV. Successful therapy of these patients encouraged us to use the method as standard in our clinical practice for the treatment of patients with recurrent HSV, although we had previously used traditional acupuncture methods with moderate success (Tables 2 and 3).

**Results**

Using the treatment scheme in Table 1 we have obtained complete recovery, with no herpes recurrence for more than a year, in up to 83% of patients (in different groups 55 to 75%), and 11 to 29% improvement (a reduction in recurrences to no more than two attacks a year) (11). We measured immunological parameters before and after treatment of patients with recurrent herpes simplex and have shown that after treatment the serum values of IGG, C3 fraction of complement, and protease inhibitors α 1-antitripsin and α 2-macroglobulin have a tendency to increase, while secretary IgA and C3 complement fraction in urine have shown a tendency to normal values (16).

Following these initial findings we have continued to research the effect of our treatment regime on immune function. Preliminary results from our trial show that treatment with the described immunomodulating points (Table 1) in patients with recurrent herpes simplex has an effect on parameters of cellular immunity (CD4/CD8 ratio, etc) and after treatment the parameters checked show a tendency towards normal values.

**Conclusion**

Although we have had reasonable results in the treatment of recurrent HSV infection using methods suggested by traditional Chinese medicine, our results have been significantly better with our new regime which involves: body acupuncture to immunomodulating points, laser irradiation of the herpetic lesions, aloe vera application and dietary restrictions.

It should be noted that the clinical response is confirmed by our measurement of immunological parameters. We therefore recommend this new treatment regime for recurrent HSV infection and will be continuing to use and investigate it in our hospital.
Table 2
**HERPES SIMPLEX IN TCM SYNDROMES AND THEIR TREATMENT**

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Description</th>
<th>Treatment</th>
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<tr>
<td>Fire in Spleen-Pi and Stomach-Wei (Pi Wei Re Shang)</td>
<td>There are reddish skin lesions which are painful and itchy, and the tongue is red with a thin yellow coating. There is a fast pulse, epigastric pain, nausea and vomiting.</td>
<td>Treatment should clear Fire from Stomach and Spleen and stimulate their functions. Use points SP.2 (Da Du), SP.21 (Da Bao), ST.36 (Zu San Li), PC.8 (Lao Gong) and CV.12 (Zhong Wan) as well as the back-shu points for Spleen: BL.20 (Pi Shu), and Stomach: BL.21 (Wei Shu). Use of an appropriate diet cannot be over emphasised: the Spleen is fond of Hot food: meat, etc. Excessive use of Cold food: raw vegetable salads, most fruits and cold drinks will impair the transport and transformation functions of the Spleen even more and will lead to internal imbalance.</td>
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<tr>
<td>Accumulation of Fire in Stomach-Wei (Wei Re Shi ji)</td>
<td>Vesicles on the skin are very clearly defined, few of them are easily broken and erosions are formed, lesions are painful and exudative. The tongue is red with a yellow, slightly greasy coating, and there is a slippery pulse.</td>
<td>The treatment should clear Fire from the Stomach and restore its function. Suitable acupuncture points are ST.21 (Liang Men), ST.44 (Nei Ting), SP.6 (San Yin Jiao), CV.12 (Zhong Wan), LI.4 (He Gu), LI.11 (Qu Chi) and PC.6 (Nei Guan).</td>
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<tr>
<td>Fire and Wind in Liver-Gan (Gan Feng Re)</td>
<td>There are red spots on the skin and blisters, accompanied by a feeling of warmth/heat and pain, a bitter taste in the mouth, dry mouth, thirst, scanty red urine, anxiety and easy irritation, red tongue with yellow coating and a fast wiry pulse. These may be accompanied by high blood pressure, headache, slight dizziness and tinnitus.</td>
<td>Treatment should clear Fire from the Liver and Gall Bladder meridians, clearing Heat and liberating Dampness. Recommended points for acupuncture are tender (ashi) points, GB.44 (Zu Qiao Yin), LR.2 (Xing Jian), GV.20 (Bai Hui), LR.1 (Da Dun), LI.1 (Shang Yang), PC.9 (Zong Chong), and the Extra point Tai Yang.</td>
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<td>Damp Fire going downward (Shi Re Zhi Xia)</td>
<td>Erosions are easily formed. There is yellow urine, a yellow greasy coating of the tongue and a slippery pulse.</td>
<td>The treatment should clear Fire and liberate obstruction in the meridians. Use tender (ashi) points, SP.4 (Gong Sun), SP.6 (San Yin Jiao), SP.9 (Ying Ling Quan), SP.10 (Xue Hai), GB.34 (Yang Ling Quan), GV.12 (Shen Zhu), LI.11 (Qu Chi).</td>
</tr>
<tr>
<td>Accumulation of Damp Toxins (Shi Du Shi Ji)</td>
<td>There is eruption of herpetic lesions, general fatigue, thirst, lack of appetite, diarrhoea, pale tongue with a yellow slimy coating and a fast pulse.</td>
<td>Treatment should clear Damp. Recommended acupuncture points are tender (ashi) points, LR.3 (Tai Chong), SP.4 (Gong Sun), SP.9 (Ying Ling Quan) and SP.10 (Xue Hai). Also SP.6 (San Yin Jiao), GB.34 (Yang Ling Quan), GV.12 (Shen Zhu) and LI.11 (Qu Chi).</td>
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</table>

**Additionally**
Points may be used specific to the position of the herpetic lesions:
- **Eyes** M.H.N.9 (Tai Yang), ST.8 (Tou Wei), GB.14 (Yang Bai)
- **Cheeks** ST.2 (Ting Hui), ST.7 (Qu Bin), BL.1 (Jing Ming)
- **Jaws** ST.1 (Tong Zi Liao), ST.4 (Han Yan), ST.5 (Xuan Lu)
- **Upper body** LI.4 (He Gu)
- **Lower body** ST.36 (Zu San Li)

Treatment is according to our experience and literature survey (6,7).
Traditional treatments other than the direct treatment of lesions and acceleration of vesicle healing aim to balance and master the body as a whole, improving the internal medium and homoeostasis of the organism. They aim to help the body fight against newly appearing recurrences, as through neither Western nor traditional Chinese medicine is it possible to clear viral genetic material from the organism (6,7).

Plum-blossom needle
Points: Tender (ashi) points plus local and nearby points.
Procedure: After standard disinfection hit relatively hard with the plum-blossom needle within the diseased area and its immediate proximity; if erosions appear they are dried with cotton. Points on nearby meridians are treated daily.
Reports: Chun reports use of the plum blossom needle for treatment of 26 cases. The shortest treatment course was one session, the longest seven (14).

Cotton moxa
Points: Locally around the lesion.
Procedure: Take a piece of very thin cotton, the thinner the better but without holes or splits, larger than the lesion so that it can cover it. Light a piece of moxa and heat the lesions with the pecking method. In most cases on the next day the lesions will be pale, failed and dry, and the patient’s complaints will have decreased. In this case cease treatment. Otherwise treat daily for no more than four days until beneficial effects appear. If the lesions are on the face, the patient should close his eyes during the treatment.
Reports: Wang reports application of plum blossom moxa for the treatment of 7 cases with very good results (15).

References
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