

## **Nursing experience in the care of one patient with early-stage herpes zoster treated with copper Bian stone scraping combined with collateral-pricking bloodletting**

**Authors:** Liu Yuanyuan, Zhang Yinyan

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### **Abstract**

**Objective** To summarize and promote an effective diagnostic and therapeutic protocol using copper bian scraping therapy combined with pricking and bloodletting for the treatment of herpes zoster (pattern of liver-channel constrained heat concomitant with signs of spleen deficiency and dampness retention). **Methods** Based on precise syndrome differentiation according to traditional Chinese medicine, a patient with early-stage herpes zoster was treated with the characteristic TCM therapy of copper bian scraping combined with pricking and bloodletting, supplemented by targeted interventions including pain care, skin care, emotional care, as well as dietary and lifestyle care. **Results** After one treatment session, the patient's pain score decreased from 6 to 3, the herpes lesions subsided without new eruptions, and no complications occurred. **Conclusion** Under the premise of accurate syndrome differentiation, the application of copper bian scraping combined with pricking and bloodletting in the early treatment of herpes zoster can rapidly relieve pain and promote lesion resolution, highlighting the unique advantages of appropriate TCM techniques and providing an objective and feasible practical reference for clinical diagnosis and treatment.

### **Full Text**

## **Nursing Experience of Treating Early Herpes Zoster with Tongbian GuaSha Combined with Bloodletting Therapy: A Case Report**

**Liu Yuanyuan<sup>1</sup>, Zhang Yinyan<sup>2</sup>**

<sup>1</sup>Traditional Chinese Medicine Physiotherapy Department, Sanya Rehabilitation Center, Joint Logistics Support Force of PLA, Sanya 572000, Hainan, China  
<sup>2</sup>Nurse-led Clinic of TCM, Sanya Hospital of Traditional Chinese Medicine, Sanya 572000, Hainan, China

## Abstract

**Objective:** To summarize and promote an effective diagnosis and treatment protocol using Tongbian GuaSha combined with bloodletting therapy for herpes zoster (characterized by liver meridian stagnation-heat pattern with concurrent spleen deficiency and dampness retention). **Methods:** Based on precise Traditional Chinese Medicine (TCM) syndrome differentiation, a patient with early-stage herpes zoster was treated with the characteristic TCM therapy of Tongbian GuaSha combined with bloodletting therapy, supplemented by targeted nursing measures including pain management, skin care, emotional care, and dietary and lifestyle guidance. The whole process covered condition assessment, syndrome-based treatment planning, and follow-up health guidance. **Results:** After one treatment session, the patient's pain score decreased from 6 to 3, herpes lesions subsided without new eruptions, and no complications occurred. **Conclusion:** Under the premise of accurate syndrome differentiation, the application of Tongbian GuaSha combined with bloodletting therapy in early-stage herpes zoster can rapidly relieve pain and promote herpes resolution, demonstrating the unique advantages of appropriate TCM techniques and providing an objective and feasible practical reference for clinical diagnosis and treatment.

**Keywords:** Herpes Zoster; Tongbian GuaSha; Bloodletting Therapy; TCM Nursing

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## Introduction

The global incidence of herpes zoster[?] is increasing annually at a rate of 2.5%-5%. The disease causes significant patient suffering during onset, and if timely and effective treatment measures are not taken, it can easily lead to complications such as postherpetic neuralgia (PHN). In recent years, both Chinese and Western medicine have conducted extensive clinical research and trials on PHN, but the author believes that solving the fundamental problem requires addressing it at the source. Traditional Chinese Medicine (TCM), with its unique syndrome differentiation approach and rich clinical experience, plays an important role in herpes zoster treatment[?, ?]. GuaSha, guided by collateral vessel theory and cutaneous region theory, uses a brass scraping board on human meridians, acupoints, and body surface reflex zones to achieve the effects of connecting interior and exterior, regulating viscera, and harmonizing nutritive and defensive qi. Bloodletting therapy[?] clears extravasated blood and purges heat-toxins from the blood aspect. Combining these two methods for early-stage herpes

zoster with the liver meridian stagnation-heat pattern can effectively achieve the purposes of detoxification, depression resolution, and collateral dredging. This article provides a practical reference for TCM characteristic nursing in early herpes zoster through case analysis of a patient treated with Tongbian GuaSha combined with bloodletting therapy and systematic TCM nursing care.

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### Clinical Data

A female patient, born in 1988, presented for treatment on March 18, 2025, with a chief complaint of “right neck and shoulder stabbing pain for 2 days, with herpes lesions for 1 day.” The patient had a 5-year history of chronic urticaria and a 3-year history of constipation, was typically thin in physique, had acceptable appetite, but experienced dry and difficult stools every 2-3 days. The onset occurred during the Jingzhe period (early March). Two days before this episode, the patient developed right neck and shoulder stabbing pain without obvious precipitating factors, which was paroxysmal, worsened at night, and affected sleep. One day prior, clustered herpes lesions with pain appeared on the right neck and shoulder skin, distributed on the neck (approximately  $1\text{cm} \times 1\text{cm}$ ), *anterior shoulder* ( $2\text{cm} \times 2\text{cm}$ ), and *posterior shoulder* ( $5\text{cm} \times 5\text{cm}$ ), with an erythematous base. The Numerical Rating Scale (NRS) pain assessment score was 6.

This case has obtained informed consent from the patient, complies with the medical ethics principles of the Helsinki Declaration, and patient personal information has been de-identified with no risk of identity leakage from images.

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### TCM Syndrome Differentiation

**Inspection** The patient had a thin physique and dull complexion, indicating pre-existing deficiency of healthy qi and insufficiency of qi and blood. Her fatigued expression was related to poor sleep quality. The clear, non-turbid fluid within the herpes lesions accompanied by intense pain represented signs of liver meridian stagnation-heat erupting on the skin. A red tongue body with yellow coating indicated heat signs, while a swollen tongue with obvious teeth marks indicated severe spleen dampness.

**Inquiry** The patient preferred coolness and disliked heat, had no obvious spontaneous or night sweating, experienced obvious pain at the head and neck herpes sites, had dry and bound stools, normal urination, acceptable appetite, no chest or abdominal discomfort, normal hearing and vision, no thirst, and was not in menstruation. Urticaria had not recurred for two years, and constipation had persisted for over two years. The patient usually experienced high work stress, and emotional stagnation and improper diet led to internal damp-heat generation and liver depression transforming into fire.

**Constitution Analysis** Combined with the history of urticaria and thin physique, the patient was determined to have dual deficiency of qi and yin. Prolonged weakness leads to insecure defensive qi, making one susceptible to external pathogen invasion. Moreover, insufficient healthy qi cannot combat pathogenic qi, allowing toxic pathogens to linger in the body. Yin fluid deficiency and lack of intestinal moisture result in constipation, which aligns with the yin fluid insufficiency signs observed in the tongue appearance.

**Eight Principles Differentiation[?]** **Yin-Yang Differentiation:** With a 2-day disease course plus tongue appearance, differentiated as a yang pattern. **Cold-Heat Differentiation:** Red herpes lesions with erythematous base, combined with stabbing pain nature, red-heat signs indicating heat pathogen, belonging to heat pattern. **Interior-Exterior Differentiation:** The main symptoms were right neck and shoulder skin herpes with pain, with herpes located on the body surface, indicating an exterior pattern. **Deficiency-Excess Differentiation:** The patient had a thin physique, 5-year history of chronic urticaria, and 3-year history of constipation, indicating healthy qi damage. However, this episode mainly manifested as neck and shoulder herpes pain caused by external heat pathogen invasion, showing excess as the main manifestation, belonging to a root deficiency with branch excess pattern.

**Eight Principles Differentiation Result:** Exterior-heat excess pattern, root deficiency with branch excess, belonging to yang pattern.

**Six Meridian Differentiation[?]** The herpes and pain locations were in the areas traversed by the Taiyang and Shaoyang meridians, with Taiyang meridian on the surface layer and Shaoyang meridian in the half-exterior half-interior region. The patient showed exterior heat signs but without typical Taiyang meridian symptoms such as aversion to cold, mostly presenting as localized heat pain. Combined with the pivot mechanism dysfunction of Shaoyang meridian, this represented Shaoyang meridian qi obstruction with depression transforming into heat, also involving Taiyang meridian.

**Six Meridian Differentiation Result:** Shaoyang with Taiyang meridian pattern.

**Organ Differentiation[?]** Onset during Jingzhe period when yang qi suddenly ascends, wood generates fire, liver qi easily becomes hyperactive, and liver fire fails to disperse, leading to depression transforming into heat. The patient's history of chronic urticaria and constipation indicates insufficient defensive function of the body. The neck and shoulders are also related to the liver and lungs.

**Organ Differentiation Result:** Liver failing to disperse and descend, lung failing to diffuse and descend pattern.

**Treatment Principle** Based on the comprehensive results, the diagnosis was snake-like sores (herpes zoster), liver meridian stagnation-heat pattern with concurrent spleen deficiency and dampness retention manifestations. The treatment principle focused on clearing liver and gallbladder, purging heat and relieving pain, while simultaneously elevating yang qi. The treatment protocol consisted of Tongbian GuaSha (Du meridian, Bladder meridian, Chaihu three lines, both upper limbs, key acupoints: Dazhui, Feishu, Ganshu) + bloodletting therapy (Dazhui, Quchi, Fengmen, herpes area) + focused polishing of the herpes area.

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### Treatment Protocol

**GuaSha Therapy** Tongbian GuaSha[?, ?] regulates disease through the “penetration theory.” “Penetration” refers to dredging meridians and collaterals. By scraping meridians and acupoints, it breaks blood stasis and qi stagnation, clears meridians, stimulates self yang qi to resist external pathogens, and skin “sha” appearance has effects of dredging meridians and collaterals, activating blood and relieving pain, improving blood circulation, and promoting herpes resolution. The Hufu Tongbian[?] is made of brass, which has inherent antibacterial effects. Due to its weight and other factors, it produces sha faster, generates heat faster, and dissipates heat slower than other tools. Through GuaSha, it can both dredge meridians and promote qi-blood circulation, while the friction between the scraping board and skin generates ultrasonic waves that resonate with the human body, allowing the therapeutic effects of GuaSha to penetrate the internal organs.

**Du and Bladder Meridians** The Du meridian regulates yang meridians, elevates healthy qi, and adjusts yin-yang. The Bladder meridian[?] connects to all yang meridians of the body and is the “core of the twelve meridians” with abundant yang qi. The scraping method performs functions of regulating viscera and consolidating defensive qi. Key emphasis was placed on strengthening scraping at Ganshu (Liver Shu), Danshu (Gallbladder Shu), and Feishu (Lung Shu) acupoints. Scraping Ganshu has the effect of clearing liver and purging fire; Danshu assists Ganshu in regulating liver-gallbladder qi mechanism; since lung and large intestine are interior-exteriorly related, scraping Feishu can promote large intestine transportation while regulating lung qi, thereby improving constipation.

**Hand Meridians** The hand yin meridians nourish heart and calm spirit, promoting sleep, while the yang meridians[?] regulate fluid metabolism and qi distribution. Scraping these can unblock the triple burner and dissipate pathogenic factors.

**Chaihu Three Lines** The Chaihu three lines (anterior axillary line, mid-axillary line, posterior axillary line) are commonly seen in prescriptions for

liver qi depression. Dredging them benefits liver depression resolution and liver-gallbladder clearing. TCM believes meridians are channels for qi-blood circulation. When meridians are obstructed, qi-blood flow is blocked. The liver governs dispersion and regulates qi flow, and liver-gallbladder are interior-exteriorly related. Scraping the Chaihu three lines soothes liver qi, purges liver-gallbladder excess fire, aligns with the liver-gallbladder fire hyperactivity pathogenesis of this case, regulates from the organ level, and clears internal fire to eradicate the root.

**Bloodletting Therapy** Dazhui, Quchi, Feishu acupoints and the herpes area were selected for bloodletting. Dazhui[?] is a key point of the Du meridian with abundant blood and qi; needling it drains excess heat and elevates yang qi. Quchi[?] is the He-sea point of the Hand Yangming Large Intestine meridian, which has abundant qi and blood. Bloodletting can clear fire-toxins from the skin, and since lung and large intestine are interior-exteriorly related, it regulates lung qi and has direct effect on relieving neck and shoulder pain. Fengmen[?], also called Heat Mansion, is suitable for treating wind and qi disorders, with the intention of expelling pathogens from the interior to the exterior. The combination of these three acupoints targets liver-gallbladder fire hyperactivity causing fire-toxins to erupt on the skin, directly purging toxins from the meridian qi-blood level, synergizing with GuaSha to enhance pathogen-eliminating power. Bloodletting at the herpes area[?] follows the same principle as Ashi points.

**Herpes Area Polishing** Copper GuaSha “polishing” was applied to the local herpes area. Since the herpes site is not convenient for fire cupping adhesion, the copper GuaSha was used to directly act on the pathogen accumulation site. Qi generation was first established around the herpes to dredge local skin collaterals, followed by gentle, slow circular polishing on the herpes area to promote fire-toxin discharge from within the herpes, accelerate vesicular fluid absorption, and cause herpes desiccation. Simultaneously, it improved local qi-blood circulation, relieved skin qi-blood stasis caused by herpes, alleviated pain, and allowed local pathogenic factors to be expelled with the sha appearance[?].

**Precautions** The GuaSha technique should be slow and gentle, aiming for pore dilation rather than forcing sha appearance. First, the left Pericardium meridian and right Chize acupoint were addressed. According to qi ascending-descending theory, the left side ascends while the right side descends. Scraping the left Pericardium meridian assists qi-blood generation, while coordinating with right Chize’ s lung qi descending to jointly regulate human qi-blood circulation. Second, the four acupoints Dazhui, Dazhu, Gaohuang, and Shentang were opened. Then scraping followed the sequence: Du meridian → Bladder meridian → both upper limbs (yin meridians first, then yang) → Chaihu three lines → key acupoints → herpes polishing, paying attention to follow the meridian directions.

**Treatment Effects** WeChat follow-up on the treatment day evening revealed that the herpes area had scabbed, no new herpes lesions had appeared, and pain was significantly alleviated with a score of 3. One week later at outpatient follow-up, herpes had basically subsided with occasional twitching pain, score 2. After auricular point therapy, subsequent follow-up reported no further pain.

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### **Nursing Care**

**Nursing Diagnosis** Comprehensive nursing diagnoses included: Pain: related to varicella-zoster virus characteristics and damp-heat pathogen accumulation in skin; Poor sleep: related to pain; Constipation: related to heat binding in the intestines; Risk of skin infection: related to blister rupture and invasive treatment.

**Pain Multidimensional Intervention** In addition to the above pathogen-eliminating and pain-relieving treatments, the patient was positioned in healthy side-lying to avoid pressure on the herpes area and reduce pain stimulation. The patient was taught abdominal breathing techniques to relieve pain and methods such as music listening to divert attention, reducing pain interference with daily life. Pain levels were inquired about during treatment to avoid aggravation from therapeutic stimulation. Pain intensity was also assessed at any time to provide feedback on treatment effects and enhance patient confidence.

**Sleep Management Strategy** A suitable sleep environment was created, and the patient was guided to establish regular sleep routines, avoid electronic devices 1 hour before bedtime, and soak feet in warm water to promote circulation and relaxation. Combined with psychological counseling, progressive muscle relaxation training[?] was implemented to reduce irritability.

**Constipation Comprehensive Care** Dietary attention was given to increasing staple food intake, especially fermented wheat products, to tonify spleen and elevate yang, tonify spleen and descend turbid qi, benefiting healthy qi supplementation and promoting large intestine transportation. Exercise was used to elevate yang qi and propel waste downward. The patient was guided in self-abdominal massage[?] with moderate, tolerable pressure to promote intestinal peristalsis, regulate large intestine meridian qi-blood, and enhance its transportation function. After one week of intervention, the patient's dry stool symptoms were relieved.

**Skin Care Throughout** The herpes area skin was kept clean and dry, gently wiped daily with warm water without vigorous rubbing, and avoiding irritating soaps or bath products. Loose clothing was worn to prevent friction. Post-GuaSha pain mostly resulted from local qi-blood dredging and skin interstitial

opening; scratching or friction of GuaSha areas was avoided, and pain would gradually subside as the sha appearance faded.

**Dietary Regulation** A customized dietary plan was developed considering both constitution and condition, recommending foods that clear heat and resolve dampness, soothe liver and strengthen spleen. The patient was guided to properly combine foods, ensure nutritional balance, and follow the principle of “five grains as nourishment” in daily diet. Attention was also paid to regular eating schedules with fixed timing and portions, avoiding overeating that could damage spleen and stomach.

**Lifestyle Guidance** Regular routines were crucial for condition recovery and constitution improvement. The patient was guided to develop good sleep habits. For exercise, mild sweating activities such as static stretching, standing meditation, and Baduanjin were recommended as gentle methods that do not consume qi or damage fluids. Timing could be chosen in early morning or evening, avoiding immediate post-meal exercise and exercise in hot or cold weather to prevent affecting spleen-stomach function or external pathogen invasion.

**Emotional Cultivation** The patient was introduced to mindfulness breathing, meditation relaxation, and other emotional management methods to adjust mindset. The patient was encouraged to express inner thoughts, release negative emotions through communication, and maintain stable mood. The close relationship between emotions and disease was thoroughly explained—poor emotions easily lead to liver qi depression and qi mechanism disorder, aggravating herpes zoster or inducing recurrence.

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## Discussion

**Significant Advantages of Tongbian GuaSha Combined with Bloodletting for Early Herpes Zoster** Tongbian GuaSha combined with bloodletting therapy shows significant therapeutic effects on acute herpes zoster, consistent with Mai Yanqing’s [?] research findings. However, that study’s GuaSha operation was limited to the herpes area, whereas this case first dredged the back and hand meridians plus key acupoints, thus demonstrating superiority in pain relief, herpes resolution time, and sequelae prevention. Compared with other TCM external treatments such as fire needling and wheat-grain moxibustion [?, ?, ?, ?], this case showed good efficacy and could be independently performed by nursing staff. Tongbian GuaSha [?] improves local blood circulation, demonstrating unique advantages in pain relief timeliness and reducing postherpetic neuralgia incidence. Bloodletting therapy directly clears blood-level stasis-toxins through “urgent toxin purging,” and their combination achieves internal-external simultaneous treatment with root and branch consideration.

**Core Value of TCM Syndrome-Based Nursing in Herpes Zoster Treatment** This case applied comprehensive four-examination diagnosis with precise syndrome differentiation, identifying the pattern as liver meridian stagnation-heat with spleen deficiency and dampness retention. The treatment protocol focused on eliminating excess and exterior patterns while concurrently regulating root deficiency of healthy qi. Precise nursing based on syndrome differentiation not only improves efficacy but also enhances overall patient constitution and prevents disease recurrence, placing high demands on clinical nurses. Zhao Ruqin[?] believes that bedside four-examination assessment and syndrome differentiation ward rounds help improve young nurses' syndrome differentiation nursing abilities. The author believes that foundational syndrome differentiation competency for TCM specialized nurses should be emphasized, with regular exchange of learning experiences and apprenticeship when conditions permit.

### **Importance of Early Symptom Detection and Timely Intervention**

Early herpes zoster symptoms are insidious, with some patients only presenting local skin pain or sensory abnormalities before herpes appearance, easily leading to misdiagnosis or neglect. In this case, the patient had experienced right neck and shoulder stabbing pain for 2 days before herpes eruption. Without timely definitive diagnosis and effective treatment, the risk of postherpetic neuralgia increases. Clinical medical staff need to improve early herpes zoster recognition capabilities, initiate TCM characteristic therapy interventions as early as possible, fully leverage TCM's "preventing disease before onset" advantage, block disease progression, and reduce impact on patient quality of life.

### **Conclusion**

This case, through systematic TCM syndrome differentiation, developed a targeted treatment protocol of Tongbian GuaSha combined with bloodletting therapy for herpes zoster, with multi-dimensional nursing measures working synergistically, providing referable practical experience for early herpes zoster treatment. However, this is only a single case. Comparative research with other characteristic therapies should be conducted to develop an integrated protocol combining syndrome differentiation, treatment, follow-up, and prevention for clinical use.

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Figure 1

Figure 1: Figure 1

Figure 2

Figure 2: Figure 2

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## Figures

*Source: ChinaXiv – Machine translation. Verify with original.*

Figure 3

Figure 3: Figure 3