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Postherpetic neuralgia

Névralgie post-zostérienne

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhou 2021

Zhou Q, Wei S, Zhu H, Hu Y, Liu Y, Yang H, Zeng S, Chai S, Li J, Tao M. Acupuncture and moxibustion combined with cupping for the treatment of post-herpetic neuralgia: A meta-analysis. Medicine (Baltimore). 2021;100(31). [220911]. https://doi.org/10.1097/md.0000000000026785

Background	There are still controversies between the curative effect of acupuncture combined with cupping therapy and western medicine for post-herpetic neuralgia (PHN). Our meta-analysis fully incorporates the research of acupuncture combined with cupping therapy versus Western medicine for PHN, aiming to explore the difference in the efficacy of the 2 therapies, so as to provide guidance for clinical treatment.
Methods	We searched PubMed, Embase, Cochrane Library, CNKI, Wanfang, CQVIP, CBM, from establishment of the database to September, 2020. Include studies that are clearly defined as PHN or herpes zoster, and exclude duplicate publications; studies with no full text, incomplete information, or inability to extract data; the definition of exposure is quite different from most literature; animal experiments.
Results	The total effective rate (relative ratio [RR] = 1.21, 95% confidence interval [CI]: 1.12-1.31) and the rate of remarkable effect (RR = 1.46, 95% CI: 1.30-1.63) of acupuncture and moxibustion combined with cupping in the treatment of PHN were significantly higher than that of conventional western medicine. The visual analogue scale score of acupuncture and moxibustion combined with cupping for PHN was significantly lower than that of conventional western medicine treatment (WMD = -1.77, 95% CI [-2.79, -0.75]). In addition, acupuncture and moxibustion combined with cupping therapy significantly reduced the occurrence of PHN compared with conventional western medicine treatment after treatment of acute herpes zoster (RR = 0.30, 95% CI: 0.20-0.45). In order to explore the differences in the efficacy and preventive effects of different types of acupuncture and cupping therapy, we have further conducted a subgroup analysis.
Conclusion	The effect of acupuncture and moxibustion combined with cupping in the treatment of PHN is significantly higher than that of conventional western medicine, and it can significantly prevent the occurrence of PHN. Chinese medicine should be used more widely in the treatment of PHN.

1.1.2. Pei 2019 ☆

Pei W , Zeng J , Lu L , Lin G , Ruan J. Is acupuncture an effective postherpetic neuralgia treatment? A systematic review and meta-analysis. J Pain Res. 2019:2155-2165. [200474].

Background	Postherpetic neuralgia (PHN) refers to pain which remains after the healing of rashes from herpes zoster. Previous literatures have shown that acupuncture has potential benefits for PHN, but evidence remains lacking. Thus, we have performed a systematic review and meta-analysis to identify the effectiveness of acupuncture in the treatment of PHN.
Methods	Six databases were searched for randomized controlled trials (RCTs) to assess the effects of acupuncture on PHN. After selecting the studies, extracting the data, and assessing study quality, meta-analysis was performed on several of the studies with RevMan 5.3. The GRADE (Grading of Recommendations Assessment Development and Evaluation) system was used to assess the overall quality of the evidence.
Results	Acupuncture helps relieve pain intensity (standardized mean difference [SMD]: -1.78, 95% confidence interval [CI]: -2.36 to -1.21). For other intervention types, electroacupuncture (SMD: -1.28, 95% CI: -2.51 to -0.05), fire needle (SMD: -2.23, 95% CI: -2.62 to -1.84), bloodletting and cupping (SMD: -2.46, 95% CI: -2.95 to -1.97) have better effects on pain intensity relief. To date, no study has reported on the onset of pain relief time. The Hamilton Anxiety Scale score (SMD: -18.94, 95% CI: -37.37 to -0.52) was lower for the acupuncture group than for the control group. It was also found that acupuncture can improve quality of life (QOL) (SMD: 3.78, 95% CI: 2.50 to 5.06). The quality of evidence for acupuncture for PHN pain intensity was moderate according to the GRADE system.
Conclusion	Acupuncture may reduce pain intensity, relieve anxiety and improve quality of life in patients with PHN. Further randomized trials with larger sample sizes and of higher methodological quality are needed to confirm these results.

1.1.3. Wang 2018 ☆

Wang Y, Li W, Peng W, Zhou J, Liu Z. Acupuncture for postherpetic neuralgia: Systematic review and meta-analysis. Medicine (Baltimore). 2018 Aug;97(34):e11986. https://doi.org/10.1097/md.0000000000011986

Background	Acupuncture is widely used for postherpetic neuralgia (PHN) in China but its effect is unclear. We aim to evaluate the effect and safety of acupuncture for PHN.
Methods	The Cochrane Skin Group Trials Register, The Cochrane Central Register of Controlled Trials, MEDLINE, Embase, the Chinese Biomedical Literature Database, the China National Knowledge Infrastructure, and the gray literature were searched. Randomized controlled trials (RCTs) comparing acupuncture alone versus no treatment/another active therapy/sham acupuncture, or comparing acupuncture with another active therapy versus the same active therapy were included.
Results	**Seven RCTs** comparing acupuncture versus pharmacologic therapy were included. Meta-analysis was conducted for acupuncture's effect on PHN evaluating by pain intensity. **Results from 2 RCTs showed that compared with pharmacologic therapy, acupuncture was better in decreasing the pain intensity measured by visual analog scale score** (mean difference: 1.80, 95% confidence interval 1.72-1.87; P < .001). The limitations of the study are as follows: only trials comparing acupuncture versus pharmacologic therapy were included and all of the included trials were performed in China.
Conclusion	There was not enough evidence to suggest that acupuncture was superior to pharmacologic therapy in improving global impression or life quality. No adverse effects about acupuncture were reported. In all, acupuncture is safe and might be effective in pain relieving for patients with PHN. Given the low quality of included studies, the results are not conclusive and more large-scale RCTs with high quality are needed.

1.1.4. Dong 2017

Dong Qiao. [Meta-analysis of the Efficacy of Acupuncture and Drug Therapy for Postherpetic Neuralgia]. Journal of Liaoning University of Traditional Chinese Medicine. 2017;11. [44559].

Objective	To evaluate the therapeutic effect of acupuncture therapy and drug therapy for postherpetic neuralgia by Meta-analysis.
Methods	Used the current mainstream China database: China Journal Full-text Database (CNKI, 2004—2017) and Chongqing VIP journals database (VIP, 2004—2017), Wan Fang database (WF, 2004—2017), China biomedical literature database (CBM, 2004—2017). In order to collect randomized controlled analysis report to the relevant literature of acupuncture treatment of postherpetic neuralgia, search strategy, inclusion and exclusion criteria were selected to meet the standard set by the analysis of related literature, and literature verification and analysis by using Rev Man5. 3. 3 software.
Results	**The study included 14 articles**, with electroacupuncture for treatment of 4 references, methods of treatment for the needle 10 articles, all documents writing quality is generally low phenomenon. Meta-analysis: a comparison of acupuncture therapy and routine medicine difference, the cure rate of OR=4. 29, 95% CI [2. 84, 6. 47] (P<0. 0001); the total efficiency of OR=3. 07, 95% CI [2. 33, 4. 03] (P<0. 0001); comparison of subgroup analysis on the efficacy of electroacupuncture and acupuncture therapy difference, the cure rate of OR=3. 43, 95% CI [2. 33, 5. 04] (P=0. 27) ; the total efficiency of OR=4. 29, 95% CI [2. 84, 6. 47] (P=0. 03).
Conclusion	Acupuncture therapy compared with conventional drug treatment of herpes zoster pain therapeutic advantages, can improve the total cure rate and total effective rate, but there are no significant differences on the effect of electro acupuncture and acupuncture.

1.1.5. Hempenstall 2005 Ø

Hempenstall K, Nurmikko TJ, Johnson RW, A'hern RP, Rice AS. Analgesic Therapy in Postherpetic Neuralgia: A Quantitative Systematic Review. Plos Med. 2005;2(7). [140413].

Objectives	Postherpetic neuralgia (PHN) is a complication of acute herpes zoster, which is emerging as a preferred clinical trial model for chronic neuropathic pain. Although there are published meta-analyses of analgesic therapy in PHN, and neuropathic pain in general, the evidence base has been substantially enhanced by the recent publication of several major trials. Therefore, we have conducted a systematic review and meta-analysis for both efficacy and adverse events of analgesic therapy for PHN.
Methods	We systematically searched databases (MEDLINE 1966-2004, EMBASE 1988-2004, CINAHL 1982-2002, and PubMed [29 October 2004]) for trials of PHN. We also searched references of retrieved studies and review articles for further trials. We included trials that examined adult patients with PHN of greater duration than 3 mo, that were blinded, randomised, and had at least one measure of pain outcome. Dichotomous pain outcome data were extracted for 50% decrease in baseline pain using a hierarchy of pain/pain-relief measurement tools. Where available, dichotomous data were also collected for adverse events. Calculated estimates of efficacy included relative benefit and number needed to treat.

Results	Of 62 studies identified, 35 were randomised controlled trials. Of these, 31 were placebo controlled and suitable for meta-analysis, from which it was possible to extract dichotomous efficacy outcome data from 25.This meta-analysis revealed that there is evidence to support the use of the following orally administered therapies: tricyclic antidepressants, “strong” opioids, gabapentin, tramadol, and pregabalin. Topical therapies associated with efficacy were lidocaine 5% patch and capsaicin. Finally, a single study of spinal intrathecal administration of lidocaine and methyl prednisolone demonstrated efficacy, although this has yet to be replicated.Data suggest that the following therapies are not associated with efficacy in PHN: certain NMDA receptor antagonists (e.g., oral memantine, oral dextromethorphan, intravenous ketamine), codeine, ibuprofen, lorazepam, certain 5HT(1) receptor agonists, and acyclovir. Topical administration of benzydamine, diclofenac/diethyl ether, and vincristine (iontophoresis) are similarly not associated with efficacy, nor are intrathecal administration of lidocaine alone or epidural administration of lidocaine and methylprednisolone, intravenous therapy with lidocaine, subcutaneous injection of Cronassial, or **acupuncture**. However, many of the trials that demonstrated a lack of efficacy represented comparatively low numbers of patient episodes or were single-dose studies, so it may be appropriate to regard such interventions as **“not yet adequately tested” rather than demonstrating “no evidence of efficacy.”** Topical aspirin/diethyl ether has not been adequately tested.
Conclusions	The evidence base supports the oral use of tricyclic antidepressants, certain opioids, and gabapentinoids in PHN. Topical therapy with lidocaine patches and capsaicin is similarly supported. Intrathecal administration of methylprednisolone appears to be associated with high efficacy, but its safety requires further evaluation.

1.1.6. Volmink 1996 Ø

Volmink J et al. Treatments for postherpetic neuralgia: a systematic review of randomized controlled trials. Family Practice. 1996;13(1):84-91. [72146]

Background	A number of different therapies have been used for postherpetic neuralgia. We decided to conduct a systematic review of existing randomized controlled trials.
Objective	To determine the efficacy of available therapies for relieving the pain of established postherpetic neuralgia.
Methods	We performed a systematic review, including meta-analysis, of existing randomized controlled trials. Eleven published trials and one unpublished trial were identified which met the inclusion criteria and were included in the current review.
Results	Pooled analysis of the effect of tricyclic antidepressants demonstrate statistically significant pain relief (OR 0.15, CI 0.08-0.27). Pooling of the results of the three trials comparing the effects of capsaicin and placebo could not be done due to heterogeneity. This heterogeneity was mainly attributable to an unpublished trial which differed in terms of the dose and duration of treatment. When this study was omitted, no heterogeneity was found and the pooled analysis revealed a statistically significant benefit (OR 0.29, 95% CI 0.16-0.54). However, problems with blinding in patients using capsaicin may have accounted for the positive effect. One small study of vincristine iontophoresis compared to placebo also yielded a favourable result (OR 0.05, 95% 0.01-0.26). Other treatment evaluated include lorazepam, acyclovir, topical benzydamine, and **acupuncture**. We found no evidence that these are effective in relieving pain associated with postherpetic neuralgia.
Conclusion	Based on evidence from randomized trails, tricyclic anti-depressants appear to be the only agents of proven benefit for established postherpetic neuralgia.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Cui 2023

Cui Y, Zhou X, Li Q, Wang D, Zhu J, Zeng X, Han Q, Yang R, Xu S, Zhang D, Meng X, Zhang S, Sun Z, Yin H. Efficacy of different acupuncture therapies on postherpetic neuralgia: A Bayesian network meta-analysis. Front Neurosci. 2023;16:1056102. https://doi.org/10.3389/fnins.2022.1056102

Background	Postherpetic neuralgia (PHN) is a common, complex, and refractory type of neuropathic pain. Several systematic reviews support the efficacy of acupuncture and related treatments for PHN. Nevertheless, the efficacy of various acupuncture-related treatments for PHN remains debatable.
Objective	We aimed to assess the efficacy and safety of acupuncture-related treatments for PHN, identify the most effective acupuncture-related treatments, and expound on the current inadequacies and prospects in the applications of acupuncture-related therapies.
Methods	We searched PubMed, Cochrane Central Register of Controlled Trials, Embase, Web of Science, Google Scholar, four Chinese databases (China National Knowledge Infrastructure, China Biomedical, Chongqing VIP, and Wan Fang databases), clinical research registration platform (World Health Organization International Clinical Trial Registration platform, China Clinical Trial Registration Center) for relevant studies. We also examined previous meta-analyses; gray literature; and reference lists of the selected studies. We then evaluated the risk of bias in the included studies and performed a Bayesian multiple network meta-analysis.
Results	We included **29 randomized controlled trials comprising 1,973 patients**, of which five studies showed a high risk of bias. The pairwise meta-analysis results revealed that the efficacy of all acupuncture-related treatments for pain relief related to PHN was significantly better than antiepileptics. The network meta-analysis results showed that pricking and cupping plus antiepileptics were the most effective treatment, followed by electroacupuncture (EA) plus antiepileptics for pain relief in patients with PHN. EA plus antiepileptics ranked the best regarding reduced Pittsburgh Sleep Quality Index (PSQI) and Self-Rating Depression Scale (SDS) scores in patients with PHN. No results were found regarding the total response rate or quality of life in this study. Acupuncture-related treatments showed a lower incidence of adverse events than that of antiepileptics.
Conclusion	Acupuncture-related therapies are potential treatment options for PHN and are safe. Pricking and cupping plus antiepileptics, are the most effective acupuncture-related techniques for pain relief, while EA plus antiepileptics is the best acupuncture-related technique for improving PHN-related insomnia and depression symptoms. However, owing to the limitations of this study, these conclusions should be cautiously interpreted, and future high-quality studies are needed.

1.2.1.2. Wang 2022

Wang H, Wan R, Chen S, Qin H, Cao W, Sun L, Shi Y, Zheng Q, Li Y. Comparison of Efficacy of Acupuncture-Related Therapy in the Treatment of Postherpetic Neuralgia: A Network Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2022 Oct 14;2022:3975389. https://doi.org/10.1155/2022/3975389.

Background	Postherpetic neuralgia (PHN) is the most common sequela of herpes zoster, and the efficacy of the treatment regimens recommended in the guidelines is not entirely reliable. Acupuncture and moxibustion are widely used complementary alternative therapies that have a positive effect on the treatment of PHN. However, there are various forms of acupuncture and moxibustion, and there are differences in efficacy between the different forms.
Methods	The retrieval work of randomised controlled trials (RCTs) of acupuncture for PHN in English databases (including PubMed, Cochrane Library, Embase, Web of Science) and Chinese databases (including China National Knowledge Infrastructure (CNKI), WeiPu database, WanFang database, and China Biomedical Literature Database) were conducted from the time of database creation to June 2022. Literature screening, data extraction, and evaluation of risk of bias for the included studies were carried out independently by two researchers, and data analysis was performed using Stata 14.2 software.
Results	A total of **30 RCTs including 2138 patients** with PHN were included. In terms of pain improvement, acupoint embedding + Western medicine group, bloodletting-cupping group, and bloodletting-cupping + Western medicine group ranked top. In terms of total efficiency, acupuncture + Western medicine group, bloodletting-cupping + Western medicine group, and acupoint embedding group ranked top. There were no statistically significant differences in the incidence of adverse events between treatment regimens.
Conclusions	In a comprehensive comparison of the outcome indicators of 14 different treatment regimens, we considered acupoint injection + Western medicine and bloodletting-cupping + Western medicine to be the best combinations for the treatment of PHN. Due to the limitations of the study, the above conclusions still need to be validated in further multi-centre, large-sample prospective randomised controlled clinical trials.

1.2.2. Acupoint herbal patching

1.2.2.1. Pu 2024

Pu B, Lu X, Yu P, Wang C, Li J, Yang D, Wang J. Acupoint herbal patching for postherpetic neuralgia: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Jan 26;103(4):e37029. https://doi.org/10.1097/MD.0000000000037029

Backgound	This study aimed to systematically evaluate the clinical effectiveness and safety of acupoint herbal patching in the treatment of postherpetic neuralgia.
Methods	Eight databases including PubMed, Embase, Cochrane Library, Web of Science, China National Knowledge Infrastructure, Wan-Fang Database, China Biomedical Literature Service System, and Chongqing VIP Chinese Science were searched. The search time was set to October 2023. Two researchers independently screened the literature according to the inclusion and exclusion criteria; extracted the basic information, acupoints, Chinese herbal medicine, pain score, sleep score, depression score, and other information of the subjects, and independently assessed the risk of bias by 2 researchers. Meta-analysis of the included studies was performed using the StataMP 16 software.

Results	**Fifteen studies with 1362 participants** were included in this meta-analysis. Ashi is the acupoint frequency at the forefront, and Borneol is the Chinese herbal medicine frequency at the forefront. The acupoint herbal patching group showed significant improvements in visual analog score (SMD: -2.09; 95% Cl: -2.77, -1.42; P < .001), sleep score (SMD: -1.58; 95% Cl: -2.11, -1.05; P < .001), depression score (SMD: -1.61; 95% Cl: -2.22, -0.99; P < .001), Chinese medicine syndrome score (SMD: -2.32; 95% Cl: -2.84, -1.80; P = .06), dermatology life quality index (weighted mean differences: -4.11; 95% Cl: -4.58, -3.63; P = .98), and related laboratory indicators compared to the control group, and the total effective rate was significantly higher (relative risk: 1.20; 95% confidence interval: 1.15, 1.26; P = .99) than the control group. Two studies reported adverse reactions, but the 2 groups were not statistically significant.
Conclusions	Acupoint herbal patching intervention in postherpetic neuralgia is effective in improving the pain, sleep, anxiety, depression, quality of life of patients, and related laboratory indicators.

1.2.3. Bloodletting Combined with electroacupuncture

1.2.3.1. Yang 2024

Yang Y, Xu W, Li M, Zhou Y, Qian Y. Collateral-Pricking and Bloodletting Cupping Combined with Electroacupuncture for Postherpetic Neuralgia: A Meta-Analysis. Altern Ther Health Med. 2024 Nov;30(11):290-296.

Backgound	Acupuncture therapy has demonstrated significant efficacy in the treatment of postherpetic neuralgia, effectively alleviating pain intensity and enhancing patients' quality of life. However, the effectiveness of collateral-pricking and bloodletting cupping combined with electroacupuncture in the treatment of postherpetic neuralgia remains a subject of controversy. We aimed to assess the efficacy and safety of collateral-pricking and bloodletting cupping combined with electroacupuncture for postherpetic neuralgia.
Methods	We identified relevant randomized controlled trials by conducting a comprehensive search in multiple databases: China National Knowledge Infrastructure, China Biomedical Literature, Wanfang Data, PubMed, Cochrane Central Register of Controlled Trials, Embase, and Web of Science. The outcome included efficacy rate, visual analog scale (VAS)scores and pittsburgh sleep quality index (PSQI) scores. We meticulously assessed the risk of bias in the included trials and performed a meta-analysis.
Results	We analyzed **9 randomized controlled trials involving 639 patients**. Collateral-pricking and bloodletting cupping combined with electroacupuncture achieved a significantly higher efficacy rate (risk ratio, 1.22 [95% CI, 1.13-1.31]; P < .001), reduced theVAS scores (standardized mean difference, -1.52 [95% CI, -2.26 to -0.79]; P < .001), and improved the PSQI scores (standardized mean difference, -2.31 [95% CI, -3.97 to -0.64]; P = .007) compared with the control groups. The subgroup analysis revealed that the combined treatment of collateral-pricking and bloodletting cupping and electroacupuncture had a significantly higher total effective rate compared with the carbamazepine, electroacupuncture, and pregabalin groups (P < .05). The total efficacy rate of the collateral-pricking and bloodletting cupping combined with electroacupuncture group was superior to that of the control group, irrespective of whether 2 or 3 courses were administered (P < .05).
Conclusion	Existing evidence suggests that the combination of collateral-pricking and bloodletting cupping and electroacupuncture demonstrates efficacy in pain relief, improvement of sleep quality, and enhanced therapeutic outcomes for patients with postherpetic neuralgia. However, further validation through large-scale multicenter randomized controlled trials is warranted due to the limited quantity and quality of the included literature in this study.

1.2.4. Bloodletting puncture and cupping

1.2.4.1. Kui 2023

Kui W, Xie L, Li Y, Gu Z, Liu S, Xue C, Wang K. Efficacy and safety of bloodletting puncture and cupping in postherpetic neuralgia: A systematic review and meta analysis. Biomed Rep. 2023 Dec 28;20(2):30. https://doi.org/10.3892/br.2023.1718

Background	The present study aimed to evaluate the efficacy and safety of bloodletting puncture and cupping (BLP-C) in postherpetic neuralgia (PHN) and to provide guidance for clinical treatment.
Methods	Randomized controlled trials (RCTs) of BLP-C therapy in PHN were systematically searched in eight databases from inception to September 2022. Literature screening, data extraction and quality assessment were performed by two independent researchers. Dichotomous and continuous variables were pooled using the risk ratio (RR) and weighted mean difference (WMD), respectively.
Results	A total of **13 studies involving 1,129 patient**s with PHN (571 in the experimental group and 558 in the control group) were included in the present meta-analysis. Overall efficacy (RR=1.21, 95% CI: 1.15 to 1.28, P<0.00001), VAS score (WMD=-1.10, 95% CI: -1.31 to -0.90, P<0.00001) and PSQI score (WMD=-2.42, 95% CI: -2.87 to -1.96, P<0.0001) were significantly different between the BLP-C group and Western medicine group. Furthermore, subgroup analysis demonstrated that BLP-C alone or combined with other traditional Chinese medicines was more effective than Western medicine in PHN. A total of four RCTs mentioned adverse reactions, most of which were in the Western medicine group and were relieved after treatment discontinuation.
Conclusion	In conclusion, BLP-C is superior to Western medicine in relieving pain and improving the sleep quality of patients with PHN with a lower incidence of adverse effects.

1.2.5. Moxibustion

1.2.5.1. Wu 2021

Wu Q, Hu H, Han D, Gao H. Efficacy and Safety of Moxibustion for Postherpetic Neuralgia: A Systematic Review and Meta-Analysis. Front Neurol. 2021. [221696]. https://doi.org/10.3389/fneur.2021.676525

Background	Postherpetic neuralgia (PHN) is one of the most common complications of herpes zoster (HZ), and there is still a lack of effective therapies. An increasing number of studies have found that compared to traditional therapy, moxibustion treatment is beneficial for the treatment of PHN, although current evidence remains inconclusive. This systematic review and meta-analysis of randomized controlled trials (RCTs) aimed to evaluate the efficacy and safety of moxibustion for PHN.

Methods	We conducted a broad literature review of a range of databases from inception to December 2020, including the Cochrane Library, PubMed, EMBASE, Web of Science, Clinical Trails, China National Knowledge Infrastructure (CNKI), VIP Database for Chinese Technical Periodicals (VIP), China Biomedical Network Information, and Wanfang databases. We included RCTs that compared moxibustion to pharmacological therapies, herbal medicine, or no treatment for treating PHN. The main outcome measure was efficacy rate and Visual Analog Scale (VAS); the secondary outcome measure was adverse events. Data accumulation and synthesis included meta-analysis, publication bias, sensitivity analysis, risk-of-bias assessment, and adverse events.
Results	We included 13 RCTs involving 798 patients. Compared with the controls (pharmacological therapies, herbal medicine, or no treatment), moxibustion achieved a significantly higher efficacy rate (odds ratio [OR]: 3.65; 95% [confidence interval]: [2.32, 5.72]; P < 0.00001). Subgroup analysis of the distinct moxibustion modalities showed that both Zhuang medicine medicated thread and thunder-fire moxibustions obtained higher clinical efficacy than the control group. Compared with the controls, moxibustion resulted in significantly lower scores on the VAS (Weighted Mean Difference (MD) = -1.79; 95% CI: [-2.26, -1.33]; P < 0.00001). However, there was no significant difference in terms of safety between moxibustion and the controls (OR = 0.33; 95% CI [0.06, 1.77]; P = 0.19).
Conclusion	Due to the lack of methodological quality as well as the significant heterogeneity of the included studies, it remains difficult to draw a firm conclusion on the efficacy and safety of moxibustion for the treatment of PHN. Future high-quality studies are urgently needed.

1.3. Special outcome

1.3.1. Zhang 2026 (Sleep Outcomes)

Zhang J, Zhang J, Chen J, Li Z, Liu X, Chen S. Acupuncture-Based Interventions for Sleep Outcomes in Patients with Postherpetic Neuralgia: A Systematic Review and Meta-Analysis. J Pain Res. 2026;19:613776. https://doi.org/10.2147/JPR.S613776

Background	Acupuncture therapy is widely used in the clinical management of postherpetic neuralgia (PHN), but its effectiveness in improving sleep quality remains inconclusive. This systematic review and meta-analysis evaluated the effects of acupuncture-based interventions on sleep outcomes in patients with PHN.
Methods	Eight databases were searched from inception to October 2025. Randomized controlled trials evaluating acupuncture-related therapies for sleep outcomes in patients with PHN were included. Methodological quality was assessed using the Cochrane Risk of Bias 2.0 tool, and statistical analyses were performed with Stata SE 15.0.
Results	**Twenty-one studies involving 1,739 patients** were included. Meta-analysis showed that acupuncture significantly improved sleep quality compared with conventional treatment [standardized mean difference (SMD)=-1.21, 95% CI: -1.48 to -0.94, p<0.0001]. Subgroup analyses indicated that all acupuncture modalities were superior to conventional treatment for improving sleep outcomes. Acupuncture also demonstrated favorable effects on pain intensity (VAS), anxiety (SAS, HAMA), depression (SDS, HAMD), quality of life (SF-36, NHP), overall clinical effectiveness, and adverse events.
Conclusions	Acupuncture-related therapies may improve sleep quality and other clinical outcomes in patients with postherpetic neuralgia. However, further high-quality randomized controlled trials with more rigorous designs and broader evaluation of acupuncture techniques are needed to confirm these findings.

2. Overviews of systematic reviews

2.1. Xia 2025

Xia YF, Sun RH, Li SM, Wang YY, Li RR, Fang JQ. Different Acupuncture Therapies for Postherpetic Neuralgia: An Overview of Systematic Reviews and Meta-analysis. Chin J Integr Med. 2025 Jan;31(1):55-67. https://doi.org/10.1007/s11655-023-3613-4

Backgound	Postherpetic neuralgia (PHN) is the most common complication of herpes zoster infection and affects patients' quality of life. Acupuncture therapy is regarded as a competitive method of treatment for analgesia.
Objective	To summarize evidence from systematic reviews (SRs) and evaluate the effectiveness and safety of different acupuncture therapies for treating PHN.
Methods	Eight electronic databases were searched from their inception to August 5, 2022, including 4 international electronic databases (PubMed, EMBASE, the Cochrane Library, and Web of Science) and 4 Chinese databases (Chinese Biomedical Database, China National Knowledge Infrastructure, VIP Database and Wanfang Database). Methodological quality was assessed by A Measurement Tool to Assess Systematic Reviews 2 (AMSTAR 2). The Risk of Bias in Systematic Review (ROBIS) tool was used to assess the risk of bias in SRs. Evidence level was assessed by the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach.
Results	Totally, **7 SRs were included, including 128 studies and 9,792 patients**. In AMSTAR 2, most of the SRs were of low or critically low levels since they had more than 1 critical deficiency. In ROBIS, 1 SR (14.29%) was rated as high risk, and the other 6 (85.71%) were rated as low risk. In the GRADE system, 9 outcomes (28.13%) were valued as high level, 5 (15.63%) as moderate level, 1 (3.13%) as low, and 17 (53.13%) as very low. In the effectiveness of acupuncture therapy, the group “moxibustion vs. original medical treatment” [mean difference (MD)=-1.44, 95% confidence interval (CI): -1.80 to -1.08, I2=99%, P<0.00001] was of the highest heterogeneity and the group “bloodletting vs. original medical treatment” (MD=-2.80, 95% CI: -3.14 to -2.46, I2=0, P<0.00001) was of the lowest heterogeneity. Six SRs have reported the safety of their studies and no serious events were shown in the treatment and control groups.
Conclusions	Acupuncture therapy seems to be effective in treating PHN. Despite the evidence that suggested the advantages of acupuncture therapy in relieving pain and promoting efficacy and safety, the methodological quality was quite low. Further studies should pay more attention to the quality of original studies and evidence for SRs to confirm these findings. (PROSPERO registration No. CRD42022344790).

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported) Ø negative recommendation (or lack of evidence)

3.1. Pain Society of the Chinese Medical Association (China) (postherpetic neuralgia) 2026 ⊕

Headache and Sensory Disorders Group of the Neurology Physicians’ Branch of the Chinese Medical Doctor Association, Headache and Sensory Disorders Committee of the Chinese Research Hospital Association, Pain Society of the Chinese Medical Association, Pain Physicians’ Branch of the Chinese Medical Doctor Association. Expert consensus on integrated traditional Chinese and western medicine

treatment of postherpetic neuralgia (2026 edition). Natl Med J China. 2026;106(16):70-83.https://doi.org/10.3760/cma.j.cn112137-20251011-02607

Recommendation 14: Acupuncture is recommended for the management of postherpetic neuralgia throughout the course of the disease. Acupoint selection should be based on syndrome differentiation and should combine meridian-based point selection with local Ashi points. (Evidence level Ia; recommendation grade B).

Supporting evidence:

- 46- Cui Y, Wang F, Li H, et al. Efficacy of acupuncture for herpes zoster: a systematic review and meta-analysis. Complement Med Res. 2021;28(5):463-472. https://doi.org/10.1159/000515138
- 47- Pei W, Zeng J, Lu L, et al. Is acupuncture an effective postherpetic neuralgia treatment? A systematic review and meta-analysis. J Pain Res. 2019;12:2155-2165. https://doi.org/10.2147/JPR.S199950
- 48- He K, Ni F, Huang Y, et al. Efficacy and safety of electroacupuncture for pain control in herpes zoster: a systematic review and meta-analysis. Evid Based Complement Alternat Med. 2022;2022:4478444. https://doi.org/10.1155/2022/4478444
- 49- Wang L, Chen ZL, Zhang S, et al. Meta-analysis of the clinical effect of acupuncture on postherpetic neuralgia. Proceedings of Anticancer Research. 2022;6(1):20-32. https://doi.org/10.26689/par.v6i1.2935

3.2. Société Française d'Etude et de Traitement de la Douleur (SFETD, France) (neuropathic pain) 2010 ⊕

Martinez V, Attal N, Bouhassira D, Lantéri-Minet M. Les douleurs neuropathiques chroniques diagnostic, évaluation et traitement en médecine ambulatoire. Douleurs : Evaluation - Diagnostic - Traitement. 2010; 11(1):3-21. [156885].

Acupuncture : peut être proposée dans la douleur post-zostérienne. Niveau de preuve scientifique : 2. Grade de recommandation : B (présomption d'efficacité dans la douleur post-zostérienne).

3.3. Swiss Herpes Management Forum (SHMF, Switzerland) 2007 ⊕

Meylan P, Gerber S, Kempf W, Nadal D; Swiss Herpes Management Forum. Recommandations suisses pour la prise en charge des infections dues au virus de la varicelle-zoster. Rev Med Suisse. 2007;3(125):2116-2129. https://www.revmed.ch/view/635344/4981218/RMS_125_2116.pdf

Autres traitements de fond. Psychothérapie de la douleur, biofeedback, et autres médecines complémentaires (acupuncture).

3.4. American Academy of Neurology (AAN, USA) (Postherpetic Neuralgia) 2004 Ø

Dubinsky RM, Kabbani H, El-Chami Z, Boutwell C, Ali H. Practice Parameter: Treatment of Postherpetic Neuralgia: An Evidence-Based Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2004;63(6):959-65. [136450].

Acupuncture, benzydamine cream, dextromethorphan,indomethacin, epidural methylprednisolone,epidural morphine sulfate, iontophoresis of vincristine, lorazepam, vitamin E, and zimelidine are not of benefit (Level B, class II).

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