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# **“Practical Tips“ Series**

## **SANUM Meridian Therapy**

**Shingles (Herpes Zoster)**

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Shingles is a viral disease that leads - after a precursor stage characterized by generalized symptoms such as depression, slightly elevated temperature and neuralgia like symptoms - to a sudden efflorescence of small, bright red nodules. After a short while, these turn into water-filled vesicles surrounded by inflamed areolae, which later fester due to secondary infection.

They arise after inflammation of a spinal or head ganglion, unilaterally in the innervation region of the affected nerves. The Zoster virus usually attacks the chest or abdominal wall segment on one side (shingles). Less frequently, segmental localizations appear on the extremities or in dermatoma of the head ganglia.

The Zoster virus is identical with the chickenpox virus. Shingles (*Herpes zoster*) is thus a secondary infection in people who, after having had chicken pox in child-

hood, have only partial immunity to the pathogen. It can have invaded again from the outside; for example, an outbreak of chickenpox among the grandchildren can lead to an outbreak of shingles among the grandparents.

However, the pathogen can also persist in latent form from childhood on in the rear spinal roots, to be reactivated by a sudden stimulus such as cold, spinal-column trauma, vertebral tumor metastases, etc.

### Special Development and Manifestation Forms of the Disease

*Zoster Ophthalmicus*: with intense lacrimation, photophobia, lid edema, conjunctivitis, keratitis and Ulcus corneae; less frequently iritis, iridocyclitis, retinitis - but almost always accompanied by intense lacrimation; in rare cases, panophthalmia and festering necrosis of the eyes.

*Zoster Cervicalis*: with homolateral hemiparesis.

*Zoster Oticus*: with intense ear pain, hypo- or hyperacusis, vomiting and dizziness; rarely, facial palsy as well.

*Zoster Generalisatus*: with dissemination of the skin changes following a primary segmental infection. This occurs especially in cases of weakened immune situation (tuberculosis, diabetes, malignancy).

The incubation time for *Herpes zoster* is generally 2-3 weeks.

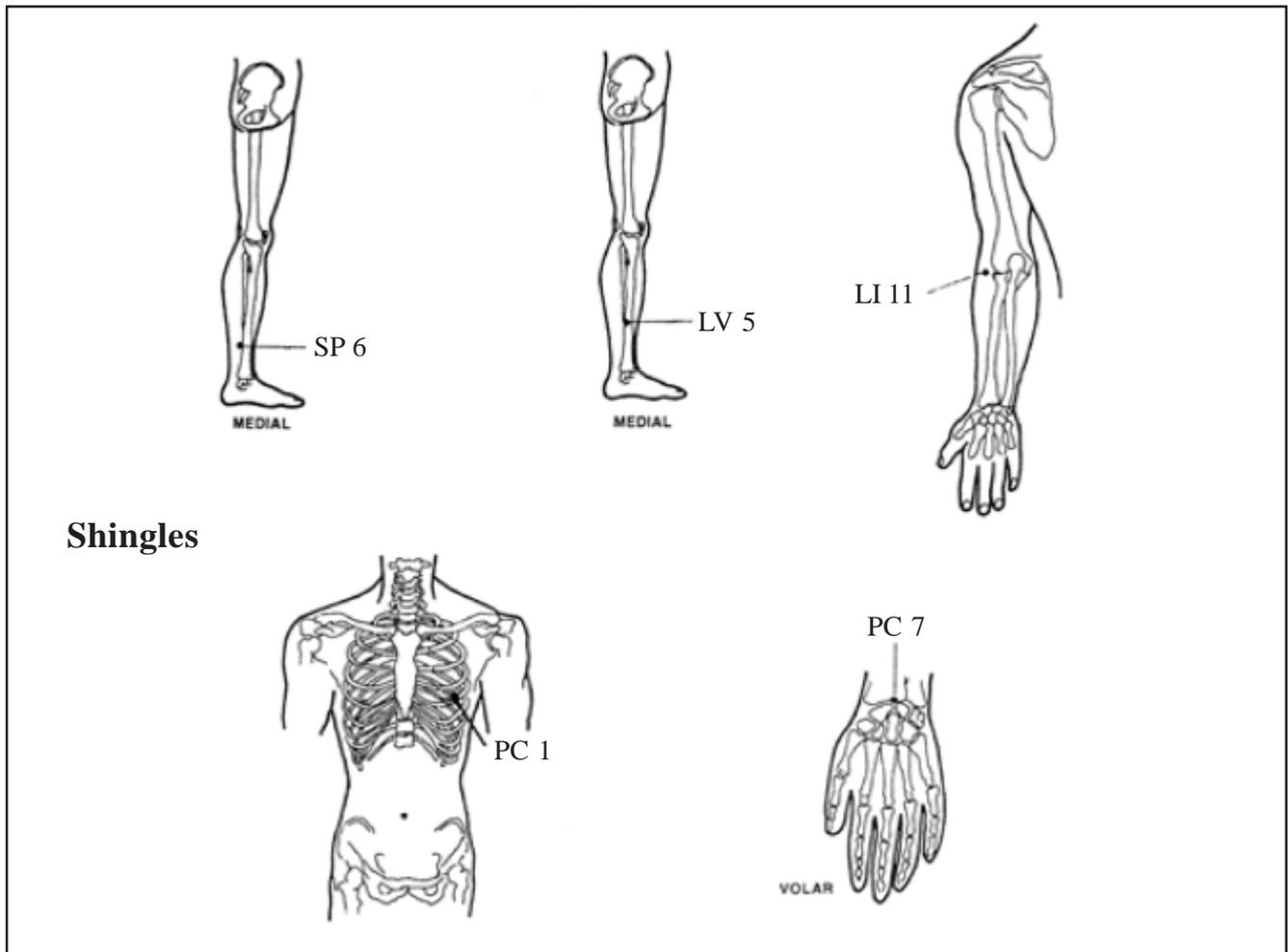
The neuralgias (zoster neuralgia) which appear before the outbreak of the disease often persist - especially in older patients - in some cases for months after the skin changes have healed, and can cause excruciating pain in the affected segment.

### The Therapy of Herpes zoster

**A. Injections** in the following SANUM acupuncture points with QUENTAKEHL 5X mixed with SANUVIS, 1 ml ampoule each). See illustrations.

Abbreviation	Designation	Localization
LI 11	Quachi, Pool at the Bend	With arm maximally bent, at the lateral end of the elbow fold
PC 1	Tianchi, Celestial Pool	1 cun lateral to the nipple in intercostal space IV
PC 7	Da Ling, Grand Mound	In the middle of the palmar carpal joint fold
SP 6	San Yin Jiao, Three Yin Intersection	2.5 cun above the inner anklebone at the dorsal edge of the tibia
LV 5	Li Gou, Woodworm Canal	5 cun cranial of the Malleolus tibiae (inner anklebone) at the fibular edge of the tibia

Suggested therapy: slowly inject 0.2-0.5 ml IC of the mixture in each point twice weekly, using a #20 syringe.



### B. Autohemotherapy

#### Day 1:

Compound injection: 1 ampoule NOTAKEHL D5, 1 ampoule SANUVIS, 2 ml autologous blood, injected IM.

#### Day 2:

Compound injection: 1 ampoule NOTAKEHL D5, 1 ampoule SANUVIS, 2 ml autologous blood, injected IM.

#### Day 3:

Compound injection: 1 ampoule NOTAKEHL D5, 1 ampoule SANUVIS, 2 ml autologous blood, injected IM.

Additional injections using the same ingredients are then administered twice weekly until the skin is completely healed.

### C. Adjuvant Medicinal Therapy

Alternating daily: NOTAKEHL D5 tablets and QUENTAKEHL D4 capsules; have the patient take each 1-3 times daily before going to bed or in the morning before breakfast.

### D. External Treatment

Apply NOTAKEHL ointment 1-3 times a day lightly to the affected skin regions.

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