

Acupuncture Outcomes and Side-Effects Correlate to the Strength of Patients' Qi

By Honora Lee Wolfe, Dipl. Ac.

This is really some food for thought about how we treat our patients, why some get better and some don't, and why some have side-effects and some don't. While I might be opening a large can of worms with this article, the information here seems important enough that maybe someone **should** open a can of worms. The conditions this research tested are among the items we need to assess when deciding on the best treatment approach for a given patient. I am open to your feedback about this, but often, my own clinical experience is similar to what these doctors in China have found to be true. Here's what the study looked like.

In issue #11 (2003) of the *Zhe Jiang Zhong Yi Za Zhi (Zhejiang Journal of Chinese Medicine)*, Xu Jun-feng of the Tianjin College of Chinese Medicine in Shandong published an article, "Research into the [Relationship Between] the Pulse Diagnosis of Vacuity and Repletion, Pain Conditions, and Post-Acupuncture Systemic Side-Effects." This article appeared on pages 485 and 486 of that journal.

Cohort Description

Sixty patients were enrolled in this study, which was conducted during August and September, 2003 on peasants seen in the Chinese author's clinic. All 60 patients suffered from impediment pain conditions for one year or less. These patients' main symptom was aching and pain, and they were not afflicted with any internal organic disease process. All were 20 years old or older. All were able to receive five or more acupuncture treatments. Within these 60 patients, there were 22 males and 38 females with a median age of 40.26 +/-12.08 years. These patients' median disease duration was 6.24 +/-5.62 months. Six cases suffered from neck pain, 10 patients suffered from frozen shoulder, 25 suffered from lower and/or upper back pain, and 19 suffered from extremity pain. If these patients' pulse had force, they were labeled as exhibiting a

repletion pattern. If their pulse was forceless, they were labeled as exhibiting a vacuity pattern. Based on these criteria, there were 26 repletion pattern patients and 34 vacuity pattern patients. Among the repletion pattern patients there were 15 males and 11 females. Among the vacuity pattern patients there were seven males and 27 females.

Treatment Method

Patients with neck pain received acupuncture at local points in the neck region plus *feng chi* (GB 20) and *hou xi* (SI 3). Patients with frozen shoulder received acupuncture at *jian san zhen* (shoulder three needles), *tian zong* (SI 11), *jian zhong shu* (SI 15), *jian wai shu* (SI 14), *chu chi* (LI 11), *shou san li* (LI 10), *bi nao* (LI 14), *wai guan* (TB 5) and *he gu* (LI 4). Patients with upper extremity pain were needled at *jian yu* (LI 15), *bi nao* (LI 14), *qu chi* (LI 11), *shou san li* (LI 10), *wai guan* (TB 5) and *he gu* (LI 4). Patients with lower limb pain received acupuncture at *zu san li* (St 36), *yang ling quan* (GB 34), *qiu xu* (GB 40), *tai chong* (Liv 3) and *xia xi* (GB 43). Patients with knee joint pain were needled at *nei wai xi yan* (inner and outer St 35). Patients with lower and/or upper back pain were needled at local bladder channel back transport points, as well as *wei zhong* (Bl 54), *cheng shan* (Bl 57) and *kun lun* (Bl 60). Depending on other accompanying symptoms, 1-2 other points might also have been added. These points were needled with even supplementing-even draining technique, with needles being retained for 30 minutes. One treatment was administered per day for five consecutive times. After five treatments, if there were symptoms of bodily heaviness or lack of strength, these symptoms were treated with either cupping or massage.

Study Outcomes

So far, this study looks fairly pro-forma. But here, in the post-acupuncture side-effects discussion, is where it gets interesting. Dr. Xu measured two post-acupuncture side-effects: sensations of bodily heaviness; and lack of strength in the body and limbs. In the repletion/excess pattern group, eight patients manifested these symptoms and 18 did not. Therefore, the percentage of patients in this group experiencing these post-acupuncture side-effects was 30.8 percent. In the vacuity/deficiency pattern group, 28 out of 34 patients (or 82.4 percent) experienced these post-acupuncture symptoms. Therefore, there was a very marked difference in the incidence of post-acupuncture side-effects between these two groups ($P < 0.001$), with far more symptoms appearing in the vacuity/deficiency pattern group.

In terms of therapeutic outcomes, in the repletion/excess pattern group, 16 patients were judged cured after five treatments and 10 were not cured. Therefore, the cure rate in this group was 61.5 percent. In the vacuity/deficiency pattern group, 10 patients were judged cured after five treatments and 24 were not, for a cure rate of only 29.4 percent. Hence, there was a marked difference in cure rates between these two groups ($P < 0.05$), with better therapeutic efficacy from acupuncture being seen in the patients who had stronger pulses and stronger *qi*.

Furthermore, in the eight patients exhibiting repletion/excess patterns cases who also experienced post-acupuncture heaviness and lack of strength, six of these saw their symptoms relieved by either massage or cupping for a side-effect remission rate of 75 percent. Of the 28 patients (28.6 percent) from the vacuity/deficiency group who experienced these side-effects, only eight saw them relieved by cupping or massage. Therefore, there was also a marked difference in the ability of massage and cupping to relieve post-acupuncture side-effects in these two groups ($P < 0.05$). Again, the generally stronger patients who experienced bodily heaviness and lack of strength responded better than did the generally weaker patients to the cupping and massage for relief of their side effects.

Discussion

In his discussion of this study and its outcomes, Dr. Xu quotes the *Ling Shu (Spiritual Axis)* chapter titled, "Evil *Qi*, Viscera & Bowels, Disease and Form," which states: "[If] yin and yang, form and *qi* are truly insufficient, do not choose needling, but regulate with sweet medicinals." Since I and others with whom I have spoken also have the experience that acupuncture, at least Chinese acupuncture, works better on patients with adequate *qi* to manipulate, this research study should remind us to think carefully about how we treat our patients.

Furthermore, the statistically average American acupuncture patient is a woman. This is notable because there was a much higher percentage of females in the vacuity/deficiency pattern group (79.4 percent) than in the repletion/excess group in this study. Perhaps, especially with female patients, we need to question our automatic use of acupuncture, as opposed to moxibustion and/or internally administered Chinese medicinals in each specific case.

I hope this information gives you food for thought about your private practice and how we all might serve our patients better. That is, after all, the point of what we have learned and what we hope to do in clinic every day.

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