

# Acupuncture And Herbs Quell Rheumatoid Arthritis

Published by [HealthCMI](#) on 03 February 2018.



Researchers find warm needle acupuncture effective for alleviating rheumatoid arthritis symptoms. The same investigation reveals that a modified herbal formula prescription of Juan Bi Tang is also effective. The study's objective data also demonstrates that both approaches to patient care produce significant positive patient outcomes.

Acupuncture and the herbal formula produced significant reductions in rheumatoid factors. These are substances in the bloodstream that lead

to pathological autoimmune responses, causing the body to attack its own tissues. Rheumatoid factors are often elevated in rheumatoid arthritis patients and a reduction of these factors is correlated with reductions in systemic inflammation.

Two important rheumatoid factors were regulated by acupuncture and herbs. The study group receiving acupuncture had an erythrocyte sedimentation rate (ESR) reduction of 49% and a C-reactive protein (CRP) reduction of 58%. Modified Juan Bi Tang dropped the ESR by 32% and the CRP by 11%.

## About RA

Rheumatoid arthritis (RA) is an autoimmune condition characterized by chronic high levels of inflammation that target the synovial fluid within articulating joints. RA typically affects the joints of the hands and feet. Rheumatoid arthritis is often associated with a reddening of the skin in the affected areas, swelling, bone erosion, and a propensity for joint deformation.

In addition to having painful and swollen joints, individuals suffering from rheumatoid arthritis often experience other symptoms such as fatigue, weight loss, fever, and stiff joints in the morning and after prolonged periods of rest. The condition produces severe pain and greatly impacts an individual's daily activities and quality of life.

As the condition progresses, the joints become deformed, leading to long term alteration of articulating surfaces, resulting in limited range of motion and use. While the exact cause of rheumatoid arthritis is not fully known, literature suggests an interplay between genetic causes, environmental factors, and improper functioning of the immune system.

## Risk Factors

There are several risk factors associated with rheumatoid arthritis:

- women are more likely to develop RA than men
- symptoms typically occur between ages 40–60
- family history
- history of smoking (also tends to make symptoms more severe)
- obesity

Researcher Yun Jun Kim from the Southern University College in Malaysia examined the effects of warm needle acupuncture for relieving the symptoms of rheumatoid arthritis. This method was achieved by applying moxibustion to the base of the needle shaft once the proper acupuncture points were selected. A stronger and deeper stimulation of the acupuncture point is possible with the heat from the moxibustion directed into the surrounding fascia.

### Design

The study was conducted at the Southern Traditional Chinese Medicine Center at the Southern University College and consisted of 50 subjects, 38 women and 12 men, between the ages of 36–65. All participants were diagnosed with rheumatoid arthritis by a qualified rheumatologist prior to participation. Individuals with a history of tobacco smoking or concurrent cardiovascular disease were excluded from the study.

In order to determine the objective results from both treatment arms, the patients' Rheumatoid Factors were measured: erythrocyte sedimentation rate, C-reactive protein. The patients were randomly and evenly divided into either the warm needle acupuncture group or the herbal prescription group. For the acupuncture group, all participants received identical primary acupuncture points plus secondary acupuncture points based on diagnostic considerations. The primary acupuncture points for all patients were the following:

- ST36 (Zusanli)
- CV8 (Shenque) — moxa only

For patients with pain in the fingers, the following acupoints were added:

- SI3 (Houxi)
- LI3 (Sanjian)
- LI4 (Hegu)
- Ahshi points

For wrist pain, the following acupoints were added:

- SJ5 (Waiguan)
- LI5 (Yangxi)
- SJ4 (Yangqi)
- Ahshi points

For elbow pain, the following acupoints were added:

- LU5 (Chize)
- LI11 (Quchi)
- LI10 (Shousanli)
- HT3 (Shaohai)
- Ahshi points

For ankle pain, the following acupoints were added:

- UB62 (Shenmai)
- KD6 (Zhaohai)
- KD3 (Taixi)
- ST41 (Jiexi)

For knee pain, the following acupoints were added:

- Xiyan
- GB34 (Yanglingquan)
- SP10 (Xuehai)
- Ahshi points

Patients receiving warm needle acupuncture received two treatments per week for 6 months. All needles were inserted to elicit the arrival of a deqi sensation. Warm needle acupuncture with moxibustion was applied and needles were retained for 30 minutes per each acupuncture session. Acupuncture was provided two times per week for a total of six months.

Individuals assigned to the herbal formula group were given modified Juan Bi Tang, manufactured by Sun Ten Pharmaceutical Co. These patients were instructed to take 6g of the herbal formula, twice per day, for six months. The formula contained the herbs in a proprietary blend:

- Qianghuo
- Duhuo
- Qinjiao
- Sangzhi
- Haifengteng
- Danggui
- Chuanxiong
- Ruxiang
- Muxiang
- Guizhi
- Rougui
- Zhigancao

## **Results**

After six months of treatment, both the acupuncture and herbal formula groups showed significant reductions in Rheumatoid Factors. The Acupuncture group's erythrocyte sedimentation rate (ESR) was reduced by 49% and the C-reactive protein (CRP) score dropped by 58%.

The herbal formula group's ESR dropped by 32% and the CRP score was reduced by 11%.

## **Classics**

The research provides important historical data. The choice of warm needle acupuncture was based on its long-term use. The investigation notes, "The use of warm needle acupuncture was first documented in Shang Han Za Bing Lun, a classical Chinese medical book of Zhong-jing Zhang (Eastern Han dynasty, 25–220 C.E)."

Specific TCM principles were used for the selection of each acupuncture point. The research indicates the following reasoning for each acupoint choice. ST36 was chosen to tonify qi and yang and to nourish the blood and yin. Moxibustion at CV8 was chosen to warm and stabilize the yang and to benefit the intestines.

SI3 was chosen for its ability to expel wind and heat from the Taiyang channel and for its ability to clear heat and benefit the orifices. SI3, LI3, LI4, and ashi points were chosen for their ability to benefit the fingers and local joints of the hand. LI3 was beneficial for its ability to clear heat, expel wind, and alleviate pain. LI4 was chosen to regulate defensive qi and sweating and for its ability to alleviate pain.

Local points for alleviating wrist pain were chosen. TB5 has the added benefit of expelling wind and alleviating pain. LI5 supports the wrist, clears fire, and expels wind. TB4 clears heat and relaxes the tendons.

Local elbow pain points were chosen. LU5 has the added benefit of clearing heat in the upper arms and alleviating pain. HT3 clears heat and LI11 clears heat, expels wind, drains dampness, and alleviates itching. LI10 regulates the qi and blood and alleviates pain.

Local ankle pain points were chosen. BL62 has the added benefit of subduing the wind, expelling external wind, and alleviating pain. KD6 was chosen for its ability to alleviate pain. KD3 clears heat, strengthens tendons, and alleviates pain. ST41 clears heat and alleviates pain.

Local knee pain points were chosen. Xiyan was chosen to reduce swellings and alleviate pain. GB34 benefits the tendons and joints and also alleviates pain. SP10 benefits the tendons, regulates the blood, and benefits the knee.

### **Summary**

Rheumatoid arthritis is a debilitating and painful disease that greatly impacts a person's quality of life. RA involves elevated levels of inflammation in the body, in part due to improper activity of the immune system's T cells and pro-inflammatory cytokines. The results of this study indicate that acupuncture and herbs are a valuable treatment option for patients with rheumatoid arthritis.

**Reference**

Kim, Y. J. "Clinical Observation on Warm Acupuncture Therapy for Rheumatoid Arthritis." *J Tradit Med Clin Natur* 6, no. 225 (2017): 2.