

Acupuncture Plus Herbs Beats Acid Reflux Drug

Published by [HealthCMi](#) on August 2017



Acupuncture plus herbal medicine outperforms omeprazole (Prilosec, Zegerid) for the treatment of acid reflux. Often referred to as gastroesophageal reflux disease, GERD, or reflux esophagitis, acid reflux occurs when stomach acid reverses direction and enters the esophagus, causing inflammation, heartburn

(burning pain), regurgitation of acid into the throat or mouth, nausea, or bloating. Acupuncture plus herbs was more effective than drug therapy in both the short and long-term. In addition, acupuncture plus herbal medicine had a lower relapse rate.

In research conducted at the Hebei Provincial Hospital of Traditional Chinese Medicine, acupuncture plus herbs produced an 89.7% total effective rate, using only herbal medicine produced an 82.1% total effective rate, and drug therapy using omeprazole (a proton pump inhibitor) produced an 82.8% total effective rate. The results were measured with gastroscopy (esophagogastroduodenoscopy) and Reflux Disease Questionnaire (RDQ) scoring at the completion of all medical treatments.

Another set of measurements were made in a 6 month follow-up for all patients in the study. The results indicate that acupuncture plus herbs has a lower relapse rate than drug therapy. Acupuncture plus herbs had a 21.7% relapse rate, using only herbs produced a 35.0% relapse rate, and omeprazole drug therapy had a 45.5% relapse rate. The data indicates that acupuncture and herbal medicine have significantly longer lasting results than drug therapy for the treatment of acid reflux.

Chinese Medicine Theory

The results are attributable, according to Traditional Chinese Medicine (TCM) theory, to the basic

principles involved in the acupuncture point prescription and herbal formula selection. Both selections treat the root cause of the disorder and the symptom. A basic approach to TCM therapy, a percentage of each therapy focuses on symptomatic relief and another percentage treats the underlying root cause of the disease. In this research review, we will take a look at the acupuncture point selection and herbal medicine prescription responsible for obtaining the high positive patient outcome rates.

TCM principles specify that reflux esophagitis is often due to dysfunction of the stomach, liver, and spleen. TCM principles also notate that emotional swings or dietary irregularities weaken the liver's ability to govern the free coursing of qi, impairs the spleen's ability to transport and transform water and grain, and damages the stomach's ability to maintain the balance of upward and downward bearing qi. Water and grain (i.e., food) in the stomach fail to be transformed into essence and instead turn into toxic masses. If the downward flow of qi in the stomach is disturbed, it pathologically ascends. As a result, the stomach contents backflow into the esophagus. Reflux esophagitis in TCM focuses on transforming turbidity, harmonizing the stomach, and restoring the downward bearing of stomach qi to prevent counterflow. This focus restores normal functioning of the lower esophageal sphincter (LES), enhances gastric motility, and improves gastric emptying.

Dietary Instructions

All three groups (i.e., acupuncture plus herbs, herbs only, drugs only) received treatment for 8 consecutive weeks. All groups received identical instructions prior to beginning the clinical trial. Patients were advised to adhere to a bland diet and to avoid spicy, rich, and high-fat foods. They were asked not to lie down right after eating and not to eat 2–3 hours before bedtime. Patients were also advised to raise the height of their pillows by 10–20 cm. Objective and subjective assessments were made after completion of therapy and in a 6 month follow-up examination.

Patient Breakdown

A total of 86 patients with reflux esophagitis were treated and evaluated in this study. The patients were diagnosed with reflux esophagitis between January 2014 and June 2015. They were randomly divided into an acupuncture plus herbs group, an herbal medicine group, and a drug group with 29, 28, and 29 patients in each group respectively. The acupuncture plus herbs and herbs only group received identical herbal medicines (Huazhuo Jiedu Jiangni Tang). For the drug group patients, two 20 mg omeprazole sustained release capsules were given to the patients daily, one after breakfast and one after dinner.

The statistical breakdown for each randomized group was as follows. The average age in the acupuncture

plus herb group was 25 (± 3) years. The average course of disease in the acupuncture plus herb group was 3.6 (± 1.5) years. The average age in the herb group was 22 (± 3) years. The average course of disease in the herb group was 3.6 (± 1.6) years. The average age in the drug group was 23 (± 3) years. The average course of disease in the drug group was 3.6 (± 1.5) years. There were no significant statistical differences in terms of age, gender, and course of disease relevant to patient outcome measures.

Acupuncture Sessions

Peer review by Healthcare Medicine Institute licensed acupuncturists finds the acupuncture treatment protocol selected by the researchers consistent with standard TCM primary acupuncture point prescriptions. No use of proprietary or off channel acupuncture points were added to the acupuncture point prescription. The main difference between the acupuncture points received by all patients in the study versus those received by patients in a standard acupuncture clinical session is that the acupoint prescription was identical for all patients and not based on differential diagnostic considerations. All patients received administration of the following acupoints:

- PC6 (Neiguan)
- ST36 (Zusanli)
- CV12 (Zhongwan)
- BL18 (Ganshu)
- BL19 (Danshu)
- LV3 (Taichong)

Acupuncture treatments commenced with patients in a lateral position on the right side. After disinfection of the acupoint sites, a 0.35 mm x 50 mm disposable filiform needle was inserted into each acupoint with a high needle entry speed. For Ganshu and Danshu, the needles were inserted perpendicular-obliquely towards the direction of the spine, up to a depth of 15 mm. For Neiguan, Zusanli, Zhongwan, and Taichong, the needles were inserted perpendicularly, to a depth of 10–30 mm. For all acupoints, a deqi sensation was obtained and the needles were manually stimulated with the Ping Bu Ping Xie (attenuating and tonifying) manipulation techniques every 10 minutes during the 30 minute needle retention times. Acupuncture sessions were administered once per day.

Acupuncture point Zusanli was selected to promote spleen and stomach health and to benefit the functioning of the lower esophageal sphincter (LES), enhance the frequency of gastric motility, and improve gastric emptying. Zhongwan was chosen to accelerate qi and blood circulation and to promote

the transformation of turbidity. Zhongwan enhances fluid and blood flow at the fundus of the stomach, inhibits acid secretion, and benefits gastric mucosa. Taichong, Ganshu, and Danshu regulate the liver and bladder and relieve stomach distention and qi counterflow. Neiguan regulates qi flow and alleviates vomiting. The herbal formula used in this study (Huazhuo Jiedu Jiangni Tang) contains the following ingredients:

- Shi Chang Pu 15 grams
- Zi Dou Kou 6 g
- Huo Xiang 12 g
- Sha Ren 9 g
- Pu Gong Ying 15 g
- Lian Qiao 20 g
- Dong Ling Cao 15 g
- Huang Qin 9 g
- Huang Lian 9 g
- Sheng Mu Li 30 g
- Qing Ban Xia 9 g
- Mu Xiang 6 g
- Chai Hu 12 g
- Zhi Shi 15 g
- Hou Pu 12 g
- Fu Ling 20 g

The researchers note that the ingredients help the body to transform turbidity, remove toxicity, and promote the downward movement of qi and prevent counterflow rebellious qi. The herbal formula was decocted and brewed once per day. Patients consumed 300 ml of the decoction, twice per day, 2 hours after breakfast and dinner. After treatment completion for patients in all three study groups, the treatment efficacy for each patient was categorized into 1 of 4 tiers:

- *Recovery: Absence of symptoms.*
- *Significantly effective: Significant absence of symptoms.*
- *Effective: Symptoms showed improvement.*
- *Not effective: Symptoms showed no visible improvement.*

Patients were evaluated before and after the treatment course. Both subjective and objective instruments were used to measure patient outcomes. All patients took the Reflux Disease Questionnaire (RDQ) before and after their treatments. RDQ is an instrument that measures treatment responses for reflux esophagitis patients. Next, gastroscopy was conducted and the condition of the esophageal mucosa was scored according to the *Consensus on the Treatment of Gastroesophageal Reflux Disease in China with Both Traditional Chinese Medicine and Western Medicine (2010)*. All three groups demonstrated significant improvements in RDQ scores and gastroscopy examination scores. Compared with the herbs group and the drug group, the acupuncture plus herbs group produced better RDQ scores. Statistical analyses of outcomes demonstrates that the acupuncture plus herbs group had the greatest rate of positive patient outcomes.

The researchers conducted follow-up examinations 6 months after treatment completion. They found that the recurrence rate of reflux esophagitis in the acupuncture plus herbs group was 21.7%. The recurrence rate of reflux esophagitis in the herbs treatment group was 35.0%. The recurrence rate of reflux esophagitis in the drug group was 45.5%.

The results indicate that acupuncture with herbs is more effective than herbs as a standalone therapy or administration of the proton pump inhibitor drug. The study mentioned in this report demonstrates that acupuncture is safe and effective for the treatment of reflux esophagitis. Important features of TCM protocols is that they produce a high total effective rate, low relapse rate, and no significant adverse effects.

Reference:

Zhang W, Li BL, Sun JH, Wang ZK, Zhang NN, Shi F, Pei L. Therapeutic Effects of The Integrated Acupuncture and Chinese Herbal Medicine on Reflux Esophagitis [J]. Chinese Acupuncture and Moxibustion, 2017, Vol37, No.7.