

Acupuncture And Herbs Regulate Cardiac Arrhythmias

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Hunan Hengyang Traditional Chinese Medicine Hospital researchers find acupuncture combined with herbal medicine more effective than calcium channel blockers and beta-blockers for the treatment of cardiac arrhythmias. Results were confirmed by ECG (electrocardiogram). Patients receiving only pharmaceutical medications in one group and acupuncture plus herbs in another group were compared in a four week clinical trial. Twenty-four hour ECG tests confirm that acupuncture plus

herbs produces superior patient medical outcomes.

Traditional Chinese Medicine (TCM) scoring was used in addition to ECGs to confirm clinical efficacy. The TCM scoring system evaluated for key symptoms including heart palpitations, chest discomfort, shortness of breath, fatigue, and limb weakness. According to a four point scale (the more severe the symptom, the higher the score), patients were evaluated for improvements. Acupuncture plus herbs outscored drug therapy for the regulation of arrhythmias. Based on the results of ECGs and TCM scoring, the treatment efficacy for each patient was categorized into 1 of 4 tiers as detailed:

- *Clinical recovery: Complete recovery of symptoms, no abnormalities detected in ECG.*
- *Significantly effective: Symptoms mostly remedied or under control, ECG showed significant reduction in arrhythmia frequency.*
- *Effective: ECG showed $\geq 50\%$ reduction in arrhythmia frequency, with a $\geq 50\%$ reduction in duration for each abnormality.*
- *Not effective: No significant reduction of arrhythmias, or worsening of condition.*

Based on the data, the acupuncture plus herbs group had a 95.3% total effective rate, outsoring the drug therapy group by 15.3%. The drug group scored 80%. Both approaches to patient care were significantly

effective. However, one advantage to acupuncture plus herbal medicine is a dramatically lower adverse effect rate. Another advantage applies to patients that may be taking medications for secondary conditions. For these patients, arrhythmia medications pose contraindication issues with their medication regimen.

Looking at the data, the acupuncture plus herbs group and the drug group had similar TCM scores prior to the clinical trial. The acupuncture plus herbs treatment group had a score of 11.5 ± 2.3 and the control group had an 11.8 ± 2.4 score. Essentially, there were equivalent patient samples at the initiation of the investigation. After treatment, the scores varied enormously. The acupuncture plus herbs group had a 3.8 ± 1.4 score and the drug group had a 6.2 ± 2.1 score. The acupuncture plus herbs group outperformed drugs by 2.4 TCM score points. Keeping in mind that lower numbers reflect improvements in heart palpitations, chest discomfort, shortness of breath, fatigue, and limb weakness results, the quality of life improved more greatly for the acupuncture plus herbs group than the drug group.



The ECG results tell an important story. There is a bias in commonly accepted conventional wisdom that drugs are more potent and effective than holistic therapies such as acupuncture and herbal medicine. The ECG numbers indicate that acupuncture plus herbs is significantly more effective for the regulation of arrhythmias than

medications, bucking the myth that drugs are somehow a more bona fide and successful treatment option. The ECG results demonstrate that acupuncture plus herbs is a responsible route for arrhythmia treatment protocols. The drug group and the acupuncture plus herbs group started with similar ECG mean 24-hour arrhythmia frequency scores prior to the investigation (1405.4 arrhythmias in 24 hours and 1378.4 respectively). After the four week treatment program, the ECG results for the acupuncture group were 328.4. The drug group also improved, albeit with a lower positive patient outcome: 451.5.

The study design was straightforward. A total of 90 patients from Hunan Hengyang Traditional Chinese Medicine Hospital were treated and evaluated in the study. The patients were diagnosed with arrhythmias between January 2013 and December 2013. They were randomly divided into the acupuncture plus herbs and drug groups, with 45 patients in each group. All patients had confirmed diagnoses of cardiac arrhythmias. Patients were excluded from the clinical trial if they had the following conditions: severe

internal medicine diseases, mental illness, tachycardia due to blood loss, fever, and hyperthyroidism. Pregnant and nursing women were also excluded from the study. The primary acupoints selected for the acupuncture plus herbs treatment group were the following:

- Shenmen (HT7)
- Neiguan (PC6)
- Shanzhong (CV17)
- Guanyuan (CV4)
- Zusanli (ST36)
- Qihai (CV6)

Secondary acupoints were selected based on TCM differential diagnostics. For qi deficiency in the heart and gallbladder, the following acupoints were added:

- Xinshu (BL15)
- Danshu (BL19)

For weakness of heart and spleen qi and blood, the following acupoints were added:

- Xinshu (BL15)
- Pishu (BL20)

For yin deficiency with heat excess, the following acupoints were added:

- Shenshu (BL23)
- Taixi (KD3)

One standard acupuncture session was conducted daily. After 6 consecutive days of treatment, a break day was observed. For TCM herbal treatment, a decoction was brewed and administered based on the Xiaoyaosan herbal formula, for oral ingestion. All decoctions contained the following herbs:

- Chai Hu (15 g)
- Dang Gui (10 g)
- Bai Shao (15 g)
- Bai Zhu (10 g)
- Fu Ling (10 g)

- Bo He (5 g)
- Zhi Gan Cao (15 g)
- Sheng Di Huang(30 g)
- He Huan Pi (10 g)
- Yuan Zhi (10 g)
- Sheng Jiang (10 g)
- Da Zao (10 g)

For patients experiencing headaches, the following herbs were added:

- Chuan Xiong (10 g)
- Huang Qin (10 g)

For irritability, the following herbs were added:

- Mu Dan Pi (10 g)
- Zhi Zi (10 g)

For belching and sour taste, the following herbs were added:

- Chuan Lian Zi (10 g)
- Yan Hu Suo (10 g)

The decoction was consumed when warm, once in the morning and once at night. For the drug therapy groups, standard protocols were observed for calcium channel blocker and beta-blocker administration. The TCM score and ECG results indicate that acupuncture plus herbs is an effective treatment option, outscoring two types of drugs.

Early documentation of arrhythmias into the canons of TCM exists in the *Huangdi Neijing Suwen-Ju Tong Lun*; the principle of unblocking liver qi stagnation to soothe the heart was introduced. Many scholars date the work to approximately 200 BCE, between the late Warring States period and the emergence of the Han dynasty. The Hunan Hengyang Traditional Chinese Medicine Hospital researchers tested the liver qi stagnation principle with the scientific method using the herbal formula Xiao Yao San (used to regulate liver qi) and acupuncture. The results support the ancient principle that freeing the liver qi benefits the heart.

In related research, Changchun Traditional Chinese Medicine Hospital researchers document that acupuncture plus herbs outperforms medications for the treatment of premature ventricular contractions (PVCs). A total of 72 patients from Changchun TCM Hospital were treated and evaluated in the study. The patients were aged between 19 – 85, with a PVC history between 1 – 20 years. Patients were randomly divided into an acupuncture plus herbs treatment group and a drug control group, with 36 patients in each group. The treatment group was given acupuncture, an herbal medicine decoction, and an intravenous injection of TCM herbs. The control group received conventional medication. The primary acupoints selected for the treatment group were the following:

- Shenmen (HT7)
- Neiguan (PC6)
- Xinshu (BL15)
- Jueyinshu (BL14)

For qi deficiency, the following secondary acupoints were added:

- Pishu (BL20)
- Zusanli (ST36)
- Qihai (CV6)

With the patients resting in a supine position, acupuncture was administered by manipulating each needle with the Ping Bu Ping Xie (tonify/attenuate) technique after insertion, until a deqi sensation was perceived. Thereafter, a 20 – 30 minute needle retention time was observed. One acupuncture session was conducted daily. The following auricular acupoints were selected for ear acupuncture:

- Xuexin
- Jiaogan
- Shenmen
- Pizhixia
- Gan
- Neifenmi
- Sanjiao
- Shen

A total of 3 – 4 auricular acupoints were pierced with moderate force during one ear acupuncture session. Needles were retained for 30 – 40 minutes. During needle retention, each needle was rotated rapidly 3 – 4

times. One ear acupuncture session was conducted daily. For TCM herbal treatment, different brews and ready-made formulas were administered to each patient, based on differential diagnostics. For deficiency of qi and yin, a modified Shengmaisan decoction and Wenxinkeli pills were administered. The decoction was comprised of the following herbs:

- Shengshaishen
- Maimendong
- Wuweizi
- Huangjing
- Baihe
- Tianmendong
- Yuanzhi
- Shichangpu
- Longchi
- Zhigancao

For weak heart and spleen qi and blood, a modified Guipitang decoction and ready-made Guipiwan pills were administered. The decoction was comprised of the following herbs:

- Dangshen
- Huangqi
- Danggui
- Longyanrou
- Baizhu
- Fushen
- Yuanzhi
- Fuxiaomai
- Zhigancao

For deficiency of yin and yang, a modified Zhigancao decoction was administered, comprised of the following herbs:

- Zhigancao
- Xiyangshen
- Maidong

- Wuweizi
- Guizhi
- Danggui
- Huangqi
- Yuanhu
- Gansong
- Chaozaoren

For stasis of phlegm and blood, a modified combination decoction of Erchentang and Taohongsiwutang was administered:

- Chenpi
- Banxia
- Fuling
- Taoren
- Honghua
- Shengdi
- Chuanxiong
- Danggui
- Chishao
- Gualou

For stasis of blood and qi, a modified Xuefuzhuyutang decoction was administered:

- Chaihu
- Danggui
- Shengdi
- Niuxi
- Jiegeng
- Shaoyao
- Taoren
- Honghua
- Chuanxiong
- Danshen

For heart fire caused by hot phlegm, a modified Huanglianwendantang decoction was administered:

- Huanglian
- Banxia
- Chenpi
- Fuling
- Zhishi
- Yuanzhi
- Shichangpu
- Quangualou
- Dannanxing

The following intravenous infusions were administered according to differential diagnostics:

- Shenfu IV infusion
- Shengmai IV infusion
- Chuanxiong IV infusion
- Fufangdanshen IV infusion
- Honghua IV infusion

For the control group, betaloc tablets (23.75 mg) were administered twice per day. Metoprolol is an active ingredient in betaloc, a beta-blocker. Other medications were prescribed according to individual diagnostics, including antianginal and anticoagulant drugs.

For both groups, the entire treatment course was 4 weeks. Patients were evaluated pre-treatment and post-treatment. The treatment efficacy for each patient was categorized into 1 of 4 tiers as detailed:

- *Significantly effective: Significant improvement in clinical symptoms. $\geq 70\%$ reduction in TCM symptom score. Complete absence or occasional occurrence of PVC.*
- *Effective: Improvement in clinical symptoms. $\geq 30\%$ reduction in TCM symptom score. $\geq 60\%$ reduction in PVC occurrence.*
- *Not effective: No significant improvement, or worsening of clinical symptoms. $< 30\%$ reduction in TCM symptom score. $< 60\%$ reduction in PVC occurrence.*

The total treatment effective rate of acupuncture and herbal TCM treatment was 94.5% and drug therapy produced an 86.1% total treatment effective rate. The results indicate that acupuncture plus herbs is effective for the treatment of PVCs.

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