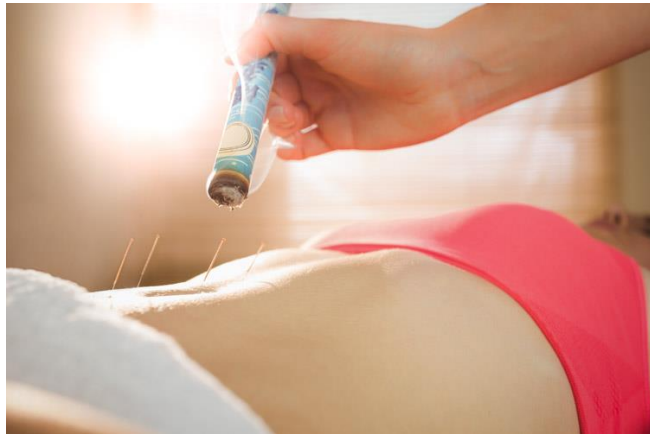


Acupuncture Beats Steroids For Severe Hiccups

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Researchers find acupuncture effective and safe for the treatment of intractable hiccups (IH). In a controlled clinical trial, a total of 60 patients were randomly divided into a treatment group and a control group. The treatment group received acupuncture therapy and the control group received antitussive, anesthetic, and glucocorticoid medications. The total effective rate of the acupuncture treatment group was 93.3%. The total effective rate for the drug control group was 73.3%.

The total effective rate reflects all patients achieving significant positive patient outcomes. Perhaps more importantly, acupuncture produced a significantly higher complete recovery rate. Acupuncture produced a 73.33% recovery rate and drugs produced a 43.33% recovery rate. The ineffective rate for acupuncture was 6.67% and drug therapy produced a 26.67% ineffective rate.

A relatively classic acupuncture point prescription produced the successful patient outcomes. We'll take a closer look at how licensed acupuncturists achieved the results. First, a quick look at intractable hiccups. To many, hiccups do not seem like a terrible disorder; however, intractable hiccups are not the unpleasant ephemeral diaphragmatic spasms familiar to most people.

Hiccups are termed intractable once they persist for over 48 hours. Keep in mind that they can last for years, with the most persistent documented case being 60 years. Etiologies vary and include internal organ disorders, post-surgical sequela, brain infections, tumors, stroke, pneumonia, pleurisy, and psychological disturbances. The researchers document that respiratory disorders leading to diaphragmatic spasms may present in great severity leading to shortness of breath and risk of death.

All patients in the study were between the ages of 40 and 67. They were admitted to the Wuhan Integrated Traditional Chinese Medicine and Western Medicine Hospital from September 2013 to November 2015. Exclusion criteria were applied. Patients with serious cardiovascular, liver, kidney, and cerebrovascular diseases were excluded. Patients with mental illness or severe allergies were also excluded. In addition, lactating and pregnant women were excluded from the study.

The drug control group received antitussive, anesthetic, and glucocorticoid (steroid) medications. All patients in the acupuncture therapy group received the application of the following protocolized set of acupuncture points by licensed acupuncturists:

- CV12 (Zhongwan)
- PC6 (Neiguan)
- ST36 (Zusanli)
- BL17 (Geshu)

Additional acupuncture points were added on an individual basis based on differential diagnostic patterns within the Traditional Chinese Medicine (TCM) system. Oftentimes, when no discernible etiology exists within western allopathic medicine, TCM pattern differentiation identifies a specific disharmony responsible for hiccups. The terminology may seem antiquated or mysterious to the modern reader; however, specific correlates within modern scientific medicine exist for conditions such as cold stomach syndrome, qi stagnation, stomach fire, or yang deficiency.

A detailed description of these correlates in modern scientific terms is beyond the scope of this research; however, a few examples are helpful in gaining a basic understanding of TCM differential diagnostics. Qi stagnation is often quantifiable as excess stimulation of the sympathetic nervous system accompanied by a lack of parasympathetic tone. Yang deficiency often refers to hypofunction of internal organ systems leading to pallor, fatigue, and always feeling chilled. Stomach fire encompasses inflammation, infections, and gastric acid hypersecretory states of the stomach. Let's take a look at the secondary acupuncture points added for patients with specific conditions.

- For hiccups with stomach cold syndrome, moxibustion at CV12 (Zhongwan) was added.
- For hiccups with stomach fire syndrome, acupuncture needling employing the use of the reducing (attenuating) method to ST44 (Neiting) was applied.
- For liver qi stagnation attacking the stomach, reducing manual acupuncture techniques were applied to LV3 (Taichong) and GB34 (Yanglingquan). This is also referred to as wood (liver, gallbladder) attacking earth (spleen, stomach) in the five element system of diagnosis.
- For hiccups due to qi and phlegm stagnation, ST40 (Fenglong) and CV17 (Shanzhong) were applied.
- For hiccups due to yang deficiency of the spleen and stomach, reinforcing manual acupuncture techniques were applied to BL20 (Pishu) and GB27 (Weishu). Moxibustion was applied to CV6 (Qihai).
- For hiccups with yin deficiency syndrome, acupoint KD3 (Taixi) was added.

After routine disinfection, 40 mm filiform acupuncture needles were applied to standard depths of insertion. Needle retention time was 20 minutes per acupuncture session. During initial insertion, deqi was stimulated and 10 minutes later, deqi was stimulated again using manual acupuncture techniques. After treatment completion, the efficacy for each patient was categorized into 1 of 3 tiers:

- Recovery: hiccups disappeared after treatments, no relapse after 2 weeks.
- Significantly Effective: hiccups were alleviated compared with symptoms before the treatment.
- Not Effective: the symptoms exhibited no significant improvements.

The acupuncture treatment group had 22 patients that achieved the recovery level of improvement. The drug group had 13 patients that achieved the recovery level of improvement. As a percentage, acupuncture produced a 73.33% recovery rate and drugs produced a 43.33%

recovery rate. Acupuncture had a 6.67% not effective rate and drug therapy produced a 26.67% not effective rate. The total effective rate for acupuncture was 93.3% and 73.3% for drugs.

The researchers provided important commentary on their investigation. Patients in the drug group had a tendency to build resistance to drug therapy, yielding diminished outcomes over time. The drug group had a 16.7% adverse effect rate. There were 2 cases of dizziness, 1 case of skin rash, 1 case of leukocyte depletion, and 1 case of fatigue in the drug control group. Only 1 patient in the acupuncture treatment group showed temporary dizziness, yielding a 3.3% adverse effect rate for the acupuncture group.

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