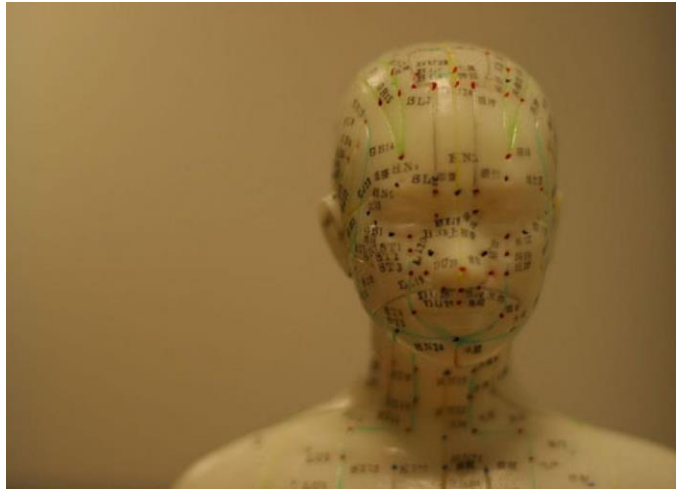


Acupuncture Plus Herbs Benefit Alzheimer's Disease Patients

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Acupuncture and herbal medicine provide clinical benefits to patients with Alzheimer's disease. In three independent investigations, researchers document important findings. In the first investigation, researchers find acupuncture a stabilizing treatment modality. In research published in the *Shanghai Journal of Acupuncture and Moxibustion*, Yuyue Zhu reports that Alzheimer's disease patients show modest improvements as a result of receiving warm needle acupuncture. [1] In the report, acupuncture is a means of stabilizing the overall condition of the patient to prevent significant declines in differential diagnostic patterns.

Yuyue Zhu compared two groups of Alzheimer's disease patients. In group one, 40 patients received warm needle acupuncture. In group two, 40 patients received drug therapy via oral administration of piracetam, a derivative of the neurotransmitter GABA (gamma-Aminobutyric acid). Piracetam is not FDA approved but research demonstrates that it has “neuroprotective and anticonvulsant properties, and improves neuroplasticity.” [2]

After three months of treatment, the results were evaluated and graded based on the comparison of CDR (Clinical Dementia Rating) scores of the two groups. The total effective rate of the acupuncture treatment group was 95.0% and the rate of the piracetam group was 75%. The difference of the results had a statistical significance ($P < 0.05$). These findings reflect basic improvements. The total effective rate includes modest improvements and is not reflective of a curative rate. The main acupoints administered to all patients receiving acupuncture in this trial were the following:

- Baihui (GV20)
- Sishencong (MHN1)
- Taixi (KD3)
- Zusanli (ST36)
- Xuanzhong (GB39)
- Dazhong (KD4)

Warm needle acupuncture was applied using moxibustion at Taixi (KD3), Zusanli (ST36), Xuanzhong (GB39), and Dazhong (KD4). Secondary acupoints were added for specific differential diagnostic considerations within the Traditional Chinese Medicine (TCM) system. For liver and kidney deficiency, the following acupoints were added:

- Sanyinjiao (SP6)
- Ganshu (BL18)

For deficiency of qi and blood, the following acupoints were added:

- Geshu (BL17)
- Qihai (CV6)

The investigation reports that the overall condition of the patients improved and the treatment “advanced the yang, transformed the qi, opened the meridians and collaterals, and circulated the blood flow.” [3] The investigator notes that Baihui (GV20) and Sishengcong (MHN1) open the Governing Vessel (Du Mai) and benefit the brain and are therefore appropriate choices for patients with cognitive impairment. The method of using warm needling on Taixi (KD3), Dazhong (ST36), Xuanzhong (GB39), and Zusanli (KD4) benefits the kidneys, nourishes the marrow, and opens the acupuncture channels.

Acupuncture Plus Herbs

Related research published in *Henan Traditional Chinese Medicine* (Huali Cheng, Dongmei Zhao) demonstrates that Chinese herbal medicine combined with acupuncture benefits patients with Alzheimer’s disease. [4] The treatment principle was to tonify the kidneys and promote blood circulation. Fifty-six patients were randomly divided into two groups. All participants had Alzheimer’s disease and were hospitalized between January 2014 and April 2015. Group one was comprised of 30 participants and they received herbal medicine and acupuncture.

Group two was comprised of 26 participants and they received piperacillin and nimodipine. Although nimodipine is a calcium channel blocker often used to treat bleeding in the brain (subarachnoid hemorrhage), there is research noting that “Nimodipine can be of some benefit in the treatment of patients with features of dementia due to unclassified disease or to Alzheimer’s disease, cerebrovascular disease, or mixed Alzheimer’s and cerebrovascular disease.” [5]

The acupuncture plus herbal medicine group achieved a total effective rate of 83.3%. The drug group achieved a total effective rate of 53.9%. [6] The difference between the two groups was statistically significant ($P < 0.05$). The total effective rates were determined using several instruments: Behave-ad, MMSE (Mini-mental State Examination), ADI (Alzheimer’s Disease International), CMAI (Cohen-Mansfield Agitation Inventory), PSP (Progressive Supranuclear Palsy), SF-36 (36-Item Short Form Survey).

Based on the data, the researchers note that acupuncture combined with herbal medicine in a protocolized treatment regimen provides important clinical benefits for patients with Alzheimer’s disease and can significantly improve symptoms. The primary acupuncture points used in this research were the following:

- Baihui (GV20)
- Renzhong (GV26)
- Neiguan (PC6)
- Sanyinjiao (SP6)
- Xuanzhong (GB39)
- Fenglong (ST40)
- Taixi (KD3)

The herbal medicine ingredients used for all patients in a decoction of a modified version of the formula Bushen Huoxue were the following:

- Shu Di Huang, 20 grams

- Dan Shen, 20 grams
- Huang Qi, 20 grams
- Gou Qi Zi, 20 grams
- He Shou Wu, 15 grams
- Du Zhong, 15 grams
- Bai Zhu, 10 grams
- Chuan Xiong, 10 grams
- Yuan Zhi, 10 grams
- Shi Chang Pu, 10 grams
- San Qi, 6 grams

Herbs were added to the formula based on differential diagnostic considerations. For patients with frequent micturition, 15 grams of Sang Piao Xiao were added. For patients sleep difficulties, 30 grams of Suan Zao Ren were added. For patients with qi and blood deficiency, the dosage of Bai Zhu was increased to 15 grams and 15 grams of Dang Gui were added to the formula. For patients with constipation, 15 grams of Huo Ma Ren were added.

The herbs were soaked in five times the amount of water than herbs for one hour. The herbs were then decocted three times using this process. The decoctions were mixed together after completion of all three boilings. One dose was administered every morning and evening for three months. The acupuncture and herbal medicine regimen produced outcomes that were significant. As a result, the researchers recommend acupuncture and herbal medicine for patients with Alzheimer's disease.

The aforementioned human clinical trials demonstrate modest improvements for Alzheimer's disease patients. To date, sufficient treatment protocols have not fully addressed the needs of Alzheimer's disease patients. The focus was to either stabilize the patient's overall condition or to slow the rate of decline.

Laboratory Findings

A laboratory experiment using a two herb version of Bushen Huoxue provides hope. The herbs used were Yin Yang Huo and Dan Shen. The treatment principle was to nourish the kidneys and benefit blood circulation. The researchers note, "Cerebral hypoperfusion is a common feature of vascular dementia and has recently been recognized to contribute to the progression of cognitive decline." [7] The researchers add, "The results demonstrated that BHD [Bushen Huoxue] significantly attenuated learning and spatial memory deficits in the Morris water maze test in a dose-dependent manner... the results suggested that BHD has therapeutic potential to treat vascular dementia, which may be associated with synapse density and anti-oxidant activities in the hippocampus." [8]

Empirical findings in the study showed important results, "Transmission electron microscopy observation revealed that the reduction of synapse density in hippocampal CA1 and cortex parietal isolated from rats with 2VO was partially restored by BHD treatment. In addition, the expression levels of a number of antioxidants, including superoxide dismutase, catalase (CAT), glutathine and glutathione peroxidase-1 (GPx-1) increased, whereas malondialdehyde decreased in the hippocampi of rats with 2VO following BHD treatment." [9] Additional tests were run to confirm the results: polymerase chain reaction, western blot analysis. These tests confirm that "the GPx-1 and CAT expression increased in the BHD treatment group." [10]

Summary

The takeaway from the research is that acupuncture and herbal medicine provide clinical benefits to

patients with Alzheimer's disease. The findings indicate that acupuncture and herbal medicine are appropriate for integration into standard care for Alzheimer's disease patients.

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