

# Acupuncture Relieves Asthma Attacks

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Researchers find acupuncture effective for relieving allergic asthma, a type of asthma triggered by allergens (e.g., dust mites, mold, pollen, foods). Symptoms include wheezing, difficulty breathing, itchy eyes, sinusitis, rhinitis, a general feeling of malaise, and sneezing. In a randomized controlled trial of 1,445 patients, acupuncture provided lasting relief for six months.

Acupuncture was provided for a maximum of 15 treatments over a three month period.

Patients receiving acupuncture demonstrated significant relief from allergic asthma at all data points, including the six month post-treatment follow-up data point. Only manual acupuncture was administered. Laser acupuncture, electroacupuncture, and moxibustion were not permitted for the purposes of eliminating variables in the investigation. Healthcare costs for acupuncture treatment were covered by a cooperative agreement between insurance companies and the university researchers conducting the study.

Patients receiving acupuncture had marked reductions of allergic asthma during strenuous and moderate exercise, work and social activities, and during sleep. The overall quality of life scores for patients receiving acupuncture were significantly higher than patients in the control group receiving no acupuncture.

All patients were allowed usual care and acupuncture was an additional treatment modality for patients in the the acupuncture groups. The researchers note, “study results reveal that the use of acupuncture as adjunct to the routine care of allergic bronchial asthma was superior to routine care alone in improving both specific symptoms and general quality of life.” [1] Secondary outcome measures document that patients were satisfied with acupuncture treatment results.

The study allowed for real life clinical applications of acupuncture, except for the limitation to manual acupuncture. The acupuncture point prescriptions, including the number of acupoints used, were individualized for each patient. This differs from many research designs wherein a primary acupuncture point prescription is designated for all patients. Secondary acupuncture points are often allowed for specific medical considerations. In this study, the researchers allowed for complete customization of all acupuncture points based upon clinical presentations with no limitations to primary and secondary acupoint protocols.

The researchers note that after the three months of acupuncture treatments, patients had significant improvements in global quality of life scores and individual parameters such as symptoms, activities, emotions, physicality, and mental function. An important finding, the durability of acupuncture was confirmed by a six month follow-up. Despite not having any acupuncture for three months following the completion of the study’s treatment regimen, the six month data point measured improvements “comparable to the 3 months’ improvements.”

The researchers note, “In this pragmatic randomized trial, allergic asthma patients treated with acupuncture in addition to routine care showed clinically significant improvements in disease specific and general quality of life compared to patients who received routine care alone.” [2] The researchers indicate that the findings demonstrate that acupuncture is safe, effective, and is an appropriate referral recommendation. The researchers note, “This study provides further evidence for the safety of acupuncture as an intervention. This conclusion is consistent with findings in large, previously published surveys and trials.”

The researchers were from Charité – Universitätsmedizin Berlin, Universität Freiburg, and University of Zurich. They provided basic statistics on the prevalence of asthma. Incidence varies between countries, with a range of 4–32%. They add that corticosteroids are standard in usual care. They note that in China, “herbal medicine and acupuncture have traditionally been utilized in the treatment of lung disease, including asthma.” In addition, “A reasonable estimate is that about 30% of adults and 60% of children in the U.S. use some form of complementary and integrative medicine (CIM) therapy for their asthma.”

Research from Anyang General Hospital confirms the results of the aforementioned European research. [3] Acupuncture was determined safe and effective as an adjunct to usual care for the treatment of asthma. In the two week study, patients receiving only drug therapy were compared with patients receiving treatment with both drug therapy and acupuncture. The data indicates that acupuncture greatly improves treatment outcomes. [4]

The acupuncture treatment and drugs-only groups received drug therapy with beclometasone dipropionate and theophylline. Beclometasone dipropionate (a steroid) was provided in the form of an inhaler, 250 µg each dose, one time per day. Theophylline (a bronchodilator) was taken once per day in the form of 0.2 gram sustained-release tablets.

Acupuncture was applied twice per day if an acute asthma attack occurred and only once per day otherwise. Total treatment time for all patients was 14 days. The following acupuncture points were administered to patients in the acupuncture group:

- Feishu (BL13)
- Yuji (LU10)
- Lieque (LU7)
- Dingchuan (MBW1)
- Dazhui (GV14)

The following secondary acupoints were applied, varying for each patient according to Traditional Chinese Medicine (TCM) differential diagnostics:

- Ashi points
- Neiguan (PC6)
- Shanzhong (CV17)
- Fengmen (BL12)

Yuji (LU10) was inserted first to an insertion depth of 0.5–1 cun. The needle was manipulated with strong attenuation techniques and was retained for 25 minutes. During retention, the needle was manipulated every five minutes. Feishu (BL13) and Dazhui (GV14) received standard insertion with equal reinforcement and attenuation techniques with lifting, thrusting, and rotating. Feishu (BL13) and Dazhui (GV14) were retained for 15 minutes, followed by cupping or warm needle acupuncture. For the remaining acupoints, the needles were manipulated with attenuation techniques (moderate to strong

stimulation) and were then retained for 25 minutes. The results demonstrate that acupuncture provides significant relief from asthma when added to a usual care regimen.

In a separate investigation, an examination of Taiwan's Bureau of National Health Insurance (BNHI) records yielded a sample size of 12,580 asthmatic children. Children with asthma receiving a combination of acupuncture, herbal medicine and drug therapy have superior patient outcomes, less visits to emergency rooms, and fewer hospitalizations than children receiving only drug therapy. In a 15 multi-hospital five year study, Traditional Chinese Medicine (acupuncture, herbal medicine, Chinese Tuina massage, herbal pastes) was combined with pharmaceutical drugs including inhaled bronchodilators and steroids in the study protocol.

The integrative medicine approach (TCM plus drug therapy) produced an astonishing result. Not a single child receiving integrative medicine during the study required an emergency room (ER) visit or hospitalization. The superior clinical outcomes and reduction of medical emergencies indicates that integrating TCM into conventional protocols benefits children with asthma. [5] The BNHI paid for all medical visits and examined the cost-effectiveness of combining TCM therapies with drug therapy. It was found that there is an additional upfront cost to provide TCM therapies but there is a savings on the backend in reduced emergency room visits and hospitalizations. [6]

## References

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