Clinical Study on Tuina and Moxibustion for Chronic Fatigue Syndrome

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【摘要】目的:观察推拿结合灸法治疗对慢性疲劳综合征患者的影响。方法:将 60 例符合纳入标准的慢性疲劳综合征 (Chronic Fatigue Syndrome, CFS) 患者,随机分为 2 组,治疗组 30 例予推拿结合雷火灸治疗,对照组 30 例予普通针刺治疗。治疗 4 周后进行临床疗效比较。结果:治疗组治愈率为 36.7%,总有效率为 93.3%,对照组治愈率为 16.7%,总有效率为 76.7%,两组治愈率和总有效率差异均有统计学意义 (P<0.01)。结论:推拿结合雷火灸治疗 CFS 疗效优于普通针刺。

【关键词】疲劳综合征,慢性;灸法;推拿;按摩;
【中图分类号】R246.6 【文献标志码】A
【Abstract】Objective: To observe the effect of tuina plus moxibustion in treating chronic fatigue syndrome (CFS). Methods: Sixty patients diagnosed with CFS were randomized into two groups, 30 cases in the treatment group were given tuina and thunder-fire moxibustion, and 30 in the control group were given ordinary acupuncture treatment. The clinical effects were compared after 4-week treatment. Results: The recovery rate and total effective rate were 36.7% and 93.3% respectively in the treatment group, versus 16.7% and 76.7% in the control group, and the differences between the two groups in recovery rate and total effective rate were statistically significant (P<0.01). Conclusion: of the treatment of tuina and thunder-fire moxibustion has better therapeutic effect than the ordinary acupuncture in treating CFS.

【Key Words】Fatigue Syndrome, Chronic; Moxibustion Therapy; Tuina; Massage

Chronic fatigue syndrome (CFS) is a type of disease denominated by the Centers for Disease Control and Prevention (CDC) in 1988, who also drew up its diagnostic criteria. It is a complex disease demonstrated by persistent or recurrent chronic fatigue for over 6 months, with other symptoms such as low fever, headache, throat pain, muscle pain, sleep disorder, depression, and impairment of memory. For the fierce competition and faster rhythm of life in modern society, the incidence of CFS is increasing year by year. It was reported that the incidence of CFS in office workers has reached 10%-20%. Although CFS does not threaten life in a short term, it significantly interferes with the patients' study, work and daily activity. Modern medicine has neither defined the pathologic mechanism of CFS nor proposed effective treatment protocols. We tried to treat CFS by using thunder-fire moxibustion together with tuina, and now report it as follows.

1 Clinical Material

1.1 Diagnostic criteria

It was based on the diagnostic criteria made by CDC in 1994.

1.1.1 The individual has persistent or recurrent overwhelming fatigue due to unknown reasons for 6 or more consecutive months and the fatigue is not relieved by sufficient rest, and the general activity level decreased by 50%.

1.1.2 The individual has 4 or more of the following symptoms that last six months or longer.

- Impaired memory or concentration.
- Pharyngolaryngitis.
- Tender lymph nodes in neck or armpit.
- Muscle pain.
- Pain in multiple joints without swelling or redness.

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f. Headache of a new type, pattern, or severity.
g. Sleep disorder.
h. Persistent post-exertional malaise.

1.2 Exclusion criteria
1.2.1 Secondary chronic fatigue due to other medical conditions such as narcolepsy syndrome, hypothyroidism, and sleep apnea syndrome.
1.2.2 The individual had a past or present history of severe psychiatric disorders, such as anorexia nervosa, schizophrenia, etc.
1.2.3 The individual had a history of alcoholism or drug addiction.

1.3 General data
A total of 60 patients were the outpatients of our hospital. They were randomized into two groups, 30 for each. The differences in general data between the two groups were statistically insignificant, indicating the comparability (table 1).

<table>
<thead>
<tr>
<th>Groups</th>
<th>n</th>
<th>Gender (case)</th>
<th>Age (year)</th>
<th>Duration (month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>30</td>
<td>13 Male, 17 Female</td>
<td>43±13</td>
<td>16.4±7.9</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>14 Male, 16 Female</td>
<td>41±13</td>
<td>15.9±8.3</td>
</tr>
</tbody>
</table>

The clinical management of the two groups was shown in Fig.1.

2 Treatment Methods

2.1 Treatment group
2.1.1 Tuina
*Gun*-Rolled and *Rou*-Kneaded the back: The patient took a prone position. The doctor performed *Gun*-Rolling manipulation on the bilateral spinal muscle from top to bottom for 3-5 times, followed by 3-5 times of *Rou*-Kneading manipulation, to relieve muscle spasm.

*An*-Pressed the Back-Shu points: With the two thumbs opposing to each other, the doctor *An*-pressed the Back-Shu points of the Bladder Meridian with thumb pulp from Feishu (BL 13) to Pangguangshu (BL 28) for 3 times, 5 s for each acupoint. All treatment should better produce a distending feeling. When operating, the doctor should be grounded and balanced, and press with help of body weight and have the elbows extended.

Symmetrical *An*-Pressed both sides of spine with palms: With two palms on each side of the spine, the doctor symmetrically *An*-Pressed from the level of T3 to L5, 6 times for a ride, 5 s for each stroke, repeating 3 times.

2.1.2 Thunder-fire moxibustion
Regions: Shenque (CV 8), Guanyuan (CV 4), and the Bladder Meridian on the back.
Operation: The patient took a supine position. Moxa sticks especially-made for thunder-fire moxibustion (patent number: ZL94236918.1) and biforate moxa boxes were used. When ignited, moxa sticks were inserted into the holes of moxa box, half a stick in each hole. When fixed, the moxa box was placed on the body. A big towel was necessary to keep the body warm. Moxibustion treatment took about 30 min. Get rid of the burnt ashes once every 15 min. Then the patient took a prone position. 4-6 biforate moxa boxes (the actual number should depend on the height of the patient) were placed on the routine of the Bladder Meridian from the level of T1 to sacral vertebrae. A big tower was used to keep the body warm. Moxibustion treatment took about 30 min, and the burnt ashes were cleaned away once every 15 min. Pay attention to the distance to prevent empyrosis.

The above treatments were given once every other day, 3 treatments a week, for consecutive 4 weeks in total.

2.2 Control group
Acupoints: Baihui (GV 20), Sishencong (Ex-HN 1), Taiyang (Ex-HN 5), Neiguan (PC 6), Shenmen (HT 7), Qihai (CV 6), Zusanli (ST 36), and Sanyinjiao (SP 6).

Operation: Stainless filiform needles of 25 mm in length were used to perform at acupoints. Even reinforcing-reducing manipulation was applied

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