Acupuncture Combined with Tuina Treatment for Infantile Diarrhea

Chen Li-Chang
Acupuncture Department, Weifang City Hospital of Traditional Chinese Medicine, Shandong 261041, China

Abstract

Objective: To observe the effect of acupuncture combined with Tuina for infantile diarrhea.

Methods: One hundred and twenty patients met the inclusion criteria were randomly divided into two groups at the ratio of 2:1, and there were 80 cases in the treatment group while 40 cases in the control group. The patients in the treatment group were treated with acupuncture combined with tuina, while those in the control group were treated with medication. The effects of two groups were compared after a 3-day treatment.

Results: The total effective rate was 97.5% in the treatment group, versus 87.5% in the control group, and the difference was statistically significant (P<0.05). After 48-hour treatments, the antidiarrheal effect of the treatment group was better than that of the control group (P<0.05).

Conclusion: Acupuncture combined tuina treatment is effective for infantile diarrhea and works fast.

Key Words
Acupuncture Therapy; Tuina; Massage; Diarrhea, Infantile; Pricking Needling

Infantile diarrhea is a common pediatric gastrointestinal disease caused by various factors, and it is seriously harmful to the physical and mental health of infants and young children. There are a lot of clinical treatment methods for this disease, but if the treatment is not timely, the children easily suffer from dehydration, electrolyte imbalance and acid-base imbalance, or even hypovolemic shock, and circulatory failure, which can lead to death. Because of the young ages of the patients, how to use medication is a problem for a clinical doctor, for the medication’s side effects often more or less affect the normal development in children, thus the use of medication needs to be cautious. According to the traditional Chinese medicine theories of holism concept and syndrome differentiation and treatment, we treated 80 infantile cases with diarrhea with acupuncture combined with tuina therapy, comparing with the effect of 40 cases treated with medication. The report is as follows.

1 Clinical Material

1.1 Diagnostic criteria
1.1.1 Diagnostic criteria of Western medicine
They are referred to the diagnostic criteria in the Pediatrics. They are referred to the diagnostic criteria in the Pediatrics.

1.1.2 Diagnostic criteria of traditional Chinese medicine
Diagnostic criteria of traditional Chinese medicine are referred to the Criteria of Diagnosis and Therapeutic Effects of Diseases and Syndromes in...
Traditionally Chinese Medicine and Pediatrics of Traditional Chinese Medicine. Generally, the patients have a history of improper and unclean diet, contracting wind and cold, or seasonal pathogens; the patients' stool frequency increased significantly, even up to 10 times a day or more, and the stools are usually pale yellow or like clear water, mixing with or without milk block, or food which has not been digested, like egg drop soup, or the stools’ color is brown and smelly, mixed with a small amount of mucus. And the patients may also have complicated symptoms of nausea, vomiting, abdominal pain, fever, thirst and so on; and the severe patients present with cherry lips, long deep breath, abdominal detention, as well as dehydration symptoms including scant urine, hyperthermia, vexation and thirst, fatigue and lack of strength, sunken fontanelle, orbit subsidence, and crying without tears.

According to traditional Chinese medicine syndrome differentiation, it was divided into four types including damp-heat syndrome, wind-cold syndrome, improper diet syndrome, as well as spleen deficiency syndrome.

Damp-heat syndrome: The patients’ stools were watery, brown-colored and smelly with or without mucus, complicated with anal burning, scanty dark urine, fever, thirst, red tongue, yellow greasy moss, and a fast pulse.

Wind-cold syndrome: The patients had pale stools with foam, but there was no significant odor, as well as abdominal pain and bowel sounds, which may be associated with nasal congestion, snivel, and fever. And the patients got greasy tongue coating and slippery strong pulse.

Improper diet syndrome: The patients’ stools were sour and smelly, or smell like decayed eggs. They also had abdominal fullness, smelly breath and poor appetite. Most of them had complications of nausea and vomiting. Their tongues had thick and greasy coating, and the pulses were slippery and strong.

Spleen deficiency syndrome: The patients suffered from chronic or repeated diarrhea with thin or watery stools, mixing with milk curd and undigested food residue. And they also presented with metal fatigue, poor appetite and pale face. Their tongues were pale with thin and greasy coating, and the pulses were weak.

1.2 Inclusion criteria
The inclusion criteria complied with the above Western and traditional Chinese medicine diagnostic criteria; the patients needed be younger than 3 years; and their parents joined the study voluntarily and promised to obey the requirements of this study.

1.3 Exclusion criteria
The patients who did not meet the Western and traditional Chinese medicine diagnostic criteria; or those were older than 3 years; or those quit the treatment during the study.

1.4 Statistical methods
The SPSS 13.0 version statistical package was used for all the statistical analyses. All measurement data were expressed in terms of (x̄ ± s), the efficacies before and after treatments were compared by a paired t test, so as the comparison of different groups. Multiple groups' paired comparisons were analyzed by One-way ANOVA. The enumeration data were analyzed by the Chi-square test.

1.5 General materials
One hundred and twenty cases who met the inclusion criteria mentioned above were all from the Department of Acupuncture and Pediatrics, Weifang City Hospital of Traditional Chinese Medicine, and they were randomly divided into a treatment group of 80 patients and a control group of 40 patients at a 2:1 ratio. The clinical flow is showed in Fig.1.

Before treatment, the differences of general material between the two groups including gender, age, duration of disease, illness state and traditional Chinese medicine syndrome differentiation were not statistically significant (P>0.05), indicating that the two groups were comparable (table 1).

![Clinical flow chart in the two groups](image-url)

2 Methods
On the base of the dehydration condition of the two groups, they were given rehydration therapy. According to the results of serum electrolytes and blood gas examinations, they were supplied reasonably with deficient ingredients to correct their acid-base imbalance and electrolyte imbalance. During the study, all cases avoided using antibiotics and astringent and antidiarrheal medication. The children needed to be offered with light or easily digestible food, while the