Chronic Fatigue Syndrome Treated by Acupuncture and Moxibustion in Combination with Psychological Approaches in 310 Cases

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Objective: To observe clinical therapeutic effect of acupuncture and moxibustion combined with a psychological approach on chronic fatigue syndrome (CFS). Methods: The treatment was given by acupuncture plus moxibustion combined with a psychological approach based on differentiation of symptoms and signs in 310 cases. Results: Of 310 cases observed, 275 cases (88.7%) were clinically cured, 28 cases (9%) improved, and 7 cases (2.3%) failed. Conclusion: Acupuncture plus moxibustion combined with a psychological approach is an effective therapy for CFS.

Since June of 1990, the author has treated 310 cases of chronic fatigue syndrome (CFS) by using acupuncture and moxibustion combined with a psychological approach, and achieved good therapeutic effects as reported in the following.

Clinical Data

1. Criteria for Diagnosis

The criteria for diagnosis of CFS was established at the time when the disease was named by an American organization in 1987. Patients with 2 main symptoms or 8 accumulated simple symptoms can be diagnosed as CFS.

Main symptoms for diagnosis

1) Protracted or repeated attack, or fatigue lasting for more than 6 months; 2) CFS induced by various organic diseases can be excluded according to the history, physical signs or laboratory findings.

2. General Data

According to the order of their visiting, 620 cases meeting the above-mentioned criteria were randomly divided, into an observation group and a control group, 310 cases in each. Of the 310 cases in the observation group, 90 cases were males and 220 cases females, aged 20-50. The type of liver-qi stagnation was found in 110 cases, the type of internal obstruction of blood stasis in 30 cases, the type of generation of phlegm-damp in 50 cases, the type of accumulation of damp-heat in 50 cases, the type of hyperactivity of fire due to yin deficiency in 40 cases, the type of impairment of the heart and spleen due to deficiency of qi and blood in 15 cases, and the type of insufficiency of the spleen-yang and dizziness or headache; 5) Abstracted attention and memory decline; 6) Poor appetite; 7) Uncomfortableness in the shoulder and back, tightness feeling in the chest, or lumbodorsal pain and delocalized myalgia and arthralgia without clear history of rheumatism or external injury; 8) Depression, anxiety or mental tension and fear; 9) Attenuation or disappearance of interest; 10) Decline of sexual function; 11) Low fever; 12) Dry and sore throat or laryngeal tightness.
kidney-yang in 15 cases. Of the 310 cases in the control group, 95 cases were males and 215 cases females, aged 20-50. The type of the liver-qi stagnation was found in 110 cases, the type of internal obstruction of blood stasis in 30 cases, the type of generation of phlegm-damp in 45 cases, the type of accumulation of damp-heat in 55 cases, the type of hyperactivity of fire due to yin deficiency in 40 cases, the type of impairment of the heart and spleen due to deficiency of qi and blood in 15 cases, and the type of insufficiency of the spleen-yang and kidney-yang in 15 cases. The course of disease ranged from half a year to one year in both groups. There was no significant difference in general data between the two groups ($\chi^2=1.3, P>0.05$), indicating the comparability of the two groups.

**Therapeutic Methods**

1. Observation Group

1) Acupuncture and moxibustion were applied according to differentiation of symptoms and signs. Bilateral Feishu (BL 13), Xinshu (BL 15), Pishu (BL 20) and Shenshu (BL 23) were used as the main points. Auxiliary points were added according to symptoms. For example, Bilateral Neiguan (PC 6), Benshen (GB 13), Sanyinjiao (SP 6) and Taichong (LR 3) were added for those with liver-qi stagnation; Ashi and bilateral Geshu (BL 17) added for those with internal obstruction of blood stasis; bilateral Sanjiao (BL 22) and Fenglong (ST 40) for those with generation of phlegm-damp; bilateral Geshu (BL 17), Sanyinjiao (SP 6) and Taixi (KI 3) for those with accumulation of damp-heat; bilateral Neiguan (PC 6), Daling (PC 7), Shenmen (HT 7), Sanyinjiao (SP 6), Taixi (KI 3) and Zhaohai (KI 6) for those with hyperactivity of fire due to yin deficiency, bilateral Neiguan (PC 6), Taiyuan (LU 9), Shenque (CV 8) and Zusanli (ST 36) for those with deficiency of qi and blood, and Shenque (CV 8), bilateral Zusanli (ST 36), Shenmai (BL 62) and Yanglao (SI 6) for those with insufficiency of the spleen-yang and kidney-yang. With the patients in a prone position a needle of 1.5 "cun" in length should superficially be inserted into the back shu points, and then withdrawn swiftly, which was followed by cupping for 15 minutes. For the patients with the type of liver-qi stagnation, the needles were first inserted into the auxiliary points and the uniform reinforcing and reducing maneuver was applied following the arrival of qi (the needling sensation was achieved) and the needles were then retained for 20 minutes. The treatment was given once each day. Usually the therapeutic effect could be obtained after 5 treatments. For those with the type of internal obstruction of blood stasis, a small amount of blood-letting (no more than 1 ml) was made to let out at the auxiliary points. For those with the type of generation of phlegm-damp, the reducing maneuver was applied at bilateral Fenglong (ST 40), and the needles were retained for 15 minutes. For those with the type of accumulation of damp-heat, the 1.5 "cun" filiform needles were inserted into bilateral Sanyinjiao (SP 6) and Taixi (KI 3) with the uniform reinforcing and reducing maneuver performed following achievement of needling sensation, and the needles were retained for 15 minutes. For those with the type of hyperactivity of fire due to yin deficiency, the uniform reinforcing and reducing maneuver was used, and the needles were retained for 20 minutes, during which the needle manipulation was made once every 5 minutes. For those with deficiency of qi and blood, the reinforcing maneuver was used at bilateral Neiguan (PC 6) and Taiyuan (LU 9) with the needles of 1 "cun" in length, which were retained for 15 minutes. Besides, hanging moxibustion was added at Shenque (CV 8) and bilateral Zusanli (ST 36), each point for 15 minutes. For those with insufficiency of the spleen-yang and kidney-yang, hanging moxibustion was applied for 15 minutes at each of the auxiliary points.

2) Psychological treatment: During needle remaining, doctors should have oral communication with the patient, and psychological approaches such as emotion distraction, character diversion, emotional moving and situational treatment were added.

2. Control Group

TCM drugs were used based on the symptoms of
the patients. Modified *Chaihu Shugan San* (柴胡疏肝散) Bupleurum Powder for Relieving Liver-Qì stagnation; modified *Shenling Baihu San* (参苓白术散) Powder of Ginseng, Tuckahoe and Bighead Attractylodes Rhizome) for those with generation of phlegm-damp; modified *Longdan Xiegan Tang* (龙胆泻肝汤) Gentianae Decoction for Purging Liver Fire) used for those with accumulation of damp-heat; *Gui Pi Tang* (归脾汤) Decoction for Invigorating the Spleen) for those with deficiency of qi and blood, *Zhibai Dihuang Wan* (知柏地黄丸) Pill of Wing-weed) for those with hyperactivity of fire due to yin deficiency and *Jinkui Shen Qi Wan* (金匮肾气丸) Pills for Restoring the Function of the Kidney) for those with insufficiency of the spleen-yang and kidney-yang. The decoction was administered once each day, and 10 decoctions were made up of a therapeutic course.

**Results**

1. Criteria for Therapeutic Effects
   
   Cured: complete disappearance of the symptoms with full spirit and elevated work efficiency. Markedly effective: existence of fatigue and lassitude after physical or mental work, which would disappear after a rest, and the patient was able to work normally the following day. Effective: alleviation of the symptoms. Failed: no improvement.

2. Therapeutic Results
   
   The therapeutic results were evaluated after 2 courses of treatments. Of the 310 cases in the observation group, 204 cases (65.80%) were cured, 71 cases (22.9%) markedly effective, 28 cases (9.0%) effective, and 7 cases (2.2 %) failed, with a total effective rate of 97.70 %. Of the 310 cases in the control group, 10 cases (3.22%) were cured, 64 cases (20.64%) markedly effective, 105 cases (33.87 %) effective, and 131 cases (42.25 %) failed, with a total effective rate of 57.73%. The difference in therapeutic effects between the two groups was statistically significant ($\chi^2=440.2$, $P<0.01$), indicating that the therapeutic effect in the observation group was superior to that in the control group.

All the cured cases in both groups were found without a relapse during a follow-up period of 2 years.

**Sample of Cases**

A male patient of 31 years old paid his first visit on July 5, 1998. He complained of severe systemic lassitude without obvious causes, which was accompanied with fever, myalgia and depression for over half a year. No organic diseases were detected by various related examinations. At the moment, he was found to have depressed emotion, low spirit, preference to sighing, dark red tongue proper and taut pulse. He was diagnosed as suffering from CFS of liver-qi stagnation. In the treatment, acupuncture and moxibustion were given to relieve his depressed liver, regulate and smooth the functional activities of vital energy, and nourish the heart to tranquilize the mind. It was found during the needle remaining that his symptoms were caused by his loss of job. So, in addition to the treatment, console was made to enlighten his confidence to life. The symptoms were alleviated after 2 treatments. He was cured after 10 treatments without a relapse during the 2-year follow-up.

A female patient of 45 years paid her first visit on Aug. 3, 1997. She complained of fatigue and lassitude, hectic fever and hidrosis, poor sleep, dysphoria with feverish sensation in the chest, palms and soles, dry mouth and pharyngoxerosis, constipation and yellow urine for more than one year, and no organic diseases were found by examinations in some hospitals. In the physical check-up, the patient was found to have skinny body, red cheek and lips, red tongue proper with less coating, rapid and tready pulse. She was diagnosed to have CFS with hyperactivity of fire due to yin deficiency, for which acupuncture and moxibustion were given to nourish yin to lessen fire.
By talking with the patient during needle remaining, she was found to have a quick temper and was fond of spicy food. So, she was persuaded to change her custom on food, and do some things to calm her mind. The symptoms were alleviated after 2 treatments. She was cured after 8 treatments and no relapse was found during a 2-year follow-up.

Discussion

Chronic fatigue syndrome refers to a kind of clinical syndrome, which is manifested mainly by severe systemic fatigue accompanied by low fever, headache, myalgia, depression, and abstracted attention and sometimes with lymphadenectasis. It may affect the normal life of the patients. Up to now, no causes have been found for this kind of fatigue and lassitude, and they are not able to be alleviated after a bed rest. It is a severe pathological situation, which is impossible to be cured without treatment. As it severely hinders patients’ life quality, attention should be paid to early treatment. Acupuncture and moxibustion combined with psychological approaches are a kind of simple, convenient and effective therapy.

Human activities depend on functions of zang-fu organs, and body essence vitality energy, mentality and body fluid are their material basis. So, coordination of functional activities of zang-fu organs and relative equilibrium of yin-yang and qi-blood are the essential condition for transformation of CFS to health. Because CFS is due to imbalance of yin and yang, the treatment by acupuncture and moxibustion functions to regulate yin and yang to cause their equilibrium. Early treatment can prevent it from further aggravation.

In addition to acupuncture and moxibustion, a psychological approach is usually used in the treatment. Its purpose is to help the patient face the reality, strengthen their confidence to life and to remove the psychological factors inducing CFS.

References

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