Fifty Cases of Parkinson's Disease Treated by Acupuncture Combined with Madopar

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**Objective:** To search for an effective therapy for treating motor disorder due to Parkinson's disease (PD).

**Methods:** Fifty cases in a treatment group were treated by acupuncture combined with madopar, and 30 cases in a control group treated by madopar only. **Results:** A total effective rate of 92% was achieved with obvious alleviation of motor disorder in the treatment group, which was significantly higher than that in the control group ($P<0.05$). **Conclusion:** Acupuncture can enhance therapeutic effects of western medicine and lessen the dose of the medicine needed.

**Key words:** acupuncture therapy; Parkinson's disease (PD); motor disorder

Up to now, western medicine used for treating Parkinson's disease (PD) is not satisfactory in its therapeutic effects on preventing its natural development but with severe side effects. By applying acupuncture combined with madopar in treating 50 cases of PD, and comparing its effect with 30 cases treated by madopar only, the author achieved good therapeutic result. It is reported as follows.

**CLINICAL DATA**

Among the 50 cases in the treatment group, 31 were males and 19 females, ranging in age from 45 to 79 years with an average of 62 years. Among the 30 cases in the control group, 20 were males and 10 females, ranging in age from 46 to 65 years with an average of 63 years. There were no significant differences in general conditions between the two groups ($P>0.05$), indicating their comparability.

The criteria for diagnosis referred to *Diagnosis and differentiation of Parkinson's disease and Parkinson's syndrome* confirmed in National Conference on Diseases of the Extrapyramidal System held in 1984.¹

**METHODS**

**Medication**

Patients in both groups took madopar with a dosage appropriate to individuals on their first visit.

**Acupuncture treatment**

Tap with a plum-blossom needle followed by acupuncture, on four limbs and the back in the treatment group.

Areas being tapped: Tapping started at the extensor and flexor of the shoulder. For extensor, tapping was manipulated along the Meridian of Hand-Shaoyang, from Jianliao (TE 14) to Yemen (TE 2); and for flexor, tapping was made along the Meridian of Hand-Jueyin from Tianquan (PC 2) to Daling (PC 7); and on the lower limbs along the Meridian of Foot-Yangming and the Meridian of Foot-Taiyang; and downward along the bilateral Foot-Taiyang Meridian on the back. Tapping was carried out gently until the skin becomes slightly red.

According to the severity of tremor of the limbs, the following points were selected: Yangchi (TE 4), Yangxi (LI 5), Daling (PC 7) and Yanglao (SI 6) around the wrist; Quchi (LI 11), Chize (LU 5), Quze (PC 3) and Shaozhai (HT 3) around the elbow joint; Jianliao (TE 14), Jiany (LI 15) and Jianzhen (SI 9) around the shoulder joint, Zhongfeng (LR 4), Taixi (KI 3) and Jiexi (ST 41) around the ankle joint;
Yinlingquan (SP 9), Yanglingquan (GB 34) and Weizhong (BL 40) around the knee joint; Huantiao (GB 30) and Chengfu (BL 36) around the hip joint.

Needles were manipulated with uniform reinforcing and reducing method, and retained for 30 min. The treatment was given once daily. Ten sessions constituted a therapeutic course with an interval of 3-5 days between courses, and therapeutic effects were estimated after 2 courses of treatments.

RESULTS
Criteria for therapeutic effects
Based on clinical symptoms and signs in the nervous system, comprehensive score was made before treatment and after 2 courses of treatments respectively. Improvement Rate (%) = (scores before treatment – scores after treatment) /scores before treatment. The case with improvement rate of 100% was taken as clinically cured, that of 50%-90% as relieved, that of 6%-49% as improved and that < 6% as failed.

There was no significant difference in madopar dose used before treatment between the two groups ($P<0.05$), but a significant difference was found after treatment ($P<0.05$), indicating that acupuncture could lower the minimum dose of madopar needed (Table 1 and Table 2).

<table>
<thead>
<tr>
<th>Group</th>
<th>Cases</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>46</td>
<td>752±159</td>
<td>504±179*</td>
</tr>
<tr>
<td>Control</td>
<td>25</td>
<td>749±169</td>
<td>726±251</td>
</tr>
</tbody>
</table>

Notes: *$P<0.05$, compared before and after treatment

<table>
<thead>
<tr>
<th>Group</th>
<th>Cases</th>
<th>Cured</th>
<th>Relieved</th>
<th>Improved</th>
<th>Failed</th>
<th>Total Effective Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>50</td>
<td>8</td>
<td>21</td>
<td>17</td>
<td>4</td>
<td>92</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>2</td>
<td>5</td>
<td>14</td>
<td>9</td>
<td>70</td>
</tr>
</tbody>
</table>

ILLUSTRATIVE CASE
A female patient, aged 65 years, paid her visit in October, 2001. She complained of retarded movement of the limbs with involuntary tremor for over 2 years without abnormal findings shown by cranial CT. She had orally taken madopar at a dose of 0.25 g, 3 times daily, but no improvement was found, for which she came to the author’s clinic. She was found to have obvious tremor in the elbow, wrist, and metacarpophalangeal joints with cogwheel rigidity of muscular tension and tendon hyperreflexia. It took her a mean of 56 s to walk in a distance of 10 meters. According to her gait and tremor of the limbs, Yangchi (TE 4), Daling (PC 7), Yanglao (SI 6), Quchi (LI 11), Jianliao (TE 14), Yinlingquan (SP 9), Taixi (KI 3) and Huantiao (GB 30) were punctured. An even reinforcing and reducing maneuver was adopted after the arrival of qi, and the needles remained for 30 min. The treatment was given once every day, and 10 sessions constituted a therapeutic course. Her symptoms and signs were alleviated after 2 courses of treatments, and the dose of madopar was reduced to 0.125 g, 3 times daily. During a follow-up period of 1 year, her symptoms were well controlled without increase of madopar dose used.

DISCUSSION
Parkinson’s disease is one of the degenerative diseases in the nervous system frequently encountered in the middle-aged and senile people. It is manifested by myotonia, bradykinesia, tremor, and
balance disturbance. Since tremor occurs in muscular groups in the limbs and trunk, tapping with a plum-blossom needle is applied at the points in the Meridians of Shaoyang, Hand-Jueyin, Foot-Yangming and Foot-Taiyang, and the bilateral back regions of Foot-Taiyang Meridian to relax muscular tension of the whole body. Based on the findings that relaxation training can relieve muscular tension, gentle needle insertion and tapping are emphasized. By clinical observation, it is shown that acupuncture treatment is able to harmonize yin and yang, promote qi and blood circulation, relax tendon and activate blood circulation, promote circulation of qi and blood, and adjust muscular tension, resulting in good clinical effects on rehabilitation. Because of its effectiveness, less cost and simple manipulation, acupuncture is worth popularizing in treating Parkinson’s disease.

REFERENCES

(Translated by CHEN Zheng-qiu 陈正秋)