

# **Chronic Fatigue Recovery with Acupuncture**

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Shenzhen Hospital of Chinese Medicine researchers determined that acupuncture is safe and effective for the alleviation of chronic fatigue syndrome (CFS). Subjective documentation of symptomatic improvements and objective measurements (including IgA and IgG levels) record a 90% total effective rate and a 50% total recovery rate. The researchers conclude, "Acupuncture at the eight influential points has a definite therapeutic effect on CFS and improves the immune system function in CFS patients."

CFS is a disorder characterized by fatigue that is not secondary to an identifiable biological disease. Unlike many types of fatigue, CFS does not improve with rest. Conventional medicine does not identify a known cause of CFS. Traditional Chinese Medicine (TCM) identifies multiple pattern differentiations responsible for CFS.

The research treatment protocol for CFS was developed by using acupoints specified in the *HuangdiBashiyi Nanjing (The Huang Emperor's Canon of 81 Difficult Issues)*. The researchers used a set of acupoints known as the *Eight Influential Points*. The following *Eight Influential Points* were applied with manual acupuncture techniques:

- LV13 (Zhangmen) – Zang organ point
- CV12 (Zhongwan) – Fu organ point
- CV17 (Shanzhong) – Qi point
- BL17 (Geshu) – Blood point
- GB34 (Yanglingquan) – Tendon point
- LU9 (Taiyuan) – Pulse and vessels point
- BL11 (Dazhu) – Bone point
- GB39 (Xuanzhong) – Marrow point

Patients rested in a supine position for acupuncture therapy. Needle length ranged from 25–40 mm. Mild reinforcing and attenuating acupuncture techniques were applied. Needle retention time was 30

minutes per acupuncture session. Moxibustion was applied to Zhongwan. The therapy was administered 1 time per day and 10 times comprised one course of care. The study encompassed 3 courses of care per patient. A 3 day break between courses of care was observed.

The 90% total effective rate and the 50% cure rate demonstrate that acupuncture is effective for the treatment of CFS. Li et al. confirm the efficacy of acupuncture for the treatment of CFS. Li et al. find that conventional acupuncture produces an 80.85% total effective rate and Qihuan acupuncture produces a 95.83% total effective rate. Qihuan acupuncture produced a 33.33% total recovery rate and standard acupuncture produced a 21.27% total recovery rate. The standard acupuncture group received needling at the following acupoints:

- Pishuu (BL20)
- Ganshu (BL18)
- Shenshu (BL23)
- Shanzhong (CV17)
- Zusanli (ST36)
- Guanyuan (CV4)
- Baihui (DU20)

Supplementary acupuncture points were added based on differential diagnostic patterns. For spleen qi deficiency, Taibai (SP3) and Sanyinjiao (SP6) were added. For insomnia, Shenmen (HT7) and Zhaohai (KD6) were added. For loss of memory function, Yintang and Shuigou (DU26) were added. For liver qi stagnation, Taichong (LV3) and Neiguan (PC6) were added. Mild reinforcing and attenuating acupuncture techniques were applied with manual acupuncture techniques.

Qihuan acupuncture is the application of eight acupuncture needles in a 0.5 inch radius around the navel at 45 degree angles forming a complete circle. A different way to visualize the acupoint locations is at 12, 3, 6, and 9 o'clock to CV8 (Shenque) plus the areas halfway between each clock designation for a total of eight directions. Needle depth maximum was set to 0.8 inches and needle retention time was 30 minutes per acupuncture session. Acupuncture was administered once every 3 days, for a total of 10 acupuncture treatments comprising one

course of care. A three day break was observed between courses of care. Two courses of care were administered.

The aforementioned studies confirm that acupuncture is safe and effective for the treatment of CFS. The first study focused on the application of the *Eight Influential Points*. The second study focused on the application of Qihuan acupuncture. Both treatment protocols produced significant positive patient outcomes.

Lu et al. conducted a clinical trial and determined that acupuncture produces reductions of “physical and mental fatigue” for patients with CFS. The acupuncture with warm needle moxibustion group scored a 72.7% total effective rate. The following acupoints were applied:

- Baihui (GV20)
- Qihai (CV6)
- Guanyuan (CV4)
- Zusanli (ST36)

A related study finds acupuncture 80.0% effective for the treatment of CFS. However, adding interferential current therapy to the treatment protocol raises the total effective rate to 93.3%. Acupuncture without interferential current therapy achieved a 20.0% total recovery rate. The addition of interferential current therapy (ICT) increased the total recovery rate to 43.3%. The researchers conclude, “Electroacupuncture plus ICT produces remarkable efficacy in treating CFS.”

The Hubei University of Chinese Medicine study employed electroacupuncture protocols. Deqi was elicited using even reinforcing and attenuation methods. Next, the needles were retained for 20 minutes. Based on individual patient diagnostics, between 4 and 6 acupuncture points were provided electroacupuncture stimulation using a sparse-dense wave to a perceptibly tolerable intensity level. Acupuncture points needed in the study were:

- GV20 (Baihui)
- CV4 (Guanyuan)
- CV6 (Qihai)
- BL25 (Xinshu)
- BL18 (Ganshu)

- BL13 (Feishu)
- BL20 (Pishu)
- BL23 (Shenshu)
- PC6 (Neiguan)
- HT7 (Shenmen)
- SP6 (Sanyinjiao)
- ST36 (Zusanli)

A total of 5–7 of the acupoints were chosen for each patient using filiform needles (0.30 x 40 mm) to depths ranging from 1–1.3 cun. A total of 10 sessions comprised one course of care and two courses of care were administered.

A stereo dynamic interferential electrotherapy device was used for the ICT. Two groups of 4 X 4 cm electrodes were applied with a 5 kHz frequency. One group of electrodes was applied to the trapezius muscles and the other group was applied to the spine between acupuncture points BL15 and BL23. Intensity levels were set to patient tolerance levels wherein tingling could be felt at the site of the electrodes. ICT was applied for a total of 30 minutes per each treatment. A total of 10 ICT treatments comprised one course of care. Two courses of care were administered.

A complete recovery was defined as all major symptoms and complications were completely resolved, the patient returned to a normal social life, and the patient returned to a normal work life and schedule. Achieving a total effective rate of 93.3% and a total recovery rate of 43.3% with acupuncture combined with ICT demonstrates that acupuncture plays an important role in the treatment of CFS.