

## CLINICAL STUDY

## Clinical research on using acupuncture to treat female adult abdominal obesity with spleen deficiency and exuberant dampness

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**Accepted:** March 9, 2014

### Abstract

**OBJECTIVE:** To observe the curative effect of acupuncture at hour-prescriptive points, a method of midnight-noon ebb-flow, to treat female adult abdominal obesity with spleen deficiency and exuberant dampness.

**METHODS:** Seventy-two patients with adult abdominal obesity with spleen deficiency and exuberant dampness were randomly divided into a treatment group and a control group with 36 patients in each group. Patients in the treatment group were treated with acupuncture at hour-prescriptive points from 9 to 11 AM every day on the principle of taking points along channels in time. Patients in the control group were treated with acupuncture at any time beyond 9 to 11 AM. Patients in both groups were treated for three courses of treatment.

**RESULTS:** The total effective rate was 87.5% in the

treatment group and 78.8% in the control group. The total curative effect in the treatment group was significantly better than that in the control group in reducing body weight, body mass index, waistline, obesity level, and clinical symptoms ( $P < 0.05$ ). After treatment, *t*-test was used on two independent samples to analyze the ratio of waistline to hipline and hipline. A value of  $0.01 < P < 0.05$  expressed a weaker outcome and similar curative effect between the two groups in reducing ratio of waistline to hipline and hipline of patients. This value indicates that the treatment group has no obvious superiority to that of the control group for curative effect.

**CONCLUSION:** Because it was superior in reducing waistline and body weight of female adult patients suffering from abdominal obesity with spleen deficiency and exuberant dampness, acupuncture at hour-prescriptive points, a method of midnight-noon ebb-flow, is an effective method to treat obesity.

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**Key words:** Obesity, abdominal; Dampness stagnancy due to spleen deficiency; Acupuncture; midnight-noon ebb-flow

### INTRODUCTION

Abdominal obesity, also called central or centripetal obesity, refers to obesity caused by the deposition of excessive fat in the abdomen or in the internal organs in the abdominal cavity. Research has shown that patients with abdominal obesity have a much higher risk of suf-

fering from hypertension, diabetes, hyperlipemia, arteriosclerosis, cardiocerebrovascular disease, and cancer.<sup>1</sup> World Health Organization (WHO) has listed obesity as one the top ten most dangerous factors for causing diseases,<sup>2</sup> emphasizing the urgency of relevant research. Acupuncture used to treat obesity is safe, effective, and non-toxic. In a study on using acupuncture to treat obesity, Xu<sup>3</sup> found that acupuncture can strengthen the function of sympathetic nerves, inhibit overactive parasympathetic nerves, regulate the function of vegetative nerves, and effectively enhance the basal metabolic rate and the level of endocrine hormones. These changes can increase the consumption of energy and promote lipodieresis.

Under the prerequisite of accurately differentiating syndromes, acupuncture at hour-prescriptive points (a method of midnight-noon ebb-flow) can guarantee accurate and effective transmission of information on acupuncture to the disease site. The accurate transmission can maximize adjustment effect. Acupuncture at hour-prescriptive points is a traditional classic Traditional Chinese Medicine (TCM) therapy, but is rarely used in clinical practice. It is even more rarely seen in studies on the treatment of female adult abdominal obesity with spleen deficiency and exuberant dampness. We have long used acupuncture clinically at hour-prescriptive points along channels in time to treat female adult abdominal obesity with spleen deficiency and exuberant dampness. According to the time of the Twelve Earthly Branches and in combination with the circulation of *Qi* and blood in the Twelve Channels, female adult abdominal obesity with spleen deficiency and exuberant dampness was treated with acupuncture at points in the spleen channel from 9 to 11 AM, when *Qi* and blood in the spleen channel are most exuberant.

## MATERIALS AND METHODS

Seventy-two female adult obese outpatients conforming to diagnostic and inclusive standards were selected at the Center for Preventive Treatment of Diseases in the Hospital Affiliated to Chengdu University of Traditional Chinese Medicine from February to December 2011. This experiment was approved by the ethics committee Hospital Affiliated to Chengdu University of Traditional Chinese Medicine. All participants signed an informed consent agreement and voluntarily took part in this study.

The 72 patients were randomly divided with SPSS 16.0 software (Chicago, IL, USA) into a treatment group ( $n=36$ ) and a control group ( $n=36$ ) according to random number table. The patients in the treatment group were 19-38 years old, ( $28 \pm 6$ ) years on average, with an illness course of 1-15 years, ( $3 \pm 1$ ) years on average. The patients in the control group were 20-36 years old, ( $28 \pm 9$ ) years on average, with an illness

course of 2-15 years, ( $3 \pm 2$ ) years on average. There were no statistical difference ( $P>0.05$ ) in general data, obesity-related indexes, or total score for symptoms between the two groups.

### Diagnostic standards

Western medical diagnostic standards were used in reference to the standard for diagnosing Asian adult obesity published by WHO in 2000<sup>4</sup> and the standard for diagnosing Chinese abdominal obesity in the standard for diagnosing metabolic syndrome from the International Diabetes Union in 2005. Criteria for diagnosis were: (a) body mass index (BMI)  $\geq 25$  [BMI=body weight (kg)/body height ( $m^2$ )]; and (b) male waistline  $\geq 90$  cm and female waistline  $\geq 80$  cm.

For TCM differentiation of syndromes, the diagnosis of pure obesity and standard for evaluating curative effect was used.<sup>5</sup> Pure obesity is divided into TCM syndrome types, and the key points for differentiating syndromes of spleen deficiency and exuberant dampness are defined as: edema, lassitude, heavy sensation in the body, oliguria, anorexia, abdominal fullness, deep thready pulse, pink tongue, and a tongue coating of thin greasy fur.

According to the standard for obesity levels in the standard for diagnosing pure obesity and evaluating curative effect,<sup>6</sup> mild obesity was defined as measured body weight over standard by 20%-30%, moderate obesity was defined as measured body weight over standard by 30%-50%, and severe obesity was defined as measured body weight over standard by more than 50%. Obesity level=[(actual measured body weight-standard body weight)/standard body weight] $\times 100\%$ .

To evaluate clinical symptoms, the Principle for Directing Clinical Research into Treatment with New Chinese Medicine (in trial use)<sup>6</sup> was used. Typical symptoms of abdominal obesity with spleen deficiency and exuberant dampness are divided into four grades. A score of 0 is given to no symptoms, 2 to mild symptoms, 4 to moderate symptoms, and 6 to severe symptoms. Scores are added up to form the total score.

### Inclusion standards

Patients that were included were: (a) female patients; (b) patients conforming to the standard for diagnosing abdominal obesity in Western Medicine; (c) patients conforming to the differentiation of obesity with spleen deficiency and exuberant dampness in TCM; (d) patients aged 18-65 years; (e) patients who had taken no weight loss drugs in past six months; and (f) patients that signed informed consent forms.

### Exclusion standards

Patients were excluded if they were: (a) patients with secondary obesity caused by severe primary diseases in the brain and endocrine system; (b) patients with severe primary diseases and psychotics; (c) patients aged less than 18 years or more than 65 years; (d) patients

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