

## Clinical Report

# Acupuncture combined with herb decoction for intractable hiccup<sup>\*</sup>

## 针药联合治疗顽固性呃逆临床疗效观察<sup>\*</sup>

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### ARTICLE INFO

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### ABSTRACT

**Objective** To observe the efficacy of scalp acupuncture combined with oral administration of *Ènì Tāng* (呃逆汤, Hiccup Decoction) for treatment of intractable hiccup. **Methods** One hundred patients with intractable hiccup were divided into treatment group (acupuncture combined with herb decoction group) and control group (western medicine group) according to the random number table method with 50 patients in each group. In treatment group, scalp acupuncture was conducted in the gastric area and thoracic area of patients, and Hiccup Decoction was taken orally. In control group, anisodamine (654-2) was injected intramuscularly in the dosage of 10 mg. The treatment was conducted for once a day in each group, and treatment for three consecutive times was needed. The number of times and the frequency of hiccup were observed after each treatment, and the results were compared. The standard of therapeutic effectiveness was evaluated by the number of hiccups decreased. **Results** In treatment group, the total cure rate was 54%, and the total effective rate was 84%, in control group, the total cure rate was 32%, and the total effective rate was 66%. According to the comparison between the two groups in the cure rate and total effective rate, the differences were statistically significant (both  $P < 0.05$ ). After the first treatment, there was no statistical difference according to the comparison between the two groups in the cure rate and total effective rate (both  $P > 0.05$ ), after the second treatment, the differences were statistically significant according to the comparison between the two groups in the cure rate and total effective rate (both  $P < 0.05$ ), and the efficacy in treatment group was obviously superior to that in control group, after the third treatment, there was no statistical difference according to the comparison between the two groups in the cure rate and total effective rate (both  $P > 0.05$ ). **Conclusion** In the one course of treatment, the efficacy of acupuncture combined with herb decoction for treatment of intractable hiccup was obviously superior to that of intramuscular injection with anisodamine. The therapeutic effect of intramuscular injection with anisodamine for treatment of intractable hiccup was the best at the first treatment, and the therapeutic effect of acupuncture combined with herb decoction was the best at the second treatment.

**KEY WORDS:** intractable hiccup; scalp acupuncture; *Ènì Tāng* (呃逆汤; Hiccup Decoction); anisodamine

Hiccup is a commonly seen pathological phenomenon and is a kind of common disease in

acupuncture-moxibustion department. The new patients with hiccup have mild state of illness, and

their symptoms can be controlled through deep inspiration then breath-holding, or through simple acupuncture or TCM treatment, which can help the patients return to normal life and work. The patients with hiccup for consecutive 48 h may suffer from intractable hiccup, which seriously affects their normal life and work, and even causes feared state of mind to the patients<sup>[1]</sup>. At present, there are few reports on the treatment of intractable hiccup, and the efficacy is not stable. The author treated intractable hiccup by adopting scalp acupuncture with strong stimulation in the gastric area and thoracic area of patients and oral administration of *Ènì Tāng* (呃逆汤, Hiccup Decoction) at the same time, and has obtained good clinical efficacy. The efficacy was observed and compared with that of intramuscular injection with anisodamine for treatment of intractable hiccup, and the results of clinical observation are reported as follows.

## CLINICAL DATA

### General data

A hundred patients, who conformed to the criteria of intractable hiccup, were selected from the Acupuncture-moxibustion, *Tuina* and Orthopedics Department, Shanghai Sixth People's Hospital from 2015 to 2016. They were divided into treatment group and control group according to the visiting sequence by adopting the random number table method with 50 patients in each group. In treatment group, there were 29 male patients and 21 female patients, the youngest was 34 years old, the oldest was 72 years old, and the mean age was  $(57.33 \pm 8.54)$  years old, the shortest course of disease was 3 d, the longest was 20 d, and the mean course was  $(7.15 \pm 3.77)$  d, in control group, there were 23 male patients and 27 female patients, the youngest was 30 years old, the oldest was 75 years old, and the mean age was  $(61.18 \pm 9.68)$  years old, the shortest course of disease was 3 d, the longest was 18 d, and the mean course was  $(8.08 \pm 4.62)$  d. The differences in age, gender and course of disease between two groups were not statistically significant (all  $P > 0.05$ ), and the results were comparable (Table 1).

### Diagnostic criteria

Diagnostic criteria of intractable hiccup: ① the patients conforming to the diagnostic criteria of hiccup

stipulated in *Conventional Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine of Shanghai City*<sup>[2]</sup>: the patients with the main symptom of short, frequent and consecutive hiccup due to *qi* counterflow, the sound of hiccup was sometimes high or low, sparse or dense with indefinite intermittent time, the patients with discomfort, epigastric upset, scorching hot, abdominal distention or belching in the chest, gastral cavity and diaphragm, no organic lesion was found in the stomach and esophagus according to X-ray barium meal and gastroscopy. ② The patients with the duration of hiccup of more than 3 days. ③ The sound of hiccup was sometimes high or low with indefinite intermittent time of 30-60 min, then the hiccup repeated again. For severe patients, hiccup was around the clock without interval. ④ Self awareness of dyspnea, clenched teeth, stiff tongue, which affecting the sleep and diet.

### Inclusion criteria

① The patients with the duration of onset of more than 3 days. ② The patients with the age of 30–75 years old. ③ The patients with stable vital signs and level-headed awareness, voluntarily accepting the treatment and observation. ④ The patients signed the Informed Consent Form.

### Exclusion criteria

① The patients with glaucoma, mental disorder or acute cerebral hemorrhage. ② The patients in gestation period or lactating women. ③ The patients participating in other pharmaceutical studies currently. ④ The patients with heart, liver or kidney failure. ⑤ The patients being allergic to the drugs used in this study.

## METHODS

### Treatment group

(1) Scalp acupuncture: acupoint selection: Gastric area (2 cm from the hairline right above the pupil upwards to parallel to the median line of the head), Thoracic area (between the gastric area and the median line of the head, 2 cm from the hairline upwards and downwards respectively to parallel to the median line of the head). The relation between gastric region (the stimulated area of Jiao's scalp acupuncture therapy) and MS 3 lateral line 2 of forehead of the international

Table 1 Comparison of the general information of hiccup patients in the two groups

Groups	Patients	Gender (cases)		Age ( $\bar{x} \pm s$ , years)	Duration of disease ( $\bar{x} \pm s$ , days)
		Male	Female		
Treatment	50	29	21	$57.33 \pm 8.54$	$7.15 \pm 3.77$
Control	50	23	27	$61.18 \pm 9.68$	$8.08 \pm 4.62$

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