

Experience at the parkinson's disease (PD) research center at various Chinese universities

Abstract

Based on my teaching and extensive clinical experience at various Chinese universities since 1991 (Guangzhou, Nanjing, Beijing, Shanghai, Guilin, Tianjin, Zhengzhou), I offer the following reflections. In addressing Parkinson's Disease, Traditional Chinese Medicine (TCM) proposes treatment cycles involving somatic acupuncture, scalp acupuncture, and auricular therapy, with the following objectives:

- i. improving related symptoms such as anxiety, reactive depression, insomnia, muscle contractions, rigidity, and tremors
- ii. slowing the progression of the disease
- iii. reducing medication side effects increasing the patient's resilience to the disease

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Introduction

TCM is a holistic medical system that employs highly refined diagnostic techniques, such as:

- I. taking the 12 pulses (6 on the right, 6 on the left) to assess the energetic state of the 12 meridians through which *Qi* (Energy) flows 24 hours a day.
- II. evaluating the condition of the tongue by observing its shape, coating, and colour.

These diagnostic signs must be combined with an assessment of the patient's symptoms to establish a proper medical history. The acupuncturist must then formulate an energetic diagnosis and determine the optimal therapy by stimulating various acupuncture points, drawing upon their knowledge and experience. Nevertheless, a comprehensive approach to Parkinson's Disease remains crucial, incorporating activities such as regular physical exercise, Qi Gong, Tai Chi Chuan, group dancing, dance, reading, music, singing, and painting.¹⁻³

Etiopathogenesis according to chinese medicine

Factors associated with the disease:

- i. Liver
- ii. Kidney
- iii. Internal Wind
- iv. Deficiency of Correct Energy (*Zheng Qi*)
- v. Deficiency of the Yin aspect of Blood (*Xue*)
- vi. Yin deficiency can also lead to Yang excess

Deficiency (Vacuity) is the key to understanding Parkinson's Disease. Internal Wind causes the patient to tremble; there is insufficient *Qi* nourishment, resulting in tremors. Consequently, there is Blood stasis and an accumulation of Phlegm (*Tan*). At the Biao (superficial/manifestation) level, Liver Yang transforms into Wind, accompanied by the stagnation of phlegm and turbid fluids. The following conditions may also be present concurrently:

arteriosclerosis

heart disease

diabetes

osteoporosis

Two to three years may elapse between the onset of initial symptoms and diagnosis.

The disease can follow various courses.

The patient takes two types of medication:

1-dopamine

2-anticholinergics

Western medicine can lead to improvements but also to side effects.¹⁻¹²

Acupuncture point therapy

- I. To control wind (eliciting Da Qi at all points):

4 *Shishengong* (Extra points) – to disperse internal wind

20 GV (*Baihui*) – to disperse internal wind

20 GB (*Fengchi*) – point that eliminates wind

4 LI (*Hegu*) + 3 LR (*Taichong*) ("Four Gates") – promote Qi and Blood and block wind

- II. Liver and Kidney deficiency:

BL18 (*Ganshu*)

BL23 (*Shenshu*)

- III. For Qi and Blood deficiency:

6 CV (*Qihai*)

36 ST (*Zusanli*)

- IV. For Blood stasis:

11 LI (*Quchi*)

V. For phlegm stagnation:

40 ST (*Fenglong*)12 CV (*Zhongwan*)

VI. To tonify deficiency:

Huatuojiaji points (12 + 5 = 17)

In alternating sessions, use groups of 5–6 vertebrae across the three levels (Cervical, Thoracic, Lumbar) to tonify Blood, Qi, Yang, and Jing

14 GV (*Dazhui*) – for very severe tremors, needle deeplyHT 3 (*Shaohai*) – for tremors

VII. Objectives: Points corresponding to patient symptoms:

Therefore, re-evaluate your life goals, allowing yourself time and a good quality of life.

Wind can bring with it heat, cold, dampness, or stagnation.

If the patient sweats: BL 13 (*Fengshu*), ST 44 (*Neiting*), LI 11 (*Quchi*)

If there is Stomach distension: ST 21 (*Liangmen*), CV 12 (*Zhongwan*), CV 6 (*Qihai*)

If there is constipation: ST 25 (*Tianshu*), CV 6 (*Qihai*)

If there is tongue paresthesia: CV 24 (*Chengjiang*), CV 23 (*Lianquan*), KI 7 (*Fuliu*)

Needles are retained for 30–40 minutes; sessions are held on alternate days. This condition is very difficult to treat; therefore, the following are used in conjunction:

Scalp acupuncture: motor area MS 6

Bloodletting: PC 3 (*Quze*), GV 14 (*Dazhui*), *Taiyang*

Methods

This study is based on direct experiences in several Chinese hospitals and a thorough literature search was performed across PubMed, Cochrane Library, and Embase databases.

Results

In the numerous randomized controlled trials reviewed in international studies, acupuncture significantly outperformed Western medicine, with the most pronounced effect observed on treatment-related motor complications. It also improved quality of life and reduced pain, sleep disturbances, depression, and anxiety. The best results were associated with the use of at least 10 acupuncture points, sessions of moderate duration, and a treatment frequency of three times a week. Electroacupuncture demonstrated the greatest overall efficacy. Thinner needles proved more effective for non-motor symptoms, whereas thicker needles yielded better motor outcomes. No serious adverse events occurred; mild effects were rare and transient.^{13–18}

A systematic review and network meta-analysis¹³ result that Fifty-seven RCTs (n = 4262; 2002–2024) were included. Interventions comprised manual acupuncture (MA), electroacupuncture (EA), warm acupuncture (WA), fire acupuncture (FA), and moxibustion (MOX), used alone or in combination with conventional medication (CM) or Chinese herbal medicine (CHM). For total effective rate (41

RCTs; n = 3086), the most pronounced benefit was observed with EA + WA + CM (RR = 3.00; 95 % CI: 1.20–7.48; SUCRA = 97 %; moderate confidence). Significant improvements were also found for MOX + CM (RR = 1.33; 1.07–1.64; SUCRA = 68.8 %), MA + CM (RR = 1.20; 1.10–1.32; SUCRA = 51.7 %), and EA + CM (RR = 1.15; 1.05–1.26; SUCRA = 38.3 %). For UPDRS (36 RCTs; n = 2655), MA + CM significantly improved motor symptoms compared with CM (MD = -0.89; 95 % CI: -1.58 to -0.20; SUCRA = 61.6 %; moderate certainty). For Webster score (5 RCTs; n = 444), both EA + CM (MD = -3.65; -5.01 to -2.28; SUCRA = 91.1 %) and MA + CM (MD = -2.62; -4.31 to -0.92; SUCRA = 61.8 %) were superior to CM. For HAMD (11 RCTs; n = 802), significant reductions in depressive symptoms were observed with MA + CM (MD = -2.41; 95 % CI: -3.48 to -1.34; SUCRA = 91.9 %) and EA + CM (MD = -2.16; 95 % CI: -3.74 to -0.58; SUCRA = 62.8 %). CINEMA ratings were low to moderate for most pairwise comparisons.

This study synthesized¹⁹ data from 19 randomized controlled trials involving 1300 patients. The ACU cohort showed notable improvement in Parkinson's disease sleep scale (PDSS) scores (mean difference [MD] = 10.81, 95% confidence interval [CI]: 5.64, 15.98) relative to controls. Subgroup analysis revealed significance for ACU treatments beyond 6 weeks (MD = 15.39, 95% CI: 11.70, 19.09) but not for those 6 weeks or shorter (MD = 3.51, 95% CI: -1.20, 8.23). Notably, electroacupuncture resulted in significant PDSS score enhancements (MD = 12.39, 95% CI: 6.06, 18.71), with sensitivity analysis verifying result stability. However, without electroacupuncture, PDSS score differences were insignificant (MD = 7.83, 95% CI: -2.33, 17.99) and had lower result stability. Additionally, increased ACU session frequency may yield better improvements in PDSS scores. The ACU group also observed Improved Pittsburgh Sleep Quality Index scores (MD = -4.52, 95% CI: -6.36, -2.67). However, no significant variation was identified in Epworth Sleepiness Scale score improvement between groups (MD = -0.90, 95% CI: -3.67, 1.88).

Conclusions

- i. Improve symptoms
- ii. Reduce medication
- iii. Slow disease progression
- iv. Reduce medication side effects
- v. improves sleep quality
- vi. Increase the patient's resistance to the disease

Acknowledgments

None.

Conflicts of interest

The author declares that there are no conflicts of interest.

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