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Traditional Chinese Medicine for Fibromyalgia

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Over 15 million people live with fibromyalgia (FM), a disorder with an estimated annual direct cost that exceeds \$20 billion. FM is associated with a multiplicity of symptoms, such as pain (1) (2), work limitations (3), poor quality of life (4), poor coping (1), poor physical functioning (5), and multiple chronic comorbidities that make it particularly challenging to treat. Rational evidence-based treatment paradigms are emerging, but there remains a research-to-practice gap, leaving patients to seek out their own treatment options. Alternatively, patients may seek guidance from their provider about adding complementary therapies to their existing treatment plan. Therefore, patients are increasingly seeking out Traditional Chinese medicine (TCM) for answers concerning FM. Evidence-based clinical studies suggest that there are Eastern and Western interventions treat FM symptoms, provide maximization of function and enhance quality of life. However, Western educated health care providers may be uncertain as to the scope, efficacy or safety of TCM therapies. The purpose of this paper is to describe the components of TCM, overview the state of the science in regards to safety and efficacy, and, when appropriate help patients find the best trained TCM practitioners.

What is Traditional Chinese Medicine?

Traditional Chinese Medicine (TCM) is a full medical system that has been practiced in Asia for over 3000 years. TCM includes several modalities including acupuncture, herbal medicine, tai chi, qi gong, and tuina. The most commonly known and practiced modality in the US is acupuncture. While there is a wide variety of techniques used in acupuncture it is commonly defined as the penetration of the skin with thin, solid needles at specific anatomical points. Generally acupuncture delivered by a licensed acupuncturist is extremely safe. The major risk of acupuncture is a pneumothorax from puncturing the lungs. Witt (6) indicates that is a very rare occurrence with an estimated frequency of 0.001% in an observational study of patients receiving acupuncture. The most common side effects are hematoma or bleeding (6.7%) and pain (2.0%) (6). A frequent concern is of disease transmission but this has been nearly eliminated with the standardization of disposable, single use needles.

Herbal medicine is the second most common TCM modality practiced in the US. In China, this is the primary modality of TCM and is used for a wider range of ailments than acupuncture. In Nanjing University Hospital, fibromyalgia is treated primarily with herbal medicine and only secondarily with acupuncture. Herbal medicine includes over 2000 different medicinal substances with 80-100 commonly used for the treatment of fibromyalgia. As practiced in the US, herbal formulas are generally given in decoction, powdered or pill form. The formulas tend to be 6-12 herbs with a balanced approach that

include a focus on ameliorating the side effects that one has from single herbs. For example, it is very common that formulas have a small amount of ginger added to make the formulas easier on the digestion. It is commonly thought that decoction or granulated formulas are superior to pill form as they can easily be modified to address different symptom profiles. However, it is often easier to get patients to take the formulas in pill form as they have little or no taste unlike the decoctions (and to a lesser extent granules) which can be very bitter or pungent.

Tai Chi and Qigong are two common movement based therapies that are considered modalities of TCM. Tai Chi is a martial arts form that is often considered moving meditation. It has been used as an adjunctive therapy for many ailments as well as general wellbeing. Qigong is a movement and breathing system developed specifically for medical purposes.

Tuina is a form of manual therapy which includes specific types of massage, acupressure, and chiropractic adjustments. Tuina is often a subspecialty of the TCM practitioner but can be used in conjunction with any of the other modalities of TCM. In the US, those trained in tuina generally do not practice adjustments as they are not in their scope of practice.

Each of these modalities have the same medical theoretical underpinnings and indications. This allows the practitioner to make informed decisions – based on TCM theory – of which modalities are likely to be more effective.

State of Research

While there are many modalities in TCM, the vast amount of research has been given to acupuncture. In the last three years, there have been several different systematic reviews. The two most recent reviews of acupuncture have shown that acupuncture significantly improves VAS pain scores compared to sham acupuncture ($p=0.00001$) (7) (8). When compared to first generation pharmaceuticals (meloxicam, oryzanol, mirtazapine, or amitriptyline) acupuncture was significantly better at reducing pain and number of tender points (8). There was further evidence that the relapse rate of pain was better with acupuncture than amitriptyline.

The most recent review, done by Cao et al (8), includes both acupuncture and herbs. This review found that the active components of the various trials could not be grouped due to widely differing active components used in the studies. Of the six studies, five reported improvement compared to pharmaceuticals on measures including depression, VAS, symptoms and quality of life. Herbal decoctions tend to focus on reducing stress with formulas such as jiawei xiaoyao san or reducing blood stagnation and cold with formulas such as shugan jieyu huoxue tongluo wan. The only single herbs studied for the treatment of fibromyalgia was rhizome drynariae, which showed no significant effect on VAS. (9) It should be noted that there are a plethora of Chinese herbs that fibromyalgia patients might be taking to treat the symptoms of fibromyalgia such as hypericum (*Guan Ye Lian Qiao*) for depression, American ginseng (*Xi Yang Shen*) for lethargy and valerian root (*Xie Cao*) for insomnia.

While there is limited research on tai chi and qigong for fibromyalgia, clinically one would expect that these would be a good match for fibromyalgia patients. One study of tai chi (10) reported improvements in the Fibromyalgia Impact Questionnaire (11) and the SF36. A systematic review of qigong for pain indicated that the study quality was low and called for additional research into this area of pain management. (12)

Currently there are no studies in Pubmed that address the treatment of fibromyalgia with tuina. A more general review of massage for fibromyalgia indicated that there is evidence supporting the use of massage for the reduction of pain but that the evidence was not conclusive. (13) The review indicates that there is evidence of reduction of anxiety, improved sleep, and lowers depression.

How to Refer Patients

If your patients express interest in TCM for their FM symptoms referral should be based on professional credentials. TCM providers should be licensed in the state, and, ideally graduated from an accredited program of study. Additionally, the practitioner should be board certified in either acupuncture or Oriental medicine. The exam is administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)-- website <http://www.nccaom.org/>, and there the public has access to names and contact information on practitioners who have met the board certification standards. Other ways are to meet with area practitioners and experience a treatment or two. Another avenue to find local practitioners, as well as discover professional misconduct and regulations within your state can be found at <http://www.acupuncture.com/statelaws/statelaw.htm>.

Herb – Drug Interactions

Herb-drug interactions are a serious concern that TCM practitioners are very aware of. The most important consideration is to make sure that the patient is communicating with both practitioners about what s/he is taking or any unexpected reactions.

Course of treatment

Course of treatment will vary depending on the condition treated. For chronic pain conditions there is not likely to be a complete remission. With this in mind, the patient should adjust their expectations, and be prepared for frequent treatments early on, followed by weekly or monthly treatments for maintenance.

Cost

Expense is probably the biggest barrier to TCM for most patients. Some states mandate that insurance companies cover a specified number of treatments (WA), and some insurance companies offer alternative therapy riders. However, most insurance do not cover TCM modalities and the patient is expected to pay out of pocket. If patients live in larger cities where Chinese medical schools exist, such schools often offer a very cost effective means for treatment. Some cities have acupuncturists who practice a model of business called Community Acupuncture, where instead of individual treatment rooms and hour-long sessions, groups of patients are treated in reclining chairs or on gurneys with a substantially

reduced price. Depending on location, private practitioners may charge anywhere from \$35-\$150 per acupuncture treatment, with a recommendation of at least 10 treatments to determine effectiveness. Herbs are usually an additional charge of \$10-\$65 for a seven day supply. Comparatively, the three FDA approved agents for fibromyalgia (pregabalin, duloxetine and milnaciprin) are approximately \$130/month full price without insurance.

Conclusions

Current research, while preliminary, suggests that Traditional Chinese medicine has a number of modalities that could help treat primary and secondary symptoms in the fibromyalgia population. It is likely that this response is not due to placebo or expectation.

(14)

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Biography

Scott Mist, PhD, LAc is a licensed acupuncturist and complementary and alternative medicine research with the Fibromyalgia Research and Treatment Group at the Oregon Health & Science University. His research focus is on understanding the effectiveness and

mechanisms of action of Traditional Chinese Medicine for the treatment of central sensitivity syndromes including fibromyalgia, temporomandibular joint disorders, and chronic fatigue syndrome.

How are patients in China and Taiwan Treated for Fibromyalgia?

Health care providers using Chinese medicine embrace the overall concepts of syndrome differentiation, dehumidification collaterals, and regulation liver qi to blood and kidneys. In general, the term “fibromyalgia” is not generally recognized by providers in China or Taiwan. Instead, low back pain is a more common diagnosis. Patients are seen in a variety of clinics such as orthopedics, neurology, rheumatology, psychiatry, or Chinese medicine depending on patients' symptoms or preference. Like in the US, providers rule out other causes of widespread pain such as cancer, thyroid disorders and autoimmune diseases.

A key word search of “fibromyalgia” in an academic Chinese website (34) from 1990 to 2010 returns 51 articles regarding fibromyalgia. Currently acupuncture treatment (8 articles) using acupoints selected by TCM theory, Chinese herbal medicine (9 articles) from the liver, rheumatism and pain point of view, or combination of acupuncture and herbs (30) are three major treatments for fibromyalgia patients. Other treatments such as tuina (31), scraping (32) and ginger moxibustion (33) are seen in the research as well. Most of patients in these trials were diagnosed through rheumatologist according to 1990 ACR criteria. There are no reliable data in mainland China or Taiwan regarding the prevalence of fibromyalgia.