

The Chinese Traditional Medicine Treatment of Myasthenia Gravis : Can Acupuncture work ?

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Traditional Chinese medicine (TCM) is a broad range of medicine practices sharing common concepts which have been developed in China and are based on a tradition of more than 5,000 years, including various forms of acupuncture, herbal medicine, massage (Tuina), exercise (qigong), and dietary therapy. Otherwise, the so-called **Integrative Medicine**, practised in China in the 1970s, uses TCM and Western Medicine simultaneously.

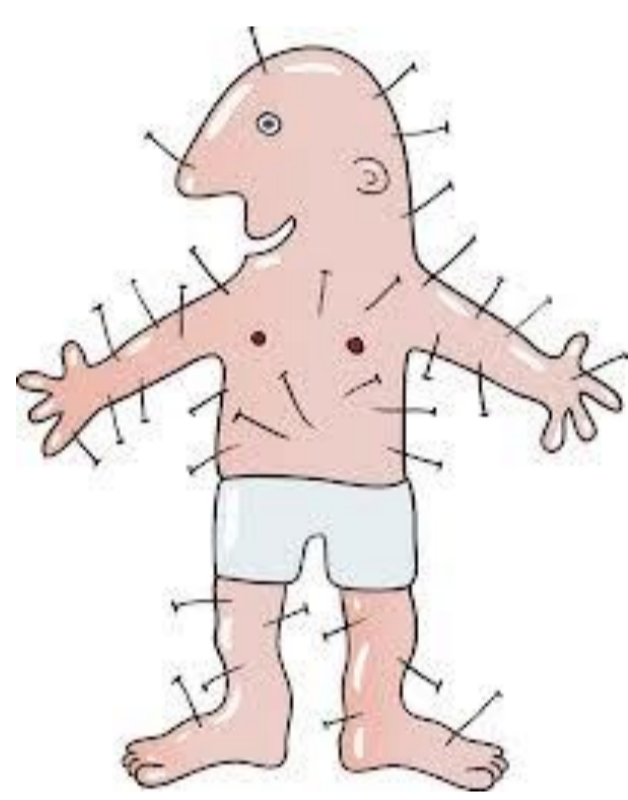


According to Wang SH *et al*, (Guandong, China, 2007) [1], electroacupuncture (main points : CV17 - CV5 - CV4 - CV12 - GB34) combined with Western medicine has a significant therapeutic effect on MG : one of the mechanisms would be to restrain specific immune reaction by regulating the level of IL-4.

60 patients with MG were randomly assigned to 2 groups, 30 patients in each group :

- Experimental Group : Electroacupuncture AND Pyridogstimine (90-240 mg/day) AND Prednisone (30-60 mg/day).
- Control Group : Pyridogstimine (240-480 mg/day) AND Prednisone (60-100 mg/day).

Outcome measures : clinical therapeutic effects and Interleukin-4 levels before and after treatment.



General Method of Acupuncture

Acupuncturist insert needles into specific points in various parts of the body, for stimulating the **Meridians** which connect the **Internal Organs**, and correspond to the **Five Elements** in the Universe. **Yin and Yang** harmony is the treatment goal of TCM.

The overall therapeutic strategy is usually focused on **holistic regulation** and **dual modulation**: remove excesses and replenish deficiencies of *Yin* or *Yang*.

The **Chinese diagnosis** is based on the differentiation of syndromes (*Bianzheng*) that will refine treatment. So myasthenia gravis (MG) may come in different clinical settings as a deficiency of the Spleen *qi* (*pi*) and Stomach *qi* (*wei*), a deficiency of *yang* Rate (*pi*) and Kidneys (*shen*), a deficiency of *yin* Liver (*gan*) and Kidneys or a deficiency of *qi* and *xue* [2,3,4].

A study has even established electrophoretic profiles of serum of patients with MG according to syndromes *Bianzheng*[5] and their evolution after treatment of Chinese herbs components[6]. Other Chinese herbal treatments or moxibustion showed their interest in integrative medicine[7,8,9].

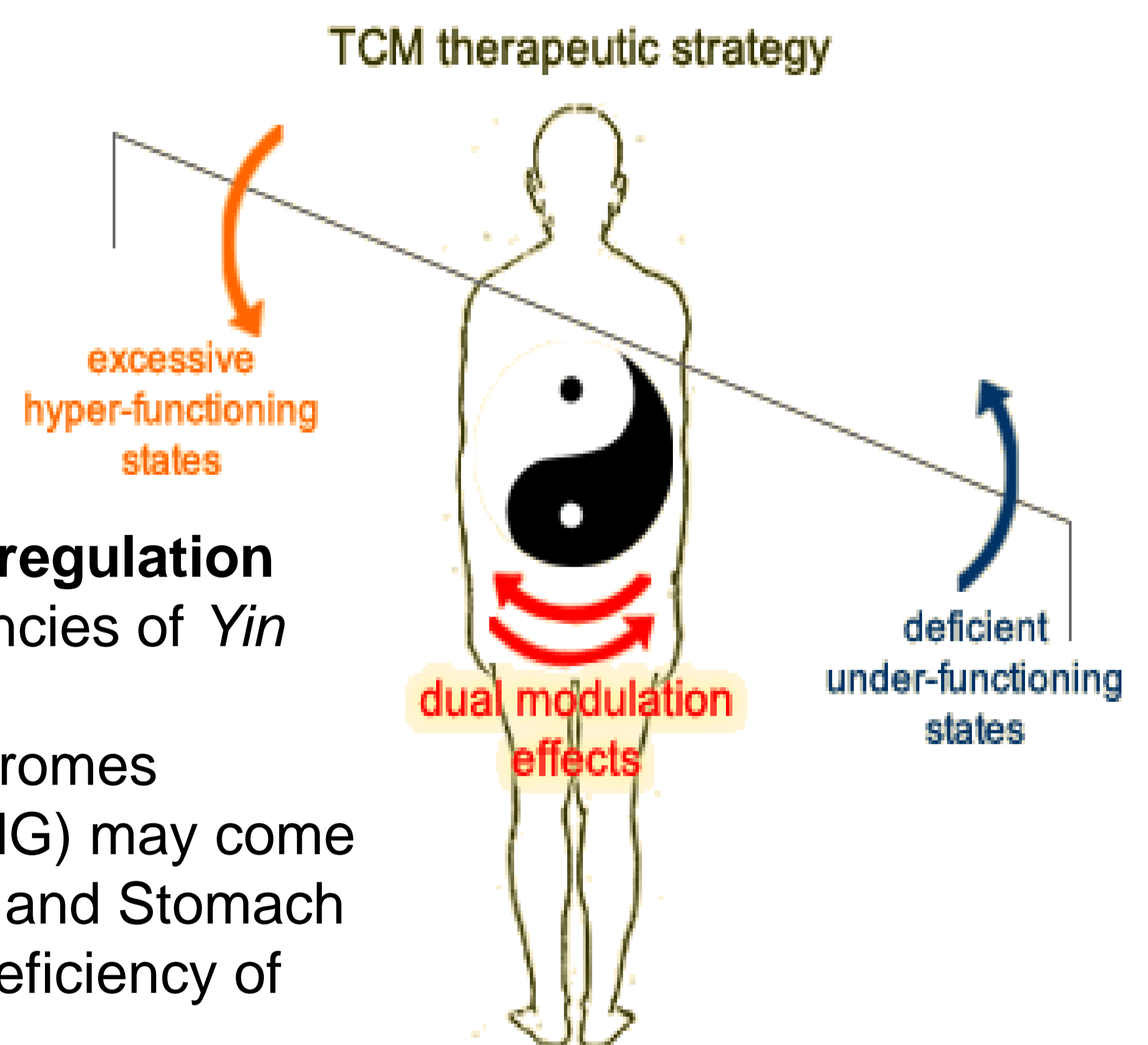
Some Examples of the Evidence and Utilization of Acupuncture in USA

Acupuncture and TCM have become an accepted part of US system of Health care.

National Institutes of Health Consensus Statement : Acupuncture may be useful as an adjunct treatment for Myofascial Pain; Fibromyalgia; Osteoarthritis; Low-Back Pain; Carpal Tunnel; Asthma; Tennis Elbow; Chemo-Therapy Induced Vomiting and Nausea.

Mind-Body Research Group at the University of South Carolina has published studies about the effectiveness of acupuncture in : Pain; Stress and Quality of life; Pain and Subjective Peripheral Neuropathy; Oral Lesions; Insomnia.

American Institute of Acupuncture, established in 2010 in Houston (Texas), is conducting research in TCM.



Could acupuncture be used as an adjuvant therapy in the management of patients with myasthenia gravis?

A collaboration between the “Association Scientifique des Médecins Acupuncteurs de France” and Expert Centres for Neuromuscular Diseases might be considered.

References

1. Wang SH *et al*. [Electroacupuncture warming therapy combined with Western medicine for treatment of myasthenia gravis and effect on IL-4 level in the patients]. Zhongguo Zhen Jiu. 2007 Dec;27(12):901-3.
2. Wang L *et al*. [Relationship between thymectomy and syndrome differentiation-typing treatment of myasthenia gravis]. Zhongguo Zhong Xi Yi Jie He Za Zhi. 1995 Sep;15(9):525-7.
3. Li GH. Discussion about myasthenia gravis and the spleen-kidney theory. J Tradit Chin Med. 1986 Mar;6(1):48-51.
4. Fang YZ. [A clinical application of a seven-step approach to Bian Zheng Lun Zhi--experience in the treatment of myasthenia gravis]. Zhong Xi Yi Jie He Za Zhi. 1982 Oct;2(4):203-5.
5. Liu P *et al*. [Establishment and analysis of serum two-dimensional gel electrophoresis profiles of myasthenia gravis patients with spleen and kidney deficiency syndrome]. Zhong Xi Yi Jie He Xue Bao, 2007, (2):150-4.
6. Wang C *et al*. Serum proteomic, peptidomic and metabolomic profiles in myasthenia gravis patients during treatment with Qiangji Jianli Fang. Chin Med. 2012 Jul 28;7(1):16. doi: 10.1186/1749-8546-7-16.
7. Liu XY *et al*. [Clinical study of strengthening pi and nourishing shen therapy combined with Western medicine on patients with glucocorticoid resistant myasthenia gravis]. Zhongguo Zhong Xi Yi Jie He Za Zhi. 2010 Mar;30(3):271-4.
8. Chen SL *et al*. [Integrated traditional Chinese and Western medicine in treating 31 cases of myasthenia gravis]. Zhong Xi Yi Jie He Xue Bao. 2008 Sep;6(9):964-7. doi: 10.3736/jcim20080918. Chinese.
9. Xu FQ *et al*. [Observation on therapeutic effect of warming needle moxibustion combined with medicine on 128 cases of myasthenia gravis]. Zhongguo Zhen Jiu. 2006 May;26(5):339-41.

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