Acupuncture and Moxibustion
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Acupuncture & Coronary Heart Disease (CHD)

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Coronary heart disease, also called coronary artery disease (CAD), refers to athero-
and arteriosclerosis of the large and medium-sized arteries supplying
the heart. Arteriosclerosis is a generic term for thickening and loss
of elasticity of the arterial walls that restricts and reduces blood
flow through those arteries. Atherosclerosis is the most common
form of arteriosclerosis. The major complications of CHD are angina
pectoris, myocardial infarction (MI), arrhythmia, and sudden cardiac
death.

Chinese Medical Disease Categorization
In Chinese medicine, depending on the main presenting
manifestations, coronary heart disease is traditionally categorized
as chest impediment (xiong bi), chest pain (xiong tong), true heart
pain (shen xin tong), and reversal heart pain (jue xin tong) – i.e.,
heart pain with chilled limbs.

Disease Causes & Mechanisms
The disease causes of CHD as listed in Chinese medicine include
former heaven natural endowment insufficiency, habitual bodily
exuberance, damage by the seven affects, unregulated stirring and
stillness, faulty diet, aging, and enduring disease. Occurrence of
CHD may also be due to iatrogenesis and, in the future, it is possible
that Chinese doctors will add contraction of external evils to this
list. As in so many cardiovascular diseases, the disease mechanisms
of CHD mostly involve a combination of vacuity and repletion. In
this case, a root vacuity with one or more tip or branch repletions
exists. The root vacuity is qi, yin, and/or yang vacuity. Often, the
vacuity aspect of this disease progresses from simple qi vacuity
initially to yin or yang vacuity, or possibly even yin and yang dual
vacuity at a later stage. Qi governs the blood, and the heart controls
the blood. This means that the heart qi pushes the blood throughout
the vessels of the entire body. Therefore, if, for any reason, the qi
becomes vacuous and weak, the propulsion of blood loses its force,
and the blood may become static and stagnant. Qi vacuity blood
stasis is one of the most commonly seen pattern combinations in
real-life CHD cases. Besides giving rise to heart blood stasis and
other disease mechanisms explained below, heart qi vacuity presents
with such common qi vacuity signs as shortness of breath,
spontaneous sweating, and general weakness. In addition, since the
heart spirit is an accumulation of qi and thus depends on an
abundance of qi, if heart qi is vacuous, the spirit becomes damaged
and unstable, giving rise to easy fright.

The qi also governs transformation. Specifically, spleen qi
governs the movement and transformation of foods and liquids. The
spleen qi can only perform its function of engendering the qi by
moving and transforming food and drink if it is fortified and
exuberant. If the qi becomes vacuous and lacks its force, movement
and transformation will also become weak, and dampness and
phlegm may be engendered. Furthermore, because the spleen is the
latter heaven root of qi and blood engenderment and transformation,
a weak spleen aggravates heart qi and blood vacuity.

Dampness and phlegm are yin evils and impede and obstruct
the flow of qi, blood, and yang. Dampness is a heavy, turbid evil and
commonly sinks to the lower body. Therefore, it is not often directly
involved in the disease mechanism of CHD. However, long-term
accumulation of dampness will lead to the engenderment of phlegm,
sometimes referred to as phlegm dampness, and phlegm may lodge
in the chest. Accumulation of phlegm in the chest hinders the
spreading and out-thrusting of chest yang. Because chest yang and
qi govern the movement of blood, this may lead to disharmony of
the heart vessels with blockage and obstruction. Hence, chest pain
and heart palpitations may also manifest when phlegm is present.

Furthermore, qi is yang and has the function of warming the
body. In fact, yang is nothing other than a lot of qi in one place.
Therefore, if qi becomes vacuous, yang will also tend to become
vacuous and damaged. Since it is also heart-chest yang that propels
the blood throughout the body, a vacuity of heart qi and yang is a
commonly seen pattern in CHD. In this case, besides qi vacuity and
impediment signs, there will typically be signs and symptoms of
vacuity cold, such as aggravation of symptoms with cold and
improvement with heat, cold hands and feet, and a pale white facial
complexion.

Heart yang is rooted in kidney yang, the root of true yang of the
entire body. Therefore, prolonged heart yang vacuity may eventually
affect kidney yang. Kidney yang governs water transformation. If
kidney yang becomes vacuous and weak, water loses its
transformative fire, accumulates, and overflows into the tissues.
Water is yin and flows downward. Hence, water initially accumulates
in the most yin parts of the body, lower limbs. However, as these
parts begin to "fill up" with fluids, water also begins to accumulate
in the abdomen and to flood the heart. When flooding the heart,
it disturbs the heart's regular stirring or beating and leads to
palpitations. Furthermore, water may collect in the lungs and hinder
the normal downbearing of qi, giving rise to coughing and panting.
As a yin evil, water also blocks and obstructs yang and blood. Hence,
during the later stages of CHD, water accumulation also often leads
to the engenderment or aggravation of blood stasis. This pattern,
often referred to as yang vacuity with water flooding, is a disharmony
between kidney fire and water, or yin and yang. It is a relatively
severe pattern that often presents during the advanced stages of
this disease.

Lastly, heart qi vacuity has a tendency to lead to heart yin
vacuity. Heart yin is the basis of heart qi out of which the yang qi is
transformed. Therefore, heart qi is only engendered if sufficient
heart yin exists. Conversely, if heart qi becomes vacuous and weak,
heart yin may also be damaged. Hence, after an initial heart qi
vacuity, a combined heart qi and yin dual vacuity is a commonly
seen scenario. In this case, signs and symptoms in individual
patients tend move more towards yin vacuity or more towards qi
vacuity, depending on the patient's habitual bodily constitution and
on other disease mechanisms. However, treatment needs to focus
on both boosting qi and nourishing yin. Simply treating one or the
other will not lead to satisfactory results. Common manifestations of qi and yin dual vacuity are fatigue and lack of strength, palpitations, possibly tachycardia, spontaneous sweating, dry mouth and throat, insomnia, a red tongue with thin fur, and a fine, weak, and rapid pulse.

Of course, yin vacuity of the heart is not always associated with qi vacuity. It may also present on its own. Because heart yin is rooted in kidney yin, if heart yin becomes vacuous, kidney yin will also eventually become depleted and debilitated. In that case, general yin detriment signs are more pronounced and qi vacuity signs may be absent. In this case, patients commonly present with night sweats, burning pain in the chest, insomnia, heat in the five hearts, and heart palpitations that are worse at night.

If, for any reason, qi becomes stagnant, such as due to liver depression, it cannot perform its function of moving and freeing the flow of blood. Hence, blood becomes static and stagnant. Furthermore, liver depression qi stagnation may also transform heat and fire. If enduring depressive heat consumes and damages yin fluids, this may lead to or aggravate yin vacuity. In this case, yin vacuity may fail to control yang, and yang may ascend hyperactively and fire. Should this occur, liver heat and qi hyperactivity signs and symptoms, such as easy anger, severe restlessness, and a red facial complexion, will present besides the foregoing yin vacuity signs and symptoms. This pattern, either by itself or in combination with other patterns, often presents in CHD secondary to or complicated by hypertension.

As explained above, spleen qi vacuity may lead to damp accumulation, which in turn may congeal into phlegm. However, phlegm may also have its root in liver depression transforming heat and fire. This heat steams and condenses the normal body fluids into phlegm. Hot phlegm then blocks the chest and impedes the free flow of qi, giving rise to further heat. In that case, besides signs and symptoms of phlegm obstruction, there will also be clear signs and symptoms of replete heat or fire effulgence.

**Treatment Based on Pattern Discrimination**

1. **Chest yang impediment & obstruction pattern**

   **Main symptoms:** Heart pain often induced by cold, shortness of breath or a suffocating feeling, chest oppression, heart pain radiating to the upper back in severe cases, heart palpitations, slimy, white tongue fur, and a bowstring, slippery, possibly bound or regularly interrupted pulse.

   **Note:** This pattern is a combination of cold impediment, phlegm obstruction, qi stagnation, and blood stasis. The next three patterns each describe blood stasis, qi stagnation, and phlegm obstruction as more discrete entities (though even liver depression and phlegm obstruction, qi stagnation, and blood stasis. The next three patterns are complicated by an element of blood stasis). However, in clinical practice, those patterns are rarely seen in such simple forms and the above is more likely to be met with in real-life clinical practice.

   **Treatment principles:** Loosen the chest and free the flow of yang, quicken the blood and transform stasis.

   **Acumoxa therapy:** Xin Shu (Bl 15), Ju Que (CV 14), Nei Guan (Per 6), Ge Shu (Bl 17)

   **Additions & subtractions:** If there is severe chest oppression, add Dan Zhong (CV 17). After ten treatments, if the result is not satisfactory, alternate the preceding points with Gong Sun (Sp 4) and Nei Guan (Per 6). This famous combination of eight extraordinary vessel meeting points especially treats repletion pattern CHD when combined with Dan Zhong (CV 17). For cold hands or a cold sensation in the cardiac area, add moxibustion at Xin Shu (Bl 15), Ju Que (CV 14), and Ge Shu (Bl 17). If there is profuse phlegm or slimy tongue fur, add Feng Long (St 40). For concomitant qi vacuity, add Zu San Li (St 36). For concomitant ascendant liver yang hyperactivity with hypertension, add Tai Chong (Liv 3) and Feng Chi (GB 20).

2. **Heart vessel stasis & obstruction pattern**

   **Main symptoms:** Piercing pain in the chest and heart that may radiate to the upper back, bilateral rib-side distention and fullness, heart palpitations, shortness of breath, heart vexation, restlessness, dark, purplish lips and facial complexion, a dark, purplish tongue or possible static macules or spots, purple, engorged, tortuous sublingual veins, and a bowstring, choppy or rough, or even bound or regularly interrupted pulse.

   **Treatment principles:** Move the qi and quicken the blood, transform stasis and free the flow of the network vessels.

   **Acumoxa therapy:** Dan Zhong (CV 17), Ge Shu (Bl 17), Nei Guan (Per 6), Xi Men (Per 4)

   **Additions & subtractions:** If cold hands or a cold sensation in the cardiac area exists, add moxibustion on Dan Zhong and Ge Shu. If there is concomitant qi vacuity, add Zu San Li (St 36). If concomitant ascendant liver yang hyperactivity with hypertension is present, add Tai Chong (Liv 3) and Feng Chi (GB 20). If qi stagnation is more pronounced, add He Gu (Li 4). If blood stasis is even more severe, add San Yin Jiao (Sp 6). After ten treatments, alternate Nei Guan and Xi Men with Ling Dao (Ht 4) and Jian Shi (Per 5), and Dan Zhong and Ge Shu with Xin Shu (Bl 15) and Ju Que (CV 14). If there is impaired memory and insomnia due to blood vacuity, add Shen Men (Ht 7). If hyperlipoproteinaemia exists, add Zu San Li (St 36) or Feng Long (St 40).

3. **Liver depression counterflow chilling pattern**

   **Main symptoms:** Dull heart pain accompanied by chest oppression, which comes in waves and is caused or worsened by emotional stress, shortness of breath, emotional tension or depression, restlessness, possible frequent sighing, bilateral rib-side discomfort, cold hands as a reaction to stress, a normal or slightly dark tongue with thin, white fur, and a bowstring pulse.

   **Treatment principles:** Soothe the liver and rectify the qi, quicken the blood and transform stasis.

   **Acumoxa therapy:** Nei Guan (Per 6), Ju Que (CV 14), Ge Shu (Bl 17), Tai Chong (Liv 3)

   **Additions & subtractions:** If there is persistent dull pain in the chest, add Dan Zhong (CV 17). For insomnia, add Shen Men (Ht 7). For occasional piercing chest pain, add Ling Dao (Ht 4) or Qu Ze (Per 3). If there is severe emotional tension or depression, add Gan Shu (Bl 18) and Hun Men (Bl 47). If there is concomitant qi vacuity, add Zu San Li (St 36). If there is concomitant ascendant liver yang hyperactivity with hypertension, add Xuan Zhong (GB 39) and Feng Chi (GB 20). If there is blood vacuity, add Gan Shu (Bl 18) and Shen Men (Ht 7). If liver depression transforms heat, add Xuan Zhong (GB 39) and replace Tai Chong with Xing Jian (Liv 2).

4. **Phlegm turbidity internally obstructing pattern**

   **Main symptoms:** Chest oppression or chest pain, a fat body, bodily heaviness, lack of strength, extremely profuse phlegm, a tendency to hypersomnia or somnolence, heavy-headedness, possible dizziness, heart palpitations, possible nausea and reduced food intake, a sticky, slimy feeling within the mouth, thick, slimy or filthy, turbid tongue fur, and a slippery, bowstring pulse.

   **Treatment principles:** Use fragrant, aromatic medicinals to transform turbidity, disinhibit phlegm, and dispel stale.

   **Acumoxa therapy:** Nei Guan (Per 6), Dan Zhong (CV 17), Zu San Li (St 36), Feng Long (St 40)

   **Additions & subtractions:** For piercing pain in the chest, add Ling Dao (Ht 4) or Qu Ze (Per 3). For phlegm heat, add Nei Ting (St 44) and He Gu (Li 4). For cold phlegm, add moxibustion on Dan Zhong and Zu San Li. For spleen qi vacuity, add Tai Bai (Sp 3). For severe bodily heaviness, add Yin Ling Quan (Sp 9). For heart palpitations, add Shen Men (Ht 7).
5. Qi & yin dual vacuity pattern

**Main symptoms:** Insidious heart pain, generalized fatigue, lack of strength, shortness of breath, heart palpitations, chest oppression, spontaneous perspiration, a dry mouth with scanty fluids, dizziness, insomnia, a dry throat, a red tongue with scanty or no fur, and a fine, rapid, possibly bound or regularly interrupted pulse, depending on whether yin vacuity with vacuity heat or qi vacuity predominate.

**Treatment principles:** Boost the qi and nourish yin assisted by quickening the blood

**Acumoxa therapy:** Xi Shu (Bl 15), Shen Men (Ht 7), Fu Liu (Ki 7), Zu San Li (St 36), Nei Guan (Per 6)

**Additions & subtractions:** If there are night sweats, add Yin Xi (Ht 6). If severe chest oppression exists, add Dan Zhong (CV 17).

If there is cold hands or a cold sensation in the cardiac area, add moxibustion on Xi Shu. For piercing pain in the chest, add Ling Dao (Ht 4) or Qu Ze (Per 3). If spleen qi vacuity is marked, add Tai Bai (Sp 3). If there is concomitant ascendant liver yang hyperactivity with hypertension, add Xuan Zhong (GB 39) and Tai Chong (Liv 3). If there is liver blood or yin vacuity, add Gan Shu (Bl 18).

6. Yin & yang dual vacuity pattern

**Main symptoms:** Heart palpitations, fearful throbbing, heart pain, shortness of breath, lassitude of the spirit, chest oppression that is worse at night and may awaken the patient, a white facial complexion with malar flushing, fear of cold, exacerbation of heart pain when exposed to chill, lack of warmth in the four limbs alternating with vexatious heat in the five hearts, dizziness, low back and knee soreness and limpness, nocturnal polyuria, a pale tongue with red or dark, purplish tip, and a deep, fine, possibly bound or regularly interrupted pulse.

**Note:** This pattern frequently complicates qi and yin vacuity, in which case a yin and yang vacuity exists. Here it is presented as a discrete pattern.

**Treatment principles:** Warm yang and nourish yin, supplement the kidneys and quicken the blood

**Acumoxa therapy:** Same as pattern #5 above with the addition of Guan Yuan (CV 4) and moxibustion on Zu San Li and Xiin Shu.

**Additions & subtractions:** Please see pattern #5 above.

7. Yang vacuity verging on desertion pattern

**Main symptoms:** Heart pain, shortness of breath, dribbling and dripping of great perspiration, reversal chilling of the four limbs, cyanotic nails, a somber white facial complexion, a dark tongue with white fur, and a deep, fine pulse on the verge of expiry

**Treatment principles:** Return yang and secure desertion, quicken the blood and stem counterflow

**Acumoxa therapy:** Nei Guan (Per 6), Xin Shu (Bl 15), Guan Yuan (CV 4), Qi Hai (CV 6)

**Additions & subtractions:** Please see the preceding patterns.

8. Yang vacuity, water flooding pattern

**Main symptoms:** Heart palpitation, panting, chest oppression, inability to lie down comfortably, aversion to cold, cold limbs, possible cold sweats, low back soreness, scanty urination, a pale, lusterless, or cyanotic facial complexion, possible generalized edema or edema in the lower limbs or thoracic region, possible abdominal inflation, reduced food intake, abdominal distention, nausea, a pale tongue with teeth-marks on its edges and white fur, and a deep, thin, possibly bound or regularly interrupted pulse.

**Note:** This pattern is a combination of heart and kidney yang vacuity resulting in the non-transportation and transformation of water fluids and thus the accumulation of water rheum in the chest, which then further obstructs chest yang.

**Treatment principles:** Warm yang and disinhbit water

**Acumoxa therapy:** Xin Shu (Bl 15), Ju Que (CV 14), Nei Guan (Per 6), Feng Long (St 40), Yin Ling Quan (Sp 9), Ming Men (GV 4)

**Additions & subtractions:** If marked qi vacuity is present, add Pi Shu (Bl 20) and Wei Shu (Bl 21). If there is concomitant blood vacuity and/or blood stasis, add San Yin Jiao (Sp 6) and Ge Shu (Bl 17). For panting due to kidney failing to absorb the qi, add Tai Xi (Ki 3). For scanty urination, add Guan Yuan (CV 4). If incessant sweating exists, add He Gu (LI 4) and Fu Liu (Ki 7). If there are water evils damaging the upper burner, add Dan Zhong (CV 17), Fei Shu (Bl 13), and Tai Yuan (Lu 9).

9. Heart qi vacuity pattern

**Main symptoms:** Heart palpitations, dull pain in the chest or an empty sensation in the heart region, easy fright, shortness of breath, fatigue, bodily weakness, worsening of the symptoms after activity, spontaneous sweating, and a forceless, bound, or regularly interrupted pulse

**Treatment principles:** Boost the qi and settle the heart

**Acumoxa therapy:** Xin Shu (Bl 15), Shen Men (Ht 7), Qi Hai (CV 6), Nei Guan (Per 6)

**Additions & subtractions:** If there is marked qi vacuity, add Pi Shu (Bl 20) and Wei Shu (Bl 21). If there is blood vacuity, add Ge Shu (Bl 17) and Guan Shu (Bl 18). If sweating is severe, add He Gu (LI 4) and Fu Liu (Ki 7). If there is abdominal distention and reduced food intake, add Gong Sun (Sp 4) and Zhong Wan (CV 12). For heart yang vacuity with aversion to cold, cold hands, more severe heart pain especially worsened with cold, and cold sweats, also moxa Dan Zhong (CV 17), Guan Yuan (CV 4), and Zu San Li (St 36) relatively heavily.

10. Heart yin vacuity pattern

**Main symptoms:** Heart palpitations that are worse at night, fearful throbbing, heart and chest pain with sometimes a burning hot sensation, restlessness, insomnia, night sweats, heat in the heart of the palms of the hands and soles of the feet, a dry mouth, dizziness, a red tongue with scanty fur, and a fine or fine and rapid pulse.

**Note:** This pattern is sometimes accompanied by easy anger, severe restlessness, a red facial complexion, aversion to heat, possible soreness of low back, and weakness of lower limbs due to yin vacuity with yang hyperactivity. This is a common condition in Western patients with CHD.

**Treatment principles:** Supplement and enrich heart yin; if yang is hyperactive, clear heat and settle yang.

**Acumoxa therapy:** Xin Shu (Bl 15), Shen Men (Ht 7), Fu Liu (Ki 7), San Yin Jiao (Sp 6), Nei Guan (Per 6)

**Additions & subtractions:** If there are severe heart palpitations, add Ju Que (CV 14) and Dan Zhong (CV 17). For dizziness, tinnitus, and high blood pressure, add Xing Jian (Liv 2) and Feng Chi (GB 20). For low back pain and weakness of lower limbs, add Tai Xi (Ki 3) and Shen Shu (Bl 23). For easy anger, severe restlessness, a red facial complexion, and aversion to heat, add Xing Jia (Liv 2) and Xiao Xi (GB 43). For night sweats and hot flashes in the face, add Da Zhai (CV 14) and Yin Xi (Ht 6). If concomitant phlegm heat exists, add Feng Long (St 40), Nei Ting (St 44), and Zhong Wan (CV 12).

**Conclusion**

Persons with known cardiovascular disease obviously should be monitored regularly by their primary care physician. However, regular acupuncture care may help restore the tests their physicians perform to much more normal parameters, lower the required dosages of any suggested pharmaceuticals, and bring such patients much closer to a normal, healthy lifestyle.