Acupuncture and Moxibustion
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Acupuncture & Osteoporosis

With recent revelations in the news about the possible dangers of long-term Hormone Replacement Therapy, many women are searching for other possible methods of preventing osteoporosis and other degenerative diseases related to hormonal decline after menopause. This article offers treatment options which may be of interest to practitioners working with patients in high risk groups for this disease.

In the February 2004 issue of the Zhong Yi Za Zhi (Journal of Chinese Medicine, #2, 2001, p. 88), Ou-yang, Gang et al. discuss “The Influence of Acupuncture on Postmenopausal Female Bone Density.” This article is based on a clinical trial involving 42 postmenopausal women 50-70 years of age, all of whom were seen as out-patients between March 1999 and January 2000 and all of whom had been diagnosed with osteoporosis using X-ray examination of the 2-4th lumbar vertebrae. Women suffering from thyroid function disturbances, diabetes mellitus, osteomalacia, fibrous osteitis, and osteoblastic diseases, liver and kidney diseases, and anyone who had used estrogen or corticosteroids in the previous three months were excluded from this study. Twenty-five of these 42 women were assigned to the so-called treatment group, and 17 women were assigned to the comparison group. In terms of the average age (56 years) and the severity of the osteoporosis (which was mostly slight), there was no significant statistical difference between these two groups.

Treatment method

The women in the treatment group were needled at Shen Shu (Bl 23), Guan Yuan (CV 4), and Tai Xi (Ki 3) using two inch, 30 gauge fine needles which were inserted slowly. After obtaining the qi, heavy thrusting and light lifting hand technique was used for one minute. Then the needles were retained for 30 minutes, during which time, the needles were stimulated one more time. The needles were withdrawn on the patient’s inhalation, and pressure was applied to the needle hole. This treatment was given once every other day for three months, which constituted one course of treatment. After a 10 day rest, a second course of therapy was administered. In addition, one pill of a calcium and vitamin D supplement was administered orally once per day continuously for six months. The women in the comparison group were only administered this same calcium-vitamin D supplement at the same dose for the same length of time.

Treatment outcomes

After six months of the above described therapy, all the women in this study were examined again by X-ray to measure their bone density. In the treatment group bone density went from 0.907 ± 0.072 to 0.923 ± 0.070, for a mean change of 0.013 ± 0.012 g/cm². In the comparison group, bone density went from 0.908 ± 0.072 to 0.913 ± 0.066, for a mean change of 0.005 ± 0.013 g/cm².

Thus there was a significant difference in increase of bone density from before to after treatment between these two groups (P < 0.05).

Chinese authors’ discussion

According to the authors of this study, postmenopausal osteoporosis is categorized in Chinese medicine as kidney vacuity bone wilting and kidney vacuity lumbar pain. Tai Xi is the foot shaoyin kidney channel source point. Shen Shu is the back transport point of the kidneys, while Guan Yuan nourishes and secures the kidneys. Therefore, supplementing these three points has the effect of supplementing the kidneys and boosting the essence. Modern research has shown that needling Shen Shu and Guan Yuan is able to increase serum levels of estrogen, thus inhibiting osteoclastosis and promoting osteoblastosis. As this study shows, acupuncture at these three points accompanied by supplementation of calcium and vitamin D is more effective for increasing bone density in postmenopausal women than supplementation of calcium and vitamin D alone.

While this is an interesting study and does show that acupuncture can have a statistically significant effect on bone density, it is unclear whether our patient population can be induced to come for acupuncture three times a week indefinitely. Also, the study gives us no information about what will happen if the treatments do not continue or do not continue with such regularity. I personally would change the nature of the treatment for my own patients to include regular moxibustion therapy at Guan Yuan and Shen Shu, giving them some moxa and self-massage home therapy suggestions for days when they are not coming to the clinic. It is my belief that such self-therapies would allow patient visits to be cut down to a maximum of once per week. Also, since there are many Chinese medicinal formulas known to have a positive effect on bone maintenance, the combination of acupuncture, moxibustion, self-therapy, and Chinese herbal medicine could be even more significant for Western women searching for alternatives to Western hormone therapy.