

Clinical Report

Tuina combined with moxibustion for 28 cases of lung-wei insecurity-type sweating syndrome in children^{*}

推拿配合艾灸治疗肺卫不固型小儿汗证28例^{*}

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ABSTRACT

Objective To explore the clinical efficacy of *tuina* combined with moxibustion for treatment of lung-wei insecurity-type sweating syndrome in children. **Methods** Infantile *tuina* combined with moxibustion was conducted for 28 cases of lung-wei insecurity-type sweating syndrome in children. *Tuina* was carried out for once every other day, and moxibustion was conducted for once every other three days. Clinical efficacy was observed after treatment for 4 weeks. **Results** The total effective rate of *tuina* combined with moxibustion for treatment of lung-wei insecurity-type sweating syndrome in children was 92.85%. **Conclusion** The efficacy of *tuina* combined with moxibustion for treatment of lung-wei insecurity-type sweating syndrome in children is definite, which is worthy of being popularized clinically.

KEY WORDS: sweating syndrome; *tuina*; moxibustion; lung-wei insecurity

Sweating syndrome in children is a kind of frequently-occurring disease clinically. It is believed in modern medicine that the vegetative nerve of children is undeveloped in the growth stage, so the sympathetic nerve governing the sweat gland is easy to excessively excite, thus causing profuse sweating. Sweating syndrome in children belongs to the category of "sweating syndrome" in traditional Chinese medicine. Long-term sweating syndrome may easily cause recurrent cold, and cough, etc., reduce the body immunity, and seriously affect children's health and the quality of life. Oral drugs are mainly used for treatment clinically. Because of the obvious side effects and difficulty to administrate,

the author adopted *tuina* combined with moxibustion for treatment of lung-wei insecurity-type sweating syndrome in children, and obtained certain curative effect. The details are reported as follows.

CLINICAL DATA

Twenty-eight children were selected from the acupuncture-moxibustion and *tuina* department of the First Affiliated Hospital of Hunan University of Chinese Medicine from June 2015 to July 2016, with 16 boys and 12 girls. The youngest was 1 year old, and the oldest was 8 years old with the mean age of (3.2 ± 1.6) years old. The shortest course of disease was 1 month, and the longest was 6 years and five

months. Among these children, 12 suffered from spontaneous sweat, 1 suffered from night sweat, and 15 suffered from both spontaneous sweat and night sweat. The main clinical manifestations included spontaneous sweat, or night sweat concomitantly, with the obvious sweating on the head, shoulders and back, and severe sweating when moving. They were fatigue and weak, easy to catch a cold, with pale face, pale tongue, thin coating, and thready and weak pulse. All the patient children conformed to the diagnostic criteria of sweating syndrome in *TCM pediatrics*^[1].

METHODS

Tuina manipulations

open the orifices (open *tianmen*, push *kangong*, massage *taiyang*, press total sinews and separate *yin* and *yang* for 24 times, respectively, Figure 1–5), five meridians (supplement spleen meridian for 200 times, clear liver meridian and heart meridian for 100 times, respectively, supplement lung meridian for 300 times, and supplement kidney meridian for 100 times, Figure 6–10), massage and press the kidney top for 300 times, (Figure 11) massage and press *Zúsānlǐ* (足三里 ST 36) and *Fèishù* (肺俞 BL 13) for 300 times, respectively (Figure 12–13), *tuina* for 10 times, pinching along the spine (Figure 14), and close the orifices [grasp *Jiānjǐng* (肩井 GB 21) for 5 times, Figure 15]. The manipulations were conducted for once every other day, and the efficacy was evaluated after treatment for 4 weeks.

Moxibustion

Acupoint selection: ST 36, BL 13 and *Píshù* (脾俞 BL 20). 1.8 × 20 cm moxa sticks were selected



Figure 1 Open *tianmen*



Figure 2 Push *kangong*



Figure 3 Massage *taiyang*



Figure 4 Press total sinews



Figure 5 Separate *yin* and *yang*



Figure 6 Supplement spleen meridian
(spirally push the flank of thread of the thumb)



Figure 7 Clear liver meridian
(straightly push the flank of thread of the index finger)



Figure 8 Clear heart meridian
(straightly push the flank of thread of the middle finger)



Figure 9 Supplement lung meridian
(spirally push the flank of thread of the ring finger)



Figure 10 Supplement kidney meridian
(spirally push the flank of thread of the little finger)



Figure 11 Massage the kidney top
(the top of the little finger)



Figure 12 Massage ST 36



Figure 13 Massage BL 13



Figure 14 pinching along the spine



Figure 15 Grasp GB 21

to carry out mild moxibustion for 10–15 min at each acupoint. The moxibustion was conducted for once every other three days, and the efficacy was evaluated after treatment for 4 weeks.

RESULTS

The efficacy was evaluated by reference to *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine*^[2]. Cured: spontaneous sweat and night sweat disappeared in 21 cases after treatment; improved: the number of times of spontaneous sweat and night sweat obviously reduced in 5 cases after treatment; ineffective: without improvement in spontaneous sweat and night sweat in 2 cases. The effective rate was 92.85%.

Typical Case

Patient, 3 years old boy, first visit on November 20, 2015. Chief complaints: profuse sweating since childhood, and exacerbation for more than half a year. The child was usually weak, easy to catch a cold with occasional cough. He sweats when moving in daytime, with the obvious sweating on his head, neck and back. His arms and legs were cold, with poor appetite and sleep, loose stools for twice a day, and turbid urine. Physical examination: pale face, thin and white coating, and auscultation on the heart and lung is normal. Traditional Chinese medicine diagnosis: sweating syndrome, lung-wei insecurity-type. Treatment principle: supplementing the lung and consolidating the exterior. Manipulations: *tuina*: open *tianmen*, push *kangong*, massage *taiyang*, press total sinews and separate *yin* and *yang* for 24 times, respectively, supplement spleen meridian for 200 times, clear heart meridian and liver meridian for 100 times, respectively, supplement lung meridian for 300 times, and supplement kidney meridian for 100 times, massage and press the kidney top for 300 times, massage and press ST 36 and BL 13 for 300 times, respectively, *tuina* for 10 times, and grasp GB 21 for 5 times. The manipulations were conducted for once every other day. Moxibustion: mild moxibustion was carried out at ST 36, BL 13

and BL 20 for 10–15 min at each acupoint, and the manipulations were conducted for once every three days. After treatment for 2 weeks, the sweating syndrome was improved obviously, and his hands and feet were warm. After treatment for 4 weeks, the child was cured. There was no recurrence during the follow-up visit for half a year.

DISCUSSION

Sweating syndrome is a common disease in children, which refers to too much sweat on the whole body or local part when the children are in quiet condition, even sweating profusely. This disease belongs to the category of vegetative nerve dysfunction in modern medicine, which is mainly treated with drugs, and surgery may be needed for severe patients. However, there are many side effects of drugs, and the surgical risk is high, easy to leave a scar^[3]. In traditional Chinese medicine, sweating syndrome in children is classified into four symptom types: lung-*wei* insecurity, disharmony between *ying qi* and *wei qi*, damp-heat forced to evaporate and *qi-yin* depletion, among which, lung-*wei* insecurity is the most common. The children are characterized by tender organs and insufficient body and *qi*. After birth, the children are like a bud with the morphological structures and physiological functions of organs in the growth stage. They grow fast, and need many nutrients. Therefore, *qi* in five viscera and six bowels is insufficient, with the most prominent conditions in the lung, spleen and kidney. Lung-*wei* insecurity-type sweating syndrome in children is closely related to the lung and spleen, since the lung governs diffusion and dispersion, as well as purification and descent, and can free and regulate the waterways. The sweat excretion is controlled by diffusion and dispersion, and purification and descent of the lung. It was recorded in *Jingyue Quanshu* (《景岳全书》), *The Complete Works of [Zhang] Jing-yue* that “Sweat arising from *yin* and out of *yang*. The root is governed by *ying qi* of *yin*, and the start and close are governed by *wei qi* of *yang*.” It was indicated that if *wei qi* is weak, the regulation function on skin will be failed, so the sweat may be excreted abnormally. While *wei qi* is derived from the essence of water and grain transported and transformed in the spleen and stomach, therefore, sweating syndrome is closely related with the spleen and stomach. Both disharmony

of the spleen and stomach and weak lung *qi* can cause spontaneous sweat or night sweat; insecurity of exterior deficiency can induce endless sweating. Therefore, *tuina* at five meridians was carried out in order to mainly supplement the spleen meridian and lung meridian, combining with supplementing the kidney meridian to enrich the prenatal basis. Since the children are characterized by abnormal exuberance of heart and liver *qi*, clearing method was adopted in heart meridian and liver meridian; massage the kidney top can astringe the original *qi* and arrest sweating; massage and press ST 36 can fortify the spleen and harmonize the stomach, and regulate the center and rectify *qi*; BL 13 is the back-*shu* point of the lung, and massage and press BL 13 can supplement the lung; *tuina* can regulate *yin-yang*, harmonize *zang-fu* organs, rectify *qi* and blood and unblock the meridians and collaterals. Moxibustion, with the functions of warming and unblocking the meridians and collaterals, and reinforcing *yang* and rescuing from desertion, can act on the acupoints through burning of moxa, and achieve the goal of treating and preventing diseases. Moxibustion at ST 36, BL 20 and BL 13 can consolidate the exterior and arrest sweating, enhance the immunity, resist external pathogen, and prevent and treat cold, thus improving the sweating syndrome in children. The parents should also pay more attention to sweating syndrome in children, timely increase and reduce clothes for children, guarantee a reasonable diet, avoiding spicy or cold foods.

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ABSTRACT IN CHINESE

[摘要] 目的：观察温针灸下关穴结合浅刺治疗孕妇贝尔麻痹的临床疗效。方法：13例贝尔麻痹的孕妇接受温针灸下关穴结合浅刺的治疗，比较治疗前后House-Brackmann面神经功能评分等级的变化。结果：治疗后，患者的HB评分等级显著进步($P < 0.05$)。结论：温针灸下关穴结合浅刺治疗孕妇贝尔麻痹安全有效。且孕妇贝尔麻痹较易出现在孕晚期，面神经的受损程度和面瘫出现后的初次就诊时间对孕妇贝尔麻痹的恢复和预后至关重要。

[关键词] 贝尔麻痹 妊娠 温针 灸法 浅刺

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ABSTRACT IN CHINESE

[摘要] 目的：探讨推拿配合艾灸治疗肺卫不固型小儿汗证的临床疗效。方法：采用小儿推拿结合艾灸治疗28例肺卫不固型小儿汗证患儿，推拿隔日一次，艾灸隔三日一次，治疗4周后观察临床疗效。结果：推拿配合艾灸治疗肺卫不固型小儿汗证的总有效率为92.85%。结论：推拿配合艾灸治疗肺卫不固型小儿汗证疗效肯定，值得临床上推广应用。

[关键词] 汗证 推拿 艾灸 肺卫不固