

# Acupuncture Treatment of Atrial Fibrillation

## A Clinical Case Study

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**A** long-time patient of mine called one day with a new problem. W was experiencing atrial fibrillation and was in need of a cardioversion to restore his heart to its proper sinus rhythm, a self-sustaining regular beat. His cardiologist would not do the procedure because he suspected there was a blood clot in W's heart. He was concerned that the electrical shock involved in the cardioversion would dislodge the clot. Instead he prescribed anticoagulants to dissolve the clot. W called because he was experiencing symptoms of cardiac insufficiency – fatigue on exertion, moving very slowly, loss of breath from bending over to tie his shoe – and wondered what acupuncture could do while he was waiting for the clot to dissolve. The cardiologist gave his blessing for us to try whatever we wished.

At the time we began cardiac treatments with acupuncture, W was a 71-year-old man with a history of two prior heart attacks. He has a pacemaker with a defibrillator to interrupt ventricular fibrillation. The pacemaker does not have an effect on atrial fibrillation. W was taking a beta blocker and

medication for high blood pressure, as well as Coumadin (an anti-coagulant), a second strong thrombolytic to dissolve the clot, and a doubled dose of Digoxin to slow the heart rate.

## Acupuncture Treatment of Heart Disease

According to *Acupuncture, A Comprehensive Text* (1981), it was thought, prior to the Cultural Revolution, that acupuncture should not be used to treat heart disease. This thinking changed during the Cultural Revolution, when practitioners found that acupuncture and moxibustion could be used to treat chronic heart failure caused by damage to the valves by rheumatic fever. With that success, acupuncturists began treating other types of heart disease as well.

In terms of differential diagnosis, chronic heart failure is considered to be a symptom of Yang *Qi* Deficiency of the Heart and Kidneys. Deficient Heart Yang allows Blood to congeal in the blood vessels; and Deficient Kidney *Qi* fails to pull down the Lung *Qi*, disrupting the normal transformation of *qi* and allowing Dampness to overflow. Treatment is to strengthen the Kidneys, Heart, and *Shen*. (p. 595)

The *Comprehensive Text* gives two sets of principle points and recommends alternating between the two sets of points, while adding six or seven of 22 supplemental points to each treatment, according to symptoms. The first set of principle points is P 6 (*Nei guan*), P 5 (*Jian shi*), and HT 8 (*Shao fu*). The second set is P 6 (*Nei guan*), P 4 (*Xi men*), and P 3 (*Qu ze*).

For W's first treatment, I selected the first group and added CV 4 (*Guan yuan*), CV 6 (*Qi hai*), and ST 29 (*Gui lai*) to strengthen the Source *qi* of the Kidneys. I had hardly placed the needles when W commented that he felt he was having a cardioversion. I removed the needles immediately. W felt great; and his pulse changed from being rapid, irregular, and weak to being slower, more regular, and stronger, even though a cardioversion had not actually occurred.

Three days later, we repeated the treatment, this time using only the first set of principle points and no supplemental points. The effect of the first treatment had held up well, though W could feel that it was wearing off. The effect of the second treatment was not as dramatic as the first, but W's pulse was stronger and slower at the outset of the second treatment than it had been at the first treatment.

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We continued in this pattern for 18 days, with treatments no more than four days apart. I used the same three points each time because they worked so well. As treatment proceeded, W was able to retain the needles 15 minutes by Day 18. The *Comprehensive Text* recommended using strong stimulation and not retaining the needles. We opted instead for even stimulation and leaving the needles in place until W felt that he was about to have a cardioversion, as our goal was to strengthen the heart but not to provoke a cardioversion because of the suspected blood clot. His cardiologist was very impressed with the regularity of the beat, even though Waud still defected the irregularities that distinguish fibrillation from sinus rhythm.

### A Fortuitous Error

On Day 18, W returned for a second treatment because he had had a strenuous work day teaching. We decided to do an experiment and use the second group of principle points, P 6 (*Nei guan*), P 4 (*Xi men*), and P 3 (*Qu ze*), a group which we had not yet used. In the process, I double-checked my point locations and discovered that I had not been needling P 5 (*Jian shi*) at all but rather a point I, at that time, decided was P 4 (*Xi men*). Since I had already needled “P 4” that day, I decided to use P 6 (*Nei guan*), the correctly located P 5 (*Jian shi*), and P 3 (*Qu ze*) for this second treatment of the day. It did not work nearly as well as my incorrectly identified P 5/P 4 had worked, so for future treatments we went back to my original formula, P 6 (*Nei guan*), “P 4,” and HT 8 (*Shao fu*).

To my embarrassment, I discovered five months later that I was still incorrectly naming the point I had identified as P 5 (*Jian shi*) and later P 4 (*Xi men*). This point is not a regular named point at all, in spite of the fact that I have been using it since I was an acupuncture student 29 years ago. My accidental point can best be identified as P 3.5. It is located three *cun* distal to the transverse crease of the elbow, between the radius and the ulna.

I have used P 3.5 many times throughout my acupuncture career, thinking that it was an actual acupuncture point. The first use I remember was self-sedation during dental treatment. I was a new acupuncture student at the time; and the dentist agreed to do a little experiment. I had two teeth that needed large fillings. We did one with Novocaine as a numbing agent, and we did the other with me applying thumb pressure to P 3.5 throughout the procedure. The dentist told me afterward that I was quieter in the chair while stimulating P 3.5 than I was with Novocaine, even though the cavity was deeper in the tooth for which I sedated myself. I have found that P 3.5 has always worked well for sedation, especially when the Pericardium/Heart Protector has been challenged by something going on in the patient’s life, such as a traumatic divorce or other emotional trauma. I also use it in situations in which the *Shen* does not find the Heart to be a comfortable dwelling place, or for panic attacks or anxiety.

## Acupuncture Treatment for Atrial Fibrillation

W and I continued to treat his atrial fibrillation for six weeks, using my original formula (now correctly identified as P 3.5, P 6 [*Nei guan*], and HT 8 [*Shao fu*]) until he had his cardioversion. After the cardioversion, we followed the maintenance protocol recommended in the *Comprehensive Text*, P 6 (*Nei guan*) and ST 36 (*Zu san li*), for 3 ½ months until W was hospitalized again for arrhythmia and had a second cardioversion. That cardioversion lasted for eight days, after which W was rehospitalized in atrial fibrillation again. His cardiologists decided to treat the atrial fibrillation medically this time, as the probability of success with cardioversion decreases every time it is done. At this writing, it has been two months since the decision not to do another cardioversion. We have re-established regular treatment using P 3.6, P 6 (*Nei guan*), and HT 8 (*Shao fu*). W comes weekly for his usual hour-long treatment for multiple issues including arrhythmia, and he comes as frequently as he feels is necessary between those visits for this cardiac regimen.

Each treatment settles W's pulse into a steadier rhythm. With each treatment, his heart beat is stronger and more regular prior to placing the needles. He rarely comes in with fibrillation now, and no fibrillation is apparent in his pulse at the end of treatment, though his pulse no longer becomes quite as regular as it did prior

to the second cardioversion. We are able to leave the needles in place 15-30 minutes. After each treatment,

W's complexion regains its rosy glow; he is calmer and stronger; and he feels considerably better. He no longer experiences prolonged arrhythmia.

### Conclusion

This success in using acupuncture to treat cardiac arrhythmia and cardiac insufficiency is a clinical example of Nicholas Seiben's recommendation in this issue that acupuncture can be used to treat chronic conditions without also or primarily using herbs. Different combinations of points may be more or less effective for different patients. I have found HT 8 (*Shao fu*) and P 3.5 to be an especially powerful combination, with or without P 6 (*Nei guan*) added, and with or without needles. W uses finger pressure on HT 8 (*Shao fu*) and P 3.5 at home as needed, and I frequently use strong pressure on P 3.5 while I am massaging the forearm as part of other treatments. ♦

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