

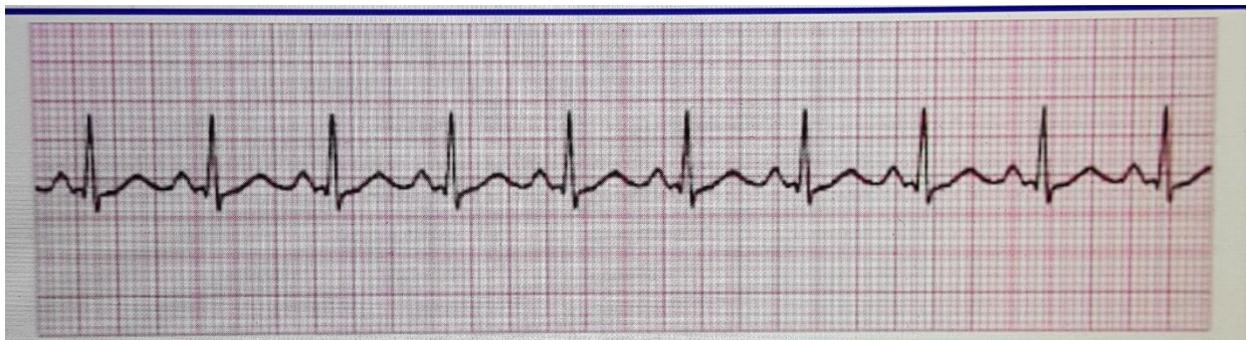
Case Report of Arrhythmia in Acupuncture and Oriental Medicine

DAOM (Doctor of Acupuncture and Oriental medicine) Candidate: David Kim

Cardiac arrhythmia refers to abnormal beating of the upper atrial or lower ventricular chambers of the heart. These palpitations, which may be experienced as pounding or thumping in the chest and the sensation of having missed a beat, generally indicate that the heart needs nutrients, and that it is overworked and tired. The condition is related to poor gut function¹, associated with gas and fermentation in the stomach, and allergy. Caffeine may be a precipitating factor. Arrhythmias occur when the electrical signals to the heart that coordinate heartbeats are not working properly. For instance, some people experience irregular heartbeats, which may feel like a racing heart or fluttering. Many heart arrhythmias are harmless; however, if they are particularly abnormal, or result from a weak or damaged heart, arrhythmias can cause serious and even potentially fatal symptoms².

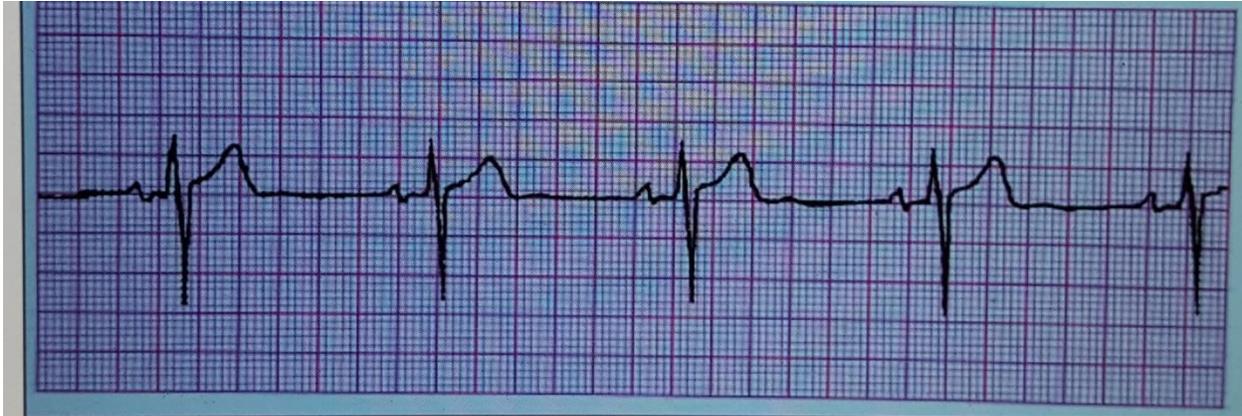
5 common variations of a sinus rhythm which we could detect with finger tips: Normal sinus rhythm (60-100 bpm), Sinus bradycardia (<60 bpm), Sinus tachycardia (>100bpm), Sinus arrhythmia (60-100 bpm), Sinus pause/arrest

1. Normal sinus rhythm(60-100 bpm) – **Huan mai, a healthy pulse**



1. HR = # of boxes between R's = 19 spaces = 79bpm
2. Rhythm = regular or irregular = regular (R-R's are equal)
3. P waves = P wave for every QRS? = yes
4. PR interval = measure from beginning of P to beginning of QRS = 0.16
5. QRS = measure from start of Q to end of S = 0.08

2. Sinus bradycardia (<60 bpm) – **Chi mai, cold syndromes, blood DF, might be slippery**



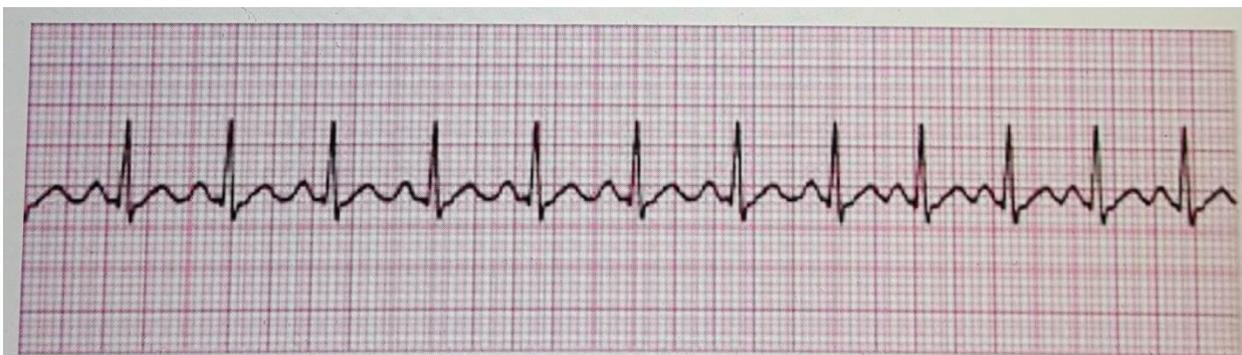
Sinus Bradycardia is often seen as a normal variation in athletes, during sleep, or in response to a vagal maneuver.

Causes: Hypoglycemia, Hypothermia, Hypothyroidism, Previous cardiac history, Medications, Toxic exposure, MI-Inferior wall involving right coronary artery

Signs and Symptoms: Syncope, Dizziness, Chest Pain, Shortness of Breath, Exercise Intolerance, Cool-clammy skin

Medical treatment: Atropine, Pacing if the patient is hemodynamically compromised, Treatment will be based on whether patient is symptomatic.

3. Sinus Tachycardia(>100bpm) – **Shuo mai, rapid pulse, heat syndrom, ex heat/ DF heat**



Sinus Tachycardia is related to a rapid firing of the sinoatrial(SA) node.

Causes: Damage to heart tissues from heart disease, Hypertension, Fever, Stress, Excess alcohol, caffeine, nicotine, or recreational drugs such as cocaine, Aa side effect of medications, Response to pain, Imbalance of electrolytes, Hyperthyroidism

Signs and Symptoms: Dizziness, Shortness of breath, Lightheadedness, Rapid pulse rate, Heart palpitations, Chest pain, Syncope

Medication: ACLS protocol, Look for the cause of the tachycardia and treat it if:

1. Fever-give acetaminophen or ibuprofen, 2. Stimulants-stop use (caffeine, OTC meds, herbs, illicit drugs), 3. Anxiety-give reassurance or ant-anxiety medication, 4. Sepsis, Anemia, Hypotension, MI, Heart Failure, Hypoxia * Narrow QRS Complexes-consider vagal maneuvers, adenosine, beta blocker, calcium channel blocker, or synchronized cardioversion. * Wide QRS Complexes- consider anti-arrhythmic such as procainamide, amiodarone, or sotalol

Sinus arrhythmia (60-100 bpm) – Dai mai, wind syndromes, pain, fear, trauma, heart disharmony, or Cu mai, severe heat, HT Q DF, HT fire, Domination of Yang/Qi/Blood

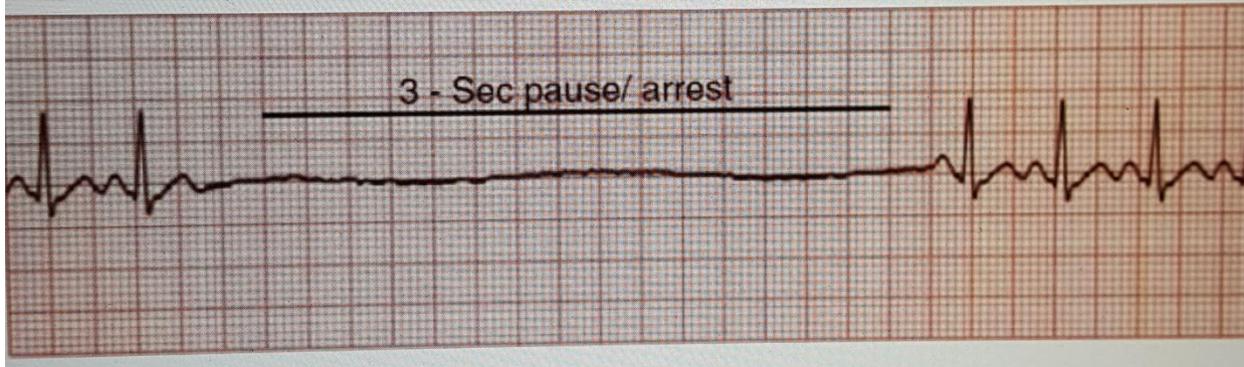


Sinus arrhythmia is a normal variation in the beating of your heart. A sinus arrhythmia refers to an irregular or disorganized heart rhythm.

▪This rate usually increases with inspiration and decreases with expiration.

Causes: ▪Heart disease ▪Moderate to extreme stress ▪Excessive consumption of stimulants like caffeine, nicotine, and alcohol ▪Intake of medications like diet pills as well as cough and cold medicines Treatment is usually not required unless patient is symptomatic. If patient is symptomatic, find and treat the cause.

5. Sinus pause/arrest – **It might considered as San mai/Scattered pulse, Severe DF of Qi & Blood, Zang fu organ failure, Server DF of KD Qi, Dispersion of Yuan qi.**



A sinus pause or arrest is defined as the transient absence of sinus P waves that last from 2 seconds to several minutes.

Causes: This may occur in individuals with healthy hearts during sleep, Myocarditis, Cardiomyopathy, MI, Digitalis toxicity, Age-elderly, Vagal stimulation

Signs and symptoms: Sometimes asymptomatic, Syncope, Dizziness, LOC, Bradycardia

Risk: Sudden cardiac death (rare), Syncope, Fall, Thromboembolic events including stroke, CHF, Atrial tachyarrhythmias-such as atrial flutter or fibrillation

Medical Treatment : Only treated if patient symptomatic , Atropine , Pacemaker

Case Report

Subjective: A 60 years old female Asian had stuffiness in the chest and shortness of breath with faulty smell in the mouth, and gassy for over five years. She had been hospitalized twice, but not much improvement noticed. She mentioned that recently she noticed periods of laughing or angry emotions without any apparent reason which made family members worry. She mentioned that soreness of the lumbar region is getting worse.

Objective: Pulse: Rapid/rolling on both side irregular, Tongue: Thin yellow coating, red body, Sleep: Dream disturbed sleep, Digestion: Poor, Bowl movement: Dry stool, Urination: Dark yellow. Medication: HBP medicine, Hyperthyroid medicine for more than 10 years.

HETN: Lightheadness, Thermo feeling: Prefer cold drink, Noticed flushed face and sudden emotional change and cold feet. Also noticed chest stuffiness is located center of chest.

Differentiation: Hyperactivity of HT fire along with Disharmony of HT/KI

Principal of treatment: Purge Ht fire, tonify KI Yin, Calm the mind

Plan/Procedures

Treatment Plan: 2 times a week for 4 weeks then follow up re-evaluation.

Modalities: Acupuncture as well as E-stim (Cont. 6hz-10hz), Moxa, Tuina.

Goal: Calm the mind, Strengthen lumbar region.

Acupoints that are selected were: UB 14, UB 15, UB 23, UB 25, DU 11, REN 17, PC 6, HT 5, HT 7, HT 9, REN 12, ST 36, LU 7, KID JK(KID 7+, LU8+, KID 3-, SP3-), Anmian.

Explanation: Since this condition was located in the heart and its related meridians and collaterals, the points from the corresponding meridians were chosen for treatment. PC 6 (Neiguan), the Luo-Connecting point of the Pericardium Meridian, is one of the Eight Confluent points, and connects with the Yinwei Meridian whose function is; Regulates Heart Qi and Blood, Calms shen, Harmonizes the Stomach, Clears heat. LU 7 (Lieque), the Luo-Connecting point of the Lung Meridian, relaxes the chest, and it was used for stuffiness in the chest and shortness of breath. REN 12/ST 36/LI 11 were given for; Clear heat, Regulates Large Intestine, Mental balance, UB 14/ UB 15, as Back-Shu Points of the heart and pericardium, are good for heart disease. REN 17 (Tanzhong), Front-Mu Point of the pericardium, tones heart qi and palpitation. HT 5/HT 7/HT 9, for calm shen and clear heat, UB 23/ UB 25, are given for back pain and tonify KID yin.

Remark: According to TCM differentiation, arrhythmia is primarily related with the heart and pericardium, and their pertaining meridians. It is classified into heart qi deficiency, heart yin deficiency, obstruction of the their vessels and weakness of heart yang. The points to be selected from the Heart and Pericardium Meridians and their Front-Mu and Back-Shu points. Moreover, exterior-interior related meridians are involved. It is said that the branch from the Stomach Meridian goes upward through the diaphragm and flows into the heart to link with the Heart Meridian³, the Small Intestine Meridian connects with the heart, Kidney Meridian connects with the diaphragm/heart, the Liver Meridian passes the heart and spleen, the heart and kidney, or the heart and liver may be diseased simultaneously³. The Du Meridian are often used to promote yang for heart yang deficiency after a prolonged illness. As the heart vessel ascends to the lung, a branch springs from the lung, joins the heart and runs into the chest to link with the Pericardium Meridian³, heart disease may affect the lung, causing shortness of breath and asthmatic breathing. Therefore, special attention to meridian differentiation in selecting the points is crucial.

Progress:

Treatment was given twice a week for two months, then reduced once a week for two months. Since then, episodes of stuffiness in the chest and shortness of breath reduced significantly. Now, patient is visiting once in two weeks as maintenance purpose. Patient still taking HBP medicine along with thyroid medicine. Treatment was started six month ago.

Reference:

1. <https://academic.oup.com/eurheartj/article/35/7/426/440435>
2. <https://www.medicalnewstoday.com/articles/8887.php>

3. Chinese Acupuncture and Moxibustion (Revised Edition 1999), Foreign languages press
Beijing pp67-82