Acupuncture for primary hyperhidrosis: case series

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ABSTRACT
Three cases of primary hyperhidrosis of no known cause, with excess sweating day and night, were treated using the same acupuncture points. The patients reported that their sweating decreased and that they felt better after the treatment.

INTRODUCTION
Primary hyperhidrosis is sweating in an amount that is more than the physiological needs of an individual and which disturbs his/her quality of life.1 It generally starts at the age of 25 and is seen most commonly in the axillae, the palms of the hands and the soles of the feet. Primary hyperhidrosis is thought to affect men and women equally and occurs in approximately 3% of the population.2 Treatments are available, but none is without limitations or associated complications, and side effects and compensatory sweating are still common potentially severe problems.3 Acupuncture has been reported to provide improvement in this disorder without any side effects. Three patients with primary hyperhidrosis who were treated with acupuncture are reported.

CASE REPORTS
The three patients were referred to us by the endocrinology outpatient department. They were seen in the winter in the city of Erzurum, which is at high altitude in the east of Turkey. Blood test series for screening the patients including a haemogram, biochemistry, sedimentation and thyroid function tests were carried out with normal results.

The patients underwent acupuncture treatment for primary hyperhidrosis after providing written informed consent. Classical acupuncture points were used without a formal traditional Chinese medicine diagnosis. Needles were stainless steel, 0.25 mm diameter and 25 mm length. The depth of insertion was 0.5–1 cun perpendicular to the localisation of the points; de qi was not elicited. Neither needle stimulation nor moxa were used. The same acupuncture points were selected at each session and the needles were retained for 30 min. The points selected were bilateral LI4, LI11, LU3, SP6, KI3, KI7, LR3 and Taiyang and unilateral GV14, GV20 and Yintang points, also ear Shenmen and ear Lung points in all patients.

As a measure of hyperhidrosis, the size of the axillary damp patch on clothing was measured by the patients themselves in a standardised fashion: case 1 in her home after resting (10 min) in the evening at room temperature; case 2 in the sports centre after a sporting activity after resting 10 min at room temperature; and case 3 in his home at night since he had night sweating. We are not aware of any other factors that could influence sweating in these cases such as change of job or reduction of stress.

CASE 1
A 33-year-old woman with no known disease had had axillary and palmar hyperhidrosis especially during the daytime for the previous 3 years. Physical examination showed no pathological signs except obesity (body mass index 31.2 kg/m²). Acupuncture treatment was applied three times weekly for a total of 20 sessions. The patient reported that her axillary and palmar sweating decreased after the third and fifth sessions. The diameter of the wetness in the axillary area was 15 cm before acupuncture treatment and decreased to 4–5 cm after treatment. No side effects were observed during the treatment. One month after the end of treatment, sweating was still normal.
CASE 2
A 25-year-old woman presented with excess sweating especially in the axillary region for the last 1 year. She was an athlete and complained that her sporting activities were limited by excess sweating. Physical examination and laboratory tests showed no abnormalities. Acupuncture treatment was started twice weekly because of time constraints of the patient and a total of 25 sessions were given in 3 months. No side effects were observed during the treatment. She reported that her sweating decreased after the first month of treatment (after eight sessions) and that she felt more comfortable during sporting activities since she sweated less. The diameter of the wetness in the axillary area was 10–15 cm before acupuncture treatment and decreased to 3–4 cm after treatment.

CASE 3
A 48-year-old man presented with excess sweating especially at nights for the last 3–4 years. He complained of having to change his clothes four or five times per night due to excess sweating. His general condition was good and his systemic physical examination was normal. He underwent acupuncture treatment three times weekly for a total of 20 sessions. He reported a decrease in his night sweating after the fifth session and that he felt better. After 20 sessions he stated that he no longer woke up at night to change his clothing and that he had better quality sleep. No side effects were observed during the 20 sessions. The diameter of the wetness in the axillary area decreased from 15 cm before acupuncture treatment to 3–4 cm after treatment.

DISCUSSION
We observed a remarkable decrease in excess sweating in the three cases with primary hyperhidrosis in whom we used the same acupuncture points. According to traditional Chinese medicine, hyperhidrosis occurs due to Yin and/or Qi deficiency. If excess sweating at night is accompanied by daytime sweating, Yin deficiency is more prominent. SP6 was therefore used to reinforce Yin. According to acupuncture theory, the renal meridian controls water. Water control is disoriented in excess sweating so KI3 and KI7 points of the renal meridian were used in these patients. LU3 is four finger breadths below the axillary line in the axilla at the radial side of the biceps brachii tendon. Since the acupuncture points also have their own local effects, LU3 was selected as the local point in our cases to regulate excess sweating. Other acupuncture points were selected to provide general relaxation and wellbeing in the patients.

In a comparative study conducted to demonstrate the therapeutic efficacy of acupuncture in spontaneous hyperhidrosis, 30 cases were treated with acupuncture and 26 cases received Western-type treatment. A response was observed in 96.7% of patients in the acupuncture group and in 57.7% of those in the Western medicine group, a difference which was statistically significant. Excess sweating in a patient with breast cancer that presented as a paraneoplastic phenomenon was treated using SP6, ST36, LR3 and KI3 acupuncture points.

The amount of sweating can be measured using various methods. For axillary sweating it is best to measure the area of wetness in shirts and t-shirts. The area of sweating normally has a diameter of approximately 5 cm. An area of sweating with a diameter of 5–10 cm is mild, 10–20 cm is intermediate and >20 cm is defined as severe sweating. All three cases in this report had intermediate sweating. After acupuncture treatment, an area of sweating of 5 cm diameter, which is accepted as normal, was observed in the three patients.

Acupuncture for primary hyperhidrosis seems effective and feasible without side effects and should be considered as a treatment option. Rigorous trials are needed to further investigate the efficacy and safety of acupuncture for the treatment of primary hyperhidrosis.

REFERENCES
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