The Efficacy of Acupuncture in Stroke Recovery

Submission date	Recruitment status No longer recruiting	Prospectively registered	
11/04/2010		[X] Protocol	
Registration date	Overall study status	Statistical analysis plan	
29/04/2010	Completed	☐ Results	
Last Edited	Condition category Circulatory System	Individual participant data	
29/05/2013		[] Record updated in last year	

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Lingpeng Wang

Contact details

Beijing Hospital of Traditional Chinese Medicine No.23 Meishuguanhoujie Dongcheng Dis. Beijing China 100010 +86 (0)10 5217 6636 wlp5558@sina.com

Additional identifiers

Protocol serial number D08050703550902

Study information

Scientific Title

The effect of acupuncture versus standard Western therapy in reducing the rate of deformity of stroke and in improving the quality of life in adult patients: a multicentre randomised controlled trial

Acronym

EASR

Study objectives

Under the guidance of the theory of Chinese medicine, acupuncture is widely used in treating the stroke in China for a long time. This study is to evaluate the effect of acupuncture in reducing the rate of deformity of stroke and in improving the quality of life.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Research Ethical Committee of the Beijing Hospital of Traditional Chinese Medicine approved on the 22nd January 2010 (ref: 201002-1)

Study design

Multicentre randomised controlled study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Stroke

Interventions

A total of 328 patients on the acute stage of cerebral apoplexy will be recruited. The patients were randomly divided into two different groups: the intervention group received the treatment of acupuncture and the Western Medicine standard treatment for 3 months and the secondary prevention treatment for 6 months, and the control group received the standard therapy of the Western medicine for 3 months and the secondary prevention treatment for 6 months. Both groups were evaluated with the treatment course of 4 weeks, 12 weeks and 24 weeks.

Group A (intervention group):

Patients are stimulated by 7 main acupoints: Baihui (Du-20), Quchi (LI-11), Shousanli (LI-10), Hegu (LI-4), Zusanli (ST-36), Yanglingquan (GB-34), Sanyinjiao (SP-6). Acupoints association is used under the guidance of the theory of Chinese medicine and according to the patients' different symptoms, the acupoints below are commonly used: Jianyu (LI-15), Huantiao (GB-10), Qiuxu (GB40), twelve well-jing points, Jinjin (EX-HN 12), Yuye (EX-HN 13), Yamen (DU-15), Lianquan (RN 23), Tianshu (ST-25), Fenglong (ST-40), limb spasm assists with fire needles.

The acupoints are stimulated by the filiform needles and the needles are remained for 30 minutes. Patients on the acute stage are treated with the acupoints of Baihui (Du-20), Jinjin (EX-HN 12), Yuye (EX-HN 13), Sishencong (EX-HN 1) and the twelve well-jing points, that use quick insertion of the tri-ensiform needles for bleeding. The needles are remained for 30 minutes every other day, three times a week.

As well as the western medicine standard therapy for 3 months and the secondary prevention treatment (the blood pressure control, platelet aggregation, glucose control, etc) for 6 months.

Group B:

Received the treatment of the standard therapy - the intracranial pressure (ICP) control, the blood pressure control, platelet aggregation, routine physiotherapy and occupational therapy, the secondary prevention treatment as well.

Joint Sponsor:

Beijing Hospital of Traditional Chinese Medicine (China)

No. 23 Meishuguanhoujie

Dongcheng District

Beijing 100010

China

T: +86 (0)10 5217 6852

F: +86 (0)10 5217 6808

Email: postmaster@bjzhongyi.com Website: http://www.bjzhongyi.com

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

- 1. Barthel Index (BI)
- 2. Stroke-Specific Quality Of Life (SS-QOL)

Assessments will be conducted at the baseline and at week 4, 12 and 24 follow-up.

Key secondary outcome(s))

- 1. The National Institutes of Health Stroke Scale (NIHSS)
- 2. Modified Rankin Scale (mRS)

Assessments will be conducted at the baseline and at week 4, 12 and 24 follow-up.

Completion date

30/06/2012

Eligibility

Key inclusion criteria

- 1. Stroke Patients were diagnosed according to criteria of cerebral arterial thrombosis in Western medicine and the criteria of apoplexy in Chinese medicine
- 2. The stroke patients were hospitalised because of the acute cerebral arterial thrombosis, that occurred in 10 days
- 3. Male or female, aged 40 75 years
- 4. National Institutes of Health Stroke Scale (NIHSS) grade from 4 to 21
- 5. Glasgox Coma Score greater than or equal to 7
- 6. Patients on the first attack or with a cerebral stroke history but with on serious deformity, modified Rankin Scale (mRS) grade less than or equal to 1
- 7. Patients who took part in the trail voluntarily and signed the informed consent form

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

- 1. Patients under the treatment of thrombolysis
- 2. Patients under other clinical trials, or having undergone other clinical trials in the last 3 months
- 3. Patients with severe primary diseases in cardiovascular system, liver, kidney, hematopoietic system, and psychopathy
- 4. Pregnant women or women in breast feeding period
- 5. Inborn handicaps

Date of first enrolment

01/09/2009

Date of final enrolment

30/06/2012

Locations

Countries of recruitment

China

Study participating centre Beijing Hospital of Traditional Chinese Medicine

Beijing China

100010

Sponsor information

Organisation

Beijing Municipal Science and Technology Commission (China)

ROR

https://ror.org/034k14f91

Funder(s)

Funder type

Government

Funder Name

Beijing Municipal Science and Technology Commission (China)

Funder Name

Beijing Hospital of Traditional Chinese Medicine (China)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created Date added Peer reviewed? Patient-facing?		
Protocol article	protocol	12/11/2012	Yes	No
Participant information sheet	Participant information sheet	11/11/2025 11/11/2025	5 No	Yes