

Nutrition and Medical Acupuncture: Three Case Presentations

Christopher Lam, M.D.¹

To treat an ailment, first use nutritional therapy. Only when that is inadequate should drugs be used.

- Sun Si-Miao (circa 582-682)

Master physician of the Tang dynasty

Introduction

Proper nutrition and a balanced lifestyle are the cornerstones of good health. A good diet, sometimes modified according to the individual's condition, along with acupuncture therapy and/or herbs, are important ingredients for healing and recovery. Drugs often do not need to be the first resort. The following case histories from my practice as a physician-acupuncturist should help illustrate how proper nutrition and lifestyle, with better handling of stress, plus acupuncture based on Chinese medical principles, can assist patients with chronic or complex conditions. Topics on the principles and practice of Chinese medicine, acupuncture and nutritional medicine are beyond the scope of this article and can be obtained elsewhere (see Further Reading). I have, for the sake of those familiar with Chinese medical acupuncture, included Chinese syndrome differentiations, and relevant acupuncture points as endnotes. The first letters of the names of organ systems are capitalized so as to designate energy (Qi) systems rather than just the organs per se.

The following patients were self-referred with vexing conditions: fibromyalgia, chronic idiopathic urticaria, and irritable bowel syndrome. These are diagnoses of exclusion and a detailed history, including a nutritional history, is of paramount importance. Even with much uncertainty in medical encounters and interventions, one can still work with

probabilities, starting with the simplest, to alleviate symptoms while exploring ways to prevent aggravation of the ailments. Acupuncture can help regulate and normalize various physiological functions, including the immune system and gastrointestinal motility, yet by itself it may not be enough to give long-term results. Motivating such patients to alter their lifestyle and nutrition can be quite a challenge, but is necessary for their long-term health and well being.

Case Presentations

Patient 1

A 46 year-old woman presented with a diagnosis 11 years prior of fibromyalgia. It started shortly after a motor-vehicle accident (MVA) in which she suffered contusions to the left elbow, knee and shoulders. She complained of headaches, pain in neck, upper and lower back and tingling in the palms. She had tried over-the-counter and prescription anti-inflammatory agents, antidepressants amitriptyline and paroxetine, and the muscle relaxant cyclobenzaprine, all to no avail. Her energy and mobility were down by 60%. Acupuncture therapy, started elsewhere six years prior, was helpful, but she felt she needed to continue treatments at least every 10 days just to barely maintain some pain control and a functional level of energy. Feeling stressed and frustrated with her chronic pain and low energy, she wanted to continue with acupuncture therapy.

She was a nonsmoker who rarely drank alcohol or coffee. There were allergies to pollens, dander, dust, and she received desensitization injections in her youth. Four times in her teens she suffered pneumonia. For gastroesophageal reflux

1. 135-1555 McKenzie Avenue, Victoria, BC V84 1A4

disease (GERD) she was on a proton-pump (H⁺/K⁺-ATPase) inhibitor esomeprazole. Garlic, onion, mustard, vinegar, wheat and milk all aggravated her symptoms, which also included mental fuzziness, irritability and diarrhea.

Weather changes seemed to affect her symptoms; energy was lowest in the early evening; she often had cold hands and feet; her sleep was disturbed, mainly from the constant pain. She admitted to being a “sugar junkie,” and often had problems with phlegm and eczema. Noteworthy is the fact that none of her previous physicians took a detailed nutritional history from her.

This stocky woman had acutely tender trigger points in the neck, trapezius, rhomboids, low back and medial gastrocnemii. Tinel’s sign was positive in both anterior wrists. In terms of Chinese medical diagnostics, the radial pulse was slippery, taut, with decreased kidney energy. The tongue was fat, with puffy anterior edges.

Western medical diagnoses: fibromyalgia, status post-MVA; bilateral carpal tunnel syndrome; GERD.

Chinese medical syndromes: spleen and kidney deficiency, and Qi stagnation.

The treatment plan included practising yoga, deep (abdominal) breathing, and engaging in simple cardiopulmonary exercises that she enjoyed, like walking and swimming. She was advised to eat regularly and drastically reduce her intake of sweets. Bovine milk elimination (for two weeks) and challenge were carried out, because of her reluctance to stop milk altogether, and that confirmed milk intolerance. Water intake needed to be increased (not least for the phlegm), shellfish and bananas were to be discontinued (for their likelihood of aggravating her allergy symptoms). She was advised to have a more organic, plant-based diet as free as possible of food additives and preservatives, and to take vitamins

B-complex and C, and fish (salmon) oil. Acupuncture was rendered to assist with the myofascial pain and hypersensitivity, as well as treat the deficiencies and energy stagnation. (Acupuncture points and adjunctive therapies, used in different combinations, included: (i) Du20-14, G20-21, P6, B13-42-20-23, PSIS, G34, Sp6; Jia-ji points - left C5-7; (ii) Cupping (suction) of left trapezius, rhomboid. Infrared heat lamp esp. to the back; (iii) Rn12-6-4, SI6, SJ3, B2-67, LI4-11, Sp10, Lr3, S36-40, P7-9, G13).

In her progress there was gradual improvement, with less sensitive trigger points (which had a high correlation with acupuncture points). Palmar paresthesia improved as Tinel’s became negative after four sessions. There was no further need for analgesics, and her energy increased as her pain decreased. No longer bothered by GERD she was pleased to become ‘drug-free’. Enjoying a better diet, she found exercise invigorating, and she became emotionally calmer, despite the new stresses of moving into and renovating a new house.

Acupuncture treatments went from every 10 days to every two weeks. The pain was well controlled and the sleep improved. She showed resilience in faster recovery from setbacks due to stress or dietary indiscretion. Her diet was simplified to something she and her husband could not only live with, but also actually enjoy (more Chinese-style cooking). She began to find a high correspondence between reintroduction of culprit foods (like dairy or shellfish) and flare-ups of symptoms, something she would have missed before because of the high frequency of ingestion of such items and the delay for several or more hours, in symptom manifestation. Cause and effect were thus better delineated by her own behavior (this was important for self-efficacy). She felt her best with a proper diet and regular exercise, and noticed an improved ability to cope with stress. She continued to have acupuncture treatments once in a while as needed.

Patient 2

A 68 year-old woman came with a history of generalized hives daily for over three years. An allergist gave her extensive tests, including allergy tests and stools for ova and parasites, which were all negative. Then a dermatologist surprised her by advising, "I can't help you; try traditional Chinese medicine!" Thus she was prompted to consult me. She was already on daily doses of cetirizine (Reactine®), diphenhydramine (Benadryl®), cyproheptadine (Periactin®), and prednisone (5-7.5 mg/day for over three months). Twice in the past three decades she had bouts of hives, each time lasting a couple of months. She had occasional abdominal 'gas', but never had respiratory symptoms.

This mother of one had a non-contributory family history. At age seven when she lived on a farm she contracted brucellosis from unpasteurized milk. In the 1980s she had polymyalgia rheumatica for which she was on prednisone for five years. On functional inquiry, she revealed that she averaged two cups of coffee, and two glasses of wine a day. She liked salty and sweet tastes, and took multivitamins. The energy level was low, particularly in the evenings, and she often had warm and cold spells.

On examination, this pleasant, overweight woman had ruddy cheeks, and patches of urticaria scattered all over the body. (Pulses: deep, with weak Kidney Qi. Tongue: puffy, with a very thin coat, and a red tip)

Western diagnosis: chronic idiopathic urticaria.

Chinese medical syndromes: Kidney, Liver (Yin), and Spleen deficiency with Heat syndrome.

Treatment plan: change from her "meat-and-potatoes" diet to a more natural plant-based one; eliminate shellfish,

bananas; cut down or discontinue caffeine and chocolate; and stop alcohol and acetylsalicylic acid completely. Addition of cimetidine (a histamine H2 receptor antagonist) was suggested. Much more water had to be taken; green tea could be included. Prednisone would be tapered off - which was her desire - if her symptoms improved. She tried Chinese herbs but they caused dizziness and were stopped.

Acupuncture therapy was directed at helping correct the syndromes according to Chinese medical principles. (Various combinations of acupoints were selected, including: Du20-14, Yintang, LI4-11, Lu7, K6; Rn17-12-4, Sp10-6, S36-37-44, Liv3; B13-17-20-23-58.) After seven sessions the number of daily pruritic hives decreased from "over 50" to a dozen or less. By the ninth session, she had tapered off prednisone, and stopped cimetidine. Fish oil supplement was added. By the tenth treatment she felt much improved, and hydroxyzine was the only medicine used as required, at night.

In total, 11 acupuncture sessions over 31/2 months were rendered. No recurrence of the urticaria was seen over the following six years. She resumed drinking some coffee and eating bananas with no apparent problems.

Patient 3

A 39 year-old man presented with a one-year history of recurrent abdominal cramps, and alternating diarrhea and constipation. Flare-ups, occurring on average every three days, were aggravated by stress and caffeine. His main source of stress was his new, two year-old engineering job. For his symptoms, diagnosed by a gastroenterologist as irritable bowel syndrome, and gastroesophageal reflux disease, he was taking a spasmolytic agent trimebutine maleate (Modulon®) and an H2 antagonist nizatidine (Axid®). Only the latter drug seemed helpful. All investigations, including colonoscopy, were negative.

He had mild asthma with allergy to dog and cat dander since childhood, but rarely needed to use his salbutamol inhaler. His mother had diverticulosis, and one sister had peanut allergy. A non-smoker, he liked sweets and cold drinks. He perspired easily.

This quiet, nervous and moderately obese man did not have tenderness or abnormalities in the abdomen. The tongue was swollen, with a red tip and anterior edges; the pulse was slippery, with diminished Lung, Spleen and Kidney positions.

Western diagnoses: irritable bowel syndrome, GERD.

Chinese medical syndromes: Spleen (and Kidney) deficiency, Qi stagnation, and Stomach Qi retroflow.

Treatment plan: he was to have regular and smaller meals; simplify the diet; eliminate coffee; reduce sweets and avoid cold and damp foods (such as salads); and instead opt for a high-fibre diet with more cooked vegetables and fish, with some very lean meats. Elimination of and challenge with milk revealed intolerance to it; with wheat it showed no difference. Still, it took him a long time before he would modify his diet as advised. Elimination of milk (except yoghurt), coffee and alcohol was very helpful. Acupuncture therapy was directed toward treating the causes of his conditions and syndromes. (Acupoints in various combinations, often with electrostimulation, typically included: Yintang, LI4-11, Rn14-12-6, S25-36-37-39, Sp9-6, B20-21-23-25-27, Liv3). Excessive sweet, cold and damp foods damage the Spleen system, according to Chinese medicine. Not least, he was counselled on management of his reaction to stressors.

After six acupuncture treatments his abdominal cramps and diarrhea were much lessened; the flare-ups then occurred once every two weeks or so,

depending on the stress level. All medications were discontinued without difficulty. His bowel movements normalized and gastroesophageal reflux resolved. He was initially reluctant to drastically cut down the intake of sweets, and he was slow to follow the advice to exercise regularly. Although he continued to struggle with handling stress, he gradually improved his diet and began to reap the benefits of feeling better. Acupuncture sessions were spaced out from weekly to biweekly and so on. Six months after his initial treatment he would return only a couple more times for acupuncture treatments. He had improved to the extent that his symptoms were quite mild and rare, depending again on his diet and stresses.

Discussion

As can be seen in the three case histories, acupuncture therapy according to Chinese medical principles was very beneficial even when other treatments were insufficient. Further, acupuncture alone might not be enough to help the patients recover fully, and nutritional modification could provide that extra leverage. This is particularly true if there is a dietary connection through food intolerance, sensitivity or allergy, but even without a direct cause-and-effect connection between certain foods and symptoms, there still can be ways to improve health and well being through improvement in nutrition and judicious supplementation of vitamins and micronutrients. In the cases discussed, foods and beverages that are pro-inflammatory—in Chinese medical terminology, ‘flaring’ or heat generating—should obviously be avoided, and those that have anti-inflammatory properties could be instituted. Who would not benefit from a more natural, ‘organic’, wholesome, plant-based and high-fibre diet rich in natural antioxidants?

The three patients all benefited from better and more suitable diets after

elimination of offending foods, even if the process might be empirical. It would be academic to know how much each of the interventions helped the patients; suffice to say that a combination of treatments helped them move toward recovery. Should their conditions not improve, further exploration and investigations as to etiological, precipitating or aggravating factors, and a change of therapies or addition of new ones, would be necessary.

The roles of exercise, lifestyle and preventive health care on wellness have been emphasized for many centuries in Chinese medicine. Chronic stress, we now know, can be pro-inflammatory and aggravate pain and other symptoms. For complex conditions, such as those presented here, nothing less than a holistic approach would provide lasting benefits. There is no single or simple "cure." An integrative approach that incorporates the best of different modalities, aimed at not only temporary symptom relief, but also treating the causes and preventing exacerbations, ought to be the optimal way.

Summary

Three patients are briefly presented with challenging conditions that had major impact on their lives. After acupuncture therapy and modification of nutrition and lifestyle, including—especially for patients 1 and 3—better handling of stress, the patients were able to function at a much higher level without significant relapses over time and, not least, without drugs. Patient 1, a formerly very active woman, was reduced to a sedentary life because of pain and fatigue. Through treatment and self-discipline, she was able to resume most of her previous activities, and adopt a new diet with her husband without feeling deprived or overly restricted. They were able to adapt to a more wholesome diet they can enjoy for the rest of their healthier lives.

Further Reading

1. *A Practical English-Chinese Library of Traditional Chinese Medicine*. Health preservation and rehabilitation. Publishing House of Shanghai College of TCM 1990.
2. *Ibid*. Chinese medicated diet. 1990.
3. *Advanced Textbook on Traditional Chinese Medicine and Pharmacology*. Vol 1. History, Basic Theory, Diagnostics. New World Press, Beijing 2002.
4. *Ibid*. Vol 4. *Acupuncture and Moxibustion*. 1997
5. Helms JM. Acupuncture Energetics: a clinical approach for physicians. *Med Acup Publ*, Berkeley 1995.
6. American Academy of Medical Acupuncture website: <http://www.medicalacupuncture.org>
7. NIH Consensus development panel on Acupuncture. *JAMA*, 1998; 280(17): 1518-24.
8. WHO. Acupuncture: review and analysis of reports on controlled clinical trials. 2003.
9. Temple NJ et al. (eds.). *Nutritional Health: strategies for disease prevention*. Humana Press Inc. Totowa, NJ 2006.
10. Werbach MR. *Textbook of Nutritional Medicine*. Third Line Press. California 1999.
11. Werbach MR. *Nutritional Influences on Illness*. Third Line Press. California 1996.
12. Martin DP et al. Improvement in Fibromyalgia symptoms with Acupuncture: results of a randomized controlled trial. *Mayo Clin Proc*. 2006; 81(6): 749-57.
13. Maurer M et al. [Relevance of food allergies and intolerance reactions as causes of urticaria] *Hautarzt* 2003; 54(2): 138-43.
14. Wedi B, Kapp A. [Current position of the role of allergic and nonallergic food hypersensitivity in urticaria] *Hautarzt* 2006; 57(2): 101-7.
15. Petitpierre M et al. Irritable bowel syndrome and hypersensitivity to food. *Ann Allergy*, 1985; 54: 538-40.
16. Sanier JA et al. A systematic review of alternative therapies in the irritable bowel syndrome. *Arch Intern Med*. 2003;163(3): 265-74.
17. Takahashi T. Acupuncture for functional gastrointestinal disorders. *J Gastroenterol*. 2006; 41(5): 408-17.
18. Long ZR et al. Clinical observation on acupuncture combined with microorganism pharmaceutical preparations for treatment of irritable bowel syndrome of constipation type. *Zhongguo Zhen Jiu*. 2006; 26(6): 403-5.
19. Kajander K et al. A probiotic mixture alleviates symptoms in irritable bowel syndrome patients: a controlled 6-month intervention. *Aliment Pharmacol Ther*. 2005;22(5): 387-94.

Medical Acupuncture & Nutrition Inc. provides acupuncture, massage & tui-na therapy, Tai Chi, & yoga classes, individualized herbal prescriptions and nutritional consultations (diabetic and renal disease education) for our patients. We serve the following areas with acupuncture: Atlanta, Buckhead, Decatur, Dunwoody, Virginia Highlands, Stone Mountain, Lithonia, Norcross, Sandy Springs, John's Creek, Alpharetta, Roswell. DECATUR July 25, 2012 -- Kang, Yu LAc, RD, LD, DipOM - Medical Acupuncture & Nutrition, Inc. has been selected for the 2012 Best of Decatur Award in the Ac... Acupuncture case studies in our London acupuncture clinics. Our patients experiences. Mary, age 45 presented to The London Acupuncture Space expressing concern about her high FSH (Follicle Stimulating Hormone) readings, which were high. Day 3 FSH is a fertility test that evaluates egg quality and ovarian reserve and Mary had received three FSH readings from her fertility clinic over a 12 month period. Her readings were 11, 12 and the last one was 17, which indicates that there would be a 'very poor' response or no response to stimulation from IVF medication. She underwent a course of acupuncture treatments with Charlotte and after two months had a repeat FSH test. Medical Acupuncture Nutrition. Acupuncturist in Decatur, Georgia.

4.2. How Does Acupuncture Work?

The original idea behind acupuncture explains that channels of energy (Qi) run in regular patterns through the body and over its surface. These channels (called meridians) can become blocked and cause imbalances in many of the body's processes. The insertion of needles is thought to reopen the channels and restore the flow.

7 Case Presentation

Case Patient: 59 year old male Recently diagnosed with unresectable pancreatic cancer with metastasis to the liver. Admitted to the hospital from the oncology office with complaints of abdominal pain, weight loss and continuous diarrhea. Other complaints include nausea, vomiting, and dizziness over the week before admission.

8 Nutrition Care Process: Assessment

The Nutrition Care Process was developed for use by medical professionals when implementing medical nutrition therapy to ensure quality individualized care for patients and provide a standardized process for care.

Acupuncture Case Series - Free download as PDF File (.pdf), Text File (.txt) or read online for free.

mn. Flag for Inappropriate Content. Download now. Save Save Acupuncture Case Series For Later. 0 ratings 0% found this document useful (0 votes). 69 views 8 pages. Acupuncture Case Series. Uploaded by. ferry7765. It took approximately three minutes for this sensation to move up the arm to the shoulder and into the side of the head. Shaun described it as a very warm sensation with a great deal of movement perceived around the side of the head. The needles were retained for 30 minutes and then removed.