Clinical Report 1(Acupuncture)

Make Moxibustion Work – Moxibustion at LR1 for Vertigo

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【Introduction】

In this clinic I attempt to holistically comprehend the condition of my patients through chronological analysis[1] and analysis of the reactions at point locations and carried out my moxibustion treatment following the Sawada and Fukaya styles. The Fukaya style comprises 10 basic clauses[2] of which the first says "moxibustion does not work, it has to be made to work". To that end he describes ways of how to find the reactive points and determine the degree of heat penetration. In clinical practice the acupoint locations are not only identified via inspection or palpation, but the sensitivity to the heat of actually performed moxibustion and the acupoint sensitivity at reactive points seems also to be important.

Here I describe the application of heat penetrating moxibustion at central LR1, one of the specifically effective points for vertigo, and correlated the degree of heat penetration to the symptoms and report its effectiveness.

【Fukaya style】

The essence of the Fukaya moxibustion method has been summarized in 10 basic clauses[2] of which the first says "moxibustion does not work, it has to be made to work". It further says, "this first clause shows the basic approach of the Fukaya moxibustion method, while the second and following clauses describe the details." Regarding these details the second clause describes the types of reactive points and how to find them, subsequently the third clause describes how to combine these points for treatment purposes and some ways of how to perform moxibustion at these reactive points. In the ninth clause then it says "adjust the size and number of the moxa cones to the physical constitution of the patient (apply moxa at points where the patient does not feel the heat until s/he does)" and as supplementary explanation in the section about the performance of moxibustion "as for moxibustion it is always normal that the heat is not felt at pathological reactive sites. Even if the moxibustion is felt hot, the penetration of the heat produces a rather pleasant heat-pain sensation." The text further says, that "The number of moxa cones should not be determined according to any specific pattern. Ideally the penetration of the heat determines the limit of the number of moxa cones."

With reference to these descriptions Yamami et al. proposed[3] some ways based on imagining the moxibustion heat at the reactive points regarding the size and density of the moxa and treated their patients while confirming the degree of moxa heat penetration (Figure 1).

【Case study】

A 54-year old woman, nurse (deputy manager of a nursing department), chief complaint was rotatory vertigo. (No tinnitus or hearing impairment, she had not been otorhinologically diagnosed, but based on the symptoms the vertigo was considered to be non-vestibular vertigo). In relation to ADL she reported "I have the feeling it may occur even in my sleep and thus prevents me from sleeping, I also lack concentration and vitality and fear, this may interfere with my work".

The present illness started around X-25, when the chief complaint vertigo occurred approximately 2-3 times/year and later subsided by X-15. In the same year the patient underwent surgery for bilateral ovarian cysts and because of continuing profuse menstrual periods she started hormone therapy in X-9, artificially inducing menopause. However, because the patient considered the risk of breast cancer, she thought it would be better not to continue

the hormone therapy over a prolonged period, but when she discontinued it in X-2, the vertigo recurred. In July of X she underwent surgery for right-sided breast cancer (breast-conserving surgery). She was discharged after 2 weeks and scheduled to return to work, but the vertigo exacerbated under these conditions when the future treatment plan was about to be determined. That is why the patient visited my clinic following recommendation by her superior 4 days prior to her reinstatement.

(Chronological analysis; Figure 2)

She originally suffered from menstrual pain and after giving birth to two children developed stiff shoulders and headaches, so that her complaints were considered to be manifestations of the condition 'blood stagnation' characteristic for women. In her forties menopause was artificially induced when she underwent surgery for bilateral ovarian cysts and climacteric symptoms developed as side effects of a hormone therapy. After a surgery for breast cancer the chief symptom vertigo developed, suggesting the development of blood stagnation in addition to the trauma of the surgery. Further, in X-25 the vertigo developed when she was reassigned from the outpatient service to the ward nursing staff. The associated change in the pressure of her work triggered the symptoms, which later continued even during work in the outpatient service, but were probably also influenced by sickness and death in the family causing a decreased stress tolerance. In X she not only underwent surgery for breast cancer, but also was promoted to nursing department deputy manager. This conceivably led to an aggravation of the chief complaint as well as dizziness that may also have been triggered by the lowered stress tolerance.

(Analysis of the reactions at point locations; Figure 3)

Pressure hypersensitive indentations (GV12, BL15, BL17, BL23), pressure hypersensitive indurations (BL27, ST27, SP6), pressure hypersensitive edema/congestion (GV20), fine floating vessels (GV14, GV11, GV3) were observed. Based on the main indications for the relevant point locations at BL17, BL27, ST27, SP6, GV3 I considered these to be blood stagnation reactions, while the reactions at GV14, GV12, GV11, BL15, GV20, CV17 indicated a decreased stress tolerance.

(Treatment; Figure 3)

Based on a chronological analysis and an analysis of the reactions at the various point locations I concluded that blood stagnation and a lowered stress tolerance had led to health impairment and administered a treatment at the reactive points.

As a treatment I used micropuncture to led blood at GV3, GV14, direct moxibustion at GV12, BL15, BL27, CV4 and SP6. For the vertigo I tried moxibustion at GV20, but because the patient reported "I am under the impression this makes the dizziness only worse", I switched to micropuncture to led blood and instead performed direct moxibustion at central LR1. During the moxibustion treatment it took quite a number of moxa cones until the heat penetrated. After that I instructed the patient to perform this kind of moxibustion at home until heat penetration is achieved. Among Kampo medicines mainly Shigyakusan (Frigid Extremities Powder) and Keishibukuryougan (Cinnamon Twig and Poria Pill) were used.

(Course; Figure 4)

Already early after treatment begin the vertigo was alleviated to a degree, that it did not interfere any longer with her work. Following improvement of the symptoms I shifted the focus of the treatment to health care management and have continued this for about 6 years now. Figure 4 shows an excerpt from the time the patient was in poor physical condition, recording the number of moxa cones required to achieve heat penetration. After the first session the patient returned to work. When the vertigo did aggravate slightly after the start of radiation therapy, I increased the number of moxa cones burnt at central LR1. Yet, later she did not need to take time off from work even when initiation of the hormone therapy caused some aggravation. The

patient reported "when I feel vertigo is about to start, this feeling disappears when I administer moxa at central LR1". Regarding the performance of moxibustion at home, she was treated on the back about once or twice a week, but treated central LR1 almost daily. (However, since she did not record the changes in the number of moxa cones applied at home, these are unknown.) In January of X+1 she started to feel pain deep inside the scar of the breast surgery and a mild degree of vertigo and dizziness developed. At that time I increased the number of moxa cones applied at central LR1 and heat penetration was not achieved unless almost 50 cones were burnt. Also, on the occasion of her retirement in X+6 her work load increased for a while drastically related to handing over her duties to her successor, requiring temporary hospital admission. Overall, the symptoms related to the breast cancer as well as the vertigo exacerbated on occasions when she was very worried and very busy with her work (physical and mental busyness as a nursing department deputy manager). On those occasions the sensitivity at central LR1 decreased, so that I increased the number of moxa cones until heat penetration was achieved. Again, at the same time heat penetration at central ST45 was achieved with just one cone.

【Discussion】(Figure 5)

Central ST45 is an extraordinary point used according to the Fukaya moxibustion method[4] for vertigo and motion sickness. It is selected according to the aforementioned reference as a variant of the ST45 (stomach channel) a tenth of an inch from at the center of the nail plate of the second toe. The cases of motion sickness described in the book "Episodes of how I cured diseases with moxibustion[5]" apparently did not feel the heat of the moxa treatment and a large number of cones were applied until heat penetration had been achieved. The point is said to be effective for motion sickness induced vertigo in the presence of stomach troubles.

Central LR1 is not an extraordinary point, but rather selected as the so-called well point of the liver channel. In the book "Episodes of how I cured diseases with moxibustion[6]" the description reads: "in the middle of the toe from the external edge of the nail plate of the great toe and at a distance from the tuft of hair". It does not lie opposite from the point SP1 on the spleen channel (Shinkyu Setsuyaku = Summarized explanation of acupuncture and moxibustion), but the text says: "at the edge of the great toe, a little distance from the nail plate, in skin folds shaped like Chinese chives, among three-colored hairs" (Jushi Kei Hakki = Elaboration of the Fourteen Meridians). This description can be interpreted as the point being selected in the center of the dorsal aspect of the large toe, 1/10 of an inch (bu = fen) rearwards from the nail plate. Moreover, in case of dizziness a variant point can also be selected at the tip of the large toe. Its main indications according to the Fukaya moxibustion method are heart pain or fainting and similar convulsive disorders and the description says, there are no differences in effectiveness between the central point and the point at corner of the nail plate. The use of LR1 is also mentioned in Shinkyu Shinzui[7]. This reference does not describe any cases treated with multiple moxa cones at central LR1 for the treatment of vertigo, but based on experience with the use of central ST45 I have administered multiple cone moxibustion to achieve heat penetration in my clinic for a long time already.

Based on the chronological analysis and point reaction analysis I diagnosed the condition as blood stagnation, a disease associated with dizziness and vertigo and the patient's impression expressed as "when I feel vertigo is about to start, this feeling disappears when I burn moxa (at central LR1)" I believe, the use of central LR1 of the liver channel has been effective. The sensitivity of central LR1 and central ST45 are clearly different and there is a correlation between the severity of the symptoms and the number of moxa cones until heat penetration is achieved. Thus, the use of this central LR1 and the administration of an adequate number of moxa cones seems to have been effective.

Through the here presented case study I reconfirmed, that not only reactions like tenderness, indurations or indentations, the degree of heat

penetration also was an important reaction at the point location.

【Conclusion】

Both alleviation of symptoms and aggravation cause changes in the degree of heat penetration and central LR1 is considered to be effective for the kind of dizziness and vertigo observed in this case.

Upon identifying the point reactions the degree of heat penetration should be included. Performance of moxibustion adjusted to this sensitivity is important and considered to be one of the characteristics of Japanese acupuncture and moxibustion.

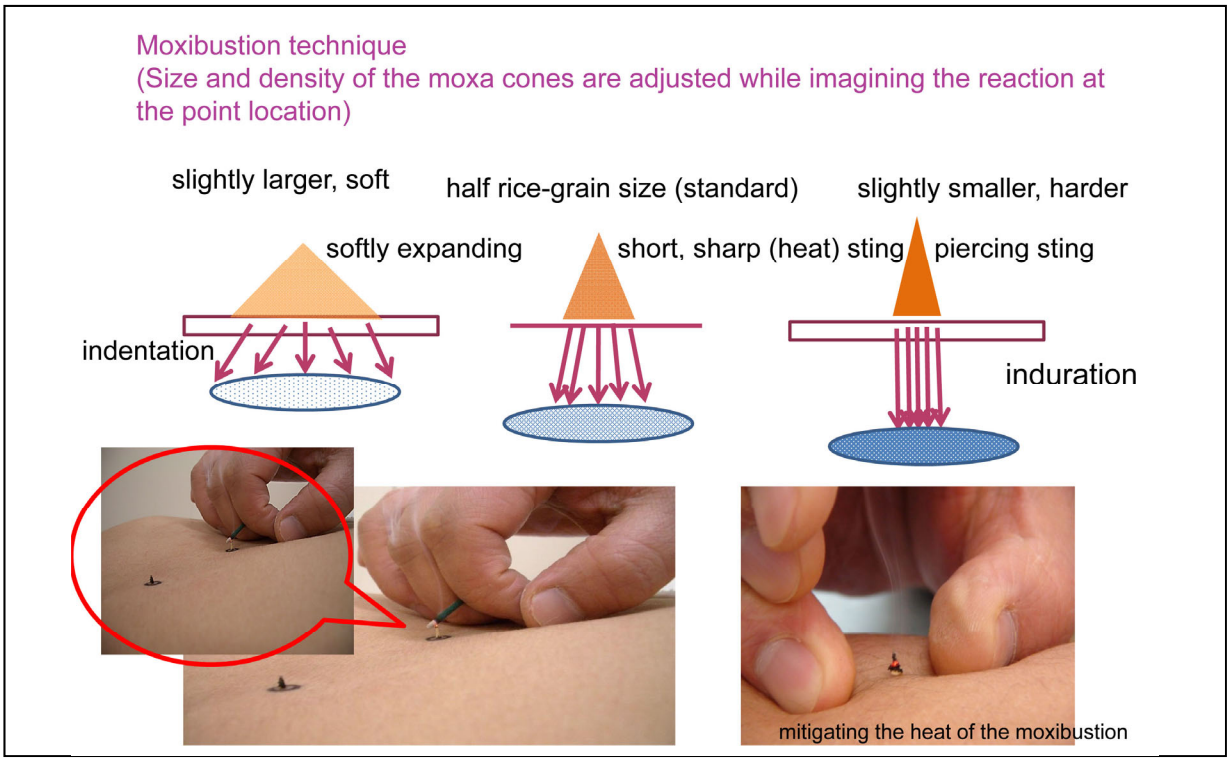

Figure 1

【Reference】

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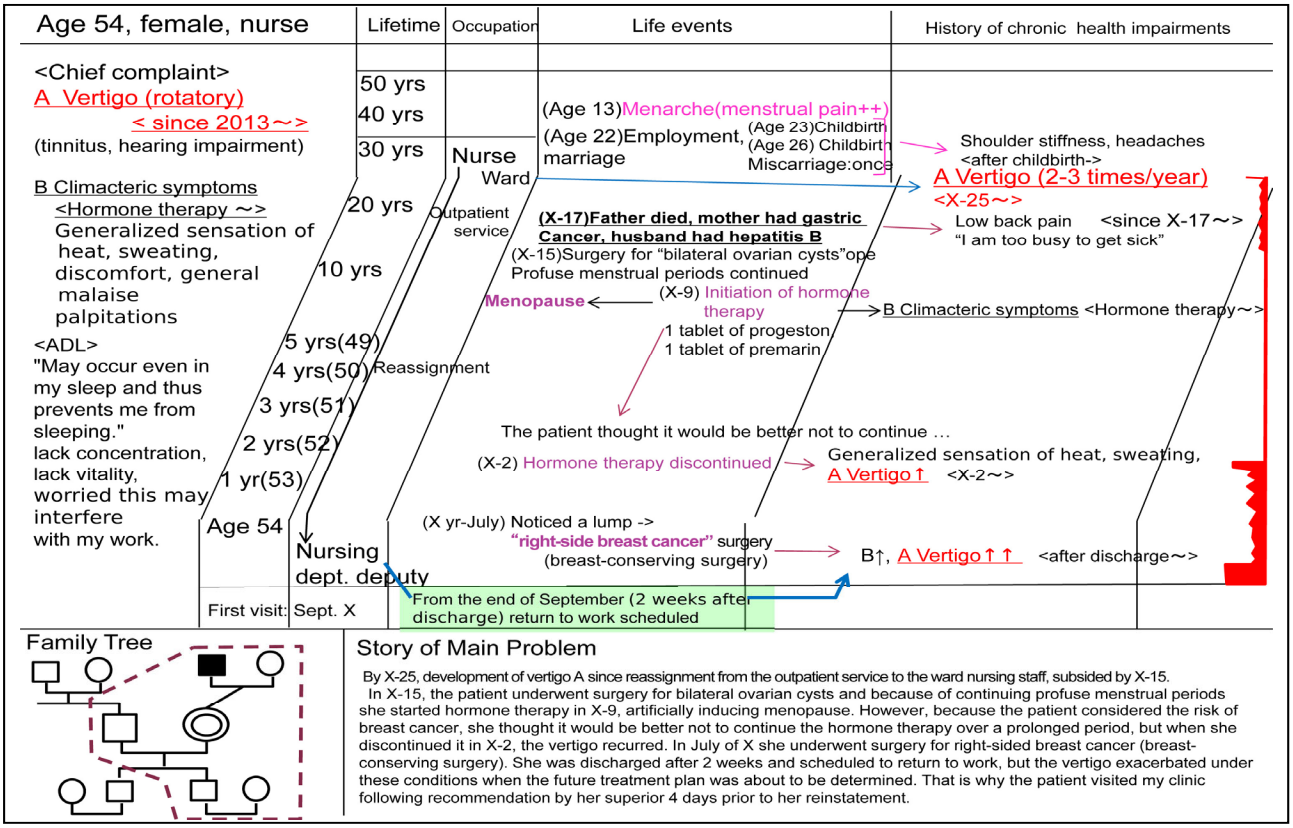

Figure 2

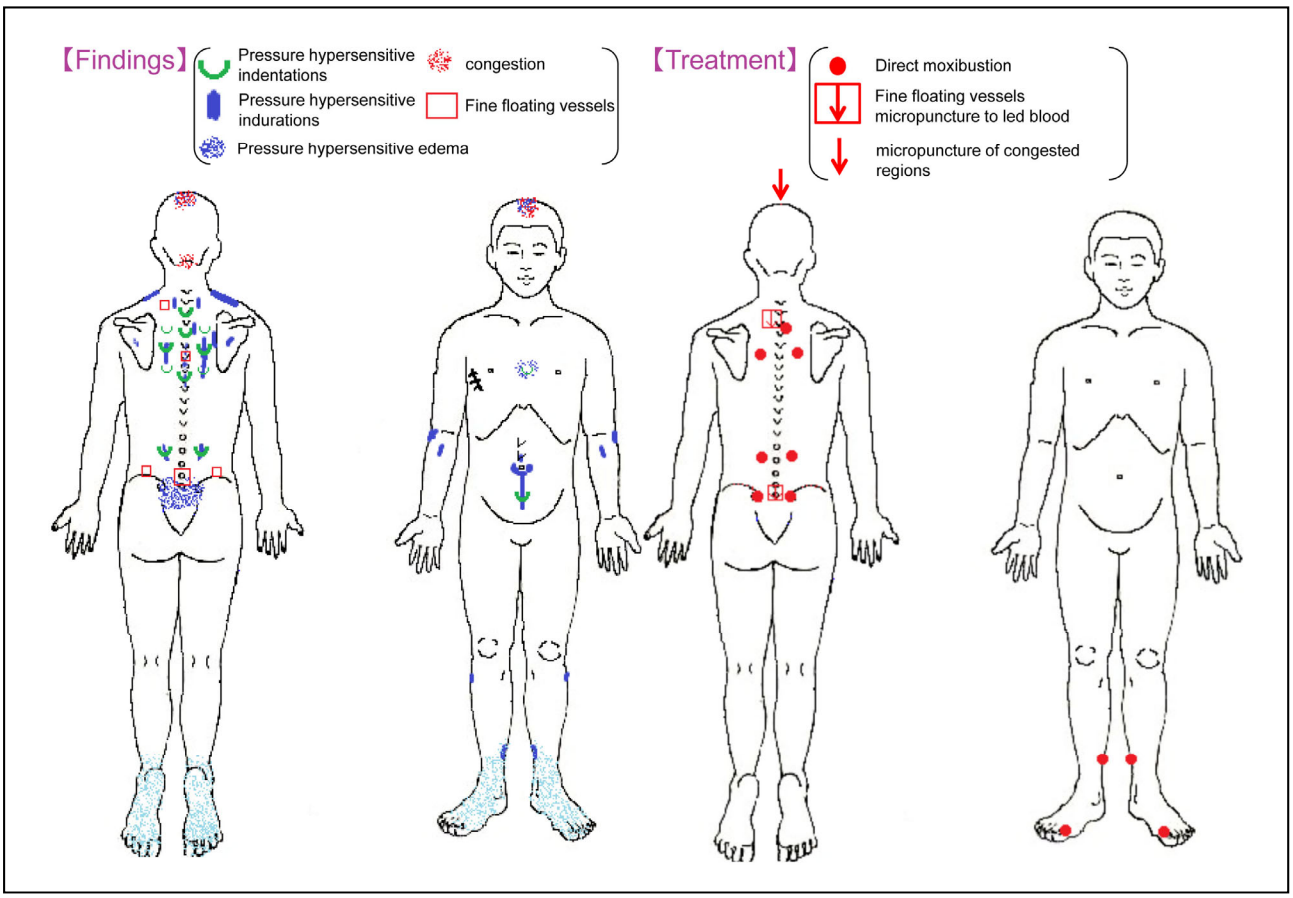

Figure 3

	Life events	Vertigo	Dizziness	Central LR1 R / L	
Sep. X (first visit)		mild	+	3	3
Oct. X	Return to work scheduled for September October: radiation therapy	occasionally	+	12	12
Nov. X	Start hormone treatment in November	++	+	5	3
Dec. X	"When I feel vertigo is about to start, this feeling disappears when I administer moxa at central LR1"	↓	mild	7	3
7	Pain felt deep in the surgical scar; consultation days of the physician in charge do not fit her schedule	mild	↑	13	8
X+1 year, Feb.	The patient consults a breast surgeon. No urgency, observing course until examination by the physician in charge is possible. Continued	++	++	45	50
X+1 year, Mar.	After treatment examination by the physician in charge	mild	mild	5	5
X+5 year, Jan.	Hospitalization for 3 days because of vertigo	++	–	12 central ST45 1	9 central ST45 1
X+5 year, Feb.	Transition	+	–	15 central ST45 1	9 central ST45 1
X+5 year, Mar.	Retirement	–	–	3	3

Figure 4

Central LR1 (Liver well point)

Selection: in the middle of the dorsal side of the great toe (Elaboration of the Fourteen Meridians), from the external edge of the nail plate of the great toe (Systematic Classic of Acupuncture and Moxibustion)
Main indication: heart pain, fainting, epilepsy, convulsions in children, convulsive disorders, diseases of the reproductive organs

☆ The point in the tuft of hair (central point) and the point at the edge of the nail plate have the same effect. (Source: Basic Acupuncture, Fukaya Moxibustion Method)

☆LR1 on the Liver channel is good for treating vertigo. (Source: Shinkyu Shinzui)

◎ LR1 point variants
Section : tip of great toe main indication : dizziness (Treasury of Acupoint Usages)

Central ST45 (extraordinary point)

Selection: One bu (1/10 inch) proximal to the center of the nail plate base on the dorsal aspect of the second toe
Main indication: for motion sickness 3-7 cones, if the heat is not felt, multiple cones
(Source: Fukaya Moxibustion Method)

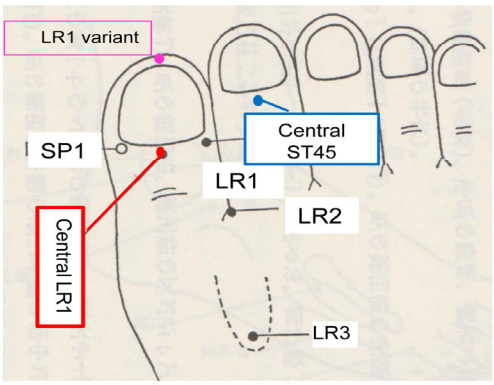

Figure 5