

Clinical Report 1 (Acupuncture)

Chinese Acupuncture and Moxibustion in Japan - Constipation

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Introduction

Constipation is among adults not a particularly rare complaint, but as the author has stated during a round-table discussion held by the “The Journal of Kampo Medicine” (Japanese Version), this complaint is rather rare among patients visiting acupuncture and moxibustion clinics with gastrointestinal symptoms and its presence is often discovered first during anamnesis or the course of the treatment when confirming symptoms, subsequently leading to its treatment¹⁾.

On this occasion the patient visited our clinic with a chief complaint of low back pain, but since she complained during treatment also of constipation, I administered acupuncture and moxibustion treatment and report its effectiveness here.

Case

[Case] 37-year-old woman, office work

[Chief complaint] Constipation

[Present illness]

She tended to have constipation since her twenties, but did not consult any medical institution and instead relied on dietetics and a combination of commercial laxatives and enemas to control the condition. She regularly visited our clinic since one year earlier for the treatment of low back pain, but at that point did not complain about constipation. However, three months after treatment begin the tendency towards constipation increased, so that the patient requested treatment, because she had not had any bowel movements for several days. She had bowel movements only once every 3-4 days, which were thin and short and did not really bring her relief. Also, a feeling of abdominal distension rated as high as 75 mm on a VAS tended to be relieved by

passing winds and belching. The low back pain was a painful tension extending from the low back towards the flank(s) and changed location while fluctuating in intensity. Treatment based on my pattern identification as liver Qi stagnation decreased the VAS value from 80 to 45 mm. After that the acupuncture and moxibustion treatment focused mainly on the constipation.

Otherwise the patient complained of shallow sleep with much dreaming, lack of appetite, a feeling of a blocked throat, easy fatigability, irregular, short interval menstruation, premenstrual breast tenderness and menorrhagia, which was particularly strong during the first half of the menstruation.

[Past history]

Eczema (at age 20), duodenal ulcer (at age 33), low back pain (at age 35)

[Present status]

Height: 145 cm; weight: 37 kg; pulse: deep, wiry; tongue: red with cracks, white coat; abdomen shows much gas and is generally distended, but fecal masses could not be palpated. The extremities showed reversal cold.

[TCM diagnosis]

Liver Qi stagnation

[Therapeutic principle] Promote orderly Qi flow and relieve stagnation

[Acupoint selection]

ST-25, SJ-6, St-37, BL-25, LIV-3, BL-18, BL-23 (Figure)

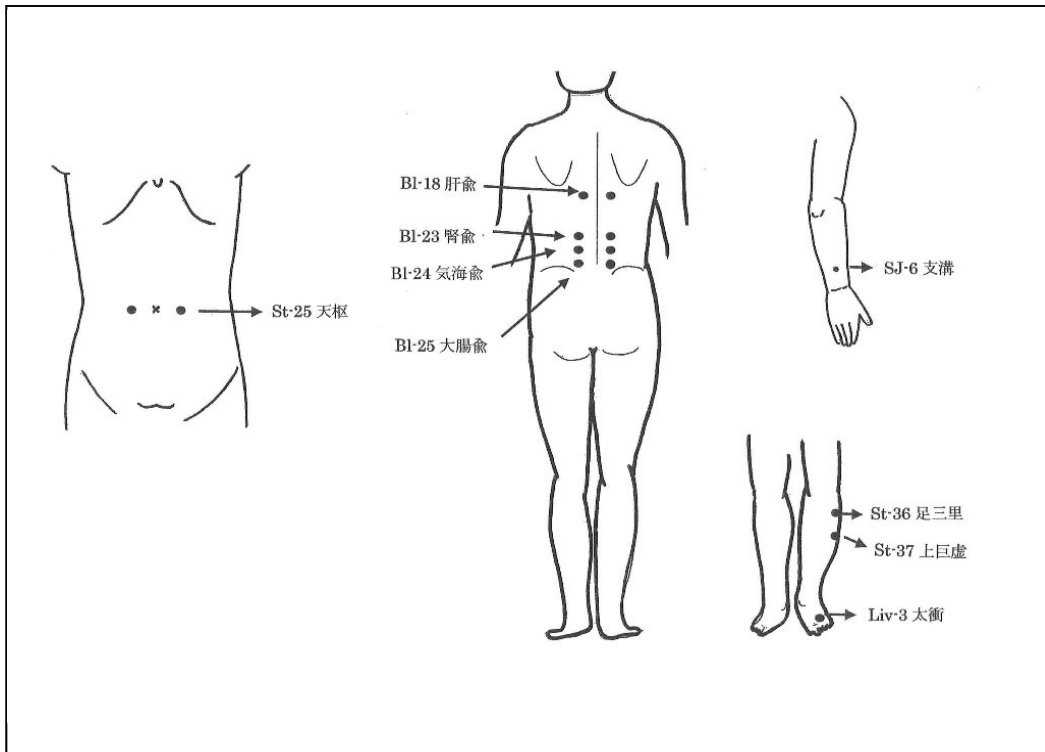
Used needles:

Disposable sterilized Seirin needles, length: 1 cun 6 fen, No.1 and No.3

[Explanation]

I used reduction by twirling the needles at BL-18 and LIV-3 to disperse stagnated liver-energy and regulate energy²⁾. Application of reducing techniques to the back shu point of the large intestine channel BL-25 and the alarm point ST-25 was intended to free the Qi movement of the large intestines, relax the bowels and regulate congestion³⁾.

had increased. For that reason I applied a somewhat



Figure

Also, since the lower sea point ST-37 of the large intestines is a place where the channel Qi of the six bowels meet, reactions to diseases of the six bowels appear here. Since the chapter 4 of the Ling-Shu "Visceral Diseases Caused by Evil Qi" states: "the He points are for treating the viscera"⁴⁾, I chose ST-37 and ST-25 and used a reducing method to free the bowels and regulate Qi⁵⁾. Since the low back is the house of the kidneys, I used BL-23 for neutral supplementation and drainage⁶⁾ to treat the low back pain.

[Course] Treatments were administered once a week.

First session:

Following the treatment an urge to defecate developed and while the bowel movement was small, she could pass it by herself and it decreased the feeling of abdominal distension. At this point she discontinued the OTC laxative.

Second session:

Because the patient had no bowel movements on the day prior to the treatment session, the low back pain

stronger reducing stimulation using twirling at BL-25. Third and fourth session: Bowel movements occurred after the treatment and subsequently in intervals of once every 3 days. The thickness of the stool increased from pencil to small banana size and the patient reported the bowel movements now being comfortable.

Fifth session:

The patient had now bowel movements every other day. Expression of the abdominal distension on the VAS was now 40 mm. For the low back pain I combined the treatment with cupping at BL-25 and BL-24.

Sixth session:

Expression of the low back pain on the VAS was 15 mm and did not bother the patient any longer.

Eighth session:

Expression of the feeling of distension on the VAS was 20 mm. To regulate abdominal Qi movement I added Zu Sanli to the treatment.

Tenth session:

Since the low back pain had been alleviated and the patient had bowel movements every other day without discomfort the treatment was ended.

Discussion

Constipation is classified according to its causes into idiopathic simple constipation and secondary constipation.

The condition can be classified into idiopathic simple constipation, referring to temporary simple constipation caused by environmental factors, dietary changes as well as stress and similar mental factors. Little food intake may result in a lack of stimulation of the intestinal mucosa, decreasing peristaltic movements and thus cause atonic constipation, or else the sensitivity of the wall of the rectum may decrease and thereby decrease the defecation reflex in rectal constipation. In spastic constipation the feces do not move forward to the anus when the sigmoid colon is spastic.

Moreover, secondary constipation may be further classified into obstruction constipation due to colon tumors obstructing the intestinal lumen. A variety of endocrine or systemic disorders can cause constipation, as well as relaxation of smooth muscles induced by antipsychotic agents or muscle relaxants, resulting in drug induced constipation⁷⁾.

While the cause is not clear in this case, I presumed it to be idiopathic simple constipation.

In the second volume of the "Textbook of Acupuncture and Moxibustion" constipation is classified into the four forms of heat constipation caused by dryness-heat of stomach and bowels, Qi constipation caused by liver depression and Qi stagnation, constipation due to both Qi and Blood deficiency as well as cold constipation due to kidney yang deficiency. For the treatment I used ST-25 and SJ-6. To the basic treatment point ST-37 LI-11 and LU-5 were added for heat constipation, LIV-3 and GB-34 for Qi constipation, ST-36, BL-20 and SP-6 for deficiency type constipation and for cold constipation BL-23 and BL-24⁸⁾.

I considered the condition in this case to be a constipation caused by liver depression and Qi stagnation. That is why LIV-3 among the above mentioned basic treatment points was effective.

There is a tendency to consider pain caused by diseases of the locomotor system to be an indication for acupuncture and moxibustion treatment, but idiopathic or secondary constipation due to the side

effects of opioids like in this case are also good indications.

Reference

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