

Clinical Report 1 (Japan)

Case Report of Acupuncture: Phallo-dymia

Masanori Takashi
Tokai University Oiso Hospital

Introduction

In recent years the integration of western medicine and Kampo has come to be called integrative (complementary) medicine. However, within Kampo the collaboration between Kampo medicine on the one hand and acupuncture and moxibustion on the other hand is also very important. Neither treatment with Kampo medicine nor acupuncture and moxibustion alone can be called complete. Should not true medical care consider the kind of treatment most appropriate for any given disease from the point of view of the patient?

The case presented here was treated first with western and Kampo medicine, which was subsequently combined with acupuncture and moxibustion treatment. During the course of the treatment, the cause for the condition could not be identified from the western medical perspective. In cases considered to represent an aggravation of the prevailing pattern in a Kampo medical sense, completing the treatment with acupuncture and moxibustion can produce good results, as, it did with this patient.

[Case] Age 69 years, height: 164 cm, weight: 59 kg, self-employed.

[Chief complaint] phallo-dymia

[Present illness]

Two years ago, development of dysuria, 1 year ago treatment was initiated with the prescription of Kampo medicine (*hachimijiogan*) from the department of oriental medicine of a hospital affiliated with a university.

Due to an aggravation of the symptoms since

February of this year, the patient was treated pharmacologically in the department of urology of this clinic, but because the symptoms did not improve, he underwent transurethral resection of the prostate (TURP) in July of this year. After that, the dysuria was relieved and micturition with a certain force possible, but from the third month after the surgery he experienced a sense of coldness of the penis. Moreover, from the beginning of October, pain also developed in the region and by the end of the same month the sense of coldness exacerbated. In the department of urology no particular anomaly could be identified. It was decided to keep the patient under observation.

Since the patient began to receive acupuncture and moxibustion treatment for stiff shoulders in our office for about one month., I decided to treat the sense of coldness and pain of the penis also.

[Present status]

The phallo-dymia had the characteristics of psychroalgia. There were no diurnal variations and the penis felt as if immersed in ice-cold water. Even in a hot bath the patient did not feel any warmth. He warmed it daily with simple single-use pocket heaters. Unless these heaters were attached to the affected region, pain would worsen. There was no micturition pain. The urine was transparent in color. Frequency of nocturnal micturition: once. The presurgical dysuria and pollakisuria had been alleviated.

Regarding the general condition, there was some stringy shoulder stiffness. The sensation of stiffness appeared to be stronger around the right shoulder. It increased after work or with lack of sleep. It was alleviated through massage (preference for pressing = xi an). Development of discomfort on the back of the head and the neck when the shoulder stiffness continues. Appetite normal. Shallow sleep and difficulty in falling asleep. Chilling of the legs. Low back pain and dull pain of the right side of the body (in particular of the leg) as well as weariness. The patient

tended to sweat profusely over the entire body. Recurrence of tinnitus that had temporarily disappeared after treatment with Kampo medicine. There is also some hardness of hearing. Decrease in visual acuity. Constipation was controlled with drugs, but warming the abdomen usually induced bowel movements. There was also some decrease in virility.

Pulse: deep, wiry, thin

Tongue: tongue substance: dark red with white coating

Pattern identification: kidney yang deficiency

The disease was located in the kidneys. The reason for this conclusion is that the penis is the anterior yin (genital) of the two yin. This location refers to the physiologic function of the kidneys summarized as "kidneys control the two yin orifices"⁽¹⁾⁽²⁾. The dysuria and frequency of micturition and similar symptoms induced by prostate hypertrophy are considered due to the failure of the production of vital energy by the kidneys, i.e., their opening functions. This in turn suggests a decrease in the kidneys physiological function of water regulation.⁽³⁾ Also, the kidney unites the bones and controls the bones and generates bone mark⁽⁴⁾⁽⁵⁾. Thus, because of the lack of kidney essence the bone marrow becomes empty and leads to the development of 'limb and aching lower back and knees' (dull pain and a feeling of weariness of the lower back and limbs). The hearing function of the ears too is related to the kidney essence⁽⁶⁾. For this reason a lack of kidney essence was considered to be responsible for the development of tinnitus and the hardness of hearing.

Next, regarding the qualitative aspects, the sensation of cold and pain of the penis were considered to be due to a cold pattern. The improvements in the bowel movements observed after warming and the fact that the patient experienced pressing massage of the shoulder region as pleasant indicated a lowered warming function for the body. Based on the above findings, I conjectured that the nature of the disease

was that of a cold deficiency.

Also, I would like to briefly reflect on the shoulder stiffness which was the reason the patient started acupuncture and moxibustion treatment. The symptoms of the back of the head and neck followed roughly the course of the bladder meridian. This channel has an interior-exterior correlation with the kidney, so that the bladder channel was considered to influence the muscles in this region. Moreover, since liver and kidney have the same origin, the kidney essence deficiency causes a liver blood deficiency, which was considered to be responsible for the insomnia.

Thus, a kidney yang deficiency was the basis for the condition, and in this case, improved after treatment with both Kampo medicine and acupuncture and moxibustion. Yet, the surgery had injured the yang qi. This led to the manifestation of the kidney yang deficiency pattern and resulted in the sensation of cold and pain in the penile region.

[Point selection]

Jinyu (BL23), Meimon (DU4), Jiryo (BL32), Kikai (RN6), Kangen (RN4), Chukyoku (RN3), Sokusanri (ST36), Saninko (SP6), Taikei (K3); all points were stimulated using the tonifying twirling method; Kakuyu (BL19), stimulated using the neutral supplementation and drainage method.

[Explanation]

Jinyu (BL23) and Taikei (K3) are the transport and source points of the kidney meridian. In combination with Meimon (DU4) they serve to supplement and tonify the kidney yang⁽⁷⁾. Adding Kangen (DU4) further strengthens the warming and supplementation of the kidney yang. The effects of this point selection are similar to those of Ukigan (Kampo medicine)⁽⁸⁾. Moreover, through combination with the source and transport points Chukyoku (RN3), Kikai (RN6) the kidney qi is supplemented and boosted and enables to

improve the insecurity of the lower origin and failure of the bladder's retentive power⁽⁹⁾. Finally, Kakuyu's and Saninko's action of supplementing and containing blood was used for the purpose of supplementing liver blood⁽¹⁰⁾.

By tonifying Jiryo (BL32), an essential point used for the treatment of diseases of the genital and anal regions, the regional flow of yang qi is improved⁽¹¹⁾.

[Course]

I scheduled one to two treatments per week.

First visit: A VAS for both the cold sensation and pain showed a value of 80 mm.

Second visit: No changes in the VAS for the cold sensation and pain. The fatigue changed into a mild discomfort. The tinnitus had been alleviated. Treatment using the same point selection.

Third visit: Slight reduction of the pain after the treatment, expressed as a reduction of the VAS value to 50 mm. However, a persistent effect could not yet be observed. The VAS value for the cold sensation remained at 80 mm.

Fourth visit: The VAS value for the pain of the penis had decreased to 30 mm. No change in the cold sensation. The lower limbs started to warm up slightly.

Sixth visit: Tendency towards a decrease in the VAS value for the cold sensation to 60 mm.

Eighth visit: The patient himself realized a decrease in the cold sensation. The VAS value for this symptom had decreased to 30 mm and that for the pain to 20 mm.

Tenth visit: Started to work again. Appearance of a certain degree of fatigue and cold sensation.

Eleventh visit: Mild tendency towards insomnia. Addition of Naikan (PC6) to quiet the heart spirit.

Thirteenth visit: The cold sensation and pain of the penis had been alleviated. The VAS for both symptoms was 0 mm.

[Discussion]

Benign prostatic hyperplasia (BPH) is a frequent

disease in elderly men. Clinically, it can be observed in about 10% of men in their 40s and in about 70% of men in their 70s⁽¹²⁾. Clinical symptoms include 1) decreased micturition force, 2) the person has to wait a while until micturition starts, even if there is the intention to urinate, 3) straining is required at the start and end of the micturition, 4) micturition requires a longer time and cannot be suddenly interrupted, 5) after the end of the micturition minimal amounts continue to trickle, 6) there is a feeling of residual urine, 7) urinary retention, 8) pollakisuria, 9) nocturia, 10) micturition pain, 11) urinary urgency and 12) incontinence⁽¹³⁾. These symptoms correspond to the above described pathologic functions of the kidney.

In this patient the condition developed following the TURP. Uchida et al. reported the following incidence of complications for this surgery: perforation of the prostate capsule in 4.4%, perforation through the bladder wall into the abdominal cavity in 0.3%, requirement TUR coagulation because of hemorrhage in 3.5%, hyponatremia in 0.6%, sepsis in 0.4%, acute postsurgical epididymitis in 0.9%, urinary incontinence in 0.8%, urethral stenosis in 0.5% and postsurgical sclerosis of the bladder neck in 0.9%⁽¹⁴⁾. Moreover, Tazaki et al. listed hemorrhage induced postsurgical tamponade, urinary incontinence, impotence and similar conditions⁽¹⁵⁾. Symptoms like the ones observed in this patient were not recorded. However, Kanbe et al. reported, that nerve blocks performed for phallosodynia and cold sensation developing after TURP were effective⁽¹⁶⁾. Phallosodynia has also been mentioned in texts about Kampo medicine.

In the section about the treatment of blood impediment and exhaustion diseases of the Jin Kui Yao Lue it says: "loss of virility, tense muscles of the lower abdomen, cold glans, vertigo, loss of hair", so that Keishi Karyukotsu Borei To is used the dissipate cold and secure essence⁽¹⁷⁾.

In section 67 dealing with the symptoms of

diseases of fatigue and exhaustion in the General Treatise on the Etiology and Symptomology (Zhu bing yuan hou lun) it says: "When fatigue and exhaustion cause the phallus to grow cold, this is due to a deficiency of both yin and yang qi. The kidney governs the storage of essence, controls bone marrow and opens into the anterior yin. If yin is deficient and yang weakened, it is not possible to nourish blood and qi sufficiently, so that it becomes impossible to properly warm and nourish the anterior yin and as a result the phallus grows cold. If the condition persists for a prolonged period of time, impotence will develop (18)." In section 69 of the same book it says: "Fatigue and exhaustion will injure the kidney qi, and if there is an attack of wind-cold evil, the evil qi will invade the kidney meridian and attack the yin qi, resulting in a struggle between vital and evil qi, causing pain in the anterior yin. If this is caused solely by the wind-cold evil, pain will be the only symptom, but if there is additional influence from heat evil, swelling will also develop." (19). In this case the condition is not caused by external evil, but rather internal cold (deficiency cold) that generates pathogenic cold, suggesting the development of a condition was just as described in the above mentioned two classics.

Summary

The underlying condition in this case was considered to be a kidney yang deficiency and initially treated with Hachimi Jio Gan and by supplementing kidney yang, but the surgery induced injury of both qi and blood led to a blood deficiency and stasis, resulting in stagnation of the qi flow through the penile region. This in turn decreased the warming action and thus generated the cold sensation and pain. The patient was treated with a combination of Kampo medicine and acupuncture and moxibustion, which resulted in a marked improvement of the kidney yang deficiency induced cold sensation of the penis and pain. This patient was treated successfully with a Kampo and acupuncture combination therapy and as such represents a highly suggestive case report.

[References]

- (1) Commentary on the Huang Di Nei Jing (Huang Di Nei Jing Su Wen Shi Wen), last volume, published by [山東中医学院・河北医学院講校积] 五 常 政 大 論 篇], p.966, People's Medical Publishing House 1982
- (2) Chinese Medical Splanchnology, second edition, editor: [王琦主編], P.665, People's Medical Publishing House 2004
- (3) Commentary on the Huang Di Nei Jing, first volume, published by [山東中医学院・河北医学院講校积], [上古天真論篇], p.8, People's Medical Publishing House, 1982
- (4) Commentary on the Huang Di Nei Jing, first volume, published by [山東中医学院・河北医学院講校积, 素問宣明五氣篇], p.336, People's Medical Publishing House, 1982
- (5) Commentary on the Huang Di Nei Jing, first volume, published by [山東中医学院・河北医学院講校积, 六節臟象論篇] p.143 – 144 People's Medical Publishing House, 1982
- (6) Modern translation of the first volume of the Huang Di Nei Jing Su Wen, Hidemi Ishida et al. translation supervisors, Section on pulses in the Ling Shu, p.327-328, Toyo Gakujutsu Shuppansha, 1999
- (7) Clinical Acupoints, translation: Hyodo Akira; P.743; Toyo Gakujutsu Shuppansha, 1995
- (8) Clinical Acupoints, translation: Hyodo Akira; P.656; Toyo Gakujutsu Shuppansha, 1995
- (9) Clinical Acupoints, translation: Hyodo Akira; P.664; Toyo Gakujutsu Shuppansha, 1995
- (10) Clinical Acupoints, translation: Hyodo Akira; P.361; Toyo Gakujutsu Shuppansha, 1995
- (11) Clinical Acupoints, translation: Hyodo Akira; P.406; Toyo Gakujutsu Shuppansha, 1995
- (12) Urology MOOK, Prostate Hyperplasia – from the basics to the newest therapies, Yoshiaki Sugimura et al., p. 8-13, KANEHARA & Co., LTD., 1993

- (13) Urology MOOK, Prostate Hyperplasia – from the basics to the newest therapies, Hajime Ishida et al., p. 32-36, KANEHARA & Co., LTD., 1993
- (14) Complications and their management in 2266 patients who underwent TURP before, during and after surgery, Toyoaki Uchida et al., Journal of the Japanese Urological Association, pp. 897-905, Vol. 84, No.5, 1993
- (15) Urology MOOK, Prostate Hyperplasia – from the basics to the newest therapies, Hiroshi Tazaki et al., p.130-139, 1993
- (16) Therapeutic experiences with the treatment of intractable postsurgical penile pain, Hiroshi Kanbe et al., Journal of the Japan Society of Pain Clinicians, p. 224, Vol.6, No.3, 1999
- (17) Shang Han Za Bin Lun, comprised of the "Shang Han Lun" and "Jin Kui Yao Lue", third edition, Compilation by the academic chapter of the Japanese Kampo Society, P.282, Toyo Gakujutsu Shuppansha, 2000
- (18) Annotated General Treatise on the Etiology and Symptomology, 4th volume on signs and diseases of fatigue and exhaustion (second volume), 67 fatigue and exhaustion, translation by Koichiro Muta, P. 77-78, Midori Shobo, 1989
- (19) Annotated General Treatise on the Etiology and Symptomology, 4th volume on signs and diseases of fatigue and exhaustion (second volume), 69 fatigue and exhaustion, translation by Koichiro Muta, P. 77-78, Midori Shobo, 1989

Situation on Acupuncture & Moxibustion in Tokai University

[History]

In Tokai University, the practice of acupuncture moxibustion was started in 1984 by late Dr. Kumio Yamashita at the Department of Oriental Medicine of the School of Medicine affiliated Oiso Hospital. Since 2001, treatments have been provided at the Acupuncture Moxibustion Room on a daily basis.

In June 2003, the Acupuncture Outpatients started in parallel with the opening of lectures on Oriental Medicine. Since April 2005, Associate Professor Makoto Arai and Instructor Katuhiko Arai, who have assumed full time positions, have been performing the practice at the Specialized Outpatients annexed to the Department of Oriental Medicine twice a week, taking turns in half-a-day shifts. Other than Tokai University, medical institutions that have two Outpatients are very limited.

[Fact of Practice]

In Tokai University, treatments are given to the patients who are referred by their attending physicians.

Patients profiles are compared for the period of June 2003 to March 2006 between the two establishments of the Acupuncture Moxibustion Outpatients of Tokai University Affiliated Hospital (hereinafter “Affiliated Hospital”) and the Acupuncture Moxibustion Treatment Room of Tokai University School of Medicine Affiliated Oiso Hospital (hereinafter “Oiso Hospital”). The results are as follows:

Average age of patients was 59 at Affiliated Hospital and 57 at Oiso Hospital. Female patients accounted for more than 40% at each hospital.

In regard to referrals, Affiliated Hospital received referred patients at the highest rate of 58% from the Department of Oriental Medicine, followed by 19% from Neurological Internal Medicine, then 6% from Orthopedics, whereas Oiso Hospital had them in the descending order of 51% from Orthopedics, followed by 13% from Neurological Internal Medicine and 13% from Rehabilitation.

In regard to chief complaints, Affiliated Hospital had 46% requests to treat pain which accounted for 46%, stiff shoulders 19%, paralysis 6%, and sense of systemic discomfort 6%; whereas Oiso Hospital had requests to treat pain at 70%, stiff shoulders 13% and numbness 7%.

The comparison data of these two institutions were characterized mainly by the fact that pain represented 46% of all the chief complaints at Affiliated Hospital against 70%, which is significantly high, at Oiso Hospital.

This is because 85% of the treatment requests received by Oiso Hospital were made for the “purpose of pain control” mostly from Orthopedics while various symptoms other than pain are the subject of the requested treatment of acupuncture moxibustion at Affiliated Hospital. For the motives of hospital visits, physician’s instructions accounted for 58% at Affiliated Hospital and 32% at Oiso Hospital. And physician’s instructions from the Department of Oriental Medicine accounted for 90%. This is because physicians specialized in Kampo medicine in the Department of Oriental Medicine made referrals since they may regard the treatment by acupuncture moxibustion as being effective for a broad range of indications.

From the above it may be considered that acupuncturists and moxibustionists engaged in the practice at medical institutions have opportunities to examine patients as physicians

specialized in Kampo medicine, which will lead to the improvement of acupuncture moxibustion techniques.