Clinical Report 1 (Acupuncture)

A Case Where Treatment of Heverden's Nodes Associated DIP Arthralgia with Acupuncture and Moxibustion was Considered Effective - combined Oriental and Western Medical Approaches -

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Introduction

The educational system requires of Japanese acupuncturists to acquire not only Oriental medical knowledge and skills for the assessment of pathological conditions, but also knowledge and skills for relevant Western medical assessment during the obligatory education to obtain their licenses. This leads to situations, where both Western and Eastern perspectives coexist during the treatment.

This kind of treatment is sometimes criticized for a lack of clarity regarding therapeutic concepts and healing mechanisms, but it may nevertheless lead to improvements of the patient's symptoms.

In this paper I report a case in which Heberden's nodes presumably were involved in the development of joint deformity and arthralgia of DIP joints of both hands, where acupuncture and moxibustion treatment using an Oriental medical approach taking the organs and viscera (zang fu) as well as local phenomena into account and a Western medical approach dealing with the local condition was administered and thought to have led to an alleviation of the complaints.

[Case]

< Chief complaint >

Pain of the DIP deformities of the second and third digit of both hands.

< Sex > female

< Age > 80 years

< Present illness >

Four years before the first consultation she noticed deformation of the second and third digits and in January of the year of her consultation started to experience pain. During visits to a local physician (orthopedist) for periodic osteoporosis examinations x-ray findings of the second and third digits of both hands showed deformities of the joints, but both deformities and pain were considered to be due to age and thus not actively treated. Pain developing after work using the hands and strong pain occurring, when something comes into contact with the deformed joints as well as recommendation by her family caused her to seek acupuncture and moxibustion treatment, which was initiated from July of the year of the consultation.

< Past history >

Viral hepatitis (25 years ago; type of virus unknown; stationary treatment in a hospital for half a year; currently in remission);

Diabetes (25 years ago; HbA1c fluctuating around 6.8%; currently regular ambulatory treatment; maintenance through exercise and dietary restrictions);

No history of injury to the hands;

< Current condition > Height 151 cm, weight 43 kg; blood pressure 103/64 mmHg, pulse 71 bpm, kyphosis;

Good appetite with a tendency towards becoming excessive; one bowel movement per day; no constipation or diarrhea; sleep is good, but she frequently goes to bed past midnight.

< Local findings >

The DIP joint of the right second digit on the radial and ulnar side, the DIP joint of the left third digit on the radial and ulnar side and the radial side of the left and right fifth digit showed dorsal swelling like deformities. At the sites of the chief complaint neither reddening nor swelling were observed, but in either case the joints were slightly warmer than the PIP joints of the same finger.

< Oriental medical findings >

The skin lacked moisture, among the three bilateral radial pulses the left chi pulse was somewhat weak. The pulse was generally floating, surging. The body of the tongue was red and dry. The tongue coating was slightly thick and of a faint yellow color.

< Aggravating factors >
Work using the fingers. Physical contact with the DIP joints.
< Relieving factors >
Were not observed.
[Pathology]
< Assessment of the condition from an Oriental medical point of view >
Based on the old age, comparative pulse diagnosis showing a weak left chi pulse and the bone deformities kidney deficiency is conceivable. The lack of skin moisture, floating pulse, red and dry tongue body, faintly yellow tongue coat indicate the presence of a mild degree of heat. Surges of appetite were associated with slight thickening of the tongue coat, suggesting the presence of internal dampness.
Summarizing these findings makes it conceivable, that the deformities of the fingers caused peripheral stagnation leading to the pain before a background of kidney deficiency induced deficiency heat and a mild degree of internal dampness.
< Assessment of the condition from a modern medical point of view >
Based on the disagreement with the relevant diagnostic criteria for articular rheumatism and due to the lack of a history of trauma of the fingers posttraumatic sequelae could be ruled out.
Marked swelling, reddening and dysfunction were not observed, but compared to the PIP joints the affected regions were slightly warmer, suggesting the possibility of a chronic inflammation. Accordingly, the base condition was considered to be a Heberden's nodes induced chronic inflammation causing the pain.
[Therapeutic course]
Treatment policy 1
The treatment was administered based on Oriental medical views. The adopted treatment policy aimed at supplementing the kidneys in order to improve the yin deficiency and thus achieve alleviation of the heat. For that purpose the affected regions were needled using a reducing technique, draining the stagnating heat and eliminating the pain.
The points were mainly chosen from among acupoints showing deficiency reactions on the lesser yin channel of the foot and during the treatment other points added as required for the treatment purpose based on pulse and tongue findings.
A 1-week treatment interval was adopted.
< First treatment >
Needling: using stainless steel needles made by Seirin (applies to other instances below too)
0.14 mm × 30 mm KI3, LU8 (needle twirling after piercing the skin, retaining the needles for 15 min; if not stated otherwise, the same technique was used for the following treatments too);
single short insertions into the affected regions of the left and right 2nd and 3rd digits (insertion depth 1-2 mm, immediate removal).
No changes immediately afterward.
Questioning the patient at the second visit revealed, that there had been no changes in symptoms at all after the treatment.
Since the patient experienced the symptoms as intense stress and because I had no prior experiences treating such symptoms, I chose to change the treatment policy and observe the course.
< Second treatment policy > Through application of heat stimuli to the regions of the chief complaint in order to elicit changes in hemodynamics and thereby reduce the local influence of inflammatory substances and promote tissue healing mechanisms I tried to achieve relief of the chronic inflammation and alleviate the pain (Western medical approach).
Further, the treatment administered according to the initial treatment policy expected to activate healing mechanisms via its effects on the entire body is continued. If necessary, reducing acupuncture techniques are applied regionally in order to eliminate heat (Oriental medical approach).

< Second treatment >
Pulse: left chi pulse and right guan pulse: weak;
Tongue: enlarged, dental indentations;
The general condition did not change, but a spleen deficiency became prominent.
Needling: 0.14 mm × 30 mm right KI7, left SP3
Heat-sensing moxibustion (using little paper mats on the skin; applies also to subsequent treatments): 7 half rice-grain sized cones each, on the finger tips of left and right 2nd digit, left 3rd digit tip, apex of the affected DIP joints and dorsal side;
No changes immediately afterward. There was no pain for 2-3 days starting from the next day.
< Fifth treatment >
Pulse: left cun mai and chi mai were both weak and slightly choppy;
Tongue: somewhat dark and a little red;
Kidney deficiency, yin deficiency.
After the last treatment there was no pain in the third digit on both sides. Unless hit by something, the second digit of both hands too was not painful.
Needling: 0.14 mm × 30 mm KI3, LR3, right SP6;
Heat-sensing moxibustion: 7 half rice-grain sized cones each, ulnar and radial sides of the DIP joints of the left and right 2nd and 3rd digits.
No marked changes immediately afterward. After that the pain of the 3rd digit of both hands was completely alleviated for a period of 2 months.
< Eighth treatment >
Pulse: right guan pulse: thin, wiry, slightly choppy;
Tongue: enlarged, tongue in the center of the tongue yellow, peeled coating;
Spleen deficiency, yin deficiency.
Swelling, reddening and pain distal of the 2nd right digit DIP joint, on the ulnar side of the left 2nd DIP joint. She pinched her right 2nd digit 2-3 days ago in a door and accidentally hit the left 2nd digit too, causing pain in both fingers. The affected regions showed signs of acute inflammation probably due to the contusion, so that I refrained from applying warming therapy using moxa, administering only Oriental medical view based acupuncture treatment instead.
Needling: 0.14 mm × 30 mm left SP3, scattered short pricking around the DIP joints of the left and right 2nd digits;
0.16 × 30 mm; left LU6, right ST36.
Immediately after the treatment the patient felt some relief of the pain. Over a period of two days after the treatment the swelling and pain decreased.
< Sixteenth treatment >
Pulse: on the surface very elastic, deficient in the depth, left chi pulse was choppy;
Tongue: thick coating;
Liver yin deficiency, internal dampness;
After the 15th treatment there was pain for two days following the treatment, but relieved later. The patient paints pictures as a hobby, but even after holding paintbrushes for a whole day the right 2nd digit did not hurt. The left 2nd digit is a little difficult to bend.
Needling: 0.14 mm × 30 mm LR3, right KI7 needling the ulnar and radial sides of left and right 2nd digit DIP joints (single short insertions, immediate removal);
Heat sensing moxibustion: 5 half rice-grain sized cones each, ulnar, radial and palmar sides of left and right 2nd digit DIP joints.
No marked changes immediately after the treatment. Later after the treatment symptoms of the right 2nd digit were alleviated and mobility improved.
< 21st treatment >
Pulse: flooding, right guan pulse: choppy;
Tongue: slightly dark red;
Tongue coat: slightly greasy, yellow;
Spleen deficiency, internal dampness leading to yin deficiency.
The patient experienced pain on the ulnar side of the left 2nd digit DIP joint and on both the ulnar and radial side of the right 2nd digit, but the pain was worse on the left.
Since last week mildly overeating.
Needling: 0.16 mm × 30 mm, KI7, SP3

Tip of the right 2nd digit and at the nail base of the left and right 2nd digits (in either case non-penetrating needling);
Heat sensing moxibustion: 7 half rice-grain sized cones each, apex of left and right 2nd digit DIP joints deformities and palmar.
Assessing the pain after the treatment using a Visual Analog Scale showed, that when the condition at the first visit was defined as 100 mm, it was by now 27 mm.
After that the symptoms remained alleviated and the treatment is currently still continued.

[Discussion]
In this case the acupuncture and moxibustion treatment was considered to have brought about alleviation of the symptoms, because there were no changes in lifestyle before and after the intervention and no other treatment was administered.
However, it is difficult to identify whether the treatment performed from an Oriental medical point of view or the treatment from a Western medical point of view had been effective.
While the therapeutic effects achieved by the Oriental medical approach adopted during the first session could not be confirmed, the locally administered Western medical thermal stimulation added from second session led to improvements of the chief complaint. These findings suggest that the Western medical assessment based approach of the condition had played a major role in the alleviation of the chief complaint.
On the other hand, the Oriental medical assessment of the physical condition based on pulse and tongue findings and the consistent therapeutic approach based on this Oriental medical assessment still continues and ignoring its influence would not be appropriate.
In particular during the eighth session, when I chose not to administer moxibustion treatment to prevent aggravation of the probably contusion induced acute inflammation of the affected region and used only the Oriental medical approach, alleviation of the symptoms was achieved after the treatment.
While in this case the use of moxibustion as thermal stimulation was related to the Western medical approach, the local effects possibly induced direct tissue healing mechanisms in the affected regions, whereas the Oriental medical approach resulted in an improvement of the physical condition as a manifestation of the relevant healing mechanisms, possibly providing the background before which the chief complaints were alleviated. Again, alleviation of the chief complaint achieved during the eighth session indicates the usefulness of scattered short pricking for the treatment of increased pain due to acute inflammation.
Based on the above describe findings it seems appropriate to consider a local Oriental medical approach based on organ and viscera (zang fu) and symptoms combined with a Western medical approach to be effective.
However, in order to perform treatment yielding stable and predictable results further accumulation and case reports and their investigation is necessary to clarify the exact role of Oriental and Western medical approaches for the alleviation of the chief complaint.

[Conclusion]
This case suggests, that acupuncture and moxibustion treatment is effective for reducing DIP arthralgia caused by Heberden's nodes. Here a combination of Western and Oriental medical approaches is considered to be therapeutically effective.
Regarding the therapeutic role Oriental and Western medical approaches respectively play further investigations are required.