

## Clinical Report 1 (Acupuncture)

### *Oriental Medical Acupuncture and Moxibustion Treatment*

#### *Based on Multifaceted Body Surface Observation*

#### *- A Case of Low Back Pain and Diarrhea -*

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### I. Introduction

In modern Japan acupuncture and moxibustion treatment employs various forms of examinations, therapeutic theories and techniques<sup>1)</sup>. These forms of acupuncture and moxibustion treatment currently practiced in Japan are defined in the body of this text as acupuncture and moxibustion<sup>2)</sup>. Regarding the characteristics of Japanese acupuncture and moxibustion the extensive amount of information obtained through touching and observing the body surface has been described many times before<sup>3-12)</sup>. Touching the body surface is not restricted to pulse diagnosis, but includes the palpation of the meridians according to Oriental medical concepts as well as the palpation of skin, muscles, tendons, bones etc. according to Western medical concepts. These techniques play an important role in the assessment of pathologies based on these findings and the evaluation of therapeutic results.

In the present report I made multifaceted observations based on the conduction of the four examination techniques, in particular palpation, in a case with low back pain and diarrhea. And I believe, the Oriental medical treatment was effective. Additionally I would like to make some observations regarding the characteristics of Japanese acupuncture and moxibustion.

Moreover, the term body surface observation used in this text is defined as the Oriental medical examination techniques observation, listening, smelling and palpation. Observation, listening, smelling and palpation are considered to represent an "observation of phenomena manifesting on the

body surface". Thus, "body surface findings" is defined as findings obtained through observation of the body surface. "Healthy qi" is defined as a generic term for original vital energy (vital energy, primordial energy), ancestral qi, nutrient qi, protective qi, yin qi and yang qi.

### II. Case

Age: 35 years; male, first examination in December of 20XX.

Chief complaint: #1 pain from the right hip to the right inguinal region; #2 diarrhea (watery)

[Examination details]

[Anamnesis (medical interview)]

[Present illness]

#1 pain from the right hip to the right inguinal region

Junior high school period: He practiced basketball and started to experience pain in the right lumbar region from that time on.

In April 20XX: Started hang a heavy bag over his right shoulder. From that time on the patient started to experience the pain in the right lumbar region.

November of the same year: Started to strongly feel dull pain in the right lumbar region (because he carried luggage on the right side).

Currently:

Type and severity of the pain is the same as it was in November. The pain extends from the right lumbar region to the right inguinal region. As long as he is working, it does not bother him, but during rests, the pain starts to bother him. When he is exhausted or it is cold, the patient experiences numbness down into the right leg.

Relieving factors: taking a bath; warming; extending the hip.

Aggravating factors: hanging luggage over the right shoulder; upon rising in the morning.

#2 Diarrhea (watery stool)

4-5 days ago: He attended a drinking party but drank only iced tea. Later, diarrhea developed.

Frequency was 4-5 times per day.

Currently:

The watery stool continues. Frequency is 4-5 times per day; there is almost no smell. After its onset the low back pain developed almost daily in the morning after which he then passed loose stools. After the onset of the diarrhea the low back pain was neither relieved nor aggravated. After a bowel movement in the morning there is no feeling of residual stools, but otherwise there is a feeling of residual stools following bowel movements. The patient experiences a mild degree of fatigue after bowel movements.

- Normal stool condition: 1-2 times/day; always somewhat soft (slipping out stools).

[Past history]

March 20XX-1: Pancreas cancer; underwent surgery; resection of pancreas body, head and spleen; surgical removal of aortic lymph nodes.

August of the same year: liver metastases were discovered.

October of the same year: Initiation of chemotherapy, because the metastatic lesions had grown. Therapy consisted of daily administration of TS-1. Gemzar administration once/week. After the chemotherapy loss of appetite and diarrhea developed.

By July 20XX: loss of appetite and diarrhea did not develop any more.

Currently:

TS-1 is used for 2 weeks followed by one week rest. Gemzar is no longer administered.

[Family history]

The father had hypertension. Currently the patient lives with his father and mother in a 3-person household.

[Social history]

Between the age of 22 and 31 the patient was a company employee (salesperson).

Currently: attending vocational school.

[Personal history]

Alcohol consumption: has not been drinking.

Smoking: Had been smoking until the discovery of the pancreas cancer (20 years).

Twenty cigarettes/day.

[Present status]

- Height: 175 cm. Weight: 68 kg.
- Diet: Has appetite; eats three meals a day; timing of meals: breakfast 6:40~7:00, lunch after 12:00; dinner 20:00~21:00 (or 22:00). Approximately one month ago the patient started to crave cake or similar sweet foods and eats them. He did not do that before.
- Micturition: 7-8 times/day; sensation of incomplete emptying.
- Bowel movements: Normal condition is 1-2 times/day; always somewhat soft (slipping out stools).
- Sleep: Goes to bed around midnight or half past midnight; rises at 6:30; no nocturia; almost does not dream; stays for a while in bed after awakening in the morning.

[Physical examination]

- MMT (manual muscle testing):  
extensor hallucis power: right = 5, left = 5  
flexor hallucis power: right = 5, left = 5
- Sensory test of legs: the right 5<sup>th</sup> digit is a little numb.
- SLR (straight leg raising test): negative
- FNS (femoral nerve stretch test): negative
- Thomas test: negative

[Oriental medical findings]

- Tongue diagnosis

Tongue surface: dark pink tongue; there is darkened color, slightly soft consistency (lifeless swelling), no fissures or no dental indentations, somewhat marked moisture, no ecchymosis or petechiae, white coat.

Tongue underside: dark faintly red – red color; there is darkened color; markedly engorged sublingual veins.

- Meridian diagnosis\*):

Listed here in the order of the severity of deficiency of both channels and collateral channels<sup>13)</sup> (sweating → surface weakness → dimpling, coolness).

Note)

Meridian diagnosis refers to a diagnostic method, where careful palpation of the skin over both channels and collateral channels from the very superficial down to the deep layers and thus allows to assess a variety of conditions (example: sweating, weakness, dimpling, tension, induration, bulging, coolness, heat etc.).

(1) Tai yang bladder meridian of the foot ... weakness and coolness (right > left). (← this indicates left and right as viewed from the therapist; same applies below.

(2) Lesser yin kidney meridian of the foot ... weakness and coolness (right > left).

(3) Greater yin spleen meridian of the foot ... coolness (right  $\geq$  left).

(4) Greater yin lung meridian of the hand ... sweating and weakness (right  $\geq$  left).

○ Abdominal diagnosis (Figure 1):

hypochondrial region ... tension (right > left); flanks ... tension (right > left).

paraumbilical region ... tension (right > left);

hypogastric region ... weakness and coolness.

○ Back diagnosis (Figure 2):

Left and right BL12 (Fengmen), left and right BL13 (Feishu) ... weak; left and right BL15 ... tension (left > right).

Left and right BL17 (Geshu) ... weak surface, subcutaneous tension. Tension in the region of the upper back in general is stronger on the left side.

Left and right BL18 (Ganshu), left and right BL19 (Danshu), left and right BL20 (Pishu), left and right BL21 (Weishu), left and right BL22 (Sanjiaoshu), left and right BL23 (Henshu), left and right BL24 (Qihaihu), left and right BL25 (Dachangshu) ... weak surface, subcutaneous tension.

The lumbar region of the back in general shows a weaker surface on the right than on the left, while subcutaneously there is strong viscous tension.

○ Condition of the toes: pain in the left and right fifth digit, difficulties moving the toes.

○ Pulse diagnosis:

Inch pulse (cun mai) ... the width from the skin surface to the radial bone (below called pulse width) extends from the floating to the deep position.

The shape of the pulse is distinct, albeit somewhat soft.

Bar pulse (guan mai) ... the pulse width extends from the floating to the deep position. The pulse on the right side is a little hard.

Cubit pulse (chi mai) ... the pulse width extends from the middle to the deep position. The pulse lacks a little strength, but in the deep position has viscous properties. This is particularly marked on the right side.

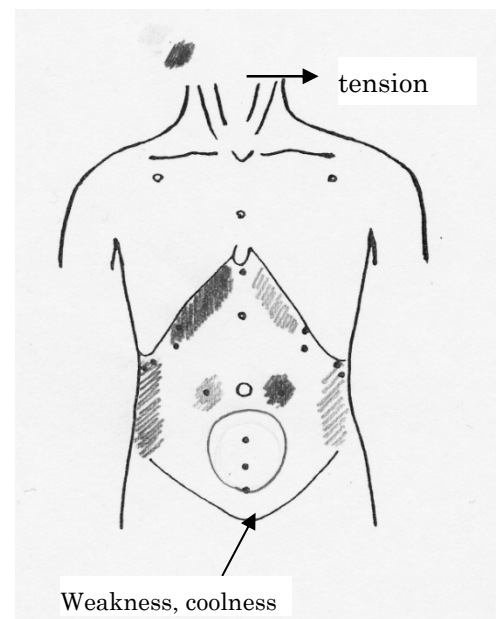


Figure 1 Abdominal diagnosis

(The shaded portion indicates tension; increasingly darker slanted lines indicate increasingly higher tension)

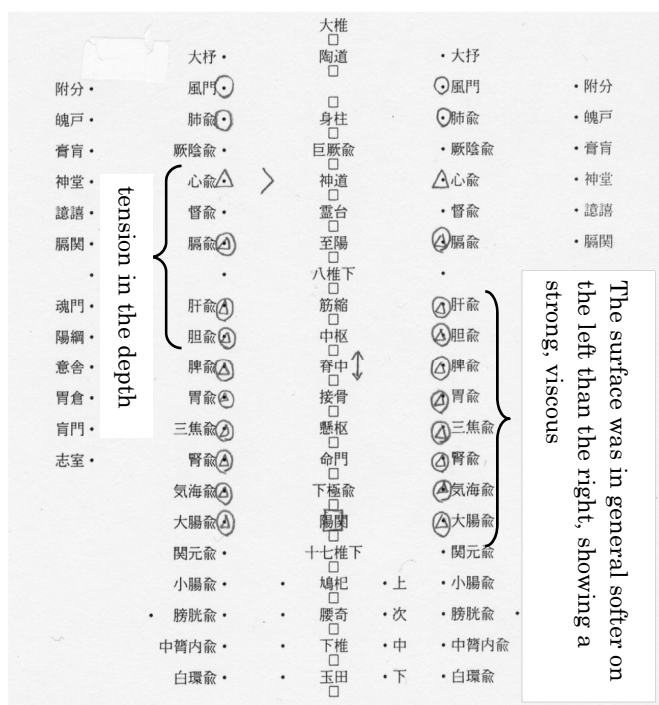


Figure 2 Back diagnosis

△: tension ○: weakness □: tenderness

◇: widened spaces between the spinous processes

## [Assessment of the pathophysiology]

## [Modern western medical assessment of the pathophysiology]

#1 Suspicion of myofascial low back pain (problems of the iliocostal, longissimus, lumbar quadratus muscles as well as the oblique and transverse muscles of the abdomen are conceivable)

Suspicion of some anomaly of the first sacral vertebra (however, a herniated intervertebral disc is based on the findings of various physical examinations unlikely)

#2 The acute diarrhea raises suspicions of a noninfectious diarrhea

## [Oriental medical assessment of the pathophysiology]

#1 Kidney deficiency (mild form of kidney yang deficiency centering on a kidney qi deficiency), qi stagnation in the greater yang bladder meridian of the foot

#2 Kidney deficiency (kidney qi and kidney yang deficiency), spleen deficiency (mainly spleen qi

deficiency), <the diarrhea is considered mainly be due to kidney deficiency>

## [Pattern identification]

First the individual patterns are indicated and then the details of the pattern identification shown.

## [Eight-principle pattern identification]

Exterior and interior: exterior pattern (floating pulse, neck stiffness, chills) is not observed. Therefore this is an interior pattern.

Concrete details will be verified through the qi, blood and body fluid pattern identification, yin-yang pattern identification and organs/viscera and meridians/channel pattern identification.

Cold and heat: cold pattern. Concrete details will be verified through the qi, blood and body fluid pattern identification and yin-yang pattern identification.

Deficiency and excess: complex deficiency and excess pattern; the large number of dental impressions found during tongue diagnosis verify a qi and yang deficiency.

Other concrete details will be verified through the qi, blood and body fluid pattern identification, yin-yang pattern identification and organs/viscera and meridians/channel pattern identification.

## [Qi, blood and body fluid pattern identification]

Qi stagnation: #1 during work alleviation and development of discomfort during rest.

Extension of the lower back is a relieving factor for #1.

Condition found through abdominal diagnosis (tension of hypochondrial regions and flanks).

Qi deficiency: verified through organs/viscera and meridians/channel pattern identification.

Yang deficiency: Bathing and warming (note that this phenomenon also appears in cases of qi stagnation) is a relieving factor for #1.

#2 Watery stools (kidney yang deficiency symptom).

#2 The stools have almost no smell.

#2 Prior to the onset of the diarrhea the patient ingested large amounts of cold drinks.

[Organs/viscera and meridians/channel pattern identification]

Kidney:

#1 Low back pain since junior high school (kidney qi deficiency)

#1 Condition of the low back (kidney (qi, yang) deficiency that affected the tai yang bladder meridian of the foot).

#2 Diarrhea early in the morning (wu geng xie: kidney yang deficiency condition).

#2 Fatigue after bowel movements (kidney (qi, yang) deficiency condition).

Anamnesis showed that the patient had undergone surgery (injury of the congenital qi).

Abdominal diagnosis showed weakness and coolness of the abdomen.

Back diagnosis showed surface findings at the left and right BL23, BL24, BL25 and BL22.

Pulse diagnosis showed intermediate chi pulse.

© Both kidney qi and kidney yang deficiency are conceivable.

Spleen:

#2 Occurrence of diarrhea (spleen (qi, yang) deficiency condition).

#2 Bowel movement induced fatigue (spleen (qi, yang) deficiency condition).

Normal stool condition (tends to be soft).

Began to crave sweets about one month ago (sweet is one of the five tastes associated with the spleen).

Development of pancreas cancer (presumably there has been a problem with the middle energizer).

Upon initiation of the chemotherapy the patient lost his appetite and developed diarrhea (spleen (qi, yang) deficiency condition).

The back diagnosis revealed body surface findings at the left and right BL20, BL21 and BL22.

Pulse diagnosis showed somewhat hard properties of the right guan pulse.

© A spleen yang deficiency is conceivable as a problem with the spleen and because of the absence coolness as a body surface finding, this was considered mainly due to spleen qi deficiency.

Tai yang bladder meridian of the foot

#1 Manifestation of lumbar symptoms (note the course of the tai yang bladder meridian of the foot).

Meridian diagnosis showed some weakness in the course of the tai yang bladder meridian of the foot, surface findings of coolness.

Lesser yin kidney meridian of the foot:

Meridian diagnosis showed weakness in the course of the lesser yin kidney meridian of the foot, surface findings of coolness.

Greater yin spleen meridian of the foot:

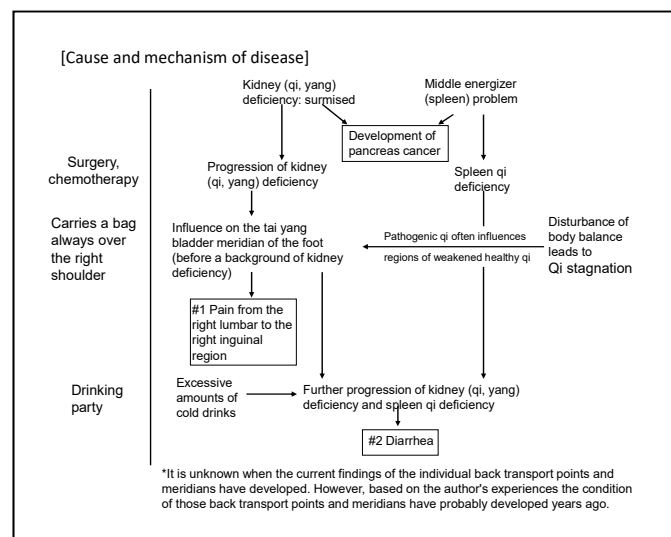
Meridian diagnosis showed surface coolness in the course of the lesser yin kidney meridian of the foot.

[Cause and mechanism of disease] (Figure 3)

Presumably the kidney qi and yang deficiency condition had been present from before. At the same time the presence of problems with the middle energizer, in particular the spleen, was also surmised. They probably led to the development of the pancreatic cancer. The surgery for the pancreatic cancer and the chemotherapy caused a progression, leading to an aggravation of the kidney qi and yang deficiency and the spleen qi deficiency. From April 20XX hanging a heavy bag over the right shoulder presumably disturbed the body balance and impeded the flow of qi, leading to a qi stagnation. Pathogenic qi caused by qi stagnation often influences sites of weakened healthy qi. In this patient the qi stagnation is considered to have influenced the tai yang bladder meridian of the foot. Before a background of a weakened tai yang bladder meridian of the foot there is a kidney deficiency. I assume, the chief complaint #1 has developed for that reason. Further, drinking large amounts of cold drinks during a drinking party led to an aggravation of the kidney (qi and yang) deficiency and spleen deficiency and I assumed, this led to the development of the chief complaint #2.

The author places great importance on body surface findings from the back transport points and the meridians in order to learn more about the past

condition of the patient's body. In this patient the time of development of the current findings of the individual back transport points and meridians is unknown. However, based on the author's experiences of the condition of those back transport points and meridians have probably developed years



ago.

Figure 3

[Cause and mechanism of disease]

[Treatment plan and objective]

The treatment plan was to treat the right-sided low back pain and diarrhea. Treatment was carried out mainly according to Chinese medical and Oriental medical objectives. Concrete objectives were tonification of kidney and spleen (tonification of both spleen and kidney), while promoting qi flow (regulating qi).

#### Treatment details

Acupuncture was the chosen treatment technique. First the problems of the organs were addressed.

(1) Right BL20; 0.14/40 mm (Seirin made stainless steel needle)

(1) Right BL23; 0.14/40 mm (Seirin made stainless steel needle)

The needles were retained in both points for 8 minutes. While retaining the needles, they were also

manipulated, applying the thrusting and lifting and the twirling techniques.

After treating (1) the body was in the following state. Tongue diagnosis: appearance of some brightness as compared to before treatment of (1).

Pulse diagnosis: improvement of the (1) pretreatment intermediate guan pulse position, but the pulse was still hard and viscous in its deep position.

Right low back pain: some pain remained. VAS: (pretreatment) 10→2 or 3 (after treatment of (1)).

Since problems at the right inch pulse still remained, I next used a meridian approach.

(2) Right KI3; 0.14/40 mm (Seirin made stainless steel needle); applied twirling at the skin surface (no insertion under the skin) for 3 minutes.

After treatment of (2) the body was in the following state.

Tongue diagnosis: appearance of some brightness as compared to before treatment of (1).

Pulse diagnosis: pulse strength and width increased in the guan pulse position. The hardness of the pulse had improved in particular on the right side in the deep position.

Abdominal diagnosis: chilling of the hypogastric region decreased and it became slightly warmer. The weakness also became a little firmer.

#### III. Results

[Effects immediately afterward] (after treatment (2))

#1 Right low back pain: patient almost did not feel pain. VAS: (pretreatment) 10→1 or 2.

Right inguinal region: the patient did not feel any pain but still experiences some discomfort. VAS: (pretreatment) 10→3 or 4.

#2 Diarrhea: currently under follow-up.

#1 The symptom remains, but since the surface findings of tongue, pulse and abdominal diagnosis showed improvements, the treatment was cut off at this time.

[Health preservational instructions]

Refrain from cold drinks and food. Return for a reexamination in 3-4 days.

[Reexamination report]

Three days later the patient contacted me.

#1 On the day following the acupuncture treatment the discomfort in the right inguinal region had been alleviated. The right-sided low back pain had improved to a degree, where it did not bother the patient any longer.

#2 Diarrhea had stopped immediately after the acupuncture treatment. The stools had return to their usual consistency. Based on this condition the treatment was terminated.

One month later I had a chance to meet the patient. When I inquired about the above described symptoms, he replied that neither the right-sided low back pain nor the diarrhea had recurred since.

#### IV. Discussion

For this patient I performed a multifaceted body surface observational examination centering on anamnesis and palpation. This information was then analyzed according to Chinese medical and Oriental medical concepts to assess the pathophysiology. For the treatment I chose only few acupoints. As shown in this case is a treatment with few acupoints one effective method, when the therapist is aware of the therapeutic effects of the individual acupoints and their compatibility with examination results and diagnosis. It is also a good method to comprehend the Oriental medical body and illness concepts.

The evaluation of the therapeutic effects was made in this case based on changes in body surface findings in the supine position rather than observations of changes in the symptoms. The author thinks, these changes in body surface findings reflect alternations in symptoms and disease status (improvements, aggravations, no changes). This conceivably enables the practitioner

to independently assess treatment induced changes in symptoms and conditions.

For this patient I performed multifaceted body surface observations and emphasized in particular palpation. As palpation I performed not only pulse diagnosis, but also meridian, abdominal and back diagnosis. This practice can be called a concrete example for "the richness of palpatory quality and thoroughness" said to be a characteristic of Japanese acupuncture. The multifaceted body surface observational findings also provide the ground for highly varied Oriental medical interpretations of the findings. This is conceivably one of the reasons giving rise the high degree of diversity of Japanese acupuncture and moxibustion.

In this case the examination also included physical examinations. The obtained physical findings allowed to assume the Western medical assessment of the pathophysiology of #1. Japanese acupuncture and moxibustion school education comprises the study of both Western and Oriental medicine. Also, many study meetings held in Japan provide the opportunity to study a great variety of subjects pertaining to acupuncture and moxibustion. The concrete details of subjects pertaining to acupuncture and moxibustion dealt with during those various study meetings depend on the specific views of the relevant study groups, their concepts of diseases, treatment, examination techniques and the relevant theories as well as therapeutic techniques. Study of these various concepts allows the practitioner to broaden his/her therapeutic horizon. A broader range of treatment options then makes it possible to treat patients with a variety of different diseases. The abundance of acupuncture and moxibustion treatment options forms the basis of the great diversity of Japanese acupuncture and moxibustion, and at the same time also the basis for the complexity of Japanese acupuncture and moxibustion.

## V. Conclusions

A patient presenting with low back pain extending from the right lumbar to the right inguinal region and diarrhea was treated with acupuncture. Based on the therapeutic results I came to the conclusion, that the acupuncture treatment was effective. Examination particularly emphasized multifaceted body surface observations centering on palpation. This was also used to evaluate the therapeutic effects. Body surface observations effectively allow the practitioner both for the evaluation of the therapeutic effects and an assessment of possible future conditions of the patient. Multifaceted observation, in particular palpation, lie at the base of the diversity of Japanese acupuncture and moxibustion.

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