

## Clinical Report 1 (Acupuncture)

### *A Case Where Blood Letting was Effective for Health Problems Following Multiple Traffic Accidents*

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### Introduction

At the Ehime Prefectural Central Hospital, Institute of Oriental Medicine we diagnose conditions based on sequential and point location reaction analyzes. Following the diagnosis we then apply traditional Oriental medical techniques with reference to the traditions handed down by our predecessors (mostly Ken Sawada, Isaburo Fukaya, Kunisei Kudo, Domei Yakazu) (Figure 1). The sequential analysis allows comprehensive assessment of the patients mainly based on his/her life history and facilitates understanding any health disorder related factors up to the time of the patient's first visit. The analysis of reaction at the point locations confirms findings obtained through inspection and palpation and compares these to the signs. Regarding the point location findings and acupuncture and moxibustion treatment we refer mainly to the classics centering around the "Compilation of the Twelve Principles of the Nine Ancient Needles", emphasizing pressure hypersensitive indentation, pressure hypersensitive bulging, congestion, fine floating vessels, edema and similar findings and then administered techniques like moxibustion, acupuncture and vessel puncturing.

For images of the acupoint findings described mainly in the "Compilation of the Twelve Principles of the Nine Ancient Needles", where it says "凡用鍼者、虛則實之、滿則泄之、宛陳則除之、邪勝則虛之。" deficiency states are identified by the character "員=yuan", which here indicates images of depression and softening. Conditions described as repleteness or fullness are associated with congestion. The term 宛陳 = wan chen refers to fine floating vessels. A state of prevailing evil is described as "方 = fang" and associated with images of bulging, swelling and

induration. Adding edema to those images the findings of pressure hypersensitive indentation, pressure hypersensitive bulging, congestion, fine floating vessels, edema are confirmed.

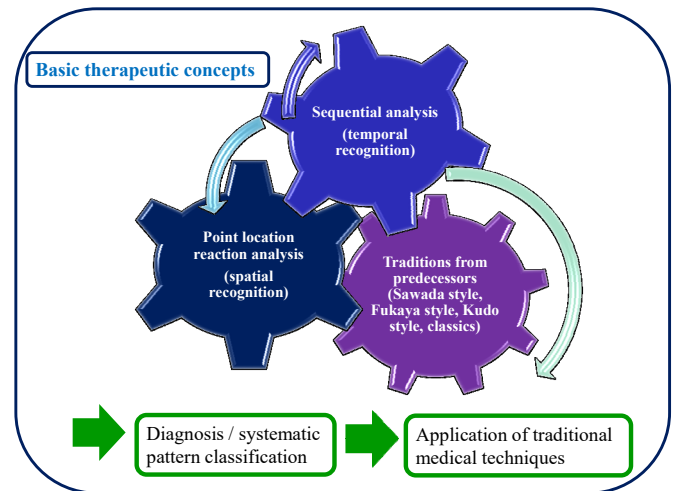


Figure 1

Regarding acupuncture and moxibustion treatment moxibustion serves as an excess technique. Further, regarding the needling technique the text says: "徐而疾則實": meaning the needles are slowly inserted and quickly withdrawn, while "呼盡內鍼・候吸引鍼・推闔其門" means that the needles are inserted at maximum expiration and withdrawn after waiting for the inspiration, after which the insertion site of the needles is massaged with the fingers to close the needling hole; listed as a technique also considered to be an excess technique (named: excess round needling). Next I would like to consider vessel puncturing at the well points and skin vessel puncturing as a form of purgative method and fine floating vessel puncturing as an elimination method. As a deficiency method "疾而徐則虛" the needle is quickly inserted and slowly withdrawn in case of deficiency, "吸則內鍼・吸則轉鍼・候呼引鍼・呼盡乃去": describing that the needles are inserted during inspiration, twirled also during inspiration and withdrawn after waiting for the expiration so that the needle is completely withdrawn when the expiration has been completed. This too is a deficiency technique (named deficiency needling).

Moreover, in our institute we add as an excess method warming needles and as a deficiency method skin vessel puncturing.

The patient visited out clinic with chief complaints of health impairments (neck and shoulder stiffness, dull headaches, low back pain, numbness of the left leg and left arm etc.) following traffic accidents. I report this case here, because the treatment presumably contributed to an improvement of the QOL.

Patient: 52 years, male, local public service employee (road and infrastructure maintenance).

[Sequential analysis]

Chief complaints were neck and shoulder stiffness, dull headaches, low back pain, numbness of the left leg and left arm etc. that occurred following traffic accidents. At the age of 51 he was hit by a car in a head-on collision while riding a motorcycle, the impact rendering him unconscious. The results of CT and x-ray imaging did not show skull injuries, fractures or ruptures of internal organs and he was diagnosed with "rupture of the left biceps brachii muscle" and whole body contusions. Starting about one month after the accident neck and shoulder stiffness, dull headaches, low back pain, numbness of the left leg developed. After a period of half a year suddenly numbness of the left arm developed. Currently, when he passes the accident site on his way to work with his car, the dull headache increases in intensity and continues until noon. For that reason he reported driving to be trying.

Also, looking back at the patient's past life showed, that he had met with accidents at the age of 6, 18, 19, 37 and 48 years, leading to health impairments. He married at 25, between 26 and 31 his children were born; at 39 he had a new house built and ran into trouble with the neighborhood. Here too health problems developed simultaneously with the mentioned events. The third son is still a student,

but the other children are independent and he now lives only with his wife.

The diagnosis derived from the sequential analysis showed a correlation between the onset of health problems and multiple accidents, marriage, wife's pregnancy and birth, newly-built house and trouble with the neighborhood, inferring a decreased resistance to blood stagnation and mental stress induced health impairments.

Regarding the sequential analysis both modern Western as well as Oriental medical assessments are important and here in particular comprehension of the correlation between life events and health impairments. It is in this context important to understand what the patient thought at the time the events occurred and how he behaved, how he interacted with family members and society and imagine what happened to the family based on those results. Also, it must not be forgotten to take the mental state of the patient into account.

[Point location reaction analysis]

Checking the reactions mainly at the site of the back transport point, abdominal alarm points, sea points, source points. It is important to reduce prejudices and confirm the reactions at the point locations open-mindedly.

Pressure hypersensitive indentation ( $\alpha$ ) was found at GV12, GV11, BL11, SI11 (left), BL45, BL20, BL23, BL52, BL25, CV4. Pressure hypersensitive bulging ( $\beta$ ) was found at BL10, GV13 (left), from TE15 – BL43, BL17 – BL18, ST19 – LR14, ST36, LI11. Edema ( $\gamma$ ) was found at GV20. Fine floating vessels ( $\delta$ ) were observed from GV12 – GV11, BL11 (left), TE15 (right), TE14, SI10 (right), GV6, GV3, from the greater trochanter down to the vicinity of GB31, behind GB34 (left), anterior chest. Point location reactions like congestion ( $\omega$ ) was confirmed at GV20, in posterior region of the neck and similar locations. Based on the diagnosis derived from point reaction location analysis, the extensive development of fine floating vessels and the mental status the reactions

found at GV20, upper governing vessel, BL17-18, ST19 – LR14 suggested that the development of blood stagnation and a decreased resistance to mental stress had probably induced the health impairments (Figure 2).

### 【Findings】

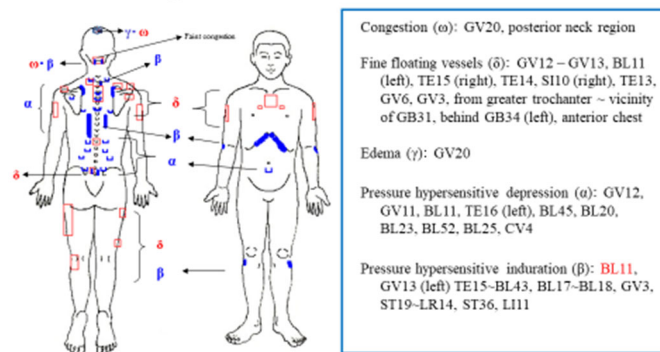


Figure 2

### [Acupuncture and moxibustion treatment]

The diagnosis based on sequential and point location reaction analyzes coincide so that we treated points at which blood stagnation and mentally induced reactions were found. We punctured the fine floating vessels at BL11 (left), GV12, GV6, GV3, GB31 (left), behind GB34 (left). Puncturing of indurations was performed at BL17. Tonifying puncturing was performed at GV12. We instructed the patient to treat himself with moxibustion at home at BL11, BL13, BL11, SI16 (left), BL20, BL52, BL25, LI11, ST36. The acupuncture and moxibustion treatment based mainly on the above described pattern was performed at a rate of once every 2 to 4 weeks. The Kampo formula Saibokuto 7.5 g was also prescribed (Figure 3).

### [Course]

During the 4<sup>th</sup> treatment we added puncturing of indurations at BL43, during the 7<sup>th</sup> treatment also puncturing of indurations at TE15, BL17, which led to improvements of the neck and shoulder stiffness, numbness of the left arm and dull headache. Vessel puncturing of fine floating vessels at GV3 and

puncturing of deficiency bulging performed both during the 7<sup>th</sup> treatment improved the low back pain and numbness of the leg.

Approximately 2.5 months following the first visit (completion of one treatment set) all chief complaints were rated as "B". After 8 months (completion of two treatment sets) the chief complaints were rated as either "A" or "B". Moreover, symptoms other than the chief complaints had also improved (Figure 4).

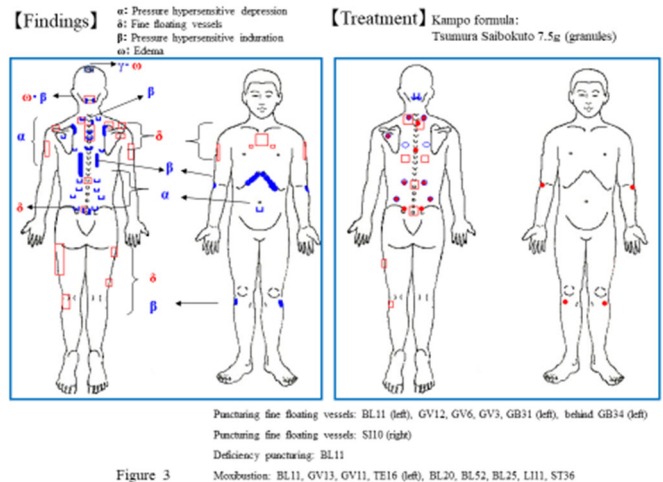


Figure 3

### 【Course】

\*A: Has improved  
\*B: Has improved but hurts sometimes  
\*C: Has not changed  
\*D: Gradually worsens

Treatment sets	I-⊕ (appr. 2.5 months later)	I-⊕ (appr. 8 months later)
General condition	B	—
Health concerns	B	—
Inconvenience during daily living	A	—
A: neck and shoulder stiffness	B	A
B: dull headache	B	B
C: low back pain	B	B
D: numbness of left leg	B	A
E: numbness of the 1 <sup>st</sup> to 3 <sup>rd</sup> digits of the left hand	B	A
Left shoulder pain	B	A
Soft stools	A	A
Fatigability	B	B
Dyspnea	B	A
Eye strain	B	A
Irritability	B	A
Nausea, vomiting	B	A

Figure 4

### [Discussion]

The sequential and point location reaction analyzes showed blood stagnation (fine floating vessels) and traumatic injuries from multiple accidents, the pooling of stagnant blood subsequently resulting in liver injury which then in turn led to the development of the chief complaints associated with

psychological symptoms. The sequential and point location reaction analyzes facilitated a comprehensive understanding of the patient and the administration of the acupuncture and moxibustion treatment, but except for the chief complaints it was not considered to relate to improvements in the other symptoms. The acupuncture and moxibustion treatment corresponding to the findings at the point locations had presumably been very effective for relieving the symptoms.

#### [Conclusions]

The goal of medical care people are seeking is to switch from therapy towards an improvement in QOL. The treatment of diseases leads to improvements in functional disorders and disabilities and we believe people are looking for all-inclusive improvements of interferences with daily living. For that reason the problems should not be approached using the skills of individuals, but rather be subject of a team approach (Figure 5).

#### 【Conclusions】

It requires team work to switch the purpose of medical care from therapy to improvement of the QOL.

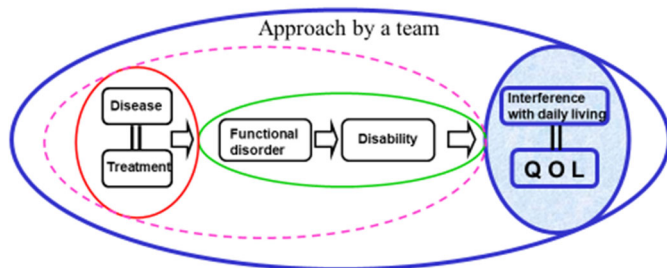


Figure 5