

Clinical Report 1 (Acupuncture)

Acupuncture and Moxibustion Treatment for a Patient with Chronic Complex Health Problems, where the Cooperation by the Family too Contributed to the Improvement

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Many patients with chronic complex health problems visit our facility affiliated with one of the local general hospitals in Shikoku. On this occasion we administered acupuncture and moxibustion treatment with the cooperation of the family and report our experiences with a case with chronic complex health problems where this treatment form led to their relief.

Patient: 57-year old female. Works at a loan counter in a financial institution.

Chief complaint: insomnia, depressive mood, palpitation, fatigue at the back of her eyes;

Past history: underwent a hysterectomy at the age of 36; no special health problems after the surgery;

Character traits from childhood: having an obsessive, depressive, pessimistic nature she had low resistance to mental stress;

Family environment: lives in a family of three with her husband and daughter; nothing specifically notable.

Present illness: started her employment at the age of 20 and since a change in her work duties in October X-2 began noticing stiffness of the back, loss of appetite, since September insomnia developed and she started to take Zolpidem prescribed by a local physician. She became again able to fall asleep, but usually woke up at 3 o'clock in the morning and then could not fall asleep again. From that time palpitations, fatigue at the back of her eyes and depressive mood also developed. She lost appetite and until now lost about 10 kg weight. The local physician diagnosed "depression" and prescribed western-style medicines like Fluvoxamine, Zolpidem, Ethyl Loflazepate, Sulpiride, Estazolam, Domperidone etc. Her meal size decreased extremely, she developed hypersensitivity to light and sounds and spend the whole day in bed. She

visited our clinic because her husband strongly recommended it.

I: Overview over the time-series analysis (Figure 1)

Figure 1 shows an overview over the time-series analysis developed in this facility. Explanation of the frame from the left shows first housing and work, in the middle daily life events are entered and on the right side the start of QOL impairments is recorded. In the left lower area the family structure is entered and allows to grasp the nursing potential of the family.

From the time-series analysis it is possible to assess that the health problems seemed to be due to decreased stress resistance and a mild degree of blood stagnation. Again, we surmised the chief complaint developed before a background of work related severe stress or problems related to the marriage of the daughter. For the health problems based on the time-series analysis presumably be due to decreased stress resistance and a mild degree of blood stagnation we considered the application of moxibustion by the family to be most suitable.

II: Findings at point locations (Figure 2)

At the points on the back we observed depressions at SI14, BL15, BL20, BL52, swelling from BL17-BL18, congestion in the back of the neck, floating fine vessels in the vicinity of GV14 and GV4 and edema on the anterior chest and on the top of the head. Based on the findings at point locations we came to the conclusion, that the build-up of blood stagnation and decreased resistance to mental stress led to the reported health problems.

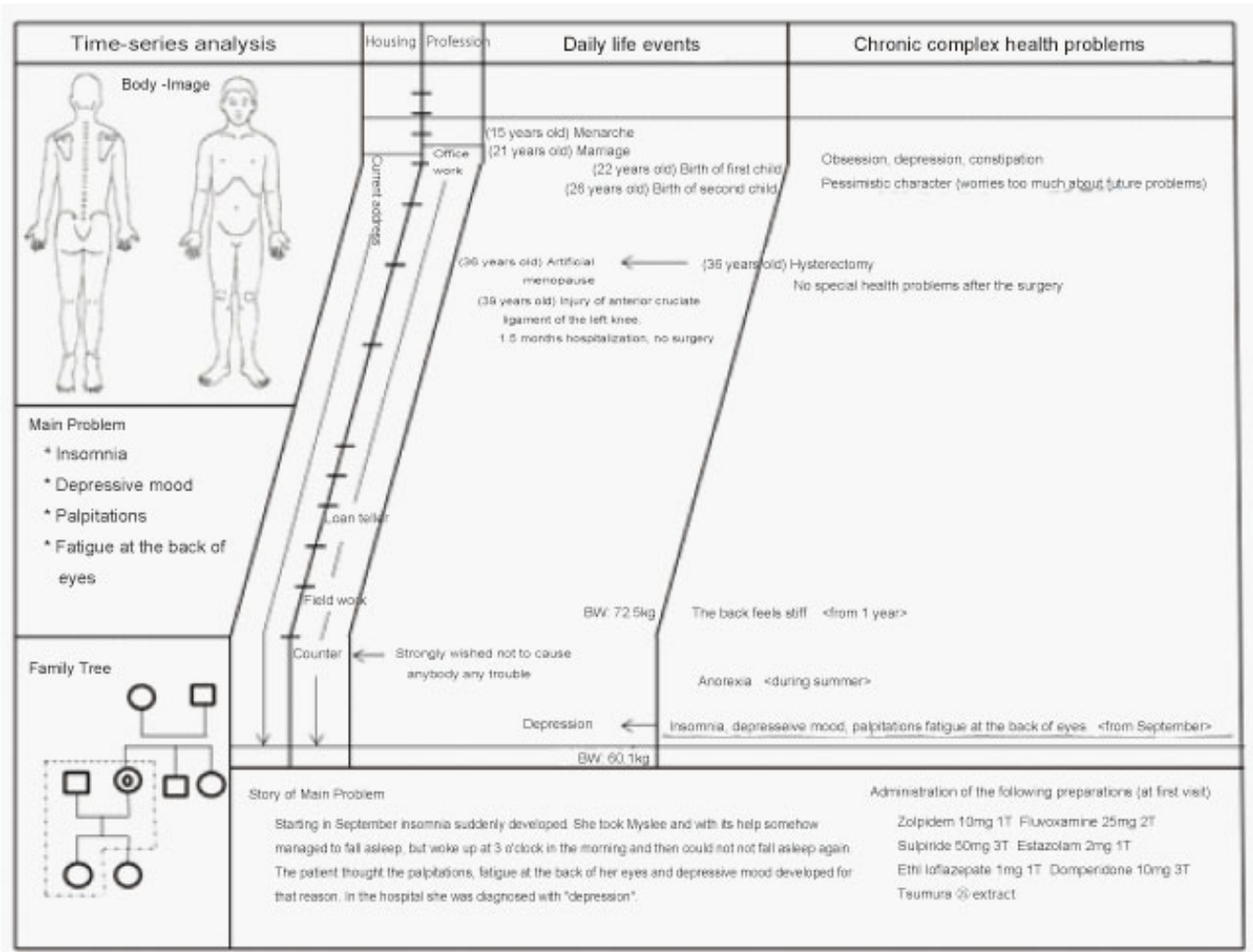


Figure 1 Overview over the time-series analysis

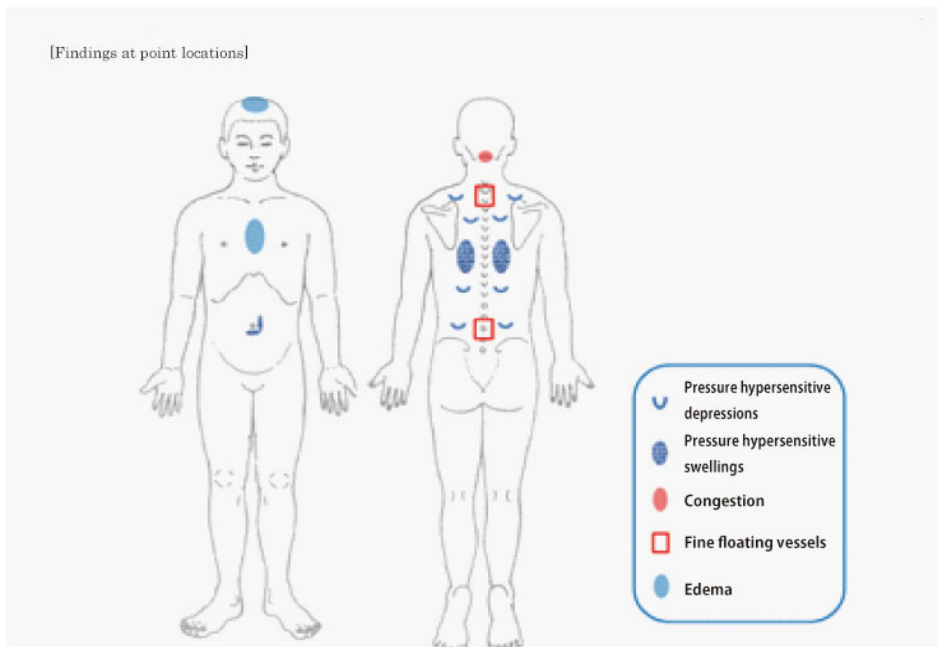


Figure 2 Findings at point locations

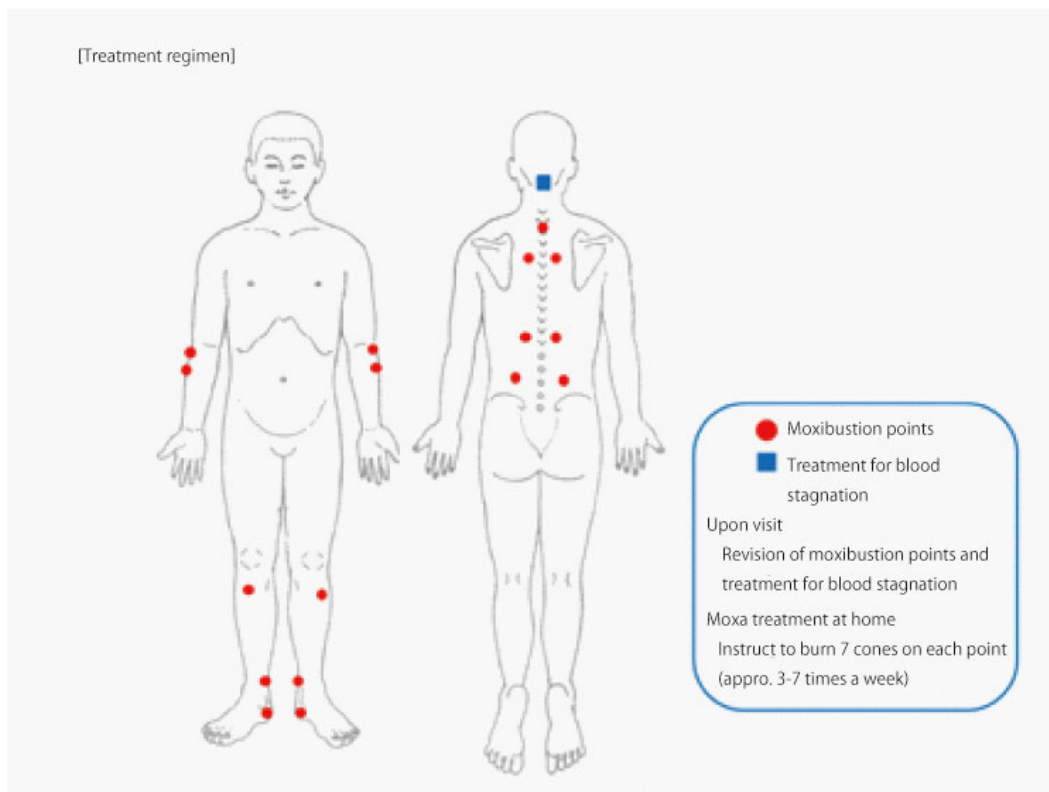


Figure 3 Acupuncture and Moxibustion treatment

III: Acupuncture and moxibustion treatment (Figure 3)

Based on the findings of the time-series analysis and on the findings at the point locations the treatment was administered according the findings at the point locations. In this case (1) required care from the family. Regarding (2) the family requested moxibustion treatment. Regarding (3) we considered self-treatment by the patient herself to be appropriate. Thus, the treatment centered on moxibustion. Moreover, regarding the moxibustion treatment we concentrated on a persistent regimen (there are two treatment concepts: switching formulas as required and maintaining the same regimen over time), instructing the patient to treat herself at home using mainly GV12, BL15, BL20, BL52, LI11, ST36, SP6, KI3. Further, upon her visiting our clinic, we performed additionally skin pricking in the vicinity of GV16.

IV: Course and evaluation (Figure 4)

This shows the course over a period of 12 years from the first visit. The patient visited our clinic in intervals of 4 to 8 weeks for acupuncture and moxibustion treatment and treated herself at home with moxibustion 3 to 7 times a week. She also took the prescribed medicine and her condition followed a favorable course. In our clinic six treatment sessions represent one set and after each set we checked the changes using a questionnaire. Evaluation criteria for the QOL included physical, mental and social parameters. Regarding the physical aspects, we evaluated the various symptoms, as mental aspects her health related worries and for the evaluation of the social aspects the patient evaluated any inconvenienced during her daily life herself.

Evaluated symptoms included constipation, strained neck, sweating, flushes, back stiffness, inappetence, insomnia, depressive mood, palpitations, fatigue at the back of the eyes, easy fatigability and hypersensitivity to sounds. Evaluation results over the period of 12 years showed for almost all items an evaluation as either A or B, which we assessed to be a highly satisfactory.

(A: improved; B: improved but occasionally worsening)

Two weeks after initiation of the moxa treatment she reported "I was no longer aware of palpitations and a sort of black lump in the depth of my heart has dissipated". After half a year her body weight was 55.8 kg. After 10 months we added treatment for blood stagnation in the back of the neck. At the same time we observed changes in appetite and sleep and while there were some fluctuations, the number of days of good physical condition increased.

After 15 months a dose reduction of the western medications was attempted. Body weight had recovered to 62.0 kg. The patient could later overcome her mother's sudden death and the death of her father from disease without problems, remained stable and gradually improved.

Currently she is on a western medical regimen of Fluvoxamine 25 mg ½ tablet and Zolpidem 10 mg ½ tablet. In her daily life she manages general household chores, seeing off and welcoming back her grandchildren, attending swimming, table tennis and PC classes, indicating improvement of the QOL.

Survey of the course over a period of 12 years from the first visit (excerpt)

| Evaluation items | | I-(1) | I-(4) | II-(4) | III-(4) | IV-(4) |
|----------------------------------|-------------------|-------|-------|--------|---------|--------|
| General physical condition | | B | — | — | — | B |
| Health related worries | | B | — | — | — | A |
| Inconveniences during daily life | | C | — | — | — | A |
| Constipation | Neck muscles | A B | B B | A B | A A | A B |
| Sweating | Flushes | B B | B A | A B | A A | A A |
| Back stiffness | Inappetence | B C | A A | A A | A A | A A |
| Insomnia | Palpitations | C A | C A | B A | B A | B A |
| Eyestrain | Mood | B B | A B | B A | C A | B A |
| Phonophobia | Easy fatigability | — — | A A | A A | A C | B B |

A: improved B: improved but occasionally worsening

C: remains bad D: getting gradually worse

Figure 4 Course and evaluation

V: Conclusions and discussion

Insights into her inner life rather than her physical life history based on the results of the time-series analysis led us to the conclusion, that a decreased resistance toward mental stress and the formation of blood stagnation had caused her health problems. Findings at the point locations led to the same conclusion. The author believes the moxa treatment administered by the family had a healing effect on the patient and promoted the recovery process of her resistance. Moreover, the main indication for GV16 is "maniac behavior with death wishes, eye rolling and hallucinations" and its role in this case is highly interesting.