

## Clinical Report 1 (Acupuncture)

*One Case in Which Moxibustion Applied at GV12 and BL17 Seemed to have been Markedly Effective for Headaches and Physical Fatigue Aggravating after High School Entrance Examinations*

Akio Manabe

Acupuncture Department of  
Ehime Prefectural Central Hospital

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Patient: 17-year old girl, first-year high school student

Chief complaint: headaches, general physical fatigue

Past history:

From the age of 13 she started to suffer from headache attacks once or twice a month. When she attended a training camp of her high school club at the age of 16, she developed a high fever. After that the frequency of the headaches increased so that she visited pain clinic T, where she was diagnosed with migraine without aura and prescribed sodium valproate and ibuprofen, but the frequency of headaches increased still further. Due to the weak effects of ibuprofen, she visited in August of X-1 the headache center of hospital T. There too an aggravation of the nausea, vomiting, hypersensitivity to light and sound was observed, was also diagnosed with migraine without aura and prescribed a triptane preparation. Based on a 49-point score using a self-evaluation diary for depressive mood, she was diagnosed as being "mildly depressive". However, since no improvement (decrease) in the frequency of the headaches was achieved in this headache center, she consulted in January of X-year the department of psychosomatics in hospital N. Yet, even there the conditions improved only very little, so that the physician in charge of the psychosomatic ambulance referred the patient to physician U of the pediatric department. Based on the Kampo treatment initiated by physician U there was a tendency toward improvement, but physician U recommended acupuncture and moxibustion treatment. The

patient expressed her wish to try it if possible and thus visited the acupuncture and moxibustion section of the department of Kampo internal medicine in this clinic.

The had strong parietal headaches that felt like a needle was forced through (difficult to express in words). She was constantly uncomfortable and influenced by the weather (rain and humidity had an aggravating tendency). Severe headaches were accompanied by nausea.

Currently she feels shooting pain whenever she moves her head and in association with that develops mild nausea. Moving is painful.

General physical fatigue developed from about the same time the headache attacks started and are currently so trying that commuting to school is not possible.

In the department of pediatrics in hospital N a combination of "Maobushisaishinto" and "Keishikajutsubuto" was prescribed for the indication of the formula "Keikyososooshinbuto".

Current condition: 163 cm, 60 kg

Tongue diagnosis: light purple; minor teeth indentations; thin white coat; varicose veins present.

Pulse diagnosis: deep, slightly rapid.

Abdominal diagnosis: abdominal wall tone 4/5; mild feeling of pressure below the heart; mild degree of rigidity and fullness in the lower abdomen on the left; mild degree of hypochondrial fullness and tenderness.

Skin: many bruises; on the back many skin eruptions.

Chilling: objectively the feet are very cold from below the ankles, but subjectively the patient does not complain of cold feet.

Meridian point diagnosis:

tender depressions: GV12, GV4

tender indurations: BL17, KI2

fine floating vessels: in the vicinity of GV12

edema: parietal region

Time-series analysis and treatment plan

Based on the time-series analysis, a past history of chronic paranasal sinusitis, irritability and quick-tempered character traits conceivably indicates a classification as detoxication constitution according to the "Ikkando medical view". Since she had her menarche at the age of 10 and after that experienced abdominal pain, headaches, dizziness as symptoms of menstrual pain, she may also be considered to suffer from a stagnant blood constitution. Also, while she is already 17 years old, she gives an immature impression, so that the use of GV12 and GV4 said to be highly effective for infants according to the Sawada style moxibustion was considered, presuming the liver to be the viscera mainly affected and thus the conceived treatment plan based on the concept of relieving blood stagnation (improving circulation) and improving the detoxication constitution, helping to improve the circulation of qi.

#### Course

First visit (X, 6, 21)

Moxibustion: at GV12, BL17, GV4, SP6, KI2

Second visit (X, 7, 7)

Headache relieved from 10→3

Physician U at hospital N changed the prescription from *goreisan* to *nichinto*.

Addition of GB21 and GV9 to the initial moxibustion points and warming moxibustion on the lower abdomen.

Third visit (X, 7, 28)

The patient apparently suffered since July 25 from a right-sided temporal headache that felt, like she had been beaten.

Physician U at hospital N changed the prescription to *keishininjinto*.

In our clinic the moxibustion treatment was continued.

Fourth visit (X, 8, 16)

The headache apparently peaked upon getting up in the morning, by 1 o'clock in the afternoon and around 6 o'clock in the evening.

In the acupuncture and moxibustion treatment section the moxibustion treatment was continued, fine floating vessels in the interscapular region were punctured, and moxa needling at GV12, BL17 and GV4 added to the treatment regimen.

Dr. Kakuto of the department of Kampo internal medicine added GB40.

Fifth visit (X, 9, 13)

While she still had difficulties getting up, commuting to school became possible. She reported a decreased frequency of the headaches.

The acupuncture and moxibustion treatment was the same as during the previous session.

Sixth visit (X, 10, 21)

School attendance possible; frequency of the headaches had reportedly decreased.

The acupuncture and moxibustion treatment was the same as during the previous session.

Course evaluation questionnaire

Headaches . . . . . B (have improved, but are occasionally bad)

Generalized fatigue . . . . B (has improved, but is occasionally bad)

Menstrual pain . . . . . B (has improved, but is occasionally bad)

Easy irritability . . . . . B (has improved, but is occasionally bad)

Quick temper . . . . . B (has improved, but is occasionally bad)

Seventh visit (X, 11, 25)

She reported still having headaches, but was nevertheless able to attend school and classes.

The acupuncture and moxibustion treatment was continued.

Physician U at hospital N prescribed *shinbuto* and *bushi* (aconiti tuber).

Through the treatment by Dr. Kakuto of the department of Kampo internal medicine she developed more energy and recovered to the degree, that she became motivated to study.

Eighth visit (X, 12, 21)

She reported still having headaches, but was nevertheless able to attend school and classes.

The acupuncture and moxibustion treatment was continued.

Based on information from Physician U at hospital N, currently only *shinbuto* is prescribed.

Nineth visit (X+1, 1, 27)

VAS assessment

Headache : 10→3.5

Generalized fatigue : 10→4

She was able to perform daily moxibustion treatment at home. She also reported having the impression *shinbuto* was effective. The frequency of the headaches as her chief complaint decreased and the migraine without aura showed a tendency towards improvement. The generalized fatigue also improved.

#### Discussion

Blood stagnation being considered to be the main pathology in this patient the, we used the meeting point of the blood BL17. Again, according to the Ikkando classification we thought, we were dealing with a detoxication constitution and thus applied moxibustion at KI2 to improve this constitution. We also used GV12 to regulate the flow of qi. This treatment seemed to have been markedly effective in this patient. In this case the compliance regarding moxa treatment at home was almost 100%, showing the potential of care by the parents.

#### Conclusions

This patient gave the impression, that her visiting our clinic was like she would clutch even at straws considering her background of severe headaches caused by migraine without aura, which had forced her to repeat a year in high school.

Recently many teenage children have visited our clinic, revealing a glimpse at the magnitude of the stressful environment of these children. The Japanese Cabinet too has pointed out, that the suicide rate among teenagers shows an increasing

trend. Using moxibustion not only improves symptoms and relieves stress, but by relying on parents for support we would like to see, even if this is still a premature conclusion, a reduction in the suicide rate.