

Clinical Report 1 (Acupuncture)

A Case Report on Moxibustion Effectively Used for Obstruction of the Digestive Tract after Gastrectomy

Shoko Masuyama and Hitoshi Yamashita

Department of Acupuncture,
Morinomiya University of Medical Sciences

Introduction

Absorption disorder, diarrhea, dumping syndrome etc. can be sequelae of gastrectomy. We report a case where moxibustion treatment was markedly effective for gastrointestinal passage disorders occurring in a patient on chemotherapy following total gastric resection performed for scirrhous gastric cancer.

[Patient]

Y.I.; female, 57 years

[First visit]

November 26, 20XX

[Chief complaints]

Left neck pain (at first visit), loss of appetite because of passage disorder (from January 20XX + 1 year)

[Present illness]

In August 20XX a scirrhous gastric cancer was diagnosed in hospital O, which then was resected in September of the same year. Pharmacotherapy consisted of chemotherapeutic agents (TS-1, methotrexate, fluorouracil) administered in intervals of 4 weeks followed by 2-week rests. The chief complaint developed when she started to use a high pillow for the night to prevent regurgitation of duodenal fluid into the esophagus. She also felt weariness of the anterior tibial muscle and experienced pain of the skin of the scalp. She had been treated with acupuncture once every 2-3 months for about 10 years and now visited us following the recommendation by her husband, who is a patient in the acupuncture and moxibustion clinic affiliated with our university.

[Anamnesis]

Total gastrectomy in November of 20XX due to scirrhous gastric cancer.

[Accessory symptoms]

She had been complaining from before about shoulder and neck stiffness. There is also constipation and low back pain.

[Present illness; finding]

Height 150 cm, weight 38 kg; lost 10 kg as compared to before the development of the scirrhous gastric cancer. Tenderness in the region from the top of the shoulders to the superior scapular angle, interscapular region and next to the spinous processes of the 4th and 5th lumbar vertebrae.

[Acupuncture and moxibustion treatment]

Initially we used Seirin type J or Yamasho needles with a diameter between 0.16 mm – 0.20 mm and a length of 40 mm – 50 mm in our clinic for the local treatment of shoulder and neck stiffness as well as low back pain depending on the symptoms either for needle retention, single short insertions, or low frequency electroacupuncture. Moxibustion treatment was added for the complaints of passage disorders. Either moxa cigars or direct moxibustion (3 to 5 cones, the size of a rice grain) was applied next to the spinous processes of the 7th to 12th thoracic vertebrae, from the epigastric to the hypogastric region and outside the surgical scar we applied in conjunction with scarcely skin piercing needle retention warming moxibustion with moxa cigars and direct moxibustion (5 to 7 cones). About one year after the first visit the patient underwent a balloon dilatation procedure from the duodenum to the esophageal anastomosis in the same hospital to treat the passage disorder induced poor appetite. After that, however, chilling and pain of the epigastric region as well as a feeling of congestion extending from the epigastric to the umbilical region developed.

September, 20XX+1

Palpation revealed the clear manifestation of indurations from the epigastric region down to the regions left and right to the umbilicus that tended to become more marked with increasingly stronger complaints of passage disorder, so that we gradually increased the number of moxa cones applied.

After 2 years and 10 months after the first visit in September, 20XX+3 a total of 47 treatment sessions had been administered. The following month, the chemotherapy was discontinued and until she was readmitted three days before her death palliative care continued at home. She passed away 36 months after treatment begin (on November 17, 20XX).

[Discussion, conclusions]

Bunshi Shirota listed in his work "Basic Acupuncture and Moxibustion Treatment" a total of 40 diseases of the digestive system and 16 among these are related to gastric diseases. In that work he describes the use of acupuncture points which had empirically been found to show a high clinical usefulness. Frequently mentioned points for digestive system diseases is first of all CV12, followed by BL17 (Fig. 2). In the present case treatment of disturbances of gastrointestinal tract passage with moxibustion on the abdomen was more effective than the use of points on the back or legs for relieving the symptoms. CV12 is an acupoint used not only for the treatment of postsurgical gastric cancer, but frequently also for the treatment of digestive system disorders.

The patient relied for the treatment of the cancer on Western medicine and chose to combine this with acupuncture and moxibustion treatment in our clinic for her complaints of passage disturbance and other symptoms. In particular the moxibustion helped ease the ingestion of food per os and conceivably helped to ease pain and her fears. The stress problems of oral food ingestion causes patients after surgery for cancer and during chemotherapy is a major source of suffering in those patients. Relief also helps to spend the remaining time more meaningful. We believe, that moxibustion treatment for passage disorders following surgery for gastric cancer represented for this patient a useful means of palliative care.

Reference

- 1) Shirota B. Shinkyu Chiryō Kisogaku. Ido No Nippon Sha, 1940.

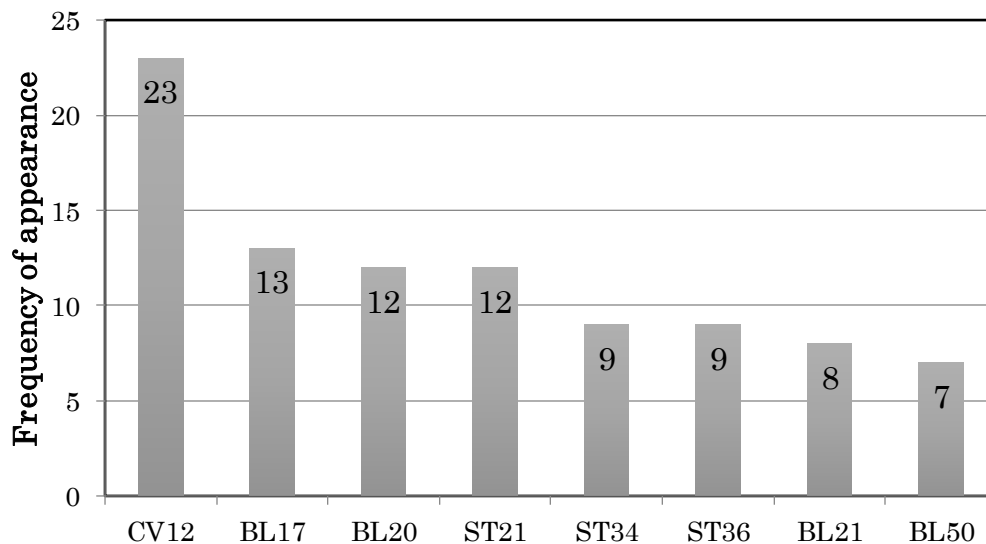


Fig.2 Frequently used acupoints by Bunshi Shirota