Clinical Report 1 (Acupuncture)

A Case Report on Moxibustion Effectively Used for
Obstruction of the Digestive Tract after Gastrectomy
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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, fluorouracil) methotrexate. administered 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, insertions. single short 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 vertebae, 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 umibilicus that tended to become more marked with increasingly stronger complaints of passage disorder, so that we gradually increased the number of moxa cones applied.

November, 20XX+1

Readmission, after discharge in the following October we switched to multiple cone direct moxibustion treatment.

[Treatment frequency]

Over a period of 25 months from the first visit until the patient's retirement in December 2 years after 20XX the patient visited our clinic in intervals of once every 1-2 months because she was still commuting to work, but over a period of 9 months after her retirement (December, 20XX+2) she visited our clinic once every other week.

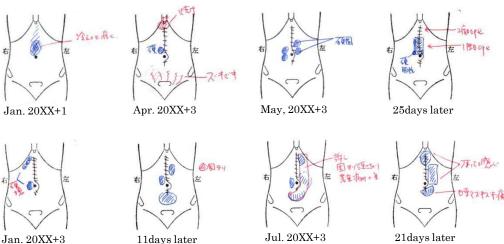


Fig.1 Chronological changes in symptoms and palpable masses

[Course] Fig. 1 shows the complaints of abdominal indurations and the changes over time. One year after 20XX she started visiting also another acupuncture clinic offering acupuncture treatment for cancer patients.

January, 20XX+2

Oligophagy due to anticancer agent induced dysgeusia. The patient complained of food accumulating in the stomach, the lack of relief of the fullness and a lingering feeling of heaviness. Apart from the treatment in our clinic the patient started to perform box (warming) moxibustion at home with a self-made box. During this time the patient

enthusiastically started yoga, facial esthetics, joined a painting class and in our clinic also underwent cosmetic acupuncture.

January, 20XX+2

In spite of decreasing tumor marker levels, a stricture of the small intestines and metastases to the right ovary were observed 21 months after the first visit (August, 20XX+2), so that she underwent surgery in the following month, but because peritoneal dissemination and colon metastases were also found, both ovaries were resected. The anticancer agent was switched in October of the same year to paclitaxel and treatment

initiated administering the drug 3 times a week followed by one week of rest. A port imbedded subcutaneously on the right chest allowed introjection of high caloric infusions, after which her condition improved, so that we recommended to use paper mounted moxa at home. Application of this paper mounted moxa during meals provided a feeling of refreshing relief, resulted in borborygmus and enabled her to eat well.

April, 20XX+3

Suspension of the chemotherapy made food passage worse, but application of the paper mounted moxa increased intestinal motility.

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]

Shirota listed work Bunshi in his "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 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

 Shirota B. Shinkyu Chiryo Kisogaku. Ido No Nippon Sha, 1940.

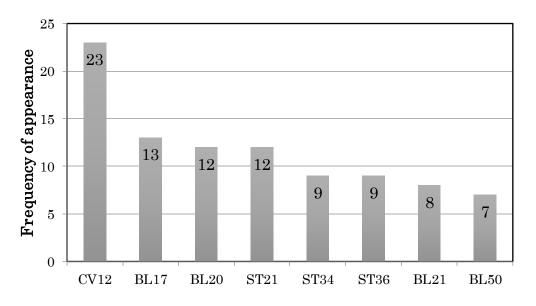


Fig.2 Frequently used acupoints by Bunshi Shirota