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Cases from the London School of Acupuncture Teaching Clinic.

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Cases from the London School of Acupuncture Teaching Clinic

Jane Wilson with Revana Swales

I feel that my reason for choosing this patient, Andrew, was to focus attention on a complex patient who presented a "moving target". Andrew has had 19 treatments over a seven month period involving three clinical supervisors, three assistant supervisors and four primary care, final year students. Andrew was in the process of treatment when this review was conducted on 2/12/96; since this time circumstances have prevailed that mean he will be leaving the country and his treatment program was completed on the 16/12/96. During his treatment program Andrew has made dramatic positive improvements.

The patient

Andrew is in his early thirties. He is tall, of large build and slightly fleshy and thick around the middle. He is from Scandinavia and he works as a freelance artist. Andrew and his wife, a scientist, moved from Scandinavia to central Europe in 1993 because she had been offered a good career opportunity. In 1994 they moved to London for the same reason. Andrew found it difficult to find work at first and when he did, he was working to extreme deadlines, working up to 36 hours without resting or eating. Although his wife earns a good income and joint finances are comfortable, lack of opportunities for developing his own career have frustrated Andrew, impacting negatively on his self esteem. Andrew first presented to the teaching clinic in July 1996, suffering from depression, excessive day and night sweating, and panic attacks and palpitations. Andrew had been suffering from all presentations for a duration of two years, with a lesser degree of depression before that. From the start of his treatment Andrew was very open about his poor diet and excess consumption of alcohol. He ate a diet of rich fatty foods, lots of fried foods and rich sauces, frequently missed breakfast and ate late at night. Sometimes when stressed he would 'forget' to eat. He drank heavily at times and binged on alcohol, up to two bottles of wine and six beers in a day. Andrew has a childhood history of stress. His mother drank excessively and his father had a stern and sometimes violent disposition. From a young age Andrew felt he had to be the peacemaker; he described himself as 'the diplomat of the family'.

Clinical manifestations on first consultation

Andrew's depression had become extreme since moving from central Europe to London in 1994. He had no energy,

he was tired and lethargic, clumsy, unable to work, lacking concentration. He described himself as 'over-exhausted'. He had problems sleeping, often unable to get to sleep until 3 a.m., and then waking every 1-2 hours. He had dream disturbed sleep. He described his dreams as weird but not violent, often featuring water and ancient things. His wife reported to him that he snored and stopped breathing in his sleep. His sweating was profuse. When confined, warm or in stuffy environments he would quickly become drenched in sweat, with wet hair and sweat running down his face. At the time of the first presentation his night sweats were even worse, and the bed clothes would be soaked every night. He had panic attacks when he tried to work. He felt anxious and had palpitations, as well as sweating and prickly feelings in his arms, and to a lesser extent in his legs. His face was pale and waxy with dark rings around his eyes. He looked tired. He did not breathe well, became easily breathless with exercise and sneezed frequently. His breathing was worse at night (snoring, obstructed and halted breathing). He had a history of sinus problems, ear infections, and a tendency towards "head colds" and "stomach tension." His bowels were either normal, or else he had loose stools accompanied by wind. He was thirsty, preferring cold drinks. His shen was not calm, he was anxious, nervous and tense. Excessive sweating can lead on to deficiency of Heart blood which will then lead to night sweats¹. His tongue body was pale pink, trembling, wet and swollen, with slight tooth marks. There was a yellowish cream-coloured coat near the middle of the tongue with red spots at the tip. The tongue was slightly curled up with a depression in the lung area. The pulse on the left side, was soft and weak in the cun position, wiry and tense in the guan position, and weak in the chi position. On the right side it was soft and slippery in the cun position, weak and superficial in the guan position, and thready in the chi position. His blood pressure was very high, measuring 142/118mm Hg.

The diagnosis

- Liver qi stagnation
- arrogant Liver yang rising

1. Furthermore, according to Clavey (1995) a disturbed shen will disturb all of the qi within the body, and thus affect the fluid pathways (ye dao). Sweat is the fluid of the Heart. If heart yang is deficient, profuse sweating can result; likewise Heart yin deficiency can lead to night sweats.

- accumulation of phlegm
- constrained upper jiao
- deficiency of qi of the Heart and Lungs
- Kidney and Heart not harmonised

Central to Andrew's diagnosis was the stagnation of Liver qi, from stress and long standing emotional causes. Phlegm had accumulated from Stomach and Spleen qi xu, due to poor diet and a history of the Liver invading the Stomach and Spleen. Some Liver qi had 'escaped' the stagnation, rebelling upwards, and combined with phlegm and heat (from stagnation and diet and alcohol) it has led to a raised blood pressure. Stagnant Liver qi and constrained emotions have led to constriction in the upper jiao. According to Clavey (1995) "excessive alcohol leads to fire in the Kidneys", whilst some TCM sources say that alcohol is a toxic liquid that injures the Spleen and Heart Yang. The excessive alcohol therefore injured both the Kidneys and Heart, whilst anxiety and fear have distressed the shen and further weakened the Kidneys, contributing to Kidney and Heart not harmonised.

The treatment

In the first course of treatment, the principles were to descend arrogant Liver yang; resolve phlegm; regulate Liver qi; invigorate the Stomach and Spleen; protect Kidney yin; and calm the shen. The following points were selected:

- Fenglong ST-40 to resolve phlegm and calm and clear the shen.
- Neiguan P-6 to nourish the Heart, calm the mind and regulate Liver qi.
- Zhongwan REN-12 to nourish the Stomach and clear phlegm.
- Yanglingquan GB-34 to benefit the Liver and Gall Bladder and calm the Liver yang.
- Sanyinjiao SP-6 to tonify the Spleen and Kidneys and promote qi.

In the second course of treatment, combined treatment was given to strengthen the exterior and tonify yang; cool the heat and tonify the yin; and, as yang qi is lost through the sweat, to try to hold the water inside to extinguish the fire; also as sweat energy flows upwards, to reduce sweating by reducing upward movement of qi. Treatment principles were to stop sweating; pacify the Liver, sedate arrogant Liver yang; tonify the Heart and Lung qi; nourish Kidney yin and yang; and clear phlegm. The following points were selected:

- Yinxi HE-6 to relax the chest and regulate the Heart.
- Fuli KID-7 to tonify the Kidneys and strengthen wei qi.
- Hegu L.I.-4 to regulate qi and blood, and in combination with Yinxi HE-6 and Fuli KID-7 to stop sweating.
- Taichong LIV-3 to disperse the Liver and regulate qi, and together with Hegu L.I.-4 (the "four gates") to pacify the Liver and reinforce yin.
- Zusanli ST-36 to tonify and regulate qi and blood.

After the second course of treatment, Andrew felt calmer and more in control, his shen was more stable and many of

the underlying deficiencies of the yin and yang of the Liver and Kidney, as well as those of the qi of the Lungs and Spleen were slowly coming under control. His blood pressure, however, was still high. Hypertension is classically related to disharmonies in the brain, Heart and Kidneys. Retracing the development of Andrew's condition we were now presented with a ben-root in which deficiency of yin with yang rising predominated. This pre-dated his presentation of both yin and yang xu. This may go some way to explaining the lack of reduction in blood pressure.

The third course of treatment was intended to alternate back and front treatments on consecutive visits; the main back points were Xinshu BL-15, Ganshu BL-18, Pishu BL-20 and Shenshu BL-23, the back-shu points of the Heart, Liver, Spleen and Kidneys respectively; combined with Shenmen HE-7 and Taichong LIV-3. The front prescription was based on Baihui DU-20 to subdue Liver yang rising, calm the mind and lift the spirits; Fengchi GB-20 to calm yang and the Liver; Taichong LIV-3 to disperse and regulate the Liver and reduce blood pressure; Jique REN-14, the front-mu point of the Heart, to calm the spirit, regulate the qi and pacify the Stomach; Quchi L.I.-11 (one of the 13 ghost points) to lower blood pressure, and balance deficient yin with hyperactive yang. These points were reduced, needling against the flow in the case of Taichong LIV-3 and Baihui DU-20, and with fairly strong manipulation at Quchi L.I.-11. In addition to body needling, ear seeds were used on alternate ears at each treatment. Points used were ear-Shenmen and hypertensive point.

Response to treatment so far

Andrew has responded well and surprisingly quickly to his treatments. His shen is much calmer and clearer, and his energy levels have improved. Andrew now shows a pleasant and positive personality, very different to the picture he first presented with. His sweating is also vastly improved; the night sweats are gone and the day sweats much reduced. His sleep is generally good, and undisturbed by dreams. His stomach, digestive functions and bowel movements all cause far fewer problems and Andrew finds he enjoys eating. His face is bright and there is less blackness under the eyes. Andrew is able to work much more productively than before and generally feels more positive about life. He has dramatically improved his diet, eating regular nourishing meals, and cutting out the rich fatty foods. He has also reduced his alcoholic bingeing, although there is still room for improvement in this area.

Andrew's most problematic symptom has been his raised blood pressure which so far has not responded as well as we would have hoped, although it is now 130/110 mm Hg. At the time of writing, reduction in blood pressure is the primary aim of treatment. We feel in this area, as with Andrew's other presenting conditions, that lifestyle changes, and particularly continued reduction of alcohol, are most important. Andrew has been very positive about his treatment to date and it is to his credit that he has taken major

steps to improve his own health. We hope Andrew will continue to make positive changes.

Conclusion

The reader is referred to the earlier cases from The London School of Acupuncture published in The Journal of Chinese Medicine. It is hoped that this case is not arbitrary, but rather "a rule-guided activity, or a form of life", (Gillies, 1993). This case is of course unique, and it well represents the depth, liveliness, care and positive outcomes that can result for all concerned in clinical medicine.

References

- Cheng, X. (chief editor), 1987, *Chinese Acupuncture and Moxibustion*, Foreign Languages Press, Beijing.
- Clavey, S., 1995, *Fluid Physiology and Pathology in Traditional Chinese Medicine*, Churchill Livingstone, London.
- Ellis, A. Wiseman, N. Boss, B., 1988, *Fundamentals of Chinese Acupuncture*, Paradigm Publications, Massachusetts.
- Gillies, D., 1993, *Philosophy of Science in the Twentieth Century*, Part IV, Blackwell, Oxford.
- *Illustrated Dictionary of Chinese Acupuncture*, 1985. Sheep's Publications (H.K.), Ltd.
- Kaptchuk, T., 1983, *Chinese Medicine*, Rider, London.

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