

Acupuncture Case Series

A Study of Four Cases of Pathogenic Excess in the Head Treated with Qi Flow Acupuncture Technique Applied to Hegu (Large Intestine 4)

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Foreword

Space limitation does not allow analysis of aetiology, pathogenesis or treatment rationale of the individual cases in the main body of this paper; rather, in order to demonstrate the logistics of treatment, these will be presented for Case One as an example and will be included as an appendix. The body of the paper will describe the four cases in terms of diagnosis, treatments and treatment outcomes. A discussion of the process of Qi Flow technique and questions for further research raised by this study will complete the paper. The names of the four clients have been changed to preserve their privacy.

Purpose Statement

The purpose of this paper is: 1) to demonstrate the action of Qi Flow acupuncture technique applied to Hegu (Large Intestine 4) in four cases of pathogenic excess in the head; 2) to explore its application in combination with other acupuncture methods and related techniques; and 3) to place this in the context of Western medical research.

Introduction

Qi Flow acupuncture technique is a refinement of the classical technique of stimulating a point by rotating or twirling the needle. With this technique the practitioner inserts a needle into the selected point then rotates the needle back and forth, using the thumb and forefinger to twist or roll the handle of the needle. The needle is rotated with an amplitude from 180 to 360 degrees until the sensation of the arrival of Qi is felt by the patient. This can be a mild numbing sensation, a strong grabbing sensation or an intense pain. The latter is regarded as inappropriate and a mild sensation is regarded as insufficient; a moderately strong numbing or grabbing sensation is ideal.

The refinement of this twirling or rotating technique, known as the Qi Flow Method⁽¹⁾, involves a gentle yet rapid rotation of the needle applied to a command point below the elbow or knee. Rather than focusing on stimulation of a local point, with Qi Flow technique the practitioner angles the needle proximally, directing Qi along the course of the corresponding channel in order to affect a distant part of the body. With careful, persistent rotation of the needle the patient will feel a localised numbing sensation spreading along the arm or leg as a warm, comfortable feeling flowing through to the trunk or head. This feeling may take up to ten minutes to achieve.

Literature Review

A description of the twirling or rotating needle technique can be found in most standard modern acupuncture texts. (*Xinnong, 1980, page 325; Ellis, Wiseman & Boss, 1991, page 11; Bensky & O'Connor, 1981, page 409*)

The Qi Flow Technique is described in the text *Essentials of Contemporary Chinese Acupuncturists' Clinical Experiences*. (*Xuejian, 2005*) This text refers to an experiment undertaken with 1,558 cases wherein the successful Qi flow rate was 90.8%, with 56.4% of cases having Qi arriving at the distal area.

There is an abundance of corresponding Western scientific research on the neuro-physiologic-chemical basis of acupuncture anaesthesia. Much of this research examines electro-stimulation of acupuncture points, rather than traditional methods such as Qi Flow technique. While agreement on the rationale of acupuncture anaesthesia has yet to be reached, "Substantial evidences have been accumulated that acupuncture has prominent analgesic effect." (*Cao, 2002*)

Theorising on the exact mechanism for acupuncture analgesia has evolved considerably over recent years, as the following series of quotes reveals: "The analgesic effect of acupuncture is considered essentially a manifestation of the interaction of afferent impulses from the region of pain and those from the point of acupuncture." (*Hsiang-Tung, 1978*) "Several lines of evidence support the endorphin-mediated mechanism of acupuncture analgesia." (*Hsu, 1996*) "Recent information demonstrates that acupuncture may exert its actions on pain and immune processes. The coupling of these two systems occurs via common signalling molecules, i.e., opioid peptides." "... acupuncture needle manipulation elicited signal increases bilaterally in the region of the primary and secondary somatosensory cortices in human brain ..." "Central nervous system pain circuits may be coupled to immune enhancement." "We surmise a major central nervous system pathway as well as local pain and immune modulation during acupuncture." (*Gollub, Hui & Stefano, 1999*)

The latest research is now examining several sub-classes of serotonin compounds in the bid to track the precise chemical pathway of acupuncture induced pain relief. (*Soh, 2005*)

Whatever the underlying mechanism, the ability of acupuncture to provide analgesia is undisputed: "Twenty-seven clinical trials that evaluated the efficacy of acupuncture in the treatment of primary headaches (migraine headache, tension-type headache, and mixed forms) were reviewed. In the majority of the trials (23 of the 27 trials), it was concluded that acupuncture offers benefits in the treatment of headaches." (*Manias, Tagaris & Karageorgiou, 2000*) Indeed, "The most widely successful use of acupuncture in Western medicine has been in the treatment of chronic and intractable pain syndromes." (*Reilly, 2000*)

Case One

Description

Shaun, a 34 year old male, suffered a severe blow to the side of his head six years prior, resulting in loss of sight in his left eye. He had been suffering from severe headaches and pain around his left eye on a daily basis since then. Vision in his right eye was blurred and was extremely sensitive to light. He had great difficulty in sleeping, lacking a solid sleep in several years. His social life was profoundly restricted and he was tense, nervous and depressed. He used Panedine Forte on a daily basis and for three years prior had been taking anti-depressants. His tongue was purple with very dark red sides and tip and with a thick yellow coat. His pulse was predominantly full with a choppy (rough) quality.

Diagnosis

Blood stasis in the head with Phlegm Heat obstructing the Heart

Treatment

Needles were applied unilaterally, on the left side to Hegu (Large Intestine 4), Xuehai (Spleen 10), Guangming (Gall Bladder 37) and Taiyang; and on the right side to Fenglong (Stomach 40) and Jianshi (Pericardium 5); and to Shanzhong (Ren 17).

Fenglong and Jianshi were reduced with lifting and thrusting technique. The needle at Hegu was then manipulated using Qi Flow technique. A strong numbing sensation was immediately felt by the patient and within a few seconds this feeling had spread to the elbow. It took approximately three minutes for this sensation to move up the arm to the shoulder and into the side of the head. Shaun described it as a very warm sensation with a great deal of movement perceived around the side of the head. The needles were retained for 30 minutes and then removed. Taiyang was bled. Finally the patient was turned over and a sliding cup guasha was applied to his back⁽²⁾. At the end of this treatment Shaun felt profound relief from his pain.

He returned three weeks later, reporting that he had slept deeply the night of the treatment for the first time in years. However the immediate dramatic relief of pain that he felt during the treatment had not continued. Rather, he had developed a strong head cold with severe congestion and his headaches had continued since. The coating of his tongue had substantially reduced.

A second treatment was applied using the same points with some minor variation, namely, the inclusion of a long needle stitched between Shuaigu and Qubin (Gall Bladder 8 & 7). Again Shaun reported a distinct, warm, flowing sensation in the head, this time within a minute of manipulating Hegu. This sensation ceased immediately the Hegu needle was withdrawn.

Two weeks later Shaun returned and again reported a deep, nine hour sleep after the second treatment, but the next morning his headache had intensified. On this occasion he did not have time for a full treatment, therefore a single needle was applied to Hegu using Qi Flow Technique. Once again, Shaun experienced a soothing, flooding warmth throughout his arm, shoulder and head with distinct relief from pain.

Outcomes

This patient experienced a profound though temporary relief of pain; along with the deep sleeps, this suggests a positive benefit resulting from acupuncture treatment. However, the intensification of Shaun's headache after the second treatment indicates a severe stagnation of Blood in conflict with the Qi mobilising effect of the needles. This presents a challenge to patient and practitioner alike. It is unfortunate that six years have passed since the original injury. This fact alone suggests that a successful outcome could not be expected without months of persistent treatment.⁽³⁾

Case 2

Description

Alice, 37 year old female, had experienced a sudden onset of tinnitus in her right ear four weeks prior, along with a head cold and joint pain in her fingers and foot. Her GP diagnosed sudden onset arthritis and prescribed Prednisolone, an anti-inflammatory. The tinnitus was moderately loud and fairly constant. On the day she presented she had a headache across her brow and temples and was tense and worried. Her tongue was swollen and stripped. Her general pulse was full, swelling and predominantly wiry, particularly at the Gall Bladder and Small Intestine positions. Her Spleen pulse was also full but she showed a noticeable deficiency at the Kidney Yin position.

Diagnosis

Kidney Yin and Spleen deficiency with Wind Damp invading the Gall Bladder and Small Intestine channels. (The Spleen pulse position was full, demonstrating Spleen Qi struggling to eliminate Damp)

Treatment

The first treatment given was a generalised tonification of Kidney Yin and Spleen. Needles were applied unilaterally to Taixi (Kidney 3), Sanyinjiao (Spleen 6), and Zusanli (Stomach 36). Needles were then applied to Guanyuan, Yinjiao, Zhongwan and Shanzhong (Ren 4, 7, 12 & 17) and to Huangshu (Kidney 16). These needles were retained for twenty minutes. Then the patient turned over and needles were applied unilaterally to Taixi (on the opposite side) and Feiyang (Bladder 58), and bilaterally to Shenshu, Pishu, Ganshu and Xinshu (Bladder 23, 20, 18 & 15) and to Fengchi (Gall Bladder 20). These needles were retained for a further thirty minutes.

Six days later Alice reported she had felt distinctly relaxed for several days after her treatment. Again, her Kidney Yin pulse was deficient along with her Lung pulse. Chize (Lung 5) and Fuli (Kidney 7) were gently tonified without needle retention. Needles were then applied unilaterally to Hegu (Large Intestine 4), Weiguan and Ermen (Sanjiao 5 & 21), to Linqi, Wanggu and Tinghui (Gall Bladder 41, 12 & 2) and to Sanyinjiao (Spleen 6) and Baihui (Du 20). Hegu was then manipulated with Qi Flow technique. Within four minutes Alice felt the movement of Qi up into her ear, describing a distinct, warm pressure throughout her right arm and side of her head. Once this feeling had been achieved manipulation of Hegu ceased and the needles were retained for thirty minutes. They were then removed while the patient turned over. Needles were then applied to the Back Shu points described above and to Fengchi and retained for a further thirty minutes. At the end of this treatment Alice reported a substantial reduction of her tinnitus.

Outcomes

Alice received a third and similar treatment five days later. Her tinnitus had reduced noticeably but was still distinct. This course of treatments is still in process and therefore long term outcomes have not been established.

Case 3

Description

Fred, a 48 year old male, had been having regular acupuncture over a period of several months on a fortnightly basis. His initial presentation was nervous tension and anxiety with excessive tiredness and occasional insomnia. His pulses were usually full and wiry. His tongue had very red edges and tip with a yellow coat. Much progress had been made in reducing Stomach Heat and Liver and Heart Fire.

On one particular occasion Fred presented with an abscess in a right upper tooth. He had received emergency dental treatment the day before and had been put on a double dose of antibiotics. He had only mild pain but felt a strong feeling of heat and swelling around the right side of his face.

Diagnosis

Heat in the Stomach and Large Intestine with Liver Fire Blazing

Treatment

Needles were applied to Hegu and Yingxiang (Large Intestine 4 & 20) and to Juliao (Stomach 3), all on the right side. Needles were also applied to Xingjian (Liver 2) and Neiting (Stomach 44), both with strong reduction, and to Sanyinjiao (Spleen 6) and Jiaohai (Kidney 6). The needle at Hegu was then manipulated with Qi Flow Technique. Within a minute Fred felt a very strong and warm sensation spreading throughout his arm and into his face.

Outcomes

When Fred returned two weeks later he was unable to definitively judge the overall effect of the acupuncture on reducing the tooth infection as he had received three more dental procedures since then and had continued with the course of antibiotics. However he repeated that the treatment had been very strong for him and that he had felt very calm and cool immediately afterwards.

Case 4

Description

For twelve months Vicky, a 45 year old female, had been experiencing dull but severe headaches which she described as a tight band across her forehead and cheeks. She had been using pain killers on a daily basis. Her pulses were generally even, but with a wiriness in the Small Intestine and Bladder and a deficiency of the Lung and Spleen. Her tongue had a bright tip, a thin coat and toothprints.

Diagnosis

Wind Damp invading the Small Intestine and Bladder channels in the head with underlying deficiency of Lung and Spleen resulting in deficient Wei Qi.

Treatment

Chize (Lung 5) was gently tonified without retention of the needle. Then needles were inserted unilaterally into Taichong (Liver 3), Sanyinjiao (Spleen 6), Zusanli (Stomach 36) and Hegu. Baihui (Du 20) was also needled as was Taiyang (bilaterally). Hegu was then manipulated using Qi Flow Technique until Vicky felt a strong sensation in her head. Once this feeling had been achieved, manipulation of Hegu ceased and the needles were retained for a further twenty minutes. This was followed by ten minutes of acupressure applied to the upper back, shoulders and neck. Needles were then inserted to Feishu (Bladder 13), Tianliao (Sanjiao 15), Dazhui (Du 14) and Fengchi (Gall Bladder 20) and retained for a further thirty minutes.

Outcomes

Three days later Vicky returned and reported that her pain levels had reduced to 10% of what they had been. She was very pleased with the results. The initial treatment was then repeated. Eleven days later Vicky reported she had only taken pain killers once since her first treatment and was continuing to maintain her improvement. This course of treatment is still in process and therefore long term outcomes have not been established.

Discussion and Conclusion

From the Oriental Medicine Perspective, the application of Qi Flow is essentially a dispersive or reduction technique; or more precisely, Qi Flow technique disinhibits the stagnation of pathogenic excess by promoting the free flow of Qi and Blood in the channels. The most pressing question raised by this study is this: does this acupuncture technique generate long term, beneficial, physiological change in cases of pain in the head, or is it merely providing short term pain relief? A review of the literature reveals that Western medical research is not only well short of providing an answer, but it has not yet asked the question. Neither does the Chinese study, as reported by Dr. Liu Xuejian, comment on long term therapeutic outcomes.

An in-depth familiarity with traditional acupuncture practice, in the context of its history, suggests that acupuncture reduction techniques contribute distinctly to long term improvement in disease states such as head pain. However there is noticeable lack of studies that would back up this claim in the context of current Western medical understanding. Further research is called for.

The cases reported here are a long way from an extensive study of a single technique. All four cases involved the use of many additional points, in the interest of producing maximum benefit to the patients. However in all cases a distinct effect from the manipulation of Hegu is evident.

In terms of establishing a spreading of Qi along the arm and having the Qi arrive at the head, this case series scores 100% on both counts. However long term treatment outcomes are unclear or not established. Yet overall, there is enough in these cases to suggest that Qi Flow technique is a potent addition to an acupuncturist's clinical repertoire.

Notes

- (1) The Qi Flow Technique was demonstrated by Dr. Liu Xuejian during a workshop presented in February 2005 at the Bankstown campus of the University of Western Sydney as part of the Master of Acupuncture program. Dr. Liu's workshop notes were based upon extracts from the text *Essentials of Contemporary Chinese Acupuncturists' Clinical Experiences*.
- (2) The Sliding Cup technique is a variation of traditional cupping. Oil is applied to the patient's back and then a Chinese cupping jar is applied with gentle suction. The cup is then slid up and down the back along the lines of the Du and Bladder channels and over the scapula, mimicking the effect of a guasha treatment. The Sliding Cup Technique is much stronger than a normal guasha and generates a very dark sha or rash over the skin.
- (3) Shaun's treatments were funded by a limited Commonwealth Rehabilitation Service scheme. He has been offered free treatments (in exchange for gathering data for a case study) but has not yet taken this up. His ability to discern the possibility of long term improvement with regular treatment is possibly clouded by years of severe pain and depression.

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Appendix - Treatment Rationale For Case One

Aetiology and Pathogenesis

Trauma to the side of the head results in localised internal bleeding and bruising; unresolved, this becomes Stagnant Blood or Blood stasis which is characterised by severe stabbing pain. Blood stasis in turn results in stagnation of Qi, as the body's ability to self-heal becomes further compromised. Long term pain and frustration combine with Qi and Blood stasis to generate overheating of the Liver. Liver excess insults Spleen, leading to compromised digestion and consequent accumulation of Phlegm. Phlegm and Heat combine to disrupt Heart Shen, leading to depression and anxiety.

Rationale of Point Selection

- Taiyang, Shuaigu & Qubin were used as local points where pain was most severe.
- Hegu is the command point of the face and is one of the two most frequently used points for Qi Flow technique. (*Xuejian, 2005*) Hegu was used to treat headache, relieve pain and quiet the spirit. (*Ellis, Wiseman & Boss, 1991*)
- Xuehai was used to clear stagnant Blood. "Although the action of Xuehai SP-10 on invigorating and cooling blood is classically confined to the two principal areas of gynaecology and dermatology, there are ... relatively few acupuncture points able to treat the blood directly." and "... the *Song of the Primary Points of the Fourteen Channels* says "Xuehai SP-10 can treat all blood diseases." (*Deadman & Al-Khafaji, 2000*)
- Guangming, which translates as 'Bright Eyes', was used to relieve eye pain and to regulate the Liver. (*Ellis, Wiseman & Boss, 1991*)
- Fenglong and Jianshi were used to transform Phlegm and calm the spirit. Jianshi has the additional function of loosening the chest. (*Ellis, Wiseman & Boss, 1991*)
- Shanzhong regulates Qi, transforms Phlegm and loosens the chest. (*Ellis, Wiseman & Boss, 1991*)
- Taiyang was used to disperse stagnant Blood and relieve unilateral headache (*Ellis, Wiseman & Boss, 1991*)
- Sliding Cup Guasha technique was applied to disperse stagnant Qi and Blood (*Carey, 2004*)