

## **Treatment of Pain and Challenges In Acupuncture and Moxibustion**

Mahtab Bayat, "North American Journal of Oriental Medicine", March 2013

In response to Mr Mizutani's request to share our experiences of challenges with acupuncture and moxibustion, I would like to share a recent case history which I experienced as very challenging and at the same time as a very rich source of learning.

*Patient:* Female, 48 years old

*Chief Complaint:* Intense neck pain expanding to the shoulders, all around both arm-pits, deltoids, pectoralis major, arms, hands, thumbs, lower back, hips and knees, over a period of four years

*Western diagnosis carried out by an orthopedic specialist:* calcium deposits in the shoulder joints.

*Suggested Treatment:* operation

*Medical history:* There had been no accident in the past which could have caused her condition, except that she used to have very large breasts. She had had a breast reduction surgery 3 years ago but it had not altered her pain. However, she believed that the weight of her breasts in the past had been the underlining cause of her condition.

*Observation:* both shoulders were quite raised.

*Pulse:* The pulse was very weak and submerged. Lung and spleen positions were deficient. Large intestine position was excessive.

*Palpation:* Several tender points were felt on the upper back spreading across the neck, shoulders, scapula and the deltoid muscles.

*May 2012*

Treatment of Sho based on the pulse (which, during the course of the treatments, shifted between Spleen Sho and Liver Sho)

Du Mai Extra Meridian to cover the whole upper back, and points such as Bl 10, Bl 58, Bl 60 were needed to relax the Bladder meridian.

Gb 34 to nourish the muscles

Local points such as SI 11, TB 15, GB 20. LI 16.

Moxibustion on the tender points.

Naso treatment

By the end of May, both shoulders had dropped and the lower back pain and knee pain had disappeared completely.

*June 2012*

From June the treatment was focused on the upper body.

The above-mentioned treatment was repeated.

This time, moxibustion was used on several Fukaya points under the thoracale vertebrae (Fukaya points are tender points under the thoracale vertebrae 1 to 9. Usually, in psychosomatic or longstanding pain complaints, patients suffer from

several tender points. Moxibustion on these points can release the tension in the upper back. 9 rice-grain size cones were applied on each point.) An intradermal needle was placed on the axillary point which had showed resistance to both needling and moxibustion and remained painful.

#### *Mid-June 2012*

The intensity of the pain diminished in the whole area. At that time, the pain was especially concentrated on the left side of the upper body: pectoralis major, deltoid and trapezius. However the patient still felt intense pain in her arm and fingers. The right shoulder was much better.

#### *End of June 2012*

The above-mentioned methods were repeated. Dry needling or direct moxibustion were used on hard points along the medial margin of the left scapula which had shown resistance to any kind of treatment. The patient experienced pain relief during each treatment but returned the next time saying that the pain had intensified afterwards for 2-3 days but was then followed by a higher degree of recovery. Though she was happy that her pain was gradually diminishing, I was not satisfied with the worsening of the pain after the treatments and the slow course of recovery.

In my quest to find a different treatment method or approach, I came across Mr. Denmei's book: "Finding Effective Acupuncture points" together with his DVD "Point Location Practice 2" and Mr. Mizutani's journal of "Practical Moxibustion Therapy". These three sources were extremely helpful in assisting me to change the treatment strategy. I had heard about super superficial needling from Mr Denmei's book and DVD. Luckily enough, Mr. Denmei demonstrates this technique in his DVD. I tried daily to learn this method. Far from being anywhere close to Mr Denmei's amazing technique, I decided to try super superficial needling and to replace the dry needling with it.

#### *July 2012:*

Treatment of Sho based on the pulse.

Upper Bl 10: Moxibustion (10 rice-size moxa) to release the tension in the neck.

Bl 12: needling plus moxibustion in order to stimulate the blood circulation in the shoulder area.

Bl 17: needling in order to relax the diaphragm and release the tension in the upper body

Afterwards, super superficial needling was done on Ahshi points along the medial margin of the scapula, and intradermal needles were placed on 3 of the hardest points along the medial margin of the left scapula. As usual, the treatment was finished with a Naso treatment.

To my delight, from that moment the patient no longer experienced any worsening of the pain after the treatments. The dry needling was therefore replaced by super superficial needling with successful results after each

treatment. Within a few sessions, the pain in the neck, arms, fingers and thumbs disappeared and they never returned.

At the beginning of August the pain was mainly concentrated on the left-hand side precisely in the pectoralis major, deltoid and trapezius muscles and along a very stiff line on the medial margin of the left scapula. I had tried all the above-mentioned approaches many times but had not been able to break through the pain in that area. On reading the indications for BL 15 in Mr. Denmei's book, the idea came to me of viewing the left upper body as one whole entity and not as separate muscles.

*August 2012*

The treatment started as usual with the treatment of Sho based on the pulse. CV 14, KI 24, KI 27, St 12, and axillary point were needled. The needles were retained for 10 minutes. Then, the patient was asked to turn over. BL 14 and BL 15 were needled. Moxibustion was used on several Fukaya and Ahashi points. Although the patient experienced more relief, the whole area remained stiff and painful. This treatment was repeated another time but no further pain relief was obtained.

I switched to another treatment approach: Sawada Sensei's method of using moxibustion on CV 12 + TB 4 (left hand). Sawada Sensei believed that moxibustion on these two points balanced the whole body. However, I chose this treatment for another reason: In his journal on Moxibustion, Mr Mizutani explains that moxibustion on CV 12 activates the parasympathetic nervous system while moxibustion on TB 4 (on the left hand), reduces contraction in the left rectus abdominus. Since at that time the pain was concentrated on the left side, I decided to try this treatment. 5 rice-grain size moxa cones were applied on CV 12 and TB 4 each. The pain at the upper left side reduced again but not completely.

In September 2012, I could not think of any other approach to use on my patient. The pain on her left side had become my challenge. Although I had tried so many different types of needling, different needle gauges, moxibustion on different points, and intradermal needles on Ahshi points, I had still not been able to release the tension completely in that area. While I was preparing myself to accept the limitations of acupuncture and moxibustion as well as that of my knowledge, I decided to try one last thing.

*September 2012*

I emptied my mind of all the techniques I knew and tried to look at the body of the patient with new eyes. After the treatment of Sho, I asked the patient to turn on her back. While closely observing the scapular region, I noticed that the area just next to stiff area along the medial margin of the scapula was very slightly sunken (thus in my opinion deficient). I thought if I could guide the excess from the stiff area to the deficient area, it might bring success. Having decided not to use any of the previous methods, I chose the Teishin needle instead of regular

needles and moxa. I directed the sharp point of Teishin to the stiff area, and while holding the needlepoint in my left hand, I made horizontal scooping-like movements with the right hand along the stiff line. The idea was to sedate the excess area by moving against the vertical trajectory line of the meridians and, in so doing, guide the excess to the deficient area. The patient felt that the stiffness along the medial margin of the scapula disappeared and together with it the pain in the left pectoralis major. I stopped at this point so that I could judge the efficacy of this treatment next time. Two weeks later, the left scapula and left pectoralis major were still free of pain. At the beginning of October, the only area that remained painful was the left arm-pit and interestingly enough, the patient remembered then that her pain had originally started precisely there. It was as if we had been reducing the size of a very large painful area to one single point, and were thus finally getting closer to the source.

### *October 2012*

Using palpation around the arm-pit, several hard points were felt very deep in the muscle tissue. Dry needling and super superficial needling had been applied to that area previously without real success. Therefore, the technique used in the Naso area in order to reduce hard knots (Gomunendos) was applied. I needled a hard point with a Seirin needle gauge 0.16, inserting it just to the surface of the hard point. I could feel a very hard resistance at the tip of the needle. At the same time the patient experienced a very sharp pain. The needle was kept there without advancing any further until the resistance released. The patient experienced relief precisely at the same time the resistance released. This technique was applied to 3 different painful and hard points around the arm-pit. Each time the same thing happened: I would feel resistance at the tip of the needle, the patient would feel a sharp pain; then the resistance subsided and the patient felt relief. This treatment was repeated two times in the next 2 sessions. By the end of October, the patient was completely free of pain. Since then she has been taking aerobics lessons and calls me from time to time to say that her condition is still stable.

*Note:* Any reference to moxibustion in this article means direct moxibustion (Okyu).

My sincere thanks to Mr Shudo Denmei and Mr Junji Mizutani for sharing their extensive knowledge and experiences with us all.