

The Value of Palpation as shown in 2 different Gallbladder Channel Pathologies

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Channel palpation

Over the last years, I have become more and more convinced that palpation is in fact an essential component of the treatment. I do believe that our sensory tools are one of the most important tools we have which connect our Qi to the Qi of the patient, and thus best enables us to understand the body of the patient.

Pulse diagnosis has proven to be an indispensable part of the treatment. Hara diagnosis is the mirror which reflects the state of the internal organs. However, from my own experience, I am learning more and more the value of the palpation of the other parts of the body as well. I always palpate the affected area and the areas related to that part of the body, as it is impossible to palpate the whole body surface. Without exception, I always feel a change in the tonus of the skin on the affected area. From puffiness to tension, coldness to warmth, there is always valuable information available which guides my decision in the kind of treatment I decide to apply. Another area which is to palpate, is the trajectory of the channels. Palpating the channels limits the body surface to a smaller area and makes it obviously easier to focus on one specific part.

This article is about two recent patients who had pain complaints along the Gallbladder channel. Although they both had pain along Gallbladder channel, the Gallbladder channel gave different and actually opposite information on palpating each of them. It was only thanks to this differing information that I chose different treatment strategies for each instead of limiting myself to a standard treatment.

Tension in the Gallbladder channel

Patient: 52-year-old female: Mrs. K.

Chief complaint: The patient had experienced pain for several months in her left leg, her left hip, but especially in her left knee on the lateral side. Crossing the legs, putting the left leg over the right was extremely painful. The patient also felt that her left leg was weaker than the right one.

Other symptoms: Tiredness, which the patient related to the menopause. Beside the general tiredness there was no other indication that could explain the pain on the left side of her body. Blood tests had revealed no rheumatic factor present.

Upon questioning whether she had ever had an accident, Mrs. K. replied that she had had a car accident one year ago. After the accident she had not had any particular pain but three months later she experienced unilateral headache on the right side and an intense pain in the right shoulder. The diagnosis at that time was whiplash on the right side of the neck. Some visits to a chiropractor had helped her a lot and according to her, since then her whiplash problems had disappeared.

Pulse diagnosis: the overall pulse was deep and slow. There was tension on the left guan position.

Tong diagnosis: pale, wet and swollen.

Palpation: In my practice I often meet patients who experience sudden pain many months after they have had an accident. Also, I notice that their problems are not always related to the place which was initially affected by the accident.

The fact that Mrs. K. had had headache three months after her car accident gave me the idea that her problems could also be related to post-whiplash symptoms. The fact that she experienced pain on the left side could perhaps be simply due to a compensation mechanism. I, therefore, decided to palpate the lateral side of both legs and also to check the shoulders for confirmation.

In order to have an objective feeling of the palpated area, I usually compare the left and the right side together. When palpating along both legs, I noticed that there was a lot more tension in the left leg along the Gallbladder channel than on the right leg. Then I palpated the top of both shoulders. Interesting enough, the right shoulder was tense whereas the left shoulder was soft. The slight pressure on top of the right shoulder around GB 21 provoked intense pain. The pain reminded the patient of the pain she had experienced three months after the car accident.

Diagnosis: General Yang deficiency, and stagnation in the Gallbladder channel on the left side as a compensation mechanism to the whiplash initially on the right side.

Treatment: Since the right pulse was stronger and the problems were concentrated on the left side, the right side was deemed to be the healthy side and therefore richer in Qi and Blood. I therefore needled SP 3, ST 36, and KI 3 on the right side.

Then I treated the Gallbladder channel on the left side, the affected side. First, shao needling (sedations) was performed on the right GB 21. The patient noticed immediate tingling along her left leg. Then GB 33, GB 34, and GB 39 and LR 8 were needled on the left leg. The needles were left in place for 10 minutes. Once the needles were removed, upon palpation I found that the Gallbladder channel on the left side was less tense. After the treatment I asked the patient to cross her legs, putting her left leg over the right. The patient did it with ease and the movement was painless.

Mrs. K. returned after two weeks. Her knee pain had completely vanished and she only felt pain in the left hip. Palpation and comparison between the left and right hip revealed that there was still some pain along the left Gallbladder channel. It was not around a specific Gallbladder point but below the Trochanter Major. I decided then that it could be due to a local stagnation on the channel. I first very superficially needled the most tense point on the left hip with a Seirin 0.16 and left the needle in place for 5 minutes. When the tension was less, I searched for further tension in the muscle structures below that point. It was interesting to notice that as I palpated, I found several tense points in a circle beneath the hard point on the surface. Each time I simply touched the tension with the tip of the needle, and moved to the next point. The patient experienced sharp pain with each touching. After a while, I searched again in the depth for tense points and there were none. After the treatment, the patient said that the pain at the lower left hip was gone.

She still comes to our practice for her problems of tiredness and recently for water retention in her elbows. She was treated for the pain in her left leg in December and up to now (March) the pain has not returned.

Deficiency of Gallbladder Channel

Patient: 39-years-old female: Mrs. L.

Chief complaint: The patient had been operated on her left sacrum at the age of 16 to remove some sacrococcygeal fistula. Since then, she has always had pain on the left side of the sacrum which radiates down to her left knee. She had tried physiotherapy and many different types of massage therapies for years without any pain improvement. Recently, attrition of the sacrum was discovered and a heel spur in the left foot as well.

Other symptoms: menses once every 35 days, bruises easily, ears very easily blocked, dry skin and constipation.

Pulse diagnosis: Overall thin and deep with particularly both Chi positions and left Guan position very weak.

Abdominal diagnosis: Left side of Muno (top of the neck) was colder than the right side.

Further observation: She had a big scar on the sacrum where she had been operated. The scar was almost in the middle of the sacrum but there was more tension on the right side than the left. Palpation along the Gallbladder channel revealed coldness and softness along the left leg in comparison to the right.

Diagnosis: Deficiency of the Gallbladder channel due to the Qi stagnation in the scar. Liver blood and Kidney and Spleen Qi deficiency.

Treatment: Right side (healthy side): LR 3, LR 8, SP 3 and KI 3. As the Liver channel is the Yin partner of the Gallbladder channel, I chose LR 8 in particular to feed the Gallbladder channel.

I removed the needles after ten minutes and decided to treat the scar to remove the stagnation and to enhance the circulation of Qi, before treating the Gallbladder channel. Scar treatment with Teishin Needle: circular movements on the scar tissue especially on the right side which showed more tension, testing constantly to check whether the tension was decreasing. After the tension had released a little, GB 34 was needled on the left leg; the affected side. It was very interesting to notice that from the moment I started treating the scar, the patient experienced warmth radiating into her left leg and it remained like that till after the end of the treatment. After that, I asked the patient to turn over on her back. I then tonified the left side of the Muno (hoho needling).

The patient returned a week later and said that her pain was diminished remarkably. Right now, I am treating her for heel spur.