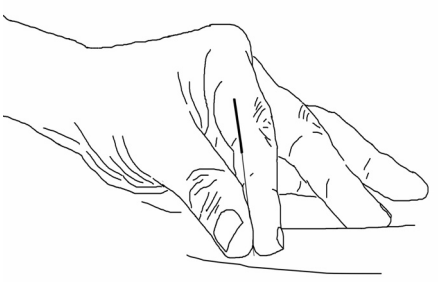
CHAPTER 8



CASE STUDIES

CASE ONE — LUMBAR PAIN

Patient

Male, age 17.

Vital data

Height: 6’1’’; Weight: 205 lbs. Resting body temperature: 97.7° F.

Medical History

Normal birth.

Surgery for chronic appendicitis at age 11.

Main complaint

Left hip painful with even slight movement. Pain and paresthesia from the lumbar area into the buttocks. Insidious onset from two months prior, but ignored it and continued to practice judo. Today the left lumbar area is painful; MRI examination reveals abnormality on the right side, precise location of lumbar hernia not clear. When the upper body is extended or twisted, pain radiates into the lumbar area.

Lifestyle conditions

No unusual eating habits, slight alcohol intake, no tobacco use, good sleep from midnight to 7:30 AM, with night sweats, bowel movements

twice daily, urination frequency four times a day. No medications used. Patient has been practicing judo since the age of ten.

Examination

Pulse: rate 48 beats per minute, slight vacuity only at lung pulse position.

Abdominal Examination: Moderate tenderness at the right upper margin of the pubic bone; abdominal evaluation is kidney vacuity.

Palpation diagnosis: Hardness at BL-52 on both sides with no tenderness; tenderness with pressure at the buttocks the same on both sides.

Treatment Discussion, Observation, and Analysis

Over the one-month course of five treatments, a 1.3 number 3 silver needle was used at right LU-9 to adjust the pulse with the exception of the third visit, at which LU-9 was treated on the left side. On the second visit the Third Sequence was used on points on the back and then the first branch of the bladder channel on the right side using four points on each. Pressure pain on both sides of the buttocks was eradicated.

On the second and fourth visits the governing vessel was used to address the kidney vacuity. The kidney shaku was observed up to the fifth visit, but from the third visit onward it moved from the upper right margin of the pubic bone to the point CV-2 at the pubic symphysis.

From the third visit, there was hardness at BL-52 only on the right side. By the fifth visit there was only slight hardness at left BL-52.

Symptomatically, there was no pain for three days after the second visit, but pain reappeared after judo practice. On the third visit after a two-and-a-half hour judo practice there was a little pain on the right side; still the low back managed to escape damage. On the fourth visit the patient reported that a small amount of pain had appeared after an intensive practice. By the fifth visit the patient reported no pain at all, just a slight apprehension remaining.

The condition oftern termed lumbar hernia is often not a lumbar problem, and is quickly resolved when treated as a problem of the head. Even if pain is coming from a lumbar hernia, there is the issue of why the lumbar hernia appeared. If we consider that the hernia originated because of a loss of flexibility in the body, we can easily conjecture that this arose because of *hie* in the body. Lumbar pain, paresthesia, and rigidity all arise from *hie*. When yáng repletion symptoms present, the yáng repletion diminishes, in connection with pain relief, when the cold is addressed.

Buttock pain arises from abnormalities at the sacroiliac joint, but these are connected to the head. Generally, Sequence Three is used and consciousness is directed toward the head and the region of the main complaint. When there is severe lumbar pain that is not easily relieved, as in this case, it

indicates that something in the lifestyle is causing or aggravating the fundamental cold *(hie)* or that there is a deep-seated cause. It is important that the patient address any contributing lifestyle issues.

CASE TWO – ENDOMETRIOSIS

Patient

Female, age 26.

Vital data

Height: 5' 3" Weight: 119 lbs.

Medical history

Birth: meconium in the placenta; born with no labor pain; no abnormalities in the mother during the pregnancy.

Age 2: Surgical removal of bile duct cyst.

Age 10: Surgical repair of intestinal obstruction.

Age 18: Treated with medication for idiopathic abdominal pain (name of medication not known).

Age 21: Contusion on left front part of head from a car accident.

Age 25: Hospitalized for intestinal obstruction.

April – endometriosis with brown spot on left ovary discovered.

May – Hormone therapy initiated for a six-month period.

September – Idiopathic onset of fever that became lymphangitis on the left side.

Main complaint

Intermittent stomach and intestinal pain with gas accumulating easily. Severe pain at the left knee and hip joint, sometimes the left shoulder; pain at the right side of the neck.

Lifestyle conditions

Unmarried (no history of childbirth or abortion). Likes fruit (bananas, apples, persimmons), does not like tangerines, does not drink alcohol or smoke. Goes to bed between midnight and 1:00 AM and gets up between 8:00 and 9:00 AM but sleeps poorly with no night sweats. Bowel movements once or twice a day, urination 5 or 6 times daily. Menses comes on a 28-day cycle with five days of flow, suffers abdominal and lumbar pain and develops an anemic feeling. No medications used.

Examination

Pulse: 68/minute; very weak at the heart, liver, and kidney positions.

Abdominal evaluation: severe pressure pain at the center of the pubic bone, mild pressure pain at CV-15; kidney vacuity evaluated.

Palpation diagnosis: SP-9, LR-7, LR-8, Upper LR-8 (曲泉), and BL-39 were extremely tender on both sides. BL-52 was tender and tight on both sides, but much more on the right. There was extreme tenderness at the lateral side of the 2nd cervical vertebra on the right.

Treatment Discussion, Observation, and Analysis

The patient was treated over a period of four months (14 treatments) using a 1.3 #3 silver needle. Initially, regulation of the pulse was accomplished using only left PC-7. Treatment on the back used the Reverse Sequence; *shū* points on the second branch of the bladder channel and points on the governing vessel were used. On the second branch of the bladder channel only the *shū* point in the earth zone was used, followed by four points on the governing vessel. The abdominal *shaku* was primarily a kidney *shaku*, but others appeared as follows:

4th visit: heart *shaku* (CV-15) – spleen *shaku* (CV-8) – kidney *shaku* (CV-2).

5th visit: kidney *shaku* (CV-2) – spleen *shaku* (CV-10) – liver *shaku* (ST-25).

6th visit: spleen *shaku* CV-8) – liver *shaku* (ST-25) – lung *shaku* (ST-25).

7th visit: heart *shaku* (CV-15).

11th visit: heart *shaku* (CV-15) – confined *shaku*.

Treatment on the back was on one or two points on the second branch of the bladder channel and then on the important points on the governing vessel, four points up to the third visit and after that down to two or three points. Symptoms that manifested such as nausea, lumbar pain, abdominal pain, headache, and leukorrhea were strong at first, but gradually became milder over the course of treatment. It was not until the final treatment that the pulse finally showed some signs of strength. The menstrual cycle went as follows:

January: abundant flow, took medication for severe lower abdominal pain.

February: A little late, some lumbar and abdominal pain, but less than the previous month.

March: Small clots visible in the menstrual flow, but no pain.

April: A heavy sensation in the lower abdomen, otherwise no abnormality.

Supplemental treatment was applied to the neck each visit; 20-40 rice grain-sized cones of moxa were applied at *kyūki* on the sacrum each time starting with the fourth visit.

The distinctive feature of this treatment was the importance of treating the governing vessel points and of the supplemental moxibustion treatment. We can look for a condition of extreme *hie* in a person like this patient who had surgery twice by the age of ten and was carrying such a degree of *hie* that she developed endometriosis in adulthood. Various pains throughout the body are also signs of residual *hie*. This type of yáng vacuity was addressed by using the Reverse Sequence with emphasis on points on the governing vessel along with the use of numerous cones of moxa to supply heat. The results were beyond expectation, probably from a fundamentally strong constitution.

Consciousness was also a necessary factor. Here, consciousness was directed toward the uterus. It was essential to visualize the form of the uterus. Also, since problems of the uterus are invariably related to hormonal factors, consciousness was directed to the head in a helical flow throughout the structure of the brain.

This patient lived almost 120 miles away and stayed at a nearby inn when taking treatment, but this still limited the time of treatment. Fortunately, the results were excellent. There has been no subsequent appearance of symptoms and she has been in good health.

Despite the fact that there has recently been a phenomenal increase in the incidence of endometriosis, no biomedical therapy corrects the fundamental cause. When we examine the patient we find *hie* and exhaustion, and our treatment focus addresses this *hie*, with positive results.

CASE THREE – ANAL PROLAPSE

Patient

Female, age 45

Vital data

Height: 5’3” Weight: 112 lbs. Temperature: 97.5° F.

Medical History

Birth: Normal.

Age 24: Normal delivery of first child; used medication to accelerate labor.

Age 25: Normal delivery of second child; used medication to accelerate labor; fair amount of bleeding occurred.

Age 26: Onset of allergic rhinitis.

Age 28: Normal delivery of third child; slight anal prolapse after labor; otherwise, recovery was good. However, contracted pleurisy around the 32nd week with cough, renal hypofunction, and mild fever; was hospitalized for the remainder of pregnancy.

Main Complaint

Onset of anal prolapse 3 weeks prior; since 2 weeks ago the pain has become severe. Surgery is scheduled for 3 days from today. Applied ointment at first, but the pain did not improve. No bleeding. Today is the second days of menses. Stomach feels heavy.

Lifestyle conditions

The patient is a kindergarten teacher. She likes sweets, does not like raw vegetables, does not use alcohol or tobacco, goes to sleep at 10:00 PM and gets up at 5:00 AM, has no sleep abnormalities, no abnormalities in menstrual cycle, bowel, or excretory functions, no pain, takes no medications.

Examination

Pulse: rate 68/minute, lung and spleen positions weak.

Abdominal evaluation: From the umbilicus to CV-10 only, pain is strong.

Spleen vacuity condition.

Palpation diagnosis: Hard at right BL-52, pressure feels good; tenderness on palpation at right ST-36.

Treatment Discussion, Observation, and Analysis

A 1.3 #3 silver needle was used over the 3-week course of four treatments. At the intial treatment pulse regulation was performed at right LU-9 only. On the back, the Reverse Sequence was used at four *shū* points on the second branch of the right side bladder channel and four points on the spine. Supplemental treatment consisted of needle treatment at left ST-36 and on the sacrum inferior to the 4th sacral vertebra.

During the subsequent treatment, no change was observed in the pulse. Abdominal *shaku* showed a painful liver *shaku* at ST-25. The reaction at BL-52 had been on the right, and by the third and fourth visits it was tender on the left BL-52.

By the third visit the liver *shaku* at ST-25 had become a confined *shaku*. As a result, after the second visit the Standard Sequence was used. The treatment location at the third visit was the second and first branches of the bladder channel and at the fourth visit it was only at the second branch. Supplemental treatment after the second visit consisted of needling at left GB-34.

On the second visit the patient reported she was able to sleep well. She had a slight headache on the right side. There was still anal prolapse, but without pain. On the third visit the patient reported that three days prior, the anal prolapse started to recede; in the morning it was normal and in the evening still slight but present. She had been able to do a little housework. By the fourth visit she reported that the anal prolapse was completely gone.

This case study is an example of severe anal prolapse. It was fortunate that only a short time had elapsed since the onset. Anal prolapse is obviously a problem of the anus, but anal abnormalities can be the result of fundamental cold *(hie)* damage to the body. Why it manifests at the anus can only be considered the individual tendency of the patient. With this patient, since a mild case of anal prolapse was experienced following childbirth, we can surmise that this was a weakened point. The patient's place of employment was a daycare facility at a hospital. She working in an air conditioned room and had a fairly heavy work load. She was also approaching the age of menopause.

During treatment, consciousness was directed to the spine (the spinal cord), as well as to the buttocks and anus. Occasionally the patient was asked to direct energy to the anus and contract it to ascertain the level of pain. Having the patient also direct attention to the afflicted area increased the effectiveness of treatment.

Symptoms of the anus include anal prolapse, anal fistula, hemorrhoids, bleeding, and purulent discharge, as well as more serious conditions. However, the treatment approach for these conditions is the same as for this patient, and as was the case, they will easily and favorably respond to acupuncture and moxibustion.

CASE FOUR – HEARING LOSS

Patient

Female, age 61.

Vital data

Height: 5'5" Weight: 105 lbs. Blood pressure: 103/69. Temperature: 98° F.

Medical history

Age 23: Normal birth of first child.

Age 27: Normal birth of second and third children (twins).

Age 41: Lumbar pain appeared on the left side at about this time; easily fatigued, pain especially bad if carrying heavy objects; right leg is a little longer than the left (congenital?).

Age 43: Severe anemia; a large uterine fibroma was discovered, the uterus and left ovary were removed; since then the shoulders have become stiff.

Lifestyle data

No unusual eating habits, no alcohol or tobacco use, goes to bed at midnight, gets up at 7:30 AM but sleeps poorly, no night sweats, one bowel movement every 1-3 days, urination 5-6 times a day, no menses since hysterectomy, takes no medications.

Main complaint

Two weeks prior to her first clinical visit, the patient suddenly became unable to hear from the left ear; low sounds were particularly difficult to hear.

Examination

Pulse rate 76 beats per minute, lung and spleen positions somewhat weak.

Abdominal evaluation: Only a mild confined *shaku* at CV-8; abdominal pattern is spleen vacuity.

Palpation diagnosis: Pressure pain and hardness at left BL-52; tenderness and pain posterior to the mandible on both sides.

Treatment Discussion, Observation, and Analysis

The patient had first gone to the hospital where tests were inconclusive. Subsequently (after 13 days) she came to our clinic for treatment. (Actually she had come to our clinic ten years before with complaints of high cholesterol, poor pancreatic function with dull, heavy drowsiness with the need to sleep even during the day. She was catching colds easily. These complaints had quickly cleared.)

For a series of three treatments in the course of seven days a 1.3 #3 silver needle was used. On the first visit only right LU-9 was used to adjust the pulse. Treatment on the back followed the Third Sequence; four *shū* points on the second branch of the bladder channel were used followed by two points on the first branch (wood and water zones). No supplemental treatment was given.

On the second visit, paradoxically, hearing in the right ear became strange; by the third visit, the hardness of hearing had completely cleared. This appeared to be in proportion to the changes in mandibular pressure pain; at the second visit the right side was tender. There was no particular change in the pulse quality, but the pulse rate had slowed down to 60 by the third visit. There was only a mild confined *shaku* in the spleen area.

A characteristic of ear symptoms is the appearance of dull pain at the posterior margin of the mandible. The point TB-17 is posterior to the mandible but if you press anywhere along the posterior margin of the mandible, the patient will complain of dull pain. You will have the impression of a thickening of the tissue in that area. Pain felt near TB-17 will be strong. In this case there was pressure pain on both sides behind the jaw, but the ear abnormality appeared on only one side. Of course, the pressure pain was strong on the side where the ear abnormality was severe.

When treating this condition, observing the area posterior to the jaw is extremely important. When treating *shū* points on the back, it is useful to gently palpate this area from time to time. Pay close attention to the degree of pressure and the degree of pain the patient experiences and observe when the pain decreases. As the patient's symptoms improve, the sensation of thickness and congestion in the tissues will ameliorate and it will be possible to ascertain the extent of the patient's improvement. In any case, it is not an issue of whether or not there is pain, but it is essential to pay attention to whether or not there is a *change* in the pain.

With regard to the degree of severity of the patient's symptoms, changes in the post-mandibular area may appear easily or with difficulty, and this will be the index by which you can determine if the patient will respond to treatment or not. Of course, this symptom will respond to Acupuncture Core Therapy much faster if treatment begins soon after the onset.

CASE FIVE – ALLERGIC RHINITIS

Patient

Female, age 53

Vital data

Height: 4' 11" Weight: 117 lbs.

Medical history

Birth: Normal.

Age 12: Twisted left knee when hit by a car.

Age 22: Bronchial asthma.

Age 29: Childbirth.

Age 35: Miscarriage.

Age 50: In spring, eyes suddenly began to itch.

Age 51: Nasal symptoms also appeared and the symptoms got worse.

Age 53: Clogging of nasal passages became especially severe.

Lifestyle data

No unusual eating habits, no use of alcohol or tobacco, sleeps well from 11:00 PM to 5:00 AM., has night sweats, one bowel movement and five urinations daily, menses stopped at age 38, only medication used is eye drops.

Main complaints

Itching eyes and severe nasals congestion, high blood pressure, constant feeling of fatigue. Numbness and tingling of both hands every morning.

Examination

Pulse: Rate 84/minute with lung and spleen positions weak.

Abdominal examination: Severe pain at center of pubic bone, mild pressure pain at CV-15, abdominal evaluation is kidney vacuity.

Palpation diagnosis: Severe pressure pain at right SP-9, LR-7, LR-8, Upper LR-8 (曲泉), and BL-39.

Treatment Discussion, Observation, and Analysis

The patient came for a total of four visits over a period of 4 weeks. Treatment was performed using a 1.3 #3 silver needle. For the intial visit, regulation of the pulse was achieved by needling only right LU-9, and no subsequent pattern changes were observed. Treatment on the back used the Second Sequence on the right side at the second branch of the bladder channel and the governing vessel Only one point in the earth zone was used on the bladder channel and four points on the governing vessel. Supplemental treatment consisted of seven moxa cones on both sides at HT-1.

For the second visit, the Reverse Sequence was used on the back and changed to the Third Sequence on the third and fourth visits. Four shū points on the second branch of the bladder channel were sufficient.

The severe nasal clogging cleared after the first visit. The itching eyes remained, but cleared by the fourth visit. On the third visit, bloodletting and cupping on the governing vessel at the point between the third and fourth cervical vertebrae was performed. This was the strongest method of treating the nasal symptoms. I began to recognize the significance of the gradually diminishing numbness and tingling of both hands every morning, and concluded from this that I could not disregard the influence of the car accident at age 12 and needed to treat the residual effects of the old trauma.

Allergic rhinitis is a modern disorder often associated with the body's reaction to pollen when the its normal immune system is compromised. If there are any of various bacteria or viruses present, they can manifest as a cold or be called mumps or chicken pox. Thus when the body is in a weakened condition

and symptoms appear, do not base the treatment strategy on a disease name but on the patient's vital signs.

One method is to revise the sequence of treatment on the shū points on the back. The Second Sequence, Third Sequence, and Reverse Sequence are properly used according to the determination of the degree of severity of *hie* in the body.

For this patient's initial visit, Sequence Two with emphasis on the governing vessel was used. At the second visit when there were symptoms of a common cold, the Reverse Sequence was used. At the fourth visit when she reported dizziness the evening previous, the Third Sequence was chosen after careful consideration.

In this case moxa was used at HT-1. Though this might be considered unusual, moxa at this point is extremely effective for warming cold. In fact, it influences the condition of the abdomen, the nose, and the head. For mild symptoms acupuncture is sufficient, but in some cases, such as for this patient, moxibustion is used.

Bloodletting at the neck is a special procedure. For injuries where the head has been jerked, for example whiplash from a car accident, a fall from a high place or a blow to the head, since there is almost always an influence on the neck, consider that a residual effect can remain throughout life. One of the methods for eradicating this influence is bloodletting at the neck. If there is a condition manifesting exceptional cold, it is better to carry out this procedure after warming the system. For example, there are frequent cases of sciatic neuralgia in which there is an influence from an abnormality at the head, and there is also a reaction at the neck in these cases. However, since there is serious cold pathogen damage and there is a tendency toward manifestation of yáng vacuity, if there is severe neuralgia, or if the body is in a weakened condition, it is better not to perform bloodletting at the neck too soon.

CASE SIX – HEADACHE

Patient

Female, age 52

Vital data

Height: 5'2" Weight: 123 lbs. Blood pressure: 150/90 Temperature: 96.8° F.

Medical history

Normal birth.

Middle school and high school: cannot remember how many times she sprained her foot playing basketball.

Age 18: Recalls lumbar pain, but does not remember the origin (basketball?).

Age 20: Was told that the pelvis was widened.

Age 27: First child born with normal delivery.

Age 29: Second child born with normal delivery.

Age 30: At the bath house severely twisted the right thigh joint when trying to turn (no pain).

Age 34-40: Played volleyball a lot and broke a bone in the bottom of the right foot and the little finger of the left hand.

Age 35: Headaches began around this time.

Lifestyle data

The patient consumes two meals a day at irregular times, prefers Japanese-style food, eats traditional-style candies every day, also likes fruit, yogurt, and milk and has some every day. She does not use alcohol or tobacco, sleeps well from 4:00 AM to 11:00 AM, no night sweats, three bowel movements a day, urinates ten times a day (only once during sleep time), no menses for 6 months, takes many vitamins. She works as a night manager for a restaurant.

Main complaints

Headache over the entire head; shooting pain began one month ago. When severe incidents occur, there is also nausea and diarrhea. There is a purulent postnasal drip from the right nostril and a lumbar hernia.

Examination

Pulse Rate: 64 beats per minute, strong pulse with a slight weakness at the lung position.

Abdominal evaluation: Almost no *shaku*, but a slight confined shaku at the pubic bone.

Palpation diagnosis: Strong pressure pain on both sides to about the same degree at SP-9, LR-7, LR-8, Upper LR-8 (曲泉), and BL-39; BL-52 tight to the same extent on both sides with pressure pain on the right; tenderness on the governing vessel just below the third cervical vertebra.

Treatment Discussion, Observation, and Analysis

The patient came for a total of 6 visits over a two-month period. The 1.3 #3 silver needle was used in all cases. At the first session regulation of the pulse was achieved by needling only right LU-9. On the back, *shū* points on the second branch of the bladder channel on the left side and points on the governing vessel were treated using the Third Sequence. Additionally, four points were used on the second branch of the bladder channel and two points on the governing vessel (Water → Wood zones). Supplemental treatment

consisted of acupuncture just below the third cervical vertebra on the governing vessel.

At the second visit, the pulse showed slight weakness in the heart, liver, and kidney positions. The pulse was adjusted using right PC-7. The confined *shaku* in the abdomen was not painful.

On subsequent visits there were changes in the pattern. On the first and third visits there had been a kidney *shaku* at CV-2; on the second visit there was a spleen *shaku* at CV-8 and on the fourth, fifth, and sixth visits there was a heart *shaku* at CV-15. The treatment on the back used four shū points on the second branch of the bladder channel, but after the fourth visit, four points on the governing vessel were emphasized. On the second visit there had been one occurrence of a strange rushing sensation in the head, and one headache before the fourth visit. After the fourth visit there were no further headaches. On the third visit, the patient reported that the stiffness and pain were gone from the left shoulder. The menses appeared for the first time in nine months following the third visit. At the sixth visit, the nose problem remained. From around the fifth visit the blood pressure was somewhat high (150-160/85-100 mmHg).

Over the course of therapy, supplemental treatment was performed using bleeding and cupping at the neck area of the governing vessel (on the second visit). Additionally, HT-1 on the left side was needled on the fifth and sixth visits.

As evidenced by the flexibility in the abdomen and almost complete lack of *shaku*, this patient was constitutionally solid. I performed bloodletting the neck on the second visit, because I saw the pressure pain at the neck area combined with age, that is to say, the cooling down of the body, as causal factors that were gradually taking their toll. Thus we can establish that after the bloodletting, the frequency and severity of the headaches, the clearing of shoulder pain, and the appearance of menses demonstrated the unraveling of the qì congestion.

In addressing the problem of what caused the neck pain for this patient who had had no conspicuous external injury, we might conjecture some shock to the head at an inattentive moment while playing basketball.

We cannot assume that the slight elevation of blood pressure is just a result of the treatment. When a person's physical condition improves, they are able to expend more energy for work and other activities. It was especially important to observe any changes in lifestyle habits in this patient because she worked at night. The method of prevention was to consider her lifestyle and use points on the governing vessel and HT-1. For this patient, consciousness was directed toward the head and the length of treatment was determined by the changes in the reference points.

CASE SEVEN – MENINGITIS

Patient

Male, age 9.

Vital statistics

Height: 4'4" Weight: 70 lbs.

Lifestyle data

Good appetite, very poor sleep, normal bowel and urination habits. Attends school five days a week.

Main complaints

Pain over the entire head began two days previous and gradually intensified. It was especially strong at the forehead and spread to the back of his neck. The patient had experienced the same symptoms a year and a half before. At that time a fever had developed and the parents had rushed the child to the hospital where doctors performed a spinal tap and diagnosed meningitis. This time, after the same examination and diagnosis of meningitis, they immediately came to the clinic because they disliked the hospital experience.

Examination

Pulse rate: 80/minute, no fever.

Abdominal evaluation strong distension and pressure pain at the pubic bone; kidney *shaku*, kidney vacuity.

Palpation diagnosis: Severe tenderness at the medial side of both knees, BL-40, the buttock area, BL-52, the neck area between the 3rd and 4th cervical vertebrae on the governing vessel, and posterior to the mandible. The pain at BL-52 especially strong on the left side, with tightness about the same on both sides. Thus, the right side was the treatment side. At the other points, the pain was bilaterally similar.

Treatment Discussion, Observation, and Analysis

Treatment occurred over an 18-day period. For the initial visit treatment with a silver needing using the Third Sequence was selected for the *shū* points on the back. Four points each at the second branch of the bladder channel and governing vessel were treated. While treating the *shū* points, consciousness was directed toward the head and the reference points were checked for changes. Treatment time was 15 minutes. In that time, the tenderness had disappeared from the medial side of the knees, BL-52, and the buttocks. Tenderness remained at the upper areas. After treatment there was a slight subjective improvement of the head pain; objectively, there seemed to be some relaxation at the head.

The treatment plan was the same for the subsequent visits. A *teishin* was used because the patient was a child. At the second visit, the patient reported that he was able to sleep at night. There were no signs of headache intensifying; no fever or other symptoms. Abdominal evaluation showed less tenderness at the pubic bone and palpation diagnosis found tenderness remaining at the post-mandibular region, left buttock, and both BL-52 (though more on the right side)

At the third visit, the patient reported that his headache had started to intensify a little in the car on the way to the clinic. Abdominal evaluation found no change in pubic bone tenderness; palpation diagnosis found tenderness at both post-mandibular areas, neck, left buttock, and right BL-52.

At the fourth visit, the patient reported that his headache had been fairly intense the night before; there were no night sweats, and no pain during the day. Some pain lingered at the forehead. The appetite was good. Abdominal evaluation found mild tenderness at the pubic bone. Palpation diagnosis found tenderness at the area posterior to the mandible, posterior to the shoulder joint, and right BL-52.

On the fifth visit, a little pain remained in the head. Abdominal evaluation found no tenderness at the pubic bone, only a confined *shaku*. Palpation diagnosis found tenderness at the area posterior to the mandible and the neck area. There was no pain at BL-52, only some remaining tightness.

By the sixth visit, the patient had felt completely normal in the morning. In the afternoon, he said his voice echoed in his head. Abdominal evaluation found fairly strong tenderness at the pubic bone. Palpation diagnosis found tenderness at the area posterior to the mandible. There was tenderness at BL-52, but no tightness.

At the seventh visit the patient reported that he had attended school the day previous to treatment, but the pain became intense and he had come home after two hours. Abdominal evaluation found no change in the tenderness at the pubic bone. Palpation diagnosis found tenderness only on the post-mandibular area on the right, and no tenderness at BL-52.

At the eighth visit, the patient reported that he had attended school the previous day, and had felt completely normal with normal movement restored; his appetite remained good. Abdominal evaluation found no tenderness at the pubic bone; a little tightness remained. Palpation diagnosis found no neck tenderness, and no other tender points.

On the ninth and final visit, the patient was able to travel unaccompanied by train to the clinic. There had been no headache; he had no pain at school the previous day, and no headache on the morning of the visit. No tender points were found.

While projecting consciousness to the head, the spine, and the whole body, the clearing of the reference points was evaluated as an index of the healing process. In addition, inquiring about the frequency of headaches during daily activities helped to evaluate progress. I regret not questioning the parents more to ascertain the reason for the cold pathogen damage that caused such strong yáng repletion symptoms to manifest.

CASE EIGHT – DEPRESSION

Patient

Female, age 29.

Vital data

Height: 5'3" Weight: 121 lbs. Blood pressure: 15/75 mmHg. Body temperature: 97.7° F.

Medical history

Birth: Normal birth, but was in breech position for a time during late gestation.

Age 22: Took up religious ministry.

Age 27: Married.

Age 29: In May first child was born with normal delivery (although labor was long). In early June moved from parents' house to her own; after 1-2 days she lost her appetite. In early July lost appetite again and lost strength; nursing her infant became difficult.

No car accidents or surgeries.

Lifestyle data

No unusual eating habits, no use of alcohol or tobacco, sleeps well from 1:00-2:00 AM to 6:00 AM, no night sweats, bowel movement once or twice a day, urination 7-8 times a day, no menstrual cycle, no medications used.

Main complaints

No appetite, no vitality, emotionally flat.

Examination

Pulse rate 96 beats per minute; lung and spleen positions weak.

Abdominal evaluation: Pronounced tenderness at the right margin of the pubic bone; kidney vacuity.

Palpation diagnosis: Tenderness and tightness at right BL-52, tightness at left BL-52; severe tenderness on both sides at the post-mandibular area.

Treatment Discussion, Observation, and Analysis

There were a total of eight treatments over a one month period. Therapy was performed using a 1.3 #3 silver needle. During the initial treatment the pulse was adjusted using right LU-9. On the back, four *shū* points each on the second branch and first branch of the bladder channel on the left side were treated using the Third Sequence. Supplemental treatment was not used.

Most notable over this period of therapy was the particular change in the quality of the pulse. The pulse rate dropped to 60 at the fourth visit. The abdominal picture changed to a spleen *shaku* as the symptoms improved. No confined *shaku* or palpitations were seen. On the first and third visits there was kidney *shaku*. On the second visit, there was a heart *shaku* at CV-15. On the fourth through the eighth visits there was a spleen *shaku* at CV-10. From the fifth visit on, the *shaku* was very slight and spleen vacuity was treated. Changes in the reference points were observed at the post-mandibular area. Tenderness was seen up to the third visit, and at the fourth it was tender only on the right; after that no tenderness was observed. Tenderness at BL-52 was noted only on the first visit. Subsequently there was only a slight hardness five times on the left and twice on the right. Changes in the symptoms evolved as follows:

2nd visit: Mood improved and was able to eat.

3rd visit: Mood still improved in the mornings, but when something to worry about arose, she became depressed again. Eating normally.

4th visit: Came to the clinic smiling; sometimes has goose flesh.

5th visit: Mood was further improved.

6th visit: Almost no symptoms of depression.

8th visit: Feeling of psychological calm; course of treatment concluded.

This was a mild case of postpartum depression. This is not a unique example, but since case histories of psychological problems can be complex, this is a good example of the basic treatment. With this type of problem, the main condition for treatment is that the patient comes into the clinic. There are untold numbers of people who cannot meet this simple condition.

The next condition is that the patient must have acceptable conditions in their home environment. In this case, the patient's residence was in a compound of 25 residences. The apartment she moved into was one of only four units in the building. She was alone there with her child, the only child in the apartment building, and during the day all the other residences were vacant. Of course, her husband was also gone during the day, leaving her in an environment where she was alone with a newborn infant. Around the 7th visit she returned to her parents' home.

An important point to remember in treatment is that in psychological disorders, qì is immobilized. An emotionally drained body becomes cold, so it is important to direct consciousness and, while slowly sending qì toward the head, it is essential to project a warm feeling through the needle into the body. The appropriate sequence for needling is the Third Sequence. In this case, the abdominal pattern moved from a kidney vacuity to a heart vacuity and settled into a spleen vacuity. This illustrates the process of eliminating the cold pathogen, wherein the kidney vacuity manifests as upper repletion and lower vacuity, and you can observe that the strong deviation of upper and lower qì is gradually stabilized and changes to a spleen vacuity condition.