

SAMPLE CASE STUDY BASED ON ACTUAL PATIENT

International Academy of Medical Acupuncture Case Studies

Case Number: 14

Patient Initials: JSW

Initial Date of Patient Consult/Treatment: January 13th, 2004

Patient Age: 43 **Gender:** Female **Occupation:** Office Manager

Subjective Patient Complaints: Adult onset asthma- Dyspnea, cough and occasional wheezing symptoms upon increased physical exertion/ exercise or “stress” situations

Onset: Three years ago insidiously, although after thorough questioning of the patient she revealed that she had lost a beloved pet and experienced much grief.

What palliates/provokes the symptoms? Provoked by exercise, emotional/physical Stress, cigarette smoke, mold, and also worse with seasonal respiratory allergies. Acute dyspnea and asthma symptoms temporarily eased with prescription bronchial inhaler medication.

Quality of symptoms: Bronchial spasm creating difficult expiration; a sensation of tightness in the chest, occasional wheezing symptoms. This patient states that on a scale of 1-10, where 10 is the best, she rates her symptoms as a three, due to the amount of interruption and disturbance to her normal daily routine.

Is there any radiation of symptoms? The dyspnea, wheezing and cough often causes neck and upper back soreness and stiffness, “tightness” sensation in chest, and occasional sore throat from the forceful coughing.

Describe the site of symptomatology: Bronchial, Lung, Chest/ Thoracic region

Time of day/ duration of symptoms: Daily episodes of dyspnea. Symptoms often worse @3-5 AM causing patient to awake coughing. Patient reports having to use medication (bronchial inhaler) at least 3-4 times a day typically associated with the above mentioned stressors.

Prior contributory health history: 1) Seasonal upper respiratory allergies, primarily Spring and Fall 2) Occasional episodes of mild eczema (dermatitis) over the last few years on hands and forearms in times of extreme grief/stress 3) Occasional loose stools when under stress 4) Reports a history of being healthy, aside from this recent asthma problem; and athletic, involved in recreational sports. She enjoys caring for and riding her two horses but now finds difficulty exercising aerobically due to the dyspnea.

Characteristics of symptoms based upon Five Element Theory: a) Emotion of grief associated with the Lung meridian and skin conditions, as in this patients eczema. b) Patient's stress often causes loose stool, indicative of the coupled meridian association of Lung/ Large Intestine. C) The white pallored skin hue is also associated with the metal element (lung and large intestine).

Objective Findings:

Diagnostic Test Results:

A. Patient presents with a series of cardiopulmonary evaluations and reports from Mayo Clinic to include: - Radiographic examination of the heart and lungs
- Spirometry and electrocardiogram
- Determination of blood carbon dioxide pressure and hematocrit
- Observation of patient during exercise

In summary, the medical diagnosis of "Adult-Onset Asthma" was given.

B. Electro-Meridian Imaging Evaluations: Please refer to attached graphs for findings and explanations.

C. Cervical and Thoracic subluxation complex (C1, C4, C5; T4-5, T10-12) with associated paravertebral myospasm; and costo-transverse subluxation (at T4 on the right); as per palpation and motion palpation findings.

D. Intermittent dyspnea observed- Symptoms temporarily lessened with bronchial inhaler.

E. Tongue Characteristics: Mild swelling of front portion of tongue typically indicative of phlegm retention. Coating-sticky to normal; Pale on sides of tongue. All characteristics together are associated with adult-onset asthma.

F. Patient has a strong, athletic appearance although has a pale "whitish" hue to her complexion

G. Patient was screened for any signs of vertebral-basilar insufficiency (Wrights Test) and no circulatory insufficiency was detected.

Working Diagnosis: (Include Western Medical/ Chiropractic and/or Acupuncture Impression):

Medical- Adult-onset asthma

Eastern/Acupuncture- Lung, Kidney, Triple Heater, Large Intestine meridian energetic imbalances.

Chiropractic- Cervical and Thoracic Subluxation Complex; Costo-transverse subluxation complex

Treatment Protocol:

A. Acupuncture points utilized and procedure/ other techniques used with rationale for treatment per session

Week #1

Treatment #1: *Initial EMI exam.* Acupuncture with needle to balance EMI, patient supine (LU 7, TH-10, LI-6, KI-4). Full spine manual chiropractic mobilization (Diversified) to spinal subluxation complexes palpated. Patient instructed to stimulate Chinese Miracle Point for cough on palmar hand between 2nd and 3rd digit distal metacarpal head manually with a blunt object a minimum of 3 times per day for 15 seconds or as needed to calm cough. Patient is prescribed to take a patent Asian Herbal formulation of twelve grams per day to assist and suppress the asthma condition (ProBotanixx Formula AS-137, Ping Chuan H). Throughout the course of treatment the patient will continue to use her prescription medication bronchial inhaler as previously prescribed by her medical physician.

Treatment #2: Alarm and XI Cleft points for involved meridians in initial EMI (Alarm Points=LU-1, CV-5, ST-25, GB-25; XI points= LU-6, TH-7, LI-7, KI-5). Patient instructed to continue utilizing the cough point on the hand to help with dyspnea as needed throughout the course of treatment. Auricular Therapy- Ear patches placed in ear on the following points: Bronchi, Trachea, Antihistamine, Sympathetic to ease symptoms. Patient can provide added manual stimulate to the

patches daily at least three times per day. Diversified chiropractic adjusting techniques to correct thoracic and cervical subluxation complexes.

Week #2

Treatment #3: Jing- River points utilized for respiratory problems : LU8, LI-5, KI-7. Extraordinary channel points LU-7 and KI-6 as a tonification treatment to suppress patients asthma. Ear points treated with needle: Lung points, Bronchi, Shen Men, Adrenal, Antihistimine. Full spine manual chiropractic adjusting techniques (Diversified) to palpable subluxations. The following nutritional supplements were discussed and recommended- General daily multiple vitamin/ mineral, Vitamin B Complex, Calcium/ Magnesium, liquid trace minerals to replenish electrolytes= 20 drops per day.

Treatment #4: Patient reports dyspnea is improving with less intense symptoms and somewhat less frequent episodes. *EMI re-evaluation* performed today, showing improvement. The lung meridian remains split but much less than the first evaluation. The large intestine meridian is no longer involved, and the kidney meridian although low is not split. Triple Heater is only slightly high now. With the patient supine the following points were stimulated with electrical stimulation attached to the needle for added stimulation: LU-7 (Luo pt), TH-4 (Sedation Point), KI-3 (Tonification Point). The associated points of the involved meridians were stimulated with a piezo-electical stimulator (BL-13 for lung, BL-22 for Triple Heater, BL-23 for Kidney). Full spine chiropractic Diversified mobilization to palpated fixations.

Week #3

Treatment #5: Patient improving with less dyspnea although began awakening between 3-5 AM with a cough and wheezing. Patient instructed to treat the Lung 8 Horary point during the time she awakes in distress; LU-8 was also needled today. The spring points for the involved channels were treated with needle to decrease inflammation: LU-10, TH-2, LI-1. The Jing-River points were also needled: LU-8, LI-5, KI-7. The following ear points were stimulated with a hand-held micro current electrical stimulator: Lung Points, Wonderful point=Point Zero, Adrenal, Sympathetic). Chiropractic Diversified technique with emphasis on the thoracic spinal subluxations.

Treatment #6: LU-7, LU-1, KI-3, TH-5 were needled to strengthen the involved meridians. The Huatuoji points were all stimulated using a reflex hammer to further enhance this tonifying treatment, followed by full spine chiropractic mobilization to palpated subluxation. Patient instructed to percuss KI-27, ST-12 and sternum for further home stimulation three times per day to help stimulate the chest and thoracic region.

Week #4

Treatment #7: Patient reports feeling significantly better and only using inhaler one time per day now. *EMI re-evaluation* performed today revealing only the lung meridian being involved as slightly high but no longer split. Treatment today consisted of needling LU 7, LU-8, LU 1 bilaterally. The patient is instructed to continue using her Asian Herbal formulation. The treatment schedule is being decreased to just one visit per week for the next two weeks until the next re-evaluation. Diversified chiropractic adjustments to spinal subluxations.

Week # 5

Treatment #8: Patient feeling well and has not felt the need to use her inhaler all week. This treatment all the Tsing and Spring points were treated using cold (red) laser diode stimulation for 30 seconds per point, to keep the patient relaxed and all inflammation under control. Lung # 1,7,8 were needled. Full spine Diversified and activator chiropractic adjustment performed to involved subluxations.

Week #6

Treatment #9: Patient continues to be free of dyspnea, and again has not used the bronchial inhaler for two weeks now. Another *EMI exam* was performed today showing all meridians in balance. Treatment today was supportive- the previous involved meridian alarm points were stimulated needle- LU-1, CV-5, ST-25, GB-25. The Huatuoji points were stimulated with a reflex hammer and the following ear points were stimulated with the hand-held micro current stimulator: Lung, Bronchi, Kidney, Triple Heater, Adrenal. Mobilization techniques to cervical and thoracic subluxation which is now minimal due to less coughing and almost normal breathing pattern. Treatment schedule is now being reduced to a visit next month or to return if symptoms re-appear. Also, patient will decrease herbs to 2-4 tablets per day (@ three grams) or to increase to twelve grams if necessary should the patient begin needing the bronchial inhaler again as she increases her activity levels.

Week #10

Treatment #10: Patient continues to be symptom free even with stress and riding her horses vigorously again. She states that with returning to running and other aerobic exercising that unless she uses two herbal tablets per day then she begins to feel some dyspnea and tightness in the chest. This patient will return next season for a booster treatment and to prepare for the stresses of seasonal allergies. Today with the patient supine LU-1 and LU-8 were needled as supportive care as well as LU-7/ KI-6 and P6/TH5 to keep the extraordinary channels clear. The patient is instructed to use the herbal formulation only as needed and to maintain all nutritional supplements.

B. Number of Treatments: Ten treatments over a ten week period. This patient is advised to return seasonally or as needed to maintain the desired clinical response. Allergy season in the Spring and Fall may require more intensive therapy and altered herbal/ nutritional supplements.

C. Mobilization Techniques (Tuina, Chiropractic Manipulative Techniques utilized, physical therapy modalities): Chiropractic diversified technique and Activator technique.

D. Electro-Meridian Imaging (EMI) Ryodoraku findings: Please refer to attached graphs, as well as to explanations as they formulated the treatment plans.

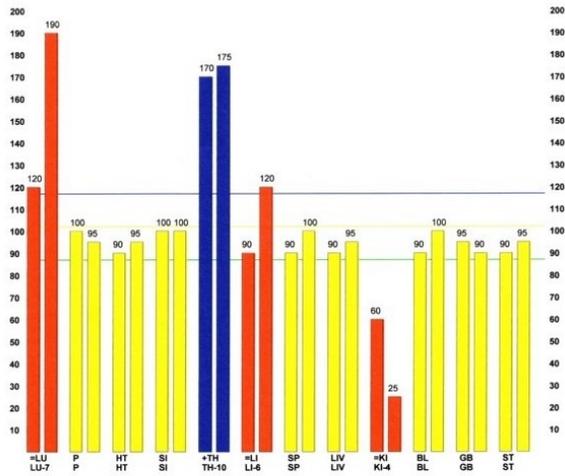
E. Supplements/Nutrition/Herbs recommended: Asian Herbal Formulation for Asthma, General Multiple Daily Vitamin, B- Complex, Calcium/Magnesium, Liquid Trace Minerals- 20 drops per day.

F. Ancillary Procedures: 1) Stimulation of the lung horary point at the appropriate time of day. 2) Stimulation of the hand cough point as necessary 3) Anterior chest percussion manually over KI-27, ST-12 and over the sternum.

G. **Results:** This patient no longer suffers from the symptoms of asthma. She is able to live her life to include strenuous exercise and encounter stressful situations without asthma symptoms, and has not had an outbreak of eczema nor any bouts of loose stools to date.

H. Comments/ Testimonials from patient: Verbal only- Patient very pleased with her results after suffering for three years. She is also looking forward to working to managing her seasonal allergies with care in this office.

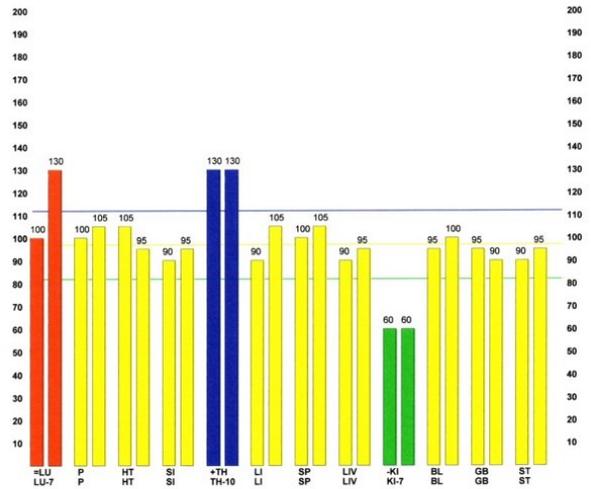
I. Personal comments from treating physician: The patient will carry her bronchial inhaler prescription medication with her should an exacerbation occur. She is advised to return next season for evaluation and possible treatment to counteract any allergy symptoms that in the past would trigger an asthmatic response.



Patient: XXXX XXXX
 Exam Date: 01/13/04
 Exam Time: 10:55 am

Graph #1

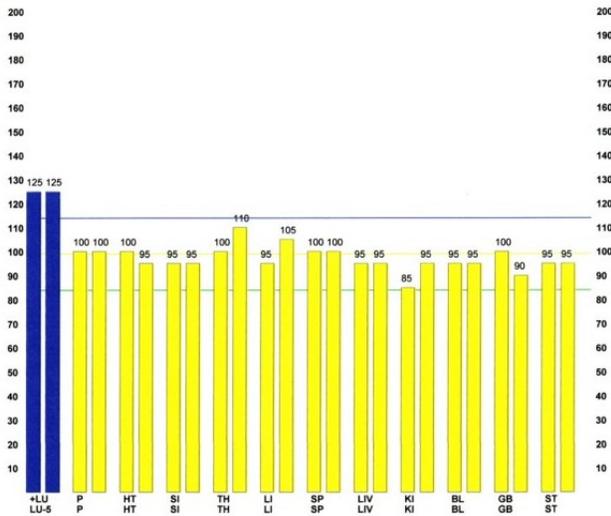
The Metal Element (Lung and Large Intestine meridian channels) are showing to be out of range the LU is high and split and the LI is split by 30 pts. The metal element deals with the emotion of grief, as well as skin in addition to lung conditions. All three are a part of the patients problem. KI is low and split which is often associated with lung conditions TH is high which may involve respiration.



Patient: XXXX XXXX
 Exam Date: 01/22/04
 Exam Time: 11:04 am

Graph #2

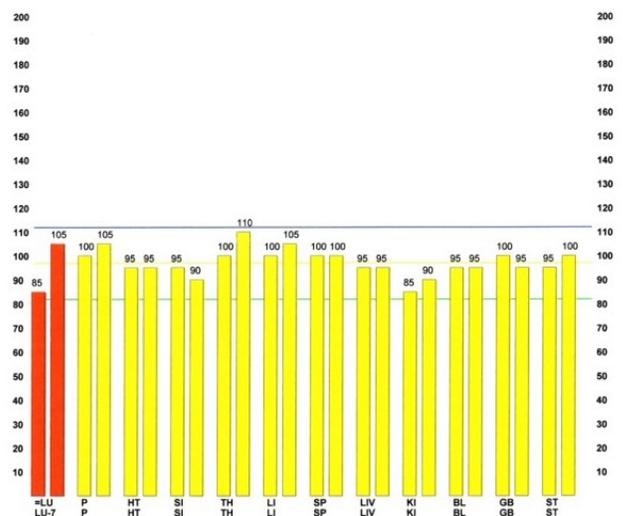
The LU is showing less of a split The TH is much lower The KI is no longer split but remains low. The LI is now within range.



Patient: XXXX XXXX
 Exam Date: 02/03/04
 Exam Time: 11:07 am

Graph #3

The LU is no longer split but remains slightly high. The TH, LI, and KI are now all within normal range.



Patient: XXXX XXXX
 Exam Date: 02/17/04
 Exam Time: 11:11 am

Graph #4

The LU meridian although slightly split is within range bilaterally and all other meridian channels have remained in balance since the last EMI. This patient is no longer symptomatic!

Doctor Name (Please Print): _____

Address: _____

Telephone: _____

Signature: _____

Date: _____