

## Acupuncture and Oriental Medicine

**By: Robert Kaneko, LAc, Clinic Director**

**Oregon College of Oriental Medicine Clinic, 10541 SE Cherry Blossom Dr., Portland, OR 97216  
(503) 253-3443, [www.ocom.edu](http://www.ocom.edu)**

Traditional Chinese medicine is an over two thousand year-old medical system with a unique system of medical theory, diagnosis, and treatment.

When reviewing these conditions and treatment protocols, it is important to recognize that the diagnosis of disease based on a syndrome, or a pattern of signs and symptoms, is a hallmark of the methodology of traditional Chinese medicine. (Bob Flaws, *The Secret of Chinese Pulse Diagnosis*, 1995, Blue Poppy Press, Boulder, CO) Syndromes are defined according to the signs and symptoms presented by the patient, by palpation of the anatomical meridians and acupoints, and by observation of the patient's tongue and pulses. Syndromes and diseases are typically classified according to the Eight Principles of Traditional Chinese Medicine (yin and yang, interior and exterior, cold and hot, and deficiency and excess), Five Element Theory, and Zang Fu Theory (a theory of 12 internal organs). The data is synthesized and organized by the practitioner to form a diagnosis, to determine a corresponding treatment principle, and to decide upon treatment.

Treatment with traditional Chinese medicine may include a variety of therapies, such as:

- 1) A regime of acupuncture (needling) at specific points, which may include other types of physical point stimulation such as: moxibustion (an external herbal heat therapy), *gua sha* (stimulation of the skin with a broad flat instrument), electro-acupuncture, plum-blossom technique (cutaneous stimulation with short needles), "ear seeds" (for stimulating ear acupuncture points), and "cupping" (suction stimulation).
- 2) Oriental massage therapies, including body work called *tui na*, acupressure, and Chinese foot reflexology,
- 3) Chinese herbal medicine (various herbs, animal products, and minerals, usually taken as a formula internally, but which can also be applied topically),
- 4) *qigong* exercises (a form of Chinese meditation/breathing exercises), and
- 5) lifestyle recommendations, including Chinese nutrition, exercise, rest, etc.

To give the reader an idea of how an acupuncturist might evaluate and treat a disorder, below is an example of the diagnosis and treatment of dysmenorrhea. Various clinical presentations will be described, each based on the syndrome diagnosis according to traditional Chinese medicine.

Dysmenorrhea (in Chinese *Tong Jing*) is a gynecological disorder differentiated into various syndromes. Traditional Chinese medicine can be very effective in treating women who have pain associated with their menstrual cycles. Differentiations include some form of stagnation (such as qi, "blood," or "cold" stagnation) and/or some form of deficiency (such as "liver blood" or "spleen qi").

Because Licensed Acupuncturists in the state of Oregon are not western medical primary care providers, we would want to make sure that patients are either receiving concurrent western medical care or have had their case reviewed by a western medical primary care physician in order to confirm a western medical diagnosis.

The following chart is based on information from Practical Therapeutics of Traditional Chinese Medicine by Yan Wu and Warren Fisher (p. 385), which is a TCM internal medicine text. The main purpose of this chart is to demonstrate the syndromes associated with this complaint and the organization that TCM applies to diagnosis and treatment.

Syndrome	Clinical Manifestations
Coagulation of Cold & Dampness (Internal/Excess)	Cold and pain in the lower abdomen, aggravation of pain with external pressure, some relief with external application of heat, scanty menstrual discharge that is dark in color and contains blood clots, aversion to cold. Tongue: White slimy coating; Pulse: Deep, tight.
Stagnation of Liver Qi (Internal/Excess)	Distending pain in lower abdomen, aggravation of pain with external pressure, scanty menstrual discharge that is dark purple in color and contains blood clots, decrease in pain upon expulsion of clots and disappearance of pain with end of menstrual period. Tongue: Dark with thin white coating; Pulse: Deep, wiry or slippery, wiry.
Descent of Damp Heat (Internal/Excess)	Lower abdominal pain, aggravation of pain with external pressure accompanied by burning sensation or distending pain in lower back and sacrum, thick blackish-red menstrual discharge containing blood clots, thick yellowish leukorrhea, scanty urination. Tongue: Red with yellow slimy coating; Pulse: Rapid, wiry or rapid, slippery.
Vacuity of Yang with Internal Cold (Internal/Deficiency)	Cold pain in the lower abdomen, some relief with external pressure or heat, small amount of dark-colored menstrual discharge, weak aching lower back and legs, copious clear urine. Tongue: White moist coating; Pulse: Deep.
Vacuity of Liver and Kidney (Internal/Deficiency)	Indistinct lower abdominal pain, some relief with external pressure, thin light colored menstrual discharge, aching lower back and spine, fatigue, dizzy spells and tinnitus. Tongue: Pale; Pulse: Deep, thready, or weak, thready.
Vacuity of Qi & Blood (Internal/Deficiency)	Indistinct lower abdominal pain, some relief with external pressure, empty and bearing down sensation in the lower abdominal and pubic regions, scanty menstrual discharge that is light in color and thin in texture, fatigue. Tongue: Pale; Pulse: Weak, thready.

Dysmenorrhea is differentiated into excess types and deficient types as are most complaints in traditional Chinese medicine. The “art” of a Chinese physician is not merely to identify the syndrome involved, but to understand the mix of syndromes that may be involved with a given patient and how to go about treating these imbalances. Is the patient a mixture of Excess and Deficiency, if so to what degree? Is the patient a combination of Liver Qi Stagnation and Vacuity of Qi & Blood? Which needs to be treated first?

With dysmenorrhea, cases of mixed deficiency-type syndromes and excess-type syndromes are very common. In these cases, treatment principles may be selected according to the timing of the monthly cycle. For example, just after menstruation is considered a time to provide a woman with herbs and acupuncture points that will tonify and nourish the body’s energy. Up to one week before the period starts is considered a time to select treatment focused on promoting the circulation of blood and *qi*.

**Treatment:**

The selection of acupuncture points will vary depending on a variety of factors such as those outlined below. Individual practitioners may not agree on the specific point selections and may even find some disagreement on diagnosis.

1. Location of the pain and the channels & collaterals involved.
2. The relative strength or weakness of the patient’s constitution (age, physical constitution, and other underlying syndrome diagnoses).
3. Different treatment systems (Traditional Chinese medicine, Five Element, Tan style of Acupuncture, Japanese Acupuncture techniques, etc.), different treatment strategies (treating the front of the body to affect the back, treating distal points, etc.), and different treatment techniques some of which are outlined in the introduction.
4. Acupuncture treatments can be modified and changed by the size of the needles, amount and type of stimulation applied to the needles (twisting, moxa/heat, electrical stimulation), how long they are left in (weak patients – short retention time and robust patients – long retention time), etc., some of which may be changed or altered by patient request.
5. Especially with musculo-skeletal problems, but with other disorders as well, some form of Oriental therapeutic massage in varying amounts is very commonly applied.

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Acute syndromes tend to be easier to treat and yield quicker results. Chronic conditions treated with Chinese medicine yield good results in terms of managing pain, but treatment may be a process of longer duration than the acute phase, and long-term relief may require more care.

Herbal treatment is most often applied in terms of formulas rather than single herbs. Administration of herbs can be in pill form, granule form (a convenient form mixed into water), and herbal tea, which patients must take home and brew themselves. The advantage of the granule herbs and the herb tea is that the formula can be “tailored to the needs of the patient.” Individual herbs may be added to enhance an effect or subtracted from the formula to lessen an effect of the formula. Individual practitioners may not completely agree on the diagnosis let alone the formula or individual herb modifications.

Herbal treatment can be adjusted to the needs of the patient:

1. Location of the pain and the channels & collaterals involved. Specific herbs can direct the formula to a given area.
2. The relative strength or weakness of the patient’s constitution (age, physical constitution, other underlying syndrome diagnoses, is the patient more hot or cold?).
3. The relative strength or weakness of the pathogenic factors or disease.
4. Attendant problems associated with the primary complaint of dysmenorrhea, like headaches, nausea, depression, low back pain, etc.

If a patient has a functional disorder with dysmenorrhea the pain may be resolved rather quickly (1 to 3 months) with weekly acupuncture and herbal treatment. But if the problem is related to something like endometriosis, treatment may take much longer.

### **Evidenced-Based Resources on Acupuncture and Oriental Medicine:**

Birch S, Hammerschlag R: *Acupuncture Efficacy – A Compendium of Controlled Clinical Studies*, Tarrytown, New York, 1996, National Academy of Acupuncture and Oriental Medicine.

Cassidy CM: *Contemporary Chinese Medicine and Acupuncture*, Philadelphia, 2002, Churchill Livingstone. Written with health care providers in mind, it serves as an introduction to the theoretical foundations of Chinese medicine, contemporary Western practice, and **current research** on the practice of Chinese medicine, including acupuncture and herbs. Includes examples of research on treatment of various disorders.

Society for Acupuncture Research: Available at: [www.acupunctureresearch.org](http://www.acupunctureresearch.org).

Spencer JW, Jacobs JJ: *Complementary/Alternative Medicine – An Evidenced-Based Approach*, St. Louis, 1999, Mosby, Inc.

Written by physicians funded by the National Institutes of Health’s Office of Alternative Medicine and explores and analyzes the effectiveness of a range of complementary/alternative therapies, including acupuncture and Oriental medicine.

Stux G, Hammerschlag R (Eds.): *Clinical Acupuncture - Scientific Basis*, New York, 2001, Springer. Provides a scientific understanding of clinical acupuncture.