

Anosmia Treated with Acupuncture

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Summary

This is a report detailing the successful treatment of a case of anosmia with acupuncture. The patient was managed conventionally for two years with no sign of improvement. She regained the sense of smell following one session of acupuncture. Such patients should be investigated for any detectable organic cause prior to treatment with acupuncture.

Keywords

Acupuncture, anosmia

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Introduction

Anosmia or hyposmia is a rare condition which is difficult to treat especially when the cause cannot be identified. Often patients get used to coping with the condition since the treatments available are considered limited and hopeless. The common causes of anosmia or hyposmia are trauma, tumours of the frontal lobe or atrophic rhinitis. Another very important cause is psychological factors, especially when a cause cannot be found. Acupuncture is a safe and simple method to offer to patients with anosmia.

History

A 55 year-old lady was attending the pain clinic for pain in her right hypochondrium. One day she mentioned that she had not been able to smell things for the past two years. She had been investigated by the Ear Nose and Throat (ENT) department over the same period. I suggested a trial of acupuncture for her problem, since there had been no signs of improvement up to that point with conventional management. She said that she was willing to try anything.

Her inability to smell developed suddenly. She gave no history of trauma, injury or surgery to her head or nose or any bleeding from the nose. There was no history of headaches, migraines or any psychological condition to account for such an attack, and nor was there any history of spinal or epidural injections in the past. She was a non

smoker and did not use any inhalers. She was not allergic to any known substances and gave no history of hay fever. She was medically fit apart from having hypercholesterolaemia, for which she was taking atorvastatin 40mg daily. She had recently been diagnosed as having non-alcoholic steatohepatitis by a gastroenterologist. She gave no history of previous attacks of anosmia. The ENT assessment did not reveal a cause for her anosmia. CT and MRI scans of her head and sinuses were reported as normal by the radiologist.

Examination of her nervous system did not reveal any abnormality apart from her olfactory deficit. Her olfactory function was tested using items available in the clinic (lime, apple, banana, strawberry and perfumes). Tests were performed on each nostril with the patient's eyes open and also blindfolded. No irritating substances were used. She was unable to identify any of the substances used.

Treatment

The acupuncture points used were *Yin Tang*, LI20 (*Yingxiang*) on both sides and GV23 (*Shangxing*) and the needles were left for five minutes. She was seen a week later. She mentioned that she could smell almost everything. She was able to smell her grandchild's nappies and also the strong smell that you get when passing a farm. Her olfactory function was tested again blindfolded using the same substances as before. She was able

to identify all the substances presented to her. She was seen seven months and 20 months later, and her sense of smell had remained intact.

Discussion

This is the first occasion in which the author used acupuncture to treat anosmia. No identifiable cause was detected to account for the patient's anosmia. One of the rare potential causes of anosmia is a frontal lobe tumour; however, CT and MRI scans were unremarkable. She denied any surgery or injury to her nose. She did not use inhalers. Use of inhalers can cause some impairment of smell. Atorvastatin was the only medication that she took, and the British National Formulary does not give anosmia as a side-effect of atorvastatin.¹ The gastroenterologist was asked whether non-alcoholic steatohepatitis could be the cause for her anosmia. He felt that it was very unlikely to be the cause. The testing of olfactory function was rather crude; however, the items used were the best available at the time.

Yin Tang is a local point and is indicated in the treatment of frontal headache, eye disorders, rhinitis, sinusitis and insomnia.² LI20 in Chinese is *Yingxiang* which means 'welcome fragrance'. LI20 is indicated in nasal obstruction and loss of sense of smell. Needling LI20, in traditional terms, helps the 'lung' to perform its dispersing function, so that the nose can smell fragrant scent, hence the name 'welcome fragrance'.^{3,4} Hecker et al also mention LI20 for the treatment of anosmia. GV23 (*Shangxing*) was used as a local point for the nose and over frontal sinus. De Smul had used low frequency electroacupuncture for 10 minutes at LI4 and LI20.⁵ He had treated 19 patients, with total recovery in eight of them. Jung and Qingping

treated 23 cases of atrophic rhinitis with acupuncture.⁶ One of the symptoms of these patients was anosmia due to dryness and atrophy of the nasal mucosa. They used the acupuncture points *Yin Tang* and bilateral *Shangyingxiang* (an extra point 0.5cun inferior to the inner canthus of the eye) as their main points. It was effective in 10 patients and markedly effective in seven. In six patients it was ineffective.

A safety consideration to bear in mind when needling points close to the nose and eyes is that the veins in this area communicate directly with the cavernous sinus, and therefore there is a theoretical, albeit remote, risk of cavernous sinus infection and thrombosis. Any advantage in disinfecting the skin prior to needling remains debatable.

Conclusion

Acupuncture is a simple treatment that may be worth considering in cases of anosmia or hyposmia.

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