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WANG WEN WEN QIE

Main Complaint: 74-year-old man presenting with chronic stiff knee since 2009. No constant chronic pain however wakes up stiff, moves better after applying warming liniment or magnesium gel. The patient limps and needs support when walking down stairs.

Secondary presenting problem: hypertension (Yu 2016) – flushed face, purple lips, somnolence, feels warm inside

Medical History: diagnosed with Type 2 Diabetes (managed with diet), recent Kidney stone removal (2016, 2014, 1999)

Medications: taking medications for treating hypertension, high cholesterol, gout for more than 40 years - Tenormin (β blocker) 50mg, Lercanidipine (Ca⁺ channel blocker) 10mg, Coversyl (Thiazide diuretic), Rosuvastatin 5mg (anti-cholesterol), Allopurinol 300mg (anti-gout) plus Green lipped mussels 500mg, fish oil 1500mg, glucosamine, Vitamin D 1000mg

Family History: bone growth disorder, hypertension

PHYSICAL EXAMINATION

Tongue: Dark red, thin flat body with central crack, thin white coat

Pulse: strong and slightly wiry pulse, Right pulse could be felt at all 3 levels, weakest at the Left Cun (Heart) position.

Although the patient complains of a sore knee, when observing the abnormal gait, the external rotation of the right hip may indicate involvement of the hip flexor muscles. Also, elevated left shoulder indicates muscle adaptations and compensatory behaviour. Palpation, observation of ROM and Special Tests confirm this.

Range of Movement (ROM)

The patient struggled with balance when performing flexion, extension, abduction, adduction, internal rotation and external rotation of the hips. He had severely limited ROM especially with hip flexion and adduction.

Physical Palpation

The patient felt pain when palpating the hip flexor muscle group – Sartorius, rectus femoris and tensor fasciae latae, also ashi point around BL39. Slight oedema on lower limbs could be felt.

Special Tests: Done to identify whether it is a knees vs hips problem and if there is any sciatic nerve involvement.

<i>Special Test</i>	<i>Result</i>
<i>Cruciate Ligament Test: Anterior & Posterior</i>	Negative
<i>Collateral Ligament Test: Medial & Lateral</i>	Negative
<i>Meniscus Grinding Test</i>	Negative
<i>Straight Leg Test</i>	Negative
<i>Trendelenburg Test</i>	Positive
<i>Faber Test</i>	Positive

As suspected, the patient tested negative on all the knee Special Tests however tested positive on the Trendelenburg and Faber Tests. He was unable to position himself for the Faber Test which may indicate dysfunction of the affected Right hip. Although the patient can stand on his tippy toes, when performing the Trendelenburg test, the Right hip did not rise and the left hip visibly slumped indicating gluteus medius and gluteus minimis muscles 'not firing kicking the hip out' (Elsdon 2016).

DIAGNOSIS

Bi Syndrome: Qi and Blood stagnation on the Gall Bladder sinew channel above the knee, with underlying Kidney Yin Deficiency leading to Liver Fire rising

Differential Diagnosis

<i>Bian Zheng</i>	<i>TCM Pattern</i>	<i>Signs & symptoms</i>
<i>Channel palpation</i>	Qi and Blood stagnation on Gall Bladder and Stomach sinew channels above the knee	Pain when palpating Gall Bladder and Stomach sinew channel muscles - Sartorius, rectus femoris and tensor fasciae latae
<i>Zang Fu</i>	Kidney Yin Deficiency leading to Liver Fire rising	Patients age, lower leg oedema, somnolence, flushed face, easily irritable, dark red tongue, left cun position weak
<i>Aetiology</i>	Bi Syndrome	Patient backdates injury to traumatic fall in 2009

<i>Bian Zheng</i>	<i>TCM Pattern</i>	<i>Signs & symptoms</i>
<i>8 Principles</i>	Yang pattern of replete external trauma over time transforming into a combination Yin pattern of internal cold vacuity	External origin, however condition is chronic, Knee stiffness responds positively to Warmth, Deficiency: age, tongue, left Cun position weak
<i>Tongue and Pulse</i>	Liver Fire from Kidney Yin vacuity	Strong pulse and dark red tongue body indicate heat associated with hypertension (Yu 2016)

TREATMENT PRINCIPLE

1. Tonify the Gall Bladder sinew channels invigorating Qi and Blood on the sartorius, rectus femoris and tensor fasciae latae muscles to resolve stagnation.
2. Tonify the Yin and Kidneys and Pacify the Liver to treat the body as a whole.

ACUPUNCTURE PRESCRIPTION

Root (distal) and branch (local chain of points) prescription to invigorate Qi and Blood on the Gall Bladder sinew channel, tonifying the Yin and heat clearing points used to treat hypertension.

Tonify local chain of points (Ross 1995) and **distal** points using **reinforcing** techniques:

<i>Point</i>	<i>Functions, connections, Indications</i>
GB29 R	Local point with connections to Yang Qiao Mai to BL31, BL33, GV1
GB30 R	Special point indicated for hip problems, with connections to divergent channels through BL31, BL33, GV1 and Chong Mai through ST30
GB31 R	Local point that relaxes tendons, waist and knees
GB34 x 2	He-Sea & Earth point, Hui meeting point for muscles - treats Bi syndrome
ST36 x 2	He-Sea & Earth point - activates leg Qi
KD3 x 2	Shu, Yuan, Earth point – Shu points can treat heaviness & pain of joints
SP6 x 2	Meeting of Leg Yin channels reinforcing ST36 Leg Qi
LR3 x 2	Shu, Yuan, Earth point - subdues Liver Yang treating hypertension
LI11 x 2	He-Sea & Earth point – clears Heat and lowers blood pressure

(Deadman 2008; Li & Meier 2016; Rogers & Rogers 2006)

Reinforcing techniques:

1. Needle GB34 and ST36 points **downwards** to **follow** the channel and KD3 and SP6 **upwards** to follow the channel
2. Insert needles when patient **breathes out**
3. After obtaining De Qi, rotate the needle in a **clockwise** direction
4. After taking the needle out to **press the hole quickly** to close it and prevent vital Qi from escaping (Li & Meier 2016).

To clear heat, use **Reducing** methods

LR3 x 2 (Shu, Yuan, Earth point - subdues Liver Yang, pacifies Liver Wind)
LI11 x 2 (He-Sea & Earth point – clears Heat and lowers blood pressure)
(Deadman 2008)

Reducing Methods:

1. Needle LR3 and LI11 **against** the channel (downwards)
2. Insert needle as the patient **inhales**
3. After obtaining De Qi, rotate the needle in **anti-clockwise** direction
4. After taking the needle out, **shake** to enlarge the hole to allow the pathogenic factor to go out (Li & Meier 2016).

OTHER MODALITIES

Vigorous **Tuina** applying Rou Fa and Cha Fa techniques across the large Sartorius, rectus femoris and tensor fasciae latae muscles to invigorate Qi and Blood and Ban Fa technique to stretch out the tight muscle bands (Walsh 2016). Po Sum liniment was applied to finish the treatment. Follow up moxa and electro acupuncture treatments advised.

REFLECTION

I found the different systems confusing when developing an acupuncture prescription, Ross's Ten Laws does not necessarily correspond to using the Antique, Extraordinary Vessels or Special grouping of points systems (Ross 1995). Also, when developing root and branch prescriptions Maciocia also does not necessarily incorporate the Antique, Extraordinary Vessels or Special groups of points system either (Maciocia 2005). The acupuncture points have different point functions (Rogers & Rogers 2006) depending on what system is considered. The antique, extraordinary vessels and special groups tend to apply to specific indications, rather than to contemporary chronic disease (e.g. hypertension) or sinew channel obstruction pathologies.

The prescription uses the He-Sea & Earth points of the Gall Bladder, Stomach and Large Intestine; the Shu, Yuan and Earth points of the Kidney and Liver; and the meeting points of the Leg Yin (SP6) and sinews (GB34). In the Antique system, the Shu Stream points treat Zang indications (Li & Meier 2016), KD3 tonifies the Kidney Yin and Yang and LR3 tonifies Liver Qi and Yin (Rogers & Rogers 2006). The He-Sea points in the prescription have been chosen for their point function (e.g. LI11 clears Heat (Deadman 2008)) rather than for their He-Sea indications (e.g. rebellious Qi) in the Antique system (Li & Meier 2016) understanding that there is a 'sea of Qi' at ST36 and GB34 would benefit the patients lower leg muscular skeletal problems.

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