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Parkinson's disease: updated case report for Traditional Chinese Medicine

Introduction

Parkinson's disease (PD) is an incurable progressive multisystem neurodegenerative disorder characterised by motor (e.g. resting tremor) and non-motor symptoms (NMS) (e.g. cognitive decline) causing high rates of disability and the need for care (Power & Crotty, 2025; Zhao et al., 2021). Nearly 220,000 people in Australia, live with PD and the global incidence is projected to double in the next 30 years (Jankovic, 2020; Mellick, 2024; Rocca, 2018). Neuropsychiatric symptoms (NPS) and NMS often precede PD diagnoses and have a greater impact on quality of life (QoL) causing higher institutionalisation rates and healthcare costs (Tan et al., 2025). The prevalence of NMS rises to 88% after seven-year disease progression (Kostic et al., 2016; Zeng & Zhao, 2016). PD-related anxiety affects one-third of people with Parkinsons (PwP) (Tan et al., 2025). The case report is an update on a previous case report (2024) with the benefit of hindsight, new thoughts as a novice practitioner on meeting the complex challenges of treating PwP with comorbidity of brain tumour and 'Levodopa phobia'. A literature search using key words 'Parkinson's, PD, anxiety acup*, Chinese medicine, herb*' found over 80 full text English language articles in the Western Sydney University Online Library including Wu's systematic review and meta-analyses (SR&MA) on the efficacy of acupuncture in ameliorating anxiety in PD. The case report rethinks treatment strategies that prioritise the PD NPS of anxiety.

Case description

The PwP was a twice widowed chiropractor and yoga teacher aged 66 years who presented in July 2023, for recently diagnosed high blood pressure. She was taking Ashwagandha supplements for anxiety. Her medical history included: being an ex-smoker, encephalitis from childhood mumps; childhood headaches; history of migraines; fibroids; anxiety; stress; menopausal mood swings; diverticulitis; hiatus hernia; Grade 4 bladder prolapse; bowel polyp, and tinnitus for 4-5 years. The client had been a single parent and primary carer for third husband until his death from brain cancer. She was chronically stressed and tired, having over-worked for many decades, and (uncharacteristically) losing her passion for work. Her main symptoms of anxiety, fatigue or Spleen and Stomach Qi deficiency were overlooked as TCM protocols focussed on tremor symptoms (see Table 2). After 12 months

of monitoring, in January 2024, her neurologist advised that small brain lesions on the right and left thalamus were not growing and benign.

Biomedical (BM) aetiological and diagnosis

Although age over 50 years is a main risk factor, PD remains poorly understood and multi-etiological (Mellick, 2024). Is PD a new autoimmune disease (Jo et al., 2026) or is helicobacter pylori infection involved in the pathogenesis of PD? (Y. Zhang et al., 2025). PD patho-aetiology is the death of dopaminergic neurons in the substantia nigra and the presence of Lewy bodies in the brainstem and striatum cells in the basal ganglia (Sharma et al., 2022). The Braak hypothesis has found that non-dopaminergic neurons in the medulla oblongata and olfactory brain regions are involved and may explain the NMS (Jankovic, 2020). The possible pathophysiologic mechanisms include α-synuclein misfolding, aggregation of mitochondrial dysfunction, innate and adaptive immune response abnormalities and a gut-brain link (Jankovic, 2020). The BM diagnosis is at least two motor symptoms (e.g. tremors, 'Parkinson' shuffling gait, muscle rigidity). Tragically, the motor features of PD do not present until 30% to 50% of nigral dopamine neurons and close to 80% of striatal dopamine are lost (Obeso, 2017). The aetiology of anxiety in PwP remains unknown, although possibly associated with dysfunctions of the Hypothalamic-Pituitary-Adrenal (HPA) axis and basal ganglia pathway, chronic neuroinflammation and imbalances of neurotransmitters (Kostic et al., 2016; Wu et al., 2024).

Pharmacotherapy

Current pharmacotherapies do not halt neurodegeneration or address NPS (Armstrong & Okun, 2020; Tan et al., 2025). The gold standard treatment for the motor symptoms of PD are dopaminergic therapies (e.g. Levodopa) which can be dosed every 2-3 hours according to ON/OFF phenomenon when the medications wear off. Worryingly, 50% of Levodopa users develop Levodopa-Induced-Dyskinesia within 5 years, 80% within 10 years. Current dopaminergic therapies may be conducive to the occurrence of NPS adding to the challenges of 'Levodopa phobia' (Jankovic, 2020; Lee & Lim, 2017; Sharma et al., 2022; Tan et al., 2025; Waller et al., 2021). Latest clinical trials are focussing on improving the bioavailability of Levodopa via reducing its peripheral body metabolism (Power & Crotty, 2025); however

as the mechanism of action of Levodopa in PD is not fully understood, there is some concern that Levodopa may accelerate neurodegeneration and be neurotoxic (Obeso, 2017). Anti-depressants are often prescribed to PwP for anxiety despite minimum efficacy for treating anxiety disorders. The long-term use of anti-depressants have reported adverse effects (Wu et al., 2024).

Traditional Chinese Medicine (TCM) aetiology and diagnosis

The tremor symptoms of PD were recorded in the Suwen, and by Wang Ketang in his 'Standards of Diagnosis and Treatment of Six Branches of Medicine' in 1602, more than 200 years before James Parkinson's 'Shaking Palsy' essay in 1817, after whom the disease was named. In the Suwen, the Liver dominates the tendons and nerves and is responsible for the endogenous wind symptoms of tremors (Huang & Liu, 2007). Wind evil plus the dysfunction of the Kidneys, Spleen and Lungs (due to overwork, age over 50 years, internal evils of the seven emotions) can generate pathogenic factors of phlegm, blood stasis or fire. Yin deficiency fails to restrain hyperactive Liver Yang; causing endogenous Liver Wind symptoms - losing control of the tendons and vessels causing shaking, dizziness, convulsion and tremor (Chen et al., 2022; Huang & Liu, 2007). All the above involve internal pathologies of Wind, Damp, Phlegm, Fire and Stagnation. Hadlock-Walton found a correlation between body disassociation from unhealed injuries, leading her to hypothesise that PD is a 'stuck on pause' disorder (Walton-Hadlock, 2020, 2023). Anxiety in TCM is related to the disorders of closely related to Liver and Gall Bladder dysfunction; however the heart, spleen and kidneys can also be involved (Wu et al., 2024).

TCM treatment strategies reviewed

Complex cases present with a confusion of possible TCM treatment strategies. I followed textbook protocols treating the 'branch' symptom of resting tremors according to TCM pattern of Stirring of Liver Wind due to Liver and Kidney deficiency prescribing Tian Ma Gou Teng Yin pills with acupuncture and Yin Tui-Na summarised in Table 4Table 4.

The most incongruent symptom of the client was her tongue, unexpectedly small for her constitution, perhaps a clue to chronic Qi and Blood deficiencies, her pulses were getting

deeper and weaker, inconsistent with the patient's healthy diet and appetite. I did not think of treating the 'roots' of the disease chronic anxiety and fatigue which worsened the tremors. Although the patient reported she was always tired, she continued to work as both a chiropractor and yoga teacher. Qi deficiency signs such as shortness of breath were not present. The loss of passion for her work was out of character, perhaps a loss of Kidney Zhi (spirit) willpower, despite chronic stress, the patient was not depressed, on anti-depressants or sleep medications. In hindsight, I could have prescribed a Heart and Spleen tonifying formulas such as Gui Pi Tang with Bu Yuan Huan Wu Wan and used tonifying techniques such as moxa on CV6 or ST36.

Yin Tui-Na and Scalp electro/acupuncture

Yin Tui-Na is a non-invasive light touch therapy. I used the Forceless, Spontaneous Release (FSR) technique learned from attending Parkinson's workshop at AACMAC23 (Hadlock, 2012; Walton-Hadlock, 2023).

Jiao's scalp acupuncture integrates acupuncture with cortical function theory was approved by the WHO International Standard Acupuncture Nomenclature Committee in 1989. As the PwP had a brain tumour, I ruled out Scalp acupuncture. However, the 'Chorea and Tremor Control Area' correspond to the cerebral regions closely linked to PD and fMRI studies reveal the 'chorea and tremor control region is part of the cerebellar-thalamic-cortical circuit which play a critical role in controlling tremor symptoms in PwP (Oh et al., 2025). Oh's SR&MA found that the group receiving both scalp acupuncture and BM showed significant improvement measured in UPDRS scores than the group treated with BM alone (Oh et al., 2025). Li's SR&MA on scalp electroacupuncture also showed improvements in UPDRS scores, however neither SR&MA explored NPS.

TCM Treatment and Outcomes

Yin Tui-Na was applied on GV20 and GB20 for 10 minutes each session stopped the hand tremors for 2-3 days. Monthly manual acupuncture using predominately Liver, Gall Bladder, Governor Vessel, Spleen and Stomach acupoints calmed the PwP for up to two weeks. However, the Tian Ma Gou Teng Wan patent formula was not effective in reducing her hand

tremors, with tremors becoming more frequent and there was little change in headache frequency (Table 5). The headaches were proximal to the location of the brain stem, coupled with the client's thalamus lesions being proximal to the location of the basal ganglia – the centre of dopamine loss. Her borborygmus lessened greatly when taking Jian Pi Wan. Er Long Zuo Ci Wan reduced tinnitus intensity and frequency. On the final visit (March 2024), the patient presented with a black eye and facial bruising which happened in her sleep. She had no memory of what happened. This was a red flag for a referral for urgent medical attention. Two weeks later, after losing consciousness, she was admitted to hospital then passed away in April 2024 from inoperable brain tumours.

Discussion

Recent SR&MA's evaluating Traditional Chinese Exercises and scalp acupuncture show continued research interest in TCM and PD treatment (Li et al., 2024; Lou et al., 2025; Oh et al., 2025; Tan et al., 2025; J. Zhang et al., 2025). Wu's 'Efficacy of acupuncture in ameliorating anxiety in PD" was PROSPERO reviewed, followed PRISMA and GRADE guidelines (Wu et al., 2024) to review 14 trials combining 1175 participants. Wu's SR&MA was cautiously favourable to manual acupuncture as an adjunct therapy combined with BM due to significant heterogeneity in treatment regimens and duration of interventions. Two previous SR&MA found acupuncture did not reach statistical significance as an effective intervention for improving anxiety symptoms for PwP, as the studies were undermined by high heterogeneity, confounding factors and the challenges of subjective outcome measures (A. Zhang et al., 2024; Y. Zhang et al., 2024).

The reviews of TCM for treating PD are not cohesive and identify knowledge gaps for much needed further research as three SR&MA's found favourable results for scalp/acupuncture as an adjunct therapy improving motor symptoms and Zeng's review of 14 clinical studies were favourable for NMS. Most of the Chinese trials do not follow international research protocols such as STRICTA and lack sub-group analyses (e.g. Hoehn and Yahr stages). The randomised control trial design is problematic for acupuncture and Traditional Chinese Exercise interventions where neither blinding nor sham are credible. Although practitioners could gain insight into commonly used acupoints e.g. GV20, GB34, information on dosage remains uncertain, as the result differences between manual acupuncture, electroacupuncture

or scalp acupuncture may be attributed to different durations of treatments, with longer treatment periods of greater than 8 weeks more beneficial. Patent herbal formulas such as Five Zhui Feng powder, Bushen Huoxue Tongluo capsules and Guiling Pa'an pills (not available in Australia) show promise in Zhang's SR&MA on CHM as an adjuvant therapy, again the findings are premature due to small number and short duration of trials included (Shan et al., 2018; Zhang et al., 2015). TCM was more beneficial for the treatment of NMS, more trials are required however outcome measures such as Non-Motor Symptoms Scales (NMSS) are inadequate for measuring anxiety (Chaudhuri et al., 2007). New scales need to be developed, as they have been for PD sleep disorders e.g. PDSS-2 (Trenkwalder et al., 2011).

Although, acupuncture or Chinese herb mechanisms such as: activating brain-derived neurotrophic factor; inhibition of oxidative stress; regulating mitochondrial dysfunction, and inhibition of neuroinflammation appear helpful, PD is only found in humans, an important research challenge when considering animal models used to test therapeutic agents as no animal model can fully replicate the disorder (Obeso, 2017). Research is further hampered by the lack of reliable and sensitive biomarkers for the progression of PD (Jankovic, 2020).

Conclusion

The management of PD requires a multidisciplinary approach that increases the efficacy and reduces the side effects of anti-PD drugs (Jankovic, 2020; Wen et al., 2021). Li, Oh and Cheng found that acupuncture, as an adjunct therapy with BM, CHM and rehabilitation was a multi-care approach that improved upregulation of neuro-compounds and QoL due to amelioration of tremors, bradykinesia, dysphagia, constipation, pain, fatigue, depression, anxiety and sleep disorders (Cheng, 2017; Li et al., 2024; Oh et al., 2025).

'Levodopa phobia' and loss of efficacy is progressing attention to nondopaminergic strategies (Sharma et al., 2022) where there is are opportunities for TCM e.g. scalp electro/acupuncture (Li et al., 2024; Oh et al., 2025). Despite the quality of RCTs, the TCM interventions of acupuncture, Chinese Herbal Medicine, Yin Tui-Na and Chinese Traditional Exercise are well tolerated by PwP. As adjunct therapies, TCM in combination with pharmacotherapies show significant improved outcomes, better than pharmacotherapies alone. Future human

clinical trials and longitudinal studies are urgently required to tackle the doubling of PD cases predicted for the next 30 years.

Bibliography

Armstrong, M. J., & Okun, M. S. (2020). Diagnosis and Treatment of Parkinson Disease: A Review. *JAMA : the journal of the American Medical Association*, *323*(6), 548-560. https://doi.org/10.1001/jama.2019.22360

Chaudhuri, K. R., Martinez-Martin, P., Brown, R. G., Sethi, K., Stocchi, F., Odin, P., Ondo, W., Abe, K., MacPhee, G., MacMahon, D., Barone, P., Rabey, M., Forbes, A., Breen, K., Tluk, S., Naidu, Y., Olanow, W., Williams, A. J., Thomas, S., . . . Schapira, A. H. V. (2007). The metric properties of a novel non-motor symptoms scale for Parkinson's disease: Results from an international pilot study. *Movement disorders*, *22*(13), 1901-1911. https://doi.org/10.1002/mds.21596

Chen, P., Zhang, J., Wang, C., Chai, Y.-h., Wu, A.-g., Huang, N.-y., & Wang, L. (2022). The pathogenesis and treatment mechanism of Parkinson's disease from the perspective of traditional Chinese medicine. *Phytomedicine (Stuttgart)*, *100*, 154044-154044. https://doi.org/10.1016/j.phymed.2022.154044

Cheng, F. K. (2017). The use of acupuncture in patients with Parkinson's disease. *Geriatric nursing (New York)*, *38*(4), 302-314. https://doi.org/10.1016/j.gerinurse.2016.11.010

Hadlock, J. (2012). *Yin Tui-Na: Hands on Therapy for traumatic injury*. Raja Books.

Huang, P., & Liu, M. (2007). *Stroke & Parkinson's disease*. People's Medical Pub. House.

Jankovic, J. (2020). Parkinson's disease: etiopathogenesis and treatment. *Journal of neurology, neurosurgery and psychiatry.*, *91*(8), 795-808. https://doi.org/info:doi/

Jo, M. G., Kim, S.-H., & Yun, S. P. (2026). Hidden face of Parkinson's disease: Is it a new autoimmune disease? *Neural regeneration research*, *21*(1), 57-61. https://doi.org/10.4103/NRR.NRR-D-24-01063

Kostic, V. S., Tomic, A., & Jecmenica-Lukic, M. (2016). The Pathophysiology of Fatigue in Parkinson's Disease and its Pragmatic Management. *Movement disorders clinical practice (Hoboken, N.J.)*, *3*(4), 323-330. https://doi.org/10.1002/mdc3.12343

Lee, S. H., & Lim, S. (2017). Clinical effectiveness of acupuncture on Parkinson disease: A PRISMA-compliant systematic review and meta-analysis. *Medicine (Baltimore)*, *96*(3), e5836.

Li, H., Ju, G., Chen, J., & Wang, Y. (2024). Integrated approach of scalp electroacupuncture and pharmacotherapy in managing Parkinson's disease: A systematic review, meta-analysis, and trial sequential analysis of randomized clinical trials. *Medicine (Baltimore)*, *103*(50), e40786. https://doi.org/10.1097/MD.0000000000040786

Lou, L., Xiang, C., Hu, Y., & Yang, J. (2025). Tai Chi improves balance, mobility and gait function of the lower limbs in patients with Parkinson's disease: a systematic review and meta-analysis. *European journal of medical research*, *30*(1), 107-113. https://doi.org/10.1186/s40001-024-02151-5

Mellick, G., D. (2024). *Ecosystems of Parkinson's in Australia Project Part 3: modelling geographic distributions and future*. Parkinson's Australia. Retrieved 26 May 2024 from https://www.parkinsons.org.au/reports-and-submissions/

Obeso, A. H. V. A. (2017). Past, present, and future of Parkinson's disease: A special essay on the 200th Anniversary of the Shaking Palsy. *Movement disorders*, *32*(9), 1264-1310. https://doi.org/info:doi/

Oh, J., Kong, J., Lyu, J., Yook, T. H., Song, B. Y., Choi, Y., & Kim, J. U. (2025). Effectiveness of Scalp Acupuncture for Parkinson's Disease: A Systematic Review and Meta-analysis of Randomized Controlled Trials. *Journal of acupuncture research*, *42*(1), 59-72. https://doi.org/10.13045/jar.24.0061

Power, D., & Crotty, G. F. (2025). Advances in the Pharmacological Management of Parkinson's Disease. *Current treatment options in neurology*, *27*(1). https://doi.org/10.1007/s11940-025-00833-x

Rocca, W. A. (2018). The burden of Parkinson's disease: a worldwide perspective. *Lancet neurology*, *17*(11), 928-929. https://doi.org/10.1016/S1474-4422(18)30355-7

Shan, C.-S., Zhang, H.-F., Xu, Q.-Q., Shi, Y.-H., Wang, Y., Li, Y., Lin, Y., & Zheng, G.-Q. (2018). Herbal Medicine Formulas for Parkinson's Disease: A Systematic Review and Meta-Analysis of Randomized Double-Blind Placebo-Controlled Clinical Trials. *Frontiers in aging neuroscience*, *10*, 349-349. https://doi.org/10.3389/fnagi.2018.00349

Sharma, V., Bedi, O., Gupta, M., & Deshmukh, R. (2022). A review: traditional herbs and remedies impacting pathogenesis of Parkinson's disease. *Naunyn-Schmiedeberg's archives of pharmacology*, *395*(5), 495-513. https://doi.org/10.1007/s00210-022-02223-5

Tan, W., Pan, Z., He, J., Wu, T., Wu, F., Xu, Y., Liu, L., Yang, Z., Li, C., Hu, Y., & Liao, M. (2025). Traditional Chinese exercises for the treatment of neuropsychiatric symptoms in Parkinson's disease: A systematic review and meta-analysis. *Complementary therapies in medicine*, *89*, 103134. https://doi.org/10.1016/j.ctim.2025.103134

Trenkwalder, C., Kohnen, R., Högl, B., Metta, V., Sixel-Döring, F., Frauscher, B., Hülsmann, J., Martinez-Martin, P., & Chaudhuri, K. R. (2011). Parkinson's disease sleep scale-validation of the revised version PDSS-2. *Movement disorders*, *26*(4), 644-652. https://doi.org/10.1002/mds.23476

Waller, S., Williams, L., Morales-Briceño, H., & Fung, V. (2021). The initial diagnosis and management of Parkinson's disease. *Australian Journal for General Practitioners*, *50*, 793-800. https://www1.racgp.org.au/ajgp/2021/november/diagnosis-and-management-of-parkinsons

Walton-Hadlock, J. (2020). *Recovery from Parkinson's* (5th ed.). Raja Books.

Walton-Hadlock, J. (2023). *Parkinson's disease: an example of being stuck on pause mode* AACMAC23, Gold Coast, QLD.

Wen, X., Li, K., Wen, H., Wang, Q., Wu, Z., Yao, X., Jiao, B., Sun, P., Ge, S., Wen, C., & Lu, L. (2021). Acupuncture-Related Therapies for Parkinson's Disease: A Meta-Analysis and Qualitative Review. *Frontiers in aging neuroscience*, *13*, 676827-676827. https://doi.org/10.3389/fnagi.2021.676827

Wu, Z., Liu, C., Chan, V., Wu, X., Huang, F., Guo, Z., Liu, W., Lu, L., & Xu, N. (2024). Efficacy of acupuncture in ameliorating anxiety in Parkinson's disease: a systematic review and meta-analysis with trial sequential analysis. *Frontiers in aging neuroscience*, *16*, 1462851. https://doi.org/10.3389/fnagi.2024.1462851

Zeng, B. Y., & Zhao, K. (2016). Effect of Acupuncture on the Motor and Nonmotor Symptoms in Parkinson's Disease—A Review of Clinical Studies. *CNS neuroscience & therapeutics*, *22*(5), 333-341. https://doi.org/10.1111/cns.12507

Zhang, A., Song, Z., Di, A., Zhou, Z., Zheng, L., & Zhuang, L. (2024). Acupuncture for the Treatment of Neuropsychiatric Symptoms in Parkinson's Disease: A Systematic Review and Meta-Analysis. *Complementary therapies in medicine*, *80*, 103020-103020. https://doi.org/10.1016/j.ctim.2024.103020

Zhang, G., Xiong, N., Zhang, Z., Liu, L., Huang, J., Yang, J., Wu, J., Lin, Z., & Wang, T. (2015). Effectiveness of Traditional Chinese Medicine as an Adjunct Therapy for

Parkinson's Disease: A Systematic Review and Meta-Analysis. *PloS one*, *10*(3), e0118498-e0118498. https://doi.org/10.1371/journal.pone.0118498

Zhang, J., Wu, M., Hou, X., Song, W., Li, J., Teng, L., Li, X., Yu, D., Pan, J., & Zhu, L. (2025). Unconventional exercises for motor function in Parkinson's disease: an umbrella review of meta-analyses. *Age and ageing*, *54*(3). https://doi.org/10.1093/ageing/afaf062

Zhang, Y., Liu, S., Xu, K., Zhou, Y., Shen, Y., Liu, Z., Bai, Y., & Wang, S. (2024). Non-pharmacological therapies for treating non-motor symptoms in patients with Parkinson's disease: a systematic review and meta-analysis. *Frontiers in aging neuroscience*, *16*, 1363115-1363115. https://doi.org/10.3389/fnagi.2024.1363115

Zhang, Y., Mo, C., Ai, P., He, X., Xiao, Q., & Yang, X. (2025). Pharmacomicrobiomics: a new field contributing to optimizing drug therapy in Parkinson's disease. *Gut microbes*, *17*(1), 2454937. https://doi.org/10.1080/19490976.2025.2454937

Zhao, Y., Zhang, Z., Qin, S., Fan, W., Li, W., Liu, J., Wang, S., Xu, Z., & Zhao, M. (2021). Acupuncture for Parkinson's Disease: Efficacy Evaluation and Mechanisms in the Dopaminergic Neural Circuit. *Neural plasticity*, *2021*. https://doi.org/10.1155/2021/9926445

Appendices

Table 1: Abbreviations

Acronym or Term	***Definition***
BL	Bladder channel
BM	Biomedicine
CHM	Chinese herbal medicine
CV	Conception Vessel channel
GB	Gall Bladder organ/channel
GRADE	SR&MA certainty of evidence assesses: Risk of Bias, Inconsistency, Indirectness, Imprecision, Publication Bias
GV	Governor Vessel channel
h/a's	headaches
HBP	High Blood Pressure
HPA	Hypothalamic-Pituitary-Adrenal Axis
HT	Heart organ/channel
KD	Kidney organ/channel
LI	Large Intestine channel
LR	Liver organ/channel
NMS	Non-Motor Symptoms
NPS	Neuropsychiatric Symptoms
Ops	Operations
P	Pulse
PC	Pericardium organ/channel
PD	Parkinson's Disease
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PROSPERO	international systematic review registry
PwP	People with Parkinsons
QoL	Quality of Life

Acronym or Term	*Definition*
RCT/s	Randomised Control Trial
Shi	excess
SI	Small Intestine channel
SP	Spleen organ/channel
SR&MA/s	Systematic Review & Meta-Analyses
ST	Stomach channel
STRICTA	Standards for Reporting Interventions in Clinical Trials of Acupuncture
SuWen	The plain questions of the Huang Di NeiJing published around 400BCE
T	Tongue
TCM	Traditional Chinese Medicine
TX	Treatment
UPDRS	Unified Parkinson's Disease Rating Scale
WHO	World Health Organisation
Xu	Deficiency
α-syn	α-synuclein is a highly soluble unfolded protein that accumulates in Lewy bodies in PD

Table 2: Four Methods and Ten Questions

The Four Methods	***Signs and Symptoms***
Enquiry: The 10 Questions	
1. Hot or Cold	No aversion to cold or heat, surprisingly few heat signs e.g. cracks on tongue body, no dryness symptoms compared to other PD patients who present with red face and feel hot
2. Sweat	No sweating
3. Head and Face	History of headaches and migraines, occipital headaches, fogginess, short-term working memory loss
4. Pain	Occasional knee and back pain, despite running regular yoga classes
5. Urine, Stool	Urination fine, generally loose stools, sometimes constipation,
6. Thirst, Appetite, Taste	gets thirsty – drinks 1.5-2L water daily, appetite is good
7. Sleep	Generally good
8. Thorax, Abdomen	Borborygmus, unexplained weight gain, then weight loss, no change in healthy diet, history of hiatus hernia and diverticulitis
9. Gynaecology	History of fibroids, tubal ligation, termination, menopausal mood swings
10. History	Encephalitis from childhood mumps, ex-smoker, hiatus hernia, diverticulitis, bladder prolapse (Grade 4), chronically stressed and over-worked for decades
Inspection	Tongue: small thin body with transverse cracks
Palpation	Forehead feels hot Pulse: wiry, deep, weak
Listening, Smelling	High pitch tinnitus for 4-5 years, lost passion for work (out of character), chronically stressed and over-worked for decades

Table 3: Reviewed TCM Patterns

Date	Symptoms	Liver	Kidney	Spleen/Stomach	Heart	Xu	Shi
Initial Consultation July 2023		left sided occipital headaches Eye blurriness Stress Wiry pulse	Loss of motivation (will)	Foggy headaches abdominal gas loose stools unexplained weight gain anxiety	Palpitations menopausal mood swings nervousness	T: small body, transverse cracks	migraines since 50's menopause

Date	Symptoms	Liver	Kidney	Spleen/Stomach	Heart	Xu	Shi
2nd Visit July 2023	HBP down to normal range, no h/a's since last treatment	P: wiry, weaker than previous presentation		borborygmus and bowel movements better		T: small body transverse cracks P: wiry, weaker than previous presentation	
3rd Visit August 2023	P: wiry, deep, weak	occipital h/a's	constant high pitch tinnitus for 4-5 years back pain	Occipital headaches heaviness/cloudiness/fogginess loose stools unexplained weight loss		T: small, dark body, transverse cracks P: wiry, deep, weak	Headaches
4th Visit September 2023	blood tests showed low iron and sodium, taking liquid iron, started propranolol beta blocker for HBP	getting Botox injections for cervical dystonia Involuntary shakes (head, hands and legs) worsening in frequency and duration	neurologist monitoring brain lesions on thalamus, history of encephalitis from childhood mumps			gets thirsty T: small dark body, transverse cracks P: wiry, deep, weak	T: small dark body
5th Visit October 2023	More energy since last treatment, blood pressure around 130	tremors continuing to worsen with frequency and duration P: wiry, deep, weak	right knee pain,	abdominal gas, borborygmus, loose stools, nervous and stressed disposition, history of digestive issues (diverticulitis, hiatus hernia, colonoscopy, Bladder prolapse)		T: small dark body, transverse cracks, little coating P: wiry, deep, weak	T: small dark body,
6th Visit November 2023	Blood pressure was 127. Watched Dr Janice Hadlock YouTube video about Parkinson's		Since taking Er Long Zuo Ci Wan: tinnitus is not as loud, not as frequent, not constant	since taking Jian Pi Wan: borborygmus has stopped, wants to continue taking Jian Pi Wan (history of hiatus hernia and digestive issues). Parkinson's archetype - overworked most of adult life, high achiever/perfectionist, anxiety/stress			
7th Visit December 2023	supports clients with severe stresses, has re-thought her own energy around time with stressful people. Blood pressure is high 132/97	Botox injections have improved cervical dystonia, the shakes are worse with stress P: wiry, deep, weak blood pressure/tremors with Tian Ma Gou Teng Wan	right knee pain still there	Wants to continue to manage digestive issues with Jian Pi Wan		T: small, dark red, thin body, transverse cracks P: wiry, deep, weak	T: small, dark red, thin body, transverse cracks
8th Visit January 2024	4th weeks off, present for birth of first grandchild, feels relaxed, planning to retire 2 April, 3 holidays booked until July to Kangaroo Island, Murray, Tasmania and Broome	shaking continuing - getting a brain CT scan. Blood pressure still a little high 128/90 P: R>L, weak, deep, slightly wiry	tinnitus has lessened just a little at night,	Jian Pi Wan: daily borborygmus is less, bowels: a little irregular with 2-3 days of constipation, generally loose stools since hiatus hernia repair T: yellow coat, teethmarks		P: R>L, weak, deep, slightly wiry	T: yellow coat, teethmarks
9th Visit February 2024	planning to retire	Shaking a lot more, head tremors for 2 weeks, Getting Botox injections for cervical dystonia every 3 months	memory loss worse away from work,	anxious, fatigued, having to find strategies to continue to work		T: small, dark red, no coat, transverse cracks P: thready	T: small, dark red, no coat, transverse cracks
10th Visit March 2024	Came to clinic with right side black eye/facial	Tremors continuing, receiving Botox	Had no memory of it	Worried and anxious T: little cracks, swollen at front		T: little cracks, swollen at	

Date	Symptoms	Liver	Kidney	Spleen/Stomach	Heart	Xu	Shi
	bruising Admitted to hospital after collapsing a couple of weeks later Patient passed away 12/4/2024 from inoperable brain tumour. She was planning to retire 2/4/24	treatment and taking Vitamin D. P: deep, wiry	happening in her sleep			front	

Table 4: Treatments

Date	TCM Pattern	Acupuncture	Herbs	Other
Initial Consultation July 2023	TX: LR Wind, LR Qi stagnation, LR & KD Yin Xu	x 2: LR3, LI4, SP6, GB20, GB34, ST36, ST40 Yintang, GV16, GV20	Tian Ma Gou Teng Wan + Yang Yin Jiang Ya Fang	emailed Bondi neurologist for 2nd opinion, FUN chair yoga, Qi by the Sea, Tai Chi on YouTube, Kidney balls recipe
2nd Visit July 2023	TX: LR Wind, LR & KD Yin Xu, LR Qi stagnation	x 2: LR3, LR5, LI4, ST25, ST36	Tian Ma Gou Teng Wan x 4 bottles Shan Zha raw herbs to make tea for hypertension	
3rd Visit August 2023	TX: LR Wind, LR & KD Yin Xu, Qi and Blood Stagnation along BL channel	x 2: BL10, BL18, BL20, BL40, BL64/65, SI3	Tian Ma Gou Teng Wan x 4 for HBP/headaches Er Long Zuo Ci Wan x 2 for tinnitus	
4th Visit September 2023	TX: LR Wind, LR & KD Yin Xu	x 2: GB34, SP6, LR3, LR5, LI4	Has supplies of Tian Ma Gou Teng Wan Er Long Zuo Ci Wan x 2 for tinnitus	
5th Visit October 2023	TX: LR Wind, LR & KD Yin Xu, Middle Jiao disharmony	x 2: GB20, GB34, ST25, LR3, LR5, SP4, ST40 R: knee gates (SP9, SP10, GB34, ST34)	Tian Ma Gou Teng Wan, Er Long Zuo Ci Wan, Jian Pi Wan	emailed Sharma's 2022 review: traditional herbs and remedies impacting pathogenesis of PD and Dr Janice Hadlock's website https://pdrecovery.org/
6th Visit November 2023	TX: LR Wind, LR & KD Yin Xu, Middle Jiao disharmony		Tian Ma Gou Teng Wan x 2, Er Long Zuo Ci Wan x 2, Jian Pi Wan x 2	
7th Visit December 2023	TX: LR Wind, Middle Jiao disharmony, LR & KD Yin Xu	x 2: GB34, SP4, ST40, LR3, LR5, LI4, PC6, HT7 Right knee gates: SP9, SP10, GB34,	Tian Ma Gou Teng Wan x 2 + Jian Pi Wan x 2	

Date	TCM Pattern	Acupuncture	Herbs	Other
		ST34		
8th Visit January 2024	TX: LR Wind, clear heat, SP Qi Xu	x 2: LI4, ST25, LI11, LR3, LR5, SP6, SP9, GB34, ST36, ST40, SP4	Tian Ma Gou Teng Wan x 2, Jian Pi Wan	
9th Visit February 2024	TX: LR Wind, HT and KD disharmony	x 2: ST36, LR3, LR5, KD3, KD1, HT7 GV20, GV16, Yintang	Tian Ma Gou Teng Wan + Tian Wang Bu Xin Wan + Sai Luo Tong capsules	
10th Visit March 2024	TX: LR Wind	Yin Tuina at GV20 x 2: LI4, HT7, LR3, LR5, LR6, SP6, GB34	Tian Ma Gou Teng Wan	Red flag referral for urgent medical care

Table 5: Summary of Treatment Outcomes

Symptom	***Treatment Outcomes***
High Blood Pressure	Lowered
Headaches	little change
Tremors	Worsened with anxiety and stress, worsened over time
Borborygmus	Substantially improved
Tinnitus	Less intensity, less frequent, not constant