



# Bloodletting for chronic constipation

By Naomi Jankowski

A 59-year-old woman presented to our clinic with a history of chronic constipation and ulcerative colitis.

“Pam” had no urge to use her bowels, and without the use of laxatives, could go almost a whole month without passing stool. It was also common for her to pass mucous and blood in the stool. With the use of laxatives, this was manageable, but over time the laxatives became less effective. Herbs were administered, after which she stopped passing blood and mucous in the stool and symptoms improved. However, she still was unable to have regular bowel motions.

Pam had an average build, her tongue was pink-red with deep fissures, no coat and no visible sublingual veins. Her pulse on the first consult was deep and thready. She was a nurse and often worked night shifts. Appetite was poor, and she preferred small meals. Although constipated, her bowel motions were not dry: there was simply no urge to use her bowels.

During our first two acupuncture sessions, I played the safe card and used points that are usually effective, such as the Tung points *Linggu* and *Menjing*, as well as *Tianshu* (ST-25), *Zhigou* (SJ-6) and *Shang Juxu* (ST-37). After the first two sessions, there was no change in bowel movements, with Pam still having only one or two small and incomplete bowel motions per week.

On her third session, I noticed a large cluster of dark spider veins around Pam’s medial malleolus. I started the session by bloodletting these with an 18 gauge three-edged needle. The blood that came from the

points was dark, thick and copious. After this, three sets of *Dao Ma* (point pairing) acupuncture points in alignment with Tung style acupuncture—each needled on one side only of the body. The points were *Linggu* and *Dabai*; *Zusanli* (ST-36) and *Shang Juxu* (ST-37); and *Menjing* and *Neiting* (ST-44).

After this session, the patient had complete bowel movements every day for the next seven days. For Pam, this was unheard of. She returned to the clinic, we repeated the treatment, with the same result.

Bloodletting is usually employed in the modern Chinese medical practice for the treatment of febrile diseases and dermatological conditions. Unfortunately, it has lost its wider scope of use, with both patient and practitioner being afraid of the sight of blood and the question of how to deal with it in clinical practice. The *Su Wen* (Basic Questions) chapter 63 states:

When one is injured and there is stagnated blood internally, it can cause abdominal pain, constipation and urinary retention; first drink medicinal herbs; if in the upper the *jueyin* vessel is injured and in the lower the *shaoyin* network vessel is injured, prick to bleed in front of *Rangu* (KD-2) below the medial malleolus.

Also note that chapter 10 of the *Ling Shu* (Divine Pivot) refers to network vessels each having a specific trajectory and symptomatology, both for excess and deficient patterns. In this chapter, the foot *shaoyin* (Kidney) excess presentation is constipation and urinary retention.

At the time of Pam’s first treatment, I was unaware of these references. For me, what was crucial was standing back from the

patient notes and inspecting her presentation with a clean slate. As I continue to practise acupuncture, it has become more and more clear that the use of palpation and inspection of the “channels” is key (I put channels in inverted commas to avoid the notion of the channels having strict, narrow pathways). Palpating along Stomach and Large Intestine channels revealed nothing of note. The only large irregularity on inspection of her body was the cluster of dark spider veins around her right medial malleolus. The first time I bloodlet around this region, I was not yet aware of the link between the area and the treatment of constipation. To me, at the time, it did not matter whether or not there was a noted link, because there was visible stagnation. Once this blockage was moved, the qi and blood could flow more freely. It was like taking the lid off a boiling pot of water to reduce the pressure.

Would it have been possible to achieve the same results with herbs and acupuncture

alone for this patient? I do not think so. Or, if so, I believe it would have taken a very long time. When performed appropriately, bloodletting allows an instant way to free the network vessels. For this patient, long-term depletion of yin fluids had caused the blood to stagnate. Interestingly, this stasis was not visible in the sublingual veins of the tongue. The stagnation may have been isolated to a specific area, rather than widespread through the body. However, the relief of this isolated constraint allowed the qi and blood to circulate efficiently again, prompting effective peristalsis.

As this case is on-going, whether letting blood will continue to be effective now that the basic stasis has been removed remains to be seen, and we may need to remain flexible. But the case offers an insight into the possibilities for treatment of this difficult problem, possibilities that we might otherwise not see even though they are as obvious as swollen veins.

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*The foot shaoyin (Kidney) excess presentation is constipation and urinary retention.*

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