

COMA

in Casablanca!

Difficult acupuncture cases from Professor Qin Liang-Fu

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From a seminar held July 28, 1996 for the members of the Society of Chinese Medicine and Acupuncture (Vic). The Society holds continuing education seminars for its members regularly, often with visiting doctors from China, but also with the considerable talent now resident in Australia. The lectures are conducted in Mandarin.

Professor Qin is one of the 500 acknowledged "famous old Chinese doctors" and is proficient in both acupuncture and internal medicine.

In a previous lecture, difficult cases in internal medicine were discussed, including leukemia, carditis, haemolytic anaemia and diabetes. This had generated a great deal of interest in the local Chinese TCM community, and the second lecture, recorded here, was packed.

Four difficult cases treated by Professor Qin with acupuncture were covered, spanning three continents. He took the time during his talk to expand on issues relating to his personal experience during the treatments, which not

only provided a wealth of useful tips but also a great amount of entertainment.

In order to convey a flavour of the atmosphere, the editor uses the first person in the following report, although it should be noted that this is not an exact transcription.

Case One:

Sudden coma in Casablanca

In May of 1980, I was in Morocco with a team of Chinese doctors working at one of the local hospitals near Casablanca. One night in emergency a young man of 32 was brought in from the scene of a car accident, with complete loss of consciousness: his eyes were closed and there was no response to his name, yet there was no evidence of major trauma. Various resuscitative drugs were tried, and even needling at *Ren Zhong* (Ren-26), all to no avail.

I was asleep at the time, but being sent for by the director of our team I dressed and soon arrived at the scene where I examined the patient. He was still breathing and the blood pressure was normal. His pulse was languid and soft, but I was struck by the patient's warm hands.

There is an old story in classical Chinese, describing an incident involving *Bian Que* and the prince of *Guo*. The prince had died, and

although the body was stiff and the eyes had a dead stare, Bian Que noticed that the thighs of the corpse were still warm. He had a whet-ter prepare a needle, then needled *Sān Yáng Wǔ Hùì* (Three Yang Fivefold Convergence around *Bai Hui Du-20*). The prince revived, in the story.¹

I set my mind to do the same thing. Nonetheless, acupuncture like all other aspects of Chinese medicine requires differentiation — it is only the method of treatment that differs. My assessment of this case was that the shock of the accident had injured the Kidneys so that the circulation of qi and blood had become chaotic. The diagnosis, of course, was catalepsy.

The method I chose was based on the technique for reviving patients after acupuncture anaesthesia: revivifying acupuncture.

Points:

<i>Yong Quan</i>	(K-1)
<i>Ren Zhong</i>	(Ren-26)
<i>He Gu</i>	(LI-4)
<i>Zhong Wan</i>	(Ren-12)

Yong Quan was the first point. Why? It is the first point on the Kidney channel, and I used it to bring the qi back to its source in the Kidneys. Remember that the location of this point is not in the middle of the sole, but rather two fifths from the anterior of the foot. Just after needling, the patient's feet began to move in a kicking fashion.

Ren Zhong (Ren-26) was next. Again, remember this point is not in the centre of the philtrum but rather at the centre of the demarcation between the upper and middle one third of the philtrum. Needle upwards 45°. When I did this the patient's head began to move, shaking to and fro.

But his hands remained unmoving. So I needled *He Gu* (LI-4), but not perpendicularly. Instead I directed the needle toward *Lao Gong* (SJ-8), quite deep. Remember *He Gu* must be close to the bone, where the Hand Yang Ming channel runs, not out in the middle of the fleshy mound!

His eyes opened as the qi in the Yang Ming channels began to recover, and his hands pumped in a punching way — but still he was not able to open his mouth. I considered this a sign that the flow of qi was still obstructed between the upper and lower body. How could this be rectified? We needed a point that would

restore this movement by re-establishing the pivot function of the middle Jiao, the function that ensured open communication between the upper and lower Jiao. I needled *Zhong Wan* (Ren-12), the front-mu point of the Six Fu, in the centre of the body.

As soon as *Zhong Wan* was needled, he breathed a large sigh, and then could speak. His relatives were ecstatic. I myself was also mildly pleased.

Case 2:

Severe scar pain after cholecystectomy

Two months after this 40-year-old male's gall bladder was removed because of inflammation and gallstones, the scar was still extremely painful.

This duration and degree of pain is unusual and he had tried herbs, plasters and electrotherapy without relief. The pain was unremitting. As he spoke of his suffering the patient burped with the stress, and complained of his disturbing abdominal bloating. His pulse was wiry and rolling, the tongue coat thin white.

Thoughts during differentiation: Here the pulse is composed of two shi/excess types: rolling and wiry. There is no sign of xu/weakness. The wiry pulse shows both the Liver involvement and the pain. The tongue coat is thin white, not yellow, so there is no heat present.

This is definitely obstruction, but where and what? The location is around the surgical incision point where the channels and vessels were disrupted leading to the pain. The nature of the obstruction is two-fold: qi stagnation (shown by the belching and abdominal bloating) and blood stasis (shown by the severe unremitting pain).

Treatment will have to be restoring qi flow and freeing static blood, while also protecting Spleen and Stomach.

Main points:

Forming this shape:

<i>Zhong Wan</i>	(Ren-12)
<i>Tian Shu</i>	(St-25)
<i>Guan Yuan</i>	(Ren-4)

This combination of points is called *Sì Mén* (四門 “four doors”) used for regulating chaos in the Stomach qi mechanism. In this case *Sì Mén* is used on the basis of the patient's disturbing abdominal distention and belching, signalling

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a major disruption to the normally descending flow of Stomach qi. This must be rectified in order to bring the qi mechanism of the whole abdomen back into harmony, after which the local qi stagnation and blood stasis around the operation scar will begin to move.

Supporting points:

<i>Zu San Li</i>	(St-36)
<i>He Gu</i>	(LI-4)
<i>Tai Chong</i>	(Liv-3)
<i>Yin Tang</i>	(M-HN-3)

Zu San Li is the he-sea point of the Stomach, *He Gu* is the yuan-source point of the Large Intestine; these points support the actions of the *Sì Mén/Four Doors* points. Furthermore, the first line of the Ming Dynasty ode called *Sì Zǒng Xué Gē* (The Ode of the Four All-Encompassing Points) says:

“*Dù fù Sān Lǐ liú / Retain Zu San Li for Stomach and Abdomen*”. Other relevant proverbs include “*zàng bìng qǔ yuán /select Yuan-source for zang-organ illnesses*” and “*fù bìng qǔ hé / select he-Sea for fu-organ illnesses*”.

In this case we have both zang-organ problems and fu-organ problems — but why choose *He Gu*, the yuan-source point of the Large Intestine!?

Well, we could use *Qu Chi* (LI-11), but there were two reasons that *He Gu* is more appropriate:

1) *He Gu* has a better pain-stopping effect than *Qu Chi*, and

2) *He Gu* will then match with *Tai Chong* (LV-3) to make the highly effective combination *Sì Guān* (四关 — Four Gates), which combines the most powerful yuan-source point on the yang channels (*He Gu*) with the most powerful yuan-source point on the Yin channels (*Tai Chong*).

Yin Tang, the extra point between the eyebrows, settles an upset brain and calms the spirit, especially when used together with the Four Gates of *He Gu* and *Tai Chong*.

Chen Dian Jiu (Cloth moxa pads)

This was made by taking six layers of cotton cloth and applying a herbal paste (made as described below) to each layer. The resulting pad should be placed over the painful scar from the operation. The moxa stick is then pressed directly on to the cloth, until the patient says “Hot!”. Remove the moxa, blow on it, and press the moxa stick on to another unburned spot.

This can be done by the patient at home. It is very good for local pain, and is especially useful for those annoying hard-to-needle spots (eg bony spots, or where there is little flesh, such as the fingers; or where there is scarring, such as in this case).

The herbal powder used was composed of:

<i>Sheng Jiang</i>	30g (raw ginger)
<i>Rou Gui</i>	9g (Cinnamomi Cassiae, Cortex)
<i>Du Huo</i>	15g (Duhuo, Radix)

These are decocted into a thick soup, then flour is added to make a paste. Apply the paste to each layer of cotton cloth (must be cotton).

Results: The patient was treated three times that first week with both needles and the moxa method described above, which he also applied himself. By the end of the week the pain along the scar had disappeared, as well as the belching and bloating.

Case 3:

Pain, politics and puncturing in Morocco

Like all Moroccans, the portly premier was warm, friendly and hospitable. He had been a great supporter of our small group of Chinese doctors and used to wait for us at the dusty gates to Casablanca. On this particular day however his demeanour was grave: our patient was the brother of the king, and the premier was anxious that we make a good impression.

As we were led into the halls of the palace, the royal patient rose to meet us, but we saw that he could not get up without the help of two burly attendants.

We soon learned that the 76-year-old prince could not stand or walk because of his weakness and the pain in his limbs, for which he took painkillers continuously.

My comrades surreptitiously nudged me forward, so I gathered my internal resources and began the examination. The prince had a history of right ventricular failure with pulmonary insufficiency for which he had been taking heart medication for several years. I detected a systolic murmur, and his pulses were irregular, the right wiry and rolling, the left thready and weak. The tongue was pale and flabby with toothmarks, the coat thin greasy.

His greatest worry at the moment however was gout leading to oedema and constant unremitting pain in all limbs, but especially the left shoulder. His hands trembled painfully,



unable to grasp. Plasma uric acid was high. So was the tension.

The prince's large group of armed bodyguards closed in ominously as I took out my needles, but he waved them back with a grimace. Perhaps my hand shook with that first insertion -- suddenly the prince cried out in pain! The faces of the guards darkened. I caught myself mentally reviewing my level of life-insurance, but quickly recovered. Here was this patient with all his illnesses, how could I needle without worsening his condition? Somehow I finished that treatment with a minimum of points, and returned rather shaken to our dormitory.

After dinner I received a summons to our embassy nearby, where the Chinese ambassador informed me that it was my Political Duty to the Chinese People to cure this particular patient. Inspired by the inexorable dialectical possibilities of such an internationally historic opportunity, I returned home determined to find a way to needle this patient without pain.

Since working as a consultant for the Suzhou Acupuncture Needle Factory, I had known of the popularity of guide-tubes overseas, but we did not use them here. We did, however, have pipettes for vitamin C which were about right.

After trimming them and trying them on myself numerous times, I found that in order to be painless the crucial factor was the length of protrusion at the top: it had to be 1 cm only, no more, no less. Pinching up a fold of skin before the insertion and giving a squeeze just as the needle was popped in made it even better.

I tried it on my immediate superior a number of times, then rushed to the embassy to try it on the ambassador, convinced that it would not hurt — and it didn't! I was ready.

At the second treatment, the prince was pleased. I used warming needle. At the third treatment he was a bit better. By the fifth, he could walk to the door on his own, the trembling and oedema of the hands reduced, and the heart murmur less perceptible. After the seventh treatment, his improvement was obvious and relatively stable -- the joint pain and oedema had disappeared. He was able to give us a present with his own hands.

Now how should one go about diagnosing and treating a patient such as this?

His left pulse was thready and soft; thready showing weakness of the ying/nutritive qi and blood, and soft showing insufficiency of the Heart and Kidney yang. The right pulse was wiry and rolling, showing damp and qi stag-

nation.

Thus together they show that wind-damp had taken advantage of the weakness to invade the channels, collaterals and tendons. So the treatment principle for this patient must be to strengthen the Heart and Kidney, free circulation in the San Jiao [to clear pathogenic fluids], expel wind and damp, and restore normal movement of the joints.

We must match the points to achieve this:

Xin Shu (BL-15) strengthens Heart, relieves tight chest

Shen Shu (BL-23) tonifies Kidneys

Da Zhui (Du-14) drums up yang qi, meeting point of all yang channels

All the above were also cupped after needling.

Arm points:

Jian Yu (LI-15)

Qu Chi (LI-11)

Qu Yuan (SI-13)

Jian Liao (SJ-14)

He Gu (LI-4)

Yang Chi (SJ-4)

Zhong Zhu (SJ-3)

Leg points:

Eyes of the knee [ie. *Du Bi* (St-35) and the extra point on the medial side]

Kun Lun (UB-60)

Zu Lin Qi (GB-41)

Tai Chong (LV-3)

Zu San Li (ST-36)

San Yin Jiao (SP-6)

Tai Xi (K-3)

Warming needle used on all of the above, treatment twice per week.

Hand and Foot Yang Ming are the channels full of both qi and blood, which is why the large number of points were chosen along their course.

Yang Chi (SJ-4) and *Zhong Zhu* (SJ-3) are two points that have both a local and a general effect. The general effect is the result of *Yang Chi* being the yuan-source point on the San Jiao channel, which itself distributes yuan qi — responsible for qi-transformation — around the body. *Zhong Zhu* reinforces this effect. Generally increased qi transformation assists the transformation of the pathogenic damp, allowing it to be removed from the body.

Zu San Li (ST-36) tonifies qi and *San Yin Jiao* (SP-6) tonifies blood; together they promote



Spleen and Stomach transformation of damp. This patient had oedema, from pathogenic water and damp, as shown by the toothmarks and greasy coat; qi and blood were deficient, as shown by the pale tongue. These two points are essential for tonification of qi and blood and Spleen and Stomach are the source for production of these substances.

Tai Xi (K-3) is chosen to match *Shen Shu* (BL-23), in order to achieve the effect of tonifying Kidney yang.

An aside: In this context it should be pointed out that *Tai Xi* mainly tonifies Kidney yang, but *Fu Liu* (K-7) mainly tonifies Kidney yin. This is because while *Tai Xi* is the yuan-source Earth point on the Kidney channel, and one of the nine yang-reviving points on the body, *Fu Liu* is the Metal point on the Kidney channel, and Metal produces Water in the *wu xing* production cycle.

Parenthetically it might also be mentioned that because of these peculiarities of *Tai Xi* (yang-reviving yuan-source Earth point on the Kidney channel) it is also an excellent point for *wu geng xie*/cock-crow diarrhoea. It can be matched with *Gong Sun* (SP-4) for this condition.

Conclusion: By the time of the prince's seventh treatment, we were due to return to China. He told us that he was much better and really happy with the results. I too was happy: my duty to the Chinese people was fulfilled -- at least for today. The account of this treatment made the Chinese newspapers, which was somewhat embarrassing for a humble servant like me.

Case 4:
More pain in Paris!

This 78-year-old patient was the mother of the president of one of the most prestigious medical schools in France. Ten years previously she had undergone a total hysterectomy for uterine fibroids, but since then had suffered excruciating abdominal pain which caused her to roll in agony on the floor when it occurred, pressing the abdomen with a pillow. This occurrence was regular: once every seven to 10 days without fail, and had been going on for 10 years. The pain extended from the solar plexus down into the lower abdomen. She was quite emaciated, and due to the number of painkillers she had taken over the years, her stomach had been damaged and she passed loosish stool two to

three times a day. The pulse was deep, thready and occasionally stopped, the tongue was pale white. She also suffered from cardiac arrhythmia with frequent ventricular extrasystoles.

Our first concern is whether to needle this patient at all. The Chinese phrase says: do not needle extreme deficiency. Patients can faint and there have been cases reported where they sink into a coma and simply do not wake up again. We must first differentiate, then we will know.

虚极莫针
xū jí mò zhēn

Do not needle extreme deficiency

Her extreme pain, is it *shi*/excess or *xu*/deficiency? *Xu*-type pain is generally assumed to be dull and nagging. On the other hand, she feels compelled to press the area constantly with a pillow.

This case is actually a good illustration to support my observation over the years that the effect of pressing is a better indication of excess or deficiency than severity of pain.

The pressing here, then, indicates deficiency. What about the other symptoms? She has thin watery stool, and a pale white tongue; these show yang deficiency. The pulse matches this, being deep and thready. The intermittent aspect of the pulse relates to her heart condition, but can also result from the frequent usage of painkillers.

All symptoms therefore show deficiency. We simply cannot needle with such weakness; the patient could not even speak without panting, she would certainly faint with acupuncture — or worse!

So I decided to use an old method. Now acupuncture can be used to both tonify and reduce — but even “tonification” with needles has some reduction inherent within the treatment. Moxa can also reduce as well as tonify, but even the “reduction” of moxibustion has also a flavour of tonification. We should be able to make the moxa strong enough to deal with this excruciating pain, while still achieving an overall tonifying effect. Besides, does not the proverb say “When needles are contraindicated, use moxa”?

針之不宜則灸之
zhēn zhī bù yí zé jiǔ zhī

When needles will not work, use moxa

I would use non-scarring direct moxa, by making a moxa cone, placing ointment on the skin, burning the cone until it was hot, then removing. This will not scar.

Main points:

Forming this shape (left):

Zhong Wan (Ren-12)

Liang Men (ST-21)

Tian Shu (ST-25)

These five points were all done together. As it became hot, each cone was scooped off and dropped into cold water to extinguish it, then replaced with a new cone. This is warming the centre to expel xu-cold.

Zu San Li (St-36)

San Yin Jiao (Sp-6)

This pair of points tonifies Spleen and Stomach to produce qi and blood. The patient's extreme deficiency demands that we support the zheng qi.

Tai Xi (K-3)

The *Nei Jing* says: "When Shao Yin's yang is in collapse, select *Tai Xi*."

Moxa was performed three times per week. After two treatments, the pain had reduced, after five treatments the pain disappeared and did not recur again. Of course her son, the medical school president, was ecstatic. The patient was also asked to see a cardiac specialist in order to review the arrhythmia.

of the *Ling Shu* — "Zhong Shi: The End and the Beginning" — which states: "From the waist up, Hand Tai Yin and Hand Yang Ming are primary; from the waist down, Foot Tai Yin and Foot Yang Ming are primary. If the illness is above, choose below; if the illness is below, select high; if the illness is in the head, choose the foot, if the illness is at the waist, choose in the popliteal region." These four points have strong qi and rapid action, with a broad range of effect, thus "all-encompassing" at least in terms of distant points.

3. Zhu Quan (1378-1448), like many famous Chinese doctors, was multi-talented and productive in many diverse areas (so much for the Eurocentric term "Renaissance Man"). He was an accomplished musician on the Chinese lute, the Gu Zheng; he composed traditional opera and was also an essayist on the theory of operatics. Zhu Quan's medical works are numerous, and many of his formulas can be found in Li Shi-Zhen's *Ben Cao Gang Mu*.

Endnotes

1. The story is recorded in the *Shi Ji* (Records of the Grand Historian c.100 B.C.) by Si Ma-Qian (Sse Ma-Chien), in the biography of Bian Que (Pien Chueh). Besides describing the life of Bian Que, there is much material concerning his medical activities as well, such as 25 cases histories including the patient's name, residence, occupation and his pathology, diagnosis, treatment and prognosis. There are also biographies of a number of other famous physicians of the time. Thus the *Shi Ji* is an important source for Chinese medical historians, the "Mother of Case Histories". Most young Chinese doctors are set these stories as learning tasks in the course of studying ancient Classical Chinese. As we can see, they do leave an impression!

2. Found in Zhu Quan's book *Qian Kun Sheng Yi* (The Life-giving Significance of Qian and Kun, 1391). Qian is the first hexagram of the Yi Jing, Kun the second; Wilhelm translates them as "The Creative" and "The Receptive" but they signify "Yang and Yin", "Heaven and Earth", "Initiation and Completion" and so on. The points discussed in the Ode are *Zu San Li* (St-36), *Wei Zhong* (BL-40), *Lie Que* (L-7) and *He Gu* (LI-4); deriving from the Ninth Chapter

