

## San Zhen Protocols Part II: Case Studies

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In my last article, I presented a collection of three-point acupuncture combinations which can provide effective clinical results. In this installment, I will share some case studies using these three-point combinations as well as discuss needle technique and various ways to modify the point groups in relation to the unique pattern presentation of the patient. I received excellent feedback on the initial installment of this series therefore I will continue case studies into part III as well as discuss more three-point combinations which can expand a practitioner's repertoire and fine tune a diagnostic plan.

### Case Study for Ren 17 + Ren 6 + Du20

Patient was a 34-year-old Caucasian male with lingering dry cough, fatigue, low libido and orthostatic/postural hypotension. The patient was referred from his primary care physician with normal blood work. The patient had no other complaints. Tongue was red, dry, with cracks; pulse was deep, fast and thready. The TCM pattern differentiation was Lung Yin Vacuity with Kidney Qi Vacuity; treatment protocol was to Nourish Yin and Supplement the Qi. The points Ren 17, Ren 6, and Du 20 were chosen with even stimulation. After three acupuncture sessions, the dry cough and orthostatic hypotension were completely resolved. Patient also noted that sleep quality seemed improved and "deeper" and within two weeks after receiving the three acupuncture sessions, his libido returned to his "normal." The combination of Ren 17, the influential point of Qi with Ren 6, the "sea of Qi" is a powerful two-point therapy. By adding Du 20, one is able to move stagnant qi from all areas of the body, upper *Jiao*, middle *Jiao* and the lower *Jiao*. Ren 6 also has the ability to supplement as well as course the qi, therefore it's an excellent choice in conditions of qi vacuity.

### Case Study for Ren 17 + Ren 6 + Sp 10

Patient was a 32-year-old Caucasian male with chronic prostatitis. This condition had been an ongoing issue for over six months causing heavy dragging sensation in the pelvis area at night with chronic nighttime urination. Patient was referred by his primary care physician and had no other presenting complaints. Tongue was slightly bluish with normal coat and engorged purple sublingual veins. The pulse was choppy and slow. The TCM pattern diagnosis was Blood Stasis in the Lower *Jiao*, treatment protocol was to invigorate Blood in the lower *Jiao*. The point selection was Ren 17, Ren 6, and Sp 10. Ren 17 was needled with an even technique, Ren 6 was needled with strong technique until the patient felt the needle sensation radiate into the groin/pelvic area, Sp 10 was also needled with a strong technique until the patient felt the needle sensation radiate up into the groin/pelvic area. After 6 treatments with this three point combination, the patient was no longer experiencing the heavy dragging sensation in the pelvic area and was no longer waking at night to urinate. After six more sessions of this combination, the patient was not experiencing any of the original complaints and was referred back to his primary care physician for blood work and further evaluation. At a three month follow up, the patient was no longer experiencing any discomfort and blood work was normal.

### Ren 6 + GB 34 + Sp 9

Patient was a 24-year-old Caucasian female suffering from chronic yeast infections with incessant vaginal itching and heavy discharge. She was referred by her gynecologist as standard treatment was not resolving the issue. All blood work was normal and the patient was not suffering from any other issues. Tongue was red with a sticky yellow coat, slight teeth marks; pulse was wiry and fast. The TCM pattern differentiation was Damp Heat in the Lower *jiao*, treatment protocol was to Drain Damp and clear heat in the lower *jiao*. The patient was afraid of having needles in her hands or feet, therefore I used this elegant three point combo. Ren 6 was needled until the patient felt a sensation radiating into the groin area, GB 34 and Sp 9 were needled with strong reducing technique until the patient felt a sensation radiate down the legs. After two acupuncture session of this combo, itching and discharge completely resolved. After a total of six acupuncture sessions with this combo, the patient was no longer suffering from any symptoms and was referred back to her gynecologist for evaluation. At a one month follow up, the patient was not longer suffering from any yeast infections, itching or vaginal discharge. This case was interesting as the patient was not willing to take any herbs or supplements and was not open to dietary modifications. However, the acupuncture alone resolved her chronic condition.

Patient was a 35-year-old Caucasian male complaining of chronic knee pain with chronic fatigue. He was a long distance runner who avidly followed a balanced diet and was concerned at being unable to continue to complete his races. The patient's tongue was normal, healthy color with thin coat and no cracks in tongue body, engorged purple sublingual veins; pulse was slow, wiry and slippery. The patient had no other complaints. TCM pattern differentiation was *Qi* Vacuity with Blood Stasis, treatment protocol was to Supplement *Qi* and invigorate blood. I used Moxa on Ren 6 and needles on GB 34 and Sp 9. I used stick moxa on Ren 6 until the patient felt a warm comforting sensation throughout the entire abdomen, and strong stimulation on GB 34/Sp 9 until the patient felt the needle sensation radiate down the legs. After three treatments, patient reported a significant reduction in knee pain, deeper sleep and improved energy levels. After six treatments with this three point protocol, the patient reported dramatically improved energy levels with knee pain only on days of extreme running or track work. The patient continued to get one treatment a month with this simple three point protocol and after six months reported no knee pain and no chronic fatigue.

Patient was a 29-year-old Hispanic female suffering from chronic urinary tract infections. She was referred by her primary care physician after three rounds of antibiotics had failed to resolve the issue. Patient was currently not taking any medications and was taking a probiotic as well as following a low sugar diet. Her tongue was red with normal body, thin yellow coating; pulse was wiry and rapid. Her main complaints were burning upon urination and pelvic discomfort. TCM pattern differentiation was Damp Heat in the Lower *jiao* with *Qi* Stagnation, treatment protocol was Drain Damp, Clear heat and course the *Qi*. The point Ren 6 was needled with even technique for 1-2 minutes until patient felt a warm sensation in the pelvic area, points GB 34/Sp 9 were needled with strong stimulation until the patient felt a warm sensation in the radiating down the legs.

After three sessions of this protocol, the patient reported a 50 percent reduction in pelvic discomfort and minimal burning upon urination. After a total of six sessions of this three point protocol, all urinary symptoms were resolved and patient was not experiencing any pelvic discomfort. At this point, the patient was referred back to her primary care physician for evaluation and blood work. At a three month follow up, all symptoms were completely resolved.

In part III of this series, I will continue to explore case studies on three point combinations presented in part 1, as well as introduce more three point combinations for further clinical discussion.

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