

Treatment of Distal Peripheral Neuritis of Unknown Etiology

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Patient History

A 51-year old female patient was referred by her neurologist for the treatment of peripheral neuritis of unknown etiology. Her main complaints were severe pain and burning of the toes; she did not respond to any of the usual NSAIDs (non-steroid anti-inflammatory drugs). There was no history of diabetes or alcohol. The liver profile was normal.

The neurologist recommended 30 milligrams of amitriptylin per day, but the patient complained of many secondary effects such as dry mouth, blurred vision, etc. With the medication intake, the pain-burning level would be reduced from 10 (maximum) to eight (20% reduction) for a couple of hours, but would come back to 10 (maximum pain-burning) immediately thereafter.

Acupuncture Treatment

- Acupuncture technique used: Chinese acupuncture needles (#38 gauge)
- Micro-current device: Acutron Mentor; polarized probes at 75-100 micro-amps.
- Acupuncture points: *Ba feng* and Kid2.

The patient underwent 12 treatments at a rate of one treatment per week. The first six treatments were done using acupuncture only (without microcurrent stimulation). The pain and burning were reduced by 30% (the patient was still taking her medication, but instead of the symptoms coming back, they leveled off at a 30% reduction).

Due to the extreme sensitivity of the patient (she complained of painful treatment although #38 gauge needles were used), acupuncture was discontinued. The treatment resumed with the use of a microcurrent device called the Acutron Mentor, using polarized probes (not biphasic), with an output of 75 to 100 micro-amps. The negative probe was localized stimulating the *ba feng*; the positive probe was located proximal (in the interosseus spaces).

Within the next six treatments, the pain and burning were reduced 80%. The patient was able to walk 45 minutes with little pain, whereas before she could only walk 10-15 minutes with severe pain. After the initial 12 weekly treatments, the frequency was reduced to biweekly.

The use of a micro-current device facilitated the treatment of a sensitive patient, which could not tolerate the use of acupuncture.

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