



## The Relationship between Bunions, Sugar and the Spleen

A bunion, according to Western pathology, is an abnormal prominence in the inner aspect of the first metatarsal head, with bursal formation and fluid accumulation. Etiologies may be due to postural problems such as variation in the position of the first metatarsal because of excessive rolling of the ankles (or pronation of the foot). Trauma to the local area; shoes that are too small; osteoarthritis or rheumatic arthritis of the big toe; and other mechanical problems may also affect *hallucis longus*. The treatment of bunions, as well as osteoarthritis of the first metatarsophalangeal joint, with Oriental medical modalities is a curious clinical adaptation to an age-old problem. This pathology of the toe can be exceedingly painful to patients who suffer from them, and many do, although perhaps not as a major complaint reported to acupuncturists in contrast to podiatrists.

In Japanese acupuncture, both of these conditions are referred to as "sugar toes." The theory behind their appearance is that excess sugar consumption, caused by the failure of the spleen to transform and transport the sugar, results in damp. The damp leads to the formation of phlegm, which congeals such that an actual bony deformation appears. Note that the bunion is bordered on either side of the first metatarsal bone by acupuncture points. Distally, SP 2 (*da du*) is involved; proximally, SP 3 (*tai bai*) is involved. Spleen 2 is the fire point and the tonification point of the spleen, and as such is used to treat spleen deficiency. As its earth point and horary point, Spleen 3 balances and strengthens the spleen; stabilizes insulin production; and benefits diabetic disharmonies. Sugar can be viewed energetically as both hot and damp; hence, we are not surprised to see the occurrence of corresponding hot and damp pathology at these points, such as the congealed phlegm. Typically, patients report discomforting tenderness of the toes. There may be slight swelling of the joint, and shoes may aggravate the condition. As the problem becomes more chronic, pain tends to worsen, and limited joint motion may ensue.

The typical Western treatment usually begins with physical therapy and local injections. Surgical removal of the bunion may then be recommended. This treatment is not only expensive and painful, but also most times ineffective. The bunion may reoccur because its underlying cause has not been addressed, or the area may become even more painful because of the local surgery. Additionally, the creation of a scar along the spleen meridian may further inhibit its functional role.

Remember that the Oriental view of a scar is that it is a "potential" organ/meridian disturbance. This means that any scar may lead to the development of pathology on the associated meridian, and even more distally to the organ, because its presence may interfere with the flow of *qi* and blood. Whether the scar is actually clinically significant is ultimately determined by palpation of its discrete borders. Objective factors related to appearance, such as discoloration, swelling within or beyond its borders, and oozing, may be an indication that the scar is problematic. Subjective criteria such as pain; pulling; itching; numbness; heat; cold; distention; referred sensation; emptiness; or weird feelings, may be experience by the patient. Both are usually correlated with some disturbance of *qi* and blood in the area. However, palpation is a reliable methodology to determine if the scar is clinically significant. If clinically significant, the scar should be treated.



Invariably, every patient I have seen with bunion problems has had one of the following illnesses pertaining to sugar history: diabetes; hypoglycemia; sensitivity to sugar; sugar cravings; sugar allergies; pancreatic cancer; or leaky gut syndrome. Some have come to me with these problems as a major complaint, some have not, but in the course of a physical exam, I would notice the bunion on all that had these disorders. I would then ask the patients if they craved sugar, ate sugar excessively, or felt they had a problem metabolizing sugar. All of them would affirm some connection with sugar and would look incredulously at me, wondering how I knew their secret cravings. I would then explain to my patients what sugar toes were, and provide them with treatment options.

My preferred treatment of this disorder is, locally at lease, very simple, efficacious and fast. There are three major treatment modalities to choose from, which are described below in Table 1. Figure 1 depicts sugar toe pathology; Figure 2 illustrates the Tiger Thermie warmer and moxa for those who may not be familiar with this tool.

Table I: The clinical treatment of sugar toes.		
Modality	Rationale	Method

<p>1. <i>Zheng gu shui</i></p> <p>This is my modality of choice. I sell it to the patient and have him/her use it daily. Provide written instructions for use.</p>	<p><i>Zheng gu shui</i> (royal bone water) is the hottest of the Chinese liniments. By virtue of this property, it penetrates through the skin, muscle and meridian, all the way down to the bone level.</p> <p><i>Zheng gu shui</i> breaks up calcium deposits and arthritic bone deformities, such as bunions (and also bone spurs on the heel). It disperses blood, fluid and qi stagnation and thereby stops pain.</p>	<p>Wet a cotton ball generously with <i>zheng gu shui</i>. Apply liberally to the entire area of the bunion. Let dry and repeat again (in particular, put on before going to bed, but it may be used anytime. Do not bandage or cover tightly, as it will cause serious burns. Do not heat up. Do not apply with massage; do not apply if the area is hot and swollen. Avoid all mucus membranes. This liniment is flammable and stains clothing.</p>
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<p>2. Tiger Thermie Warmer</p> <p>The combined use of the Tiger Thermie warmer and <i>zheng gu shui</i> is especially valuable. Apply the liniment according to the directions listed above. Let it dry, then use the Tiger Thermie warmer as directed. Use daily or several times per week.</p>	<p>This is a Japanese moxa instrument used to deliver the therapeutic benefits of moxa (which penetrates deeply to the meridian level), and by way of its usage, breaks up channel obstructions.</p>	<p>Pull the Tiger Thermie warmer apart. Insert a stick of moxa in the clip of the handle. Place the cap back on and make sure the tip of the moxa is in the vented area of the cap. If it is not, readjust it; otherwise the moxa will not burn effectively. Take the cap back off and light the moxa stick. Gently blowing on it will help it get going and stay lit.</p> <p>As the moxa burns down, push on the end where the spring is with your thumb to keep the burning end of the moxa in the optimal burning position, i.e. in the vented part of the cap. When applying the warm tip to the skin, be careful not to get it too hot. Again, you can adjust the burning tip with the spring handle by pressing on it for more warmth and releasing it to cool off the tip. Use light stroking motions or deep sweeping motions as if to sweep away blockage and open up the channel, depending on your prescription.</p> <p>A gradual warming of the point is best. Start slowly, move gently, and give the moxa time to warm the area. Going too slowly can result in the skin getting hot too quick and cause a burn. In case of a bunion, heat each point (Spleen 2 and 3) for one minute on each side. Sell the patient the Tiger Thermie warmer and provide written instructions on use.</p>
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3. Needles	To invigorate stagnation locally and activate the function of the spleen to transform and transport.	Needle SP 2 and SP 3 perpendicularly 0.1-0.2 in. and 0.5-1.0 in. respectively with an even technique. Needling is tender due to the points' locations. Patients may prefer <i>zheng gu shui</i> due to ease of application on a daily basis. Needles work, of course, but they require an office visit, cost more, and are more invasive.
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Note that although the local area is treated, these points work on the regulation of the spleen due to their energetics. Other points, based on signs and symptoms and differentiated by syndrome, can be chosen to augment the treatment you provide. If the bunion is due to the presence of phlegm (as opposed to a postural or mechanical problem), and the patient self-treats frequently, immediate improvement in pain should be noted in one week. Even decreased sensitivity to sugar can ensue. Shrinking of the bunion may occur and continue to do so, especially with the application of *zheng gu shui*.

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