

Treating Multiple Sclerosis with Chinese Medicine

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Multiple Sclerosis is an autoimmune disease for which there is no known cure. A person suffering from multiple sclerosis may show demyelination in the brain, spinal cord and optic nerves due to overactive antibodies. Physical symptoms range from person to person, as does the severity of the disease. According to a paper published by the Multiple Sclerosis International Federation, "this variability has led some to conclude that MS might be a syndrome or spectrum of different disorders rather than a single disease." (MSIF, 2009) Naturally, a successful treatment for MS must be highly individualized, with a focus on relief from symptoms and preventing progression of the disease. Unfortunately, biomedical treatments for MS can come with significant side effects, and may not always be effective. Chinese medicine, including both acupuncture and herbs, offers a valuable alternative approach to treating MS. This form of medicine considers patients and diseases as individual cases with potentially varied causes. As anecdotal evidence attests, Chinese medicine is well equipped to address the complex and varied presentations of the disease—without accompanying side effects.

The Varied Symptoms of MS

Multiple sclerosis manifests in the physical body in many ways. Social and emotional problems including stress, depression and anxiety are often a secondary result. Some common symptoms are:

- Weakness, tingling and/or numbness
- Spasticity, tremors and gait disturbance
- Speech problems
- Visual problems
- Digestive disturbances and incontinence
- Stress, anxiety and depression

Just as the symptoms may vary from person to person, so does the severity of the disease. For some, multiple sclerosis is so mild that it can barely be diagnosed. For others, it is disabling. Multiple sclerosis is categorized by disease progression and the presence of flare-ups, or relapses. The four categories are:

- Relapse-Remitting (RRMS): alternates between relapse and nearly full recovery.
- Primary Progressive (PPMS): steadily progresses from onset.
- Secondary Progressive (SPMS): initially RRMS, progresses to a steady worsening.
- Progressive-Relapsing (PRMS): progressive from onset, with clear acute relapses.

These categories are based on a consensus of members from the international MS clinical research community. Notably, no reliable markers have been found that correspond to the clinical presentations of the disease. Magnetic resonance imaging (MRI) provides increasingly advanced diagnosis of MS, yet

there are no specific MRI findings that directly correspond to these four clinical subcategories. Further, reproducible biomarkers in the blood or cerebrospinal fluid have been elusive. (MSIF, 2009).

Biomedical Versus CAM Treatment of MS

In the biomedical approach, oral or intravenous steroids are often used to treat the acute symptoms of MS. This treatment, however, produces undesirable side effects and is not always effective. Dan Jiang, a practitioner of Traditional Chinese medicine (TCM), describes one patient's experience with steroids:

One month prior to presenting at the clinic her health had suddenly deteriorated, with paralysis of the limbs on the right side of her body, ataxia, weakness of her right eyelid (which would not open), diplopia (double vision) and numbness on the right side of her face. She was admitted to hospital for three days to receive methylprednisolone infusions [a synthetic glucocorticoid or corticosteroid drug]. After she was discharged her symptoms became even worse. The weakness of the right eyelid spread to the left and the diplopia now affected both eyes. She reported feeling stressed and depressed, and suffered from insomnia and anxiety, hot flushes and constipation (Jiang, 2010).

Western medical researchers report that in the treatment of MS, "patients turn to CAM because these methods are perceived not only as effective, but also as milder and causing fewer adverse side-effects" (Appel-Neu and Zettl, 2008). Due to the enormous impact that MS can have on a person's life, patients also tend to value emotional support in the treatment room. The time and level of attention afforded by CAM practitioners is often cited as a reason for choosing alternative therapies. (Appel-Neu and Zettl, 2008). The choice between conventional and CAM approaches is not necessarily either/or. Researchers have found that patients often combine CAM and conventional medicine, finding value in both (Nayak et al, 2003).

Acupuncture and Chinese Herbal Medicine for MS

Chinese medicine, which includes acupuncture and herbal medicine, is one of many CAM therapies available to MS patients. Chinese medicine views disease from a holistic perspective, seeking a root cause for varied symptoms. Further, according to Chinese medicine, patients with similar presenting symptoms may have different underlying imbalances requiring individualized approaches to treatment. From this perspective, each case of MS could theoretically be linked to a different root cause, and treated as such. This approach is in alignment with the theory that MS is not one single disease but a spectrum of related diseases, with no consistent markers or predictable progressions of demyelination in MRI findings.

In clinical practice, Jiang did find that MS patients with similar symptoms showed different underlying patterns of disharmony, based on tongue and pulse. Compare the following diagnoses for separate patients (2010):

- Liver and Kidney yin deficiency causing interior Liver wind
- Liver, Spleen and Kidney qi and yin deficiency, empty heat causing interior wind
- Spleen and Kidney qi and yin deficiency causing accumulation of turbid dampness
- Liver wind agitating within

Jiang also observed that acupuncture and herbal medicine in combination provide effective treatment of MS symptoms. One patient experienced a nearly full recovery from severe physical and psychological symptoms in just over two months, which Jiang describes in detail. Another regained

control of her head and limbs, and established regular digestion, although she still experienced weakness in her legs. In a study of 20 patients, Jiang describes four categories of treatment success (2010):

- First class recovery: all symptoms disappeared, and MS was completely controlled. (20% of patients)
- Second class recovery: primary symptoms were controlled and the patient's deteriorating state was improved. (40% of patients)
- Third class recovery: severe symptoms were reduced and patient was stabilized. Patient was still affected significantly by the disease. (25% of patients)
- No change: acute and chronic symptoms remained the same. (10% of patients)

Jiang's findings are echoed by other Chinese medicine practitioners:

Oriental medicine posits a 40 percent chance of success with treatment that is positive and better than a zero percent prognosis by Western doctors. In some cases, this edge can take the patient to the point of remission, and in others to that of management of the illness' symptoms, much akin to a pain management protocol, to the point the patient can cope with many of the symptoms of MS (Abbate, 2003).

Side effects and complications from acupuncture are uncommon. A survey of British acupuncturists reported only 671 minor adverse events in 10,000 sessions, none of which were life threatening. In the United States, the numbers are even more favorable—only 9 cases of medical complications from acupuncture were reported in over 20 years (Rabenstein and Shulman, 2003).

Research Challenges

While anecdotal evidence of the effectiveness of acupuncture exists, favorable evidence-based research is scarce and many researchers in the Western medical community remain skeptical. This is more an issue of research methods than actual effectiveness of treatment. In their research on acupuncture in clinical neurology, Rabenstein and Shulman (2003) write:

Studies of the therapeutic value of acupuncture are fraught with challenging methodological problems. Recognizing these problems constitutes a necessary first step before analyzing the numerous clinical trials on acupuncture. Moreover, a clear understanding of these difficulties may help explain why the evidence offered by these clinical trials is often contradictory and inconclusive.

They go on to name the near impossibility of designing a clinical trial. To begin with, the term "acupuncture" describes a highly varied practice. Any study would have to focus on a single tradition of acupuncture, and even within that restriction, individual practice may be inconsistent in approach or even in quality.

Acupuncture is more an art form than a science. The practitioner's intention, awareness and experience are considered to be extremely important in the effectiveness of treatment. Such subtle factors do not lend themselves to controlled research, and are essentially impossible to standardize or measure. Further, research opportunities and funding are limited. (Rabenstein and Shulman, 2003)

Acupuncture's sister modality, Chinese herbal medicine, has not been effectively studied by Western researchers. Again, standardization is a problem. Herbs may come from different sources with varying degrees of purity. The compounds in herbs also resist understanding by Western standards. Any one

compound within an herb would not be sufficient on its own to produce measurable results. Chinese herbalists rely on the synergistic action of all compounds in a single plant or formula (Beinert, 2012). This does not fit neatly with Western medical thinking.

Conclusion

Whether or not acupuncture and herbal medicine have been thoroughly researched, anecdotal evidence suggests that Chinese medicine can be of great value in treating the symptoms and progression of MS. Case studies provide the most revealing insights into the effectiveness of Chinese medicine, illustrating its usefulness as an approach to the variety of manifestations that this disease may present.

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