



GENERAL ACUPUNCTURE

## An Unexpected Diagnosis: The Result of Lacking Communication

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A couple years ago I had a case that showed me the importance of open communication between health practitioners. We need to show up with less fear, and let go of our judgments so we can do better for the patient.

A woman in her late fifties came to me with a willingness to try acupuncture and herbal medicine. Although she had been through nine months of various treatments and procedures she did not feel any improvement in her health.

This isn't an article with treatment protocols, TCM diagnosis, point placement or herbal suggestions. This is a story about her nine-month journey. For the purposes of confidentiality the patient will be referred to as Jane.

### Patient History

Jane was an otherwise healthy, active mother, grandmother and full-time employee for a community outreach organization. She had a life history of asthma, which was triggered during colds and flus.



Her initial symptoms began in her respiratory system. She went to her pulmonologist to address what she thought was her asthma. After the necessary imaging was performed her pulmonologist diagnosed her with Bronchiolitis obliterans organizing pneumonia (BOOP).

This is also known as cryptogenic organizing pneumonia, a form of non-infectious pneumonia that deals with inflammation of the bronchioles and surrounding tissue in the lungs. She was prescribed a steroid to calm the inflammation. Her pulmonologist also recommended that she return for imaging to see the progress of the treatment.



### Multiplying Symptoms

A few months later, she went to her general family practitioner (GFP) to address chronic ear infections. Her GFP referred her to an Otolaryngologist (ENT). She was prescribed a round of antibiotics.

With no improvement, the ENT recommended ear tube surgery to address the chronic ear inflammation. Although there was no evidence of infection Jane still proceeded with the ear tube surgery. After a couple courses of steroid treatments, antibiotics and ear tube surgery, she continued on with no progress or improvement in her health.

She then began experiencing chronic sinus infections. She went back to her GFP, who then prescribed a round of antibiotics. Again, there was no improvement; the GFP then referred her back to the ENT.

The ENT prescribed a course of steroids and recommended exploratory surgery of her sinus cavity. She checked back in with the pulmonologist to see if her BOOP had improved. There was improvement, but it was not completely resolved.

### The TCM Assessment

Three weeks before her scheduled sinus exploratory surgery Jane reached out to me. I took down her history like a timeline of events. At the time of seeing her, she had started taking another course of antibiotics three days earlier.

Since starting the antibiotics, Jane felt no improvement in her sinus symptoms. She presented with a

pale shiny face, a thin fragile pulse and a quivering tongue with a dry red tip, thick dry white coating and puffy sides. She was exhausted.

At this point she had begun working part-time, as she wanted to sleep most of the day, and was experiencing little to no appetite. After observing how fragile she seemed, I used a few points and prescribed her herbs.

I advised her to contact her GFP regarding the lack of change in her feeling better, after having been on the antibiotics for three days. If her GFP took her off the antibiotics, then she could proceed with the herbal formula.

I also asked her to call me to check in a couple days after her initial visit. When she called to check in, her GFP had her stop the antibiotics and encouraged her to continue with the ENT recommendations.

#### Response to TCM

Jane said she had a positive response after the acupuncture treatment, and started taking the herb formula. She reported she had more energy and her sinuses felt more open and less painful. She went ahead and scheduled another appointment a week from her initial visit.

I approached her acupuncture treatment with similar intention and had her continue with the herbs since she had an initial promising response. She then scheduled a third treatment for the following week.

When Jane arrived for this appointment she was with her husband. She looked more exhausted than during previous visits. She told me she had spent four hours in the ER the night before and got home around three in the morning.

Jane had gone to the ER, because she had excruciating pain in her jaw and could not fully articulate it. To provide comfort, the ER treated her for trismus (lockjaw), unrelated to tetanus, and administered her a muscle relaxer, a pain reliever and a place to rest.

As I was listening and thinking of the events of the past nine months, I observed her tongue and pulse. Her tongue was black and dry in the back. Her pulse felt like a disconnected electrical wire jumping erratically on the pavement after being knocked down during a powerful storm.

#### Second Assessment

I had to keep a poker face, as I felt and now saw this was serious according to our diagnostics in TCM. Mind again, she was scheduled for exploratory sinus surgery four days after this visit. In what I observed and felt, I told her I was just going to treat the jaw.

As I started point location on her feet, I noticed some ankle edema. I asked her if she noticed this, and inquired about her urination. She said it started a day before her jaw locked up and her urine was darker than what she expected considering that she was adequately hydrating. Again, I felt severity of her health, but had to remain centered and calm while administering acupuncture.

I let her rest. I went out to the waiting room to speak with her husband. I told him I couldn't diagnose or give prognosis, but that the diagnostics of TCM suggested she needed to be attended to urgently and more seriously by Western medicine. Also, that TCM was limited in helping the severity of what I

observed.

I strongly recommended he contact the GFP, take her back to the ER and ask for further testing and ask for better attention to her case. He expressed that he was feeling more concerned for her after being in the ER the night before. We finished the acupuncture treatment and they left with the recommendation and referral.

### New Western Diagnosis

Three days later, Jane's husband called to follow up. She was in the hospital and had been diagnosed with Wegener's disease (Wegener's granulomatosis), a type of vasculitis that commonly affects the upper respiratory tract and kidneys.

She was in the first stages of kidney failure, currently on kidney dialysis, and had been placed on a kidney transplant list. She was beginning steroid treatment to calm down the severity of inflammation. If her kidneys responded well to dialysis and resolved, she would be taken off the transplant list.

The exploratory sinus surgery was canceled. When the imminent life threatening symptoms were addressed, she would come out of this managing the disease with ongoing courses of steroids and immunosuppressive therapies for the rest of her life.

### The Lesson Learned

I was grateful to have this case because it showed me that the four pillars of diagnosis in TCM may be unscientific, but they are important and valuable tools. It taught me that the patient and the progress in their health and feeling improved wellness is the highest priority no matter if I am involved in treatment, or need to refer out.

It exemplified the importance of letting go of ego (with regard to being the "hero") and/or the fear of failing the patient. Most importantly, it created an emphasis for me to figure out how our two worlds, Western and Eastern, can respect what the other does, and find a better way to communicate. After all, the patient's health is the most important goal.

I hold no fault or resentment towards Western medicine. I have compassion and understanding of their experiences and their perspectives.

What I understand, is that this cascade of events (without the necessary intervention happening sooner than later), happened because they are separate systems — strapped for time in being able to follow up with the referred practitioner and patient in each case. Time is the enemy and case loads are high.

It's not that they don't care or don't know. They do know, no person finishes medical school without knowledge. They do care, or they would not have become doctors.

Just like us. They are seeing and hearing others' pain. Just like us they want to help. Just like us they are doing the best they can. We can all do better ... for the patient.

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