Anosmia Treated with Acupuncture

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Summary
This is a report detailing the successful treatment of a case of anosmia with acupuncture. The patient was managed conventionally for two years with no sign of improvement. She regained the sense of smell following one session of acupuncture. Such patients should be investigated for any detectable organic cause prior to treatment with acupuncture.

Keywords
Acupuncture, anosmia

Introduction
Anosmia or hyposmia is a rare condition which is difficult to treat especially when the cause cannot be identified. Often patients get used to coping with the condition since the treatments available are considered limited and hopeless. The common causes of anosmia or hyposmia are trauma, tumours of the frontal lobe or atrophic rhinitis. Another very important cause is psychological factors, especially when a cause cannot be found. Acupuncture is a safe and simple method to offer to patients with anosmia.

History
A 55 year-old lady was attending the pain clinic for pain in her right hypochondrium. One day she mentioned that she had not been able to smell things for the past two years. She had been investigated by the Ear Nose and Throat (ENT) department over the same period. She had been investigated by the Ear Nose and Throat (ENT) department over the same period. I suggested a trial of acupuncture for her problem, since there had been no signs of improvement up to that point with conventional management. She said that she was willing to try anything.

Her inability to smell developed suddenly. She gave no history of trauma, injury or surgery to her head or nose or any bleeding from the nose. There was no history of headaches, migraines or any psychological condition to account for such an attack, and nor was there any history of spinal or epidural injections in the past. She was a non-smoker and did not use any inhalers. She was not allergic to any known substances and gave no history of hay fever. She was medically fit apart from having hypercholesterolaemia, for which she was taking atorvastatin 40mg daily. She had recently been diagnosed as having non-alcoholic steatohepatitis by a gastroenterologist. She gave no history of previous attacks of anosmia. The ENT assessment did not reveal a cause for her anosmia. CT and MRI scans of her head and sinuses were reported as normal by the radiologist.

Examination of her nervous system did not reveal any abnormality apart from her olfactory deficit. Her olfactory function was tested using items available in the clinic (lime, apple, banana, strawberry and perfumes). Tests were performed on each nostril with the patient’s eyes open and also blindfolded. No irritating substances were used. She was unable to identify any of the substances used.

Treatment
The acupuncture points used were Yin Tang, LI20 (Yingxiang) on both sides and GV23 (Shangxing) and the needles were left for five minutes. She was seen a week later. She mentioned that she could smell almost everything. She was able to smell her grandchild’s nappies and also the strong smell that you get when passing a farm. Her olfactory function was tested again blindfolded using the same substances as before. She was able
to identify all the substances presented to her. She
was seen seven months and 20 months later, and
her sense of smell had remained intact.

**Discussion**

This is the first occasion in which the author used
acupuncture to treat anosmia. No identifiable
cause was detected to account for the patient’s
anosmia. One of the rare potential causes of
anosmia is a frontal lobe tumour; however, CT and
MRI scans were unremarkable. She denied any
surgery or injury to her nose. She did not use
inhalers. Use of inhalers can cause some
impairment of smell. Atorvastatin was the only
medication that she took, and the British National
Formulary does not give anosmia as a side-effect
of atorvastatin.\(^1\) The gastroenterologist was asked
whether non-alcoholic steatohepatitis could be the
cause for her anosmia. He felt that it was very
unlikely to be the cause. The testing of olfactory
function was rather crude; however, the items used
were the best available at the time.

*Yin Tang* is a local point and is indicated in the
treatment of frontal headache, eye disorders,
rhinitis, sinusitis and insomnia.\(^2\) LI20 in Chinese
is *Yingxiang* which means ‘welcome fragrance’.
LI20 is indicated in nasal obstruction and loss of
sense of smell. Needling LI20, in traditional
terms, helps the ‘lung’ to perform its dispersing
function, so that the nose can smell fragrant scent,
hence the name ‘welcome fragrance’.\(^3,4\) Hecker et
al also mention LI20 for the treatment of anosmia.
GV23 (*Shangxing*) was used as a local point for
the nose and over frontal sinus. De Smul had used
low frequency electroacupuncture for 10 minutes
at LI4 and LI20.\(^5\) He had treated 19 patients, with
total recovery in eight of them. Jung and Qingping
treated 23 cases of atrophic rhinitis with
acupuncture.\(^6\) One of the symptoms of these
patients was anosmia due to dryness and atrophy
of the nasal mucosa. They used the acupuncture
points *Yin Tang* and bilateral *Shangyingxiang* (an
extra point 0.5cun inferior to the inner canthus of
the eye) as their main points. It was effective in 10
patients and markedly effective in seven. In six
patients it was ineffective.

A safety consideration to bear in mind when
needling points close to the nose and eyes is that
the veins in this area communicate directly with the
cavernous sinus, and therefore there is a theoretical,
albeit remote, risk of cavernous sinus infection
and thrombosis. Any advantage in disinfecting the
skin prior to needling remains debatable.

**Conclusion**

Acupuncture is a simple treatment that may be worth
considering in cases of anosmia or hyposmia.

**Acknowledgements**

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