Case Reports

Rapid Response with Moxa
Dr Penelope Brougham

Key Words
Acupuncture, Moxibustion

Introduction
Acupuncture can be performed in many different ways. Probably the least invasive is acupressure or shiatsu; tuning forks can be used on acupuncture points, the correct frequency having a beneficial effect on the system; heat in the form of moxa can be used; electricity can be used in the form of TENS; and Magnets can be applied to the skin for long term use. Then there are the traditional needles: by themselves, with moxa or with electricity. There is also laser acupuncture. This case is to show how the use of moxa had a profound effect on the outcome of a treatment.

History
This 45-year-old lady had felt generally unwell for two to three weeks after sinusitis, with swollen neck and axillary glands persisting from that time. She had been treated with vibramycin but the pains and glandular swelling had persisted.

At the age of 12 she had had TB peritonitis followed by an oophorectomy. At 34 she had an ectopic pregnancy and the other ovary and tube were removed. She had tried HRT unsuccessfully. She smoked 5-6 cigarettes per day. There was nothing else of note in her history.

There were no objective positive physical findings although she had a cold feeling across her back.

Treatment
She was treated initially with laser acupuncture. On her second visit she said that her digestion and bowels had improved though she had not complained that there was anything amiss with them in the first place.

At the second visit she was treated with moxa only to her back-shu points. No needles or laser were used.

Result
At the third visit, which was five days after her initial presentation, she said that she had had the most awful sweats and felt dreadfully unwell for a few hours following the moxa treatment. She had continued to sweat most of that night but on waking the next day she felt very much better. On the second day after the moxa she said that she felt she had recovered, the part of her back which had been treated with moxa was positively glowing, and despite the fact that her glands were still enlarged she no longer felt unwell.

Discussion
This is a lady who had not been noted to be a constant attender. I had treated her once before, a year previously when she had only the one treatment. That single treatment had resolved her problem at that time.

Moxa is used to warm the points in a “cold” syndrome. Warming this lady’s appropriate back-shu points provided a dramatic resolution of her symptoms. The treatment was planned as part of a course as not every patient responds as quickly as this. Indeed, she should have had more treatments till her glands went down, but she was satisfied when she merely felt well.

The Case of the Vanishing Magnet
Dr Penelope Brougham

Key words
Ear acupuncture, Magnetism.

Introduction
This little tale has a moral. But it is not a moral about acupuncture, it is about looking at your patients.

History
Mr D was 63 when I met him. Seven years ago he had developed sudden numbness of his arms and legs, and some chest pain. He had also had giddiness for three weeks and was seen in a large teaching hospital. Some time later he developed breathlessness particularly on exertion. The general consensus was that he had had a small cerebrovascular accident and then got asthma. Shortness of breath remained his major problem.
He was seen by an eminently acupuncturist, who, with a series of treatments, helped him considerably. Over the years, however, he had deteriorated. He tried all sorts of dietary changes as he found that red wine, certain food colourants and preservatives, and dairy products worsened his condition.

His medication consisted of Ventolin and some homoeopathic preparations.

Examination and treatment
He was a relatively well man and the only abnormal finding was chest wheeziness. He was treated cautiously with local and distal points for the wheeze at his first consultation. He returned saying that he had had relief from the wheeze for a short time. The treatment was repeated and gold-plated magnets were inserted at the "lung" position of each ear so that he could press on them when he felt he needed additional help.

He returned a week later saying that he had enjoyed several wheeze-free days. I checked his ears. The magnet in the right ear was still under its plaster cover, but there was only the plaster on the left ear with no magnet underneath it.

I asked him whether he was aware that he had lost one of the magnets. He wasn't aware of it. I looked in his left ear with the auriscope; glistening wax caught the beam of light. I looked in the right ear; there was not a hint of wax. I asked if he had used cotton buds and he denied it. I looked in the left ear again, golden-brown glistening wax gleamed in the light......I wonder.

Very carefully I put my tweezers into the left external auditory meatus, down a little, down a little, and then withdrew it. Science is wonderful, magnets like my tweezers and there it was. I looked again in his ear, yes there really was wax there and the magnet had blended beautifully.

Discussion
There are very few things that can go wrong with acupuncture treatments, but there is never any room for complacency and it is always wise to check even for the most unlikely of events. This was the first time in many, many years of acupuncture that I had encountered the vanishing gold-plated magnet.

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An Unusual Case of Headache
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Key words
Acupuncture, Headache, Herpes zoster, TB meningitis.

Introduction
I saw this patient at follow up while doing a locum for a colleague who had referred him to hospital after a three month history of progressively worsening headaches.

Presentation
A fifty year old male West Indian who worked on British Railways presented with a three month history of intermittent occipital and frontal headaches. They lasted 3 or 4 days at a time and he described them as a feeling of being hit on the head with a hammer. They were associated with nausea and photophobia, but he had not vomited or had any other visual disturbance. There was a family history that his mother had died of an intra-cranial haemorrhage.

He was referred and admitted to hospital after his headaches had become progressively worse and he had developed malaise and fever. The day before admission a typical rash of Herpes zoster appeared on his left flank.

Investigation
The hospital report states that on admission he was afebrile and that clinical examination showed no abnormality of the CNS or other systems apart from the Herpes zoster rash over T7 and 8. CT Scan, Blood Count and ESR were all normal. A lumbar puncture gave CSF suggestive of lymphocytic meningitis. This was assumed to be related to the Herpes zoster and he was treated with Acyclovir. There was no response to this, so after further unrewarding investigations a probable diagnosis of TB meningitis was made and anti-tubercular chemotherapy was started, although he had had no past history of Tuberculosis or of TB contact and had lived in the UK for over 25 years.

He made a progressive recovery. His headaches resolved, and in under 3 weeks he was discharged from hospital to resume light duties at work after 3 months. He is to continue his anti-tubercular treatment for a year.

Discussion
If I had seen this man before his referral to hospital I would have initially used acupuncture after having had negative findings on clinical examination. Would this have cured him? Would it have settled his headaches, but left a dangerous tuberculous encephalitis to progress? Indeed would it have had any effect at all?

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An unusual case of headache

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