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Treating the Person and not the Disease: Acupuncture in the management of cancer treatment-related lymphoedema

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Abstract

Using acupuncture in lymphoedema management is controversial, as it is feared that it may introduce infection or exacerbate lymphoedema. This paper presents case studies of four cancer survivors who participated in an exploratory study investigating the use of acupuncture and moxibustion as an adjunct to usual care for lymphoedema to promote wellbeing and improve quality of life. They illustrate how individualised treatment plans meet the diverse and changing needs of patients with

a complex, chronic side effect of cancer treatment for which there is currently no cure. They also demonstrate that acupuncture treatment can be effective even when large areas of the body are contraindicated to needling. The stories of these four participants may help influence existing perceptions on the parts of clinicians, patients, and acupuncturists about acupuncture's potential role in the management of lymphoedema.

Key Words: Acupuncture, Moxibustion, Lymphoedema, Cancer, Research, Quality of life.

Introduction to Lymphoedema

Lymphoedema is a progressive chronic condition characterised by swelling, usually of one or more limbs, the associated trunk quadrant, or other areas of the body including the breast, genitalia, head or neck. It is caused when imbalances between interstitial fluid production and transport cause accumulation of fluid in the tissue spaces, and may be congenital (primary lymphoedema) or the result of damage to the lymphatics (secondary lymphoedema) (International Society of Lymphology, 2003).

Cancer treatments are the main cause of secondary lymphoedema in the developed world, with surgery and radiotherapy causing damage to the lymph vessels and/or nodes. It is estimated that one in three breast cancer patients will develop the condition (Moffatt et al., 2003; Hayes et al., 2008), which is associated with other cancers including gynaecological, prostate, head and neck, and melanomas. Onset may occur up to 30 years or more after cancer treatment. In general, the condition is not understood, under-diagnosed, and poorly managed. For further information on the complexity of diagnosis, risk factors and management, we refer the reader to the *Best Practice of the Management of Lymphoedema* (2006).

Management of lymphoedema requires complex and highly individualised treatment programmes. Decongestive lymphatic therapy, intensive treatment given daily for two to four weeks, includes multi-layer bandaging and manual lymphatic drainage (MLD). Maintenance therapy comprises skin care, wearing of compression garments, self-massage (simple lymphatic drainage), and exercise and movement (British Lymphology Society, 2007). Currently incurable, lymphoedema requires continuous lifelong daily management to prevent its progression. People at risk of developing lymphoedema need to understand how to minimise the risk in their daily living and how to identify early signs and symptoms. Early identification and treatment are vital for minimising swelling and containing progression.

Lymphoedema is disfiguring, disabling, and distressing. Swelling may cause heaviness, discomfort and pain as well as restriction of movement and function. Social embarrassment, body image problems and low self-esteem are related to swelling and the wearing of specialist compression garments. Frustration, distress, anxiety, depression, relationship and sexual problems, and inability to work are other associated effects. Multi-disciplinary treatment strategies are required to reduce size, physical dysfunction and complications, as well as to address psychosocial effects and improve quality of life.

The Controversy

Routine advice for people with, or at risk of developing, lymphoedema involves avoiding interventions that break the skin, including accidental injury (such as cuts and insect bites) and non-accidental skin puncture (NASP) including medical interventions such as injections (Lymphoedema Framework, 2006). Skin puncture risks introducing infection, which can rapidly develop into a potentially life-threatening condition called cellulitis. It is also believed that inserting a needle into an affected or at risk area may overburden an already compromised lymphatic system, thereby causing or exacerbating swelling (Cole, 2006).

Policy on lymphoedema management does not contraindicate acupuncture (Lymphoedema Framework, 2006), and the guidance given is the same as for all NASP interventions, which is to avoid needling the affected or at risk area (Filshie, 2001; Tavares, 2003). However, in much popular literature (including websites, internet forums, and newsletters) the frequent message to lymphoedema patients is to avoid acupuncture completely (UKlymph.com, 2002; O'Connor, 2008; Hansard, 2010), a message that many lymphoedema specialists reinforce. On the other hand, many acupuncturists maintain that using clean needling technique minimises any chance of infection, and it is therefore safe to needle the affected area. There is no evidence to support or counteract the positions taken by either the lymphoedema or the acupuncture communities.

Acupuncture in lymphoedema management has not been researched extensively, with only two published small observational studies. In Japan, Kanakura et al., (2002) reported promising results using acupuncture and moxibustion as prophylaxis (n=12) and treatment (n=12) for lower limb lymphoedema associated with treatment for gynaecologic cancers. Alem and Gurgel (2008) reported improved mobility and reductions in swelling and discomfort in 29 breast cancer patients in Brazil. While the Japanese are not explicit about areas contraindicated to needling, the Brazilian researchers avoided needling the affected limb.

Our Research

Funding from the National Institute of Health Research (NIHR) Research for Innovation, Speculation and Creativity (RISC) programme enabled us to conduct preliminary research into this interesting and controversial area. We designed a three-step exploratory study, approved by the Hertfordshire Research Ethics Committee (REC), and conducted at the Lynda Jackson Macmillan Centre at Mount Vernon Cancer Centre in Northwood, Middlesex. Given the scant evidence about using acupuncture to treat lymphoedema, we chose to investigate the potential of using acupuncture and moxibustion (acu/moxa) to promote wellbeing and improve quality of life in cancer survivors with upper body lymphoedema. We focused on breast cancer and head and neck cancers.

In Step 1, focus groups with lymphoedema patients and clinicians established that acu/moxa treatment would be acceptable, *if we avoided needling the affected area*. For breast cancer patients

this meant avoiding not only the affected arm, but the associated torso quadrant as well. This was the green light to proceed to Step 2, the clinical phase of the study, in which 35 participants received up to 13 acu/moxa treatments as described below. Step 3 comprised focus groups with these participants to explore their experiences of acu/moxa treatment. We report the details of these steps elsewhere (Verhoef and Boon, 2010; de Valois et al., in press), and in this paper, we present four case studies that exemplify responses to our approach.

The Acupuncture Approach

Two British Acupuncture Council members (BdV and RP) administered the treatments, which were once weekly. We practise both Five Elements and Eight Principles styles of acupuncture. Together, we have over 25 years of experience as licensed acupuncturists, have postgraduate degree training (PhD and MSc respectively), research experience, and have worked extensively with people with complex, chronic, and potentially life-threatening conditions. Beverley is a research acupuncturist employed by the East and North Hertfordshire NHS Trust; Rachel was employed as 'bank' staff for this project.

In this study, we used traditional acupuncture to '*treat the patient and not the disease*', tailoring treatments to the individual with the aim of improving overall wellbeing, rather than attempting to treat the lymphoedema itself. We aimed to emulate usual clinical practice ('real-life' acupuncture, (see MacPherson et al., 2008)), and were free to draw upon the full range of our training and experience with regard to acupuncture needling and the use of moxibustion. The sole restriction was to avoid needling the affected area. For breast cancer patients, this meant avoiding the arm *and torso quadrant* on the affected side. For head and neck cancer patients, this meant avoiding needling the face, head and neck on the affected side. However, we needled points on the midline (*ren* and *du* channels), and for a small number of participants we used indirect moxa on the affected side.

Hertfordshire REC approved the use of moxibustion, as did the hospital's Health and Safety and Fire officers. The fire officer changed the fire alarm from a smoke detector to a heat detector in the treatment room.

In general, we cleared Aggressive Energy (AE Drain) at the first appointment, and treatment for Possession (Internal Dragons (IDs) or External Dragons (EDs)) was administered early in the treatment series (see de Valois, 2008). While bilateral needling is customary for these protocols (Worsley, 1990; Hicks et al., 2004), we avoided using needles on the affected side and observed responses that were equivalent to what we would have expected had we needled bilaterally.

In line with the 'real-life' nature of our approach, treatment was dynamic and evolved as the individual progressed through treatment. Treatment principles and points changed as the participants changed through the course of treatment, and as they reprioritised their treatment objectives. We treated acute

conditions (common cold, flu, headaches, musculoskeletal problems such as back pain, sciatica) as they presented. At their last treatment, participants were given British Acupuncture Council leaflets and advised on how to find an acupuncturist should they wish to continue having treatment privately.

We sought to establish rapport and develop strong therapeutic relationships. Lifestyle advice was given, according to the individual participant's needs and capacity for making changes. In line with the policy of the Lynda Jackson Macmillan Centre (LJMC), we did not give specific nutritional advice. However, we advised participants on aspects of lifestyle including the importance of eating regular meals, taking rest, getting appropriate exercise, drinking fluids, and finding sensible weight loss programmes. Some participants had, or were having, counselling and where appropriate, we referred participants to the LJMC counselling service.

Case Studies

The case studies presented here exemplify the wide-ranging and profound effects facilitated by the process of having acu/moxa treatment. Study participants were offered up to 13 treatments in two series: S1 comprised seven treatments, and upon completion, it was the participant's choice to continue to S2, a further six sessions. Treatment outcomes were measured using the Measure Yourself Medical Outcomes Profile (MYMOP), an individualised, patient-generated health status questionnaire on which participants specify up to two symptoms and one activity for which they wish to see improvement (Paterson, 1996). The participants represented in these case studies have given permission for their anonymised details to be used, and have approved drafts sent for their comment. Beverley treated Ann and Joe; Susan and Alan were Rachel's patients.

Case Study 1: Getting "my life back in balance" after cancer Background

Ann, age 60, had undergone surgery, chemotherapy and radiotherapy for breast cancer diagnosed nine years previously. Lymphoedema had developed in her left arm soon after surgery, and had been managed by the lymphoedema service continuously since.

On joining the study, her left arm felt heavy, and she described "constant pain" across the shoulder (front and back). Her fingers were "like sausages" and she was unable to grip. A seamstress by profession, she was unable to sew and performing usual daily tasks was challenging. Strangers noticed her hand and asked what the matter was, buying clothes was difficult, and Ann was frustrated at the length of time even simple tasks took to do. All this made her feel "out of control" and "off balance". She felt her arm was "ugly... it's a constant reminder of the cancer" and some days she felt she could "cheerfully chop it off".

Ann's sleep pattern had been poor since the birth of her youngest child 25 years previously. At most, she slept four hours, but often stayed up all night reading. Frequent nightmares had started with her cancer diagnosis, and she often woke up "terrified" and crying. Poor appetite, coupled with a fear of gaining weight (Ann

was five stone overweight) meant she ate little – at most she had an evening meal with the family, but often would "go a couple of days without eating". She lived on cups of tea. She felt exhausted, had a bowel movement every two or three days, and experienced three or four headaches a week.

Two of her five children lived at home. Her youngest had Down's Syndrome and required constant care. Ann put the needs of others before her own, and became a doormat to her large family. The Christmas season was a particularly difficult time emotionally as this anniversary of her diagnosis coincided with a pattern of deaths and bad news over the years. Ann said she had felt "emotionally off balance" since her cancer diagnosis. Previously she had felt comfortable with herself, but now felt "lost somewhere". She felt a "tremendous guilt" about surviving cancer.

Treatment approach

MYMOP treatment priorities: Ann was clear that she wanted 1) relief of the pain in her arm and shoulder, and 2) to "get back in balance". "Sewing" was her priority activity.

My treatment plan was to use mixed methods, drawing on Eight Principles approaches to affect the arm, and Five Elements to treat the spirit. The interdiction to needling the affected area turned my focus away from treating the manifestation (swollen arm) to attempting to treat the root. With little in the literature to guide me, I was intrigued by Maciocia's discussion of activating the triple burner to move and transform *qi* and fluids. Although not specifically indicated for lymphoedema, the concept of using the triple burner to control the water passages in conjunction with its function of controlling the transportation and penetration of *qi* seemed an appropriate way to deal with the accumulation of damp and stagnation associated with lymphoedema. Maciocia also opens the directing vessel (ξ) to promote transformation, transportation and excretion of fluids (referred to as PTTE in Tables 1 and 2 below), combining this with points on the directing vessel to stimulate the triple burner's capacity to metabolise fluids (see Maciocia, 2006, pp. 50-54 & 456-460 for a discussion of these approaches).

Armed with this plan, I proceeded tentatively, starting Ann's first series of seven treatments (S1) by clearing blocks to treatment (de Valois, 2008) and using direct moxa unilaterally on kidney chest points to address the spirit (Hicks et al., 2004, p. 286). My plans to deliver consistent treatment were thwarted by the onset of sciatica, followed by back pain, then flu, and treatment plans changed to address these acute conditions.

Ann continued to S2, setting her priorities as 1) relief of pain in the arm, and 2) improve confidence. Sewing remained her priority activity. During this course of six treatments, I changed my focus to supporting the wood element. Whilst I was not entirely convinced that it was her constitutional factor (CF), her green colour and lack of assertiveness suggested that the wood element needed support. Table 1 details the 13 treatments.

Table 1: Ann’s 13 treatments

Abbreviations:

Bi = bilateral **RS** = right side **MD** = direct moxa, x n = number of cones used **MS** = stick moxa
Un = unilateral **LS** = left side **MN** = moxa on needle **NN** = no needling

Tx	Tx Principles	Points No needles in left torso quadrant	Notes
S1			
1	Clear Block to Treatment: Aggressive Energy Drain ¹	Bl 13 <i>fei shu</i> ; Bl 14 <i>jue yin shu</i> ; Bl 15 <i>xin shu</i> ; Bl 18 <i>gan shu</i> ; Bl 20 <i>pi shu</i> ; Bl 23 <i>shen shu</i> ; plus 3 check needles	Un, RS only
2	<ul style="list-style-type: none"> Internal Dragons² Help patient regain control³ 	<ul style="list-style-type: none"> Extra point 0.25 <i>cun</i> below Ren 15 <i>jiu wei</i>; St 25 <i>tian shu</i>; St 32 <i>fu tu</i>; St 41 <i>jie xi</i> SI 4 <i>wan gu</i>, Ht 7 <i>shen men</i> 	<ul style="list-style-type: none"> Bi RS only
3	<ul style="list-style-type: none"> Treat spirit Promote transformation, transportation & excretion of fluids (PTTE)⁴ Treat arm pain & swelling⁵ 	<ul style="list-style-type: none"> Ki 25 <i>shen cang</i>; Ki 27 <i>shu fu</i> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS) Ren 4 <i>guan yuan</i> MD x5 TH 5 <i>wai guan</i> LI 11 <i>qu chi</i> 	<ul style="list-style-type: none"> MD x3, RS, NN RS
4	Treat sciatica	<ul style="list-style-type: none"> Open yang stepping vessel⁶: Bl 63 <i>jin men</i>; SI 3 <i>hou xi</i> GB 32 <i>zhong du</i>; GB 34 <i>yang ling quan</i>; GB 39 <i>xuan zhong</i> 2 <i>ah shi</i> points in right buttock Stick moxa along channel 	All points on RS MN
5	<ul style="list-style-type: none"> Treat spirit PTTE Warm lower <i>jiao</i> (for back pain) 	<ul style="list-style-type: none"> Ki 24 <i>ling xu</i> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS). Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wan</i> Moxa stick along <i>ren</i> channel from Ren 2 <i>qu gu</i> to Ren 8 <i>shen que</i>⁷ 	MD x3, RS, NN
6	<ul style="list-style-type: none"> PTTE Treat catarrh (after flu) Resolve damp and phlegm⁵ Clear sinuses⁵ 	<ul style="list-style-type: none"> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS). Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wan</i> St 40 <i>feng long</i> (RS); Sp 9 <i>yin ling quan</i> (LS) LI 4 (RS); LI 20 (Bi); M-HN-3 <i>yin tang</i> 	
7	<ul style="list-style-type: none"> Treat spirit PTTE 	<ul style="list-style-type: none"> Ki 25 <i>shen cang</i>; Ki 27 <i>shu fu</i> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS); TH 5 <i>wai guan</i> (RS) Ren 5 <i>shi men</i>; Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wa</i> Ren 4 <i>guan yuan</i> 	<ul style="list-style-type: none"> MD x3, RS, NN MD x5, NN
S2			
8	<ul style="list-style-type: none"> Treat spirit Internal Dragons² 	<ul style="list-style-type: none"> Ki 24 <i>ling xu</i> (RS); Ren 17 <i>shan zhong</i> As per treatment 2, above 	MD x3, NN
9	<ul style="list-style-type: none"> Treat spirit Treat CF-Wood⁸ 	<ul style="list-style-type: none"> Ki 20 <i>tong gu</i> (RS) Kid 21 <i>you men</i> (RS); Ren 17 <i>shan zhong</i> GB 41 <i>zu lin qi</i>; Liv 3 <i>tai chong</i> 	<ul style="list-style-type: none"> MD x3, NN Bi
10	<ul style="list-style-type: none"> Treat spirit Treat CF: Wood 	<ul style="list-style-type: none"> Ki 25 <i>shen cang</i>; Ki 27 <i>shu fu</i>; Ren 17 <i>shan zhong</i>; Ren 4 <i>guan yuan</i> GB 37 <i>guang ming</i>; Liv 5 <i>li gou</i>; GB 41 <i>zu lin qi</i> 	<ul style="list-style-type: none"> MD x3, RS, NN Needled Luo Junction
11	<ul style="list-style-type: none"> PTTE Resolve damp Calm <i>shen</i> Treat CF: Wood 	<ul style="list-style-type: none"> As per treatment 7 above Sp 9 <i>yin ling quan</i> (RS) Ren 17 <i>shan zhong</i> (MD x3, NN); M-HN-3 <i>yin tang</i> GB 41 <i>zu lin qi</i>; Liv 3 <i>tai chong</i> 	LS only
12	Clear entry/exit block ⁹	Spleen/Heart block: Sp 21 <i>da bao</i> ; Ht 1 <i>ji quan</i>	RS only
13	<ul style="list-style-type: none"> PTTE Treat spirit Treat CF: Wood – spring seasonal treatment⁸ 	<ul style="list-style-type: none"> As per treatment 7 above Ren 17 <i>shan zhong</i> GB 41 <i>zu lin qi</i>; Liv 1 <i>da dun</i> 	MD x3, NN

¹ (Hicks et al., 2004), pages 229-235

² (Hicks et al., 2004), pages 236-243

³ Yuan source points of the Ht and SI are used to help the patient regain control if they have felt out of control (A Hicks 2011, personal communication, 21 February)

⁴ (Maciocia, 2006), pages 456-459

⁵ (Deadman et al., 2007) See relevant entries for points

⁶ (Maciocia, 2006), pages 572-573

⁷ A useful technique I discovered in clinical practice

⁸ (Hicks et al., 2004) for theory and practice of treating the CF. See pages 321-326 for information about specific points.

⁹ (Hicks et al., 2004), pages 250-253

Progress through treatment

Ann's progress through treatment was remarkable, but not straightforward. She responded strongly to treatment, and was articulate about changes. She particularly enjoyed having moxa treatment: she loved the smell, and found the warmth comforting and relaxing. She reported that after the Aggressive Energy (AE) Drain she was "extremely thirsty" for two days, better able to cope with the pain, and had slept for an "unheard of" six hours on the night of treatment. Her husband had remarked that she was noticeably calmer. After Internal Dragons (IDs) treatment, she said she had much more energy, was very alert, and felt very positive.

Her arm responded early in S1. After IDs, she reported it felt less heavy and she had not had to rely on bandaging with kinesio tape during the following week. After treatment three, the pain in her shoulder had disappeared, and the usual "screaming pain" around the lower forearm and wrist reduced to a "constant nagging ache". Although still swollen, the arm had softened, her grip began to improve, and she completed a small sewing project. As treatment continued, swelling fluctuated according to changes in Ann's physical and emotional state. However, she noticed that she recovered quickly from setbacks, her grip and movement continued to improve, she dropped things less, and was able to sew.

Her sleep improved. After treatment three she slept almost continuously for nearly 18 hours, and in general she became able to sleep well with no nightmares. I encouraged Ann to eat three meals a day, but she was convinced that this would exacerbate her weight problem. I persisted in my encouragement, and although Ann struggled to eat regular meals, she was delighted to report a ten-pound loss by the end of S2 without dieting! Her energy improved, and she no longer experienced constipation. However, progress was not easy. The improvements of the first three treatments seemed to be setback by a succession of sciatica, low back pain, and flu. At the time, these acute attacks were frustrating and somewhat disappointing. However, they provided Ann with the opportunity to start putting her needs ahead of others. She took to her bed, and realised her adult children could not only look after themselves, they could help her as well. She began to delegate, established boundaries, and stopped pushing herself to keep going. She gave herself permission to look after herself.

Her emotional state also began to improve. She felt less anxious, and less guilty about surviving cancer. S2 began in the New Year, and Ann reported that it was the nicest Christmas the family had had since her diagnosis. It was not unmarred, however, and her uncle's death during the season caused difficult emotions and troublesome dreams to resurface. In discussing these dreams, we noted that they were related to her feelings about death, and I repeated the IDs treatment. She was able to deal with the funeral and mourning without a recurrence of nightmares and anxiety. As she progressed through S2, her confidence increased – she was able to deal with troublesome building work in her home calmly and assertively.

Long-term feedback

Three weeks after ending treatment, Ann had one of the two cases of cellulitis reported by participants in this study. The lymphoedema nurse confirmed that it was unrelated to acupuncture treatment. Ann's own response to this emergency is testimony to how much she had changed during treatment: "Normally I 'put off' going to the doctor until things are really bad. This time I had the confidence to request an urgent appointment and get prompt treatment. I feel this is due to the acupuncture/moxibustion treatment I received."

At 12 weeks after treatment, Ann reported she was still feeling the benefits. Her arm still felt lighter, she could cope better with any pain, finger movement was still good, and she was able to do fine sewing work. Emotionally she felt "much stronger and more positive – I have regained my self-confidence" to the extent that "family and friends have noticed the change and say I am now like 'my old self.'"

Summary

Ann's case illustrates the complex manner in which acupuncture can facilitate healing on physical and emotional levels, and exemplifies the profound importance of lifestyle changes. For Ann, the experience enabled her to process difficult emotions related to cancer and death, and to get her "life back in balance". Equally importantly, she was enabled to "deal with symptoms in a more positive way", an essential change for managing a chronic, incurable condition such as lymphoedema.

As a practitioner/researcher exploring approaches to influencing lymphoedema using acupuncture, it is unclear to me whether the techniques to promote transformation, transportation and excretion of fluids reduced the swelling in Ann's arm. They appear to have had some effect on her system, as she reported frequent, copious urination after treatment. Consistent application of this approach may have yielded results that are more obvious; however, it seemed appropriate to address the other acute conditions (both physical and emotional) that arose during her treatment.

Case Study 2: Making the recovery easier

Background

Joe, age 61, was diagnosed with squamous cell carcinoma of the right mandible nine months previously. Surgery, during which bone was removed from his right leg to reconstruct his jaw, was followed by radiotherapy, completed three months before joining the study. Swelling had started post-operatively, and Joe had attended the lymphoedema clinic regularly. Joe felt his lymphoedema was well managed by the lymphoedema service, and he was concordant with the treatment plan for self-management: he used kinesio tape and daily simple lymphatic drainage (specialised self-massage) to improve drainage and reduce swelling.

He was more concerned with other symptoms. On joining the study, the right side of Joe's face (lower lip, chin, neck and half of tongue) felt numb. He was unable to open his mouth fully, and

combined with the loss of teeth removed in surgery, Joe found eating difficult. Numbness, rather than pain, was the problem, and Joe hoped that acupuncture would make his face feel “more vibrant”. Mouth dryness (xerostomia) added to his discomfort. More pronounced at night than during the day, Joe needed to get up every two hours to sip water and use a mouth moistening gel.

Joe described himself as a light sleeper, managing six or seven hours of broken sleep with occasionally disturbing dreams. His appetite was “okay”, and he had managed to maintain his weight at about 80 kilos during his treatment by consuming 2500 calories a day. He was vegetarian, and his food needed to be mashed or ground. Although he was not thirsty, he drank a lot of fluid to counteract the “sticky dryness” in his mouth. Since cancer treatment, his bowels had become occasionally sluggish.

Joe had worked abroad in business his entire career, and had brought his family back to England on his retirement two years previously. He had led a “simple life” with no history of smoking or other carcinogenic habits, and although bewildered by it, he strove to maintain an attitude of acceptance of his condition.

His tongue was very red, peeled in patches, with thick white curds at the root, and a distended blue vein on the left underside. The Wood pulse was big, the Earth pulse slippery. His sadness of demeanour and a whitish hue around his eyes suggested that he might be a Metal CF.

Treatment approach

MYMOP treatment priorities: Joe wanted to 1) alleviate the numbness of his right lip, tongue and neck, and 2) improve opening his mouth. His priority activity was to improve chewing and sensation when eating.

I directed my treatment plan for Joe primarily at relieving his physical distress. As with Ann, I used the directing vessel (*ren mai*) and triple burner to promote transformation and transportation of fluids to deal with the swelling. I used distal stomach points, as well as those on the opposite side of the face, to deal with the mouth dryness and numbness. I incorporated opening the *yang* linking vessel into Joe’s treatment, choosing it for its influence over the lateral side of the head and neck, as well as its indications for problems of the mouth, tongue, teeth, gums and neck (Maciocia, 2006, pp. 624, 626-7). Joe was reticent about discussing his emotional state, and I supported him as well as I could.

Joe continued to S2, setting his priorities as 1) improving movement of the neck and 2) reducing numbness on the tongue and cheek. He wanted to improve his concentration, especially when reading. Table 2 details the 13 treatments.

Progress through treatment

Lymphoedema associated with treatment for head and neck cancers is usually transient (Withey et al., 2000), so any improvements in swelling may have been due to the natural course of the condition. What was remarkable in Joe’s progress

was the return of sensation to the numb areas of his face. After the second treatment, he experienced sensations on the tongue; during subsequent sessions, he reported feeling sensations of lymph draining similar to those experienced when he practised simple lymphatic drainage. During treatment, his mouth also became moister. This improved consistently, so that soon he was able to sleep for four hours at night before waking to moisten his mouth. As sensations in his mouth improved, Joe’s attention turned to the pain in his left leg, caused by the removal of bone to rebuild his jaw, and I addressed this in treatment as well.

Joe was very keen to learn techniques to self-manage between treatments, and he developed his own approach to stimulating areas on his face to improve facial sensation. As sensation returned, the affected area became very sensitive to cold. I used indirect moxa during treatment, and gave Joe a tiger warmer moxa device to warm this area between sessions. However, Joe was concerned that his lack of sensitivity in the area might cause him to burn himself, and we discontinued this.

As he progressed through treatment, Joe began to reveal his emotions. He said he avoided depression by keeping active and involved in business projects. He strove for acceptance of his condition; however, this acceptance overlaid anxiety, and Joe felt cut adrift when follow-up appointments with his surgeon were reduced to once every three months. Around this time, Joe began to talk about nightmares, and I administered IDs and EDs and began to focus on supporting his Metal. His sleep improved, he began to feel more positive, and he continued to improve physically and emotionally. After his penultimate treatment, which coincided with the advent of spring after a cold winter, he felt full of energy and optimism, and embarked on a programme of home improvements. It was a cruel blow, then, to return home after a DIY shopping trip, to find his home had been burgled. This caused a resurgence of symptoms, and in his last treatment, I focused on treating shock and calming the *shen*.

Long-term feedback

While Joe experienced gradual, continuous improvements in his overall health, he valued the supportive aspects of acupuncture most. At the end of treatment, he wrote “it is important to recognise the motivational support this treatment gave” and he valued the “good care and support” offered. For Joe, continuous professional support was important; it provided reassurance that “I am not alone”, and the acupuncture sessions were a place where he could discuss aspects of his illness that he could not raise with his family. Twelve weeks after the end of treatment, he wrote that the treatment brought “comfort and knowledge on how to control your own health.”

Summary

Joe’s case illustrates acupuncture’s role in symptom relief, and more importantly, the value of the therapeutic relationship in supporting patients in the aftermath of life-threatening illness and treatment. For Joe, “the journey of recovery from major surgery was not easy; regular [acupuncture] treatment ... made recovery easier.”

Table 2: Joe's 13 treatments**Abbreviations:****Bi** = bilateral**RS** = right side**MD** = direct moxa, x n = number of cones used**MS** = stick moxa**Un** = unilateral**LS** = left side**MN** = moxa on needle**NN** = no needling

Tx	Tx Principles	Points No needles in RS of face and neck	Notes
S1			
1	Aggressive Energy Drain	See Table 1	Un, LS only
2	<ul style="list-style-type: none"> Internal Dragons Help patient regain control 	See Table 1	<ul style="list-style-type: none"> Bi LS only
3	<ul style="list-style-type: none"> PTTE Treat xerostomia, facial swelling and stiffness¹ Tonify <i>qi</i> 	<ul style="list-style-type: none"> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS); Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wan</i>; TB 5 <i>wai guan</i> (LS) Ren 24 <i>cheng jiang</i>; St 4 <i>di cang</i>; St 5 <i>da ying</i>; St 6 <i>jia che</i> St 36 <i>zu san li</i> 	<ul style="list-style-type: none"> LS LS
4	<ul style="list-style-type: none"> PTTE Treat xerostomia, facial swelling and stiffness¹ 	<ul style="list-style-type: none"> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (RS); Ki 6 <i>zhao hai</i> (LS); TB 5 <i>wai guan</i> (LS) Ren 24 <i>cheng jiang</i>; St 4 <i>di cang</i>; St 5 <i>da ying</i>; St 6 <i>jia che</i>; LI 6 <i>pian li</i> 	<ul style="list-style-type: none"> LS
5	<ul style="list-style-type: none"> Influence lateral aspect of head and neck² Influence facial sensation and oedema PTTE 	<ul style="list-style-type: none"> Open <i>yang</i> linking vessel: TB 5 <i>wai guan</i> (RS), GB 41 <i>zu lin qi</i> (LS) St 44 <i>nei ting</i> (RS); St 43 <i>xian gu</i>; St 4 <i>di cang</i>; St 5 <i>da ying</i>; St 6 <i>jia che</i> Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wan</i>; Ren 24 <i>cheng jiang</i> 	<ul style="list-style-type: none"> LS
6	<ul style="list-style-type: none"> Treat spirit Influence lateral aspect of head and neck Influence facial sensation and oedema PTTE 	<ul style="list-style-type: none"> Ki 25 <i>shen cang</i>; Ki 27 <i>shu fu</i> Open <i>yang</i> linking vessel¹: TB 5 <i>wai guan</i> (RS), GB 41 <i>zu lin qi</i> (LS) St 44 <i>nei ting</i> (RS); St 43 <i>xian gu</i>; St 4 <i>di cang</i>; St 6 <i>jia che</i>; St 7 <i>xia guan</i>; Ren 9 <i>shui fen</i>; Ren 12 <i>zhong wan</i>; Ren 24 <i>cheng jiang</i> 	<ul style="list-style-type: none"> MD x3, LS, NN LS
7	<ul style="list-style-type: none"> IDs (to clear dream life) Improve facial sensation Regulate flow of saliva Calm <i>shen</i> 	<ul style="list-style-type: none"> See Table 1 St 7 <i>xia guan</i> Ren 24 <i>cheng jiang</i> Ren 17 <i>shan zhong</i> 	<ul style="list-style-type: none"> MD x5, NN
S2			
8	<ul style="list-style-type: none"> External Dragons³ Treat CF – Metal 	<ul style="list-style-type: none"> Du 20 <i>bai hui</i>; Bl 11 <i>da zhu</i> (LS only); Bl 23 <i>shen shu</i> (bi) Bl 62 <i>shen mai</i> (bi) LI 4 <i>he gu</i> Lu 9 <i>tai yuan</i> 	<ul style="list-style-type: none"> LS
9	<ul style="list-style-type: none"> Influence lateral aspect of head and neck Relieve numbness in left leg Calm <i>shen</i> Treat & warm side of face 	<ul style="list-style-type: none"> Open <i>yang</i> linking vessel: TB 5 <i>wai guan</i> (RS), GB 41 <i>zu lin qi</i> (LS) GB 33 <i>xi yang guan</i>; GB 40 <i>qiu xu</i> <i>Yin tang</i> St 7 <i>xia guan</i> (LS); tiger warmer over right cheek, jaw, and Ren 24 <i>cheng jiang</i> (10 minutes) 	<ul style="list-style-type: none"> LS
10	<ul style="list-style-type: none"> Influence lateral aspect of head and neck Relieve cramp & numbness in left leg Treat & warm side of face 	<ul style="list-style-type: none"> Open <i>yang</i> linking vessel: TB 5 <i>wai guan</i> (RS), GB 41 <i>zu lin qi</i> (LS) Bl 57 <i>cheng shan</i>; GB 40 <i>qiu xu</i>; GB 34 <i>yang ling quan</i> St 7 <i>xia guan</i> (LS); tiger warmer over stomach channel in face and along jawline 	<ul style="list-style-type: none"> LS
11	<ul style="list-style-type: none"> Descend and disperse lung <i>qi</i> (for congestion and cough) Regulate LI (constipation) Treat numbness in left leg 	<ul style="list-style-type: none"> Ren 19 <i>zi gong</i>; TB 5 <i>wai guan</i> (LS) SP 15 <i>da heng</i> GB 40 <i>qiu xu</i>; GB 34 <i>yang ling quan</i>; GB 37 <i>guang ming</i> 	<ul style="list-style-type: none"> Bi LS
12	<ul style="list-style-type: none"> Influence lateral side of head and neck Regulate LI (constipation) Treat numbness in left leg 	<ul style="list-style-type: none"> Open <i>yang</i> linking vessel: TB 5 <i>wai guan</i> (RS), GB 41 <i>zu lin qi</i> (LS) SP 15 <i>daheng</i> GB 40 <i>qiu xu</i>; GB 34 <i>yang ling quan</i>; GB 35 <i>yang jiao</i>; GB 39 <i>xuan zhong</i> 	<ul style="list-style-type: none"> RS only LS
13	<ul style="list-style-type: none"> Calm <i>shen</i> Harmonise kidney and heart (after shock) 	<ul style="list-style-type: none"> Ki 25 <i>shen cang</i>; Ki 27 <i>shu fu</i>; Ren 17 <i>shan zhong</i>; <i>Yin tang</i> Ht 7 <i>shen men</i>; P 7 <i>da ling</i> Ki 3 <i>tai xi</i> 	<ul style="list-style-type: none"> MD x3, NN LS RS

¹(Deadman et al., 2007) See relevant entries for points²(Maciocia, 2006), page 624³(Hicks et al., 2004), pages 236-243

For all other points, see Deadman et al 2007 under relevant entries for points.

Case Study 3: A case of good timing

Background

Susan, age 60, was diagnosed with breast cancer in October 2001. Her treatment consisted of a lumpectomy in the right breast with removal of 20 lymph nodes, followed by chemotherapy and radiotherapy which was completed in May 2002. Lymphoedema developed in Susan's right arm two weeks after radiotherapy ended, and has been managed by the lymphoedema service since.

On joining the study, Susan's swollen right arm felt tight, heavy, and uncomfortable and ached constantly. She had been experiencing this consistently since the lymphoedema first developed seven years previously. Susan described the lymphoedema as "annoying", particularly having to wear the compression bandage, and needing to be careful of carrying anything heavy as this immediately aggravated the swelling. She had also suffered two episodes of cellulitis, the most recent of which had been two years previously.

Susan presented with a seasonal January cold and sore throat that she had been trying to shake off for a few weeks. She had been feeling weak with no desire to go out and complained of musculoskeletal pain in the rib area, which had been there for eight weeks. She described this as a dull ache triggered by movement and pressure at the site. Susan also had chronic arthritis in the knees. Four months prior to joining the study, Susan had had surgery to repair a prolapsed anterior vaginal wall.

A retired nurse, Susan was married with three adult children, two daughters and a son; her youngest daughter lived at home with Susan and her husband. She and her husband enjoyed a good relationship with all their children. Susan looked forward to nights out with her husband; most weekends they socialised with friends at a local pub. However, during the past year, relations had broken down between them, as her husband became involved with another woman in their social circle. Susan's husband had insisted it was nothing more than friendship, but Susan was unconvinced. This situation was affecting her emotional health; she wanted to stop taking the anti-depressants prescribed two months previously.

Susan described herself as a usually calm, quiet, contained person who liked social activities and having fun. For some time she had been finding herself tearful and angry at how she was being treated by her husband and the woman who had been a friend.

Treatment approach

MYMOP treatment priorities: Susan wanted help with 1) depression and 2) relief from the swelling in her right arm. Her priority activities were swimming and walking. She also wanted to reduce or stop taking her anti-depressant medication, Citalopram.

My treatment plan was to work with an integrated approach using Five Elements and Eight Principles guidelines. I felt it important to place an emphasis on Susan's emotional wellbeing as depression was her main area of concern. The first two treatments focused on clearing blocks, potentially caused by emotional shocks and instability (Hicks et al., 2004, pp. 230 & 238) from the cancer

diagnosis and treatment and coping with the side effects, specifically, lymphoedema. Alongside this, I aimed to work with the root of disharmony – the constitutional factor, which I identified as Fire. Susan's pulse presented as slippery, full, and sometimes floating on the left hand side, with a tight and wiry quality on the right. This indicated an accumulation of fluids generated from dampness and affecting the spleen's function of transformation and transportation of body fluids (Maciocia, 1989, pp. 298-300).

S1 began with clearing blocks to treatment (discussed above), followed by a choice of points to resolve damp and phlegm and to clear the lingering pathogenic factors, wind cold and heat. I used heart, triple burner and pericardium points unilaterally in most treatments to support Susan on an emotional level. Towards the end of S1, I changed the latter to liver and gall bladder points, as it became more apparent that the wood element was in distress. Susan was not managing her anger well and was having difficulty asserting some control over her marital situation.

Susan chose to continue to S2, and retained the same treatment priorities as S1. Her priority activity changed to "motivating self", particularly regarding swimming. During these six treatments I changed the focus, placing more emphasis on working with the wood element to help with Susan's frustration and depression. I used kidney chest points and heart, triple burner and pericardium points (discussed above) to lift the spirit. Table 3 details the 13 treatments.

Progress through treatment

After the first three treatments, Susan reported that the aching in her right arm had stopped, but there was no change in the swelling. She was and had been compliant in wearing her sleeve, but noticed an increase in the swelling after forgetting to wear it one day. At the start of S2, Susan said that her arm "was feeling lighter and no different from the other arm". Her arm volume measurement at that time showed 8% volume, reduced from 25% the previous year.

Susan experienced upper respiratory congestion, which seemed to be a feature of her health, and about which she did not complain. She presented with a lingering cold at her first session. She expelled copious amounts of mucous and phlegm after some treatments, and this cleared quite considerably towards the end of S2. It returned with a vengeance during the last week of treatment; this coincided with a crisis point in Susan's marriage, and thus was an emotionally difficult time.

It was in her emotional health that I noticed the biggest changes occurring for Susan throughout her treatment. The most important issue for her at the time of the study was the impact that her marital problems were having on her health. Depression was her number 1 symptom, the direct result of her husband's infidelity and his unreasonable behaviour, which had been going on for some time. Susan was understandably hurt, tearful and angry, and felt close to breaking down on a number of occasions. She wanted to stop taking the anti-depressants prescribed by her doctor and she succeeded in doing this without suffering

Table 3: Susan's 13 treatments

Abbreviations:

Bi = bilateral **RS** = right side **MD** = direct moxa, x n = number of cones used **MS** = stick moxa
Un = unilateral **LS** = left side **MN** = moxa on needle **NN** = no needling

Tx	Tx Principles	Points No needles in right torso quadrant	Notes
S1			
1	Aggressive Energy Drain ¹	See Table 1	Un, LS only
2	<ul style="list-style-type: none"> Internal Dragons² Help patient regain control 	See Table 1	<ul style="list-style-type: none"> Bi LS only
3	<ul style="list-style-type: none"> Regulate the spleen and resolve dampness³ Clear damp in liver & gallbladder Transform phlegm Treat CF – Fire⁴ 	<ul style="list-style-type: none"> Sp 6 <i>san yin jiao</i>, Sp 9 <i>ying ling quan</i> GB 34 <i>yang ling quan</i> St 40 <i>feng long</i> TB 4 <i>yang chi</i>, P 7 <i>da ling</i> 	<ul style="list-style-type: none"> Bi Bi Bi LS
4	<ul style="list-style-type: none"> Release exterior & expel wind³ Transform phlegm Resolve damp and regulate <i>qi</i> Calm the <i>shen</i> 	<ul style="list-style-type: none"> Lu 7 <i>lie que</i>, LI 4 <i>he gu</i> St 40 <i>feng long</i> Sp 4 <i>gong sun</i> Yin tang 	<ul style="list-style-type: none"> LS Bi Bi
5	<ul style="list-style-type: none"> Smooth & harmonise liver³ Calm the <i>shen</i> 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 40 <i>qiu xu</i> P 6 <i>nei guan</i>, Yin tang 	<ul style="list-style-type: none"> Bi LS
6	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Help rib pain and benefit heart⁵ Restore collapse 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 34 <i>yang ling quan</i> Open <i>chong mai</i>: Sp 4 <i>gong sun</i>, P 6 <i>nei guan</i> Ren 4 <i>guan yuan</i> 	<ul style="list-style-type: none"> Bi RS LS MS X 5
7	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Release exterior & expel wind Support lower <i>jiao</i>, rescue collapse of <i>yang</i>³ 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 40 <i>qiu xu</i> Lu 7 <i>lie que</i>, LI 4 <i>he gu</i> Ren 6 <i>qi hai</i> 	<ul style="list-style-type: none"> Bi LS
S2			
8	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Transform phlegm Calm the <i>shen</i> 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 41 <i>zu lin qi</i> LI 4 <i>he gu</i>, Ren 18 <i>yu tang</i>, Ren 19 <i>zi gong</i> Ren 6 <i>qi hai</i>, Yin tang 	<ul style="list-style-type: none"> Bi LS
9	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Release exterior & expel wind Lift spirit⁶ 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 34 <i>yang ling quan</i> LI 4 <i>he gu</i>, Lu7 <i>lie que</i> Ki 24 <i>ling xu</i> 	<ul style="list-style-type: none"> Bi LS LS MS X 5
10	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Transform phlegm Treat CF (Fire) and activate channel 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 40 <i>qi xu</i>, Liv 14 <i>qi men</i> Ren 18 <i>yu tang</i> TB 5 <i>wai guan</i> 	<ul style="list-style-type: none"> Bi LS LS
11	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Lift spirit Treat CF (Fire) and activate channel 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 34 <i>yang ling quan</i>, Ren 10 <i>xia wan</i> Ki 25 <i>shen Cang</i> TB 4 <i>yang qi</i> 	<ul style="list-style-type: none"> Bi LS RS
12	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Lift spirit Tonify spleen and stomach, resolve dampness 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 41 <i>zu lin qi</i>, TB 5 <i>wai guan</i> Ki 25 <i>shen Cang</i> Sp 6 <i>san yin jiao</i>, Ren 12 <i>zhong wan</i> 	<ul style="list-style-type: none"> Bi LS LS Bi
13	<ul style="list-style-type: none"> Tonify spleen and stomach, transform phlegm Treat CF (Fire) 	<ul style="list-style-type: none"> Sp 3 <i>tai bai</i>, St 40 <i>feng long</i>, Lu 5 <i>chi ze</i>, Ren 18 <i>yu tang</i> Ht 7 <i>shen men</i> 	<ul style="list-style-type: none"> Bi LS LS

¹ (Hicks et al., 2004), pages 229-235

² (Hicks et al., 2004), pages 236-243

³ (Deadman et al., 2007) See relevant entries for points

⁴ (Hicks et al., 2004) for theory and practice of treating the CF. See pages 315-320 for information about specific points.

⁵ (Matsumoto and Birch, 1986), pages 87-89

⁶ (Hicks et al., 2004). Using points to treat the spirit, page 287

any ill effects whilst having acupuncture. By S2, Susan's resolve had strengthened and she was able to be more assertive and consistent when confronting her husband, rather than feeling disempowered and unable to take control. I observed physical changes in the way Susan held herself, and in her choice of clothing. An attractive woman, Susan always dressed smartly, and was well groomed. However she began to wear brighter colours as she felt better and her complexion glowed. Susan stated at the end of the study that she felt she was able to deal with her emotions in a more positive way, and her mental state had greatly improved. She also said "I have thought less about my lymphoedema."

Long-term feedback

In her long-term feedback, Susan said that she felt the swelling in her right arm "had reduced quite a bit during the study, but (this) didn't last". Aching and heaviness had reduced, and she felt that she was better able to accept that she had lymphoedema. She also felt motivated to take up exercises that were beneficial and were helping her condition.

I was very pleased that Susan felt able and comfortable to talk about her personal life almost from her first treatment. She wrote that she felt "happier and relaxed, and more positive about life" when she left the sessions. Her long-term feedback indicated that this change in her emotional wellbeing and improved ability to cope stayed with her and remained stable. We received a Christmas card from Susan, four months after the end of treatment, informing us that she had left her husband.

Summary

I felt that the timing for treatment was perfect for Susan. She started the treatment with an aim, and succeeded in achieving it, not knowing at the time what the outcome would be. Ultimately, it was a difficult but very positive one for her, and I admire her enormously for her accomplishment.

Case Study 4: A strong measure of a positive response

Background

Alan, age 51, was diagnosed with cancer of the larynx in 1998. Surgery to remove the tumour, part of the thyroid gland, lymph nodes and neck muscle was followed by chemotherapy and radiotherapy. Lymphoedema developed one month after treatment, and unusually for lymphoedema associated with treatment for head and neck cancers, it became a chronic condition (Withey et al., 2000). It affected his face, side of the head and upper back and shoulders along the upper part of the trapezius muscle. He attended the lymphoedema service for bi-weekly treatment and this contained the swelling at a minimal level.

On joining the study, Alan was experiencing "really bad" pain in his shoulders for which he was taking eight Co-codamol tablets per day. He was unable to sleep at night without them. The pain manifested as a constant dull ache, which was more painful upon movement. He also had head pain, resulting from damage to

nerve endings during surgery, which was like a "needle stabbing my head". Alan felt able to tolerate this head pain, but found the shoulder pain quite unbearable at times. He also experienced numbness in both arms. Alan's daily life was compromised by the pain, which also extended to his lower back. Movement was restricted, and lifting anything was out of the question. Despite his obvious discomfort, Alan was very philosophical about life and about what had happened to him.

Tiredness was one of his main complaints. Alan's laryngectomy meant that he had a stoma (opening) in his neck that enabled him to breathe. A valve inserted into the stoma helped with Alan's voice, and prevented food and fluids passing into the trachea. A recent chest infection had caused his breathing to become strained as coughing caused the stoma to constrict. His sleep was disrupted every night for the same reason, and he would compensate by sleeping for two hours in the afternoon. Alan also experienced fluid retention, particularly around the abdomen. Emptying the bladder was difficult, and he had been prescribed Spironolactone, a diuretic that did not seem to be helping. Alan also had a cirrhotic liver.

A plumber by trade, Alan lived with his long-term girlfriend. They often experienced stress in their home due to disruptive neighbours. Alan's girlfriend worked night shifts, so he would sometimes collect her from work in the middle of the night or early morning, and this meant that he often only had three or four hours sleep. Alan was unable to work because of his medical condition following the laryngectomy; although he hardly spoke of it, Alan was very restricted because of it. He was unable to walk more than 50 yards or lift without the stoma closing; he was also unable to swim, and had to be very careful when showering. The valves, which took a lot of looking after, required regular changing; obtaining new ones was not straightforward and could be frustrating for Alan. Emotionally though, he seemed cheerful, resilient, pragmatic and not easily phased by life's difficulties.

Treatment approach

MYMOP treatment priorities: Alan decided he would like help with 1) shoulder pain and 2) general back pain, which was especially bad on getting up from a seated position. His priority activity was to improve any form of movement.

My treatment plan was to work with an integrated approach as discussed previously. Again, the first two sessions focused on clearing any potential blocks to further acupuncture treatment, which may have resulted from his cancer diagnosis and treatment, with its numerous long-term after-effects. Alan's pulse presented as slippery and rapid, particularly on both middle positions, and empty on the left rear position. His tongue was swollen, red in colour, with a slight yellow coating and a deep midline crack. His complexion was quite red. I interpreted this as a combination of empty heat generated from kidney *yin* deficiency and affecting the heart (Maciocia, 1989, p. 260) and damp heat in the liver and gall bladder generated from spleen deficiency (Maciocia, 1989, p. 223).

Constitutionally, I felt that the fire and water elements needed attention, and this corresponded fittingly with the syndromes identified.

I began S1 focusing on the shoulder pain, Alan's primary discomfort. Aware of the further harm they would be causing his damaged liver, he was very keen to reduce or stop taking Co-codamol. After clearing blocks to treatment (as above), I used a selection of points to clear heat and resolve dampness to reduce the swelling and pain in Alan's upper shoulders and neck, and to address the back pain generally. I chose *ah shi* points around the shoulder area below the level of BI 12 *feng men* to reduce the pain further. I used triple burner, pericardium, kidney and bladder points for constitutional support.

In S2 I maintained a similar approach, as S1 had proved to be quite successful for pain management. Alan chose to continue focusing on reducing his shoulder and back pain. He found also that his fluid retention had reduced considerably, so I continued with my original treatment plan. Table 4 details the 13 treatments.

Progress through treatment

Treatment started in mid-December, and the cold damp weather provoked Alan to cough, causing discomfort in his lungs which were made more vulnerable by his restricted breathing. He was taking the maximum dose of Co-codamol – eight per day. However, by treatment three this reduced to two tablets per day as his back, shoulder and lung pain were diminished considerably. As a note of interest, he experienced a rush of heat during each of the first three treatments. During the fourth week of treatment, he had managed to forego taking Co-codamol for four days, taking two tablets in the morning on the other three days. The lymphoedema nurse saw Alan at week five and noted that his facial swelling looked reduced.

I was unable to use moxa because of Alan's laryngectomy. We did try smokeless moxa on some shoulder points, but Alan felt this could potentially irritate the lining of the stoma and valve. However, we were having such good results with acupuncture that this did not seem to be a problem.

By treatment six, Alan reported that he had lost eight pounds (due to elimination of fluids) since he started treatment, and his bladder function had returned to normal. He was very pleased, as of course I was too. At the end of S1 his verdict was "shoulders are a lot less painful, bowels regular, and waterworks 100% better!"

At the start of S2, Alan's progress had slipped back. During a three-week gap in treatment, the shoulder pain had increased. Alan was managing this with three Co-codamol per day, so his medication had not returned to its original levels. Alan's mother was unwell, his brother-in-law was diagnosed with throat cancer and given six weeks to live, and a good friend had passed away. There were four funerals to attend; Alan was feeling "fed up". Partial to beer, he had upped his intake during this stressful time.

This did not help his health, and I noticed his face looked swollen as a result. However, he was not retaining fluid, and his bladder function continued to be normal. As S2 progressed, the stress of his brother-in-law's situation was exacerbated when his mother was diagnosed with lung and liver cancers. Alan remained stoical; I had the impression that he was the 'rock' in the family, and the pressure was exhausting him.

Long-term feedback

Alan's end of treatment feedback was very positive. He wrote that he had found "the whole experience great, and very beneficial to my health". He was delighted that he had reduced his daily medication by nine tablets (six Co-codamol, and three diuretics). He was only taking two Co-codamol per day, and no diuretics. He wrote that he would make this known to his GP and consultants.

Alan continued to experience the benefits of acupuncture after treatment ended, particularly regarding fluid retention, although the pain in his shoulders returned. In his long-term feedback, Alan wrote that treatment "has totally cleared my fluid retention and while on the study, relieved the pain in my shoulders, cutting my pain killers from eight a day to two. Now I'm back on eight ... I wish the study had gone on longer. It might have totally cleared the pain in my shoulders."

Summary

For me as a practitioner, working with Alan highlights the importance of being able to continue providing acupuncture treatment long-term. In complex cases involving chronic pain, the early positive effects (that is, the pain relief Alan experienced because of treatment) need to be maintained on a long-term basis. I think that Alan's very positive insight may very well have been correct; perhaps we could have cleared the pain in his shoulders had we had more sessions.

Conclusion

These case studies exemplify the broad-ranging effects that acupuncture can have in the management of complex, chronic conditions for which there is no cure. They also demonstrate that individuals have distinct and individual needs and responses to treatments, for which individualised dynamic treatment approaches may be the most appropriate. Furthermore, they suggest that acupuncture treatment can be successful, even when needling is contraindicated in large areas of the body. This may provide reassurance to the acupuncture community, confirming that taking a cautious approach to treating people with lymphoedema can still be effective.

It is true to say that not all of the participants in our study experienced such striking benefits from treatment. However, the stories of these four participants exemplify what many of the others experienced to some degree, and they demonstrate the variety of ways in which cancer survivors with lymphoedema can be helped to improve their overall quality of life.

Table 4: Alan's 13 treatments

Abbreviations:

Bi = bilateral **RS** = right side **MD** = direct moxa, x n = number of cones used **MS** = stick moxa
Un = unilateral **LS** = left side **MN** = moxa on needle **NN** = no needling

Tx	Tx Principles	Points No needles in face, neck & shoulders (above BL12)	Notes No moxa
S1			
1	Aggressive Energy Drain ¹	See Table 1	Bi
2	Internal Dragons ²	See Table 1	Bi
3	<ul style="list-style-type: none"> Resolve dampness, clear heat & strengthen stomach and spleen³ Tonify <i>qi</i> 	<ul style="list-style-type: none"> Sp 6 <i>san yin jiao</i>; Sp 9 <i>ying ling quan</i>, Ren 12 <i>zhong wan</i>, Bl 20 <i>pi shu</i> Bl 43 <i>gao huang shu</i> 	Bi
4	<ul style="list-style-type: none"> Resolve dampness Clear heat Treat CF, back <i>shu</i> points⁵ Benefit shoulders & help pain³ 	<ul style="list-style-type: none"> Sp 6 <i>san yin jiao</i>, Sp 9 <i>ying ling quan</i> Liv 2 <i>xing jian</i> Bl 14 <i>jue yin shu</i>, Bl 22 <i>san jiao shu</i> Bl 12 <i>feng men</i> & <i>ah shi</i> points⁶ in shoulder area 	Bi
5	<ul style="list-style-type: none"> Strengthen Sp & Ki Benefit shoulders and help pain 	<ul style="list-style-type: none"> Bl 23 <i>shen shu</i>, Bl 28 <i>pang guang shu</i>, Bl 20 <i>pi shu</i> <i>Ah shi</i> points in shoulder and upper back area 	Bi
6	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i>³ Regulate water passages and reduce oedema³ Benefit shoulders and help pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, P 6 <i>nei guan</i> Ren 9 <i>shui fen</i>, Ki 3 <i>tai xi</i> SI 12 <i>bing feng</i>, SI 13 <i>qu yuan</i>, Du 12 <i>shen zhu</i>, Bl 43 <i>gao huang shu</i> 	Bi
7	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Nourish <i>ying</i>⁴ Benefit shoulders & help pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i> Open <i>ren mai</i>: Lu 7 <i>lie que</i> (LS), Ki 6 <i>zhao hai</i> (RS), Ren 4 <i>guan yuan</i> Bl 17 <i>ge shu</i>, SI 12 <i>bing feng</i>, SI 9 <i>jian shen</i> 	<ul style="list-style-type: none"> Bi Bi
S2			
8	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Benefit the face³ Regulate water passages and benefit urination³ Benefit shoulder & back pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i> LI 4 <i>he gu</i> Sp 6 <i>san yin jiao</i>, Bl 23 <i>shen shu</i> Bl 43 <i>gao huang shu</i>, Bl 12 <i>feng men</i>, SI 12 <i>bing feng</i> 	Bi
9	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Nourish <i>ying</i> Benefit urination Benefit shoulder, neck & back pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, Open <i>ren mai</i>: Lu 7 <i>lie que</i> (LS), Ki 6 <i>zhao hai</i> (RS) Ren 7 <i>ying jiao</i> BL 12 <i>feng men</i>, SI 11 <i>tian zong</i>, LI 14 <i>bi nao</i>, LI 15 <i>jian yu</i>, SI 3 <i>hou xi</i> 	<ul style="list-style-type: none"> Bi Bi
10	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Clear entry/exit block⁶ Lift spirit Benefit face & reduce swelling Benefit shoulder & back pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, Liv 14 <i>qi men</i>, Lu 1 <i>zhong fu</i> Ki 25 <i>shen cang</i> LI 4 <i>he gu</i> BL 12 <i>feng men</i>, SI 12 <i>bing feng</i>, Bl 20 <i>pi shu</i>, Du 12 <i>shen zhu</i>. 	Bi
11	<ul style="list-style-type: none"> Clear liver fire Benefit face & reduce swelling Reduce oedema Benefit shoulder & back 	<ul style="list-style-type: none"> Liv 2 <i>xing jian</i>, GB 41 <i>zu lin qi</i> LI 4 <i>he gu</i>, TB 5 <i>wai guan</i> Ren 9 <i>shui fen</i> Bl 12 <i>feng men</i>, SI 12 <i>bing feng</i>, BL 43 <i>gao huang shu</i>, LI 14 <i>bi nao</i>, LI 15 <i>jian yu</i> 	<ul style="list-style-type: none"> Bi Bi Bi
12	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Clear entry/exit block Tonify Sp & Ki Benefit shoulder & back pain 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 34 <i>yang ling quan</i> Liv 14 <i>qi men</i>, Lu 1 <i>zhong fu</i> Bl 20 <i>pi shu</i>, Bl 23 <i>shen shu</i> Bl 43 <i>gao huang shu</i>, 	Bi
13	<ul style="list-style-type: none"> Smooth & harmonise liver <i>qi</i> Benefit face, reduce neck swelling Regulate water passages Benefit shoulders & back 	<ul style="list-style-type: none"> Liv 3 <i>tai chong</i>, GB 41 <i>zu lin qi</i> LI 4 <i>he gu</i>, TB 4 <i>yang chi</i>, Lu 1 <i>zhong fu</i> Bl 43 <i>gao huang shu</i>, Bl 13 <i>fei shu</i>, SI 12 <i>bing feng</i> 	Bi

¹ (Hicks et al., 2004), pages 229-235

² (Hicks et al., 2004), pages 236-243

³ (Deadman et al., 2007) See relevant entries for points

⁴ (Maciocia 1989), page 359

⁵ (Hicks et al., 2004) for theory and practice of treating the CF. See pages 315-320 for information about specific points.

⁶ (Maciocia 1989), page 174

⁷ (Hicks et al, 2004), pages 250-253

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