

MULTIPLE SCLEROSIS

STAGING AND PATIENT MANAGEMENT

by Richard Blackwell and Hugh MacPherson

Having been in practice for some 10 years each, we have both been puzzled with regard to the theory and practice of treating multiple sclerosis (M.S.). One reason for this is because M.S. is very uncommon in China, and Chinese medical texts will at most have included M.S. as part of Wei Syndrome. More fundamentally, however, it turns out that whilst the diagnosis and identification of patterns in most people with M. S. is fairly straightforward, it is the management of the treatment that raises the most questions. Practitioners in the West find themselves asking: How do I know it's the acupuncture that's helping and not a "spontaneous remission"? What happens if my M. S. patient doesn't get well when I've used the 'correct' points? Is there a problem with the treatment if my M.S. patient continues to deteriorate? Is acupuncture not working in this case?

Born from the frustration of such questions has been a curiosity to look again at M.S. with fresh eyes. Leaving aside all preconceptions, we asked ourselves what is really going on in terms of Chinese Medicine? Also, what are the additional issues that tend to arise for us as practitioners when we treat patients with M.S.? Our thoughts and ideas have led to the work in progress that constitutes this article. Because of the tentative nature of the work, we are open to feedback, both from acupuncturists and from people with M.S.

The article starts with a brief overview from a Western medical perspective. Following this, we propose that the progressive development of M.S. can be best understood in Chinese Medicine within a framework of four stages. We conclude with an overview of the issues that may well need to be addressed while managing the treatment process on a long term basis.

WESTERN MEDICINE

Multiple sclerosis, also known as disseminated sclerosis, is a chronic disorder of the nervous system which typically affects young and middle-aged adults. It is the commonest major disorder of the nervous system in the Western world, affecting about 1 in 2000 people in the UK. Women are affected about one-and-a-half times as often as men.

Aetiology: The cause is still uncertain. It seems that there

is an inherited susceptibility to the disease. The specific cause may be auto-immune damage triggered by a slow virus or a persistent measles infection. Intriguingly, MS is much more common in temperate regions than in the tropics. Immigrants from the tropics to temperate areas acquire the same higher rates of M.S. as their new neighbours, so clearly this is not a purely genetic phenomenon.

Pathology: Areas of the myelin sheaths surrounding nerves in the brain and spinal cord become damaged, leaving scarring in the form of patches of sclerosed (hardened) fibrous material. The damage is widely scattered through the brain and spinal cord.

Diagnosis: The course of the disease is notoriously unpredictable, but it often shows a pattern of relapse and remission, with a variety of nervous system symptoms. These include, in the early stages, limb weakness or heaviness, blurred or double vision in one or both eyes, tingling or numbness (but rarely pain) in a limb or in the trunk, and ataxia, where there is vertigo, unsteadiness or poor balance when walking. The bladder can be affected causing frequency, urgency or difficulty in passing water.

The first attack commonly clears up completely within 1-3 months, with a recurrence often within 2 years. In a few cases there is no remission, in some others there is no recurrence for more than 10 years. Some patients continue to recover well after relapses, but 50% eventually enter a progressive stage with persistent and increasing disability. In addition to increasing motor disability, there may be urinary retention or incontinence, slurred speech, and mental changes with emotional lability, depression or euphoria. Emotional and mental changes may be a natural reaction to the diagnosis and disability of M.S., but can also be due to the disease process itself creating lesions in the frontal lobes.

The diagnosis can be confirmed to some extent by electrical conduction tests on the nerves, by CAT or MRI scans, and by tests on the cerebro-spinal fluid taken by lumbar puncture. However, it can be difficult to arrive at a totally conclusive diagnosis.

Treatment: There is no curative treatment available. During acute flare-ups, short (5-day) courses of corticosteroids are often prescribed. This does help to control the flare-ups, but is not thought to alter the long-term prognosis.

Severe muscle spasms are treated with baclofen or diazepam. Physiotherapists can help sufferers to make the best use of the muscle function they possess, and occupational therapists can help with reducing the degree of disability.

Prognosis: The prognosis is extremely variable. Whilst about 5% of those diagnosed with M.S. die within 5 years, perhaps 10% of them remain well 20 years later.

Encouraging signs include:

- Visual problems but no other symptoms at first occurrence.
- A long gap between 1st and 2nd occurrences, especially if the recovery from both is complete.
- Recurrent episodes with sensation changes but no other symptoms, with complete recovery of sensation between episodes.
- If function is only slightly impaired in the early years, severe disability is usually long delayed. M.S. which begins in middle age usually progresses only very slowly.

Discouraging signs include:

- Onset in the teens or early 20's, in which case incomplete recovery after the first attack is "a sinister feature".
- Early recurrence of the second attack (within 6 months).
- Early motor disability and spasticity, staccato speech, ataxia and intention tremor (when the finger tries to touch a target, it approaches in a zig-zag manner; the tremor increases as the finger nears the target).

However, it is well known that at any stage of M.S. a sudden deterioration can be followed by a striking improvement.

CHINESE MEDICINE

Multiple sclerosis comes under the disease category of 'Wei syndrome' in Chinese Medicine. Wei syndrome includes conditions involving weakness and impaired movement of the four limbs, and in worse cases, paralysis and atrophy of the muscles.

Wei syndrome also includes diseases such as polio and therefore includes patterns such as external heat invading the Lung and damaging Lung and Stomach Yin. Here, however, we will only deal with those patterns seen in M.S., which we propose to analyse in terms of a staged progression.

M.S. is characterised by marked fluctuations in the severity of symptoms. Patients can swing from being quite badly disabled, for example by paralysis or deterioration of vision, to complete absence of symptoms, and back again. How are we to understand this process, formulate our diagnosis, and develop a coherent treatment strategy? We are proposing here a model which is based on a staged progression from no symptoms at Stage 1 to the most severe symptoms at Stage 4:

- Stage 1 - Remission - no symptoms
- Stage 2 - External channel problems
- Stage 3 - Middle Jiao, Spleen/Liver Xu
- Stage 4 - Kidney Xu.

Once we can identify where a patient is within this scheme we can have a clearer sense of the severity of the

condition, and hence of the prognosis. It becomes clearer that a movement down to the next stage will be equivalent to a deterioration, while a movement up to the previous stage amounts to an improvement. Our treatment aim is then to prevent deterioration to the next stage and to promote improvement to the previous stage.

This staging system is derived from observations made by ourselves and colleagues based on the progressive nature of several chronic diseases. We hope that others will find this a useful framework for guiding their work with M.S.

PATTERN DIFFERENTIATION

Stage 1: Remission

This stage represents the complete remission. Patients already diagnosed as having M.S. will have no current symptoms. They may have had several episodes of symptoms in the past and these may have left some remnants of imbalance, but not enough to produce symptoms associated with M.S.

Our goal in this stage is to give preventative treatments, tonifying the Stomach, the Spleen and the Zheng Qi. The importance of the Stomach and Spleen will become clear as we consider the later stages in the development of M.S.

The key lifestyle issues here also involve maximising support to the Zheng Qi, through diet and rest, and minimising over-strain to susceptible areas of the body. In general the longer the remission the better the prognosis.

Stage 2: Channel Problems

This is the second stage of M.S. where the patient has symptoms due to the presence of a pathogenic factor in the channels. Characteristic features of attack by pathogenic factors are sudden onset and acute symptoms, usually with localised areas affected. To differentiate in this stage, we need to know the nature of the pathogenic factor and the locality of the channels affected. Necessarily an adequate physical examination is appropriate here.

The initial goal of acupuncture treatment is to move back one stage to Stage 1 and obtain a remission of symptoms. This is particularly appropriate in the early stages of M.S. where the symptoms are of very recent onset. If the channel symptoms have become entrenched, then it is important to strengthen the middle jiao in order to prevent a slide into Stage 3. In this case the lifestyle advice is crucial.

From our clinical experience, two pathogenic factors are the most common, namely damp-phlegm and damp-heat. There is some debate as to where these pathogenic factors originate. Chinese texts certainly speak of invasion by external damp-heat as an aetiological factor in Wei syndrome, and the parallel with Western medicine's virus theory of M.S. is intriguing. On the other hand, the damp, phlegm and heat may be generated as a result of internal disharmonies inter-acting with lifestyle factors.

Clinically, the important point at Stage 2 is that the

clinical manifestations are predominantly Shi patterns of pathogenic factors.

Invasion of Damp-Phlegm

Clinical Manifestations:

- weakness, heaviness, numbness and tingling of the arms, legs, hands or feet
- the limbs may be cold
- the back and shoulders may be aching
- the back may be numb
- vertigo, blurred vision, double vision

Tongue: greasy white coating

Pulse: slippery, may be thin or empty.

Pathology: Cold-damp invades the jingluo and accumulates to form phlegm. Phlegm-damp obstructs the channels so that the muscles, head and eyes are not properly nourished by Qi and Blood.

Treatment: Resolve phlegm-damp and raise the Yang, clear the channels.

General Points:

- Zhongwan REN-12, Fenglong ST-40, Sanyinjiao SP-6, Zusanli ST-36, Yinlingquan SP-9, Pishu BL-20.
- For vertigo: Touwei ST-8, Baihui DU-20
- For blurred vision: Touwei ST-8, Taiyang (Extra), Zanzhu BL-2, Sizhukong SJ-23.

Points to clear the Channels:

- Upper Limb: Jianyu L.I.-15, Quchi L.I.-11, Shousanli L.I.-10, Hegu L.I.-4, Waiguan SJ-5, Houxi SI-3.
- Lower Limb: Biguan ST-31, Futu ST-32, Zusanli ST-36, Jiexi ST-41, Huantiao GB-30, Fengshi GB-31, Yanglingquan GB-34, Xuanzhong GB-39, Qiuxu GB-40, Ciliao BL-32, Zhibian BL-54, Yaoyangguan DU-3, Weizhong BL-40, Kunlun BL-60.

Invasion of Damp-Heat

Clinical manifestations:

- lower limbs weak and slack, may be numb and/or swollen
- body feels heavy
- feet feel hot (likes to stretch feet out to cool them)
- limbs may feel hot (the limbs may feel hot and swollen at times and cold at other times due to damp-heat obstructing the Yang Qi)
- joints may be painful
- symptoms worse for heat
- may be low-grade fever
- frequent urgent yellow urine
- stuffiness of chest and epigastrium

Tongue: greasy yellow coating

Pulse: rapid, slippery.

Pathology: Damp-heat invades and obstructs the channels.

Treatment: Eliminate damp-heat, clear the channels.

Points: Dazhui DU-14, Quchi L.I.-11, Hegu L.I.-4, Zusanli ST-36, Yinlingquan SP-9, Sanyinjiao SP-6, Taibai SP-3, Pishu BL-20, plus points to clear the channels (see damp-phlegm).

Notes on Stage 2

These patterns of damp-phlegm and damp-heat can transform from one to the other. Because these patterns are at the level of the channels, spontaneous recovery is possible, and indeed is quite common at this stage.

There is a difficulty with identifying channel problems

only with this early stage of M.S., because both vision problems and urinary incontinence can occur very early in the development of M.S., and yet these symptoms are usually regarded as signs of zangfu deficiency. Our feeling is that double vision can certainly be seen as a channel problem, with the function of the ocular muscles being impaired by pathogenic factors obstructing the channels. Some cases of blurred vision, where the blurring comes and goes, is not worse for tiredness, and may affect only one eye, can also be attributed to damp/phlegm in the local channels. If the first symptom of M.S. is blurred vision alone, this is an indication of a favourable prognosis, which is perhaps because this is only a local channel problem.

However, the urinary urgency and incontinence is clearly a Kidney-Yang Xu symptom, and it seems likely that at least some instances of blurred vision should be attributed to Liver-Blood Xu. We propose that when either of these symptoms is seen in isolation, without other clinical manifestations of Kidney-Yang Xu or Liver-Blood Xu, the patient should be regarded as being at Stage 2. This reflects the fact that spontaneous recovery of these symptoms is common at this stage, which suggests that the deficiencies can be fairly easily reconstituted. In contrast, when these symptoms occur as part of a broader pattern of zangfu deficiency, they are less likely to recover easily and should be seen as a part of Stage 3 or 4 (see below).

The channel symptoms at Stage 2 can be clearly differentiated as damp rather than Liver-Blood Xu, however, as the table shows:

Damp in the Channels	Liver-Blood Xu
Numbness which can be anywhere, e.g. involving a whole limb	Numbness with tingling which is more at the extremities
Full or normal pulse	Choppy, thready pulse
Heaviness/achiness/flaccidity of limbs	Stiffness, spasticity of limbs
Slow or rapid onset	Slow onset
Emotions may be unchanged, or possibly depression, poor concentration, low motivation	Emotions of apathy, anxiety, tightness, brittleness
Symptoms are continuous	Symptoms are worse with tiredness

At Stage 2, the aim of our treatment is to help to move the patient back to Stage 1, where they are symptom-free, and to prevent a deterioration to Stage 3.

Stage 3: Middle Jiao Involvement

When channel problems have persisted for some time, there is a continuous drain on the zangfu organs of the

middle jiao. The key zang to be affected at this stage is the Spleen, which has a central role in the production of Qi and blood.

Once patients have reached this stage in the progressive development of their M.S., the possibility of a remission is much reduced. The patterns of disharmony now include a significant Deficient (Xu) component as well as the Excess (Shi) component of Stage 2.

Treatment at this stage should be directed primarily towards supporting and tonifying the organs of the middle jiao, the Spleen and Liver. The aim of our treatment at Stage 3 then is to return the patient to the channel only Shi patterns of Stage 2.

Ongoing and sustained deficiency in the middle jiao will inevitably drain the Kidneys, so some treatment to support the Kidneys will also be valuable to help to prevent deterioration into Stage 4. The two syndromes seen at Stage 3 are:

Spleen-Qi Xu and Internal damp

Clinical manifestations:

- tiredness, listlessness
- flaccidity of muscles
- pale sallow complexion
- may be poor appetite, loose stools.

Tongue: swollen with tooth marks

Pulse: empty, thin, weak

Pathology: Long term retention of damp weakens Spleen-Qi. Spleen-Qi Xu then leads to further formation of damp.

Treatment: Tonify Spleen-Qi, eliminate damp, clear the channels.

Points: Zusanli ST-36, Sanyinjiao SP-6, Taibai SP-3, Zhongwan REN-12, Zhangmen LIV-13, Pishu BL-20, Weishu BL-21, plus points for the channels.

Liver-Blood Xu

Clinical manifestations:

- pale dull face
- blurred vision worse when tired
- muscular stiffness, cramping, spasticity
- mild tremors.

Tongue: pale, dry

Pulse: thin, choppy

Pathology: Spleen-Qi Xu leads to failure of Yun-Hua and hence failure to make blood.

Treatment: Tonify Spleen-Qi and Liver-Blood, clear the channels.

Points: Zusanli ST-36, Sanyinjiao SP-6, Ququan LIV-8, Guanyuan REN-4, Geshu BL-17, Ganshu BL-18, Pishu BL-20, plus points for the channels.

Notes on Stage 3

There is often a progression here where the damp from Stage 2 weakens the Spleen, and this in turn leads on to Liver-Blood Xu, which then increases the burden on the Kidneys.

Stage 4: Kidney Xu

This is last of the four stages in the development of M.S. The deficiency aspects dominate, and weakness, tiredness and emaciation are characteristic symptoms.

Patients in this stage will also have the patterns of the middle jiao of Stage 3 and the patterns of channel in-

volvement of Stage 2. In effect, as the M.S. progresses, the pathology spreads to a deeper and deeper level.

Treatment at Stage 4 is directed towards tonifying the Kidneys. Because the Kidneys are the root of both the Yin and the Yang, both aspects will tend to become deficient, though one of these deficiencies will usually predominate. While in theory, it is straightforward to tonify the Kidneys, in practice the more weak the Kidneys are, the lower the patient's vitality and energy, and the slower the response. In the case of M.S. particularly, once the condition has progressed this far, patients can be very low on vitality and energy.

The focus of treatment at this stage is towards slowing down or preventing any further deterioration in the patient's condition. The patterns of disharmony at this stage are:

Kidney Xu

Clinical manifestations:

- severe weakness, tiredness
- premature ageing
- withered pale complexion
- atrophy and/or considerable stiffness of the muscles
- marked tremor
- low back pain
- urgent or hesitant urination
- urinary incontinence or retention

• If Kidney-Yang Xu: coldness, urinary incontinence.

Tongue: pale and wet

Pulse: weak

• If Kidney-Yin Xu: emaciation, blurred vision or loss of vision, vertigo, tinnitus.

Tongue: red with little coating

Pulse: deep and thin

Pathology: Chronic Spleen-Qi Xu depletes Kidney-Yang. Chronic Liver-Blood Xu depletes Kidney-Yin and Kidney-Jing.

Treatment: Taixi KID-3, Guanyuan REN-4, Shenshu BL-23, Ciliao BL-32, Xuanzhong GB-39.

• For Kidney-Yang Xu: Mingmen DU-4

• For Kidney-Yin Xu: Zhaohai KID-6

• For tinnitus: Tinghui GB-2

• For vertigo: Fengchi GB-20, Zanzhu BL-2

• For blurred vision: Guangming GB-37, Jingming BL-1, Sizhukong SJ-23

• For urinary incontinence: Pangguangshu BL-28, Zhongji REN-3, Ligou LIV-5

• For hesitancy of urine: Lieque LU-7

Other zangfu are commonly involved at this stage as secondary patterns. For example:

• Lung-Qi Xu: voice weak and lacking force; treat Taiyuan LU-9.

• Lung-Phlegm: voice obstructed, rattling, cracking; treat Fenglong ST-40 and Lianquan REN-23.

• Heart-Qi Xu: voice hesitant and slurred; treat Tongli HE-5.

• Liver-Yin Xu: loss of vision; treat Zhaohai KID-6, Taichong LIV-3, Guangming GB-37, Yanglao SI-6, Jingming BL-1.

Other symptoms which are quite common at this late stage are emotional lability, depression and euphoria. These may be a development of the pathology, although euphoria can also be a side effect of treatment with

steroids. These symptoms will often be differentiated as Heart Phlegm-Fire, and treated accordingly, although other Heart and Liver patterns should be considered.

AIMS OF TREATMENT

With this four-stage structure in mind we can now answer some of the questions we began with by identifying the aims of treatment as:

1. Helping the patient to return to the previous Stage.
2. Preventing deterioration, i.e. progression to the next Stage.
3. Improving the patient's quality of life through the overall physical, mental and emotional benefit of acupuncture treatment of their present patterns of disharmony.
4. Putting the patient back in control of their life and their illness by:
 - i. giving information about the condition
 - ii. helping the patient to gain an understanding of the processes involved in their illness from the perspective of Chinese medicine
 - iii. encouraging the patient to take responsibility for their own care by identifying and promoting appropriate lifestyle changes and connecting these to our understanding of the disease process.

This 4-Stage model helps us to maintain clarity about where we are with treatment, despite the inevitable fluctuations of symptoms and signs. Our focus is always on preventing deterioration to the next level, and encouraging remission to the previous level.

We can also see now that a return to the previous Stage would be defined by Western Medicine as a "spontaneous remission", whereas we would define it as a partial recovering of the Zheng Qi. We know from Chinese Medicine that this recovery certainly can occur without assistance in a reasonably strong person, and that it is further helped both by treatment and by lifestyle changes. There are good grounds therefore for expecting acupuncture to help, and the experience of practitioners suggests that it is indeed valuable in at least a proportion of patients, and particularly at the earlier stages. It must be admitted, however, that careful research is needed to enable us to better understand some of the questions that arise about acupuncture and the treatment of M.S.

AETIOLOGICAL FACTORS

Whilst from a Western medical perspective the cause of M.S. remains a mystery, from the perspective of Chinese medicine a number of factors seem relevant.

1. Invasion of external damp.
2. Irregular eating, damaging Spleen and Stomach Qi.
3. Overwork, weakening Spleen-Qi and eventually Kidney-Jing.
4. Excessive fatty foods generating damp.
5. Excessive fatty and spicy food and alcohol generating damp-heat.
6. Excessive sex weakening the Kidney.
7. Trauma, damaging channels and depleting Qi and Jing.
8. Shock, depleting Qi and Jing.
9. Medication: steroids deplete Kidney Yin and Yang;

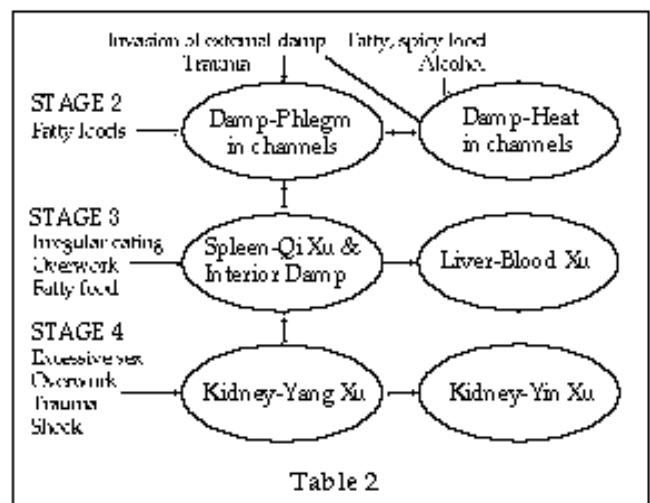
muscle relaxants may increase dampness. With damp and Spleen-Qi Xu being such significant patterns in M. S., the role of diet is obviously important, both in prevention and in minimising the progression of the disease. Research by Dr. Swank, then with the Montreal Neurological Institute, has shown that treating M. S. with a low fat diet, including a ban on dairy foods, may slow the progression of the disease. Indeed Dr. Swank writes, "It was observed that when treatment was started in the early stages of the disease with little or no evident disability, 90 to 95 per cent of the cases remained unchanged or actually improved during the following 20 years" (Bloomsbury Good Health Guide, 1987).

Further evidence for the role of diet comes from an analysis of the geographic distribution of M.S. Statistics show that countries with a high fat diet such as the U.K., Canada and the U.S.A. have a far higher incidence of M. S. than countries with a low fat diet such as India, China and Latin America. This difference is particularly striking in Europe. M.S. is common in the Northern European countries with a high fat (high dairy) dietary tradition, yet M.S. is uncommon in the Southern European countries with a low fat (low dairy) dietary tradition.

There is considerable interest at present in the role of fats in the diet in M.S. and research is continuing into low-fat diets as well as the use of supplements such as evening primrose oil. These dietary approaches are seen as one possible factor contributing to an improved prognosis, not as a possible cure in themselves.

PATHOLOGY

One way of understanding the interrelationships of the patterns in M. S. is to present them diagrammatically. Table 2 gives an overview of the patterns:



MANAGING THE TREATMENT PROCESS

For an acupuncturist to manage the treatment process with M.S. patients, there are a number of key factors to pay attention to. Addressing these issues may well make a big difference to the practitioner's experience of the process. This is so for any progressive disease where there is a tendency for the condition of the patient to

deteriorate. It may be that in such situations, we derive our satisfaction not in terms of cure, which may be unattainable, but in helping patients with the quality of their life, and hopefully preventing further deterioration.

We have divided up the major lifestyle issues into four categories; diet, pacing, emotions and support.

Diet

As mentioned above, diet is of major importance in patients with M. S. Of course, warm cooked food is a prerequisite for maintaining Spleen-Qi, and in our experience it is our most health conscious M.S. patients that need most guidance in this area, since they may be eating plenty of raw foods in the belief that this will help them. Secondly, dairy products and diets high in saturated fats are particularly hard work for the Spleen, and so should be avoided altogether. And of course, eating in a relaxed frame of mind, at regular times and with a rest afterwards can only benefit the digestive system as a whole.

Pacing

This is the lifestyle category that includes work, exercise, rest, sexual activity and relaxation. There is little awareness of the importance of these issues within orthodox medical circles. Indeed, we have been surprised at the almost total lack of advice or counselling that follows confirmation of a diagnosis of M.S.

From the perspective of Chinese Medicine, pacing means finding an appropriate balance between the activities that stimulate and move the Qi and Blood, and the non-activities that restore and replenish the Qi and Blood. Since M.S. will tend to involve an increasing level of Deficiency (Xu), the most important advice for an M.S. patient is to value rest and relaxation and not to overdo things physically or mentally and hence deplete themselves further.

Emotions

There are several emotional patterns which we regularly see in M. S. patients. The one that is most common in earlier stages is denial. This takes the form of the patient believing that she or he does not have a serious condition. While there are benefits from not becoming morbid, there are inherent dangers in denial, particularly the unwillingness to take on any lifestyle advice. This in turn may well lead to a faster progression with a shorter remission, or with symptoms getting worse more quickly. Patients sometimes cling to their denial in the mistaken view that giving up on their denial means giving up on hope. Not necessarily so. Letting go of denial can lead to a relaxed acceptance which can encompass a thoughtful strategy of support, treatment and lifestyle change.

Support

As with any chronic and disabling disease, it makes a huge difference to M.S. patients to have the support of family, friends and work colleagues. Patients may need to be encouraged to ask for appropriate support and to explain their condition to the people around them. Overcoming denial is clearly a first step in this direction. Appropriate support will help patients to make changes to their diet, to achieve sufficient rest and relaxation, and to deal with their emotional reactions to their conditions. In these ways, good support can lead to better health.

Coming to terms with and accepting the reality of M.S. as a serious condition opens the door to effective strategies for promoting well-being. As acupuncturists, our role as practitioners can be enormously valuable. We can help the patient think through the way they pace themselves. We can help them assess whether they are getting an appropriate level of practical support. We can support patients in finding a deeper purpose in life, one where a person's value and sense of themselves does not depend on physical fitness and agility.

Once there is acceptance, people are freed to find their own personal ways of moving beyond being focused on their disease, perhaps by developing an involvement in the community or by finding a sense of deeper meaning and purpose. We can characterise these positive changes as involving a wider connection with other people and with other life possibilities. This process can raise many questions both for ourselves and our patients. While questions are important, for our patients our role is more that of a guide where we support them in seeking their answers from within themselves. In return we sometimes find that our patients, from where they are in their lives, offer us precious insights that inspire and sustain us.

CASE EXAMPLES

Case 1

This 46 year old woman ran a public house/bar with her husband. She had numbness and weakness of the left leg which had been gradually worsening over the last 3 years. The leg felt heavy and she had foot-drop which affected her walking. The Western Medicine diagnosis was confirmed as M.S. two months previously.

Other clinical manifestations:

- cold sensation of the leg
- worsening of the leg symptoms with damp weather and when tired
- numbness of the left cheek and left arm
- heaviness of the head, wants to rest it
- stiff neck and shoulders
- feels tired all the time
- blurred vision, like a film over her eyes, worse when tired
- dizziness when tired, in damp weather, or when stressed
- relaxes easily, but stiff neck worse with being tense
- no tremor
- appetite, bowels and sleep normal

Pulse: deep and slippery
Tongue: slightly purple body

Medical History: Hysterectomy two and a half years ago for fibroids causing menorrhagia and pain. Since the operation she feels hot and sweaty easily.

Medication: She has recently completed a short course of Cortisone injections.

Identification of Patterns:

Phlegm-damp in the Channels (Stage 2)

- leg heavy, numb, weak, cold
- leg worse in damp weather
- numbness in the cheek and arm
- blurred vision

- slippery pulse

Spleen-Qi Xu with damp (Stage 3)

- always tired

- heavy head

- dizziness when tired and in damp weather

- deep and slippery pulse

- leg worse when tired

Other Patterns: There are also indications of a tendency to Liver-Qi stagnation (stiff neck when tense), and a history of blood stagnation (purple tongue, fibroids). Since the hysterectomy she has had some signs of empty heat, and she probably has some Liver-Blood Xu contributing to the blurred vision. In the absence of any other Liver-Blood Xu signs, however, the blurred vision can be attributed to phlegm-damp in the channels. The phlegm-damp is definitely the most striking part of the picture. This woman's condition is mostly at Stage 2 but with clear indications that she is moving into Stage 3.

Treatment Principle: Clear phlegm-damp from the channels, tonify Spleen-Qi, resolve internal damp.

Treatment plan: The aim of treatment in this case is to prevent a further slide into Stage 3 and to attempt to move the patient back to Stage 1. Treatment was initially given twice a week, with an initial course of 10 treatments followed by a review of progress. The patient was advised to avoid eating dairy products, eggs, peanuts and coffee. She was advised to reduce her work load.

Main points: A typical treatment was:

- Yinlingquan SP-9 to resolve damp and clear the channel.
- Sanyinjiao SP-6 to resolve damp and tonify Spleen-Qi and clear the channels.
- Zusanli ST-36 to tonify Stomach and Spleen Qi and clear the channels of the legs.
- Fenglong ST-40 to resolve phlegm.
- Hegu L.I.-4 to clear the channels of the arm and face.

Other points used were:

- Taichong LIV-3 to move Liver-Qi and tonify Liver-Blood.
- Taibai SP-3 to tonify Spleen-Qi, clear damp and treat muzy head.
- Shangqiu SP-5 as a local point for stiffness of the big toe.

Progress: After 5 treatments she was much less tired with no dizziness and the muzy head and blurred vision were almost gone. The leg was much stronger (she had gone dancing) and only slightly heavy. The left arm was fine and there was just slight numbness around Touwei ST-8 on the left. Treatment continued with various points added at times to the main prescription:

- Touwei ST-8 to clear phlegm-damp from the head.
- Huantiao GB-30, Yanglingquan GB-34, Baohuang BL-53, Chengfu BL-36, Weizhong BL-40, Chengshan BL-57, Kunlun BL-60, Huatuo (Extra) points at L4 and L5 to clear the channels.

The patient completed the course of 10 treatments., Since then she has returned every few months over the last 6 years for courses of 4 or 5 treatments whenever symptoms recurred. Her condition has not deteriorated at all over this time, even though she has had difficulty changing her diet and continues to work hard. This is partly a consequence of her feeling so well! She seems to have responded well to treatment, and she is very enthu-

siastic about the benefits acupuncture has brought her and we feel this reflects the fact that she began acupuncture while still predominantly at Stage 2.

Case 2

This 36 year old woman presented with M.S. which had been diagnosed 4 years previously and had been steadily deteriorating for 18 months, since she separated from her husband. She was now bringing up her 2 year old daughter on her own, and was also working part-time as a solicitor. She could only walk short distances because after 45 minutes of use her legs would "seize up" and take 24 hours to recover. Both legs were affected and felt heavy and dragging; her walking was unsteady and "a huge effort" and she was also much troubled by uncontrollable urgency to urinate, 7 or 8 times a day.

Other clinical manifestations:

- both her legs and the urination were worse with stress, and she was finding working and bringing up her child on her own to be very demanding
- slight blurring of vision
- poor sense of balance
- easily fatigued
- occasional faecal incontinence
- feeling cold
- legs worse for extremes of heat or cold
- irritable pre-menstrually

Tongue: slightly red-purple with a red tip and a dirty, greasy coat

Pulse: deep, thready and wiry

Medical history: She had developed Coeliac disease 11 years previously with diarrhoea, bloating and flatulence for 6 years. These symptoms were now improved by a gluten-free diet.

Identification of patterns:

Phlegm-damp in the channels (Stage 2)

- legs heavy and dragging

- dirty, greasy tongue coat

Spleen-Qi Xu with Internal damp (Stage 3)

- fatigue

- heavy legs

- poor sense of balance

- diarrhoea, bloating and flatulence

- dirty, greasy tongue coat

Liver-Qi Stagnation

- all symptoms worse for stress

- irritable pre-menstrually

- wiry pulse

- red-purple tongue

Liver-Blood Xu (Stage 3)

- legs "seize up" as a result of walking too far

- blurred vision

- thready pulse

Kidney-Yang Xu (Stage 4)

- urinary urgency

- faecal incontinence

- feeling cold

There was a tendency for the Liver-Qi Stagnation to invade the weakened Spleen and make it even more deficient.

This woman's diagnosis put her well into Stage 3, and the continuing urinary incontinence and occasional faecal incontinence were signs that she was beginning to

move into Stage 4.

Treatment plan: Treatment was initially given twice a week, with a course of 30 treatments planned. The initial focus was on the Stage 3 patterns involving the Spleen and Liver, with the addition of points to tonify the Kidneys later in the course.

Points: Zusanli ST-36, Sanyinjiao SP-6, Taichong LIV-3. This patient responded well to the general points but tended to experience aggravation when points for the channels were treated. Treatment continued with variations of the above points, e.g. Yinlingquan SP-9 and Yanglingquan GB-34 were also used.

After 10 treatments there was some improvement in energy levels and the heaviness of the legs, with the urinary symptoms fluctuating. Subsequent treatments at weekly intervals added points like Taixi KID-3, Zhongwan REN-12, Guanyuan REN-4 and Qihai REN-6, with moxa on the Ren channel points.

The patient has continued with weekly treatment for two and a half years and her symptoms have fluctuated during this time, but with much slower deterioration overall and her energy levels have stayed generally good. In fact she finds that her energy drops significantly if she stops treatment. She reduced her consumption of dairy foods and ate plenty of warm foods, but due to her life situation it was not easy for her to get sufficient rest and relaxation. This of course tends to aggravate all of her patterns of disharmony.

This case was considerably more advanced when first treated, and the treatment aims have been to prevent or slow down further deterioration and improve her well-being. These aims would appear to have been realised to a reasonable extent and she continues to receive regular treatment.

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