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Comorbidities and the Treatment of Pain using Acupuncture

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Introduction

Pain is possibly the condition most commonly treated by acupuncture (Fan, A. Y., et al., 2017, Hao, J. J., & Mittelman, M., 2014). Acupuncture has also been shown to be an effective intervention for multiple types of pain (Vickers, A. J., et al., 2018). There are myriad reasons for patients to have pain, but the rationale for pain within Chinese medicine, no matter the type, always remains the same. Bu tong ze teng, bu teng ze tong. Where there is pain there is not free flow (of blood, energy, and fluids), where there is free flow (of blood, energy, and fluids) there is not pain. This means that for pain to be relieved and healing facilitated, circulation must be at the least improved and ideally restored to an optimal state.

There are a number of comorbidities that can affect or influence the efficacy of an acupuncture treatment. Some examples of these are diabetes, clotting disorders, blood vessel dysfunctions, disorders of the lymphatic system and others (Feng, Y., et al., 2018, He, J. P., et al., 1999, Lambing, A., et al, 2012, Li, P., et al., 1998). The common trait in these disorders is that circulation has been either directly or indirectly affected from the mechanism of the disorder.

For any long-term disorder, it is vital to consider internal factors that are preventing the body from healing. The first factor is poor circulation, which can present in the body as cold hands and feet (Furman, D., et al. 2019). There are two types of impaired circulation to look for in this circumstance: deficiency or stagnation. In the case of deficiency look for the cold to affect the entire hand and foot, and also corroborate with other symptoms of deficiency including

fatigue, weakness, [tongue, and pulse.] --“tongue and pulse” are not “symptoms of deficiency.” Rephrase.

Treatment Approaches

This article focuses on three areas for improving the efficacy of treatment. The first area is treatment modifications to improve results. The second area is specific exercises that can be assigned. The third area is lifestyle alterations that can prove to be helpful in these cases. As lack of free flow is a primary issue in any type of pain, any kind of treatment to enhance overall circulation within the system will aid the efficacy of a treatment for pain. This is particularly true for a patient with diabetes (Feng, Y., et al., 2018). In a person with a well-regulated blood sugar, the mix is thin enough that it flows well even through the smaller blood vessels. However, for a patient with elevated blood sugar, the mix of fluid to sugar has been altered and the thicker fluid and higher viscosity makes it much harder for the blood to flow through the system, particularly through the smaller blood vessels (Chang, H. Y., et al., 2018). A more direct treatment on the cause of pain is also likely to have a reduced effect if there is a lack of movement. Given this, starting with a treatment to move blood and qi is a good idea.

It is also important to remember that there are basic cautions and contraindications in treating patients with impaired circulation. These include caution with moxa, blood letting and tending towards smaller gauge needles due to the difficulty that these patients will have in healing wounds, particularly on the lower extremities due to impaired circulation. In addition to these cautions, remember that sensory perception in the distal extremities may be altered, impaired or even absent, so the provider's skill and caution are of the utmost importance.

There are multiple possible ways to add a component to a treatment to encourage the movement of blood and qi. One way is to add a set of points either as a separate treatment, before the main treatment, or during the treatment to aid in circulation. A few effective points for this are San Zhong from the Master Tung style system. However, any points that strongly move blood, moderated to the condition and constitution of the patient, could be applicable. Another option is to move blood and energy either through tuina or medical qigong prior to the insertion of the needles.

An additional way to promote circulation that is only applicable if the patient is relatively robust and has no history of fainting, light headedness, or needle shock, is to have the patient move either the affected area or walk while the needles are retained. The moving of the affected area with the usage of distal points aids to push circulation through the affected area and speed the results of the treatment. If this method is chosen, it is important to have the patient walk only while monitored, though moving the affected area may be done unsupervised after instruction. Generally, the patient would alternately move and rest as tolerated.

Another option is to pay attention to point selection. This will require some creativity. It will be beneficial to avoid points that are far out along the extremities due to the limited circulation that is perfusing the area. An example could be using SP 9 in place of SP 3 to avoid the lowered energetic and blood activity of SP 3 due to the impaired circulation. Even more

effective would be using points on the thigh, particularly due to the longer lasting and deeper effects of points in this region. It is also important to consider other comorbidities. For example, if the patient is affected by hypertension, particularly in treating disorders of the head and neck, using points that lower blood pressure and avoiding those that can potentially raise blood pressure is important. This would often fall under the umbrella of treating the internal condition of the patient, but it is important to consider as much information as possible to help inform your decision making.

There are take-home exercises that can be given to patients to aid in their recovery. These can simply be added to whatever exercises that you normally assign patients for the presenting conditions. One important exercise, particularly for patients that are diabetic, is walking after they eat. A brief amount of exercise after dinner aids digestion and helps to reduce insulin resistance (Andersen, M. B., et al., 2021).

Another circulation enhancing exercise that comes from Kiiko Matsumoto is rolling the inner thighs with a rolling pin upwards only. This stimulates the pumping of the blood vessels in the legs and can aid venous return.

Conclusions

By paying attention to and addressing the underlying conditions that complicate treatment, treatment outcomes can be improved, patient health can be augmented, and more challenging cases can be simplified and treated.

References

- Andersen, M. B., Fuglsang, J., Ostfeld, E. B., Poulsen, C. W., Dagaard, M., & Ovesen, P. G. (2021). Postprandial interval walking-effect on blood glucose in pregnant women with gestational diabetes. *American journal of obstetrics & gynecology MFM*, 3(6), 100440. <https://doi.org/10.1016/j.ajogmf.2021.100440>
- Chang, H. Y., Yazdani, A., Li, X., Douglas, K., Mantzoros, C. S., & Karniadakis, G. E. (2018). Quantifying Platelet Margination in Diabetic Blood Flow. *Biophysical journal*, 115(7), 1371–1382. <https://doi.org/10.1016/j.bpj.2018.08.031>
- Fan, A. Y., Miller, D. W., Bolash, B., Bauer, M., McDonald, J., Faggert, S., He, H., Li, Y. M., Matecki, A., Camardella, L., Koppelman, M. H., Stone, J., Meade, L., & Pang, J. (2017). Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management-White Paper 2017. *Journal of integrative medicine*, 15(6), 411–425. [https://doi.org/10.1016/S2095-4964\(17\)60378-9](https://doi.org/10.1016/S2095-4964(17)60378-9)
- Feng, Y., Fang, Y., Wang, Y., & Hao, Y. (2018). Acupoint Therapy on Diabetes Mellitus and Its Common Chronic Complications: A Review of Its Mechanisms. *BioMed research international*, 2018, 3128378. <https://doi.org/10.1155/2018/3128378>

Furman, D., Campisi, J., Verdin, E. *et al.* Chronic inflammation in the etiology of disease across the life span. *Nat Med* **25**, 1822–1832 (2019). <https://doi.org/10.1038/s41591-019-0675-0>

Hao, J. J., & Mittelman, M. (2014). Acupuncture: past, present, and future. *Global advances in health and medicine*, 3(4), 6–8. <https://doi.org/10.7453/gahmj.2014.042>

He, J. P., Friedrich, M., Ertan, A. K., Müller, K., & Schmidt, W. (1999). Pain-relief and movement improvement by acupuncture after ablation and axillary lymphadenectomy in patients with mammary cancer. *Clinical and experimental obstetrics & gynecology*, 26(2), 81–84.

Lambing, A., Kohn-Converse, B., Hanagavadi, S., & Varma, V. (2012). Use of acupuncture in the management of chronic haemophilia pain. *Haemophilia : the official journal of the World Federation of Hemophilia*, 18(4), 613–617. <https://doi.org/10.1111/j.1365-2516.2012.02766.x>

Li, P., Pitsillides, K. F., Rendig, S. V., Pan, H. L., & Longhurst, J. C. (1998). Reversal of reflex-induced myocardial ischemia by median nerve stimulation: a feline model of electroacupuncture. *Circulation*, 97(12), 1186–1194. <https://doi.org/10.1161/01.cir.97.12.1186>

Vickers, A. J., Vertosick, E. A., Lewith, G., MacPherson, H., Foster, N. E., Sherman, K. J., Irnich, D., Witt, C. M., Linde, K., & Acupuncture Trialists' Collaboration (2018). Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis. *The journal of pain*, 19(5), 455–474. <https://doi.org/10.1016/j.jpain.2017.11.005>

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