Cases from the London School of Acupuncture Teaching Clinic

Arnold Desser and Paul Blacker

Mr B, age 62, first came to the Clinic in the Spring of 1997. Southern European by birth and a caterer by trade, he was short and stocky with a pale complexion and had dark bags under his eyes. His complaint, which became steadily apparent during the course of the initial consultation, was that his eyes blinked uncontrollably until, for no apparent reason, they closed and remained clamped shut. The only way Mr B could open them was to prise his eyelids apart with his fingers. The first time this occurred was four years ago when he heard via a long-distance call from his home country that his aged father had died. He could distinguish no particular pattern to the spasms. For the last few years Mr B had been attending a clinic at one of the UK's leading eye hospitals.

The history revealed that he was blinded by a gunpowder explosion at the age of 9, and he suffered a severe wound to the side of his head when he was 12 years old. For the blindness he was administered a folk remedy of an onion juice eye bath and, after a year, he was able to see again after "the skin came off my eyes".

Mr B worked hard all his life, was on his feet 12 hours at a time, and sustained himself with upwards of a dozen cups of sweetened strong coffee and two packs of cigarettes a day. In the evening he would consume a large meal. He had a tendency to constipation (which made his eyes worse) and he countered this by eating plenty of raw or cooked fruit. He regularly drank two litres of water a day and had occasional frontal headaches if he ate too much too late at night. His sleep was disturbed by having to awaken every few hours to urinate. He described himself as being impatient and prone to outbursts of anger. His blood pressure was 110 / 75mm/hg.

His tongue was reddish in colour with a thick yellow coat at the rear and a central crack which did not extend to the front. Pulses were weak, especially in the Kidney positions, and his Liver pulse was soft.

As a matter of course his consultant was written to and he replied with a note stating that the diagnosis was essential blepharospasm and the medication Mr B was receiving was local injections of botulinum Type A toxin. We were astonished! Botulin, we knew, is extremely poisonous and can occur in tainted food, particularly tinned food which hasn't been properly sterilised. Infection with the organism leads to vomiting, progressive paralysis of the eye, throat and respiratory muscles, and can be fatal.

We needed to know more so we contacted an ophthalmologist, a friend of the Clinic, for detailed information. He told that us that blepharospasm is a chronic condition in which the muscles around the eye contract involuntarily and for which there is no known cause (hence the word 'essential'). Little is known about it other than it was once thought to be a psychiatric disorder and that it seems to confine itself mainly to those in their 50s. As for the treatment with botulinum toxin, small doses injected into the eyelids have a local action similar to a muscle relaxant. It is sometimes used for other conditions where spasms feature as, for example, writer's cramp or other ophthalmic conditions such as squint. Mr. B was having injections into his upper and lower eyelids every three months. At the end of each three-monthly cycle of hospital treatment his eyes would revert to their original condition and would spasm at any time.

Diagnosis and treatment

The primary diagnosis was that of insufficient qi and blood rising and circulating in the channels surrounding the eye due to Stomach and Spleen qi deficiency, the channels themselves having been damaged in the childhood accident. There was also some Liver qi stagnation (and Liver yang rising) and damp. The principle of treatment followed on logically from this - to balance yin and yang in the channels surrounding the eyes, promote circulation of qi and blood, strengthen the Stomach and Spleen and ensure the free-flow of Liver qi.

The points chosen were Zusanli ST-36 and Sanyinjiao SP-6 to nourish qi and blood and promote the smooth flow of Liver qi. The Spleen is also said to be responsible for the strength and movement of the eyelids. Shenmai BL-62 and Zhaohai KID-6, the opening points respectively of the Yang Motility (Yangqiao) and the Yin Motility (Yinqiao) vessels, were chosen because of their specific effect on balancing yin and yang energy around the eyes and to tonify the Kidneys. Other points were Zanzhu BL-2, needled toward Jingming BL-1 (the meeting point of both extra channels), then withdrawn slightly and re-directed toward Yuyao (M-HN-6) on the eyebrows. These points remove obstructions from the channel. The same points were used for eleven of the sixteen treatments he had in all.

Discussion

Mr B , not the kind of person given to excessive amounts of self awareness, was unable to ascertain any pattern to the blinking and eye shutting until mid-way through his course of treatments. At that point he offered his observation that

his symptoms worsened when he became particularly upset and when he watched television. He was, however, very eager to cooperate and collaborate in his treatment. When we suggested that the coffee might not be helping his eyes, he immediately stopped drinking coffee and switched to tea; when told about the effects of that quantity of tea, he switched to hot chocolate. Finally, he stopped all stimulants and switched to water. He was also instructed to massage Shenmai BL-62 every morning and Jingming BL-1 whenever he began blinking or when his lids went into spasm. The latter afforded him instant though short-lived relief for five minutes or so.

Over the two and a half months period of treatment he reported that there was improvement in his general health. His sleep was less disturbed by having to get up to go to the toilet, he thought his energy had increased significantly, he was less stressed, and he reckoned his eyes had improved from one to between four and five on a scale of ten, at least to the point where he felt he could miss a hospital session.

The student-practitioner's final day in clinic coincided with the fourteenth consultation. He had taken over the case after Mr B's third visit. At the last appointment Mr B gave the student a small gift as they said their good-byes. He returned for another two appointments but cancelled three subsequent ones. The new student-practitioner telephoned him; Mr B explained that he was occupied with urgent business matters but he would make an appointment when these were attended to. He never did.

There are many issues that this case raises. But the perennial question remains: what is the main problem the clinician is dealing with - the presenting symptom, something that precipitated the symptom, or something too far back or too deep down to remember? It is not always easy to tell, especially at the outset, but there are a number of points to which attention needs to be paid. In Mr B's case the most obvious one was a critical event immediately preceding the appearance of the symptom.

The first task in a case of this kind is to be clear about chronology; what happened, when and to whom. Close and sensitive questioning is needed. The second is strategic - to encourage discussion about the event, to find out how those involved were affected by it. The third priority might be to inquire whether the patient can make any connection between the most recent event and the symptom and earlier events and the symptom. The news of Mr B's father's death four years before was emotionally traumatic. Years earlier his eyes had experienced severe physical trauma for which he had somewhat of a miraculous healing. Were both traumas linked? Or was it just coincidence? Were both healings linked - is onion juice any weirder than needles in the lexicon of folk medicine or so-called 'natural' interventions?

Just treating the symptom can sometimes effect a transformation, especially when done in the context of a trusting and caring environment. Student-practitioners sometimes ask what right they have to ask patients questions that probe into their past. and what possible benefit there could be in doing so. There is no simple answer (and, in any case 'probing' questions should not be asked without obtaining the patient's permission) but the proof of the pudding is in the eating. Something resolved itself for Mr B, whether in the short term or forever one could only ascertain through follow-up interviews. One thing seemed certain. He felt, for the time being at least, that treatment had been enormously helpful and that he required no further help from the Clinic.

It would be a monumental piece of research that could distinguish between all the variables involved. Whether those with chronic symptoms respond to the needles, or the intensity of the experience, or the regular, almost ritualised routine of weekly visits to the clinic, or the uniquely intimate yet professional relationship that develops between them and their practitioners would be fascinating to unravel. Maybe it is all of these things in some celestial recipe for which the proportions of the individual ingredients will forever be a mystery.

Arnold Desser is Clinic Director of the London School of Acupuncture and Traditional Chinese Medicine, at the Centre for Community Care and Primary Health, University of Westminster.
Paul Blacker graduated from the LSATCM in 1997.