

Course:	Acupuncture Treatment of Disease 2		
Doc:	Case Studies		

Week 1 – Infertility and Impotence (really from week 12 last term)

Li, Female Age 25

She suffered from infertility for 4 years. She had profuse, white, watery vaginal discharge. She had pale complexion, fatigue, profuse clear and frequent urination, chronic loose stools, edema in the lower extremities, lower back pain, pale and swollen tongue with sticky white coating. Her pulse was slow and weak.

1. The differential diagnosis for this case is:
 - a. Liver overacting on Spleen with lower pouring of dampness
 - b. Spleen and Kidney Yang xu with dampness
 - c. Spleen and Kidney Qi xu with damp retention
 - d. Liver and Kidney Yin xu with damp phlegm retention.
2. Which group of points for this case?
 - a. LI 4, LI 11, SJ 5, ST 44, GB 41, GB 34, LV 2, BL 26
 - b. SP 6, BL 23, DU 4, ST 36, SP 9, GB 26, BL 32
 - c. GB 26, ST 34, GB 37, LV 5, H7, P6, SI 3, LI 10
 - d. GB 26, BL 17, BL 13, DU 14, GB 20, LI 15, GB 34

Wang, Male, Age 20

He suffers from erectile dysfunction, complicated with bitter taste in mouth, thirst, hot and dark red urine, soreness and weakness of lower extremities, wetness in the scrotum, burning and painful urination, slippery and rapid pulse.

1. Which kind of tongue would be inspected for this patient?
 - a. Pale and swollen body with teethmarks, thin and moist coat
 - b. Normal body with red spots in the tip and sides
 - c. Small thin body with map coating
 - d. Red tongue body with yellow, sticky coating
2. What is your diagnosis to this case:
 - a. Impotence due to Kidney Yang xu
 - b. Impotence due to Spleen Qi xu
 - c. Disharmony between Heart and Kidney
 - d. Impotence due to lower pouring of damp heat

3. Which group of the points is for this case?
 - a. BL 23, DU 4, BL 52, RN 4, RN 6
 - b. SP 6, ST 36, BL 20, BL 21
 - c. KI 3, KI 6, BL 25, LV 3, LI 8, UB 62
 - d. LI 11, SJ 5, GB 34, RN 3, BL 28, BL 31-34

Week 1 – Menopause and Mastitis

Ma, Female, 48 yo

Patient has suffered from menstrual irregularities for 2 years with menstruation occurring from twice a month to once every 3 months. The flow also varied and sometimes was heavy. For the past 2 months She has had low-grade fevers in the afternoon. She reported frequent hot flash, restlessness, irritability, emotional tension, dizziness, blurred vision, tinnitus, palpitation, insomnia, forgetfulness and hot palms and soles. The lower back and knees were sore and weak. She experienced itching all over her body, even though there was no sign of rash or desquamation.

Patient's tongue is red without coating. Her pulse is wiry, thin and rapid. Blood pressure was 180/110 mmHg.

1. Differential diagnosis for this case is:
 - a. Heart blood xu with Kidney yang xu
 - b. Kidney yin xu with Liver blood xu
 - c. Disharmony with Heart and Kidney. Liver Yin and Blood xu with Liver Yang Rising.
 - d. Liver and Kidney Yin xu with damp-phlegm retention

2. Which group of points?
 - a. LI 4, LI 11, SJ 5, ST 44, GB 41, GB 34, LV 2, BL 26
 - b. K3, K10, LV 8, LV 2, UB 23, ST 36, SJ 5, REN 12
 - c. K3, K6, H7, UB 23, UB 52, LV 8, LV 3, GB 20, GB 41
 - d. GB 26, BL 17, BL 13, DU 14, GB 20, LI 15, GB 34

Wang, female, 26 yo

Seven days post partum, the patient suddenly developed pain in her left breast with elevation of temperature to 99.5F. She was nursing at the time and measures were taken to suppress lactation. There

was no history of breast problems. Conservative treatment consisting of parenteral penicillin and oral sulfonamides. Fomentation was administered for 3 days, but was ineffective. The breast became red and swollen and she suffered from nausea and fever. She was also irritable. ON the 4th day she was referred for tx.

Examination showed a temp of 100 F. The left breast was inflamed. Under the nipple, a mass of about 5x5 cm was palpated. The mass was tender but was not fluctuant. The tongue was red with a yellow slightly sticky coating. The pulse was wiry and rapid. Inquiry also revealed constipation and thirst with a desire to drink. Lab tests showed a white blood cell count of 14,600/cu mm.

1. The differential diagnosis for this case is:
 - a. Qi and blood yu with stomach heat
 - b. Accumulation of heat in the shaoyang channel
 - c. Liver Qi yu with Spleen qi xu
 - d. Accumulation of heat in the Yangming channel with liver heat.

2. Which group of points?
 - a. LI 4, LI 11, UB 17, SP 10, SJ 5, ST 44, GB 41, GB 34, LV 2, BL 26
 - b. SP 6, LV 3, LI 4, GB 41, BL 23, DU 4, ST 36, SP 9, GB 26, BL 32
 - c. ST 36, SP 6, LV 3, GB 26, ST 34, GB 37, LV 5, HT 7, P 6, SI 3, LI 10
 - d. GB 21, ST 18, LI 7, SI 1, SI 9, LI 4, LI 11, DU 14, ST 44, ST 40, LV 2, SJ 6

Week 2 – UTI and Profuse Vaginal Discharge

Lu, Female, 50 yo.

chronic

Chief Complaint: Painful urination syndrome for the last 2 years.

Lin syndrome

Liver/Gallbladder area

She experienced pain before or during urination and also had pain and distention over the hypogastrium.

Damp heat in BL

Heat

The micturition was sometimes “reluctant” and the urine was rather dark. All urine and blood tests had proven negative. One year before her consultation she had an acute episode of urinary retention and had

Liver Qi - emotions

to go to the hospital for catheterization. Her son died 3 months ago and which made her depressed. She

Liver

overax on SP?

KI

Qi xu

often cried and had abdominal distention. She also suffered from lower back ache, felt very weak and

Seems like KI Yin xu

heat – KI yin? Fluids dmgd KI yin

had a sore “tired throat” which was also dry at night. Her tongue was dark-red, dry with some cracks and

prickles = heat

damp or phlegm

lower jiao

interior, LV/GB, heat

with red spots and greasy coating on the root of the tongue. Her left pulse was deep, wiry and fast and

the third position on the left was thin and fast. Her pulse on the right was deep and weak.

1. What is your diagnosis to this case:
 - a. Cloudy and stone painful urination syndromes
 - b. Blood and stone painful urination syndromes
 - c. Cloudy and fatigue painful urination syndromes
 - d. Qi and heat painful urination syndromes

2. The following symptoms are the signs of the kidney xu *except*:
 - a. Lower back pain
 - b. Tired throat which was dry at night
 - c. Red spots and greasy coating on the root of the tongue
 - d. Weak and deep pulses on the right rear position.

3. The symptoms of reluctant and dark micturition, red spots and greasy coating on the root of the tongue indicate:
 - a. Empty heat due to kidney yin xu
 - b. Retention of damp-heat in the urine bladder
 - c. Liver heat and fire
 - d. Attack of wind-heat in the Taiyang meridian

4. The principles of treatment include the following except:
 - a. Nourish kidney yin and strengthen lower back
 - b. Tonify spleen and kidney qi to promote urination
 - c. Clear the damp heat from the lower jiao and urine bladder
 - d. Soothe liver qi and benefit urination

5. Which group of points is for this case?
 - a. SP 9, SP 6, RN 3, LV 3, KI 3, LU 7, KI 6, BL 63, BL 23
 - b. ST 25, SP 9, ST 40, KI 3, BL 60, GB 34, HT 7
 - c. BL 23, LI 11, BL 40, BL 62, SI 3, LV 14, LV 8, GB 26
 - d. LV 2, ST 44, LI 4, LI 11, SJ 5, DU 14, BL 13, BL 17

6. In this case the most possibility for her wiry pulse is:
 - a. Indicates the blood stasis in the bladder
 - b. Indicates her liver qi stagnation
 - c. It is the sign of the lower pouring of damp heat
 - d. It indicates the retention of stones in her kidneys

Li, Female, 39 years old.

Chief Complaint: Profuse vaginal discharge.

She has profuse white, sometimes light watery vaginal discharge, without any smell. She had pale **Pale cmplx can = qi/bld/yang xu** complexion, fatigue and weakness, poor appetite and loose stools with cold sensation in the lower **Qi xu Sp xu Sp xu** abdomen and lower back, and edema in the lower extremities. She had pale tongue body with white and **Qi/bld or yang xu cd be normal dampness/ph cold interior xu** sticky coating. Her pulses were slow, deep and weak.

1. What is your diagnosis for this patient?
 - a. Spleen and kidney qi xu
 - b. Lower pouring of damp pathogen due to spleen qi xu
 - c. Retention of damp phlegm with liver qi stagnation
 - d. **Deficiency of spleen and kidney yang with damp retention**
2. Which principles of treatment would you select?
 - a. Tonify spleen and kidney qi and hold the essence
 - b. Remove dampness and benefit Dai meridian
 - c. Soothe liver qi and eliminate damp phlegm
 - d. **Warm spleen and kidney yang and remove dampness**
3. Which of the following points would you select?
 - a. LV 3, GB 26, GB 34, SP 10, LI 11
 - b. SJ 5, GB 41, SP 9, BL 40, KI 6
 - c. DU 20, GB 20, BL 12, RN 17, DU 16
 - d. **DU 4, BL 23, RN 4, SP 9, GB 26, SP 6, ST 36**

Zhao, 47y.o. male

He had been diagnosed as having carcinoma of the bladder 4 years before. This had been operated on at the time and he had no symptoms for the following 3 years. After that he developed papillomas (benign epithelial tumor, sometimes round, sometimes little fingerlike projections) in the bladder. His symptoms included: fatigue, poor appetite, lower abdominal heaviness, occasional blood in the urine, frequency **Qi xu Sp qu xu dampness** and difficulty urinating, back ache, weakness of the knees and slight dizziness. He had been suffering **KI xu** from frequent urination and lower abdominal fixed pain for many years before he developed cancer. **KI yang xu, though no cold signs** On closer investigation, you note his urination is frequent, profuse, and pale.

Qi/yang/bld xu damp retention – swollen/sticky deficiency

His tongue is pale, swollen, and has a sticky coating. His pulse is slightly weak, especially on the right MJ KI yang (right 3rd is KI yang pulse....click here to see [pulse chart](#)) middle and rear positions.

Diagnosis: Lin Syndrome, Kidney and Spleen qi deficiency with damp retention.

Could make an argument for Kidney Yang xudue to pulse and urination, but there aren't too many cold signs...

Wang, Female, 38 years old.

(Warning—extreme Chinglish below)

Yo! Heat city acute

She had a black profuse discharge with strong odor for 1 week. Half a month ago due to some reason

Liver acting out heat ... and lot of it

she was angry with her friend. After that her frequently had dark urine, sometimes with blood strained.

Heat heat heat

From yesterday she got a fever (101F). She felt thirsty and preferred for cold water. She also had poor

Spleen Liver area problem also liver qi yu

appetite, hypochondriac pain and sighed occasionally.

Heat heat damp damp LV heat

Her tongue was dark red, yellow greasy coating. Her pulse was slippery, wiry, and fast.

Diagnosis: Looks like Liver Qi stagnation with Liver overacting on Spleen and also causing damp heat in the lower jiao.

Week 3 - Facial Paralysis

Li, 32 year old male

Chief complaint: deviation of the mouth and inability to close the eye.

acute

He had been complained of facial paralysis for about 2 days. Three days ago he went to a park with his

Wind invasion?

family while it was very windy outside and then two days later he started the symptoms when he woke

deviation is to the unaffected side! The affected side droops

up in the morning. His mouth and tongue were deviated to the right side of the face with incomplete

Indicates left side affected forehead wrinkles gone=NOT Central Facial Paralysis!

closure of the left eye, salivation and inability to frown, the wrinkles on the left side of the forehead

Symptom of Bell's Palsy

were disappeared, the naso-labial groove of the left side of the face became more superficial.

Wind heat or wind cold more wind cold wind cold!

He complained of chills and fever, as well as headaches and no sweating. He got tenderness around the

Often get tenderness with Bell's

occipital region and the region behind the ears. His tongue body was about normal with thin and white coating. CT scan and MRI were with negative results and he had not suffered this problem previously.

1. What to expect for his pulse:
 - a. Fast and floating
 - b. Superficial and tight**
Symptoms indicate wind-cold invasion which would be superficial (exterior) and tight (cold)
 - c. Fast or forceful
 - d. Wiry and slippery

2. According to the patient's complaint, which of the following points should be his tenderness point?
 - a. BL 12 and GB 8
 - b. GB 2 and DU 14
 - c. SJ 17 and GB 20**
Located behind ear and at occiput as indicated in study.
 - d. GB 21 and LI 18

3. What is the main pathological factor for this patient?
 - a. Invasion of damp-heat
 - b. Invasion of wind-cold**
Chills, fever, headache and no sweating = wind cold. Also, tongue coating is white, so no heat present.
 - c. Retention of inner wind
 - d. Invasion of wind-heat

4. Which side of the face is the affected side?
 - a. Both sides of the face
 - b. Right side
 - c. Left side**
Mouth and tongue deviated toward the good side, the right. No forehead wrinkles on the left and the naso-labial groove got shallower on this side too.
 - d. None of the above

5. Which side is supposed to have drooping of the angle of the mouth, salivation and inability to frown?
 - a. Right side of the face
 - b. Left side**
 - c. The patient should not have the above symptoms
 - d. Both sides of the face

6. What is your principle of treatment?
 - a. Tonify the Wei Qi and improve immune system
 - b. Remove the damp heat
 - c. Remove the external cold and eliminate wind**

External wind/cold invasion, Lung Qi and Wei Qi xu causing toxic heat and damp heat retention. This is actually *not* Bell's Palsy, but is Hunt's Syndrome – herpes zoster in the ear. That bastard...testing us over something he didn't even teach us!!!!

(Drinking a lot in a short period causes damp toxic heat.)