An Achilles' Heel

Dan Bensky, DO

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1.1 Description of Patient

Ms. D. is a 49 year-old self-employed business woman. She appeared self-possessed and decisive. She had clearly come to our clinic as a last resort and had no previous experience with acupuncture or any nonconventional modes of treatment.

1.2 Exam

The first thing I do with any patient is global listening which is a way to use one's hands to feel directly what part(s) of the body has some restriction or stagnation. In Ms. D. this procedure lead me to the liver and the right lower extremity. The area over the liver was warm and the liver was in expir. In addition the feet were cold, especially the right. Direct palpation of the channels revealed a sense of both constraint and deficiency in the Liver channels bilaterally throughout their course. The tongue was dark (most pronounced on the edges) and also pale; the pulse was wiry with a deficiency in the Liver position

1.3 Chief Complaint

Ms. D. has recalcitrant Achilles' tendonitis of four years duration. Originally in both ankles, she has had multiple types of conventional medical treatment including physical therapy, ultrasound, local cortisone injections, and an immobilizing boot. The last helped the left, but she has resisted trying it on the right.

She has a history of running up until the onset of this problem and also of walking about 3 miles a day. The walking is very important to here as it was a time of day when she and her husband, who both walked with her and is her business partner, could spend time together and discuss their business. While she continues to exercise, riding a stationary bicycle, she really misses the active time spent with her husband.

At present, her right ankle feels weaker and throbs after any significant activity. Local application of ice is helpful as is wrapping the ankle. She has not been able to walk even a mile for a considerable period of time.

She described herself as impatient and stubborn. However, her challenging and skeptical attitude was clear and without any malice. I was

immediately comfortable with her and felt that I could frankly discuss with her anything relating to her problem. While on the spectrum of possible health problems, this is not a particularly severe disorder, I felt that it was a serious problem to Ms. D.

1.4 **Further History & Exam**

Further history was mostly unremarkable. Her menstrual cycle is usually around 28 days with light periods of long duration. She reported no particular symptoms relating to her menstrual cycle.

On further examination of the ankle areas there was diffuse dull tenderness around both Achilles' tendons and discrete, tender nodules on the distal, medial aspect of the right one.

Box A

Right painful Achilles' tendon Nodule in the lower anteromedial aspect of the right Achilles' tendon Liver restriction Liver channel deficient and constrained Feet cold Determined personality Entrepreneurial life-style Wiry pulse with deficiency in the Liver position Dark and pale tongue, with dark edges

2. **Identification of Pattern & Treatment Plan**

When working with patients, particularly those with some clearly circumscribed chief complaint, I prefer to approach them on three levels. First, I try and gain an understanding as to what the root *(bên)* of the problem. Sometimes I utilize the root based on what I have understood as the Chinese perspective, where the root is clearly and directly related to the symptoms. Sometimes I take what to me is a more Japanese approach, where the root is something like the background or terrain over which everything else occurs and may not have a direct relation to the symptoms. Secondly, I look at the localized problems that brought the patient in and come up with a general diagnosis including which system or filter I will view it through. Finally, I try and gain a specific understanding of the particular problem in the particular

patients. Often all three of these 'takes' on the patient are congruent; sometimes they are not.

In general, I use the most direct and quickest forms of diagnosis. The longer I spend in talking or thinking, the more likely I am to make up a diagnosis that appeals to me, rather than one that reflects the actual person. For this reason I favor first doing the palpatory exam and then taking a quick, focused history. This relates to my own strengths, weaknesses, and preferences. That is I am quite weak at the visual, I do not particularly like talking to patients, and I have the benefit of a modicum of osteopathic training.

The primary osteopathic methods used in this case were developed by the French osteopath Jean-Pierre Barral. These are clear, quick, focused techniques to identify relatively important areas with limitations in motion. As practitioners doing these techniques are actively engaged but receptive, like a good listener, he calls them "listening." The listening is done before talking to the patient so that it is as objective as possible. In this case, I was drawn to the liver and the right ankle. I interpret this as evidence that some dysfunction related to the liver is part of the picture of the ankle problem.

The direct palpation of various flows in the channels is a technique that requires quite a bit of imagination. It is done by touching important points on the twelve or fourteen primary channels and imagining that you can tune into the channels. I have been practicing this for approximately twelve years. It is helpful to me in about one-third of cases. In this case, what I felt was a hollowness of the Liver channel (equal bilaterally) along with an increase in tension (bilaterally but more on the right).

These findings were reinforced by the pulse (overall wiry with deficiency in the deep aspect of the left middle position) and the darkness along the edges of a tongue that was also pale. All these findings lead to the Liver and the presence of both deficiency and constraint. In my experience, this combination is quite common. In this case, this diagnosis serves as the root *(bên)*. The lack of significant menstrual disorder is not fully congruent with this interpretation. I simply ignored this.

The next step is to have a diagnosis for the chief complaint itself. Here we have a clearly localized musculoskeletal problem. I have recently learned the barrier point system for these types of problems. This system was developed by the French Acupuncture Association (AFA) under the leadership of Jean-Marc Kespi. and taught to me by Gérard Guillaume and Peter Eckman. This system of points is predicated on the idea that there are flows of yin qi and yang qi from the trunk to the extremities and vice versa. It is possible that Drs. Kespi and Guillaume have a very clear idea on what specific yin and yang

qi are involved in these flows. At my very basic level of understanding, these flows are generalized and vague. They are not tied to specific directions of flow in the channels. Depending on various factors, barriers to these general flows develop at the different joints which results in differing types of pain. The barrier points are points that *resonate* with these different barriers and unblock them.

One very interesting and useful part of the barrier point system is the application of the eight parameters *(bä gäng)* to local musculoskeletal phenomena. In Ms. D.'s case this leads to a local diagnosis of yin deficiency. Why? Yin deficient pain gets worse with motion, gets better with rest and immobilization, and is helped by local application of ice. This describes her pain. Notice that this is a purely *local* diagnosis and is not necessarily connected in any way with the patient's constitution or their systemic diangosis. It is quite possible that a person who appears to have yang deficiency systemically could have yin excess type pain in a joint.

There is one more step that must be taken before one can use this system to select points. That is you need a way to decide which point to use for a particular type of problem at a given joint. For example, here we have yin deficient type pain in the ankle. For this, the AFA use their own understanding of a dialectic of change along the three great channel axes — greater *(tài),* lesser *(shào)* and terminal/brightness *(jué/míng)* and how each of these resonates with the different joints. According to this concept, a yin deficient type pain in a distal joint or area (ankle or wrist) is a terminal yin *(jué yïn)* problem. The treatment is the cleft point of the terminal yin channel, in this case LR-6 *(zhöng dü)*. This served as my diagnosis of the local problem.

When possible, I like to have a more specific diagnosis that allows me to think that I have a handle on what is going on with this person at this time. As Achilles' tendon problems involve the sinews which relate to the Liver, just treating the Liver or the Liver/Gallbladder system could be an attractive approach. I prefer to have a more specific link to problems, especially when I use herbs. In this case topography came to my rescue. The part of the tendon involved was clearly along the lesser yin or Kidney channel. This fine tuning directed me toward finding some lesser yin approach that would include the Liver.

My cursory and generalized impression of Ms. D. — self-directed, self-possessed, and decisive along with her self-description of being stubborn and impatient did not go against the general tone of the diagnosis. I did not give too much thought to the etiology in this case. Given the patient's nature, I

assumed (with no evidence) that after suffering some slight injury to her heel, she kept stressing it past the point it could heal itself.

This is my common practice — I like to meet the patient where they are. This involves learning all I need to know in order to treat them and no more than I need to know in order to treat them. I envision acupuncture treatments as a conversation or a call-and-response procedure. Once we start to work the patient's response to the treatment enables us to see if we are close or not. For this approach to work, treatments must be simple.

3. **First Treatment**

I usually keep first treatments as simple as possible, and this case was not an exception. I first validated Ms. D.'s concerns by conveying to her that our goal was to work together so that she could do her walks with her husband as soon as possible. I alluded to some possible life-style changes but did not talk about specifics. I told her that she could continue her icing, but only when and if the pain was acute and for no more than 10 minutes of an hour. She was to watch her stretching carefully (I demonstrated the correct stretches for the soleus and gastrocnemius muscles) and to stop them immediately if she had discomfort. I also told her the general outline of the diagnosis.

For acupuncture I used one point on each side of the body. As noted above, in the barrier point system, the point for this type of problem should be LR-6 *(zhöng dü)*, the cleft point. However, I have an inherent distrust of formulaic approaches to anything, acupuncture not excepted. Given my own strengths, I rely on palpation to decide what points to use and their exact location. I use three approaches. First, moving my hand quickly, I feel with my palm about 5cm off the body over the area I am concerned with looking for areas that feel relatively hot. Secondly, with my eyes closed, I stroke along the channels in question, feeling for areas or increased resistance or 'stickiness.' If I have to press harder to feel the resistance, when needling I will probably have to needle deeper. These two modes of palpation need to agree with each other. Finally, once I think I know where the point is, I needle it. If it is a correct point, then I will be able to feel the qi arrive. This is the gold standard of acupuncture and if I do not get it, I stop and start this process over again.

In this case, the point that was felt was LR-5 *(lí göu)* on the right. After finding this point, I reflected and realized that the combination of deficiency and constraint in this case make using the collateral *(luò)* point appropriate. The other point used was a reactive point on the left ankle, posterior to KI-3 *(tài xï)*. I take this as a type of "eccentric needling *(miù zhën),* described in chapter 63 of the *Basic Questions (Sü wèn)*.

I subscribe to the belief that for acupuncture to make a change in a patient's condition, it must make lead to some changes occurring during the treatment. This is especially true if we treat people every 7-14 days instead of every 2-3 days. Of course it is necessary to be sure that all the needles "connect" to whatever channel you intend and that this connection goes as far as is necessary. In addition, it is a good idea to check all relevant signs after every needle or so. I used 34 gauge one and one-half inch needles and treated the right side first (for no particular reason).

Fortunately, after the needles were in place there was significant positive change in the tongue, pulse, and other findings. Needles were left in until they could be pulled out easily. This is my common practice and is based on my understanding of the statement in chapter 1 of the *Divine Pivot (Líng shü)* about the relation of needling to the arrival of qi. In this treatment the needles were ready to come out after about twenty minutes.

The combination of signs and symptoms of a Liver root and a lesser yin branch, along with the cold feet and warm hypochondrium, lead me to use a modified version of Frigid Extremities Powder *(sì nì sân)* from the *Discussion of Cold-induced Disorders.* This is a lesser yin stage formula which is generally used for Liver disorders in addition to its more classic use for hot-type collapse *(jué)*. I added Fructus Chaenomelis Lagenariae *(mù guä)* for its effects on the sinews, especially of the legs, and substituted Herba Artemisiae Yinchenhao *(yïn chén häo)* for Radix Bupleuri *(chái hú)* as I believed that the latter was too scattering and ascending for this particular person. Herba Artemisiae Yinchenhao *(yïn chén häo)* is a good herb to use for structural Liver complaints, including biomedically-defined liver disorders. I believe that this can be extended to such conditions as tendon problems with discrete nodules. I gave her a very low dose. The total dosage was 36g which was ground into a fine powder. One teaspoon of herbs (less than 3g) was taken as a draft (boiled with 1 cup of water for 10 minutes, strained, and drank) once a day in the morning.

4.**Progress and Outcome**

When Ms. D. returned to our clinic a week later she told us that she had felt better immediately after the treatment and was able to walk 3 miles a day within a few days. She was stretching faithfully and had not used ice. She was encouraged as were we.

In addition, she remarked that she had felt like crying off and on during the first day that she took the herbs. Then she began to notice a change in some aspects of her outlook on life. Where previously she had not enjoyed where she was going, being so focused on her destination, she now began to

appreciate the trip and could "smell the roses along the path." This change was very welcome, but surprising to her as previously she had not noticed this aspect of her being or thought it a problem. We took this opportunity to talk with her about her life, what it means to express oneself, and how that fit in with the traditional Oriental concept of the Liver.

While I had expected some significant improvement and a subtle lightening of her disposition, I was somewhat surprised by the extent of the change. I have observed that "Wood" people can respond intensely to treatment, and with luck that response can be positive. There was also a significant improvement in the tongue, pulse, and other signs. We have seen Ms. D. three more times in the ensuing six weeks, continuing the acupuncture treatment of 2-4 needles per session. As she improved, the wiry aspect of the pulse dissipated, the darkness went out of her tongue, and the palpatory findings also improved. The third treatment was a bit too similar to the earlier ones. I did not pick up that as the constraint had improved the deficiency had became more marked, even though this is a common occurrence. For this reason, she had a day of increased pain after the treatment. As I modified the acupuncture, adding LR-8 *(qü quán)* and KI-10 *(yïn gû),* and added Sclerotium Poriae Cocos *(fú líng)* to the herbs, this reaction did not occur again.

She continues to walk and has begun exercises to strengthen the muscles of both plantar flexion and dorsiflexion. By the fourth treatment the pulse was no longer wiry, the tongue was a normal color and slightly scalloped. At this point it was recommended that she follow up with us every month for two to three months as she regains normal strength and flexibility.

5.Concluding Remarks

I enjoyed this case immensely. First of all, I had a chance to work with my favorite type of patient — an intelligent, focused and skeptical person. Secondly, I got to indulge in one of favorite approaches, that of therapeutic minimalism. I really get a kick out of having a positive impact on someone's life by just using a couple of acupuncture points every week or so and about 3g a day of ground-up herbs. This supports my belief that the appeal of any type of natural medicine is its ability to encourage and direct the body's own healing mechanisms.

About Myself: I have a Diploma in Chinese Medicine from the Macau Institute of Chinese Medicine (1975) a Bachelors of Arts in Chinese Language and Literature from the University of Michigan (1978), and a Doctor of Osteopathy from the Michigan State University College of Osteopathic

Medicine (1982). Currently I have a private practice in Seattle, Washington, am a director of the Seattle Institute of Oriental Medicine, and also am a medical editor at Eastland Press. Over time I have been fortunate to have opportunities to study with many wonderful and insightful teachers. Perhaps the first and foremost among my influences in acupuncture was Regina Ling, originally from Shanghai, who was kind enough to teach me in Taiwan. She impressed on me the importance of paying attention and that for acupuncture to be successful, the practitioner needs to get the sensation desired through the needle. I must admit that I was "rotten wood" for her at the time, but believe that some of what she tried to teach me has percolated through my consciousness over the last twenty years. The notable Japanese practitioner, Shudo Denmei, who I was fortunate to learn from while editing the English-language edition of his book, also made a lasting impression on me. Working with him reinforced my commitment to palpation, reading and studying the classics, remaining focused on the work itself, and not falling into any type of dogmatic thinking.

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