

CASE SUMMARY

CHIEF COMPLAINT

L4 lumbar vertebrae fracture which occurred due to trauma 4 years prior to the first treatment. Three months prior to the first treatment he fell and compressed the L4 lumbar vertebrae. His PCP ordered an x-ray of the area and informed him that it would get better on its own. For the past three months the pain has been decreasing on its own, but recently the pain reduction has plateaued. He is seeking acupuncture to further lower his basal pain level.

PATIENT HISTORY

The patient is a male aged 75 years weighing 160 pounds. He drinks some alcohol and coffee, does not smoke, and does not do any regular exercise. He has been diagnosed with osteoporosis and arthritis by western medical health professionals. He is currently taking gabapentin, alendronate, oxycodone, and ibuprofen. He had a lumbar fracture 4 years ago, has an enlarged prostate, had a lens replacement in his left eye, and has a family history of stroke. He currently has no known allergies.

SUBJECTIVE

The patient describes his feelings of body temperature and perspiration in general as normal, although he claims to feel an aversion to cold. Energy is described as low with the best time for energy being in the evening and the worst in the morning. The patient used to walk for ½ to 1 mile a day before the trauma three months ago, but now does no regular exercise.

While reviewing digestion, the patient described his appetite as normal to poor, thirst normal, and has a preference for cold drinks. Other than this, the patient claims to have no digestive irregularities. However, the patient claims to only defecate 2 to 3 times a week at no regular time interval. The feces are hard, light brown, have a weak odor, and while it passes with some difficulty, the patient describes feeling complete afterwards.

While reviewing urination, the patient claimed that urine output is roughly equal to liquid intake, with moderate amounts of urine that is light yellow and sometimes painful when he waits for long periods without urinating. The patient describes having occasional nocturia.

While reviewing sleep and sleeping habits, the patient stated that he usually gets around 8 hours of sleep a night, going to be between 10 pm and midnight, and rising around 8 am the next day. Although the patient claims he is a heavy sleeper and the quality of his sleep is good, he also claims that he has difficulty staying asleep, often waking up 3 to 4 times a night.

While reviewing the body systems in general, the patient claimed to have poor vision, and had to change his prescription within the last year. He has some hearing loss, some cavities, and also describes his skin as dry. He also claims to bruise easily and have hair loss.

While reviewing his musculoskeletal disorder, the patient claimed that the pain in his back is felt dull, was fixed in location, feels better with forward flexion at the waist and sitting, and worse with prolonged standing. The patient also claims the pain is worst in the morning upon waking. In addition to

this, the patient also claims to have some left knee pain which comes on randomly which is described as feeling more internal than external on the knee joint, as well as some left foot numbness which has persisted for at least one year.

OBJECTIVE

The erector spinae muscles of the lumbar area surrounding the fracture are hard to palpation. There is no pain with rotation of the lumbar area, but there is pain upon extension of the lumbar area. The foot numbness extends over the whole foot, and the patient cannot tell when I touch it with the tip of the pen.

TONGUE

The tongue looks of a normal shape although it is ranges in color from pale to normal. The tongue coating is usually thin and white with normal moisture.

PULSE

The pulse usually range around thin, tight, and slightly rapid in most positions, sometimes strong or floating.

CASE ANALYSIS

BIOMEDICAL IMPRESSION

The patient had been previously diagnosed with lumbar compression fracture secondary to osteoporosis. There also may be some anterior listhesis of the fractured vertebrae

TRADITIONAL CHINESE MEDICAL ANALYSIS

Because the patient chief complaints involve the low back, knees, and bones, this strongly implicates the Kidney organs. Because the patient reports low energy, aversion to cold, nocturia, an occasionally pale tongue, and is an older male, this makes me lean towards kidney yang and qi deficiency. However, because the patient also reports poor hearing, dry skin, like for cold drinks, and a thin and rapid pulse, this also point towards Kidney yin deficiency. Because both of these signs are present alongside other symptoms such as osteoporosis, cavities, poor vision, and hair loss, this points towards kidney essence deficiency.

In addition to this, since the pain runs along the urinary bladder channel specifically, I would also diagnose a urinary bladder channel obstruction. Since the pain is dull and fixed in location, I would say this pain is due to qi stagnation, rather than something like wind damp or blood stagnation.

You might be able to make a case for liver yin deficiency based off of the eye problems, past and present, but that seems to be the only strong case for this and I believe that this problem has more to do with the kidneys than the liver. However, the patient has some kidney yin deficiency signs and liver

yin deficiency often appears alongside kidney yin deficiency. Additionally, the constipation is most likely due to long term opioid use.

TRADITIONAL CHINESE MEDICAL DIAGNOSIS'

Kidney Essence Deficiency, UB Channel Obstruction with Qi Stagnation

TREATMENT METHODS

TREATMENT STRATEGY

Tonify Kidney Essence; Unblock channels, move qi and blood, and alleviate pain

ACUPUNCTURE POINTS USED

K 3

GB 32, 34

SI 3

ST 36

SP 6

UB 24, 25, 40, 62

Hua Tuo Jia Ji (L3, L4, L5)

FORMULAS USED

Du Huo Ji Sheng Tang (powder)

TREATMENT OUTCOME

SHORT TERM OUTCOME

After the first treatment, there was little to no improvement. The formula was prescribed during the second treatment. When reporting in the third treatment session, the patient claimed the pain was slightly lessened, but he also admitted that he was not compliant in taking the herbal medicine that had been prescribed for him during his last visit. On the fourth treatment the patient reported that the pain remitted for a few days following the treatment in the third session, but then came back again.

LONG TERM CASE MANAGEMENT

When arriving for the fifth treatment session, the patient was in worse pain than usual and had some trouble walking upright after a long period of sitting (2 ½ hours). Overall pain levels varied throughout the week, with no immediate pain relief after the last treatment like with the fourth treatment. The supervisor advised the patient to take three weeks off of treatment and see if the pain level changed at

all. It was the hypothesis of the supervisor that any pain reduction would come from his own natural healing ability rather than from acupuncture treatments. After three weeks the patient did not report back to the clinic.

I believe that we may have ended the treatment session prematurely. This is a chronic condition, and although we could not heal the fracture we may have been able to provide some pain relief and relaxed the muscles somewhat. However, the area of the back may have been so tight as to try to protect and stabilize the fractured vertebrae and it may have caused more problems if we loosened the area too much. The patient did not seem as though he would become compliant with taking any herbal medicine as he stated he did not like the taste. Still, I would have liked to have treated him for this problem more than four times, especially given the chronicity of the issue.