UCLA K30 Case Presentation

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CC: refractory chronic urticaria, daily SOB/wheezing from asthma

History of Present Illness:

41 year-old male with intermittent hives (2-5 mm) x 7 years. Urticaria got worse, became constant and occurred over his entire body after he received steroid injections and took oral prednisone for De Quervain’s tenosynovitis 5 months ago. Had swelling of his lips for which he received prior epinephrine injection. Dermatographism on scratch test was negative. No improvement despite being on hydroxyzine, zyrtec, benadryl, steroids and penicillin for presumed erysipelas (Strep) infection. His symptoms worsened with stress (ie anger outbursts & planning for upcoming wedding) and hot weather.

Patient also had daily SOB/wheezing from asthma x several weeks. Was using Albuterol PRN (up to 8 puffs per day) to gain relief. Had not been prescribed steroid inhaler by PMD.
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Past Medical/Surgical History:
Heatstroke x 2 episodes
Asthma
Intermittent oral and esophageal blisters
s/p tonsillectomy
History of heavy EtoH use
De Quervain’s tenosynovitis

Medications: Hydroxyzine ATC, Zyrtec, Benadryl ATC & PRN, Albuterol PRN

Social History: He works at a tropical fish store where the climate is kept warm and humid (approximately 80 degree F)

Diet: He likes eating red meats, spicy foods, drinks EtoH and uses supplements for weight lifting
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Case Presentation

Western Medicine diagnosis:
- Chronic Refractory Urticaria
- Moderate to Severe Persistent Asthma

TCM diagnosis:
- Damp-Heat
- Fire within Stomach/Large Intestine/Lung
### Table I. Clinical classification of urticaria/angioedema

| Ordinary urticaria (recurrent or episodic urticaria not in the categories below) |
| Physical urticaria (defined by the triggering stimulus) |
| Adrenergic urticaria | Heat |
| Aquagenic urticaria | Cold |
| Cholinergic urticaria | Cold |
| Cold urticaria | Dampness |
| Delayed pressure urticaria | |
| Dermographism | |
| Exercise-induced anaphylaxis | |
| Localized heat urticaria | Heat |
| Solar urticaria | |
| Vibratory angioedema | |
| Contact urticaria (induced by biologic or chemical skin contact) | |
| Urticarial vasculitis (defined by vasculitis as shown by skin biopsy specimen) | |
| Angioedema (without wheals) | |
Acupuncture Treatment of Urticaria

Chung-Jen Chen, MD; Hsin-Su Yu, MD, PhD

Acupuncture has long been used to treat urticaria in the Asian world. Acute urticaria can be easily and effectively treated with acupuncture. LI11 (Quchi), Sp10 (Xuehai), Sp6 (Sanyinjiao), and S36 (Zusanli) are the 4 acupuncture points most commonly prescribed. Chronic urticaria is a challenge for medical therapy. There are at least 6 kinds of acupuncture methods developed to overcome this challenge. The combination of ordinary acupuncture and auricular acupuncture has been observed to be a highly effective cure of chronic urticaria. Acupuncture point injection with thiamine hydrochloride (vitamin B₁) is also an effective treatment. However, results of these clinical observations have not been systematically confirmed for lack of a control group and the need for standard classification of urticaria. Although these observational results have clinical limitations, they do offer insight into an alternative to conventional treatment of urticaria. In the future, acupuncture or acupuncturelike techniques may provide an effective alternative for treatment of patients with urticaria, particularly those refractory to medication therapy.

Large Intestine-11 (LI-11)

**Location:** at the elbow, at the lateral end of the transverse cubital crease.

**Indications:** rash/urticaria, elbow pain, abdominal pain, high blood pressure.
Spleen 10 (Sp-10)

Location: on the medial thigh, with the knee in flexion, 3 fingerbreadths above the upper/medial aspect of the patella, along the vastus medialis muscle.

Indications: eczema, urticaria, amenorrhea, dysmenorrhea, irregular menses, uterine bleeding, thigh pain, urinary dysfunction, digestive dysfunction
Acupuncture in Dermatology

EMIL ILIEV, MD

Acupuncture [from Latin acus (needle) and punctio (puncture)] is a part of traditional Chinese medicine and is arousing considerable interest in modern medicine. During the last 30 years, acupuncture and related techniques have been introduced and put into practice in different regions of the world by most medical specialties, including dermatology. Interest is because of several factors: first, every physician is constantly looking for new methods to treat patients as the therapeutic possibilities of modern pharmaceutical science and industry are limited, and second, many modern drugs may have severe side effects. In addition, the excitement of patients toward acupuncture and related techniques is very great with the preference of undergoing therapy that may be free of side effects. The full denial of acupuncture, as indicated by a great many physicians is unfounded. The two medical systems—traditional Chinese medicine (TCM) and Western medicine—are not contradictory, to the contrary, they are as mutually complementary as Yin and Yang. Traditional Chinese medicine includes two mainstream treatments: (1) Methods of external irritation or external therapy (in Chinese Wei Zhi), including acupuncture, Zhen (puncture); burning, Jiu (warming), more widely known as moxibustion, cupping, massage, bath-therapy, gymnastics (Qi Gong, Tai Chi Quan), etc.; (2) Methods of internal therapy (in Chinese Nei Zhi)—diet, drugs (of plant or animal origin), meditating exercises, suggestive-magic exercises and influences.

Dermatologists should know the possibilities of methods for external therapy of TCM for treatment of various skin diseases. These methods are known to the Western audience mostly by the term acupuncture. Actually in dermatology the following methods are most often used:

- Auricle acupuncture: The auricle is very richly innervated (Fig 2). The 120 points on the auricle evoke various changes in the functions of the human body. Auricle acupuncture is also very useful for rapid and unusually correct diagnosis, which is done by finding the pain sensitivity on the part of the auricle, corresponding to the particular organ or the system of the organism.
- Electroacupuncture: Electroacupuncture consists of electric stimulation using a light electric current with different frequencies. This is applied to the needles influencing the skin and underlying tissues in the region of the acupuncture point.
- Electroacupuncture: The effect is rendered directly with electric current by means of electrodes inserted into the acupuncture point. Here the effect is more superficial compared to electroacupuncture.
- Moxibustion: Cones are placed on the acupuncture point wormwood or the wormwood cigar is held at a distance (pecking method), which results in burning or warming of the skin up to 45°C (113°F). The main disadvantage of the burning, which limits its application in hospital environment, for its smoke and strong smell. After treatment sessions the room needs ventilation.
- Acupressure: Massage of the acupuncture points is probably the oldest of all possible techniques for the external treatment in traditional Chinese medicine. Unlike ordinary massage, it is done with rounded movements of the fingers over the acupuncture point and often leads to far better and faster results.
- Cryopuncture: Cooling and slight freezing of the skin in the region of the acupuncture point and in this way thermoreceptors are influenced and nonspecific.
Psychodermatology: The Mind and Skin Connection

JOHN KOO, M.D., University of California, San Francisco, Medical Center, San Francisco, California
ANDREW LEBWOHL, University of California, San Francisco, School of Medicine, San Francisco, California

A psychodermatologic disorder is a condition that involves an interaction between the mind and the skin. Psychodermatologic disorders fall into three categories: psychophysiologic disorders, primary psychiatric disorders and secondary psychiatric disorders. Psychophysiologic disorders (e.g., psoriasis and eczema) are associated with skin problems that are not directly connected to the mind but that react to emotional states, such as stress. Primary psychiatric disorders involve psychiatric conditions that result in self-induced cutaneous manifestations, such as trichotillomania and delusions of parasitosis. Secondary psychiatric disorders are associated with disfiguring skin disorders. The disfigurement results in psychologic problems, such as decreased self-esteem, depression or social phobia. Most psychodermatologic disorders can be treated with anxiety-decreasing techniques or, in extreme cases, psychotropic medications.

Mind-Body Connection:  
The Limbic system


“Persons interested in psychosomatic medicine have an interest in how the body may influence the mind and how the mind may influence the body … I submit here that a partial key to the understanding of the … mind-body meld is the *limbic system*, [which] subserves the emotions.”

George B. Murray, MD  
Director of Psychosomatic Program  
Harvard Medical School
Acupuncture Modulates the Limbic System and Subcortical Gray Structures of the Human Brain: Evidence From fMRI Studies in Normal Subjects

Kathleen K.S. Hui,1,2* Jing Liu,2 Nikos Makris,3 Randy L. Gollub,1,4 Anthony J.W. Chen,1 Christopher I. Moore,1 David N. Kennedy,3 Bruce R. Rosen,1 and Kenneth K. Kwong1

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NIH Consensus Conference
*JAMA*, 1998; 280: 1518-24

- Shown to be effective in post-operative pain, dental pain, post-chemotherapy nausea/vomiting

- Recommended as an adjunct treatment in addiction, stroke rehabilitation, *asthma*, headaches, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, tennis elbow, menstrual cramps
Immunomodulatory effects of acupuncture in the treatment of allergic asthma: a randomized controlled study.

Joos S, Schott C, Zou H, Daniel V, Martin E.

OBJECTIVE: According to Traditional Chinese Medicine (TCM) acupuncture is a suitable treatment for complex chronic diseases such as bronchial asthma. In a randomized, controlled study we investigated immunologic effects of Chinese acupuncture on patients with allergic asthma.

PATIENTS AND METHODS: The effects of acupuncture treatment given according to the principles of TCM (TCM group, n = 20) were compared with those of acupuncture treatment using points not specific for asthma (control group, n = 18). All patients were treated 12 times for 30 minutes over a time period of 4 weeks. Patients' general well-being and several peripheral blood parameters (eosinophils, lymphocyte subpopulations, cytokines, in vitro lymphocyte proliferation) were determined before and after acupuncture treatment. RESULTS: In the TCM group, significantly more patients indicated an improvement in general well-being (79% in the TCM group versus 47% in the control group; p = 0.049) after acupuncture treatment. The following changes were found in the TCM group: within the lymphocyte subpopulations the CD3+ cells (p = 0.005) and CD4+ cells (p = 0.014) increased significantly. There were also significant changes in cytokine concentrations: interleukin (IL)-6 (p = 0.026) and IL-10 (p = 0.001) decreased whereas IL-8 (p = 0.050) rose significantly. Additionally, the in vitro lymphocyte proliferation rate increased significantly (p = 0.035) while the number of eosinophils decreased from 4.4% to 3.3% after acupuncture (p > 0.05). The control group, however, showed no significant changes apart from an increase in the CD4+ cells (p = 0.012). CONCLUSION: The results imply that asthma patients benefit from acupuncture treatment given in addition to conventional therapy. Furthermore, acupuncture performed in accordance with the principles of TCM showed significant immune-modulating effects.

**Acupuncture:** LI-4, Liv –3, LI-11, Sp-10, Sp-6, St-36, P-6

**Trigger Point Injections:** bilateral trapezius, splenius cervicis, rhomboid muscles

**Dietary Changes:** reduce intake of hot, spicy foods, greasy foods, red meats, EtoH; increase intake of “cooling” foods like fruits (ie melons etc) & vegetables; stop weight lifting supplements

**Lifestyle changes:** reducing exposure to hot/humid environments; stress management; limit sun exposure; continue regular aerobic exercise

**Medications:** titrated off Benadryl, Hydroxyzine, Zyrtec and Albuterol MDI as symptoms improved
Patient Follow-up & Feedback

After 1\textsuperscript{st} treatment

“I have only 1-2 hives/day instead of the usual 20 per day”

After 2\textsuperscript{nd} treatment

“This is the 1\textsuperscript{st} time in over 5 months that I have had back to back days without hives and I have stopped taking any medications”

“I have no more SOB or wheezing and I’m no longer using my inhaler.”
Patient Follow-up & Feedback

- Patient had treatment sessions once per week for approximately two months.

- Subsequent sessions were spread out to every other week for a few weeks, then to once per month.

- Has had occasional mild recurrences of hives with stress, anger outbursts or a poor diet (ie. broke out with hives after eating BBQ food).

- Now his symptoms from urticaria and asthma have fully resolved. He has not needed further treatment for 1 ½ years. He continues to be off any medications.
Summary

• Adverse drug reactions (ADRs) are 4\textsuperscript{th} leading cause of death (IOM report, 2000; Lazarou J et al JAMA 1998)

• Polypharmacy & drug-drug interactions are common issues, especially among the elderly

• Finding effective ways to titrate off medications, especially for chronic medical conditions, is becoming increasingly important

• Acupuncture and trigger point injections can help titrate off medications through re-regulation of different physiologic cascades including the inflammatory/immune pathways & HPA axis

• Integrative East-West Medicine is a potentially safe, efficacious and cost-effective approach to optimizing patient healthcare and reducing harmful side effects of medications