

Dr. Shentian Sun's Clinical Experience Treating Pain Syndromes: Four Acupuncture Case Studies

Abstract

Dr. Shentian Sun is a well-known expert in acupuncture and Chinese herbal medicine in China, with over 50 years of rich clinical experience, who is well respected in his home country and throughout the world. This paper reflects only a small part of Dr. Sun's valuable clinic experience, and introduces four representative case studies on pain related conditions that were treated with acupuncture points selected on the basis of Chinese medical theory. The effectiveness of the treatment described is not only limited to point selection, but is also determined by Dr. Sun's needling technique and application of classical theory. Therefore, these needling techniques are also addressed in detail.

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Case 1. Channel differentiation to treat mixed patterns of shoulder pain

Female, 43 years old.

Initial visit: 28th June, 2015.

Chief complaint: Right shoulder pain for two months.

Illness history: Two months ago, without apparent reason, the patient began experiencing pain in her right shoulder. The range of motion of her right shoulder was limited, leading to increased pain when she extended, flexed or abducted her arm. Conventional radiograph of the shoulder showed no abnormal changes. Previous treatment with acupuncture and physiotherapy was unsuccessful.

Examination: The pain was localised to the lateral aspect of the right shoulder, and was exacerbated by flexion and extension. Range of motion was limited in all directions.

Tongue: Pale with white coating.

Pulse: wiry and thin.

Western diagnosis: Scapulohumeral periarthritis.

Traditional Chinese medicine diagnosis: Shoulder bi-impediment syndrome.

Primary points: Sīzhúkōng SJ-23 (R), Yíngxiāng LI-20 (L), Yújì LU-10 (R), Wàngǔ SI-4 (R).

Secondary points: Āshì xué (阿是穴).

Needling technique:

1. Advised the patient to relax as much as possible;
2. Cleaned the needling sites with 70 per cent isopropyl alcohol;
3. Inserted a 0.35x40 mm needle 1.0-1.5 inches deep for all points using freehand method and fast, painless insertion;
4. All needles were manipulated using lifting and thrusting, twirling and reducing methods of small amplitude for three to five minutes;
5. Point stimulation remained within patient's threshold of tolerance;
6. The déqì sensation radiated to her right shoulder area;
7. Retained the needles for 30 minutes; manipulated Yújì LU-10 and Wàngǔ SI-4 with flicking (彈法) and flying (飛法) methods to increase déqì sensation every 10 minutes; flicking method involves using the middle finger to flick the handle of the needle to produce stimulation; flying method involves holding the handle of the needle with the thumb and index finger and releasing with a slight twisting motion in which the other fingers open similar to a bird spreading its wings.
8. Āshì points (阿是穴) were needled with 0.40x50 mm needles using 'united valley needling method' (hé gǔ cì fǎ, 合谷刺法). No retention.
9. After the local needles were removed, the patient was instructed to move the shoulder in ranges of motion that previously elicited pain.

Result: 30 minutes after treatment, the pain was almost completely alleviated. After three treatments, the pain was non-existent.

Discussion: According to TCM theory, pain is caused by local blockage. In this case, unsmooth circulation of qi and blood combined with an invasion of external pathogenic factors (wind-cold-damp) to aggravate the blockage. The treatment principle was to invigorate qi and blood flow, and open the blockage to stop pain. To treat the patient, Dr. Sun applied special treatment strategies to select distal points to treat the pain. The pain correlated with the San Jiao, Large Intestine, Lung and Small Intestine channels. Dr. Sun selected Sīzhúkōng SJ-23 and Yíngxiāng LI-20 in the face, and Yújì LU-10 and Wàngǔ SI-4 in the hands. While stimulating those distal points, he instructed the patient to move the shoulder in all uncomfortable directional planes for therapeutic purposes, until the patient noticed a significant reduction in pain. The 'united valley needling method', a special needling technique originally described in the *Classic of the Magical Pivot* (*Líng Shū Jīng*, 靈樞經) chapter 7,¹ was used to invigorate local qi and blood circulation. This technique is performed by inserting a needle perpendicularly into the muscle layer, then lifting the needle up to just beneath the skin layer, inserting it to the left, lifting again to just beneath the skin, and then inserting to the right. According to the *Líng Shū*, the pattern of needling should resemble a chicken's foot.²

Case 2. Channel differentiation and luò-collateral point selection to treat heel pain

Female, 53 years old.

Initial Visit: 15th April, 2015.

The nature of the pain was sharp like a pin, was improved with sitting, but was now unbearable when walking and standing.

Chief complaint: Left heel pain for more than half a year, which was aggravated for one week before seeking treatment.

Illness history: Six months ago, the patient felt an intermittent pain in the left heel. The pain had been bearable, but had worsened during the week prior to the appointment. The nature of the pain was sharp like a pin, was improved with sitting, but was now unbearable when walking and standing. Conventional radiograph did not show obvious hyperplasia of the calcaneus, and use of oral analgesics yielded poor results.

Examination: There was no swelling, and the local area felt better with applied pressure.

Tongue: pale with thin white coat.

Pulse: deep and moderate.

Western medical diagnosis: Idiopathic heel pain.

Traditional Chinese medicine diagnosis: Heel bi-impediment syndrome.

Point selection: Dàzhōng KID-4.

Needling technique: After the patient relaxed, one needle was inserted 1.0 to 1.5 cun deep into Dàzhōng KID-4. Strong stimulation-including twirling, lifting and thrusting methods - was utilised for three to five minutes, with consideration of patient tolerance. The déqi sensation radiated to the heel, and the needle was retained for 30 minutes.

Result: The pain was completely eradicated with one treatment.

Discussion: The heel pain in this case was caused by congenital insufficiency (先天不足) and physical overstrain. The treatment principles were: supplement the Kidney and benefit the *jīng* (essence), soothe the tendons and invigorate qi and blood circulation in the local area. Dàzhōng KID-4 is the luò-collateral point of the Kidney channel. The Kidney channel circulates from its luò-collateral point to the back of medial malleolus and then around the heel, so heel pain is a pathology of the luò-collateral. *Líng Shū Jīng* (靈樞經) chapter 11 says: 'The divergent [channel] of foot Shàoyīn is called Dàzhōng. It is located behind the ankle and winds around the heel; the divergent goes to Tàiyáng.'³ By using luò-collateral points to treat luò channel pathologies, Dr. Sun frequently achieves instant results. The case above is an example of that method.

Case 3. Penetrating needling along channels to treat lumbar myofascitis according to jing luo channel differentiation

Male, 44 years old.

Initial visit: 9th June, 2015.

Chief complaint: Pain of the cervical and lumbar spine for more than four months.

Illness history: For the past four months, the patient had been experiencing pain and stiffness in the cervical and lumbar spine. The pain got dramatically worse after physical overstrain, and the patient's back felt heavy and sore with rest. Massage, cupping, acupuncture, physical therapy and other methods of treatment were employed, but the results

were not satisfying, and the pain level fluctuated. Recently, due to a period of hard work, the pain became intolerable, and rest did not help. The pain was consistent throughout the day, and worsened at night. Conventional radiograph showed no abnormalities of the cervical and/or lumbar spine. Magnetic resonance imaging (MRI) of the lumbar spine was unremarkable.

Other information: The back was stiff and uncomfortable, and the patient reported irritability, fatigue, poor sleep and no appetite.

Examination: The musculature at the level of the cervical spine - especially the trapezius - was bilaterally hypertonic and painful on palpation, but the pain did not radiate to other areas. Range of motion of the shoulder was within normal limits and pain free. Range of motion of the low back was within normal limits, but the patient reported soreness and distension with flexion. There was no referred pain, and no pain of the lumbar vertebrae when palpated. Straight-leg raise test was negative.

Tongue: pale with smooth white coat.

Pulse: slippery.

Western diagnosis: Lumbar myofascitis.

Traditional Chinese medicine diagnosis: Bi-impediment syndrome.

Primary points: Fēngchí GB-20, Dàzhù BL-11, Dēngmén BL-12, Fèishù BL-13, Juéyīnshù BL-14, Xīnshù BL-15, Dūshù BL-16, Géshù BL-17, Sānjiāoshù BL-22, Shènshù BL-23, Qīhǎishù BL-24, Dàchángshù BL-25, Guānyuánshù BL-26, Xiǎochángshù BL-27 and Yāoyǎn M-BW-24. All points were needled bilaterally.

Secondary points: Bǎihuì DU-20 and Qínggǎnqū (scalp emotion area), Kūnlún BL-60 (bilaterally).

Needling technique: Penetrating needle technique (循经透刺法) along the back shu points of the foot Taiyang channel at a 15 degree angle to the skin surface, with even method. Penetrating needling involves joining multiple points with the same needle.

Scalp points: Rotation at a speed of 200 revolutions or more per minute; continuous stimulation was applied for three to five minutes.

Kūnlún BL-60: 1.0-1.5 inches deep, with strong reducing method to make the qì sensation go to the affected area. Once deqì sensation was obtained, continuous electro-stimulation was used on all points for 20 minutes and adjusted to patient tolerance.

Result: 40 minutes after needle manipulation, the patient reported a dramatic improvement with a significant reduction

in pain; the neck, shoulder and his back felt much looser. The pain was non-existent after five treatments.

40 minutes after needle manipulation, the patient reported a dramatic improvement with a significant reduction in pain; the neck, shoulder and his back felt much looser.

Discussion: The patient suffered from long-term physical overstrain that led to unsmooth circulation of qì and blood in the neck, shoulder, waist and back. The patient's right qì (zhèng qì, 正氣) was also debilitated, and this weakness of qì led to an accumulation of dampness. The qì vacuity was localised to the foot Tàiyáng channel, and therefore the treatment principle was to open and regulate the qì and blood of this entire channel. The penetrating needling method was applied and combined with the distal point Kūnlún BL-60. Additionally, shén points were used - another unique way of treating the painful condition - based on *Su Wen* chapter 74, which states that 'all pain, itching and sores belong to disorders of the heart' (諸痛痒瘡, 皆屬於心). Wang Bing commented on this passage, saying 'When the heart is quiet, then the pain is minor; when the heart is vexed, then the pain is severe.'⁴

Case 4. Selection of acupoints along channels based on channel differentiation combined with repeated transcranial needling technique to treat hypertrophic arthritis

Female, 63 years old.

Initial visit: July 21, 2015.

Chief complaint: Left leg pain and difficulty walking for more than six months.

Illness history: Six months ago, while doing farm work, the patient twisted her left leg, causing intolerable pain. A hospital in China diagnosed her condition as hypertrophic osteoarthropathy. Conventional radiograph showed hyperosteoarthritis and bone spur of the femoral tibial joint. Blood test results were normal, including rheumatoid factor and erythrocyte sedimentation rate. Surgery was recommended, but the patient refused. She received conservative therapy from both biomedicine and traditional Chinese medicine, including herbs to invigorate blood circulation, acupuncture, massage and a topical herbal plaster applied to the knee. She also had iontophoresis (离子透入), oral pharmaceuticals and a cortisone shot in her knee, but experienced no significant improvement in the condition. In Dr. Sun's clinic, the patient complained of difficulty getting out of bed (due to pain), limitation of daily activity, insomnia, fatigue and poor memory.

Examination: The colour of the left lower limb was normal, it was without swelling and there was no visible deformity of the knee. The patient reported stiffness and a 'clicking' of the knee with movement. The muscles of the lower leg showed no visible signs of atrophy. Floating patella test and straight leg raise test were both negative, and neurological examination of the lower extremity was normal.

Tongue: Dim pale colour with white tongue coating.

Pulse: Deep and wiry, weaker in the chi position.

Western diagnosis: hypertrophic osteoarthritis

Traditional Chinese medicine diagnosis: Knee bi-impediment syndrome

Primary points: Scalp foot motor sensory area points; Sibái ST-2 (L).

Secondary points: Nèixiǎn MN-LE-16 (L), Dúbí ST-35 (L), Hèdǐng M-LE-27 (L).

Needling techniques: The scalp foot motor sensory area was stimulated with slow-to-fast twirling at a speed of 200 revolutions per minute. Continuous manipulation of the needles was performed for three to five minutes. Sibái ST-2 was needled inferiorly at a depth of 1.0 to 1.2 inches, with small twirling, lifting and thrusting techniques performed with reducing method. Flying needling method was used to enhance the qì sensation during needle retention. After 10 minutes of hand manipulation to achieve déqì, the needles were connected to a G6805-II E-stim machine with continuous stimulation for 20 minutes at the threshold of the patient's tolerance. After obtaining déqì, the patient was instructed to move the leg in a range of motion that had previously elicited pain. The scalp needles were retained for eight hours and removed before the patient went to bed.

Result: 40 minutes after manipulation of needles, the patient walked out of the clinic feeling better. After three treatments, the pain was non-existent.

Discussion: This patient's pain was caused by a few factors. First, the patient had age-related jīng (essence) deficiency, causing malnourishment of the knee joint; second, the patient worked as a farm labourer with a heavy workload that damaged the qì and blood circulation of the knees; and third, a cold pathogenic factor had invaded the weak joints, causing severe qì and blood stagnation which led to intense pain and limited range of motion. The treatment method for this case was based on selection of acupuncture points along the corresponding channel. The knees belong to the Stomach channel, so Sibái ST-2 was selected. Sibái ST-2 is located under the eye, far away from

the knee, but is on the same channel. Scalp foot motor sensory points were treated with fast twirling at a speed of 200 revolutions per minute. The scalp stimulation acted on the frontal cortex and the rear gyrus area to down-regulate the pain signal. In addition, use of scalp points can benefit the jīng (essence) as well. This unique method is used daily in Dr. Sun's daily clinic for other conditions, and is not limited to hypertrophic osteoarthritis.

Conclusion

The four case studies above provide an insight into Dr. Sun's clinical methods. As the explanations following each case demonstrate, the diagnostic methods and treatment principles are grounded in Chinese medical theory, and the needling methods are often derived from classical sources. In certain cases, Dr. Sun combines classical methodology with more modern approaches - particularly scalp acupuncture - and thus remains a shining example of using 'diverse combinations of treatment' to achieve therapeutic success (*Su Wen*, Chapter 12).⁵

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References

- 1 四曰，合谷刺者，左右雞足，鍼於分肉之間，以取肌痺，此脾之應也。(Uniting valley puncture is [performed with] left and right [motions, resembling a] chicken's foot. Needle between the divisions of the flesh, so as to remove muscle (jī) obstruction (bì). This is the correspondence of the Spleen.)
- 2 This technique is demonstrated in the *Zhenjiuology* DVD (1990) by Dr. Sun: Zhong Guo Zhen Jiu Xue – Chapter 28 Shoulder Bi Syndrome & Bulbar Paralysis.
- 3 足少陰之別，名曰大鍾。當踝後繞跟，別走太陽。
- 4 Unschuld, P.U. & Tessenow, H. [trans.] (2011). *Huang Di Nei Jing Su Wen*, Vol 2, Berkeley, CA: University of California Press, p.627n345.
- 5 故聖人雜合以治。(Therefore, the sages use diverse combinations of treatment.)
- 6 See <[http://www.zhzyw.org/zyxx/mymy/d/1410141711E1F E1CFA9 E5ADF9.html](http://www.zhzyw.org/zyxx/mymy/d/1410141711E1F%20E1CFA9%20E5ADF9.html)>