

# TCM Diagnosis and Treatment of Two Atypical Cases of Furuncle And Carbuncle

## Abstract

This article presents two cases of atypical furuncle and carbuncle where conventional medical treatment had been unsuccessful, but that were treated and cured within a short period using traditional Chinese medicine.

## Introduction

This article presents two cases of atypical furuncle and carbuncle. Each had different aetiology and required different treatment methods. Both cases had previously been treated with antibiotics without success. These cases are presented to illustrate how treatment with traditional Chinese medicine (TCM) can complement conventional biomedicine and provide treatment options for patients where the conventional approach has failed.

A furuncle (or boil) is an infection of a hair follicle that has a small collection of pus (an abscess) under the skin. A carbuncle is a red, swollen and painful cluster of boils that are connected to each other under the skin. Carbuncles are most likely to occur in hairy areas of the body, and particularly the back, nape of the neck, buttocks, thighs, groin and armpits. In TCM terms, furuncle can be caused by invasion of dampness and heat during Summer and Autumn, invasion of exogenous pathogens due to scratching, or by internal accumulation of heat toxins. Carbuncle involves obstruction of qi and blood by pathogenic toxins and is usually caused by lesions of the skin and mucous membranes, obstruction of the wei-defensive qi and invasion of pathogenic toxins. Both furuncle and carbuncle are characterised by localised red, swollen tissue, burning sensation and sometimes pain. Their onset is swift and they easily ulcerate (Zhai, 2002).

## Case 1

A slim 35-year-old female crawled into the clinic on 21<sup>st</sup> January 2015. She was hysterical and suffering severe pain. She had swollen lymph nodes on her left thigh along the inguinal fold and in her left armpit. On her left leg near the lower border of her medial gastrocnemius she had an ulcerated furuncle showing rose-pink blood. The joints of her left extremities were red to pink in colour, swollen and hot. She had fever with body temperature reaching 39.8 degrees Celsius.

Her tongue was red with cracks and a yellowish coating. Her pulse was rapid.

When her symptoms first appeared two weeks previously, her general practice (GP) doctor had prescribed antibiotics. However, they did not relieve her signs and symptoms. She was then referred by her GP to a rheumatoid arthritis (RA) specialist, who prescribed steroids. Unfortunately these did not help either.

The symptoms were not responsive to antibiotics and therefore the disease was not caused by a bacterium. We suspected the patient's symptoms were caused by Ross River Virus (RRV). RRV is a mosquito-transmitted alphavirus that causes epidemic polyarthritis and arthralgias, with about 50 per cent of patients in Australia also experiencing fever and rash. The signs and symptoms can last for up to several months (Barber et al., 2009). Other typical characteristics of RRV disease include myalgia, fatigue and headache. Diagnosis is usually made serologically with the RRV Immunoglobulin M (IgM) Enzyme-Linked Immunosorbent Assay (ELISA) test having a sensitivity of 98.5 per cent and specificity of 96.5 per cent (Hossain et al., 2009). There are no evidence-based treatment guidelines for RRV disease, although non-steroidal anti-inflammatory (NSAID) drugs can give dramatic symptomatic relief (Hossain et al., 2009). Though the virus is commonly found in Australia, the patient's GP and RA specialist appeared not to have considered this diagnosis. However, the patient could still be diagnosed using the four diagnostic methods of TCM and pattern differentiation. Thereafter, appropriate treatment could be given.

## Pattern diagnosis

The signs and symptoms of fever, hot and swollen joints indicated the presence of abundant heat inside the patient's body. This was confirmed by the patient's cracked red tongue with a yellowish

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coating and rapid pulse. Invasion of external pathogen activated the patient's wei-defensive qi to fight against the pathogen, generating excessive heat. The cracks on her tongue indicated that yin-fluids had been damaged. The patient showed no sign of dampness, so heat toxin was identified as the cause for the furuncle. The obstruction of qi and blood (blood stasis) by the pathogenic toxins was causing the severe pain.

### *Treatment principles*

The primary treatment principles were to calm the patient's shen (to stabilise the patient's psycho-emotional state), move qi and blood, strengthen the wei-defensive qi, clear heat and remove toxin, thus regulating and strengthening the patient's immune system.

### *Acupuncture treatment*

Because of the hysterical condition of the patient, the initial acupuncture treatment focused on calming her and stabilising her condition as soon as possible. The rationale was to calm the patient down and move her qi and blood as soon as possible. By so doing her wei-defensive qi could be mobilised to fight the pathogen. Local points were needled around the ulcerated furuncle to bring wei-defensive qi, expel the pathogens and help it to heal. In conventional medical terms this would draw fresh blood to the infected site, which would bring antibodies to fight against the pathogens that were causing the ulcer, thus hastening the healing process. The acupoints chosen were:

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Zusanli ST-36  | The he-sea point of the foot Yangming Stomach channel. Indications include depressive psychosis and manic psychosis, swelling and pain of knee, paralysis and pain of lower limbs (Zhao, 2002).                                                                                                 |
| Lieque LU-7    | The luo-connecting point of the hand Taiyin Lung channel and one of the eight convergent acupoints associated with the Ren (Conception) vessel. Indications include haemoptysis, migraine, stiff neck, sore throat, toothache, distorted face and feverish sensation in the palms (Zhao, 2002). |
| Taichong LIV-3 | The shu-stream and yuan-source point of the foot Jueyin Liver channel. Indications include symptoms of heat and obstruction syndrome of the lower limbs (Zhao, 2002).                                                                                                                           |

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hegu L.I.-4    | The yuan-source point of the hand Yangming Large Intestine channel. Indications include paralysis and spasm of fingers (Zhao, 2002). Together with Taichong LIV-3, these points constitute the 'Four Gates', which move qi and blood around the body. |
| Yongquan KID-1 | The jing-well point of the foot Shaoyin Kidney channel. Indications include depressive psychosis, manic psychosis and hysteria (Zhao, 2002).                                                                                                          |
| Local points   | These points were used to surround the ulcer to bring wei-defensive qi to expel the pathogens and hasten healing of the ulcer (Zhao, 2002).                                                                                                           |

Theoretically, reducing method would have been used in order to clear heat, however because of the hysterical condition of the patient, needles were just inserted to elicit deqi but without strong manipulation in the points above, with moxibustion used at Yongquan KID-1 (it is a painful point to needle) and Zusanli ST-36.

### *Herbal treatment*

Granules of the herbal formula *Huang Lian Jie Du Tang* (Coptis Decoction to Resolve Toxicity) were applied externally to clear heat and remove toxin from the infected area (Fan, 2002). The wound was then properly dressed.

### *Therapeutic outcome*

The patient calmed down significantly after treatment and experienced less pain. She was given plenty of herbal granules so that she could apply them to her wound on a daily basis.

She revisited the clinic on 24<sup>th</sup> January 2015 (three days later) with marked improvement of her swollen joints and tissues. Her fever had subsided and her ulcer had started to heal, with a blood clot appearing on the surface. A repeat of the above treatment was given. On 31<sup>st</sup> January, 2015 (10 days after her first treatment) she came back completely cured.

## **Case 2**

A young man in his late twenties came to the clinic on 28<sup>th</sup> January 2015 with a swollen nodule (carbuncle) on his medial left thigh. He had an ulcerated wound on the nodule with dark tissue. He was experiencing low-grade fever, with his body temperature reaching 38 degrees Celsius. His tongue was red with a yellowish coating and his pulse was rapid and strong. He was in severe pain and was very worried. When the swollen nodule had first appeared six months previously, his GP had prescribed him with antibiotics to treat the infection and associated inflammation. His signs and symptoms subsided while he

was taking the antibiotics, but relapsed immediately after he finished the course. Four repeated courses of antibiotics resulted in repeated remission and relapse of the swollen nodules. Based on the poor success of antibiotic treatment, we identified that the disease was not caused by bacteria. However, we suspected that the patient had another type of pathogen inside his body.

### **Pattern diagnosis**

The signs and symptoms of low-grade fever, hot and swollen tissues indicated the presence of heat inside the patient's body. This was confirmed by his red tongue with yellowish coating, and rapid, strong pulse. The ulcerated wound suggested topical invasion of a pathogen, possibly through an insect bite. The invasion of the pathogen had activated the patient's wei-defensive qi, generating heat. The patient showed no sign of dampness, so heat toxin was identified. The obstruction of qi and blood by the pathogenic toxins was causing the severe pain.

### **Treatment principles**

The treatment principles were to remove toxin, clear heat and blood stasis, expel fire and diminish swelling.

### **Acupuncture treatment**

Surgical gloves were worn by the practitioner and after sterilising the wound with an alcohol swab, a three-edged needle was used to prick the affected area and widen the ulcer. Cupping was then applied over the wound. Initially brownish blood passed from the wound. Then, bubbles appeared in the blood, as if something was breathing. The cup was left in place until fresh bright blood emerged from the wound. It was then removed and the extract from the wound was examined. A living organism with a ring of dark hooks at one end was identified, which shrunk into a round worm-like structure upon being touched.

Local needles were also inserted transversely towards the centre of the wound to direct wei-defensive qi to the affected area to drive out the pathogen; in biomedical terms the associated fresh blood supply would bring antibodies to fight against the pathogen and thus hasten the healing process.

### **Herbal treatment**

After the cupping, granules of the herbal formula *Huang Lian Jie Du Tang* (Coptis Decoction to Resolve Toxicity) were applied externally to clear heat and remove toxin from the affected area (Fan, 2002). The wound was then properly dressed and an adequate amount of herbal granules were given to the patient for his topical application at home.

### **Therapeutic outcome**

The patient's symptoms had been caused by a parasite. This parasite probably does not have humans as its normal host. If it did, it would likely have travelled to the internal organs to complete its life cycle. Instead, it had been trapped in the muscles, feeding on the bloodstream and releasing toxin into the surrounding tissues. When antibiotics were taken, the parasite was not killed but its activity was checked. When the antibiotics were discontinued, the parasite resumed its normal physiological activities. This explained the relapse/remission pattern of the patient's signs and symptoms during the previous six months.

The patient revisited the clinic on 31<sup>st</sup> January 2015 (three days later) with marked improvement of his pain and swollen tissues. His fever had subsided and his ulcer started to heal, with a blood clot appearing on the surface.

*A living organism with a ring of dark hooks at one end was identified, which shrunk into a round worm-like structure upon being touched.*

The local acupuncture treatment and external application of *Huang Lian Jie Du Tang* were repeated. On 1<sup>st</sup> February, 2015 (10 days later), he came back completely cured.

### **Discussion**

In Case 1, our diagnosis of heat toxin associated with qi and blood stasis seemed to be correct. This patient was cured within 10 days using acupuncture and external application of herbal medicine. Although diagnosis of RRV disease relies on serologic IgM ELISA test, even with a confirmed diagnosis there is no evidence-based treatment for RRV disease. TCM offered an effective treatment option for the patient.

In Case 2, the GP's diagnosis of infection and inflammation, with repeated prescription of antibiotics, did not prove effective. Our diagnosis of the patient with furuncle and carbuncle as having heat toxin seemed to be correct. We were surprised by the presence of a parasite living inside his muscle tissue. The patient was responsive to our TCM treatment using cupping with blood-letting, acupuncture and external application of herbal medicine. Above all, no conventional surgical procedure (involving anaesthetics, scalpel and sutures) was used and the patient was cured within 10 days. As TCM practitioners, we are bound to come across difficult cases in our clinic, cases that have been misdiagnosed or mistreated elsewhere. In both cases presented here we used the four TCM diagnostic methods and pattern differentiation to identify and successfully treat the pathogenic heat toxins involved in the furuncle and carbuncle and the resulting obstruction of qi and blood causing severe pain.

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