

The Management of Oesophageal Cancer with Acupuncture and Chinese Medicine: A Case Study

Abstract

This article presents the case study of a 74-year-old male with advanced oesophagus cancer who was successfully treated with acupuncture and Chinese herbal medicine alongside conventional therapy.

Background information

Mr X was a 74-year-old retired engineer. He was married with two grown-up children and lived in an affluent area of Hertfordshire (England). In December 2008, he was diagnosed with oesophageal cancer and told he had six months to live. At the time of writing (October 2015), however, he is alive and well, seven years after this original diagnosis.

His problems began in November 2008, when he started to experience difficulty in swallowing food, which felt as if it was 'going down the wrong way'. He did not seek medical assistance at the time, but just tried to chew his food properly and drank water to help swallowing. About a month later, the symptoms got much worse. He then went to see his GP, who suspected a tumour in the oesophagus and therefore referred him to a specialist. During this time he had to reduce his food intake and sometimes he could only take liquid or semi-liquid food. At times even swallowing water was difficult and he would choke daily. He lost 12 kilograms of weight (his body weight reduced from about 85 kg to 70 kg) in one month. He also experienced a heavy sensation in the middle of his chest behind the sternum, although there was no pain.

The diagnosis of oesophageal cancer was confirmed by endoscopy, CT scan and histopathology. The tumour was in the middle part of the oesophagus, but there was distant lymph node metastasis in the chest, indicating that the tumour was at an advanced stage. The hospital had decided that surgery was not an option as the tumour was too advanced. They therefore offered palliative treatment, with a course of local radiotherapy. After this, swallowing became easier, but the patient was told that surgery was still not an option, and if the symptoms recurred he would be offered more palliative treatment.

The patient refused to believe that nothing could

be done for his illness. He thoroughly researched alternatives, and found that TCM might be able to help. Initially he contacted a hospital in Guangzhou, China, to seek advice and help. Eventually he was referred to me as a Chinese medicine practitioner in the UK who might be able to help him.

He arrived for his initial TCM consultation in April 2009 with his wife. The patient was of strong build: 1.78 metres in height and 83 kilograms in weight. He walked with his upper body slightly bending forward. His face was red and his voice was loud and clear. He seemed calm and described his health history in a methodical way. Being an engineer, he had been meticulous in his research into his disease, and even offered information regarding the TCM treatment of oesophageal cancer. He was sociable and extrovert in nature, and a good rapport was established. It was evident during the consultation that the patient had every confidence in TCM, and he was determined to comply with treatment to fight against his oesophageal cancer.

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Before the onset of the oesophageal cancer, the patient had been a healthy man. He had regular medical checks and the results had always been normal. His only previous serious illness was a sudden bout of deep vein thrombosis (DVT) after a long flight in September 2007. It was treated in hospital and he was still on Warfarin (2.5 milligrams per day) to prevent reoccurrences. He also suffered chronic low back pain in the area of the fourth and fifth lumbar vertebrae. An X-ray had shown that the

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disc between the vertebrae had severe 'wear and tear'.

The patient did not have any other symptoms. In fact, at the time of the initial consultation, the patient was eating normally and his swallowing was as smooth as before the onset of his symptoms. Occasionally he might choke mildly, but by slowing down his eating and drinking, this would recede. There was no pain in the chest or the upper abdomen. On palpation, no tender points on the chest or abdomen were found. The patient had a mild cough due to a cold he had a few days previously. His appetite was good and his bowel movements were regular (once or twice per day). Urination was normal. He did not feel particularly thirsty, although sometimes his mouth felt a bit dry. His sleep was good. Generally he did not feel either hot or cold, although he tended to prefer warm food.

He described his diet as nutritionally balanced, including meat, vegetable, fruits and grains, but when further questioned, he did admit that there was quite a large amount of red meat, fat and spices in his diet. He took regular exercise. He was not a smoker, and did not take any recreational drugs, although he liked wine and always had one or two glasses with his dinner. He was active and even used to participate in some high impact sports such as surfing, skiing and motor racing, until his back could no longer take it. He had since taken up golf and played well. The patient had retired from his job running a private engineering company a few years previously, and he had experienced a lot of work-related worry prior to retirement. Due to his work, he had also been in frequent contact with industrial chemicals. He described himself as 'a good engineer who wants to know how things work' and was keen to know how TCM could help him to fight his cancer.

During the consultation, it was clear that although the patient showed a strong façade, he was actually worried about his condition. He was not sure whether the cancer would spread, and how much longer he could survive; indeed, he had been very upset to be told by someone in his medical team, 'sort out your affairs and eat whatever delicious food you'd like'.

Emotional stress damaged the Spleen and the Liver, worsening the accumulation of damp-heat, phlegm, qi stagnation and blood stasis ...

On examination, the patient's blood pressure was 120/80 mmHg. His heartbeat was 68 beats per minute and regular. No murmur was noticeable. His respiration was 18 breaths per minute and his lungs were clear. Varicose veins were noticeable in the patient's hands, forearms, feet and lower legs, and were most prominent in the left lower leg in the area of Sanyinjiao SP-6. The patient's tongue was

dull red and slightly pale in colour, with a white and moist coating. The pulse was wiry and powerful.

Chinese medicine

In traditional Chinese medicine (TCM) oesophageal cancer is described as *ye ge* (噎膈, see Zhang, 1985). *Ye* (噎) means difficulty in swallowing. *Ge* (膈) means blockage in the chest and the diaphragm causing difficulty in the descent of food and drink. The *Su Wen* (素问, Plain Questions) Chapter 'Yin Yang Bie Lun' (阴阳别论, Further Discourse on Yin and Yang) described the cause of *ge* as 'three yang accumulation' (三阳结谓之膈), and its direct consequence as 'obstruction in the diaphragm blocking ascending and descending'. It is still debatable what is meant by 'three yang heat accumulation', although the prevailing current understanding is that this it refers to accumulation in the Tai Yang, Yang Ming and Shao Yang channels.

Currently, the main causes of this condition according to TCM sources are twofold. The first cause is 'you si yu nu' (忧思郁怒), which means worry, pensiveness, depression and anger. This was first stated in *Su Wen* (通评虚实论, 'Tong Ping Xu Shi Lun', 'General Discussion on Deficiency and Excess'): 'Ye ge completely closes [the channel], the upper part and the lower part are blocked. This disease is caused by serious worry' (噎膈闭绝, 上下不通, 则暴忧之病也). This emphasises the cause of *ye ge* as being closely related to emotional factors. The second main cause is 'jiu shi suo shang' (酒食所伤), meaning damage by alcohol and fatty and spicy food, which damage the yang channels and result in the formation of phlegm and blood stasis, and thus blockage in the oesophagus (Zhang, 1985).

There were a number of aspects to the aetiology and pathology of this case. The patient had been a regular drinker for a long period of time. Although not always excessive in the amount, the daily intake of alcohol, together with his preference for red meat and spices, caused accumulation of damp-heat, leading to the formation of phlegm in the upper and middle jiao. The heat and phlegm subsequently led to stagnation of the middle qi and to blood stasis in the Stomach. Moreover, emotional stress damaged the Spleen and the Liver, worsening the accumulation of damp-heat, phlegm, qi stagnation and blood stasis. Toxic industrial chemicals, with which the patient was in contact throughout his professional life, may have damaged the chest qi (宗气, zong qi) and Stomach qi. Toxic industrial chemicals are considered as extraordinary external pathogens in TCM – a type of *xie* (evil) qi that damages the qi of the chest and Stomach channel. The combination of all the above factors caused the formation of a tumour (肿瘤, zhong liu in Chinese), which in turn caused blockage in the chest and the stomach and manifested as oesophageal cancer. The patient's tongue (dull red) and pulse (wiry and powerful) confirmed the presence of qi and blood stasis, but also that his righteous qi (正气, zheng qi) was

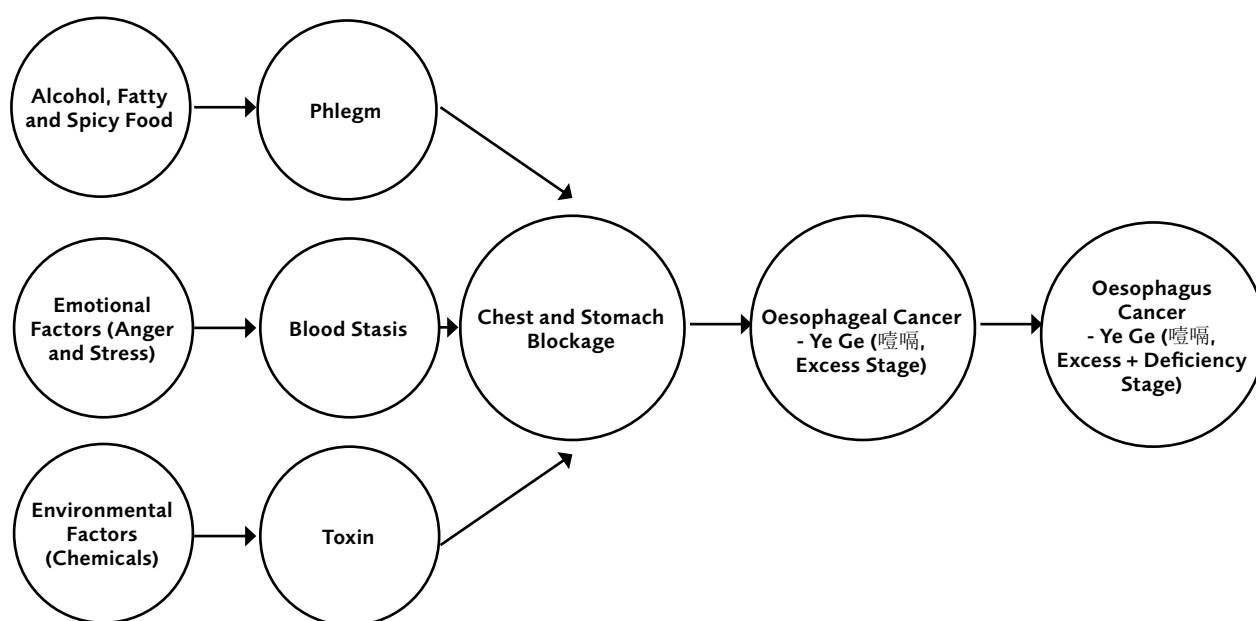


Figure 1: Aetiology and pathology

still quite strong. At this stage, the diagnostic picture was dominated by excess, accompanied by some deficiency. With the correct treatment, the pathogens could be cleared away, while supporting his righteous qi, while. Without the correct treatment, the pathogens would eventually become dominant and his righteous qi would be further weakened.

Treatment principles

The initial principles of treatment were to invigorate qi flow and remove blood stasis in the chest and the Stomach. The reason was that in this patient's case, there were signs of impairment in qi movement in the chest and the Stomach, manifesting as difficulties in swallowing and a feeling of food being blocked in the chest. Moreover, as the tumour itself and both radiotherapy and chemotherapy produce toxins and cause further blood stasis in the chest and Stomach, it was vital that treatment should clear away toxins. In the longer term, the focus would shift to reinforcing the patient's zheng qi - which had been weakened by the tumour and the subsequent radiotherapy - to enable it to fight the cancer. Therefore, the long term strategies were balanced between strengthening qi, clearing away toxins and preventing further blood stasis.

Treatment plan

During the initial consultation, a treatment plan was formulated with the patient. The patient agreed to come for acupuncture sessions on a monthly basis. In the meantime, he would also take Chinese herbal medicine. Ideally, it would have been better to have more frequent acupuncture treatment, but the patient felt that the hour-long monthly session was enough for him, and given that he would also be taking Chinese herbal medicine I was not troubled by this frequency of treatment.

The primary advice given to the patient was to stop drinking alcohol for the foreseeable future, to which the patient agreed, although we agreed he could start drinking wine again when his conditions improved. He was also advised to stop worrying about his disease, as emotional disharmony would likely worsen his conditions. To this the patient agreed without hesitation. He stated that he was normally optimistic in nature, and he had full confidence in the acupuncture and Chinese herbal medicine treatment.

Acupuncture point prescription

The main acupuncture points and needling methods used for the patient's initial treatment were:

- Zhongwan REN-12 (25 millimetre needle inserted to a depth of 20 millimetres perpendicularly)
- Shanzhong REN-17 (13 millimetre needle inserted to a depth of 10 millimetres at an oblique angle of 30 degrees inferiorly)
- Huagai REN-20 (13 millimetre needle inserted to a depth of 10 millimetre at an oblique angle of 30 degrees inferiorly)
- Zusanli ST-36 (25 millimetre needle inserted to a depth of 20 millimetres perpendicularly)
- Xuehai SP-10 (25 millimetre needle inserted to a depth of 20 millimetres perpendicularly)
- Taichong LIV-3 (25 millimetre needle inserted to a depth of 20 millimetres perpendicularly)
- Baihui DU-20 (13 millimetre needle inserted to a depth of 10 millimetres at an oblique angle of 30 degrees towards the back of the head)
- Fengchi GB-20 (13 millimetre needle inserted to a depth of 10 millimetres towards the nose)

Dispersing technique (xie fa) was used to generate a strong sensation (de qi) at all points except Zusanli ST-36, where reinforcing technique (bu fa) was used. Needles were retained at the points for 30 minutes after insertion, and manipulated at 10-minute intervals. The needles used were 32 gauge (0.25 millimetre in diameter) and 13 or 25 millimetres in length, depending on location.

Zhongwan REN-12, Shanzhong REN-17 and Huagai REN-20 are points on the Conception (Ren) vessel. They were used in this case to regulate the counterflow qi affecting the chest and Stomach. Xuehai SP-10, a specific point to stimulate blood circulation, and Taichong LIV-3, the yuan-source point of the Liver, were used to remove blood stasis. Baihui DU-20 was used to open up the top of the qi mechanism, based on the traditional idea of ‘opening the top of a teapot so that the flow of water out of the spout can be quickened’. In this case, ‘opening up’ Baihui DU-20 was used to speed up the removal of qi stagnation and blood stasis. This point, together with Zhongwan REN-12, Shanzhong REN-17 and Huagai REN-20 were used to enhance the removal of blockages in the upper and middle Jiao. Fengchi GB-20 was used together with Taichong LIV-3 to clear away stagnation of qi throughout the body. It also worked with Baihui DU-20 to calm the patient and reduce the stress caused by his serious illness. Zusanli ST-36 was used to strengthen qi in general, and particularly the Stomach qi, thus treating the root by reinforcing the deficient zheng qi.

Herbal medicine

The same treatment principles explained above were applied in the prescription of Chinese herbal medicine:

Sheng Di Huang (Rehmanniae Radix)	12 g
Tao Ren (Persicae Semen)	8 g
Hong Hua (Carthami Flos)	6 g
Dang Gui (Angelicae sinensis Radix)	6 g
Chuan Xiong (Chuanxiong Rhizoma)	6 g
Gan Cao (Glycyrrhizae Radix)	6 g
Ban Lan Gen (Radix Isatidis seu Baphicacanthi)	15 g
Shan Zha (Crataegi Fructus)	8 g
E Zhu (Curcumae Rhizoma)	15 g
Chi Shao (Paeoniae Rubra Radix)	10 g
Dan Lan Xin (Arisaema cum Bile)	8 g
Bai Hua She She Cao (Hedyotis diffusae Herba)	8 g

Fourteen packs of these herbs were given to the patient at each consultation. Each pack was to last for two days, and 14 packs would be for 28 days. Each pack was to be boiled in one litre of water in a ceramic pot, and simmered until 300 millilitres remained. The decoction was then to be strained. The same procedure was to be repeated and another 300 millilitres produced. The two were then to be mixed together and divided into two 300 millilitre doses, one dose of which was to be taken each day.

This initial combination of acupuncture and Chinese herbal medicine treatment lasted three months. After each acupuncture treatment, the patient reported experiencing a sense of relief of tension in the whole body.

Progress after three months

After three months of treatment the patient was seen by his oncologist, who was surprised at how well he seemed to be/to be doing. At this point he was not given any further scan. He was then recruited to take part in a one-month clinical trial for a new cancer drug called gefitinib (trade name Iressa) for oesophageal cancer. During this time, no Chinese herbal medicine or other drugs were taken on the advice of the consultant, in case they might interact with the trial drug. The trial was double blind so neither the patient, nor the consultant knew whether the patient was given the drug or a placebo, although the patient suspected that he was given placebo as he had no reaction at all. However, during this period he continued to receive acupuncture treatment as above. When the trial finished, the patient was given another CT scan, which found the cancer had not changed at all – it had stabilised. The consultant decided at this point that because the patient’s general health was much better than before, he should be given a systematic course of chemotherapy (the patient had previously received only local radiotherapy as a palliative treatment). At this point in time, the patient felt normal in every day life.

Over the following three months, the patient was given 10 chemotherapy treatments at two to three week intervals. During this period, the patient continued to receive monthly acupuncture, but still no Chinese herbs due to concerns about herb-drug interaction. The acupuncture treatment, using the same prescription, helped to ameliorate the side effects of chemotherapy such as loss of appetite and taste, nausea, constipation, fatigue, pins and needles in the fingers and toes, and swollen ankles. It did not prevent hair loss. Acupuncture helped the patient maintain a reasonable level of energy and immunity, and his blood test showed constantly good results in both red and white blood cell levels and haemoglobin levels. He did not miss any scheduled chemotherapy sessions.

After completing the course of chemotherapy, the patient resumed monthly acupuncture and daily Chinese herbal treatment as described above. The treatment principles and strategies did not change, therefore the acupuncture points and herbal prescriptions remained the same.

It is now been more than seven years since the initial diagnosis. The patient continues to have half-yearly scans of his cancer. The cancer is stable, the size of the tumour remains the same and is confined without spreading. The combined acupuncture and Chinese herbal medicine treatment was ongoing when this report was written. None of the original symptoms have recurred. The patient is leading a normal, active life again. Long may this last.

Discussion and conclusion

It is important to recognise that in this case, the patient was determined to find a solution to an almost impossible condition. Both the patient and the practitioner had the utmost belief in acupuncture and Chinese medicine, and worked together to get the best out of the treatment. Optimism and belief are important factors in successful treatment. During the course of the acupuncture and Chinese herbal medicine treatment, the patient did his best to enjoy his life. He even went as far as leading a support group for cancer sufferers organised by the McMillan nurses, and told them the acupuncture and Chinese herbal medicine had worked for him.

In China, Chinese herbal medicines are widely used as a complementary treatment for oesophageal cancer before, during and after chemotherapy and radiotherapy, as well as before and after surgery. However, there is a lack of data from double blind clinical trials proving their efficacy (Wei et al., 2009). Although this is just a case report and conclusions cannot be generalised from just one case, it suggests that it would be worthwhile conducting more research on this subject.

Dr. Ming Zhao Cheng, MD (China), MSc (Oxford), PhD (London), has more than 30 years of extensive experience in the practice, education and research of acupuncture and Chinese medicine. He trained in both Chinese and orthodox Western medicines at Guangzhou University of Chinese Medicine in China in the early 1980s. He subsequently studied at Oxford University on a British Government Scholarship and gained his MSc degree in medicine. He was awarded PhD from the University of London in 1995 after completing his research project in osteoporosis. Dr Cheng is currently an Associate Professor of Traditional Chinese Medicine at Middlesex University where he teaches undergraduate and postgraduate students. He is a Governing Board member of the British Acupuncture Council, a Council member of the Association of Traditional Chinese Medicine and Acupuncture and a fellow of the Royal Society of Medicine. Dr Cheng practises acupuncture and Chinese medicine privately at his clinics in London. He can be contacted on M.Cheng@mdx.ac.uk.Health

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Erratum

In issue 109 (October 2015) of the *Journal of Chinese Medicine* in the article entitled "Evidence-Based Methods of Point Selection: Using Historical Literature and Modern Research to Inform Point Selection" by Dr John McDonald, it was stated:

'... at least two contemporary texts recommend Yanglingquan GB-34 for damp-heat diarrhoea (Huang, 1991; Maciocia, 2008).'

This was incorrect as Maciocia has not made such a recommendation. The text should have read:

'... at least one contemporary text recommends Yanglingquan GB-34 for damp-heat diarrhoea (Huang, 1991).'

The author has accepted full responsibility for the error and has apologised to Giovanni Maciocia.