

Treatment Of Medically Refractory Chronic Daily Vomiting With Acupuncture And Chinese Herbal Medicine: A Case Report

Abstract

This case demonstrates the use of acupuncture and Chinese herbal medicine to resolve chronic idiopathic daily vomiting, which was refractory to standard medical treatment. The patient presented with severe chronic daily vomiting (10 to 20 times a day), with no attributable cause discovered from a complete laboratory workup and extensive imaging. Prior to seeking alternative therapies, the patient had been managed with conventional medication, however symptom resolution was not achieved. Over a period of 15 weekly acupuncture sessions and concurrent treatment with Chinese herbal medication, the number of vomiting episodes was reduced to fewer than two every other day, with complete resolution by week 15. This report adds to the medical literature by expanding the potential treatment options for those with chronic daily nausea and vomiting not related to pregnancy or chemotherapy.

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Introduction

Vomiting and nausea are common symptoms of many acute and chronic disorders. Although often related to acute illness, certain conditions including cyclic vomiting syndrome, gastroparesis and gastric outlet syndrome may cause chronic daily vomiting.¹ While vomiting itself is not commonly a life-threatening condition, the underlying cause and sequelae of vomiting may be concerning for the health and welfare of the patient. The Rome III Diagnostic Criteria is a system developed to classify functional gastrointestinal disorders. Included in the criteria are four main categories for vomiting/regurgitation syndromes, including chronic idiopathic nausea, functional vomiting, cyclic vomiting syndrome and rumination syndrome.² Using various diagnostic and/or exclusion criteria based on history and laboratory studies, a firm diagnosis can often be made. While treatment methods vary depending on the cause, conventional treatment of chronic vomiting is often unsuccessful.

Acupuncture and traditional Chinese herbal medicine have long been used to treat a wide variety of disorders. Although commonly associated with treating pain syndromes, acupuncture can also be used in conjunction with herbs to treat acute and chronic gastrointestinal issues.^{3,4} Acute vomiting issues in traditional Chinese medicine (TCM) are

placed into various diagnostic categories, such as food stagnation, Stomach qi rebellion, and cold or heat invading the Stomach, depending on their specific characteristics.⁵ Chronic vomiting often stems from Liver qi stagnation affecting the Spleen and Stomach, or from long-term depletion of qi or yin. TCM views the Stomach and Spleen as the main digestive organs involved in the transformation of food into qi and blood.⁶ Long-term stress and emotional issues can cause the Liver qi to become stagnant. This stagnation can inhibit the descending function of the Stomach qi, leading to epigastric distention, nausea and vomiting.⁶

This case report demonstrates the successful use of acupuncture and Chinese herbs in the treatment of a patient with chronic idiopathic vomiting.

Presenting concerns

The patient was a 27-year-old male who initially presented to his primary care physician (PCP) with severe chronic daily vomiting of 14 months duration. On initial presentation to the PCP, the patient was vomiting 10 to 20 times per day, with no known cause or triggers. The PCP initially performed an abdominal ultrasound (US), which revealed gallstones. A cholecystectomy was performed and this improved symptoms for one week, however the vomiting frequency subsequently increased again. The patient was referred to a

gastroenterologist who performed a thorough workup covering all relevant lab and imaging studies. Abdominal ultrasound (US), oesophagogastrroduodenoscopy (EGD), abdominal computerised tomography (CT) and liver enzyme tests were unremarkable. Magnetic resonance cholangiopancreatography (MRCP) and endoscopic retrograde cholangiopancreatography (ERCP) revealed common bile duct stones, however these were concluded not to be contributing to the vomiting. Prescribed medications, including omeprazole (to suppress stomach acid secretion), ranitidine (to suppress stomach acid production) and ondansetron (an anti-emetic) provided no relief. In order to test for less common pathologies, further studies were performed, including investigation of serum cortisol levels, coeliac antibody tests, magnetic resonance imaging (MRI) of the brain and gastric emptying studies, however none of these revealed any potential causes. A complete summary of tests performed and their results are listed in Table 1. Further pharmacological treatment with nortriptyline (a tricyclic antidepressant) and fluoxetine (a selective serotonin reuptake inhibitor) resulted in no improvement in symptoms, with the patient indicating that he felt worse while taking them. A final two-week treatment with metoclopramide (an anti-emetic) was tried, resulting in no reduction in vomiting symptoms. In summary, no significant contributory clinical causes for the patient's vomiting symptoms were revealed during extensive investigations by the patient's primary care physician (PCP) or gastroenterologist. Assessment via Rome III Diagnostic Criteria lead to a diagnosis of functional vomiting, a term which has no prognostic value, since it indicates a lack of underlying organic pathology. Following this extended period (42 weeks) of unsuccessful allopathic treatment, the

patient sought alternative therapeutic strategies.

Initial TCM intake at our clinic revealed no additional concerns other than the vomiting itself, which averaged eight episodes per day, and the resulting stress and anxiety due to disability caused by the vomiting. Since the workup performed by the PCP and gastroenterologist was recent and comprehensive, no additional testing was ordered. Chinese medical palpatory diagnosis revealed wiry and slippery pulse characteristics, indicative of Liver disharmony and dampness.⁷ Tongue examination showed a red body, indicating the presence of heat, with a white, thick, sticky coating that suggested damp accumulation.⁸ A TCM diagnosis of Liver and Stomach disharmony with damp retention in the middle jiao was decided, and treatment was initiated.

Intervention

Acupuncture was performed once per week by a licensed acupuncturist/oriental medical doctor (OMD) who trained at Chengdu University of TCM in China. Acupuncture points were selected to decrease anxiety, relieve nausea and vomiting, move Liver qi and and tonify the Spleen and Stomach (see Table 2). The strength of the treatment was enhanced by use of electro-acupuncture at points designated to treat nausea and improve digestive function. Cupping was performed at each visit on Zhongwan REN-12, Qihai REN-6 and Tianshu ST-25. Herbal medicines were prescribed following the second treatment session and modified as needed throughout the course of treatment (Tables 3 and 4). The patient followed this treatment regimen for a total of 15 weekly sessions and was discharged from care following the last visit due to the resolution of his symptoms.

Test	Result
Abdominal ultrasound	Gallstones, removed via laparoscopic cholecystectomy
Abdominal CT	Normal except for constipation
Oesophagogastrroduodenoscopy (EGD)	Oesophagitis
Magnetic resonance cholangiopancreatography (MRCP)	Common bile duct stones
Endoscopic retrograde cholangiopancreatography (ERCP)	Stones removed and sphincterotomy performed
Colonoscopy	Haemorrhoids
Liver function tests	Normal
Thyroid stimulating hormone	Normal
Morning cortisol	Normal
Coeliac antibody tests	Normal
Repeat MRCP	Fatty liver, no stones, no pancreatic issues
Gastric emptying study	Normal
Upper GI series with small bowel follow through	No obstruction, reached colon in 30 minutes
MRI of brain	Normal
Repeat EGD	Antral erythema, gastric body polyps, normal duodenal biopsy

Table 1: List of diagnostic tests performed by primary care physician and gastroenterologist, with results

Point	Actions[13]
Baihui DU-20	Raises yang, calms the mind
Yintang M-HN-3	Calms the mind
Hegu L.I.-4	Balances whole body energy. Releases Liver qi stagnation when combined with Taichong LIV-3
Taichong LIV-3	Soothes Liver qi, balances whole body energy
Qihai REN-6	Regulates qi
Xiawan REN-10	Descends rebellious qi, relieves vomiting
Zhongwan REN-12	Front-mu of Stomach, tonifies Spleen and Stomach, regulates Stomach qi, relieves nausea and vomiting
Liangmen ST-21	Regulates Stomach qi
Zusanli ST-36	Regulates Stomach qi, tonifies qi and blood, command point of the Stomach
Fenglong ST-40	Resolves phlegm and dampness
Gongsun SP-4	Balances Stomach qi, stops nausea and vomiting
Sanyinjiao SP-6	Tonifies Spleen and Stomach
Jianshi P-5	Calms the mind, subdues rebellious Stomach qi
Neiguan P-6	Calms shen, harmonises Stomach, reduces nausea and vomiting

Table 2: Core acupuncture protocol with therapeutic actions of points

Outcomes

The patient reported improvement as early as the third treatment, describing a reduction in vomiting episodes down to three to four times per day (see Figure 1). The patient was instructed to make tea from fresh ginger root (Sheng Jiang⁹) and noted that the consumption of this tea helped significantly. The acupuncture protocol remained the same throughout the treatment period, however the prescribed TCM patent herbal formulae were changed as necessary. Between visits four and five, the patient went on a three-week vacation and did not receive any acupuncture treatments, nor did he ingest any herbal medicine. During this time, he noted a significant increase in daily vomiting, up to 10 times per day, along with a loss of 10 pounds in body weight (Figure 1). The patient also discontinued the medications prescribed by his gastroenterologist at this time, due to their apparent lack of benefit. After resuming the acupuncture treatments and herbal medicines, the patient's daily vomiting frequency rapidly returned to pre-vacation levels, (approximately three times per day) and continued to decrease over the following weeks. During the final visit at 15 weeks, the patient reported that he had experienced little to no vomiting over the previous three weeks and was released with an invitation to follow-up with further treatment as needed.

Discussion

Past studies have generally investigated acupuncture as an adjunct to standard medical treatment for nausea and vomiting, with only a limited number of studies focusing on its use as a stand-alone therapy for chronic gastrointestinal disorders.¹⁰ This case illustrates the value of using a combination of Chinese herbal medicine and

acupuncture for the treatment of severe vomiting with no attributable cause. An important aspect of TCM is its diagnostic methods, which rely heavily on questioning and observation, including tongue examination and pulse reading. This case clearly demonstrates the advantage of being able to treat a patient according to a TCM diagnostic pattern in the absence of a useful conventional medical diagnosis.

In this case, the patient observed no improvement with conventional medical therapies and chose to discontinue prescribed drug treatment shortly after beginning acupuncture. While it is not entirely clear that the patient experienced benefit solely due to acupuncture over the first few weeks of the treatment period, the fact that he continued to improve after stopping the pharmaceuticals was encouraging and significant. The addition of traditional Chinese herbal medicines played an important role in this case. While acupuncture can be effective for nausea and vomiting on its own, herbal medicines can significantly enhance the efficacy of the treatment. The herbal formulae used in this case focused on clearing dampness, tonifying the Spleen and Stomach and inhibiting vomiting. For the majority of the treatment period, *Xiang Sha Li Jun Zi Tang* (Six Gentlemen Plus Teapills - by Plum Flower)¹¹ and *Shen Ling Bai Zhu Pian* (Codonopsis Poria Atractylodes Formula - by Plum Flower)¹² were used, along with Sheng Jiang (*Zingiberis Rhizoma recens*) tea (Table 3). These formulae were added to the acupuncture treatment, and the patient saw a reduction of vomiting after this herbal combination was initiated. Eventually, *Huo Xiang Zheng Qi Wan* (Agastache Qi Correcting Pills by Plum Flower) [13] replaced *Shen Ling Bai Zhu Pian* and this significantly helped bring the case to complete resolution. Additional patent herbal preparations including *Early Comfort* (a version of *Huo Xiang Zheng Qi Wan* made by Kan Herbs)

Formula	Herbs (cross reference with Table 4)	Function	Days used
Early Comfort – <i>Huo Xiang Zheng Qi Wan</i> (Kan Herbals)	Huo Xiang, Zi Su Ye, Chen Pi, Bai Zhu, Hou Po, Fa Ban Xia, Fu Ling Kuai, Bai Zhi, Mu Xiang, Gan Jiang, Mai Ya (Sheng), Shen Qu	Transforms dampness, resolves the exterior, harmonises the middle jiao	298
Six Gentlemen Plus Teapills – <i>Xiang Sha Liu Jun Zi Wan</i> (Plum Flower)	Bai Zhu, Fu Ling, Dang Shen, Ban Xia, Chen Pi, Sha Ren, Mu Xiang, Gan Cao, Da Zao, Sheng Jiang	Tonifies Spleen qi, transforms dampness, expels phlegm, regulates qi in the middle jiao	298, 342-447
Prosperous Farmer - <i>Liu Jun Zi Tang</i> (Kan Herbals)	Bai Zhu, Fu Ling Kuai, Huang Qi, Fa Ban Xia, Shan Yao, Chen Pi, Sha Ren, Mu Xiang, Hou Po, Shi Zhu Hong Ren Shen, Gan Cao, Gan Jiang, Shan Zha, Shi Zhu Hong Ren Shen (tail)	Strengthens the middle jiao, fortifies Spleen qi, transforms dampness, moves depressed Spleen qi	312
<i>Shen Ling Bai Zhu Pian</i> – Codonopsis Poria Atractylodes Formula (Plum Flower)	Dang Shen, Fu Ling, Bai Zhu, Shan Yao, Lian Zi, Yi Yi Ren, Bai Bian Dou, Jie Geng, Sha Ren, Gan Cao	Tonifies Spleen qi, harmonises the stomach, transforms dampness, benefits the Lungs, stops diarrhoea	342-361
<i>Huo Xiang Zheng Qi Wan</i> – Agastache Qi Correcting Pills (Plum Flower)	Huo Xiang, Bai Zhu, Hou Po, Jie Geng, Chen Pi, Gan Cao, Ban Xia, Da Fu Pi, Bai Zhi, Zi Su Ye, Fu Ling, Da Zao, Sheng Jiang	Releases the exterior, drains dampness, regulates qi, harmonises the middle jiao, alleviates vomiting and diarrhoea	368-447
ginger tea	Sheng Jiang	Warms the middle jiao, stops vomiting	305-447

Table 3: Traditional Chinese herbal formulae prescribed throughout the case with ingredients and actions

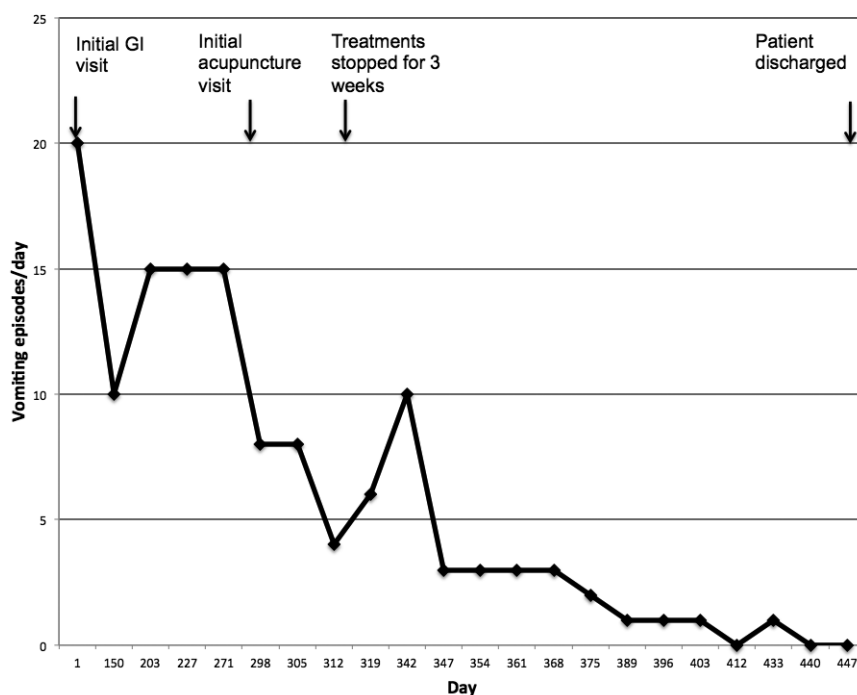


Figure 1: Patient-reported vomiting frequency and significant treatment milestones

Pinyin	Pharmaceutical name	Common name
Bai Bian Dou	Lablab semen album	Hyacinth bean
Bai Zhi	Angelicae dahuricae radix	Fragrant Angelica root
Bai Zhu	Atractylodis macrocephalae rhizoma	Atractylodes rhizome
Chen Pi	Citri reticulatae pericarpium	Tangerine mature rind
Da Fu Pi	Arecae pericarpium	Betelnut palm peel
Da Zao	Jujubae fructus	Jujube fruit
Dang Shen	Codonopsis radix	Codonopsis root
Fa Ban Xia	Pinelliae rhizoma preparatum	Processed pinellia rhizome
Fu Ling Kuai	Poria sclerotium	Poria
Gan Cao	Glycyrrhizae radix	Licorice root
Gan Jiang	Zingiberis rhizoma	Fresh ginger root
Hou Po	Magnoliae officinalis cortex	Magnolia bark
Huang Qi	Astragali radix	Astragalus root
Huo Xiang	Pogostemonis herba	Patchouli aerial parts
Jie Geng	Platycodi radix	Platycodon root
Lian Zi	Nelumbinis semen	Sacred lotus seed
Mai Ya (Sheng)	Hordei fructis germinatus	Barley sprout
Mu Xiang	Aucklandiae radix	Costus root
Sha Ren	Amomi fructus	Chinese Amomum fruit
Shan Yao	Dioscoreae rhizoma	Chinese yam rhizome
Shan Zha	Crataegi fructus	Chinese hawthorn fruit
Shen Qu	Massa medicata fermentata	Medicated leaven
Sheng Jiang	Zingiberis rhizoma recens	Ginger root
Shi Zhu Hong Ren Shen	Ginseng radix	Asian ginseng
Yi Yi Ren	Coicis semen	Job's tears seed
Zhi Gan Cao	Glycyrrhizae radix preparata	Prepared licorice root
Zi Su Ye	Perillae folium	Perilla leaf

Table 4: Pinyin-pharmaceutical-common name cross reference for ingredients in Table 3

and *Prosperous Farmer* (a version of *Liu Jun Zi Tang* made by Kan Herbs) were used with only moderate results.

This case demonstrates that a combination of acupuncture and Chinese herbs may be a viable alternative to pharmacological treatment for chronic vomiting that does not have a clear diagnosis and which is refractory to conventional treatment. Acupuncture and Chinese

herbal medicine are well-studied treatment methods that are typically regarded as safe and effective. Treating the condition by using a combination of acupuncture and herbs to resolve the underlying pattern of disharmony can lead to rapid and complete resolution of symptoms for the patient.

Dr Jacob Wolf, ND, MSOM, Dipl. OM is a 2013 graduate of Southwest College of Naturopathic Medicine and is a licensed naturopathic physician in Arizona. After completing two years of residency he now serves as Adjunct Professor and Clinical Faculty at the Southwest Naturopathic Medical Center and Southwest Center for HIV and AIDS with a focus in general practice. He uses a variety of methods to help promote health including botanical medicine, physical medicine, nutrition and homeopathy. Dr. Wolf has a passion for traditional Chinese medicine and acupuncture, and is nationally board certified in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

Dr. Yong Deng, OMD, LAc is an international expert in Chinese medicine and acupuncture. He earned his medical degree from and is former faculty of Chengdu University of Traditional Chinese Medicine in China. He has been teaching and practising at medical schools in China and the United States for more than 33 years with a concentration in Traditional Chinese Medicine for a wide range of diseases and conditions. Due to his extensive knowledge, Dr. Deng was invited to SCNM in 1996 and currently serves as the chair and professor within the Department of Acupuncture and Oriental Medicine. Dr. Deng is a licensed acupuncturist in Arizona and works with MDs in hospitals and several fertility treatment centers within the Phoenix area. He is a member of the State of Arizona Acupuncture Board of Examiners and has published over 30 papers and several books including the Encyclopedia of Chinese and U.S. Patent Herbal Medicines.

Dr. Jeffrey Langland, PhD, received his doctorate degree from Arizona State University in the area of virology in December 1990. His area of interest at that time and still today is investigating and understanding the complex cellular defenses against microorganisms. After graduating from Arizona State, he was a post-doctoral fellow at UC Davis studying oncolytic viruses, followed by a post-doctoral position at the University of Wyoming comparing similarities between plant and human defenses against viruses. In 1995, he returned to Arizona State University as a Research Assistant Professor. In this capacity he has instructed several courses including General Virology and The Biology of AIDS. In August 2007, Dr. Langland became the first joint faculty member at Southwest College of Naturopathic Medicine, maintaining his position at ASU and becoming the instructor for Medical Microbiology and Concepts in Research courses. Dr. Langland is chair of the Research Department at SCNM bringing new insight and a fresh approach to research for the students and to the field of naturopathic medicine.

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