

How Do You Treat *Osteoarthritis* in Your Practice?

OSTEARTHRTIS (OA) is a chronic degenerative disorder of the joints, characterized by disruption and, later, a complete loss of joint cartilage, associated with bone hypertrophy leading to reduction of joint space and osteophyte formation. This causes gradually developing pain and stiffness of the affected joints, mostly on awakening and after rest. Swelling of joints is often present. Joints of the hands, knees, hips, and spine are most commonly affected. OA is the most common form of arthritis, affecting 3.8% of people.¹ Above the age of 60, 10% of males and 18% of females are affected.² Older age, obesity, joint injuries, genetics, and bone deformities are risk factors. Diagnosis is by X-rays and magnetic resonance imaging. Modern biomedicine treatment involves analgesics, nonsteroidal anti-inflammatory drugs, duloxetine, physical therapy, steroid injections, lubrication injections of hyaluronic acid, osteotomy, and joint replacement.

Osteoarthritis in Chinese Medicine

In Chinese Medicine, OA is a form of *Bi* Syndrome (Painful Obstruction Syndrome) caused by invasion of External Wind, Cold, or Dampness. Genetic factors, sprains, traumas, and overuse are also implicated. These factors produce obstruction to the flow of Qi and Blood in the channels. The condition of internal organs plays an important role in the production of this disease as follows:

- Spleen Deficiency (Damp Painful Obstruction Syndrome)—Swelling of joints, aggravated by dampness and pain fixed in one place are the features.
- Yang Deficiency (Cold Painful Obstruction Syndrome)—This is characterized by severe pain in a joint, usually unilateral, that is aggravated by coldness.
- Blood Deficiency (Wind Painful Obstruction Syndrome)—Pain moving from joint to joint is the classic feature.
- Yin Deficiency (Heat Painful Obstruction Syndrome)—Warm painful joints with redness and swelling characterize this syndrome.

Bone Painful Obstruction Syndrome. Any of the aforementioned pathologic patterns, when becoming chronic, leads to Stagnation of body fluids in and around the joints; the fluid then condenses to form Phlegm. This leads to swelling and deformities of the affected joints. Repeated attacks also produce Stasis of Blood, which causes pain.

Liver is responsible for the movements of Qi, and, in all cases, of Painful Obstruction Syndrome, there is usually a Deficiency of Liver. In addition, the Kidneys control the bones, and hence, in OA, there is usually an underlying Kidney Deficiency.

Treatment

While various patterns are described as above, in chronic cases, usually, there is a mixture of various patterns and, in practice, it is simpler to consider them together as Chronic Painful Obstruction Syndromes with clinical features of all patterns. Treatments are:

- Correct Qi and Blood Deficiency—Reinforce ST 36, SP 6, CV 4, LR 8, BL 20, and BL 23.
- Resolve Phlegm—Reinforce BL 20 and CV 12; stimulate by the even method SP 9, ST 40, SP 6, and CV 9.
- Resolve Stasis of Blood—Reduce SP 10, LI 11, PC 6, and BL 17.
- Correct Deficiencies of the Liver and Kidneys—Reinforce LR 8, GB 34, BL 18, KI 3, GB 39, and BL 23.

Points for commonly affected joints. Points for commonly affected joints are as follows:

- Fingers—*Baxie*, LI 3, TB 3, SI 3, TB 5, LU 7, and SI 5
- Hips—GB 41, GB 40, BL 62, SP 3, GB 30, GB 29, and SP 12
- Knees—SP 5, GB 40, and ST 41 are the most useful distal points; ST 34 (for pain above the knee); ST 36, GB 34, and GB 33 (for pain on the lateral side); SP 9, LR 7, and LR 8 (for pain on the inner side) are the most

Medical Acupuncture is pleased to continue this regular feature, *Clinical Pearls*, which we have found to be very useful for, and practical to, the readership, and very popular. All of us are confronted with clinical challenges, especially when dealing with therapeutic strategies. We hope this ongoing collection of *Clinical Pearls* will be easily accessible and ready to put into action for the benefit of our patients, and even ourselves. How often do we ask our colleagues: “How do you treat...?” This time, we posed the question: “How do you treat osteoarthritis in your practice?” Herein lie your contributions. We trust that our readership will continue to participate in this section by either asking the questions or supplying the “Pearls.” If you have a “question” you would like to see answered, please send it to our managing editor, Yael Ben-Porat, at: yaelbenporat@me.com We encourage and welcome your input and participation. Please address your answers to “Pearls” to our managing editor, Yael Ben-Porat, at: yaelbenporat@me.com

useful points. GB 41 and TB 5, in that order, open the Yang Linking Vessel; SP 4 and PC 6, in that order, open the Penetrating Vessel and are most useful for the lateral and medial pain of the knees, respectively, determined by their opening points

- Lower-back pain—*Shiqizhuixia* (Extra Point on the Governor Channel below the tip of L5); BL 26 and BL 54; *Tunzhong* (Extra Point lateral to BL 54 halfway between the midline and the edge of the buttock); *Yaoyan* (Extra Point in the depression lateral to the interspace between the spinous processes of L4 and L5, are the local points; the usual distal points are SI 3 and BL 62, in that order, to open the Governor Vessel; GB 41 and TB 5, in that order, to open the Belt Vessel, which crosses the lower back horizontally; BL 62 and SI 3, in that order, if the pain radiates to the hip to open the Yang Stepping Vessel; BL 60, KI 4, and HT 7 (relieving spasm); GV 20 (for pain in the lower most part of the lumbar spine); and SP 3 if there is spinal deformity.

In chronic cases, reinforce BL 20 and SP 3 to stimulate the Spleen (to affect back muscles); KI 3 and BL 23 to stimulate the Kidney (Kidney controls the bones); BL 11 and GB 39 to stimulate the bones; and LR 8 and BL 18 to stimulate the Liver (to affect the ligaments and cartilage).

Chinese herbal remedies. Treatment of OA with Chinese herbs is complex and is beyond the scope of this Clinical Pearl. However, as a general remedy, *Shu Feng Huo Luo Pian* has been found to be helpful for relieving symptoms (83%–90%) of OA, with only mild side-effects.³

Auricular points. Auricular points to use are the Parathyroid Gland, Parathyrotropin, Point Zero, Ear *Shen Men*, Endocrine Point, Adrenal Gland C, Adrenal Gland E, ACTH [adrenocorticotrophic hormone], Apex of Ear, Allergy Point, Omega 2, and corresponding body area points. Select according to tenderness.

Evidence for Acupuncture

A review of 12 trials involving 1763 participants, by Manyanga et al. showed significant improvement in pain intensity, functional mobility and quality of life in verum acupuncture-treated patients, compared with sham-acupuncture treated patients, no treatment, or usual care.⁴

Ten trials involving 1456 participants provided evidence that acupuncture is an effective treatment for pain and physical dysfunction associated with OA of the knee.⁵

Ten studies demonstrated greater pain reduction in acupuncture groups of patients who had peripheral joint OA, compared with controls with the same condition.⁶

Illustrative Case

A 76-year-old woman complained of swelling and pain over the medial side of her right knee for more than 5 years. X-rays

showed evidence of OA, with reduction of space in the medial compartment and osteophytes. The points used to treat her were:

- The even method was used for SP 4 on the right and PC 6 on the left to open the Penetrating Vessel (the sides would be reversed in men). The descending branch of this vessel runs from ST 30 to the great toe along the medial side of the knee.
- ST 30 was reinforced to promote the flow of Qi along the descending branch of the Penetrating Vessel.
- LR 8 was needled by the even method. This nourishes the Liver to promote the flow of Qi and is also a local point (promotion of Qi needs the reinforcing method, while a local point needs a reduction method, so even the method was used).
- LR 7 was reduced as a local point.
- KI 3 was reinforced to stimulate Kidney Yin (Kidney controls the bones).
- SP 6 was reinforced to stimulate the Spleen to resolve Dampness (swelling).
- SP 9 was stimulated using the even method. This point stimulates the Spleen and is also a local point.
- All tender local points were reduced.

She was treated twice a week for 6 weeks with near-total relief of her symptoms, but considering the chronicity, structural changes in the knee, and her age, she will require ongoing treatments at least at monthly intervals, and sometimes even more frequently.

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OSTEoARTHRITIS (OA) in Traditional Chinese Medicine (TCM) is associated with wear and tear, and overuse of the action joints, which cause inflammation and deposits of osteophyte later on—which, in turn, causes aches, pain, swelling, limited movement, narrowing of the joint spaces, and redness. TCM has a beautiful point to offer for treating the bones, joints, and cartilage: BL 11, located in the neck, 1.5 *cun* lateral to the lower border of the spinous process of the first thoracic vertebra and 1.5 *cun* lateral to GV 13 *Taodao*. This point is a special influential point for treating bone, joint, cartilage, and OA, and for therapy for any joint in the body system. BL 11 is always combined with other points—such as the hip joint, knee joint, elbow joint, ankle joint, etc.—to enrich the quality of treatment and enhance treatment for healing of the joint. The BL 11 point itself is very useful for treating localized pain, to decrease inflammation and lower synovial fluid. Given that the Kidney controls bone, it is always good to add treatment to the Kidney, so that it does not produce osteophyte; at the same time balancing the Kidney decreases inflammation, promotes the functional part of the joints, and increases healing quality.

First, to prevent bony disorder and balance, we must balance the bone by treating the following Kidney points:

- KI 3—Yin action of the Kidney
- KI 5—Acute disorder of the bone
- KI 6—Kidney essence healing effect
- KI 7—Kidney Yang action
- KI 10—Kidney Qi and chronic stage of balancing
- BL 23—Balancing of Kidney energy; strengthens the bone and joint.

Treating these points will balance the bone so that it does not develop osteophytes and become OA. The next thing to treat is symptomatic joint disorders with essential acupuncture points as follows:

- GV 14—a generalized anti-inflammatory point for the full-body system
- LI 11×2—a localized anti-inflammatory point; specific for bone, muscle, ligaments, and cartilage
- Cupping to a local tender point×2—decreases inflammation and increases circulation
- SP 9×2—decreases fluid retention and increases joint circulation
- SI 6×2 —increases healing in the bone, joints, and cartilage of the extremities
- BL 11×2—a bone-, joint-, and cartilage-specific healing point.

It is always wise to treat both sides for maintaining proper balance and circulation. Treatment should occur twice per week for 1 week, and then 1 time per week for 6 weeks.

With nonestablished OA—when the bone is not yet damaged—we must first focus on treating the Kidney with:

- KI 3—Yin
- KI 5—Acute stage
- KI 6—Kidney essence
- KI 7—Yang
- KI 10—Kidney Qi and chronic stage
- BL 23—Balancing of Kidney energy.

Second, we must treat the inflammation systematically, with:

- GV 14—a generalized anti-inflammatory point to increase healing
- LI 11×2—a localized anti-inflammatory point
- Cupping to local tender point x2—decreases inflammation and increases circulation
- SP 9×2—decreases fluid retention and improves blood circulation
- SI 6×2—Increases healing in the bone, joints, ligaments, cartilage, and muscle; very helpful with BL 11
- BL 11×2—for bone, joint, and cartilage.

Third, we must focus on healing the damage caused by the inflammation with:

- SI 6×2—for healing of all extremities, joints, and the trunk
- LI 4b—for healing of everything above the neckline, especially the joints.

With well-established OA, we must treat the same way as nonestablished OA, except that we must add BL 11×2. For patients who have congenital conditions, we should add KI 6×2 to avoid genetic influences.

Microsystems can also be very helpful for maintaining pain control and relieving stiffness, and can act as in an anti-inflammatory manner. The point for the joint is anatomically located in auricular acupuncture, but to achieve an anti-inflammatory effect, it is good to use Kidney, Adrenal Gland, and Occiput with a pressed needle in the ear four times per day to release the symptoms and the pain.

Acupuncture is very effective for treating OA in both acute and chronic stages. Acupuncture is also very effective for treating acute inflammation, as well as for healing the bone and joint. It is also important to have a combined effort with physiotherapy and muscle stimulation, such as massage.

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THE FIRST THING TO BE SEEN AND FELT on shaking hands with a new patient is the state of the fingers. Heberden's nodes and swelling of the proximal interphalangeal joints means osteoarthritis (OA) and suggests that OA of the hip or knee is likely too, or if not yet a problem, may become apparent before long. No matter what the main reason for the consultation is, I would usually comment on the fingers and offer acupuncture if there were a complaint of pain and stiffness.

I take a standard, very straightforward, approach. For a first treatment, I use only the four Extra points *Baxie* bilaterally, in the web between the knuckles of each finger, although I usually replace the point beside the thumb with LI 4. Thus, needling is close to, and likely to stimulate, all the digital nerves. For a patient new to acupuncture, gentle manipulation of very fine needles with colored plastic handles looks nonthreatening. Even with such a simple first treatment, there is usually some reduction in ache and improvement in manual strength. At subsequent treatments, I repeat *Baxie*, but also explore the forearm muscles for trigger points, often finding tenderness at LI 10 or 11. In addition I feel for, and needle, tender points in the antero-lateral neck, probably related to the nerve roots of C-6, -7, and -8 in the cervical plexus. Overall, there is usually fairly rapid, good benefit.

I find that OA of the hip requires a greater number of treatment sessions, with more gradual evidence of benefit, although, once achieved, benefit tends to be relatively long-lasting. The pain of OA of the hip is often referred into the groin, while pain in the hip area is referred from the lower back. Thus, I examine all three areas for tender points to needle, concentrating on the L-2–L-5 dermatomes and myotomes. There may be tenderness at Bladder points in the low back, particularly if there is also some lower back spinal OA, but it is the Gall Bladder meridian that is most productive of points to needle. In the groin, a trigger point in the upper part of the sartorius muscle is near GB 28 and 29, and, often, a line of tender spots in the tensor fascia lata runs along the GB meridian as far as the knee. I needle a selection of these points plus GB 34, with electrical stimulation down the leg at *Han* frequencies of 2/100 Hz. Around the hip itself, I surround the Dragon, with electroacupuncture (EA) across the hip, pointing needles toward the greater trochanter and giving some gentle periosteal tapping.

To treat OA of the knee, I have my patient sitting comfortably with the knee in a right-angle position—this is the best position to find the anatomical landmarks for points around the knee. Keeping the needles fairly superficial to avoid entering the joint (as there have been reports of septic arthritis following acupuncture),¹ I first insert needles into the Extra points around the patella: The Eyes of the Knee, lateral and medial *Xiyan*, and just above the patella, *Heding*. Then, I insert needles in a number of points more deeply into muscle. Two needles are placed above the knee into the

quadriceps femoris: at SP 10 into the vastus medialis and at ST 34 into vastus lateralis.² Two needles are inserted into muscle below the knee: at SP 9 medially and either at ST 36 or GB 34 laterally. I give EA at *Han* frequencies to all the muscle points, repeating weekly until maximum benefit is obtained. The only distant point that I use occasionally is LR 3.

An audit of the severe knee cases, most awaiting or refused surgical replacement, referred to my hospital pain clinic found a 47% longer-term success, comparable to results from large-scale German trials,³ and I was further delighted to find my approach validated when Vas and White analyzed studies identified in a systematic review of acupuncture for OA of the knee, finding that the best results were obtained by studies that used at least 4 needles placed locally around the knee, without the need for additional distant points, and that needles in muscle close to the knee should receive strong electrical stimulation for 20 minutes at 6–10 weekly sessions.⁴

Colleagues offering a similar approach for OA of the knee, but in group sessions treating 6–8 patients at a time, found that, of those referred to the clinic as an alternative to orthopedic surgical referral, a good percentage of these patients were able to avoid knee replacement for several years or sometimes permanently, thus saving the British National Health Service around £100,000 (\$120,000 USD) per year!⁵

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THE MOST COMMON CAUSE OF ARTHRITIS in adults is osteoarthritis (OA), and joint pain is one of the most important symptoms, in addition to stiffness, especially in the morning; crepitus; reduced range of motion; and tenderness. OA involves the hands, knees, and hips in most cases, and is a degenerative joint disease, with no systemic compromising. Intensity of symptoms and disability vary a lot, and can be very intense, particularly among elderly patients. Clinical diagnosis is very clear and can be supported by plain radiography, although clinical manifestations and dysfunctions are not necessarily proportional to the extent of radiologic findings.¹

Pharmacologic treatments include common analgesics as a first choice, or nonsteroidal anti-inflammatory drugs, but the increase of the analgesic effect of the latter have been considered small by more recent research, and the risk of digestive toxicity is high, mainly in elderly users.¹

Nonpharmacologic treatments, including complementary medicine, are considered to be useful, but are underutilized. Acupuncture is mentioned by many researchers, with conflicting conclusions. Many of these researchers still criticize the quality of the studies.² As of 2013, studies have suggested that complementary therapies can reduce pain and improve function in adults with OA, but also consider that more research is needed to evaluate long-term benefits of the treatments, as well as their relative effects among diverse patient subgroups.^{1,3} Some researchers describe acupuncture as one of the most effective treatments for alleviating pain, despite stating that the evidence in the area is of poor quality.^{4,5} Moxibustion, another modality of Traditional Chinese Medicine (TCM), is mentioned less in the literature. Similar to acupuncture needling, moxibustion is mentioned as an effective modality for alleviating symptoms, but more-rigorous trials are considered necessary to confirm that.⁶

A very recent study published by the *Programme Grants for Applied Research* journal (in the United Kingdom) states that verum acupuncture was more effective than both usual care and sham acupuncture. Acupuncture is described in this study as one of the more clinically effective physical therapies for OA and as being cost-effective if only high-quality trials are analyzed. According to those researchers, levels of uncertainty have been substantially reduced and providers and policymakers are enabled to consider acupuncture a referral option, based on robust sources of evidence.⁷

The use of acupuncture for the treatment of OA can be based on a variety of techniques of TCM. A very easy way to treat is to choose acupoints, localized exactly on, or very close to, the affected joint. This choice has some inconveniences: It is very uncomfortable for a patient to have needles inserted on the site of pain and inflammation. If there is local swelling, needle insertion is more painful and risky, as local anatomy may be modified, and acupoint location is based on anatomical references. In addition, on

many occasions, pain is caused or worsened by movement. Reproducing the movement that causes pain during the treatment is very important for checking immediate efficacy of needling, and this is not possible with a needle that is locally inserted. Therefore, the choice of acupoints distant from the site of the pain is highly desirable. Acupoints that are located on the meridians that cross the affected areas, but are distant from the site of the pain are very useful, as, for example, Spleen 6 (SP 6) for the knee joint. Some acupoints are traditionally known as being effective for determined areas. A good example is Small Intestine 11 (SI 11) for any pain along the upper limb.

For the *correspondence technique*, an acupoint on the same location, but on the opposite side of the body is used (for example, using a point in the right elbow to treat the left one), or an upper-limb acupoint is used to treat a complaint on the lower limb (for example, an elbow acupoint to treat the knee). For chronic cases, distant acupoint use may be only partially effective, and in cases like those, adding local points is an interesting strategy. Scalp needling is a very useful choice that enables a patient to perform physiotherapy with inserted needles, diminishing pain.⁸ Performing a complete TCM diagnosis to select acupoints is another possibility according to traditional texts, but its efficacy has not been demonstrated by modern Western clinical studies.⁹

For a typical case of knee osteoarthritis, in a 55-year-old patient, with no other complaints, a good treatment option using acupuncture would be to start the needling with LI 11, on the same side of the body, and check the effect on pain, especially with movement. This use is to produce immediate relief. After that, a good choice would be to insert at least 2 needles locally (GB 34 and SP 9), or eventually 3 needles (plus ExLE 7), and let the patient rest for 20 minutes. This treatment can be repeated once per week or more. At the beginning of the treatment, the analgesic effect usually lasts an average of 3 days, and each new needling session enhances analgesia. A patient, as in this example, typically needs 10–15 visits to achieve complete analgesia, but there is a risk of recurrence after some months, due to the nature of the disease. The association of other rehabilitation techniques, such as physiotherapy, is important for a better prognosis.

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IN TRADITIONAL CHINESE MEDICINE, pain is generally a result of *bi* or “blockage.” This blockage can be viewed as impeded flow of Qi and Blood. Factors that cause this impediment of Qi and Blood are weak blood circulation due to aging; degenerative diseases; internal coldness from lack of body warmth; or from cold weather resulting in muscle pain, numbness, or painful joints. In a case of osteoarthritis (OA), it is important to emphasize that OA of the joints has to be viewed as a disease of tendons/ligaments and associated connective tissues around the joints. It is a form of *bi* syndrome of Cold, Damp, and Blood Deficient nature.

With patients who have OA and who complain of pain in the neck (cervical OA), shoulder-joint pain, knee-joint pain, and finger-joint pain, I base my diagnosis and herbal formula selection on the *Shang Han Lun* because this classical theory explains the pathological factors thoroughly: Cold, Damp, and Blood Deficiency. I pinpoint these three, because they affect the circulation of Qi and Blood based on the Eight Principles: Excess/Deficiency; Cold/Heat; Exterior/Interior; and Yin/Yang. My patient's diagnosis is made by using the Four Diagnostic Methods through careful observations, pulse taking, listening/smelling, and questions/answers.

Below are the usual signs and symptoms that patients with OA often have:

- (1) *Excess*: The pulse is fast, floating but has a weak root. This is the result of External invasion of Cold. *Deficiency*—The pulse is slow and weak, and has low amplitude.
- (2) *Cold*: The patient does not feel thirsty; has cold hands and feet; feels cold inside; and his/her urine is clear-to-light yellow. The tongue is slightly pale-to-pale and wet. *Heat*: The patient might have a slight fever because he/she is prone to External Cold invasion. However, the underlying cause is still the existing Internal Cold resulting in weak defense on the skin surface.
- (3) *Exterior*: The patient might have a slight fever, be warm to the touch, and have aversion to cold and floating pulse. *Interior*: The patient feels cold inside, has a poor appetite, and prefers warm drinks and foods.
- (4) *Yin*: The patient generally feels better with warmth and worse with cold.

One of the classical formulas from the *Shang Han Lun* that I found very effective for treating OA is *Dang Gui Si Ni Tang* with modifications. This herbal formula contains herbs that warm the skin, warm the internal organs, stimulate blood flow, and rid the body of excess water. The formula contains the following herbs:

- *Dang Gui* (*Angelica sinensis*)—9 g
- *Gui Pi* (*Cinnamomum cassia*) instead of *Gui Zhi* (*Cinnamomi ramulus*)—9 g
- *Bai Shao* (*Paeoniae radix*)—9 g
- *Xi Xin* (*Asiasari Herba cum Radice*)—3 g; it is safer to use a small amount of Xi Xin because of toxicity.
- *Gan Cao* (Licorice root)—6 g
- *Tong Cao* (*Tetrapanacis medulla*)—6 g
- *Da Zao* (red jujube fruit)—6 pieces.

The instructions to the patient are as follows: Use 5–6-oz cups of water to cook the formula at medium heat. Do not cover the cooking pot. Reduce the water through evaporation until there are 2 cups left or approximately after 40 minutes. Drain the remaining fluid

into 2 empty cups. Take 1 warm cup each time, twice per day.

Dang Gui nourishes the Blood and promotes Blood and Qi circulation but, more importantly, this herb warms the inside of the body to eliminate the Internal Cold. *Gui Zhi* is replaced with *Rou Pi* to increase the warmth level in the skin layers to protect the body from External Cold. The *Bai Shao* and *Gan Cao* combination decreases vasoconstriction allowing the blood to circulate better. *Bai Shao* also keeps the warmth from dissipating because of the herb's astringent property. *Xi Xin* acts to warm the channel and dissipates the Cold. *Tong Cao* not only promotes urination but also can decrease vasoconstriction and disinhibit the joints. *Da Zao* is to supplement digestion for a better appetite. In addition, I add *Fu Ling* (*Poria cocos*, 12 g) to increase the diuretic effect. Removing excess water is as important as warming the internal organs and surface area. When a patient has chronic cervical OA, I add *Ge Gen* (*Peuraria lobata*, 12 g) to release muscle tightness and reduce pain. If the patient has a deep and slow pulse with constantly cold hands and feet, I add in *Fu Zi* (*Aconiti radix lateralis*, 1 g) to regenerate the body's warmth.

The course of the treatment is usually from 2 to 6 weeks or sometimes longer, depending on the severity of the patient's condition. Normally, a patient can see some results after the first week. This formula is very effective for cervical OA. My success rate with using this formula is very satisfactory for chronic OA.

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