

## Case Study of a Traditional Chinese Medical Treatment of Reflex Sympathetic Dystrophy

I had never heard of RSD, Reflex Sympathetic Dystrophy. ABC entered my treatment room on crutches. He had been in a near fatal auto accident 6 years previously. Most of his injuries were on the right side of his body, these included facial fractures, cervical spinal trauma, shoulder dislocation, rib fractures, low back trauma with subluxation of lumbar vertebra, the right knee was pierced by metallic debris, and the right lower leg had multiple fractures.

Soon after his initial recovery he fractured his right lower leg again, and was diagnosed with RSD. RSD is a rare disorder of the Sympathetic nervous system that occurs after physical trauma. RSD symptoms can vary from patient to patient.

ABC's symptoms included burning pain which he described as feeling like a severe sunburn that has burlap scraping against it multiplied by three, combined with a pressure like someone was standing on his leg. The pain was constant, aggravated by touch, and cold damp weather. Pain medication was mostly ineffective and he had stopped taking it due to side effects.

He had massive swelling on the right lower leg so severe that he wrapped it with an ace bandage 24 hours a day to prevent it from splitting open. When his leg did split open from the swelling, cellulitis would quickly set in and the healing process was very slow and often complicated by gangrene.

The bone density was so low that the bone could not be visualized by X Ray. He had fractured his leg on numerous occasions, once by dropping a bar of soap on it which caused 3 fractures. Casting the leg was excruciating, and with his slow healing could require months to heal.

The most dangerous aspect of ABC's RSD was poor circulation to the right leg. His leg was black, the color was a deep boot shine black. He had previously had many episodes of phlebitis and had twice embolized clots to his lungs. These were medical emergencies and due to this and the risks of systemic infection he had been advised by at least 12 of the 54 Drs. he had seen to have his right leg amputated.

He was clinging to the hope of saving his leg and his life mostly because of one Dr's advice, Dr Kirkpatrick of Tampa, Fl, having the reputation of the world's leading expert on RSD. He had seen ABC, proclaimed him the worst case he had ever seen, predicted that if he had an amputation that the phantom pain would be worse than the RSD pain, and recommend acupuncture. ABC had previously tried acupuncture with poor results, he stated that the acupuncturist had tried to relieve the pain but had only made it worse.

He had no palpable pulse on the R side, his left hand pulses were very deep and feeble, his tongue was thin, pink, with a thin white coat. It was very interesting that the blood stasis did not show up on his tongue. At the first meeting he had no active infection so my main concern was blood stasis. Blood stasis and cold were the main pathogens, and responsible for the quality of pain he was experiencing. With his deep pulse and aggravation of pain with cold damp weather it was reasonable to state that blood stasis was caused by a combination of trauma, internal cold, and damp.

My treatment principals were to break blood stasis, warm and invigorate and channels, and dispel damp. I used a combination of herbs, acupuncture, and moxa. At first I used acupuncture on the affected leg as well as the rest of the body. Due to increased pain in

the affected leg after acupuncture I stopped treating it directly. One dramatic episode highlighted the connection between the source point and the Fu organ. I needled Kidney 3 on the right side and ABC had an immediate and excruciating pain in the right flank, the right Kidney area, the pain was relieved only with the removal of the needle. This experience lead me to believe that the RSD was affecting not only his R leg but aspects of the entire right side of his body including his right kidney.

Since his accident ABC had been treated for high blood pressure which was very labile and he took his medication irregularly according to how high or low his BP was on any given day. Under the influence of the blood moving herbs his leg color improved dramatically, but his blood pressure became even more labile. He came to my office with hypertensive crisis, BP 286/190. In combination with blood stasis this was a very dangerous situation and could mobilize a clot. I referred him to the emergency room and his internist with the suggestion of using an ACE inhibitor. My experience as a Dialysis nurse for 8 years gave me the insight that this could be a result of rennin angiotensin release related to improved blood flow in the right kidney allowing mobilization of these blood pressure elevating hormones that had been previously moving into general circulation in small amounts due to poor blood flow. His Dr treated his hypertension successfully with an ACE inhibitor and suggested he continue with the herbs and acupuncture because of the dramatic improvement in the color of the right leg.

ABC had under gone many procedures to alleviate the pain in his leg. He had epidural anesthesia 10 times with no effect on the right leg. He had full sensation and movement on the right side and no movement or sensation on the left. This was extremely puzzling and frustrating to his Drs.

While contemplating this I thought perhaps the combination of the cervical spine injury, which caused a leaking of cerebral spinal fluid, and the subluxation of the lumbar vertebra, which caused narrowing and swelling around the spine, might have caused an adhesion of the spinal cord to the dura. If this adhesion was there it would account for the lack of the anesthetic to have an effect, because the anesthetic could not reach those nerve tissues which were fused to the membrane. This situation could also be related to the chronic pain, the spinal nerves are usually suspended in cerebral spinal fluid, not in constant contact with the membranes that surround them.

The way I approached this theoretical situation was to use fire cupping of the bladder and Jiaji channels with a popping removal that caused a vibrating movement of the tissues around the spine in hopes of improving blood circulation and breaking up of the adhesions. I also utilized the theories of scalp acupuncture and needled the upper 1/5 of the vascular motor cortex on the left side to help with pain control and improved blood circulation.

After about a year of weekly treatments, ABC was still in pain. He had much improved color in the R leg but was still forming clots in the leg which he was getting good at detecting, he carried the patent formula Yunan Bai Yao with him at all times and at the first indication of a clot or phlebitis would begin dosing. He was also taking a powdered individualized formula to invigorate blood, warm yang, and dispel cold and damp. Usually this would safely disperse clots but he did experience another embolism to his lung and was hospitalized for a week. His blood pressure was under good control with medication, his bone density was the best it had been in years.

One of my students who had been observing his treatments found a protocol for RSD using auricular acupuncture from a text by Terry Olson. I began to add this to his regular treatments. The first time I needled the Autonomic Point ABC reported a sensation of pressure in the ball of his right foot and a sensation of crawling on the surface of the Kidney channel in the right leg. I soon added electrical stimulation to the ear points with a wave form recommended for swelling. The results were dramatic. They began with a rash in the area of the crawling sensation. The rash then included a decrease in swelling.

After a few months the decrease in swelling became permanent and there began to be a decrease in pain. The right leg began to grow hair (he had lost all the hair on his lower leg). He began to have normal sensations in the leg and wear a right shoe for the first time in eight years.

Eventually after approximately 2 ½ years of treatment he started walking. Walking has defiantly stressed his ankle joint, but it has slowly strengthened. Today he walks with a slight limp. The leg looks normal. The sensation is normal. He benefits from treatments directly on the right leg especially Moxa. He has mild hypertension that is medicated about once every three days. He has mild to no signs of blood stagnation. He takes herbs periodically when indicated.

His main problems are aches and pains in the areas of injury, and chronic life long sinusitis. Recently he has gotten good results with garlic water nasal irrigations. 1 clove chopped garlic exposed to the air for 15 minutes. Place in tea strainer and pour 1 cup boiling water over it. Do not steep! Cool and irrigate sinuses using a netti pot or bulb syringe. I can thank my students for this suggestion too.

ABC is an amazingly resilient person who continued to work full time the course of his disease. He pushed himself and maintained a positive attitude.

My perception of the cause of his RSD goes back to his constitution. He had always been susceptible to frequent respiratory illnesses and allergies. When he was in his early 20s he fractured both ankles during training in boot camp while jumping a few feet. He has frequent clear copious urination, and is spilling protein, Proteinuria. His arm and leg were both injured, RSD is more common in the upper limb but his occurred in the leg. All these symptoms and the signs of a deep and feeble pulse point to Kidney yang deficiency as an underlying cause. The shock and trauma of the accident led to Heart shock and impaired circulation which allowed blood to stagnate, and cold damp to invade. This was seen on the pulse as a tight quality in the left distal position, a choppy quality in the left proximal position, and pelvic lower body position.

The experience of working with ABC has taught me a lot about Kidney yang deficiency and Heart shock. Studying with Dr Leon Hammer has given me the tools to diagnose and treat this complex case successfully. I have received literally hundreds of patient referrals due to the improvements ABC has attributed to Chinese medicine.