

Acupuncture as an Alternative Treatment for Cystic Acne: a Case Study

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Background

Isotretinoin is a commonly prescribed medication for severe cystic acne with known adverse side effects^{1,2} that may lead patients to seek alternatives³.

Acupuncturists need fast and effective approaches that address the patient's primary concerns while also supporting their long-term health. An understanding of the etiology of the disease process can improve the immediate response to treatment as well as long-term outcomes.

The selection of acupuncture points for treatment can be based on their unique function or "within the context of a balanced combination of points making use of the dynamics of *qi* of the channels."⁴ Like the organs, the channels can be seen as anatomical structures that provide their own unique and equally important physiological functions, which are inseparable from organ physiology.

This case demonstrates acupuncture channel physiology as an explanatory model and therapeutic approach.

Case Description

A 37-year old male professional presented to his physician with cystic acne of sudden onset one month after receiving dental work. He had a history of cysts in his sinuses and gallbladder, but no prior history of acne. Lesions were distributed over 60% of his back and on the soft skin of the anterior surface of his elbows, axilla, and inguinal areas. He received antibiotic and nutrition therapies for two years with no improvement. He did not want to take isotretinoin due to concerns about side effects and was referred by his physician for acupuncture.

Patient concerns: Acne, shoulder pain, frustration, alopecia



Case Description

Visual Findings:

Lesions were primarily on the *taiyang* cutaneous zones between T4 and the sacrum.

Relevant history:

History of cysts in sinuses, gallbladder, testicles, migraines in 2008, dental work in 2010, cysts formed one month after dental work and corresponded with a strange salty taste.

Color Sound Odor Emotion (CSOE):

Green, Shout, Rancid, Frustration (Patient Report)

Initial pulses:

Generally slow and slippery.

	Left	Right	Tongue:
Cun	Full, Slippery	Weak	Pale
Guan	Slightly Weak	Thin	Wet, thin yellow coating
Chi	Hidden	Weak	Swollen with scalloping
			Wet
			Dark veins beneath

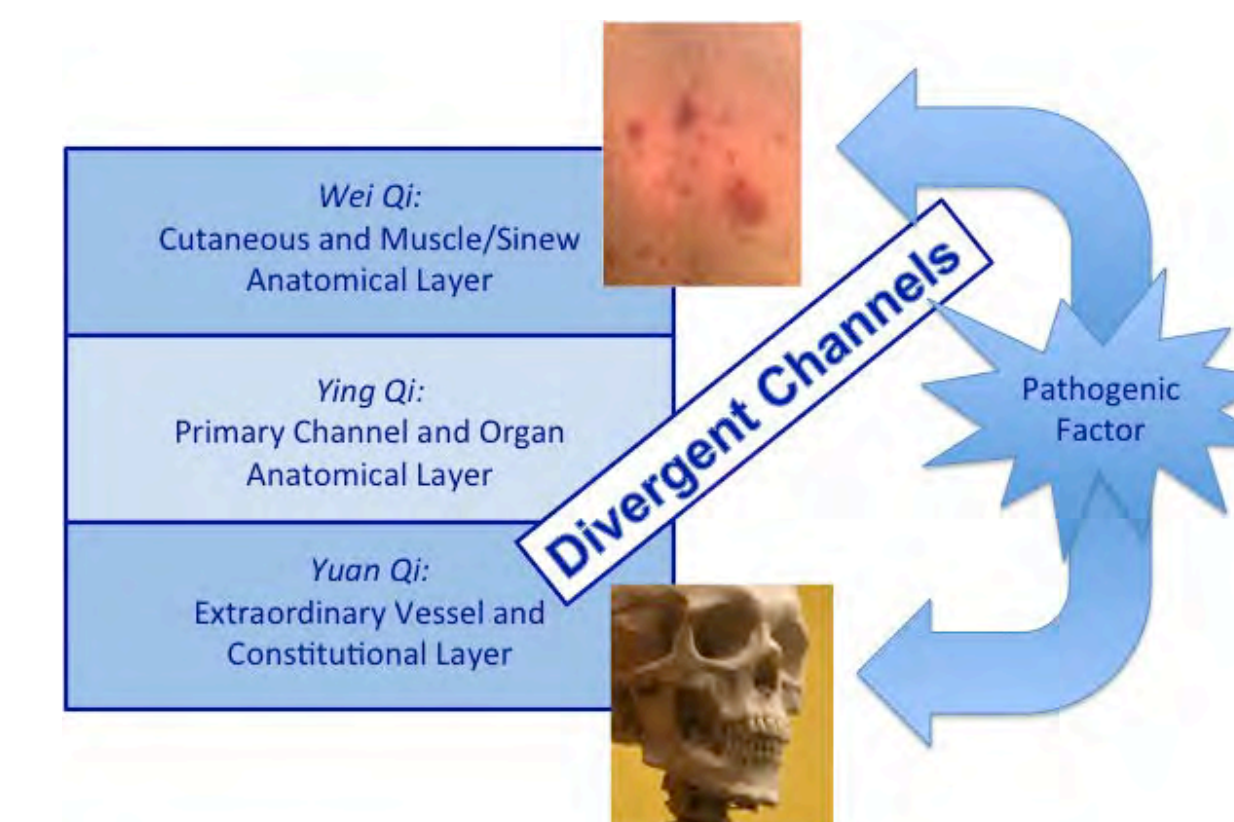
Clinical Assessment:

An individual treatment plan was developed for each treatment the patient received, including observations, assessment, treatment strategy, channel/point selection, final observations and reflective thinking. This report highlights only those treatments that used the divergent channels, which were understood to address the latency that was released by the dental work (*luan qi* anatomical layer) and began appearing on the skin (*wei qi* layer). A second important clinical finding was the appearance of a "hidden" pulse in the chi position on the left side (KI yin position)⁵, which resolved with treatment.

Theoretical Principle:

One important function of channel physiology is to provide a pathway for the flow of internally and externally generated pathogenic factors⁶. Chronic symptoms like joint pain, and skin conditions that come and go may represent the body's management of a pathogenic factor to protect the organs. This is the role of the Divergent Channel System⁷.

Divergent treatments may take as many as three months to show long term results because they involve the *luan qi* layer, which changes more slowly than more superficial layers.



Treatment Plan:

Points utilized for BL Divergent Treatment:

SI 10 cup, *guasha* ST 5, SCM, sacrum, BL 40 L, BL 34 L, BL 25 L, BL 15 L, BL 44 L, BL 10 L, BL 10R, BL 44R, BL 15R, BL 25R, BL 34R, BL 40R, BL 67 B, SI 1

Points utilized for GB Divergent Treatment:

GB 34L, BL 30L, BL 25L, Ren 17, ST 12L, ST 5L, TH 16L, GB 1L, GB 1R, TH 16R, ST 5R, ST 12R, Ren 17, GB 25R, GB 30R, GB 34R, TH 1-, GB 44-

Needling method: Superficial, Deep, Superficial⁸

When the cupping upper shoulders, a strong odor of cigarettes arose. The patient reported that he did not smoke but that his father smoked near him when he was a child, aggravating his asthma and creating conflict between his parents. His father eventually died of lung cancer. The patient's CSOE changed after this treatment to red, laugh, scorched, lack of joy and the hidden pulse resolved.

Clinical Outcomes:

Acne, shoulder pain and frustration resolved
Alopecia unchanged



Conclusion

Strengths of this case report: This patient received no other medical intervention while receiving acupuncture treatment. Photographs used to illustrate his response to treatment over time limited observational bias of the patient and the practitioner. The patient responded favorably within three months of starting acupuncture therapy. The fact that his symptoms were unchanged during the previous two years of antibiotic and nutrition therapy suggests a correlation. The fact that he remains symptom free three years after the start of treatment also suggests a successful therapy.

Limitations: The patient's symptoms may have improved without any intervention. The treatment approach was not limited to use of the divergent channels, confounding their importance in the patient's overall care. This limitation may be unavoidable within the context of the Chinese medical model, which emphasizes revised treatment planning based on ongoing observations and a holistic approach to patient care that includes the practitioner's healing presence.

Important conclusions: This case demonstrates the critical thinking involved in acupuncture channel therapy that can serve as a guide for future research. Divergent channel approaches could be studied within the context of chronic symptoms that may indicate divergent channel mechanisms.

References

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