

## CASE REPORTS

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### Patient # 37:

#### HPI:

Patient # 37 is a 44-yr.-old white female who presented in 1991 with very painful paresthesias in her anterior right leg. In 1988 she had been involved in a motorcycle accident in which her right leg was "stuck" between a motorcycle and a car. No fracture was noted, and the injury "appeared like a bruise"; however, the anterior right leg became quite painful starting one week after the accident. She described the area as very sensitive, such that she could not shave her leg or kneel on the area, as these acts would cause severe pain, and even wearing a sock bothered her. X-rays, a bone scan, an MRI, and an EMG-NCS were reported by the patient as normal. Exploratory surgery in 1990 by an orthopedist revealed no evidence of injury, and a neurosurgeon told her that he had nothing to offer her. She was taking estrogen replacement therapy (hysterectomy-1983), as well as prn ASA, Tylenol, and Tylenol with codeine at the time of presentation. She was otherwise healthy.

#### PE:

A vertical, well healed surgical scar was noted on the distal, anterior right leg, and the patient pointed to an area at and below the inferior border of the scar extending down to the ankle as the area of sensitivity. She retracted the extremity and appeared quite apprehensive when I attempted to palpate the area. No other neurological nor orthopedic abnormalities were noted.

#### Diagnosis:

Reflex Sympathetic Dystrophy

#### Treatment Course:

The patient was treated weekly for three visits total. Treatment included acupuncture on all three visits, using the French Energetic inverse/contrary approach, specifically with points ST-36, an ah shi point, ST-41, and ST-43 on the right, with 2.5 Hz electrical stimulation between ST-36 (-) and ST-43 (+), and HT-7, LI-4, and ST-36 on the left. Also, on all three visits, she was treated with electroacupuncture on the ear using an Electroacuscope 80C with the auriculotherapy probe, specifically at points Shen Men, ankle, leg,

(Patient # 37, continued)

sympathetic point, and autonomic master point, on the right ear ( Gain-400, 24 sec each, 2.5 Hz, 25 uA ). At the last visit she was also treated with the Electroacroscope 80C using two probes, one at ST-36, and the other at the ah shi point, then at ST-43, for a total of 10 minutes ( 100uA, 0.5 Hz ). At the time of the third visit, the patient reported a very slight residual sensation over a one-half cm dia. area at the inferior tip of the surgical scar, that did not interfere with any of her activities of daily living. She was able to shave the leg, kneel upon the area, and wear a sock without any significant discomfort. She was lost to further follow-up, and it is not known if the third treatment completely eradicated the slight residual.

Patient # 3:

HPI:

This is a 64-yr.-old white female who presented in May of 1991 with a history of longstanding depression, treated with Tofranil for at least two decades, up to 150 mg per day. All attempts to wean her from medication in the past had failed, with return of severe symptoms requiring reinstitution of the drug. Otherwise she was healthy with an unremarkable medical history, except for a strong family history of depression.

PE:

Unremarkable

Diagnosis:

Major Depression

Treatment Course:

Initially, the Tofranil was continued at 75 mg per day. She was treated for nearly three months with mostly weekly, sometimes biweekly courses of acupuncture with needles, using mostly a modification of the "Internal Dragons" protocol (ST-32, 36, 41, CV-14), and moreover with auriculotherapy using the Electroacroscope 80C with the specialty probe at points including stomach, cerebellum, mouth, shen men, zero point, master cerebral point, master oscillation point, cheerfulness, excitement, and triple warmer (Gain-230, 24. sec, 25 uA, 2.5 Hz).

Thereafter, the patient was slowly weaned from her Tofranil, by 10 - 15 mg amounts biweekly, over the next two months. She was treated at mostly weekly intervals, and the drug was discontinued by October. Toward the end of this period, she experienced some insomnia, which improved after adding points sleep disorders 1 and 2, and heart, but did not experience depressed mood.

One month off Tofranil, she continues to do well and treatment intervals are now biweekly.

Patient # 12:

HPI:

This is a 52-yr.-old white male who presented in 1991 with a seven year history of pain, swelling, and varicosities in his left leg. Apparently he had sustained a severe injury to his left knee while at work and developed these venous stasis problems subsequently. At the time of his first visit he was disabled from work. Surgery one month previously produced temporary relief, but his condition relapsed completely. He reported "shooting pains", even at rest, but worse with ambulation, in his heel and calf, with no significant relief from an "inflammation pill". Doctors at a local occupational medicine practice told him that there was nothing more that they could do, and advised further surgery. The patient had no other active medical problems at the time.

PE:

Marked varicosities and 2+ non-pitting edema were noted at the left leg, ankle, and foot, as well as multiple surgical scars. His calf was so tender that he could not rest it upon the exam table, and kept his knee and hip flexed. He also walked with a limp.

Diagnosis:

Severe venous stasis- left leg

Treatment Course:

This patient was initially treated at three, weekly visits. Treatment included acupuncture, at points SP-6, LU-7, and ST-40, bilaterally, with needles, electrically stimulated at the first two points. Treatment also included electrical stimulation with an Electroacroscope 80C for 10 minutes at each visit, with a 1" plate at left SP-6, and a 2" plate at left SP-12 (300-500 ua, 0.5 Hz). After the first treatment session, the patient noted that his leg pain had largely resolved and the swelling had significantly decreased. At the beginning of the third visit, the patient reported no pain, and he was observed to no longer walk with a limp. Shortly thereafter, he returned to work as a forklift operator, working 10 hour days.

Approximately two months after the first visit, he returned reporting that ankle and foot pain had returned two days previously. He was treated two more times, a week apart, with acupuncture and Electroacroscope stimulation, with complete resolution of pain after the first treatment, missing only one day of work. Four and one-half months after the first visit, the patient was doing well.

Patient # 44:

HPI:

This 55-yr.-old white male presented in June of 1991 with a history of right shoulder pain for more than ten years. Apparently, he fell "ten feet" onto this shoulder about twenty years previously. He reported pain especially when reaching forward, "laying on it", and especially when using the "stripper" (apparently a sanding machine) at work as a school custodian. He had been treated with "cortisone shots" intermittently in the past, in both shoulders, but the most recent ones did not give relief. Moreover, he reported no relief using ASA, Tylenol, or Naprosyn. He may have been told that he had calcium in the bursa.

PE:

Some atrophy of the musculature in the right trapezius distribution, near normal range of motion at the neck, and mildly restricted passive range of motion at the right shoulder upon internal rotation, flexion, and extension were noted. Motor strength was 4/5 for internal and external rotation at the right shoulder, apparently limited by pain, with 5/5 strength on the left.

Diagnosis:

Right Shoulder Bursitis with shoulder girdle muscle atrophy

Treatment Course:

He was treated three times at weekly intervals. All three visits involved acupuncture with needles using the French Energetic inverse/contrary approach (right- LI-10, 15, 16, 18, left- KI-10, LI-15, ST-36). Electroacupuncture using an Electroacuscope BOC with the auriculotherapy specialty probe was performed at the first two visits (right- shen men, shoulder [anterior and posterior], master shoulder [anterior and posterior], thalamus; Gain-180, 25 uA, 24 sec per point, 2.5 Hz). Also, on the last two visits he was treated with the same device with a 1x1" plate at right LI-15, and a blunt probe at right LI-10 (5 min.) followed by right LI-16 (5 min.), 200 uA, 0.5 Hz.

At the third visit, the patient reported considerable improvement and seemed quite pleased with the result. He reported no aching after using the "stripper" at work, and was now doing yard work at home, including "cutting trees", without difficulty. His passive range of motion at the right shoulder was now normal, and he had a modest increase in int./ext. rotation strength, now 5-/5.

Four months later, he has not reported any deterioration.

Patient # 103:

HPI:

In Oct. 1991 this 37-yr.-old white female, with a personal and family history of migraine headaches, arrived in the office with an acute, common migraine headache, the severity 9 1/2 on a scale of 10, the location in the left frontal and temporal areas. She was generally in good health.

PE:

Unremarkable, except for a facial expression indicating pain, and tenderness at GB-21 on the left.

Diagnosis:

Acute migraine headache

Treatment Course:

She was treated with electrical stimulation using an Electroacuscope 80C (two blunt probes, one on GB-1 and the other on GB-21 on the left, 200 ua, 0.5 Hz, 5 min.). Also, acupuncture needles were inserted into the left ear at points frontal and temples.

Within twenty minutes after the onset of treatment, she reported complete pain relief, and had not had any further migraine headaches as of a follow-up visit twelve days later.