



A case series: How do patients with an eating disorder, seeking acupuncture treatment present (patterns of disharmony), and how are they treated?



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ABSTRACT

Acupuncture is an emerging therapy being utilised by those with eating disorders. Little is known about acupuncture and eating disorders. The aim of this paper is to present some TCM insight into the eating disordered patient who seeks acupuncture treatment such as how they present according to TCM principles and how acupuncturists are treating these patients. Three experienced acupuncturists contributed 46 cases studies (eighteen outpatients, twenty six inpatients) of patients with eating disorders who sought acupuncture treatment. Help with their eating disorder was not what the majority of patients in this study sought acupuncture for. The majority of in-patients wanted help for digestive and mood concerns. Our collective cases provide an insight into how eating disorders present and how they are treated by TCM acupuncture. How these insights may help clinicians and researchers is discussed.

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1. Introduction

Eating disorders are a major health problem commonly affecting women of early teenage years to young adulthood [1,2]. According to the new DSM-5 categorisation of eating disorders anorexia nervosa (AN) is now characterised as “persistent restriction of energy leading to significantly low body weight, disturbances in the way one’s body shape is experienced and intense fear of gaining weight or becoming fat” [3]. Bulimia nervosa (BN) is characterised by recurrent episodes of binge eating with inappropriate weight compensatory behaviours and self-evaluation unduly influenced by body shape and weight [4]. Binge eating disorder (BED) is characterised by recurrent episodes of binge eating without compensatory behaviours [4]. Eating disorders not otherwise specified (EDNOS), which was the presentation of an eating disorder that did not meet the criteria for anorexia nervosa or bulimia nervosa [5], has been replaced by Other Specified Feeding or Eating Disorders (OSFED) [4].

In 2012 there were more than 913,000 people in Australia with an eating disorder (ED) at a cost of \$69.7 billion (AUD) and an estimated 1828 deaths due to ED’s [6]. In the US it is estimated that 8 million Americans have an ED with 9% of women struggling with AN in their lifetime, 1.5% of women with BN and 3.5% of women with binge eating [7,8]. It is reported that 5–10% of anorexics die within 10 years after contracting the disease; 18–20% of anorexics will be dead after 20 years and only 30–40% ever fully recover [8]. Treatment for those with AN and BN can be challenging, and a multidisciplinary approach is the most commonly prescribed form of treatment [9–11]. Some of many modalities and therapies used include nutritional supplementation, cognitive behavioural therapy (CBT), medication, family counselling, dietary advice, counselling and/or health monitoring among others [6]. Individuals with an ED are known to seek help from complementary and alternative therapies (CAM) [12].

Acupuncture is characterised by the insertion of needles into specific body points to impact the flow of Qi (vital energy), a therapeutic relationship, individualised treatment and active engagement of patients in self care or management [13]. The acupuncture consultation is a complex therapeutic intervention involving not just needling but a more holistic experience [14]. There is emerging evidence identifying an adjunctive role for the use of acupuncture to treat ED’s however the research is in its

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Table 1
Summary of patterns of disharmony according to eating disorder type.

Bulimia nervosa
<ul style="list-style-type: none"> • Liver Qi stagnation leading to Yin deficiency fire [35] • Evil heat or Yang hyperactivity of the stomach [36] • Stomach heat type regurgitation [37] • Liver Qi stagnation and stomach heat [23] • Spleen Qi deficiency [23] • Heart Qi deficiency [23]
Anorexia nervosa
<ul style="list-style-type: none"> • Deficiency of heart and spleen [38,39] • Spleen and stomach Qi deficiency [40] • Spleen Qi deficiency, Yang deficient and heart deficient fire [35] • Fear (Kidney deficiency) misting Shen leading to spleen deficient involvement [28] • Heart spirit malnourished [41] • Spleen Qi deficiency [23] • Earth deficiency [23,42] • Spleen and Stomach Deficiency Cold [23] • Heart Qi deficiency [23] • Liver Qi depression [23]
Eating disorder not otherwise specified (EDNOS)
<ul style="list-style-type: none"> • Spleen and Stomach Deficiency Cold [23] • Liver Qi stagnation and stomach heat [23] • Spleen Qi deficiency [23]
Binge eating disorder (BED)
<ul style="list-style-type: none"> • Stomach Yin deficiency [23] • Liver Qi depression [23] • Heart Qi deficiency [23]
Eating Disorders in general (BN, AN collectively)
<ul style="list-style-type: none"> • Spleen Qi deficiency with Liver stagnation [43] • Spleen and Stomach deficiency (excess or deficiency pattern) [16,40] • Spleen Qi deficiency and deficient Heart fire [44] • Flaring up of liver fire [38,39] • Stagnation of Qi and heat in the stomach [38,39] • Liver Qi stagnation [38,39] • Fear, fright, and anxiety and thinking [41] • Earth dry, heart unkindled, metal brutal [20] • Earth failing to nourish metal [45] • Liver Qi depression [23] • Spleen and Stomach Deficiency Cold [23]

infancy. ED's are a relatively recent mental health diagnosis [15], and the Chinese classical texts do not have a satisfactory comparable diagnosis. Despite the lack of ED's in Traditional Chinese Medicine (TCM) history, the authors believe that ED's can be helped by classical acupuncture, and this offers a unique intersection of ancient treatment for a modern illness.

The evidence on which patterns of disharmony are relevant for eating disorders is limited and of mixed quality [16–20]. These current theories, however, give an idea of the patterns that are being used to define eating disorders (most commonly Zang Fu patterns involving the Spleen, Stomach, Liver, Heart and Kidney). The patterns of disharmony put forward by authors, academics and respected practitioners of eating disorders (BN, AN and AN and BN collectively) have been identified in Table 1.

While there are a number of theoretical research papers/theses investigating the use of acupuncture for the treatment of ED's [21–25], there is little information about the practical/clinical presentation of the ED sufferer seeking acupuncture treatment [25,26]. Utilising the collective cases of acupuncturists, experienced in treating those with ED's, may provide a better understanding of how ED's present in TCM practice and how they are treated which may, in turn, inform clinicians and guide further research questions. The aim of this paper is to present a TCM insight into the eating disordered patient who seeks acupuncture treatment, specifically addressing the motivations of the eating disordered patient who seeks acupuncture treatment, how they present according to TCM principles and how acupuncturists are treating these patients.

2. Materials and methods

2.1. Participants

Two practitioners from the United States and one from Australia, with experience treating ED's contributed cases to this study. Forty-three individuals with an ED sought treatment with the three different practitioners from 2002 to 2012. Patients were either private patients of the acupuncture clinicians or undertaking acupuncture treatment as part of a research project. The major difference for patients in the research setting was the clinical outcome forms they filled in at baseline and at the end of the treatment intervention and that their treatment was free. There was a mixture of in and out patients. The major difference between inpatient and outpatient care was the level of continuous supervised care with inpatients receiving up to 24 h a day supervised care and outpatients from none to 8 h a day. The other major difference was the severity of the ED with inpatients often presenting as more severe or medically unwell on the ED spectrum than those who are outpatients.

The inclusion criteria for the cases included

1. having an ED and
2. seeking treatment for either their ED specifically or for a symptom associated with their ED.

Cases were also included when a patient had had an ED and was seeking treatment to avoid a full blown relapse. A minimum of 3 visits was required to be an eligible case. There were no exclusion criteria. Excluding co-morbid conditions could invalidate or alter the presentation of patients with ED's seeking acupuncture treatment and thus any conclusions drawn from the cases. This case series aims to capture the lived presentation of those with an ED seeking acupuncture.

2.2. Study design

This is a retrospective case series designed study. It is a descriptive study with the purpose of following a group of patients who are undergoing the same procedure over time to present some TCM insights.

2.3. Treatment

Acupuncture: *Type of Acupuncture:* TCM style manual acupuncture was most commonly used in these cases.

TCM diagnosis: The TCM diagnosis was primarily based on viscera and bowel pattern identification [27] however channel diagnosis and Five Element theory was used by one practitioner for two patients and Balance Method was used by one practitioner for six patients. There is no peer reviewed research or historical context to guide the style of acupuncture in the treatment of ED's. However, TCM acupuncture is useful in the treatment of complex diseases [27].

Examination: The method of examination to determine the patterns involved (in all methods) included the techniques of inquiry and inspection [27].

Point selection: The treatment method and point selection for each individual was based on the identification of the pattern most predominately involved each session.

Needling:

Needles: fine disposable needles (Australia-Serin or Viva brand, either 0.22 or 0.25 gauge, America-typically 34–38 gauge needles) were used. The majority of points were needled bilaterally.

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