



# A tongue's tale – A case report of traditional Chinese medicine integration in the cardiology department

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**Summary** The purpose of this case study is to provide a unique perspective on the integration of traditional Chinese medicine (TCM) in an acute care hospital setting. This case report tells the story of a patient who was hospitalized in the cardiac intensive care unit and received both western and TCM treatments. The patient's medical narrative is illustrated using pictures of her tongue that were taken along the course of her hospitalization. Analysis of the medical file, and each picture provide in-depth understanding of her medical condition from both western and TCM perspectives respectively.

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## Background

An 85-year-old woman was administered to the intensive care unit due to a hypertensive crisis. She did not

respond to her background anti-hypertensive medication, which included Hydrochlorothiazide, Bisoprolol, and Captopril, and experienced angina pain. There were T-wave inversions on the anterior leads of her ECG reflecting possible anterior ischemia. At the cardiology intensive care unit she received intravenous anti-hypertensive medications including Labetalol and Isosorbide dinitrate. Her physicians requested complementary medicine consultation and treatment in order to provide integrative care for the

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**Table 1** Patient symptoms before, and 2 h after, treatment graded on VAS\* from 0 to 10.

| Symptoms       | Before treatment | After treatment |
|----------------|------------------|-----------------|
| Fear/anxiety   | 10               | 2.9             |
| Chest pain     | 7.2              | 1.4             |
| Blood pressure | 210/78 mmHg      | 139/58 mmHg     |
| Wellbeing      | 5.3              | 1.9             |
| Fatigue        | 5.2              | Not reported    |

VAS = visual analog scale.

0 = no fear/anxiety or pain 10 = worst fear/anxiety or pain.

For wellbeing: 0 = best wellbeing 10 = worst wellbeing.

patient. Such care is available at our medical center within the context of a complementary medicine (CM) service.<sup>1,2</sup>

The CM service, which is provided in general surgery, pediatric surgery, and the cardiac intensive care unit,<sup>3,4</sup> includes acupuncture, reflexology, guided imagery and hypnosis. Patients are referred to CM therapists by physicians and nurses according to clinical indications.<sup>5</sup> Acupuncture is provided according to the TCM diagnosis.<sup>6</sup> Documentation of the diagnostic process includes a description of main symptoms, pulse and tongue diagnosis (accompanied by tongue photos).<sup>7</sup> The rationale for point selection is explained, and documented, and treatment outcomes are collected using visual analog scales for pain, anxiety, wellbeing etc. All the above data, including socio-demographic and medical history, are gathered using unique software available for statistical and qualitative analysis.

The indication for referral of the aforementioned female patient to the CM service was fear and anxiety from the cardiac catheterization, due to life threatening arrhythmias she had experienced in a previous catheterization.<sup>8</sup> The medical team's goal was to reduce the patient's anxiety, thereby reducing her resistance to treatment, while at the same time reducing peri-procedural complications that are amplified in states of anxiety (i.e. hemodynamic instability and arrhythmias) (Table 1).

### 16/06/2013 – First encounter

The patient informed the TCM practitioner of her refusal to undergo cardiac catheterization due to fear of the procedure's side effects. According to the physicians, the stress elevated her blood pressure, which induced chest pain that required catheterization, fear of which produced added stress thereby creating a "vicious cycle". Therefore, the focus of the patient's referral to CM was on reducing stress. The patient reported mainly tiredness, chest discomfort and anxiety, her tongue was swollen, pale, with bluish dots on the side, and a thick yellow coating in the central area. Her pulse on the right hand was strong and wiry, and on the left hand fast and thin. These signs and symptoms according to traditional Chinese medicine (TCM) are consistent with liver blood deficiency and stagnation, accompanied with phlegm heat (yellow coating). The acupuncture treatment strategy was to nourish the blood, invigorate Qi and calm the mind (Table 2). Minutes after the treatment had ended the patient felt relief, and in her words "a weight was lifted from my chest..." I don't know what you did but I feel that I see

**Table 2** Acupuncture points.

| Name of point | Positioning | Technique |
|---------------|-------------|-----------|
| Ht 4–Ht 7     | Both sides  | Even      |
| Li 4          | Right side  | Disperse  |
| Liv 3         | Left side   | Disperse  |

clearly now; before I was caught in a fog". Her words corresponded to the TCM metaphor of "Fog misting the Mind", referring to phlegm, which accumulates and disturbs the heart (shen), causing liver Qi to become stagnant.<sup>9</sup> Blood pressure normalized within hours following acupuncture and drug treatment. This outcome is consistent with previous reports that acupuncture significantly lowers blood pressure in patients taking antihypertensive medications<sup>10</sup> (Table 3).

At this point, when the patient was willing to undergo cardiac catheterization, the attending doctor decided to postpone the treatment due to deterioration in renal function from baseline creatinine 1.1 GR/DL to 1.8 GR/DL.

### 17/06/2013 – Second encounter

Since the emotional stress contributed to liver Qi stagnation, we asked the hypnotherapist of the service to work with her and "mobilize shen", the spiritual-emotional faculties in TCM. At the beginning of the session with the hypnotherapist, she complained of breathing difficulties described as if a heavy weight had been placed on her chest. In response to the hypnotherapists' question of what can alleviate such a sensation, she replied that "good memories and positive life experiences can do the trick". The hypnotherapist therefore incorporated hypnosis that focused on her daughter's wedding. The hypnotic trance started with breathing-based relaxation, followed by reminiscing about the wedding, including all the relevant senses: visualizing, hearing, smelling, tasting. While in the hypnotic trance, suggestions were made that the more joyful and happy she feels, the less she will feel the weight on her chest. At the end of the session the patient reported feeling significant relief. During the hypnosis, acupuncture needles were inserted. The patients' tongue was dry, and cracked with a bluish color and yellow coating (reflecting phlegm). On the right hand the pulse was slippery and fast, in the left hand it was fast and thin. These findings are consistent with the TCM syndrome of Yin deficiency with extreme heat, and phlegm blocking the heart. The focus of the acupuncture treatment was to nourish yin and dispel heat, using points shown in Tables 4a and 4b. The process and the merits of combining hypnosis and acupuncture were described previously by Schiff and colleagues.<sup>11</sup> Principally, the idea is that the two interventions complement each other by mobilizing

**Table 3** Patient symptoms before, and 2 h after, treatment graded on VAS.

| Symptoms     | Before treatment | After treatment |
|--------------|------------------|-----------------|
| Fear/anxiety | 8                | 1.7             |
| Chest pain   | 8.3              | 3.7             |

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