

Introduction



THIS BOOK IS an introduction to the treatment of eye diseases by acupuncture. It has been written to encourage more acupuncturists to treat eye conditions. All the eye diseases in this book respond to acupuncture. In some cases this may come as a surprise. For example, it may be thought that the only way of treating a problem like corneal opacity would be the use of eye drops or an eye wash. This turns out not to be the case. Acupuncture can be extraordinarily effective in treating a wide range of conditions.

Many eye conditions are described here. At the most basic level, there are treatments to prepare patients for surgery and to help them recover afterward. These treatments should be known by all acupuncturists. At the other end, there are treatments for acute conditions that should only be attempted by experienced practitioners.

In the eye department at a TCM hospital, it is more common to have an herbalist giving treatment. However, this is largely a result of the ready availability of herbalists and the traditional hierarchy that places herbalists above acupuncturists. Most of the eye diseases that can be cured by Chinese herbs can also be cured by acupuncture, and the diseases that are difficult to cure with herbs are also difficult to cure with acupuncture. There are, however, some diseases for which acupuncture is the treatment of choice.

Sources

The information contained in this book comes mainly from Chinese texts, but this is supplemented by my own experience. Information on the use of acu-

puncture for eye diseases is surprisingly hard to come by. Each acupuncture book will yield a few nuggets of information, and many books must be consulted to assemble a reasonably broad range of conditions. A list of those books is provided in the bibliography.

When is acupuncture appropriate?

Acupuncture is appropriate in the treatment of many eye problems. For some conditions, such as macular degeneration and retinitis pigmentosa, which have no treatment in Western medicine, acupuncture is the treatment of choice. For other diseases, such as cataract (in the early stages) and chronic (open-angle) glaucoma, there is a treatment in orthodox medicine. However, for many patients, acupuncture may be the preferred treatment. Acupuncture can certainly be beneficial as an adjunct therapy in these conditions.

There is a third category, such as acute conjunctivitis and acute (closed-angle) glaucoma, where the disease is violent and the risks of going blind are very high. For these diseases, acupuncture can indeed offer a rapid cure — often quicker and more reliably than Western medicine — but the treatment should nevertheless be carried out in the emergency room of a hospital.

Throughout this book an attempt has been made to provide some information about the conventional treatment and how it compares with acupuncture. In any particular patient, the decision to treat with acupuncture or conventional medicine, or both, should be made carefully.

A note about the word ‘cure’

From time to time, I use the word ‘cure’ with reference to eye problems. This is a word that has fallen out of use, and some associations of alternative practitioners forbid their members to use the word, preferring the term ‘treat’ or ‘successfully treat.’ On the whole, this is good advice when presenting the benefits of acupuncture to the public. No one can guarantee a cure. In the words of a once celebrated physician, “Every intervention is something of an experiment.” To offer the certainty of a cure will certainly lead to disappointment in some patients.

Bearing this in mind, the word cure is nonetheless useful. I use it to mean changing the patient’s condition so that both the symptoms and the underlying condition disappear. With this type of change, it is unlikely that the illness or the symptoms will return. I distinguish between curing a condition and sup-

porting a patient. In many of the conditions covered here, a complete cure is unlikely, but the body may be supported sufficiently to remove all unpleasant symptoms. I would consider this to be 'effectively treated.'

Results of treatment

Throughout the text, I have tried to provide some idea of the effectiveness of acupuncture treatment. For some conditions, this is based on my own experience, and for others, it is based on Chinese sources. These sources require some comment since the results are usually presented in the form, "x patients were cured, y patients had partial improvement, and z patients had no improvement." This sort of clinical result is far from scientific. It seems to be based on the opinion of the practitioner, and, from my own personal experience, I know how unreliable that can be. The results, however, should not be dismissed. Unscientific they may be, but they are nevertheless significant because they provide at least an impression of the results that can be obtained.

Chapter 6



Treatment Principles and Techniques

6.1 Treatment Principles

By the time patients come to acupuncture for the treatment of eye conditions, they are usually quite ill, that is to say, they have an imbalance on more than one level. Typically, the following factors come together to cause an eye disease:

1. Marked reduction of qi in the eyes as a result of a local qi deficiency, and often a general qi deficiency as well.
2. Significant organ imbalance or weakness, for example, Kidney yang deficiency.
3. Attitude problems and life problems, for example, not wanting to look at relationships with nearest and dearest.

These three factors, therefore, provide the basis for treatment.

Bringing qi to the eyes

With acupuncture, this is relatively straightforward. In fact, acupuncture is superior to almost every other therapy in this respect. We have a choice of three classes of points: local, near, and distal. With good needle technique, qi can be directed from the distal and near points to the eyes.

Then there are the local points themselves. Not only do we have the superficial points that surround the orbit, but also the points such as M-HN-8 (*qiu hou*) that can bring qi right to the back of the eyeball, the retina, and the optic nerve. No other therapy comes near acupuncture in this regard!

Treating organ imbalances

By the time patients come to us with a degenerative eye disease, the organs have become significantly depleted. This can be addressed with acupuncture and many other therapies. Because of the nature of the illnesses, back-associated (*shu*) points are frequently used.

Changing the patient's attitude

This part is the most difficult, regardless of the treatment modality. For example, individuals who have reached their late fifties, who feel that they have no future in life, and who have the huge burden of looking after ailing relations may well be without hope. They may well not want to look at their lives and their futures. They may well not wish to face their problems when they wake up in the morning.

Here acupuncture has a slight advantage over herbs because there seems to be something very beneficial to the spirit about this form of treatment. This, after all, is the basis for the five-phase approach to acupuncture, which has so many champions. The results are not quick, of course, but there are results.

Pulling it all together

To summarize, treatment should focus on:

1. *Bringing qi to the eyes.* This is often not as easy as it sounds. For example, while it is true that a few treatments may be sufficient to treat nearsightedness (myopia), in the case of optic nerve atrophy, a large number of treatments—perhaps 50 to 100 daily treatments—may be required.
2. *Treating the overall body condition.* If the organs and the qi of the entire body are weak, then there is not much point in attempting to bring qi to the eyes. If there is no qi in the body, then there is no qi to bring to the eyes. However, when the organs are strong, for example, the eye disorder is a result not of weakness but, say, of Liver yang rising, then this step may be achieved quite quickly.

3. *Changing the patient's attitude.* If a person is still depressed, miserable, angry, or hopeless, then one of the root causes of the illness is still present. Thus, however much qi is brought to the eyes and however strong the organs, the problem is likely to recur the moment the treatment stops.

In some sense, the treatments described in this book may appear simplistic. The same points are listed again and again for widely differing conditions. It would seem that acupuncture is very easy. And in one sense, this is true. Acupuncture is very easy, but as any acupuncturist will relate, it is not quite as easy as all that!

The easy part of treatment is the one described in this book, which is to bring qi to the eyes. The difficult part is actually curing the patient, leading her from a condition where the eyes are deteriorating to one where the eyes are improving. This is the true art of acupuncture. A cure of this kind involves helping the patient find a new way to live her life without her illness. This may be difficult, for many patients have become accustomed to being ill and even subconsciously need their illness in some way.

6.2 Treatment Techniques

Besides conventional acupuncture and moxibustion, there are a number of other techniques that can be of benefit, including

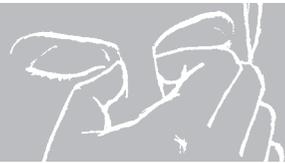
- electric plum blossom technique
- traditional Chinese massage
- the Bates' method
- walnut shell spectacles
- microcurrent electrical circulation

Electric plum blossom technique

The phrase sounds a bit like the name of a punk rock group, but the new technique is in fact a happy combination of an old technique and new technology. The plum blossom needle consists of seven sewing-gauge needles tightly bound together. It is called 'plum blossom' because of its resemblance to the stamens of the plum blossom.

The plum blossom needle is a folk instrument since it is easily made, and it is used in many homes in China in much the same way that people in the West use aspirin or paracetamol for aches, pains, head colds, and the flu. Treatment

Chapter 7



Retinal Problems Leading to Loss of Vision

This chapter deals with retinal problems that have loss of vision as their major presentation (Fig. 7.1). Section 7.1 covers four eye diseases that were traditionally grouped together, largely because progressive loss of vision is their primary clinical symptom. The grouping together of these disorders is not based, however, on a common etiology as understood by Western medicine. This section does not include open-angle glaucoma, which also leads to progressive loss of vision, since this condition is discussed in Chapter 8. Section 7.2 covers two eye diseases, one of which may result in a rather sudden loss of vision, while the other does not. Localized edema is found in both conditions.

7.1 Optic Atrophy, Macular Degeneration, Retinitis Pigmentosa, and Night Blindness

Etiology and symptoms

OPTIC ATROPHY

Optic atrophy is the name given to progressive loss of function, in other words atrophy, of the optic nerve (Fig. 7.2). From the patient's point of view, it is experienced as progressive blindness, which can involve either the peripheral or

central vision. Optic atrophy can result in total blindness with a pupil that is unreactive to light. There are a number of causes of this condition, which include problems in the blood supply to the eye (for example, arterial occlusion), retrobulbar neuritis, retinitis pigmentosa, compression by an adjacent tumor, or glaucoma. Optic atrophy is therefore a catch-all phrase.

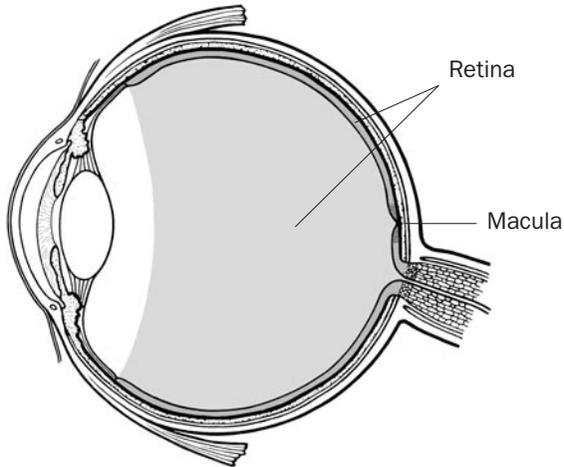


Fig. 7.1 The retina and macula

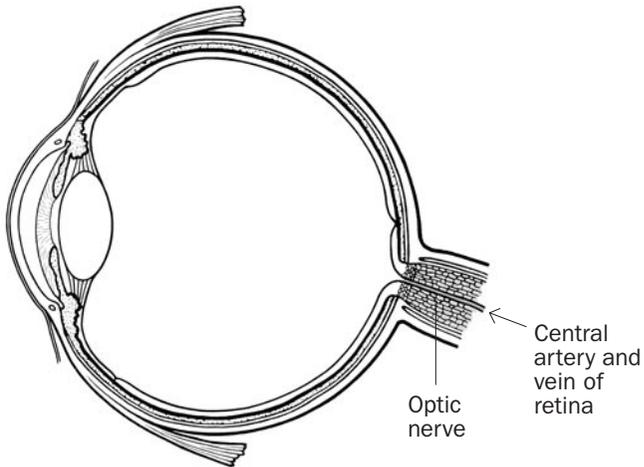


Fig. 7.2 The optic nerve and central artery

MACULAR DEGENERATION

The macula is the central part of the retina, the part that receives the most finely detailed information, since, notwithstanding its small size, it contains a large fraction of the daylight-sensitive and color-sensitive photoreceptor cells. Macular degeneration is the name given to degradation of the macula that results in deterioration in the central field of vision.¹ The symptoms of macular degeneration include:

- the need for increasingly bright illumination for close work
- a blind spot in the center of the field of vision
- colors that seem washed out
- a gradual increase in the haziness of the overall vision

In some ways, macular degeneration is similar to open-angle glaucoma in that blind patches develop slowly in both conditions. In glaucoma, the blind patches develop from the exterior of the field of vision while in macular degeneration the blindness develops at the center. Since, in macular degeneration, it is the central field of vision that first becomes impaired, the patient quickly becomes aware of the condition. By contrast, in glaucoma, the patient may not be aware of the changes in the peripheral field of vision until the condition is well advanced.

Macular degeneration leads to progressive blindness, but there is an end to the disease. Untreated, macular degeneration continues until most of the macula has ceased to function, but then it stops. This means that even in the late stages of the disease, patients are partially sighted, not completely blind. Their peripheral vision remains so that, although they cannot read, they can nevertheless get around the home and do many daily chores using their peripheral vision.

RETINITIS PIGMENTOSA

The name 'retinitis' is a misnomer, for it implies some degree of inflammation of the retina, which is not present in this condition. Retinitis pigmentosa is usually experienced by the patient as a gradual loss of peripheral vision, although there are some cases of the central vision degenerating first, leading eventually to tunnel vision. On examination, it is found that the retina has areas of deep pigmentation. Why this happens is not fully understood, but it is thought to be due to abnormal growth of epithelial cells. This is accompanied by progressive reduction in the number of active retinal cells, which is considered irreversible.

NIGHT BLINDNESS

Night blindness (nyctalopia), or an inability to see anything at all in the dark, is a symptom to be taken very seriously for it is often the precursor to optic atrophy and full blindness. Night blindness is sometimes the result of an inadequate intake or use of vitamin A. If this is the case, other symptoms associated with vitamin A deficiency, such as dryness of the cornea and conjunctiva, ‘thickening’ of the lungs, digestive tract, and/or urinary tract, and increased susceptibility to infections, can often also be present.

TCM approach

The three diseases—optic atrophy, macular degeneration, and retinitis pigmentosa—are diagnosed differently by Western medical professionals. However, to TCM practitioners, they are all treated identically since they are all disorders of the nervous system, either of the optic nerve itself or of the retina, which is an extension of the nervous system. From the point of view of TCM, what is critical is not so much which part of the nervous system is degrading, but rather that the system itself is degrading and the vision is being impaired as a result. More important than the details of how the illness manifests is the underlying imbalance that has caused the problem in the first place.

These illnesses are similar—in their patterns and in their level of difficulty in treatment—to those illnesses that are classified as atrophy disorders (*wei syndrome*) by TCM practitioners. A quick look at the underlying common condition—a degeneration of the nervous system—will explain why. Nerves are very slow to regenerate at the best of times. (Until recently, it was thought that they did not regenerate at all.) In addition, these illnesses tend to affect older people so there is little energy left in the body to initiate the healing process; often the elderly’s very approach to life is part of the problem, and can therefore only be changed with difficulty. This all adds up to diseases that are difficult to cure. However, on the bright side, regular treatment can do wonders in reducing or even halting the progress of the diseases.

CAUSES

Physical causes

The fundamental cause of these problems is exhaustion of the body. This may come from old age, overwork, heart weakness, or, in some cases, deficiency from

a long-term diet of poor-quality food ('junk food'). These factors may be combined with a general lack of health as a result of not exercising. This accounts for the first three patterns listed below, namely Liver and Kidney weakness, Spleen and Kidney yang deficiency, and Heart *ying* (nourishment) deficiency.

In all the cases I have seen, there has been some measure of exhaustion but not enough to cause blindness. From this I have deduced that there is another factor at work, which may be heavy metal poisoning, such as mercury poisoning from amalgam fillings in the teeth. Commonly, this is combined with emotional states that reduce the flow of qi to the eyes.

Emotional causes

We have mentioned previously that those who suffer from the various forms of optic atrophy may not want to *see* something that is of great importance in their lives. They are relying on the well-known human behavior—if you ignore something, perhaps it will go away. This approach sometimes works, but here it has not worked, and they have been doing it for a long time. Common problems that obstinately refuse to go away are described in the following table:

Fear of death	This is quite a natural fear, and there must be only a few of us who are not afraid. What tends to cause optical problems is when there is denial of the fear or denial of even the possibility of death. This may come, for example, from a belief in rationalism and a complete rejection of anything spiritual.
Difficult life circumstances	There are many difficult circumstances in life, some of which cannot be changed. An example that may give rise to eye problems can be seen in an individual who is looking after a partner whose health and mind is slowly degenerating 'before the [partner's] eyes.' The individual may prefer to live in the past and remember the wonderful person the partner used to be. The emotional attitude may be aggravated by physical exhaustion from the hard work of caring for the partner.
Loneliness	A person who has lost a partner or who has lived a full life in the past may spend most of the time looking back over life and dreaming of how life was better in the past, rather than living in the present.

The main patterns relating to optic atrophy are given in the table below. Of these, the first four are mentioned in many Chinese texts, but the last one is not. It is based on my own experience with Western patients.

Patterns	Signs and Symptoms
Liver and Kidney weakness	Old and tired of life No reserves of strength Weak back May also have incontinence, prostate problems, or uterine prolapse Weak memory
Heart nourishment deficiency	Palpitations Insomnia Easily worried Face white or pale purple May have hardened arteries
Spleen and Kidney yang deficiency	Tired Limbs feel heavy Weak digestion Weak back
Qi and blood stagnation	Frustration Strong feelings, but may be hidden under a cheerful face Purple tongue
Accumulation of phlegm	Face is shiny or looks powdered Tight, compressed feeling in the eyes and face Pulse is slippery or deep

Having mentioned these different patterns, it must be said that all of them have much in common, and the differences are a matter of emphasis. So, for example, patients with a Heart nourishment deficiency pattern are quite likely to have significant problems in the circulation of blood in the eyes, for example, degeneration of the arteries or even blood stagnation. However, even patients with Liver and Kidney weakness, where the main problem is not arterial, are quite likely to have at least *some* disturbance in the blood supply to the eyes and at least *some* hardening of the arteries.

There is another characteristic shared by these patients, and that is the flat, dejected aura that surrounds them. It is not surprising that patients become flat and dejected on learning that they are going blind, but the emotional problem may predate the physical. The flatness is very much part of the disease, the reason being that this sort of disease can only happen when there is a reduction of *qi coming out* of the eyes. The eyes are not only a conduit for light to enter the body; they are also a conduit for Kidney *qi*, modified by the spirit, to leave the body. Looking is not a passive function; it is active. So if a person is going blind in this manner, it means that insufficient Kidney *qi* is reaching the eyes. This is true regardless of the Western medical diagnosis—optic atrophy or macular degeneration—and this is one of the reasons why these illnesses are so hard to cure.

TREATMENT

The text below is divided into treatment of the main points and treatment according to the pattern.

► *Main Points*

Local points	BL-1 (<i>jing ming</i>)	Brings <i>qi</i> to the eyes
	M-HN-8 (<i>qiu hou</i>)	Brings <i>qi</i> to the eyes
Near point	GB-20 (<i>feng chi</i>)	Brings <i>qi</i> to the eyes
Distal points	ST-36 (<i>zu san li</i>)	Tonifies the overall <i>qi</i>
	LR-3 (<i>tai chong</i>)	Benefits the eyes

METHOD: When needling local points, such as BL-1 (*jing ming*), ST-1 (*cheng qi*), and M-HN-8 (*qiu hou*), the sensation should reach the back of the eye. Ideally, there should be a warm, comfortable sensation associated with the needling. In the later stages of treatment, when the *qi* is flowing well, these points need only be needled to a depth of 0.5 unit for the *qi* sensation to reach to the back of the eye. However, in the early stages of treatment, it may be necessary to needle to a heroic depth of 2 units before any sensation is felt at the back of the eye. See Fig. 5.2 for further information on needling these sensitive points.

When needling near points, such as GB-20 (*feng chi*), again the ideal is to get the sensation going to the eye. However, these points should be used even if the patient can experience a *qi* sensation only locally.

► *Liver and Kidney Weakness*

TREATMENT PRINCIPLE: Strengthen the Liver and Kidneys.

BL-23 (<i>shen shu</i>)	Tonifies and strengthens the Liver and Kidneys
KI-3 (<i>tai xi</i>)	Strengthens Kidney yin
GB-37 (<i>guang ming</i>)	Nourishes the Liver and brightens the eyes
LR-3 (<i>tai chong</i>)	Nourishes the Liver and brightens the eyes

METHOD: These points are tonified.

► *Heart Nourishment Deficiency*

TREATMENT PRINCIPLE: Strengthen the Heart.

In addition to the main points, add:

HT-7 (<i>shen men</i>)	Source (<i>yuan</i>) point of the Heart
BL-15 (<i>xin shu</i>)	Back associated (<i>shu</i>) point of the Heart

METHOD: These points are tonified.

► *Spleen and Kidney Yang Deficiency*

TREATMENT PRINCIPLE: Tonify the Spleen and Kidneys.

In addition to the main points, add:

ST-36 (<i>zu san li</i>)	Tonifies the Stomach, Spleen, and Kidneys
SP-6 (<i>san yin jiao</i>)	Strengthens the Spleen, Kidneys, and Liver

METHOD: These points are tonified.

► *Qi and Blood Stagnation*

TREATMENT PRINCIPLE: Move stagnant blood.

In addition to the main points, add:

LR-2 (<i>xing jian</i>)	Disperses Liver blood
SP-6 (<i>san yin jiao</i>)	Brightens the eyes and moves the qi and blood

METHOD: These points are treated with the moving or dispersing technique.

► *Accumulation of Phlegm*

TREATMENT PRINCIPLE: Resolve the phlegm.

In addition to the main points, add:

ST-40 (<i>feng long</i>)	Resolves phlegm
GB-34 (<i>yang ling quan</i>)	Resolves phlegm

METHOD: These points are treated with the even technique. For this pattern it may be more appropriate to use moxibustion, especially on local points around the eyes. The use of walnut shell spectacles (see Section 6.2) are also recommended here.

COMMENT

Most of the patients that I have seen have had the Western medical diagnosis of macular degeneration, and they did not have an easily recognizable TCM pattern. Rather, they had a mixture of all five patterns, with weakness predominant. When this occurs, the principle of treatment is first to bring qi to the eyes and then to tonify, with points such as the following:

ST-36 (<i>zu san li</i>)	Tonifies the source qi
SP-6 (<i>san yin jiao</i>)	Tonifies the Liver and Kidneys
BL-23 (<i>shen shu</i>)	Tonifies the Kidneys
BL-18 (<i>gan shu</i>)	Tonifies the Liver
BL-20 (<i>pi shu</i>)	Tonifies the Liver and Spleen

FREQUENCY OF TREATMENT

There are two aspects to the treatment: bringing qi to the eyes and improving the overall body condition so that there is more qi to bring to the eyes.

- *Bringing qi to the eyes.* This is done by needling the local points and ideally should be done once a day in the early stages. At the very least, it should be done three times a week for any significant result. If this is impossible, a good second best is to do the eye massage techniques described in Section 6.2 three times a day, or perform microcurrent electrical stimulation, also discussed in Section 6.2, once or more a day.
- *Treating the overall body condition.* This part of the treatment involves strengthening any weakness of the organs, a process that inevitably takes time. Treatment once or twice a week is all that is needed. Thus, a practical combination is for the patient to visit the practitioner once a week for treating the overall condition, while performing daily local treatments at home.

RESULTS

The results vary from patient to patient and depend on the severity of the prob-

lem, the duration of the condition, the patient's energy, and the possibility of change. If treatment is sufficiently frequent, then, at the very least, degeneration can be halted. If there is retinal degeneration, it can be reversed to some extent, although it is rare to reverse it completely. I have seen some tens of patients with macular degeneration, and the main problem that I found was getting them to come for enough treatments. Those who could come several times a week showed marked improvement.

RESULTS IN A SMALL CLINICAL STUDY

In a report from *Abstracts of Clinical Experience with Acupuncture* (p. 307), acupuncture was used to treat many cases of optic atrophy, macular degeneration, and retinitis pigmentosa. The following points were used:

Local points	BL-1 (<i>jing ming</i>) ST-1 (<i>cheng qi</i>)
Near points	GB-20 (<i>feng chi</i>) M-HN-13 (<i>yi ming</i>)
Distal points	TB-5 (<i>wai guan</i>) SI-6 (<i>yang lao</i>) LI-4 (<i>he gu</i>)

Needling of the local points was done in such a way that the sensation was felt in the optic nerve. Improvement was noted in 40 to 60 percent of the patients.

Western medical and acupuncture treatments

At present, there are no effective Western medical treatments for these conditions. Acupuncture and microcurrent stimulation (see below) are the treatments of choice, although other treatments such as herbs and homeopathy can also be beneficial.

Other treatments

MICROCURRENT ELECTRICAL STIMULATION

Daily electrical stimulation of the points around the eye with a microcurrent electrical stimulator has been shown to be very beneficial. At the time of writing this book, there is a program under way in California using this method, and good results are being obtained. It appears that everyone who has used

the microcurrent electrical stimulator has had beneficial results. There is a disadvantage in that they may need to keep using the stimulator several times a week, for many years, in order to maintain improvement.

The results are consistent with what was said in Chapter 6 in that there are two parts to every treatment. One part is to bring qi to the eyes, which is relatively easy. The other part is to cure the underlying condition, which is relatively difficult. The local stimulation of points brings the qi to the eyes but does little to change the underlying condition.

ADVICE

- It can be helpful to take mineral and vitamin supplements. A broad-spectrum supplement is adequate.
- The patient should be tested for mercury and other heavy metal poisoning (see Appendix 3).

7.2 Optic Neuritis and Papilledema

Both of these illnesses affect the optic nerve (see Fig. 7.2). In addition, both illnesses are characterized by edema, especially in the early stages. In the case of papilledema, the edematous swelling is the cause of the illness.

Etiology and symptoms

OPTIC NEURITIS

Optic neuritis is an inflammation of a part of the optic nerve that can be seen by an ophthalmoscope. The inflammation can be a result of a variety of triggers, including multiple sclerosis,² certain chemicals such as lead, syphilis, an inflammation of the arteries,³ or the aftermath of a bee sting. The condition is often one-sided. Other causes are not known, although it has been noted that in some patients the vision often gets worse after ingesting food, while in others it gets worse after exercising.

Localized bleeding and edema are seen in the early stages of the disease. The symptom can vary from loss of vision in a small portion of the central field to complete blindness. The disease is often rapid and may result in blindness in