



## Case Report

# Auricular Acupoint Therapy Plus Acupuncture for Crohn's Disease: A Case Report

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## Background

Crohn's disease (CD) is a chronic and recurrent inflammatory bowel disease (IBD). Its pathogenesis is not clear, and there is no gold standard for diagnosis [1], but its incidence is gradually increasing [2]. As for its treatment, Western medicine often uses hormones, surgery, nutritional support and other treatments, but the curative effect is not stable and there are many adverse reactions [3]. Chinese medicine (CM) has unique advantages in treating the disease, especially acupuncture, which has good anti-inflammatory and analgesic effects [4], and can improve symptoms such as abdominal pain, diarrhea, weight loss, and poor mental state in patients with Crohn's disease [5]. Previous medical records reported acupuncture combined with thunder-fire moxibustion to treat CD [6]. There is no report on the auricular acupoint therapy for this disease. In this report, we present the case of a patient diagnosed with CD who was successfully treated with auricular point therapy plus acupuncture.

## Case Report

On July 19, 2022, the patient, female, 51 years old, came to see a doctor because of "repeated diarrhea and abdominal pain for more than 1 year". **History of present illness:** The patient had intermittent diarrhea with abdominal pain and anorexia without obvious incentives from March to May 2021. After two months of Chinese herbal medicine treatment in the local clinic, the patient gradually improved. In November 2021, her condition

deteriorated again. Diarrhea accompanied by abdominal pain 4 times, 7 to 8 stools in one day, weight loss of 10 kilograms, poor appetite, depressed mood, until January 2022, so she went to Peking Union Medical College Hospital for treatment. Combined with the hospital's electronic colonoscopy results, she was diagnosed as IBD and conservative treatment such as "Mesalazine", "Zhengchangsheng", "Juke" and "Prozac" was given (dose not known). After being discharged from the hospital, the condition recurred. In June 2022, she was admitted to Peking Union Medical College Hospital for further treatment. The results of the electronic colonoscopy and biopsies showed that she had Crohn's disease (**figure 1**). She was discharged from the hospital after unsatisfactory one-week treatment. In July 19, 2022, due to severe unbearable diarrhea and abdominal pain, 10-12 stools a day, watery bloody stools, and poor mental state, she came to our outpatient to seek treatment from Professor She Yanfen. **Immediate syndrome:** The patient is thin, with pain in the left lower abdomen (Visual Analogue Scale:10), hot palms, watery and bloody stools, frequent urination, indigestion, poor sleep, and irritability. During the auricular acupoint examination, the patient's rectal area had obvious raised blood vessels, and the skin in the stomach, spleen, liver areas was uneven and had dander. The left pulse shows strings and slides to the thenar edge, the right pulse is weak, the body of the tongue is pale and has ecchymosis, as well as the tongue coating is yellowish white and greasy. IBD quality of life scale (IBDQ) score is 83.

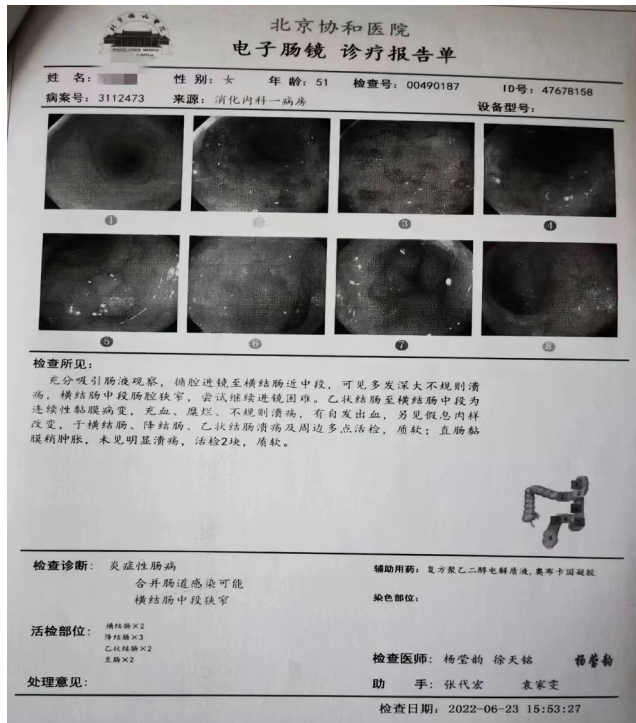


Figure 1: Results of the patient's electronic colonoscopy.

### Auricular Acupoint Therapy plus Acupuncture

Auricular acupoint bloodletting combined with auricular acupressure was used (figure 2). Bloodletting was carried out by puncturing the ear apex (HX<sub>6,7i</sub>), the dorsal vein of the ear, and the rectum (HX<sub>2</sub>), and auricular acupressure was applied on Shenmen (TF<sub>4</sub>), stomach (CO<sub>4</sub>), spleen (CO<sub>13</sub>), liver (CO<sub>12</sub>), triple energizer (CO<sub>17</sub>), subcortex (AT<sub>4</sub>), and adrenal gland (TG<sub>2p</sub>). The procedure was performed according to the previously published literature. [7] Six acupoints, including Zhongwan (CV 12), bilateral Tianshu (ST 25), bilateral Zusanli (ST 36), bilateral Shangjuxu (ST 37), bilateral Gongsun (SP 4), bilateral Neiguan (PC 6), were stimulated by manual acupuncture after auricular acupoint therapy. The patient was placed in the supine position, routinely disinfected, and needles (0.30mm×40mm, Beijing Zhongyan Taihe Medical Instrument Co., Ltd.) were used, RN 12 and ST 25 were pierced

25-35 mm, ST 36 and ST 37 were pierced 25 mm, as well as SP 4 and PC 6 were pierced 10 mm. It is better to feel soreness locally or radiate to the surroundings (*de qi*). Keep retention of the needle for 20 min. The auricular acupoint therapy plus acupuncture treatment was given two times per week, for 8 weeks. During the treatment period, the patients were advised to avoid the cold and keep warm, to relax their emotions, and to work and rest regularly. The patient did not use any medication during the treatment.



Figure 2: Diagram of auricular acupoint therapy.

### Findings

After 2 weeks of treatment, the patient felt that the pain was relieved (VAS=1) when she defecated at 2 o'clock in the morning. After 4 weeks of treatment, the pain gradually decreased until there was no pain. As the same time, the stool changes from bloody to porridge, the red blood cells in the stool change from full to small, and the frequency of stool changes to once a day. Notably, her ESR dropped from 22 to 1 (figure 3). Her palm fever was also relieved, and the mental state was significantly improved, with an IBDQ value of 153. There was no recurrence until October 15, 2022.

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**Figure 3:** Changes of ESR in the patient before and after treatment.

### Commentary

Professor She is good at using auricular acupoints to diagnose and treat diseases in clinical practice, and has a lot of experience. She believes that the key pathogenesis of CD in this case is liver stagnation and spleen deficiency, and damp-heat accumulation in the intestines. Therefore, the treatment principle is to strengthen healthy qi and eliminate pathogenic factors, soothe the liver and invigorate the spleen, and clear away heat and dampness. The bloodletting of auricular points combined with auricular acupressure is used to achieve those effect, and associated with acupuncture to relieve pain and strengthen the intestinal function. The purpose of bloodletting is to clear away heat and remove dampness, from the manifestation of treatment, and to relieve liver depression, from the root cause. Auricular acupressure is to treat the root cause to harmonize the viscera and consolidate the effect. From the perspective of clinical symptoms, this case of CD can be attributed to the “intestinal carbuncle” disease in CM, and the location is in the large intestine.[8] Thus, the lower-he-sea points and front-mu points related to the intestines were taken, such as CV 12, ST 25, ST 36, ST 37, to strengthen the qi of spleen and stomach, and clear the heat of large intestine. In addition, CV 12 belongs to the fu-organ meeting of the eight meeting points, and it can harmonize the intestines and stomach, regulate qi and unblock the fu-organs. The combination of SP 4 and PC 6 stems from the confluence points of the eight vessels, which was first recorded in *Dou Hanqing's* “Liuzhu Eight Points” [9]. Both of them are suitable for discharging fresh blood stool, belonging to the upper and lower matching points prescription, which are the special acupoint for the treatment of gastroenteropathy. The whole acupuncture prescription is less and more precise, and more specific points are selected, which have the effects of regulating the liver and spleen, promoting intestinal movement, and neutralizing emotions. These are all good prescriptions for this patient, and they are also in line

with clinical practice [10].

### Summary

In this case, auricular acupoint therapy combined with acupuncture was used to strengthen healthy qi to eliminate pathogenic factors, and treat both the symptoms and root causes, so good results were obtained. This case report is descriptive and represents only one patient. Further randomized controlled trials are required to validate the findings.

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### Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article

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