Olgu Sunumu/Case Report

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TREATMENT OF SCLERODERMA WITH TDAS (TEKCI DIAGONAL ACUPUNCTURE SYSTEMS) ACUPUNCTURE

TDAS (TEKÇİ DİAGONAL AKUPUNKTUR SİSTEMLERİ) AKUPUNKTUR İLE SKLERODERMA TEDAVİSİ

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ABSTRACT

Scleroderma (SSc) is a chronic autoimmune connective tissue disease affecting the skin, blood vessels, heart, lungs, kidneys, gastrointestinal (GI) tract and musculoskeletal system. Involvement of internal organs causes significant morbidity and mortality in patients with Scleroderma. Although treatment guidelines for the treatment of scleroderma are constantly updated, unfortunately, there is no method in modern medicine that provides a complete cure. In this article, we report a patient with scleroderma who had long-standing clinical complaints and multiple organ involvement despite conventional treatment and who recovered completely with TDAS, an acupuncture method developed in recent years and has successful results in many diseases.

Keywords: Acupuncture, Scleroderma, TCM, TDAS

ÖZET

Skleroderma (SSc) deri, kan damarları, kalp, akciğerler, böbrekler, gastrointestinal (GI) sistem ve kas-iskelet sistemini etkileyen kronik bir otoimmün bağ dokusu hastalığıdır. İç organların tutulumu skleroderma hastalarında önemli morbidite ve mortaliteye neden olmaktadır. Skleroderma tedavisi için tedavi kılavuzları sürekli güncellenmesine rağmen, ne yazık ki modern tıpta tam şifa sağlayan bir yöntem bulunmamaktadır. Bu yazıda, konvansiyonel tedaviye rağmen uzun süredir devam eden klinik şikayetleri ve çoklu organ tutulumu olan ve son yıllarda geliştirilen ve birçok hastalıkta başarılı sonuçları olan bir akupunktur yöntemi olan TDAS ile tamamen iyileşen bir skleroderma hastası sunulmuştur.

Anahtar Kelimeler: Akupunktur, Geleneksel Çin Tıbbı, Skleroderma, TDAS

1. INTRODUCTION

Scleroderma (SSc) is a chronic autoimmune connective tissue disease affecting the skin, blood vessels, heart, lungs, kidneys, gastrointestinal (GI) tract and musculoskeletal system. Involvement of internal organs causes significant morbidity and mortality in patients with Scleroderma. Common symptoms include Raynaud's syndrome, polyarthralgia, dysphagia, heartburn, bloating, constipation and eventually skin thickening and contractures of the fingers. Because of the clinical complexity and heterogeneity of

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scleroderma, the disease is challenging to treat (1). Although treatment guidelines for the treatment of scleroderma are constantly updated, unfortunately, there is currently no method in modern medicine that provides a complete cure (2). Tekçi Diagonal Acupuncture Systems (TDAS) is an acupuncture method developed in recent years and has successful results in many diseases (3-5). In this article, we report a patient with scleroderma who had long-standing clinical complaints and multiple organ involvement despite conventional treatment and who recovered completely with TDAS.

2. OLGU

A 45-year-old female patient was admitted to our clinic with dysphagia, constipation, treatment-resistant hypertension and restlessness that had persisted for 35 years and worsened in recent years, especially with solid foods. The patient who was diagnosed with scleroderma 2 years ago in an external center and followed up for this reason had skin, cardiac and digestive system involvement. The patient developed diffuse esophageal dilatation, swallowing disorder, mitral insufficiency, tricuspid insufficiency, pericardial effusion, hypertension, and generalized anxiety disorder due to existing complications. The patient was admitted to our clinic for complementary treatments because the existing complaints continued to increase despite the use of Prednisolone, Methotrexate, Hydroxychloroquine, Colchicine, Sulfasalazine. Physical examination of the patient revealed skin thickening on the proximal part of the fingers and MCF joints of both hands, skin thickening and necrosis on the fingertips, and nail bed abnormalities. In the tongue diagnosis of the patient, cold dampness invading the spleen, renal yin deficiency, lung yin deficiency, sputum pathology in the lower jiao, spleen Qi deficiency, Chong mai deficiency, spleen blood deficiency pathologies were detected (Figure 1).

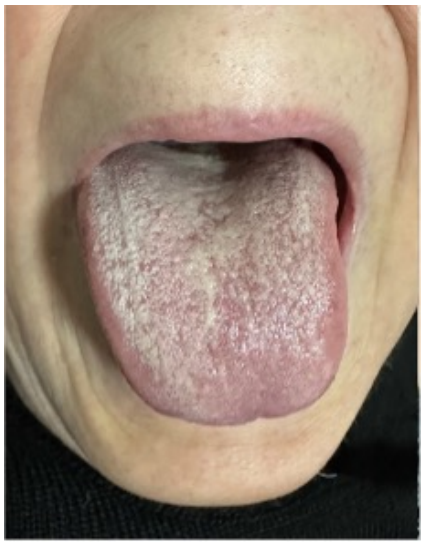

Figure 1: The patient's admission tongue diagnosis

The patient was informed about the treatment and acupuncture treatment was planned after patient consent was obtained. According to TDAS acupuncture system, the patient received 5 sessions of NPPE (Neuropsycho Pathogenic Elimination) points, 2 sessions of the protocol for stagnation of the Rebel Liver Qi invading the spleen, 3 sessions of the gallbladder moist heat protocol, 3 sessions of the bladder moist heat protocol, 3 sessions of TDAS acupuncture protocols for large intestine damp heat protocol, 3 sessions of liver Qi stagnation protocol, 3 sessions of lung yin deficiency protocol, 3 sessions of kidney Yin deficiency protocol, 3 sessions of spleen blood deficiency protocol. The patient also had been applied PC7, ST40, SP3, ST36, REN12 and Si1 + ST8 points underwent bleeding to strengthen the spleen and move the blood. The patient's diet was also organised according to traditional Chinese medicine (TCM) acupuncture nutrition protocols. After 6 months of treatment, cold dampness invading the spleen, renal yin deficiency, lung yin deficiency, sputum pathology in the lower jiao, spleen Qi deficiency, Chong mai deficiency, spleen blood deficiency pathologies disappeared according to the tongue diagnosis (Figure-2).

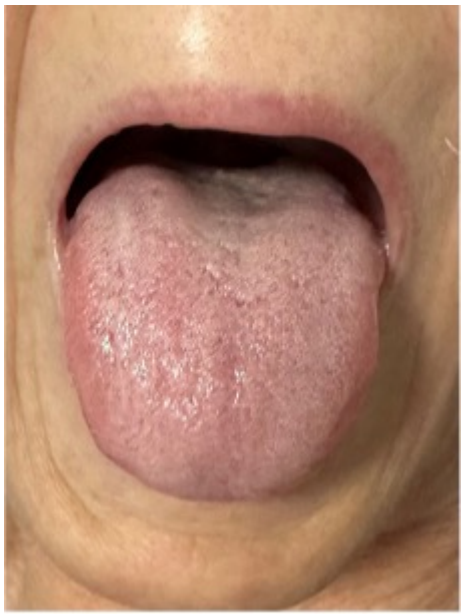

Figure 2: Tongue diagnosis of the patient at the 2nd week of treatment

The patient's skin problems improved, and hand movements returned to normal (Figure-3).

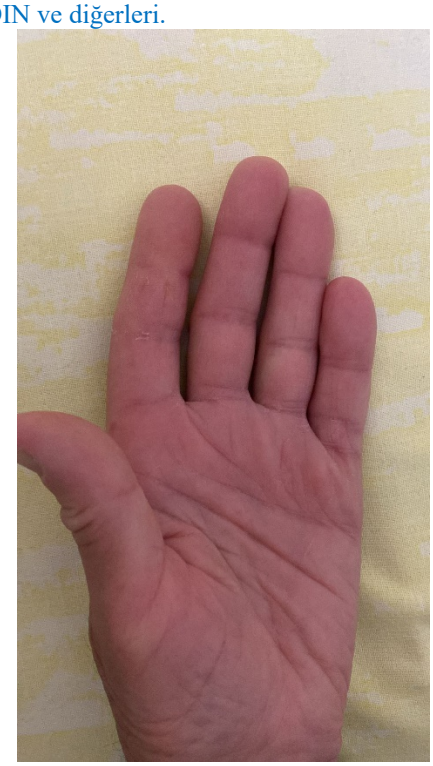

Figure 3: Tongue diagnosis of the patient at the 12th week of treatment

Blood pressure returned to normal. The follow-up echocardiography showed improvement in symptoms such as mitral insufficiency, tricuspid insufficiency, and pericardial effusion, which were detected in the previous echocardiography. In addition, swallowing problem of the patient who had dysphagia was completely resolved. The patient has been followed up for 14 months since the end of the treatment and no symptoms due to scleroderma have been detected so far.

3. DISCUSSION

Systemic sclerosis is a chronic autoimmune and progressive disease. Although there are some treatments for the disease, the current treatment modalities are useful to prevent complications and slow down the progression of the disease. Therefore, scleroderma patients are turning to alternative and complementary therapies. Some studies indicate that up to 25 per cent of patients with early scleroderma resort to various alternative treatment methods (6). In a study conducted in patients with Systemic Lupus Erythematosus, which is also a chronic autoimmune disease, it was found that 50 per cent of patients resorted to alternative therapies (7). One of the alternative methods used by Scleroderma patients in the literature is acupuncture applications. Studies show that acupuncture is used to relieve symptoms such as gastrointestinal disorders, arthritis, pain, fatigue, nausea, skin lesions and sclerosis in Scleroderma patients (6,8,9). In a study by Couillard et al. in which patients with SLE, Scleroderma and Sjögren's disease were analysed, it was reported that 89% of patients receiving alternative treatment had a subjective improvement in their complaints (10). In a study by Maeda et al. using electroacupuncture in scleroderma patients, electroacupuncture was thought to act by changing the plasma Endothelin-1 level of the patients (11). In another study conducted by Maeda et al. an improvement was observed in inflammation parameters in the laboratory values of patients treated with electroacupuncture (12). A study by Yan et al. showed that supportive treatment with acupuncture, moxibustion and herbal hot compresses in patients with scleroderma was beneficial in skin sclerosis, joint pain and joint function limitation (13). In the present case, there was a significant improvement in clinical complaints and investigations. However, the most important feature that distinguishes our case from the other cases in the literature is that the patient has a complete improvement not only in some symptoms but also in all body functions. The patient has complete satisfaction and regression in clinical complaints after treatment. Unlike the acupuncture studies available in the literature, the TDAS method focuses on the root pathologies that develop in the body, not the complications that develop in the patient, so the patient has achieved a complete recovery.

4. CONCLUSION

With TDAS (Tekçi Diagonal Acupuncture Systems), a new acupuncture system, it was clearly seen that the pathologies detected in the tongue diagnosis of the Scleroderma patient improved, the complications related to Scleroderma disease improved and the patient regained normal quality of life. Comprehensive studies are needed to investigate the effectiveness of TDAS acupuncture system especially in Scleroderma and other autoimmune chronic connective tissue diseases that have no definitive treatment in the literature. Patient consent was obtained by having the patient sign an informed consent form.

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