

# "BRIGHT EYES"

## THE TREATMENT OF EYE DISEASES BY ACUPUNCTURE

by Richard Blackwell and Hugh Macpherson

### INTRODUCTION

The signs and symptoms of eye disease are common and quite frequently present to the acupuncturist either as a chronic primary condition or as secondary problems. This article briefly considers some general aspects of eye disease, particularly those signs and symptoms which may be suspicious of a serious underlying condition, and then looks in detail at two categories of eye disease - those that are chronic and non-specific and those that are more serious. Optic neuritis, optic atrophy and glaucoma are considered in this second category.

The treatment by acupuncture of conditions affecting vision such as myopia (short sightedness), colour blindness, squint and diseases of the retina are beyond the scope of this article. However some of the research studies which have been carried out on the treatment of these conditions in China are cited at the end of the article.

In the case of non-specific eye diseases such as chronic dryness, acupuncture can usually achieve dramatic improvements. More serious conditions such as optic atrophy show a more variable response, but nonetheless acupuncture offers the possibility of controlling these conditions, at least in a proportion of patients.

The majority of eye symptoms are chronic and uncomfortable rather than progressive and threatening to the vision. Nonetheless it is important for the acupuncturist to be aware of the symptoms and signs that may indicate serious underlying pathology. The eyes are important organs, and eye symptoms affecting vision are always potentially more worrying than non-visual ones, although the patient may consider acute discomfort and redness to be more of a problem. Permanent damage to vision must obviously be avoided as far as possible and it is therefore vital to recognise which symptoms may indicate such a possibility so that the patient may be referred to the local eye hospital or to an accident and emergency department as a matter of urgency.

#### The following symptoms should always be taken seriously

*Blurred vision:* This is quite a common symptom, but it is potentially serious and may need urgent attention, especially when it gets steadily worse or occurs in one eye only. Blurred vision accompanied by pain is another warning of serious pathology. If blurred vision sud-

denly recovers and the patient is healthy, then it is reasonable to wait whilst treating according to TCM principles.

*Pain:* Visual disturbance accompanied by pain is always serious and advice is urgently needed.

*Double vision (Diplopia):* There are several causes of double vision including injury and inter-cerebral disease. It is important to check if the disorder is in fact double vision (where two separate objects are distinctly seen) or just blurring.

*Redness:* Visual disturbance with redness of the eye(s) needs urgent assessment by an ophthalmologist unless it resolves spontaneously over a few days. The severity of the redness is no guide to the severity of the underlying disorder. Serious diseases like glaucoma (see below) and iritis (inflammation of the iris) may present with redness, as may herpes zoster affecting the eye area, and corneal lesions. In the case of iritis and corneal lesions there will be more redness around the cornea.

*Floaters, spots etc.:* Floaters are not considered to be of much significance in Western medicine. They must be differentiated from the occurrence of a solitary area or areas of blurring that do not float but move with the eye. These may be progressive and may indicate retinal disease or a neurological condition. A sudden change in visual acuity or visual field may indicate a detached retina, especially if the spots are associated with seeing sparks or stars. This is a potentially serious threat to sight.

### NON-SPECIFIC EYE DISEASES

#### Non-specific eye diseases in Western medicine

Many eye symptoms have no useful label or clear pathology in Western medicine, and may not respond to conventional treatment. They are not severe or progressive, but they may be extremely irritating to the patient. These are the chronic eye problems that generally involve some combination of redness, itchiness, dryness, "grittiness", watering, blurred vision and discomfort. They do not involve any permanent loss or deterioration of visual acuity.

Conventional labels for these conditions include: conjunctivitis (infective and allergic inflammation of the conjunctiva, the transparent membrane lining the eyelid), blepharitis (chronic redness and scaliness of the lid

margins), scleritis (inflammation of the sclera, the outer coat of the eyeball), "dry eye" (including Sjogren's syndrome), and infections. These symptoms may also reflect more serious conditions such as corneal ulcers, or they can be symptoms of a more general and major pathology, for example dry eyes can be associated with rheumatoid arthritis, and scleritis with Crohn's disease.

Treatment in Western medicine is drawn from the following options:

- i. Anti-bacterial, anti-viral and antibiotic ointments, tablets, injections and drops are prescribed to eliminate "infection". These drugs can be effective in stopping acute symptoms, such as acute conjunctivitis, but tend to be of little use in chronic and persistent eye symptoms.
- ii. Anti-inflammatory drugs are prescribed to suppress an "allergic" reaction. The short-term use of antihistamines and corticosteroids aims to reduce inflammation and irritation of the eyes and lids, for example in allergic conjunctivitis. However, in some cases they may be ineffective and fail to deal with the underlying disease.
- iii. Eye lubricants are prescribed for problems associated with dryness and grittiness. They are designed to lubricate the eyes and flush out irritants. Such medication is often only temporarily effective and may require long term use.
- iv. Surgery is a drastic and often ineffective solution to seal the naso-lachrymal duct in chronic eye dryness or to repair the damage caused by severe scleritis.

### Non-specific eye diseases in TCM

In terms of TCM differentiation, the following four syndromes are most commonly involved. Two or more of them may be seen together in practice:

#### 1. Wind-Heat

##### Clinical manifestations

- red eyes, sudden onset, acute attack
  - eyes feel dry and hot and may be prickly
  - eyes may water
  - aversion to bright light
  - fever
  - may be discharge of thick yellow fluid
- Tongue: normal to red body  
Pulse: floating, rapid

##### Aetiology

Invasion of external pathogenic factors.

##### Key points

Fengchi GB-20, Hegu L.I.-4, Waiguan SJ-5 and local points.

#### 2. Liver-Yang Rising/Liver-Fire

##### Clinical manifestations

- red, painful eyes that feel hot, and may be dry
  - the condition is related to stress/emotions
  - watering of the eyes, hot tears
  - the condition can come and go
  - may be worse in the afternoons or at night
  - eyes sensitive to wind
  - heat sensation in the head
  - feeling of pressure from inside the eyes
  - hypochondriac pain, nausea, headache
- Tongue : redness of the body, tip or side, yellow coating

Pulse : rapid, wiry

##### Aetiology

Long term stress and pressure, repressed anger and frustration, overwork, lack of rest, spicy food, smoking, alcohol.

##### Key points

Xingjian LIV-2, Taichong LIV-3, Waiguan SJ-5, Fengchi GB-20, Hegu L.I.-4, Sanyinjiao SP-6, Taixi KID-3, Guangming GB-37, Xiashi GB-43 and local points.

#### 3. Liver-Blood Xu

##### Clinical manifestations

- dry, gritty eyes
  - blurred vision, lack of clarity
  - floaters in the eyes
  - photophobia
  - dull pale complexion, dizziness, scanty periods
- Tongue : pale or pale sides, dry  
Pulse : thready, choppy

##### Aetiology

Poor diet, serious haemorrhage, Kidney deficiency.

##### Key points

Ququan LIV-8, Guanyuan REN-4, Zusanli ST-36, Sanyinjiao SP-6, Geshu BL-17, Ganshu BL-18, Pishu BL-20.

#### 4. Kidney-Liver Yin-Xu

##### Clinical manifestations

- eyes red, sore and dry
  - symptoms fairly continuous and long term
  - usually worse in the afternoon or at night
  - weak low back, night sweats, tinnitus
- Tongue: red or red tip, possibly peeled  
Pulse: rapid, thready

##### Aetiology

Age; long term overwork; excessive sex; lack of rest, nurturing, or support.

##### Key Points

Taixi KID-3, Sanyinjiao SP-6, Zhaohai KID-6, Shenshu BL-23, Guanyuan REN-4 and local points.

#### Case Example

The case below illustrates the diagnosis, treatment and progress of a typical case of chronic non-specific eye irritation seen in an acupuncture clinic:

Woman, 69, retired and lives with husband.

*Chief complaint:* There is irritation under the bottom lid of each eye. The patient has the sensation of "bits" under the lids and if she washes her eyes some white mucous comes out. Her eyes started giving her problems 17 years ago when she was under a lot of stress. The symptoms came and went over the years. One year ago these symptoms became much worse. Her doctor diagnosed "allergies" as being the problem, and prescribed Hypromellose eyedrops (eye lubricant).

*Clinical Manifestations:* Her eyes are dry and feel hot and swollen. Onions irritate them. She feels worse at night and at the end of the day. She cannot see well in fluorescent light. Generally she says that she gets nervous easily, feels "hotter than average", especially at night, drinks a lot of tea, has good energy levels, sleeps well,

has no problems with her digestive system, and has no headaches. On close examination of her eyes, her underlids are red and there are small yellow lumps on her lower lids. The whites of her eyes appear reddish-white. Tongue: normal colour except for redness of the edges and tip, with teethmarks and a thin yellow coat. Pulse: slippery

*Differentiation of syndromes:*

**i. Kidney-Liver Yin Xu**

Evidence for this combined syndrome comes from the following pattern of signs and symptoms:

- dry, hot eyes
- eyes worse at night and at the end of the day
- gets nervous easily
- feeling hotter than average, especially at night
- redness under the eyelids
- reddish-white colouring to the whites of the eyes

**ii. Retention of Phlegm-heat in the channels of the eye**

Evidence for this comes from:

- irritation under the bottom lid of both eyes
- white mucous under the eyelids
- small yellow lumps on the lower eyelids
- thin yellow tongue coating
- slippery pulse

[N.B. discharge from the eye and small lumps or nodules are usually a part of patterns involving heat and/or dampness and/or phlegm].

*Aetiology and Pathology:* The yin deficiency was probably caused by two factors. Firstly she was under a lot of stress 17 years ago when her eye problem started, and the stress would have generated heat, which in turn would have depleted her yin. Secondly, 17 years ago she was 52 and this may well have been the time of her menopause with consequent increase in yin deficiency.

Long term empty heat from the yin deficiency, which has risen upwards to the eyes, has caused drying and condensing of the fluids of the eyes to cause accumulation of phlegm. Though the mucous that is washed out is white, overall the signs and symptoms point to phlegm-heat.

*Treatment Principle:* Tonify Kidney and Liver Yin. Clear phlegm-heat from the eyes.

*Points:* Fengchi GB-20, Hegu L.I.-4, Taichong LIV-3, Taixi KID-3 or Zhaohai KID-6. Reinforcing method on Taichong LIV-3 and Taixi KID-3/Zhaohai KID-6.

*Treatment Plan:* It was agreed that she would come for ten treatments on a weekly basis.

*Progress and outcome:* From some hours after the first treatment she had almost complete relief from the irritation. She said that this was the first remission she had had in 17 years. By the time that she had completed six treatments she was free of all eye irritation during the whole of the week between clinic attendances, and she no longer had mucous under her lids. She then reduced her visits to once a fortnight until the ten treatments were completed. At her last visit the redness had more or less gone from the whites of her eyes, the lumps were no longer visible on her lower lids and she was very satisfied with the treatment.

Three months later she returned to the clinic. Some of

the original symptoms had recurred after a poor night's sleep. She had a single treatment which gave her immediate relief from the irritation. Another three months has now passed and as she has not returned to the clinic it can be assumed that she is well.

Given the level of discomfort which she had over a very long period, and given the ineffectiveness of various drops and lotions over that time, it was good to see the rapid effect of simple acupuncture treatment.

## PROGRESSIVE LOSS OF VISION

The serious eye conditions discussed below may present to the acupuncturist either because there is no conventional treatment for them (as in the case of optic neuritis and optic atrophy), because the conventional treatment is of limited effectiveness (as in the case of glaucoma), or because they have been diagnosed in a patient seeking acupuncture treatment for another condition. The Western medicine approach to optic neuritis and optic atrophy is dealt with separately from glaucoma since their pathologies are clearly differentiated in Western medicine. In terms of TCM however, all of these conditions are associated with loss of vision and the syndromes associated with these conditions overlap. They can therefore be considered to constitute a single disease category - loss of vision.

### Optic neuritis and optic atrophy in Western medicine

*Optic neuritis* is inflammation of the optic nerve causing progressive blurring and loss of vision. Often there is pain in the eye (worse for movement of the eye), and tenderness over the eye. These symptoms precede or accompany the loss of vision. If the first part of the optic nerve is involved, the optic disc is seen to be swollen using an ophthalmoscope. This is called optic papillitis. If the ophthalmoscope shows nothing, the lesion is taken to lie posteriorly - this is called retrobulbar neuritis.

There is also a demyelinating form of optic neuritis. This is sometimes part of a systemic condition of multiple sclerosis (often the first symptom of M.S. to appear) and sometimes an isolated lesion. In either case the vision usually recovers spontaneously in 4-6 weeks, although in the case of M.S. the vision may deteriorate again later in the course of the disease.

The causes of optic neuritis include: unknown (this is the largest category), multiple sclerosis, vitamin B12 deficiency, syphilis and toxins (e.g. methyl alcohol, quinine, strong pipe tobacco). There is no specific treatment for optic neuritis, though long-term therapy with oral corticosteroids is sometimes resorted to

*Optic atrophy* is loss of nerve fibres in the optic nerve. The nerve fibres are replaced by connective tissue and there are fewer blood vessels. Examination by ophthalmoscope reveals pallor of the optic disc.

The causes of optic atrophy include: optic neuritis, pressure on optic nerve (from glaucoma, tumours aneurisms etc.), thrombosis of the central retinal artery, trauma and genetic trait. There is no specific treatment for optic atrophy.

## Glaucoma in Western medicine

Glaucoma is loss of vision due to abnormally high pressure in the eye. Examination by tonometer often shows raised intra-ocular pressure (normal 13-22, abnormal up to 50). Usually there is no other eye disease present, in which case the condition is called primary glaucoma. Primary glaucoma is more common with ageing and is an important cause of blindness.

Glaucoma is divided into two types: i. Acute (or closed angle, or congestive) glaucoma - a sudden rise in intra-ocular pressure with pain and marked blurring of vision; ii. Chronic (or open angle, or simple) glaucoma - gradual pressure increase, slow and insidious loss of vision, often affecting peripheral field of vision, usually no pain.

Acute glaucoma is due to the drainage of aqueous humour suddenly becoming blocked by the iris. Chronic glaucoma is due to a reduced rate of draining. Similar loss of vision in eyes with normal pressure is called low-tension glaucoma. The causes of these phenomena are poorly understood. There is known to be a hereditary factor in chronic glaucoma which is also associated with long sightedness. Acute glaucoma in elderly people can be related to long-term tranquilliser medication.

If another eye disease impairs circulation of aqueous humour leading to increased intra-ocular pressure, this is called secondary glaucoma.

In Western medicine three classes of drugs are used in the treatment of glaucoma. These are: i. eye drops to improve the outflow of aqueous humour (miotics which narrow the pupil to open up the drainage channel); ii. eye drops to reduce production of aqueous humour (beta-blockers which block nerve signals to the humour producing cells); iii. drugs taken orally to reduce production of aqueous humour (e.g. acetazolamide, an enzyme inhibitor - usually only used for a short time because of its unpleasant side effects).

If necessary, surgery is used to create an accessory channel to drain more aqueous humour. This is effective in a proportion of cases.

## Progressive loss of vision in TCM

### Clinical manifestations

- blurring and progressive loss of vision (may be acute, but usually chronic and insidious)
- may be pain in the eye or tenderness of the orbit or scalp
- in the early stages of glaucoma, lights may appear to have haloes round them

[N.B. Glaucoma can be detected by tonometer while still asymptomatic].

### Differentiation, aetiology and pathology and treatment principle

The following syndromes are differentiated according to their usual clinical manifestations. Internal Liver-Wind with Phlegm-Fire usually corresponds to an attack of acute glaucoma. This needs urgent hospitalisation and is not suitable for treatment by acupuncture alone.

Chronic glaucoma is most commonly associated with Liver-Yang rising. Optic neuritis and atrophy are seen associated with all of these syndromes.

### 1. Liver-Qi stagnation generating Liver-Fire, with heat in the Liver channel

The Liver-Qi stagnation type occurs mainly in the middle aged and is associated with emotional factors. There may also be pathogenic heat retained in the Liver channel (e.g. after a febrile illness). The Liver-Fire or pathogenic heat obstructs the Liver channel so that Qi and Blood are unable to reach the eyes.

*Treatment principle:* disperse the Liver and clear Liver-Fire.

### 2. Liver-Yang Rising (with Liver-Kidney Yin-Xu underlying)

Liver-Yang rising occurs when an underlying deficiency of Liver-Blood or Kidney-Liver Yin combines with a tendency to Liver-Qi Stagnation. It therefore involves a Shi element of stagnation, due to emotional factors, and a Xu element as in the syndromes below. The rising Yang Qi obstructs the Liver channel so that the eyes are not nourished.

*Treatment principle:* nourish Kidney-Liver Yin and subdue Liver-Yang.

### 3. Kidney and Liver Yin-Xu

Kidney-Liver Yin-Xu occurs due to old age, excessive stress, excessive sex or febrile illness damaging the fluids. As Kidney-Yin declines it fails to nourish the Liver-Blood, which then fails to nourish the eyes.

*Treatment principle:* nourish Kidney-Liver Yin.

### 4. Liver-Blood Xu (and Spleen-Qi Xu)

Liver-Blood and Spleen-Qi Xu occurs as a result of poor diet or exhaustion from overwork. As Qi declines, less Blood is produced. Liver-Blood Xu leads to failure to nourish the eyes.

*Treatment principle:* tonify Spleen-Qi and nourish Liver-Blood.

### 5. Internal Liver-Wind with Phlegm-Fire

Liver-Wind occurs as a consequence of chronic Liver-Yang rising with pronounced Yin-Xu underlying. Phlegm-Heat is generated by the internal heat stewing the fluids, or there may be a pre-existing Spleen-Qi Xu generating Phlegm. The internal wind and Phlegm-Heat disrupt the channels of the eyes.

*Treatment principle:* subdue Liver-Wind and clear Phlegm-Heat.

### 6. Local stagnation of Blood

Local stagnation of Blood arises from traumatic injury to the eye.

*Treatment principle:* invigorate the Blood.

### Treatment

*Main local points:*

- For optic neuritis and atrophy, to nourish the eyes: Qiuhou (Extra), Jingming BL-1, even method.
- For glaucoma, to clear the channels: Zanzhu BL-2, Tongziliao GB-1, Jingming BL-1, even method.

*Secondary local points:*

- For optic neuritis and atrophy: Chengqi ST-1, Yiming (Extra), even method.
- For glaucoma: Sizhukong SJ-23, Taiyang (Extra), Yangbai GB-14, even method.

*Adjacent and distal points for loss of vision:*

Fengchi GB-20, Guangming GB-37, Hegu L.I.-4, Yanglao SI-6, even method.

*Points according to syndrome:*

**1. Liver-Qi Stagnation generating LIV-Fire**

Guangming GB-37, Fengchi GB-20, Ganshu BL-18, Xingjian LIV-2, Taichong LIV-3, Qimen LIV-14, Yanglingquan GB-34, reducing method.

**2. Liver-Yang Rising**

Taichong LIV-3, Xingjian LIV-2, Fengchi GB-20, Baihui DU-20, Hegu L.I.-4, reducing or even method. Ququan LIV-8, Taixi KID-3, Sanyinjiao SP-6, Shenshu BL-23, Ganshu BL-18, reinforcing method.

**3. Kidney/Liver Yin-Xu**

Shenshu BL-23, Ganshu BL-18, Danshu BL-19, Qihai REN-6, Zusanli ST-36, Taixi KID-3, Taichong LIV-3, Guanyuan REN-4, reinforcing method.

**4. Liver-Blood Xu (and Spleen-Qi Xu)**

Zusanli ST-36, Pishu BL-20, Ganshu BL-18, Qihai REN-6, Guanyuan REN-4, Sanyinjiao SP-6, reinforcing method.

**5. Liver-Wind and Phlegm-Heat**

Jinmen BL-63, Shenmai BL-62, Xingjian LIV-2, Fengchi GB-20, Fenglong ST-40, Neiting ST-44, Dazhui DU-14, reducing method.

**6. Local stagnation of Blood**

Local and distal points are most important. Add Sanyinjiao SP-6, Zusanli ST-36, Xuehai SP-10, Jingming BL-1, Taichong LIV-3, reducing method.

*Additional points*

If there is Shen disturbance in cases of Liver-Fire or Liver-Yang, with anxiety or restlessness, add Shenmen HE-7.

For glaucoma, add Binao L.I.-14. This point has been found to be effective in clinical practice.

*Treatment plan*

Treat frequently, at least twice a week and daily if there is rapid deterioration. Combine one or two local points with one or two general distal points and several points for the syndrome.

[N.B. Acute glaucoma requires hospitalisation].

**Prognosis**

Optic neuritis appears to respond to acupuncture in a substantial proportion of cases. In those patients who respond to treatment there is a good chance of preventing any further deterioration of the condition, and it may be possible to restore some of the vision which has been lost. Early intervention is obviously important.

Optic atrophy appears to be more difficult to treat, but in the absence any other effective treatment one can try to slow down or prevent any further deterioration of the sight.

The chronic type of glaucoma is suitable for treatment by acupuncture, and there will usually be signs of improvement after 4-5 treatments. The effect of treatment should be monitored by tonometer readings after each course of treatment. Acupuncture is definitely effective in the early stages of glaucoma, and is more effective in the young and middle aged than in the elderly. In some of the less responsive cases it may be possible to combine acupuncture treatment with a reduced dosage of con-

ventional medication.

**Case example**

The case below illustrates the diagnosis and treatment according to TCM principles, and the subsequent progress, of a case of serious vision-affecting eye disease. Woman, aged 55, married with no children.

*Chief complaint:* Gradual deterioration of vision of the left eye occurring over the past 2 months. This is now at the stage where the patient can only distinguish blurred and vague shapes and bright colours. The right eye has been clear, but in the last few weeks it too has begun to deteriorate. There is pain behind the left eye which comes and goes, and now there is also beginning to be pain behind the right eye. Western medicine diagnosis at this time is optic neuritis due to vasculitis. There is macular degeneration with loss of central vision. CAT scan has revealed no evidence of M.S. or tumour.

*Clinical manifestations:* She has a sensation of heat and burning around the eyebrows and on the scalp, and is generally thirsty. The present symptoms began with the onset of photophobia and tinnitus following an attack of influenza with high fever. The photophobia developed into blurred vision. She feels giddy at times and sometimes loses her balance. She also feels as though she is trembling inside, especially in her arms. She finds that she sometimes drags her right leg when walking. She now has low energy and quickly becomes very tired. She used to be very active and busy, but is now unable to work. Tongue: red, dry and cracked with no coating. Pulse : rapid (100), empty and slippery.

*Medical History:* As a child she had a chesty cough with wheezing. Now she finds that colds go onto her chest easily. She suffered with severe period pains in her twenties. She has always been prone to migraines. For many years she has had urinary frequency and urgency.

*Differentiation of syndromes*

**Primary syndrome:** Kidney and Liver Yin-Xu with Liver-Yang rising. Evidence for this combined syndrome comes from the following symptoms:

- eye pain
- photophobia
- blurred vision
- sensation of heat and burning around the eyebrows and scalp
- thirst
- trembling inside (Liver-Wind)
- feeling giddy at times and sometimes losing balance
- red, dry and cracked tongue with no coating
- rapid pulse

**Secondary syndrome:** Spleen-Qi Xu and Damp. Evidence for this combined syndrome comes from the following symptoms:

- low energy
- quickly fatigued
- colds go easily to her chest (Lung-Qi Xu)
- urinary frequency and urgency
- empty slippery pulse

*Aetiology and Pathology:* The yin has been depleted by several aetiological factors:

- a very busy life over a long period of time
- long term Liver-Qi stagnation has led to Liver-Yang rising which in turn has depleted yin
- the recent attack of influenza with high fever will also have depleted the yin thereby triggering the onset of the eye pain and blurred vision.

The Liver-Yang rising is the result of two factors; the Yin-Xu as described above and the long term constraint of Liver-Qi due to deep emotional issues. The heat from the rising Liver-Yang has entered the Liver channel which opens into the eyes.

The heat generated within the Liver has led to restlessness and a tendency to be over-active and busy. This has depleted the Spleen-Qi which was perhaps already weak after childhood catarrhal illnesses.

*Treatment Principle:* Clear heat from the Liver channel, nourish the yin of the Liver and Kidney.

*Main points:* Jingming BL-1, Qiuhou (Extra), Taixi KID-3, Taichong LIV-3, Guangming GB-37, Hegu L.I.-4. Reinforcing method on Taixi KID-3 and Taichong LIV-3, even method on other points.

*Other points:* Zusanli ST-36, Sanyinjiao SP-6, Neiguan P-6, Yanglao SI-6. Reinforcing method on Zusanli ST-36 and Sanyinjiao SP-6, even method on other points.

N.B. points to clear heat more vigorously e.g. Xiaxi GB-43, Xingjian LIV-2, Quchi L.I.-11, Fengchi GB-20 (reducing or even method) were also tried but produced aggravations with extra burning and pain for some days. These points were apparently too reducing in their effect, given the underlying deficiency and were therefore subsequently omitted.

*Progress and outcome:* After 8 treatments there were signs of improvement in the left eye and the right eye was returning to normal. However, she was still going through the process of being referred to various specialists and at this point treatment with Prednisolone was strongly recommended. She was told that she might have to take this drug for the rest of her life. She sought advice from a private doctor and he assured us that there was no danger of sudden sight-threatening deterioration if she did not take the steroids. We decided to ignore the advice to take Prednisolone, but to reconsider if there were signs of gradual deterioration.

After 12 treatments, given twice a week, there was a sudden flare-up for several days when the eye pain was severe and she felt hot, thirsty and depressed and developed a migraine and insomnia with restless sleep. She took Prednisolone for two days and the flare-up settled down.

Following this we continued acupuncture treatment and after 30 treatments the right eye was fine and the vision of the left eye had improved (ophthalmic measurements confirmed this). There was no pain in the eyes and only a little burning occasionally in the scalp. Fatigue and low energy were still a problem, but were slowly improving. Treatment is continuing.

The Western medicine diagnosis was later revised to "anterior ischaemic optic neuropathy" (basically optic neuritis developing into optic atrophy).

### Case example

For another case history, see "Acupuncture Case Histories from China" (ed. Chen Jirui & Nissi Wang, pub. Eastland Press, p.228)

## CONCLUSION

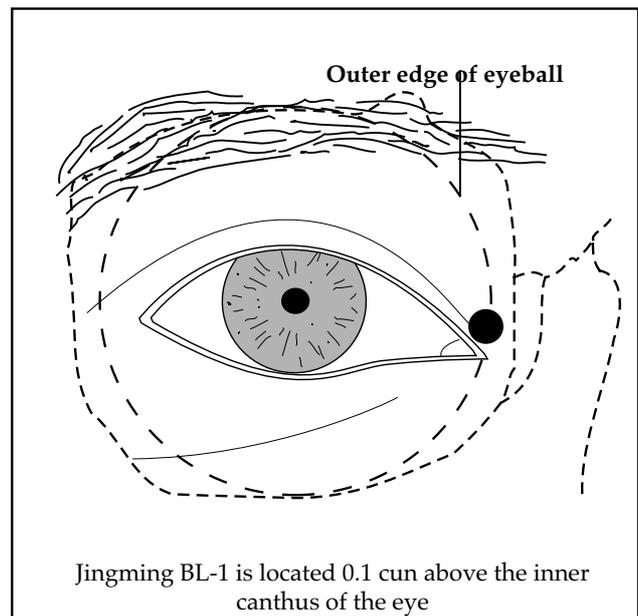
This article has followed the traditional approach in Chinese medicine by taking the presenting symptoms as a starting point in order to understand the disease process.

The Western medicine approach is to define the eye disease on the basis of the patho-physiological disease process. Such an approach can provide useful information and is valuable if there is a serious underlying pathology. From the perspective of Chinese medicine however, many eye conditions either have no useful label in western medicine, or there is an accurate diagnosis but no effective treatment. More and more patients with such conditions are seeking out acupuncture treatment as an alternative.

## APPENDIX 1

Summary of the main local points used in acupuncture treatment of eye disease.

### Jingming BL-1 "Eye brightness"



*Location:* 0.1 unit above the inner canthus of the eye.

#### Actions

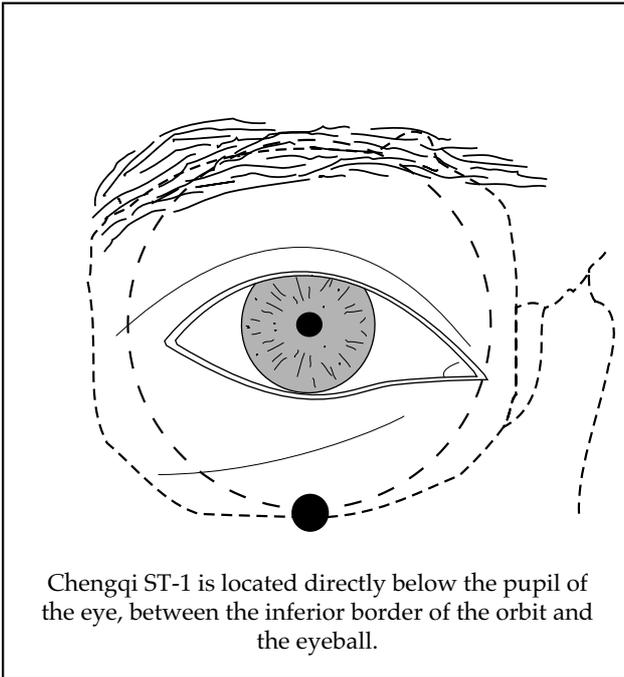
- Opens and brightens the eyes
- Clears Wind and Heat
- Nourishes Yin

*Indications:* Early glaucoma, early cataract, myopia, optic nerve atrophy, optic neuritis, opacity of the cornea, colour blindness, night blindness, sudden blindness, redness of the eyes, watering of the eyes, itchy eyes, swollen and painful eyes, loss of vision, squint, weak eye muscles, eyelid spasm.

*Needling method:* Straight insertion. Ask the patient to look to the side (if needling BL-1 on the right, the patient should look to the right) and then close the eyes, keeping the eyeball rotated. The practitioner now uses one finger to gently push the eyeball laterally away from the point. Now insert the needle, with swift insertion to penetrate the skin followed by slow insertion to depth. The needle enters the gap between the orbit above, the nasal bone medially, and the eyeball laterally. Depth 0.5-1 cun.

**Chengqi ST-1 "Excessive tears"**

*Location:* Directly below the pupil of the eye, between the inferior border of the orbit and the eyeball.



*Actions:*

- Brightens the eyes
- Dispels Wind and Heat

*Indications:* all eye disorders, excessive lacrimation due to wind, cold lacrimation, myopia, conjunctivitis, redness, swelling and pain of the eye, itching of the eyes, upward staring, failing vision, cataract, optic neuritis, eyelid spasm, opacity of the cornea, colour blindness, night-blindness, glaucoma.

*Needling method:* Straight insertion. Ask the patient to look upward, then hold the eyeball secure from below with a finger and insert the needle slowly to depth. Depth: 0.5-1 cun.

**Qiuhou (Extra) "Behind the Ball"**

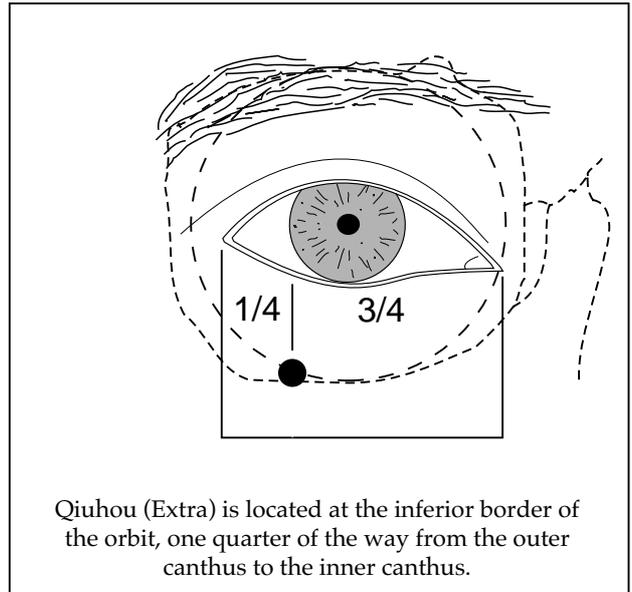
*Location:* i. At the inferior border of the orbit, one quarter of the way from the outer canthus to the inner canthus, ii. Between the orbit and the eyeball, halfway between Tongziliao GB-1 and Qihu ST-13, iii. At the midpoint of the outer third division of the lower eyelid.

*Actions:*

- Brightens the eyes

*Indications:*

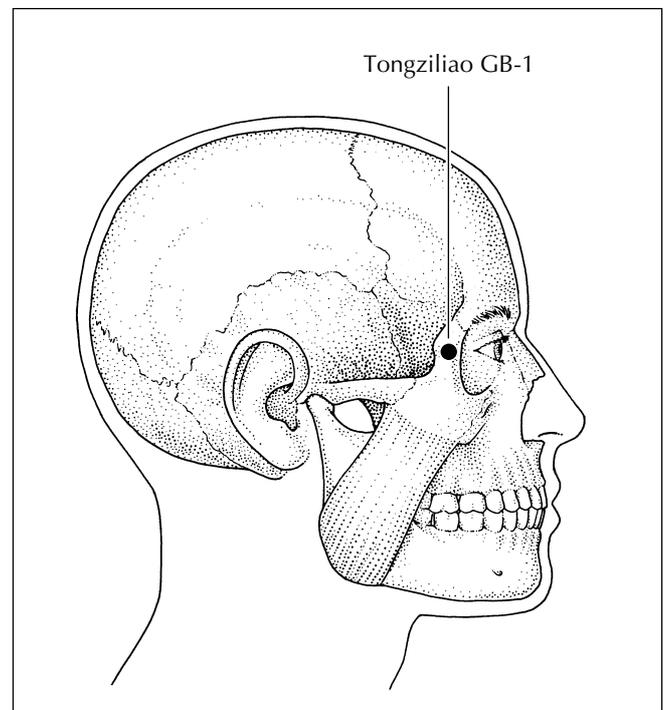
Squint, cataract, optic neuritis, optic atrophy, myopia.



*Needling method:* Straight insertion. Ask the patient to look upwards then secure the eyeball in place from below with a finger and slowly insert the needle between the eyeball and the orbit in a slightly medial and upward direction. Depth 0.5-1 cun.

**Tongziliao GB-1 "Pupil Seam"**

*Location:* In the hollow on the lateral side of the orbit, approximately 0.5 cun lateral to the outer canthus.



*Actions:*

- Dispels wind and clears heat
- Brightens the eyes and stops pain

*Indications:*

Eye pain, redness and swelling of the eyes, lacrimation, lacrimation on exposure to wind, itching of the eyes, superficial visual obstruction, night blindness, glaucoma.

*Needling method:* Transverse insertion, posteriorly, 0.2

to 0.3 cun, or extend to connect with Taiyang (Extra).

#### Note on needling points within the orbit

When needling these points, do not twirl the needle, nor apply vigorous lifting and thrusting. One inch (30 mm) needles are usually adequate, and they can be of a fine gauge (e.g. 34 gauge, 0.22 mm). Various insertion methods are possible, but since swift but controlled penetration of the skin is essential in this tender area, it is often most effective to hold the needle near to its tip. Insert to a depth of 2-3 mm, then insert slowly to depth. If the patient experiences sharp pain or you feel resistance, withdraw the needle a little towards the surface and redirect it slightly. The ideal sensation is an ache radiating to behind the eye; localised dull soreness is also acceptable.

The eyeball has a tough and fibrous covering and is not easily damaged if care is taken. However, it is quite easy to cause bruising of these points by piercing tiny blood vessels in the orbit, and patients should be advised of this in advance. No serious damage is done and the bruising will resolve within a week. If wished, patients can apply a cold compress on the first day and hot compresses thereafter.

## APPENDIX 2

Abstracts of some articles on the treatment of eye disease in China and elsewhere.

**1. Idiopathic Central Serous Retinopathy in China : A Report of 600 Case (624 Eyes) Treated by Acupuncture,** Ji-Guang Lu & Thomas R. Friberg, in "Ophthalmic Surgery", Vol 18, No 8, August 1987. This study analyses the treatment of patients with this fairly common condition (detached retina) in China by using the extra point Xiangyang. There is evidence of resolution of the condition after 3 months of treatment in 86% of cases. It should however be noted that there was no control group in this study. As the authors note, the condition is, in any case, self-limiting and tends to resolve in a few months.

**2. Treatment and Prevention of Fulminant Red-Eye by Acupuncture and Blood Letting,** Deng Shifa, in JTCM, 5(4); 263-264, 1985. This study looks at the treatment of this condition (acute conjunctivitis) by acupuncture during an epidemic in rural China in 1981. It gives details of point prescriptions and describes the used of blood-letting to clear heat. It claims that all patients treated with acupuncture and blood-letting were relieved of all symptoms in five and a half days (half the time required for spontaneous recovery). The article also suggests that acupuncture treatment is effective as preventative treatment in a conjunctivitis epidemic.

**3. Optic Atrophy Treated with Acupuncture,** Wu Zesen & Ye Xiaolu, in JTCM, 9 (4); 249-250, 1989. The treatment of 17 cases of traumatic optic atrophy by acupuncture is described in this short article. All cases showed improvement in vision after two courses of treatment. The article details the point prescriptions used and includes a typical case from the sample. It is maintained that this therapeutic method is successful in promoting blood circulation and removing the stagnation of blood causing loss of vision.

**4. Clinical Observation on Treatment of Disorders of the Optic Nerve by Acupuncture,** Huang Shengyuan & Zeng Yuchen, in JTCM, 5(3); 187-190, 1985. This article describes the treatment of 82 eyes (46 cases) by acupuncture at Sichuan Medical College. It gives more information than the above articles on differentiation of syndromes, point prescriptions and likely progress of treatment. The use of acupuncture treatment alongside other therapies (Vitamin B injections etc) is discussed. The article concludes that acupuncture was at least moderately effective in restoring vision in 76.9% of the cases of optic neuritis in the study, but less effective in cases of optic atrophy.

**5. Clinical Application of Acupuncture in Ophthalmology,** Dabov S, Goutoranov G, Ivanova R, Petkova N (Institute of Ophthalmology, Medical Institute, Sofia, Bulgaria) in Acupuncture and Electro-Therapeutic Research, International Journal, Vol 10, pp 79-93, 1985, Pergamon Press Ltd, USA. This is a study from the ophthalmologist's perspective of the treatment by acupuncture of 50 people suffering from myopia, glaucoma, retinitis pigmentosa and optic nerve atrophy. The authors maintain that in all the patients a subjective improvement of visual acuity was observed after one to three courses of treatment, and are particularly enthusiastic about the results obtained in retinitis pigmentosa where 13 out of 23 patients improved markedly and the remainder stopped deteriorating. There were also marked improvements in 3 out of 14 children with myopia, 1 out of 5 children with optic nerve atrophy and four out of eight patients with glaucoma.