

# ACUPUNCTURE IN THE TREATMENT OF HYSTERICAL MUSLIM AND FUNCTIONAL VOMITING

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## INTRODUCTION

ACUPUNCTURE, although increasingly being used to treat a wide variety of illnesses, has seldom been studied in relation to the treatment of mental illnesses. The aim of this paper is to find out the efficacy of acupuncture in the treatment of hysterical mutism and functional vomiting.

Acupuncture involves the insertion of needles into certain specific points on the body. These points are actually nerve complexes which the ancient Chinese have classified and catalogued under the various meridians. The choice of points varies with the clinical presentation of the disorder. For maximal efficacy not only are the selection of points important but also the accurate localisation, depth of insertion and the proper manipulation of the needles. When these criteria are met the patient will experience a 'Chi' — a feeling of aching soreness at the site of needle insertion and sometimes a sense of fullness. Although the sites of the acupoints are uniform for all individuals the depth when 'Chi' is obtained varies slightly between individuals. Therefore co-operation from the patients is usually necessary but not so to the experienced acupuncturist when he can often feel the needles being gently sucked in when the correct depth is reached.

## PATIENTS AND METHODS

All four patients — three Malays (of whom one is a male) and an Indian female had never experienced acupuncture previously. Of the three Malays only one knew about acupuncture. 2.5 cm stainless steel needles of gauge 30 adequately sterilised were used. The needles are solid and unlike injection needles have no cutting edges and are not sharp at the tip. Because of this, when used gently the tips tend to slide over vessels and nerves

when these are encountered. Also most acupuncture needles are from gauge 28 — 30 and for these reasons they are less traumatic to the tissues. An average of 3 — 4 points were used for each patient. The skin was sterilised with surgical spirit.

## Acupuncture Points

The points used for hysterical mutism were:

- (1) Liv3 (liver 3) of the liver meridian situated 2 Tsun (about 3.8 cm) from the web between big toe and second toe, the needle going about 2cm deep until Chi is felt.
- (2) P6 (pericardium 6) of the pericardium meridian situated about 2 Tsun (3.8 cm) from the most distal crease at the wrist between flexor carpi radialis and palmaris longus the needle going in perpendicularly about 1.5 cm deep.

Ear points, heart and spirit gate were used on the male the needles going in about 0.3 cm deep.

The points for functional vomiting were:

- (1) S36 (stomach 36) of stomach meridian situated 3 Tsun below the tibial tuberosity and one finger breadth from the tibial crest the needle going in perpendicularly about 2 — 2.5 cm deep into the tibialis anterior.
- (2) P6 (described above).
- (3) H7 (heart 7) of heart meridian on distal crease of wrist lateral to pisiform bone the needle going in perpendicularly about 1.2 cm deep.

The correct site and depth of the acupoints were critical and when these were achieved the patients felt the 'Chi' and the acupuncturist will also note the needle being sucked in like a bait being taken by a fish. The needles were inserted in a screwing motion clockwise and then twirled in an up and down motion every five minutes. The needles were removed after half an hour.

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Tsun is a measure of length in acupuncture to indicate the depth of needle insertion or location of sites. One Tsun is the distance between the upper end of the distal and middle interphalangeal folds formed by flexing the patient's middle finger at the distal and interphalangeal joints.

## CASE REPORTS

*Case 1* was a 33 year old Malay female who presented with a history of mutism for 10 days. She was trance-like in appearance and expression, and was completely oblivious to her surroundings. It was impossible to communicate with her and according to her mother she had to be bathed, clothed and fed. She completely ignored her four children, she just sat quietly and very still, not uttering even a whisper. The parents had attempted to cure her by using 'bomohs' with no success. Clinical examination revealed nothing abnormal except what was already described. Two acupoints Liv3 and P6 were needled and although the site and depth were reached there was no facial response though the needles felt sucked in. After twenty minutes the patient began talking to her mother and later to other patients in the clinic. Her appearance also became normal and for the first time in ten days she smiled.

*Case 2* was a 54 year old Malay man who presented with a history of mutism for six days. He was normal in appearance and went about his routine work normally. However, whenever he attempted to speak, no words came forth — only guttural sounds. Clinical examination revealed nothing abnormal. The same points were used as in the previous case but after no response was noted within twenty minutes the two ear points, the Heart and Spirit Gate were needled. The former is situated at the most concave point in the middle of the concha of the ear and the latter in the triangular fossa near the crus of the antihelix. There was an immediate response with the patient talking normally again.

*Case 3* was a thin 28 year old Indian female who was well educated and who gave a history of paroxysms of severe nausea and vomiting for the past one year. The paroxysms which occurred once a month gradually became worse until after her marriage when it occurred as often as once a week.

The severe vomiting which was always preceded by nausea was persistent and continued even with an empty stomach. She sometimes found relief by stimulating her oropharynx with her finger to induce more vomiting. The attacks of vomiting were only relieved by intramuscular injections of Valium (Diazepam) 10 mg and stemetil 12.5 mg. Although oral Valium (Diazepam) and stemetil were given after the attack was controlled but did not prevent further attacks. She was thoroughly investigated in the University Hospital, Kuala Lumpur, and no organic abnormality was found. She also had the benefit of analysis by the psychiatrist there. I referred her to a Psychiatrist in Singapore. Medication was prescribed and although it did control to a fair extent her nausea and vomiting for two weeks it made her groggy and sleepy and interfered with her job. She found it impossible to go on with the drugs and consequently there was a recurrence of her symptoms.

She was needled daily for twelve days, and vomited only once at home during treatment and twice a few weeks later but it was not persistent. For the last eleven months since treatment was completed she had not vomited nor felt any nausea. Her appetite has improved, and her weight has increased from 36.3 kg before treatment to 49 kg.

*Case 4* is a 28 year old Malay female teacher who presented with nausea and vomiting of one month's duration. The attack came once a week. A history and clinical examination revealed nothing abnormal. Although the nausea was persistent the vomiting was not. Intramuscular stemetil 12.5 mg did not control her vomiting and intramuscular Valium (Diazepam) 10mg had to be added. Oral stemetil 5 mg and Valium (Diazepam) 2 mg thrice a day seemed to control her symptoms but these would recur when she stopped taking the drugs. Acupuncture was suggested and after only one treatment her symptoms completely disappeared.

## DISCUSSION

These four cases show that acupuncture can be an effective alternative in the treatment of hysterical mutism and functional vomiting. Not only was it dramatic in its effects but it also

required less time and effort. This is important not only to the attending physician but also to the patient especially in terms of expense. None of the patients asked for this form of treatment and among the two who knew something about acupuncture they not only were skeptical about its efficacy but were apprehensive regarding the pain involved. The latter was found to be unfounded as the rapid insertion of the needles caused hardly any pain. Only when the acupoint was reached was there an aching soreness.

The other two cases who presented with mutism knew nothing about acupuncture. When it was later explained to them they did not seem to be interested.

All four patients were told to come back if there were any recurrences of their symptoms. Only the two who presented with nausea and vomiting were followed over several months. As the other two came from rural areas they were lost to follow-up. But as they were cured dramatically with one treatment, it can be assumed they would seek treatment again if there was a recurrence.

### **SUMMARY**

Two cases of hysterical mutism and two of functional vomiting were seen during a one year period from June 1976 to June 1977 in a general medical practice. Only acupuncture was used in the treatment of all four and the results observed were dramatic.