Asthma

Biomedicine Overview
Biomedicine Treatment Options
TCM Overview
Case Study
TCM Differential Diagnosis
Energetic Differential Diagnosis
Treatment Strategies
Experience is indispensable in the development of Chinese medical science; Western medicine also has elements in it that could shed light on the development of Chinese medicine. Neither experience nor Western medicine, however, can be a foundation for the development of Chinese medicine; that would be confusing root and branch.

In sum, the development of Chinese medicine is inseparable from its traditional philosophical thinking. It is also inseparable from cultivation of inner power on the part of the physicians themselves. It also needs to absorb nutrients from everyday experience and Western medicine. All three of these things are necessary, but it is important to distinguish the basic from the subsidiary so as not to abandon the root to pursue the branch, inverting the proper order of things.

*Opening the Dragon Gate: The Making of a Modern Taoist Wizard:* Chen Kaigu, Zheng Shunchao and Thomas Cleary
Asthma is a chronic respiratory illness often associated with familial, allergenic, socioeconomic, psychological, and environmental factors.  
Asthma is characterized by three cardinal features:

• reversible airway obstruction,
• airway inflammation and
• bronchial hyper-responsiveness.

Allergy is certainly not the only cause of asthma; however, it contributes to the induction of asthma in a large proportion of patients. Asthma may evolve in two phases: an induction phase, when inflammatory signals, such as allergens, trigger the onset of asthma, and a more chronic phase upon recurrent exposure to allergen, eventually leading to airway remodeling.
Pathogenic pathways leading to bronchial inflammation and lung remodeling upon repeated or chronic allergen exposure. After allergen capture and processing by dendritic cells, allergen peptides are predominantly presented via MHC class II to Th2 T cells, and in part, to Th1 and Th17 T cells, contributing to the secretion of Th2, Th1 and Th17 cytokines. In conjunction with ongoing activation of mast cells by allergen-specific IgE and continued allergen exposure, eosinophils migrate from blood flow to the lung mucosa, where they induce bronchial epithelium damage via the secretion of cytotoxic byproducts as well as leucotrienes and prostaglandins. Impaired regeneration of bronchial epithelium is a characteristic of asthma linked to uncontrolled secretion of EGF and TGF-β, and activation of subepithelial (myo)fibroblasts. Confluence of chronic Th2 and Th1 cytokine-dependent inflammation with myofibroblasts and epithelial activation ultimately results in bronchial remodeling characterized (right part of the diagram) by thickening of the basement membrane, proliferation of mucosal blood vessels, deposition of extracellular matrix proteins, mucus gland stimulation, smooth muscle cell and myofibroblast proliferation, defective epithelium regeneration and epithelium atrophy.
Biomedicine/Incidence

• Close to 20 million Americans (6.2 million children) had asthma in 2003; a rate of 69.4 per 1,000 population. The highest prevalence rate was seen in those 5-17 years of age (94.8 per 1,000 population), with rates decreasing with age. \(^6\)

• During 1980-1999, asthma prevalence, morbidity, and mortality increased among U.S. adults. These annual rates were higher among certain racial/ethnic minority populations than among whites. \(^2\)
Biomedicine/incidence

- Asthma is a leading chronic illness among children in the United States.\(^2\) 18.9% of high school students had been told by a doctor or nurse that they had asthma
  - 16.1% had current asthma
  - 37.9% of those with current asthma had had an episode of asthma or an asthma attack during the last 12 months
- A family history of allergies is the single most important factor that predisposes a person to develop allergic disease. If one parent has allergic disease, the estimated risk of the child to develop allergies is 48%; the child's risk grows to 70% if both parents have allergies.\(^7\)
Biomedicine Treatment Options

• For allergic asthma, treatment options consist of allergen avoidance, symptomatic treatment and allergen-specific immunotherapy (SIT). Only SIT addresses the underlying cause of the disease, reducing symptoms and offering the potential for long-term improvement. *(NIH)*³

• Allergen-specific immunotherapy is the only immunomodulatory and etiological therapy of allergy and asthma. Conventional specific immunotherapy (SIT) with whole-allergen extract is antigen specific, effective on multiple organs, efficient on asthma in defined conditions, provides long-lasting protection and is cost effective. Moreover, SIT is able to prevent the course of rhinitis to asthma. SIT has its drawbacks: the long duration of treatment, the unsatisfactory standardization of allergen extracts and a questionable safety level. *(Allergen-Specific Immunotherapy of Allergy and Asthma: Current and Future Trends, 2009)*⁴
• The World Health Organization (WHO) 2003 report entitled *Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials* lists bronchial asthma as a disease, symptom or condition for which the therapeutic effect of acupuncture has been shown but for which further proof is needed.

• Kim Jobst at Oxford University conducted a study of the efficacy of acupuncture on asthma. This study also showed improvements by two measures: "quality of life" scores, and breathlessness measurements. These clinical trials at Oxford indicate that acupuncture treatments achieved the following goals: reduced the spasmodic tendency in the bronchi; kept the lungs from contracting at the least little irritant in the air; opened narrowed blood vessels in the lungs; and promoted relaxation and the ability to breathe more fully.
## Effects of Acupuncture in Spirometry and Quality of Life in Mild and Moderate Asthma Patients

<table>
<thead>
<tr>
<th></th>
<th>BEGINNING</th>
<th>AFTER SHAM</th>
<th>AFTER ACUP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEV1</strong></td>
<td>82%</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>FEV2</strong></td>
<td>44%</td>
<td>58%</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF-36 Fx Capability</th>
<th>BEGINNING</th>
<th>AFTER SHAM</th>
<th>AFTER ACUP</th>
</tr>
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<tbody>
<tr>
<td><strong>A Group</strong></td>
<td>70%</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>B Group</strong></td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>GROUP A</th>
<th>10 sham</th>
<th>21 days off</th>
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<tr>
<td>GROUP B</td>
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<td>21 days off</td>
<td>10 sham</td>
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TCM Treatment Options

• Differentiate type of asthma arising from either allergen reactions or other internal conditions

• Determine location of asthma according to TCM theory. In addition to lungs, the condition can involve other organs:
  ▪ Spleen
  ▪ Liver
  ▪ Kidney
TCM Treatment Options

Other Organ Involvement
- Spleen: damaged by food
- Liver: damaged by emotions
- Kidneys: congenital or damaged by chronic illness

Internal Phlegm Accumulation
- Phlegm Obstruction
- Lung Qi Counterflow
- Lung Qi Stagnation

Triggers/Allergens
- Internal:
  - Stress, Food, Emotions
- External:
  - Organic, Inorganic, Environmental

Asthma
= Excess in Upper Jiao/Deficiency in Lower Jiao

Lung Qi Xu
Case Study/presenting complaint

Male, age 18, premed student, 5’11”, 150lbs., pulse 88, bp 80/100
Lives at home with parents.

Presenting Complaint: Asthma.
Diagnosed at age 9 months. Would miss 2-3 weeks of school K-8, 
1-2 weeks 9-12. Worse this winter (2010) thus far. Triggers 
include: Breathing pet dander while inside (outside not a problem) 
and breathing cold air, especially breathing cold air while 
exercising. This can include walking quickly.

Attacks manifest themselves as inability to catch breath, inability 
to draw breath into lungs, inability to fill lungs. Chin itches while 
attack is taking place. No obvious phlegm at time of attack.

Uses inhaler, Proventil.

No major traumas.
Spirit is alert, quick and interested in examination. Thin body, long limbs, quick motions.

Face pale. Eyes have dark circles under them but not puffy. Hair fine. When fingers are extended, blood does not go to tips of nails (white at tips).

Has bilateral rash on chest that corresponds with LU1 location. Patient says breakout is recent.

Patient sounds short of breath; says throat tends towards hoarseness. No smells.
Case Study/observational inquiry
Case Study/verbal inquiry

• Patient doesn’t feel unusually hot or cold. Has a history of negative response to cold weather expressed as asthma attacks but is not unusually cold or afraid of being cold.

• No atypical perspiration patterns.

• Good appetite. Eats nutritionally balanced meals with at least 4 vegetable and/or fruit servings/day (Mother is nutritionist).

• Bowels are 1-2/day, well formed and of normal color.

• Parents were 45 and 47 when patient was born. Mother was diagnosed with asthma at an early age but attacks ceased by age ten.

• Phlegm not always present in attacks; when present, phlegm is white, gooey, salty in taste. Color can also be faintly yellow. Even though patient does not perceive himself as having phlegm, class that he has been part of for four years has Kleenex box for labeled with his name.

• Phlegm occurs only at end of attacks.

• Chin (center under lower lip) always itches after attacks.
Case Study/verbal inquiry

• Patient observed in a school situation from grades 9 thru 12. Besides unusual absenteeism, patient developed secondary sexual characteristics later than classmates.

• Even though patient does not perceive himself as being cold, he is only student to consistently wear hat and gloves during winter.

• Patient craves salt, never sugar.

• Students in patient’s class have named a Kleenex box after him.

• Last year, students in patent’s class named a talent show act “Where’s B****?” after patient alluding to pervasive absenteeism.

• Patient experiences daily drops in energy levels at 7 til 8pm and 2:30-3:00am. Last time not so bothersome, but would like to stop experiencing earlier energy drop.
TCM Case Study/ pulse/palpation inquiry #1

Pulse: rapid, empty, deep kidney on both sides.

Two other palpation examinations were conducted.
First:

Palpation of selected shu and mu points:

Tenderness at UB13 and UB23.

“The point UB13 (Feishu) will be sore to the touch on all asthmatics. Those patients who have received acupuncture at UB13 with no result will be cured if moxibustion is performed there. “(Acupuncture: A Comprehensive Text) 

7
TCM Case Study: palpation inquiry #2

Second:

Bioreactivity examination utilizing galvanic response starting at vertebral level C7. The value 50 is a neutral response value.

- Vertebrae
  - T1
  - T2
  - T3
  - T4
  - T5
  - T6
  - T7
  - T8

- Left
  - 45
  - 40
  - 25
  - 39
  - 53
  - 57
  - 62
  - 62

- Right
  - 51
  - 40
  - 50
  - 52
  - 54
  - 61
  - 61
  - 61
TCM Case Study/tongue inquiry

Pink body. Scalloped left side, tip red even when tongue relaxed, indentation in middle with divots.

Coat on back 4/5ths of tongue including geographic area towards back. Coat light white, very slightly yellow going towards the back.

Underside of tongue: Dark sublingual veins.

Slight quiver. Moist.
Case Study/TCM lung physiology

• Governs Qi & Respiration

• Main Functions are Downbearing & Diffusion

• Controls the Surface of the Body

• Opens in the Nose & Connects to the Throat
Case Study/TCM Lung Physiology

Governs Qi & Respiration

- Inhales Da Qi (clear & dry), drawing it in and down
- Exhales Turbid (vaporous) Qi, moving it up and out
- Forms Zhong Qi from Gu Qi & Clear Qi
- Stagnation of Lung Qi leads to Coughing & Asthma
Main Functions are Downbearing & Diffusion

- Collects and sends Qi downward to other organs.

- Receives water from the Kidney and is responsible for its circulation throughout the body.

- Receives Wei Qi from the Kidney and is responsible for diffusing it to the surface of the skin.
Case Study/TCM lung physiology

Controls the Surface of the Body

- Receives sweat from the Kidney and diffuses it outward across the skin
- Receives Wei Qi from the Kidney and diffuses it outward across the skin
- Governs the skin and body hair

Opens to the Nose & Connects to the Throat

- “The Lung is the delicate organ.”
  The Lung is particularly vulnerable to influences of external evil pathogens, i.e., Heat, Cold, Wind, Dryness
Case Study/zang-fu pattern diagnosis

Root: Kidney Qi Xu

Branch: Lung Qi Xu leading to Lung Qi Stagnation
Case Study/tcm differential diagnosis

Root: Kidney Qi Xu

Rationale:

1. Chronic asthma attacks with onset in early childhood
2. Attacks are often induced by exercise or exertion
3. Attacks are characterized by greater difficulty in inhalation than in exhalation, indicating a failure in the Kidney Qi’s ability to grasp the breath
4. Physical signs:
   - Pale complexion, thin body, dark circles beneath eyes, fine hair
5. Tongue: geographic, thin white coat in lower jiao area, scalloped sides, center divot depression
6. Pulse: rapid, empty, deep kidney
Case Study/tcm differential diagnosis

Branch: Lung Qi Xu leading to Lung Qi Stagnation

Rationale:

1. Repeated incidence of asthma attack; chronic shortness of breath.
2. Attacks triggered by cold exposure or allergen exposure (pet dander).
3. Susceptibility to attacks of Wind-Cold and Wind-Heat due to weakened Wei Qi.
4. Skin rash, most notably present at, but not limited to, the location of LU-1.
5. Dry throat, hoarse voice.
6. Tongue: Red tip with thin white coat, geographic in low jiao area
7. Pulse: rapid, empty, deep kidney
<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
<th>Presenting Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Qi Xu</td>
<td>• Failure to grasp, or anchor, the breath.</td>
<td>• Chronic asthma with marked difficulty in inhalation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early childhood onset</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attacks often induced by exercise or exertion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Physical signs: pale complexion, dark circles underneath eyes, finely-textured hair on head.</td>
</tr>
<tr>
<td>Lung Qi Xu</td>
<td>Inhibition of Lung’s descending &amp; dispersing functions:</td>
<td>• Heat Signs: Dry throat, hoarse voice, rapid pulse.</td>
</tr>
<tr>
<td></td>
<td>• Failure to supply Zang Fu with liquids, i.e. water.</td>
<td>• Susceptible to attacks of Wind-Cold and Wind-Heat</td>
</tr>
<tr>
<td></td>
<td>• Failure to disperse and support Wei Qi.</td>
<td>• Attacks are often triggered by exposure to allergen (pet dander)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Skin rash, across chest and most notably in the location of LU-1.</td>
</tr>
<tr>
<td>Lung Qi Stagnation</td>
<td>• Failure of Lung’s depurative downbearing function (inhalation).</td>
<td>• Feeling of blockage in chest, shortness of breath, difficulty breathing, coughing, aka an asthma attack.</td>
</tr>
</tbody>
</table>
### Case Study/energetic differential diagnosis

#### Table 3

<table>
<thead>
<tr>
<th>Element</th>
<th>Time</th>
<th>Organ/Related Organ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snake - 6</td>
<td>9 a.m. - 11 a.m.</td>
<td>Yang Fire, Spleen</td>
</tr>
<tr>
<td>Horse - 7</td>
<td>11 a.m. - 1 p.m.</td>
<td>Yin Fire, Heart</td>
</tr>
<tr>
<td>Sheep - 8</td>
<td>1 p.m. - 3 p.m.</td>
<td>Yin Earth, Small Intestine</td>
</tr>
<tr>
<td>Dragon - 5</td>
<td>7 a.m. - 9 a.m.</td>
<td>Yang Earth, Stomach</td>
</tr>
<tr>
<td>South</td>
<td>Fire</td>
<td>Summer</td>
</tr>
<tr>
<td>Rabbit - 4</td>
<td>5 a.m. - 7 a.m.</td>
<td>Yin Wood, Large Intestine</td>
</tr>
<tr>
<td>East</td>
<td>Wood</td>
<td>Spring</td>
</tr>
<tr>
<td>West</td>
<td>Metal</td>
<td>Fall</td>
</tr>
<tr>
<td>Cock - 10</td>
<td>5 p.m. - 7 p.m.</td>
<td>Yin Metal, Kidney</td>
</tr>
<tr>
<td>Tiger - 3</td>
<td>3 a.m. - 5 a.m.</td>
<td>Yang Wood, Lung</td>
</tr>
<tr>
<td>North</td>
<td>Water</td>
<td>Winter</td>
</tr>
<tr>
<td>Dog - 11</td>
<td>7 p.m. - 9 p.m.</td>
<td>Yang Earth, Pericardium</td>
</tr>
<tr>
<td>Ox - 2</td>
<td>1 a.m. - 3 p.m.</td>
<td>Yin Earth, Liver</td>
</tr>
<tr>
<td>Rat - 1</td>
<td>11 p.m. - 1 a.m.</td>
<td>Yin Water, Gallbladder</td>
</tr>
<tr>
<td>Pig - 12</td>
<td>9 p.m. - 11 p.m.</td>
<td>Yang Water, San Jiao</td>
</tr>
</tbody>
</table>
Case Study/yin qiao mai physiology

Master Point: KD 6, Coupled Point: LU 7, Xi Cleft Point: KD 8
Intersection Points: KD 6, KD 8, UB 1
Paired Meridian: Ren Mai

Areas of effect: medial aspect of lower extremities, genitals, abdomen, eyes, throat, chest, lungs, nervous, muscular skeletal, digestive and respiratory systems

Functions:
- Controls the ascent of fluids and the descent of Qi
- Movement of the body, walking, cold a/or weakness in the lower limbs
- Digestive issues, abdominal issues
- Urogenital problems, retention of urine
- Respiratory issues
- Excessive sleepiness
- Eye issues
Case Study/energetic differential diagnosis

Lung qi xu, due to stagnation. Suspect congenital KD jing damage

Rational:
• Lung Qi xu - from the pulses
• Palpation /testing weak UB 13- KD23
• Dowsing found weak point at T3.. DU12- Heart Lung- -SHENZHU DU-12 Body Pillar T3-- UB23 breaks in the flow of Qi -
• Tongue- shows heat HT- LU xu (diviot)- ST yin xu (geographic)- SP xu scallops
• Dry areas over LU1
Case Study/energetic tx strategy & protocol

- Treat yin qiao mai to move qi from the to tonify the lung
- Use tui-na to strengthen the lung to withstand asthma triggers: Cold and pet dander
- Electro stim and or strong needling sensation is indicated

- Dingchuan- DU14 (wind- heat)-
- BL13- top 3 experiential formula
- BL42- (with BL13 to open the "windows to the Lungs“) can be needled first then moxa.
- LU 1 opens the chest- treats the lungs
- LV 14 UB17 (treats the Diaphragm)
- CV17 opens the chest
- DU 20 open this first bring the qi down to CV17 to feed the chest/lungs.
Case Study/treatment strategy

For Acute Onset (Asthma Attack):
Treatment: Nourish Qi, Alleviate Asthma
Alternate Treatment: Move Stagnation

For Balancing & Harmonizing Treatments (Alternating):
Treatment #1: Tonify Lung, Spleen and Kidney
Treatment #2: Tonify Kidney and Lung
Case Study/tx protocol: acute onset

Treatment Strategy (mild Asthma Attack): Nourish Qi, Alleviate Asthma

<table>
<thead>
<tr>
<th>Point</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>UB-13</td>
<td>Back Shu of Lung.</td>
</tr>
<tr>
<td>Dingchuan</td>
<td>Empirical point for asthma. Calms wheezing &amp; cough.</td>
</tr>
<tr>
<td>LU-9</td>
<td>Shu-Stream, Yuan Source, Earth point of Lung. To strengthen the Child, tonify the Mother. (Earth is mother to Metal.)</td>
</tr>
<tr>
<td>UB-43</td>
<td>Vital Region Back Shu. Treats all types of deficiency.</td>
</tr>
<tr>
<td>REN-17</td>
<td>Mu point of Pericardium, regulates the Zhong Qi.</td>
</tr>
<tr>
<td>PC-6</td>
<td>Command point for chest &amp; lateral costal area, Luo point of Pericardium. Opens the Wei Qiao Mai. Calms the spirit.</td>
</tr>
</tbody>
</table>

This protocol is designed to be administered with the patient in a seated position.
Case Study: alternate tx protocol: acute onset

Alternate Treatment Strategy: (Asthma Attack) Move Stagnation

FIRST: *Auricular Acupuncture*
LU, KD, Stop Wheezing, Adrenal and Sympathetic Points with ear tacks or needles (not seeds)

SECOND: *Cutaneous (with Plum Blossom) Acupuncture*

**With more phlegm symptoms:**
Tap needle along the upper back and nape of the neck, particularly in the area between the left and right paths of the Urinary Bladder channel. Tapping should continue until the skin feels hot and the patient is breathing more freely.

OR

**With more wheezing symptoms:** Thenar eminence, forearm and regions along course of the lung channel and bilaterally over the sternocleidomastiod muscles. Tap lightly until skin slightly red.

OR

**With more acute symptoms:**
*Cupping*: Ding chuan
## Case Study/ Acupuncture tx strategy & protocol
For Balancing Treatments: Tonify Lung, Kidney & Spleen

<table>
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<tr>
<td>LU9</td>
<td>Shu-Stream, Yuan Source, Earth point of Lung. Tonify the mother. (Earth is mother to Metal.)</td>
</tr>
<tr>
<td>KD25</td>
<td>Unbinds the chest. Lowers rebellious Lung qi.</td>
</tr>
<tr>
<td>Ren24</td>
<td>Meeting point of ST, Ren, Du and LI. Extinguish wind (chin itch), regulates Ren channel.</td>
</tr>
<tr>
<td>Ren17</td>
<td>PC Mu, 8 Hui for Qi, Point of the Sea of Qi, Meeting point of Ren, SP, KD, SI and SJ. Descends lung qi. Regulates qi, unbinds the chest.</td>
</tr>
<tr>
<td>ST36</td>
<td>He-Sea &amp; Earth point of Stomach. Fortifies Spleen. Yangming is full of Qi and Xue. If phlegm, will help disperse.</td>
</tr>
<tr>
<td>SP3</td>
<td>Shu-Stream, Yuan Source, Earth point of Spleen. “Earth of Earth.</td>
</tr>
<tr>
<td>KD3</td>
<td>Shu-Stream, Yuan Source, Earth point of Kidney. Nourishes Kidney Yin, tonifies Kidney Yang, anchors the Qi, benefits the Lung.</td>
</tr>
<tr>
<td>LU1</td>
<td>Mu of LU, meeting point of the LU and SP. Site of rash breakout. Descends Lung qi and alleviates wheezing. Transforms phlegm.</td>
</tr>
<tr>
<td>Tuina</td>
<td>Around chest, lung and scapula area</td>
</tr>
</tbody>
</table>
# Case Study: tcm acupuncture tx strategy & protocol

For Harmonizing Treatments: Tonify Kidney & Lung

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<tbody>
<tr>
<td>LU7</td>
<td>Luo of LU, master/couple point of Ren. Promote descending function of lung, release exterior and wind.</td>
</tr>
<tr>
<td>UB12/Moxa</td>
<td>Meeting pt of UB and DU. Descends and spreads lung qi.</td>
</tr>
<tr>
<td>UB23/Moxa</td>
<td>Shu of Kidney. Tonifies KD yang, nourishes KD yin an, essence.</td>
</tr>
<tr>
<td>UB43/Moxa</td>
<td>Vital Region Shu. Tonifies, nourishes LU, HT, KD, SP, ST. Nourishes yin. Fosters original qi. Resolves phlegm.</td>
</tr>
<tr>
<td>KD3</td>
<td>Shu-Stream, Yuan-Source and Earth pt. Nourishes KD yin. Tonifies Kidney yang. Anchors the qi and benefits the LU.</td>
</tr>
<tr>
<td>Exercise</td>
<td>Encourage to strengthen the body’s lung health and resistance to disease. Suggest swimming, tai chi chuan</td>
</tr>
</tbody>
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## Case Study/acupuncture tx: PERFORMED
For Harmonizing Treatments: Tonify Kidney & Lung

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</tr>
<tr>
<td>SP6</td>
<td>3 yin of leg. Tonify yin and Spleen qi.</td>
</tr>
<tr>
<td>Clinic Note</td>
<td>12 needles was considered “perfect” number for young adult patient re supervisor</td>
</tr>
</tbody>
</table>
Case Study/outcomes

Patient Outcomes:
• More energy throughout daily life
• Ability to engage in more physical exertion without fear of asthma attack
• If attack does occur, reduced severity

Additional Practitioner Outcomes:
• Reduction of asthma signs and symptoms
• Tonification of lung and kidney qi
• Cessation of fatigue times: 7pm and 2:30-3am
• Improved functioning of yang: More general body warmth
# References


3. **Cost-effectiveness of specific immunotherapy with Grazax in allergic rhinitis co-existing with asthma.**

4. **Allergen-Specific Immunotherapy of Allergy and Asthma: Current and Future Trends:**


7. **Effects of Acupuncture in Spirometry and Quality of Life in Mild and Moderate Asthma Patients.**
   C. A. Lin, MD, PhD2, H. J. Pai, MD2 F. M. Almeida, S1, B. M. Saraiva–Romanhlo, DSc1and M. A. Martins, MD, PhD1,2 Email: [calin@hcnet.usp.br](mailto:calin@hcnet.usp.br1) Laboratory of Experimental Therapeutics, Sao Paulo, Brazil and 2 Department of Internal Medicine, the University of Sao Paulo Medical School, Sao Paulo, Brazil.
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