

Breaking the Diabetic Foot Neuropathy Barrier: An Interdisciplinary Acupuncture Case Report

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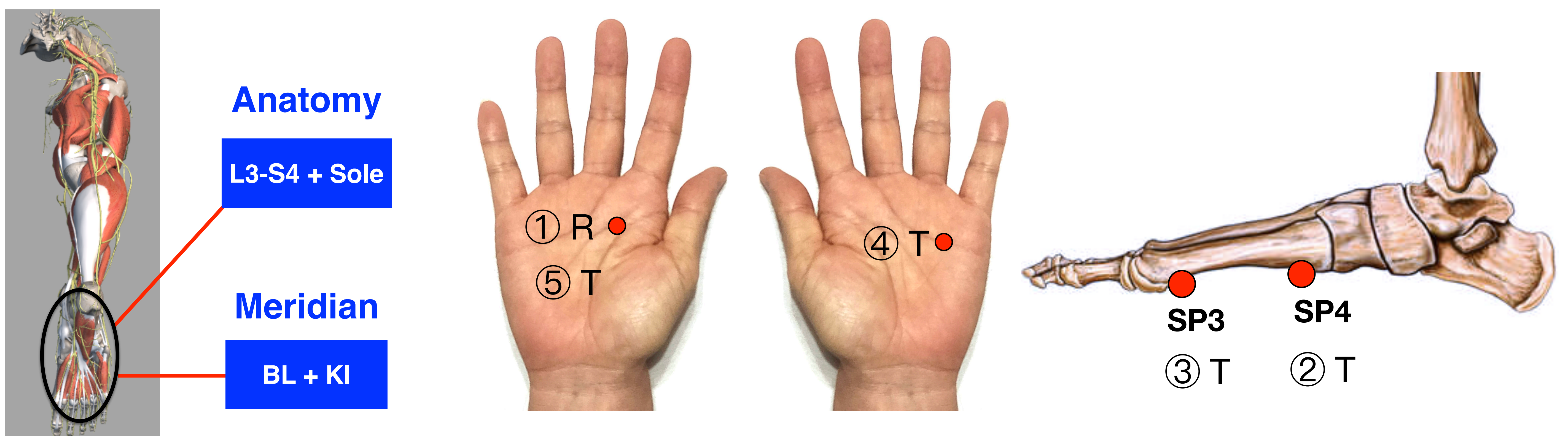
Introduction BaFeng (Ex-LE10) and electroacupuncture combined therapeutic strategy for managing diabetes-induced peripheral neuropathy in the feet does not generate predictable and duplicable clinical success, regardless of practitioners' backgrounds and training. The principal fact contributing to fluctuating results lies in the lack of the nervous system concept in traditional Chinese medicine (TCM) foundations when making a nerve damage-associated diagnosis, which inevitably leads to an inadequate treatment-forming process and unfavorable restorative benefits. Therefore, incorporating conventional medicine's basics into modified TCM/acupuncture fundamentals was critical to demonstrate reproducible success and transcend the current boundaries in reducing diabetic foot neuropathy symptoms.

Objective

Exploring the numbness relief effect of an interdisciplinary acupuncture approach for managing a diabetic foot neuropathy case.



Video: DPN treatment
All you need to know &
Step-by-step procedure



Methods An acupuncture protocol that combines: 1) The concept of the peripheral nervous system in conventional medicine, 2) The Kidney meridian that travels to the bottom of the feet, and 3) An evidence-based acupuncture point system that differs from TCM/acupuncture was applied to a case of diabetes-induced peripheral neuropathy on the bottom of the foot manifesting alternating pain and tingling and numbness for more than three years. A total of eight acupuncture sessions in a four-week treatment course were carried out (twice per week). The DBC acupuncture needles (0.22 mm x 30 mm) were used for all points. Introducing tonification or reduction method by tilting the needle tips 6-15 degrees to follow (tonify) or against (reduce) the meridian flow direction under the guidance of the protocol-forming algorithms derived from the Power Of Nature Acupuncture Medical System (PONAMS). Each session lasts 40 minutes, with re-stimulating points every 10 minutes under the arrival of Qi (DeQi). In addition, the Neuropathy Total Symptoms Score-6 (NTSS-6) was employed to scale the intensity and frequency of neuropathy symptoms.

Results

Instant tingling numbness reduction, increased sensitivity to touch and temperature, and prolonged symptomatic improvement with mild regression between sessions were reported. The NTSS-6 showed the scores lowered from 14/15 to 2/15 with a minimal relapse of 3/15 three months after completion of numbness treatment.

Conclusion

The diabetic foot neuropathy protocol developed from PONAMS showed promise in relieving foot neuropathy symptoms quickly during treatment sessions and may lead to an expedited recovery. Further clinical studies are required to confirm the treatment's effectiveness, including recovery and recurrence rates.

Keywords: case report; diabetic peripheral neuropathy; numbness; PONAMS; acupuncture