

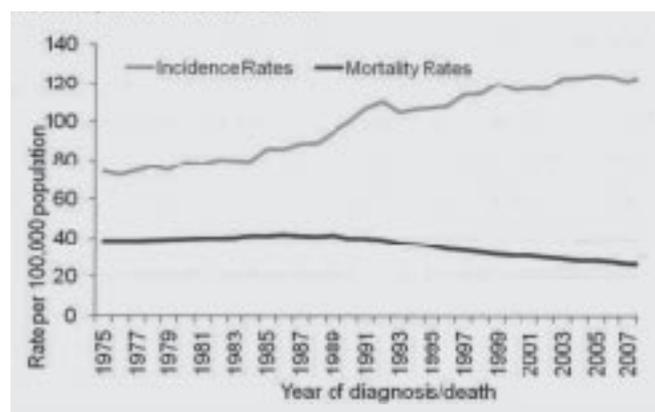
# The Role of Acupuncture in the Treatment of Breast Cancer

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## Introduction

Breast cancer is now the most common cancer in the UK. Amongst women it has been rapidly increasing in Europe and the Western world since the 1960's. The incidence of newly diagnosed breast cancer in the UK is currently around 48,000 per year and almost one in eight women will be diagnosed with it in their lifetime. According to Cancer Research UK (see table 1) the incidence rate of breast cancer rose by more than 50% (from 74.2 to 116.9 per 100,000) in the years between 1975 and 2000.<sup>1</sup>

**Table 1** Breast Cancer (C50), European Age-Standardised Incidence and Mortality Rates, GB 1975-2008



These figures give almost a sense of a breast cancer epidemic. Whilst it is no longer necessarily a death sentence, I suspect that, amongst women, the fear of becoming ill with breast cancer looms increasingly large, especially if there is a predisposition in the family.

Thanks to scientific advances, progress in early detection, more sophisticated surgical intervention, better chemo- and radiotherapy, the rapidly growing understanding of the genome

and new drug treatments (anti-oestrogens like Tamoxifen and monoclonal antibodies like Herceptin), the mortality rate in the UK has been decreasing since the early 1990's. Despite that, a staggering 12,000 women still die of breast cancer in the UK every year, a quarter of those diagnosed with the disease.<sup>2</sup>

Most of us will sooner or later be confronted with the problem of breast cancer in our acupuncture clinic. Questions will arise like: What is our role? How can we help in the treatment of breast cancer? Is it ethical to raise hopes, if we cannot show that our treatment is capable of curing cancer, or if we don't work as part of an oncology team that specialises in the treatment of breast cancer?

The overwhelming majority of women who consult me after having been diagnosed with breast cancer go through conventional medical treatment. As acupuncturists we need to be aware that not all breast cancers are the same, that the extent, the type and the grading of the tissue changes in the breast determine the severity of the cancer in question, and that these are of crucial importance for the kind of orthodox treatment the patient will receive, and for the prognosis of a successful treatment outcome.

Both we and the patient need to understand that acupuncture and Chinese medicine can, at their best, play an important and supportive role alongside the orthodox treatment the patient will receive, lessening the side effects of surgery, chemo- and radiotherapy while strengthening the effects of the medical treatment, and improving the patient's quality of life and enhancing her chances of a full recovery.

In Chinese medicine, we classify breast cancer (or any cancer) as the end product of a long process of pathological changes and chronic stasis of *qi*, lymph and blood. Our treatment aims at facilitating the process of an inner fight-back, including the elimination of toxins, the strengthening of the immune system and the optimisation of healthy *qi*. The following article attempts

to discuss the role that acupuncture can play generally in cancer treatment, and specifically in breast cancer during the pre- and postoperative phases, during chemotherapy and after orthodox treatment has finished.

### Breast cancer from Western and TCM perspectives

The female breast is subjected to a strong hormonal influence in the course of each normal, physiological menstrual cycle. The cells of both the milk producing glands and the milk ducts go through several steps of differentiation. Oestrogen stimulates breast growth in the first half of the cycle, which is then continued after ovulation by the production of progesterone with the help of proto-onco genes. These are necessary for normal tissue healing and normal glandular production (i.e. breast milk). If no pregnancy occurs and the corpus luteum collapses, the process is reversed and the breast tissue shrinks, this time under the influence of tumour-suppressor genes which instruct the breast cells to dissolve and literally commit suicide (apoptosis). This way the breast grows and shrinks by several billion cells each normal cycle.<sup>3</sup>

Healthy glandular cells obey complicated rules of tissue homeostasis, behave normally, follow a genetically programmed master plan and commit suicide at the end of their designated life span (apoptosis means programmed cell suicide). Cancer cells lose this differentiation. They grow beyond boundaries, invade local tissues, spread along lymph pathways and ultimately metastasise and plant themselves into distant organs.<sup>4</sup> One could say that normal cells behave responsibly and according to rules, whilst cancer cells are stubborn, disobey rules and trample over everything like juvenile hooligans.

Both systems, proto-onco genes and tumour-suppressor genes, can be pathologically activated in the breast (and other glandular organs, or epithelial barrier cells) through viruses, hormones, carcinogens, free radicals, emotions, etc. The DNA structure of breast gland or milk duct cells mutates and they change literally into cancer genes. From a Chinese medicine perspective, this could be interpreted as: Excess pathogens, fire poisons and toxins (*du*) trigger cancer growth.

Another mechanism in (breast) cancer cells is that they switch from normal oxygen metabolism to a more primitive cell mechanism metabolising sugar. Possible triggers for this switch are prolonged oxygen starvation in the cell, a sugar overload in the diet and an overactive noradrenaline response due to stress which leads to a further vicious cycle of sugar overload and oxygen starvation. This ties in with the TCM concepts of *qi* deficiency (*qi xu*) and/or blood stasis (*xue yu*), as well as dampness (*yin shi*) and phlegm (*tan*), while the noradrenaline overreaction due to stress can be interpreted as a disturbance of the spirit-mind (*shen*) with heart fire, phlegm overload and over-reactive liver *yang* leading to a destructive cycle of *du*, *yu*, *tan* and *xu*.

A further important mechanism is connected with the immune response. Breast cancer cells are normally recognised by the TH1 immune system pathway, involving cytokines, macrophages,

cytotoxic T cells and so on.<sup>5</sup> Cancer develops when the rate of mutation and proliferation outstrips the immune system's ability to recognise and destroy cancer cells. In Chinese medicine terms, this would be expressed as: Excess, (fire) toxins and stasis overrun the normal anti-pathogenic *qi*, and as a result the body is no longer able to heal itself.

One can summarise the four main pathomechanisms of (breast) cancer in TCM as:<sup>6,7</sup>

- Excess, fire poison and toxicity (*du*)
- *Qi* and blood stasis (*yu*)
- Phlegm-damp stasis (sometimes called *yin* stasis) (*tan*)
- Deficiency of *qi*, blood, *yin*, *yang* and *jing* (*xu*)

The three main factors, excess, deficiency and stasis, interact and further aggravate each other. For example, *yin xu* leads to empty heat, *qi xu* leads to blood stasis, heat leads to further *yin xu* or to phlegm stasis, and so on and so on. All factors in the end lead to:

- *Qi* + blood stasis (*yu*) (hard tumours)
- Damp + phlegm stasis (*tan*) (soft tumours)

I hope that the above shows certain parallels between the orthodox medical and the TCM model. The better the acupuncturist and the patient understand this, and how both models can be combined, the more I believe there will be a successful treatment outcome in the end.

### The aetiology of breast cancer

Most Western sources which cover the incidence, prevalence and mortality of breast cancer mention the following aetiological factors: affluent living standards in the Western world with high protein and calorie-rich diets without enough fruit and vegetables, unhealthy life styles with too little exercise, an increased life expectancy, obesity, alcohol consumption, smoking and exposure to chemicals and other carcinogenic environmental factors. Further factors are raised oestrogen levels through the use of contraceptives and hormone replacement therapy (HRT), as well as environmental oestrogens, which nowadays are widespread and may even occur in the drinking water.

An important role is given to the length of menstruating years of women in the West and the changes in their reproductive patterns. Early menarche and late menopause, together with having fewer children and being older at first pregnancy, are all considered factors which increase the risk of breast cancer. A family history of breast cancer clearly raises the risk, although direct genetic factors like the BRCA gene can so far only be shown in about 5% of cases.<sup>8</sup>

Although we live in a world which is so dominated by electronic communication, the significance of electromagnetic field disturbances as aetiological factors in cancer is still controversial. Similarly, the role of the emotions in the development of breast

cancer is rarely mentioned, yet I consider this to be an important factor which will be discussed below.

In TCM the three main aetiological factors are surprisingly similar:

- 1 Excess, heat + toxins (*shi*):** A high calorie diet with excessive protein, sugar and stimulants, stress, obesity, alcohol, tobacco, exposure to chemicals and other carcinogenic environmental factors, as well as an external oestrogen overload, all belong to the category fire poisons, heat and toxins (*du shi*) and phlegm overload (*yin shi*). The body fights fire with fluids, *yin, yi* (lymph), phlegm and *jing*.
- 2 Deficiency (*xu*):** Older age at first pregnancy, increased life expectancy, a weak immune system, a family history suggesting a genetic predisposition to cancer, as well as a diet with a low level of vital nutrients, vitamins and anti-oxidants, plus a depleted oxygen supply to the cells, all belong to the factor *qi* deficiency (*qi xu*, blood *xu*, *yin xu*, *yang xu*, *jing xu*, etc.)
- 3 Stasis:** Lack of exercise, deficient *qi* flow and a low metabolic turnover, emotional factors like anger, frustration, pushing away conflicts and isolating them deep internally, belong to the factors *qi* stagnation and blood stasis (*yu*), damp-phlegm stasis (*tan*) and *fu qi* (latency).

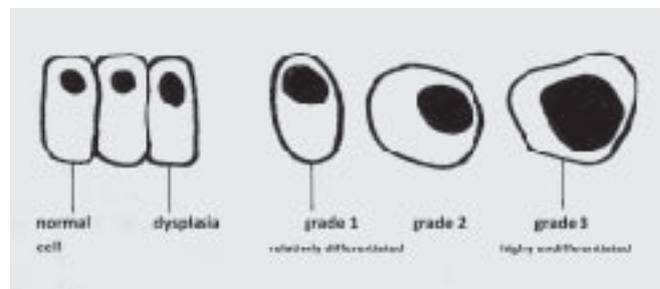
The following table is a summary of the TCM aetiology of breast cancer which I gleaned from a lecture by Giovanni Maciocia.<sup>9</sup>

**Table 2** TCM Aetiology of Breast Cancer

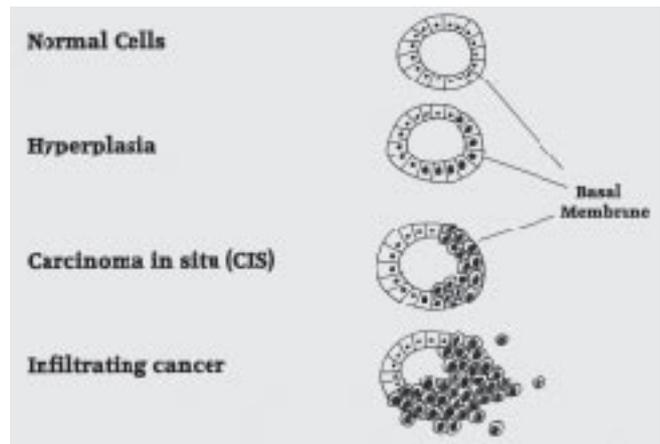
<p><b>Hormonal disturbances of <i>chong</i> &amp; <i>ren</i></b></p> <ul style="list-style-type: none"> <li>• Disturbed <i>chong</i> leads to stasis in the breast</li> <li>• Loss of menstrual cycle leads to <i>qi</i> + blood stasis in the breast</li> <li>• <i>Qi</i> + blood stasis produces hard knots</li> </ul> <p><b>Dietary factors</b></p> <ul style="list-style-type: none"> <li>• A diet rich in sugary and fatty foods leads to phlegm stasis which produces soft knots and tumours in the breast</li> </ul> <p><b>Toxins</b></p> <ul style="list-style-type: none"> <li>• Chemicals and carcinogens lead to the accumulation of fire toxins which in turn lead to phlegm stasis (body fights fire with fluids)</li> </ul> <p><b>Emotions</b></p> <ul style="list-style-type: none"> <li>• Worrying, being over-protective – blocks the spleen</li> <li>• Suppressed anger, frustration – blocks the liver</li> <li>• All overstretched, excessive emotions – create fire which consumes fluid and leads to stagnation in the breast (<i>qi</i> + blood stasis)</li> </ul> <p><b>Being overworked, weakness through aging, etc.</b></p> <ul style="list-style-type: none"> <li>• Lead to <i>qi</i>, blood, <i>yin</i>, <i>yang</i> and <i>jing xu</i></li> <li>• Weakened <i>yin</i> leads to (liver) <i>qi</i> stagnation in the breast</li> <li>• The consequence is <i>qi</i>, blood and <i>yin</i> stasis</li> </ul>
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**The five types of breast cancer in orthodox medicine**

To define the stage, type, severity and prognosis of breast cancer, Western medicine uses two systems of classification: The TNM classification and the grading. T stands for the stage of tumour growth (T<sup>0</sup>-T<sup>4</sup>), N for the spread to lymph nodes (N<sup>0</sup>-N<sup>3</sup>) and M for the degree of metastases, or spread to distant organ tissues. The grading defines various stages of loss of differentiation that breast gland or breast duct cells undergo on their way to become cancer cells.<sup>10</sup> For example, a normal milk duct cell looks a bit like a brick under the microscope, square and compact, with a nucleus which is smaller than that of a cancer cell (see illustration).



If breast cancer develops in a milk gland, it is referred to as lobular, if it develops in a milk duct it is called ductal. If it is local and grows within the basal membrane of the milk gland or milk duct, it is referred to as carcinoma in situ (LCIS or DCIS). If it has spread beyond the basal membrane it is referred to as invasive (see illustration).



Breast cancer cells are either oestrogen receptor positive or negative (ER+ or ER-). Oestrogen receptor positive cancer cells respond better to orthodox treatment as one can use aromatase inhibitors or anti-oestrogenic drugs like Tamoxifen. Finally, breast cancer cells can be the result of genetic changes, which is of important clinical consequence as these cancers grow rather aggressively and have a much worse prognosis.

**Table 3** Types of breast cancer

DCIS (ductal carcinoma in situ) LCIS (lobular carcinoma in situ)	Local removal without chemo- or radiotherapy, no axillary lymph node (LN) clearance	Excellent prognosis
Invasive, ductal, grade 1-2, ER+	Removal with subsequent chemo- or radio-therapy, axillary LN clearance	May have a good prognosis
Invasive, lobular, ER-	Same medical procedure	Prognosis not as good
Invasive, ductal or lobular, grade 3, especially if ER-	Same medical procedure	Prognosis much worse
Invasive with genetically modified cells, like HER-2-new, or BRCA 1+2	Same medical procedure	Prognosis poor to very poor

Since TCM describes the effect cancer has on the body rather than how the tumour cells look under the microscope, these stages are not synonymous with syndromes. However, staging and grading are important definitions for the prognosis and treatment of breast cancer telling us how aggressive the tumour is likely to be, how far the tumour has spread and at what speed.

At least five types of breast cancer can be differentiated, all with a different prognosis, which is of significant importance for the orthodox treatment strategy (see table 3).

Local cancer, like ductal carcinoma in situ (DCIS) has an excellent clinical prognosis, requires no chemotherapy and is normally just surgically removed without the need for removing the axillary lymph nodes. If the tumour is invasive, the degree of differentiation (grading), the size of the growth (diameter) and the extent to which it has spread (TNM classification) become the critical criteria for its prognosis.

Invasive tumours usually require surgery (lobectomy, quadrantectomy or mastectomy), chemotherapy (if the growth is 10mm diameter or larger) and subsequent radiotherapy. Invariably the operation will include the removal of the axillary lymph nodes on the affected side. Some centres of excellence offer the initial removal of the sentinel lymph node, which can be removed and analysed by a pathologist within half an hour while the patient is still under anaesthetic. If the sentinel is clear, the rest of the lymph nodes can remain.

In summary, each type of breast cancer requires a different orthodox medical treatment and carries a different long-term prognosis.

**The role of the emotions in the development of breast cancer**

The emotional impact of conflict, particularly if it is severe and continuous, can ultimately surpass the body's capacity for regulative adaptation. Overwhelmed with issues and unable to deal with them, we repress and defer them. We put them somewhere out of sight and stuff them into dark cupboards. Freud called this process 'Verdraengung' (denial, repression); in Chinese medicine it is called *fu qi* (latency).

Deep inside our organs we create areas of susceptibility to cancer. According to Jeffrey Yuen, unresolved issues are held in a state of latency (*fu qi*) with the help of the body fluids, *yin, yi* (lymph), and especially *jing*. They wrap themselves around the conflict and isolate it. This status is kept up for as long as the body's adaptive regulation can cope with it. When the body is disturbed, becomes old, worn down and depleted, the *jing* can no long fulfil this function and cancer becomes manifest.<sup>11</sup>

Cancer is therefore the result of the body's attempt to limit the spread of problems, to isolate fire toxins and to wrap unresolved issues into a state of latency (*fu qi*). We could say that a tumour is in part an encapsulation of toxicity and emotional pain.

According to Five Element doctrine, different emotions have an affinity with different organs. In the case of breast cancer this involves all the five *shen*, but particularly so wood, fire and earth (see table 4)

**Table 4** The Five Elements and their role in emotional wellbeing and successful outcomes for patients

<b>Water:</b>	Builds up confidence and the will to live ( <i>zhi</i> , kidney). Counteracts fear.
<b>Wood:</b>	Supports life choices and soul issues. Soothes anger, frustration and resentment ( <i>hun</i> , liver).
<b>Fire:</b>	Enables patients to focus on the joy of being alive ( <i>shen</i> , heart).
<b>Earth:</b>	Helps letting go of over-thinking and over-protecting ( <i>yi</i> , spleen). Helps patients to stop feeling sorry for themselves.
<b>Metal:</b>	Supports self worth, encourages the relinquishing of old pain which patients have been hanging on to ( <i>po</i> , lung). Lessens despondency.

Following the ideas described by Lonny Jarrett in his book *Nourishing Destiny* I could construct the following case:<sup>12</sup> A betrayal of the heart protector, and the attempt to shield this painful process from the conscious mind, will sooner or later harm the pericardium's ability to maintain a smooth and free flow of blood. Resentment and repressed anger will compound the problem by interfering with the liver's ability to maintain

a harmonious flow of *qi*. The resulting local encapsulation of emotional pain can then lead to cancer of the breast, the glandular organ which is placed directly above the area of the betrayed heart. The channels of liver and pericardium, together with *chong mai*, kidney and stomach, lead to and through the breast. Hence the treatment protocol may include points like: P 6 (*nei guan*) Liv 3 (*tai chong*), Liv 14 (*qi men*), St 18 (*ru gen*), Ki 24, Ki 23 and Ki 22 (*ling xu*, *shen feng*, and *bu lang*), plus the back *shu* points Bl 43 (*gao huang shu*), Bl 44 (*shen tang*) and Bl 47 (*hun men*).

If she also has issues relating to an injury of the earth element with accumulation of dampness, or if the tumour is soft and rubbery (phlegm stasis), one could bring in the spleen and add points like Sp 21 (*da bao*) and Bl 49 (*yi she*).

To me, the role of the emotions in the development of breast cancer makes a lot of sense. Having said that, I do not know what is worse – neglecting the emotional connections or over-emphasising them to the exclusion of other factors mentioned in previous sections. I hope that nobody comes to the naïve conclusion that acupuncture can, without any problem, remove these zones of conflict, which have grown over a long period of time, and hence single-handedly cure breast cancer.

### The importance of the breast for women

To find out what the breast means to women I asked 20 of my patients, all women who have been to see me over several years and do not suffer from breast cancer, the following three questions:

- 1 What does the breast mean to you and for women in general?
- 2 How would you react if one day you were diagnosed with breast cancer?
- 3 What would be your response if one day, in an extreme scenario, you were told that your breast had to be amputated?

The answers to question one were fairly consistent: The breast represents complete womanhood, being attractive, looking beautiful, self identity, sexiness, femininity, but also fertility and the ability to breast feed a child.

The answers to question two were more mixed, the most common response was: Shock, fear of death, the worst nightmare, and “I would want an immediate explorative operation” or “get the tumour out at all costs”. But I also got the following replies: “Why don’t I love myself?” (from a psychotherapist), “I knew I would be okay” (from a spiritual healer), and “This subject is often over-rated”, from a childless woman in her 70s who earlier on gave the answer: “Getting my period and growing breasts traumatised me.”

Question three was mostly answered as follows: Breast amputation is traumatic, barbaric, a disfiguration. Despite that, most respondents wanted the tumour out, “if necessary the whole breast off”. “If I saw myself in the mirror, unsymmetrical and lopsided, I would wonder whether the other breast should also come off.” On the other hand one patient said: “I would pull

all the stops out to conserve my breast, having it off would be, I don’t know, the end.”

One of them, the psychotherapist, gave me a whole lecture on the subject: Breast means “to feed and to nourish, but also to receive nourishment”, “femininity, but also to receive the feminine”. “The breast is over the heart and has something to do with nourishing the heart.” “The breast points towards vulnerability, but also shows that we do not trust our vulnerability.” “We talk of the breast plate, the breast is like a shield.” “As human women we walk upright, in a vertical reality. We present the breast forwards while other mammals live in a horizontal reality and present the breast downwards and earthwards.”

I would summarise what has been said as follows: The breast represents the woman to the outside world, self identity, “who am I as a woman”, femininity and attractiveness. But also: being a mother, the ability to mother, nourish, feed, protect and take care of a child. If the breast is in conflict, or if the body has pushed the conflict into the breast, this can mean that the woman was over-protective, or that she had a problem with feeding or with being fed, or perhaps with not having been fed enough.

Suppressed anger and frustration which can block the *qi* (in liver and *chong*) and hence can push the conflict into the breast, were not mentioned in the answers, but this may well have something to do with how I set the questions. The fact that the breast is situated over the heart and that the pericardium meridian begins one *cun* lateral from the nipple, is frequently mentioned in the literature. This could mean that the conflict originated with having been betrayed or abandoned, with an injury to the innermost feelings and emotions (or their blockage) and with a broken heart.

### The role of acupuncture in the treatment of breast cancer

#### A) General considerations

The general treatment principles using acupuncture and Chinese medicine in any cancer are:

- Eliminate pathogens and move stasis
- Support the underlying healthy *qi*.

Eliminating pathogens and moving stasis are active strategies more relevant in cancers at an earlier stage, while supporting the underlying *qi*, *yin*, *yang*, immune system, bone marrow, etc., are often what we do once the tumour has advanced or when we deal with the destructive side effects of orthodox cancer treatment.

I find that, in most clinical cases, both treatment principles are used simultaneously with the emphasis in earlier stages being on eliminating pathogens and moving stasis, and in more advanced stages on supporting the healthy *qi*.

The following tables break down the treatment aspects into three further subsets, each showing important acupuncture points and

**Table 5** Eliminate pathogens and move stasis

<b>Move qi + blood stasis and invigorate blood</b> Sp 6, St 36, LI 11, Liv 3, LI 4, GB 34, St 44, Liv 14, Du 14, Sp 10 Bl 17, 18, 20, 22 <i>Ah shi</i> and <i>xi</i> cleft point	<b>Dissolve phlegm-stasis</b> St 40, Sp 4, P 6, Liv 2, LI 11, Sp 9, TH 5, TH 10 Bl 20, 21 <i>Ah shi</i> points	<b>Eliminate heat and toxins</b> Sp 6, Sp 10, LI 4, Liv 2, St 36, LI 11, St 44, Du 14, Lu 5 GB 34, Bl 40 <i>Shi xuan</i> points
Move the <i>qi</i> , break up stasis, invigorate blood, take immune cells to the tumour, improve oxygen supply	Encourage the flow of lymph, soften hardness and dissolve soft lumps	Eliminate heat, cool fire, lead out toxins, soften swellings

**Table 6** Support the healthy *qi*

<b>Tonify qi, yin and yang</b> Sp 6, St 36, Ren 6, Ren 4, Ren 8 (moxa) Ren 12, Ki 3, Ki 6, Ki 7, Du 4, Du 14 Back <i>shu</i> points	<b>Supplement spleen, stomach and kidney</b> Sp 6, St 36, Ren 6, Ren 4, Ren 12, Sp 4, P 6, Liv 13, St 21, Du 4 Bl 20, 21, 23	<b>Supplement blood and raise WBC count</b> Sp 6, St 36, Ren 6, Ren 4, Du 4, Du 14, Ki 3, Sp 10, GB 39, Liv 3, P 6 Bl 11, 17, 18, 20, 21, 23
Build up deficiency, enhance immune function, generate body fluids, protect against heat, inhibit tumour growth	Cultivate <i>yuan</i> and <i>zheng qi</i> , strengthen the immune function	Nourish blood, generate bone marrow, counteract the drop in red+white blood cells during chemotherapy

why they are chosen. The list is meant as a guide and does not claim to be definitive. It should become immediately obvious that many of the points mentioned here are used time and again for different reasons. I find the fact that almost all of them are part of my daily list of favourite acupuncture points very comforting. It makes me think that as acupuncturists we help to prevent cancer, if only to a small degree each time but nevertheless week after week and month after month, for patients who come for treatment on a regular basis.

***'We could say that a tumour is in part an encapsulation of toxicity and emotional pain'***

Moxibustion, traditionally used for warming the *yang*, plays an important role in the treatment of cancer. According to Li Peiwen, moxa loosens hardnesses, frees the meridians, stimulates micro-circulation and helps to eliminate toxins. Particular points of the *du* and *ren* channels, back-*shu* points and points like St 36 (*zu san li*) and GB 39 (*xuan zhong*) are especially useful for the treatment with moxa.<sup>13</sup>

Acupuncture and Chinese medicine are of course not the only methods of helping to eliminate pathogens, moving stasis and supporting the healthy *qi*. For this reason, I always encourage

the patient to follow a strict diet, avoiding toxins and sugar, and taking vitamins, supplements and energy building micro-nutrients, to improve her acid-alkaline balance and take digestive enzymes, anti-oxidants and herbal medicines, which are used in the treatment of cancer. Meditation, visualisation and exercise, as well as yoga, *qi gong*, *tai ji* and other practices are also recommended. Although all of these interventions are of immense importance in my opinion, a detailed discussion of these treatments is beyond the scope of this paper.

**B) Acupuncture treatment during the pre- and post-operative phase, and after orthodox medical treatment has finished**

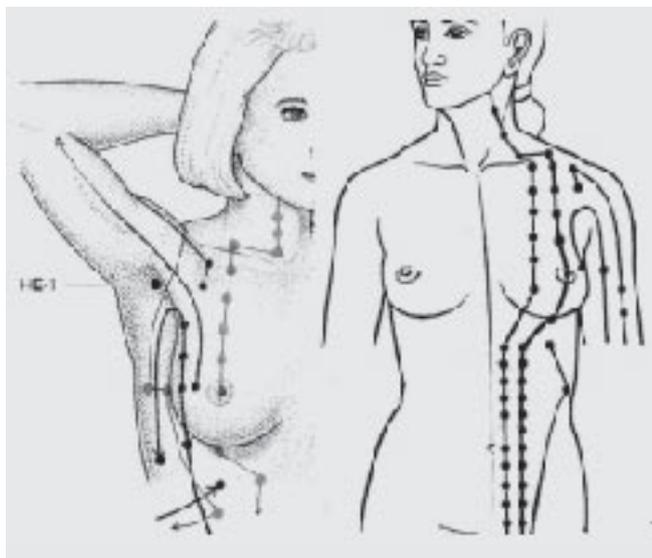
The syndromes discussed below appear in the literature for the treatment of breast cancer with acupuncture and TCM. They are strongly influenced by Chinese herbal medicine theory.<sup>14</sup> In my clinical experience, it is rare for a patient to present with symptoms that exactly match only one of these syndromes and hence in practice there is often some overlap in the choice of acupuncture points. The points presented here should therefore be seen more as ideas and options rather than definitive treatment combinations.

The following meridians run through the breast, have branches ending in the breast or end in the vicinity of the breast (see illustration):

**Outer quadrants:** Pericardium, Spleen, (Heart), Gall bladder

**Inner quadrants:** Kidney, (*ren mai*)

**Inner + outer quadrants:** Stomach, Liver, *chong mai*, (Lung)



Adapted from *A Manual of Acupuncture* (1998) <sup>15</sup>

As in any other chronic condition or symptom complex, the choice of acupuncture points in the treatment of breast cancer will include local and distant points, confluent points (eight extra meridians), transporting (*shu*) points, source points, *luo* connecting points, *xi* cleft points, window of the sky points, etc., although these have not been specifically identified as such in the following text.

During the post-operative phase, the patient will frequently suffer with lymphoedema on the arm corresponding with the side of the axillary lymph node removal. This makes needling of acupuncture points on that side contra-indicated for some time after. Many patients have been told that skin-penetrating treatments like acupuncture are contra-indicated for life on that arm. The subject is controversial and in my experience this changes from patient to patient. I have found it helpful in some cases to needle on the affected side as early as 6-12 months after surgery.

Initially it makes a lot of sense, in my opinion, to use eight extra meridian opening points on one side only, for example, Sp 4 on the left and P 6 on the right when the breast and the axillary lymph nodes have been operated on the left.

## Early stages

### 1 Stagnant (liver) *qi* and blood stasis

- Hard lump, possibly immovable
- Swollen breasts before and during menstruation
- Sense of oppression in the chest and under the ribcage
- Irritability, disturbed menses (irregular or late), bitter taste in the mouth

**Pulse:** thready and wiry

**Tongue:** purplish (pale or dark), especially in the region of the breast, coating can be thin-yellowish

**Treatment principle:** regulate *qi*, move blood stasis, dissolve phlegm stasis.

#### Acupuncture:

**General:** (bilateral unless otherwise stated)

Sp 4 (*gong sun*)

P 6 (*nei guan*) (contra-lateral with lymphoedema)

Liv 3 (*tai chong*)

St 36 (*zu san li*)

Ren 17 (*shan zhong*)

Liv 14 (*qi men*) (on the affected side)

Lu 1 (*zhong fu*) (on the affected side)

Bl 15 (*xin shu*)

Bl 17 (*ge shu*)

**Local points** (only with small breasts) (on the affected side)

St 16 (*ying chuang*)

St 18 (*ru gen*)

P 1 (*tian chi*)

Ki 24 (*lin gxu*)

**Local points** (also with bigger breasts) (on the affected side)

GB 22 (*yuan ye*)

Ht 1 (*ji quan*)

**Especially relevant in this syndrome** (bilateral)

Liv 3 (*tai chong*)

GB 34 (*yang ling quan*)

St 40 (*feng long*)

GB 40 (*qiu xi*) (on the affected side)

Bl 18 (*gan shu*)

**Commentary:** The combination of Sp 4, P 6 and Liv 3 moves *chong*, blood and liver *qi* stasis and hence I recommend it in all cases of breast cancer. Liv 14 and Lu 1 mark the *qi* flow from the liver to the lung channel (following 24-hour *qi* cycle theory) through the affected breast. The combinations mentioned under 'general' and 'local points' are also indicated in the other two early stages (see below). Local points, plus those specifically noted in the text, are used on the affected side; all other points can be bilateral.

After the scars from surgery have healed successfully, for instance after a lumpectomy or a mastectomy or after reconstructive surgery on the breast, I often use a thin needle (0.20 x 15mm) at either end of the scar, implanted several mm deep without needle manipulation. What I haven't mentioned here are the points on the outer bladder line which correspond to the five *zang* organs (Bl 42 lung, Bl 44 heart, Bl 47 liver, Bl 49 spleen and Bl 52 kidney). These can be used together with other specific points for addressing emotional connections which seem relevant in the particular context.

It is important to adapt each treatment to the individual situation. Hence, I would like to point out once again, that the points presented here should be seen as ideas not as definitive treatment prescriptions.

## 2 Deficient spleen with damp-phlegm stasis

- Lump is less defined and/or rubbery
- Pale-yellowish face colour
- Physically and emotionally worn out
- Poor blood circulation (cold hands and feet)
- Poor appetite and loose stools (or diarrhoea)

**Pulse:** slippery and thready

**Tongue:** pale, swollen, with whitish coating (can be sticky)

**Treatment principle:** strengthen spleen and stomach and dissolve phlegm stasis

**Acupuncture:** for 'general' and 'local' breast cancer points see (1) above

### Especially relevant in this syndrome

- Sp 6 (*san yin jiao*)
- Sp 9 (*yin ling quan*)
- St 40 (*feng long*)
- Sp 21 (*da bao*) (on the affected side)
- St 36 (*zu san li*)
- Bl 20 (*pi shu*)
- Bl 21 (*wei shu*)

**Commentary:** See (1) above

## 3 Disturbance of *chong* and *ren*

- Hard lump, often painful to touch
- Breasts are swollen before and during menstruation
- Signs of empty heat (dry mouth, hot palms of hands and feet, etc.)
- Dysmenorrhoea with back pain
- More common in women who haven't had children, or after multiple miscarriages

**Pulse:** thready – wiry, can be slippery

**Tongue:** pale with whitish coating, blue in the breast region (see illustration)



Area on tongue representing the breasts

**Treatment principle:** harmonise *chong* and *ren*, tonify liver and kidney

**Acupuncture:** breast cancer 'general' and 'local points' see (1) above

### Especially relevant in this syndrome

- Sp 4 and P 6 (see under 'general')
- can be combined with GB 41 (*zu ling qi*) and TH 5 (*wei guan*)
- Sp 6 (*san yin jiao*)
- Liv 8 (*qu quan*)
- Ren 6 (*qi hai*)
- Ren 4 (*guan yuan*)
- Bl 18 (*gan shu*)

**Commentary:** See (1) above

## Advanced stages

### 4 Yin, yang, qi and blood deficiency after chemo-, radio- and drug therapy

- Weight loss, dark colour in face (around the eyes)
- Low energy, feels worn out and weak
- Signs of empty heat and *qi* deficiency (insomnia, weak digestion, etc.)
- Occasional signs of cold and *yang* deficiency
- Poor concentration, loss of memory, lack of motivation
- Bone pains (bone metastases) e.g. pelvis, spine, skull, etc.

**Pulse:** feeble, thready – wiry, deep, can be rapid

**Tongue:** pale or red, usually cracked or without proper coating

**Treatment principle:** build up *qi*, blood, *yin* and *yang*

**Acupuncture:** breast cancer 'general' and 'local points' are often, but not always, indicated

#### Especially relevant in this syndrome

- Ki 2 (*ran gu*)
- Ki 6 (*zhao hai*)
- Liv 2 (*xing jian*)
- Ren 6 (*qi hai*)
- Ren 12 (*zhong wan*)
- St 36 (*zu san li*)
- Sp 6 (*san yin jiao*)
- Bl 15 (*xin shu*)
- Bl 17 (*ge shu*)
- Bl 18 (*gan shu*)
- Bl 20 (*pi shu*)
- Bl 22 (*sanjiao shu*)
- Bl 23 (*shen shu*)

**Commentary** [see also (1) above]:

This syndrome describes the later stages of breast cancer after conventional treatments which may have failed to deliver the expected results. Acupuncture should be used gently, tonifying and essentially palliative in this situation.

### 5 Accumulation of stasis and toxins (without conventional medical treatment)

- Hard, burning and painful knots, looking cauliflower-like, under bluish speckled skin
- Ulcerating swelling with foul smelling discharge (blood and pus)

- Signs of empty heat (dry mouth, irritability, constipation, reddish urine, raised temperature in the afternoon)
- Low in energy and short of breath

**Pulse:** feeble, thready-wiry, slippery, deep, thin and rapid

**Tongue:** red, or pale-red, with empty or yellowish coating, purple stasis spots, blueish in the breast region

**Treatment principle:** move stasis, cool fire and eliminate toxins

**Acupuncture:** 'General' breast cancer points, like Sp 4 and P 6, and local points are often indicated in this syndrome.

#### Especially relevant in this syndrome:

**Local points** [see (1) above]

Sp 4, P 6 (GB 41, TH 5) (see above)

GB 34 (*yang ling quan*)

Liv 8 (*qu quan*)

Sp 6 (*san yin jiao*)

Liv 3 (*tai chong*)

LI 4 (*he gu*)

Bl 15 (*xin shu*)

Bl 17 (*ge shu*)

Bl 18 (*gan shu*)

Bl 22 (*san jiao shu*)

Points around the ulceration.

**Commentary** [see also (1) above]:

This syndrome describes the beginning of the end in breast cancer without conventional orthodox treatment. Here acupuncture should be given frequently in combination with Chinese herbal treatment (eliminate toxins and pathogens, move stasis).

### 6 Exhaustion of qi and blood with accumulation of toxins (without conventional medical treatment)

- Large, ulcerating swelling with a foul smelling discharge
- Exhausted, worn out, with a pale face and dizziness
- Lack of appetite, shortness of breath
- Weak digestion, loose stool, pale urine
- Insomnia, cold sweat

**Pulse:** thready, deep and weak

**Tongue:** pale with yellow coating (may be thick-greasy)

**Treatment principle:** tonify *qi*, *yin* and *yang*, nourish blood, eliminate toxins

**Acupuncture:** 'General' breast cancer points and local points are often, but not always, indicated in this syndrome. If *yang xu* prevails, moxa is indicated.

**Especially relevant in this syndrome:**

- Ren 6 (*qi hai*)
- Ren 12 (*zhong wan*)
- St 36 (*zu san li*)
- Sp 6 (*san yin jiao*)
- Bl 15 (*xin shu*)
- Bl 17 (*ge shu*)
- Bl 18 (*gan shu*)
- Bl 20 (*pi shu*)
- Bl 22 (*san jiao shu*)
- Bl 23 (*shen shu*)

Points around the ulceration.

**Commentary** [see also (1) above]:

This syndrome describes the final stage of breast cancer without conventional medical treatment. Here acupuncture should be given frequently combined with Chinese herbal treatment. The priority is to strengthen the healthy *qi*, since eliminating toxins and moving stasis frequently comes too late.

**C) Acupuncture before, during and after chemotherapy**

The vast majority of breast cancer patients seen at my clinic undergo a course of chemotherapy at some point on their journey. Chemotherapy, a controlled poisoning of rapidly duplicating cells anywhere in the body, obviously targets and destroys cancer cells, but also affects a variety of other rapidly duplicating healthy cells such as the epithelial lining of the digestive tract, the bone marrow and the hair follicle cells to name the most obvious ones, resulting in the well known chemotherapy side-effects listed here.

Lack of appetite, loss of taste, bleeding gums, nausea and vomiting are typical early signs developing in the first week after the chemotherapy injection. In TCM this can be interpreted as a strong dose of toxic heat which tends to consume the *yin* (mainly lung, heart, kidney and stomach *yin*) causing vomiting (rebellious reverse *qi*), diarrhoea, cystitis, disturbances of the heart rhythm and other symptoms. Hair loss, another sign of *yin xu* that tends to be worse with particular chemo-drugs, can occur at any stage.

Around ten days after the initial injection the toxic effect reaches a maximum (known as the nadir in chemotherapy jargon), leading to symptoms of bone marrow depression with a dramatic drop in the levels of red and white blood cells (leukocytes, neutrophils, lymphocytes, thrombocytes, haemoglobin, etc.) which often makes it necessary to postpone the date of the following chemotherapy injection. Other symptoms at this stage are tiredness, malaise, dizziness, palpitations, arrhythmia or tachycardia, insomnia, unproductive dry cough and cognitive disturbances known as 'chemohead' (confusion, word-finding difficulties, memory lapses, etc.).

Collectively these symptoms can be classified as deficiency of *qi*, blood, *yin*, *yang* and *jing* caused by toxic heat. Insomnia and palpitations are the result of heart *yin xu*, dry cough lung *yin xu*, bone marrow depression *qi*, blood and kidney-liver-spleen *yin xu*, etc. In my clinical experience it is realistically possible to alleviate all these symptoms with acupuncture, moxibustion and Chinese herbs, especially the nausea and the drop in red and white blood cells. Whenever the patient can arrange this, I suggest weekly or twice-weekly acupuncture sessions which should ideally start before the first injection and should be continued throughout the entire course of the chemotherapy.

The effect can be greatly enhanced by teaching the patient and a helper the use of daily moxibustion on the points Bl 17 (*ge shu*), Bl 18 (*gan shu*) and Bl 20 (*pi shu*), or other points such as St 36 (*zu san li*) and Du 14 (*da zhu*). I have published on this subject elsewhere and hence suggest that interested readers should glean the details by following the references.<sup>16, 17</sup> In my experience those patients who manage to apply daily moxa on the above points can achieve astonishing results, they cope with their chemotherapy surprisingly well and in many cases the WBC (white blood cell) and neutrophil counts do not drop below critical levels so the risk of having to postpone scheduled chemotherapy sessions is much reduced. The literature from China and Japan seems to support this view, highlighting the positive effect of moxibustion on immune modulation, in particular Interleukin-2 (IL-2), natural killer cells and the T-lymphocyte subsets CD3, CD4 and CD8.<sup>18, 19</sup>

Similar principles apply during radiotherapy, but for reasons of space I will not elaborate on the latter except in some of the case histories given at the end.

**Day 1-7** (after the chemo-injection)

**TCM pathology:** toxic heat and *yin xu* (especially stomach *yin xu*)

- **Nausea and vomiting** (basic point combination)

- Sp 4 (*gong sun*)
- P 6 (*nei guan*)
- St 36 (*zu san li*)
- Ren 12 (*zhong wan*)
- Sp 6 (*san yin jiao*)
- Ki 2 (*ran gu*) (with weak patients)

- **With thirst and dry mouth** (stomach *qi* and *yin xu*) add

- Ki 6 (*zhao hai*)
- St 25 (*tian shu*)

- **With hiccups and bitter taste in the mouth** (liver-stomach disharmony with *qi* stagnation) add  
Liv 3 (*tai chong*)  
LI 4 (*he gu*)  
St 25 (*tian shu*)
- **With vomiting of mucous and yellow tongue coating** (phlegm heat) add  
GB 34 (*yang ling quan*)  
St 40 (*feng long*)  
Liv 2 (*xing jian*)
- **With exhaustion and vomiting of undigested food** (spleen-stomach cold and weak *ming men* fire) add  
Sp 6 (*san yin jiao*)  
Ren 4 (*guan yuan*)  
Du 4 (*ming men*)  
all with needle and moxa

#### Day 7-12 (after the chemo-injection)

**TCM pathology:** toxic heat with *yin xu*, *qi* and blood *xu* and depletion of kidney (*qi*, *yin*, *yang* and *jing*)

- **Nausea and vomiting** (see above)
- **Bone marrow depression** (basic point combination)  
St 36 (*zu san li*)  
Sp 6 (*san yin jiao*)  
Bl 23 (*shen shu*)  
Ki 3 (*tai xi*)  
Bl 17 (*ge shu*) \*  
Bl 18 (*gan shu*) \*  
Bl 20 (*pi shu*) \*  
Bl 21 (*wei shu*) \*  
\*needle and moxa
- **With anaemia predominant** (*qi* and blood *xu*)  
Basic point combination, plus Ren 12 in place of Bl 23 and Ki 3
- **With leukopenia predominant:** (*qi*, *yang* and blood *xu*)  
Basic point combination (omit Ki 3), plus  
Du 4 (*ming men*) \*  
Du 14 (*da zhu*) \*  
\*with needle and moxa

- **With thrombocytopenia predominant** (spleen and stomach *qi xu*, kidney *yin xu*)  
St 36 (*zu san li*)  
Sp 6 (*san yin jiao*)  
Bl 20 (*pi shu*)  
Bl 21 (*wei shu*)  
Bl 23 (*shen shu*)  
Ki 2 (*ran gu*)  
Ki 7 (*fu liu*)  
Ki 10 (*yin gu*)

#### Commentary:

The treatment points cited above are suitable in all forms of chemotherapy as they deal with the effects of toxic heat and the damage this causes to *qi*, blood, *yin*, *yang* and *jing*. In breast cancer they can be favourably combined with the treatment principles mentioned earlier (see pre- and post-operative treatment phase). If other signs of *yin xu* are predominant, like for instance dry cough (lung *yin xu*) or palpitations, insomnia and 'chemohead' (heart and kidney *yin xu*), then the point combination has to be adjusted according to the clinical picture.

#### Day 12-21

**TCM pathology:** deficiencies of *qi*, blood, *yin*, *yang* and *jing* are regenerating

- **Typical treatment** (by no means an exclusive list)  
Sp 4 (*gong sun*)  
P 6 (*nei guan*)  
St 36 (*zu san li*)  
Ren 12 (*zhong wan*)  
Sp 6 (*san yin jiao*)  
Bl 15 (*xin shu*)  
Bl 18 (*gan shu*)  
Bl 20 (*pi shu*)  
Bl 23 (*shen shu*)

#### Commentary:

In this phase the treatment should be adjusted in accordance with the predominant symptoms, following the normal principles of syndrome differentiation.

#### Other common chemotherapy side effects

- **Hair loss** (kidney *yin xu*) Acupuncture is, in my opinion, not a sufficiently effective treatment for this symptom.

- **Peripheral neuropathy** (obstructed channels, *qi* and blood *xu*, kidney *xu* (*qi*, *yin*, *jing*) Basic point combination

LI 4 (*he gu*)

Liv 3 (*tai chong*)

TH 5 (*wai guan*)

Sp 6 (*san yin jiao*)

GB 39 (*xuan zhong*)

St 36 (*zu san li*)

GB 34 (*yang ling quan*)

St 41 (*jie xi*)

*Ba xie, shang ba xie*

*Ba feng, shang ba feng*

- **With damp heat add**

Bl 20 (*pi shu*)

Sp 9 (*yin ling quan*)

- **With liver and kidney *jing xu* add**

Bl 18 (*gan shu*)

Bl 23 (*shen shu*)

## Case histories

I chose the following cases to highlight the different forms of breast cancer, to show how acupuncture and moxibustion can be helpful in supporting the various orthodox strategies and how they can influence the treatment outcomes. I hope that these cases show the strengths and limitations of what our therapy can contribute in the fight against breast cancer. The names of the patients have been changed.

### Anna, born in 1958, DCIS (ductal carcinoma in situ)

Anna came to see me in October 2004 after several years of suffering with a painful breast lump which had been diagnosed as a fibro-adenoma (mammography, needle biopsy). The lump was situated in the upper, outer quadrant on the left, at its largest about 20mm long and 5mm wide. Size and tenderness increased for 7-10 days before each period together with symptoms of PMS. Her pulse was feeble and wiry with a somewhat depressed liver position and the tongue was pale with the sides and front being purplish-red. Her face was pale and looked a little tired. I diagnosed liver *qi* stagnation with underlying *qi* and blood *xu*. The plan was to regulate liver and *chong mai* as well as to tonify *qi* and blood.

She reacted beautifully to acupuncture and *qi* (*gong*) healing, but the lump remained. In November I persuaded her to go back to her gynaecologist and she got an appointment to have the lump removed. This was the beginning of a long odyssey of operations which nobody had anticipated: 18 February 2005: lumpectomy

(with safety margin) – DCIS was diagnosed. 10 March 2005: extended lumpectomy. 23 March 2005: further resection – still DCIS in safety margin. 5 May 2005: quadrantectomy. 19 May 2005: full mastectomy (“I want it all out, I had five operations, I am so worn out with it”).

During this period, I treated Anna twice a week with acupuncture. We alternated the following point combinations:

Sp 4, P 6, Liv 3, LI 4 (bilateral), Lu 1, GB 22, Sp 21 (on the left)

Liv 3, Sp 6, St 36, GB 41, TH 5, GB 20 (bilateral).

On the back I regularly added points of the outer bladder line, like Bl 44 (for “the betrayed heart”) and Bl 47. Her boyfriend had left her and she was angry. (“Why does this happen to me – and now the damn breast cancer!”) Since there is no axillary lymph node removal required in the treatment of DCIS, I did not need to restrict the acupuncture to only one arm.

In May 2005, I changed the treatment to: Liv 3, LI 4, Sp 4, P 6, Sp 6, St 36 (bilateral) and GB 40, Lu 1 (on the left), plus ear points (bilateral) *shen men*, mamma 1 & 2 (with electro stimulation 15/50 Hz). The emphasis was on the pre- and post-operative regulation of *qi* and blood in the breast region. GB 22 and Sp 21 were no longer appropriate since they lie too close to the area of the removed breast tissue.

I tried to interest Anna in a detoxifying diet, the use of Chinese herbs, Iscador injections, visualisation and other complementary methods, but she wanted to focus on the acupuncture and the *qi* healing which appealed to her. After the mastectomy we continued with weekly treatments along the lines discussed above. During this phase we often talked about the Five Element connections, like liver/*hun*, raising issues such as: “who am I and where am I going?”, anger, resentment, “why me?”, “my identity as a woman”; and gall bladder: confidence, decision making, “the balls to take on life”. In late July 2006, Anna started to work again, part-time, as a communications consultant.

She needed more operations (altogether nine in the end) to fit an implant that didn’t move like the first one did. By late 2006, her breast prosthesis had finally settled in well and with her wearing a T-shirt it was impossible to tell which side she had been operated on. She went swimming three times a week for 30 lengths and I saw her smile for the first time in two years (“I feel great”). She felt better after each acupuncture treatment (“I have finally turned a corner”) and we decided to suspend the treatment for a time.

I saw Anna again the following year for a short period. She was symptom-free but was missing her acupuncture. At this stage I used only very few needles and *qi* (*gong*) healing. A typical treatment was: Sp 4 on the right, P 6 and Lu 1 on the left, with the *qi* healing directed from P 9 (P 6) to Lu 1 (P 1). I know from a friend, who comes to see me regularly for acupuncture that Anna has remained symptom-free and kept healthy to this day.

I chose Anna's story for several reasons: DCIS is the breast cancer with the best long-term prognosis where neither chemotherapy nor radiotherapy are indicated and neither were used in her treatment. Although this is a cancer in an early development stage, the surgical removal can be tricky and complicated, as it was in her case. The aim of my acupuncture was largely palliative and concerned with supporting her emotionally, plus clearing stagnation and supporting her *qi* and blood during the pre- and post-operative phases. Since no lymph nodes are removed in the treatment of DCIS, there was no problem in using acupuncture on the arm on the same side as the cancer lesion.

#### **Julie, born 1950, (ductal, grade 2, ER +)**

Julie was diagnosed with breast cancer in 1993. A quadrantectomy with axillary lymph node removal (two out of six were malignant) showed a left-sided tumour of 10mm in diameter, invasive-ductal, grade 2, oestrogen receptor positive (ER+), T 1-2 N1 M0.

She started chemotherapy in April 1993, CMF (Cyclophosphamide, Methotrexate and 5- Fluoro-Uracil) (six sessions) with radiotherapy to follow, plus five years of Tamoxifen 20mg afterwards. She had her initial treatment session with me a week after her first chemotherapy injection. This was before I had started to teach my patients daily moxa treatment during chemotherapy.

I gave Julie weekly acupuncture treatment with the intent to clear the chemo-toxins, to regulate the flow of *qi* and blood through her left breast and to build up her healthy anti-pathogenic *qi*. A typical treatment was:

Liv 3, Sp 6, St 36, Ren 12, Du 14 (bilateral), Lu 1, Liv 14, Sp 21, GB 22 (on the left) and P 6, LI 4 (on the right, due to the post-operative lymphoedema)

I prescribed Chinese herbs (decoctions, followed by concentrated powders), Iscador injections, visualisation and a long list of antioxidants and vitamins. She struggled bravely through the chemotherapy, but sessions four to six all had to be postponed due to a critical drop in the WBC and neutrophil counts, despite the various treatments, including the weekly acupuncture.

In October/November 1993 she had her 50 Gy (gray) of radiotherapy covering the left breast and axillary region. The skin looked heavily sunburned and my acupuncture at that stage focused on leading out local toxic heat. A typical weekly treatment was:

Liv 2, LI 4, St 36 (bilateral) and LI 11 (on the right)

On the left Ren 17 connected with Liv 14, Ki 26 connected with Lu 1 (with gentle electro-stimulation, at a level which is just perceptible by the patient, for a maximum of ten minutes during which time the pulse should be continuously monitored. If there is any disturbance in heart rate, cease the electro-stimulation)

Once she finished the radiotherapy, we started fortnightly treatments and from January until July 1994 it became monthly.

We continued with herbal powders and I added *Zhi Bo Di Huang Wan* pills since she suffered with hot flushes due to the Tamoxifen.

I saw Julie again in April 2000, seven years after her initial diagnosis, as she was due for a second chemotherapy, FEC (5FU, Epirubicin and Cyclophosphamide). A swelling in her mastectomy scar turned out to be malignant in a biopsy after which she had been given a radical mastectomy in February 2000.

Since the mastectomy scar had healed well, I used the following acupuncture treatments alternately, treating her twice a week during her second course of chemotherapy:

Liv 3, Sp 6, St 36, Ren 12 & 17 (bilateral), P 6 (on the right), on the left Sp 4, Lu 1, St 18, Liv 14, Ki 26, 25, 24, plus two end-of-scar needles, all fairly shallow, except Lu 1

Bl 15, 17, 18, 20 and 23, plus local points around the left breast – see above

Her husband applied daily moxa treatment during the entire chemotherapy phase following my instructions (with quite a bit of skill I gather) on the points Bl 17, 18 and 20. This time she seemed to sail through the chemo, she had significantly less nausea, tiredness or insomnia, her neutrophil counts did not drop below  $2 \times 10^9$  q/L and none of her chemo sessions had to be postponed. After finishing the chemotherapy Julie came for acupuncture once a month over three years, then once every three months until March 2005. Since then, over six years have passed and she shows no signs of any cancer relapse.

I chose her story for following reasons: Her breast cancer was of a kind which has a relatively good prognosis (small, invasive-ductal, grade 2, ER+). She went through all the stages of orthodox treatment, which are typical for her type of cancer (surgery, chemo-, radio-, Tamoxifen). She had chemotherapy twice. The first time she struggled with the chemo despite my best treatment efforts. The second time she had daily moxa on Bl 17, 18 and 20 together with regular acupuncture treatments and this seemed to make a dramatic difference.

#### **Emma, born 1948 (large tumour, ductal, grade 3, ER-)**

Emma had a radical mastectomy on the left due to a largish, aggressive breast cancer (2cm diameter with tentacles spreading up to 5.4cm in one direction, ductal, grade 3, ER- (oestrogen receptor negative). Three out of 15 lymph nodes were malignant. She had no signs of metastasization (PET scan, bone scan, CT scan) but her cancer was much more aggressive than Julie's (grade 3, T<sup>3</sup> N<sup>2</sup> M<sup>0</sup>).

She started treatment with me in July 2003 when she was half way through her first course of chemotherapy, FEC (5-FU, Epirubicin, Cyclophosphamide). A naturopath had put her on a long list of supplements and micro-nutrients and she took Giovanni Maciocia's formula chemo support. Her chemo sessions two and three had to be postponed due to a critically low white

blood cell count (neutrophils were  $0.69 \times 10^9/L$  after session two and  $0.60 \times 10^9/L$  after session three).

I gave her acupuncture twice a week with the following point combination:

Liv 3, Sp 6, St 36 (bilateral), LI 4, Ht 7 (on the right) and GB 40 (on the left). On the back, I used BI 17, 18 and 20 (bilateral) with needle and moxa.

I taught her au-pair the use of daily moxa on BI 17, 18 and 20 which the young woman applied with skill and enthusiasm.

Emma looked better after her second acupuncture session, the liver pulse was less depressed and she said "I don't have to be baby-sat anymore." The fourth chemotherapy session could go ahead as scheduled since her neutrophil count was  $5.7 \times 10^9/L$ . After four acupuncture sessions she declared: "I recovered much quicker from the chemo nightmare." She was still nauseous but had no vomiting, her appetite was much better and the urine less burning. She went for a walk on day five after the chemo "as if I was well again... I was battered but not down."

I continued acupuncture with similar point combinations, in one session I added BI 13 and BI 42 to help her letting go, the following week I added BI 18 and BI 47 to calm her anger and frustration after she found out that her husband was having an affair with his 27-year-old research assistant. The last two chemotherapy sessions could go ahead on time as her neutrophil count never dropped below  $2.0 \times 10^9/L$ . I concluded that the daily moxa treatments she was getting with the help of her au-pair were definitely having a positive effect.

After finishing her chemotherapy in September 2003, she came for treatment for another month ("I'm on top of things, I'm back in the saddle"). I knew from a mutual friend that she kept well for a year before the tumour returned with a vengeance.

Her second course of chemotherapy, during which she didn't want acupuncture treatment, was less successful and she died shortly afterwards. Although I wasn't involved in her treatment at that stage, I never lost the feeling that she died partly to punish her husband who by now lived with his new girlfriend.

I chose her story to show how much more aggressive a large, grade 3, oestrogen receptor negative breast cancer is, but also to show how helpful acupuncture can be when accompanying a patient through chemotherapy, especially the daily application of moxa on BI 17, 18 and 20.

### **Henry, born 1943, (small breast cancer in a man which had not spread)**

Breast cancer in men is rare and is estimated to be around 1% (about 400-500 men per year in Britain). Whether in Henry's case the BRCA gene was involved was never established since the investigation is expensive; to my knowledge, this analysis is not available in the UK, and blood samples have to be sent to the USA.

Henry had surgery (radical mastectomy, left side) in 2003. How big the tumour was and what grade, he couldn't tell me. The doctors told him it was invasive-ductal, ER+ (oestrogen receptor positive) and T1-2 N0 M0. From that I gathered it was a small tumour which had not spread. All 12 lymph nodes were clear. Post-operatively he had 15 sessions of radiotherapy, followed by a five-year course of Tamoxifen 20mg.

After his operation he developed a sizeable lymphoedema in the left arm. He came to see me six weeks after that because someone told him that acupuncture could help with this symptom. As usual, I tried to persuade him to change his diet, to visualise, to take herbs, to have Iscador injections, anti-oxidants and other supplements. However, these suggestions fell on deaf ears since Henry is convinced to this day that lifestyle has nothing to do with his cancer.

Henry's pulse was thin, wiry and slightly irregular, but the quality, intensity and evenness of the six positions appeared healthy. His tongue was pale and slightly swollen with the coating somewhat peeled in the region of the lower burner (more to the left). I diagnosed mild *qi* and blood *xu* with a weakened kidney (and heart?) *yin*.

We started with following point combination:

St 36, Sp 6, Liv 3 (bilateral), Sp 4, Liv 14, St 18, St 16, two end-of-scar points (on the left) and P 6, LI 4 (on the right). Occasionally I added bilateral BI 15 and BI 23

My goal was not only to alleviate the lymphoedema, as he wanted me to do, but also to strengthen his *qi*, blood and *yin* and to encourage the *qi* flow through his operated left chest. The latter I admitted to him only months later.

After five months of weekly acupuncture (with breaks) Henry felt a lot stronger and healthier, his sleep improved and the lymphoedema was barely visible. I persuaded him to leave the arm bandage off at night and shortly afterwards he started using it only every second day. One year after the operation (June 2004), he left the bandage off altogether despite his lymphoedema nurse insisting that the arm was still "10% more swollen than it should be".

I started using acupuncture on both arms from September 2004, 15 months after his operation – something which neither he nor the nurse were entirely comfortable with. A typical treatment at that stage was:

Liv 3, LI 4, St 36, Sp 6, Ren 17 (bilateral) and GB 40, Sp 21, Lu 1, St 18, St 16 (on the left). I stopped the end-of-scar needles from that point on

In 2005 we reduced the acupuncture sessions to once every three weeks and ever since 2006 Henry has been coming for treatment once a month. His six-monthly hospital appointments have shown no negative results and the oncologist seems very happy with him. The most recent treatment I gave him was:

Liv 3, LI 4, Sp 6, St 36, Ren 17, BI 23 (bilateral) and St 18, St 16, Lu 1 (on the left)

## Conclusion

This article examines breast cancer, its aetiology, pathology and the five different types which we encounter in practice, from the perspective of orthodox medicine as well as that of TCM. Both systems are deliberately discussed side by side as this reflects the reality in clinical care. The role of the emotions is examined following the Five Element model and the question is raised what the breast means for women.

The article centres on the issue: what can acupuncturists contribute in the treatment of breast cancer? It describes the general principles of TCM in cancer care and discusses specific acupuncture treatments during the pre- and post-operative phases, as well as after the orthodox medical treatments of breast cancer have finished. One section discusses the use of acupuncture and moxibustion during chemotherapy which, in my experience, marks an important aspect of why patients seek help from us. The article ends with case histories which were chosen to highlight the importance of understanding the different types of breast cancer, their orthodox treatments and long term prognosis, as well demonstrating how acupuncture was actually used.

I hope I have shown that acupuncture and moxibustion can be helpfully employed in the treatment of breast cancer by successfully reducing the side effects of surgery, chemo- and radiotherapy whilst having a supportive immune-stimulating and generally stabilising effect. Acupuncture cannot cure breast cancer, but it can help patients to tolerate orthodox medical treatments much better. In this way, I believe, acupuncture can contribute to an improved long-term treatment outcome.

### Please note:

An earlier version of this article was published in German under the title *Die Rolle der Akupunktur in der Behandlung von Brustkrebs* in ZTCM (Zeitschrift fuer Traditionelle Chinesische Medizin) Maerz 2011/Vol.20t.

Unless otherwise stated all illustrations and tables are by the author.

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Despite the increasing popularity of acupuncture, there remains uncertainty as to its effectiveness and how it brings about change. Particular questions are posed over whether acupuncture research has sufficient model validity and reflects acupuncture as practised. Exploring traditional acupuncture (TA) in practice should help to expose processes essential to the theory of TA. The aim of this study was to examine what TA practitioners aim to achieve, their rationale and how they follow this through in their practice. METHODSÂ They achieved this through a continuous process of treatment, following through the recursive and individualized nature of TA and adjusted, via differential diagnosis, to the rapidly fluctuating circumstances of individual women. Acupuncture May Reduce Treatment-Related Joint Pain for Breast Cancer Patients. Subscribe. January 8, 2018, by NCI Staff.Â The main side effect of true and sham acupuncture was mild bruising, which was more common in the true-acupuncture group than in the sham-acupuncture group. Patients in both the sham-acupuncture and no-treatment groups reported a roughly one-point mean reduction in worst pain at 6 weeks. Although itâ€™s not clear why the control groups also saw an improvement, Dr. Hershman said that, in symptom-management studies where patients are monitored and assessed over time, researchers often see an improvement of symptoms in the control group. More Investigations Planned. Breast cancer is a life-threatening disease among women worldwide with annual rates of reported incidence and death increasing alarmingly. Chemotherapy is a recommended and effective treatment option for breast cancer; however, the narrow therapeutic indices and varied side effects of currently approved drugs present major hurdles in increasing its effectiveness.Â This review focuses on the use of herbal medicines and acupuncture in palliative care and as adjuvants in the treatment of breast cancer. Herbal medicinal treatments, the correlation of clinical use with demonstrated in vitro and in vivo mechanisms of action, and the use of certain acupoints in acupuncture are summarized.