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Two Case Studies for an FSN Treatment for Acute Depression and Anxiety

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Abstract:

This paper describes the application of an FSN acupuncture treatment on two people who were suffering from an acute episode of depression. One was a 32 year-old-woman with a history of depression, and the other a 36-year-old man suffering from acute anxiety and paranoia. Upon examination a tightness was found on the rectus abdominus of both patients. FSN was performed on the rectus abdominus which in both cases resulted in an immediate improvement of the patient’s condition. It is speculated that there may be a link to serotonin levels and the gastrointestinal tract.

Keywords: FSN, Acupuncture, Depression, Anxiety, Paranoia, Serotonin

Introduction:

Depression can take many forms and medication is often necessary for moderate and severe depression. Major classes of medication include tricyclics and related anti-depressants, selective serotonin re-uptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs). Unpleasant side effects can occur with any of these medications and so many patients will try alternatives.

TCM and Five Element acupuncture have been used extensively for mild to moderate depression and mental-emotional problems. In a recent Cochrane review (Smith CA, 2018), no clear advantage over medication or therapy was shown, but other reviews have found positive effects. (Junghans, 2018) It may also be the case that many individual practitioners may well have clinical evidence of positive results which have never been published.

FSN (Fu’s Subcutaneous Needling) acupuncture, also known as Floating Needle acupuncture is an innovation in treatment which does not follow TCM theory, and therefore TCM pattern diagnosis is unnecessary, although FSN does not preclude adding TCM treatment as well. FSN began as a pain
treatment but the range of use of the technique has expanded, as well as research into possible mechanisms of operation. (Fu, 2016) On a recent FSN study trip to China, the author observed FSN being applied in cases of depression, and these cases often involved an FSN treatment of the abdomen.

CASE ONE, 32-Year-old Woman

History of Illness and Symptoms:

Patient: The patient was a 32-year-old woman who had a recent history of depression, including post-partum depression after the birth of her only child two years previously. This was treated with sertraline. She thought that she never got over the post-partum depression entirely. Anxiety would return with her periods and worsened if she was under any unusual stress. She later experienced two miscarriages, followed by urine infections which were treated with anti-biotics, and her anxiety returned.

Her anxiety escalated to a point where she couldn’t leave her home, and often spent the day in bed crying. Her mother, a psychiatric nurse wanted her to try alternative treatment before taking medication owing to concerns with side effects, so she contacted the author for help.

I travelled to her home with her mother. When we arrived, she wouldn’t leave her bed and was rolled up into the foetal position while crying uncontrollably. She consented to an examination and a tightness was found on her upper left rectus abdominus.

Treatment and Outcomes:

First Treatment:

The patient’s upper left rectus abdominus was needled twice, with reperfusion and resistance. Resistance was achieved by asking the patient to raise her head and shoulders to tighten the rectus abdominus. After the muscles felt relaxed, the patient was left to rest for about ½ an hour with the
needle retained. After the rest period the muscles were palpitated again for tightness and treated again, but for a shorter time.

During the rest period between needling, her mood began to lift noticeably. Within the hour she was out of bed and did not appear to be suffering from anxiety.

Additional Needling: To relax the patient Four Gates and Yintang were needled with even technique in addition to the FSN treatment.

Second Treatment:

The patient was able to travel to the clinic for her subsequent appointment. She reported that she felt better and better and was enjoying life with her work and family. Her abdomen did not feel tight, so FSN was not performed. A TCM treatment was chosen instead.

Needling: Four gates and Yintang, followed by a tonification of Pericardium 6 as indicated by her pulses.

CASE TWO, 36-Year-old Man

History of Illness and Symptoms:

Patient: The patient was a 36-year-old man who had a long history of anxiety and depression. He was raised by his mother and he said he had only met his father at one brief meeting. His mother was an alcoholic and died by suicide when he was 18. He then went to live with his elderly grandmother who died within a few years leaving him without support. These difficult years were made worse because he became involved in drug and alcohol abuse. He said that owing to his substance abuse there are years of his life he cannot remember. He did manage to pull himself out of his chaotic life-style, achieving employment and a stable relationship with his partner and child.

When he was seen in the clinic he had come through a session of alcohol abuse and he was full despair and regret, and also the fear that he would permanently lose his partner and child who had left him a few days before owing to his behaviour. The episode was triggered by memories of his
mother’s suicide and a fear that he would lose control and follow his mother into further alcohol abuse and suicide. He came for treatment because he felt that if he broke down further then he would not be able to regain control of himself. He said that alcohol had “released demons inside” and that at present he was not “the person that he really is.” He had a long history of medication but said that the side effects were too severe. Owing to his state of mind he was unable to say what his previous medications were.

He was brought to the clinic by a relation who is a psychiatric nurse and was monitoring his situation. When he arrived he was faint, poorly coloured, unable to concentrate clearly and was shaking uncontrollably.

**Treatment and Outcomes:**

The first step was to listen to what the patient had to say not only in order to understand his situation, but to try to calm him enough so he could be treated. Fortunately, this was achieved, and he was ready for treatment. He lay on the treatment couch and was still shaking strongly. Upon examination a tight band was easily found on his right abdominus rectus.

An insertion point was chosen near his rib cage on the upper right area of his abdominus rectus. Very soon after starting the swaying movement, his shaking stopped. Treatment was continued with reperfusion and the patient was much more relaxed. The points Four Gates and Yintang were added as well for the same reasons as in Case One above, to move Liver Qi and relax the mind. The patient was then allowed to rest with the FSN needle left in place in the rectus abdominus. At this point the patient was told that his shaking had stopped. He apparently hadn’t noticed, and he was pleasantly surprised.

After a rest period for 20 minutes or so, the abdominus rectus was re-examined and it was found to be relaxed, so there was no additional reperfusion or additional insertions chosen. The FSN needle was removed. The casing was not left in as it was unclear if it could be left safely given his mental condition. The TCM needles were also removed.

His pulses were taken (previously I considered him too anxious to provide an accurate reading). His pulses seemed in balance, with a weakness in the kidney/bladder position. Owing to his
emotional disturbance He 7 (Shenmen), and Pc7 (Daling) were tonified, as well as Kd 3 (Taixi) to help his overall condition.

At the end of the treatment the patient was far from a well man in body, mind or spirit but he was calm, he was not shaking, his colour was better, and his mind was clear. He talked about being ready to take appropriate steps to improve his situation. At the time of writing he has not been seen for additional treatment.

Discussion:

FSN or Floating Needle acupuncture has been practiced in China for over 20 years although in the UK it is new and practised little outside of the Mandarin speaking community. The application of FSN has been evolving and the range of conditions successfully treated is expanding dynamically. As well, research has been undertaken to better understand its mechanism of operation.

In this particular case, the abdomen was treated. The abdominal region has been important in eastern thought within traditional medicine, martial arts and Tai Chi. Owing to this, it was not a complete surprise in Nanjing to have observed mental-emotional problems being successfully treated through needling the abdomen.

With regard to treating the abdomen for mental-emotional problems, this treatment comes from the 4th category of FSN indications. There are five in all (Fu, 2016):

1 The muscle itself is causing the pain. The symptoms are pain, dysfunction and a lack of power.

2 The tightened muscle affects the surrounding nerves, arteries and veins.

3 The tightened muscle affects neighbouring tissues and systems. This category includes.
   i) Respiratory system smooth muscles.
   ii) The heart muscle.
   iii) Gastrointestinal smooth muscles.
   iv) Urinary tract smooth muscles.
Reproductive urinary tract smooth muscles.

4 The tightened muscles affect mental and emotional issues. This includes symptoms such as mood swings, anxiety, and insomnia.

5 The tightened muscles result in miscellaneous effects. The pathologically tightened muscles can cause the symptoms of an autonomic nervous dysfunction.

The first patient in this study was needled with FSN technique in her upper left quadrant, near the intersection of the epigastrium and the hypochondrium regions. The selection was chosen owing to the discovery of tightened muscles in this area of her rectus abdominus. This area covers the area of the stomach and, more internally, the organs of the spleen, pancreas and the left lobe of the liver.

Owing to the proximity of the left lob of the liver, it is easy to speculate that the tightened muscles were related to Liver Qi Stagnation, but it is unclear whether TCM syndromes are helpful to understand FSN techniques other than in the broadest terms, namely clearing Qi Stagnation and Blood Stasis. Therefore, the mechanism which brought about the result in this case study is unclear. An explanation is further complicated by the inclusion of a TCM technique.

The TCM technique, Four Gates and Yintang, was added as an extra to the main treatment. As a practitioner of nearly twenty experience I consider it unlikely that this TCM technique on its own would have an effect in such a severe case, but it could add to the overall effect. Its inclusion interferes with evaluation of a clear FSN effect, it would be immoral to decline a possible beneficial treatment merely on the basis on research aims. Therefore, the TCM technique was included.

When the patient came for her second treatment she mentioned that the day after her FSN session she had a bath and noticed that her abdomen felt hard and red marks like claw marks were visible. She said they were there for about ten minutes and then disappeared and she was back to normal. I contacted the FSN Institute in Nanjing, and the opinion was that the episode was the result of increased blood flow to the area owing to the FSN treatment. In any event, the episode, although unusual, was short lived and had no ill effects for the patient.

The patient in the second case was also needled in the abdominus rectus, but on the upper right-hand side, lower, but in proximity to the Liver. As with Case One, it is easy to speculate that the tightened muscles were related to Liver Qi Stagnation, but again it is unclear whether TCM syndromes are helpful to understand FSN techniques other than in the broadest terms, namely clearing Qi Stagnation and Blood Stasis. In both Case One and in Case Two, the effect was immediate and obvious, so some mechanism was in operation.
It is hoped that it is not out of place speculate about the possible effect of the FSN treatment on serotonin levels. It is well known that much of the body’s serotonin is produced in the gastrointestinal tract. Since the rectus abdominus covers much of area filled by the gastrointestinal tract, it may be hypothesised that FSN on the rectus abdominus may have act on serotonin levels owing to the 4th category of FSN indications, namely, that tightened muscles affect mental and emotional issues. This includes symptoms such as mood swings, anxiety, and insomnia. Clearly, studies designed to investigate any such mechanism are needed to move toward any conclusions, but as a clinic observation there is clear evidence of a positive effect.

**Conclusion**

This case study provides an example of the application of FSN in two cases of acute depression and anxiety. The treatment is an example of the 4th indication of FSN for its use in mental and emotional issues. There may also have been a beneficial effect on underlying organs, perhaps related to serotonin levels and the gastrointestinal tract.

Since a TCM technique was also included it is not an example of an FSN treatment on its own therefore further research is necessary to explore further the use of FSN in mental and emotional issues. Looking at the practical results however, both patients experienced an immediate positive effect and one patient has enjoyed a lasting recovery.

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**Bibliography**


