

# ACUPUNCTURE FOR DIPLOPIA

by Steve Clavey

Here is a case of double vision from my notes, again treated by Dr. Zhu Ming-Qing (see An Interesting Acupuncture Case History); unfortunately there is no record of follow-up. Nonetheless the fragment seemed worthwhile including to illustrate Dr. Zhu's analysis and approach.

"In any case of double vision" he begins "first consider: a) cerebral tumour, b) retinal abnormalities, and c) neuromuscular abnormalities."

This case involved a man named Shen, 32 years of age, translator by profession. He had had double vision for 4 years. Up close things could be seen without problem, but at a distance all were doubled. In order to ride his bicycle he had to close one eye. All the Western exams were negative, and treatment with Chinese herbs had not been successful.

The patient also had pain at Fengchi GB-20 which felt connected to the eye, as well as pain at Tianzong SI-11 and the elbow, the hip and the knee. In other words, all along the hand and foot shaoyang channels.

"Let us consider" said Dr. Zhu "the above three factors. First, tumours progress rapidly - but he has had this for four years. Also, Western exams by the ophthalmologist are negative - so the retina should be ok. So let us check the neuromuscular system. Hold one finger up and determine the limits at which he begins to see two fingers. Move to the periphery on both sides and watch how the eyes move: singly, in coordination, and ask where he begins to see double.

"In this case the patient is alright on the left, but the right lateral area is less wide than the left and he sees double there. The right eye vision as a whole is weaker than the left. Thus the lateral flexor is weak and that seems to be the problem."

Dr. Zhu continued:

"The interesting thing in this case is that the Western doctors the patient saw could not put a name to this problem. But TCM can define it quite specifically: Liver blood is deficient and fails to nourish the tendons. Liver rules the tendons and opens into the eye. His pains are all along the Gall Bladder channel which is the superficial aspect of the Liver.

"Normally he gets head distention and is easily tired, with lower backache and tinnitus. Also he can wiggle the left ear but not the right - so the tendons there are weaker, and the nerves less coordinated."

"Therefore treatment should be to tonify Liver and Kidneys, and also treat locally. We can choose points from the following:

Zhongzhu SJ-3

Waiguan SJ-5

Fengchi GB-20

Tianzong SI-11  
Huantiao GB-30  
Zhongfeng LIV-4  
Yanglingquan GB-34  
Guangming GB-37  
Sizhukong SJ-23

"We will also do the left lateral visual line on the scalp (occipital)".

Note:

This line is located by first finding the occipital midline which runs from Qiangjian DU-18 to Naohu DU-17. [Qiang Jian is midway between Baihui DU-20 and Fengfu DU-16; Nao Hu is 1.5 cun above Feng Fu.]

The lateral lines are 1.2 cun to each side, running parallel. The point of insertion for the needle is four finger-breadths from the base of the occipital prominence. Run the needle downward just under the skin for at least one cun.

When needling eye problems, the line on the same side as the problem eye is used. Dr. Zhu employed these lines for all eye problems, eyelid twitching, facial paralysis, and also occipital headaches. Another excellent use for these lines is lower backache.

When needling eye problems, the affected eyeball must be pressed during the needling in order to link the stimulation with the desired target. For scalp needling, Dr. Zhu usually used the acupuncture technique known as "chou qi fa" (drawing the qi method) which involves inserting the needle to the desired depth, fixing the skin on either side of the needle with the fingers of the opposite hand, then using a strong grip on the needle, appearing to jerk it outward without actually moving the needle. This is done quickly three or four times, then the needle gently pushed back to depth, in case it has actually moved outwards a bit. Mental intention is important, he said, and while the needling must be strong, it should not be (very) painful for the patient. Dr. Zhu frequently emphasised "It is the doctor that sweats - not the patient!"

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