**Case Report**

**Effectiveness of Integrative Treatment for Multiple Sclerosis**

**in Acupuncture and Oriental Medicine**

**David Kim**

**Virginia University of Oriental Medicine**

**DAOM 2017 Fall Quarter (CI820C)**

**DR. T.C. Choo**

**Abstract**

 A 64-year-old Caucasian female patient, diagnosed with Multiple Sclerosis (MS), has had limitations when walking which started 15 years ago. TCM diagnosis was external invasion or internal endangerment of damp heat, unregulated diet, or over taxation to consume blood and yin. Acupuncture, Tuina, Herbal decoction/pill, Bio/Neurofeedback and natural supplements have been administrating for over 14 years. Patient responded well with treatments and is able to perform basic ADL’s as well as activities related to patient’s occupation as a CEO of a company.

1. **Chief Complaint**

 Around 14 and 1/2 years ago, the patient presented with gait imbalance, constant spasm on both legs, back pain, myalgia, leg/foot swollen and difficulties with bladder control. Patient also has a secondary complaint of chronic back pain.

1. **History of Present Illness**

 Patient has been facing multiple health conditions such as, limited walking, chronic back pain, limited balancing, leg spasm, urination frequency, lack of heat tolerance, inability to hear high pitch sounds such as normal cell phone ring tone and difficulty hearing when in a crowded room. Patient also is susceptible to heat temperatures. Patient was diagnosed with shingles about 3 months ago, which affected her left axillary region down to the lateral side of patient’s rib cage. Patient has recovered from shingles, however still has residual nerve pain around the affected area. She has been receiving one to two treatments every week which includes Acupuncture/Neuro acupuncture, Tuina, Herbal decoction/pill and Bio/Neurofeedback. She often received Massage therapy, and chiropractic adjustment. Patient stated that all protocols have helped alleviate her symptoms and still is very beneficial for her condition. Patient is very knowledgeable in nutritional supplements.

1. **Past Medical History**

Right after the patient was diagnosed with MS by her doctor 15 years ago, she was taking prescribed medicine for over a month and had serious side effects such as; mood swings, frequent urination and vision problems. Since then, patient has been trying to find out alternative ways and many different types of treatments for her MS which include; physical therapy, massage therapy, chiropractic adjustment along with nutritional therapy. Even though she has been receiving these types of treatments, her condition was still getting worse. Patient was experiencing gate imbalance, severe leg and back spasms 4-5 times daily. 14 and 1/2 years ago, patient came to our clinic to receive acupuncture treatment. Since then, she has been receiving Acupuncture, Tuina, Herbal decoction/pill, Bio/Neurofeedback and the patient has recognized the benefits of Acupuncture and Herbal treatment. About 6 months ago, Motion Style Neuro-acupuncture was included as one of the main protocol for her treatments. Her hearing has gradually impaired since childhood and is still being affected. Heat tolerance gradually decreased since15 years ago. Urination frequency developed when she took prescribed medicine from her western doctor. Patient takes a cruise vacation at least twice a year for her stress.

1. **Review of Systems (ROS)**
* Gait: Imbalanced, unable to walk fast.
* Energy level: Moderate energy level, an average of 6/10, however gets tired easily.
* Temperature: The patient does not sweat even during the summer season, therefore body temperature goes up very easily.
* Body Type: Within normal BMI (5’6”, 153lbs)
* Sleep: Patient usually sleeps 7 hours average. She wakes up two times during the night to empty her bladder.
* Nourishment: Patient has been doing well with balanced diet which includes a lot of vegetables with the right amount of fish/meat, and a variety of grains.
* Apparent Wellness or Illness: Patient presents with chronic stiffness below the belt line which causing stresses.
* Apparent edema: Noticed on both feet.
* Appearance in relationship to age: Normal
* Mental Status: Stable
1. **HEENT/Examination:**
* The patient has decreased hearing in both ears since childhood. She has dry skin. Patient drinks water to prevent dry mouth and dry throat. Patient drinks about 64 ounces of water. Eyes normal, no nasal congestion. She does not have any allergies. Patient has a good shen. Even after 15 years of intense chronic pain, patient still retains her positive attitude. A physical examination of patient’s calf muscles on both sides showed tenderness and spasmatic reactions when pressure was applied, however these symptoms have noticibalay decreased since 2 years ago.
* Blood Pressure: 120/75
* Pulse: 72 bpm, thready/tight
* Tongue: Normal, slightly pale with a thin coating.
* Chest: Respiratory rate is 20 per minute. Respiration pattern is regular with no use of accessory muscles upon inhalation and expiration. Skin is dry and cold to touch. Symmetrical chest expansion was observed. No sputum production or productive cough presented.
* Abdomen: Abdomen is soft and has no signs of distention. No masses presented upon palpation.
* Appetite/Diet/Thirst: The patient has a good diet and appetite. She has balanced and regular meals with a lot of vegetables, grains, and a small portion of fish/meat. She avoids dairy products and any type of GMO products.
* Urination and Bowel movement: The patient has regular straw yellow colored urine, however has uncontrollable urgencies to urinate. She does not have any difficulty or pain when emptying her bladder. The patient has regular bowel movements.
* Pain: Patient complains of chronic back pain with a level of 2-3/10 due to her MS.
* Emotions: The patient gets upset easily, especially when a topic is not pleasant for her.
* Speech: Patient has no issues with speech.
* Hearing: Due to patients impaired hearing, patient has to see the opponent’s lips to understand words.
* OB/GYN: N/A
1. **Assessment:**

**A). Bio Medical Diagnosis: Multiple Scoliosis**1

 Overview

* 

Multiple sclerosis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1, https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/symptoms-causes/syc-20350269

In multiple sclerosis, the protective coating on nerve fibers (myelin) is damaged and may eventually be destroyed. Depending on where the nerve damage occurs, MS can affect vision, sensation, coordination, movement, and bladder and bowel controlMultiple sclerosis (MS) is a potentially disabling disease of the brain and spinal cord (central nervous system).

In MS, the immune system attacks the protective sheath (myelin) that covers nerve fibers and causes communication problems between your brain and the rest of your body. Eventually, the disease can cause the nerves themselves to deteriorate or become permanently damaged.

Signs and symptoms of MS vary widely and depend on the amount of nerve damage and which nerves are affected. Some people with severe MS may lose the ability to walk independently or at all, while others may experience long periods of remission without any new symptoms.

**There's no cure for multiple sclerosis. However, treatments can help speed recovery from attacks, modify the course of the disease and manage symptoms.**

Symptoms

* 

Myelin damage and the nervous system

In multiple sclerosis, the protective coating on nerve fibers (myelin) in the central nervous system becomes detached and eventually destroyed. This creates a lesion that may cause numbness, pain or tingling in parts of the body.

Multiple sclerosis signs and symptoms may differ greatly from person to person and over the course of the disease depending on the location of affected nerve fibers. They may include:

* Numbness or weakness in one or more limbs that typically occurs on one side of your body at a time, or the legs and trunk
* Partial or complete loss of vision, usually in one eye at a time, often with pain during eye movement
* Prolonged double vision
* Tingling or pain in parts of your body
* Electric-shock sensations that occur with certain neck movements, especially bending the neck forward (Lhermitte sign)
* Tremor, lack of coordination or unsteady gait
* Slurred speech
* Fatigue
* Dizziness
* Problems with bowel and bladder function

Disease course

Most people with MS have a relapsing-remitting disease course. They experience periods of new symptoms or relapses that develop over days or weeks and usually improve partially or completely. These relapses are followed by quiet periods of disease remission that can last months or even years.

Small increases in body temperature can temporarily worsen signs and symptoms of MS, but these aren't considered disease relapses.

About 60 to 70 percent of people with relapsing-remitting MS eventually develop a steady progression of symptoms, with or without periods of remission, known as secondary-progressive MS.

The worsening of symptoms usually includes problems with mobility and gait. The rate of disease progression varies greatly among people with secondary-progressive MS.

Some people with MS experience a gradual onset and steady progression of signs and symptoms without any relapses. This is known as primary-progressive MS.

**Causes**

The cause of multiple sclerosis is unknown. It's considered an autoimmune disease in which the body's immune system attacks its own tissues. In the case of MS, this immune system malfunction destroys myelin (the fatty substance that coats and protects nerve fibers in the brain and spinal cord).

Myelin can be compared to the insulation coating on electrical wires. When the protective myelin is damaged and nerve fiber is exposed, the messages that travel along that nerve may be slowed or blocked. The nerve may also become damaged itself. It isn't clear why MS develops in some people and not others. A combination of genetics and environmental factors appears to be responsible.

**Risk factors**

These factors may increase your risk of developing multiple sclerosis:

* **Age.** MS can occur at any age, but most commonly affects people between the ages of 15 and 60.
* **Sex.** Women are about twice as likely as men are to develop MS.
* **Family history.** If one of your parents or siblings has had MS, you are at higher risk of developing the disease.
* **Certain infections.** A variety of viruses have been linked to MS, including Epstein-Barr, the virus that causes infectious mononucleosis.
* **Race.** White people, particularly those of Northern European descent, are at highest risk of developing MS. People of Asian, African or Native American descent have the lowest risk.
* **Climate.** MS is far more common in countries with temperate climates, including Canada, the northern United States, New Zealand, southeastern Australia and Europe.
* **Certain autoimmune diseases.** You have a slightly higher risk of developing MS if you have thyroid disease, type 1 diabetes or inflammatory bowel disease.
* **Smoking.** Smokers who experience an initial event of symptoms that may signal MS are more likely than nonsmokers to develop a second event that confirms relapsing-remitting MS.

Complications

People with multiple sclerosis also may develop:

* Muscle stiffness or spasms
* Paralysis, typically in the legs
* Problems with bladder, bowel or sexual function
* Mental changes, such as forgetfulness or mood swings
* Depression
* Epilepsy

[**Emerging treatments for multiple sclerosis**](https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/expert-answers/emerging-treatments-for-ms/faq-20096786)2

There is no cure for multiple sclerosis (MS), but there has been much progress in developing new drugs to treat it. Research is ongoing to develop new and better disease-modifying therapies (DMTs) for this disease of the central nervous system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2, https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/expert-answers/ermerging-treatrments-for-ms/faq-20096786

DMTs are designed to reduce the frequency and severity of MS attacks. DMTs also minimize the neurological damage these MS attacks cause. The majority of DMTs approved by the Food and Drug Administration (FDA) since the early 1990s are effective at helping to manage relapsing-remitting MS, which affects between 85 and 90 percent of people diagnosed with this disease.

After several years, most cases of relapsing-remitting MS convert to a gradually progressive form of the disease, known as secondary-progressive MS. Currently available DMTs have little impact on this phase of MS, so it's best to develop a treatment regimen during the earlier relapsing-remitting phase.

About 10 percent of people with multiple sclerosis are diagnosed with a progressive form (primary-progressive MS) at the onset of the disease.

**New therapies are emerging**

The recently FDA-approved drug ocrelizumab (Ocrevus) reduces relapse rate and risk of disability progression in relapsing-remitting MS. It's also the first DMT to slow the progression of the primary-progressive form of MS.

Another DMT, daclizumab (Zinbryta), was approved by the FDA in 2016 for relapsing-remitting multiple sclerosis. Daclizumab helps to reduce relapse rates. But the FDA cautioned that this drug should only be used in people in whom at least two other drugs were ineffective, due to possible side effects including infections and liver problems.

Researchers are learning more about how existing DMTs work to lessen relapses and reduce MS-related lesions in the brain. Further studies will determine whether these mechanisms can potentially delay disability caused by the disease.

Stem cell transplantation also is being evaluated as a treatment for MS. Researchers are exploring whether destroying the immune system and then replacing it with transplanted stem cells can "reset" the immune system in people with MS.

**Medications**3

There is no cure for MS, medications are used in multiple sclerosis (MS) to [modify the disease course](http://www.momentummagazineonline.com/medication-map-choose-disease-modifying-treatment-ms/), treat relapses due to the nature of disease.

**Overview**

Medications are used in multiple sclerosis (MS) to [modify the disease course](http://www.momentummagazineonline.com/medication-map-choose-disease-modifying-treatment-ms/), treat relapses — also called attacks or [exacerbations](https://www.nationalmssociety.org/Treating-MS/Managing-Relapses) — and manage [symptoms](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms). Along with the other essential components of [comprehensive MS care](https://www.nationalmssociety.org/Treating-MS/Comprehensive-Care), these medications help people manage their MS and enhance their comfort and quality of life.

**Modifying the disease course**

The following U.S. Food and Drug Administration (FDA)-approved disease-modifying agents ([.pdf brochure](https://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/Brochure-The-MS-Disease-Modifying-Medications.pdf)) reduce disease activity and disease progression for many people with relapsing forms of MS, including relapsing-remitting MS, as well as progressive forms of MS in those people who experience relapses.

* Injectable medications
	+ [Avonex](https://www.nationalmssociety.org/Treating-MS/Medications/Avonex) (interferon beta-1a)
	+ [Betaseron](https://www.nationalmssociety.org/Treating-MS/Medications/Betaseron) (interferon beta-1b)
	+ [Copaxone](https://www.nationalmssociety.org/Treating-MS/Medications/Copaxone) (glatiramer acetate)
	+ [Extavia](https://www.nationalmssociety.org/Treating-MS/Medications/Extavia) (interferon beta-1b)
	+ [Glatiramer Acetate Injection](https://www.nationalmssociety.org/Treating-MS/Medications/Glatiramer-acetate) (glatiramer acetate -- generic equivalent of Copaxone 20 mg and 40 mg doses)
	+ [Glatopa](https://www.nationalmssociety.org/Treating-MS/Medications/Glatopa) (glatiramer acetate -- generic equivalent of Copaxone 20mg dose)
	+ [Plegridy](https://www.nationalmssociety.org/Treating-MS/Medications/Plegridy) (peginterferon beta-1a)
	+ [Rebif](https://www.nationalmssociety.org/Treating-MS/Medications/Rebif) (interferon beta-1a)
	+ [Zinbryta](http://www.nationalmssociety.org/Treating-MS/Medications/Zinbryta) (daclizumab)
* Oral medications
	+ [Aubagio](https://www.nationalmssociety.org/Treating-MS/Medications/Aubagio) (teriflunomide)
	+ [Gilenya](https://www.nationalmssociety.org/Treating-MS/Medications/Gilenya) (fingolimod)
	+ [Tecfidera](https://www.nationalmssociety.org/Treating-MS/Medications/Tecfidera%E2%84%A2) (dimethyl fumarate)
* Infused medications
	+ [Lemtrada](http://www.nationalmssociety.org/Treating-MS/Medications/Lemtrada) (alemtuzumab)
	+ [Novantrone](https://www.nationalmssociety.org/Treating-MS/Medications/Novantrone) (mitoxantrone)
	+ [Ocrevus](https://www.nationalmssociety.org/Treating-MS/Medications/Ocrevus) (ocrelizumab)
	+ [Tysabri](https://www.nationalmssociety.org/Treating-MS/Medications/Tysabri-%C2%AE) (natalizumab)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3, <https://www.nationalmssociety.org/Treating-MS/Medications>

Following the treatment plan that you and your doctor have established is the best possible strategy for managing your MS:

* Early and ongoing treatment with disease-modifying therapy is supported by the [MS Coalition](http://www.ms-coalition.org/) which includes the National MS Society. This evidence-based [Consensus on Disease-Modifying Therapies](https://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/DMT_Consensus_MS_Coalition.pdf) (.pdf) and [Summary](https://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/summaryDMTpaper_-final_Nov2014.pdf) (.pdf) may be useful when discussing treatment options with your healthcare provider and advocating with insurers for access and coverage. This paper was last updated in 2016.
* [Adhering to your disease-modifying medication](https://www.nationalmssociety.org/Treating-MS/Medications/Adherence) is a key element of treatment effectiveness.
* For help in managing the costs of these medications, read about the [patient assistance programs](https://www.nationalmssociety.org/Treating-MS/Medications/Financial-Assistance-Programs) offered by the pharmaceutical companies.

Under certain circumstances, some healthcare providers may use medications to treat MS that have FDA approval for other diseases -- also called "off-label" use. Over the past few decades, [several medications have been used off-label in MS](https://www.nationalmssociety.org/Treating-MS/Medications/Meds-used-for-MS-off-label).

**Managing relapses**

MS [relapses](https://www.nationalmssociety.org/Treating-MS/Managing-Relapses) are caused by inflammation in the central nervous system that damages the myelin coating around nerve fibers. This damage slows or disrupts the transmission of nerve impulses and causes the symptoms of MS. Most relapses will gradually resolve without treatment.

For severe relapses (involving loss of vision, severe weakness or poor balance, for example), which interfere with a person’s mobility, safety or overall ability to function, most neurologists recommend treatment with corticosteroids. The most common treatment regimen is a three-to-five-day course of high-dose, intravenous corticosteroids to reduce inflammation and end the relapse more quickly. This regimen may or may not be followed with a slow taper of oral prednisone. Corticosteroids are not believed to have any long-term benefit on the disease. Medication options include:

* High-dose intravenous [Solu-Medrol®](https://www.nationalmssociety.org/Treating-MS/Medications/Solu-Medrol) (methylprednisolone)
* High-dose oral [Deltasone®](https://www.nationalmssociety.org/Treating-MS/Medications/Deltasone) (prednisone)
* [H.P. Acthar Gel](https://www.nationalmssociety.org/Treating-MS/Medications/H-P-Acthar%C2%AE) (ACTH)

**Managing symptoms**

A wide variety of medications are used to help manage the [symptoms of MS](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms). Below are common symptoms of MS and the medications used to treat those symptoms.

[**Bladder Problems**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Bladder-Dysfunction)

**Dysfunction**

* [Botox](https://www.nationalmssociety.org/Treating-MS/Medications/BOTOX) (onabotulinumtoxin A)
* [DDAVP Nasal Spray](https://www.nationalmssociety.org/Treating-MS/Medications/DDAVP-Nasal-Spray) (desmopressin)
* [Detrol](https://www.nationalmssociety.org/Treating-MS/Medications/Detrol) (tolterodine)
* [Ditropan](https://www.nationalmssociety.org/Treating-MS/Medications/Ditropan) (oxybutynin), [Ditropan XL](https://www.nationalmssociety.org/Treating-MS/Medications/Ditropan-XL)
* [Enablex](https://www.nationalmssociety.org/Treating-MS/Medications/Enablex) (darifenacin)
* [Flomax](https://www.nationalmssociety.org/Treating-MS/Medications/Flomax) (tamsulosin)
* [Hytrin](https://www.nationalmssociety.org/Treating-MS/Medications/Hytrin) (terazosin)
* [Minipress](https://www.nationalmssociety.org/Treating-MS/Medications/Minipress) (prazosin)
* [Myrbetriq](https://www.nationalmssociety.org/Treating-MS/Medications/Myrbetreq) (mirabegron)
* [Oxytrol](https://www.nationalmssociety.org/Treating-MS/Medications/Oxytrol) (oxybutynin)
* [Pro-Banthine](https://www.nationalmssociety.org/Treating-MS/Medications/Pro-Banthine) (propantheline)
* [Sanctura](https://www.nationalmssociety.org/Treating-MS/Medications/Sanctura) (trospium chloride)
* [Tofranil](https://www.nationalmssociety.org/Treating-MS/Medications/Tofranil) (imipramine)
* [Vesicare](https://www.nationalmssociety.org/Treating-MS/Medications/Vesicare) (solifenacin succinate)

**Infection**

* [Bactrim; Septra](https://www.nationalmssociety.org/Treating-MS/Medications/Bactrim) (sulfamethoxazole)
* [Cipro](https://www.nationalmssociety.org/Treating-MS/Medications/Cipro%C2%AE) (ciprofloxacin)
* [Macrodantim](https://www.nationalmssociety.org/Treating-MS/Medications/Macrodantin) (nitrofurantoin)
* [Hiprex](https://www.nationalmssociety.org/Treating-MS/Medications/Hiprex-Mandelamine) (methenamine)
* [Pyridium](https://www.nationalmssociety.org/Treating-MS/Medications/Pyridium) (phenazopyridine)

[**Bowel Dysfunction**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Bowel-Dysfunction)

* [Colace](https://www.nationalmssociety.org/Treating-MS/Medications/Colace) (docusate)
* [Dulcolax](https://www.nationalmssociety.org/Treating-MS/Medications/Dulcolax-and-Bisacolax) (bisacodyl)
* [Enemeez](https://www.nationalmssociety.org/Treating-MS/Medications/Enemeez%C2%AE) (docusate stool softener laxative)
* [Fleet Enema](https://www.nationalmssociety.org/Treating-MS/Medications/Fleet-Enema) (sodium phosphate)
* [Mineral Oil](https://www.nationalmssociety.org/Treating-MS/Medications/Mineral-oil)
* [Metamucil](https://www.nationalmssociety.org/Treating-MS/Medications/Metamucil) (psyllium hydrophilic musilloid)
* [Phillips Milk of Magnesia](https://www.nationalmssociety.org/Treating-MS/Medications/Phillips-Milk-of-Magnesia) (magnesium hydroxide)
* [Sani-Supp suppository](https://www.nationalmssociety.org/Treating-MS/Medications/Sani-Supp-suppository) (gylcerin)

[**Depression**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Depression)

* [Cymbalta](https://www.nationalmssociety.org/Treating-MS/Medications/Cymbalta) (duloxetine hydrochloride)
* [Effexor](https://www.nationalmssociety.org/Treating-MS/Medications/Effexor) (velafaxine)
* [Paxil](https://www.nationalmssociety.org/Treating-MS/Medications/Paxil) (paroxetine)
* [Prozac](https://www.nationalmssociety.org/Treating-MS/Medications/Prozac) (fluoxetine)
* [Wellbutrin](https://www.nationalmssociety.org/Treating-MS/Medications/Wellbutrin) (bupropion)
* [Zoloft](https://www.nationalmssociety.org/Treating-MS/Medications/Zoloft) (sertraline)

[**Dizziness and Vertigo**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Dizziness-and-Vertigo)

* [Antivert](https://www.nationalmssociety.org/Treating-MS/Medications/Antivert) (meclizine)

[**Emotional Changes**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Emotional-Changes)

* [Nuedexta](https://www.nationalmssociety.org/Treating-MS/Medications/Nuedexta) (dextromethorphan + quinidine)

[**Fatigue**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Fatigue)

* [Amantadine](https://www.nationalmssociety.org/Treating-MS/Medications/Amantadine)
* [Provigil](https://www.nationalmssociety.org/Treating-MS/Medications/Provigil) (modafinil)
* [Prozac](https://www.nationalmssociety.org/Treating-MS/Medications/Prozac) (fluoxetine)

[**Itching**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Itching)

* [Atarax](https://www.nationalmssociety.org/Treating-MS/Medications/Atarax) (hydroxyzine)

[**Pain**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Pain)

* [Dilantin](https://www.nationalmssociety.org/Treating-MS/Medications/Dilantin) (phenytoin)
* [Elavil](https://www.nationalmssociety.org/Treating-MS/Medications/Elavil) (amitriptyline)
* [Klonopin](https://www.nationalmssociety.org/Treating-MS/Medications/Klonopin-Rivotril-Syn-Clonazepam) (clonazepam)
* [Neurontin](https://www.nationalmssociety.org/Treating-MS/Medications/Neurontin) (gabapentin)
* [Pamelor; Aventyl](https://www.nationalmssociety.org/Treating-MS/Medications/Pamelor-Aventyl) (nortriptyline)
* [Tegetrol](https://www.nationalmssociety.org/Treating-MS/Medications/Tegretol) (carbamazepine)

[**Sexual Problems**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Sexual-Dysfunction)

* [Cialis](https://www.nationalmssociety.org/Treating-MS/Medications/Cialis) (tadalafil)
* [Levitra](https://www.nationalmssociety.org/Treating-MS/Medications/Levitra) (vardenafil)
* [Papaverine](https://www.nationalmssociety.org/Treating-MS/Medications/Papaverine)
* [MUSE](https://www.nationalmssociety.org/Treating-MS/Medications/MUSE) (alprostadil)
* [Prostin VR](https://www.nationalmssociety.org/Treating-MS/Medications/Prostin-VR) (alprostadil)
* [Viagra](https://www.nationalmssociety.org/Treating-MS/Medications/Viagra) (sildenafil)

[**Spasticity**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Spasticity)

* [Botox](https://www.nationalmssociety.org/Treating-MS/Medications/BOTOX) (onabotulinumtoxin A)
* [Dantrium](https://www.nationalmssociety.org/Treating-MS/Medications/Dantrium) (dantrolene)
* [Gablofen](https://www.nationalmssociety.org/Treating-MS/Medications/Lioresal-and-Gablofen) (baclofen [intrathecal])
* [Klonopin](https://www.nationalmssociety.org/Treating-MS/Medications/Klonopin-Rivotril-Syn-Clonazepam) (clonazepam)
* [Lioresal](https://www.nationalmssociety.org/Treating-MS/Medications/Lioresal) (baclofen)
* [Valium](https://www.nationalmssociety.org/Treating-MS/Medications/Valium) (diazepam)
* [Zanaflex](https://www.nationalmssociety.org/Treating-MS/Medications/Zanaflex) (tizanidine)

[**Tremors**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Tremor)

* [Laniazid - Nydrazid](https://www.nationalmssociety.org/Treating-MS/Medications/Laniazid-Nydrazid) (isoniazid)
* [Klonopin - Rivotril - Syn-Clonazepam](https://www.nationalmssociety.org/Treating-MS/Medications/Klonopin-Rivotril-Syn-Clonazepam) (clonazepam)

[**Walking (Gait) Difficulties**](https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Walking-%28Gait%29%2C-Balance-Coordination)

* [Ampyra](https://www.nationalmssociety.org/Treating-MS/Medications/Ampyra) (dalfampridine)

**Progressive Multiple Sclerosis Cured with Homeopathy** 4

Homeopathy: a “new” treatment for Multiple Sclerosis?

Keywords: The Mueller Method of homeopathy, multiple sclerosis, weakness, paralysis, erectile dysfunction, depression, suicidal, concussion, traumatic brain injury, alternative medicine, drug side-effects, neurological disorders, the cancer diathesis, homeopathic treatment for multiple sclerosis

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4, https://thehomeopathiccollege.org/mr-muellers-articles/progressive-multiple-sclerosis-cured-homeopathy/

**The Mercury-MS Connection**

 An often overlooked and all too common cause of MS is chronic mercury toxicity. This heavy metal is a liquid at room temperature, a vapor at body temperature, and is found in dental amalgam fillings (dark grey/silver ones), vaccines (in the form of Thimerosal), some fish & seafood, and in industrial air and water pollution. Mercury can cause demyelination of the nerves and produce lesions in the central nervous system[1]. MS patients have eight times more mercury in their spinal columns, as shown in autopsies. MS patients frequently suffer from chronic viral infections, which would help explain the viral connection to MS[2]. In fact, I have discussed this topic in the tutorials Treating Modern Mercurialism, Part 1[3] and Chronic Mercury Toxicity, Part 2[4].

Dr. Dietrich Klinghardt has pointed out that cells, in order to protect themselves against mercury-induced cell death, allow microbial cultures culture to grow and place mercury in the nucleus of these cells. Chronic viral, bacterial, fungal, or yeast infections are often found in patients with chronic mercury intoxication. Instead of destroying the microbial cultures with antibiotics and risking renewed exposure of the cells to mercury, using a mercury detoxification regimen along with homeopathic treatment can safely remove the mercury and prevent damage to the nerve cells of MS patients.

**B). Oriental Medicine Assessment:** (Content copied from “*The Practice of Chinese Medicine”*, Page 701-707)

In OM, MS is a type of Atrophy Syndrome, which categorized in 4 different etiologies and pathologies.

1. Invasion of External Dampness:

 Invasion of external Dampness is an important cause of disease in the beginning stages. External Dampness invades the channels of the legs first and creeps upwards. This is contracted by living in damp places, sitting on damp grass, failing to dry on self after swimming, being exposed to damp weather when wearing insufficient cloths, or being exposed to foggy weather. Women are particularly prone to invasion of Dampness during their menstrual cycle and after childbirth. Dampness obstructs the channels and causes a feeling of heaviness in the legs, numbness and tingling.

2. DIET

 Excessive consumption of greasy-fried or cold foods impairs the Spleen and leads to the formation of Dampness. Dairy foods such as milk, cheese, butter and cream are one of the most common causes of Dampness in Western countries.

3. Excessive Sexual Activity

 Excessive sexual activity weakens the Kidneys and Liver and is particularly responsible for the manifestations in the middle to late stages of MS, i.e. dizziness, blurred vision, urgency of hesitancy of urination and extreme weakness of the legs.

4. Shock(Stress)

 Shock causes a sudden depletion of Heart-Spleen Qi. The spleen influences the muscles, so this depletion deprives the muscles of nourishment, and Heart controls the circulation of Blood, so it leads to poor circulation of both Qi and Blood to the limbs. Both these factors may cause weakness of the legs, dizziness and vertigo. In most cases the symptoms in the early stages reflect an invasion of Dampness: they are a feeling of heaviness, numbness and tingling of the limbs. In the middle stages of the disease there is a progressive weakness of the legs, and urinary hesitancy or urgency. If Liver Yang develops, there is stiffness of the legs, more severe vertigo and vomiting. In the late stages, with the development of Liver-Wind, there is tremor and severe spasms on the legs.

**OM Treatment principle:**

 a. Clear heat and transform phlegm, open orifices and free the flow of network.

 b. Clear heat and eliminate dampness.

 c. Enrich yin and nourish the blood, subdue yang and extinguish wind.

 d. Fortify the spleen and boost the qi, supplement the kidneys, nourish the liver and enrich yin.

**8. OM Treatment for patient:**

* **Major Herbal formula:** Modified Zuo Gui Wan Jia Jian (Ren Shen, Shan Yao, 20g each, Chai Hu, Shi Chang Pu, 15g each, He Shou Wu, Gou Ji, Gu Sui Bu, 12g each, Shu Di, Gou Qi Zi, Shan Zhu Yu, Lu Jao Jao, Gui Ban Jao, Chuan Niu Xi, Nu Zhen Zi, Wu Wei Zi, 9g each, Gan Cao 5g.)
* **Analysis of formula:** Shu Di, Gou Qi Zi, Shan Zhu Yu, Chuan Niu Xi, Nu Zhen Zi, Wu Wei Zi, and He Shou Wu supplement the kidneys and nourish the liver, blood and enrich yin. Gou Ji, and Gu Sui Bu tonify kidney and liver, as well as strengthen the sinews and bones. Lu Jao Jao and Gui Ban Jao enrich yin and invigorate yang, nourish the blood while boosting essence. Shan Yao tonifies spleen, stomach as well as lung qi and kidney qi, therefore fortifying the latter heaven to support the former heaven. Ren Shen tonifies qi, strengthens the spleen and stomach. Shi Chang Pu opens orifices and expels phlegm, (unclear mind, tinnitus, deafness, dulled sensations), Chi Hu harmonizes liver qi stagnation, and raises yang qi. Chuan Niu Xi quickens the blood and leads the other herbs downward to the lower limbs. Gan Cao harmonizes the all other medications in this formula.
* **Herbal pills prescribed during the 14 years of treatment**: Liu Wei Di Huang Wan, Tian Ma Gou Teng Wan, Er Chen Wan, Xiao Qing Long Wan, Xin Yi Wan, Huang Lian Jie Du Wan, Shi Chuan Da Bu Wan, Ge Gen Wan, Chai Hu Su Gan Wan, etc.
* **Acupuncture & Moxibustion:** Ki 3, Ki 7, Bl 18, Bl 23, Sp 6(Grounding on both side), GB 34, Liv JG, St 36, PE 6, Liv 3, Li 4, St 28, Ren 4, Du 4, Du 3, BA gold needles for Singular gyrus, Thalamus, etc.
* **Motion style Neuro-acupuncture with Electro Stimulation:** Low frequency, even method, 10 min. walking, 10 min sitting, Motor area, Sensory area, Leg motor and sensory area, Balance area.
1. **Prognosis**
* There is no cure for MS, western medications are used in MS to [modify the disease course](http://www.momentummagazineonline.com/medication-map-choose-disease-modifying-treatment-ms/)s and treat relapses due to the nature of the disease. The patient decided to go with an alternative way of treatment after experiencing serious side effects from the prescription medications 15 years ago. Since then, patient has been receiving acupuncture, herbal formula, moxibustion, biofeedback, neuro acupuncture from our clinic. Patient has been receiving integrative treatment once a week. Our goal is to maintain the patient’s integrity and daily activities accordingly. Facilitating nutrition, and managing stress levels are also important factors as well.

**References**

1, <https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/symptoms-causes/syc-20350269>

2, <https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/expert-answers/emerging-treatments-for-ms/faq-20096786>

3, <https://www.nationalmssociety.org/Treating-MS/Medications>

4, <https://thehomeopathiccollege.org/mr-muellers-articles/progressive-multiple-sclerosis-cured-homeopathy/>