

DRY MOUTH AND DRY EYES ACUPUNCTURE TECHNIQUE UPGRADE:

VERSION HISTORY:

OCTOBER 15, 2009: PATIENT MUST BE IN SITTING POSITION
TASTE RESTORE TECHNIQUE STILL IN "BETA"
ADDED NEW FAQ
RESISTANT SALIVA OUTPUT AFTER 48 HOURS: PATIENT
COMPLAINS OF RAPID DECREASE OF SALIVA AND \
MOUTH IS CLINICALLY DRY (DOES NOT PERTAIN TO
DRY EYES)

MARCH 24, 2005: CHANGED NEEDLING SEQUENCE FOR FASTER SALIVA
AND TEAR OUTPUT
CLARIFIED INSTRUCTIONS FOR DRY MOUTH AND DRY
EYES CONDITIONS
ADDED NEW F.A.Q.s

JANUARY 15, 2005: ADDED DETAILED INSTRUCTIONS FOR BOTH DRY
MOUTH AND DRY EYE
CONDITIONS.
FINE TUNED ACUPOINTS ON PHOTOGRAPHS.
ADDED F.A.Q.

APRIL 25, 2004: CHANGE LI2' TO LI1' DISCUSSION
ADDED LASER PARAMETERS

March 1, 2004: Minor changes

November 9, 2003: Minor changes

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Disclaimer: I am not responsible if this technique does not produce the anticipated results or any untoward effects to the patient. This technique should be performed by an experienced acupuncturist at his/her own risk to the patient.

References:

Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture
by Terry Oleson, Ph.D.
Third Edition 2003
Reprinted 2004-2005
Elsevier Science

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Electro Medical Inc.
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Electro-Auriculotherapy Stimulators

NEEDLE TECHNIQUE:

I use Seirin Acupuncture Needles "L" No 3 (0.20) x 30mm, Japanese gauge 3 with insertion tubes. Needles are obtained from Lhasa OMS. Tel: 800-722-8775. All needle insertions are superficial. Needles will have a tendency to fall out.

Techniques to avoid: Do not twirl needles.

Use needle insertion tubes: Shallow insertion up to the needle guide.

Do not perform deep insertions with the needles.

Do not add or subtract any innovative ideas to this technique as it usually produces a negative result.

Do not use herbs or any other body or ear acupuncture points..

NOTE 1: For dry eyes only: Follow the 8 basic steps including dissolving the sugarless candy in the mouth and then adhere to the special instruction for dry eyes. Examine the eyes and appreciate the tear pool. Patient may not achieve a change in the tear pool, but may experience an increase in some of the lubricating factors. The patient should perceive a beneficial change.

NOTE 2: For both dry mouth and dry eyes: Follow the protocol for both clinical conditions EXCEPT step 1 under "IF SALIVARY PRODUCTION IS LOW."

NOTE 3: This protocol requires two treatments; the second treatment within 24 hours of the first.

START OF PROTOCOL:

Patient must be treated sitting up. Never place the patient on their back or on their side.

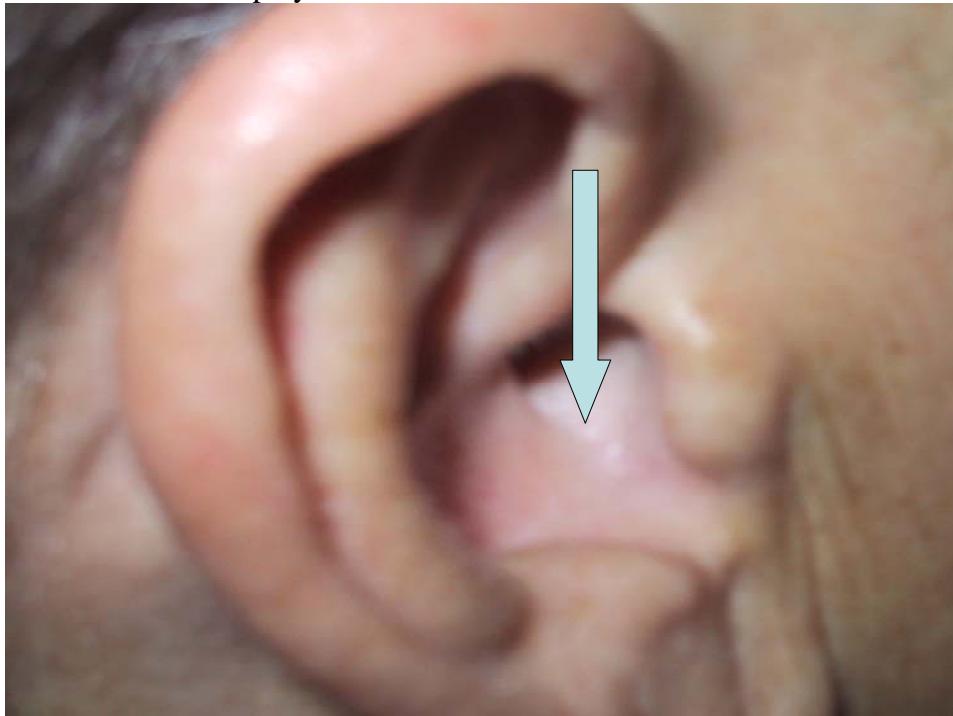
- A. Evaluate the patient's mouth for saliva content.
- B. Evaluate the patient's eye for tear pool volume if appropriate.
- C. Throughout the treatment: Patient is given a sugar free candy (BreathSavers) to dissolve in the mouth one minute prior to the treatment. Repeat as necessary throughout the therapy course. This appears to enhance the parasympathetic stimulation of the saliva and eye glands.

Note: Electronic point detectors are not used in this protocol as it would most likely produce erroneous information.

SEQUENCE OF NEEDLING OR ELECTRO-STIMULATION OR LASER:

NOTE: THERE ARE 8 BASIC NEEDLING STEPS

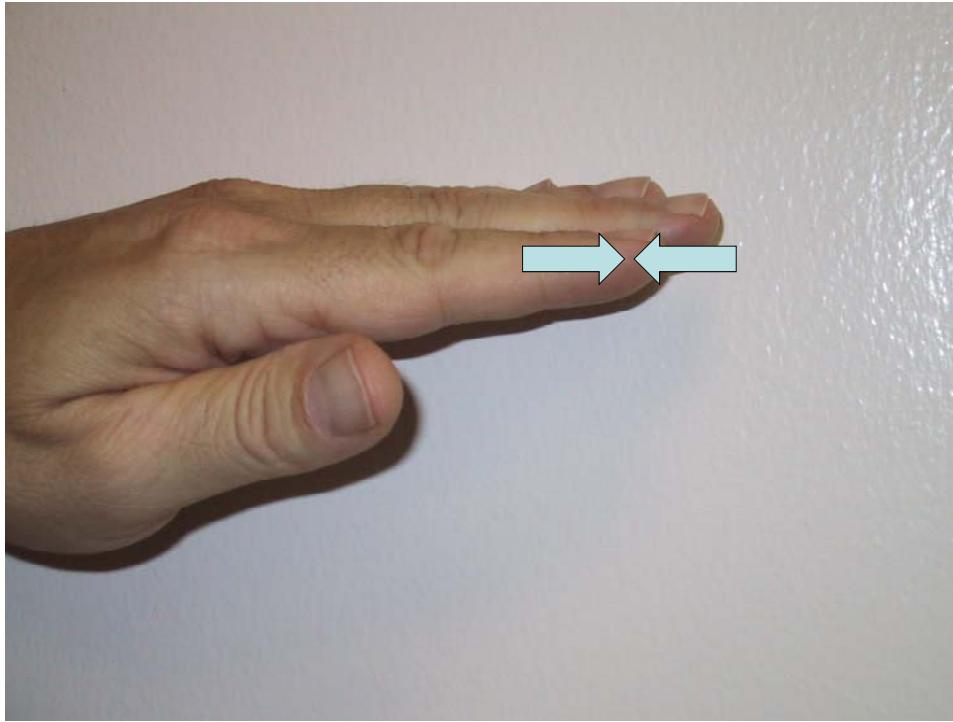
1. Needles: Start with the right ear and needle: Salivary Gland 2' (SG-2') Note this is not a point but an area as depicted below. The needle is placed perpendicular and just abuts the orifice of the external ear canal and points to the "6 o'clock" position. Note the position of the arrow. The needle should be placed in a similar manor. Note that the end of the needle may be tucked into the top portion of the ear producing an additional reinforcement of the stimulation. This will depend on the patient's ear. Yes, a longer needle could be employed.



The arrow points to the location of Salivary Gland 2' area. The needle should be perpendicular to the external auditory canal at the "6 o'clock" position and as close to the orifice as possible but not inside the canal.

2. Needle LI-1' in the right index finger.

I designate this area as Large Intestine 1' (LI-1'). This is not the traditional LI-1 or Ting points. LI-1' area is depicted in the photo shown below by the two arrows pointing to the space between them.. The needle is placed between the arrows (not up and down) but perpendicular forming an "L" with the finger.



The arrows depict the location of LI-1' area. The target area is right in the center where the two arrows point. You will place your needle perpendicular to the center forming an "L" with the finger.

3. Left Ear: Needle Salivary Gland 2'.

4. Needle LI-1' on the left index finger.

5. Needle modified Point Zero (Zero Point) in the left ear. I bring to your attention that the needle is placed between the stomach and liver area of the helix root. This not quite Point Zero.

6. Needle Shen Men in the left ear ear.



The upper “star” is the area of Shen Men. Place your needle in the center of the “star.” The lower “star” is the modified Point Zero placed in the Helix Root in the area of Stomach and Liver near Point Zero. Place the needle in the center of the “lower star.”

7. Needle the Modified Point Zero in the right ear exactly in the same position as you did for the left ear.
8. Needle Shen Men in the right ear exactly in the same position as you did for the left ear.

END OF BASIC 8 NEEDLE STEPS

[TASTE RESTORE]

Not completely developed but would appreciate any feed-back:

Technique: Perform dry mouth protocol and after the completion of the 8 steps. Employ shorter needles at 9, 12, 3 o'clock position where SG2' is located in both ears. Continue on with the protocol as stated below.

SPECIAL INSTRUCTIONS FOR DRY EYES: Add this step if you are treating for dry eyes only.

RIGHT INDEX FINGER: PLACE AN ADDITIONAL NEEDLE AT LI-2.

LEFT INDEX FINGER: PLACE AN ADDITIONAL NEEDLE HALF WAY BETWEEN LI-1' AND LI-2 ON THE LARGE INTESTINE MERIDIAN. DO NOT NEEDLE LI-2.

CONTINUING ON WITH THE DRY MOUTH PROTOCOL AFTER HAVING COMPLETED THE 8 STEPS.

Dry Mouth: Wait 10-15 minutes: Evaluate saliva production for patients having dry mouth.

If the patient can expectorate after about 25 minute, continue treatment for another 10-15 more minutes. Total treatment time 40 to 60 minutes. I get lots of

secretion **within 10 minutes**. Repeat the treatment in 24 hours. This is mandatory as the saliva will be even more abundant after the next treatment. I have found that a third treatment is not necessary. Benefits from just these two treatments last from 6 months to over 3 years. However if the cancer patient has more radio and or chemotherapy and their general state of health is declining then the benefits will be shorter. Also certain medications may have an antagonistic effect. In all cases, have the patient suck on sugarless candy every 2 hours for the next two weeks except at bed time.

Dry Eyes: Wait 20-30 minutes. If good results, repeat the treatment in 24 hours.

IF SALIVA PRODUCTION IS LOW:

1. Add another needle about 1 inch up-stream in the direction of LI-2 (proximal) from LI-1' in one index finger and about 1 1/4 inches up-stream from LI-1' in the other index finger. Continue to have the patient suck on the sugarless candy as you do this adjustment.

2. Evaluate after 10 minutes.

If saliva output is still low:

3. Add another needle in each ear about 1/2 inch behind Salivary Gland 2' (In the opposite direction of the external ear canal).

4. Stimulate Salivary Gland 1 with a bipolar electro-stimulator probe at 40 microamps and 10 Hertz for 1-2 minutes each ear. The location of this point is found in Oelson's Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture
By, Terry Oleson, Ph.D.

Third Edition

Elsevier Science

5. Saliva Output is still low: Have patient return in 24 hours and repeat the protocol.

IF DRY EYES PERSIST:

Left index finger: Add a third needle between the two needles (previously placed) at equal distance and always on the large Intestine Meridian.

Right index finger: Add a third needle between the two needles (previously placed at equal distance and always on the Large Intestine Meridian).

Evaluate and if not satisfactory, add another needle in each ear about 1/2 inch behind Salivary Gland 2' (In the opposite direction of the external ear canal). Stimulate Salivary Gland 1 with a bipolar electro-stimulator probe at 40 microamps and 10 Hertz for 1-2 minutes each ear. The location of this point is found in Oeson's Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture. Third Edition

Wait 15 minutes and evaluate. In either case if the results are good or not, have the patient return in 24 hours and repeat the protocol.

ELECTRICAL STIMULATION MODALITY

(If you can not use acupuncture needles)

Contact for equipment advice:

Jim Shores, Ph.D.

Electro Medical Inc.

9736 E. 55th Place

Tulsa, OK 74146

918-663-0297

E-mail: jim@electrotherapy.com

I would recommend an electro-stimulator that has a bipolar probe and that can be adjusted to deliver 40 microamps at 10 hertz and a monopolar probe for the finger points adjusted to deliver 40 microamps at 10 hertz. Any other device that does not have this ability is a compromise.

Repeat the above protocol and substitute a two minute stimulation for Salivary Gland 2' and one minute stimulation for Shen Men and Point Zero in each ear using a bipolar probe and a one minute stimulation with a bipolar probe for each index finger where needles would have been employed.

Laser Stimulation:

Equipment: Laser approximately 833nM. wavelength continuous wave

Output: 0.400-500 Watts (400-500 milliwatts).

Time: 72 Joules for SG-2' per each ear

72 Joules for LI-1' per finger and for LI-2 or other areas on the LI meridian.

72 Joules for each for Point Zero and Shen Men per each ear.

Proper eye protection is mandatory.

F.A.Q.

1. Have there been any side effects?

No

2. What do I do if the patient does not respond after two treatments?

E-mail Dr. Niemtzow at n5ev@aol.com

3. Do you notice a change if you do the Schirmer's test with Sno strips?

Yes. Patients may go from 5 mm to 17 mm just in the first treatment. Note that sometimes no change but a more comfortable benefit due to the increased in lubricant factors which may not be measured in the Schirmer Test.

4. I do not understand your instructions or the placement of needles.

You will need to contact Dr. Niemtzow at n5ev@aol.com

5. Do I need to perform maintenance treatments?

Only by patient request and your examination warrants it. 2 treatments should last for months.

6. Will you keep updating?

- Yes. There are several clinical trials on-going at various institutions.
7. What is the longest post therapy radiotherapy case you have salvaged?
22 years
8. How soon can a patient start the dry mouth treatment after radiotherapy?
One month
9. Can I treat the patient with your protocol and then do another kind of acupuncture treatment?
No. Keep treatments separated for 24 hours.
10. Do insurance companies reimburse for this treatment?
Not to my knowledge.
11. Why does this protocol not work for me?
In every case that I investigated it was due to operator's error: Poor needle technique and non compliance to instructions
12. Special patient instructions?
Make sure patient has eaten at least 2 hours prior to treatment. Patient should abstain from drinking or placing anything in mouth about 45 minutes prior to treatment.
13. Are you going to offer a course? Will you list certified health providers?
By request to Dr. Niemtzow at n5ev@aol.com.
14. Has taste been improved with your update? Some patients have reported better taste appreciation but this has not been fully substantiated. It does not interfere with the treatment for dry mouth and the resulting saliva production.