

Acupuncture Treatment for Chronic Pain, Anxiety, and Fatigue Associated
with Systemic Lupus Erythematosus: A Case Report

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Introduction

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that causes inflammation in the tissues and organs of the body. It affects between 322,000 and 1.5 million people in the United States. Females develop SLE about nine times more often than males. It is most common in younger women, peaking during the childbearing years (U.S. National Library of Medicine, 2016). The signs and symptoms of SLE vary and can involve various organs and body systems, including the skin, joints, kidneys, heart, lungs, central nervous system, and blood cells. Patients with SLE commonly have episodes (flares) in which the condition gets worse. Overall, SLE gradually gets worse over time, and damage to the major organs of the body can be life-threatening (U.S. National Library of Medicine, 2016).

Chronic joint pain and extreme fatigue are some of the most common symptoms that accompany SLE. Over 90% of patients with SLE experience joint pain and up to 80% experience chronic fatigue (Quismorio Jr., 2013). In addition, psychological symptoms such as depression and anxiety are common in patients with SLE. Major depression is present in about 25% of patients, and major anxiety in about 37% (Figueiredo-Braga, et al., 2018).

There are limited studies utilizing acupuncture for the reduction of SLE symptoms. However, one study published in 2008 showed promise. Twenty-four patients received 10 sessions of acupuncture over a six-week period, with 40% of participants in the acupuncture group having 30% improvement in pain and 13% in fatigue reduction, compared with no improvement in the usual care group. The study concluded that a 10-session course of acupuncture appears to be beneficial for SLE patients (Greco, et al., 2008). The objective in presenting the following case is to prompt much needed further research into acupuncture safety and efficacy in SLE symptom management.

Patient Information

The patient is a 24-year-old single Caucasian female who was diagnosed with SLE four years ago. She presents with severe all-over joint inflammation and pain, extreme fatigue, and severe anxiety. She self-reports that both her pain and anxiety are 10/10 on the Visual Analog Scale (VAS). She states that her SLE symptoms were stable until three months ago, when she reduced her daily dose of Prednisone, causing her symptoms to flare. The pain and fatigue is constant and prevents her from performing many of her daily activities. She recently moved back home with her parents as her pain and fatigue make living alone difficult, and she recently stopped attending college classes as it became too hard to leave the house. Her parents are managing her various doctor appointments and her medications. This decrease in her ability to be independent has caused her anxiety to increase, which she believes is also contributing to her current SLE flare. In order to cope with her pain and anxiety she uses medical marijuana, sometimes in such large doses that she sleeps for most of the day.

Clinical Findings

The patient presented on December 27, 2019, with the chief complaint of severe all-over joint pain, self-reported as a 10/10, related to SLE. Her secondary complaints were severe anxiety (10/10) and extreme fatigue (9/10). Her blood pressure was 130/78, with a pulse of 82 bpm. She is 5'5" and weighs 132 pounds, with a BMI of 22. The patient reports that before this current flare she was able to live independently. She previously exercised, was attending classes at a local community college, and enjoyed socializing with her boyfriend. Three months ago, her Rheumatologist recommended reducing her dose of Prednisone from 20mg to 10 mg per day, due to persistent side effects of rage, abdominal pain, and extreme fatigue. The patient reports

that although her rage and abdominal pain have diminished on the reduced dose, her fatigue has remained the same. In addition, the dose reduction caused this severe SLE flare.

The patient has been seeing a Chiropractor once per week for approximately two months and states that she gets some relief from these treatments for one to two days. Her pain disturbs her sleep, and she wakes every 2-3 hours throughout the night. She reports that she does not drink alcohol and does not smoke tobacco. She does smoke medical marijuana for pain relief, which often takes her pain from 10/10 to 5/10. However, she has to smoke a large quantity, which causes her to sleep for much of the day.

In addition to Prednisone, the patient is prescribed Methotrexate (15 mg/week), Orencia (IV infusion), Abilify (15 mg/day), Lamictal (100 mg/day), and Effexor (125 mg/day). She also takes Folic Acid, Vitamin D3, Iron, and Biotin on a daily basis.

The patient's pulse is choppy overall, with deep kidney pulses. Her tongue is dusky and swollen with a red tip, and the coat is thick and yellow in the back and thin and white in the front. The patient was treated with acupuncture, but was only able to tolerate the needles for five minutes. All treatment components are presented in the following timeline.

Timeline

Date	Intervention	Results
12/27/2019	Original MYMOP and VAS + acupuncture treatment (only 5 minutes needle retention)	MYMOP: pain 6, anxiety 6 Initial pain on VAS 10/10 Initial anxiety on VAS 10/10 Initial fatigue on VAS 9/10 Post pain 7/10 & anxiety 9/10
1/2/2020	Acupuncture treatment (15 minutes needle retention)	Initial pain on VAS 7/10 Initial anxiety on VAS 9/10 Initial fatigue on VAS 9/10 Post pain 5/10 & anxiety 5/10

1/9/2020	Acupuncture treatment (20 minutes needle retention)	Initial pain on VAS 5/10 Initial anxiety on VAS 6/10 Initial fatigue on VAS 8/10 Post pain 4/10 & anxiety 3/10
1/16/2020	Acupuncture treatment (20 minutes needle retention)	Initial pain on VAS 4/10 Initial anxiety on VAS 4/10 Initial fatigue on VAS 7/10 Post pain & anxiety 3/10
1/23/2020	Acupuncture treatment (25 minutes needle retention)	Initial pain on VAS 4/10 Initial anxiety on VAS 4/10 Initial fatigue on VAS 7/10 Post pain 3/10, anxiety 2/10
1/30/2020	Acupuncture treatment (25 minutes needle retention)	Initial pain on VAS 3/10 Initial anxiety on VAS 1/10 Initial fatigue on VAS 7/10 Post pain 3/10 Post anxiety 0/10 Follow-up MYMOP: pain 3, anxiety 1

Diagnostic Assessment

The MYMOP questionnaire was utilized to establish a baseline for pain and anxiety levels, as well as a comparison at the six-week mark. VAS was used at each office visit to determine pain levels and severity of anxiety pre- and post-treatment. Fatigue levels were also measured with VAS pre-treatment but not post, as the patient felt sleepy after acupuncture.

Therapeutic Intervention

The patient received six acupuncture treatments over the course of six weeks. Point selection was minimal due to the patient's anxiety. Points used were Master Tung 22.05 + 22.04 (Ling Gu + Da Bai), Master Tung 66.09 + 66.09, LV3, SP6, and KI3. Needles were retained for only five minutes in the first treatment as the patient felt too anxious to continue. Following treatments were 20-25 minutes. The patient was not interested in herbs, dietary changes, or lifestyle modifications, so acupuncture was the only therapeutic intervention used.

Follow-Up and Outcomes

The patient was very compliant with weekly acupuncture treatment, as she noticed an improvement in pain levels after the first treatment, which made her determined to continue even though the initial treatment spiked her anxiety. Her overall reduction in pain was dramatic, being 6 on her initial MYMOP and 3 on her follow-up only six weeks later. The reduction in anxiety was even more dramatic, from 6 in her initial MYMOP to 1 in her follow-up. In addition, the patient reported that her fatigue had improved approximately 25% by the sixth treatment.

Discussion

The 2008 study found that not only was acupuncture helpful in symptom reduction but that SLE patients are actively seeking alternative care. A study of a cohort of 707 SLE patients revealed that 48% used alternative/complementary medicine treatments (Greco, et al., 2008). Other research has shown the benefit of acupuncture for similar symptoms. A systematic review of acupuncture for Rheumatoid Arthritis patients showed a significant reduction in joint pain and stiffness (Seca, et al., 2018). In addition, a randomized controlled trial on chronic fatigue found that acupuncture greatly reduced fatigue symptoms (Kim, et al., 2008). Based on this, acupuncture should be beneficial for these symptoms in SLE patients as well.

This case report shows that acupuncture can reduce the major symptoms associated with SLE, and therefore improve patients' quality of life. This can offer hope to people with SLE. Acupuncture significantly reduced this patient's pain and anxiety and improved her fatigue enough that she was able to reduce her use of medical marijuana and return to school. With the reduction of symptoms, she was able to regain some of her independence. This was all accomplished with very minimal needling in only six treatments. This patient had a dramatic improvement in symptoms, which may not be typical. Therefore, further research is needed.

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