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# Acupuncture in the Supportive Care of Colorectal Cancer Survivors: Four Case Studies, Part 2

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## **ABSTRACT**

Colorectal cancer is one of the most prevalent cancers worldwide, yet there is little information about using acupuncture to support people living with and beyond the disease. A philanthropically-funded hospital-based outpatient acupuncture service facilitated long-term treatment for colorectal cancer survivors experiencing consequences of cancer treatment. In this two-part paper, the authors present four case studies illustrating how acupuncture affected a range of troublesome symptoms experienced by patients who had completed cancer treatments (surgery, radiotherapy and chemotherapy). Part 1 (published in Vol 8 No 6, 2017) presents cases illustrating comparatively short courses of acupuncture for two patients experiencing acute and chronic consequences arising shortly after cancer treatment. Part 2 (this paper) discusses two patients with multiple long-term consequences and comorbidities, including possible cancer recurrence and second cancers, making acupuncture treatment more complex. The cases are enriched by comments written by the patients themselves and by their oncologist, providing a broader view of the effects of acupuncture treatment.

**Keywords:** Acupuncture; Colorectal cancer; Cancer; Survivorship; Quality of life; Case study

## **INTRODUCTION**

A philanthropic donation from the Milly Apthorp Charitable Trust to the Lynda Jackson Macmillan Centre (LJMC)<sup>1</sup> enabled the provision of an acupuncture service in the oncology outpatient department of Barnet Hospital (part of the Royal Free NHS Foundation Trust). The authors of this paper provide the service: Dr Rob Glynne-Jones (RGJ), the consultant clinical oncologist for gastrointestinal and colorectal cancers at Mount Vernon Cancer Centre and Barnet General Hospital, refers cancer survivors to the acupuncture clinic; Beverley de Valois (BdV),

research acupuncturist at the LJMC administers acupuncture treatments in a weekly clinic at Barnet Hospital.

The aims of this service are to 1) improve quality of life for colorectal cancer survivors and 2) identify potential areas for future acupuncture research. For a detailed discussion of the needs of colorectal cancer survivors in a surveillance clinic as well as details of the acupuncture service please refer to Part 1 of this two-part series (de Valois and Glynne-Jones, 2017).

## **CASE STUDIES**

The cases chosen in this two-part series illustrate the wide-ranging and profound consequences of colorectal cancer treatment, demonstrating how acupuncture can be used to improve quality of life for survivors. The cases of 'Dee' and 'Edward' in Part 1 show how relatively short courses of acupuncture can address significant immediate and longer-term consequences. In contrast, this paper explores the more complex ongoing needs of 'Mario' and 'Rosa'. Their cases demonstrate how longer-term acupuncture treatment may be necessary to address the complex presentations of cancer survivors who, in addition to the consequences of cancer treatment, experience multiple comorbidities as well as the threat of cancer recurrence and possible second cancers. As in Part 1 BdV (referred to as 'I' below) treated a carer of one of the patients and their story is referenced as well.

The patients were actively involved in the writing of their cases, providing a unique and highly personal perspective. 'Mario', his wife 'Elisabeth' and 'Rosa' gave written consent for their anonymised data to be published. They chose their names and contributed their written perceptions of acupuncture treatment.

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<sup>1</sup> The Lynda Jackson Macmillan Centre ([www.ljmc.org](http://www.ljmc.org)) based at Mount Vernon Cancer Centre in Northwood, UK provides support and information for people affected by cancer.

Another unique aspect of this paper is the oncologist's (RGJ) contributions to each case study, providing his view of the effect of acupuncture treatment on his patients.

**Notes**

In the acupuncture treatment tables, points were needled bilaterally unless specified as LS for left side and RS for right side. The tables and discussion indicate the number of weeks over which treatments occurred to show the elapsed time between treatments.

**Case Study 3: Mario & Elisabeth – “It helped me come to terms with the cancer”**

**Background: Cancer History and Main Complaint(s)**

Mario, age 58, was referred to the acupuncture service for ‘a number of symptoms with fatigue, weakness, bowel unpredictability and urgency’.

Rectal cancer was diagnosed after Mario experienced frequent bowel movements (four to six times daily) with loose, bloody stools for three months. Surgery comprised a laparoscopic anterior resection with loop ileostomy<sup>2</sup> followed by chemotherapy (Table 1). Mario was a participant in the SCOT (Short Course Oncology Treatment) clinical trial, designed to find out if 12 weeks of chemotherapy was as effective for preventing cancer recurrence as 24 weeks (Cancer Research UK, 2015). He received six cycles of Xelox.

Consequences of treatment included chemotherapy induced peripheral neuropathy (CIPN) particularly in the feet, aches and pains in the legs, low mood, lack of motivation, and fear of cancer recurrence. The stoma scar extended to the right of Mario's navel; this was also the site of a significant parastomal hernia that had developed around the ileostomy. Although it had been repaired it still caused a visible bulge, was often painful and contributed to Mario's body image problems and fear of recurrence.

Overweight was a significant comorbidity that had worsened with his cancer diagnosis and treatment. Mario had a body mass index (BMI) of 41;<sup>3</sup> he carried much of this weight around his middle compounding problems with the hernia as well as his self-esteem. Mario spoke longingly of his

former slimmer self, reporting he weighed 82 kg in the late 1990s (compared to the 121 kg at the start of acupuncture treatment).

Elisabeth, Mario's wife, accompanied him to all appointments (acupuncture and medical), sitting in on all consultations.

**Table 1:** Mario's cancer diagnosis, treatment, and immediate consequences of treatment

Sept 2013	Colonoscopy
Diagnosis October 2013	Laparoscopic anterior resection with ileostomy followed by adjuvant chemotherapy – Xelox, 6 cycles Diagnosis: intermediate grade adenocarcinoma N1 (1/20 lymph nodes) with no extramural invasion; margins were clear Duke C1
April 2014	End of chemotherapy
January 2015	Reversal and closure of ileostomy plus hernia repair
October 2015	Colonoscopy (routine follow-up) <i>Acupuncture treatment starts</i>

**Case History: Significant Features**

The significant feature of Mario's case history is that I did not succeed in taking one. The 90 minutes of the first treatment were primarily occupied with steering Mario through completing the baseline questionnaires, with a brief time for a first treatment. During this session, I observed Mario's inability to focus, his tendency to put a gloss on his cancer experience, as well as the supportive role Elisabeth played.

Consequently, my knowledge of Mario has developed through working with him and reading his medical notes. During this time, he has developed significant comorbidities in addition to existing conditions (Table 2). He is under the care of a urologist for urinary irregularities as well as being monitored by the diabetes clinic. He has never smoked. His work as a car mechanic was curtailed with his cancer diagnosis and treatment. Born in the eastern Mediterranean, English is his second language. He lives with Elisabeth, his wife, and their two adult sons.

<sup>2</sup> This is an opening in the abdomen through which a loop of small intestine is drawn to form a stoma; intestinal gas and waste pass through this into a pouch. A loop ileostomy can be reversed once the patient is in good health as Mario's was 15 months later.

<sup>3</sup> A body mass index of 25 to 30 is regarded as 'overweight', a BMI greater than 30 is 'obese'. High BMI is associated with increased risk of heart disease, stroke and Type 2 diabetes. NHS Choices. 2016b. Understanding BMI results in adults [online]. Available at: <https://www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx#ethnicity> [Accessed 1 February 2018].

**Table 2:** Mario's significant medical history and current medication

Active, arising conditions & medications		
April 2008	Hypertension	Enalapril 5 mg, amlodipine 5 mg
April 2008	Hypercholesterolaemia	Pravastatin 20 mg
August 2014	Poor urine stream	
2014	Eye discomfort	Hypromellose 0.5%
March 2016	Diabetes Type 2	
August 2016	Diagnosis of recurrence of hernia	

**Mario's Acupuncture Treatment**

On his initial MYMOP Mario specified as bothersome symptoms 1) 'weakness in legs' and 2) 'worry about bowel control – urgency, wind and stool', rated 4/6 and 5/6 respectively with 6 'as bad as it could be'. The activity made difficult was 'social activities including walking and shopping' also rated 4/6.

Mario attended for thirty-four sessions over nearly two years from October 2015 to September 2017 and continues to have acupuncture. Frequency has varied from weekly at the outset to fortnightly or monthly according to his needs. We have covered much ground during that time. This case study concentrates on two aspects of his treatment: 1) clearing blocks to treatment and 2) encouraging and maintaining physical activity.

**1) Clearing blocks to treatment**

My inability to take a case history at the first appointment was a diagnostic factor in itself. Mario's behaviour in clinic, including an inability to focus on and answer questions, gave me a sense of things being awry in a way that is difficult to explain. Ultimately, this suggested to me the presence of a 'block to treatment', a phenomenon in Five Elements acupuncture that can have 'profound effects on the patient's physical and psychological health' (Hicks et al., 2004 p. 227).

Like many cancer survivors I have treated (de Valois, 2008), Mario had been exposed to factors that may contribute to a block, including poor physical health, emotional shock (from cancer diagnosis and treatment), physical shock (from surgeries), and exposure to strong drug regimens (chemotherapy).

In such instances, I find that using the Seven Dragons<sup>4</sup> (Internal or External Dragons) protocols may be helpful. These use combinations of seven points as set out in Table 3, and while there is no clear rationale for why these points are used, clinical usage attests to their effectiveness. I used Seven Dragons protocols for six of Mario's first nine treatments.

**Table 3:** Examples of Mario's acupuncture treatments

Mario's treatments			
Tx	Week	Tx principles	Points
1	1	Experience acupuncture <sup>i</sup>	Four Gates: LI 4 <i>he gu</i> and Liv 3 <i>tai chong</i>
2	2	Clear blocks to treatment: External Dragons (EDs)	Du 20 <i>bai hui</i> , Bl 11 <i>da zhu</i> , Bl 23 <i>shen shu</i> , Bl 61 <i>pu can</i>
3	6	Clear blocks to treatment: Internal Dragons (IDs)  Plus	Master point Ren 15 (¼ cun below Ren 15 <i>jiu wei</i> ), St 25 <i>tian shu</i> , St 32 <i>fu tu</i> and St 41 <i>jie xi</i>  Ht 7 <i>shen men</i> and SI 4 <i>wan gu</i>
4, 5	7, 8	IDs plus calm <i>shen</i>	Points as per Tx 3 plus Extra point <i>yin tang</i>
6	11	Calm <i>shen</i> Raise clear <i>qi</i> to head Regulate intestines Treat CIPN <sup>ii</sup> Benefit sinews and joints	Extra point <i>yin tang</i> Du 20 <i>bai hui</i> St 25 <i>tian shu</i> Extra points <i>ba feng</i> (four points each foot) GB 34 <i>yang ling quan RS</i>
7	12	As per Tx 6 plus: Regulate intestines Treat CIPN	Sp 15 <i>da heng</i> St 37 <i>shang ju xu</i> GB 41 <i>zu ling qi</i>
8, 9	13, 14	As per Tx 4 plus Raise clear <i>qi</i> to head Treat CIPN	Du 20 <i>bai hui</i> Extra points <i>ba feng</i> (four points each foot) (GB 41 <i>zu ling qi</i> added for Tx 9)

**Abbreviations and notes:**

<sup>i</sup> See Dee's case study in Part 1 of this series for the rationale for using this as an introductory treatment for acupuncture-naïve patients (de Valois and Glynn-Jones, 2017 p. 37).

<sup>ii</sup> CIPN = chemotherapy induced peripheral neuropathy

<sup>4</sup> In the Five Elements theoretical framework this block to treatment is called 'possession'. However, I do not find this term helpful for use with patients or in medical environments. My preference is to use 'Seven Dragons', or refer to its two variants 'Internal Dragons' or 'External Dragons'.

### Progress Through Treatment

Mario responded well to the initial treatment with Four Gates (see Notes Table 3). At Tx 2 (Week 2) I used External Dragons with the aim of removing any blocks resulting from surgery and chemotherapy. Four weeks later, following an unplanned interruption to clinic, Mario reported that after this treatment, he was “feeling much better”, describing improvements in sleep, energy, breathing, and bowel function. He also noted that after Tx 2, he felt “more different” with increased confidence and motivation.

I used Internal Dragons for Tx 3 (Week 6), supplementing this with Ht 7 *shen men* and SI 4 *wan gu*. These  *yuan* source points of the Heart and Small Intestine are used to help the patient regain control if they have felt out of control (A. Hicks, personal communication, 21 February 2011). The following week, Mario was “feeling good... more comfortable”. His sleep was uninterrupted, bowel activity was more relaxed and comfortable, leg pain diminished. He reported making dietary changes, was losing weight and was walking on alternate days. He said he was feeling so well most of the time that he had forgotten that he had had surgery.

I repeated this treatment twice more with Mario reporting continued improvement in his wellbeing. When Mario attended for Tx 6 (Week 11) in the new year of 2016, his concerns had shifted to problems with watering eyes, pain of the right knee and CIPN in his toes. This was a signal to change the treatment plan, which I did as shown in Table 3, continuing also to address the need to improve bowel function. He responded well, reporting some improvement to the lacrimation and CIPN, although the knee was still sore. I repeated the treatment (Tx 7, Week 12).

At Tx 8 (Week 13), Mario reported that after Tx 7 he experienced severe pain around the stoma scar lasting four days. This had upset him greatly, awakening his fear of cancer recurrence and sending him into a dive of low mood and lack of motivation. He stopped exercising, ate more, gained weight and was generally despondent. This was a pattern that I would come to know well with Mario – any pain around this scar and hernia triggers fears of recurrence, resulting in low mood and inaction (see *Lifestyle and Behavioural Interventions* below). In this instance, I repeated Internal Dragons for the next two treatments (Tx 9 Week 14 and Tx 10 Week 15); after this I was able to change treatment strategy in a more lasting way.

Tx 8 was time to review Mario’s experience of acupuncture. His MYMOP scores showed no change (apart from a one-point improvement in wellbeing) due to the worry caused by the pain of the previous week. However, in discussion, Mario said he felt that acupuncture treatment had “helped overall”. His breathing and vision were better, bowels were more comfortable although still irregular, and the CIPN in his toes was much reduced – “down from 10 to 3” on the 10-point pain scale. He wished to continue having acupuncture and as can be seen from his comments, benefited greatly as treatment progressed.

### Lifestyle and Behavioural Interventions

#### 2) Encouraging and maintaining physical activity

Maintaining a healthy body weight and increasing physical activity are key factors in reducing risk of cancer (and recurrence) as well as positively impacting other common chronic diseases including cardiovascular disease and diabetes (Cancer Research UK, 2016). As discussed in Part 1, the clinic ethos encourages patients to increase physical activity according to published guidelines (Campbell, A. et al., 2012; Varney, J. et al., 2014). Patients are encouraged to aim to be active daily and to do at least 150 minutes (two-and-a-half hours) per week of moderate intensity activity in bouts of ten minutes or more, an achievement that can be approached by doing 30 minutes on at least five days a week. Walking is a recommended form of activity as it is inexpensive and within the capability of most patients.

Given Mario’s complex comorbidities (see Table 2), encouraging regular physical activity seemed an intervention that would provide the broadest overall health benefit, both short and long term. In particular, I hoped this would contribute to weight loss as well as improve overall mood and motivation. However, conveying the concept of sustaining regular, moderate exercise over a long period of time proves to be a key challenge. A characteristic pattern for Mario is to embrace a project with an enthusiasm he is unable to sustain over time, leading to despondency and abandonment of the project.

From the onset of his treatment, I encouraged Mario to walk daily, starting with a few minutes per day and increasing this very gradually (over weeks rather than days). Mario’s characteristic response was to ‘binge walk’ – walking vigorously for longer periods over a few days than he was fit to do. This would result in pain or injury, often to his left knee

and leg. My task in the acupuncture clinic was to treat the knee pain whilst repeating the mantra of 'regular, moderate physical activity'.

Excessive activity also appears to be implicated in the pain Mario experiences around the scar and hernia. An emerging pattern is for Mario to report pain in this area; careful questioning often elicits that he has been overly active. A key instance of this occurred in the summer of 2016. At Tx 18 (Week 41) Mario reported that he was taking up a gym membership prescribed by his GP. At this acupuncture appointment, Mario described himself as being "more motivated, more active" and he had lost his "don't bother" attitude. Six weeks later, when attending his next acupuncture session (Tx 19, Week 47), this positive mood had disappeared completely. Mario complained of having "pain on the belly for a long time" described as a "stabbing pain from front to back". Both the GP and RGJ had diagnosed the recurrence of the hernia, although Mario was also having a scan to screen for cancer recurrence. He had abandoned the gym and walking, was extremely anxious and feared recurrence, and had gained 2.2 kg since his previous acupuncture appointment.

In this treatment I focused on calming his anxieties using Four Gates (bilateral LI 4 *he gu* and Liv 3 *tai chong*) and extra point yin tang (de Valois and Glynne-Jones, 2017 p. 37). During treatment, Mario revealed that he suspected that the pain was the result of "trying too hard at the gym". He had not wished to seem less fit than the other gym members and had pushed beyond the programme that had been designed for him.

I encouraged Mario to resume gentle walking for 20 minutes a day and to continue the gym programme gently without over exerting himself. It took Mario another five weeks to recover a more positive frame of mind; the scan was clear and he resumed walking. He has never returned to the gym. This cycle is characteristic and poses a management challenge for both the acupuncturist and for Mario.

### Treating the carer

Elisabeth accompanied Mario to all his appointments; it was apparent that life was stressful for her. At Mario's second appointment, I offered her the opportunity to try acupuncture, using Four Gates as an introductory treatment. Elisabeth found this relaxing and I have treated her alongside her husband ever since. Treatments are kept simple (Table 4) and offered with the intention of reducing her stress; she sits in a chair whilst Mario occupies the treatment table.

**Table 4:** Examples of Elisabeth's treatments

Treatment principles	Points
Calm the Mind, allay anxiety	Four Gates: LI 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i>
NADA protocol <sup>i</sup>	Ear points <i>shen men</i> , autonomic (sympathetic), Liver, Kidney, Lung
<b>Abbreviations and notes:</b> <sup>i</sup> NADA = National Acupuncture Detoxification Association	

### Acupuncturist's Summary of Treatment

Mario is an endearing, complex person who struggles with the many challenges of colorectal cancer, the consequences of its treatment and an increasing list of comorbidities. His sincere desire to do whatever possible to prevent cancer recurrence is hampered by his tendency to extremes. My aim is to keep him mobile and motivated, monitoring his progress, celebrating the small victories and urging him to keep working towards his goals. Consistency and moderation are important messages that Mario needs to embrace to best manage his complex state of health.

Additionally, it has been helpful to treat Elisabeth within the sessions and she has clearly benefitted from these simple interventions.

### The Patient's Comments on Acupuncture Treatment

Mario's comments:

'When I first discovered I had bowel cancer I thought "why me"? I was one of the lucky people to survive this disease. I was very fortunate to be introduced to Beverley and to receive acupuncture treatment. Beverley has been my rock since the start of my [acupuncture] treatment. I have now come a long way since I knew I had the disease. I have gained back my low self-esteem [sic] and feel both mentally and physically stronger. The pain I had has now subsided and with the ongoing treatment I am still receiving I feel better each time. I must have a guardian angel looking after me that's why Beverley was sent to me. I can't thank Beverley enough for how she has helped. Thank you to all the team in the hospital who saved my life...'

Elisabeth's comments:

'Since accompanying my husband to the hospital I was also very fortunate to be asked if I would like to receive acupuncture treatment. I went through my husband's trauma and to be offered treatment I felt privileged. I have come a long way too with the treatment. Thank you, Beverley, so much. My headaches have subsided and I also feel less stressed.'

**The Consultant's Comments on Acupuncture Treatment**

'Mario struggled with his chemotherapy. He had considerable toxicity, which led to snacking during the treatment to ease the nausea. Consequently he put on a lot of weight, and by the end of chemotherapy he weighed about 10 kg more. He had swelling round his eyes, sore hands, sore feet and he experienced "a glove and stocking neuropathy" with numbness and pins and needles in his fingers and toes causing clumsiness in fine movements and unsteadiness in walking. Combined with the profound fatigue that is virtually an inevitable consequence of chemotherapy, his self-esteem faltered and his confidence in himself was low. He was very anxious that the cancer would recur. In retrospect he was probably depressed.

'Acupuncture and the time spent discussing the issues openly with his wife seemed to me to help the fatigue and restore his belief in himself. Although there was only a little improvement in the neuropathy, he came to terms with it. His bowel function and control improved. He started to drink less alcohol and began to lose weight. When I saw him again three months later he was transformed. The world had not changed but he was dealing with it.'

**Postscript**

Since the preparation of this case, Mario has succeeded in making vital changes. In the first five months of 2018, he lost 10.7 kg and is enthusiastic about taking daily physical activity. He is highly motivated, looking well, and starting to enjoy the benefits of weight loss, including going down three clothes sizes.

**Case Study 4: Rosa – "Cancer loves me more than I love it"**

**Background**

**Cancer history and main complaint(s)**

Rosa, age 63, was referred to the acupuncture service for 'increasing problems with her bowels' following a colorectal anastomosis for low risk (Stage II) sigmoid colorectal cancer in 2014, over two years previously.

At her first acupuncture appointment in September 2016, Rosa told me that since the initial surgery "life has never been the same."

Although her bowels had functioned reasonably well immediately afterwards, they deteriorated with the two subsequent surgeries for hernias that developed as a consequence of the keyhole surgery through the navel (Table 5). It was difficult to pass a movement and Rosa feared putting a strain on the hernias. When she succeeded in a movement, the result was hard stools like "little pellets". This puzzled her as her diet was rich in vegetables, she ate prunes and drank plenty of water.

The hernias were a significant problem. The first, an umbilical hernia, resulted from infection post surgery, whilst the second had developed in the lower left abdomen some time later. They caused a constant sensation "like a bowl dragging down"; wearing a special hernia belt improved this somewhat, although it was cumbersome and uncomfortable in hot weather. In addition, she experienced an intermittent nagging pain in the lower right abdomen which was worse in the evening.

**Table 5:** Rosa's cancer diagnosis, treatment, and immediate consequences of treatment

May 2014	Mid sigmoid carcinoma High anterior resection: T3 N0 (0/15 lymph nodes) performed with keyhole surgery through the navel No extra mural vascular invasion Low risk stage II – Dukes B Microsatellite stable (MSS)
December 2014	Repair of post-operative umbilical hernia
October 2015	Primary repair of incisional hernia – lower left abdomen
September 2016	Acupuncture treatment starts

**Case history – significant features**

Since colorectal surgery in 2014, Rosa's sleep pattern was "not good". She woke at 3-4 am and stayed awake for "a couple of hours" worrying about her health. With a BMI of 35, she responded to advice to lose 25 kg in preparation for impending cardiac surgery (discussed below) by reducing her food intake to two tablespoons of porridge for breakfast at weekends (skipping breakfast on weekdays), a bowl of miso soup for lunch, a banana at 4 pm, and salad at dinner time. She drank over a litre of water daily, limited coffee to two to three cups per day and drank wine occasionally. Urination was frequent in response to diuretics for

high blood pressure. Since surgery, she was more sensitive to cold but also experienced spells of feeling hot and night sweats.

Breathing had become a problem following the repair of the incisional hernia when investigations confirmed that the aortic valve was not opening and she was anticipating cardiac surgery. Breathlessness on exertion limited her activities. In spite of this, Rosa attempted to remain physically active, walking to and from the stations to work and she “potted” in her garden. She had recently joined a yoga class.

Although she had a history of some medical events (Table 6), Rosa felt she had been a healthy person prior to the diagnosis of colorectal cancer. Since then, she had lost all confidence in her body and feared food. She spent most of her time in tears feeling “overwhelmed” by life events – her health, work, and finances were causes of anxiety. Rosa was a divorcee; she lived alone and maintained contact with her ex-husband. Her two daughters and their children live some distance away.

**Table 6:** Significant medical history & current medication

Prior history	
1968	Appendectomy
Mid-1980s	Thyroidectomy; euthyroid (normal thyroid function)
2003	Laparoscopic cholecystectomy
Active conditions	
1992	Asthma
2000	Hiatus hernia
2000	Essential hypertension
2014-15	Colorectal cancer surgery and hernia repairs (see Table 1)
June 2016	Aortic stenosis
August 2016	Impaired glucose regulation
December 2016	Surgical replacement of aortic valve

### Rosa’s acupuncture treatment

On her initial MYMOP Rosa specified 1) ‘bowel movements’ (constipation), which she rated 6/6 with 6 ‘as bad as it could be’ and 2) ‘anxiety’, which she rated 5/6. The activity made difficult was ‘gardening and DIY’, also rated 6/6. It was of great importance to Rosa to avoid reliance on laxatives to manage her bowels.

Rosa attended weekly for 11 treatments over 14 weeks from September to mid-December 2016, breaking for holidays and for six weeks for cardiac surgery. Resuming in mid-January 2017, she continues to have regular treatment and at the time of writing has had 31 treatments in total. I present her history as:

- Phase 1, comprising treatments 1 to 11 (Weeks 1-15) and
- Phase 2, following cardiac surgery and comprising treatments 12 to 31 (weeks renumbered as Weeks 1 to 30)

### Phase 1: Improving Bowel Function and Managing Anxiety

In line with Rosa’s priorities, my treatment plan during Phase 1 was to regulate the bowels, harmonise *qi*, and calm the *shen*. Four Gates, bilateral LI 4 *he gu* and Liv 3 *tai chong*, formed the core of this treatment as it is a combination I have found effective clinically for relieving constipation. The strong downward movement of LI 4 acts to move the stools (Maciocia, 1994 pp. 479-83) while Liv 3 is indicated for constipation when ‘failure of *qi* to flow freely binds the stool’ (Deadman et al., 2007 p. 479).

Four Gates also provided an elegant way to address many of Rosa’s other presenting conditions: indicated for pain and spasm (Deadman et al., 2007 p. 105) it could relieve her abdominal pain. The combination synergistically enhances the power of LI 4 to sooth the mind and calm anxiety and Liv 3 to address general nervous tension from stress (Maciocia, 1989 pp. 377 & 454). At an emotional level, LI 4 can support the process of ‘letting go’ while Liv 3 is indicated for deep frustration and suppressed anger (Hicks et al., 2004 pp. 292 & 325).

To further regulate bowel function I used St 25 *tian shu*, Sp 15 *da heng* and St 37 *shang ju xu*. Indicated primarily for loose stools, these Stomach points also regulate *qi* and eliminate stasis in the lower abdomen, while Sp 15 commonly is used for treating constipation (Deadman et al., 2007 pp. 148, 162 & 200). St 37, the lower *he sea* point of the Intestine, is an important point in the treatment of all intestinal disorders (Deadman et al., 2007 p. 162).



At an emotional level, St 25 can enable a person to have stability and is useful for those prone to emotional swings, whilst Sp 15 centres the Mind and Spirit when a person feels unstable and insecure (Hicks et al., 2004 pp 296-297 & 301). Extra point *yin tang* was used in each treatment for its potential to calm the Mind, alleviate anxiety, and promote sleep in insomnia (Maciocia, 1989 p. 473; 2009 p. 280-81).

I used this combination for seven of Rosa's 11 treatments (Table 7) building up gradually from using Four Gates in Tx 1 (Week 1), adding in *yin tang*, St 25 and Sp 15 at Tx 3 (Week 5), and St 37 at Tx 5 (Week 8). On three occasions Rosa presented in a state of great distress. For Txs 2 and 10 (Weeks 4 and 14) I supplemented Four Gates and *yin tang* with points on the Pericardium and/or Heart channels to regulate and calm the *shen* (see Phase 2 below for rationale). At Tx 7 (Week 10), Rosa presented in a state of intense distress and anger. I focused treatment on calming the Spirit, subduing anger, and used Kidney points on the chest, indicated when 'the patient's spirit is depleted and they are struggling to cope with the rough and tumble of daily life', to fortify and strengthen the Spirit (Hicks et al., 2004 p. 286).

At her 11th treatment (Week 15) Rosa presented with a cold that threatened to delay the scheduled cardiac surgery, thus treatment focused on expelling pathogenic wind and relieving sore throat and congested sinuses.<sup>5</sup>

**Phase 1: Progress Through Treatment**

Using a diary (based on the Bristol Stool Scale<sup>6</sup>), Rosa records daily frequency and stool quality. Her diaries show a clear transition from infrequent movement to more regular daily movements with softer stools. At the beginning of Phase 1, Rosa might have from one to four days (sometimes consecutive) without passing a movement. Stools were hard lumps, like nuts or sausage shaped but lumpy (Types 1 & 2 on the Bristol Stool Scale). Change was a gradual process. After Tx 2 (Week 4), she reported that she had been severely constipated for four days, was in fear of tearing her gut and hernias, and even the laxative she took on day four failed to work. Changes began to be noticeable after Tx 3 (Week 5), with the stools becoming softer and movement easing.

Although frequency was still erratic after Tx 4 (Week 7), stools were still soft and straining was less of a problem. A holiday in Italy saw another four consecutive days of constipation, although Rosa felt no discomfort for the first three days. After Tx 5 (Week 8), she reported a movement every day. At Tx 8 (Week 11), we reviewed progress.

**Table 7:** Examples of Rosa's treatments during Phase 1

Phase 1: Improving bowel function and managing anxiety			
Tx	Week	Tx principles	Points
1	1	Harmonise <i>qi</i> , regulate bowels	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i>
2	4	Harmonise <i>qi</i> Calm <i>shen</i> Regulate and calm Spirit	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i> Ht 7 <i>shen men</i> LS, P 3 <i>qu ze</i> RS
3, 4	5, 7	Harmonise <i>qi</i> Calm <i>shen</i> Regulate bowels	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i> St 25 <i>tian shu</i> , Sp 15 <i>da heng</i>
5,6	8, 9	Harmonise <i>qi</i> Calm <i>shen</i> Regulate bowels	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i> St 25 <i>tian shu</i> , Sp 15 <i>da heng</i> , St 37 <i>shang ju xu</i>
7	10	Harmonise <i>qi</i> Regulate and calm Spirit  Strengthen the Spirit	Liv 3 <i>tai chong</i> Ht 7 <i>shen men</i> LS, P 3 <i>qu ze</i> RS, Extra point <i>yin tang</i> Ki 25 <i>shen kang</i> . Ki 27 <i>shu fu</i>
8, 9	11, 13	Harmonise <i>qi</i> Calm <i>shen</i>	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i>
10	14	Harmonise <i>qi</i> Calm <i>shen</i> Regulate and calm Spirit	Li 4 <i>he gu</i> and Liv 3 <i>tai chong</i> Extra point <i>yin tang</i> P 7 <i>da ling</i> RS, P 3 <i>qu ze</i> LS
11	15	Expel pathogenic Wind Relieve sore throat Clear sinuses	Li 4 <i>he gu</i> , Lu 1 <i>zhong fu</i> Bi Lu 11 <i>shao shang</i> (pricked to bleed) Li 20 <i>ying xiang</i> , Extra point <i>yin tang</i> , Du 24 <i>shen ting</i>

<sup>5</sup> Refer to Deadman et al 2007 for functions of the points used in this treatment

<sup>6</sup> Available widely on the internet

Rosa reported that although she was constipated about one day a week, she was “beginning to trust” her bowels. Evacuation still felt incomplete, however, she was not getting stressed about this and no longer strained. The stools remained soft. She was learning to give herself time when having a movement, although this was not easy. Over this period she had also begun to observe the relationship between her emotions and bowels, with movements becoming more difficult when she was stressed.

Rosa had considerable levels of stress during this period. The diagnosis of aortic stenosis and impending surgery caused Rosa to review her life activities. Early retirement from her stressful job as an accountant seemed necessary; however this caused financial worries. Her workplace was also unhelpful. Uncertainties about the date and details of the surgery added to her anxiety. These events account for the changes in treatment priorities at Tx 2, 7 and 10 (Table 7). Rosa found acupuncture treatment very helpful for stress. She knew she would feel relaxed during and after treatment, she would sleep very well for one to two nights after treatment, and she felt better able to cope.

### Phase 1: Lifestyle and Behavioural Interventions

Rosa was as physically active as her heart condition allowed. I reinforced the message that 150 minutes a week of moderate activity was sufficient. Rosa expressed interest in learning ‘health preservation exercises’, a daily five-minute self-massage sequence designed to ‘stimulate the natural healing properties of the body’ (Bisio, 2004). Her enjoyment of this routine led her to take up a weekly *tai chi* class.

The admonishment from the cardiac team to lose 25 kg in four months put Rosa in a panic. I was concerned that her meagre diet (described above) was not helpful, as it left her weak, anxious and extremely hungry. At Tx 1 (Week 1) I persuaded her to eat breakfast before leaving for work; at Tx 2 (Week 4) she reported that this made her feel much better. (Weight remains an issue for Rosa. Culturally, she has a tradition of eating good food made from good ingredients, she cooks her own food and her diet is rich in vegetables and low in meat. Bread, which she bakes herself, is her prime temptation. It baffles her that she is unable to lose weight.) In addition, I suggested that drinking a glass of beetroot juice daily might help soften the stools, which Rosa found helpful.

### Phase 1: Summary of treatment

On her MYMOP follow up at Tx 8 (Week 11), Rosa rated her bowel movements 0/6 (0 is ‘as good as it could be’) and anxiety

**Table 8:** Major life and health events during the year

September 2016	Made decision to leave work
October 2016	Handed in resignation; financial worries Mother, age 93, diagnosed with dementia Concerns about date of cardiac surgery, uncertainty Anxiety about weight loss
November 2016	Cardiac surgery date delayed Distress about job, health, unable to make decisions, feeling vulnerable, angry
December 2016	Retirement begins Cardiac surgery 14 December
February 2017	Follow up with colorectal oncology consultant – on six-month review cycle Cardiac rehab classes begin – eight weekly sessions
March 2017	Concerns about mother's health
April 2017	Follicular thyroid investigation result is Thy5F* (malignant) Rosa declines offer of investigative surgery
June 2017	Thyroid biopsy result now indicates Thy3F* (inconclusive) Rosa makes decision not to have any further surgery Diagnosis of borderline Type 2 diabetes – Rosa referred to diabetes clinic
July 2017	Receives appointment for colonoscopy when she expected CT scan
August 2017	CT scan of colon clear; blood test requires repeating Rosa declines recommendation to have a colonoscopy

\* Thy categories (Thy1-5) are a diagnostic classification system used by pathologists when reporting thyroid cytology results. Thy3 indicates ‘neoplasm possible’, Thy5 indicates that ‘samples can be confidently diagnosed as malignant’ (Cross et al., 2016)

at 1/6. Gardening and DIY were still difficult (rated 5/6) largely due to the hernias. She recorded a new symptom that had appeared, which was her ‘heart’ which she rated at 6/6. This became the focus of Phase 2 of her acupuncture treatment.

Overall, Rosa’s bowel movements settled into a pattern of improved regularity and easier evacuation. Occasionally a day is missed, most typically when she is stressed. Stool quality varies, although her diaries record far less straining with stools of Type 3 and 4 (variants of ‘like a sausage’). Rosa’s objective was to manage her bowels without recourse to laxatives. Apart from a brief period following cardiac surgery, she succeeded in this aim.

**Phase 2: Managing Post-surgery Recovery and Anxiety**

Rosa resumed acupuncture treatment five weeks after an aortic valve replacement. In the eight months following this surgery Rosa had a difficult time. This is in part due to the after-effects of surgery which can include pain, insomnia, constipation, moods swings, anxiety and depression (NHS Choices, 2016a) – all of which affected Rosa.

Added to this was an increasing list of health concerns, including a diagnosis of possible thyroid cancer and borderline diabetes. These events increased Rosa’s anxiety levels. In the space of a year Rosa experienced a succession of major life events and health issues (Table 8). Throughout this eventful time, Rosa found acupuncture beneficial and supportive.

On her return to acupuncture treatment following cardiac surgery, Rosa reported high levels of anxiety, a fear of going to sleep, a need to sleep with a light on and disturbed sleep, sometimes punctuated with disturbing dreams. In addition, she reported scar pain with numbness and tingling in the left arm and fingers.

These symptoms (excluding the chest and arm sensations) equate with shen disturbance, characterised by insomnia, agitation, mental restlessness and anxiety (Maciocia, 2009 p. 196). In the theory of Chinese medicine, *shen* is related to the Heart energy, affecting mental activity (including emotions), consciousness, memory, thinking and sleep (Maciocia, 1989 p. 72). Thus, the treatment has been to calm the *shen* and regulate the Heart, an approach that would address both the emotional and physical aspects of Rosa’s recovery.

**Table 9:** Examples of Rosa’s treatments during Phase 2

Phase 2: Calm <i>shen</i> , regulate the Heart, relieve pain			
Tx	Week <sup>7</sup>	Tx principles	Points
12	1	External Dragons	Du 20 <i>bai hui</i> , Bl 11 <i>da zhu</i> , Bl 23 <i>shen shu</i> , Bl 61 <i>pu can</i>
13, 14, 18	2, 3, 7	Calm <i>shen</i> and clear channels (Pericardium, Heart) to relieve arm pain	Extra point <i>yin tang</i> Ht 3 <i>shao hai</i> , Ht 8 <i>shao fu</i> LS P 3 <i>qu ze</i> , P 7 <i>dal ing</i> LS
20 <sup>i</sup> 24 25 26 27	8 20 21 22 25	Calm <i>shen</i>	Extra point <i>yin tang</i> P 3 <i>qu ze</i> , Ht 8 <i>shao fu</i> LS Bl 14 <i>jue yin shu</i> , Bl 15 <i>xin shu</i> , Bl 44 <i>shen tang</i>
22	12	Calm <i>shen</i>  Strengthen the Spirit <sup>ii</sup>	Extra point <i>yin tang</i> Ht 7 <i>shen men</i> (LS) P 7 <i>da ling</i> (RS) Bl 14 <i>jue yin shu</i> , Bl 15 <i>xin shu</i> , Bl 44 <i>shen tang</i> Ki 24 <i>ling xu ling</i>
30 31	29 30	Calm <i>shen</i>  Treat hernias: raise <i>qi</i> Treat prolapse	Extra point <i>yin tang</i> , Ht 7 <i>shen men</i> (LS) Ht 8 <i>shao fu</i> or P 3 <i>qu ze</i> (RS) Du 20 <i>bai hui</i> Ren 6 <i>qi hai</i> , Sp 6 <i>san yin jiao</i> , Li 8 <i>qu quan</i>

**Notes:**

<sup>i</sup> This treatment was repeated with variations, choosing from Ht 3 *shao hai*, Ht 7 *shen men*, Ht 8 *shao fu* and P 3 *qu ze*, P 7 *da ling*, P 8 *lao gong*. Usually four of these points were needled unilaterally.

<sup>ii</sup> Rosa had just had news of possible thyroid cancer; this point is indicated when ‘a person is resigned and depleted by the vicissitudes of life’ (Hicks et al., 2004 p 313)

<sup>7</sup> I have numbered the Weeks in Phase 2 starting from the first treatment of Phase 2. However, treatment numbers continue consecutively from Phase 1.

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I chose points on the Heart and Pericardium channels, which function to regulate Heart function, calm the Spirit, and also address pain in the chest, arm and hand (Deadman et al., 2007 pp. 211-12 & 370). The points forming the mainstay of this treatment, chosen for their dual function of addressing both emotional and physical symptoms, were selected from Ht 3 *shao hai*, Ht 7 *shen men*, Ht 8 *shao fu* and P 3 *qu ze*, P 7 *da ling*, P 8 *lao gong*. As with Phase 1, I gradually added other points such as the back *shu* points of the Heart and Pericardium channels – choosing Bl 14 *jue yin shu*, Bl 15 *xin shu* and Bl 44 *shen tang*. *Yin tang* was used in nearly every treatment for its calming properties.

This approach was applied in 13 of the 20 treatments comprising Phase 2, examples of which are shown in Table 9. Variants from this included the first treatment, where I used External Dragons post-operatively to restore the *shen* after the physical shock of surgery (Hicks et al., 2004 p. 238). Other treatments during this phase addressed acute problems such as hip pain, a cold, and breathing problems. Latterley, two treatments focused on improving the hernias, using points indicated for prolapse. Rosa found that this treatment made the hernias less uncomfortable and less restrictive to her physical activity.

### **Phase 2: Progress Through Treatment**

After External Dragons (Tx 12, Week 1), Rosa reported feeling much better and was generally cheerful and upbeat. However, she experienced pain in the scar and chest and her arm was bothersome with sensations of numbness down the Pericardium channel and tingling in the wrist and fingers. She had stopped taking laxatives (prescribed post-operatively) and her bowels had returned to their pre-acupuncture state. Her sleep was disturbed and she was still anxious, managing to sleep only one night without the light on.

I used wrist and elbow points on the Pericardium and Heart channels to clear the channel to alleviate pain as well as to address anxiety and insomnia. By Tx 16 (Week 5) Rosa was feeling much better and felt she had “turned a corner”. Her arm sensations were less bothersome and bowel performance had improved. She no longer needed to sleep with a light on and her anxiety was getting better, although she was anxious about having a car accident on her next trip to Italy. She had reduced her painkillers.

Although there were minor setbacks, Rosa continued to gradually improve. By Tx 20 (Week 9) she was sleeping well

with no lights and reported feeling generally more uplifted. She was physically active, doing aerobic exercise and walking daily (although this was tiring) and she attended weekly yoga and *tai chi* classes.

Three weeks later (Week 12), she received a diagnosis of possible thyroid cancer. The distress caused by this triggered a significant setback in Rosa’s progress towards recovery, manifesting in physical symptoms including breathlessness and evening palpitations. Fears about traffic accidents and other misfortunes pervaded her imagination. She returned to sleeping with the light on. Her distress was exacerbated by a diagnosis of borderline diabetes.

For Rosa, this period of medical investigations was debilitating. She spoke of feeling “engulfed by hospitals”, “overwhelmed” by the frequency of hospital appointments, and described her table at home covered with letters from the variety of hospital departments. At Tx 25 (Week 21) she spoke of how “three years ago I considered myself a healthy woman, very active... now I feel like I am grabbing the side of a hole to get myself up, and things just push me down all the time.” Rosa felt quite desperate and I wrote to her medical team requesting a referral to a counselling service.

During this turbulent period in her life Rosa found acupuncture supportive. At Tx 26 (Week 22), she summarised the effects of acupuncture treatment: “I can breathe better. I can sleep better. My bowels are working without laxatives”.

### **Phase 2: Lifestyle and Behavioural Interventions**

A challenge at the outset of Phase 2 was to persuade Rosa to limit, rather than increase, her physical activity. At Tx 13 (Week 2) she reported that she had been walking 5,000 steps per day. The following week, she reported that her ex-husband had encouraged her to walk 10,000 steps per day; this she found exhausting and her pain levels increased, causing her to resort to painkillers. I reminded her of the recommendation for 150 minutes of moderate activity a week. At Tx 15 (Week 4) Rosa reported that she had reduced her walking and consequently needed fewer painkillers. That week, she began a cardiac rehabilitation programme that included daily aerobic exercise. At Tx 19 (Week 8) she was walking three to six kilometres a day, and although this was tiring, she was neither exhausted or in pain. Throughout this, her weight remained constant, a source of frustration to her.

### **Phase 2: Summary of Treatment**

Rosa is a vibrant, determined woman who has been diligent in observing good health practices. She is struggling with

the consequences of cancer and its treatment, as well as an increasing burden of other long-term health conditions. For Rosa, acupuncture is clearly a supportive treatment that helps her to cope with her increasingly complex health needs.

### Postscript

Since the preparation of this case, Rosa had a confirmed diagnosis of liver metastases secondary to colorectal cancer and underwent a liver resection in December 2017 followed by chemotherapy. She continues to have acupuncture.

### **The Patient's Comments on Acupuncture Treatment**

Rosa wrote (during Week 31):

'When I was first introduced to acupuncture I did not know what to expect but I was only too happy to try it out as I wanted to achieve some improvement on my bowel movements and stop using laxatives.

'I am now fully supportive of acupuncture and would strongly recommend it to anyone.

'The benefits of this treatment are endless. My bowel movements have improved beyond recognition and without the aid of any laxatives. Breathing has also improved and I have also gained a general feeling of calmness.'

### **The Consultant's Comments on Acupuncture Treatment**

Summarising a routine follow-up appointment with Rosa on 31 August 2017, RGJ wrote:

'I reviewed [Rosa] today. She is very well in herself, although she does remain quite anxious about things, which I think is not surprising considering all that she has been through in the last few years. She has found the acupuncture extremely helpful and it seems to have regularised her bowels quite effectively, so she is coping much better with that aspect of things and it also seems to keep her rather calmer.'

Following her diagnosis of liver metastases, RGJ provided this summary:

'I first saw Rosa in 2014 after a laparoscopic anterior resection. She was very anxious. She took a long time to recover from the surgery. The histology showed a relatively early cancer pT3N0 and

after a lot of discussion we decided together that she would not have adjuvant chemotherapy. Her bowel function was erratic and she complained bitterly how difficult things were. She had two surgical procedures to repair an incisional hernia from her original surgery. She had some nagging pains which persuaded her that the cancer was always coming back. She was obsessively concerned with her health and the possibility of recurrence. None of the standard medical measures to control her bowels worked and I referred her for a trial of acupuncture.

'But a couple of years later a blood test was abnormal and scans then showed the cancer had recurred in the liver. Rosa tried to put her head in the sand and ignore the reality. She refused to undergo some scans and tests, but eventually after much discussion the liver metastases were removed and she returned to my clinic to discuss whether at this point she would have some chemotherapy. She was initially tearful and told me she couldn't possibly cope with chemotherapy, but rapidly accepted that she needed to have the chemo. She rapidly became more in control and started engaging in the decisions. I was amazed that she accepted things rapidly. Despite the effects of the chemotherapy, she started to take more efforts with her appearance and started dressing more stylishly and with younger fashions and wearing more make up. Her self-confidence rapidly improved, which I ascribed to the acupuncture and she started to be more businesslike in the consultations but also more light-hearted and even make some jokes. Today she looks ten years younger than in 2014!'

### CONCLUSION

In this second of two parts, we have presented complex cases of two colorectal cancer survivors for whom the chronic consequences of treatment are complicated with comorbidities, fear of recurrence and actual cancer recurrence. An estimated 29 per cent of people with cancer have three or more conditions as well as cancer; Mario and Rosa have three of five of the most common long-term conditions for people with cancer (hypertension, a BMI > 30, and chronic heart disease) (Macmillan Cancer Support, 2015)<sup>8</sup> as well as other chronic health conditions common to an ageing population (for example, diabetes). The impact of these comorbidities may be more damaging to quality of life than the cancer itself and lead to increased needs (Denlinger and Barsevick, 2009; Rohan et al., 2015).

<sup>8</sup> Macmillan cite the top five common long-term conditions for people with cancer (estimated % affected) as hypertension 42%, obesity 31%, mental health problems 21%, chronic heart disease 19%, chronic kidney disease 17% (Macmillan Cancer Support, 2015).

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These cases also illustrate the challenges associated with introducing self-management strategies and the struggle that some patients have incorporating these into daily life.

Philanthropic funding from the Milly Apthorp Charitable Trust facilitated this study into the short- and long-term needs of colorectal cancer survivors. Our plan was to offer eight acupuncture sessions with the potential to extend treatment if required. The initial low take-up provided us with a rare

opportunity to treat patients long term, providing rich insight into the ongoing issues faced by many cancer survivors.

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