

# A Case Report of Saam Acupuncture Quickly Ameliorating Autoimmune Pain

George Mandler

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## Abstract

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Autoimmune diseases have become increasingly common over the past decade, yet there is limited research on how to prevent them. This case report examines a 43-year-old woman with coeliac disease who suddenly developed debilitating rheumatoid-like symptoms following a week of antibiotics for strep throat. She experienced severe pain for an entire month until she was treated solely with Saam acupuncture. After three treatments over a six-day period, her symptoms nearly fully resolved. This case report suggests that acupuncture could be a promising treatment as well as a preventative option for autoimmune diseases.

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## Introduction

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Autoimmune diseases have increased steadily over the past three decades with a significant increase in medical care costs (Miller, 2023). The personal and societal effects of autoimmune diseases can be devastating. When a person's immune system attacks their body's cells instead of focusing on microbes or cancerous cells, they can experience chronic pain, digestive disturbances, organ-related symptoms, depression and social isolation (Miller, 2023).

Biomedical options for autoimmune diseases are typically non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, antibodies and small molecule drugs (DMARDs). All these can have side effects, such as digestive issues or making one more susceptible to infections (Li et al., 2017). One day, science may have a solution to autoimmune diseases, such as through gene editing (Mohammadzadeh et al., 2020) or nanomedicine (Thatte et al., 2024), but currently medical interventions can lead to undesirable effects.

Acupuncture has been shown to effectively modulate some autoimmune diseases and thus should be considered

a treatment option (Wang et al., 2022). Oxidative stress, characterised by elevated C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) occurs in many autoimmune diseases (Smallwood et al., 2018). Acupuncture has been shown to help reduce oxidative stress in animal studies (Cheng et al., 2021; Zhao et al., 2022). This suggests acupuncture may help reduce the oxidative load, thereby reducing autoimmune symptoms.

This article presents a case study of a patient with well-controlled coeliac disease who had an acute flare of chronic debilitating pain resembling rheumatoid arthritis (RA). Saam acupuncture was the only intervention used to ameliorate her autoimmune-like symptoms.

## Saam acupuncture

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To understand this case study, it is necessary to provide a brief introduction to Saam acupuncture, since it is not widely used outside of Korea. Saam acupuncture was originally described in a Korean manuscript that is

<b>Lung</b> – Metal – Taiyin Dry outward, damp inward	← →	<b>Stomach</b> – Earth – Yangming Damp outward, dry inward
<b>Spleen</b> – Earth – Taiyin Damp outward and inward Heavy, bored easily	← →	<b>Large Intestine</b> – Metal – Yangming Dry outward and inward Thin, overachiever
<b>Heart</b> – Fire – Shaoyin Fire + heat = strong outward love	← →	<b>Bladder</b> – Water – Taiyang Water + cold water = strong fear
<b>Kidney</b> – Water – Shaoyin Water + heat = liquid fire Life/consolidation	← →	<b>Small Intestine</b> – Fire – Taiyang Fire + cold water Dynamic movement
<b>Liver</b> – Wood – Jueyin Wind + inward wind, contemplation, dense/dark	← →	<b>San Jiao</b> – Fire – Shaoyang Fire + outward qi movement Outward piercing concentration, bright
<b>Pericardium</b> – Fire – Jueyin Fire + inward wind Calm intelligence	← →	<b>Gall Bladder</b> – Wood – Shaoyang Wind + outward qi movement Outward aggression

Table 1: Saam counterbalancing channel pairs (adapted from Daly, 2024)

estimated to have been published at some point between 1644 and 1742 CE by a Korean Buddhist monk whose given pseudonym is Saam Doin – roughly translated as ‘cave dwelling person of the way’. He created a unique acupuncture system based on the eight trigrams from the *Yi Jing* (Book of Changes), the six qi from the *Huang Di Nei Jing* (Yellow Emperor’s Inner Classic) and the five phases from the *Nan Jing* (Classic of Difficulties). Saam combines the five transport points below the knees and elbows differently to how they are used in Japanese or Chinese acupuncture traditions. In Saam, the five transport points are used based on the creation and control cycles (Park & Kim, 2015). Each point prescription consists of four transport points, typically unilaterally needled.

The brilliance of the Saam system lies in the use of channel pairings, which are understood in terms of yin and yang counterbalancing pairs according to the six qi. Each channel is counterbalanced by a channel that manifests the opposite characteristics (Daly, 2018). From *Su Wen* (Simple Questions) chapter 24, we know that Shaoyin heat is counterbalanced by Taiyang cold water, Taiyin moisture is counterbalanced by Yangming dryness, and Jueyin inward movement is counterbalanced by Shaoyang outward movement. So, for example, Spleen is Taiyin moisture plus earth dampness and is counterbalanced by Large Intestine Yangming dryness plus metal dryness. All the pairings can be seen in Table 1.

## The brilliance of the Saam system lies in the use of channel pairings, which are understood in terms of yin and yang counterbalancing pairs

Korean scholars have suggested different diagnostic methods for applying the foundations of Saam acupuncture in the clinic. Therefore, there are many ‘flavours’ of Saam acupuncture diagnosis. Some of the diagnostic methods include pulse examination, symptom-based interpretations, established visceral pattern identification and mind-based diagnosis (Choo, 2014; Yi et al., 2009; Youn, 2011). For this case study, I am following the Buddhist monastic diagnostic tradition taught by Toby Daly (Daly, 2024).

### Case description

LB, a 43-year-old cis-female, was first seen in clinic on 17th April 2024, as a referral from a dietitian who had diagnosed her with coeliac disease (CD) in 2017. She reported that on 17th March 2024 she had woken up with ‘unbearable shooting pains’ and stiffness that were moving around her body. She experienced tightness and pain in her neck, hips, groin, back and bottom of her right foot. She went to the emergency room and was told it was muscle spasms and given lidocaine injections. Lidocaine and NSAIDs did not relieve pain. The next five days she had ‘persistent stiff pain like I had worked out for hours with sharp pains that prevented me from sleeping ... worse at night or after sitting too long ... worse in the morning and then painful and sore during the day ... the pains move around to different



Image 1: Medial heel with stagnation along Kidney channel and DH lesion

locations, especially around the scapula and the hips.’ On 27th March, LB went to her primary care provider and she ‘could barely walk ... it took about two hours to move without severe pain.’ Her blood work showed elevated antinuclear antibodies (speckled), elevated ESR, and slightly elevated high-sensitivity CRP (see Table 2). She was also tested for tick-borne illnesses and gout, all of which came back negative.

LB was referred to a rheumatologist whom she saw on 3rd April and who ran further autoimmune tests and X-rays. The rheumatologist stated that her lab tests ‘do not present a standard autoimmune disease because they are normal’ but concluded that given her symptoms and CD history this was likely an autoimmune flare.

When I saw LB for her initial appointment on 17th April she showed me a log of her daily pain over the past month. I learned that she had contracted bronchitis in December and had been given prednisone for five days. On 1st March she was diagnosed with strep throat and was given seven days of azithromycin. I also learned her mother was diagnosed with Sjögren’s syndrome in addition to RA-like symptoms. LB had been diagnosed with CD in 2017 after experiencing dermatitis herpetiformis (DH), although she denied experiencing any digestive symptoms. She had remained on a strict gluten-free diet since the CD diagnosis.

At her acupuncture appointment, LB was experiencing pain in her groin, under the balls of both feet, in her occiput and bilaterally in her hips. She said her hamstrings felt like she had been working out. The pain was worse at night, and tended to move around. She said mornings were the worst, but once she started moving it would improve.

**She could barely walk ... it took about two hours to move without severe pain.**

Out of range analyte	Result	Normal range
Cardio CRP	5.8 mg/L	< 5 mg/L
ESR	44 mm/hr	0-20 mm/hr
ANA Titer	1:160	< 1:40
ANA Pattern	Speckled	

Table 2: LB’s analytes from test on 3rd April 2024

### Saam diagnostic findings

**Observation:** She was of normal weight and had a strong athletic build and a symmetrical face. She was well dressed and clearly cared about her presentation. Her eyes were bright. Her lower legs showed noticeable varicose veins bilaterally along all surfaces, but concentrated along the Liver and Kidney channels around the knee. She had red patches of skin at Zhaohai KID-6 (Shining Sea) that she stated were left from the DH prior to her CD diagnosis in 2017 (See Image 1).

**Gynaecological:** Her cycle was regular at 28 days. Two days before her period she experienced pain that required a Midol (an over-the-counter analgesic drug). The pain subsided when bleeding commenced.

**Palpatory examination:** Extremely tight trapezius and palpation-pain at both Jianjing GB-21 (Shoulder Well) and Fengchi GB-20 (Wind Pool) points. There was pain on palpation at Fengshi GB-31 (Wind Market).

Surprisingly, her abdomen was relatively soft with little pain on palpation.

**Temperature:** She reported not tolerating heat easily and sweated easily.

**Emotions:** She was extremely polite and a ‘Type A’ personality. She could become anxious with attention on her.

**Thirst:** She got thirsty easily.

**Sleep:** She reported that sleep had been excellent prior to 17th March 2024. Since then, she would wake many times at night due to pain.

**Pulse:** Bilateral floating cun position, bilateral thin and wiry guan, deep wiry chi.

**Tongue:** Slightly swollen with a slightly greasy coat and reddish tip.

Channel to be supplemented	Tonify (Same)	Tonify (Mother)	Sedate (Same)	Sedate (Governor)
Small Intestine (SI+)	Houxi SI-3 (Back Stream 後谿) Wood	Zulingqi GB-41 (Foot Governor of Tears 足臨泣) Wood	Qiangqu SI-2 (Front Valley 前谷) Water	Zutonggu BL-66 (Foot Connecting Valley 足通谷) Water
Pericardium (P+)	Zhongchong P-9 (Middle Rushing 中衝) Wood	Dadun LIV-1 (Big Mound 大敦) Wood	Quze P-3 (Marsh at the Crook 曲澤) Water	Yingu KID-10 (Yin Valley 陰谷) Water
Liver (LIV+)	Ququan LIV-8 (Spring at the Crook 曲泉) Water	Yingu KID-10 (Yin Valley 陰谷) Water	Zhongfeng LIV-4 (Middle Seal 中封) Metal	Jingqu LU-8 (Channel Gutter 經渠) Metal
Bladder (BL+)	Zhiyin BL-67 (Reaching Yin 至陰) Metal	Shangyang LI-1 (Shang Yang 商陽) Metal	Weizhong BL-40 (Middle of the Crook 委中) Earth	Zusanli ST-36 (Leg Three Miles 足三里) Earth

Table 3: Treatment points for channels used

## Diagnosis and treatment

According to Saam's criteria, (Daly, 2024; Choo, 2014; Youn, 2011; Yi et al., 2009) LB would be diagnosed as having San Jiao Excess, Kidney Excess, Heart Excess and Gall Bladder Excess (see Table 1). The San Jiao excess could be seen in her bright eyes, extremely polite demeanour and slight anxiousness. The Kidney excess was suggested by the pain before menstruation relieved when blood began to flow, the varicosities in her legs, her symmetrical face and good bone structure, the improvement of pain with movement, and her careful presentation to the outside world. The Heart excess was shown in her intolerance to heat, her kind and loving demeanour, the soft abdomen and the pain along the hamstrings (Bladder channel). The indications of Gall Bladder excess were her Type A personality, the pain that moved around, and palpation pain along the Gall Bladder channel, as well as her prior DH, which can be seen as a 'convex disease' (a diagnostic indicator for Gall Bladder excess in Saam acupuncture).

In order to balance the excess channels, the counterbalancing pairs were selected. Initial treatment options were to supplement the Liver channel for San Jiao excess, the Small Intestine channel for Kidney excess, the Pericardium channel for Gall Bladder excess, and the Bladder channel for Heart excess (See Table 1). The appropriate points for LB's treatment are outlined in Table 3. The treatments and outcomes are in Table 4.

## Outcome

LB noticed mild improvement immediately after the first two sessions. She obtained significant lasting improvement after the third session. After that third session we focused on secondary pain complaints that were quickly resolved. In addition, her lifelong menstrual cramps resolved and she no longer required an NSAID before her period. Treatments after 28th June shifted to approximately every four to six weeks. On 16th August 16 LB had blood work that showed her CRP and ESR had both returned to normal levels, although her ANA remain unchanged (See Table 5).

As of January 2025 (the time of writing), she reports she is 'feeling great'. She was instructed to maintain proper self-

care with diet and lifestyle as she could end up in another autoimmune flare since it is known that autoimmune flares can cycle seasonally (Watad et al., 2017)

## Discussion

Based on the author's Saam clinical experience, the favourable outcome of this case is not an outlier. Proper Saam treatments will lead to quick results. Further literature supports acupuncture as being beneficial for the clinical symptoms of RA, improving function and quality of life by inducing an anti-inflammatory effect, thus regulating immune system function (Chou & Chu, 2018).

It is interesting to note that LB's mother has Sjögren's syndrome (SS) in addition to RA-like symptoms and LB

**Acupuncture should be further researched for reducing inflammatory markers and thus slowing down autoimmune progression.**

Date	Pre-treatment check-in	Channel treated	Saam diagnostic rationale	Post-treatment notes
17/04	Initial consultation.	SI+	Pain better with movement, symmetry, varicosities.	Less pain getting off table.
19/04	Pain reduced slightly over past 2 days.	SI+ (L)P+	Left oketsu, 'Feels like I'm walking on a ball' at Yongquan KID-1, pain in hips and Fengchi GB-20.	Released oketsu, still palpation pain at Fengchi GB-20.
22/04	Less pain in hips at night. Then yesterday drove 4 hours and knee was hurting - 'feels like it undid the progress'.	LIV+	Bright eyes, polite, controlling.	Immediate relief off the table.
24/04	'Had the best 3 days in over a month'.	LIV+ (L) SI+	Combine treatments that have worked.	
01/05	Significant reduction in discomfort. Sleeping better. Pain now concentrated in back on left side with a little on bottom of feet and hips. All other pain gone.	LIV+ (L) SI+	Left side back pain lateral to Liver back-shu point.	
03/05	'Pain is less'. Slight pain in hips. Travelling next week so wants to feel good.	P+ (L)SI+	Pain in hips and Fengchi GB-20.	Did not release Fengchi GB-20 pain.
15/05	Travel went better than expected. Sleep is back to normal, no hip pain, no foot pain, no menstrual pain or need of NSAIDs.	SI+	First day of menstrual cycle.	
22/05	Feeling good the last week.	LIV+	Feeling good, 'no complaints'.	
29/05	Awoken on Monday by both big toes in intense pain. Once started moving pain resolved. Some lingering back pain under left scapula. Worsening of pain aligned with ovulation.	LIV+ (L)SI+	Lingering left scapula pain. Worked in past.	Scapula discomfort and toe pain improved off table.
05/06	Felt good this week with one minor flareup but this went away.	SI+ (L)BL+	Minor neck pain around Tianzhu BL-10. Weather is hot, does not like heat. Left shoulder blade pain beneath scapula.	
28/06	Was away on vacation in Sweden for 2 weeks. Did well except a couple of times after eating out woke up with left big toe swollen. Quickly returned to normal when started moving. No period pain on vacation.	SI+	Left side oketsu, doing well overall and feeling good.	

Table 4: LB's treatment (all treatments right-sided unless noted; needles retained for 30 minutes)

was diagnosed with CD when she was 32. It is known that autoimmune diseases often have a genetic aspect (Harroud & Hafler, 2023). In addition, there is a known genetic relationship between SS and CD (Balaban et al., 2020; Iltanen et al., 1999) as well as a relationship between CD and many other autoimmune diseases, such as RA (Lauret & Rodrigo, 2013).

Is it possible that acupuncture helped rebalance LB's immune system and prevent further autoimmune dysregulation? A rheumatologist told this patient that it appears she has an autoimmune disease besides CD, yet all the standard autoantibody markers were normal. Had she not received acupuncture is it possible that those autoantibodies would have progressed to abnormal in a few months' time, and her symptoms would have continued?

LB received antibiotics two weeks prior to her flareup, and it is known that antibiotics can trigger autoimmune flareups or diseases through gut microbiota changes (Gobbo et al., 2022; Sultan et al., 2019). Acupuncture has been shown to regulate the gut microbiota (Feng et al., 2022; Xu et al., 2024; Yan et al., 2023). Even though LB denied any gastrointestinal symptoms, it is possible that gut microbiota regulation played a role in her improvement.

Is it possible to use acupuncture to help prevent a full-blown autoimmune attack? There is evidence that early interventions can help prevent or attenuate autoimmune diseases (Friedrich-Alexander-Universität, 2025; Carter et al., 2022). This is not to suggest that acupuncture is a panacea for all autoimmune diseases, but acupuncture



Analyte	Result	Normal range
Cardio CRP	0.2	< 5 mg/L
ESR	6	0-20 mm/hr
ANA Titer	1:160	< 1:40
ANA Pattern	Speckled	

Table 5: LB's analytes from test on 16th August 2024

should be further researched for reducing inflammatory markers and thus slowing down autoimmune progression.

### Limitations

The author regrets not running tests for the inflammatory markers CRP and ESR earlier to see if there was a drop sooner in the course of treatment. Her inflammatory markers likely dropped significantly after the third treatment, given her symptom improvement. This would have provided more persuasive evidence that her inflammation had reduced due to acupuncture. It would have been helpful to have other research inflammatory markers measured, such as NF- $\kappa$ B or Th1/Th17 cytokines, to further demonstrate the efficacy of acupuncture for autoimmune disease. The patient did not self-report any gastrointestinal issues; therefore, even though the gut microbiome alterations from medications may have played a role in her developing autoimmune symptoms, no conclusions can be drawn.

### Conclusion

This case study showed a significant reduction in acute pain symptoms that were likely related to a non-specific autoimmune flare. A return to normal in the common inflammatory markers CRP and ESR was observed in this case, demonstrating that inflammation was significantly reduced during the course of treatment. It demonstrates a case where an autoimmune disease was brewing, and Saam acupuncture helped ameliorate debilitating symptoms quickly and perhaps prevented a measurable autoimmune disease presentation. ❷

**George Mandler** is a Chinese medicine practitioner and dietitian with a busy private practice in Stow, Massachusetts, USA. He started practicing Saam in the Fall of 2018 and is deeply grateful to Toby Daly. He is also grateful for Sharon Weizenbaum's generous teachings over the many years, which helped him see things for what they are. He can be contacted at <george@AcupunctureNutrition.com>.

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