

Cancer, Acupuncture, and Infrared Imaging

By Yin Lo, PhD

Cancer is one of the most serious diseases we have. Billions and billions of dollars in research funding has poured into using orthodox Western medicine to cure various cancers, but only limited progress has been made in solving this problem.

Cancer remains a deadly disease. Can acupuncture help?

Recent worldwide scientific studies have confirmed that acupuncture is effective in treating certain aspects of cancer. The results of these scientific studies are summarized as follows:¹

- Experiments with implanted mammary cancer on rats found that there were differences in pathological section, adenoid structure, lymphocytic infiltration and tumor volume between treatment groups and control groups. Acupuncture probably inhibits growth of mammary cancer and reduces malignancy.
- Acupuncture had a dramatic effect on xerostomia, dysphagia and articulation on cancer patients suffering from xerostomia. Release of neuropeptides that stimulate the salivary glands and increased blood flow are possible explanations.
- Acupuncture enhanced the cellular immunity of patients with malignant tumors: percentages of CD3+, CD4+, ratios of CD4+/CD8+, and the levels of beta-EP increased, while the levels of SI-2R decreased.
- Acupuncture was performed on breast and uterine cancer patients who had suffered skin injuries from radiation therapy. Radionuclide and rheographic studies as well as evaluation of hemostatic function showed acupuncture to be effective for edema and pain. It also improved lymph flow and rheovasographic indexes, and normalized stasis.

All of the scientific studies listed above use acupuncture as a supplementary and auxiliary treatment. It is used to improve the results of surgery, chemotherapy and radiotherapy. Acupuncture can reduce pain and other undesirable side-effects. The question is, can it do better?

To improve the ability of acupuncture (or any other complementary medicine, for that matter), we need to gauge the effect of these treatments in a timely and objective manner. At present, it is customary to have a CAT scan every three months to check on the effect of a particular treatment on cancer. To have CAT scans in a shorter interval than three months is not advisable due to the possible harmful effects of X-rays. Is there a diagnostic tool other than CAT scan that is harmless, relatively inexpensive, and can be used much more often? The answer, this author believes, is yes.

Infrared imaging is relatively inexpensive, noninvasive, and totally harmless. We believe that infrared imaging can be used as a diagnostic tool to help gauge the progress of any treatment of cancers.

To determine the short-term effects of treatment, we simply take infrared pictures before and after each treatment. The following pictures were of a terminal lung cancer patient; her oncologist claimed her life expectancy would be only five months. None of the conventional treatments from Western medicine were doing any good; at best, a particular kind of chemotherapy might increase her life expectancy by two to three months.

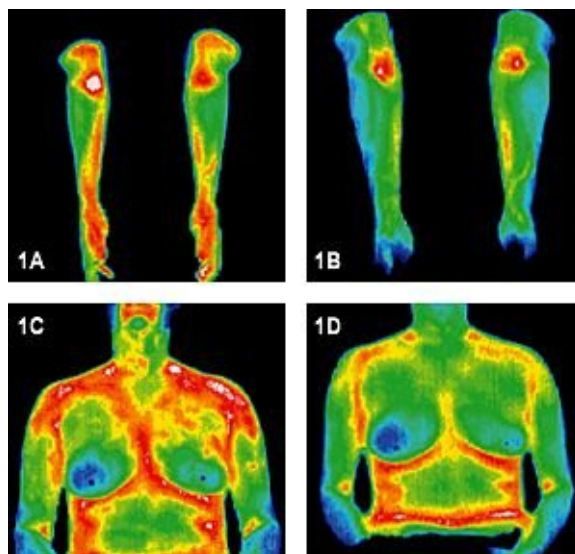
The patient decided not to take such chemotherapy, but instead took one particular kind of combination of herbal medicine that was recommended by both her acupuncturist and her Western family doctor. This herbal combination was claimed by the manufacturer to be the only herbal medicine of its kind that has passed the first and second phases of FDA testing.

The short-term effect of taking one dose of herbal medicine can be measured by the change in temperature distribution of the body from taking the herbs. In particular, we looked for temperature changes along the Lung meridian and the frontal positions where the lungs were located.

Before taking the herbs we took one set of pictures, as shown in Figures 1A and 1C below. The patient took one dose of herbs at 9:17. About an hour later, we took another set of pictures (shown in Figures 1B and 1D). The color code was as follows: the hottest temperature is in white, followed by red, yellow, green, and blue, with the coldest temperature in black.

By comparing figures, we could see that the visually hotter temperature regions became cooler. The hot, red area of color reduced significantly to become cool and green. The cooling of the temperature along the Lung meridian could be taken as an indication that the internal temperature of the lung also cooled down. It was clear that the herbal medicine had a short-term effect on the lung. Cooling of the lung might mean less

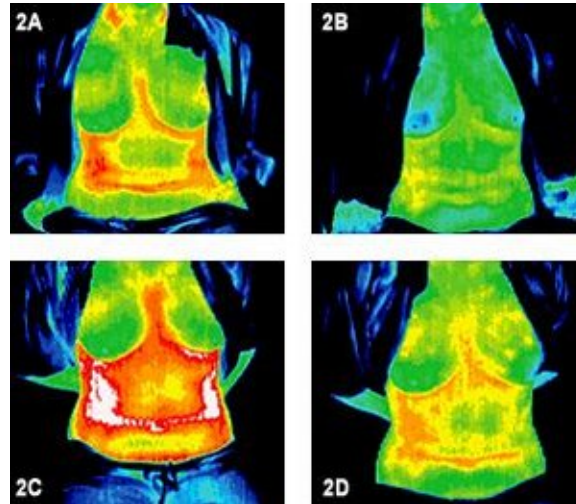
activity of the lung cancer cells if it is substantiated by other indications.



Figures 1A and 1C were taken at 9:14:15 and 9:16:17 on April 5, 2003, before taking the herbal medicine. Figures 1B and 1D were taken at 10:17:24 and 10:14:23, about an hour after taking the herbal medicine. Figures 1A and 1B were pictures of the sides of two hands with the thumbs facing the camera; 1C and 1D were pictures of the front upper part of the body. Comparing the two sets of pictures, we can see the reduction in temperature from taking the herb. In particular, the maximum temperature for the left hand side from LU 10 to LU 11 around the thumb area was reduced from 35.840C to 33.350C, an amount of 1.490C (or 2.60F). The maximum temperature for the right-hand side around the thumb area reduced similarly from 36.020C to 33.680C, an amount of 2.340C (4.50F). The maximum temperature of the front body was reduced from 37.970C to 36.540C. These changes were statistically significant. They were four to 10 times larger than the normal fluctuation in temperature, which was 0.250C.

Determining long-term effects is more elaborate. We had treated a patient who had terminal lung cancer and was at the final stage. Western medicine considered the case incurable; acupuncture was the last resort. The patient underwent acupuncture daily. We always took infrared pictures before and after each daily treatment. During each treatment, there was some improvement; this was inferred by the decrease of maximum temperatures from 38.45⁰C to 37.13⁰C in the abdominal area. This is shown below in a set of infrared pictures taken on June 15 in Figures 2A and 2B. However, the high temperature returned the next day, and continued day after day. On June 28, 13 days later, the maximum temperature of the abdominal region remained high at 39.03⁰C. Acupuncture treatment still lowered the maximum temperature to

37.49⁰C (shown in Figures 2C and 2D below). It was clear that the short-term effect of reducing pain was there, but it was not enough to contain the deadly effects of cancer in its final stage. Acupuncture might be much more helpful in the initial stages of cancer, rather than at the terminal stage.



Figures 2A and 2B were taken on June 15 before and after acupuncture treatment, respectively. The maximum temperature of the abdominal area reduced from 38.450C to 37.130C due to acupuncture. Figures 2C and 2D were taken on June 28 before and after acupuncture treatment. The maximum temperature of the belly reduced from 39.030C to 37.490C.

We consider the ability of infrared imaging to gauge the progress continuously, day by day, as beneficial. We hope that in future treatments and research, more widespread use of infrared imaging will yield better diagnostic information on daily basis.

Reference

1. Lo Y. *Biophysics Basis for Acupuncture and Health*. The book can be ordered at www.booksurge.com.
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