A Simplified Approach to the Treatment of Scars with Oriental Medicine

By Skya Abbate, DOM

The treatment of scars has an historical base in Oriental medicine and can often be the key to the successful resolution of chronic, persistent, intractable conditions. Essentially, scars can be viewed as "potential" organ-meridian disturbances, that is, as a physical or energetic disturbance of a meridian precipitated by the trauma induced to the tissues.

This disruption in energy flow in the skin, muscles and underlying meridians can then cause organic or energetic pathology of the local affected areas, internal and external meridian pathways, and corresponding zang-fu organs.

All scars are inherently a malformation in normal cellular skin repair. They are matrices of collagen, blood vessels, and sometimes foreign objects or toxins that have been deposited in the disorderly fashion that constitutes scarred tissue. The way a scar develops depends on many factors. The most common tend to be the nature and severity of the original injury; the surgeon’s skill or method of treatment (if any) that the scar received; how the person’s body heals; the blood supply to the area; the direction of scar formation; and the color of one’s skin.

Not all scars cause problems. Many are only superficial, or have healed such that the deeper energy of the body is not affected. In general, factors such as scar size; abnormal coloration; lumpiness; and sensations associated with the scar, such as numbness; tingling; itchiness; heat; cold; achiness; and tendon/muscle restriction, indicate that the scar may need treating. Ultimately, however, palpation of the discrete borders of the scar is the test that determines its clinical significance.

To evaluate the effects of scar tissue in relation to bodily health, first perform a scar evaluation. Ask the patient if he/she has any scars. Remind the patient of possible scars from surgeries, injuries and even vaccinations. Especially significant are scars found on the face; neck; scalp; back; and abdomen because of the major meridians that traverse them. Next, with your index finger, palpate around the borders of the scar at each place where your finger will fit. Press the tissue at about a 45-degree angle towards the scar at a moderate depth (about 0.5 inches). If any area of the scar is tender, it may indicate qi and/or blood
stagnation; *qi* and/or blood deficiency; or the accumulation of phlegm (calcification). Without the need to precisely arrive at a diagnosis, tenderness or pain at the affected area is what is significant. This needs to be resolved, since this lack of free-flowingness of energy may have significant effects on local and/or distal organs or sites.

There are many ways to treat scars. For clinician convenience, the most common are described in the table that follows. (More information on scar treatment can be found in the palpation book referenced at the end of this article.) However, before proceeding to treat with any modality, the following guidelines, cautions and contraindications must be kept in mind:

1. Do not treat scars less than one month old to decrease the risk of infection.
2. Observe assiduousness with clean needle technique so as not to infect the scar. Carefully treat scars in the elderly; diabetics; cancer patients; and those with neurological disorders or a weak constitution.
3. Initially, only treat two areas of the scar until you can evaluate the effectiveness of scar treatment on the patient. In re-equilibrating the energy in a scar, blocked energy may be released, leading to energy surges that the patient may perceive as a problem. For example, treating a scar on the gallbladder meridian may release energy that goes to the head and produces a headache as the energy in the meridian becomes balanced.

**Table I: Methods of Scar Treatment.**

<table>
<thead>
<tr>
<th>METHOD</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
</table>

**Figure 1:** Needle placement in scar treatment (needle under scar).
The application of external liniments and other products can aid in scar healing and reduce the imperfect formation of the epidermis. For convenience, liniments can be applied before bed so they have the chance to work for a relatively long period overnight. Useful liniments and their energetics include the following:

- **Zheng gu shui** - the deepest penetrating of all the Chinese liniments, it penetrates to the bone. It moves blood stasis, promotes healing via improved circulation, and stops pain.
- **Vitamin E** *(d-alpha tocopherol - don’t use synthetic vitamin E designated by "acetate")* - reduces superficial scarring and promotes normal tissue regrowth.
- **Aloe vera** - reduces scar formation, inflammation and swelling, and improves wound-healing capacity.
- **Ching wan hung** - promotes new tissue growth, reduces scarring and inflammation, and fights bacteria.
- **Wan hua oil** - activates blood stagnation and swelling caused by trauma.

**Needles**  
Before needling, palpate around the border of the scar and find the two most painful places. After swabbing those points with alcohol, insert a #1 (36g) 30mm (one inch) needle transversely (subcutaneously) underneath the scar to a depth of about 0.5 inches. My predilection is to use the thinnest needles to subtly re-establish even the most minute energetic pathways. However, if the scar is dense, thick and fibrous, a #5 gauge may be used so as to not bend or break the needle. Do not obtain *de qi*, nor tonify or disperse, but rather move the needle underneath the scar, then pull out and repeat 2-3 times. The needle is used to mechanically break up obstruction if present, or to stimulate the affected area. Stop at that depth when resistance is felt. Retain the needles 5-10 minutes and remove. Continue this style of treatment during patient visits until no tender spots remain, at which point the scar is considered non-problematic. See **Figure I** for an illustration of needle placement.

**Intradermal Needles**  
Intradermal needles may be substituted in place of acupuncture needles. Follow the preliminary procedure as described under "Needles," that is, use palpation as the method to determine which two points to treat. Then, using tweezers or forceps for support, insert a 0.6mm Spinex intradermal needle under the scar. Secure the intradermal with dermicel tape. Intradermals may be retained for take-home therapy or used in the office. However, do not retain intradermal needles on areas where clothing or physical activity may bend or displace them, i.e., at the wrist level, ankles, etc. Observe all standard precautions for the use of intradermals, such as number of days to retain; avoidance of getting wet; etc.
The tiger thermie warmer is one of the most effective methods of scar treatment because it can be used to treat the entire scar versus two discrete points at a time, as in needling. The tiger thermie warmer is a unique instrument that not only confers the therapeutic benefits of moxa directly onto the skin for penetration, but simultaneously breaks up physical or energetic tension through the method of massage application through the tool.

To appreciate and evaluate the effectiveness of the tiger thermie warmer, first palpate the borders of the scar looking for areas of tenderness. Travel around the borders of the scar with the tiger thermie warmer, using light pressure on each discrete point. Move from point to point. Frequently check the temperature of the tiger thermie warmer to avoid burning the patient’s skin. Apply moxa to the scar borders for 1-3 minutes: the longer time for a larger scar.

Following the moxa therapy, repalpate the scar borders - there should be a reduction in tenderness. The area should get slightly pink and the patient should enjoy the treatment, which is relaxing. Continue this approach in the office, or instruct the patient on how to self-treat with it daily or on a convenient basis until no more tender spots remain.

In conclusion, the treatment of scars with Oriental medicine is significant, simple and successful, not just for the local alleviation of qi and blood stasis or deficiency, but concomitantly for its distal effects on meridian pathways, patient perception and the overall health of the person.

Reference


Click here for previous articles by Skya Abbate, DOM.

Page printed from: