

TONGUE PIERCING AND CHRONIC ABDOMINAL PAIN WITH NAUSEA AND VOMITING—TWO CASES

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Chronic upper gastrointestinal (GI) symptoms of unclear etiology are frustrating to patients and physicians alike. The integrative medicine procedures of acupuncture and neural therapy may provide treatment options. Tongue piercing, which is prevalent in 5.6% of the adolescent population, may be a contributing factor in upper gastrointestinal symptoms. The objectives of the study were as follows: (1) To demonstrate the usefulness of an integrative medicine treatment approach in two cases of patients with chronic abdominal pain, nausea, and vomiting of unclear etiology who had failed standard medical management. (2) To identify scars from tongue piercings as a possible contributing factor in chronic upper GI symptoms of unclear etiology. Two retrospective case studies are presented of young adult females who were seen in a private multi-physician integrative medicine practice in the US. The patients were treated with neural therapy and

acupuncture. The desired outcome was the cessation or reduction of the frequency of abdominal pain, nausea, and vomiting. Both patients had resolution of their symptoms. From this study, we have concluded the following: (1) Tongue scars from tongue rings may be causes of chronic upper gastrointestinal symptoms. (2) Neural therapy and acupuncture may be helpful in the treatment of chronic upper GI symptoms related to tongue scars.

Key words: neural therapy, scar therapy, chronic abdominal pain, acupuncture, tongue piercing, body piercing

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INTRODUCTION

Chronic abdominal pain, nausea, and vomiting of uncertain etiology can be frustrating to both patients and clinicians especially when standard medical evaluation and treatment is not helpful. We report two cases in which it appears that the scars from tongue piercing¹ contributed to the development of upper gastrointestinal (GI) symptoms, which were then resolved in the context of neural therapy and acupuncture. There has been no prior identification of an association between tongue piercing and chronic abdominal pain.^{2,3} There have been two cases of acute abdominal pain in the context of diabetic ketoacidosis and pre-diabetic ketoacidosis two and four days after tongue piercing.⁴ Another case of acute abdominal pain was reported in the context of acute hepatitis caused by herpes simplex virus⁵ occurring one to

two weeks after tongue piercing. There are no previous reported cases of chronic upper gastrointestinal symptoms treated with neural therapy applied to a tongue scar in conjunction with acupuncture therapy. The PubMed (which includes MEDLINE), EMBASE, CINAHL, and AMED databases were searched. The tongue scars from the tongue piercings in our two cases were located on the tongue in an area that in Traditional Chinese Medicine is believed to be associated with the stomach⁶⁻⁸ (Figure 1).

CASE PRESENTATIONS

This is a report of two cases of patients with a history of tongue piercing who presented with chronic abdominal pain, nausea, and vomiting.

Case Report 1

History. The first case is a 21-year-old African-American female who presented with a six-month history of severe abdominal pains, nausea, and vomiting resulting in 70 or more pounds of weight loss and repeated hospitalizations. She also complained of alternating constipation and diarrhea, which appeared to be unrelated to specific foods. She denied hematemesis. She had multiple evaluations during her hospitalizations, which included negative upper endoscopies, negative colonoscopies, negative HIDA scan, and negative ultrasound of the gall bladder. She was unresponsive to medications with the exception of Carafate[®] which gave

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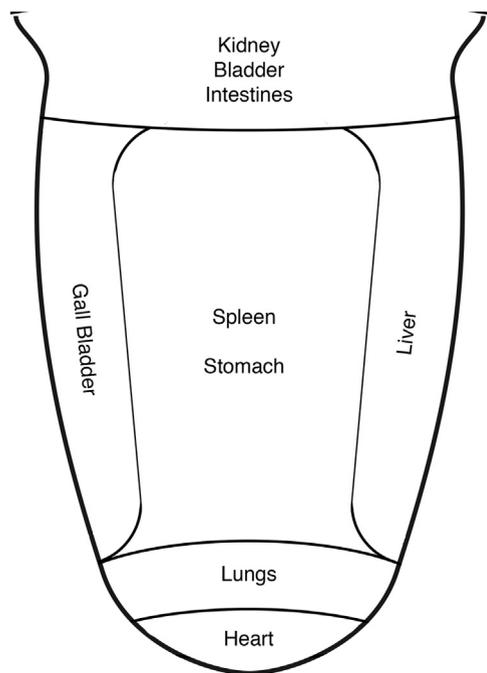


Figure 1. Chinese Medicine correspondence areas of the tongue.

her some mild relief. Past surgical history included tonsillectomy at the age of nine years, tattoo on her right arm, and a tongue piercing five years prior.

Review of systems included generalized fatigue and difficulty urinating. Her medications included Reglan[®], Protonix[®], Nexium[®], Percocet[®], and Carafate[®]. Family history was notable for diabetes in her father and grandmother and hypertension in her mother.

Physical examination. The patient was an African-American, mildly obese female who appeared to be anxious and somewhat chronically ill. She had a tongue ring, which was located approximately 1.5 cm from the tip of her tongue. A tonsillectomy scar was visible on the right side of the pharynx. She had mild, nonspecific tenderness of her epigastrium. The rest of her physical examination was unremarkable.

Integrative medicine treatments. We removed her tongue ring and injected the side of her tongue piercing scar with 2 cc of 0.5% preservative-free procaine. We also injected about 1 cc of 0.5% preservative-free procaine to her right tonsil scar. Remarkably within five minutes of injecting her tongue ring scar, she stated that her constant nausea feeling had markedly reduced.

First follow-up visit eight days later. Her pain level had been markedly reduced. She had only one episode of vomiting since the last visit. She stated that her abdominal pain was 90% improved. Her eating and sleeping had markedly improved.

During her visit, we re-injected her tongue ring scar area and also her tonsil scar. We performed acupuncture bilaterally on the acupuncture points Spleen 9, Spleen 6, and Pericardium 7 without electricity.

Second follow-up visit one month later. She reported improvement. Treatments included a repeat injection of her tongue scar. Acupuncture was performed on the ears and the body. Ear needles were placed on the tongue and esophagus points of the right ear and on the stomach point of the left ear. All ear points were Nogier Phase 1 points. Body points included Pericardium 6, Spleen 6, Spleen 9, and Stomach 36 bilaterally.

Third follow-up visit six years later. The patient had been lost to follow-up for almost six years. She reported that during this interval she had a few years of complete relief punctuated by an occasional symptomatic episode. She stated that in the last two years, her symptoms had returned in full force. Her symptom complex now also included mid back pain. Upon injection of 2 cc of 0.5% preservative-free procaine into her tongue ring scar, she had immediate total symptom relief. This relief lasted a few hours after which her new baseline symptoms were improved 30–40%. She is due in for further evaluation and treatment.

Case Report 2

History. The second case is a 19-year-old white female who presented with a two-year history of abdominal pain, nausea, vomiting, reflux symptoms, sensation of stomach fullness, appetite disturbance, dizziness, and dyspnea. Review of systems revealed that she also had frequent headaches.

Previous evaluations included an abdominal computed tomographic (CT) scan, upper GI, and ultrasound of the gall bladder, all of which were negative.

Past medical and surgical history included frequent tonsillitis at the age of 11 years and wisdom tooth extractions.

Medications included Celexa[®], Prevacid[®], and birth control pills.

Family history included hypothyroidism in the mother and cardiac problems in the maternal grandmother.

Physical examination. Initial physical examination revealed a healthy looking female who appeared distressed about her chronic problem. Her examination was unremarkable except for mild diffuse tenderness in her epigastrium; there was no hepatosplenomegaly. She had a scar near the umbilicus from a previous belly ring and a small right lower leg scar near the medial malleolus from a mole removal during infancy.

Her first neural therapy treatment consisted of an intraleisional injection of 2–3 cc of 0.5% preservative-free procaine into her belly ring scar and her leg scar. Acupuncture was performed bilaterally at body acupuncture points Spleen 6, Spleen 9, Pericardium 6, Stomach 28, right Stomach 24, and Governing Vessel 24.5.

First follow-up visit. Three weeks later, she stated that her GI symptoms had not improved, although her headaches had improved. Her symptoms still occurred all day every day and overall were rated 8/10 in severity.

On physical examination, we discovered that she had a tongue ring scar that we did not notice on her first visit. Otherwise, her examination was unremarkable.

Treatment included the injection of her tongue ring scar as well as her belly ring scar with 1 cc of 0.5% preservative-free

procaine to each site. Acupuncture was performed at Pericardium 6 and Stomach 36 bilaterally.

Second follow-up visit. At her second follow-up visit one week later, she stated that her abdominal pain level had decreased to a 6/10 severity. She thought that she had approximately 60% improvement overall. She still complained of some continued nausea. We repeated the previous visit's treatment.

Third follow-up visit. At her third follow-up visit one week later, her symptoms had decreased to 4/10 severity overall, but she noted that her symptoms still occurred after eating.

Neural therapy (injection of scars with procaine) treatment consisted of the same injections and locations as the previous visit. Acupuncture was performed bilaterally at Bladder 14, 23, and 25 and Pericardium 6.

Fourth follow-up visit. At her fourth follow-up visit six weeks later, she rated her symptoms 3/10 in severity. She felt that she was 90% improved overall. She noted no vomiting and was eating comfortably. The patient was treated in the manner of the third follow-up visit.

Five-year follow-up visit. At follow-up five years later, she came in for a minor illness. She stated that all her previous GI symptoms had resolved after the treatments that we performed five years earlier.

Recent telephone contact a few years later. Patient has remained symptom free.

DISCUSSION

This is a fascinating case report of two patients that had intractable upper GI symptoms of abdominal pain, nausea, and vomiting. They both had a history of tongue rings. The second patient also had a history of a belly ring, but the treatment of her belly ring scar did not result in any improvement of her GI symptoms. Her GI symptoms improved after treatment of her tongue ring scar. In Chinese Medicine, the area where the tongue ring was placed is said to be the correspondence area for the stomach on the tongue⁶⁻⁸ (Figure 1). When Chinese medical doctors look at the tongue and observe abnormalities such as fissures or erosions in that area, they correlate those signs with stomach problems. The injections of scars with procaine have been used frequently in Europe and Germany under the rubric of neural therapy.⁹ Neural therapy is a technique often in which scars are injected with preservative-free procaine to “unblock” or “resolve” “interference fields coming from abnormal scars.” The interference field can be generated by any damaged tissue via chronic stimulation of afferent neurons in the autonomic nervous system resulting in chronic autonomic reflex activity such as nausea, vomiting, and pain. Dosch¹⁰ discusses at length the mechanisms of action of “interference fields” and the use of procaine infiltration to remove these foci.

In the first patient, the marked relief that occurred was almost immediate. Her severe symptoms were cleared in three

visits. Although a placebo effect cannot be excluded, one would expect that one of the many previous healthcare encounters, evaluations, and therapies would have elicited a placebo response. This author (M.K.C.) has also seen GI symptoms of nausea and abdominal pain associated with umbilical scars from surgical procedures and gall bladder surgery scars. These symptoms have been frequently relieved by procaine injections to the surface scars in our practice.

We believe that patients with abnormal upper gastrointestinal symptoms and a negative workup should have a search for “toxic scars” especially those on the tongue or abdomen. Only physicians trained in neural therapy should inject scars that are in the oral cavity or the tongue.

Both patients received acupuncture in addition to neural therapy. Future research is needed to quantify the individual contributions of each therapy. Our clinical impression is that in these two cases the neural therapy was the dominant factor.

These two cases are examples of the possible effectiveness of integrative medicine treatment procedures in patients who have failed standard medical management. Further study is recommended regarding the following: (1) the association of tongue ring scars and upper GI symptoms, (2) the determination of the relative contributions of acupuncture and neural therapy in successful treatment, and (3) the generalization of our observations of these two cases to larger patient populations. Research addressing the association of tongue ring scars and upper GI symptoms can be approached by designating a large urban University Healthcare System which cares for both adolescents and adults as a source population. Case control, retrospective cohort, and prospective cohort studies could then be conducted to determine the presence of an association. Such studies could be repeated in other source populations to determine generalizability. Determination of the relative contributions of acupuncture and neural therapy to treatment effectiveness is more challenging. Innovative research strategies including mixed methods and qualitative approaches will be required to further understand the impact of some of the highly individualized approaches to treatment used in integrative medicine.

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