

Medical Acupuncture on Triple Warmer Meridian: Adrenal, Thyroid, Lyme and Breast Cancer - Chronic Fatigue Syndrome, CFIDS/ME, and Dental Infections

By Simon Yu, MD

Fatigue, the reflection of adrenal and thyroid dysfunction, is one of the common complaints for doctors' visits, and most blood tests do not reflect their symptoms. Any infections or environmental toxins will eventually stress your endocrine system and it will disturb the acupuncture Triple Warmer meridian. The ancient description of the Triple Warmer (TW) meridian may seem strange to Western medicine but TW function corresponds to the endocrine system - glands that produce hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep, and mood. The TW meridian and endocrine system includes adrenal, thyroid, testes, ovaries, and breast-related problems including breast cancer.

The body is divided into the Upper Warmer, Middle Warmer, and Lower Warmer; called Triple Warmer or San Jiao. In general simple terms, the function of the Triple Warmer is to circulate the Chi thru blood and body fluids, burn food with water, and to harmonize the digestion of solid and liquid foods. TW is considered the path of water and food, the beginning and end of Chi. See the [Textbook of Acupuncture](#) by Felix Mann.

Most chronically ill, complex patients often have multiple disturbances on acupuncture meridian assessment (AMA) and almost always, the TW meridian is out of balance and shows a low reading. An out of balance meridian is similar to a violin string that is out of tune. You can support them with natural herbs, homeopathic remedies, detox, adrenal and thyroid glandular products and patients are always grateful to feel better. But often, this natural healing is not good enough to have a long term benefit.

Investigating further why they have a disturbance in the TW meridian reveals problems such as hidden dental infection, allergy/immune system problems, parasites, toxins and chemical exposures, emotional stress and increasingly, EMF as triggering factors. Depend on the patient's genetic susceptibility and compounding factors, the medical profession will label their symptoms and syndrome as chronic fatigue, fibromyalgia, myalgic encephalopathy (ME), MS, Lyme, cancer, psychiatric diagnoses, etc.

The Triple Warmer meridian regulates the Hypothalamus which controls thyroid and adrenal functions, Facial nerve (CN7), Glossopharyngeal nerve (CN 11), and part of the sympathetic nerve system. The Triple Warmer and Pericardium (Master of Heart) meridians are paired meridians, and the Gallbladder and Liver meridians are continuous flowing, paired meridian circuit. See *Voll Electroacupuncture Desk Reference Manual* from [Praxis2Practice](#).

Recent case study: A 60-year-old physician, developed breast cancer, s/p double mastectomy, chemotherapy, post-chemo brain fog, decreased cognition and concentration, and retired on medical disability. She had a multitude of physical pain - neck, shoulder and upper back pain - and ailments including lymphedema of right arm, severe fatigue, headache, light sensitivity, shortness of breath, and loss of ability for advanced math. Her physician gave her psychiatric medications to cover her multiple vague physical symptoms. An IGeneX Lyme test was done to rule out unsuspected Lyme for her unexplainable physical symptoms. The test was negative by CDC/NYS criteria and positive by IGeneX for IgM and IgG Lyme Immunoblot test. Note the difference in interpretation for IGeneX and CDC/NYS criteria. A Lyme specialist considered she was positive for Lyme, and prescribed antibiotics.

IGENEX LAB RESULTS

Lyme ImmunoBlot IgM Serum **Positive**
 IGX Criteria: **Positive**
 CDC/NYS Criteria: **Negative**

 [REVISED REPORT: EFFECTIVE APRIL 10, 2019]

Lyme ImmunoBlot IgM detects antibodies to B. burgdorferi strains and species

Band (kDa)	23*	31*	34*	39*	41*	93
Intensity	IND	+	-	-	+	-

Band Intensity: Positive: + to +++++, Indeterminate: Ind, Negative: (-)

INTERPRETATION	IGX CRITERIA	CDC/NYS CRITERIA
Positive	2 or more of the starred bands are present (+): 23*, 31*, 34*, 39*, 41* kDa	2 or more of the following bands are present (+): 23*, 39*, 41* kDa

Lyme ImmunoBlot IgG Serum **Positive**
 IGX Criteria: **Positive**
 CDC/NYS Criteria: **Negative**

 [REVISED REPORT: EFFECTIVE APRIL 10, 2019]

Lyme ImmunoBlot IgG detects antibodies to B. burgdorferi strains and species

Band (kDa)	18	23*	28	30	31*	34*	39*	41*	45	58	66	93*
Intensity	+	+	-	-	-	-	-	+	-	-	-	-

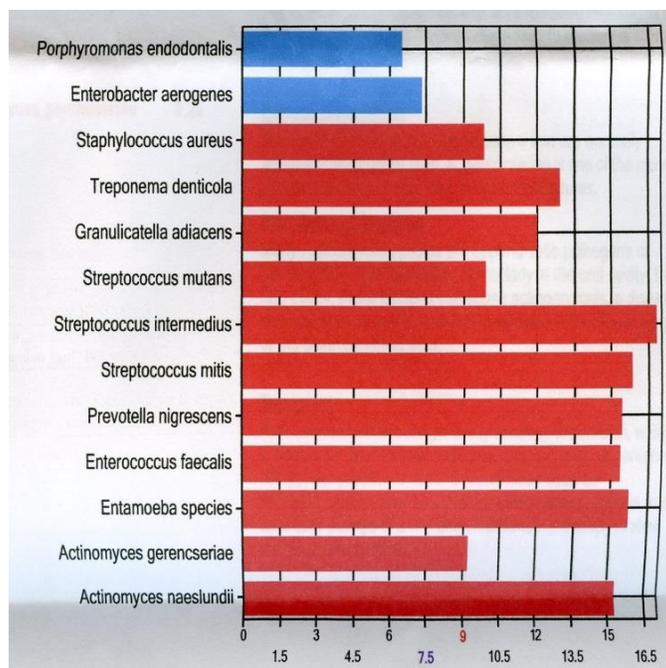
Band Intensity: Positive: + to +++++, Indeterminate: Ind, Negative: (-)

INTERPRETATION	IGX CRITERIA	CDC/NYS CRITERIA
Positive	2 or more of the starred bands are present (+): 23*, 31*, 34*, 39*, 41*, 93* kDa	5 or more of the following bands are present (+): 18, 23*, 28, 30, 39*, 41*, 45, 58, 66, 93* kDa

On my AMA evaluation, dental and allergy/immunology points were her dominant problems. Parasites, fungal infections, and mycotoxins were compromising her immune system and were treated with parasite medications pyrantel pamoate and praziquantel, triple antifungal medications, and a detox protocol. Dental work was done by a biological dentist extracting tooth #30. She also received doxycycline and tinidazole for her dental infections based on AMA evaluation, which is very similar to Lyme treatment. I have seen many “correlations and coinfections” with Lyme and pseudo Lyme-like dental infections in the last 20 years. Many Lyme patients do not respond to standard antibiotic therapy if they have active dental and parasite infections; you can be the judge when you see her test results.

She had persistent symptoms and recurring dental infection at tooth #29 despite antibiotics and antifungal meds based on AMA evaluations. It is not uncommon to have multiple endless dental infections. I made a special request to extract tooth #29, right lower second pre-molar bicuspid, which is also associated with mammary glands, lymph vessels and breast cancer. See the [Tooth-Organ Meridian Chart](#) from www.preventionandhealing.com. Her dental panorama x-ray was negative and biological dentists refused to extract her #29 tooth. Her condition was deteriorating, and we found one biological dentist to extract the tooth with a special request, “Don’t ask why - just pull the damn tooth.” A dental DNA test was requested for both dental microbes and for Lyme to rule out overlapping infections.

DNA CONNEXIONS LAB RESULTS



The ✓ highlighted microbes were detected in the submitted sample:

Borrelia burgdorferi F7
 ✓ B. burgdorferi Osp A-NPS
 B. burgdorferi Osp B
 B. burgdorferi Osp C
 Babesia microti
 ✓ Babesia divergens-NPS
 Babesia duncani
 Bartonella bacilliformis
 ✓ Bartonella henselae-IND
 Bartonella quintana
 ✓ Borrelia miyamotoi-NPS
 Borrelia recurrentis
 Ehrlichia chaffeensis
 Anaplasma phagocytophilum
 NONE

She was started on doxycycline, tinidazole, clindamycin and nystatin to cover infections based on my AMA evaluation before the dental operation. The dental DNA test was positive for the presence of Treponema, Streptococcus, Prevotella, Entamoeba, Enterococcus, Borrelia burgdorferi, Babesia divergens, Bartonella henselae, Borrelia miyamotoi, and more.

The [DNA oral panel](#) extracted tooth test costs \$450; adding the dental [Lyme panel test](#) totals \$1,000. I was already treating the patient for dental infections with the above medications without the DNA test based on AMA evaluation. Some important questions are:

1) How reliable are DNA tests vs. AMA evaluation? Is it worth spending \$1,000 for the DNA tests? Is it possible to treat before getting DNA test results, or too late to treat after the tests are back 10 days later?

2) What are the limitations of DNA tests and AMA evaluation? So many unknown factors to consider...

3) Do these positive DNA tests truly indicate active infectious pathogens, or an incidental part of microbiome DNA fragments, or molecular mimicry for a false positive DNA test? Or, perhaps, is it possible from the biological evolution point of view, that microbiome DNA incorporated into our genome during evolutionary adaptation? I am beginning to see more positive Borrelia, Bartonella and Babesia from the dental Lyme DNA test, and parasites from the dental microbe DNA test, like her case.

4) Are we treating Lyme disease, or dental infections, or both? A combination of antibiotics, antiparasitics and antifungals has helped many of my patients after they have the needed dental surgery for extraction of the problematic tooth (or cleaning of the cavitation site) whatever the cause; otherwise it recurs. Are dental infections the overlooked factor in chronic Lyme, persistent Lyme, “Long Lyme?”

The patient is also receiving IV UV/Ozone, alternating with high dose IV vitamin C, and I am trying to gradually wean her off psychiatric medications. I am a big believer in natural healing and spontaneous healing but her recovery will be slow. She may have several additional layers of hidden problems. Natural healing alone simply is not strong enough to turn her around. Aggressive dental surgery, parasite and fungal medications, antibiotics, and IV UV/Ozone may not be considered “natural healing.” Most patients ultimately don’t care about the distinctions between natural healing and conventional medicine (prescription drugs and surgery). They just want desperately to get well. As an integrative Internal Medicine physician, I understand the importance of both.

It is time for rethinking the importance of the Biological Terrain and our Immune System, which is addressed in my first book, [Accidental Cure](#). Perhaps we cannot micromanage our immune system and only target specific microbes. There is always a community of microbes and coinfections and we need to focus on this larger picture: overlooked and synergistic dental infections, and parasite and fungal infections. These are addressed in my latest book, [Accidental Blow Up in Medicine](#).

What can physicians do in the face of chronic fatigue, CFIDS/ME, and chronic Lyme, now being called “Long Lyme” in analogy with the persistent unexplained symptoms being called “[Long COVID](#)?” Why not integrate the 5,000 year old “new” disruptive technology called acupuncture meridian assessment (AMA) into medical practice, and better recognize, identify, and treat the constellation of underlying problems underlying chronic conditions? It is time to give recognition, credit, and real help to these patients for their struggles and perseverance. ~ August 2020

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