Treat Cervical Spondylosis with Special Acupuncture

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Cervical spondylosis, is a common disease among the middle-aged and the elderly. However, in recent years, an increasing incidence has been observed in the younger population. Since 1996, we have chosen pestle needle to treat the patients with cervical spondylosis related to the nerve root and we have compared its effectiveness with regular acupuncture.

The authors treated cervical spondylosis related to the nerve root with special acupuncture and regular acupuncture and compared the results. The results showed that the total effective rate of special acupuncture group is 93.3% and that of the regular acupuncture group is 90% with no statistical significance (P> 0.05) but there was a statistical difference with the cured rate (P < 0.05).

Clinical data

60 patients were randomly divided into the pestle needle group (treatment group) and the regular acupuncture group (control group) with 30 patients in each group. Results show that there is no statistical significance between groups (P>0.05) All the patients were diagnosed according to "The Diagnostic Criteria on Cervical Spondylosis" formulated at the Second Congress on Cervical Spondylosis held in Qingdao in 1992.

Treatment Group

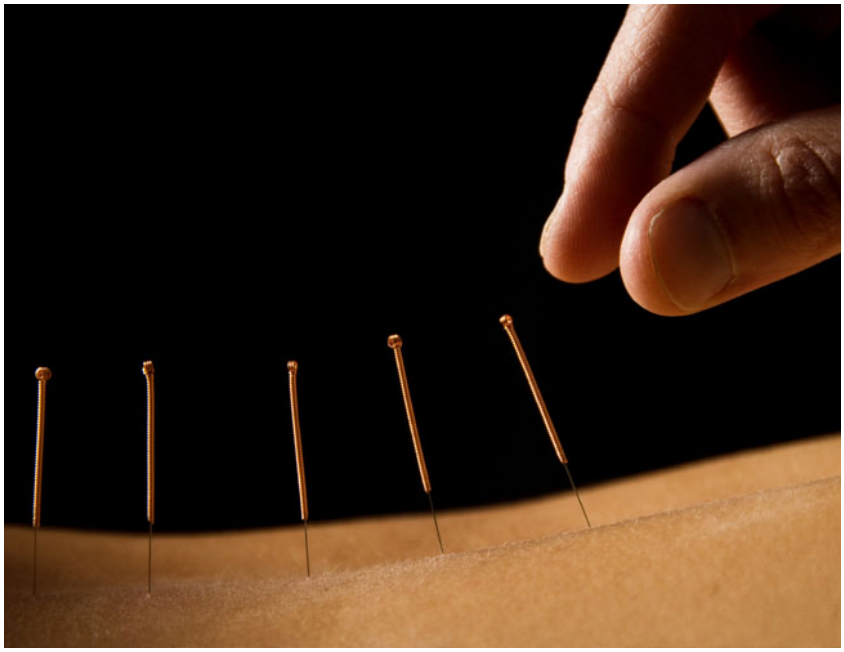
Points: Dazhuibazhen, C4-C7 Jiaji (EX-B2), Jianyu (LI15), Quchi (LI11), Waiguan (SJ5). The location of Dazhuibazhen: 1 cun, 2 cun, 3 cun lateral to the Dazhui (GV, DU 14).

Manipulation: The patients were seated with their upper limbs loosened and heads hanging slightly. Dazhuibazhen was pestled wills heat-producing needling. The pestle needle is made of ox horn, jade, and metal, with a length of 10 cm. It is composed of a tip, a handle, and a body. The needle was held in the same manner as a pencil is held. The manipulation sequence was the same as that of the heat-producing needling. The pestle needle was pressed on Dazhuibazhen from shallow to deep in the skin repeatedly. The pestle was manipulated for 30

minutes. The patients were treated once daily, one course of treatment consisted of 6 sessions with a one-day interim between courses. Fili form needles (diameter: 0.38 mm, length: 50 mm) were used on the other points. Jiaji (EX-B2) was needled bilaterally to a depth that caused numbness and distension or an electrical sensation. The points on the attacked limbs were needled to a depth that caused numbness or distension. The needles were retained for 30 minutes and manipulated once every 10 minutes. The patients received the same treatment once each day. One course consisted of 6 sessions. Traction was used as a supplementary treatment.

Control Group

Except for Dazhuibazhen, the points needled and the manipulation were similar to those used in the treatment group. A comparison of the curative effect was given after 3 courses.



Observed Items and Score

Pain in limbs: disappearance =0, low-grade pain =1, middle-grade pain =2, severe pain =3.
Numbness in limbs: disappearance =0, low-grade numbness =1, middle-grade numbness =2, severe numbness =3.
Myophagism: no myophagism=0, low-grade =1, middle-grade =2, severe = 3.
Myodynamia: Grade V=0, grade IV-111=1, grade II-I=2, grade 0=3.
Vertex pressure test and cervical plexus traction test: negative =0, positive in one of two tests =1, positive =2.
Tendon reflex: + + =0, + + + - - + + + + = I , + =2, - =3.
Tenderness: no tenderness in all points noted above =0, tenderness appearing in 1-5 points =1, tenderness appearing in 6-11 points=2, tenderness appearing in 12-18 points =3.
The highest score is 20. The higher the score is, the severer the disease is.

Evaluation Criterion

Index of curative effect = (score before treatment - score after treatment)/ safe beforetreatment. Cured in general: the index is more than 80%; symptoms and signs disappeared; the patients were able to return to their normal lives and work and no recurrence was reported at a follow-up, half a year later. Markedly effective: the range of the index is 60 %-79 %; symptoms and signs disappeared on the whole or reduced significantly; the patients felt discomfort in the cervical part after tiredness. Effective: the range of the index is 21 %-59%; symptoms and signs

partly disappeared or reduced; another therapy had to be used. Ineffective: the index is less than 20%; symptoms and signs did not improve or became severe.

Results

Comparison of score between groups: before treatment, the scores of the treatment group and the control group are 12.37 3.26 and 12.24 3.18, P>0.05. After treatment, the former is 6.40 1.82 and the latter is 6.52 1.96. By comparing before-treatment with after-treatment, there was a significant improvement in two groups (P<0.05). However, there was no significant difference in the scores between two groups after treatment (P>0.05). A comparison of the curative effect between groups (see Table 2): the total effective rate is 93.3% in the treatment group and 90% in the control group with no significant difference (P>0.05). However, there was significant difference in the cured rate between groups (P < 0.05).

Discussion

Cervical spondylosis, is a syndrome whose characteristics are cervicodynia, omalgia, numbness of upper limbs, vertigo, fatigue, cataplexy, abnormal sweating, staggering gait and paralysis due to degeneration of the intervertebral disc of the neck and hyperosteogeny of the cervical vertebrae. The pestle needling therapy, as a special form of acupuncture, was first adopted by the well-known practitioner, Li Zhongyu. It relaxes the cervical anatomy tissue, enhances blood circulation, facilitates absorption of local inflammation to relieve the pressure on the nerve fiber and enables the patient to return to his or her normal activities. According to the nervous anatomy, the posterior ramus of the spinal nerve is located near Duhuibazhen. Needling stimulates the receptor of the deep tissue and nerve fibers and excites the thick fibers to suppress the pain signal conducted from the thin fibers. In addition, needling causes the release of endorphins from the spinal cord which has an analgesic effect on the brain and the spinal cord.

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