

Clinical Report

Application of contralateral deep collateral needling and contralateral shallow collateral needling in community patients with pain in motor system

“巨刺”、“缪刺”法在社区运动系统痛证患者中的应用

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The *Su Wen • Tiao Jing Lun* (《素问 • 调经论》, *Plain Questions • Theory of Regulating Meridians*) said, “Patients with pain in body yet without any ailment are treated with contralateral shallow collateral needling; patients with pain on one side with ailments on the other side are treated with contralateral deep collateral needling”. Therefore, both of the two therapies are applicable to pain syndromes, and, for contralateral deep collateral needling, the pulse manifestation on the healthy side is different from that on the diseased side. Contralateral shallow collateral needling and contralateral deep collateral needling are the therapies where the right side is acupunctured if the left side is diseased and vice versa. It follows that the below side is acupunctured if the upper side is diseased and vice versa. The

therapeutic principle is based on inducing *yin* from *yang* and vice versa. As cited from the *Suwen* (《素问》, *Plain Questions*), “A good acupuncturist follows the policy of ‘knowing yourself and knowing your enemy’, and he/she tends to treat the *yin* disease from the theory of regulating *yang*, treat the disease on the left side by regulating the right side and vice versa, he/she knows to learn the inner disorder from the outer and knows to learn the future disease by the hints”.

Therapeutic methods of contralateral deep collateral needling and contralateral shallow collateral needling

The authors believe that the contralateral deep collateral needling is aiming at obtain *qi* by needling at the meridians while the contralateral shallow collateral needling is aiming at invigorate blood by needling at the collaterals. Nowadays, quite a few scholars hold that contralateral deep collateral needling and contralateral shallow collateral needling are both needling at the opposite side. However, it is not the case. According to the *Su Wen • Miuci Lun* (《素问 • 缪刺论》, *Plain Questions • Theory of contralateral shallow collateral needling*), “before

acupuncture, relevant meridians are considered; feel the pulse, in case of deficiency, the meridians are regulated. If meridians are in disorder, needling on meridian is applied; in case of pain without any ailment, contralateral shallow collateral needling is applied; in case of stagnation of blood, venous stasis is expelled by needling. That’s what contralateral shallow collateral needling is called.” After years of work engaged in community health service center, the authors have found that, while pain syndromes are treated, meridians should be examined in the first place; in case of any disorder in the contralateral side, contralateral deep collateral needling is applied; in case of blood stasis, contralateral shallow collateral needling is applied to let blood out.

TYPICAL CASES

Deficiency or excess syndroms was distinguished when the patient’s pulse was felt; in case of excess, the meridian can be punctured

A patient Liu, male, 51 years old, paid his first visit to the hospital on July 2, 2009. He suffered from

pain in the right shoulder for more than one day. Main complaints: he felt a pain in the right shoulder suddenly, especially a severe pain at night. Pain was relieved when the afflicted area was warmed. Examination: he felt sharp tenderness in Jiānyú (肩髃 LI 15) on the joint of the right shoulder. His right shoulder could be moved at 70°, extending outward at 50°, rotating outward at 0°, rotating inward at 10° and extending backward 10°, and no abnormalities were detected by X-ray. Pale tongue and white fur, and wiry and rolling pulse, especially the left pulse, were found. He was diagnosed as cold congealing in tendon and vessel, and treated with contralateral deep collateral needling. LI 15 on the contralateral side was needled deeply and then mild reinforcing and reducing manipulation was given. After acupuncture, he was asked to move the right shoulder joint, only to find pain was greatly relieved with greater range of motion. Needles were retained for 30 min and manipulated once every 10 min. He was cured once for all. No recurrence was found by years of follow-ups.

Note: Because the manifestation of the pulse on the healthy side of the patients with the disease above-mentioned was different from that on the diseased side, contralateral deep collateral needling was preferentially applied. Due to meridians' deep position and collaterals' shallow position, the patients were acupunctured in depth. Three *yang* meridians of foot meet three *yang* meridian of hand at Dàzhū (大椎 GV 14) of governor vessel, and *qi* runs through the body freely. When the *yangming* meridian of hand was invaded by cold-evil, excess on the right and pain on the left were resulted, and the patients felt pain on the right with disease on the left pulse; the right meridian were diseased and treated with acupuncture on the left supplemented by needling manipulation; meanwhile, the patients were asked to move the affected part so as to stimulate *qi* locally. As a result, *qi* ran smoothly, blood circulation was activated and pain was relieved. According to the *Yu Yi Cao* (《寓意草》, *Meaning Grass*) written by YU Jia-yan, a famous physician in *Qing* Dynasty, "in case of one-sided disease, the policy of inducing *yin* from *yang* and vice versa shall be followed. The right side is acupunctured if the left is diseased and vice versa. Suppose a tree is withered, can it be irrigated on the withered part? Why not try irrigating the part that is not withered so as to benefit the withered?"

After analysis on the duration of the disease, long illness was treated with contralateral shallow collateral needling

A patient Chen, female, 55 years old, paid her

first visit to the hospital on May 10, 2011. Chief complaints: repeated pain in the right elbow, which was aggravated for three days. Three years ago, she felt sharp pain in elbow joints after an over-burdened physical work. As a result, it was too painful for her to do activities like twisting towel, sweeping the floor and so on. After physical therapy and local block, certain efficacy was achieved; however, pain recurred after a bit physical work was done. Examination: she felt sharp tenderness on the external humeral epicondyle. After test of wrist extensor tension (+), dark purple collaterals were found on the left knee joints. Besides, symptoms like dark-purple tongue, little fur and tensioned pulses were found. However, no obvious abnormalities on both sides were identified; it was diagnosed as blood stasis, and contralateral shallow collateral needling was applicable. A number 13 injection needle was applied to the collaterals on the left knee until blood flow out, and then the patient was treated with cupping therapy. During the treatment, she was asked to move the right elbow and lift the chair with wrist muscles. She was pleased to find that she was getting much better. Treated once every three days, she was told to have a rest and acupuncture the diseased area with moxa sticks at home on her own. After four times of treatments, she was cured once for all.

Note: According to "Long illness entering to collaterals" proposed by YE Tian-shi, a well-known physician in *Qing* Dynasty, evils may invade channels at the very early stage of disease, while *qi* is regulated by meridians; as the disease progresses, blood level is invaded, while blood is regulated by collaterals. Therefore, according to meridian theory, dark-purple collaterals would be found in relevant area. Twelve meridians are connected in an orderly way. In case of disorder of *qi* and blood caused by extra evils in the upper body manifested by excess in the upper and deficiency in the lower, or *yin* excess and *yang* deficiency, the therapy of pricking blood in collaterals located in relevant area of the lower is applied to guide evils downward and vice versa. No changes in manifestation of pulses of the patients with the disease mentioned above were found in this study, so contralateral shallow collateral needling was applicable. However, quite a few scholars in modern times only applied contralateral shallow collateral needling to patients at very early stage of disease. How could it be possible for patients at very early stage of disease to suffer from stasis of collaterals at the contralateral side? "Skin is invaded by evils which penetrate into minute collateral; if stagnated, evils may intrude collaterals if not attack the meridians.

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