

Clinical Research

Acupuncture for 40 cases of spasmodic torticollis*

针刺治疗痉挛性斜颈40例*

LU Hai (鲁海)^{1,2}, ZHANG Chun-hong (张春红)²✉, SHENG Ru-ya (盛茹雅)¹,
GAN Yuan-yuan (甘圆圆)¹, DING Shao-jie (丁少杰)¹, WU Ming-xia (武明霞)¹,
FANG Yi-yi (方依依)¹, WU Lian-zhong (武连仲)²

1. Graduate School of Tianjin University of Traditional Chinese Medicine, Tianjin 300193, China; 2. Department of Acupuncture-Moxibustion of First Affiliated Hospital of Tianjin University of TCM (1. 天津中医药大学研究生院, 天津 300193, 中国; 2. 天津中医药大学第一附属医院针灸部)

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First author: LU Hai (1989-), male, postgraduate.

Research field: acupuncture-moxibustion for cerebrovascular diseases.

E-mail: 13821663325@163.com

✉ Corresponding author: ZHANG Chun-hong (1964-), female, chief physician.

Research field: acupuncture-moxibustion for cerebrovascular diseases. E-mail: drzch1113@163.com

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ABSTRACT

Objective To evaluate the clinical effectiveness of professor WU Lian-zhong's "resuscitation and regulating muscle" acupuncture method for spasmodic torticollis (ST) based on syndrome differentiation, and to compare the efficacy of acupuncture treatment between the patients with spasmodic torticollis who were not given botulinum toxin A by injection and the patients given botulinum toxin A by injection. **Methods** Forty patients were divided into treatment group (not given botulinum toxin A by injection) and control group (given botulinum toxin A by injection), with 20 patients in each group. "Resuscitation and regulating muscle" acupuncture method was adopted in both two groups, and the treatment lasted for 6 months. The clinical efficacy in both two groups was compared after treatment. Tsui's Scale was applied to evaluate the overall effect, the abnormal posture of cervical spine and dystonic tremor. Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS) was used for scoring the severity of torticollis, quality of life and pain. **Results** After treatment, the markedly effective rate and the total effective rate in treatment group were 35.0% and 90.0%, respectively, which were superior to those in control group, namely 20.0% and 75.0%, and the efficacy difference was statistically significant for the total effective rate ($P < 0.05$). It was shown according to the Tsui's Scale and TWSTRS that the differences were statistically significant when compared the two groups before and after treatment (all $P < 0.01$); the difference of intergroup comparison after treatment was statistically significant ($P < 0.05$). No adverse effect was found in both two groups during acupuncture treatment. **Conclusion** "Resuscitation and regulating muscle" acupuncture method can effectively improve the clinical symptoms of ST patients, and better efficacy is found in the patients not given botulinum toxin A by injection. The course of treatment of acupuncture treatment for torticollis patients is longer, and the patients should insist on treatment, and keep a good attitude.

KEY WORDS: "Resuscitation and regulating muscle" acupuncture method; spasmodic torticollis; botulinum toxin A; "five-heart acupoints"; tongue needling; Tsui's Scale; Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)

Spasmodic torticollis (ST), also called cervical dystonia (CD), is the most commonly localized dystonia clinically with the main clinical manifestations as head and neck movement disorder^[1],

postural dysfunction and pain induced by involuntary contraction of cervical muscle, sternocleidomastoid, and trapezius, etc.^[2] The incidence of ST in the United States is about 1/20,000^[3], and there has no relevant

report in China. It mainly attacks adults. In 1952, the animal models of ST were successfully established by Foix via stereotactic method. It was demonstrated that ST was a kind of extrapyramidal movement disorder, and it was an independent organic disease^[4]. However, the etiology and pathological mechanism of the disease have not been clearly defined^[5]. From the perspective of genetics, it has been found according to the latest research that CIZ1 gene mutation may lead to the occurrence of ST^[6], among which, rs6265 (BNDF Val66met) may be associated with ST with upper limb tremor^[7]. From the perspective of physiopathology, ST may be mainly associated with the dysfunction of basal ganglia region-thalamus-cortex loop circuit^[8]. There has not been an effective method to cure the disease clinically^[9]. At present, the main treatment methods of this disease include injection with botulinum toxin A^[10-19], oral administration of drugs (anticholinergics, anti dopaminergic and GABAergic agonist, benzodiazepines and antiepileptic drugs)^[20-21], Chinese medicine^[22-23], acupuncture-moxibustion^[24-34], operation^[35-41], and other methods. Most patients chose conservative treatment, especially injection with botulinum toxin A. Local injection with botulinum toxin A can effectively alleviate the clinical symptoms of ST^[42], but high recurrence rate was induced by its pharmacological action, and its efficacy only remained for about 3 months; therefore, repeated injection was needed. However, long-term and repeated treatment may lead to antibody production, and the botulinum toxin A may lose efficacy. Adverse effects may also occur, such as dysphagia, neck weakness, and pain at the injection site, etc.^[43] Therefore, the clinical curative effect was not so good. While TCM therapy is mainly seen in case reports and clinical experience of famous physicians. Although the clinical effect is good, it lacks evidence-based basis, therefore, it is not suitable for clinical application.

Professor WU Lian-zhong, a national famous and veteran doctor of TCM, and a famous expert in encephalopathy, is good at knowing commonness of the diseases for the change, and recognizing the whole through observation of the part^[44-46]. By virtue of his clinical experience for many years, professor WU Lian-zhong improves constantly the treatment of ST from theory to practice, and has established a more complete system of “resuscitation and regulating muscle” acupuncture treatment. In this study, the effectiveness of this treatment method for ST was evaluated through clinical observation, providing clinical reference for ST treatment.

CLINICAL DATA

General data

All the 40 cases were selected from professor WU Lian-zhong’s clinic of First Affiliated Hospital of Tianjin University of TCM from July, 2015 to April, 2016, including 19 males and 21 females, with the age of 20–50 years old. The shortest course of disease was 7 days, and the longest was 3 years. Twenty patients were given botulinum toxin A by injection, and the other 20 patients were not given injection. Clinical classification: rotational type: 28 cases (70%), lateral flexion type: 7 cases (17.5%), upward-inhibited type: 3 cases (7.5%), mixed type: 2 cases (5%). There was no significant difference between the two groups in clinical classification, age, gender, and course of disease (all $P > 0.05$), and the results were comparable.

Inclusion criteria

① The patients who were diagnosed with primary spasmodic torticollis (ST). By reference to the diagnostic criteria in *Dystonia Diagnosis and Treatment Guidelines* issued by Parkinson’s Disease and Movement Disorder Group of Neurology Branch, Chinese Medical Association in 2008^[47]. ② With the age of 20–50 years old. ③ Not given botulinum toxin A by injection during 3 months before visiting. ④ Neither given botulinum toxin A by injection anymore after visiting, nor oral administration of anticonvulsants and other therapies. ⑤ Intracranial diseases were excluded according to CT examination, cervical spondylosis was excluded according to X-ray examination, and diagnosed based on nerve electrophysiological examination. ⑥ With good compliance.

Exclusion criteria

① The patients with craniocervical organic diseases according to brain magnetic resonance imaging/CT or cervical spine CT/plain film examination. ② With the interval time from the last botulinum toxin injection less than 3 months, or still with efficacy. ③ Accepting botulinum toxin A by injection, orally taking anticonvulsants, or accepting other therapies. ④ With secondary torticollis due to the damage or hypoplasia of accessory nerve on one side and sternocleidomastoid muscle, trachelomyitis, cervical spondylosis, intraspinal tumor in superior cervical spine, tumor in foramen magnum or posterior fossa, hysteria, and etc.. ⑤ With serious cognitive disorder or mental disorder. ⑥ With serious internal medicine diseases in heart, liver, lung, kidney, and etc.. ⑦ With epilepsy. ⑧ In gestation period.

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