

Clinical Report

Transverse striation needling for 30 cases of cervical spondylosis

横纹针法治疗颈型颈椎病30例临床观察

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ABSTRACT

Objective To observe the clinical efficacy of transverse striation needling in treatment of cervical spondylosis. **Method** Thirty patients were diagnosed with cervical spondylosis in *Guoyitang* Clinic, Yanwu Branch of Zhongshan Hospital, Xiamen University from July, 2013 to March, 2015, and were included into this study. Transverse striation needling, i.e. transverse insertion into the transverse striation of the cervical vertebra, was adopted for the 30 patients, and conventional acupuncture at Fēngchí (风池 GB 20, bilateral), Jiānjǐng (肩井 GB 21, bilateral) and Jiānzōnghōngshù (肩中俞 SI 15, bilateral) was combined. The treatment was conducted for once a day, twice a week, and 6 times were needed in total. Follow-up visit was performed two months after the treatment. **Result** Among the 30 patients, the markedly effective rate was 70.0% (21/30), effective rate was 30.0% (9/30), and the total effective rate was 100.0%. There was no relapse during two months after the treatment. **Conclusion** The therapeutic effect of transverse striation needling in treatment of cervical spondylosis was good.

KEY WORDS: Cervical spondylosis; transverse striation needling; acupuncture

Cervical spondylosis is mainly caused by the weakening of the strain of cervical intervertebral disc and the increase of instability induced by unreasonable load, sprain or accidental injury, which is the early stage of cervical spondylosis^[1]. It is generally believed that cervical spondylotic localization is the best period for treatment; if the condition has not been timely and effectively controlled and treated, it will be further developed into a serious disease^[2]. In recent years, with the change of people's life style and the widespread use of computer equipments, cervical spondylotic localization has become a common clinical disease, and seriously affected people's daily life. Currently, there are a lot of methods used in treatment of cervical spondylosis, including oral

administration of ibuprofen^[3], traditional Chinese medicine treatments^[4-5], drug iontophoresis^[6-7], and even surgical treatments^[8]. However, the efficacy of these methods in treatment of the disease is still not very satisfactory, and there are a certain side effects and trauma. At the same time, acupuncture therapy is welcomed and recognized by people because of its good curative effect, safety and zero side effect, and it is increasingly applied to the clinical treatment of many diseases^[9]. Transverse striation needling is a special acupuncture method, with the main manipulation of transverse insertion at the acupoints located in the transverse striation on both sides of the neck. In this study, transverse striation needling was adopted for the treatment of cervical spondylotic

localization, and the curative effect was observed.

CLINICAL DATA

General information

All the 30 patients with cervical spondylosis were selected from *Guoyitang* Clinic, Yanwu Branch of Zhongshan Hospital, Xiamen University from July, 2013 to March, 2015. Among them, there were 17 males, and 13 females. The youngest was 13 years old, the oldest was 67, and the average age was (26.2 ± 12.0) years old. The shortest course of disease was 1 month, the longest was 15 years, and the average was (4.3 ± 4.4) years.

This study was approved by Zhongshan Hospital, Xiamen University and the medical ethics committee of Medical College of Xiamen University. All the subjects have signed Informed Consent Forms.

Diagnostic criteria

The data of all the patients conformed to the diagnostic criteria of cervical spondylotic localization in *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine* issued by the State Administration of Traditional Chinese Medicine of the People's Republic of China^[10]. The main clinical symptoms included: (1) occipitocervical pain, limited neck mobility, cervical muscle stiffness, with corresponding tender points, (2) bilateral X-ray showed: the physiological curvature of cervical vertebra straightening, spinal canal narrowing, osteoproliferation and cervical vertebra ligament ossification; lateral X-ray showed: smaller intervertebral foramen, (3) CT and MRI results were meaningful for the qualitative diagnosis, (4) TCM diagnosis: *qi* stagnation and blood stasis, fixed pain in shoulders, neck and upper limbs, numbness in both upper limbs, with dusky tongue and wiry pulse.

METHODS

Acupoint selection

Transverse striation needling was carried out in 30 patients. Acupoint location: transverse striation at the neck: the patient was asked in prone position, with the head hypsokinesis, two lines of transverse striation were seen at C_3-C_4 and C_6-C_7 ; 0.5 *cun* from the posterior midline on the transverse striation, Fēngchí (风池 GB 20): on the neck, under the occipital bone, paralleling to Fēngfǔ (风府 GV 16), and at the depression between sternocleidomastoid muscle and the upper end of trapezius. Jiānjǐng (肩井 GB 21): on

the shoulders, with the front straight line at the center of the breast, in the midpoint of the ligature between Dàzhū (大椎 GV 14) and the extremitas acromialis. Jiānzhōngshù (肩中俞 SI 15): on the back, 2 *cun* from the lower end of the spinous process of C_7 .

Treatment method

(1) The skin of the selected acupoints was disinfected conventionally by 75% ethyl alcohol. (2) 0.30 mm×40 mm filiform needles were selected (*Huanqiu* brand, Suzhou Acupuncture Goods Co., Ltd., production batch No.: 130419), and flicking needling was conducted rapidly. (3) transverse striation at the neck: two needles were transversely inserted into the skin crosswise at the locations of 0.5 *cun* from the governor vessel (with the angle of 10°) with the depth of 1.5 *cun* (Figure 1), and the patient felt obvious sense of soreness. GB 20: the needle was perpendicularly inserted into the skin towards the contralateral mandibular angle, and the needling sensation radiated to the whole neck. GB 21: the needle was transversely inserted into the skin forward at 1 *cun* below GB 21, till the needle tip reached GB 21 (Figure 2), SI 15: the needles were transversely inserted into the skin to the left and right sides with the depth of 1 *cun*, and the patient felt obvious sense of soreness.

Hwato G6805 electro-acupuncture device was adopted, and the positive pole and negative pole were connected with the transverse striation at the same side; interrupted condensation wave with the frequency of 100 Hz was adopted to the extent that the patient can tolerate, and the needle was retained for 30 min. Twirling method was carried out at other acupoints for once every ten minutes, and the needle was retained for 30 min. The treatment was conducted once a day, twice a week, and 6 times were needed in total. The patients were asked to keep warm in the neck, and not to overly lower their heads.

Efficacy criteria

The efficacy was evaluated according to the *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine* issued by the State Administration of Traditional Chinese Medicine of the People's Republic of China: (1) cured: various symptoms disappeared, the functions of neck and limbs returned to normal, and the patients could work normally. (2) Improved: various symptoms alleviated, the pain in neck and shoulders relieved, and the functions of neck and limbs improved. (3) Not healed: the symptoms didn't improve.

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