

# Acupuncture Treatment of Cervical Syndrome

## Denmei Shudo

### 1. My Approach to Treatment

As an acupuncturist I view a case both from an Oriental medical perspective (based on classical acupuncture texts) and from a Western medical perspective. My policy is to assess a case using both Eastern and Western medical knowledge and apply both perspectives in treatment as well.

**Oriental diagnosis and treatment:** Applying the four examinations of looking, listening, questioning, and palpation, I determine which meridians are affected. This is also called determining the pattern of imbalance. There are two components to the treatment - the root treatment which affects the body as a whole, and symptomatic treatment which affects localized areas.

**Western diagnosis and treatment:** The data obtained from various tests (including X rays, CT scans, MRI, and blood tests performed in hospitals) and clinical findings such as indurations, tenderness, and condition of the skin are taken into account in providing the above-mentioned symptomatic treatment.

### 2. Assessment of Cervical Syndrome

#### Western assessment

- 1) exams for neck strain, whiplash injury, cervical spine, and cervical nerve pathology - foraminal compression tests (Jackson, Spurling, etc.); flexion, extension, side bending, rotation of the neck, grip test, tendon reflexes, pressure pain test in intervertebral joints.
- 2) exams for thoracic outlet syndrome - radial pulse tests (Adson, Wright, etc.)
- 3) Shoulder joint pathology, arthritis, frozen shoulder - rotator cuff movement, pressure pain.

Tendinitis of supraspinatus - pain with movement

Arthritis in sternoclavicular joint - pressure pain in local area.

The above tests will determine the existence of most types of pathology.

#### Oriental assessment

- 1) Lung Shu points ( lateral to T3-4 )

When indurations or hardened tissue is present, this is

a sign of some arthritic pathology in the upper limb on the same side.

- 2) abdominal diagnosis

Imbalances in the meridians are assessed by depressions and protrusions in the abdominal surface. For example, if the lower abdomen is depressed and lacking in strength, this is considered to be a sign of Kidney meridian imbalance. The upper abdomen relates to Spleen meridian imbalances, the flank region to Liver meridian imbalances, and the pectoral region to Lung meridian imbalances. (see Fig. 1)

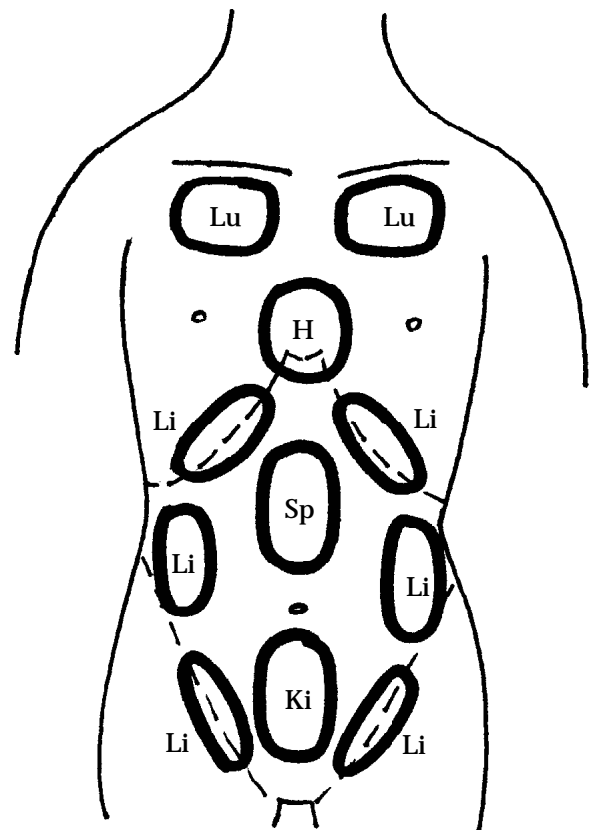


Fig. 1

- 3) pulse diagnosis

This method is quite involved. See Introduction to Meridian Therapy for details.<sup>1</sup>

- 4) meridian imbalance patterns

In Meridian Therapy, there are the four basic patterns of Liver deficiency, Kidney deficiency, Spleen deficiency, and Lung deficiency.

### 5) Bi syndrome

The Bi syndrome is a TCM diagnostic category which is a combination of arthritis and neuralgia, and the cause is exposure to Wind, Cold, and/or Damp.

### 6) *Wan Bing Hui Chun* (Chinese medical classic)

The following passages in the *Wan Bing Hui Chun* can be related to cervical syndrome:

“Arm pain is caused by Damp Phlegm traversing the meridians.”

“Arm pain is caused by Wind, Cold, and Damp striking.”<sup>2</sup>

### 7) meridians associated with cervical syndrome

The Yin meridians are closely associated with a person's constitution, while the Yang meridians are directly related to the neck, shoulder, and arm. The meridians most closely related to cervical syndrome in the *Ling Shu* are as follows:<sup>3</sup>

Greater Yang **Small Intestine meridian** of the arm - When it gives rise to disease, there is... pain extending from the submandibular region down the neck and shoulders and along the posteromedial aspect of the upper arm, elbow, and forearm.

Lesser Yang **Triple Warmer meridian** of the arm - When it gives rise to disease, there is... pain that extends from the retroauricular region down the back of the shoulder and upper arm, as well as in the elbow and forearm...

Greater Yang **Bladder meridian** of the leg - When it gives rise to disease, there is... pain in the nape of the neck, upper and lower back...

It is interesting to note that, in the classics, a clear connection is not made between problems in the neck and the arm. It seems that in classical times they had no experience or idea of pain in the arm caused by movement of the neck. (The passage concerning the Greater Yang Small Intestine meridian may be an exception to this.)

### 8) *Byoin Shinan* (Japanese medical classic)

“Most diseases involving arm pain are related to external pathogenic factors and obstructions in the meridians. Those which are related to internal pathogenic factors are mostly caused by deficiencies in the Spleen and Lung.”<sup>4</sup>

### 9) Modern clinical perspective (Tashiro Fujiki)

In terms of basic patterns, Liver deficiency is the most

common and this is followed by Kidney deficiency.<sup>5</sup>

In conclusion, from the perspective of Oriental medicine, the etiology for cervical syndrome is exposure to Wind, Cold, and/or Damp. The meridians with the closest association are Lung, Liver, and Small Intestine.

## 3. The Treatment of Cervical Syndrome

### 1) root treatment (Oriental medicine)

The pattern is decided according to the Oriental assessment discussed above. In Meridian Therapy the following points are needed according to the pattern:

Liver deficiency - LV8

Lung deficiency - LU9

Spleen deficiency - SP3

Kidney deficiency - KI7

I retain 40mm No. 0 (0.14mm diam.) needles for about five minutes.

The following points are standard points I use to treat the Yang meridians:

Large Intestine meridian - LI11

Small Intestine meridian - SI3

Triple Warmer meridian - TW9

Bladder meridian - BL58 and 62

Gallbladder meridian - GB38

Stomach meridian - ST36

### 2) symptomatic treatment (local treatment, Western medicine)

I needle shallowly in a point lateral to the cervical spine, GB20 and 21, BL10 and 43, as well as in the affected intervertebral joint (see explanation below). When a needle is inserted next to the spinous process of the seventh cervical vertebra, a hardened mass is reached at about 1cm in depth. A needle sensation often extends above and/or below. Remove the needle after the hardened tissue softens.

The affected intervertebral joint is palpated with the patient lying on his side with the affected side up. The pillow must be adjusted so that the neck is straight as well as horizontal. The practitioner must position himself right next to the patient's back and face toward his head. When the left side of the patient is up, the right thumb is used to palpate, and when the right side of the patient is up, the left thumb is used to locate the point (Fig. 2). The thumb is flexed at its distal joint to palpate the intervertebral joints from top to bottom. As pressure is applied with a slight



Fig. 2



Fig.3

circular or lateral movement of the tip of the thumb, a depression with a gritty nodule may be detected. This is the problematic point and it can be marked (Fig. 3) The needle should be inserted to reach the problem area, but it must not be inserted very deeply. Deep insertion can injure the spinal cord.

Moxibustion can also be applied over the affected intervertebral joint, GB21, and TW9. Five half rice grain sized cones are applied if using direct moxibustion, and three cones are applied in the case of chinetsu kyu (see Practical Moxibustion Therapy, NAJOM #5). When palpating the intervertebral point care must be taken not to press too hard because, when the pathology is advanced, even a little pressure can aggravate the symptoms. The same care must be taken in performing the orthopedic tests such as the Jackson and Spurling tests. Caution is also advised in massage, Anma, bathing, as well as in the use TENS units because these can exacerbate the symptoms.

#### Thoracic Outlet Syndrome

When there is abnormal tension in the scalenes, hard

points should be palpated in the supraclavicular fossa and needled. Superficial insertion with thin needles is sufficient. Once the needle tip reaches the surface of the hardened tissue, a pleasant needle sensation will be felt in the upper back. If the hardened tissue is penetrated forcefully, this can cause a strong electrical sensation, which is undesirable. The hard points appear over a broad area, so the neck and shoulder area must be palpated thoroughly. It is convenient to examine both sides at once with the patient in the seated position, comparing both sides by probing with the middle fingers. When there is tension in the pectorals, hard points can be found by probing around LU1. Retaining a needle here after breaking the skin is effective.

#### Shoulder Joint Pathology

When there are problems in the shoulder joint, acupuncture or moxibustion on anterior LI15 (origin of tendon of the biceps), SI10 and 11 is effective. For tendinitis of the supraspinatus with pain in movement, horizontal insertion on the border of the scapular spine to a depth of 1cm has an immediate effect.

#### 4. Medical Thinking on Cervical Syndrome

The term cervical syndrome (neck, shoulder, arm syndrome) is "a temporary designation with the aim of a positive diagnosis."<sup>6</sup> It is therefore a blanket term and "for cases in which the cause is clear, the diagnosis indicates the cause. When all the causative factors are put in one group, the condition is called cervical syndrome in the general sense. Often the cause and pathological condition is unclear... and when the pathological condition is unclear, this is called cervical syndrome in the limited sense. To state this another way, subjective symptoms are primary and there are few objective findings. Thus cervical syndrome in the limited sense are those cases which are primarily so called unidentifiable complaints. Even in the limited cervical syndrome, there is ample possibility for cervical pathology, thoracic outlet syndrome, and peripheral nerve pathology, but often this is difficult to confirm objectively."<sup>6</sup> This is the general medical opinion about cervical syndrome.

Dr. Kondo, writing in the abstract of the West Japan Physical Therapy Association, lists the categories for this syndrome as cervical pathology, thoracic outlet syndrome, and occupational disease for those working at video

display terminals. The lack of objective findings refers to the tests normally done in hospitals and clinics. In acupuncture clinics, in addition to the orthopedic tests mentioned earlier, the cause or pathology can be confirmed by skillful palpation. So acupuncturists can often find the localized pathology for problems beyond the shoulder joint, especially neck and shoulder tension, headaches, pain and numbness in the arm. Therefore we don't have to use the blanket term cervical syndrome.

Although this data is a little out of date, according to records from my own clinic, the breakdown for cases involving neck, shoulder, arm pain/dysfunction indicate the following:

possible abnormality around cervical vertebra	75%
possible case of thoracic outlet syndrome	14%
possible case of muscular tension/pain	1%

I feel that this ratio is more or less the same today (1995).

Also many patients have, not a single cause or pathology, but complications such as cervical spine abnormality combined with thoracic outlet syndrome or shoulder joint pathology. In cases like this, each type of pathology must be identified and treatment needs to be provided for each aspect. Otherwise the symptoms cannot not be resolved. When two or three conditions exist simultaneously, I tell my patients that it is a case of multiple exposure or pollution.

## 5. The Limits of Acupuncture and Moxibustion

In acupuncture, there is a great difference in skill levels of practitioners, so it is not easy to generalize about results. If the practitioner is skilled, however, these conditions can be treated with remarkable success. Acupuncturists must be able to assess the condition accurately and rule out those cases which are contraindicated. Tumors in the thoracic cavity, cervical nerve pathology, and extra ribs belong to the scope of surgery. I refer to surgeons cases of cervical vertebral syndrome with grip tests of less than 5, bladder or rectal problems, exaggerated tendon reflexes, or gait problems. Acupuncture can be attempted where surgery cannot be performed. One of my patients, who had thoracic outlet syndrome but did not want to follow a doctor's advice for surgery, persisted with acupuncture and home moxibustion treatments and recovered completely. So it is difficult to clearly define the limits of acupuncture.

## 6. Case Histories

### Case 1: 47 year old male with cervical vertebral syndrome

Main Complaint: neck and shoulder tension; spontaneous pain in left upper back which started one week earlier

Assessment: Pain with extension (+), side bending (+), Wright test (+) Spurling test (+) percussion pain on C6 and 7, and abnormal tension in scalenes.

Pulse Diagnosis: quality - floating, slow, deficient; six positions - Liver deficient

Treatment: Retained needle superficially in LV8 on right and simple insertion in KI10 on right. Retained needle on left side in LU1, LI11, SI11 and 12, GB20 and 21, and the margin of the spinous processes of C6 and 7. Also asked patient to have direct moxa applied daily on the points on the margin of the spinous processes by someone at home. The pain went away that evening.

Observations: This case seemed like a combination of cervical vertebral syndrome and thoracic outlet syndrome. The Liver meridian was affected, and treatment of this along with the symptomatic points enhanced the effect.

### Case 2: 40 year old female with thoracic outlet syndrome

Main Complaint: She had had ongoing pain in the left shoulder joint for six or seven years. She received weekly injections in the neck at a hospital and a prescription for pain medication. The results were poor and surgery was advised for thoracic outlet syndrome.

Assessment: Pain with rotation of neck and Wright test to the left (+); abnormal tension and indurations between GB21 and 21 on the left side.

Pulse Diagnosis: quality - floating, slow, deficient; six positions - Lung deficient

Treatment: Retained needles in LU9, SP3, BL13 and 20 on both sides, as well as in LU1, KI27, GB20 and 21; SI11 and 16 on the left. Five cones of half rice grain sized moxa was applied directly on LI10, BL13, BL43 and on GB21 on the left. An intradermal needle was placed in LU1 on the left.

Results: The pain went away in 20 days after three treatments.

### Case 3: 56 year old male with cervical vertebral syndrome and shoulder joint problem

Main Complaint: Pain in left shoulder and arm; after receiving an injection, the pain shifted more into his arm.

Assessment: Jackson test (+), Wright's test (-), pain with

shoulder movement (-) pressure pain at caracoid process.

Pulse Diagnosis: six positions - Liver deficient

Treatment: Needles were retained on the left side in LV8, KI10, GB20, GB21, SI10, SI11, LI11, TW9, lateral neck point between C4 and 5, and a point over the caracoid process. Five cones of half rice grain sized moxa was applied directly on SI11, BL13 (bilateral), lateral neck point between C4 and 5, and the point over the caracoid process.

Results: The pain went away after six days and three treatments. The patient also had direct moxibustion applied daily at home. This was probably a case of cervical vertebral syndrome with slight shoulder joint pathology.

### Conclusion:

Cervical syndrome can be treated quite effectively with acupuncture by doing both Western and Oriental assessment and providing treatment accordingly. Those cases for which no abnormalities can be found in medical clinics, are especially suited for acupuncture. Cases with tumors or cervical spine pathology, of course, should be referred to a specialist. We can gain the trust of patients by knowing our limits and establishing our area of expertise.

### NOTES

1. Shudo, Denmei, *Introduction to Meridian Therapy*, Eastland Press, Seattle, WA. 1989
2. Kyou, Teiken, *Wan Bing Hui Chun* (Recovery from All Diseases), 1589
3. *Ling Shu*, Chapter 10 (translated in *Introduction to Meridian Therapy*)
4. Okamoto, Ippo, *Byoin Shinan* (Instruction on Etiology), 1695
5. Fujiki, Toshiro, *Keikenwan Shokogun* (shoulder-arm-neck syndrome), Text for 13th Summer Meridian Therapy Seminar - Advanced Class, Japan Meridian Therapy Association, 1971
6. Adachi, Nagao, *Keikenwan Shokogun* (shoulder-arm-neck syndrome), *Clinical Manual of Orthopedics*, Ishiyaku Shuppan, Tokyo, 1981

## Practical Moxibustion Therapy (part 7)

Junji Mizutani

### Whole body treatment

The first thing that comes to mind when you say whole body treatment for moxibustion is the Taikyoku Therapy of the Sawada style.<sup>1</sup> This is the method using a combination of 11 to 15 standard points and special effect points based on the unique Sawada approach. In this approach moxa is applied on the abdomen and lumbar area and then on the upper back and the upper limbs and finally on the lower limbs.<sup>2</sup> This approach treats all the major joints and major points adjacent to the spine, and covers the whole body in a balanced way. (Fig. 1)

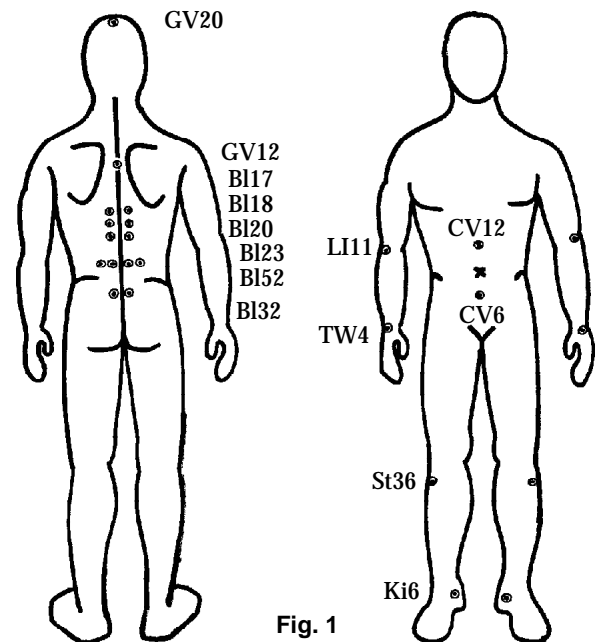


Fig. 1

When moxibustion is applied to points located over the whole body in this way, blood circulation over the whole body is rapidly improved, the blood becomes more alkaline, and the innate healing power of the body is increased. Thus, even chronic and intractable conditions that medical doctors have given up on, gradually improve and health is restored amazingly quickly.

This kind of treatment, just as the term whole body treatment implies, uses points all over the body. There is very little hit or miss, and good results are almost certain, no matter who performs the treatment. This is why, in my