Acupuncture for Head and Neck Pain
Mary Nesbitt

Summary
Five case histories are presented featuring a variety of symptoms and aetiologies associated with head and neck pain. All responded well to acupuncture treatment. Headache is a commonly presenting feature in general practice and neck pain is almost as common as back pain, so reports of the successful use of acupuncture in these cases suggest a useful mode of treatment.

Key words
Acupuncture, Dizziness, Headache, Migraine, Neck pain, Shoulder pain.

Case 1

Introduction
Dizziness is a common complaint, especially in middle age and beyond, although there is often difficulty in establishing exactly what the patient means by the symptom and in identifying the underlying pathology. The causes are numerous and can range from serious to minor conditions, sometimes progressive and sometimes self-limiting.

Benign positional vertigo is a common condition related to movement of the head and it may be exacerbated by cervical spondylosis, where distortion of the cervical spine leads to compression of the vertebral arteries and altered blood flow to the brain stem. Conditions such as vertebral compression from injury, osteoporosis, kyphosis or arteriosclerotic changes are not uncommon in the elderly and can lead to vertebrobasilar insufficiency.

Presentation
A 58 year old man self-referred, requesting acupuncture for headaches and dizziness. He was single and had lived alone since his mother's death in 1994 although he lived in a close, supportive community and did not feel socially isolated. He had worked in the postal service until a terrorist incident in the 1980s had made him redundant and he dated his anxiety from that time. Discussion revealed that he had long suffered from asthma, anxiety and a lack of confidence, and that as his anxiety worsened so his asthma attacks became more frequent. In recent months he had experienced headaches and dizzy turns and his GP had referred him for specialist opinion. All investigations, including neurological and ENT assessment and a CT scan proved negative apart from finding minor osteoarthritic changes in his spine.

Examination
He was a tall, thin man with a rather shy manner and a slightly thyrotoxic appearance, although thyroid disease had been excluded during investigation. He was normotensive. The most striking finding was that he held his head thrust forward and had marked restriction of movement laterally in his cervical spine, with gross distension of the cervical veins. My comment on these findings elicited the response that the specialist had been interested too, but had not found anything wrong.

I felt the headaches and dizziness were almost certainly contributed to by abnormal muscle strains in his neck and that these symptoms were adding to his anxiety. A vicious circle was set up in which his anxiety exacerbated his asthma, although the latter responded to inhalers (salbutamol and Becloforte). He also consumed a lot of analgesics daily and these caused dyspepsia.

He seemed a little embarrassed and apologised for seeking help in the area of complementary therapy, but admitted he had tried everything orthodox medicine had to offer, without success, and felt he was intolerant of multiple medication.

Treatment and results
I thought from his conversation that he might be a strong reactor, and so needled very gently at GV.14, with periosteal pecking to the right temporo-mandibular joint (TMJ), to bilateral GB.21, to left LI.4 and HT.7, and to right LR.3. At almost every point he was aware of a tingling sensation and very quickly felt comfortable and relaxed. His visual analogue score (VAS) out of 100 had been 90 initially, but reached 20 by the end of the session.

I saw him two weeks later when he reported a great improvement for the first 7-10 days but that gradually the dizziness and headaches had returned, although not as persistently or severely.
He was also experiencing catarrhal symptoms and nasal stuffiness: he had a long-standing history of allergic diathesis and had had a submucous resection some years ago.

On this occasion I needled GV.14, and right GB.20, PC.6, Extra 1, LI.20 and LR.3. I tried to cover points for his head and neck discomfort whilst also using points suitable for his nasal and anxiety symptoms. As a strong reactor I did not want to needle too many points or too vigorously as, in my experience, the majority of patients respond to fairly brief stimulation anyway. During the treatment we talked about his background and various anxieties and I discussed with him the possibility of doing gentle neck and shoulder exercises and reducing the number of pillows on which he slept, as he told me he had slept well propped up for years. Again, by the end of the session he reported a comfortable, relaxed feeling and had a better range of movement in his cervical spine.

I asked him to return earlier than on the previous occasion in an attempt to retain the advantage of treatment rather than let the effect pass off, so he came back in just over a week. He felt great, was sleeping better, and the nasal congestion and lacrimation had improved. He was sleeping with a low pillow and was more comfortable in general, with fewer asthma attacks. On this occasion I treated GV.14, and right GB.20, LI.4, Extra 1 and LR.3, and during the treatment he volunteered further information about his background (a dominant mother and feelings of anxiety and guilt while growing up as an only child, feelings which he thought were factors in his lack of confidence).

I made him a relaxation tape and at the next session tried a simple relaxation confidence building exercise. I needled trigger points around his neck and shoulders (very few now) and GV.14 and right GB.20, plus relaxing points right LI.4 and LR3. We both commented on the increased range of movement of his cervical spine, the obviously improved posture of his head, and less venous distension. I must admit to some surprise at the actual physical changes. He reported a feeling of improved well-being and he was more active as his asthma and dizziness lessened.

He had another two sessions (six in all) with continuing improvement in his neck and other symptoms. I see him occasionally for various medical matters and he has told me that he listens to the relaxation tape daily. The asthma and nasal symptoms have not recurred for over a year and he is off all analgesics. His cervical spine appears normal and the venous distension has disappeared. He was been well pleased with his contact with complementary medicine and has referred a few friends and neighbours.

Discussion
I have no doubt that the acupuncture helped to relieve muscle spasm around his cervical spine and allowed him to realign his head and neck. This, almost certainly, helped the dizziness and was a factor in lessening his anxiety. Possibly the acupuncture improved his catarrhal symptoms by shrinking the nasal mucosa and altering his immune response, as I have frequently seen improvement in allergic symptoms following acupuncture. I think, too, having a safe environment in which to discuss various anxieties, and learning positive relaxation techniques has helped him to cope better and improve his self-esteem.

Case 2
Introduction
Migraine is a very common complaint and can be distressing to the sufferer as well as having economic repercussions. There are no specific diagnostic tests for the condition but other, perhaps more sinister, causes of headache must be excluded by an accurate history and diagnosis. It is often useful to ask the patient to keep a headache diary to determine the pattern of headaches and identify additional symptoms such as nausea, aura or visual disturbances, and elucidate any triggering factors such as stress, chemicals, or foodstuffs.

Presentation
A 53 year old lady self-referred with a history of migraine for over 20 years. Associated symptoms were nausea, vertigo and slight visual disturbance. The headaches were predominantly left sided and occurred cyclically and premenstrually every three to four weeks. The VAS was 90 at the first visit although she did not actually have symptoms during the consultation; I would have been reluctant to treat a headache with acupuncture in the presence of severe symptoms as I have found that symptoms can worsen for a few hours after treatment, although not permanently.

The patient denied any relationship of the headache to stress and I thought, from the cyclical pattern of her headaches, that there was probably a hormonal element. Analgesics, Inderal and sumatriptan had not provided relief and she was not enthusiastic about taking medication because of side effects such as Raynaud’s phenomenon and chest pain. Examination, including a blood pressure check, revealed no abnormality, not even trigger points around the head and neck.
Treatment and results
Initially I needled the right LR.3, and left SP.6 and PC.6 for a few seconds and the patient reported tingling and warmth around the needling sites except at SP.6. At review ten days later there had been only one, mild, short-lasting episode of headache with associated, transient vertigo. Again I needled, briefly, the same points plus the left TMJ using rather stronger periosteal stimulation in an attempt to help the vertigo.

When I reviewed the lady a month later she reported considerable improvement. She had not had any headaches, but had occasionally experienced mild vertigo. She remained normotensive and on this occasion reported a VAS of 10. On her third visit I needled the left TMJ and right LR.3. When she returned about five weeks later she was virtually asymptomatic; at this, her fourth attendance, I gave no further treatment as symptoms can sometimes recur following over treatment.

She made no contact for seven months, but then arranged a review as she had experienced a mild, left sided headache a few days previously. I treated LR.3 bilaterally, and at follow-up two weeks later she needed no further treatment as she was asymptomatic. I have not seen her for over two years at the time of writing.

Discussion
I felt there was a hormonal factor in these headaches because they tended to occur premenstrually and had worsened as she approached the menopause, hence my choice of the gynaecological hormone point SP.6 in addition to the more conventional calming points. Had there been any trigger points around the neck, head or shoulders I might have treated these, too, but in their absence and with a suspected strong reactor (drug reactions) I followed my usual policy of starting gently and treating only a few points, briefly.

Perhaps she may require top-up treatments at intervals if symptoms return, but sometimes once the headaches leave, the response appears to be permanent. Of course, there may be other factors in this case: the lady was having hormonal changes and may now be menopausal or have started hormone replacement therapy (HRT), thus removing one triggering factor; she was not on HRT when she attended for acupuncture.

Case 3
Introduction
I often have enquiries from patients requesting acupuncture for a mixture of symptoms rather than a single entity, but in many instances, there is an underlying common problem. This was such a case.

Presentation
A 52 year old married lady self-referred for acupuncture. She was complaining of severe abdominal bloating, constipation and headaches. Her belief was that the headaches had developed when she had the bowel symptoms, and in recent months she was rarely free of symptoms. When she telephoned to make the appointment she informed me she had tried everything and this was the last resort.

She was an intelligent, introspective, slightly built lady. She informed me that she had not been well for 18 years: in fact she had retired from teaching 3 years previously on health grounds. Sadly, retirement had not brought the hoped for improvement as her symptoms were worsening and she felt herself to be a changed person in that she could not cope so well with her teenage family and social situation. The bowel symptoms were present daily, as were the headaches to a varying degree. The latter were always right temporal and associated with nausea. Tiredness and insomnia were continuing problems, and at times she was weepy and suffered from impaired concentration.

My questions revealed that she had had a hysterectomy 17 years earlier. This was for menorrhagia and, although her ovaries remained, it seemed likely that she was having oestrogen deficiency symptoms. She had tried a small dose of oestrogen for a short time some years previously, but had stopped due to anxiety regarding side effects and a lack of obvious improvement in her symptoms which were at that time intermittent. She had been fully investigated by physicians, surgeons, neurologists and, latterly, by psychiatrists. She had tried reflexology, herbal and homeopathic remedies, all to no avail, but she felt unhappy about the suggested diagnosis of a neurotic personality causing symptoms of irritable bowel syndrome (IBS). She had read about acupuncture and this was, almost literally, her last avenue to explore, as is so often the case when patients seek complementary therapy.

Examination
Clinically, I did not think this lady was depressed, nor did I find her neurotic: highly sensitive and introspective, perhaps, and almost certainly a strong reactor as she had been fairly intolerant of the average doses of drugs prescribed previously. She had a right temporal headache and bowel symptoms (rated VAS 85) at the time of examination.

I discussed with her the hysterectomy and her thoughts about it: she had not felt well since around
that time. We talked about the menopause and the fact that her ovaries could have begun to fail within four months of the surgery, that she may therefore have lived for many years with a less than adequate oestrogen level, and the consequences of this.

I did suggest a vaginal examination as it is not unknown for ovarian cancer to present with vague symptoms suggestive of IBS and she had not had such an examination since her operation. She was delighted to comply with the suggestion and even more delighted by the negative findings. I was therefore happy to proceed with acupuncture for her IBS and headaches.

**Treatment**

I needed some general and calming points GV.14, left LI.4, and right LR.3 and PC.6, specific abdominal point CV.7 and the right gynaecological point SP.6. Needling was brief and gentle as I felt she was a strong reactor. We discussed diet and the benefits of regular, gentle exercise and she agreed to give her GP a letter from me suggesting oestrogen replacement.

**Results**

Ten days later, at review, she reported fantastic improvement. Within about 15 minutes of her first treatment she had felt relaxed and more comfortable, marking the VAS as dropping to 30. She had stopped all medication (analgesics, lactulose and Fybogel) other than HRT. Her VAS was 40 on the day of review. I needled as before, plus right ear Sympathetic and right ST.36.

At her third visit the improvement was maintained (VAS 15), she was much more active and socialising again: her whole family was benefitting from a more normal lifestyle and she and they were delighted. I needled the ear, abdomen and gynaecological points again plus right LR3, and told her that if she remained comfortable no further treatment would be necessary but she could contact me as needed (she had a round trip of 80 miles for her appointments).

She phoned about two months later to enquire about some abdominal symptoms that she had developed, but these were suggestive of a gastrointestinal upset and we decided acupuncture was not appropriate. A few months later she phoned again to enquire about acupuncture for a relative and at that time remained fairly well and active. She even suggested she might have continued her career had she discovered acupuncture earlier.

**Discussion**

Quite possibly the acupuncture has been a significant factor in this lady’s improvement, helping her general well being and providing a calming influence. However the regular and adequate dose of oestrogen is also an important factor. The effect of oestrogen on cerebral and gut chemistry is well recognised, as is the beneficial effect on migraine headaches. The gut contains oestrogen receptors as does the brain and vascular endothelium. Serotonin levels fall in the absence of oestrogen, and so does nitric oxide production which is important, at a cellular level, in maintaining normal function.

Both acupuncture and oestrogen improve levels of serotonin and related substances. The oestrogen will have a long term benefit on this patient’s skeletal, cardiovascular and cerebral symptoms which acupuncture cannot provide, although it did give almost instant symptom relief with enormous psychological benefit.

**Case 4**

**Introduction**

Neck pain is almost as common as backache and usually presents between the third and fifth decades. Probably only a minority of patients with neck pain present at the clinic as many episodes are short lived and resolve spontaneously or with self medication.

Cervical spondylosis is generally accepted as a degenerative process, involving wear and tear on the vertebral bodies and intervertebral discs with subsequent narrowing of disc spaces, sometimes resulting in nerve root compression (radiculopathy). Whilst the majority of sore necks are due to wear and tear one must remember other causes, e.g. cord lesions (myelopathy) and vascular lesions (vertebrobasilar insufficiency), as well as muscular problems and strains. Any of these pathologies can cause headaches or symptoms in the shoulders and upper limbs, with segmental distribution of symptoms.

**Presentation**

A 60 year old lady presented with a painful neck and left arm. Symptoms had been troublesome for over three years and she had tried numerous remedies (including analgesics, physiotherapy and steroid injections) without success. She was awaiting a private appointment for another course of steroid injections into her shoulder region and was far from enthusiastic about the prospect but felt she had no choice, as she was in constant pain and it interfered with her daily activities, especially gardening.

A chance remark had made her consider acupuncture, although she had had no experience of this form of treatment. After preliminary discussion she had decided there was nothing to
lose by trying a few sessions before proceeding to the steroid injections again. I saw her in June, at the height of the gardening season.

**Examination**
She was a tall, slim, attractive lady, very active and intelligent. Examination revealed generalised tenderness over her lower cervical spine, with pain radiating over the left scapula posteriorly and out to the left inferior glenoid region. There was tenderness anteriorly over her left coracoid area. Shoulder movements were normal, but lateral rotation of the cervical spine was limited and caused discomfort. The pain radiated down her left arm to the lateral aspect of her elbow into brachioradialis. Neck x-rays two years previously had shown the typical minor wear and tear changes seen in most people over 50, otherwise nothing of note.

**Treatment**
I needled her briefly (a few seconds) at the following points: GV.14, left LU.2, LI.11, SI.14 and Hanson II, over the areas where she was experiencing maximum discomfort. During the treatment she commented on a sensation of warmth, tingling and radiation around most of the points and by the end of the session (about half an hour) she thought there was some relief. I gave her the usual advice to rest for a while following treatment and then exercise her neck and shoulder gently but regularly and arranged to review her ten days later.

**Results**
At review she felt great and was very impressed by the acupuncture. She had been very relaxed and a little drowsy for a few hours after treatment, followed by a gradual easing of the pain, although about five days later she had an episode of short-lasting but very severe pain in her neck and arm which fortunately settled within an hour or two. In the two days previous to review some minimal discomfort had returned to her left shoulder and arm, but nothing like as severe as her symptoms prior to treatment.

Examination on this occasion revealed a significantly improved range of movement in her cervical spine, and fewer trigger points. This time I needled fewer points (GV.14, left LU.2, Hanson II and a Felix Mann point on the sterno-mastoid) even more briefly, as I thought her response to the first session suggested over treatment in a strong reactor. Again she reported sensations of warmth and relaxation. I would have liked to review her a week later but this was not possible, so it was two weeks before I saw her.

She had by then taken the step of cancelling her private appointment for steroid injection as she was so pleased with her progress: she had been virtually pain-free for the previous week, but she felt there was some weakness around her left shoulder, although clinically this was not confirmed. I noted that she was in the habit of carrying a large shoulder bag over her left shoulder, and we discussed this as a possible factor in her symptoms.

She had three more treatments between August and November and she requested another appointment in late January, but by then she was asymptomatic so I did not needle her. She was very pleased with the situation and wondered if the improvement would be maintained when the gardening season started. Since she had spent the winter renovating her house I thought it unlikely that she would relapse due to gardening. She assured me she would seek treatment early if symptoms did return. I see her twice a year in another professional context and can report that she remains well and active two years after the last treatment. She recently referred her husband for acupuncture.

**Discussion**
Previous investigations had excluded more serious pathology, so in the absence of radiological evidence of disc space narrowing or obvious degenerative changes in the cervical spine I concluded that this lady had multiple soft tissue trigger points rather than a true radiculopathy. This diagnosis was confirmed by the response to deactivation of a few trigger points around her neck with some distant needling. Often a localised area of even minor muscle trauma, if not resolved, will affect adjacent areas of soft tissue over a period of time and this, if allowed to persist, can lead to abnormal stresses on neighbouring structures with the development of degenerative changes, hence the importance of treating early if possible.

**Case 5**

**Introduction**
A 25 year old dental nurse requested a trial of acupuncture for pain in her right shoulder and neck which radiated over her jaw. She contacted me on her mother's recommendation as the latter had benefited from acupuncture.

**Presentation**
She was a bright, healthy looking girl who gave a 3-4 year history of pain around her right shoulder, becoming more persistent in the last 2 years. There was a history of a fall while horse riding 7 years earlier, with injury to her right shoulder and
although X-rays taken then were normal, she dated the incident as a significant factor in the development of her symptoms. She was right handed and at work she found repeated movements of her right arm increased her pain to the point where she was seriously considering a change of occupation. She viewed this with some distress as she was fully trained and enjoyed her work. Repeated physiotherapy and various analgesics had not resolved the problem.

Examination
There was minimal thickening and deformity over the lateral aspect of the right clavicle which made me wonder if she might have had some disruption of the acromio-clavicular ligament in the accident 7 years earlier. Lateral movements of her head, especially to the right, were limited by a few degrees. Other movements, including those of her shoulders, were normal, although she complained of discomfort when extending her right arm. She had multiple trigger points around her neck, right shoulder, right temporal region and anteriorly and posteriorly over the chest wall on the right.

Treatment
I needled her briefly at the following points, GV.14, right GB.20,21, LU.2, Extra 2 and LI.16. At virtually every point she had radiation followed by heaviness and aching, then within 10 minutes a sudden feeling of release in the muscles. She described a floaty feeling, a not uncommon sensation in a strong reactor.

Results
At follow-up a fortnight later she reported an initial totally pain-free week, followed by a gradual recurrence of mild symptoms, but she still felt able to cope with her work.

Again, I identified trigger points over her shoulders and neck and needled accordingly (but not every point) for a few seconds each. The points were approximately at GV.10 and 14, CV.21, right GB.21, LI.16 and Hanson I. As before, she reported radiation and a floaty sensation.

She had felt drowsy following the first session, so she rested at the surgery for a while before leaving with the arrangement that she would telephone for a further appointment if necessary. Her VAS had gone from 75 at her first visit to 40 at review. Her mother phoned a few weeks later to let me know that her daughter was well and had decided to continue her job. I met the girl over a year later in a different context; she remains pain-free and is still working as a dental nurse.

Discussion
It is not uncommon for soft tissue damage to remain unresolved for long periods of time, establishing hypersensitive areas in the muscles. Repeated use of particular muscles, as was required in this girl’s work, never allowed her to rest the area so that undoubtedly she was acquiring an ever increasing pool of muscle irritability. Her description of release in the muscles seemed apt and an accurate description of what can happen as shortened muscles relax.

Mary Nesbitt MB ChB
21 Tobermore Road, Magherafelt
Co.Londonderry BT45 5HB
Northern Ireland

Bibliography

TCM HealthCare

Two weeks intensive Acupuncture/TCM Study Tours to Beijing, China
May, October, Year 2000

Four modules:-
- Basic Acupuncture
  Pain control for medical professionals
  (No previous experience in acupuncture required)
- Intermediate Acupuncture
- Advanced Acupuncture with Tuina i.e.TCM Medical Massage (optional)
- TCM & Mental Health, October only (No previous experience in TCM required)

You will be learning Acupuncture/TCM at the China Academy of Traditional Chinese Medicine (TCM), Beijing, China, the most prestigious teaching and research institute for TCM in the world.

Fees: £1,895
PGEA to be sought if numbers permit
(Feeps inclusive of return airfare, accommodation, tuition and clinical practice, visits and sightseeing)

For further information, please contact:-
TCM HealthCare
Case Reports (Veterinary)

Acupuncture in Neuromuscular Lesions of Animals
Altuğ ME, Tekeoğlu I, Alkan I, Atasoy N, Keleş I

Summary
Acupuncture treatments are described in a dog with thoracic disc herniation, a cat with spinal injury, a dog with neurological disorders caused by cerebral contusion and two cross-bred calves with spastic paresis. The beneficial effects of acupuncture are reported: notably improvements in the extensor thrust, patella and coccygeal reflexes, balance, defaecation and micturition.

Key words
Acupuncture, Neuromuscular lesions, Spastic paresis, Spinal cord injuries, Veterinary medicine.

Introduction
In veterinary medicine, musculoskeletal and neurological disorders: spinal injury, intervertebral disc disease, peripheral neuropathies, paralysis and paresis, are commonly seen in domestic animals and appear to respond well to acupuncture (1-3). Specifically, acute spinal cord injuries may be treated with acupuncture (4-6).

Neurotransmitters released following acupuncture, such as opioid peptides, serotonin and gamma amino butyric acid are all known to have an antiepileptic effect, also acupuncture increases the level of microcirculation and oxygen supply to damaged areas of the brain and spinal cord (6,7).

There are several articles concerning acupuncture in animals with neuromuscular lesions (4,7-9). However, the effect of acupuncture on neurological reflex activity and sensitivity has not been investigated. So, in these case studies, besides looking at the beneficial effect of acupuncture we report changes in extensor thrust, patella and coccygeal reflexes, balance, defaecation and micturition.

The cases
These case reports involve five animals (2 dogs, 1 cat and 2 calves) at the Animal Hospital of the Veterinary Faculty in the University of Yüzüncü Yil, Turkey.

In the cat and dogs, an electrostimulator (Acu-set SM S-205, 5 channel with an adjustable frequency of 1-200Hz) and silver filiform acupuncture needles (Hwato) 30-40mm in length and 28-32 gauge were used for acupuncture treatment. During each treatment period the needles were electrically stimulated using square wave, dense disperse trains at 60-80Hz for 20-30 minutes to produce muscular activity without discomfort to the animals.

In the heifers, a TEMS (Denmark) electrostimulator with six channels and an adjustable frequency of 40-280Hz was used with stainless steel hypodermic needles 80-100mm in length and an acupuncture point detector (SKLARK ST-21). Electrostimulation was at 160-200Hz, using square wave, dense disperse trains, which produced muscle activity but was tolerated by the calves.

The animals did not react during insertion of the acupuncture needles (Table 1). However they showed a little reaction during electrostimulation on paramedian local points at the thoracic and lumbar vertebrae.

Table 1
ACUPUNCTURE POINTS USED IN THE VETERINARY TREATMENT OF SPINAL INJURY

| BL.10: in a depression on the caudal edge of the wing of the atlas |
| BL.20: at the twelfth intercostal space, lateral to the longissimus thoracis et lumborum muscle |
| BL.52: in the groove between longissimus dorsi and iliocostalis muscles and at the lateral end of the transverse process of L5 |
| BL.60: in the depression between the lateral maleolus of the fibula and the tip of the calcaneal tuberosity |
| GB.30: in a depression cranial to the greater trochanter of the femur |
| GB.33: in the depression dorsal to the lateral epicondyles of the fibula |
| GB.34: cranial and ventral to the head of the fibula at the interosseus space |
| GV.4: on the dorsal midline between the L2 and L3 |
| GV.26: on the median plane of the upper lip, at the junction of its dorsal and middle third. Deep to the point are the orbicularis oris and levator labii superioris muscles |
| LI.1: on the medial coronary border of the second phalanx |

Local Bladder points: located segmentally about one anatomical dimple of the dorso-lumbar musculature
Dogs with thoraco-lumbar disc hernia have been classified (4,10) as Type I (back pain with no neurological deficit), Type II (hind limb paresis), Type III (paraplegia with pain sensitivity of the hind limb intact) and Type IV (paraplegia with pain sensitivity absent in the hind limb).

**Case 1**
A one year old male dog had had a traffic accident 15 days prior to being seen. It showed paralysis of the hind limb with scoliosis, difficulty with defaecation and micturition, and decubitus ulcers; it was also anorexic. No abnormality was seen on plain x-ray, and no further investigations were made. A diagnosis of Schief-Sherington Syndrome with type IV disc herniation at the T10-13 level was made. This was treated by epidural prednisolone 15mg and creolin 10% in xylocaine 1ml, followed by electroacupuncture to BL.60, GB.30 and 34, GV.4 and two local points twice a week for a total of 6 sessions.

Response: Extensor thrust, patella, and coccygeal reflexes were all absent initially. The extensor thrust and patella reflexes improved slowly but not fully, as did the balance, but the coccygeal reflex had returned to normal by the third treatment. The scoliosis showed a 50% improvement. Defaecation and micturition rapidly became normal.

**Case 2**
A three month old male cross-breed boxer dog had had a traffic accident a week before it was brought to the animal hospital. On examination it showed abnormal head and neck motion, and partial paralysis of the extremities with tetanic contractions, incoordination and inability to stand. No fracture or dislocation was seen on plain x-ray, and no further investigations were made. Cerebral contusion was diagnosed and treated with intramuscular prednisolone 15mg and creolin 10% in xylocaine 1ml, followed by electroacupuncture to BL.60, GB.30 and 34, GV.4 and two local points twice a week for a total of 6 sessions.

Response: The patella reflex was absent initially and the extensor thrust and coccygeal were depressed; balance was severely affected. All improved rapidly and had returned to normal by the seventh treatment. Defaecation and micturition became normal.

**Case 3**
A six month old female cat had been squashed in a door causing paraplegia two days before arrival at the clinic. It had partial paralysis in the hind limbs, difficulty in defaecation and micturition, anorexia and dehydration. It was diagnosed on clinical grounds, without further investigation, as having a Type III L1-2 disc hernia and was treated with penicillin G 400,000 IU. and vitamin B complex, and was rehydrated with a dextrose 5% infusion. This was followed by electroacupuncture to BL.60, GB.34 and local points bilaterally twice a week for a total of 7 treatments.

Response: Extensor thrust and patella reflexes were both absent initially and the coccygeal was depressed; balance was severely affected. All improved slowly and had returned to normal by the seventh treatment. Defaecation and micturition became normal.

**Case 4**
A ten month old female calf with difficulty in walking was referred to our hospital. It was unable to stand up, had extension of the hind limbs, a tail raised from its base, and rigidity of the hind limb muscles. A diagnosis was made on clinical grounds of fasciolitis, indigestion, and spastic paresis probably due to a combination of trauma and poor diet. Treatment of Rabenzole (5 tablets per day), vitamin B (10ml per day) and Selde Calspat (30g per day for 4 days) was initiated. This was followed by electroacupuncture to BL.52 and 60 and GB.33 twice a week for two weeks.

Response: The patella reflex was absent initially and the extensor thrust and coccygeal were depressed; balance was severely affected. All improved rapidly and the paresis was showing signs of recovery; full recovery occurred after application of a PVC bandage to the hind limb. Defaecation and micturition were little affected.

**Case 5**
A six month old male cross-breed calf had become progressively crippled and had lost weight. On examination it showed a partial paralysis in the left hind limb, and contraction and atrophy in the achilles tendon and gastrocnemius muscles. No radiological investigations were made. The spastic paresis was treated with electroacupuncture to BL.52 and 60 and GB.34 twice a week for three weeks. No other treatment was given.

Response: Only the extensor thrust and patella reflexes were affected, and these had returned to normal by the fourth treatment, as had the balance.

**Discussion**
Acupuncture has been used successfully for
treatment of a variety of neurological disorders to prevent or alleviate pain in humans and animals (4-6,10), and in domestic animals acupuncture has been reported as a useful tool for treating musculoskeletal, neuromuscular, cardiovascular, reproductive, digestive, respiratory, urinary system and some skin disorders (7,11-13).

The Chinese Academy of Medical Science and the Shanghai College of Traditional Medicine have demonstrated in experiments on animals that acupuncture can restore the functioning of muscles with an injured nerve supply. In these experiments, the muscle electric potential was used as the measure of recovery. It has also been shown that acupuncture can accelerate axon regeneration following injury. Recovery may be due to tissue release of a non-specific substance that stimulates growth of the nerve bud, and experiments at Jilin Medical College have shown biochemical changes associated with nerve regeneration following acupuncture treatment (7,12,14).

Corticosteroids are standardly used in the treatment of spinal cord disorders associated with pain or impaired transmission of nerve impulses. Intervertebral disc disease, cervical vertebral instability and cauda equina syndrome may also respond in the same way to acupuncture. In addition, acupuncture can provide prolonged remission from chronic pain in animals showing only transient relief after corticosteroid administration (15).

The prognosis of peripheral nerve damage is poor. However, in incomplete section, acupuncture has been reported to accelerate nerve regeneration more than manual stimulation (2). In neuromuscular lesions, points on the governing vessel and bladder meridians are reported to be the most effective (4,6,7,15,16); these were used in the cases presented.

It has been reported (5,9) that after electroacupuncture at 2-100Hz, 3-12v, a paraplegic dog with T12, T13, L1 and L2 disc lesions and loss of urine and faecal control had reduced pain after the second treatment, urine control after the eighth and faecal control after the twelfth; the dog was also able to walk again. Acupuncture treatment of 191 dogs with thoraco-lumbar disc disease recovered after a mean of 4 treatments over a mean period of 4 weeks, 90% of the dogs with type I, II and III disease recovered after 4 treatments, while less than 25% with type IV recovered after 10. Acupuncture has also been suggested for type-IV dogs in which surgery has not been performed within 36 hours of the onset of symptoms (4).

The prognosis in cases of severe cerebral contusion is poor. Sometimes patients show signs of recovery but relapses may occur. However, in case 2 conventional treatment together with acupuncture for three weeks resulted in full recovery without relapse. Similar results have been noted by others (5,7). Klide et al. (5) reported that a dog with severe brain trauma that had balance and hearing disorders showed a positive response after 10 sessions of electroacupuncture.

Signs of spastic paresis in heifers usually appear between the first and sixth month of life. It may be hereditary, nervous or traumatic in origin, or may be due to mineral deficiency (8,17,18). There have been clinical reports that acupuncture is effective in the relief of pain due to muscle spasm. This needling effect might be attributed to improvement of the reduced circulation found in spastic muscle. This is supported by the finding that the reduced temperature of spastic muscle returned to normal after acupuncture needling (19). It has been reported that a papillon dog (16), a lamb with posterior paresis (6), a dog with quadriplegic paresis (20) and a dog with wobbler syndrome (21) have all responded positively to acupuncture despite lack of response from conventional treatment. Good results were similarly observed following acupuncture in the calves with spastic paresis (cases 4 and 5).

The mainstay of treatment for the conditions we describe in these case reports is rest. So there is a possibility that some of the animals would have recovered, given time, without any treatment; additionally, cases 1 and 2 both had steroids which almost certainly contributed to recovery. A simple treatment of spastic paresis in calves is surgical tenotomy: this may have provided earlier recovery. We are confident of the clinical diagnoses made, although it was not possible (on grounds of inconvenience and cost) to confirm these by myelogram or MRI scan.

Complications of acupuncture must always be considered: there has been suggestion that electroacupuncture in some traumatic spinal conditions in dogs and cats can cause progression to complete paralysis and so should be undertaken with great caution. Also, it is important to recognise that some spinal conditions require urgent surgery before significant irreversible neural damage occurs.

Altug ME, Alkan I, Atasoy N
Veterinary Faculty, Department of Surgery
Tekeoglu I
Medical Faculty, Department of Physical Medicine and Rehabilitation
Keles I
Veterinary Faculty, Department of Internal Medicine
Yüzüncü Yıl University, Van, Turkey
Hepatitis-B outbreak from acupuncture

Sir,

May I draw the attention of your readers to a recent report (1) of a hepatitis-B outbreak caused by acupuncture. There are clear lessons to be learned.

A 60-year-old London woman became jaundiced in 1990 and was diagnosed as having acute hepatitis-B. Questioning revealed only one possible risk factor: recent acupuncture. Environmental health officers inspected the premises but found nothing untoward with sterility procedures; needles were reserved for use by individual patients and autoclaved after use in well-maintained apparatus.

In 1992, two more hepatitis-B cases were identified in association with the acupuncture clinic. Serological tests of the acupuncturist himself (by now living in France, having left the clinic) revealed him to be hepatitis-B surface-antigen positive. All patients who had attended the clinic during the time he worked there were sent a letter offering serological testing: 39% responded. Fourteen cases (4% of those tested) were found to have markers for hepatitis-B. Five of these became jaundiced during the relevant period and are almost certain to have contracted the infection at the clinic. Nine others were regarded as unconfirmed since there was no history of jaundice during that time.

At least 2 of the cases could have been caused by cross-contamination from needles as the patients concerned had acupuncture on the same day. The others may have been caused by direct contamination from the therapist since the viral genotypes were indistinguishable. Lapses were then identified in clinic records and in hygiene standards relating to the sterilisation procedure and hand-washing, but despite close questioning of the acupuncturist the actual route of transmission was not identified and the authors reach a tentative conclusion that viral particles from lesions on his hands may have contaminated needles before insertion.

Previous hepatitis outbreaks associated with acupuncture have been due to inadequate sterilisation: this is the first outbreak identified to be due to treatment by a practitioner who is a hepatitis-B carrier. The authors conclude that not only should sterile, single-use disposable needles be regarded as essential, but also that all acupuncturists should be immunised against hepatitis-B, both for their own protection and for that of their patients and family.


Adrian White
Dept of Complementary Medicine
Postgraduate Medical School, University of Exeter
25 Victoria Park Road, Exeter EX2 4NT (UK)
Acupuncture for head and neck pain

Mary Nesbitt

*Acupunct Med* 1999 17: 140-145
doi: 10.1136/aim.17.2.140

Updated information and services can be found at:
http://aim.bmj.com/content/17/2/140

*These include:*

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://www.bmj.com/company/products-services/rights-and-licensing/

To order reprints go to:
http://journals.bmj.com/content/subscribers

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/