Acupuncture Treatment of Acute Torticollis

Summary
Seventeen persons suffering from acute idiopathic torticollis with muscle spasm and pain in the neck, were successfully treated with body acupuncture and moxibustion.

The acupuncture points used were:
Large intestine meridian LI4
Gall bladder meridian GB 20, 21
Urinary bladder meridian UB10

Muscle spasm and pain diminished and mobility improved during the actual acupuncture and moxibustion session which lasted about 20 minutes. Only one patient required repeat acupuncture for residual pain. One male patient developed nausea and dizziness during acupuncture treatment, and needed to lie down.

The result of acupuncture and moxibustion therapy in acute spasmodic torticollis is rapid and impressive. No drugs are required and the procedure neither traumatises nor harms the patient. It is recommended as the treatment of choice in cases of acute idiopathic spasmodic torticollis.

Introduction
Acute idiopathic torticollis has been attributed to several factors such as:
  a) Exposure to draught.
  b) Awkward position of the head and neck during sleep.
  c) Use of hard pillows.
  d) Driving through the night in misty, damp weather, and with the car windows open.

Whatever the cause, the effect is typical, rapidly incapacitating, distressing and embarrassing to the victim. The head and neck are held in a fixed and unusual position, in an attempt to contain the pain and muscle spasm. The victim's facial expression is that of anxiety and helplessness.

Methods of treatment for acute idiopathic torticollis are as diverse as the cause (1-9). Analgesic drugs, pain killers, sprays and rubefacients are usually the first line of self-medication in our environment. These often have little or no immediate effect even when used in alarming quantities and combinations.

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Figure 1
LI4 (Hegu)

Figure 2
UB10 (Tianzhu)
experience while attempting to help 17 such patients, with classical body acupuncture and moxibustion in Nigeria.

Patients and Methods

Seventeen adult patients (11 males, 6 females) were involved in the treatment. Each of them had suffered unilateral painful spasms and stiffness of the sternocleidomastoid muscle for some hours or days. Each patient had tried frantically to relieve the severe discomfort by various methods such as ingestion of analgesic tablets, application of pain relieving sprays such as ethyl chloride spray, or rubefacients. None of the patients could explain exactly how the ailment came on, except that it all started suddenly and without much improvement. None of the patients could explain exactly how the ailment came about, except that it all started suddenly and without obvious provocation.

The acupuncture procedure was explained to each patient and consent for needling obtained. The equipment consisted of 4 stainless steel, 30 Gauge, one inch (2.5cm) acupuncture needles, with coiled handles, and a smouldering moxa stick.

The points used were LI 4 (HEGU or HOKU) (Fig 1), UB 10 (TIANZHU) (Fig 2), GB 20 (FENGCHI) and GB 21 (JIANTING) (Fig 3). Each needle was introduced at right angles to the skin and to a depth of about 0.5 inch (1.25cm), on the ipsilateral side. Needling was then commenced. Each needle was manipulated until ‘tchhi’ sensation of acupuncture and moxibustion the following day, for residual pain.

Results

Seventeen consecutive cases of acute idiopathic torticollis (11 males and 6 females) were seen and successfully treated. Sixteen of these patients (11 males, 5 females) experienced clinically apparent diminution in the intensity of their stiffness and were able to move their neck slowly but steadily during the actual session of acupuncture and moxibustion.

One male patient developed nausea and dizziness during needling and had to lie down on a couch, while the acupuncture was discontinued. This patient reported days later that his pain and stiffness had disappeared over-night.

One female patient needed a second session of acupuncture and moxibustion before she was completely pain-free.

All the patients initially exhibited phobia for the acupuncture needles, but were so overwhelmed by their painful spasm that they eventually decided to subject themselves to the procedure.

Discussion

Several methods have been advocated for the treatment of acute idiopathic spasmoid torticollis (1-9). Some workers, in the belief that there is a psychological element in the aetiology of this condition, have used exercises (1) and haloperidol (2). Others have tried injections of steroids (3), hyaluronidase (4), tizanidin (5), chloroform. Needling was performed for about 5 minutes, and then alternated with moxibustion. The smouldering moxa stick was applied near to the point of entry of each acupuncture needle, and retained at that position until the patient indicated a feeling of intense heat. The process of needling and heating were continued alternately for at least 20 minutes. The needles were then withdrawn. One patient, a female, had a second ses-

References

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