

Clinical Report 1 (Acupuncture)

Dropped Head Syndrome

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Introduction

Dropped Head Syndrome is the clinical condition where the neck drops in the sitting or standing at rest position, and was reported by Gerlier in 1887 for the first time¹⁾. This condition has been observed in Parkinson's disease, multiple system atrophy (MSA), spinocerebellar degeneration, amyotrophic lateral sclerosis, cervical spondylosis, myopathy, myasthenia gravis, and hypothyroidism. Moreover, dopamine-agonist and DPP-4 inhibitor have gained attention as causal agents.

In this case, clear cause could not be ascertained and rehabilitation was carried out under the diagnosis of "dystonic dropped head." However, recovery of symptoms was up and down, so acupuncture and moxibustion therapy were suggested by a physical therapist, and we provided such treatment.

[Case] 73 year-old woman

[Chief complaint] Dropped head

[Present illness] Neck flexion and discomfort appeared in October X-1. From December, she began experiencing dropped head especially when walking and visited a local orthopedics clinic. However, since cause could not be ascertained, follow-up observation was carried out. Shoulder stiffness increased, and the patient visited the neurology department at a general hospital. However, cause could not be ascertained, so in January X, she was referred to the neurology department of this hospital for examination. The cause could still not be ascertained even at this

hospital, and diagnosis of "dystonic dropped head" was determined. With joint diagnosis with the department of rehabilitation, palliative treatment to increase cervical muscle force was sought. However, symptoms fluctuated between better and worse depending on the season, and the patient noticed that dropping head increased to more than ten times a day by June of the same year. Dropping neck occurred more frequently in the afternoon, but decreased when a hot pack was applied before the rehabilitation training. However, sinuous sensation and sharp pain occurred around the GB-21 肩井 during training, and disrupted exercise therapy. Subsequently, the physical therapist suggested combining the use of eastern medicine treatment, and the patient then visited an acupuncture clinic. Overall body symptoms: Heartburn when sweets are eaten. It is possible to eat but no appetite. Heavy sweating (occurring when neck discomfort appears), frequent urination, and urination once at night.

[Past history] Follow-up at the local medical clinic for hypertension over the past 10 years.

[Present status] 139cm height, 37kg weight, blood pressure 132/71mmHg. Sinuous induration in abdominal trapezius muscle, especially near the "kensei" was observed. Neck dropped forward 45°, neck rotation are R45°, and L50°.

Sunken pulse, Tongue dark red and slightly coated.

[TCM diagnosis]

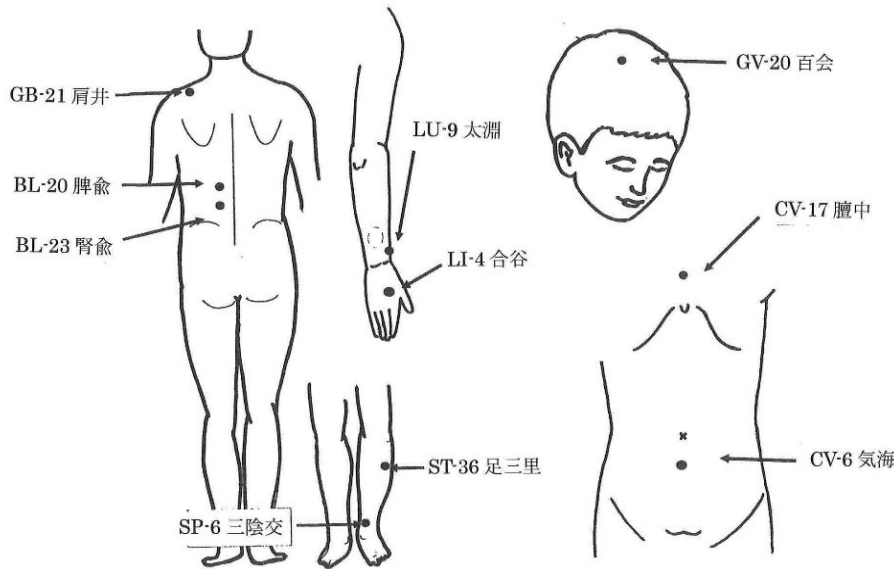
Deficiency of Qi and blood stasis, and descent of Qi in the Middle Heater

[Therapeutic principle]

Tonify Qi and activate blood, Tonify Qi in the middle heater

[Acupoint selection] LI-4, CV-6, ST-36, SP-6, BL-20, BL-23 (all reinforcing treatment), GB-21 (reducing treatment)

Used needles: Seirin-made sterilized acupuncture needle, length 1cun6fen, No.1 and No.3



[Explanation]

Tonifying Qi was attempted by combining ST-36 and g LI-4²⁾ and CV-6³⁾ which functions to regulate the mechanism of Qi (strengthening the spleen, tonifying the kidney, regulating Qi) of the lower burner and tonifies source Qi, was added to tonify while activating Qi. Since CV-6 has kidney tonifying function, this combination tonifies source Qi.³⁾ Elevating was attempted after sufficient tonification. Moreover, tonification with twirling was added on SP-6, to tonify the blood which is mother of Qi.⁴⁾ In addition, purgation with lifting and thrusting was applied to GB-21, and to improve blood circulation for a smoother Qi route.⁵⁾

[Course]

Second session: No feelings of fatigue was experienced after the previous treatment. During treatment, when GB-21 was warmed by electric moxibustion after acupuncture, the patient said she felt a tingling on the surface. Hence warming GB-21 was discontinued, and only acupuncture was performed.

Third session: At this time, the patient felt that “kikai” was hot. This was considered to indicate decreased defense function of Qi, LU-9 and CV-17 were added in order to tonify defense Qi, and in attempt to tonify lung Qi and defense Qi.

Fourth session: Frequency of dropping head changed slightly. However, shoulder stiffness remained, so heating was attempted again. The patient said it felt good and that induration loosened up.

Fifth session: The sinuous feeling of GB-21 began to decrease. Stimulation of the shoulder finally began to show results. Acupuncture of the GV-20 was carried out in order for Qi to accumulate in the upper region. The reinforcing method was carried out in order to elevate the Qi, by points arrangement of LI-4, ST-36, and GV-20⁶⁾ From here, elevating the Qi in the middle heater was added to the medical principle.

Sixth session: No change.

Seventh session: Sweating of the neck decreased. Before treatment, sweating and wetness occurred from the neck to the back shoulder, but was no longer present. Frequency of dropped neck

decreased, and the patient said she could exercise until the afternoon.

Eighth session: Recently the patient has an appetite (has a sense of hunger), and does not experience heartburn even after eating sweets.

Tenth session: Frequency of dropped neck has become several times a day. Frequency of urination was also reduced.

Twelfth session: Experiences dropped neck only before bedtime.

Fourteenth session: The patient no longer has to consciously hold up her head, and the sinuous feeling of the shoulder disappeared.

Discussion:

This case was diagnosed as dystonic dropped head due to neck muscle contraction. As a result of determining this condition as dropped neck due to decreased Qi in the middle heater and induration due to Qi deficiency and blood stasis, the symptoms could be significantly improved. Two causes for the appearance of pain (tingling) on GB-21 肩井 on the second visit, could be determined. One reason was stagnant heat caused by shoulder induration worsened due to Qi deficiency and blood stasis, and the other was considered to be caused by a decrease in defense function of Qi due to Qi deficiency. However, according to conditions on the fourth visit, discomfort experienced on the second visit was considered to be a reaction to the defense function, not due to stagnant heat, but Qi deficiency of exterior. In other words, heating stimulation was too strong.

The author considers that “descent of Qi in the middle heater” means a decrease in all supporting power in many clinical conditions. For example, in this case, a reduction in the supporting power of the skeletal muscle is thought to be within this range.

Reference

- 1) Gerlier: Une epidemie de vertigge paralyssant Rev. Med, Suisse Rom., 7: 5-29, 1887
- 2) LI Shi-zhe: Clinical Elaboration of the Common Shu Points, P178-179, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)
- 3) LI Shi-zhen: Clinical Elaboration of the Common Shu Points, P797-798, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)
- 4) Acupuncture Treatment, p24-25, China Press of Traditional Chinese Medicine, 2005 (in Chinese)
- 5) Dictionary of acupuncture points, p285–286, Toyo Gakujutsu Shuppansha, 1986
- 6) LI Shi-zhen: Clinical Elaboration of the Common Shu Points, P192, People’s Medical Publishing House Co., LTD, 1991 (in Chinese)

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