Clinical Report 1 (Japan)

Cervico-branchial Pain Remote-controlled by PAR

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Introduction

Remote control based on the application of electrical pulses to acupuncture needles is called PAR in this report. This is an acupuncture treatment system that uses remote control to add stimulation in the treatment of the root of a disease.

In this report, cases will be taken up in which PAR was performed for cervico-branchial pain. For diseases causing cervico-branchial pain, specialized books should be referred to. In the cases of this report, PAR was applied from the viewpoints of disease patterns, meridians, and acupuncture points of Oriental medicine. Before the treatment method was decided, it was ensured where symptoms appeared and where meridian routes were located. As an important reminder of the treatment method, if a heat sensation, hyper pain, spontaneous pain, and jitteriness are present, stimulation is added by PAR, as a method of reflex induction, to acupuncture points in distal locations of related meridians. If the patient's condition is chronic, the patient feels comfortable when the affected area is pressed, and she or he feels good when the affected area is warmed, all these are conditions of deficiency symptoms and needles are inserted directly into the affected area that responds. This case, the insertion has to be made little by little, giving it time, to the depth of 40mm where needles are manipulated manually and then stimulation is added by PAR to acupuncture points of related meridians.

Selection of acupuncture points by PAR system

1. Points involved in the greater yang meridian
   Shenmai (P) - Jinggu (N)
   Houxi (P) - Wangu (N)
2. Points involved in the lesser yang meridian
   Huizong (P) - Sanyangluo (N)
   Yanglingquan (P) - Yangjiao (N)
3. Points involved in the large intestine meridian
   Hegu (P) – Wenliu (N)
   Shousanli (P) – Quchi (N)

- Note: (P) electrode = the side where stimulation is felt weak (+)
- (N) electrode=the side where stimulation is felt intense (-)

The frequency of PAR is 2Hz and duration of treatment is 15 to 20 minutes.

Clinical case 1: Cervico-branchial pain

Patient: 62-year old, male, teacher, BMI 23

Chief complaints: Pain in the superior border extending to the deep part of the lateral border of the left scapula and numbness in the lateral region of the left upper arm.

Present medical history: From seven to eight years ago, pain began to appear once or twice a year in the right interscapular region (in the deep part of Dazhu to Fengmen), but it spontaneously resolved within 2-4 weeks.

This time, however, the patient became aware of sudden pain in the left scapular region and numbness in the lateral part of the left upper arm and these symptoms became worse gradually.

Although he was aware of mostly no symptoms during morning hours, they began to aggravate from the afternoon to the evening. And pain correlated to numbness, so with an increase in the pain intensity, numbness increased. When the symptoms were intense, they relatively became eased by keeping the upper limb region slightly

elevated with the elbows on the desk. Although he was able to control the symptoms for about 10 days from the start of the symptoms, he could no longer tolerate the worsening symptoms and began to take one tablet of antiphlogistic analgetics (Loxonin) kept at home for prehospital use every afternoon. Once the medicine was used, symptoms became alleviated and the relief lasted for 7 to 8 hours. On the following day, similarly symptoms became worse in the afternoon and the tablet was used again. This cycle was being repeated.

One month after the symptoms had appeared, the conditions further aggravated. Thus, he made a visit to our clinic.

Patient profile: Alcohol drinking – Japanese sake 2-3 go's (180mL/go) a day. No smoking. Blood pressure 130/88mm Hg. Unmedicated except Loxonin. The patient mentioned that no abnormalities had been found in the annual medical examinations.

Treatment policy: The symptoms were pain in the scapular region and numbness in the lateral region of the upper arm and there were no other symptoms. The conditions were typical symptoms of cervico-branchial pain. To make sure to get it confirmed, MRI diagnosis was requested. Since the pain appeared in the Triple Energizer Meridian (TE) and the Small Intestine Meridian (SI), and numbness extended along the travelling route of the Large Intestine Meridian(LI), the author decided to perform PAR treatment (guided by remote control) for major acupuncture points of major meridians of the Greater Yang Small Intestine Meridian/Bladder Meridian and Minor Yang Triple Energizer Meridian, and then used auxiliary meridians of the Yangming Large Intestine Meridian, where needles were left inserted. One month passed after the development of symptoms of this time and there were not much fever and excess type of symptoms. And the symptoms were progressing to the chronic phase. There had been seven to eight year since the initial onset, so organic changes might possibly have some influence on symptoms. Considering all these factors, the author decided to administer local treatment in parallel. For direct local needling, the sparrow pecking technique was slightly applied to the Bladder Meridian and the Small Intestine Meridian as auxiliary points. The affected regions were innervated by C5-6 (7) included in the superior lateral cutaneous nerve of the upper arm which continues from the axillary nerve (C5-7), and in the inferior lateral cutaneous nerve of the upper arm which is a branch of the radial nerve (C5-8). For needling into periphery nerves of the related nerves, the author decided to use the technique of needle manipulation for the outward section of the spinous process.

The affected regions were mostly corresponding to the regions innervated by C5-7. The axillary nerve (C5-7) travels through the outward axillary fissure to the dorsal side to innervate the scapular region – the superior region of the upper arm (C5-8), while the radial nerve (C5-8) goes out to the dorsal side and innervates the inferior and posterior parts of the upper arm.

The frequency of treatment was twice a week in consideration of the sustainability of treatment effects, and the interval between treatments was four days or less.

[Treatment]
(Face-down position)

PAR 10 minutes: Kunlun (P) / Jinggu (N)
Needling depth 5mm
Needles were left in place for 10 minutes:
6 points needling into 2cm sections lateral to spinous processes of C5, C6, and C7.
Needle manipulation technique:
The Sen-Nen technique was used for the section of the 4cm depth lateral to spinous processes of C5, C6, and C7 and then the needles were removed after a feeling of stimulation was delivered by slow needling to the 4cm sections.
(Strong response) Light sparrow pecking was performed to the left Gaohuans, Tianzong, and Jianzhen.
(Face-up position)
PAR for 15 minutes: Wangu (P), Waiguan (N)
Needling depth 5 mm
Needles were left in place for 15 minutes:
Needling depth was 5mm into Quchi and Hegu.

Needles used were all made of stainless steel 50mm and the gauge 18.

The frequency of PAR for all courses of treatment was constantly 2Hz.

[Course]

The author considered that pain intensity (measured using the visual analog scale with a 0-10 numerical scale [hereinafter PS]) should correlate with dosing frequency and the number of tablets used and made observations with these factors as a barometer. The patient received PS when he visited us to make its records.

1st tratment (January 10)

PS's for about 10 days were 8-6. The tablet was taken every day and there were almost no changes in symptoms and the number of drugs taken.

3rd treatment (January 16)

MRI diagnosis was "cervical spondylosis."

Osteophyte formation from C4 to C6 vertebral body and cavity preparation at the levels of C4, 5 and C6 were found.

6th treatment (January 26)

PS was 2. The number of the drug taken were 2 tablets during 4 days or 2 tablets during 3 days with decreases in pain and the number of the tablets taken, indicating the correlation between pain intensity and the number of the medicine taken.

9th treatment (February 5)

When the patient visited us, PS increased. He claimed that pain and the number of tablets increased after the work of cutting up a whole frozen salmon taking an hour in the morning of February 3. With no hospital visit for two days, there were no records of PS. But the patient mentioned the PSs for the days were about 7-6.

12th treatment (February 16) and 13th treatment (February 20)

The number of the tablets increased. The patient said: "It may probably because yesterday and the day before yesterday, I drank to excess, so I almost had a hangover. When I feel good, I take it too far. After this, the condition becomes worse as I worked on the frozen salmon. So I will see myself not to, from now on."

14th treatment (February 23)

The patient quickly recovered and did not need the medicine any longer. As he claimed that numbness remained slightly, the treatment frequency was changed to once a week from the 15th treatment for preventing a recurrence as well as numbness. As he desired, a MRI photo shooting was requested again.

"No changes were found from previous MRI images of 1/13."

[Consideration]

Cervical vertebral syndrome was suspected from pain in the periphery of the left scapula and numbness in the lateral part of the left upper arm. The diagnosis was made as "cervical spondylosis" based on the MRI findings. The MRI images showed cervical deformities (such as osteophyte formation, vertebral disc displacement). Generally, the symptoms develop in association with the nerve root being compressed. However, in the

patient, the symptoms were resolved every morning and became worse every afternoon, which may have been attributed to related-nerve tension caused, with time, by the upper extremity load. Aggravated conditions during the course may have been triggered by the motion/labor/action which became a burden on the neck because secondary muscle tension and circulatory disturbance having occurred from the underlying deformities still remained. Pain persisting for several years meant the deformities had been chronic. The pain of this time may have resulted from nerves being compressed by tensions, inflammation, and circulatory disorder occurred secondarily in the surrounding tissues and muscles, in addition to the direct compression by the deformities. No changes were shown in the findings of MRI photos taken after relief of symptoms. Since there were no correlation between the relief of symptoms and the MRI findings, it is hard to believe that organic changes (which could be confirmed from the images) were linked to the relief of symptoms.

It was suggested in this case that acupuncture treatment had the possibility of being applied to the clinical condition having cervical deformities on MRI images.

Case 2

PAR for cervical sprain "whiplash syndrome

27 years old, female, company employee

Chief complaints: Due to a head-on collision, dull pain in the cervical region, headache, and upper limb pain.

No symptoms were felt in the initial period after the accident. After a week from the accident, pain and a sense of stiffness began to develop in the cervical region. Since the examination at an orthopedics, he had been receiving physiotherapy and medication with antiphlogistic analgesics and external preparations. However, headaches began to appear and gradually became worse with increasing dull pain and stiffness in the cervical region. Furthermore, numbness and dull pain in the area from the shoulders to the upper arms developed. She had painful days but never took even a day off work. She had continued to receive orthopedics treatment for a month without improvements, so she was referred to our hospital and visited us.

In the initial visit, her clinical condition, prognosis, and the content of treatment were explained to her before the start of treatment. As a heat 'sho' and an excess 'sho" were slightly localized in the cervical region, remote-controlled PAR for legs and arms was performed. The patient was in the face-up position with a low height pillow. Selected acupuncture points were Houxi (P) - Wangu (N), Shenmai (P) – Jinggu (N) on the right and left sides. The author decided to needle to the depth of about 7mm using 40mm 0.18 disposable stainless steel needles with 2Hz to add moderate stimulation for 20 minutes. After the first PAR treatment, headache and cervical dull pain were considerably reduced. The patient claimed she was feeling very well. The second treatment was performed after a week due to her work schedule. She said that after the treatment on the day of initial visit, she could stop using headache medicines d and the cervical condition improved markedly. The second PAR treatment was performed similarly as in the first one. In the third treatment of further a week later, symptoms mostly disappeared and she expressed her thanks for the enigmatic effects. As a precautionary measure, PAR in the same procedure as in the first treatment was performed. The author told her to have treatment again if symptoms recurred. However, she has not made a visit to us since then.

Guide to treatment rooms of acupuncture and moxibustion

The Acupuncture and Moxibustion Clinic affiliated with Nippon Acupuncture, Moxibustion and Physical Therapy Vocational College located at 28-9 Sakuragaoka-cho, Shibuya-ku, Tokyo has been established on the 3rd floor of Hanada College Medical Building. The treatment room of this college is situated right behind Cerulean Tower Tokyu in Shibuya, and the access is three minutes walk from Shibuya Station on JR Yamanote-Line.

In the Hanada College Medical Building, there is a clinic (internal medicine and orthopedics) affiliated with the Institute of Oriental Medicine. There are MRI and X-ray Rooms in the basement. On the first floor, there are the reception desk, pharmacy, treatment rooms for internal medicine and authopedics; the second floor is used as rehabilitation facilities; the third floor is used as the room for acupuncture and moxibustion treatment; the fourth floor is an orthopedic clinic; and the fifth floor is the space for meeting rooms.

The acupuncture and moxibustion treatment room on the third floor is equipped with eight adjustable beds, low frequency electrical generators used in combination with acupuncture and moxibustion treatment, electronic warm-moxibustion equipment, far-infrared radiation equipment and these are applied to treatment. Acupuncture treatment is mainly performed with the method of remote-control in the combined use of pulses.

The Acupuncture and Moxibustion Clinic affiliated with Nippon Acupuncrure, Moxibustion and Physical Therapy Vocational College is the place to provide treatment to patients in general and also the place for students to have clinical trainings. This clinic also provides clinical education of pre-graduation and that of post-graduation. Student patients are allowed to receive treatment at lower rates, so that they can have treatment experiences. During the student patient is being treated, other students observe the treatment while getting instructions at the same time.

In the acupuncture and moxibustion treatment room, there are three practitioners of acupuncture and moxibustion on a steady basis and full-time teachers take turns to provide clinical care or guidance.

For post-graduation clinical training, the Clinic accommodates interns for one year after graduation.