Clinical Observation on Tuina Treatment for Cervical Intervertebral Disc Herniation

YE Jian-guo (叶建国)
Qingpu Branch of Shanghai Zhongshan Hospital, Shanghai 201700, P. R. China

【摘要】目的: 观察推拿治疗颈椎间盘突出症的临床疗效。方法: 87 例患者根据就诊顺序随机分为治疗组和对照组。治疗组 39 例, 采用推拿手法治疗; 对照组 48 例, 采用颈椎牵引结合中频脉冲治疗。两组均由医师治疗 3 次, 治疗 10 次为一个疗程。结果: 治疗组治愈 22 例, 显效 13 例, 好转 4 例, 显效率 89.7%, 总有效率 100.0%; 对照组治愈 23 例, 显效 17 例, 有效 7 例, 无效 1 例, 显效率 83.3%, 总有效率 97.9%。两组显效率及总有效率比较, 差异均无统计学意义。结论: 推拿治疗颈椎间盘突出症疗效与牵引结合中频脉冲治疗相当, 但推拿治疗具有见效快, 疗程短的优势。

【关键词】推拿; 按摩; 牵引; 椎间盘移位; 颈痛

【Abstract】Objective: To observe the clinical effect of tuina for cervical intervertebral disc herniation. Methods: Eighty seven cases were randomized into a treatment and a control group. 39 cases in the treatment group were treated with tuina manipulation, while 48 cases in the control group were treated with combined cervical traction and medium-frequency impulse. Cases in both groups were treated 3 times a week, and 10 times constitute a course of treatment. Results: Of 39 cases in the treatment group, 22 obtained recovery, 13 obtained marked effects and 4 obtained improvement, manifesting a marked effect rate of 89.7% and an effective rate of 100.0%. Of 48 cases in the control group, 23 obtained recoveries, 17 obtained marked effects, 7 obtained improvements and 1 saw no improvement, manifesting a marked effect rate of 83.3% and an effective rate of 97.9%. There were no statistical differences in the marked effect rate and total effective rate. Cases in the treatment group were treated 17.8 times on average, while cases in the control group were treated 26.6 times on average. Conclusion: Despite the equivalent effects in the treatment of cervical intervertebral disc herniation, tuina is superior to combined traction and medium-frequency impulse in terms of a faster effect and shorter course of treatment.

【Key Words】Tuina; Massage; Traction; Intervertebral Disc Displacement; Neck Pain

【CLC Number】R246.2

【Document Code】A

Cervical intervertebral disc herniation is a type of cervical spondylosis. Since the cervical area contains vertebral artery, intervertebral artery, spinal cord and nerve root, herniated cervical intervertebral disc may compress the artery and nerve root, causing clinical signs and symptoms. Except for surgery in approximately 5% cases, 95% patients can obtain recovery or improvement through conservative therapy. We treated 87 cases with tuina and combined traction and medium-frequency impulse from 2006 to 2009. The results are now reported as follows.

1 Clinical Data
1.1 Diagnostic criteria

With a history of chronic injury, trauma or degenerative changes; aged above 40 years old involving working with computer for long periods of time; neck or back pain, headache, dizziness, neck stiffness and numbness in upper limbs; restricted movement of the neck, tenderness and palpable

Author: YE Jian-guo (1963-), male, associate chief physician
induration in the spinous process of the affected vertebrae and medial superior angle of the scapula on the affected side, along with muscle weakness and atrophy of the upper limbs and positive results of brachial plexus tension test and head pressure test.

MRI confirmation is of vital importance to location and qualitative diagnosis.

1.2 Clinical data
Of 39 cases in the treatment group, there were 18 males and 21 females, aging from 32 to 56 (mean age: 41.3) with a duration from 4 months to 12 years (average duration: 63 months). Of 48 cases in the treatment group, there were 20 males and 28 females, aging from 22 to 58 (mean age: 40.5) with a duration from 2 months to 9 years (average duration: 56 months). There were no statistical differences in clinical data between the two groups.

2 Treatment Methods
2.1 Treatment group
All 39 cases in the treatment group experienced neck pain and stiffness, 22 of them experienced headache and dizziness, 14 experienced chest pain and tightness, 6 experienced nausea and vomiting, 2 experienced palpitations, 25 experienced unilateral or bilateral arm numbness, 3 experienced numbness of the tongue root and swallowing obstruction and 7 experienced unstable walking and drunken gait. All of them received tuina treatment (Fig.1)\[2\].

With a sitting position of the patient, apply 10 min of rolling-pressing manipulation to the upper back (bilateral sacral-back muscle of T1,2) and bilateral supraspinatus muscle. Next, pluck and extend the neck. Follow this with grasping Wuqing (five meridians) points, one-thumb pushing to bilateral occiput, Jiasun (TE 20), Taiyang (Ex-HN 5), Touwei (ST 8) and Datianxin (center of the forehead) and sweeping manipulation. Finally, apply oblique pulling of the neck, coupled with twisting and shaking (unilateral, bilateral) arms.

2.2 Control group
All 48 cases in the treatment group experienced neck soreness, pain and stiffness, 26 of them experienced headache and dizziness, 12 experienced chest pain and tightness, 6 experienced nausea and vomiting, 3 experienced palpitations, 29 experienced unilateral or bilateral arm numbness, 2 experienced numbness of the tongue root and swallowing obstruction and 6 experienced unstable walking and drunken gait. All of them received combined traction and medium-frequency impulse treatment.

Ask the patient to take an upright sitting position, with a 15-20° of forward bending of the head.

Traction: starting from 3.5% of the body weight for 30 min (no more than 5% of the body weight).

Medium-frequency impulse: place two electrodes over the area with apparent soreness, pain, distension and numbness in the neck, back and arms. The impulse lasted for 20 min each time.

The patients in two groups were treated once every day; 10 times constitute a course of treatment.

3 Results
3.1 Therapeutic effect criteria
Recovery: The symptoms disappeared, along with restoration of normal muscle strength, normal functions of the neck and limbs and normal life and work activities.

Marked effect: The symptoms almost completely disappeared, along with restoration of normal muscle strength, normal functions of the neck and limbs and normal life and work activities except for mild signs and symptoms.

Improvement: The symptoms were alleviated with less frequencies and prolonged intermissions, coupled with improved functions of the limbs and restoration of life and work activities.

Failure: The signs and symptoms remained unchanged.

3.2 Treatment result
Of 39 cases in the treatment group, 22 obtained recovery, 13 obtained marked effects and 4 obtained improvement, manifesting a marked effect rate of 89.74% and an effective rate of 100%. Of 48 cases in the control group, 23 obtained recoveries, 17 obtained marked effects, 7 obtained improvements and 1 saw no improvement, manifesting a marked effect rate of 83.3% and an effective rate of 97.9%. There were no statistical differences in the marked effect rate and total effective rate.

The treatment times in the treatment group varied from 2 to 26 times, 17.8 times on average. The treatment times in the control group varied from 8 to 42 times, 22.6 times on average. The treatment times in the treatment group were significantly less than the control group.