

A Combined Approach to the Treatment of Neurological Diseases

by Dr. Dan Jiang

Neurological diseases, as discussed in this article, are those which involve damage to or disease of the central or peripheral nervous systems, namely multiple sclerosis, motor neurone disease, trauma, inflammation or other organic diseases, as well as some non-organic diseases.

These diseases usually involve pain, aching, paralysis, rigidity and tremor. In traditional Chinese medicine they mostly belong to bi (obstruction), wei (withering) and feng (wind) syndromes. These are diseases for which modern conventional medicine has few effective therapeutic methods. Acupuncture, however, often has great potential and may be of considerable benefit. However it is difficult to obtain a definite curative effect in the treatment of these severe conditions by using ordinary acupuncture alone. On the basis of practising in UK over a long period, the author has developed a comprehensive method to treat these difficult and complicated cases, and has achieved some positive results. This article first discusses some of the different treatment approaches that may be combined in treating these diseases, then presents some typical case histories.

Approaches to Treatment

Acupuncture is an extremely beneficial treatment for neurological diseases. However, the methods of needling and manipulation used in western countries are generally too light, and the stimulation too gentle. As a result, treatment is often ineffective for such diseases. According to my experience, so long as the diagnosis is correct then acupuncture treatment has to include some special treatments and appropriate manipulation. The commonly used methods are:

1. Special acupuncture treatments

Besides ordinary selection and needling of points from the fourteen channels, additional important treatment methods include the following:

Jiaji needling

The needles are inserted into the Huatuojiaji points from the cervical to the sacral vertebrae.

Application: multiple sclerosis, motor neurone disease, injury to the vertebrae, rheumatoid spondylitis, senile arthralgia and so on.

Manipulation: 1.5 to 2.0 inch needles are inserted obliquely towards the vertebrae at 0.5 cun lateral to the spinous process of the troubled vertebrae (indicated by swelling and/or pain). Insertion depth is generally 1 to 1.5 cun deep. Needles are retained for 20 to 30 minutes and twirled once every 5 minutes; or else electro-acupuncture is added.

Scalp acupuncture

Application: serious multiple sclerosis, Parkinson's disease and other illnesses involving tremor, twitching or involuntary movement of the limbs. In such cases ordinary body acupuncture may not be suitable.

Manipulation: 1.5 to 2.0 cun needles are inserted transversely into the scalp areas corresponding to the affected body regions (for reference see *Acupuncture: A Comprehensive Text*, Eastland Press). For example, for abnormal movement of the legs, needles are inserted horizontally into the upper two fifths of the motor area.

Auriculo-acupuncture

Needles are inserted into the appropriate points on the ear, or else seeds of Wang Bu Liu Xing (*Semen Vaccariae Segetalis*) or magnetised steel balls are fixed over the points with adhesive plaster.

Application: this method has only a limited effect, so it is normally used to accompany other methods of needling in order to strengthen the treatment. In general auricular acupuncture is better for anxiety, depression, insomnia etc. For example a patient with vertebral injury with local pain and weakness and numbness of the legs, also suffered from depression and insomnia. Auricular acupuncture was applied to points Shenmen, Forehead, Anmian and Pituitary with good results.

Manipulation: it is very important to carefully select the points for auricular acupuncture, then to stick the seeds or the magnetised beads very precisely onto the points. When they are gently pressed, the patient should feel local warmth and a little aching. If an electronic detector instrument for auricular acupuncture is used to identify the exact sensitive acupoint, the results of treatment are better.

2. Moxibustion

Application: to clear and activate the channels and collaterals in order to move blood stasis and strengthen the primordial qi. Moxibustion is an essential treatment method to complement basic body acupuncture.

Manipulation: typical sites for moxibustion include Mingmen DU-4, Shenque REN-8, Qihai REN-6, Guanyuan REN-4, Sanyinjiao SP-6 and Baihui DU-20 as well as points selected according to the diseased area.

3. Electro-acupuncture

Application: electro-acupuncture is suitable for difficult and complicated cases, in which ordinary acupuncture is not effective, or else although it is effective, it only has a short term benefit. The effect of electro-acupuncture is deeper, stronger and more prolonged.

Selection of mode:

- continuous mode: suitable for pain, inflammation and swelling.
- intermittent mode: suitable for paralysis and weakness.
- dense-disperse mode: suitable for spasm and twitching.

Selection of output intensity:

The intensity should be within patient's tolerance; the greater the intensity, the stronger the treatment.

4. Chinese Herbal Medicine.

Herbal prescriptions are designed according to the different conditions and diseases of different patients, on the basis of differentiation of symptoms and signs. Acupuncture and Chinese herbal medicine belong to a same medical system, and if they are combined correctly and skilfully, herbal medicine can complement or double the effect of acupuncture. Since Chinese herbal medicine is such a vast subject, it is not possible in this article to discuss treatment methods and approaches, although examples are given in the case histories below.

Typical case histories

1. Bi syndrome - post-operative nerve injury

Male, aged 52.

This patient has had rheumatoid arthritis for over 30 years. There is widespread swelling of the joints and deformity of the thoracic and cervical vertebrae, with the thoracic vertebrae clearly projecting backwards. Three years ago he had surgery on the cervical vertebrae, following which he has had continuous pain in the cervical vertebrae, spreading to the lumbar and thoracic vertebrae. Both shoulders and arms are heavy and numb. He used to take anti-inflammatory tablets and pain-killers daily, often supplemented by morphine. As a result of taking such medication for a prolonged period, he suffered renal failure, and had a partial nephrectomy operation last year and relies on peritoneal dialysis to maintain his renal function. He cannot use anti-inflammatory and analgesic medication any more, and

so sought help from traditional Chinese medicine. He feels nervous and depressed and suffers from insomnia.

Observation: he has a pale face and a thin but vigorous-looking body. The cervical vertebrae are swollen and the thoracic vertebrae project. He has pain and sensitivity in the cervical and thoracic vertebrae. The tendon reflex of both arms was negative. His tongue was pale, with coating, and his pulse deep and wiry.

Treatment

Points: Huatojiaji points at C6, C7 and T8, Jianyu L.I.-15, Jianliao SJ-14, Quchi L.I.-11, Hegu L.I.-4 and Baihui DU-20.

Method: uniform reinforcing-reducing method, retaining the needles for 20 minutes. Treatment was given once a week. After the first treatment the pain was reduced, but it returned three days later. The second treatment repeated the above points, with reducing method, rotating, lifting and thrusting the needles.

Electro-acupuncture was added to the needles at Huatojiaji points at C6 and C7, Quchi L.I.-11 and Hegu L.I.-4, with continuous mode for 20-30 minutes. After this treatment, the pain was controlled for 7-10 days. After further weekly treatments, the nervousness and depression had gone, the sleep was better, and the swelling of the cervical vertebrae was reduced. Subsequently the patient received one treatment every 1-3 weeks to maintain the benefit.

2. Wei syndrome - right hemiplegia following brain and neck injury

Female, aged 27

This patient had a traffic accident 2 years ago and received injuries to her skull and neck. Following emergency treatment and hospitalisation, she recovered consciousness and could speak normally, but was left with right hemiplegia.

Observation: she has a pale face, but a bright shen (spirit). The muscular tension was normal, the myodynamia of the right arm was 2 degrees, with elevation of 80 degrees and difficulty taking the arm backwards. The fingers of her right hand flexed and extended clumsily and her grip was measured at 2 degrees. The myodynamia of the right leg was 2 degrees, she could only walk haltingly and could raise her leg only 30 degrees from the horizontal when lying down. The tendon reflex of her right knee was weaker than the left, and other pathologic reflexes were negative. The patient had received acupuncture treatment from another practitioner for several months, and although there had been some improvement, it was not substantial. Her tongue was pale and the pulse deep.

Differentiation: deficiency of qi resulting in blood stasis; wind blocking the channels and collaterals.

Treatment

Acupuncture: Pishu BL-20, Shenshu BL-23, Dachangshu BL-25, Huantiao GB-30, Hegu L.I.-4, Quchi L.I.-11, Taixi KID-3 and Sanyinjiao SP-6.

Method: treatment was given once a week.

Chinese herbal prescription: Bu Yang Huan Wu Tang (Tonify the Yang to Restore Five Tenths Decoction) was prescribed

to reinforce qi to clear and activate the channels and collaterals:

Huang Qi (Radix Astragali) 20g
 Chuan Xiong (Radix Ligustici Wallichii) 10g
 Dang Gui (Radix Angelicae Sinensis) 10g
 Tao Ren (Semen Persicae) 10g
 Hong Hua (Flos Carthami Tinctorii) 10g
 Sheng Di Huang (Radix Rehmanniae Glutinosae) 10g
 Chi Shao (Radix Paeoniae Rubrae) 10g
 Chuan Niu Xi (Radix Cyathulae) 10g
 Du Zhong (Cortex Eucommiae Ulmoidis) 10g
 Zhi Gan Cao (Radix Glycyrrhizae Praeparatae) 5g

The prescription to be decocted in water and taken daily. The ingredients were adjusted every week or two. After the symptoms and signs improved, the prescription was changed to Bu Zhong Yi Qi Wan (Tonify the Middle and Augment the Qi Decoction - patent pills) for a further six months.

Results: the myodynamia of the right arm and leg increased to 5 degrees. Both legs became strong and mobile and she could walk quickly and stably with a normal posture. The right arm could be raised 180 degrees and was fully mobile in all directions. She has returned to work and been able to work normally as before. Her right hand has still not regained skill with fine movements and she has been encouraged to continue with hand exercises.

3. Wei syndrome - multiple sclerosis

Female, aged 50

This patient was diagnosed as suffering from multiple sclerosis six years ago. She has difficulty in walking and raising both legs, She has ataxia (impaired ability to coordinate movement resulting in a staggering gait and postural imbalance), impaired vision, abdominal distension and inability to completely control urination and defecation. The weakness of her legs has been worsening progressively. *Observation:* sallow complexion, puffy body. The muscular tension of the legs was normal (myodynamia of 3 degrees). The arms were normal, but with a weakened tendon reflex. Babinski's reflex test: (+), finger-nose test: (++) Her tongue was swollen and pale, with coating, and her pulse deep and thin.

Differentiation: deficiency of both Spleen and Kidney with retention of damp-heat.

Treatment

Acupuncture: Shenshu BL-23, Dachangshu BL-25, Mingmen DU-4, Baihui DU-20, Huantiao GB-30, Zusanli ST-36, Sanyinjiao SP-6, Taixi KID-3, Guanyuan REN-4 and Qihai REN-6. In addition, when the weather was cold and wet, direct or indirect moxibustion was applied to Mingmen DU-4 or Shenque REN-8.

Chinese herbal powder:

Huang Bai (Cortex Phellodendri) 20g
 Cang Zhu (Rhizoma Atractylodis) 10g
 Chuan Niu Xi (Radix Cyathulae) 20g
 Du Zhong (Cortex Eucommiae Ulmoidis) 10g

Wei Ling Xian (Radix Clemetidis Chinensis) 20g
 Gou Ji (Rhizoma Cibotii Barometz) 10g
 Zhi Mu (Radix Anemarrhenae Asphodeloidis) 10g
 Hua Shi (Talcum) 10g
 Yi Yi Ren (Semen Coicis Lachryma-jobi) 10g
 Chuan Xiong (Radix Ligustici Wallichii) 10g
 Du Huo (Radix Duhuo) 10g
 Zhi Gan Cao (Radix Glycyrrhizae Praeparatae) 10g
 Dose: 6 g twice daily.

Results: After three months of treatment, the patient was able to control urination and defecation normally. Her coordination was basically normal, although her legs were still a little weak. Muscular tension and myodynamia of the legs were normal as was the tendon reflex. Her energy was improved. With continued treatment the condition of the patient has been stable, she can do full-time work as well as ordinary housework, and does not feel tired.

4. Feng syndrome - severe multiple sclerosis with rigidity and vibration of the limbs and head

Female, aged 32

Eighteen months ago this patient's limbs suddenly became weak and spastic with a pronounced tremor and she was diagnosed as suffering from multiple sclerosis. She rocks her head, and sways her hands and feet constantly. She has to use a wheelchair and cannot stand up. If she is touched, for example to help move her, she suffers spasms and convulsions. She is depressed and pessimistic and suffers from insomnia and constipation. Her tongue is red with a thick white coating, and her pulse is wiry and tense.

Differentiation: accumulation of phlegm and heat with Liver wind stirring in the channels and collaterals.

Treatment

Acupuncture: because the patient suffered from severe tremors and abnormal swaying movements, it was impossible to give body acupuncture which might upset her and cause increased spasm. Therefore scalp acupuncture was chosen. The areas of 'leg motor and sensory area' and 'tremor control area' were selected with moderate stimulation for 20 minutes.

Chinese herbs: a herbal prescription was formulated to calm the Liver to pacify wind and clear phlegm to remove blood stasis:

Gua Lou (Fructus Trichosanthis) 20g
 Ban Xia (Rhizoma Pinelliae Ternatae) 10g
 Fu Ling (Sclerotium Poriae Cocos) 10g
 Bai Jie Zi (Semen Sinapis Albae) 10g
 Di Long (Lumbricus) 10g
 Jiang Can (Bombyx Batryticatus) 10g
 Gou Teng (Ramulus Uncariae Cum Uncis) 10g
 Bai Shao (Radix Paeoniae Lactiflorae) 10g
 Gui Ban (Plastrum Testudinis) 10g
 Ling Yang Jiao Fen (Cornu Antelopis powder) 5g
 Zhi Gan Cao (Radix Glycyrrhizae Praeparatae) 5g

The prescription was decocted in water, one dose daily.

Results: The patient returned for treatment weekly. As

treatment progressed she calmed down gradually. Her hands and legs were still for longer periods of time, and it became possible to add body acupuncture at Hegu L.I.-4, Taichong LIV-3, Zusanli ST-36 etc. The herbal prescription was adjusted each week. After the above treatment had continued for two months, the involuntary movement of her head and limbs was sufficiently improved for her to sit down to read and watch television quietly. Unfortunately at this stage she was unable to continue with treatment for other reasons.

Conclusion

Acupuncture can play a major role in the treatment of severe physical diseases and can achieve positive results in the control of some neurological diseases. It can bring the full activities of human body into play, can adjust the immune system, strengthen muscles, improve local blood circulation and contribute significantly to nerve metabolism and rebuilding. In the treatment of different neurological diseases, treatment must be specifically designed for each individual patient.

This paper was read at the 4th International Acupuncture Conference in New York, USA, September 1996. Dr. Jiang graduated from Beijing University of Traditional Chinese Medicine with an M.Med.Sci. degree, and lectured at the same college and worked as a supervising doctor in the affiliated hospital for over ten years. She has been practising TCM in Sheffield, England for 6 years. Her academic career has been collected in *International Who's Who in Medicine*, Cambridge, England. She is a council member of the Association of Traditional Chinese Medicine.