



18TH NATIONAL CONFERENCE OF AAI.
15-16, December, 2018, Chennai.
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Extraordinary G.B. Meeting of AAI. on 16.12.18.
at 5pm. at venue of AAICON-18, Chennai.

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EDITORIAL

Editor : Dr.Bhabani Prasad Sahoo

Editorial Board

Dr. M. N. Gantait; Dr. B.J. Bhattacharya; Dr. A.K. Ghanta; Dr. A.P. Nayek

INDIAN MEDICAL MISSION & ACUPUNCTURE IN INDIA

It was 1938. During that time, Chinese people were fighting against Japanese aggression under the leadership of Communist Party of China.(CPC).Indian people were also struggling for independence from British rulers mainly under the leadership of Indian National Congress (INC). Keeping in mind the centuries' old friendship among the peoples of these two neighbouring countries, CPC leaders; Mao Ze Dong, Zhou En Lai etc, appealed to the leaders of INC for help. Accordingly INC leaders, Jowaharlal Nehru, Sarojini Naidu, Subhas Chandra Bose and others, decided to send a medical mission to China. The historical Indian Medical Mission to China boarded the ship in Bombay (now Mumbai) on 1st September, 1938.

Initially members of the mission selected were Dr. Atal (team leader), Dr. M. Cholker, Dr. Debes Mukhopadhyay, Dr. Dwarkanath Santaram Kotnis and Dr. Ranen Sen. But the British Government did not allow Dr. Sen with the suspicion that he was a communist. So at the last moment Dr. Bijay Kumar.Basu aged only 26 years, was included as the fifth member.

They worked in the battlefield of China with great hardship. Due to various reasons the first three doctors of the Mission had to return to India after some time. Dr. Kotnis died in a cold village of North China on 9th December, 1942, mainly due to illness he acquired from extreme hardship. Dr. Basu remained and ultimately came back to India in 1943.

After the liberation of China in 1949, the new Chinese government under the leadership of CPC, started rebuilding their nation. Within few years, they started the initiative to honour their old friends, who once helped them in crisis. Dr. Basu was also invited to new China, – the People's Republic of China.

Dr. Basu had Chronic sinusitis for several years. During his visit to China, he had relapse of severe headache of sinusitis, which did not improve with medicines. His Chinese friends asked him to try acupuncture treatment, a part of traditional Chinese Medicine (TCM). Dr. Basu, M.B (Cal.), a doctor of Western medicine, had heard of acupuncture but had no such confidence in it. But having obstinate uncontrolled nagging headache, he reluctantly agreed to undergo the treatment by acupuncture.

And to his surprise, that nagging headache quickly reduced and after few days of treatment, it vanished. And vanished for ever.

After this, Dr. Basu expressed his desire to learn acupuncture. The Chinese authority readily agreed. His next visit to China was study tour on acupuncture. After acquiring the knowledge and skill of this therapy in China, Dr. Basu came back to India and started acupuncture practice in 1959, – the milestone year of beginning of modern acupuncture in India.

And we all know how Dr. Basu tried to spread acupuncture, in our country by voluntarily teaching so many doctors and non-medical persons from different corners of the country, how All India Dr. Kotnis Memorial Committee was revived in 1973-74 under his presidentship and how this Committee established free acupuncture clinic in West Bengal and in many other states at grass root level as a part of its socio - medical work, how Acupuncture Association of India (AAI) was formed in 1977, Dr. Basu being its founder president. And the ball of acupuncture started rolling in India nonstop.

Thus history shows that the historical Indian Medical Mission to China (1938-43), and establishment of modern acupuncture in India (1959) have close relationship. The second would not have been possible or at least much delayed, if the first one had not occurred.

This year is the 80th anniversary of Indian Medical Mission to China. Dr. Kotnis Memorial Committee, West Bengal, working with its ideals of humanity, anti imperialism and internationalism of the mission, has observed it with due importance on 1st September, 2018 in Kolkata. Let all members of AAI remember the historical importance and spirit of that Medical Mission. All of us should also be grateful to those Indian leaders, who took the initiative of sending this Mission to our neighbouring friend, China.

NATIONAL CONFERENCES AND SYMPOSIA OF ACUPUNCTURE ASSOCIATION OF INDIA

1st National Conference - held on December 13-14, 1980. at Chittaranjan National Cancer Research Centre, Kolkata.

Inaugural session attended by Dr. B.K.Basu, pioneer of Acupuncture in India and Sri Jyoti Basu, Hon'ble Chief Minister of West Bengal. The Conference was inaugurated by Hon'ble Sri T.N.Singh, Governor of West Bengal. Dr. Debasis Baxi was the Organizing Secretary.

2nd National Conference - held in December, 1982 at Moulali Yuva Kendra, Kolkata. Dr. Mira Mukherjee was the Organizing Secretary.

3rd National Conference - held in December, 1984. in New Delhi! Dr. Raman Kapur was organizing secretary.

4th National Conference - held in December, 1986 at National Medical College Hospital, Kolkata. Dr. Mrigendranath Gantait was the organizing secretary.

5th National Conference - 7-8 November 1992 at R.M.L.Hospital, New Delhi. Dr.(Mrs) M. Mittal was the Organizing Director and Dr.C.P.Bhasin was Organizing Secretary.

6th National Conference - 5-6th November 1994 at Ludhiana, Punjab. Dr. Inderjit Singh was the Organising Secretary.

7th National Conference - 21-22 December 1996 at Jadavpur University, Kolkata. Inaugurated by Sri K.V.Raghunath Reddy Hon'ble Governor of West Bengal. Dr. Bhabani Prasad sahu was the Organising Secretary.

8th National Conference - 6-7th February 1998 at Sarat Sadan, Howrah. West Bengal, Organizing Secretary was Dr. Debasis Halder.

9th National Conference - December 2000 at KIMS Medical College, Hubli, Karnataka. Dr. Vinay Varma was the Organizing Secretary. Attended by Hon'ble Minister-in-Charge of Health Dr. M. Reddy.

10th National Conference - December 2002 at Indian Science Congress Association Hall, Kolkata. Inaugurated by Sri Biren J Shah, Hon'ble Governor of West Bengal. Dr. Bhabani Prasad Sahoo was the Organizing Secretary.

1st National Symposium - held in December, 2003 at Indore. M.P. Dr. Niles Patel was Organizing Secretary.

11th National Conference - December 2004 at Dinabandhu Mancha, Silliguri, West Bengal. Inaugurated by Sri Dinesh Daku, Hon'ble Minister. Dr. Sumit Bhattacharya and Dr. Bikash Chandra were Jt. Organizing Secretaries.

2nd National Symposium - December 2005 at Shibsagar, Assam. Dr. Juva Kumar Barua was the Organizing Secretary.

12th National Conference - 5-6 December 2006 at Rourkella, Odisha. Dr. K.S.Nayek was the Organizing Secretary. Hon'ble Minister-in-Charge of Health inaugurated the Conference.

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3rd National Symposium - December 2007 at Hubli, Karnataka. Dr. VinayVarma was the Organizing Secretary.

13th National Conference - 20-21 December 2008 at Indian Science Congress Association Hall, Kolkata. Inaugurated by Sri Debesh Das, Hon'ble Minister. Dr. Hiralal Samanta and Dr. Debasis Haldar were jt. Organizing Secretaries.

14th National Conference- 4-5 December-2010.at Indore, M.P.Dr. Nilesh Patel was the Organizing Secretary.

Dr. B.K. Basu Birth Centenary (4th National) Symposium held on 11th December, 2011 at Jadavpur University Campus, Kolkata. Inaugurated by Sri Purnendu Basu Hon'ble MIC Labour, Govt. of West Bengal. Dr. Bhabani Prasad Sahoo was the Organizing Secretary.

15th National Conference - 7-8th December,2012 at India International Centre, New Delhi. Dr. Manish Gupta was the Organizing Secretary. Dr. V.M. Katoch, Secretary, Dept of Health & Family Welfare & Director General ICMR inaugurated the Conference.

16th National Conference - on 13-14 December, 2014 at Bombay Hospital, Mumbai. Chief Conference Co-ordinator Dr. Mayank Shah.

5th National Symposium - 5- 6 December, 2015 at Vivekananda Polyclinic and Institute of Medical Science, Lucknow, U.P., Swami Muktinathananda was chairman of Organising Committee Inaugruated by Sri Ram Nayek, Honble Governor of U.P. Dr Yungjun Chen, Deputy Chairman of South China Research Centre for Acupuncture & moxibustion, Guangzhou University of Chinese Medicine, Guangzhou, People's Republic of China attended the symposium and represented World Feberation of Acupuncutre - Moxibustion Societies at (WFAS) .

17th National Conference (AALCON - 2016-17) – 21-22 January, 2017at Brilliant Convention Centre Indore, M.P. Dr. Madhabi Patel was the Organising secretary.

6th National Symposium – 11-12 November, 2017, of SRM university, Chennai. Dr. Poonam Verma was the Secretary of the Organising Committee.

18th National Conference – 15-16 December, 2018, at Blue Lagoon Beach Resort, Chennai. Dr. M. Muthukumar is the Conference Chairman and Dr.Sankar TSR Mohaha Selvam is the Conference Secretary.

There were guest lectures and free paper sessions in all the conferences and symposia, which were attended by eminent speakers like renowned Acupuncture teachers and teachers from different Medical Colleges of respective area and also by National and International delegates.

OBSERVE

WORLD ACUPUNCTURE- MOXIBUSTION DAY

World Acupuncture - Moxibustion day will be celebrated on 15th November,2018 in Paris by International Acupuncture - Moxibustion community under the auspices of UNICEF. Extensive exhibition and demonstration on Acupuncture - Moxibustion have been arranged.

ARTICLE 1

EFFICACY OF ACUPUNCTURE IN ERECTILE DYSFUNCTION

KRIPA S. NAIK*

Erectile Dysfunction (ED) or Impotence is sexual dysfunction characterized by inability to develop or maintain an erection of the penis during sexual activity. It affects about 10-25% of middle aged or elderly men with profound impact on their life & sense of manhood. Conventional treatment options with potential limitations & side effects are not satisfactory in many a cases.

The purpose of this study is to evaluate the effect of Electro Acupuncture (EA) on 25 cases, who had undergone treatment between 2005 & 2015.

The treatment protocol consists of maximum 3 courses of EA 15 sittings each at an interval of 7 days in between. The duration was 20 minutes daily/alternate day for the 1st course, alternate /every 3rd day for 2nd course & biweekly/weekly for the 3rd course depending on the individual response. The results after completion of treatment were recorded & the cases were followed up every 3-6 month up to 5 years.

Acu points used Meridian points -DU20, DU3, DU4, EX1, UB32, Ren2, Ren4, Shushi (Inguinal pt), Aphrodisiac pt, Liv8, Liv5, SP6, K3, St36

Ear Points: Sub Cortex, Ext. Genitalia, Testis, Endocrine, and Scalp Points:

Result 76 % of cases responded satisfactorily to EA (Excellent 40 %, good 36 %, fair 16 %, and poor 8%)

Conclusion: With satisfactory rate as high as 76 % without recurrence & adverse effect in 5 years follow up, EA should be considered as a treatment option in ED. Longer follow up & more studies may be required to evaluate long term result. (Abstract)

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TRADITIONAL CHINESE MEDICINE AND MODERN METHODS OF DISEASE TREATMENT -WHERE THEY MEET

Bhaskarjyoti Bhattacharya*

More and more patients are getting interested in Acupuncture and other complementary system of Medicine and more and more scientists are getting interested in integrative medicine research in different countries. Traditional Chinese medicine (TCM), including herbal medicine and acupuncture, as one of the most important parts of it, should play the key role in the formation of integrative medicine. During the integration, how to clarify the impact of TCM theory on Western medicine has become the emergent topic.

More than 3 thousand years ago, TCM was developed in China. TCM recognizes human body by system discrimination and cybernetic way. TCM can be characterized as holistic with emphasis on the integrity of the human body and the close relationship between human and its social and natural environment. TCM focuses on health maintenance and in the treatment of disease emphasizes on enhancing the body's resistance to diseases.

Syndrome is the basic unit and key term in TCM theory. Syndrome is an outcome after analyzing all symptoms and signs. All therapeutic methods in TCM come from the differentiation of Syndrome. In analyzing various pathological manifestations eight principles refer to eight categories of syndrome namely yin and yang, exterior and interior, cold and heat, deficiency and excess. The methods have been used for thousands of years. Since TCM has its unique physiology in understanding human body. It has its special understanding on human body's disorders. Pathologically, TCM focuses on the pathogenicity of social and natural factors. Mostly they are non-direct and non-specific factors if we say bacteria or viruses are direct and specific ones. TCM is not completely to seek the specific pathogen, and pathological changes in a specific organ, while it is to seek the disturbances among the self-controlled systems by analyzing all symptoms and signs.

THERAPEUTIC MECHANISM IN TCM

Physiology in TCM is featured with self-controlled system discrimination and its pathology is featured with dynamic changes in the system (whether direct or indirect, specific or non-specific). The therapeutic mechanism in TCM focuses on enhancing human body's resistance to diseases and prevention by improving the interconnections among self-controlled systems. To reach the approach, TCM uses different therapeutic methods, such as mind-spiritual methods (such as Qigong, Taiji boxing), natural methods (acupuncture, moxibustion, herbal medicine). These therapeutic methods are characterized by fewer side effects since they are natural.

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KEY TERM IN TCM THERAPEUTIC APPROACH: DIFFERENTIATION OF SYNDROME

Syndrome, a basic unit in TCM, decides the therapeutic methods. Syndrome is the outcome after a careful analysis of all symptoms and signs (tongue appearance and pulse feeling included). Outcome might change since the symptoms and signs might change. There are many Syndromes in TCM, either simple or combined ones.

Syndrome, as the key term and basic unit in TCM therapeutic theory, develops following the progress in disease theory progress. Tens of years ago, Syndrome did not include any signs from modern diagnostic instruments, and nowadays, Syndrome is combined with or referred to disease diagnosis during the therapeutic process to some content.

The process of how to get the outcome is called differentiation of Syndrome, which is based on the physiology and pathology of TCM.

IMPACT OF SYNDROME ON DISEASE TREATMENT

Disease's key units usually contain etiology, pathology and disease location. Modern medicine is trying to get the specificity of the cause, pathology and location, and as a result, the therapeutic approach is targeting on the specificity. New drugs in modern medicine are developed from strictly designed scientific pharmacological tests that are targeting on the specificity. Pharmacological tests show better effect than the effect shown in clinic. In differentiation of Syndrome, clinical effect should be better if the theory of differentiation of Syndrome and physiology of TCM are followed. Unfortunately the effect in practice, even completely following the differentiation of Syndrome, is not as good as the theoretical one. There should have some reasons to explain the difference between theoretical and clinical effects in TCM practice.

As summarized, there are two questions about the therapeutic problem in medical science. One is why is there difference between the pharmacological and clinical effects in modern medicine? The other is why is there difference between the theoretical and clinical effects in traditional Chinese medicine?

The questions refer to that there are some shortages of therapeutic approach both in modern medicine and in traditional Chinese medicine.

Any disease (morbidity) could contain two parts of appearance. One is the so-called specificity to the realities of morbidity, such as the pathological change. The other is the non-specificity that as heterogeneous manifestations. Modern medicine explores the specificity of morbidity, while traditional Chinese medicine is mainly aimed to explore the reality of the morbidity by checking the external appearance (that is the "differentiation of Syndrome). It is believed that the non-specificity refers to the reactions caused by interactions between personal physique and environments, such sometimes could influence or change the process of morbidity, and only targeting the specificity is not enough to stop the progress of morbidity.

Disease mainly refers to the specificity of cause and pathology with less emphasis on the non-specificity. Non-specificity includes all symptoms and signs not directly induced by the specific cause and pathology. Usually the specificity decides the process of diseases. Drugs in modern medicine are targeting the specific cause and pathology, and it usually gives good effect even though the effect is not as good as the pharmacological effect. Since the specific cause and pathology cannot be found in all diseases, the effect of modern drugs depends on whether the cause and pathology are clear or not. In reality, modern drugs are good at curing those diseases with clarified cause and pathology, and not good at curing those diseases due to multiple factors in the pathogenesis, which have become more common in medical science.

However, whenever the non-specificity influences on the specificity, drugs targeting the specificity have no good effect. That is the main reason why modern drugs sometimes are not effective in some cases in the treatment of a disease with a clarified cause and pathology.

Syndrome mainly refers to the non-specificity and part of specificity that is only obtained from symptoms and signs by asking, watching and feeling since there were no modern diagnostic instruments

Following TCM theory, different diseases may be treated by a same therapeutic approach if they show same syndrome. One herbal preparation or same set of Acupuncture points can be used to treat different diseases, a common phenomenon in TCM. Similarly, the same disease may be treated by different therapeutic approaches if the disease shows different syndromes. It is common in TCM that one kind of disease is treated with different therapies. As mentioned above, Syndrome is the outcome of differentiation of symptoms and primary signs obtained by getting from watching (tongue watching) and feeling (pulse feeling), and definitely syndrome is not so accurate. The following example can be used to explain the shortage of syndrome information. Gastritis and stomach cancer could show similar symptoms and primary signs, suggesting that they could be differentiated as the same Syndrome in TCM, and could be treated by the same TCM approach. The effect, there is no doubt, should be different since stomach cancer is difficult to be cured by herbal medicine or Acupuncture. Thus, the differentiation of syndrome would not give any good effect when the specificity is not clarified resulting from the decisive factor in the evaluation of effects.

Following the disease theory there should have a specific therapy targeting the specific cause, pathology and location. Targeting the specificity of a disease may not result in a good effect or give no effect at all when the non-specificity is decisive in the effect evaluation. The example about drugs in lowering blood pressure would be helpful to explain the reason. In patients with hypertension, there are some good drugs in decreasing blood pressure, and the real thing is that there always have some cases showing less effect after taking drugs. The partial reason is that, in some cases of hypertension, the non-specific appearance could play a key role in influencing the effect of drugs. At this point, new anti-hypertensive drugs for the cases in which the non-specificity is a decisive factor need to be developed.

Combining the differentiation of syndrome with diagnosis of disease, which is combining Acupuncture mainly targeting non-specificity with modern drugs targeting the specificity, would achieve the best therapeutic effect.

Many clinical studies have shown that combining modern drugs with herbal medicine or Acupuncture would dominantly increase the effect. For example, the effect rate in treating coronary heart disease with modern drugs (routine therapy) was 45.5%, while combining with herbal medicine and Acupuncture it was up to 87.3%. The importance is to explore how to combine the two therapies. More double-blinded clinical trials need to be conducted, both for modern drugs and Acupuncture with or without herbal medicine. All specific and nonspecific information needs to be collected for further analysis.

ARTICLE - 3

ACUPUNCTURE AS AN ALTERNATIVE MODE OF THERAPY FOR ACQUIRED PTOSIS

Pradip Das*, and Anil Kumar Ghanta**

Introduction: Ptosis of the upper lid may be congenital or acquired. Acquired ptosis may develop at a age and may be either myogennic, neurogeic, aponeurotic or mechanical. Sometimes cause would be obvious. Usually it needs surgical correction. Acupuncture might be an alternative approach thepapy in some selective cases.

Material and methods: The present study was done in a clinic at Government level Medical College West Bengal. A male patient of 45 years old came to the clinic on 22.8.2016 with history of dropping the right upper eyelid developed 2 years back. It was of gradual onset and progress. There was other associated abnormal finding in either eye as concluded by an ophthalmologist. With prop counselling and consent the patient was treated with acupuncture therapy with no electrical stimulatati over 3 moths. The Points used were G.B.-14, U.B.-1 Yintang, Taiyang and Yuyao. Hammering used after 10 sittings.

Result : There was moderate improvement (about 60%) of the ptosis after 3 months.

Conclusion : Acupuncture therapy might be an alternative approach for a case of acquired ptosis. It needs further elaborate study to establish the success rate.

(Abstract)

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DEAR MEMBERS

Please attend 18th National Conference of AAI. in Chennai. Those presenting papers are requested to submit printed copy of their papers to General Secretary, AAI. or Editor, JAAI. for printing in JAAI.

CERVICAL AND LUMBAR SPONDYLOSIS : - ACUPUNCTURE RELIEF PROJECT

Surinder Sharma* & Sumeet Sharma**

Abstract:- Low Back Pain (LBP) and Upper Back Pain (UBP) affects approximately 60-85 % of humans in their life. Fortunately, for the large majority of individuals symptoms are mild and transient with 90% symptoms subsiding within 6 weeks. Despite the high prevalence of low back pain within the general population, the diagnostic approach and therapeutic options are diverse. Back pain has been termed as "an illness in search of a disease". Indeed, once "red flag" diagnoses the differential sources, back pain remain broad including degenerative changes. We will elaborate on these degenerative processes and their clinical implications with the acupuncture treatment, especially traditional Chinese acupuncture.

Keywords:- Low back pain, Spondylosis, degenerative disc disease, Traditional Chinese acupuncture and Scoliosis.

MATERIAL AND METHODS:

The Study is a Randomised Controlled Pilot Clinical Trial of Five weeks duration and 15 Patients was recruited and randomly allocated to two groups. An Acupuncture and Classic Ayurveda Therapy (Tryodashanga Guggulu, Lakshadi Guggulu and Vishtinduka Vati) was given.

In Accupuncture Therapy Patients suffering from back pain were treated with points GV20, UB23 , 25,56,57,60 and GV30,34,39.

Patients suffering from Arthritis were given the following Acupuncture points. ST35,36, SP6, SP9, K3 and ST44 (Distal Point).

The Primary Outcome was measured by the Visual Analogue Scale (VAS). Our Primary outcome is three weeks VAS. The Secondary Outcome was measured using PAIN VISION SYSTEM using Me Gill Pain Questionnaire.

Assessment was made at baseline and at one .three and five weeks thereafter Five week assessment was made two weeks after the treatment.

DISCUSSION :

This Randomized Controlled Pilot Study inform us the design of a future fulscale trial. The Outcome further provide some resources for incorporating Accupuncture into existing Pain Management methods.

CONCLUSION :

Back Pain and Lumbar Spondylosis is a complicated diagnosis. We chose to define it broadly as Degenerative conditions of spine. Moreover, there is no current concrete gold standard treatment lapproach to patients but substantial research efforts and invasive methods of Traditional Chinese Acupuncture helps in controlling the Degenerative changes.

Presented in the 6th National Symprocium of AAI, 11-12 November, 2017, Chennai

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ACUPUNCTURE FOR 40 CASES OF SPASMODIC TORTICOLLIS"

**LU Hai^{1,2}, ZHAG Chun hong², SHENG Ru ya¹, GAN Yuan yuan¹,
DING Shaojie¹, WU Mingxia¹, FANG Yiyi¹, WU Lianzhong².**

Spasmodic torticollis (ST), also called cervical dystonia (CD), is the most commonly localized dystonia clinically with the main clinical manifestations as head and neck movement disorder, postural dysfunction and pain induced by involuntary contraction of cervical muscle, sternocleidomastoid, and trapezius, etc. The incidence of ST in the United States is about 1/20,000, and there has no relevant report in China. It mainly attacks adults. In 1952, the animal models of ST were successfully established by Foix via stereotactic method. It was demonstrated that ST was a kind of extrapyramidal movement disorder, and it was an independent organic disease. However, the etiology and pathological mechanism of the disease have not been clearly defined. From the perspective of genetics, it has been found according to the latest research that CIZ1 gene mutation may lead to the occurrence of ST, among which, rs6265 (BNDF Val66met) may be associated with ST with upper limb tremor. From the perspective of physiopathology, ST may be mainly associated with the dysfunction of basal ganglia region-thalamus-cortex loop circuit. There has not been an effective method to cure the disease clinically. At present, the main treatment methods of this disease include injection with botulinum toxin A, oral administration of drugs (anticholinergics, anti dopaminergic and GABAergic agonist, benzodiazepines and antiepileptic drugs, Chinese medicine, acupuncture-moxibustion, operation, and other methods. Most patients chose conservative treatment, especially injection with botulinum toxin A. Local injection with botulinum toxin A can effectively alleviate the clinical symptoms of ST, but high recurrence rate was induced by its pharmacological action, and its efficacy only remained— for about 3 months; therefore, repeated injection was needed. However, long-term and repeated treatment may lead to antibody production, and the botulinum toxin A may lose efficacy. Adverse effects may also occur, such as dysphagia, neck weakness, and pain at the injection site, etc.

CLINICAL DATA

General data

All the 40 cases were selected from professor WU Lian-zhong's clinic of First Affiliated Hospital of Tianjin University of TCM from July, 2015 to April, 2016, including 19 males and 21 females, with the age of 20-50 years old. The shortest course of disease was 7 days, and the longest was 3 years. Twenty patients were given botulinum toxin A by injection, and the other 20 patients were not given injection. Clinical classification: rotational type: 28 cases (70%), lateral flexion type: 7 cases (17.5%), upward-inhibited type: 3 cases (7.5%), mixed type: 2 cases (5%). There was no significant difference between the two groups in clinical classification, age, gender, and course of disease (all $P > 0.05$), and the results were comparable.

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Inclusion criteria

① The patients who were diagnosed with primary spasmodic torticollis (ST). By reference to the diagnostic criteria in Dystonia Diagnosis and Treatment Guidelines issued by Parkinson's Disease and Movement Disorder Group of Neurology Branch, Chinese Medical Association in 2008. ② With the age of 20-50 years old. ③ Not given botulinum toxin A by injection during 3 months before visiting. ④ Neither given botulinum toxin A by injection anymore after visiting, nor oral administration of anticonvulsants and other therapies. ⑤ Intracranial diseases were excluded according to CT examination, cervical spondylosis was excluded according to X-ray examination, and diagnosed based on nerve electrophysiological examination. ⑥ With good compliance:

Exclusion criteria

① The patients with craniocervical organic diseases according to brain magnetic resonance imaging"/CT or cervical spine CT/plain film examination. ② With the interval time from the last botulinum toxin injection less than 3 months, or still with efficacy. ③ Accepting botulinum toxin A by injection, orally taking anticonvulsants, or accepting other therapies. ④ With secondary torticollis due to the damage or hypoplasia of accessory nerve on one side and sternocleidomastoid muscle, trachelomyitis, cervical spondylosis, intraspinal tumor in superior cervical spine, tumor in foramen magnum or posterior fossa, hysteria, and etc... ⑤ With serious cognitive disorder or mental disorder. ⑥ With serious internal medicine diseases in heart, liver, lung, kidney, and etc.. ⑦ With epilepsy. ⑧ In gestation period.

Criteria for drop-out cases

① The patients who didn't complete the treatment due to various reasons, or the efficacy could not be evaluated due to failing to accept treatment based on provisions or the patients with incomplete information. ② The drop-out cases during observation, or the patients could not be contacted.

METHODS

Treatment method

Acupuncture prescription: "Five-heart acupoints" [Shuigou (GV 26), bilateral Laogong (PC 8) and Yongquan (KI 1)], Ximen (PC 4), Shangxing (GV 23), Baihui (GV 20), Yintang (GV 29), Fenglong (ST 40), Hanyan (GB 4), and local neck. Acupuncture manipulation: all the selected patients accepted "resuscitation and regulating muscle" acupuncture treatment conducted by professor WU Lian-zhong.

Body acupuncture: the patients were asked in supine position, and conventional disinfection was performed. 0.30 mm × 40 mm *Hwato* disposable filiform needles were adopted to insert at GV 26 obliquely upwards in the angle of 45° through sparrow-pecking reducing method to the extent that the eyeballs were wet, the face was flushing, and forehead sweat. Bilateral PC 8 and KI 1 were inserted perpendicularly with the depth of 17-20 mm. Penetration needling was conducted from GV 23 to GV 20 with the method of sparrow-pecking needle insertion manipulation, and skin-pinching and twirling needle insertion method was adopted for GV 29 to reach the nasal bone. Perpendicular insertion was conducted at PC 4 with the depth of 17-20 mm, and lifting and thrusting reducing method was adopted to motivate the meridian qi to the extent that the index finger, middle finger and ring finger twitched. Central-square needling was carried out

in the place where the meridian sinews aggregated in the neck (by reference to the affected muscle according to EMG examination). One needle was inserted perpendicularly in the center of the lesion to meridian sinew, and other needles were inserted around in the direction of being perpendicular to the affected meridian sinews. Four to eight needles were needed based on the scope of lesion. At first, multiple-superficial needling was conducted on one side of the neck with thick, revealing, superficial, soft and unfixed meridian sinews with the depth to subcutaneous tissue; less points-deep needling was conducted on the side of the neck with hard, deep, fixed and lasting meridian sinews with the depth to muscular layer for 15-30 mm. The acupuncture amount should be increased for the patients with serious disease or high frequency of onset. Even reinforcing and reducing method was conducted in the place with less obvious aggregation, and the needles were retained for 30 min, which was the same as that in the abovementioned acupoints.

Tongue needling: pricking was conducted in the root of tongue with the manipulation of "green dragon swaying its tail", in the apex of tongue with the manipulation of "green turtle probing its cave" (forward-inserting and backward-needling, i.e. pricking was conducted from the left to the right along the apex of tongue, but the direction of the needle tip was to the left, and the direction of needle handle was to the right; it seemed that the needle was pushed toward right, but point bloodletting was conducted toward left), at Jinjin (EXHN12) and Yuye (E XHN 13) with the manipulation of "goldspink pecking rice" (raising for once after point bloodletting for 3 times), and at the acupoints under the tongue with the manipulation of "white snake putting out its tongue" (at the junction of the tongue and lower jaw, the margin of frenum linguae). The needle tip reached the center of tongue with the depth of 30-40 mm, and the needles were not retained, pricking should be rapid, gently and superficial, and bleeding should be avoided.

Acupoint combination according to patterns: Yinlingquan (SP 9) and Neiguan (PC 6) were added for turbid phlegm obstruction, Shenmen (HT7) and Taixi (KI3) were added for heart and kidney deficiency, PC 6 and Taichong (LR 3) were added for qi movement constraint, Fengfu (GV16), Yamen (GV15), Tongling (M.) (acupoint selected on the posterior median line, inferior to the 3rd, 4th, 5th and 6th spinous process of cervical vertebra) and Dazhu (GV14) were added for governor vessel failing to contain.

Course of treatment of acupuncture: The acupuncture treatment was conducted once a day, 5 times a week (from Monday to Friday), and treatment for 3 months was one course of treatment. Two courses were needed.

Efficacy evaluation

(1) Efficacy evaluation indices

ST clinical symptom evaluation was performed according to Tsui's Scale for Spasm Evaluation commonly used clinically and Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS). Tsui's Scale was applied to evaluate the abnormal posture of cervical spine and dystonic tremor; TWSTRS was used for scoring the severity of torticollis, quality of life and pain. The scoring standard: extremely serious disturbance of life: <6 points; severe disturbance of life: 7-12 points; moderate disturbance of life: 13-18 points; mild disturbance of life: 19-24 points; basically independent life: >24 points.

(2) Efficacy evaluation criteria Tsui's Scale was used as the efficacy evaluation index for efficacy evaluation.

Score-reducing rate = [(Score before treatment - score after treatment) / score before treatment] × 100%
Clinically cured: clinical symptoms and signs disappeared or basically disappeared, and the

score-reducing rate reduced by 81%-100%. Markedly effective: clinical symptoms and signs improved obviously, and the score-reducing rate reduced by 51%-80%. Effective: clinical symptoms and signs improved, and the score-reducing rate reduced by 11%-50%. Ineffective: clinical symptoms and signs didn't improve obviously, or even aggravated, and the score-reducing rate reduced by 0%—10%.

RESULTS

Comparison of baseline data

It can be seen in table 1 that the differences were not statistically significant according to the intergroup comparison of gender, age, clinical classification and course of disease of patients ($P>0.05$).

Comparison of clinical efficacy of the two groups after treatment

It can be seen in table 2 that the markedly effective rate and total effective rate of the treatment group and the control group were 35.0%, 90.0% and 20.0%, 75.0%, respectively, indicating that the efficacy of treatment group was superior to that of control group. Compared with the control group, the total effective rate of the treatment group was statistically higher.

Comparison of scale scores of the two groups before and after treatment

(1) Comparison of Tsui's scale scores

It was indicated from Table 3 that the Tsui's score of ST patients in the two groups reduced after two courses of treatment, and the reduction in the not given botulinum toxin group was more obvious, indicating that "resuscitation and regulating muscle" acupuncture method can effectively improve the abnormal posture of cervical spine and dystonic tremor of ST patients, and the efficacy was especially obvious in the patients not given botulinum toxin A by injection.

(2) Comparison of TWSTRS scores

It was indicated from Table 4 that the TWSTRS score of ST patients in the two groups reduced after

Table 1 Comparison of gender, age, invasion site and course of disease of spasmodic torticollis patients in the two groups

Groups	Patients	Gender (case)		Age (year)	Classification (case)				Course of disease (month)
		Male	Female		Rotational type	Lateral flexion type ^a	Upward inhibited type	Mixed type	
Not given botulinum toxin	20	10	10	37.1 ± 10.7	15	3	1	1	8.13 ± 7.39
Given botulinum toxin	20	9	11	36.3 ± 12.6	13	4	2	1	10.47 ± 7.06

Table 2 Comparison of clinical efficacy of spasmodic torticollis patients in the two groups after treatment according to Tsui's Scale

Groups	Patients	Cured	Markedly effective	Effective	Ineffective	Markedly effective rate (%)	Total effective rate (%)
Not given botulinum toxin	20	2	5	11	2	35.0	90.0 ⁽¹⁾
Given botulinum toxin	20	0	4	11	25	20.0	75.0

Notes: compared with the given botulinum toxin group, ⁽¹⁾ $P<0.05$.

Table 3 Comparison of Tsui's scale scores of spasmodic torticollis patients in the two groups before and after treatment

Groups	Time	Patients	Scores	Difference
Not given botulinum toxin	Before treatment	20	15.53 ± 3.75	10.96±2.272
	After treatment	20	4.57±1.48 ¹⁾	
Given botulinum toxin	Before treatment	20	13.47 ± 3.46	6.02±2.00
	After treatment	20	7.45 ± 1.46 ¹⁾	

Notes: compared with the score of each group before treatment, ¹⁾p < 0.01; compared with the given botulinum toxin group, ²⁾p<0.05.

Table 4 Comparison of TWSTRS scores of spasmodic torticollis patients in the two groups before and after treatment

Groups	Time	Patients	Scores	Difference
Not given botulinum toxin	Before treatment	20	60.71±8.36	38.42 ±2.00 ²⁾
	After treatment	20	22.29±10.36 ¹⁾	
Given botulinum toxin	Before treatment	20	58.68 ± 6.87	23.34±1.05
	After treatment	20	35.34±7.92 ¹⁾	

Notes: compared with the score of each group before treatment, ¹⁾p < 0.01; compared with the given botulinum toxin group, ²⁾p<0.05.

two courses of treatment, and the reduction in the not given botulinum toxin group was more obvious, indicating that "resuscitation and regulating muscle" acupuncture method can effectively improve the neck pain and quality of life of ST patients, and the efficacy was especially obvious in the patients not given botulinum toxin A by injection.

Adverse effect

No adverse effect was found in both two groups during acupuncture treatment.

CONCLUSION

Professor WU Lian-zhong believes that spasmodic torticollis belongs to the categories of "spasm syndrome" "tremor syndrome" and "limbs vibration" in traditional Chinese medicine^[48]. The general pathogenesis is orifices block and frenzy spirit, frenetic stirring of mental *qi*, abnormal meridian sinew, aggregation in the neck, and spasm and flaccidity. Professor WU Lian-zhong originally created the "resuscitation and regulating muscle" acupuncture method, and selected "five-heart acupoints" as the main acupoints to treat ST by combining with tongue needling.

Chief acupoints: "five-heart acupoints" refer to GV 26, bilateral PC 8 and KI 1. The five acupoints are named like this because they are located in the center of palm, arch of the foot and face. GV 26, also called Renzhong, is one of the thirteen ghost points. Governor vessel connects heart and lung, and communicates with the brain. Brain is the house of original spirit, thus acupuncture at GV 26 can awaken the spirit and open the orifices. PC 8, also called the center of palm, is one of the thirteen ghost points, and also a xz'rcg-spring point of hand-jueyin pericardium meridian. Pericardium, with the property of fire, is the external wei of the heart, and fire meridian and fire acupoint are the representative of heart fire. "Xing-spring point governs the heat of the body", thus acupuncture at PC 8 can "clear heart heat and drain fire". KI 1, locating in the lowest part of the body, is the origin of meridian *qi* in foot-shaoyin kidney

meridian. Its property is wood in the five phases, and water generates wood. According to the theory of "reducing the child for excess", acupuncture at KI 1 can clear heat and drain fire. Combination use of PC 8 and KI 1 can promote the regulation between water and fire and heart-kidney interaction, clear heart heat and drain fire, and open the orifices and awaken the spirit.

Deputy acupoints: PC 4 is the cleft point of hand-jueyin pericardium meridian, and it is the part where the meridian qi of hand-jueyin pericardium meridian deeply aggregates. It was said in Lingshu, The Miraculous Pivot that "The pathogen in the heart is located in the pericardium." Combination use of PC 4 and PC 8 can enhance the therapeutic effect of clearing heart heat and draining fire. GV 23, GV 20 and GV 29, locating in the "house of original spirit", are the acupoints of governor vessel. Combination use of the 3 acupoints can soothe the governor vessel and regulate vital activity, and it can also enhance the effect of opening the orifices and awakening the spirit by adding GV 26.

Assistant acupoints: ST 40 is the /wo-connecting point of foot-yangming stomach meridian, which can connect the spleen and stomach. Spleen and stomach, locating in the middle energizer, are the pivots of ascending and descending *qi* movement in the whole body. Acupuncture at ST 40 can fortify the spleen yang, dissipate cold and stagnation, direct turbid phlegm downward, and raise the clear and direct the turbid downward, so as to awaken the spirit and open the orifices.

Envoy acupoints: GB 4, also called cephalic horn, is the highest site of gallbladder meridian circulation. -With the functions of dredging the brain and bowels and removing the spirit *qi*, GB 4 is an acupoint to guide the effects of other herbs to specific meridians^[49], and the combination use can promote the functions of other acupoints on the brain. Local lesion in the neck belongs to the category of meridian sinew diseases. During treatment, the needles should reach the meridian sinew and the focus, so deep needling is needed for the patients with deep lesion, and superficial needling should be applied for the patients with shallow lesion.

Tongue needling: the tongue is the signal orifices of the heart, and the heart opens the orifices on the tongue. The heart is the host of the five viscera and six bowels, and the diseases of the five viscera and six bowels can be diagnosed through observing the tongue. There are close relationship between meridians and collaterals and the tongue, for example, the foot-shaoyn kidney meridian "follows the throat and squeezes the root of the tongue", and foot-taiyin spleen meridian "connects the root of the tongue and scatters under the tongue", indicating that the tongue is closely related with the five viscera and six bowels. Tongue needling is an important component of the manipulation of "regulating the spirit"

Botulinum toxin A, a kind of neurotropic toxin, acts on the peripheral cholinergic nerve endings. It inhibits the release of acetylcholine (ACH) in the nerve endings by blocking calcium influx, thus causing continuous relaxation of muscle fiber^[50]. Local injection with botulinum toxin can effectively improve the clinical symptoms of ST patients^[42], but it cannot cure ST^[51]. At the same time, due to the drug resistance and adverse effects^[43, 52], its clinical application rate also reduces with the decline in effectiveness and stability.

In this study, the patients given and not given botulinum toxin by injection were taken as control mutually, and it was found that "resuscitation and regulating muscle" acupuncture method can effectively alleviate the clinical symptoms of ST patients. The patients who were not given botulinum toxin by injection recovered more easily with shorter course of treatment^[30, 48].

Due to the limitation of sample size and time, this study can only be used as reference for preliminary study, and the follow-up visit and the mechanism of the difference between the specific treatment methods remains to be further improved.

ORGANISATION

ACUPUNCTURE ASSOCIATION OF INDIA (AAI)
18th National Conference (AAICON-18)
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NB. – Papers should reach before 15 November, 2018, to AAI Tamil Nadu Chapter or by email.

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Dr. Sankar TSR Mohana Selvam
Conference secretary

NOTICE

SPECIAL EXTRAORDINARY GENERAL BODY MEETING OF AAI.

A Special Extraordinary General Body Meeting of Acupuncture Association of India (AAI) will be held at 5 pm. on 16th. December, 2018, at Blue Lagoon Beach Resort, Chennai (venue of 18th. National Conference of AAI, AAICON-18).

Agenda-1 Confirmation of the Minutes of 47th. General Body Meeting held on 5th. May, 2018.

Agenda-2 Venue of 7th. National Symposium of AAI.

Agenda-3 National Scenario of Acupuncture of India.

Agenda-4 Any other matter for which fortnight notice has been given.

Agenda-5 Miscellaneous.

10 th. October, 2018.

Dr. Bhaskarjyoti Bhattacharya.
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