Blood-Letting Puncture and Cupping Therapies Combined with Acupuncture for Treatment of 140 Cases of Fibrositis

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Fibrositis, also known as myofibrositis in nape and back, often occurs all the year round, especially between spring and summer or summer and autumn. Pathogenic cold and fatigue can induce aseptic inflammation in nape and back with pain, limited movement and other symptoms. The author used blood-letting puncture and cupping plus acupuncture to treat 140 cases of fibrositis from February 2003 to December 2006 with satisfactory therapeutic effect. A report is as follows.

CLINICAL DATA

Standard for Diagnosis
1) Acute pain or acute onset of chronic pain is marked by pain of the nape, back and shoulder and limited movement. Patients with acute pain often have a history of trauma. Acute onset of chronic pain is often caused or aggravated by cold and fatigue. 2) Tenderness appears at both ends of muscles in nape and back. Painful fascia cord or node can be palpated sometimes. 3) No abnormality is found in X-ray.

General Data
Among 140 outpatients, 94 were male and 46 female, aged 15–78, 46.2 on average, with their illness course 1–50 days, 8 days on average. Their focus was on back muscles, mainly on big and small rhomboid muscle, in 45 cases, on muscles of neck and shoulder in 51 cases, and on muscles of nape and back in 44 cases.

METHODS

Selection of Points
Selected points: Tianzong (SI 11) on the affected side, Ashi points on the upper, lower, left and right sides, Yemen (TE 2) on the right side for illness on the left or on the left side for illness on the right, Zhongzhu (TE 3) and Yanglingquan (GB 34) (The principle for selecting the point is the same as above-mentioned). Ashi points in the neck muscles on the affected side or at fascia cord nodes of the neck muscles should be selected.

Manipulation
Blood-letting puncture and cupping: Tianzong (SI 11) on the affected side and 1–2 main Ashi points on the upper, lower, left and right sides were alternately selected and disinfected with iodine tincture and alcohol. After the points were pricked with round-sharp needles for blood-letting, sterilized glass cups were quickly put on the points. Flash-fire cupping was performed for 10–15 minutes on the bleeding area. Afterward sterilized cotton ball and gauze were used to clear the points. The treatment was given once every other day for 3 times as a course.

Acupuncture: After routine disinfection procedure, a 1.5 cun needle was used to puncture Ashi point in the neck perpendicularly 1 cun deep and plucked along the direction parallel to muscle fiber. When the patient felt obviously sensation of soreness and distension, the needle was rapidly taken out. Yemen (TE 2)-through-Zhongzhu (TE 3) acupuncture with a 3 cun needle was carried out until there was a local sensation of soreness and distension. At the same time, the patient was asked to move the affected side (of the neck, shoulder or back). After 1 minute of
manipulation, the needle was rapidly removed. Another 3 cun needle was used to puncture Yanglingquan (GB 34) 1–2 cun deep perpendicularly until there was a local sensation of soreness and distension or radiating like lightning to the big toe, the back of foot or the other 4 toes. At the same time, the patient exercised the affected side (of the neck or should and back). After 1 minute of manipulation, the needle was shaken to make the hole larger before being taken out. Acupuncture was performed once every other day for 7 times as a course of treatment. After 2 courses, the therapeutic effect was evaluated.

**Standards for Evaluating The Therapeutic Effects**

Cured: The muscular function of the nape and back completely recovers with no pain and free movement.
Improved: Pain is alleviated and movement slightly limited. Failed: No obvious improvement in symptoms and signs as compared with those before treatment.

**RESULTS**

Among 140 cases, 121 cases were cured, accounting for 86.4%, 13 cases improved, accounting for 9.3%, and 6 cases failed, accounting for 4.3%, with an effective rate of 95.7%.

**TYPICAL CASE**

A male patient, 37 years old, complained that he had suffered from pain in his neck and left shoulder with limited movement for one month and pain aggravated for 3 weeks. 1 month before, the patient got cold after physical exercise and felt aching pain in nape and back on the next day with limited movement, especially in his left shoulder. He attached no importance to his illness. 3 weeks before, his pain in shoulder was so severe that it was difficult for him to fall asleep sometimes. The patient received medication, massage and physical therapy, but his symptoms were sometimes relieved and sometimes worse with no obvious alleviation of pain. 2 weeks before, he was treated with small needle scalpel with symptoms obviously relieved but 3 days later, his symptoms were so aggravated that his pain became severer then before. Therefore, he came to the author’s department for treatment. His symptoms were acute pain in his neck and left shoulder with numb sensation sometimes referring to his left forearm. Examination showed aching pain and numbness in his forearm when his neck turned to the right for 30°, left hand abducted for 105°. Spurling test proved negative. Auxiliary examination showed no abnormality in CT for the neck, roentgenogram on the left shoulder, antistreptolysin O test and blood sedimentation. The patient was cured with 10 times of this treatment.

**DISCUSSION**

Tianzong (ST 11) and Ashi points are locally selected. Blood-letting puncturing at Tianzong (SI 11) can effectively treat shoulder pain and deformity spondylitis. Ashi point in the neck was punctured by plucking technique to relieve muscular adhesion and spasm and avoid aggravating damage to muscles. Penetration needling from Yemen (TE 2) to Zhongzhu (TE 3) can stimulate channel qi of Hand-Shaoyang and accelerate circulation of qi and blood. Because myofibrositis in nape and back belongs to tendon disease in TCM, acupuncture at Yanglingquan (GB 34), influential point of tendons, can achieve good therapeutic effect.

As compared to traditional clinical treatment of local point selection with retention of needles, this therapy is characterized by simple manipulation, short duration of treatment, and quick and obvious therapeutic effect.

**REFERENCES**


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