Warm-needling plus Tuina Relaxing for the Treatment of Carpal Tunnel Syndrome

CAI De-feng 蔡德锋
Zhangjiagang First Municipal People's Hospital, Zhangjiagang, Jiangsu 215600, China

Objective: To probe into quick and effective therapies for carpal tunnel syndrome. Methods: Totally 98 cases of carpal tunnel syndrome were randomly divided into a treatment group and a control group. The treatment group received warm-needling plus Tuina relaxing, while the control group was treated by hormone block therapy and drug medication. Results: The cure rate was 81.7% in the treatment group and 47.4% in the control group, with a significant difference between the two groups (P<0.01). Conclusion: Acupuncture plus Tuina manipulation is a simple therapy for carpal tunnel syndrome, but with remarkable therapeutic effects.

Key words: carpal tunnel syndrome; acupuncture; Tuina

Carpal tunnel syndrome (CTS) refers to a series of symptoms such as numbness and pain, and dysfunction of the sensory and motor nerves of the fingers due to block and pressure on the median nerve in the carpal canal, which results from the accumulated traumatic injuries. To treat this disease, modern medicine mostly uses the local hormone block therapy or surgical operation to relax the median nerve. Since 1998, the author has applied a simple method of warm-needling plus Tuina relaxing for the treatment. The following is a clinical report for a controlled study in 98 CTS patients.

CLINICAL MATERIALS

All the 98 cases of carpal tunnel syndrome were outpatients from the Acupuncture Department of the author’s hospital in the period from 1988 to 2004. They were randomly divided into a treatment group and a control group. In the treatment group of 60 cases, 7 cases were male and 53 female, ranging in age from 32 to 67 years, with the duration of illness from half a month to 2 years. Of the 38 cases in the control group, 3 cases were male and 35 female, ranging in age from 35 to 71 years, with the duration of illness from 1 month to 1.5 years.

Diagnostic Criteria

The criteria were made in referring to the Practical Medical Manual for Cervical, Lumbar and Limb Pain.1) The patient had a history of strain or traumatic injury of the wrist joint. 2) The radial side of palm and three fingers of the affected hand had abnormal sensations, with numbness, pricking or burning pain worsened at night. 3) The wrist joint of the affected hand had stiffness sensation, and the movements of the fingers were not flexible. The pain could be alleviated after finger movements, but went worse upon overwork. 4) Positive signs were shown in the irritating tests of carpal canal. 5) The X-ray examination may sometimes show narrowing of the radiocarpal articulation, or old fracture of the carpal bone.

METHODS

For the Treatment Group

The acupuncture treatment: the points used were Quchi (LI 11), Waiguan (TE 5), Daling (PC 7), Yangchi (TE 4), and Baxie (EX-UE9). The operation: After routine sterilization, the patient was asked to turn the affected hand with the palm facing upward and clench the fist. Daling (PC 7) was then punctured with the needle kept in an angle of 40° and inserted...
toward the distal end of the palm for 1 cun. Upon the arrival of qi, the patient was asked to turn the palm downward, and flex the elbow in 90°, and put the palm in front of the chest. Then, the rest points were punctured perpendicularly and manipulated with the even method upon the arrival of qi; and a 2-cun moxa stick was put on the needle handle for Quchi (LI 11) to give a warm-needling. All the needles were retained for 30 minutes.

The Tuina relaxing manipulations: First, relaxed the carpal flexors and the deep and superficial flexors of fingers. The one-finger mediation was done from the elbow to the wrist and palm with the twirling-kneading and flicking-poking manipulations for 5 minutes, making the force reach the deep layers of the forearm and wrist to produce soreness, distending and numbness sensations radiating to the palm and fingers. Then, the doctor pressed with the thumb of one hand on the patient’s middle part of the palmar transverse crease of the wrist joint and with the rest four fingers holding the patient’s wrist, and the doctor grasped the patient’s four fingers with the other hand to give repeated twirling manipulations in clockwise and counter-clockwise directions 5–10 times for relaxing the deep and superficial flexors of the wrist and fingers. After that, the finger-traction was done for each of the fingers 3 to 5 times.

The above treatments were given once daily, with 10 sessions constituting one therapeutic course.

For the Control Group

Block therapy, with 10 mg Triamcinolone A plus 1–2 ml 2% lidocaine injected into Daling (PC 7), was given once every 3–5 days. Dibazol 10 mg and Vitamin B1 20 mg were orally taken 3 times daily for 10 days as one therapeutic course.

During the course of treatment, the patients of both the two groups were asked to take rest and keep warm for the affected wrist. The therapeutic effects were evaluated after one course of treatment.

Criteria for Therapeutic Effects

Clinically cured: The clinical symptoms disappeared, the movements of the wrist and fingers restored to normal, and negative in the carpal canal irritating tests. Markedly relieved: The clinical symptoms were obviously alleviated, and the movements were much improved. Improved: The clinical symptoms were alleviated, and the movements were improved. Failed: No improvements in the symptoms and signs.

RESULTS

The results of treatment (see Table 1).

<table>
<thead>
<tr>
<th>Group</th>
<th>Cases</th>
<th>Clinically cured</th>
<th>Markedly relieved</th>
<th>Improved</th>
<th>Failed</th>
<th>Cure plus marked relief rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>60</td>
<td>49 (81.67%)</td>
<td>9 (15.00%)</td>
<td>2 (3.33%)</td>
<td>0 (0.00%)</td>
<td>96.67%</td>
</tr>
<tr>
<td>Control</td>
<td>38</td>
<td>18 (47.37%)</td>
<td>12 (31.58%)</td>
<td>8 (21.05%)</td>
<td>0 (0.00%)</td>
<td>78.95%</td>
</tr>
</tbody>
</table>

COMMENT

The author adopted acupuncture at Quchi (LI 11), Waiguan (TE 5), Daling (PC 7), Yangchi (TE 4) and Baxie (EX-UE9), and applied warm-needling, which can give the effects of warming and dredging the channels, improving blood circulation, and relieving inflammation. The Tuina relaxing manipulations applied for the carpal flexors and the deep and superficial flexors of the fingers, and the finger-traction applied for each of the fingers can effectively loosen the local adhesion in the carpal canal. Therefore, the combination of warm-needling and Tuina relaxing can give very good therapeutic effects for carpal tunnel syndrome.

REFERENCES


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