Fifty Cases of Vertebrobasilar Ischemic Vertigo Treated by Acupuncture

HUANG Qiong 黄琼
Department of TCM, Medical School of Hubet Nationalities College, Enshi 445000, China

Objective: To observe the therapeutic effects of filiform needle acupuncture combined with dermal needle tapping for vertebrobasilar ischemic vertigo. Methods: Based on the etiopathogenesis of TCM, the disease is caused by turbid phlegm clouding the heart orifice combined with wind, leading to insufficient nourishment of the brain due to deficiency of blood. Fenglong (ST 40) was punctured with filiform needle to resolve phlegm; Fengchi (GB 20) to dispel wind; Baihui (GV 20) to stop dizziness; and Lieque (LU 7) to widen the inner diameter of the vertebral arteries and increase peak systolic velocity and minute blood flow volume, so as to improve blood supply to the vertebral arteries. Dazhui (GV 14) was stimulated by tapping with a dermal needle to improve blood supply to the head. Results: Of 50 patients in this series, 39 cases (78%) were cured, 6 cases (12%) relieved, 4 cases (8%) improved, and 1 case (2%) failed, with a total effective rate of 98%. Conclusion: Acupuncture combined with dermal needle tapping is an effective therapy for treating vertebrobasilar ischemic vertigo.

Vertebrobasilar ischemic vertigo is one of the common diseases occurring in the middle aged and old people. By applying acupuncture with filiform needles combined with dermal needle tapping on the skin, the author had treated 50 such patients in the period from March 2005 to February 2007, and achieved satisfactory therapeutic effects. A report follows.

CLINICAL MATERIALS

General data
All the 50 cases in this series were outpatients. Of them, 28 cases were male and 22 cases female, with an age range from 38 to 75 years (mean 51 years) and the illness course from 3 months to 10 years. 46 cases had been previously treated by integrated Chinese and western medicine for expanding the blood vessels and/or promoting blood circulation but with poor therapeutic effects, and the other 4 cases had not received any treatments at all.

Criteria for diagnosis
The patients may have vertigo with a spinning, floating or swinging sensation and have flaccid legs, accompanied with nausea, vomiting and/or blackout, visual field defect and/or double vision, ataxia, balance disturbance, numbness and/or bulboparalysis; and vertebrobasilar ischemia should be confirmed by X-ray, computed tomography (CT) and/or transcranial doppler (TCD) examinations.

METHODS

Acupuncture with filiform needles
Baihui (GV 20) and bilateral Fengchi (GB 20), Fenglong (ST 40) and Lieque (LU 7) were selected. The filiform needles (0.32 mm × 25 mm or 0.32 mm × 40 mm) were inserted rapidly into the points with the uniform reinforcing-reducing maneuver to induce the needling sensation. Electro-acupuncture can be added with the intensity tolerable to the patients; or the needles should be manipulated once every 10 min, and remained for 30 min. The treatment was given once daily, 5 sessions constituting one therapeutic course with a 1–2 day interval between courses.
Tapping with dermal needle
The seven-star needle was used for tapping at Dazhui (GV 14) till the skin becoming flushed for the old and weak patients, or cause little bleeding for the young patients. The treatment was given once daily, 5 sessions constituting one therapeutic course with a 1–2 day interval between courses.

Criteria for therapeutic effects
Cured: Vertigo and all the accompanying symptoms disappeared, and with a normal life and working ability. Relieved: Vertigo and the accompanying symptoms were much relieved. Improved: Vertigo was improved, but a slight spinning sensation still remained. Failed: No obvious improvement.

RESULTS
Of the 50 cases treated, 39 cases (78%) were cured, 6 cases (12%) relieved, 4 cases (8%) improved, and 1 case (2%) failed, with a total effective rate of 98%.

ILLSTRATIVE CASE
A female patient, 51 years old, first visited on January 20, 2006. She complained of intermittent vertigo for over 5 years, with the symptoms of dizziness and blurred vision with top-heavy sensation, accompanied with nausea, vomiting, poor appetite, and inability of manual labor. Usually, the symptoms could be relieved after bed rest and medication. But this time, the episode lasted over 20 days, with no obvious alleviation after medication and bed rest. No abnormalities were found by cranial CT and by X-ray for the cervical vertebrae. But vertebrobasilar ischemia was shown by TCD. The blood pressure was 125/80 mmHg, the heart rate 85 beats/min, and ECG normal. The filiform needles were rapidly inserted into Baihui (GV 20) and bilateral Fengchi (GB 20), Fenglong (ST 40) and Lieque (LU 7), with uniform reinforcing-reducing maneuver to induce the needling sensation. And electro-acupuncture was added, and the needles were retained for 30 min. The treatment was given once daily. Tapping with the seven-star needle was applied at Dazhui (GV 14) till the skin becoming flushed, which was given once daily. After 2 such sessions, vertigo was obviously alleviated, vomiting disappeared, and appetite improved. After 5 sessions, vertigo and all the accompanying symptoms disappeared. No relapse was found during a 1-year follow-up.

COMMENTS
Vertebrobasilar ischemic vertigo mostly occurs in the middle-aged and old people, and it can be seen in the young people. Clinically, it is manifested by various symptoms with vertigo as the main one. In severe cases, it may cause apoplexy or even endanger people's life.

According to western medicine, arteriosclerosis and cervical spondylosis are the main causes for the disease. Sclerosis of the vertebrobasilar artery, narrowing of the lumens or mechanical pressure of the cervical vertebral may result in increased resistance of blood flow, reduction of blood perfusion into the brain tissues to affect normal functions of the brain. TCM holds that it may be caused by emotional and dietary factors and overstrain, which lead to weakened body resistance. In the middle aged and old people, it may be caused by deficiency of qi and blood, insufficient nourishment of the brain, deficiency of the marrow-reservoir and phlegm-damp accumulation, or by wind upward attacking the head. Fengchi (GB 20) is a point for expelling wind. Modern studies have demonstrated that acupuncture at bilateral Fengchi (GB 20) can improve velocity of blood flow for vertebrobasilar ischemia. Fengchi (GB 20) can be used to relieve the exterior symptoms to treat both internal wind and exogenous wind, so it is an important point for expelling wind. Modern studies have demonstrated that acupuncture at bilateral Fengchi (GB 20) can improve velocity of blood flow for vertebrobasilar ischemia. Lieque (LU 7) can be used for treating diseases of the head and neck. Evidence has shown that acupuncture at bilateral Lieque (LU 7) can markedly improve the indices of hemodynamics, effectively widen the inner diameter of blood vessels and enhance peak systolic velocity and minute blood flow volume, so that it can improve blood supply to the vertebral arteries. Baihui (GV 20) is an important point for treating vertigo due to various causes, and it can be used for improving insufficient blood supply to the brain. And tapping of Dazhui (GV 14) can be adopted for treating
vertebrobasilar ischemia. The above points used in combination can dispel wind, resolve phlegm, and dilate the cerebral vessels to improve the cerebral blood flow. Therefore, we can say that acupuncture is an effective therapy for treating vertigo due to vertebrobasilar ischemia.

REFERENCES

(Translated by CHEN Zheng-qiu 陈正秋)