



Management Of Chronic Neck Pain Using Master Tung's Acupuncture: A Case Report

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Abstract

Background: Neck pain is defined as discomfort localized to the cervical spine, the section of the vertebral column situated directly beneath the head. A significant amount of personal and societal costs are associated with neck pain. Compared to other nonsurgical modalities, individuals who experience musculoskeletal pain have a greater acceptance of acupuncture, and it is a minimal-risk intervention.

Case: A single case report on a 21-year-old female student with a history of neck pain for over 2 years. With a pain intensity of 8 assessed in a numeric rating scale (NRS)

Intervention: The patient was treated with a 30-minute session of Tung's style acupuncture for 7 days.

Outcome Measures: Pain intensity, Global Rate Of Change, and quality of life were measured during the treatment period.

Result: After seven sessions of treatment the patient reported a significant decrease in their pain intensity, with improved range of movement. Substantial improvement in the quality of life is also obtained.

Conclusion: Results of this study suggest that acupuncture could be considered an effective treatment modality for the management of neck pain.

Key Words: Pain, Alternative medicine, Tung's Acupuncture

1. Introduction

Neck and shoulder pain is a complex condition, is a significant issue in contemporary life.¹ It is complex, multifaceted, and occasionally ambiguous how the neck-shoulder pain musculoskeletal condition develops.² As of 2019, neck pain had an age-standardized prevalence of 27.0 per 1,000 people, making it one of the most common musculoskeletal conditions.³ Medical costs, lost productivity, and difficulty at work are just a few of the considerable financial costs associated with neck pain.⁴

Sleep issues frequently coexist with musculoskeletal pain.⁵ Patients with neck-shoulder pain were found to have higher stress and fatigue levels as well as poorer sleep quality.⁶

According to the Global Burden of Disease (GBD) 2017 study, musculoskeletal disorders are expected to be the second-leading cause of global disability.⁷ The prevalence of neck pain among undergraduate students is substantial, however the prevalence of neck pain is highest among physiotherapy and nursing students⁸ Some of the risk factors for neck pain among undergraduate students include a history of prior neck discomfort,

academic stress, use of a smart phone or laptop, senior year of study, anxiety, and tall stature.⁹ In terms of biological concerns, neck pain could result from certain conditions, including autoimmune diseases or neuromusculoskeletal problems.¹⁰ Compared to men, women are more likely to experience neck pain.¹¹

Although neck and shoulder pain are common, significant overlap exists between the presenting symptoms of shoulder and neck diseases. Imaging studies, physical exams, and medical histories frequently lack specificity. However, aberrant results on shoulder and spine scans may not always be associated with pain expression.¹²

There is no one definitive treatment for neck pain. Some of the suggested medical treatments include laser therapy, massage, acupuncture, yoga, and aquatic therapy.¹³

The present case report demonstrates the result obtained by Master Tung's Acupuncture.

2. Case Presentation

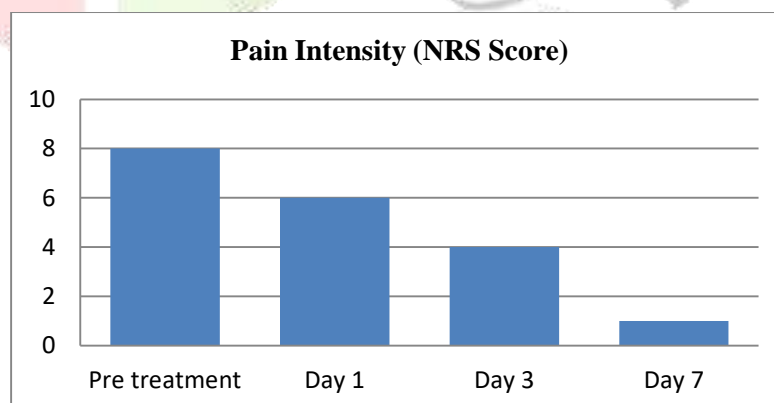
21 year old female student presented with the chief complaint of shoulder and neck pain, which she had for over 2 years. She initially consulted her physician, who prescribed her diclofenac sodium 2×50 mg and rest. She found it uncomfortable to sleep in a supine position, which affected her sleep quality. Pain gets aggravated after prolonged sitting with her head straight.

2.1 Assessment

At the initial assessment, she was experiencing severe neck pain. The pain was described as a dull aching type rated as 8 on a numerical scale in which 0 indicates no pain, whereas 10 is the worst imaginable pain possible. The factors that aggravated her pain were lying supine, long sitting with head up straight, and writing. Her CT examination revealed reversal of cervical lordosis along with mild posterior disc bulge causing thecal sac indentation at the C3-C4 level.

2.2 Outcome Measures

Outcome measures included were pain intensity, global rating of change (GROC), and Quality of life. Pain intensity was measured using a numerical scale rated from 0-10, in which 0 was rated as no pain at all, 1-3 as mild pain, 4-6 as moderate pain, 7-9 as severe pain, and 10 as worst imaginable pain. Quality of life was recorded using the WHO quality of life questionnaire. Outcome measures were tabulated after each acupuncture session. After the pain had completely dissipated, the patient was followed up for 3 months.



3. Diagnosis and Treatment

Diagnostic and treatment were done based on the holographic presentation method. The pain has been found localized in the neck region. In the inverted Taiji, the ankle corresponds to the neck; hence 77.01, 77.02, and 77.03 have been chosen.

	Point	Location	Needling and Manipulation
1set Dao ma	Zheng jin	3.5 cun proximal to the plantar surface of the heel on the Achilles tendon on the posterior aspect of the leg	Perpendicular needling through the Achilles tendon till the tip of the needle touches the bone
	Zheng Zong	2 cun proximal to Zheng Jin	
	Zheng shi	2 cun proximal to Zheng Zong	

Needling was done using a 0.25x40 mm locally manufactured stainless needle. Needles were stimulated every 15 minutes. The patient received a total of 7 treatments, with each session lasting for 30 minutes.

4. Results

Pain intensity:

The patient reported a gradual decrease in the intensity of pain right after day 1. There was a significant decrease in pain intensity from 8 to 1 post 7 sessions. After the first session, the pain came down to 6. Post 3rd session, there was a further decrease in pain intensity to 4. After the 7th session, the patient reported a significant decrease in pain intensity to 1

Since there was significant damage to anatomical integrity, the patient was advised to undergo a follow-up of 3 months to keep the intensity of pain as low as possible.

Global rating of change:

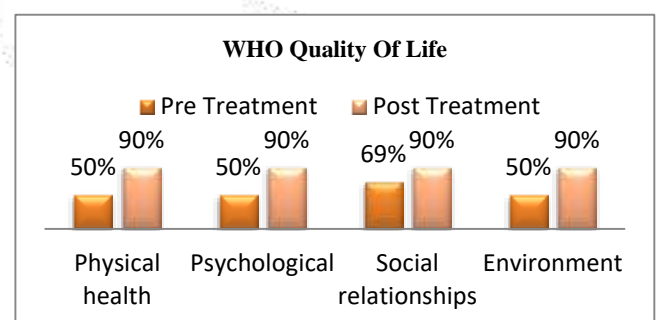
The GROG was rated as +7 post-treatment

Quality Of Life:

The patient reported a significant improvement in their quality of life.

5. Discussion

A widespread misconception holds that Chinese medicine, which includes acupuncture, is a coherent system that has been passed down through a long, uninterrupted tradition to the present. Chinese medicine is a very broad field that encompasses a variety of beliefs and therapeutic approaches that are heterogeneous and often even at odds with one another. Tung's lineage of ancient Chinese medicine is A long-established family lineage that has persisted to the present day, except for the TCM movement. Although Tung's acupuncture has only lately become well-known in the West, it is very well-known in Taiwan, the ultimate residence of the last Tung's lineage practitioner. It is characterized by its unique set of non-channel points, simple needling techniques, ample use of bleeding therapy, and extensive use of distal points. Tung's acupuncture focuses on balancing qi and blood.



Tung's System VS TCM :

Tung's family acupuncture varies from TCM acupuncture in that it emphasizes a regional approach rather than placing a strong emphasis on the system of channels and collaterals in point selection.¹⁴ The Tung family's set of points, which Master Tung referred to as "orthodox channel extra points," is the most noticeable aspect of Tung's acupuncture.¹⁵ Tung's points are described as having a reaction area, which, instead of being linked to a traditional channel, effectively describes the region of influence of that point or set of points.¹⁵ The holographic relationship and micro system provide the foundation for the master tungsten point distribution. Diseases might be treated anywhere in the body by using any bodily part.

Method of Therapeutic Point Selection:

Point selection is based on image correspondence, channel correspondence, and tissue correspondence.

Image Correspondence:

The pain is found localized in the neck region. In the inverted taiji, the ankle corresponds to the neck; hence, opposite direction correspondence is used in point selection.

Tissue correspondence:

The points Zheng jin, Zheng Zong and Zheng shi are located on the Achilles tendon of the foot, and needles are inserted perpendicular through the tendon till it touches the bone. In neck pain, muscles, ligaments, and tendons are often impaired, and needling these points helps to correct the impairment. Needling the sinews not only has a positive effect on the tissues but also on the liver zhang, which governs them. The liver governs the smooth flow of qi, which reduces pain due to stagnation.

Channel correspondence:

The points Zheng Jin, Zheng Zong and Zheng shi lie between the kidney and bladder meridian. By the same channel correspondence, this can treat pain along the bladder meridian.

Hence, the points Zheng Jin, Zheng Zong and Zheng shi are effective in treating a person with neck pain.

6. Conclusion

The patient responded well to acupuncture. A very good prognosis is seen. Results of this study suggest that acupuncture could be considered an effective treatment modality for the management of neck pain. To guarantee the reproducibility of this result and to clarify the underlying mechanisms, more research is required.

7. Limitations

This case study is a nice illustration of how acupuncture can be used to treat neck pain, but it can be challenging to apply the results of one case study to routine clinical practice. Numerous experimental restrictions apply to this study. The case study's reliability is acknowledged to be low in the strictest sense due to its lack of randomization, reproducibility, control over variables, subjective measurements, and statistical analysis. However, it can be argued that the use of a multivariate treatment strategy would make it harder to assess the benefits of any individual treatment variable.

8. Author Disclosure Statement

No financial conflicts of interest exist.

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