CLINICAL ACUPUNCTURE
ROLE OF ACUPUNCTURE IN ANKYLOSING SPONDYLITIS

B. K. Singh B.Sc., M.B.B.S.(LKO), D.Ac., M.I.Ac.S. (Hong Kong)

DEFINITION
Ankylosing Spondylitis is a progressive inflammatory arthritis of spinal articulations of unknown etiology. It usually commences in the sacro-iliac joints and spreads to the spinal column leading to pain, stiffness and sometimes complete ankylosis (Poker Back). It affects mostly young men.

PATHOLOGY
There is ossification of the ligaments and capsules of the joints of the spine throughout its length without bony collapse or narrowing of the disc space, giving an appearance of a bamboo spine. The Sacroiliac joints show irregularity of joints margins, osteoporosis and increased density of bone adjacent to the joints.

CLINICAL FEATURE
Onset—Insidious: Typically a young man complaining of repeated attacks of lumbago, stiffness, discomfort affecting thighs and buttocks. As the disease progresses there is limitation of chest movements due to involvement of costo-vertebral joints and also kyphosis of the cervical, dorsal and lumbar spines.

DIAGNOSIS
X-ray of the Sacro-iliac joints reveals patchy areas of joint surface erosion alternately with sclerosis. Later there is calcification of the lateral vertebral ligaments. Rose-Waaler test for rheumatoid factor is negative.

TREATMENT
There is no specific treatment in the presently existing system of medicine for those unfortunate patients who are suffering from this crippling disease which has become a challenge to the medical world today. Acupuncture, an ancient Chinese mode of therapy, is not only remarkably effective in reducing pain and deformity but also curative to some extent. If acupuncture is combined with ‘Yogic’ exercises the results are no doubt far superior. The patient is also advised to lie on a hard bed and swim if possible.

MATERIAL & METHOD
(i) Place of treatment: Indian Acupuncture Centre, Allahabad-U.P. (India).
(ii) Number of patients: Thirty-six patients were treated.
(iii) Age: 32 patients were of age group 22-35 & 4 were of age group 35-45 years.
(iv) Sex: 34 were male and 2 female.
(v) Family and past history: Only four patients gave a family history of spondylitis and three gave a history of injury of the spine with prolematical sequelae.
(vi) Employment: 34 patients were sedentary workers and two were commercial travellers.
(vii) Presenting problem: Out of 36 patients 22 complained of pain and stiffness in the hips, cervical, dorsal and lumber regions. Three patients showed involvement of peripheral joints. Six patients showed involvement of peripheral joints. Six patient complained of pain in the shoulder joints along with involvement of cervical, dorsal and lumber regions. Two complained of hardness of hearing in the right ear, three patients were totally crippled not able to sleep prone or supine. They complained of severe pain unrelieved by analgesic.

METHOD
All the patients were given two courses of 15 days consecutive, with strong adjustents current by an electro stimulator. Only two patients were given dense and dispense current in a third course, but the results were all the same. Strong hand stimulation was given daily on Hegu Points. (Co 4).

PERIOD FOR STIMULATION
Each patient was given a minimum of 35 minutes and a maximum of 45 minutes treatment. The three patients who were in very bad shape, first seven days in sitting position than lying on their stomach with the help of two or three pillows support which was also troublesome for even 10 minutes. Later the time was gradually increased and pillows were slowly removed. The third course could be taken for 30 minutes lying prone without any support.

POINTS USED:
All the patients were given the following points:
(A) LOCAL POINTS:-
- Dashu (Tachu) UB-11
- Shenshu UN-23
- Dachangshu UB-25
- Dazhui DU-14
- Hutuajiaji Ex-21 (Maximum deformity Du channel and tender points.)
- Ah-shi points if appropriate.
- Hutuajiaji and Du Channel points were given point to point therapy as far as possible.

(B) DISTAL POINTS:-
- Bahui GV-20
- Hegu LI-4
- Quchi LI-11
- Neiting ST-44
- Weizhong UB-40
- Lieque L-7
- Kunlun UB-60
- Sanyangluo TM-8

The following points were given in addition or otherwise according to the complaints of the patients–

1 – Hip joint involvement –
- Femur Julio GB-29
- Huantiao GB-30
- Chengfu UB-36
- Ciliao UB-32

2 – Shoulder joint involvement –
- Jian Jing GB-21
- Jianyu LI-15
- Jianliao TH-14
- Jazhzen SI-19

Authors Address: Indian Acupuncture Centre, 17 Corporation Building, Civil Lines, Allahabad, India
3 - Cervical involvement -
Fengshi GB-31,
Dingchuan EX-17,
Yamen DU-15

4 - Hard of hearing (internal Ear Involvement)
(a) Local Points:
Ermen SJ-21 - Point to point
Tinggong SI-19 - therapy
Tinghui GB-2
Post Tinggong U EX
(b) Distal points:
Zhongazhu TH-3,
Foot Linqi GB-41,

RESULTS
All patients were not only relieved from pain in the first course but were also slightly straightened. By the end of the second course pain was almost nil and deformity was very much corrected. After the second course 50 percent of patients kept on maintenance doses once or twice a week or alternate days according to the response of the patient. The rest of the patients were given a third course in continuity and then were kept on a maintenance course. Most of the patients recovered after the third course and a few required six courses in total, which were given in intervals, once or twice a week. Twenty-seven patients were totally cured and nine were much relieved and were able to lead normal lives.

ADVICE GIVEN
All the patients were given the following advice:-
1. To lie on a hard bed, mostly on the back;
2. To do vigorous 'Yogic' exercises which were taught to them;
3. To swim regularly if possible;
4. To maintain a normal sex life (not excessive);
5. To come for monthly check ups.