Exploration on Clinical Effect of Traditional Chinese Medicine Rehabilitation to Treat Cervicalspondylotic Radiculopathy

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Abstract

The purpose of this paper is to study the clinical effect of using traditional Chinese medicine rehabilitation model to treat patients with cervicalspondylotic radiculopathy. Choosing 84 patients with cervicalspondylotic radiculopathy, who used to be treated in our hospital, and dividing them into control group and treatment group by the way of random grouping, each group has 42 patients. The control group was treated with conventional therapy, and the treatment group was treated with rehabilitation therapy of traditional Chinese medicine. The time of symptom disappearance of cervical spondylopathy of patients and total time of the implementation of treatment plan of the treatment group are shorter than that of the control group, the difference between groups is remarkable($P<0.05$); Only 2 adverse reactions occurred during the treatment period, and only 4 patients relapsed within 3 months after treatment, this is significantly less than the 9 patients and 15 patients of the control group, the difference is remarkable($P<0.05$); The improvement range of clinical symptom score before and after treatment is greater than that of the control group, difference between groups is remarkable($P<0.05$); Total effective rate of treatment of cervicalspondylotic radiculopathy reaches 90.5%, which is higher than that of the control group(69.0%), the difference is remarkable($P<0.05$). Adopting traditional Chinese medicine rehabilitation model to treat patients with cervicalspondylotic radiculopathy can improve symptoms in a short period of time, reduce adverse reactions, reduce the possibility of recurrence after treatment.

Key words: cervicalspondylotic radiculopathy; traditional Chinese medicine rehabilitation; effect

1. INTRODUCTION

In recent years, with the constantly accelerating of the pace of life and the constantly increasing of working pressure, cervical spondylopathy has become a disease of higher incidence in our country, people over 50 years old are the high incidence population of this disease, they make the incidence rate as high as 50%, in practical work, the majority of cervical spondylosis patients have the disease of cervicalspondylotic radiculopathy [1-3]. With the constantly increasing of the number of people, who use computer to work, at present, the age composition of this disease has showed the development trend of gradually younger [4]. Under normal conditions, patients with cervicalspondylotic radiculopathy all would choose non operative mode to treat. This paper mainly studies the clinical effect of adopting traditional Chinese medicine rehabilitation model to treat patients with cervicalspondylotic radiculopathy.

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2. Materials and Methods

2.1 General Materials

Selecting 84 patients with cervical spondylotic radiculopathy, who have been treated in our hospital from November 2014 to November 2016, dividing them into control group and treatment group by the way of random grouping, each group has 42 patients. In control group, the history of cervical spondylopathy of patients is 1-16 years, the average time is 5.9±1.5 years; the age of the patients is 28-61 years old, the average age is 46.8±6.4 years; the time of morbidity of this time is 1-9 days, the average number of days is 4.2±0.6 days; the number of male patient is 25, the number of female patient is 17. In treatment group, the history of cervical spondylopathy of patients is 1-18 years, the average time is 5.3±1.1 years; the age of the patients is 26-64 years old, the average age is 46.3±6.7 years; the time of morbidity of this time is 1-10 days, the average number of days is 4.5±0.8 days; the number of male patient is 28, the number of female patient is 14. The general indexes of patients of control group and treatment group have no remarkable difference on comparison among groups (P > 0.05), studying data has comparability.

2.2 Methods

Control group: Adopting routine treatment to treat, such as angle traction cooperates with western medicine, etc., before the start of therapy of angle traction, patients should be asked to adopt sitting posture, and as far as possible to relax the body, the head should be kept the status of about 20 degrees forward, taking that patients believe the symptoms can be alleviated to the maximum extent for suitability. According to this angle, the doctor sets the actual weight of initial traction therapy, under normal conditions, suggesting to control between 3kg to 5kg, and gradually increase according to the actual situation, every time treat once, the duration of every time is around 20min, continuously to treat for two weeks, taking orally the medicine of Difene during the period of traction therapy, every time 75mg, once a day. Treatment group: On the basis of the routine treatment of control group, the implementation of rehabilitation therapy of traditional Chinese medicine mainly includes massage, neck muscle dirigation, treatment by Chinese herbs, etc. Massage: First, finger press to relax the sinews: Operator's thumbs press and knead the patients' muscles of posterior neck, neck, shoulder and back, upper limb according to the order from the inside out, the pressing and kneading strength should be from light to heavy, repeated 3 times. Second, pinching and massaging to straighten out sinews: The operator uses thumbs and index fingers to press and knead patients' muscles of neck, shoulder and arm, repeat 3 times. Third, attack a vital point to pluck sinews: The operator uses thumbs to appropriately press and knead patients' acupoint of Yamen, Fengchi, Hegu, the time of pinching and massaging every time is controlled at around 3min. When meeting the clustered nodules, the operator can adopt the method of using thumbs to pluck in the strip type gelosis, massage once a day. Neck muscle dirigation: First of all, helping patients to adopt the posture of lie prostrate, and keep the body completely relaxed, neck and shoulders should be backward stretched as far as possible, and then relax. Practice the above methods repeatedly, each group 20 times, practice 3 groups a day. After the course of treatment, patients still have to be told to keep exercising. During the treatment period, taking orally capsule of Zhuanggushenjin, 6 tablets at a time, 3 times a day, continuous medication for a month.[5-7]

2.3 Observe Index

Extinction time of the symptoms of cervical spondylosis and the total duration of implementation of treatment plan, the untoward effect during treatment period, and the number of cases recurred after 3 months of treatment, the improvement range of clinical symptom score before and after treatment, the total effective rate of treatment of cervicalspondylotic radiculopathy.
2. 4 The Evaluation Criterion of Treatment Effect

Cure: After treatment the original symptoms of cervical spondylosis of patients completely disappear, neck, upper limb, muscle function fully recover to normal state, patients can participate in the original work. Markedly effective: After treatment the symptoms of cervical spondylosis of patients, such as shoulder pain, cervical pain, etc., significantly reduced, the physiological function of upper limb and neck is significantly improved. Effective: After treatment the original symptoms of cervical spondylosis of patients have certain improvement, the symptom of diseased region will have a certain degree of aggravation after the activity. Invalid: After treatment the symptoms of cervical spondylosis of patients have no changes, or further aggravate[8].

2. 5 Statistical Method

Adopting statistical software of SPSS18. 0 to deal with the obtained data by study, using(\(x \pm s\)) to represent measurement data, and implementing t test, enumeration data is conducted \(X^2\) test, when \(P < 0. 05\), the difference has remarkable meaning of statistics.

3. Results

3. 1 Extinction Time of the Symptoms of Cervical Spondylosis and the Total Duration of Implementation of Treatment Plan

The extinction time of the symptoms of cervical spondylosis of patients in treatment group and the total duration of implementation of treatment plan are shorter than those in control group, differences between groups are remarkable(\(P < 0. 05\)). Seeing details in table 1.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Cases (Cases)</th>
<th>Symptom Disappearance</th>
<th>Total Treatment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>42</td>
<td>13. 58±3. 24</td>
<td>19. 73±3. 51</td>
</tr>
<tr>
<td>Treatment Group</td>
<td>42</td>
<td>9. 61±2. 40</td>
<td>13. 35±3. 24</td>
</tr>
<tr>
<td>The Value of P</td>
<td></td>
<td>&lt;0. 05</td>
<td>&lt;0. 05</td>
</tr>
</tbody>
</table>

3. 2 The Untoward Effect During Treatment Period and the Number of Cases Recurred After 3 Months of Treatment

In the treatment group, only 2 adverse reactions occurred during the treatment period, and only 4 patients relapsed within 3 months after treatment, this is significantly less than the 9 patients and 15 patients of the control group, the difference is remarkable \(P < 0. 05\).

3. 3 The Improvement Range of Clinical Symptom Score Before and After Treatment

The improvement range of clinical symptom score before and after treatment of patients in treatment group is greater than that in control group, difference between groups is remarkable \(P < 0. 05\). Seeing details in table 2.
Table 2. The Comparison of Improvement Range of Clinical Symptom Score before and after Treatment of Patients of The Two Groups(Scores).  

<table>
<thead>
<tr>
<th>Group</th>
<th>Time</th>
<th>Vertigo</th>
<th>Neck Discomfort</th>
<th>Upper Limb Numbness and Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>Before</td>
<td>2.78±0.42</td>
<td>2.85±0.41</td>
<td>2.84±0.37</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>1.46±0.52*</td>
<td>1.76±0.50*</td>
<td>1.81±0.26*</td>
</tr>
<tr>
<td>Treatment Group</td>
<td>Before</td>
<td>2.71±0.44</td>
<td>2.96±0.53</td>
<td>2.69±0.49</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>0.79±0.35*#</td>
<td>0.87±0.48*#</td>
<td>0.74±0.41*</td>
</tr>
</tbody>
</table>

Note: compared with this group before treatment *P<0.05, compared with control group after treatment #P<0.05

3.4 The Total Effective Rate of Treatment of Cervicalspondylotic Radiculopathy

In control group, the total effective rate of treatment of cervicalspondylotic radiculopathy is 69.0%, in treatment group, it is 90.5%, difference between groups is remarkable(P<0.05). Seeing details in table 3.

Table 3. The Comparison of the Total Effective Rate of Treatment of Cervicalspondylotic Radiculopathy of Patients of the Two Groups[n(%)].

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Cases (Cases)</th>
<th>Cure</th>
<th>Markedly effective</th>
<th>Effective</th>
<th>Invalid</th>
<th>The Total Effective Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>42</td>
<td>7(16.7)</td>
<td>8(19.0)</td>
<td>14(33.3)</td>
<td>13(31.0)</td>
<td>29(69.0)</td>
</tr>
<tr>
<td>Treatment Group</td>
<td>42</td>
<td>12(28.6)</td>
<td>17(40.5)</td>
<td>9(21.4)</td>
<td>4(9.5)</td>
<td>38(90.5)*</td>
</tr>
</tbody>
</table>

Note: compared with control group *P<0.05

4. Conclusion

After research modern medical theory thinks that the main cause of cervical spondylosis is that cervical biomechanics is in an unbalanced state, and the main cause of cervicalspondylotic radiculopathy is that cervical intervertebral disc has a serious degenerative pathological changes, the stability of joint is seriously disturbed, this has caused serious damage to the normal balanced state\[8-10\]. In order to further adapt to this pathological state, cervical vertebra will appear joint bone hyperplasia, the diseased part of hyperplasia will cause a certain degree of oppression to nerve root, thus lead to a series of symptoms of cervical spondylosis\[11\]. Traditional Chinese medicine theory thinks that the main cause of cervical spondylosis is that wind cold damp pathogen cause invasion to organism, long time strain, the neck is in a faulty posture for a long time, traumatism strikes, musculi colli occurs spasm, etc., it has a very close relationship with the "weakness" and "depression", the insufficiency of vital energy and blood will directly cause the organization difficult to bear the corresponding lesions\[12-13\]. Nonoperative treatment belongs to the common method for clinical treatment of cervicalspondylotic radiculopathy currently, its main contents include traction, massage, cupping, physical therapy, traditional Chinese medicine, western medicine, etc., these are all able to achieve a certain effect, however, there are some limitations in the application alone. Adopting rehabilitation therapy of
traditional Chinese medicine to treat cervical spondylotic radiculopathy can achieve the effect of complementary advantages, significantly enhance the therapeutic effect of the disease[14-15].

Reference


