Whiplash

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む ち う ち 症

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1) むちうち症

むちうち症は長期治療にても難治のものが多く、症状は各部経の疼痛、更らに脊損による知覚、運動障害、精神障害などあり、原因は交通事故が最も多いこと。良導絡治療により今まで難治性のものが、軽快治癒することが多い。治療としては解剖学的根拠により主として、神経の脊髄より治療点を求めて治療してみた。こ

の治療点は反応良導点、経穴と一致する点が多くみられた。然し治療中殊に注意すべきは気胸であり、その他の治療点では余り注意すべきものはない。

結果として、治療終了後6ヶ月後に調査し96名中61名解答し、80%が軽快または回復した。

2) 肩腕症候群、レノー氏病、腱鞘炎、パネ指等も上記と同様な治療法で軽快する。

Whiplash has been increasing in number and it is so difficult to cure that many are under a long-term treatment.

Symptom

The symptoms are occipital pain, headache, vertigo, eyeache, ophthalmic disturbance, tinnitus, otalgia, napeache, neckache, backache, chestache, scapular-internal-ache, sensory or motor trouble all over the upper limbs, and palsy over the whole body caused by spinal trauma. On the top of that, various mental symptoms are sometimes accompanied.

Cause

It is for the most part attributed to the traffic accidents such as sudden anterior, lateral or posterior clashes.

Therapies in general

As the general therapies, there are, surgically speaking, fixation, traction, epidural anesthesia, nerve block, operative therapy and as the internal treatment, the internal medicine or the injection of anodyne, tranquilizer or steroid. However, the results are far from satisfactory.

Ryodoraku therapy

As for the therapy of head whiplash, refer to the foregoing explanation. When a patient feels otalgia or tinnitus, it is effective to acupuncture around the auricle or the places behind the external auditory meatus where the auriculo-temporal N., the artery,

the greater auricular N., or the facial nerve comes out. For the therapy of the neck, the nape, the shoulders, the upper limbs and the like, you had better seat a patient with the head bent a little forward so that the cervical nerve can be directly stimulated near the radical, and put the needles some 3.5 cm deep into the spine i.e., 2.5—3.0 cm lateral of the median line of the nape. The muscle spasm or palsy means that the needles touche the cervical nerve. So continue the acupuncture.

In this case, the patient having complained of pain comes to feel better. The same operation should be conducted according to the affected parts described in Chart 14, i.e., an acupuncture at a proper inter-vertebra point. A space between vertebrae is about 1.5 cm.

And as the foregoing, the cervical nerves (C_2 — C_8 , T_1 , etc.) are also connected with each other. Therefore it is important to apply the needles in the cervical nerve 1—2 upper and below the affected places.

As for the branchial plexus, an inter-vertebra acupuncture as mentioned above is necessary, of course, and besides you must seat a patient and acupuncture some 0.5 cm deep right upwards of the subclavian artery or the clavicle by the side of the damaged where you are touching with the tips of the fingers.

As soon as the needles touch the plexus, the patient feels benumbed over the same side of the shoulders, the anterior chest, the back and the whole upper limbs. If not, you had better change a little the points of the depth you insert the needles.

At this juncture, you have to pay a keen attention not to insert too deeply into the thorax. In such a case, you should stop the acupuncture right away to prevent the pneumo-thorax or the sudden dyspnea brought by the misacupuncture.

An acupuncture in the back, the shoulders, the internalscapula and the supra-scapular nerve is effective as well.

When you try it in the supra-scapular nerve, you can place the needles at the points where it hurts when you press strongly the internal and the external scapula with the thumb and the fifth finger, and here is the place called the infra-spinaus fossa.

In the case of the upper arms, the forearms, the hands, and the fingers, an acupuncture should be conducted by setting the center in the axilla. When it is difficult to acupuncture, you had better hold the arm with the affected parts laterally and insert the needles about 4 cm deep. So you can observe the muscle spasm over the whole upper limbs, and sometimes over the muscles under the governance of the radical nerve, the ulnar nerve or the median nerve.

In the case of diseases caused by the blood circulation disturbance like Raynaud's disease, it is remarkably effective to acupuncture directly in the axillar artery. Where the periphery radial nerve governs, you exercise a direct acupuncture in the lateral of 2/3 upper limbs downwards, from the lateral elbow to the thumb and where the median nerve governs, you do it in the forearm-palmar-median, the place a little near the fifth finger, or the wrist-palmar-median, and where the ulnar nerve governs, in the ulnar nerve fissure of the elbow joint, or in the wrist joint on the side of the fifth finger.

And as far as the hands are concerned, another acupuncture can be conducted in the dorsal-palmar-digital nerve or artery and sometimes in the median of the tip.

Follow-up Survey

The majority of the outpatients who came to consult us were suffering from a sensory or a motor disturbance from the occipital or the head to the upper limbs.

We conducted a follow-up survey to 96 persons who had finished or stopped Ryodoraku therapy 6 months ago. The answers were back from 61 persons and it was 64%. Almost all outpatients who need a long term medical treatment, came to us 3—6 months or more than a year after they got a whiplash injury.

The majority of them had visited 3—5 hospitals besides ours. This means how the patients were suffering from the disease mentally and psychologically.

The number of times of Ryodoraku therapy differs according to the affected places or the condition and generally speaking it takes a long time for the patients suffering from palsy. However, there are many persons who suffer from spinal trauma and recover after several treatments. The average is 4 times or so.

Judging from the effectiveness of the therapies compared with the times, this Ryodoraku therapy is the most effective way for the treatment of the whiplash, because 80% of the patients come to feel better or recovered.

2) Cervical Syndrom, Raynaud's Disease, Inflammation of the tendon sheath, etc.

For cervical syndrome, Raynaud's Disease, inflammation of the tendon sheath, snapping fingers, arm palsy, finger paralysis, shoulder discomfort, etc., you can stimulate the places to attain your aim in the same way you do for whiplash.