

Hwa-acupuncture Effect in Gait Disturbance Caused by Central Nervous System Disease

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중추신경계 질환으로 인한 보행장애에 대한 화침법의 효과에 대한 연구

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화침은 오행 침법 중의 하나로써 다양한 질환에서 매우 효과적으로 작용하며, 최근 한의학계에서 많은 주목을 받고 있기도 하다. 본 연구의 목적은 화침의 중추신경질환 유래의 보행 장애에 미치는 효과를 평가하기 위한 것으로, 몇가지 임상증례를 통하여 분석하였다. 환자를 맥의 형태에 따라 5가지 유형으로 나누어 치료하였고, 치료 후 대부분 증상이 빠른 속도로 회복되었으며 다른 사람의 도움이 필요 없이 자가 보행이 가능하게 되었다. 이러한 결과들은 화침이 중추신경계질환의 보행 장애 환자에게 좋은 효과와 아울러 보행 장애에 대한 화침의 잠재적 가능성을 보여준다.

Key words : Gait disturbance, Hwa-acupuncture, Ohaeng-acupuncture, Central Nervous System Disease

I. Introduction

Gait is a particular manner of moving on foot. It requires power, balance, and coordination of both lower limbs to sustain good stance. In general, it is required proceeding, stability, and adjustment for the flexible gait.¹⁾ The central nervous system diseases with damages of upper motor neurons such as stroke, parkinson's disease, cerebellar degeneration, or brain tumor can

cause gait disturbance²⁾. They may involve dystonia, hemiparesis, imbalance, and etc. As a compensation for the secondary muscle contracture, or weakness, asymmetric gait may be established. Due to asymmetric posture, patients face difficulty in their locomotion and tend to have toe-off or heel strike.

The gait disturbance make patients have fear, consume more energy, limit their activities, and finally deteriorate the quality of their lives.

In a view point of Oriental medicine, causes of gait disturbance are mainly considered to be wind, fire, phlegm, and

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· 이 논문은 2006학년도 대전대학교 교내학술연구조성비에 의하여 연구되었음.

bloodstasis (風火痰瘀).³⁾

which is related to deficiency of liver, spleen, kidney and heart³⁾. From the following cases, we found significant effect of Hwa acupuncture therapy in gait disturbance due to central nervous system disease, and here report the results.

II. Case Report

Methods

◎ Measure of gait disturbance

Strength estimation of gait disturbance atomized classification of liver and so on little more through consultation and divide walk degree by 9 steps by standard, point change and marked to signpost⁵⁾.

8. fail to initiate gait
7. walking in a ward with the help of an assistant or a care specialist is possible
6. make steps in a ward with a walking assistance (a cane or a walker)
5. make steps to the hallway (the stopping mark) in a walking assistance
4. walk independent in a sickroom or a ward without relying on family/therapist support
3. walk to the hallway with the absence of an assistance
2. stair walking with the help of an assistant is feasible
1. go up and down the stairs on his/her own will
0. able to walk outside self-reliant

CASE 1.

69-year-old woman with hemiparesis (Gr 4/4>sl), gait disturbance, headache, anorexia and dyspepsia was referred to our hospital

on January 23, 2005. She had been taking medicine for headache and insomnia in ordinary. On visit our hospital, computed tomography (CT) scan showed about recent lacunar infarction in right genu portion of corpus callosum. There were no abnormalities on chest radiograph, electrocardiogram (EKG), and laboratory tests. We diagnosed her the excess of wood and asthenia of metal (木實金虛) by the comparative examination of the palpitation of the pulse. We decided to apply acupuncture on the acupoint (K-10, H-8, L-8, Liv-1) by once a day. Her chief complaints were relieved rapidly. After twenty days from initiation of acu-treatment, gait disturbance was disappeared (Table 1).

Date	General level (0~8)
2005.11.23	6->1
11.25	1
11.28	1
11.3	1
12.1	1
12.2	1
12.5	1
12.9	1
12.12	1

Table 1. The progress of gait disturbance

CASE 2.

70-year-old man with gait disturbance (Rt side inclination), Rt. upper limb weakness (slight), short-term memory disability, hypogeusia, sexual dysfunction (old) was referred to our hospital on March 21, 2006. He was diagnosed cerebral infarction in Kunyang university hospital at March 3, 2004 and diagnosed cortical, pons infarction in

our hospital at January 9, 2005. There were no abnormalities on chest radiograph, laboratory tests except for atrial fibrillation on EKG. On visit our hospital, CT scan showed about lacunar infarction, Rt basal ganglia, pons, Lt Multiple posterior parietal area. We diagnosed him excess fire and asthenia of water(火實水虛) by the comparative examination of the palpitation of the pulse. And then, we decided to apply acupuncture on the acupoint (Liv-1, Sp-3, K-10, H-8) by once a day. His chief complaints were relieved rapidly. After twenty days from initiation of acu-treatment, gait disturbance was disappeared (Table 2).

Date	General level (0~8)
2006.3.5	1->0
3.8	0
3.9	0
3.13	0
3.14	0

Table 2. The progress of gait disturbance

CASE 3

80-year-old woman with Lt hemiparesis (Gr 4>sl), gait disturbance, general body weakness, constipation (old), dizziness (old) was referred to our hospital on November 18, 2005. She was operated removal of the ovary 2000. She was diagnosed cerebral hemorrhage Kyungin oriental in April 2004.

There were no abnormalities on chest radiograph, laboratory, EKG. On visit our hospital, computed tomography(CT) scan showed about right thalamus infarction. We diagnosed her excess fire and asthenia of

water(火實水虛) by the comparative of the palpitation of the pulse. We decided to apply acupuncture on the acupoint (Liv-1, Sp-3, K-10, H-8) by once a day. Her chief complaints were relieved. After eleven days from initiation of acu-treatment, gait disturbance was improved (Table 3).

Date	General level (0~8)
11. 18	6
11.19	6
11.21	6
11.23	5
11.24	5
11.25	5
11.26	5
11.28	5
11.29	5

Table 3. The progress of gait disturbance

CASE 4.

A 69-year-old woman with Lt. hemiparesis (Gr sl/4>sl), gait disturbance, consecutive yawning, sl. Dysarthria, was referred to our hospital on May.02. 2005. She took medicine for hypertension on a regular basis. On her visit to our hospital, magnetic resonance imaging(MRI) scan showed about Multifocal recent infarctions foci in Rt. frontal lobe, cingulate gyri, and the watershed area of Rt. T-O-P lobes on DWI. There were no abnormalities on chest radiograph, electrocardiogram(EKG), or laboratory tests. We diagnosed her the excess of wood and asthenia of meta (木實金虛) by the comparative examination of the palpitation of

the pulse. We have decided to apply acupuncture on the acupoints (K-10, H-8, L-8, Liv-1). once a day. Her chief complaints were relieved rapidly. After nine days from initiation of acu-treatment, gait disturbance has disappeared (Table 4).

Date	General level 0~8
05.5.2	8→2
5.3	2
5.6	1
5.8	1
5.11	0

Table 4. The progress of gait disturbance

III. Discussion

Gait disturbance describes a lack of coordination while performing voluntary movements. It is a symptom, not a specific disease or diagnosis. It may affect the fingers and hands, the arms or legs, the body, speech or eye movements. In general, gait disturbance is due to various conditions, such as parkinson's disease, cerebellum regeneration symptoms, alcoholism, multiple sclerosis, meniere syndrome, tumor of cerebellum, cerebellum hemorrhage, brain stem infarction etc. Most of gait disturbance are chronic conditions that progress slowly and often result in people losing their ability to walk. For this reason, it is important that a person with gait disturbance seek medical attention to determine the underlying cause of the symptom and to get the appropriate treatment. However, it is unfortunately. However, there is no effective curative means up to the present, and therefore

confirmed the possibility by using HAT in this research.

The theory of HAT, called Hwa Chim Therapy, is a part of the Five Elements Theory unique to Korea. HAT integrates the victor-vanquished as well as the son-mother relationship of the Five Elements of breakdown and restoration of balance between yin and yang. And also, it provides resources and data on The seventy fifth Difficulty (75難) of Classic on Difficulty - Nan Jin 75. HAT establishes objectiveness and accuracy of diagnosis based upon the traditional method and procedure of pulse taking. In HAT, a person's state of illness is diagnosed by applying the comparative examination of the palpitation of the pulse. It is fact that the pulse varies according to the state, and that HAT treatment has proven the positive results by using the victor-vanquished relationship of Classic on Difficulty-Nan Jin 75. Despite a concise and simple theory, HAT is very effective in treating a wide range of illnesses, and thus it has gained an increasing attention of many scholars and practitioners in the field of traditional Korean oriental medicine.⁵⁾ So far, we described cases of gait disturbance. These cases may give us a possibility of that HAT offer potential benefits for patients with gait disturbance. We want continuous research here after.

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