

INVESTIGATION ON SYNDROME DIFFERENTIATION AND
TREATMENT ON CERVICAL VERTIGO

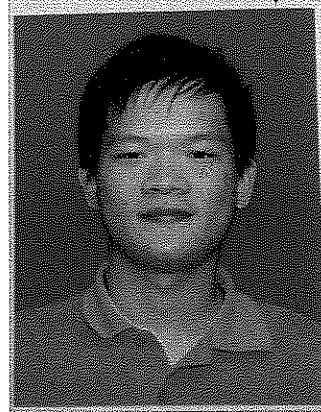
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DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF TRADITIONAL CHINESE MEDICINE
(HONS)

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DECLARATION

I hereby declare that project report is based on my original work except quotations and citations which have been duly acknowledged. I also declare that it has not been preciously or concurrently submitted for any other degree at INTI International University or other institutions.



A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right. The signature is positioned above a horizontal line.

12 DEC 2015

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ABSTRACT

Objective: Cervical vertigo is hitting younger ages. For the purpose of seeking a better treatment plan for treating different syndrome differentiation of cervical vertigo, study and research is done based on the clinical past and literature review.

Method: Treatment plan is originated from past and present physicians clinical and literature review. After the treatment plan is planned, 10 subjects is found to examine the effectiveness of the treatment. The subject is later divided into control group where only acupuncture with moxibustion treatment given and experiment group where both medication and acupuncture with moxibustion treatment is given. After that, the conditions and the marks of subject is recorded and analyzed.

Outcome: Observation results shows improvement after treatment. Results shown - 3.4 mean value decrease on VAS, 4.85 mean value and 26.72% of improvement in CVSS marks with a total 100% of total effective rate. Thus, it is concluded that on the basis of symptomatic treatment of medication based on syndrome differentiation diagnosis and acupuncture able to cure the cervical vertigo effectively.

Conclusion: It is important to perform a thorough syndrome differentiation in order to treat symptoms and syndromes of vertigo. Investigation on syndrome differentiation and treatment on cervical vertigo is a success.

Key Words: Cervical Vertigo, Vertigo, Acupuncture, Syndrome Differentiation, Qing Zhen Tang, Causes, Neck Anatomy

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LIST OF ABBREVIATIONS

TCM- Traditional Chinese Medicine

WM- Western Medicine

CVSS- Cervical Vertigo Scoring System

VAS- Visual Analog Score

PREFACE

Cervical vertigo is a disease with symptoms of vertigo, headache and discomfort of neck and shoulder as main symptoms. This symptoms clinically with affect the ability of the patient to carry out daily routine if in severe conditions.

In this advancing technology era, cervical vertigo is hitting younger ages as more and more statistics and research shown the disease is getting younger. The young generation are facing more flexed neck position activities as they are working on their laptop, smartphone as well as studying.

Clinically either in Western medicine or Chinese medicine, there is no effective treatment to treat the diseases. Thus, the academic writing and past clinical cases are gathered and to investigate the syndrome differentiation and treatment of cervical vertigo.

CHAPTER 1

INTRODUCTION

1.1 Introduction

Cervical vertigo is the condition where the vertigo and dizziness that is provoked by particular neck posture despite the orientation of the head is to gravity. In other terms, cervical vertigo is known as vertigo due to neck disorders. Cervical vertigo mostly presented as dizziness and vertigo which the patient feeling a sensation of whirling and loss of balance with a tendency to fall or stagger. Clinically, the symptoms is described as the feeling of bumpy boat, floor sinking sensation or gait instability. This kind of description is important for the diagnosis of cervical vertigo as most people misdiagnosed cervical vertigo as dizziness. (Post R.E 2010).

In the past, neck pain often accompanies dizziness, but it may be difficult to tell whether the dizziness and the neck pain are related or just coincidental. The influence of head position on equilibrium has been known since the mid-1800s. However, a clinical syndrome relating neck pain or injury to dizziness and disequilibrium was not discussed until the 1950s (Brown JJ 1992). In 1950s, Ryan (Ryan et al 1955) and Cope (Cope et al 1959) described cervical vertigo as a syndrome of disequilibrium and disorientation in patients with many different diagnoses of neck pathology including cervical spondylosis, cervical trauma, and cervical arthritis.

Cervical vertigo is clinically common diseases which it is reported that the annual incidence rate of cervical vertigo is 3% , as well as being more common in female population(Pang 2011) Besides, cervical vertigo is affecting about 30% of people over the age of 65 and its onset age becomes smaller gradually. (Colledge N, 2002). Cervical vertigo not only having high rate of incidence but also affecting the working and living quality of the patients. It is found that 25% of the patients unable to work normally. (Pang 2011). Moreover, those who had neck injury or whiplash in their history are gradually increased their chances of getting cervical vertigo. It is reported that the

precise incidence of cervical vertigo is controversial but it is estimated that 20-58% of patients who sustain closed-head injuries or whiplash experience late onset symptoms of dizziness, vertigo and disequilibrium. In this regard, also note that driving disturbances are common in persons with chronic Whiplash associated vertigo (WAD), occurring in 73% according to Takasaki (Takasaki, Johnston et al. 2011)

In the recent years, cervical vertigo is hitting younger ages. At the revolution of technologies areas, many had their neck at fixed position for a period of time. These people having less neck movement so relatively their neck is at fixed position for long and causing the degeneration of the cervical vertebrae. Since cervical vertigo affects the quality of life of the patients, various research had been conducted to seek the effective treatment of cervical vertigo.

From Western Medicine view, cervical vertigo tends to be a controversial diagnosis because there are no diagnostic tests to confirm that it is the cause of the dizziness. Treatment is also problematic but when a specific cause can be identified, there may be a specific treatment available, sometimes involving surgery. From Traditional Chinese Medicine (TCM) view, cervical vertigo is categorized into 'Vertigo' chapter and is classified under six classes of syndrome differentiation. Vertigo is a combination of dizzy and dizziness. Dizzy is described as blurred vision or blackout and dizziness is feeling of spinning and unstable.

However, the pathogenesis of cervical vertigo is yet to be elucidated, the diagnostic criteria is far from perfect and the therapeutic efficacy still need improvement. Since TCM had been practiced for thousands of years and is always based on inherited teachings and clinical experiences, it is important to simplify the meanings of cervical vertigo and in combination with the western medicine to conclude and prove the therapeutic effects on cervical vertigo so that more people can understand about cervical vertigo.

1.2 OBJECTIVES

General objective:

- To investigate the Syndrome Differentiation and Treatment on Cervical Vertigo with past clinical cases and academic writing.

Specific objectives:

- To understand the Syndrome Differentiation of Cervical Vertigo
- To summarize the treatment for Cervical Vertigo
- To evaluate the treatment on different Syndrome of Cervical Vertigo

CHAPTER 2

LITERATURE REVIEW

2.1 ANATOMY OF CERVICAL VERTEBRAE

Cervical vertebrae composed of seven vertebrae or commonly known as C1-C7 that begin at the base of the skull and extend down to the thoracic spine. Cervical vertebrae is responsible for supporting the neck and its movement as well as facilitating blood flow to the brain. Cervical vertebrae are almost identical in shape except atlas (C1) and axis (C2) which are the two topmost vertebrae as well as C7 (also known as vertebrae promines) has a distinctive long and prominent spinous process, which is palpable from the skin surface.

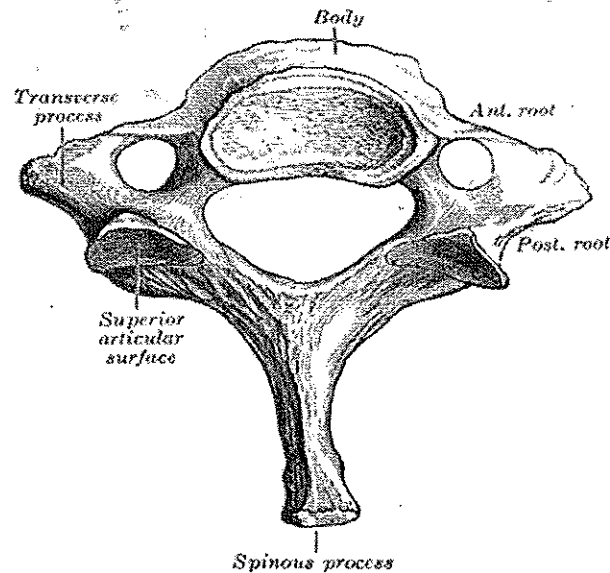


Figure 1.1: Anatomy of 7th Cervical Vertebrae, C7(cited from Lewis (1918) Gray's Anatomy 20th ed)

The atlas, C1, is the topmost vertebra, and along with the axis; forms the joint connecting the skull and spine. Its chief peculiarity is that it has no body, and this is due to the fact that the body of the atlas has fused with that of the axis. (Lewis 1918) The movement of nodding the head takes place predominantly

through flexion and extension at the atlanto-occipital joint between the atlas and the occipital bone. However, the cervical spine is comparatively mobile, and some component of this movement is due to flexion and extension of the vertebral column itself. This movement between the atlas and occipital bone is often referred to as the "yes joint", owing to its nature of being able to move the head in an up-and-down fashion. (Lewis 1918)

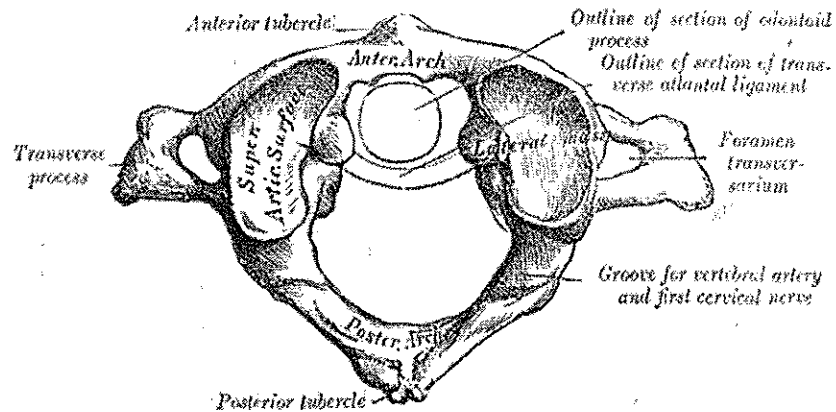


Figure 1.2: Anatomy of Axis, C1 (cited from Lewis (1918) Gray's Anatomy 20th ed)

The axis, C2, forms the pivot upon which the atlas rotates. The most distinctive characteristic of this bone is the strong odontoid process (dens) that rises perpendicularly from the upper surface of the body. The body is deeper in front than behind, and prolonged downward anteriorly so as to overlap the upper and front part of the third vertebra. (Lewis 1918). The movement of shaking or rotating the head left and right happens almost entirely at the joint between the atlas and the axis, the atlanto-axial joint. A small amount of rotation of the vertebral column itself contributes to the movement. This movement between the atlas and axis is often referred to as the "no joint", owing to its nature of being able to rotate the head in a side-to-side fashion. (Lewis 1918)