

APITHERAPY BY ACUPUNCTURE IN NEUROLOGICAL COMPLICATIONS OF SPONDYLARTHROSIS

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The degenerative diseases of the spinal column (spondylarthrosis) and their neurological complications are serious problems encountered in medical practice and are a frequent cause of work absenteeism. In 60-90% of the cases, the clinical symptoms of these diseases, mostly radical in nature, are disorders of the peripheral nervous system. They are caused by a defect in mucopolysaccharide metabolism and dehydration of the intervertebral disk. The disk gradually loses its shock-absorbing properties which gives rise to reactive and inflammatory processes in adjacent nervous formations. The neurological complications are often difficult to cure, relapses are frequent and the morbid condition tends to become chronic.

In treatment of such patients, bee venom can be used to anaesthetize but also to improve the local blood circulation, to reduce the irritation of the sympathetic nerve and to neutralize the local inflammatory processes and angiospasm. The acupuncture application of bee venom to biologically active points combines the two methods thus amplifying the therapeutic effects.

We have been applying this method in our hospital practice since 1969, by injecting Apisarthron (RDA), Forapin (RFA) and particularly Mellivenon (RPB) into biologically active points, known in acupuncture and located along the lumbar mediator of the spinal column and its first and second lateral lines as well as along the lines on the front, inside and outside of the lower extremities. The selection of these points depends on the course of the disease, the extent of the damage and stage and type of the clinical syndrome. In the course of the treatment we successively inject into different points. Each time 5 to 8 points are treated.

We begin the treatment after careful clinical and radiological examinations excluding all possible contraindications for apitherapy. The biological allergy test is run twice to check the patients for possible allergic reactions to bee venom. In this test we inject 0.1 ml of bee venom (at 16 units/2.1 ml solvent) into the patient's forearm. If there are no signs of allergic reaction within 24 hours, we run a second test in the lumbar region by hypodermic injection of the same dosage at two different locations. Treatment is initiated only if after an additional period of 24 hours there are absolutely no signs of allergic reaction.

For the treatment we use the contents of an ampoule containing a solution of 16 units of venom for 2.1 ml solvent which we administer at gradually increasing doses. This increase depended on the patient's topical and system reactions, the number of points treated each time, the concentration of the solution (gradually raised to 160 4 ml-units/2 ml solvent) and also, the quantity injected (raised from 0.1 to 0.2-0.3 ml). The average dose is 15-20 mg of bee venom for a treatment of 10-15 days. If itching or other local irritations occur, the treatment is interrupted for 2-3 days. It is then resumed at the same dose.

Over a period from 1977 to 1978, we treated 100 patients using the above method. Thirty of them suffered from lumbar neuralgia and 30 from lumbosacral radiculitis. Thirty patients had L5-S1 radicles, there were 30 more with L4-L5 and 10 with L3-L4. Signs of irritation were found in all of them; 10 patients had developed vegetative disorders accompanied by changes in skin temperature (dropped or increased). Fourteen patients were 40 years of age or younger, 37 were between 40 and 50, 11 between 60 and 70 and 2 patients were older than 70. In all, the group consisted of 56 women and 44 men. In most cases the disease had been triggered off by colds, influenza or sudden movements (microtraumatism). In 56 patients relapses were frequent. They had previously received other treatments but these had not proved very successful.

To make the best possible evaluation of each patient's pathologic condition, full account was taken of the individual complaints (pain, stiffness, numbness, muscle tonus), the incidence of motor difficulties (measured by means of the Schober and Thommayer test), acropathy, sensorial disorders, changes in skin temperature, stretch test, etc... In all cases, the disease had been diagnosed through radiological tests. Laboratory tests revealed no serious norm-deviations.

After 5-6 proceedings, favorable therapeutic results were observed. Sixty-six out of 100 patients who finished the treatment evidenced considerable results or even complete disappearance of pain, abatement of the neurological symptoms by 50% to 100% and a remission of 1-3 years.

In 23 cases, the treatment proved relatively effective. The pain incidence had been reduced considerably or recurred only in specific circumstances. The neurological symptoms decreased by 50%.

In 11 patients, no improvement was found.

The best results were found in the muscular tonus, which had significantly improved (the 3 cm average of the Schober test had increased to 3.9 cm).

Acro-osteopathic improvement was found 15-20 days after the treatment. Complete healing was found in 26 patients, a decrease in terms of frequency and intensity in the osteopathic regions in 57 patients. In 17 patients no osteopathic changes were observed.

In 32 patients, the clinical and electrosensorial test methods showed deviations from the norm with regard to the sensorial sensitivity of the skin: increased sensitivity in 17 cases and a decrease in the other 15. In the course of the treatment no significant changes were found in patients who had experienced abnormal sensorial sensitivity (either increased or decreased) though a certain clinical improvement was established.

In 8 cases, the skin temperature was found to have become equal to the temperature of the healthy limb.

Fifty patients underwent subsequent radiological control of the spinal column. In spite of a marked clinical improvement, no perceivable changes were found.

Follow-up studies on 50 patients for a period of 3 years, showed that in 45 cases the favorable results were lasting. Twenty-five patients were given a new shorter treatment with bee venom so as to prevent relapses. In these cases, the results were entirely successful.