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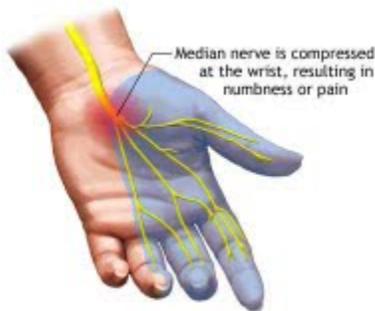
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STUDY SHOWS ACUPUNCTURE AS EFFECTIVE AS DRUGS FOR CARPAL TUNNEL SYNDROME

A study published in May 2009 in *The Clinical Journal of Pain* compared acupuncture to the steroid drug prednisone for treatment of pain in carpal tunnel syndrome. The study concluded that:

"Short-term *acupuncture treatment is as effective as short-term low-dose prednisolone for mild-to-moderate CTS.* For those who do have an intolerance or contraindication for oral steroid or for those who do not opt for early surgery, *acupuncture treatment provides an alternative choice.*"

This is a big step forward for a western medical study to recommend acupuncture as an effective alternative to drug therapy. For the symptoms of night time awakening due to pain and for motor function, the acupuncture group had *better* results than prednisone. I've included an abstract of the article below.



Carpal Tunnel Syndrome is a repetitive use injury, commonly caused by excessive computer use (typing on the keyboard). The carpal tunnel is the hole that the (median) nerve travels through, located on the inside of the wrist, where the wrist and hand meet. When the wrist is flexed, the carpal tunnel compresses, and the ligament on the roof of the tunnel presses on the median nerve, causing pain. The median nerve controls the thumb, index and middle fingers and the thumb (radial) side of the ring finger. Carpal tunnel patients experience pain in those fingers and palm area, not the pinkie finger as the median nerve which travels through the carpal tunnel does not affect the last finger or the pinky (ulna) side of the palm. (See diagram) Pain can also radiate into the arm.

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[Clin J Pain](#). 2009 May;25(4):327-33.

ACUPUNCTURE IN PATIENTS WITH CARPAL TUNNEL SYNDROME: A RANDOMIZED CONTROLLED TRIAL.

[Yang CP](#), [Hsieh CL](#), [Wang NH](#), [Li TC](#), [Hwang KL](#), [Yu SC](#), [Chang MH](#).

Department of Neurology, Kuang Tien General Hospital, Taiwan.

OBJECTIVES: To investigate the efficacy of acupuncture compared with steroid treatment in patients with mild-to-moderate carpal tunnel syndrome (CTS) as measured by objective changes in nerve conduction studies (NCS) and subjective symptoms assessment in a randomized, controlled study.

METHODS: A total of 77 consecutive and prospective CTS patients confirmed by NCS were enrolled in the study. Those who had fixed sensory complaint over the median nerve and thenar muscle atrophy were excluded. The CTS patients were randomly divided into 2 treatment arms: (1) 2 weeks of prednisolone 20 mg daily followed by 2 weeks of prednisolone 10 mg daily (n = 39), and (2) acupuncture administered in 8 sessions over 4 weeks (n = 38). A validated standard questionnaire as a subjective measurement was used to rate the 5 major symptoms (pain, numbness, paresthesia, weakness/clumsiness, and nocturnal awakening) on a scale from 0 (no symptoms) to 10 (very severe). The total score in each of the 5 categories was termed the global symptom score (GSS). Patients completed standard questionnaires at baseline and 2 and 4 weeks later. The changes in GSS were analyzed to evaluate the statistical significance. NCS were performed at baseline and repeated at the end of the study to assess improvement. All main analyses used intent-to-treat.

RESULTS: A total of 77 patients who fulfilled the criteria for mild-to-moderate CTS were recruited in the study. There were 38 in the acupuncture group and 39 in the steroid group. The evaluation of GSS showed that there was a high percentage of improvement in both groups at weeks 2 and 4 ($P < p = 0.15$). $p = 0.03$. $p = 0.012$.

CONCLUSIONS: Short-term acupuncture treatment is as effective as short-term low-dose prednisolone for mild-to-moderate CTS. For those who do have an intolerance or contraindication for oral steroid or for those who do not opt for early surgery, acupuncture treatment provides an alternative choice.

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