

Integration of Acupuncture as a Rehabilitation Model Applied in the Integral University Clinic of the State University of the Ecatepec Valley

Angèlica Castañeda Duarte, Miguel Alberto Gutiérrez Nava, Irma García Moreno, Ana Lilia González Santiago,

Full-time Professor at the Ecatepec Valley State University

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Abstract— Mexico is a country with deep-rooted uses and customs, mainly in health care, different practices have been carried out that have passed from generation to generation, within these practices are herbalism and the use of massage that today belong to the complementary medicine sector. The Integral University Clinic represents a community service space, it has a care model conceptualized according to the profiles of each career to meet the needs in terms of health and social intervention of the population of the region of Ecatepec and the surrounding municipalities, offering a different care service where the knowledge, skills and abilities acquired in the classroom are integrated. In this way, UNEVE fulfills its social commitment by linking the University with its environment in order to strengthen the role of the institution in society; promote resources for the solution of community problems; foster a sense of social responsibility among students and contribute to training for the professional performance of service provider students, so that it is understood as an academic activity and on the other hand, an awareness of solidarity with the society to which it is promoted is fostered. belongs. **METHODOLOGY** A retrospective, comparative review of the registry of consultations of the Integral University Clinic (CIU) corresponding to the period March-April 2014-2015 was carried out, in order to establish the importance of treatment with Rehabilitative Acupuncture, and that said model can be replicated by different health institutions in Mexico. **OBJECTIVE.** Analyze the epidemiological report prepared by the students, the data presented and interpret the data obtained, Integrate and analyze the variables based on the treatment and improvement of the applied treatments. **RESULTS.** In the Integral University Clinic (CIU), acupuncture, chiropractic and gerontology services are offered, every six months the students enter in order to carry out clinical practices in the month of September the students of the Lic Rehabilitative Human Acupuncture entered the area of Rehabilitation, from admission to November of the same year, 90 consultations were attended, of which, they were provided to people from 13 years old to more than 62 years old, we divided it by age group in decades, being patients 51 years old and older, those more attended the consultations followed by the group of 29 to 50

years, in terms of the sex of the users, we observed that women are the ones who most attended the acupuncture service in . . 27 first-time consultations were provided and 45 subsequent consultations were carried out, ranging from 2 to 10 subsequent sessions, 9 interconsultations were supported, and 9 reassessments were made. 78 patients are referred to have a disability process, we observed that the majority have visual impairment. We can observe that the most affected region corresponds to the lower and upper limbs, the most common injuries are in muscles and tendons. Regarding the pathologies, syndromic diagnoses were detected, as well as the relevant treatments, the improvement percentages range from 25% to 75% observing the effectiveness of the proposed treatments in an integral way. The data presented shows that acupuncture is a tool that should be used for rehabilitative and preventive purposes, so the profile of the Bachelor of Rehabilitative Human Acupuncture as a health professional developed at the State University of the Valley of Ecatepec meets the needs social health in osteomyoarticular injuries, providing comprehensive and decisive treatments generating improvements in 4 sessions. Therefore, it is suggested to generate care protocols based on Chinese medicine to provide care effectively and efficiently.

I. INTRODUCTION

Mexico is a country with deep-rooted uses and customs, mainly in health care, different practices have been carried out that have passed from generation to generation, within these practices are herbalism and the use of massage that today belong to the complementary medicine sector.

“Traditional medicine” (TM) is a broad term used to refer both to traditional medicine systems such as traditional Chinese medicine, Hindu Ayurveda and Unani Arab medicine, and to various forms of indigenous medicine. TM therapies include medication therapies, if they involve the use of herbal medicines, animal parts, and/or minerals, and non-medication therapies, if they are performed primarily without the use of medication, as in the case of TM. acupuncture, manual therapies and spiritual therapies. In countries where the dominant healthcare system is based on allopathic medicine, or where TM has not been incorporated into the national healthcare system, TM is often classified as 'complementary', 'alternative' or 'unconventional' medicine.(ORGANIZACION MUNDIAL DE LA SALUD, 2002)

The goals of conventional medicine and complementary and alternative medicine are similar: to preserve health, to cure or give hope, and to prevent early death. Complementary and alternative medicine refers to a large set of medical systems that are not based on Western allopathic medicine. Among its systems are some beneficial and others harmful. Complementary and alternative medicine has spread widely and a large part of the population has used it at least once in their lives, both in developed and developing countries:

Africa 80%, China 40%, Canada 70%, France 49 % and the United States 42%. (López Guevara Verónica, 2004)

Within this group of TM is acupuncture, which is part of the fundamental basis of the therapeutics of Traditional Chinese Medicine, practices that have been developed through knowledge of an ancient healing system that appeared in written form in China in 100 BC This system describes human physiology and psychology in a similar way to modern medicine, however it also describes the body and its functions in terms of vital energy called qi. (Jingduan Yang MD, 2000)

The World Health Organization in 1979 published a compendium of diseases where it indicates in which acupuncture can have therapeutic effects, others where more research is needed and others where intervention is not suggested

II. DEVELOPING

TCM is widely used throughout the world and is appreciated for a variety of reasons. At the International Conference on Traditional Medicine for South-East Asian Countries, held in February 2013, WHO Director-General Dr. Margaret Chan stated that “traditional medicines of proven quality, safety and efficacy help to ensure access to of all people to health care. For many millions of people, herbal medicine, traditional treatments and traditional medicine practitioners represent the main, and sometimes the only, source of health care. This form of care is close to home, accessible and affordable. In addition, it is culturally accepted and trusted

by many people. The affordability of most traditional medicines makes them more attractive in the context of skyrocketing health care costs and near-universal austerity. Traditional medicine also stands out as a means of coping with the relentless rise in chronic non-communicable diseases.”¹ Regardless of the reasons why TCMs are being used, there is no doubt that interest in them has increased, and will surely continue to increase. all over the world.(A. Burton, 2013)

Given the above, the State University of the Valley of Ecatepec, which functions as a decentralized organization, offers the Degree in Rehabilitative Human Acupuncture, with the purpose of training professionals through an innovative career, thus professionalizing the MT, in said institution the student is trained in the approach to the patient, the taking of clinical history and the completion of the clinical file based on NOM-004-SSA3-2012, it is prepared for the correct diagnosis and treatment of the symptoms presented by the patient.

The Integral University Clinic represents a community service space, it has a care model conceptualized according to the profiles of each career to meet the needs in terms of health and social intervention of the population of the Ecatepec region and of the conurbation municipalities, offering a different attention service where the knowledge, skills and abilities acquired in the classrooms are integrated.

In this way, UNEVE fulfills its social commitment by linking the University with its environment in order to strengthen the role of the institution in society; promote resources for the solution of community problems; foster a sense of social responsibility among students and contribute to training for the professional performance of service provider students, so that it is understood as an academic activity and on the other hand, an awareness of solidarity with the society to which it is promoted is fostered. belongs.

The University helps to solve health problems at a low cost to the population that requests it, thus fulfilling its social commitment to the community.

METHODOLOGY

A retrospective, comparative review of the registry of consultations of the University Comprehensive Clinic (CIU) corresponding to the period March-April 2014-2015 was carried out, in order to establish the importance of treatment with Rehabilitative Acupuncture, and that said model can be replicated by the different health institutions in Mexico.

III. OBJECTIVE.

Analyze the epidemiological report prepared by the students, the data presented and interpret the data obtained, Integrate and analyze the variables based on the treatment and improvement of the applied treatment

IV. RESULTS

In the Integral University Clinic (CIU), acupuncture, chiropractic and gerontology services are offered, every six months the students enter in order to carry out clinical practices in the month of September the students of the Lic Rehabilitative Human Acupuncture entered the area of Rehabilitation, from admission to November of the same year, 90 consultations were attended, of which, they were provided to people from 13 years old to more than 62 years old, we divided it by age group in decades, being patients 51 years old and older, those more attended the consultations followed by the group from 29 to 50 years old, in terms of the sex of the users, we observed that women are the ones who most attended the acupuncture service in See TABLE 1

Table 1 Patients treated by sex and age group

AGE	MEN	WOMAN
7-17 YEARS	0	3
18-28 YEARS	3	6
29-39 YEARS	6	12
40-50 YEARS	6	12
51-61 YEARS	12	9
OVER 62 YEARS	9	12

Of the 90 consultations provided, it was detected by age group with whom they lived, since it is the primary caregivers who are used to reinforce the rehabilitative therapeutic indications that are assigned to the patients. See TABLE 2. Where we observe that the groups that attended the consultation the most have the support of a wife or children, while 5% live alone at a mature age and do not have support.

Table 2 Relationship of Primary Caregivers with the Age Group

PRIMARY CAREGIVERS				
<i>Age</i>	FATHER AND MOTHER	WIFE AND SONS	WIFE	ONLY
7-17 YEARS	3	0	0	0
18-28 YEARS	9	0	0	0
29-39 YEARS	0	12	0	6
40-50 YEARS	0	18	0	0
51-61 YEARS	0	twenty-one	0	0
OVER 62 YEARS	0	9	6	6

The consultations provided are distributed as follows TABLE 3. 27 consultations were provided for the first time and 45 subsequent consultations were carried out, ranging from 2 to 10 subsequent sessions, 9 interconsultations were supported, and 9 reassessments were made.

Table 3 Type of Consultation

TYPE OF CONSULTATION

<i>First time</i>	27
<i>two</i>	fifteen
3	3
4	6
5	6
6	6
8	3
10	6
<i>Interconsultation</i>	9
<i>Reassessment</i>	9

Of the 90 consultations you provide, 78 patients are referred to have a disability process, we observe that the majority have visual impairment (by this we refer to patients who wear glasses), motor disability follows with 18 patients and 3 adults older students are hearing impaired. See TABLE 4

Table 4 Present Disability by Age Group

PRESENT DISABILITY			
AGE	VISUAL	DRIVE	AUDITORY
7-17 YEARS	3	0	0
18-28 YEARS	6	3	0
29-39 YEARS	fifteen	3	0
40-50 YEARS	18	0	0
51-61 YEARS	18	3	0
OVER 62 YEARS	3	3	3

Therefore, the Official Mexican Standard of acupuncture NOM.SSA2 017 indicates that the proposed acupuncture treatment is provided for 4 sessions and then the patient is reassessed as soon as this standard has the following results. Table 5, only 90 patients completed 4 sessions of which, and were reassessed.

Table 5 Sessions Completed by Patients

<i>WHAT HAPPENED TO THE PATIENT</i>		
<i>COMPLETE 4 SESSIONS</i>	<i>I ABANDON THE TREATMENT</i>	<i>IT WAS REVALUED</i>
81	0	9

Therefore, the reason for which the patients were treated is reflected in TABLE 6, as well as the affected region. We can see that the most affected region corresponds to the lower and upper limbs, the most common injuries are in muscles and tendons.

Table 6 Reason for the Consultation and Affected Region

<i>REASON FOR CONSULTATION</i>	<i>HEAD AND NECK</i>	<i>TRUNK</i>	<i>SUPERIOR M.</i>	<i>LOWER M.</i>
<i>JOINT AND LIGAMENT INJURIES</i>	3	0	17	12
<i>INJURY IN MUSCLE AND TENDONS</i>	8	14	6	twenty-one
<i>NERVOUS SYSTEM INJURY</i>	0	3	3	3

A correlation of variables reason for the consultation is made, with syndromic diagnosis to verify the correspondence between these two variables, which presents a positive correlation, tables are presented by reason for consultation, where we observe the management given and the improvement in patients with in order to make the information more digestible.

In the case of patients who attended with joint and ligament injuries, we observed that there were 27 consultations in total, of which they were diagnosed with 3 different syndromes, management was given with acupuncture points, combined with fascia release, and only 18 patients received treatment. I provide them with nutritional recommendations, the improvement after 4 sessions was from 0 to 75%, the most detailed data is shown in TABLE 7.

Table 7 Correlation of Variables for Joint and Ligament Injuries

CORRELATION OF VARIABLES SYNDROMATIC DIAGNOSIS TREATMENT AND IMPROVEMENT

JOINT AND LIGAMENT INJURIES	SYNDROMATIC DIAGNOSIS	SELECTION OF POINTS	FASCIA RELEASE	NUTRITIONAL TREATMENT	IMPROVEMENT
27	Stagnation of bladder channels and collaterals Kidney yin deficiency, Liver xue stagnation	Tendinomuscular and canals and collaterals Old Points Old points and canals and collaterals	Head, Upper limb, Lower limb	Nutrition according to the present syndrome ONLY 18 RECOMMENDATIONS WERE MADE	15 patients had 0-25% improvement 3 patients 26-50% 9 patients 51-75%

Regarding the patients who attended with muscle and tendon injuries, we observed that there were 42 consultations in total, of which they were diagnosed with 7 different syndromes, management was given with acupuncture points, combined with fascia release and only 27 nutritional recommendations were made. , the improvement after 4 sessions was from 0 to 85%, the most detailed data is shown in TABLE 8.

Table 8 Correlation of Variables for Muscle and Tendon Injuries

CORRELATION OF VARIABLES SYNDROMATIC DIAGNOSIS TREATMENT AND IMPROVEMENT

INJURY IN MUSCLE AND TENDONS	SYNDROMATIC DIAGNOSIS	SELECTION OF POINTS	FASCIA RELEASE	NUTRITIONAL TREATMENT	IMPROVEMENT
42	1. Bladder channel and collateral stagnation 2. Spleen qi deficiency 3. Kidney jing deficiency 4. Kidney yin deficiency 5. Liver xue deficiency 6. Liver xue stagnation 7. Liver qi sinking Spleen	1. Tendinomusculares and canals and collaterals, 2. Old points 3. Old points 4. Old and channel and collateral points 5 Old points 6. Channel and collateral points 7. Old points	Trunk, Abdomen, Upper limb, Lower limb	Nutrition according to the present syndrome ONLY 27 RECOMMENDATIONS WERE MADE	12 patients had improvement of 0-25% 9 patients of 26-50% 18 patients of 51-75% 3 patients of 76-100%

.For the reason for consultation, we observed that there were 21 consultations in total, of which they were diagnosed with 5 different syndromes, management was given with acupuncture points, combined with fascia release and only 15 nutritional recommendations were made, the improvement after 4 sessions was 0 to 75%, the most detailed data can be seen in TABLE 9.

Table 9 Correlation of Variables for Nervous System Injuries

CORRELATION OF VARIABLES SYNDROMATIC DIAGNOSIS TREATMENT AND IMPROVEMENT

NERVOUS SYSTEM INJURY	SYNDROMATIC DIAGNOSIS	SELECTION OF POINTS	FASCIA RELEASE	NUTRITIONAL TREATMENT	IMPROVEMENT
twenty-one	1. Bladder channel and collateral stagnation 2. Spleen qi deficiency 3. Liver yang rising 4. Liver xue stagnation 5. Liver qi stagnation	1.Tendinomusculares and channels and collaterals, 2.Old points 3.Old points and channels and collaterals 4. Old points 5. Points of channels and collaterals	Head, Neck, Upper limb, Lower limb	Nutrition according to the present syndrome ONLY 15 RECOMMENDATIONS WERE MADE	3 PATIENTS HAD IMPROVEMENT FROM 0-25% 12 Patients FROM 26-50% 6 PATIENTS FROM 51-75%

V. CONCLUSIONS.

The data presented shows that acupuncture is a tool that should be used for rehabilitative and preventive purposes, so the profile of the Bachelor of Rehabilitative Human Acupuncture as a health professional developed at the State University of the Valley of Ecatepec meets the needs social health in osteomyoarticular injuries, providing comprehensive and decisive treatments generating improvements in 4 sessions. Therefore, it is suggested to generate care protocols based on Chinese medicine to provide care effectively and efficiently.

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