

The Traumatic Dai Mai Obstructive Disorder, Part I

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A 36-year old female patient comes to you following a car accident. She has no history of neck pain, back pain or headaches. She was a passenger in a vehicle that was stopped at a stop sign and was struck from behind by another vehicle. She was wearing a seat belt. She developed immediate neck, head and upper back pain, and was taken to the hospital, where x-rays were taken and pronounced negative. She was given muscle relaxants and painkillers and sent home. She saw her general practitioner and was also sent out to a chiropractor. She has made some progress but quickly plateaus. Physical therapy has the same effect and result. Massage therapy also helps, but nothing eliminates the problem.

After about nine months, the patient has regular headaches; muscle pain; dull, achy low back pain; and is becoming increasingly fatigued. She is developing digestive problems that get worse with the pain medication and muscle relaxants. Her neurologist is unsure of the cause of her complaints, and suggests psychological counseling. Eventually, she is sent to a rheumatologist, who suggests she may have fibromyalgia. She sees a headache specialist, and the treatments help, but only for a short while.

If you practice Oriental, chiropractic, allopathic or osteopathic medicine, you've seen many patients like the one above. These types of patients account for thousands of unresolved cases that populate our clinics and chronic pain centers. The saddest part of this circumstance is that this is an easily diagnosable and highly treatable problem of which our professional community is completely unaware.

The case described above is an example of a posttraumatic *dai mai* obstructive disorder (TDMOD). It consumes millions of dollars and destroys the quality of life of countless thousands of patients. It is a leading cause of post-traumatic fibromyalgia, but it can be caught, treated and often cured - especially if treated in the early stages.

Theory Basis

An extensive discussion of the extraordinary vessels is not necessary here. Their existence is well proven, and their functions have been well established by research.¹ What is important is that we realize there is a modern dysfunction of the *dai mai* that appears to have been overlooked in the classic literature, and that this disorder costs hundreds of thousands of healthcare dollars each year.

The *dai mai* is often referred to as the "belt" or "girdle" vessel. Its external pathway arises at GV4 and passes to B23 before encircling the torso. While the main points of the *dai mai* are GB26, 27 and 28, both LR13 and GB29 are sometimes mentioned as being associated with this vessel. Beyond its specific external pathway, the *dai mai* may be seen as an infinite series of bands that encircle the body from the diaphragm to the pubic bone, binding together all of the main meridians and extra vessels. Its main function is to regulate the movement of *qi* upward and downward in the

body. Its master point is GB41, and its coupled point is TW5.

The Etiology of Traumatic *Dai Mai* Obstructive Disorder

A *dai mai* obstructive disorder can be caused by any torquing impact. This can occur when a motor vehicle is hit on the front or rear quarter panel and spun. Spinning off the road, as may occur during "black ice" accidents, is also a common cause, but it can occur in falls and other forms of trauma.

It should be noted that rapid deceleration, such as striking an object, intensifies this effect. However, TDMOD has been seen in patients who were involved in low-impact or non-impact incidents in which the vehicle spun but did not strike anything. Certainly, the torquing action of the vehicle can be transferred to the occupant, as we have seen in the extensive research on low-impact injuries and their potential severity for the patient.

In some cases, the patient does not seem to be involved in a torquing accident. However, in most (if not all) of these cases, the patient was turned to one side; twisted in the seat to speak to the driver; was leaning against the window; or even was turning his/her head to look in the rearview mirror. In any car accident, the victims should be checked for *dai mai* obstructions. The examination can be done in minutes and requires no special equipment. It can save months of therapy and thousands of dollars.

Symptomatic Picture

Several symptoms are common to the *dai mai* obstruction. Most patients suffer headaches. Multiple, moving muscle spasms are generally a part of the picture, although these will tend to settle into certain areas if the case is more than a few months old. There will often be low back pain. In the great majority of cases, this will be a deficiency or dull pain. Again, although dull in nature, the pain can be quite severe.

This last sign is certainly the most unpleasant. Whether the case is mild, moderate or severe, the patient's symptoms will not respond properly to normal and appropriate forms of care. This is the greatest danger of the *dai mai* obstructive disorder. Left untreated, many of these cases progress into fibromyalgia. Digestive disorders generally follow the initial injury.

MRI or x-ray results are not useful in diagnosing this problem, nor are neurological results germane to the findings. Therefore, we can say that this problem is usually overlooked because the tests we usually employ are not effective in determining the disorder.

Diagnosis

The diagnosis must begin with a thorough history. A detailed description of the accident is absolutely essential to see how the injury occurred.

The second line of diagnosis for the *dai mai* patient is the palpatory examination. This requires only a few minutes and no special equipment other than a well-trained practitioner. The master point of the *dai mai*, GB41, should be checked for tenderness bilaterally. However, by itself, it is not a sufficient indicator of whether the problem is present. Cases are seen in which GB41 is not tender, but several other palpatory indicators are positive.

Additional palpatory diagnosis should include the points of the *dai mai* on the torso, as well as points known to be adjunctive to the *dai mai*. These should include GV4; B23; LR13; and GB26, 27 and 28. The main points are usually considered the GB points, but the others are significant if they

are tender or otherwise reactive in conjunction with these primary points. Second, a large number of TDMOD patients show a band of tenderness, usually bilaterally, that extends from the umbilicus laterally in a band of about one *cun* in width. The points affected are CV8; K16; St25; Sp15; and, of course, GB26. A majority of tender points constitutes a positive diagnosis of TDMOD.

In part II, we will discuss appropriate treatment of dai mai disorder using the extraordinary vessels, as well as meridian therapy.

Footnotes

1. Matsumoto and Birch. *Hara Diagnosis, Reflections on the Sea*. Paradigm Publications, 1988.

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