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Study on the Clinical Effect of Acupuncture at Houxi Point as the Main Point in Treating Cervical Spondylosis

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Abstract: *Objective:* To systematically observe the clinical efficacy of acupuncture regimen using Houxi point as the main point in the treatment of cervical spondylosis, compare the differences of conventional acupuncture regimen in terms of pain relief, cervical spine function recovery, and overall effectiveness, and provide an evidence-based basis for clinical optimization of acupuncture acupoint selection for cervical spondylosis. *Methods:* The selected research subjects were patients with cervical spondylosis treated in our hospital. The data entry period was from May 2024 to December 2025. The sample size was 78 cases, which were divided into a control group and an observation group using a random number table method. The former received conventional acupuncture at acupoints; the latter received acupuncture treatment at Houxi point as the main acupoint on the basis of conventional acupoints. The visual analog pain score (VAS), cervical spine disability index (NDI), total clinical effectiveness, living status, and treatment safety were used as the observation indicators for comparison. *Results:* Before the implementation of different treatments, the difference in pain and cervical spine function scores between the two groups was meaningless. After treatment, the measured pain scores and cervical spine dysfunction scores in the observation group were at lower values, and the difference was statistically significant ($P < 0.05$). The total effective rate of treatment and patients' quality of life scores in all aspects of the treatment were higher than those in the control group, with a difference value of $P < 0.05$. The adverse reactions of the patients in the observation group after treatment were not statistically different from those in the control group ($P > 0.05$). *Conclusion:* Using Houxi acupoint as the main acupoint combined with conventional acupoint acupuncture to treat cervical spondylosis can more quickly relieve neck and shoulder pain, improve cervical spine dysfunction, and improve the overall clinical effectiveness. It has an accurate curative effect and good safety, and is worthy of clinical adoption.

Keywords: Cervical spondylosis; Houxi point; Main point; Acupuncture treatment; Clinical effect; Pain

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1. Introduction

Cervical spondylosis is a series of clinical syndromes caused by cervical disc degeneration, vertebral bone hyperplasia, ligament hypertrophy/calcification, changes in the physiological curvature of the cervical spine, etc., resulting in compression of the cervical nerve roots, spinal cord, vertebral artery, or sympathetic nerves. The main manifestations are neck and shoulder pain, stiffness, numbness of the upper limbs, limited movement, dizziness, and headache. In severe

cases, muscle strength decreases and walking instability may occur, which significantly affects the patient's quality of life and work ability [1]. With the long-term desk work and the widespread use of electronic devices, the incidence of cervical spondylosis is increasing year by year and is trending towards younger ages. It has become a clinically high incidence of muscle and bone disease. Western medicine treatments mainly include non-steroidal anti-inflammatory drugs, muscle relaxants, physical traction, physiotherapy, etc., which can relieve symptoms in the short term, but long-term medication imposes a burden on the gastrointestinal tract, liver, and kidneys, and some patients experience limited efficacy and are prone to recurrence. Acupuncture, as the core method of external treatment in traditional Chinese medicine, has the advantages of dredging meridians, reconciling qi and blood, relieving spasms and pain, and loosening adhesions. It is widely used in the treatment of cervical spondylosis [2]. The Houxi point is an acupoint on the small intestine meridian of the Hand Taiyang. It is also the intersection point of the eight meridians. It leads to the Du meridian, which runs in the middle of the spine. The small intestine meridian follows the neck and wraps around the shoulder blade. Therefore, the Houxi point has a specific therapeutic effect on neck, shoulder, back, and spinal lesions, and is known as the "key point on the neck and shoulders" [3,4]. This study adopted a randomized controlled design to compare the clinical effects of Houxi point as the main point combined with conventional acupuncture and conventional acupuncture alone in the treatment of cervical spondylosis, providing objective data support for the optimization of acupuncture point selection for cervical spondylosis.

2. Materials and methods

2.1. General information

The case screening time was from May 2024 to December 2025. The observation subjects were patients with cervical spondylosis treated in our hospital. The sample size was 78 cases, which were evenly divided into two groups according to the random number table method, with 39 cases in each group. In the control group, there were 21 males and 18 females, with ages ranging from 21 to 65 years old, with an average of 44.32 ± 4.77 years; the disease duration ranged from 3 months to 8 years, with an average of 3.33 ± 1.38 years; there were 17 cases of cervical type, 14 cases of nerve root type, and 8 cases of vertebral artery type. In the observation group, there were 22 males and 17 females, with an age range of 22 to 65 years, with an average of 45.01 ± 4.82 years; the disease duration was 4 months to 8 years, with an average of 3.25 ± 1.44 years; 18 cases were cervical type, 12 cases were nerve root type, and 9 cases were vertebral artery type. The two sets of data included above were evaluated for differences, and the results obtained were insignificant ($P > 0.05$), which has excellent comparison standards.

2.2. Inclusion and exclusion criteria

Inclusion criteria: (1) Meet the diagnostic criteria of the *Clinical Practice Guidelines for Traditional Chinese Medicine Rehabilitation: Neck Bi (Cervical Spondylosis)* [5]; (2) Age 18 to 65 years old; (3) X-ray/CT/MRI shows straightening of the physiological curvature of the cervical spine, narrowing of the intervertebral space, bone hyperplasia, intervertebral disc herniation, etc.; (4) Voluntarily sign an informed consent form.

Exclusion criteria: (1) The presence of other severe cervical spine diseases; (2) The presence of organic lesions and hematopoietic system diseases; (3) Mental disorders and cognitive dysfunction; (4) Pregnant or lactating women; (5) Skin infection and damage at the acupuncture site; (6) Inability to tolerate acupuncture treatment.

2.3. Methods

The two groups had a uniform treatment environment and a strict aseptic operation.

Control group: conventional acupuncture. Acupoint selection: Jiajiaji (diseased segment), Fengchi, Dazhui, Jianjing, Jianwaishu. The patient was positioned prone, and the neck and shoulders were exposed for routine disinfection with iodophor. Use a 0.30 mm × 40 mm disposable sterile acupuncture needle, insert the needle vertically 0.5 to 1 inch, lift and

twist until the Qi is relieved (soreness, numbness, distension, and heaviness), use flat tonic and diarrhea techniques, keep the needle for 20 minutes, and perform acupuncture once every 10 minutes. Once a day, continuous treatment for 5 days constitutes one course of treatment, with a rest of 2 days, for a total of 2 courses of treatment.

Observation group: On the basis of the conventional acupoints in the comparison group, Houxi acupoint was added as the main acupuncture point for acupuncture treatment. Houxi point selection: Make a slight fist, on the ulnar side behind the 5th metacarpophalangeal joint, at the red and white flesh border of the head of the palmar transverse crease. After routine disinfection, use a 0.25 mm × 25 mm acupuncture needle and insert it 0.5 to 0.8 inches straight. After the Qi is obtained, perform the strong stimulation twisting and purging method. Leave the needle for 20 minutes and proceed with the needle as before. The remaining acupoint operations, treatment courses, and frequencies were completely consistent with those in the control group.

2.4. Observation indicators

(1) Visual analogue pain score (VAS): 0 means no pain, 10 means the most severe pain, and is assessed once before and after treatment. The higher the score, the more intense the pain.

(2) Neck Disability Index (NDI): It includes 10 items of pain, daily activities, work, sleep, etc., with a total score of 0 to 50. The higher the score, the more serious the dysfunction.

(3) Clinical effect: Markedly effective: neck and shoulder pain, numbness and other symptoms disappeared, cervical spine activity was normal, VAS score ≤ 1 point, NDI score ≤ 4 points, normal work and life returned; effective: symptoms were relieved, cervical spine activity was basically normal, VAS score and NDI score were reduced by ≥ 50%; ineffective: the above treatment standards were not met, and symptoms worsened. Calculation is total effective rate.

(4) Quality of life: Refer to the SF-36 scale to evaluate the patient's living status after treatment. Select the five items of physical, emotional, role, spiritual, and social in this scale for evaluation. All are calculated based on 100 points. The higher the score, the better the improvement in life.

(5) Safety observation: Record the adverse reactions of acupuncture (fainting, local bleeding, infection, worsening of soreness and swelling, etc.).

2.5. Statistical methods

The software SPSS 25.0 was used to calculate the data, display the count data in [*n* (%)], and verify it with χ^2; use mean ± standard deviation (SD) to describe the measurement data, and verify it with *t*. $P < 0.05$ means a significant difference between the data.

3. Results

3.1. Comparison of VAS and NDI scores

Before treatment, the difference in various scoring indicators between the two groups was meaningless. After treatment, the VAS and NDI scores of the patients in the observation group were lower than those in the control group, and the difference between the groups was significant ($P < 0.05$), see **Table 1**.

Table 1. Comparison of VAS and NDI scores (mean ± SD, points)

Group	*n*	VAS score		NDI score	
		Before treatment	After treatment	Before treatment	After treatment
Observation group	39	5.22 ± 3.57	1.34 ± 0.32	26.55 ± 3.88	6.22 ± 1.06
Control group	39	5.31 ± 3.64	2.75 ± 0.55	26.88 ± 3.91	11.49 ± 2.55

Group	*n*	VAS score		NDI score	
		Before treatment	After treatment	Before treatment	After treatment
t	-	0.110	13.838	0.374	11.918
P	-	0.913	0.000	0.709	0.000

3.2. Comparison of clinical treatment effects

The total effective rate in the observation group after treatment was higher than that in the control group, and the obtained difference was $P < 0.05$, see **Table 2**.

Table 2. Comparison of clinical treatment effects [*n* (%)]

Group	*n*	Markedly effective	Effective	Ineffective	Effectiveness
Observation group	39	30	8	1	38 (97.44)
Control group	39	26	6	7	32 (82.05)
χ^2	-	-	-	-	5.014
P	-	-	-	-	0.025

3.3. SF-36 score comparison

After treatment, the SF-36 scores of the patients in the observation group were higher than those in the control group ($P < 0.05$), see **Table 3**.

Table 3. SF-36 score comparison (mean ± SD, points)

Group	*n*	Physical	Emotional	Role	Spiritual	Social
Observation group	39	90.42 ± 5.23	90.66 ± 5.77	90.81 ± 5.29	90.90 ± 5.63	90.77 ± 5.81
Control group	39	80.77 ± 4.66	80.82 ± 4.55	80.66 ± 4.33	80.45 ± 4.73	80.81 ± 4.82
t	-	8.603	8.363	9.272	8.875	8.239
P	-	0.000	0.000	0.000	0.000	0.000

3.4. Treatment safety comparison

The adverse reactions of patients in the observation group after treatment were not much different from those in the control group. Both were relieved after symptomatic treatment, and the difference was not statistically significant ($P > 0.05$), see **Table 4**.

Table 4. Treatment safety comparison [*n* (%)]

Group	*n*	Fainting	Local bleeding	Infection	Increased soreness and swelling	Incidence of adverse reactions
Observation group	39	0	2	0	0	2 (5.13)
Control group	39	0	0	0	1	1 (2.56)
χ^2	-	-	-	-	-	0.347
P	-	-	-	-	-	0.556

4. Discussion

In traditional Chinese medicine, cervical spondylosis falls into the categories of “nauchi disease,” “arthralgia syndrome,”

and “neck and shoulder pain.” Its core pathogenesis is pain at both ends if there is no circulation and pain at both ends. The neck is where the Du Vessel, Taiyang Meridian of Hands and Feet, and Shaoyang Meridian of Hands and Feet intersect. Long-term desk strain, improper posture, exogenous wind, cold, and dampness, and liver and kidney deficiency in old age can lead to stagnation of Qi and blood in the meridians of the neck, tense tendons, and malnutrition of joints, leading to symptoms such as pain, stiffness, numbness, and limited movement. Blocked meridians will lead to muscle and bone loss and joint discomfort, so the basic principles of treatment should be to clear the meridians, regulate Qi and blood, relieve spasms and relieve pain, and moisturize the muscles and meridians [6,7].

Houxi point is an acupoint on the small intestine meridian of the Hand Taiyang, and its therapeutic advantage comes from the unique meridian attributes and acupoint characteristics. “Lost the body weight and joint pain,” it specializes in treating pain and spasm of limb joints; it is also the intersection point of the eight meridians, which connects the Governor Vessel. The Governor Vessel is the governor of Yang Qi, running in the middle of the spine. The Houxi point can directly reach the disease site, dredge the Governor Vessel and the small intestine meridian, relieve spasm, relieve pain, and reconcile Qi and blood [8]. Conventional acupoints on the neck (Jiejiaji, Fengchi, Dazhui, etc.) are mainly used for local release, while Houxi acupoint is a distal special effect acupoint, with acupoints from both distance and near being combined, taking into account both specimens and specimens, and achieving synergistic effects.

This study shows that the observation group is significantly better than the control group in terms of VAS pain relief, NDI function improvement, quality of life improvement, and total effective rate, suggesting that Houxi point as the main point can significantly improve the efficacy of acupuncture for cervical spondylosis. The possible mechanisms are: (1) Relieve muscle spasms and reduce muscle tension. Patients with cervical spondylosis often have persistent spasms of the deep cervical flexors, trapezius muscles, levator scapulae, etc. Acupuncture at Houxi can inhibit muscle stretch reflexes through the spinal cord segmental reflex and brainstem pain modulation system, quickly relax the spastic muscles, reduce muscle tension, and reduce the pressure on the cervical intervertebral discs and facet joints. (2) Improve local blood circulation and reduce aseptic inflammation. Acupuncture can accelerate the blood flow in the neck, increase the oxygen supply and metabolism of local tissues, reduce the concentration of pain-causing substances such as prostaglandin E2, 5-hydroxytryptamine, and bradykinin, reduce nerve root inflammatory edema, and thereby relieve pain and numbness [9]. (3) Regulate nerve conduction and increase pain threshold. Branches of the ulnar nerve and medial cutaneous nerve of the forearm are distributed in the Houxi point area. Acupuncture can stimulate the incoming thick fibers, activate the “gate control theory” mechanism, block the upload of pain signals, and at the same time promote the release of endogenous opioid peptides to achieve central analgesia. (4) Correct the mechanical imbalance of the cervical spine. Through antispasmodic, analgesic, and muscle relaxation, it gradually restores the balance of anterior and posterior cervical spine muscle strength, improves physiological curvature, reduces the stimulation of nerves and blood vessels by intervertebral disc herniation and bone hyperplasia, and achieves overall functional recovery [10]. Compared with simple local acupoint selection, the acupuncture program using Houxi acupoint as the main acupoint has a faster onset of effect, more significant analgesia, and more complete functional recovery. No serious adverse reactions occurred in either group, and both groups relieved spontaneously. This suggests that the acupuncture program using Houxi acupoint as the main acupoint is safe and highly tolerable, and is suitable for middle-aged and elderly people and people who work at desks for a long time. In addition, acupuncture has the advantages of non-invasiveness, no toxic side effects, less recurrence, and overall adjustment, making it more suitable as the first choice for long-term intervention and recurrence prevention of cervical spondylosis.

5. Conclusion

Based on the above, acupuncture therapy using Houxi point as the main point to treat cervical spondylosis has sufficient meridian basis, clear modern mechanism, accurate clinical efficacy, and high safety. It can quickly reduce pain, improve cervical spine function, and improve the quality of life. It can provide an efficient, standardized, and optimal TCM external treatment plan for the clinical treatment of cervical spondylosis, which is worthy of active reference.

About the author

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Disclosure statement

The author declares no conflict of interest.

References

[1] Hong MY, Chen YL, Lai BY, et al., 2024, Clinical Observation on the Treatment of Cervical Spondylotic Radiculopathy with “Three-Way and Four-Combination” Acupuncture Comprehensive Therapy. Chinese Journal of Traditional Chinese Medicine Emergencies, 33(5): 890–893.

[2] Deng HZ, Zhang CY, Li JY, et al., 2025, Observation on the Efficacy of Acupuncture at Houxi Point under Ultrasound in the Treatment of Vertebral Artery Type Cervical Spondylosis. Shanghai Journal of Acupuncture, 44(6): 704–710.

[3] Deng XY, Li JF, Xu Z, et al., 2023, Exploring the Efficacy of Acupuncture at Houxi Point at Different Depths in the Treatment of Cervical Spondylotic Radiculopathy. Journal of Hubei University of Traditional Chinese Medicine, 25(1): 92–94.

[4] Cao RH, Guo YD, Liu MC, 2025, Research on the Efficacy of Acupuncture Combined with Medium Frequency Therapy Device for Cervical Spondylotic Radiculopathy. Journal of Shangluo University, 39(4): 66–70.

[5] Zhang W, Li JX, Lou BD, et al., 2020, Clinical Practice Guidelines for Rehabilitation of Traditional Chinese Medicine·Xiang Bi (Cervical Spondylosis). Journal of Rehabilitation, 30(5): 337–342.

[6] Chen QR, Su XT, 2024, Clinical Efficacy of Houxi Point Linggui Eight-Point Acupuncture Combined with Chiropractic Massage in the Treatment of Cervical Spondylotic Radiculopathy. Shenzhen Journal of Integrated Traditional Chinese and Western Medicine, 34(11): 56–58.

[7] Lai HT, Zhang PP, Liu JF, et al., 2023, Clinical Observation on Acupuncture at Houxi Point Combined with Dynamic Joint Mobilization in the Treatment of Cervical Spondylosis. Chinese Folk Therapy, 31(14): 36–39.

[8] Gu YD, 2023, Clinical Randomized Controlled Trial of Acupuncture at Different Distal Acupoints in the Treatment of Cervical Spondylosis. Tianjin Traditional Chinese Medicine, 40(6): 759–763.

[9] Su YZ, Lin JD, Li SG, et al., 2023, Clinical Study on the Treatment of Cervical Spondylotic Radiculopathy with Linggui Bafa Acupuncture at Houxi Point Combined with Danggui Sini Powder. Practical Clinical Integration of Traditional Chinese and Western Medicine, 23(10): 61–63.

[10] Zhang L, Xu J, 2025, Effect of Acupuncture at Different Depths of “Houxi Point” Combined with Manual Massage on the Treatment of Cervical Spondylotic Radiculopathy. Journal of Rare Diseases, 32(9): 42–44.