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Acupuncture Found Effective For Lumbar Disc Herniations

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Researchers demonstrate excellent clinical results using acupuncture for the treatment of lumbar disc herniations.

Researchers find acupuncture safe and effective for the treatment of lumbar disc herniations across multiple independent clinical trials. A meta-analysis of investigations reveals that Jiaji acupoints yield significant positive patient outcomes when combined with manual and electroacupuncture techniques. Distal and abdominal acupuncture also demonstrated significant positive patient outcomes. This research review covers rare acupuncture points demonstrating clinical efficacy and details a powerful manual acupuncture technique proven effective for relief of lumbar disc herniation symptoms. We'll start with primary research by Song et al. and then take a close look at a meta-analysis by Wang et al., including specific approaches to clinical care proven to deliver excellent results.



Researchers find both electroacupuncture and manual acupuncture effective for the treatment of lumbar disc herniations. Song et al. conducted a clinical trial at the Xixiang People's Hospital in Guangdong, China. Electroacupuncture and manual acupuncture significantly reduced patients' pain levels. Outstanding positive patient outcomes were recorded for the electroacupuncture treatment group. Patients with lumbar disc herniations receiving electroacupuncture had a 91.8% total treatment effective rate. Improvements included pain reductions, increases in range of motion, and improved straight leg lift testing.

A sample size of 123 patients was randomly divided into two groups. In group one, 61 patients received electroacupuncture therapy. In group two, 62 patients received manual acupuncture. For the electroacupuncture patients, the Jiaji acupoints at the specific vertebra corresponding to the herniated lumbar disc, as well as on the two adjacent vertebrae, were selected as the primary acupoints and treated on both sides. Additional secondary acupoints were selected based on individual patient symptoms. For hip pain, the following acupoints were chosen:

- **Huantiao (GB30)**
- **Chengfu (BL36)**

For calf pain:

- **Weizhong (BL40)**
- **Chengshan (BL57)**

For lateral calf pain, the following acupoint were chosen:

- **Yanglingquan (GB34)**
- **Zusanli (ST36)**
- **Kunlun (BL60)**
- **Xuanzhong (GB39)**

Treatment commenced with the patient in a prone position. Upon disinfection, a 0.30 x 40 mm disposable needle was pierced perpendicularly into each acupoint until a deqi sensation was reported. Next, an electroacupuncture device was connected to the needles in the Jiaji acupoints. A continuous waveform was selected at an initial 0.8 Hz frequency. The intensity was then gradually increased until both sides of the lumbar muscle were twitching rhythmically at a tolerable rate for the patient. Subsequently, a 30 minute needle retention time was observed. One electroacupuncture session was conducted once per day for 20 consecutive days with a one day break after the 10th day. For the manual acupuncture patients, the following acupoints were selected according to the affected area:

- **Ganshu (BL18)**
- **Shenshu (BL23)**
- **Yaoyan (MBW24)**
- **Huantiao (GB30)**
- **Zhibian (BL54)**
- **Chengfu (BL36)**
- **Weizhong (BL40)**
- **Weiyang (BL39)**
- **Yanglingquan (GB34)**
- **Feiyang (BL58)**
- **Guangming (GB37)**
- **Kunlun (BL60)**
- **Tonggu (BL66)**
- **Jinggu (BL64)**
- **Houxi (SI3)**

Treatment commenced with the patient in a prone position. Upon disinfection, a 0.30 x 40 mm disposable needle was pierced perpendicularly into each acupoint until a deqi sensation was felt. During the subsequent 30 minute needle retention time, the acupuncture needle was manipulated once every 10 minutes. One acupuncture session was conducted once per day for 20 consecutive days with a

one day break after the 10th day. The total treatment efficacy was measured based on the TCM Treatment Efficacy Guidelines issued by the TCM Governing Board. Efficacy was categorized into 1 of 3 possible tiers:

- *Effective: Waist and leg pain ceased. Straightened leg lift of 70° and above. Normal waist and leg activity regained.*
- *Improvement: Waist and leg pain relieved. Improvement in extent of waist movement.*
- *Not effective: No improvement in symptoms.*

The total treatment effective rate was measured as a percentage of patients who achieved at least the “improvement” tier. Electroacupuncture produced a 91.8% total treatment effective rate including pain reductions, increases in range of motion, and improved straight leg lift testing. Song et al. conclude that acupuncture is effective for the treatment of lumbar disc herniations.

The research team prefaced their study with background information. Lumbar disc herniation is a common disease among adults. Pain, numbness, or weakness arises due to damage or compression of the nerve root caused by herniation of the nucleus pulposus. This is the soft inner core of the vertebral disc that helps absorb compression and torsion. A herniation occurs when the soft material from the inner core escapes through the outer rings of the disc. This stubborn disease is usually characterized by an abrupt onset with a prolonged or repetitive course of symptomatic flare-ups. Main symptoms include leg and lumbar region pain, and also lower limb motor dysfunction. Lower limb paralysis is possible in severe cases.

Song et al. note that acupuncture is a relatively non-invasive treatment for disc herniations that dredges meridians, promotes qi circulation, eliminates blood stasis, and expels wind-dampness. Pain is thereby relieved when blood and qi circulation is restored. In modern terms, acupuncture stimulates parasympathetic tone and downregulates excess sympathetic nervous system activity. Resulting decreases in the inflammatory cascade of endogenous biochemicals results from the regulation of the autonomic nervous system.

Song et al. add that acupuncture regulates nerve activity, facilitates muscles relaxation, mitigates muscular spasms, dilates blood vessels, improves blood circulation, and also reduces both edema and inflammation. The Jiaji acupoints, located on the back beside the Du meridian, are used to treat diseases related to the corresponding affected nerve segments. Electroacupuncture utilizes electrical stimulation to facilitate the regeneration of damaged nerves by improving nerve cell metabolism and nerve cell enzyme activity. The basis of this is that electroacupuncture forms a localized, stable, and subtle electric current that boosts the electrophysiological properties of nerve cells (Sun, 1996).

In a related study, Wang et al. conducted a meta-analysis on the efficaciousness of acupuncture for the treatment of lumbar disc herniations. Without exception, the clinical investigations demonstrate that acupuncture is a safe and effective treatment modality for lumbar disc herniation patients. The following are examples of studies included in the meta-analysis.

Liu et al. investigated the efficacy of conventional acupuncture therapy. Conventional acupuncture treatment was administered by first identifying the vertebrae with lumbar disc herniations. Corresponding Du meridian acupoints and the two adjacent Jiaji acupoints were needled. The identified acupoints were treated with the Shao Shan Huo (Setting the Mountain on Fire) needling technique. Patients were treated for 10 consecutive days and achieved a 95% total treatment effective rate.

Shao Shan Huo is a powerful tonification needling technique in Traditional Chinese Medicine (TCM). Needles are inserted and stimulated to elicit the arrival of deqi for purposes of reinforcing qi. When applied properly, the patient feels a warm sensation at the needle region. In addition, the skin will be flush red as a result of enhanced micro-circulation of blood.

Initially, the needle is inserted slowly to superficial depth beneath the skin. During the procedure, lifting and thrusting is applied to three levels of depth beneath the skin, starting with the most superficial level at approximately a 0.5 cun depth. This is followed by lifting and thrusting at the middle level at approximately 1.0 cun and the deep level at approximately 1.5 cun. Depth varies according to patient size and acupoint location.

At each of the three depths of insertion, the needle motion combines quick and forceful thrusting with slow and gentle lifting for a total of nine times. Rotation may also be applied with the same techniques. After stimulation at all three levels is complete, the needle is lifted to the superficial level and the procedure is repeated, often three times, to ensure elicitation of a qi sensation producing heat and redness of the skin. The patient may also sweat in the region of the needle or throughout the body as a result of the heat sensation produced by this tonification method. Liu et al. achieved a 95% total treatment effective rate using the Setting the Mountain on Fire technique using the Du and Jiajia (Huatuojiaji) acupuncture points at correlated regions to lumbar disc herniations. Notably, acupuncture was applied for 10 consecutive days.

Deng and Cai's investigation also examined application of the Jiaji acupoints for the treatment of lumbar disc herniations. In a different approach to needle stimulation, Deng and Cai applied electroacupuncture stimulation to the needles. They achieved

significant levels of positive patient outcomes in their clinical trial. In their investigation, patients were treated every other day. Short-term results and a three month follow-up confirm significant clinical improvements.

He et al. had an entirely different approach to acupuncture therapy for the treatment of lumbar disc herniations. Their approach focused on abdominal acupuncture and anterior acupoints. The clinical investigation yielded significant positive patient outcomes. In their semi-protocolized investigation, a set of primary acupoints were applied plus secondary acupoints were added for specific diagnostic concerns. The primary acupoints for all patients were the following:

- **Shuifen (CV9)**
- **Qihai (CV6)**
- **Guanyuan (CV4)**

Next, secondary acupoints were added based on diagnostic criteria. For acute lumbar disc herniations, the following acupoints were added:

- **Shuigou (GV26)**
- **Yintang (MHN3)**

For prolonged lumbar disc herniation, the following acupuncture point was added:

- **Qixue (KD13)**

For generalized lumbago, the following acupoints were added:

- **Wailing (ST26)**
- **Qixue (KD13)**
- **Siman (KD14)**

For sciatica occurring when sitting, the following acupuncture points were added:

- **Qipang**
- **Wailing (ST26), affected side only**
- **Xiafengshidian**
- **Xiafengshixiadian**

He et al. measured improvement rates after three weeks of acupuncture therapy. Patients achieved significant improvements. The researchers conclude that the protocol is effective for the treatment of lumbar disc herniation symptoms. He et al. used several acupoints termed 'extra' points including Xiafengshidian, Xiafengshixiadian, and Qipang. The acupoints demonstrate that the researchers focused on abdominal acupuncture as a means of treating lumbar concerns.

Xia Feng Shi Dian (Xia Feng Shi Dian, Lower Wind-Damp Point) is located 2.5 cun lateral to CV6 and is indicated for the treatment of knee disorders, including postoperative swelling and pain. Xiafengshixiadian (Xia Feng Shi Xia Dian, Below Wind-Damp Point) is located 3 cun lateral to CV5 and is used for leg, ankle, and foot disorders. Qipang (Qi Pang, Beside Qi) is located 0.5 cun lateral to CV6 and is indicated for lower back and leg pain, swelling, and weakness; including postoperative disorders.

The meta-analysis included the clinical research of Zhang et al. Manual acupuncture was applied to acupoints surrounding the afflicted area. All needles were directed towards the center of the afflicted region. Zhang et al. achieved a 97.5% total treatment effective rate.

Overall, the meta-analysis by Wang et al. documents that acupuncture is a safe and effective treatment modality for patients with lumbar disc herniations. Implementation of Jiaji acupoints was common across several studies. Other techniques including abdominal acupuncture and local Ashi acupoint acupuncture also demonstrated clinical effectiveness. Both electroacupuncture and specialized manual acupuncture demonstrated effectiveness as well. As a result of the findings, the researchers conclude that acupuncture is an important treatment option for patients with lumbar disc herniations.

References:

Song YJ, Yu MJ, Li L, Huang WX, Cai ZW, Su DP. (2013). Clinical Observation of Electroacupuncture in Treatment of Lumbar Disc Herniation. Chinese Manipulation & Rehabilitation Medicine.

Sun ZR. Mechanism of acupuncture in the regeneration of surrounding damaged nerves. 1996(02).

Wang FM, Sun H, Zhang YM. (2014). Advance of Clinical Research in Intervention of Lumbar Disc Herniation (LDH) with Acupuncture Moxibustion. Journal of Clinical Acupuncture and Moxibustion. 30(3).

Deng W & Cai LH. (2011). Electroacupuncture on Jiaji acupoint in treating lumbar disc herniation. Journal of Clinical Acupuncture. (7).

He JX, Lin WR, Chen JQ, Huang Y, Wang SX, Lin HH & Chen HX. Abdominal acupuncture in treating lumbar disc herniation. Shanghai Journal of Acupuncture. 2012. (7).

Liu YZ, Sun XW & Zou W. (2012). Shao Shan Huo acupuncture technique on lumbar Jiaji acupoint in treating lumbar disc herniation. Journal of Clinical Acupuncture. (6).

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