

## Clinical Report (Acupuncture)

*Two Cases of Low Back Pain / Sciatica Improved by  
Meridian Therapy*

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### I. Preface

Meridian therapy we perform is based on a system where we determine the state of deficiency or excess according to the three bilateral radial pulses and tonify or reduce accordingly and has been established in the 1930<sup>th</sup> by Sorei Yanagiya and Sodo Okabe. The author has used this method inherited from his predecessors for his acupuncture and moxibustion treatment for approximately 20 years. On this occasion I would like to introduce the treatment we routinely use to treat low back pain. Here I will briefly show some cases and explain the significance of the points we use for our standard therapy.

### II. Case

[Case No. 1] 67 years, male, 170 cm, 63 kg

[First visit] Year X, April 14

[Chief complaint] Low back pain

[Present illness]

Five days ago the patient went shellfish gathering and spent a prolonged time with his back bent. On the following day (4 days ago) low back pain developed. After awaking in the morning and rising, bending forward triggered lancinating pain. It was stronger on the right than on the left side. There was no associated leg pain. The patient suffers from low back pain about once a year, but the pain has never been this intense before. He did not visit any medical facilities like an orthopedic clinic.

[Past history]

He is on hypotensive medication. At home blood pressure is stable at an average of 120/70 mmHg.

[Oriental medical diagnosis]

Diagnosis of the three bilateral radial pulses shows a marked deficiency of the kidney channel and

excess of the gallbladder channel. Otherwise a mild degree of liver deficiency and stomach channel excess was observed.

[Treatment plan]

Based on the principles for reinforcement and reduction of deficiency and excess, deficiency of the kidney channel was tonified and excess of the gallbladder channel was reduced.

[Treatment]

Tonifying with single short needle insertions at KI7, KI10, LR8, BL23. Reduction at GB31, ST37, BL19 and BL21. Moxa with paper mats were used for the moxibustion, applying 5 half-rice grain sized cones each at BL23, KI7, LR8 and GB31.

[Course]

Upon his visit for the second treatment session (April 17) the lancinating pain had subsided. Since the pulse revealed that the kidney deficiency and gallbladder excess still remained, we administered the same treatment as before.

During the patient's visit for the third treatment session (April 20) the patient reported almost no pain and intended to go and play golf the following week. The gallbladder pulse had significantly improved.

During the visit for the fifth treatment session (May 10) the patient reported having been able to play golf the other day and apart from some tension had no low back pain. The pulse diagnosis revealed only a slightly concerning degree of kidney deficiency.

On July 28 of the same year he visited our clinic because of a common cold and reported being free of low back pain.

[Discussion]

Pulse diagnosis revealed for this patient a kidney channel deficiency and a gallbladder channel excess, so that we chose a standard set of acupoints for the treatment, which then led to a recession of the symptoms. If low back pain is the chief complaint, recovery of the kidney channel deficiency and a gallbladder channel excess revealed by the pulse diagnosis represents one indicator. Further, in cases

of severe pain the left guan (bar) pulse tends to show an excess pattern. In this cases present basically as a kidney deficiency pattern, making it highly possible that insufficient tonification of the kidney channel results in recurrent attacks of low back pain. The present case was considered to be such a typical example.

[Case No. 2] 78 years, male, 159 cm, 50 kg

[First visit] Year X, July 4

[Chief complaint] Pain from the right buttock to the right knee

[Present illness]

The patient took a leave of absence from work (butcher) approximately 10 days earlier because of severe lancinating pain occurring when he puts his right foot down during walking and standing. He consulted two different orthopedists and was diagnosed with a herniated intervertebral disk at L2-3 and received nerve block injections, but these were not effective. He was told to have an MRI examination on the following day. The physician administered several nerve block injections, but since they were not effective, the patient was told to consider surgery. The patient also used analgesics, but they too were not effective and only aggravated his constipation, so that he did not want to use them.

[Past History] On steroids because of kidney disease (nephrotic syndrome).

[Oriental medical diagnosis]

Diagnosis of the three bilateral radial pulses shows a marked deficiency of the kidney channel, excess of the gallbladder, stomach and lung channels. The pulse was overall floating and slightly rapid.

[Treatment plan]

Based on the principles for reinforcement and reduction of deficiency and excess, treatment concentrated on tonification of the kidney channel, while reducing the gallbladder, stomach and lung channels.

[Treatment]

Tonification at KI7, KI10 and BL23. Reduction at GB31, ST37, LU6, BL21, BL19 and BL13. Moxibustion at BL23, KI7, GB31 and LU6, applying 5 cones each (10 cones only at KI6).

Course: Second session (July 8), no change.

Third session: (July 10) too no change.

Walking had become slightly easier after the treatment of the fourth session (July 12). Four days later another nerve block injection was scheduled, but the patient now had doubts about it. He said, he does not want to receive injections because they hurt. After the fifth session (July 15) the orthopedist said after observing the patient's gait, that the condition had improved sufficiently and there is no need for any further injections. The patient continued to take the analgesics though.

When the patient consulted the physician after the seventh session (July 21) regarding his constipation, the dose of the analgesics was decreased to half the original amount. Walking had become much easier. After the ninth (July 29) session walking was almost pain free and the patient discontinued the analgesics after consultation with the physician. Since August the patient visited our clinic regularly because of his kidney disease, but the severe pain did not recur and he returned to work.

[Discussion]

When herniated intervertebral disks or spinal canal stenosis is associated with sciatica, it often takes between 1 and 3 months until an alleviation of the pain is achieved. This was the case in this patient too and although until the third session almost no changes were achieved, we continued treatment maintaining the protocol of the first session. This patient required some time to recover from the kidney channel deficiency, but the gallbladder channel excess as a pain indicator actually did improve faster than expected. That was considered to be due to the action of the simultaneously administered analgesics. I have often experienced, that the administration of acupuncture and

moxibustion treatment augments the effects of medications and this patient seemed to have been such a case. In case of low back pain or sciatica a kidney channel deficiency is often the core of the condition, but it is important to identify other simultaneously manifesting excess patterns.

### III. Conclusions

The two cases described here are representative for general cases often encountered in my clinic. Pulse patterns that need to be noted for the treatment of low back pain and sciatica are "kidney channel deficiency" and "gallbladder channel excess". Keep in mind, however, that besides those "liver channel deficiency", "stomach channel excess", "large intestine channel excess" and "bladder channel excess" too often appear. The selection of acupoints follows the pulse pattern. Basic points are those shown for the treatment in the case reports above. In addition, KI10, EX-19, LI13 may also be reactive points. Further, attention should also be paid to indurations in the area of the back transport point group from BL23 to BL18 and if present, using these points for the treatment.