

## Clinical Report (Acupuncture)

### *A Case of Acute Low Back Pain Associated with Walking Difficulties Improved by the Following Day*

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#### I. Introduction

The number of patients with low back pain is extremely high and among the complaining ratio, low back pain occupies first place in men and second in women in Japan. (2010: Comprehensive Survey of Living Conditions). Low back pain is classified into acute, subacute and chronic based on the period of time since onset. Low back pain of duration less than four weeks is defined as acute phase<sup>1)</sup>. As treatment of acute low back pain, pharmacotherapy is highly recommended (Grade A) and NSAIDs are frequently used. Thermotherapy is considered to be of short-term benefit (Grade B)<sup>1)</sup>. However, currently there is little reliable evidence regarding to pharmacotherapy in general<sup>2)</sup>. As for acupuncture and moxibustion treatment, According to a Cochrane review of 35 RCTs studies published in 2005, among them only three studies dealt with for acute low back pain, it was concluded that the effectiveness of the treatment remain uncertain,<sup>1)</sup>. Here I report a case of acute low back pain successfully treated with acupuncture and moxibustion treatment..

#### II. Case report

[Case] 66 years, male

[First visit] July 15, year X

[Chief complaint] Low back pain

[Past Medical history] At the age of 55 partial gastrectomy because of gastric cancer

[History of Present illness]

He has repeated acute low back pain about once a year over the last few years. On the morning of his first visit to my clinic, he had acute low back pain, which unable him to walk to my clinic.

[Life history] Single, lives alone

[Current condition] Height 165 cm, weight 50 kg

[Subjective symptoms] When the patient visited my clinic, he supported his body on the wall. He was barely able to move one step at the time forward because of the pain, but did not complain any numbness of the legs.

[X-Ray] It did not show abnormalities a month before his visit.

[Oriental Physical Examination]

Inspection: appeared to be very uncomfortable, but had a healthy look; facial complexion was somewhat dark and lacked luster.

Audio-olfactory examination: weak voice.

Inquiry: The patient was currently without occupation and did not do anything possibly causing particular strain on the low back. The only occasion to leave home is visiting the horse race track on weekends. Otherwise he contrived to join a Mahjong club in order to have a reason to leave home even during the week, but because of his poor skills at Mahjong this on the contrary tended to irritating and stopped him from continued attendance. He had the habit of drinking about 5-6 cans of beer every evening. He drank a lot of alcohol over a period of several weeks prior to the onset and often also started drinking during the day. When drinking during the day he rarely went out, became drowsy and slept, so that he recently spent much time lying down. He did realize that excessive drinking and lack of exercise is not good. The pain manifested in a way, that he could not put any weight on his spine.

The difficulty to fall asleep caused the drinking habit for many years. His insomnia started when his younger brother died of cancer approximately 30 years ago. He felt responsible for the death of his younger brother and this guilt has caused him much suffering.

Palpation: rough, floating pulse, rapid, empty and slightly choppy. Comparative pulse diagnosis showed liver and kidney deficiency. Abdominal diagnosis showed weakness of the lower abdomen. Meridian palpation revealed tenderness from GV3 ~

GV4. The tenderness was also experienced as discomfort.

[Medical diagnosis]

One month ago an x-ray had been taken, but did not show any anomalies.

[Oriental medical diagnosis]

The cause of the condition was considered to be excessive eating and drinking (excessive alcohol consume), leading accumulation of damp heat and qi stagnation. The pattern was identified as a liver-kidney deficiency. Due to the excessive drinking and resulting decreasing frequency of leaving the house in conjunction with a lack of exercise led to qi stagnation in the lumbar area. In addition to that damp heat accumulated in the lumbar region, conceivably causing the pain.

[Treatment policy] Disperse damp heat and improve the qi stagnation directly responsible for the pain; reinforce the deficient liver and kidney qi, thus aiming at a recovery of low back function.

[Treatment] Root and branch treatment (sitting position): 1 cone of heat-sensing moxibustion each at the 3 locations of the tender GV3, in the intervertebral 3<sup>rd</sup> and 4<sup>th</sup> spaces and at GV4.

Root treatment (supine position): Transmeridian Qi Tonifying Technique at LR8 and KI7.

FRANC treatment (supine position): Zheng Qi Tonifying Technique at CV4. Branch treatment (prone position): Qi retention Technique at GV3, in the intervertebral 3<sup>rd</sup> and 4<sup>th</sup> spaces, GV4, BL23 and BL28. Zheng Qi Tonifying Technique at BL18. Qi Splashing Technique at BL60. That is the Toho-kai style treatment (Meridian therapy) I performed. The floating pulse was alleviated, liver-kidney deficiency improved and I finished treatment after the pulse had calmed down. Immediately after the treatment the patient did not report any subjective changes in the pain. Objectively the walking speed appeared to have slightly increased.

[Clinical course]

Second session (July 16): On the day after the first visit the patient came by train (walked to the station;

he did experience discomfort, but the activities of daily life had significantly improved so much as to cause no major problems). The pain along the governing vessel (GV3~GV4) had slightly decreased. Inspection: Calm expression; facial complexion had become lighter.

Audio-olfactory examination: Voice had gained in strength and he was rather talkative.

Palpation: rough pulse, slightly floating, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency. Abdominal diagnosis still showed lower abdominal deficiency.

Root treatment: Transmeridian Qi Tonifying Technique at LR8 and KI7.

FRANC treatment: Zheng Qi Tonifying Technique at CV4. Qi Splashing Technique on the governing vessel (from the vicinity of GV3~to the vicinity of GV4) near the tender regions. Zheng Qi Tonifying Technique at BL23 and BL18. Yin Qi Tonifying Technique and Qi Splashing Technique near BL23 and BL25 as lumbar regions of increased muscle tension. Qi Transfer Technique at BL60. Yin Qi Tonifying Technique, Qi Splashing Technique and Qi Smoothing Technique in a sitting position for regions of strong muscle tension at the sides of the neck, along the top of the shoulders and the upper back.

Third session (July 19): "Activities of daily life do not cause problems and I take walks depending on my condition." The tenderness at GV3 still remains.

Palpation: rough pulse, slightly floating, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: same as during the last session.

Fourth session (July 23): "I spent the whole day sitting at the horse race track, but was fine. The other day I drank alcohol. Four cans of beer. I had intended to stop at two, but the excitement after the horse race kept me going to drink 4 cans." Tenderness at GV3 remains.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: same as during the last session.

Fifth session (July 30): "Three days ago I felt some discomfort, but that went away in 1 day. Because my sleeping rhythm has fallen into disorder I do sleep during the day, but then cannot fall asleep at night. That is why my alcohol consume is increasing and seems also to lead to the development of my low back pain. But unless I drink some alcohol, I cannot fall asleep. That is a habit of mine continuing already for many years. The trouble with falling asleep started about 30 years ago, when my younger brother died." There is some tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed lung deficiency pattern.

Treatment: The pattern was identified as lung deficiency and treated by Transmeridian Qi Tonifying Technique at LU9. Local and symptomatic treatment same as during the last session.

Sixth session (August 6): "Because my life rhythms is disorderly, alcohol consume has increased. There has been some low back pain, but it is not as severe as the other day." There is some tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed liver-kidney deficiency pattern.

Treatment: The pattern was identified as liver-kidney deficiency pattern and treated by Transmeridian Qi Tonifying Technique at LR8 and KI7. Local and symptomatic treatment same as during the last session.

Seventh session (August 9): "Recently I am fine. I adjusted my life rhythm and started taking walks." There is almost no tenderness at GV3.

Palpation: rough, slightly floating pulse, slightly rapid, empty, slightly choppy. Comparative pulse diagnosis showed lung deficiency pattern.

Treatment: The pattern was identified as lung deficiency pattern and treated by Transmeridian Qi Tonifying Technique at LU9. Local and symptomatic treatment same as during the last session.

Due to the improvements in his daily life I ended the treatment according to the patient's wish.

### III. Discussion

The increasing number of people suffering from low back pain, especially those with acute low back pain, are looking for immediate effect and prevention of chronic pain. While pharmacotherapy is highly recommended for acute low back pain, its effects are often limited. Acupuncture and moxibustion treatment for chronic low back pain is recommended next to exercise therapy, but many acupuncturists have also experienced quick efficacy when treating patients with acute low back pain.

The history of this patient suggests that local heat sensing moxibustion and Qi Retention Technique seemed to have been particularly effective for low back pain caused by damp heat and qi stagnation. Yet, in conjunction with the adjustment of changes in the Meridians using remote sites the treatment overall succeeded without being overly occupied by local treatment and thus is considered to have led to a favorable outcome. Conceivably the reason for the improvement on the day following the session was that because of the marked deficiency sleep was needed for the recovery.

On the other hand, this type of acute low back pain recurred because of lifestyle habits including a drinking habit, indicative of the suffering of the patient up to the present. It is difficult for an acupuncturist to directly help solve the problems related to the patient's suffering forming the background for his complaint. Yet, it is possible to ask the patient about the details, show understanding and at least one can endeavor building a relationship allowing communication. Based on this relationship I was able to encourage the patient during casual conversation to express his sufferings. And through improvements of the flow of qi and blood via adjustments of the changes in the channels acupuncture and moxibustion directly contributed to improvements related to the chief

complaint and conceivably motivated the patient to improve his lifestyle.

#### **IV. Conclusions**

This patient with acute low back pain received only acupuncture and moxibustion treatment. Although this is only a case report, it suggest some way to validate the effects. In the future I would like to use a pain evaluation scale, investigate more cases and verify the usefulness of acupuncture and moxibustion treatment for acute low back pain.

#### **References**

- 1) The Japanese Orthopedic Association, Clinical Practice Guideline Commission, Low Back Pain Clinical Practice Guideline Drafting Commission. Low Back Pain Clinical Practice Guideline 2012; Nankodo ISBN: 978-4-524-26942-6
- 2) Tetsuhiro Iguchi, Koichi Kasahara, Aritetsu Kanemura: EBM of Pharmacotherapy for the Treatment of Low Back Pain. Journal of the Japanese Low Back Pain Society. 11(1): 85-91, 2005