Clinical Report (Acupuncture)

Acute Low Back Pain Following a Holiday

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Introduction

I have learned the acupuncture and moxibustion skills from late Mr. Meiyu Okada and Mr. Akizo Okada. These masters used pulse diagnosis and pattern based treatment, treating the entire body using channel therapy. Also, at the pedagogic institution where I am employed, I strive to clarify the foundations of channel therapy through lectures and research and I am trying to apply these during my ordinary clinical practice. Low back pain is a symptom of one region of the body, but its treatment essentially requires the comprehension of findings from the entire body in order to determine how to proceed with the treatment. Using this case report I present here the use of channels in diagnostics and treatment.

Day of treatment: Year XX, May X
Patient: male, 44 years
Chief complaint: low back pain, left gluteal pain

Present illness

On the 6th of X (during the May holidays) the patient started experiencing low back discomfort and on the fourth of X severe pain developed when he went to work. He could not think, however, of any triggering event. In the morning on the third of X he could not get out of bed and called the company reporting he will take a day off. Even during bed rest he suffered from pain radiating from the lumbar region down into the left gluteal region and then visited our clinic because these symptoms interfered with his daily life.

Two years earlier he had visited our clinic because of chronic low back pain. Later complained about fatigue and stiffness of neck and shoulders due to desk work and used to come for treatment once every two months complaining of low back pain.

Past history

Acute low back pain [an MRI taken about 15 years ago showed a herniated disk at L4-5]

Life history: no drinking and smoking, little exercise

Current condition: height 180 cm, weight 90 kg, blood pressure 156/90 mmHg, pulse rate 92/min

Examination findings:

The SLR could not be performed because the patient was too afraid. Chilling of the lower legs and feet +, without differences between left and right, numbness of the lower legs (-) and no obvious differences in the circumference of the lower legs.

NRS (Numerical Rating Scale)： 9

Inspection

Little facial expression with a dark complexion (examination of the skin of the medial forearm revealed dark skin and the patient had in general a naturally dark skin) and a tendency toward dry skin. The patient was large body build and a great abdominal circumference. He walked cautiously bend forward while holding his hand to his back. The soles of his feet showed erythematous patches but the plantar arch area was white.

Audio-olfactory examination

He was almost reticent and when he answered, his voice was quiet, without force and slightly high-pitched.

Inquiry

Recently he tended to be unusually thirsty and drank much water, micturition frequency slightly increased (10 times/day), bowel movements (once per day) of slightly soft consistency without abdominal pain. Reportedly a high stress level at the workplace.

Channel palpation

The body in general was tense and hard. Due to high tension spontaneous sweating was observed on the face, back, lower legs, palms, and soles of the feet. Chilling of the abdomen and lower legs, while chest and head felt feverish, indicating a marked

differences in hot and cold feelings between the upper and lower parts of the body.

Hands

Taiyin lung channel of hand indentation at LU7: tenderness at LU5, indentation at LU8

Yangming large intestine channel of hand: tenderness at LI11, LI10 and LI4

Juejin pericard channel of hand: tenderness at PC6, PC8

Shaoyang sanjiao channel of hand: tenderness at TE5, TE6

Shaoyin heart channel of hand: tenderness at HT5, HT6, HT7 and HT8

Taiyang small intestine channel of hand: pinching pain at SI3, left > right

Feet

Taiyin spleen channel of foot: indentation at SP9, tenderness at SP8

Yangming stomach channel of foot : tenderness at ST36 and ST44, left > right

Jueyin liver channel of foot: tenderness at LR8, LR3, left > right

Shaoyang gallbladder channel of foot: tenderness at GB34, GB38, GB39 and GB41, left > right

Shaoyin kidney channel of foot: indentations at KI10, KI9, KI7 and KI3, left > right

Taiyang bladder channel of foot: tenderness at BL55, BL58

Abdominal diagnosis:

* Discomfort in the hypochondrial region

* Lower abdominal weakness, lateral abdominal tension

Pulse diagnosis:

Floating, large and deficient, left chi pulse intermediate, floating, deficient, right cun pulse slightly floating and deficient, left cun and right cun pulses slightly excessive

Pathology:

A yin deficiency of the kidney channel led to a kidney channel qi deficiency, the deficiency heat of the bladder channel affected the gallbladder channel leading to upper excess and lower deficiency and with abundant heat in the chest, while the pulse characteristics indicated insufficient dispersion of heart heat.

Pattern:

Kidney deficiency heat pattern, deficiency heat affecting the gallbladder channel, heart heat.

Treatment

Needling:

For "floating pulse" mostly shallow needling, for "deficient pulse" reinforcement, in case of a "floating, large and deficient" pattern reinforce the deficiency first and later drain the excess.

The primary treatment channel is the kidney channel, but on this occasion it was a disease pattern of the gallbladder and bladder channels. I also used the small intestine channel to drain the heart heat, and used the lung and large intestine channels as well as the spleen channel to support the reinforcement of the kidney channel.

Supine position:

GB5, GV20 (needle retention), VC12, ST25, CV15 ~ hypochondrial region (singular insertion and scattered short pricking), LU8, LI11, SI3, TE3, ST37, KI9, KI7 (singular insertion, reinforcement), SP8, GB38 (singular insertion, draining)

Prone position:

Scattered short pricking in the interscapular region, BL14, BL15, BL43, BL17, BL18, BL22, BL23, BL52, BL26, left BL53, left BL54, BL55, BL58, BL60 (needle retention + far infrared irradiation for 25 minutes), left GB39, BL10, GB20 (singular insertion)

Sitting position:

Scattered short pricking along the ridge of the shoulder.

Results

At the beginning of the treatment the patient reported pain even upon lying down and turning in bed, but after the treatment the pain rating decreased from NRS 9→6. In a sitting posture there

was tenderness at GB39 on the gallbladder channel in the lower leg area. Attaching Pyonex 0.3 mm needles decreased the NRS to 5, but due to the low back pain the slow movements did not change. Facial expressions improved as compared to the pretreatment condition and dressing and walking remained somewhat awkward.

Course

Second session (+2 days)

On the day following the treatment the low back NRS score dropped to 4. Today he visited our clinic after work and the NRS score has currently been alleviated to 3. However, there is still no change in the slow movements and the patient keeps worrying about the condition of his low back. Channel palpation showed that the lower legs have become warmer and the generalized tension is decreasing. The 12 channels still showed the same tendencies, but the tenderness at PC6, PC8 has decreased and I palpated a deficiency at ST36 a deficiency as well as an excess at ST40.

Pulse:

Floating, slightly large and deficient, left chi pulse was intermediate, slightly floating and deficient, the right cun pulse was slightly floating and deficient, the right guan also slightly floating.

Pattern:

Kidney deficiency heat pattern, the channel heat affecting the gallbladder and stomach channels.

Treatment

Same treatment as during the previous session, exempting the small intestine channel, reinforced and reduced the stomach channel and added 5 cones of heat penetrating moxibustion at BL23 and BL26.

Results

The patient reported "the moxa stimulation seems to have been most effective" and the pain had being almost completely alleviated, so that the treatment was terminated.

Discussion

In the past this patient had been diagnosed with a herniated intervertebral disk, but in the absence of numbness of the lower leg, no difference in the circumference of the calf and no atrophy, the condition was considered to be a non-specific low back pain. He usually was performing desk work and although feelings of fatigue and heaviness indicated a chronic condition, he could not think of any triggering events that might have caused a low back pain severe enough to interfere with his social activities. Studies conducted in recent years indicate a correlation between "psychological distress, depressive mood among possible sociopsychological factors" and low back pain in cases of prolonged low back pain[1]. The symptoms of the low back pain that developed in this patient during a string of consecutive holidays were characterized in that they aggravated after returning to work so much, that they prevented him from leading his normal social life. While treatment alleviated the low back pain, he could not help being worried about the activities of daily life, suggesting the presence of a mild degree of depressive mood.

The patient had a disposition with a tendency towards kidney deficiency and "fear" as an emotion associated with the kidney was unstable. Anxiety actually developed during daily life, preventing him from taking audacious actions, suggesting the burden on the lower back had increased.

Inspection showed a type of dark and dry skin that has been mentioned in Chapter 10 of the Jing Mai, On Channels in the "Ling Shu", where the disease produced by the liver channel being referred to as '*Zu jue yin gan jing shi dong bing zheng*' is characterized by "non-lustrous complexion as if the face is dusted". In case the work related stress leads to a tendency towards depression, heat builds up within the chest that may then be difficult to disperse. This does not only suggest that the kidney deficiency and heart heat form an exterior-interior unity, but it is also possible to view this as a "vexation and fullness"

associated with the liver channel '*Zu jue yin gan jing Suo sheng bing zheng*'. Since the patient requires time to lie down and worries about turning in bed, this may be interpreted as a disease produced by the liver channel described as "low back pain and difficulty in moving the body" as well as the related disease produced by the gallbladder channel described as "pain in the subcostal region, inability to turn the body".

Although in this case the predominant emotion was "fear", it is easily conceivable that an insufficiently smooth dispersion of "anger" may have led to the onset of an acute low back pain as a disease of the gallbladder channel.

Mr. Meiyu Okada said, that "the effective use of command points and local needling is sufficient to achieve recovery from acute but mild conditions depending on the pulse condition"[2].

The author interprets the denotation of "acute and mild" as referring to an "acute low back pain, but without any signs of neurologic impairments". Mr. Okada mentioned that in this case the "use of command points depending on the pulse condition" and "local needling" should be sufficient. This remark of him is serves as an important suggestion regarding the standard treatment guide for low back in channel therapy.

In this case I initially applied comparatively shallow needling for the yin deficiency heat pathology[3,4], but the pulse condition indicated the need for somewhat greater insertion depth. In general it is important to discern the deficiency-excess and cold-heat condition, perform meticulous channel palpation. After that it is possible to proceed with the appropriate treatment based on an evaluation of the responses observed during the channel palpation as well as the pathology surmised from the pulse condition regarding yin-yang deficiency-excess.

Conclusions

The objective findings were rather scant in spite of the marked subjective symptoms reported by the patient, so that I based the decision whether or not to proceed with channel therapy mainly on the pulse diagnosis and channel palpation. I performed a pulse diagnosis at the three bilateral radial pulses and based my judgment of a "heat pattern" on the evaluation of the classified pulses. Heat was the central feature of the disease pattern, but in case of reduction of the heat through shallow needling I decided to "first reinforce the deficiency and later reduce the excess". Based on diagnosis of the pulse differences between the sided the kidney channel was the primary treatment channel, but I decided that the changes in the gallbladder and bladder channels too have contributed to the development o the low back pain. This is a channel combination frequently encountered in patients with low back pain. Combined with anxiety or tension the inspection of the patients complexion and the results of channel palpation the pulse reveals a close correlation with the kidney channel, so that the treatment of the kidney channel had in this patient marked general effects.

References

1) Low Back Pain Clinical Practice Guideline 2012: supervision by The Japanese Orthopedic Association, Japan Low Back Pain Association (Fourth Edition), Nankodo 2013
2) Meiyu Okada: Three cases of low back pain, channel therapy, Channel Therapy Study Group, 1968
3) Motoaki Okabe, Masakazu Ikeda, others: Japanese Acupuncture and Moxibustion Medicine, Channel Therapy, Basics, Traditional Japanese Medicine, 1997
4) Motoaki Okabe, Masakazu Ikeda, others: Japanese Acupuncture and Moxibustion Medicine, Channel Therapy, Clinics, Traditional Japanese Medicine, 1997