# Clinical Report (Acupuncture)

A Case of Low Back Pain

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## Introduction

When we diagnose and treat our patients, we emphasize on the time series data obtained from patient's life and medical history. By writing the information in the Chronological Chart (Fig.1), we can find the relation between patient's life events and their chronic health problems and will be able to understand them structurally. This understanding is comprehensive and useful for planning MITATE (diagnosis, treatment and prognosis) that we emphasize.

## Case Study

75 year old man

First visit:

May 11th of X year

Chief complaint:

Left lumbago, right buttock pain, stiff neck (started from June of X-1 year)

# Past History:

Otitis media operation and tonsillectomy in his childhood, decompression surgery for trigeminal neuralgia in his 49 year old, hemorrhagic operation in his 60 year old, treatment of hypertension in his 69 year old, shingles on the right front forehead in his 71 year old.

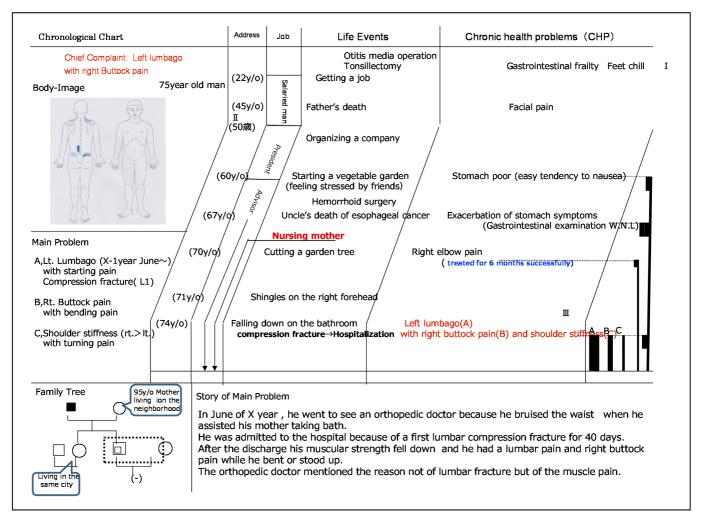


Figure 1

#### Present illness:

In June of X year, he went to see an orthopedic doctor because he bruised the waist when he assisted his mother taking bath. He was admitted to the hospital because of a first lumbar compression fracture for 40 days. After the discharge his muscular strength fell down and he had a lumbar pain and right buttock pain while he bent or stood up. The orthopedic doctor mentioned the reason not of lumbar fracture but of the muscle pain. He remembered that he was treated well his right elbow pain in our acupuncture and moxibustion care unit, so he decided to come to see us again.

### Living conditions:

He was running a company with wife and taking care of a 95 year old mother living in the neighborhood in the same town.

#### Present status:

His height is 167cm and his weight is 67kg. His blood pressure is 137/84mmHg(pulse 71c/s) and controlled well with telmisartan 40mg/day.

## Subjective problem:

Severe coldness in his toes

## Objective findings:

Straight leg raising and femoral nerve stretching tests are within the normal range

Oriental medical findings: (Fig.2)

Tongue diagnosis;

purple colored, extended sublingual veins, swelling tongue and tooth impression

Pulse diagnosis;

sunken pulse

Abdominal diagnosis;

umbilical tenderness and resistance near ST27, weakness of the lower abdominal region. This means Kidney qi deficiency

Back diagnosis;

Small superficial vessels near GV4.

This means traumatic blood stagnation also his many operations history.

Pressure sensitive hardening near BL17, Pressure sensitive depression near GV11 · GV12. This means somatoform disorders caused by the life stress of taking care of his mother. Treatment: (Fig.2)

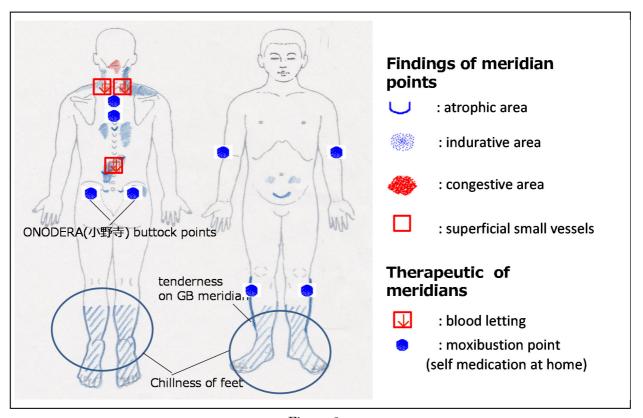


Figure 2

Our treatment for this patient is mainly as follows.

- 1) The traumatic blood stagnation was treated by bloodletting of small superficial veins near 命門(GV4).
- 2) The Kidney qi deficiency was treated by moxibustion on the top of needle near CV4.
- 3) The somatoform disorder was treated by direct moxibustion on GV11 · GV12.
- Moxibustion to right buttock pain, The pint of ONODERA buttock points.
  The pint of ONODERA buttock points are good for lumbago as well as stomach pain.
- 5) The herbal medicine *keishibukuryogan* was used because of the traumatic blood stagnation.

## Clinical course:

The patient was treated every 2-4 weeks. Four weeks after the first visit, left lumbago pain decreased from 10 to 5 in numeric rating scale (NRS) and right buttock pain decreased from 10 to 5.

After 3 months, the degree of left lumbago pain decreased from 5 to 1, the right buttock was painless and only dull feeling.

After treating for about a year, patients were able to continuing self medication of moxibustion at home, so treatment was terminated.

#### Conclusion

When we treat our patient we emphasize on their constitutional condition such as; traumatic stagnation, qui deficiency, and somatoform disorder. These basic treatment prevent the recurrence of their disease. As for this kind of diagnosis, treatment and prognosis (or prevention) we call them together MITATE.