Clinical Report 1 (Japan)

Acupuncture and Moxibustion Treatment – Case Report

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1. Introduction

This case reports describes the observed course of a patient with lumbar spinal canal stenosis referred to this clinic from the Kuretake Medical Clinic (below abbreviated KMC) affiliated with this school, who was treated a total of 7 times.

2. Case

Patient: 64 years, male, runs an opticians store, height: 165 cm, weight: 62 kg

First visit: January 27, 2011

Chief Complaint: low back pain, numbness extending from the right buttock down the right leg, pain in the buttocks upon sitting down.

Present illness: At the beginning of December 2010 the patient felt while walking a sudden pain in the right knee and on the right side of the waist that quickly disappeared at that time, but later he occasionally experienced pain, also during walking, on the right side of the low back. On December 31 the low back started to hurt on both sides and he went to a groceries store to purchase and use a low back pain belt to reduce the pain. On the next day (January 1, 2011) upon rising a sharp pain and numbness in the right lumbar area occurred when he put his foot on the floor and since then he felt numbness on the outside of the right leg.

On January 6 of the same year he consulted the department of orthopedics at the KMC and was diagnosed with stenosis of the lumbar spinal canal. Until January 8 of the same year he had to use a taxi to commute to the KMC, which is located in his neighborhood, because he had difficulties walking. At the KMC the treatment was performed from the day of the first visit in the department of rehabilitation and included application of heat, traction, low frequency current therapy and was also prescribed oral drugs (anti-inflammatory analgesics, muscle relaxants, PG derivatives, drugs for peptic ulcers). By January 16 of the same year he had recovered so far, that he could come walking to the clinic. At this time he tended to drag the right leg when starting to walk but still commuted every day. After the rehabilitation the dragging sensation of the right leg was somewhat relieved.

When he learned of the parallel establishment of this facility acupuncture treatment was initiated. Although this was going to be his first acupuncture treatment, he had no concerns about the treatment nor felt any resistance to it and was thus referred to the KMC based on his wish to achieve any possible relief of the symptoms (the form requesting treatment was received on January 24 of that year) and thus started to visit this clinic.

The pain and numbness on the outside of the right lower extremity is particularly strong upon rising and slightly alleviated by warming the leg. Since the development of the symptoms the patients thought that heavy objects might generate stress and thus does not carry weights any longer. These last 2-3 days pain started to developed upon sitting in a chair. From his injury until now he had not had any pain anywhere in his body. Now he cannot sit for a prolonged time during work. He consumes a moderate amount of alcohol once a week.

Past history: 22 years ago he was diagnosed with DM (currently he is on therapeutic medication).

Family history: nothing particularly noteworthy

Personal history: Played soccer from elementary to high school. Used to walk since the diagnosis of the DM (a course of approximately 3.5 km, requiring 45 minutes)

Findings: blood pressure: 162/80mmHg, pulse rate 64 (no arrhythmia), body temperature 36.2℃, no scoliosis, slightly decreased lumbar lordosis, no stepwise deformation.

The motion of the lumbar area is normal, but movement elicited pain around the insertion of the erector spinae muscles of the lumbar region and numbness/pain of the outside of the right lower extremity.

Negative Kemp sign, patellar tendon reflex normal, Achilles tendon reflex diminished on the right side, plantar and dorsal flexion of the big toe were both reduced, the right L5/S1 area showed positive signs of esthesiodermia (described as the appearance of numbness), the SLR test was negative, so was the Katayama's Bonnet test.

The region of the lumbar erector spinae muscles (BL24 (Kikaiyu, Qihaishu), BL25 (Daichoyu, Dachangshu), BL26 (Kangenyu, Guanyuanshu) / muscle tension of the gluteal region (left ≒ right), right mid-back (BL18 (Kanyu, Ganshu) – BL20 (Hiyu, Pishu)) muscle tension.

Assessment of the pathologic condition: The KMC physician diagnosed a stenosis of the lumbar spinal canal. Based on the diminished lordosis the presence of age dependent degenerative changes can be surmised. It cannot be definitely stated that only walking is directly responsible for the development of the present condition, but an accumulation of daily muscle fatique, including the portion caused by walking, may have possibly triggered the onset.

Treatment plan: Needling was performed in an area from the lumbo-gluteal region down to the right lower extremity in order to achieve a sedation of the nervous symptoms through raising the pain threshold and attempts at relieving the muscle tension. I expected an improvement of the lordosis through relieving of the muscle tension. From the next time modification of the point selection for the needling depending on the lower extremity symptoms were also considered.

Treatment: For the needling disposable needles manufactured by SEIRIN were used.

Needling sites and needles sizes were: 30 mm #16 needles placed at BL18 (Kanyu, Ganshu), BL20 (Hiyu, Pishu), BL37 (Inmon, Yinmen), GB34 (Yoryosen, Yanglingquan), GB35 (Yoko, Yangjiao) (all bilaterally, inserted to a depth of approximately 7 mm), 40 mm #16 needles placed at right BL24 (Kikaiyu, Qihaishu), right BL25 (Daichoyu, Dachangshu), right BL26 (Kangenyu, Guanyuanshu), right gluteal tender point (inserted to a depth between 25 and 30 mm), right external BL53 (Hoko, Baohuang), right BL52 (Shishitu, Zhishi), left BL24 (Kikaiyu, Qihaishu), left BL26 (Kangenyu, Guanyuanshu) (inserted to a depth between 15 and 25 mm). All needles were retained after insertion for 5 minutes.

Course: Slight improvement of the subjective symptoms after the treatment.

Second treatment (February 3): After the last treatment there was during the 10-minute walk home no dragging sensation in the right leg. The numbness, however, reappeared by the following day. After that the patient was barely aware of any lower extremity symptoms during walking and there were no aggravations. He felt the numbness at rest or while sitting.

On the day of the treatment muscle tension was relieved, but by the following day the tension in the lumbar and gluteal had returned. The tension was worst in the morning and relieved by warming.

The lumbar motion did not induce any changes in the degree of numbness and pain. Postive right Kemp sign, normal tiptoe and heel gait (tensing the muscles in the right lower extremity was not possible and the patient had difficulties in balancing), other positive

findings observed during the examination were about the same as those observed during the first session. Same treatment as during the first session.

Third treatment (February 10): Alleviation of lumbar tension after the last treatment, body weight could be more easily shifted onto the right leg, but no improvement in the numbness. There was still a vague sensation of numbness in the foot, but now tended on concentrate on the region around the third digit. Tension of the hip in the moving was unchanged.

The lumbar motion did not induce any changes in the degree of numbness and pain. Negative right Kemp sign (pain in the right buttock), other positive findings observed during the examination were about the same as those observed during the first session. Same treatment as during the first session.

Fourth treatment (February 17): On the day of the treatment the patient felt fine. When the patient put both feet together on the next morning and scoop up water to wash his face, numbness and pain developed in the right buttock and along the outside of the right leg (down to the lateral malleolus), so that he had to wash his face with one hand in a posture with the right leg drawn backwards. During this week the constant sensation of numbness disappeared and if it occurred, the size of the affected area had started to decrease.

No changes in the lumbar motion induced numbness and pain. Negative right Kemp sign (only pain in the right buttock and examination revealed the same positive findings that were also found during the first examination. Right BL58 (Hiyo, Feiyang), right BL60 (Konron, Kunlun) were added to the initial treatment menu.

Fifth treatment (February 24): No changes in the pain in both buttocks during sitting in the morning and the numbness during washing the face in the right buttock and outside of the leg. Likely appearance of numbness after 20-25 minutes when the patients takes a walk.

The lumbar motion induced numbness and pain were the same except during left rotation. Negative right Kemp sign (disappearance of pain in the right buttock) while examination revealed the same positive findings that were also found during the first examination. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

Sixth treatment (March 3): When going for a walk even after 30 minutes he did not feel numbness or pain in the right leg any longer. The area of the numbness now covered the region from the lateral malleolus to the foot. The pain in both buttocks during sitting in the morning had slightly improved.

The lumbar motion induced numbness and pain occurred only during retroflexion. Negative right Kemp sign while examination revealed the same positive findings that were also found during the first examination. Relief of the lumbar muscle tension. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

Seventh treatment (March 10): The patient became able to wash his face with both hands and both feet put together (disappearance of symptoms in the right buttock and leg) and the frequency with which he noted the numbness and pain in the area from the lateral malleolus to the foot decreased. The sensation of dragging the feet during walking had almost disappeared. The pain in both buttocks during sitting in the morning had been significantly alleviated. He also felt that the awareness of lumbar muscle tension had decreased. The sensation of muscle fatique of the leg too decreased and he felt a tendency toward increasing power.

The lumbar motion induced numbness and pain occurred only during retroflexion. Normal tiptoe and heel gait (no staggering), negative right Kemp sign (right buttock felt slightly heavy), right Achilles tendon reflex normal, plantar flexion and dorsal extension of the big toe were both weakened on the right side, in the right L5/S1 region disturbance of the sense of touch. Relief of the lumbar muscle tension. Right BL58 (Hiyo, Feiyang) was added to the initial treatment menu.

* After the treatment the chief complaint of the patient presented during the first examination had almost completely be alleviated and the patient therefore requested temporary discontinuation of acupuncture treatment, while integrating the exercise therapy at the department of rehabilitation previously proposed by the physician of the KMC and simultaneously increasing the frequency of going out.

3. Discussion:

This patient presented with clinically common degeneration induced symptoms. In this facility we endeavor to immediately communicate information about patients referred from the KMC, so that we could visit the department of orthopedics of the KMC promptly after the first treatment and inquired about the basis for the diagnosis of stenosis of the lumbar spinal canal while referring to the diagnostic images. Also, by routinely obtaining the western medical physical examination items determined by the clinic we were probably also able to compare our findings with the information from the KMC and thus provide an environment for a treatment that was each time finely adjusted to the patient's symptoms. This also made the symptoms easier to comprehend for the patient, had the advantage of facilitating the setting of goals and thus probably led to improved therapeutic results.

Normally acupuncture and moxibustion treatment for stenosis of the lumbar spinal canal cannot directly be administered within the spinal canal, but in this case we were able to achieve alleviation of the symptoms after a short period of time. This suggests that a clear identification of the pathologic condition allowed to obtain an appropriately informed consent regarding the treatment plan from the patient.

4. Conclusion:

Examination of western medical physical findings by acupuncturists allows to accurately identify the pathologic condition and correctly communicate with physicians. The result is, that confirmation of the symptoms is easily comprehensible for the patient too, helps to obtain an informed consent for setting goals and is also considered to improve therapeutic results.

Introduction to Kuretake School of Integrative Medicine

Kuretake School of Integrative Medicine was opened in Omiya-ku, Saitama-shi, Saitama-prefecture in April 2009 as the third school of Kuretake College of Medical Arts and Sciences. Kuretake College of Medical Arts and Sciences founded in 1926 has dedicated itself over 85 years to the education of Japanese traditional massage, massage, finger pressure, acupuncture, moxibustion, and Judo-orthopaedics and grown as an institution of systematic practical education for traditional medicine.

Taking full advantage of educational techniques developed and built up by all its existing schools, Kuretake School of Integrative Medicine proactively tries anything new or difficult that we deem to be necessary for training human resources required by the modern age. It is absolutely imperative that acupuncture and moxibustion in this day and age have a cooperative relationship with Western medicine. And, views and speculations from the perspective of Western medicine are the most important. In order to put a great deal of effort in fostering human resources most appropriate and required in the field of such medical care, we adopt the full time system for daytime classes. For individuals who work and study for the national certification, nighttime classes are also offered, responding to the needs of the local community.

Furthermore, we have established the treatment centers attached to the school as part of the follow-up system where training courses are offered to the graduates for further improvement of their techniques, as well as students, who can experience clinical sites through the trainings of clinical practice. Thus, we provide practical education with our main focus on fostering practitioners of acupuncture and moxibustion who will contribute to society.

We have also established Kuretake Medical Clinic in the school facilities, where community healthcare is being provided in close coordination with each of the treatment centers for acupuncture and moxibustion, and Judo-orthopedics. The clinic complete with state-of-the art apparatus for medical testing has different Departments of Internal Medicine, Kampo Internal Medicine, Orthopedics, Rehabilitation, and Gynecology allowing patients to receive healthcare they want from many options made available to them through cooperation among all departments and treatment centers. The staff members of the clinic and treatment centers have regular workshops for the purposes of their better and mutual understanding of medical matters such as diagnosing, procedures, and treatment methods and interacting with physicians, co-medical staff members, and practitioners/teachers. We are also putting lots of efforts to reflect the know-how thus accumulated in the clinical exercises and optional classes to further enhance the quality of the lessons.

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