

used⁴). Tsukayama also reported that during the early phase mostly needle retaining was used, while electroacupuncture was often used once the paralysis had become fixed to a certain degree⁵). Arai et al. reported they achieved improvements in various evaluation scores treating patients suffering from sequelae of facial paralysis with asynchronous transdermal low frequency electrization (AET)⁶).

Moreover, micropuncturing to let blood is also very effective for this disease. In particular, if there are any fine visible vessels micropuncturing in the buccal region on the affected side should always be used to let blood. Even a minimal amount will be effective. Ordinary needles would be sufficient for this purpose, but there are only very few reports on this form of micropuncturing.

Among the diseases causing facial palsy there is also a viral infection of the geniculate ganglion with the herpes zoster virus, causing the Ramsay Hunt syndrome marked by poor prognosis. Acupuncture and moxibustion treatment is effective, but compared to Bell's palsy the effectiveness is insufficient.

References

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Clinical Application: Low Back Pain

Low back pain can have various causes, and depending on the cause, requires the corresponding specific treatment. Acupuncture and moxibustion treatment is suitable for low back pain of any origin.

Shiota frequently used the following treatment points for both acupuncture and moxibustion.

CV12, ST27, BL20, BL23, GB25 (Sawada style), BL25, GV3 (waist), BL32, Onodera's gluteal point, Kampu, GV34, LR4.

Occasionally BL18 may be required. GB26 or GB28 can also be required. In either case, spots of marked tenderness or induration are needled. In case of a strained back (acute myofascicular low back pain), application of acupuncture and moxibustion close to the vertebra at the level of BL26 can be very effective.

Generally, needles need to be inserted to a depth of 3 to 5 cm, but when the patient has a fever like during a cold or immediately thereafter, needling for low back pain to a depth of 1.5 to 2 cm will be sufficiently effective. If in these cases the entire back musculature is tender, scatter pricking targeting the muscles along the second line of the bladder channel from top to bottom often elicits a needle sensation (Hibiki) and produces an immediate, marked effect.

Among the forms of low back is also one that originates from neurasthenia and requires the use of the acupoints GV20, BL10, BL11, GV12, etc. Without calming the central nervous system in this way, improvements are rather unlikely. Subdermal needles may be unexpectedly effective for pain of the lumbar myofasciae causing pain while lying in bed. In case blood network vessels are visible in the lumbar region, blood letting from these can be markedly effective¹⁾.

Keiraku Chiryō (meridian therapy) is performed in accordance with the descriptions in the classics. For example, the text *Shinkyū Chōhō Ki* (1718), published about 300 years ago in Japan, states that "greater yang low back pain is pain extending from the nape of the neck to buttocks, rendering the back heavy. Brighter yang low back pain prevents the patient from looking to the sides and suffer from stiffness. Lesser yang low back pain feels like a needle piercing the skin and prevents the patient from assuming a supine position. Greater yin low back pain feels feverish and like a tree in the back, leading to leakage of urine. Lesser yin low back pain is like a bent bow, causing silent discomfort." Currently, acupuncture and moxibustion therapists perform their treatment referring to this description.

Sodo Okabe said, "The waist is the pivot of the entire body. Here six channels are involved. Among these, treatment of the lesser yang channel is of central importance. In case of a strained back not overly long after the onset of the symptoms, strong reactions are found along the bladder channel, but in prolonged cases the condition will be difficult to cure unless the lesser yang channel is treated. Immediately after the onset of the pain, when the patient is unable to move, treatment of the acupoint Chufu of the liver channel is beneficial."²⁾

The "Taikyoku Therapy" developed by Ken Sawada and further improved by Shirota is currently practiced in Japan. Kase, et al. used Taikyoku Therapy and conducted the following research.

A total of 64 patients with low back pain were divided into four groups:

Group A: receiving Taikyoku Therapy + low frequency electroacupuncture;

Group B: only Taikyoku Therapy;

Group C: only low frequency electroacupuncture;

Group D: sham acupuncture.

The results were evaluated based on VAS, and according to the JOA score, superior improvements were observed in the groups A, B and C, but not in group D³⁾. This showed that either therapy is effective so some degree, while further studies will be required to determine which of these is superior.

As in this study, low frequency electroacupuncture is currently widely used in Japan and produces considerably good therapeutic results. The use of various other new therapies for the treatment of low back pain have also been reported. A therapy using trigger points is one of those and has already developed in Japan into an established treatment form. Research showed that it yields better results than simply the treatment of tender points⁴⁾.

Moxibustion, warming needle, intradermal needles, pricking of the network vessels and Ryodoraku and many other treatment forms are also practiced, but there are few publications in the form of case reports.

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