

# Acupuncture Helps Lumbar Disc Herniation Patients

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Controlled clinical studies find acupuncture effective for the treatment of lumbar disc herniations. Manual acupuncture, electroacupuncture, and warm needle acupuncture were among the techniques that produced significant positive patient outcomes. The following studies test the efficacy of acupuncture techniques and specific acupoint prescriptions.

A Guangzhou Huadu District Traditional Chinese Medicine Hospital clinical study entitled *Clinical observation on treatment of 67 cases with lumbar intervertebral disc herniation with abdomen acupuncture* finds acupuncture highly effective (Zeng). Two different acupuncture point prescriptions were compared. The treatment group receiving the abdominal acupuncture protocol achieved a 95.5% total effective rate. The standard body style acupuncture treatment protocol achieved an 86.% total effective rate. [1]

Patients were included in the study from May 2003 to September 2006. Lumbar disc herniations were confirmed with CT (computerized tomography) or MRI scans. Patients ranged in age from 20 to 65. For the abdominal acupuncture group, patients received acupuncture once per day for 10 days. All patients received the following acupuncture points:

- **CV9 (Shuifen)**
- **CV6 (Qihai)**
- **CV4 (Guanyuan)**

Secondary acupuncture points were added based on diagnostic considerations. For acute lumbar disc herniations, GV26 (Shuigou) and MHN3 (Yintang) were added. For patients suffering from focal lower back pain, KD13 (Qixue), KD14 (Siman), and ST26 (Wailing) were added. For sciatica, Qipang and

ST26 (Wailing) were needled on the healthy side and Xiafengshidian plus Xiafengshixiadian were needled on the affected side.

Qipang, Xiafengshidian, and Xiafengshixiadian are less commonly applied acupoints. As a result, we have included a brief description of these points as a refresher. Xiafengshidian (Lower Wind-Damp Point) is located 2.5 cun lateral to CV6 (Qihai) and is indicated for the treatment of knee disorders, including postoperative swelling and pain. Xiafengshixiadian (Below Wind-Damp Point) is located 3 cun lateral to CV5 and is used for the treatment of leg, ankle, and foot disorders. Qipang (Beside Qi) is located 0.5 cun lateral to CV6 and is indicated for lower back and leg pain, swelling, and weakness (including postoperative complications).

The needles used in the study were disposable filiform acupuncture needles of 0.22 mm diameter (#34 gauge) and lengths ranging from 30 mm to 40 mm. The longer needles were required for patients with greater abdominal body fat. The needles were inserted and retained for 3 – 5 minutes to await the arrival of qi. Next, the needles were manually manipulated with a rotating motion to stimulate deqi. The needles were manipulated once every five minutes thereafter to stimulate and spread qi. Total needle retention time was 30 minutes.

The protocol for the standard body style acupuncture group varied; however, treatment frequency was identical: patients received acupuncture once per day for 10 days. All acupuncture points were applied on the affected side:

- **BL25 (Dachangshu)**
- **BL26 (Guanyuanshu)**
- **MBW35 (Huatuojiaji)**
- **BL54 (Zhibian)**
- **GB30 (Huantiao)**
- **BL57 (Chengshan)**
- **BL37 (Yinmen)**
- **BL40 (Weizhong)**
- **GB34 (Yanglingquan)**
- **GB31 (Fengchi)**
- **BL60 (Kunlun)**

Needles were connected to an electroacupuncture device set to an alternating frequency of 5 and 45 Hz of moderate intensity. Total needle retention time was identical to the other group, 30 minutes per

acupuncture session. Both groups achieved significant rates of positive patient outcomes with a 95.5% total effective rate for abdominal acupuncture and 86.4% for standard body style acupuncture with electroacupuncture stimulation.

Gansu Traditional Chinese Medicine Hospital researchers find acupuncture 97.5% effective for the treatment of lumbar disc herniations. [2] A total patient sample size of 80 was included in the study from May 2013 to May 2016. Lumbar disc herniations were confirmed with CTs or MRIs. Patients were randomly divided into two groups of 40. The acupuncture treatment group received acupuncture on the following acupoints:

- **BL60 (Kunlun)**
- **GB31 (Fengshi)**
- **GB34 (Yanglingquan)**
- **BL40 (Weizhong)**
- **BL37 (Yinmen)**
- **GB30 (Huantiao)**
- **MBW24 (Yaoyan)**

The acupoints were disinfected with a 75% alcohol solution and then the needles were inserted to a depth of approximately 3 cm. Needles were rotated and manipulated to circulate and induce qi. The needles were connected to an electroacupuncture device set to a tolerable intensity level. Needles were retained for 30 minutes per acupuncture session and treatments were applied once per day for 10 days. Another group received spinal traction therapy. Traction uses mechanical distraction to decompress the spine to take pressure off the discs. Spinal traction was performed once per day for 30 minutes for a total of 10 days.

Acupuncture produced a 97.5% total effective rate and spinal traction produced an 85% total effective rate. No significant adverse effects were reported from the acupuncture patients. Spinal traction had a 12.5% adverse effect rate. At the Healthcare Medicine Institute, we would like to see researchers perform an additional acupuncture continuing education study to investigate these treatment modalities in a combined protocol. Our interest is in whether or not the combined protocol produces additive or synergistic patient outcomes and whether or not acupuncture reduces the adverse effect rate associated with spinal traction.

In related research, three different acupuncture protocols, including acupuncture with moxibustion, produced significant positive patient outcomes for patients with lumbar disc herniations. Three groups received acupuncture stimulation of identical acupuncture points:

- **MBW25 (Shiqizhui)**
- **GV3 (Yaoyangguan)**
- **GB30 (Huantiao)**
- **GB34 (Yanglingquan)**
- **MBW35 (Huatuojiaji)**

Treatment was applied every other day for a total of 10 acupuncture sessions per patient. Although the points were the same, three separate methods were applied across three treatment groups respectively: manual acupuncture, electroacupuncture, warm needle acupuncture (moxibustion). Manual acupuncture produced a 71.1% total effective rate. Electroacupuncture produced an 88.9% total effective rate, and warm needle acupuncture produced an 89.1% total effective rate. The percentages were based on physical signs and symptoms.

This acupuncture continuing education study is of particular interest. It compares three styles of acupuncture needle stimulation using identical acupuncture point prescriptions. Again, the results lead to an inescapable question, does combining moxibustion and electroacupuncture produce greater positive patient outcomes for lumbar disc herniation patients? Naturally, we would like to see more studies integrating multiple acupuncture techniques into a comprehensive treatment protocol designed to optimize patient outcome rates.

## **Notes**

1. Zeng YF, Han CP (2008). *Clinical observation on treatment of 67 cases with lumbar intervertebral disc herniation with abdomen acupuncture. Journal of Acupuncture and Tuina Science.* 2008; 6(1):42-45.
2. Chang Wanji (2017). *Acupuncture treatment of lumbar disc herniation. Neimenggu TCM.* 2017; 04:118.
3. Wang YL (2013). *Observation on the therapeutic effect of lumbar disc herniation treated with different acupuncture therapies. Chinese Acupuncture.* 2013 Jul; 33(7):605-8.
4. Schoenfeld, Andrew J., and Bradley K. Weiner. "Treatment of lumbar disc herniation: evidence-based practice." *International journal of general medicine* 3 (2010): 209.
5. Yang HT, Huang F (2014). *Clinical observation on warm needling moxibustion on lumbar paravertebral points for lumbar disc herniation. Chinese Rehabilitation Medicine.* 2014; 5(5):47-48.
6. Zhong L (1995). *Preliminary study on the mechanism of traditional moxibustion. Basic Traditional Chinese Medicine.* 1995; 6(5):46.