

Ten Lessons in Clinical Acupuncture

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By

Changzhen Gong and Wei Liu

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PREFACE

The ancient art of acupuncture, involving the precise insertion of slender needles into the body to address ailments, has endured for millennia as a revered healing practice. Although many in the Western world have been skeptical or even dismissive, scientific scrutiny has substantiated the efficacy of acupuncture as a healing modality. Today, none but the most resistant would deny that acupuncture can be effective – sometimes stunningly effective – in its clinical applications.

It is often said that Western science is reductive in its search for the specific enzyme, molecule, chemical reaction, or neural pathway that produces the observed phenomenon or desired result. This is frequently contrasted with the “holistic” approach of traditional Eastern medicine, based in a philosophical worldview which sees all life as part of an interconnected web: to remove anything from this web and isolate it for analysis is to destroy the delicate balance of elements which sustain it.

Is there any ground on which these two approaches to science and medicine can meet? Can two worldviews not only meet, but blend, and demonstrate the best qualities of both?

Ten Lessons in Clinical Acupuncture is an attempt to merge these medical worldviews. The cases presented in this book document the therapeutic success of acupuncture in a context of validated scientific research. Acupuncturists are empowered by the knowledge that there is a solid scientific basis for their traditional practice, while Western medical practitioners are given a perspective into the depth and complexity of acupuncture's theoretical basis and its coherence as a medical system. Ideally, *Ten Lessons in Clinical Acupuncture* can inspire a synergy between ancient wisdom and modern science, opening doors to mutual respect, appreciation, and cross-pollination of ideas, transcending cultural boundaries.

The health conditions covered in this book are very commonly seen in acupuncture clinics and hospitals: low back pain; knee osteoarthritis; dysmenorrhea; stroke; nausea and vomiting; IVF for infertility; hypertension; Parkinson's disease; schizophrenia; and breech presentation. The selection of these specific ten conditions for inclusion is based on the authors'

experience giving presentations and lectures to the acupuncture and medical community in the United States and around the world. Lectures dealing with these conditions were the most frequently requested – our “top ten.”

Ten Lessons in Clinical Acupuncture details the classical treatment protocols for each health condition, substantiated by modern scientific studies including basic mechanism research and clinical observations, clinical trials, systematic reviews, and meta-analysis. The integration of classical tradition with evidence-based research reflects the evolution of acupuncture in the modern world. Scientific investigations breathe new life into ancient principles, revealing their efficacy and mechanisms of action. This synthesis honors acupuncture's rich heritage while acknowledging its adaptability and relevance in contemporary healthcare systems.

Since acupuncture was introduced to mainstream society in the United States in the 1970's, scientific studies of acupuncture have increased exponentially in every decade. Acupuncture has become an agenda item for internationally-recognized institutions including the World Health Organization (WHO), National Institutes of Health (NIH), National Cancer Institute (NCI), German Federal Committee of Physicians and Health Insurers (G-BA), and the National Institute for Health and Care Excellence (NICE). Numerous well-established research institutes in China, Japan and Korea have dedicated themselves to unraveling acupuncture's mysteries, shedding light on its mechanisms, efficacy, and clinical applications. The influential Acupuncture Consensus Statement issued by the National Institutes of Health (NIH) [1] stands as a groundbreaking endorsement, acknowledging acupuncture's effectiveness in treating a range of conditions. Such recognition solidifies its position as a valuable therapeutic tool. The British Medical Journal further bolstered acupuncture's scientific credibility through a comprehensive assessment of 14000 clinical trials [2], 2400 systematic reviews and meta-analyses [3], and 139 clinical guidelines [4]. This monumental effort consolidates a vast body of evidence supporting acupuncture's efficacy and safety.

In the dynamic healthcare landscape, acupuncturists must continuously expand their knowledge and skills to stay competitive. *Ten Lessons in Clinical Acupuncture* is an invaluable reference, providing practical guidance for effective treatment while enhancing acupuncturists' professional acceptance and credibility in the eyes of the public. As the chapters unfold, readers explore the complexities of the human body and are challenged to harness the full potential of acupuncture as a therapeutic modality. Marrying classical tradition with evidence-based scientific research, this work

embodies progress, propelling acupuncture into an arena of acceptance and recognition, and paving the way for a future where the medical worldviews of Eastern and Western medicine coexist harmoniously.

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Many people have made this book possible, including the practitioners, patients, students, and staff members who have been part of TCM Health Center and the American Academy of Traditional Chinese Medicine over the past twenty-eight years. I want to thank them all.

I am most heavily indebted to my wife, Wei Liu, and my executive secretary, Leila Nielsen: they have been fundamental to the accomplishment of this book. Wei Liu is my life companion and a remarkable acupuncture practitioner. For her, every patient is not only a respected individual, but an opportunity to expand her clinical and academic experience. All of the patient cases in this book, excluding those provided through the courtesy of other doctors, are derived from her practice. Leila Nielsen has worked as my executive secretary and chief operating officer, and has also functioned as my editor for twenty-five years. Her ability to render my prose into clear, concise English (and her frequent requests for clarification) have been instrumental in achieving my goal of presenting the theory and practice of acupuncture and Chinese medicine to healthcare professionals and the general public in a straightforward, understandable form.

I am grateful to Allerton Press for giving me permission to include some of my published articles from the *International Journal of Clinical Acupuncture*. In the capacities of associate editor and Editor-in-Chief, I have served the *International Journal of Clinical Acupuncture* for twenty years.

Of course, any errors, or incorrectly-attributed sources are solely my responsibility.

CHAPTER ONE

ACUPUNCTURE FOR LOW BACK PAIN

Introduction

Acupuncturists treat a lot of patients with back pain; so many in fact, that many acupuncture clinics in the United States rate back pain as the number one condition treated. Acupuncture and Chinese medical textbooks are full of protocols and case studies, presenting a host of treatment approaches. Treatments for back pain as well as other conditions are provided according to Chinese medicine pattern differentiation in most contemporary texts. This trend of delineating protocols based on Chinese internal medicine began in the 1950s. One unfortunate consequence of adherence to pattern differentiation is the loss of flexibility in applying acupuncture's unique meridian theory. Historically, Chinese herbal medicine focused more on internal disharmony, while acupuncturists often drew on their knowledge of meridian theory and qi-flow. These attempts to form a unified field of medicine and educational standards evoke concern among scholars and practitioners, as the medicine is dynamic and diverse, and is regarded as a constantly evolving medicinal-art in addition to being a science. This chapter presents acupuncture cases and treatment protocols derived from classical and contemporary approaches to low back pain. Chapter forty-one from one of the most respected Chinese medical sources, the *Yellow Emperor's Classic of Medicine*, is referenced for perspective. This entire chapter discusses a classical approach to the treatment of back pain. For contrast, treatment approaches within the *Yellow Emperor's Classic of Medicine* are presented along-side a more contemporary style as exhibited by Yang Jiasan. Case histories are woven through this chapter from China's leading acupuncture scholars and practitioners, these personal accounts bringing theories to life. To further substantiate theoretical expositions, historical accounts, and recent subjective experience; recent clinical trials, systematic reviews and meta-analysis follow. Hopefully, this compilation of varied information will provide what is necessary to validate the widespread use of acupuncture in the treatment of back pain for those who may benefit.

Many have experienced low back pain. From dull pain with subtle onset and slow progression to sudden, sharp or persistent pain emanating from below the waist to the tailbone; pain in the low back can range from bothersome to debilitating. Pain may even extend down the back or sides of the legs all the way to the feet, as is common in sciatic pain. Muscle strain, often related to excessive physical labor, heavy lifting, forceful movement, bending or twisting in awkward positions, or prolonged periods of standing still is a leading precipitating factor in the initial onset of many cases of low back pain.

Low back pain is not considered a “disease” but exists on its own as a chief complaint in otherwise healthy individuals; however, it may also co-occur along with many other conditions and disease states. From both eastern and western perspectives, a multitude of underlying problems, ranging in seriousness, may be at the root of the issue. Most LBP cases do not arise from what could be defined as a single cause but are understood to manifest after a series or combination of less-noticeable muscle or skeletal sprains, strains or tendency toward holding the body in sub-optimal alignment patterns. Habits and tendencies that affect overall health and well-being such as obesity, smoking, weight gain during pregnancy, stress, poor diet, lack of physical conditioning, poor posture and maladaptive sleeping position may contribute to low-back discomfort and pain. A larger list of potential contributing factors include osteoarthritis, degeneration of the discs between the vertebrae or spinal disc herniation, vertebral fractures, and occasionally, an infection or tumor in or near the spine.

It is not uncommon for women or men to have acute low back pain related to medical conditions of the reproductive system: endometriosis, ovarian cysts, cancer of the reproductive organs, uterine fibroids, enlarged prostate or kidney issues may all coincide with low back pain. It has been reported that almost half of all pregnant women experience low back or sacral pain as muscles and ligaments are stretched by the changes in posture and shifting center of gravity that naturally occurs during pregnancy.

Low back pain is frequently associated with musculoskeletal issues, inflammation, spinal tumors, and infections. In cases of low back pain related to musculoskeletal etiology, the problem can be purely mechanical, categorized as strain, muscle spasm, or vertebral arthritis. Herniations of the disks, stenosis or fractures may all arise spontaneously or be due to compression over time. Low back pain often coincides with inflammatory conditions such as HLA-B27 derived arthritis and related conditions such as ankylosing spondylitis, reactive arthritis or psoriatic arthritis. Inflammatory

bowel disease may also present with low back pain. When tumors exist within the spine (often metastasizing from other cancers such as breast, prostate and lung), the pressure and infringement may cause discomfort, pain or debility. Sometimes, when no mechanical or other cause can be identified, an infection along the spine is found to be the source of acute or persistent low back pain.

Of the varied etiologies from which back pain may arise, nerve compression is a common element. Trauma, degeneration and declining health due to age may cause bulging or herniated discs in which the softer interior protrudes through a crack or fissure in the protective outer coating of the disk. The vertebrae then lose their cushion and the friction causes pain due to nerve compression or inflammation. Spinal stenosis, or the narrowing of the spinal canal, arthritis (spinal osteoarthritis), or spondylosis may also cause irritation due to changes in the facets and resultant bone spurs. Spondylolisthesis, or slipping of one lumbar vertebra over another, fractures due to chronic stress or trauma and osteomyelitis, a common bacterial infection of the bone, may produce low back pain. In addition to painful malignant tumors, benign masses or tumors may also arise in the spine causing undue pressure on the spine.

Medications, surgery and physical therapy are common conventional interventions, with acupuncture also gaining global recognition as an effective remedy. A discussion on the classical and contemporary acupuncture approaches to low back pain follows.

The Yellow Emperor's Approach

This section was inspired by chapter forty-one of the *Yellow Emperor's Classic of Medicine*, in which back pain is categorized by meridian differentiation. Patterns have been grouped into three sections: differentiation according to the six stages; differentiation by the extraordinary channels; and differentiation by accompanying symptoms [1].

1. Low Back Pain according to the Six Stages

Differentiation by the six stages (twelve channels) is a fundamental concept described in the *Yellow Emperor's Classic of Medicine*. The six stages belonging to taiyang, yangming, shaoyang, taiyin, shaoyin and jueyin. This categorization method is used to pair the twelve meridians (channels) according to depth. A full understanding of disease pathogenesis via the stages is illustrated in the *Treatise of Cold Febrile Disease* (or *On Cold*

Damage) written by Zhang Zhongjing (150-219 AD). Low back pain and any other condition can be viewed from the perspective of which of the six stages each individual case fits into.

Starting with the most exterior of the stages, low back pain due to a disorder of the foot taiyang, or urinary bladder meridian meets specific criteria. This type of back pain will be characterized by pain that radiates from the neck down to the lower back and to the sacrum. The patient feels heaviness and downward pressure as if carrying a heavy load on his back. In taiyang back pain, needling or bloodletting may be applied to Weizhong (BL40). During the spring season, the wood element is growing along with the supply of water. The taiyang meridian consists mainly of cold water, therefore needling Weizhong (UB40) will not draw blood.

In cases where lower back pain is due to disharmony of the foot shaoyang or gallbladder channel, symptoms will manifest more prominently on the sides of the body along the gallbladder meridian. The low back pain often feels like a needle is pricking the skin at the waist. Gradually, the pain progresses to the back and up the neck to the base of the skull. Pain prevents the patient from looking either up or downward or to either side. Needling and bloodletting the Yanglingquan (GB34), which is in the depression inferior to the head of the fibula, releases stagnation from the channel and tendons. During the summer season, fire burns intensely hot. The shaoyang channel belongs to the element of fire, therefore needle the Yanglingquan (GB34) will have no bleeding.

If lower back pain originates from a disharmony within the foot yangming, or stomach channel, pain maybe so severe that the patient cannot move his head at all. In addition to pain, any movement may cause dizziness and blurry vision. Melancholy may overwhelm the patient. Needling with bloodletting at Zusanli (ST36) three consecutive times, until blood is produced, will remove the stagnation between the upper and lower body. Since metal dominates the autumn season, and the yangming channel belongs to metal, needling Zusanli (ST36) in autumn will not produce blood.

Lower back pain manifesting from foot shaoyin, or the kidney channel often produces deeper symptoms. The pain often radiates along the spine and down the kidney channel along the inner side of the leg. Needling and bloodletting Taixi (KI3), in the depression posterior to the medial malleolus, twice removes blockage causing shaoyin low back pain. Shaoyin qi is stored during the winter. Needling Taixi (KI3) at the beginning of spring, should

not produce blood. If this point does bleed in the spring, it will be difficult to treat low back pain the following winter.

When lower back pain results from imbalance in the foot jueyin, or liver channel, stiff low back predominates, as if a bow is pulled at maximum tension, ready to shoot. The pain is characterized as being both tense and taut. Palpation from the heel along the posterior side of the lower leg to the calf will reveal tension with multiple knots. Low back pain of this type will be relieved by needling these knots. If the patient also shows signs of liver yang rising, such as agitation, short-temper, speaking loudly or yelling; or seems abnormally quiet due to liver qi deficiency, needle these knots three times along with Ligou (LR5).

2. Low Back Pain Differentiated according to the Extraordinary Channels

In addition to the twelve primary channels, low back pain may manifest due to disorders of one or more of the eight extraordinary meridians. Symptoms associated with these extraordinary channels may direct the differential pattern diagnosis and treatment prescription to focus on the indicated extraordinary vessel.

When lower back pain is associated with a disorder of the jie channel, which connects with the horizontal collaterals, signs and symptoms may be noticed along the underneath the skin where these collaterals are scattered, starting from the foot taiyang bladder channel. Since jie channel circulation does not reach the head, disharmony in this vessel may be detected by pain radiating to the shoulder and causing blurry vision. Concurrently, blockage of bladder qi may cause urinary incontinence. Needling and bloodletting the lateral side of Weizhong (BL40) where it connects to the horizontal collateral channel of the knee relieves blockage along this vessel. Bleed until all the dark red blood has escaped and bright red blood appears.

Because the jie channel, which is scattered underneath the skin, runs up and down the length of the body and circulates around the entire body, lower back pain arising from a problem in the jie channel may have symptoms anywhere along the pathway. One manifestation is pain at the waist so severe that the bone feels as if it's cracked and broken. An underlying kidney qi deficiency is at the root of this manifestation, and the patient may be extremely terrified and frightened. Needling and bloodletting at Weizhong (BL40), in the center of the knot (which will be about the size of

a rice grain) will unbind the qi. As above, the point is bled until the dark red blood is expelled and bright red blood begins to flow.

When lower back pain is related to the tongyin channel, which is yangqiao channel (3), the patient feels as if a small hammer is pounding at the waist; the patient's face will also be swollen. Needling Jinmen (BL63), at the end of the fibula, lateral to the malleolus, three times, relieves this kind of back pain.

Lower back pain due to a disorder of the yangwei channel manifests as facial swelling and pain. Needling the channel at Chengshan (BL57) which is the crossing-point of the yangwei meridian and the foot taiyang urinary bladder channel, located in the depression at the lower juncture of the calf muscles.

When lower back pain results from disorder of the dai mai, or belt channel, that encircles the waist, pain stops the patient from looking up or down. If the patient does look up, he tends to stumble and fall. This condition most often arises when heavy lifting has injured the lower back. Blood stagnation at the transverse fossa, is the source of the severe pain. Needling Fuxi (BL38) and Weiyang (BL39) twice until bleeding occurs will remove the blockage and pain.

When there is a disharmony of the huiyin, or Ren channel, low back pain results from both yin and yang deficiency. Spontaneous sweating, thirst, and the desire to drink due to yin deficiency, combined with increased urination due to yang deficiency are the telltale signs. Needling Chengjin (BL56), five cun below the popliteal crease, or Chengshan (BL57) three times to provoke bleeding. From the text, it seems that BL56 is intended, although Chengshan (BL57) is the point named in Su Wen's interpretation. The text also more generally mentions the horizontal collaterals, which include both points.

Lower back pain of the feiyang, or yinwei channel presents with swelling of the face that makes one look very angry; however, lack of sufficient heart qi combined with kidney yin deficiency more often correlate to feelings of extreme sadness and terror. Needling Zhubin (KI9), located five cun above the medial malleolus relieves pain and related symptoms; it is the crossing-point of the feiyang and yinwei channels.

When lower back pain is due to a disorder in the cangyang, or yinqiao meridian, in which the circulation does not reach the head, pain radiates to the chest, and the vision is blurry. In severe cases, the patient cannot unfurl, bending backward is impossible and the patient is not able to talk. Needling Jiaoxin (KI8), located two cun above the medial malleolus, twice will

relieve the back pain and related symptoms. Jiaoxin (KI8) is a coalescent point on the yinqiao channel and a powerful point for movement and mobility issues.

In patients with lower back pain manifesting from blood deficiency within the scattered, or chong, channel (which is said to be scattered underneath the skin), itchy skin and surface heat sensations will manifest. The combined symptoms tend to create irritability and restlessness, and if the bladder is overly warm, urinary incontinence ensues. With low back pain due to blood deficiency in the chong meridian, the patient may feel a sense that there is a piece of wood stuck horizontally to the lower back. Needling Dubi (ST35) three times (and ST36, according to Wu's translation) will resolve this condition.

Low back pain accompanied by a cough so fiercely painful that the body spasms indicates that the rouli channel, which is a sinew channel, is imbalanced. Needling shallow sinew points along the shaoyang gallbladder meridian between points Yangfu (GB38) and Xuanzhong (GB39), bilaterally, twice will alleviate the condition.

When low back pain radiating along the spine and up to the head manifests with a very heavy head, blurred vision, stiffness and instability to the point of falling down easily, needling and bleeding Weizhong (BL40) will rectify the patient. If the patient is simultaneously suffering from low back pain and the common cold, needling the foot taiyang channel to reinforce the yang qi will be beneficial. If the patient's low back pain coincides with a fever, needling the foot jueyin meridian will reduce symptoms. If the patient is stricken with back pain that restricts the ability to look up or down, needling the foot shaoyang meridian will relieve the pain. When the patient has a cough with a moderate fever, needling the foot shaoyin meridian until bleeding occurs will expel the fever and reduce pain.

3. Acupuncture for Low Back Pain according to Accompanying Symptoms

Different kinds of back pain can be differentiated into patterns according to accompanying symptoms. Specific groups of symptoms lead to identification of meridian involvement and precise treatment strategies. Some basic guidelines are as follows:

If external cold invasion has rendered a patient unable to turn his head, needling the foot yangming meridian is indicated.

If the patient exhibits a high fever, needling the foot taiyin meridian is likely to resolve the exterior.

If the patient is coughing and has a moderate fever, needling the foot shaoyin meridian will alleviate the condition.

If the patient is constipated, needling the foot shaoyin meridian will unblock the channel.

If the patient's abdomen is distended, needling the foot jueyin meridian will reduce the pressure.

If the patient's body movements are restricted and he is unable to bend, can neither look up nor down needling the foot taiyang meridian clears the channel.

If pain radiates along the spine and down the inner leg, needling the foot shaoyin meridian restores the kidneys to relieve pain.

When lower back pain is associated with constriction in the lower abdomen, and the patient cannot stand upright or look up, needle the eight lower biao points in the sacral foramen, which belong to the foot taiyang meridian. Treatments for this condition are best when correlated with the wax and wane of the moon. On the first day, needle once; on the second day, needle twice. Following in this pattern allows a gradual increase in frequency while the moon is gaining, until a maximum of fifteen needle insertions are given on the fifteenth day of the month. Decrease number of needles per day in the same fashion starting with fourteen needles on the sixteenth day. The left side is needled in cases of right-sided pain, whereas the right side is needled with left-sided pain.

TCM Approach

Traditional Chinese medicine (TCM) diagnostics and treatment approaches for acute and chronic backaches vary according to the specific channels involved and the selected needling technique. Selecting which channels to treat and which needling technique to apply often take precedence over pattern identification in cases of back pain, unless herbal formulas are prescribed. In discussions on back pain, modern textbooks commonly focus on just four patterns: invasion of cold and dampness, qi and blood stagnation, kidney deficiency and liver qi stagnation. In clinical practice, combined patterns are frequently seen. For example, patients may have backache from cold-damp invasion against a background of kidney yang deficiency; or qi

and blood stagnation with an underlying kidney deficiency. Methods of tonifying deficiencies are combined with practices that eliminate pathogenic factors. When a patient is suffering from chronic recurring backache from cold-damp invasion, while at the same time has an underlying persistent kidney yang deficiency pattern, herbal formula *Shen Zhao Tang (Kidney Warming Decoction)* may be administered, modified with additional kidney-yang tonics.

As a leading acupuncture scholar and practitioner in the twentieth century, Yang Jiasan [2] illustrates eight potential TCM patterns for back pain: cold dampness, damp heat, blood stasis, kidney deficiency, wind cold, phlegm dampness and strain or sprain. Out of the many possible Chinese medical approaches to take in treating back pain, some of Yang Jiasan's have been shared.

1. Back Pain due to Cold Dampness

A patient presenting with back pain arising from cold dampness may manifest with a sense of heaviness, stiffness and difficulty turning or rotating. Symptoms will tend to be worse on rainy, snowy or cloudy days, and will improve in warm, dry weather. Low back will feel cold, and the patient may carry extra water weight. Abdominal distention may arise due to undue stress on the spleen, along with clear urine which may be excessive or hindered due to cold and dampness affecting the kidney and urinary bladder. The tongue coating may be white and greasy, while the tongue body may be swollen, tooth-marked and pale or bluish. The pulse may be slow, soggy and full. Yang Jiasan states there are no fixed *ashi* or trigger points for this pattern.

In back pain due to an invasion of cold dampness, pain is due to damp cold obstructing the meridians and collaterals impairing the free flow of qi and blood. Both yin in nature, cold pathogenic factors contract while damp creates stickiness. Lying down compounds damp stagnation, making the patient feel worse; while heat and warmth dissipates the cold, which then helps the patient overcome dampness. Chinese herbal formulas that tonify the earth element or spleen, which improves digestion, administered along with herbs that also control the water element, warm the middle burner, dissipate coldness and dry the dampness are selected in this case to resolve back pain from cold damp invasion. Shen Zhuo Tang modified may be prescribed to resolve the back pain resulting from cold and damp. Included are Gan Jiang, Gan Cao, Fu Ling, Bai Zhu, Rou Gui, Ze Xie, Du Zhong and

Gou Ji. If the pain radiates to the lower limbs, remove Gan Jiang, add Du Huo, Fang Feng, Dang Gui, Shao Yao, Xi Xin and Niu Xi.

There are no herbs for releasing exterior in this prescription; Gan Jiang and Rou Gui are used to expel cold dampness, while the bitter and warm properties of Bai Zhu dry dampness. Gan Cao harmonizes the middle burner and tonifies the spleen; Fu Ling and Ze Xie reduce dampness. All the herbs combined warm the spleen and resolve the internal dampness, benefiting the earth and controlling water. Du Zhong and Gou Ji enter the kidney meridian and tonify kidney yang. Back pain radiating to the lower limbs indicates that cold dampness is invading the meridians, Du Huo and Fang Feng for releasing exterior are added to expel wind and reduce dampness in the low back and legs. Dang Gui and Shao Yao are used to tonify blood and nourish tendons. Xi Xin is used to warm and open the meridian blockage while Niu Xi's guiding properties direct the herbs downward to soothe the tendons and invigorate the collaterals.

In cases of low back pain due to cold and dampness, the excessive dampness, constrains the earth element (spleen); and the external cold dampness invasion injures the spleen yang. Acupuncture points that strengthen the spleen's function of controlling transportation and transformation of water dampness help resolve this condition. The yuan-source point of the spleen meridian and back-shu point of spleen with local moxibustion warm and strengthen the spleen yang, dissipate cold and reduce dampness. Yuan source point, Taibai (SP3); back-shu point, Pishu (BL20); may be administered along with Sanyinjiao (SP6) and Ashi points in this case. Taibai (SP3) is the earth point of the spleen meridian and functions to strengthen the spleen's capacity to transform dampness. Taibai (SP3), together with Pishu (BL20), the entry site of the spleen meridian qi, makes up the powerful back-shu and yuan-source combination.

When low back pain due to cold dampness presents with coughing, the *Yellow Emperor's Classic of Medicine: Plain Questions, On Coughing*, suggests needling back-shu points for zang diseases. Tonifying Taibai (SP3) strengthens the spleen and transforms damp, while warming the spleen, or earth element. Sanyinjiao (SP6) is the meeting point of liver, spleen and kidney meridians and functions to strengthen the spleen, transform dampness and is a powerful point to treat diseases of cold dampness invading the kidneys. Applying moxibustion to Ashi points located in the low back area can further dissipate cold dampness.

2. Back Pain due to Damp Heat

Clinical indications that back pain is due to damp heat, include pain along the spine in the lower back accompanied by heat sensations along the pathway of pain, joints may appear red and swollen. Warmth and pressure will exacerbate the condition and the patient will be restless, thirsty, pass scanty yellow urine and will tend to be constipated. The tongue will have a yellow and greasy coating and the pulse will show excess and will be soggy and rapid.

Pathogenic damp heat accumulations may obstruct the meridians and easily affects the joints, causing redness and swelling. Pain along the spine in the lower back results. Heat is a yang pathogen; damp heat burns up body fluids and cuts-off the supply of body fluid from being disseminated upwards, the lack of fluids combined with heat in the upper jiao then create restlessness and thirst. Damp heat tends to pour downward, creating scanty, turbid and yellowish urine. This pattern may be treated by herbal formulas that strengthening the yin while reducing dampness, such as Si Miao Wan which includes Cang Zhu, Huang Bai, and Yi Yi Ren.

In general, the low back is considered to be the mansion of the kidneys. In most cases of low back pain, the kidneys need to be strengthened. Huang Bai's bitter and cool nature strengthens the yin and clears heat. In order to control kidney water, the spleen must be strengthened. Cang Zhu's bitter and acrid properties serve to strengthen the spleen while drying dampness. Yi Yi Ren expels dampness and fortifies the spleen. Niu Xi invigorate blood, opens blockages in the meridians while guiding the herbs downward.

Acupuncture along the urinary bladder meridian helps transform dampness and clears the excess heat. Shenshu (BL23), Weizhong (BL40) and Xiaochangshu (BL27) are prescribed. In this prescription, Shenshu (BL23) is the generating site of the kidney meridian qi and functions to clear damp heat in the lower burner. Weizhong (BL40) is the he-sea and earth point of the urinary bladder meridian and is the connecting point of the kidney and spleen meridians. It serves to strengthen the spleen, transform dampness and clear heat. Weizhong (BL40) is also named as Xuexi (blood cleft). *Interpretation of Meridian Points* notes that Weizhong (BL40) is used to clear pathogenic heat in the qi and blood, and often used to remove dampness and invigorate blood in the lower back. Bloodletting on Weizhong (BL40) is most applicable to this pattern. Together, Shenshu (BL23) and Weizhong (BL40) are an exterior/interior and back-shu/he-sea combination. They reduce fu while reinforcing zang organs. Along with

Xiaochangshu (BL27), back-shu of the small intestine (which is the fu organ of the fire element), this prescription will clear fire in the small intestines to assist to expel damp heat in the lower burner.

3. Back Pain due to Blood Stasis

After injury, blood stasis obstructs the meridians and collaterals impairing the flow of qi and blood. Clinical manifestations indicating that back pain is due to blood stasis include: pain at fixed sites, pain like being poked by needles, history of injury, pain worse with pressing or moving, pain worse at night and better in the daytime, dark bowel movement, clear urine, dark blood, dark and purple tongue with dark spots and a choppy pulse.

This pattern may be treated by tonifying the blood while nourishing the yin, moving the qi and relieving pain. A Chinese herbal formula such as Huo Xue Wu Wu Tang may be administered. It includes Dang Gui, Chuan Xiong, Sheng Di Huang, Shao Yao, Rou Gui, Tao Ren, Hong Hua, and Yan Hu Suo. If the patient has limited range of motion of the head and neck, add Mu Xiang, Hui Xiang, and Gan Cao to the prescription. In this prescription, Dang Gui is the main herb for the blood; it opens the liver meridian while tonifying and invigorating the blood. Sheng Di Huang opens the kidney meridian and tonifies the blood while nourishing the yin. Chuan Xiong regulates qi and blood, opens the liver meridian and circulates the qi in blood. Chi Shao regulates the yin in the blood, it opens the spleen meridian and harmonizes the blood to stop pain. These four herbs unique properties are combined to treat various blood related diseases. Tao Ren, Hong Hua and Yan Hu Suo function to eliminate blood stasis and stop pain. Stagnated blood in the meridians and collaterals improves with warmth. This is accomplished by Rou Gui, which warms the kidney yang. Back pain caused by injury creates disharmony of the meridian qi, leading to qi stagnation and blood stasis. Mu Xiang, and Xiao Hui Xiang are used to move the qi, then invigorate the blood. Once the blockage is removed, the pain is relieved.

Acupuncture also will relieve back pain due to blood stasis by moving and harmonizing the qi and blood. Local acupuncture points on the bladder meridian are used to stop the pain along with distal points that eliminate blood stasis. Ashi points in the lower back are selected for the application of round-sharp needles with cupping. Bloodletting with three-edge needles is applied to Weizhong (BL40). In this treatment protocol, Ashi points are selected from the pain sites and shallow needling with round-sharp needles plus cupping is performed. Cupping sucks out the stagnated blood and new blood is generated. Weizhong (BL40) is bled to remove the stagnated blood

in the low back. The combination of applying blood-letting techniques at distal point Weizhong (BL40) and local Ashi points clear the stagnated blood.

4. Back Pain due to Kidney Deficiency

Back pain due to kidney deficiency is generally chronic, manifesting with soreness and weakness which may be relieved by pressure and kneading; this kind of back pain tends to be aggravated by prolonged standing and over-strain. Breathlessness, low-pitched ear ringing, weak back and knees, frequent urination, seminal emission, pale or dark complexion, exhaustion, pale tongue, and a deep, weak pulse may also be present. Kidney yang deficiency tends to have more cold signs such as feeling cold especially in the low back and spine; cold joints, especially knees; pale urine; aversion to cold and a curled body. Red cheeks, slight red face, heat in the palms, red tongue with very little coating, thin and rapid pulse are typical symptoms of kidney yin deficiency plus heat.

The low back is considered to be the mansion of the kidneys. Kidneys control the bones and marrow. Deficiency of kidney essence and lack of nourishment in the spine, creates feebleness and weakness. Kidney deficiency may exhibit with lack of persistence in a patient. Deficient and deep kidney pulses will accompany.

In cases of back pain due to kidney yin deficiency, nourishing yin and tonifying the kidneys with herbal prescriptions such as Liu Wei Di Huang Wan will help restore the patient. Liu Wei Di Huang Wan includes Shu Di Huang, Shan Zhu Yu, Shan Yao, Fu Ling and Mu Dan Pi. If the patient experiences chest heat, crimson tongue and thin pulse, Gui Ban, Zhi Mu and Huang Bai can be added. When the patient complains of breathlessness and frequent urination, Rou Gui, Du Zhong and Bu Gu Zhi may be added.

Liu Wei Di Huang Wan is a leading formula to tonify the pure yin, moisten the lower burner and anchor yang. It strengthens the water element, which belongs to the kidneys. It is often used in cases yin deficiency, which manifest with five-center heat, a crimson tongue and thin pulse. Gui Ban, Zhi Mu and Huang Bai may be added to increase yin-nourishing capacity, dry dampness and strengthen the kidneys. Breathlessness and frequent, pale, clear urination indicate kidney yang deficiency. Rou Gui, Du Zhong and Bu Gu Zhi are added to assist the yang, warm the kidneys, benefit the fire element and eliminate yin factors suppressing yang.

Acupuncture may be used to replenish the water element and tonify the kidneys. The combination of back-shu point, Shenshu (BL23), and earth point, Taixi (KI3) are combined to address this pattern. Moxibustion may be added in cases of kidney yang deficiency. Fuliu (KI7) may be added to treat kidney yin deficiency, while Sanyinjiao (SP6) may be added for abdominal swelling. Zhongfeng (LR4) and Daimai (GB26) are added for low back pain with hypochondriac and abdominal discomfort or pain. In this treatment protocol, Shenshu (BL23) is the transporting site of the kidney meridian qi, and Taixi (KI3) is the yuan-source point for the kidney meridian. They are combined to nourish yin and tonify the kidneys. Moxibustion is added for kidney yang deficiency patients in order to assist yang and warm the kidneys. Kidney meridian belongs to the water element, and Fuliu (KI7) is the metal point on the water channel. The kidney meridian and lung meridian have a connection in that metal (lung) generates water. Fuliu (KI7) is selected for kidney yin deficiency when the lung is also affected. Pain affecting the abdomen and range of motions of movement is associated with the liver meridian; in this case, Zhongfeng (LR4) of the liver meridian and Daimai (GB26) of gallbladder meridian are paired.

5. Low Back Pain Due to Wind Cold

Low back pain due to wind cold may manifest suddenly; characterized by limited range of motion affecting the four limbs, the pain may radiate to the neck and upper back, or even to the hip and joints all over the body. Aversion to cold ranges from mild to extreme depending on strength of the pathogen and the patient's constitution. The patient's whole back may feel chilled and he may be sensitive to drafts. This kind of back pain is relieved with warmth. The tongue may have a thin, white coat; the pulse may be wiry, tight, slow and floating.

The bladder meridian of foot taiyang starts at the inner canthus of the eye, Jingming (BL1), ascends to the anterior hairline on the forehead, intersecting Toulinqi (GB15) and Shenting (DU24). It then continues posteriorly, 1.5 cun parallel to the midline of the scalp, the BL channel meets the DU at vertex point Baihui (DU20); after connecting with Baihui (DU20), the meridian continues to travel 1.5 cun parallel to the DU meridian to the nape of the neck at Tianzhu (BL10); from BL10, the meridian separates into two external branches; the 1st (medial) branch descends along the posterior aspect of the neck, intersecting Dazhui (DU14) and Taodao (DU13), then descends alongside the spine, 1.5 cun lateral to the midline, through the lumbar region; a sub-branch separates in the lumbar region, descends along the sacrum, crosses the buttock and descends to the popliteal

fossa of the knee at Weizhong (BL40). The 2nd (lateral) branch separates at the nape of the neck and descends to the medial aspect of the scapula; descends parallel to the vertebral column, three cun lateral to the midline, to the gluteal region; crosses the buttock to intersect Huantiao (GB30), then descends along the lateroposterior aspect of the thigh to meet the other branch at Weizhong (BL40) in the popliteal fossa. The main meridian descends along the gastrocnemius muscle on the posterior aspect of the leg; continues to descend posterior to the lateral malleolus Kunlun (BL60); then follows the lateral aspect of the 5th metatarsal bone to terminate at Zhiyin (BL67), 0.1 cun proximal to the lateral corner of the nail of the small toe, where it joins with the kidney meridian.

When wind cold obstructs the bladder meridian, low back pain may manifest. In mild cases, stiffness and pain of the back occurs. In severe cases, tight pain pulls along the spine, as if the neck is pulled, low back is cut, and chest is broken off. The contractive nature of cold invasion leads to the impaired movement of the limbs. Cold wind and cold currents invade the low back, and aversion to cold develops. Cold pain in the back may be dissipated with warmth.

Clinically, this pattern can be treated by expelling the wind and dissipating cold with herbal formula Du Huo Ji Sheng Tang, which consists of: Du Huo, Sang Ji Sheng, Qin Jiao, Fang Feng, Xi Xin, Dang Gui, Shao Yao, Chuan Qiong, Shu Di Huang, Du Zhong, Niu Xi, Ren Shen, Fu Ling, Gan Cao and Gui Xin. In this prescription, Du Huo is used to dissipate cold and expel dampness in the low back and legs. Du Huo in combination with Qin Jiao and Fang Feng is used to stop bi pain. The Four-substance Decoction (Dang Gui, Shao Yao, Chuan Qiong, Shu Di Huang) is used to nourish and regulate blood, open the meridians and stop pain. Xi Xin functions to dissipate wind cold and stop pain. Du Zhong, Niu Xi and Sang Ji Sheng tonify and nourish the kidneys and liver, assist the yang, dissipate cold and stop pain. Gui Xin is used to warm the meridians and blood vessels, dissipate cold and expel dampness.

An effective acupuncture protocol for cases of low back pain due to wind cold damp invasion may include: Shenshu (BL23), Mingmen (DU4), Fengchi (GB20) and Yangfu (GB38). Moxibustion may be added to Shenshu (BL23) and Mingmen (DU4) to expel wind, dissipate cold, warm the meridians and remove blockages. In this treatment protocol, Shenshu (BL23) and Mingmen (DU4) are classic points for warming the meridians and expelling wind cold. Fengchi (GB20) is the meeting point of hand shaoyang, foot shaoyang and yangwei meridians and is an essential point

for dissipating wind. Yangfu (GB38) is the fire point of the gallbladder meridian foot shaoyang. *Explanations of Meridian Points* by Yue Hanzhen states that wind, cold, fire and all external pathogens can be removed by needling this point.

6. Low Back Pain due to Phlegm Dampness

Low back pain due to phlegm dampness manifests as fixed pain in the back with a shape such as a strip, diamond, or triangle located at the sacrum. This type of pain is chronic and enduring, leaving the body fatigued. The patient's complexion is yellow and lackluster and the tongue will have a greasy, sticky coat. The pulse will be slippery and congested.

A patient with low back pain due to a damp phlegmy constitution combined with an externally contracted invasion of damp phlegm will tend to produce lumps of phlegm in the lower back. Damp phlegm is sticky and slow to resolve; making the pain chronic and enduring. Internally, dampness congests the spleen, impairing the transformation function. Over time, the Zang and Fu, meridians and collaterals, four limbs, sensory organs and nine orifices become malnourished; lassitude ensues and the four limbs and complexion take on a withered appearance.

Chinese herbal formula Er Chen Tang modified may be prescribed to resolve this pattern by drying the dampness and dissolving the phlegm. The formula contains Fu Ling, Chen Pi, Ban Xia, Gan Cao, Du Huo, Cang Zhu, and Mu Li. In this prescription, the acrid and warm nature of Ban Xia dries dampness and dissolves phlegm. Chen Pi regulates qi and dries dampness, while transforming phlegm dampness by promoting movement of qi. Fu Ling strengthens the spleen and dissipates dampness. Zhi Gan Cao harmonizes all herbs in the prescription. For back pain, Du Huo is necessary to guide the herbs to move downward in order to dissipate wind and transform dampness in the lower jiao and legs. Cang Zhu strengthens the spleen and dries dampness. Mu Li enters the kidney meridian, softens hard masses and resolves nodules and lumps while strengthening bones and benefiting the kidneys. The combination of herbs in this decoction dissolve phlegm, transform dampness, regulate meridians and remove blockages.

Acupuncture protocols that focus on strengthening the spleen, dissolving phlegm, dissipating nodules and opening the meridians are effective in relieving back pain due to phlegm dampness. Taibai (SP3) and Fenglong (ST40) are selected, along with local points at the sites of the lumps. Vertical and direct needling is applied to the lumps without twisting and rotating

until the needle reaches the bottom of the lumps, then twisting and rotating and lifting and thrusting are applied. Lifting and thrusting is repeated through the depth of the pathogenic accumulation. The technique involves obtaining qi, and then directing the needle in five different directions (Hegu needling). Hegu needling is a technique used to strengthen the spleen, dissolve phlegm and dissipate nodules. Taibai (SP3) is the earth and yuan-source point of the spleen meridian, reinforcing this point can strengthen the spleen and dissolve phlegm. Fenglong (ST40) which is the Luo-connecting point of the stomach meridian, combined with Taibai (SP3) make up the yuan-source and Luo-connecting combo, providing substantial power to strengthen the spleen and dissolve phlegm. Additionally, Fenglong (ST40) is an essential point for treating any phlegm disease.

7. Low Back Pain due to Strains

Low back pain due to strain is fixed on both sides of the spine and is not relieved by lying down. Pain is reduced after getting up in the morning and moving around. Mild exercise and physical activities improve back pain due to strain. Working in the same position for prolonged periods of time places undue burden on the low back, leading to sub-optimal qi and blood circulation. Physical activities move stagnant qi; stuck blood then follows the qi, resulting in alleviation of pain and improved circulation of qi and blood.

Acupuncture treatment applied to Ashi points soothes the tendons and invigorate the collaterals. Fen Ci (needling between muscles), a technique from the Yellow Emperor's Classic of Medicine, soothes the tendons and invigorates collaterals, channel qi and blood in cases of muscle-strain-induced back pain. Mild stimulation tends to be effective.

8. Low Back Pain due to Sprains

Low back pain arising after an injury sprains the low back, manifesting with sharp pain when postural adjustments are made, on deep inhalation or with coughing or sneezing. No obvious Ashi points can be identified as the locus of pain in these cases. After the injury, the qi stagnation combines with blood and obstructs the meridians and collaterals. Pain is exacerbated by activity because some of the peripheral collaterals are empty or deficient.

Acupuncture treatment is used to open the meridians and invigorate the collaterals, move qi and invigorate blood, and often performed with distal needling and physical movement. Zanzhu (BL2) is needled when the pain

is located on both sides of the back. Renzhong (DU26) is needled if the pain is located on the spine of the back. Mild needling or needling at the collaterals is performed at the location of the pain. Bloodletting on Weizhong (ST40) is administered to remove stagnation from the bladder channel. Yang Ci (a technique from the *Yellow Emperor's Classic of Medicine*) as described previously, on the local area and cupping can also be applied.

The patient is directed to walk with two feet separate. Distal needling on Zanzhu (BL2) or Renzhong (DU26) with reducing technique by twisting and rotating needles while the patient's moves the low back helps relieve stagnation at the injured site. Shallow needling on sensitive points with reducing technique by twisting and rotating while the patient's moves the painful area of the low back also helps resolve the stagnation and speeds healing. Yang Ci is one of the twelve techniques in the Official Needling from the *Yellow Emperor's Classic of Medicine*: Spiritual Pivot. One needle is inserted in the center, with four needles on the sides. This technique has evolved into plum blossom needling with bloodletting and cupping.

Twenty-six patterns from the *Yellow Emperor's Classic of Medicine* and eight patterns from Yang Jiasan's summarization provide some advanced examples of acupuncture and Chinese medical approaches in the treatment of low back pain. That does not necessarily mean that each individual case fits into one of these patterns as the following case histories attempt to illustrate.

Case Reports from China's Leading Practitioners

In the above two sections, classical approaches from the *Yellow Emperor's Classic of Medicine* and a contemporary approach represented by Yang Jiasan have been introduced. Even though these approaches are fairly comprehensive, the following case studies provide a glimpse into the tremendously diverse and virtually unlimited field of options within the acupuncture and Chinese medicine cabinet. These varied approaches may be dispensed for the purpose of healing back pain at the root as well as the branch. The following ten cases offer a sampling of how standardized approaches may be adapted to fit each unique case. These real-life applications more closely reflect the dynamic art-form Chinese medicine takes in practice. Consistent with human life, experiential knowledge allows for the resolution of known illnesses while the creative application of reliable principles allows for solutions to seemingly new or previously incurable conditions to emerge.

1. Yu Shuzhuang's Case [3]

A 46-year-old woman had suffered from low back pain for years, more severe on the right side. Marked pain occurred when standing and pain was aggravated with movement. The pain prevented her from lying flat. Other symptoms included poor appetite, dizziness, dream-disturbed sleep and fidgeting. Her tongue was pale red with a dry coating. Acupuncture had been applied to Kunlun (BL60) and Houxi (SI3) without success. Then she told the doctor that she had a prolapsed uterus (II) for three years with a bearing-down sensation in the lower abdomen. The Chinese medicine pattern was diagnosed as deficiency of the spleen and kidney with concurrent sinking of qi. The treatment principle chosen in this case was to tonify the kidney and spleen in order to strengthen the qi. The acupuncture prescription included Guanyuan (RN4), Zigong (Extra), Sanyinjiao (SP6) and Qugu (RN2). A needle was inserted at Guanyuan (RN4) and extra point Zigong was needled towards Qugu (RN2). After arrival of qi the patient felt an upward contraction of the uterus. The reinforcing method was applied to Sanyinjiao (SP6). One treatment alleviated the pain. The above points and Qugu (RN2) were used to lift the uterus to its normal position. Six treatments cured the prolapse of the uterus and alleviated the low back pain.

2. Peng Jingshan's Case [3]

A 47-year-old male patient came in for back pain. The main symptom was lumbago due to lumbar sprain, accompanied by pain and numbness of the left leg and limitation of movement. The X-ray showed obvious protrusion of the third and fourth intervertebral disc. Examination by a surgeon revealed an injury of the piriformis muscle. All the symptoms remained even though massage was applied and drugs were taken. He could not walk, turn the body or go upstairs, because he could only elevate the left leg 50 cm and the right leg 45 cm (above the surface of the bed). The pulse was deep and slow with a weak quality in the Chi region. Marked changes, such as thin pale-colored capillaries, were seen in both the ophthalmic middle and lower jiao areas. The diagnosis was deficiency of yang qi due to injury of the Du meridian. Middle and lower jiao orbital areas were needled bilaterally. After the first treatment, the left leg could be elevated 67 cm and the right leg 63 cm. After the second treatment, he could walk a little with the help of others, as the pain was greatly diminished. After the third treatment, he could walk slowly without anyone's help, since the pain and numbness were getting better. Altogether five treatments were given. Then he could raise both of his legs 74 cm above the surface of the bed.

3. He Puren's Case [3]

A 32-year-old female patient presented with back pain. For quite a few days she had lumbago. But on the day before consultation the condition suddenly became worse. She could not move her waist. No trauma and deformity were seen on physical examination. She had a thin white tongue coating and deep tight pulse. Chinese medicine defined this pattern as obstruction of the meridians by pathogenic wind and cold and malnourishment of the kidney by blood. Weizhong (BL40) and Renzhong (DU26) were punctured to bleed. After one treatment the patient could move her waist and walk with a stick. Five treatments completely cured the case. Shenshu (BL23) was used in the last two treatments.

4. Wang Pinshan's Case [4]

A 38-year-old female patient had suffered from low back pain for five years since the delivery of her baby. The disease was treated as pathogenic wind-dampness, strain, deficiency of the kidney and trauma with no effect. After working for one hour, she had to lie down and have a rest. Her appetite, urination and bowel movement were normal. Menstruation was normal and the amount of the leucorrhea was abundant. Upon examination, her pulse was slow, and her tongue body was pale-red with a thin coat. Her complexion was sallow, speech was clear. She displayed tenderness at Zulinqi (GB41) and Mingmen (DU4) points. According to pattern differentiation, the Dai Meridian was affected with meridian qi stagnation causing lumbar pain. The downward draining of damp-heat had led to the production of excessive leucorrhea. In this case, the pathogenesis was in the Dai Meridian, and the position of the disease affected the lumbar region. A treatment plan was made to dredge the meridians and normalize the flow of qi.

Intradermal needling at Mingmen (DU4) was altered with the intradermal needling at Zulinqi (GB41), with needle retention lasting fifteen minutes. Every five minutes, the needles on both sides were twirled and rotated for one minute. After the treatment, the pain in the lumbar region ceased immediately and the patient could move her waist freely, however, there was still tenderness. After the second treatment, the patient was tired. After the third treatment, the amount of leucorrhea was greatly reduced and there was still a tenderness reaction after the fourth treatment. The tenderness disappeared when two more treatments were given and all related symptoms were resolved. For over a month, no attack of lumbago was experienced.