

# Acupuncture for Intervertebral Lumbar Disc Prolapse: Case Studies and Clinical Experience

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## Abstract

Intervertebral lumbar disc prolapse is a very common disease in our clinic, especially among 20 to 50 year olds. Most do not need surgery and there are many effective conservative treatments, of which acupuncture is one of the best. In our clinic we have treated hundreds of cases of this kind and have found acupuncture to be outstandingly effective. Here we present two typical cases followed by some clinical notes based on our own experience.

## Case 1

**M**r. Li, a 42 year old Chinese chef came to the clinic because he had been suffering from acute lumbago pain for three days and could not work. When he came, he was unable to stand up straight and complained of sharp pain in the left leg, particularly on the lateral side. Even with many painkillers, he still was in serious pain.

A CT scan identified L5-S1 Intervertebral lumbar disc prolapse oppressing the nerve root.

Physical examination revealed severe tenderness and percussion pain about 1 cm to the left side of L5-S1, and the spine was visibly shifted to the left. The straight-leg-raising test on the left side was positive (< 30) and the radiating pain was aggravated when he coughed. The tongue was pale but with a darkish hue, with tooth prints on the edges and a thin layer of white coating. His pulse was thready and uneven.

Pattern differentiation was stagnation of qi, blood stasis and Kidney deficiency.

Acupuncture treatment was given to activate blood and qi, resolve stasis, relieve the pain, nourish the Kidneys and strengthen the waist.

The following points were used: Shenshu BL-23, Dachangshu BL-25, Weizhong BL-40, Taixi KID-3, Kunlun BL-60, Yanglingquan GB-34, Xuanzhong GB-39 and the most tender ahshi point. The ahshi point was pricked and then cupped to extract a few drops of blood. Shenshu BL-23 and Dachangshu BL-25 were reinforced and all the other points were reduced. Wherever possible the needle sensation was induced to radiate to the leg or foot. The needles were retained for about 40 minutes.

After acupuncture the pain was greatly relieved. However, Mr. Li could still not straighten the spine or walk properly so I performed an oblique pulling manipulation on the spine and after that, Mr. Li was able to stand straight.

The patient was advised to:

1. Continue treatment for ten sessions, once every two days.
2. Sleep on a hard surface.
3. Refrain from sex during the course of treatment.
4. After completion of the ten treatments, to start exercises to benefit the lumbar region, for example Taijiquan.

At the second visit the patient told me that the pain was much relieved. I repeated the treatment as before, but without the pricking and cupping of the ahshi point.

After 10 sessions, Mr. Li felt fine and returned to work.

## Case 2

Mr. S, 40-years old. Two years ago, Mr. S's L4-5 intervertebral disc was removed because of intervertebral lumbar disc prolapse. However, after surgery, the lumbar and leg pain remained, particularly the left leg which was numb and showed muscle loss. Mr. S. was unable to lead a normal life or to work. The pain was located mainly on the lateral side of the thigh and lower leg. There was sharp tenderness about 1 cm to the left side of L4-5. No radiating percussion pain appeared and there was no radiating pain on coughing. The straight-leg-raising test showed 60 and the left leg was obviously more atrophied than the right leg. The pulse was weak and somewhat thready and the tongue was slightly enlarged and purple, and displayed several dark spots on the edges. Mr. S had tried many different treatments already but had found no relief at all.

According to differentiation of channels, all of the symptoms and signs were caused by the shaoyang channel being blocked by qi stagnation, accompanied by blood deficiency.