

Lumbar Pain Treatment Outline in Su Wen Chapter 41

Santi Cannizzaro

Family physician, Acupuncturist - Reggio Calabria, Italy

***Corresponding author:**

Santi Cannizzaro

Family physician, Acupuncturist, Reggio Calabria, Italy.

E-mail: santi.cannizzaro@gmail.com

Received : September 07, 2020

Published : September 25, 2020

OPINION

The In the ancient work Su wen, an entire chapter (41th) is dedicated to diagnosis and treatment of lumbar pain. The title is acupuncture for back pain (刺腰痛), phrase that can be freely translated as "various type of puncture in lumbar pain". Various type of punctures are mentioned in particular blood-letting. This chapter is also one of the most practical references for blood-letting therapy. The final part of the chapter contains a synthesis of the main lumbar pain associated syndromes and accessory symptoms. For the preparation of this study I analyzed the original text with the help of English [1] and French translations [2], adding some evidence from Pubmed database.

The first type of lumbar pain described is the one that derives from bladder channel imbalance. Regarding the clinical picture, this type of pain is characterized by a sense of heaviness (weight (重)). This type of pain is suggested to be treated stimulating the point (xue) at the centre of the popliteal hollow, point that we identify in wei zhong 40 Urinary Bladder (UB). The technique advisable in this case is blood-letting.

Several articles have been conducted to evaluate the efficacy of wei zong 40-UB in patients with lumbar pain [3-5]. The second type of lumbar pain is the one related to gallbladder (GB) channel imbalance. The main feature in this case is presence of paresthesia, like needles puncture. The pain is made worse by movement in every direction. This is a feature of shao yang

energetic level imbalances. The point suggested is yang ling quan 34 GB. This point has been studied recently by Zai FL, et al. [6]. Gallbladder channel's points are the most used in lumbar pain after bladder channel points as demonstrated by Li JB, et al. [7].

Yang ming type lumbar pain: The lumbar pain is made worse by trunk torsion movements and associates often with cervical spine pain. The text also says: "the patient is sad". *Yang ming* imbalance is often accompanied with low-mood disorders. The text advises to make three consecutive punctures on san li 36 Stomach channel (ST). The number of punctures probably indicates the number of times to prick dilated visible vessels, sufficient to expel stagnant blood.

Lumbar pain from kidney channel imbalance: is characterized by pain felt internally in lumbar vertebrae area. We know in fact that kidney channel internal trajectory permeates lumbar vertebrae before distributing to renal parenchyma. The text suggests making two punctures on fu liu 7 Kidney (K) point. Next, lumbar pain from liver imbalance is characterized by the presence of a strong muscular contraction. Muscular tension in the area is compared to the string of a cross-bow. This image reminds us the typical pulse of liver disturbance, the string pulse ((弦脉) (xian mai)). The bowstring image recalls *tsue yin* patient characteristics: strong nervous tension and anticipatory anxiety. Returning to the text, in a picturesque manner the patient with this type of lumbar pain "ceases to talk even if he is a

chatterbox". Treatment is *li gou*

5 Liver (L) point. The text suggests three consecutive punctures.

The text at this point mentions: lumbar pain from the "*channel that passes for Hui Yin*" 1vc. It is characterized by pain that radiates towards the upper part of the back. Accessory symptoms can be profuse sweating, intense thirst: signs of an empty type of syndrome. To treat this form the text suggests stimulating points on the bladder channel. Housson advises with 62 UB and 56 UB [1].

Lumbar pain related to "*the channel of Yang flight*". With this term "*Yang flight*" the text probably refers to *fei yang xue* (飛陽) 58 UB. This is the *luo* (駮) channel of the bladder. It links bladder channel to the kidney channel. The psychic side of this syndrome can be fright and/or sadness. The explanation of this is that treating the *luo* point can re-balance kidney channel in deficit (fright), balancing coupled channels. This form is treated via the homonymous point: 58 UB point.

Lumbar pain of the "*bright yang channel*" Changyang pulse (散脈) refers to those forms of lumbar pain related to yin qiao channel pathology. The yin qiao channel is an "extraordinary vessels" tied to kidney channel. The peculiar clinical feature of this form is the presence of sight disturbances: the text mentions blurred vision (散). The yin *qiao* channel arrives to the internal eye commissure after passing from the thorax and the neck. The suggested treatment is made via *Fu liu* 7 K point stimulation.

Lumbar pain from the "*disperse channel*" disperse the pulse (大便難) *san mai* imbalance. Commentators of the *Nei Jing* identify this channel as a branch of the spleen channel [1,2]. I think instead that the text refers to the *heng* (散) pulse quality. So in the case you find this quality of the pulse the point to treat is 8 Spleen (SP) point *Di ji*. The feature of this type of syndrome is the quality of pain, comparable to a "wooden beam": is heavy, rigid, and cumbersome. In the most serious cases there is urinary incontinence (myelopathy).

The final paragraph of the 41th chapter gives a synthetic outline and therapeutic recommendations:

- Cold in the upper part of the body: treat bladder and stomach channel.
- Heat in the upper part of the body: treat liver and spleen channel.

- Internal heat with dyspnea: this form refers to dorsal vertebra pain with intercostal neuralgia. It is suggested to treat kidney channel (because of its thoracic pathway).
- Cold in the upper part with cervicalgia and contracture, torticollis, can look back: treat stomach channel.
- In the case of concomitant constipation (大便難): treat kidney channel.
- Bloating to inferior abdominal quadrants: utilize points on the liver channel.

The purpose of my study of this chapter is to analyze traditional text to extract new hints for my everyday practice with patients. Future work is aimed at finding correlation between physical examination findings and data from traditional texts.

BIBLIOGRAPHY

1. Paul U, Tessenow H. 1987. *Huang di nei jing su wen*.
2. Paul U, Tessenow H. 2011. *Huang Di nei jing su wen*.
3. Chen CJ, Tsai WC, Yen JH, Tsai JJ, Ou TT, et al. (2001). Bloodletting acupuncture of the engorged vein around BL-40 (Wei-Chung) for acute lumbar sprain. *Am J Chin Med*. 29(3-4):387-91.
4. Zhang Y, Zhang L, Liu H, Lei Z. (1993). Bloodletting at weizhong point (UB 40) for treatment of acute lumbar sprain. *Case Reports J Tradit Chin Med*. 13(3):192-3.
5. Lin ML, Wu HC, Hsieh YH, Su CT, Shih YS, et al. (2012). Evaluation of the effect of laser acupuncture and cupping with ryodoraku and visual analog scale on low back pain. *Evidence-based Complementary and Alternative Medicine*. *Ecam*. 2012:521612.
6. Zai FL, Wu RL, Zheng MF, Guo LY. (2018). [Warming Needle Moxibustion Relieves Symptoms of Lumbar Disc Herniation Patients and Upregulates Plasma β -endorphin. *Randomized Controlled Trial*]. 43(8):512-5.
7. Li JB, Xiong QL, Qu SK, Qi F, Zhang L, et al. (2013). [Discussion on the regular of acupoint selection of acupuncture and moxibustion for lumbar disc herniation during recent 10 years]. *Zhongguo Zhen Jiu*. 33(7):668-72.