

Nan Schwarz
Case Study Report

This case study addresses the issue of chronic back pain, an issue that is often treated within the western medical community as a degenerative disease that “has to be lived with”. Common treatments tend towards using pharmaceuticals to deaden pain symptoms, along with whatever physical therapy the patient can handle to help strengthen the body in order to halt progression. The progress made with this patient is an example of how Chinese medicine can effectively improve a person’s physiology to decrease chronic back pain and its tendency to flare up into an acute state, even with a pattern that has existed for decades.

Patient code: GEJO
Date 5/14/08
Male, 63 years old

The patient came in complaining of chronic back pain dating back several decades, mostly along the left side, with a recent acute flare-up in the lumbo-sacral region.

The low back and sacral pain is especially sharp when he attempts to twist, bend or lift anything, and the pain causes him to wake from sleep whenever he turns in bed. This causes him to get poor sleep, which, combined with the sharp back pain, makes him short and irritable. Appetite and digestion are fine, as are his bowel movements and urination. Although he has a slightly ruddy complexion, he feels no excessive heat.

The right pulse is weak in the cun position, tight in the guan position, and deep in the chi. On the left, the guan position is especially tight and superficial, with the chi position deep and weaker than on the right. The tongue is a dusky pale-red with teethmarks and distention in the sublingual veins.

A visual examination shows the patient has a curvature to the spine, with muscular tightness and tenderness in the upper right scapula area and in the lower left lumbar region. His right shoulder has some edema swelling. The abdomen showed a slight yellowish tinge to the skin outside the area of the navel, with a hernia protruding over the navel. The patient says it has been there for one year, and does not bother him. He also has a purplish tinge to his lips.

Diagnosis: *Spleen and Kidney qi deficiency with blood stasis, leading to qi constraint and blood stasis.*

Treatment Principle: *Tonify the Spleen and Kidney qi, and move the blood to break up stasis.*

Treatment: ***Du Huo Ji Sheng Tang modification*** -> du huo 10g, qin jiao 10g, du zhong 15g, niu xi 15g, sang ji sheng 20g, dang gui 12g, shu di huang 15g, chi shao 10g, fu ling 10g, dang shen 20g, huang qi 15g, chao bai zhu 10g, ru xiang 5g, mo yao 5g, zhi gan cao 6g

Ren 12, Ren 9, Ren 6, Ren 4 – used to tonify the Spleen and Kidney qi
SP 15 – to regulate the Spleen qi / **ST 24, ST 25** – used to move blood
KD 13, KD 14 – used to treat dampness and support tonifying points on the Ren

After 2-3 days the acute pain had gone away, the tightness in the pulse had diminished, and the patient was happily no longer waking up in the middle of the night. Although the back pain is still present, it is no longer sharp or stabbing, and he has increased overall mobility. Subsequent treatments to local back points combined with cupping were used to disperse stagnation, followed by abdominal points to continue tonification.

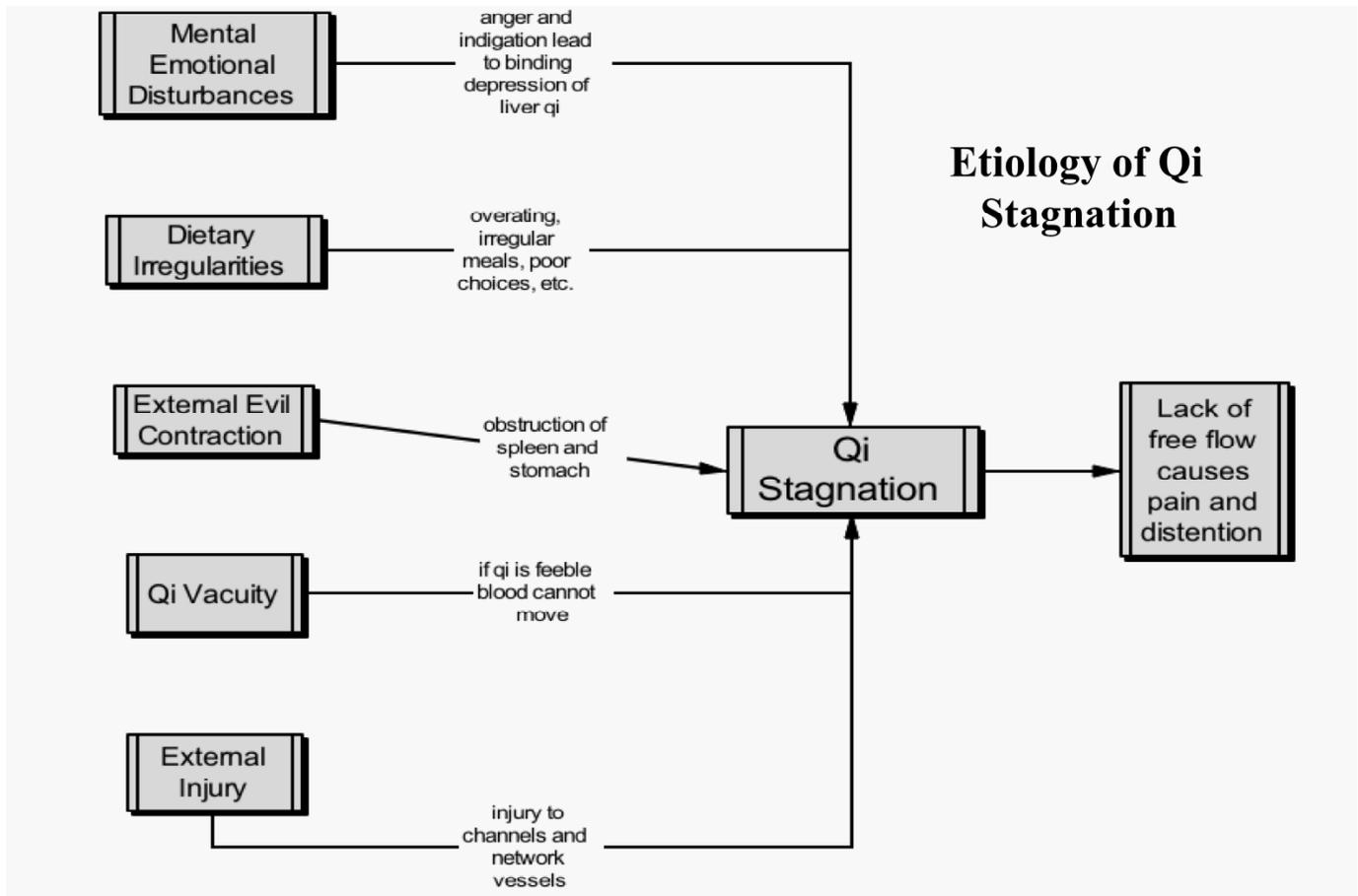
From a western medical perspective, this case would be diagnosed as possible scoliosis contributing to chronic lower back and scapular pain, contributed by the aging process. The curvature of the spine would be assessed as being responsible for displaced muscular tension throughout the back (or vice versa). Likely the reason for the flare-up from a longtime chronic state to one of acute pain would be thought to come from either moving excessively or lifting something too heavy, or even from sleeping in a bad position, all made possible by a too sedentary life style. ²

Treatment could involve the use of analgesics to reduce inflammation, directions towards getting better bed rest (this includes duration as well as sleeping position), and increased exercise to help strengthen back and abdominal muscles. Those with skeletal irregularities are often advised to see a physical therapist to guide them in proper exercise programs, and also receive attention from spinal adjustment professionals, such as a chiropractor. Opioids and antidepressants are often prescribed for those who experience alternating chronic to acute pain to improve not only the pain tolerance, but also sleep and overall mood. In serious cases, where a patient does not respond to treatment, surgery is prescribed, although it is not always successful. ¹

From a TCM perspective, the root of the problem is Spleen and Kidney deficiency, leading to a lack of movement of qi and blood and causing chronic back pain. When the blood stasis becomes severe, there is focal, stabbing pain. The tightness in the pulse, especially in the guan positions, show the middle

burner qi constraint and the deep and weak chi positions show the deficiency in the Kidneys. The tongue displays the Spleen deficiency with the presence of teethmarks, and blood stagnation by the color and wide sublingual veins. Combined with the patient's age and history of chronic back pain, the assessment of the Spleen and Kidney being the source was made. The low back is the "mansion of the Kidneys" meaning that the low back is most closely related, but not limited to, the health of the Kidney system. Therefore, in regards to low back pain, the Kidney system, along with the Spleen must be treated in chinese medicine.³

Below are other contributions besides qi deficiency that can lead to qi stagnation.



Of note, the belly needles required deep insertion in order to reach any qi, supporting the diagnosis of Spleen qi deficiency. Dr. Miao (the practitioner) also explained that with her abdominal style, she uses the Ren points to tonify, Spleen points to regulate qi, Stomach points to move blood, and Kidney points to mostly support the Ren point it is near, as well as treat dampness. More traditional points to treat qi deficiency and qi and blood stagnation include:

Distal Acupuncture Points For Acute Low Back Pain:

LV 3, LI 4, DU 26, Yao Tong Xue (N-UE-19), BL 40

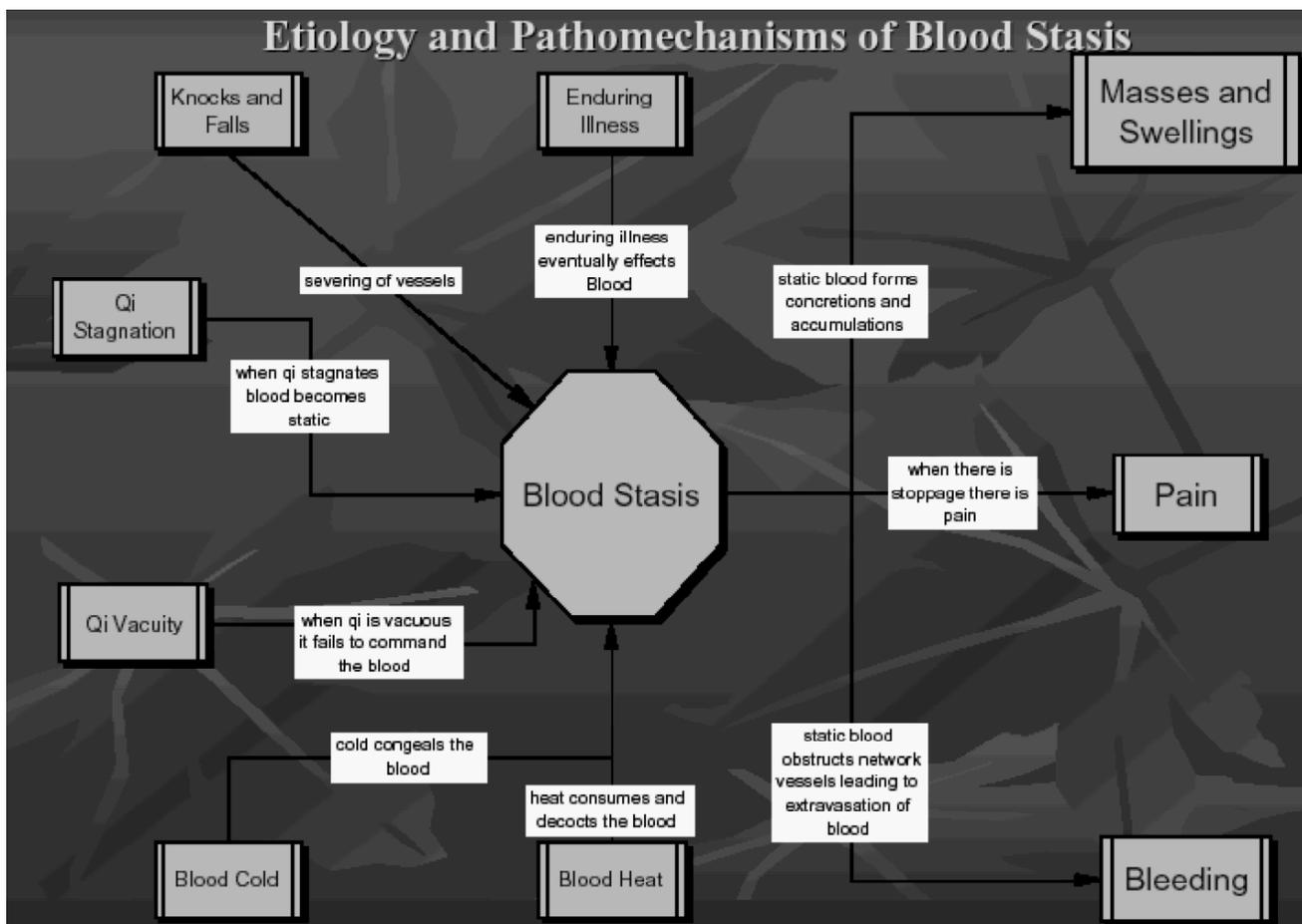
Distal Acupuncture Points for Acute Or Chronic Low Back Pain:

BL 60, BL 58, BL 59, BL 36, BL 37, GB 30, GB 31, GB 34, GB 39, SI 3, BL 62

Local Acupuncture Points for Low Back Pain:

Ah Shi Points, BL 23, BL 25, BL 54, BL 28, Shi Qi Zhui Xia (M-BW-25), Hua Tuo Jia Ji points⁴

While the root of the back pain resides in deficiency of the Kidney and Spleen, the manifestation is that of qi and blood stagnation. If the Qi and/or blood stagnate in the channels, specifically through the region of the low back, there will be pain. Thus the saying, “where there is stoppage, there is pain.”³ Below are other pathomechanisms besides qi deficiency and stagnation that can lead to blood stasis and pain.



In the case of this patient, who has qi and blood stasis that is rooted in deficiency, formulas such as Si Jun Zi Tang, Liu Jun Zi Tang, Bu Zhong Yi Qi Tang, Jin Gui Shen Qi Wan or You Gui Wan, would only address the deficiency. Formulas for stagnation of qi and blood must be considered, such as Huo Luo Xiao Ling Dan, Gan Jiang Ling Zhu Tang and Du Huo Ji Sheng Tang.⁴ For this

patient, the modified Du Huo Ji Sheng Tang, which normally was designed to treat painful obstruction from wind-cold-damp, is slightly changed to focus tonification on the Kidneys and the Spleen. Plus, as there are no exterior or moving pain wind symptoms, fang feng and xi xin were removed. Additional herbs to break up the blood stasis were added (mo yao, ru xiang, chi shao).

One alternative beyond traditional western medical practice and Chinese medicine to treat chronic and acute back pain is Biofeedback, which uses electricity to show the patient how to become aware of, to follow, and gain control over their response to pain. Interventional therapy can be used to block nerve conduction to the brain by use of injections of anesthetics, steroids or narcotics. Other therapies can include cranial sacral therapy, ultrasound therapy, and transcutaneous electrical nerve stimulation.¹

This case was valuable in that I was able to follow the patient's progress through subsequent treatments, and see the treatment principles in action as well as effectiveness of the combination of acupuncture and herbs. Most importantly, I was able to see that even a method such as Dr. Miao's, which focuses on belly acupuncture, can be just as effective as local back treatments for chronic and acute back pain. As mentioned earlier, it was explained that these points are good not only for tonification, but dispersion as well. The initial treatment involved no back points, only the abdomen, yet the patient returned with no more acute back pain.

In the following treatment, the approach of "first reduce, then tonify" was taken to deal with both the stagnation and the deficiency, using a combination of back and front treatments. Starting with the back, local areas of pain and tightness were dispersed, which were then followed by running cupping to move the blood. Dr. Miao pointed out that not only did the back musculature soften, but the lip color also improved and was less purple. Learning to assess visually the physical changes in skin tone reflecting internal improvement of qi and blood flow was also highly valuable.

Reference

- 1 - http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm#102233102
- 2 - <http://www.mayoclinic.com/health/back-pain-treatment/BA99999>
- 3 - <http://www.spineuniverse.com/displayarticle.php/article829.html>
- 4 - <http://tcm.health-info.org/Common%20Diseases/low.back.pain.htm>