

TCM

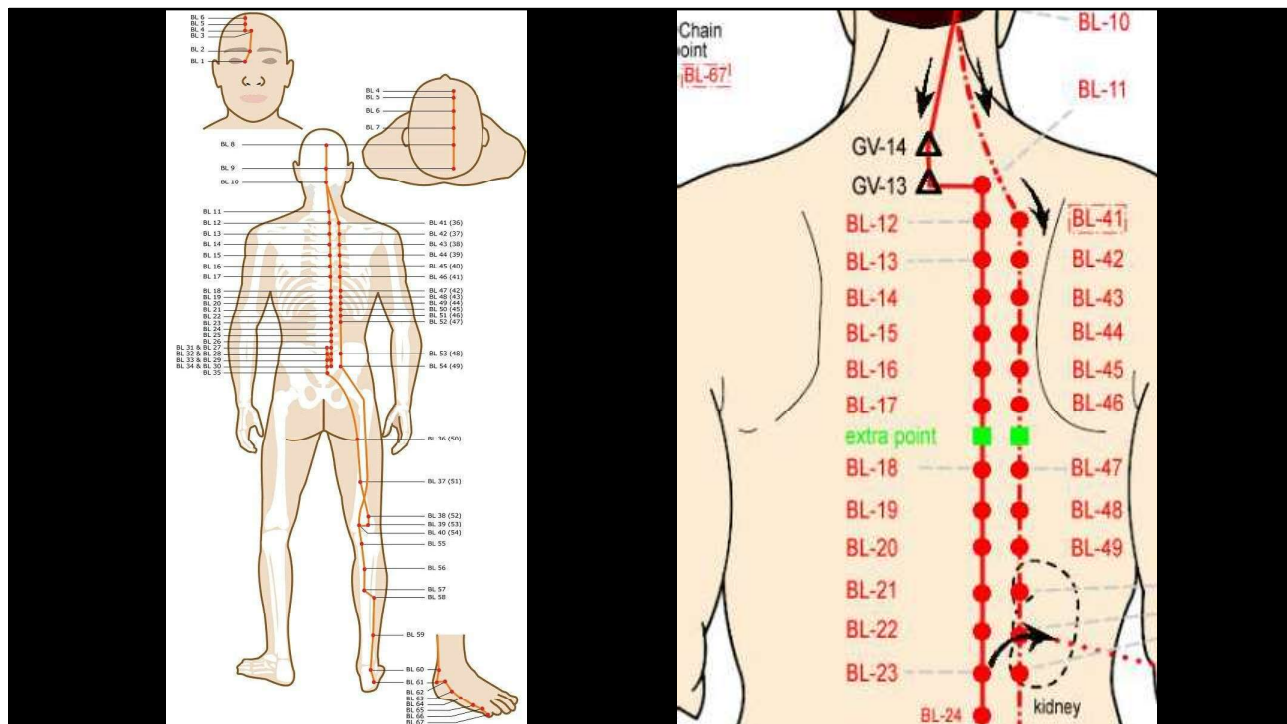
Low Back Pain

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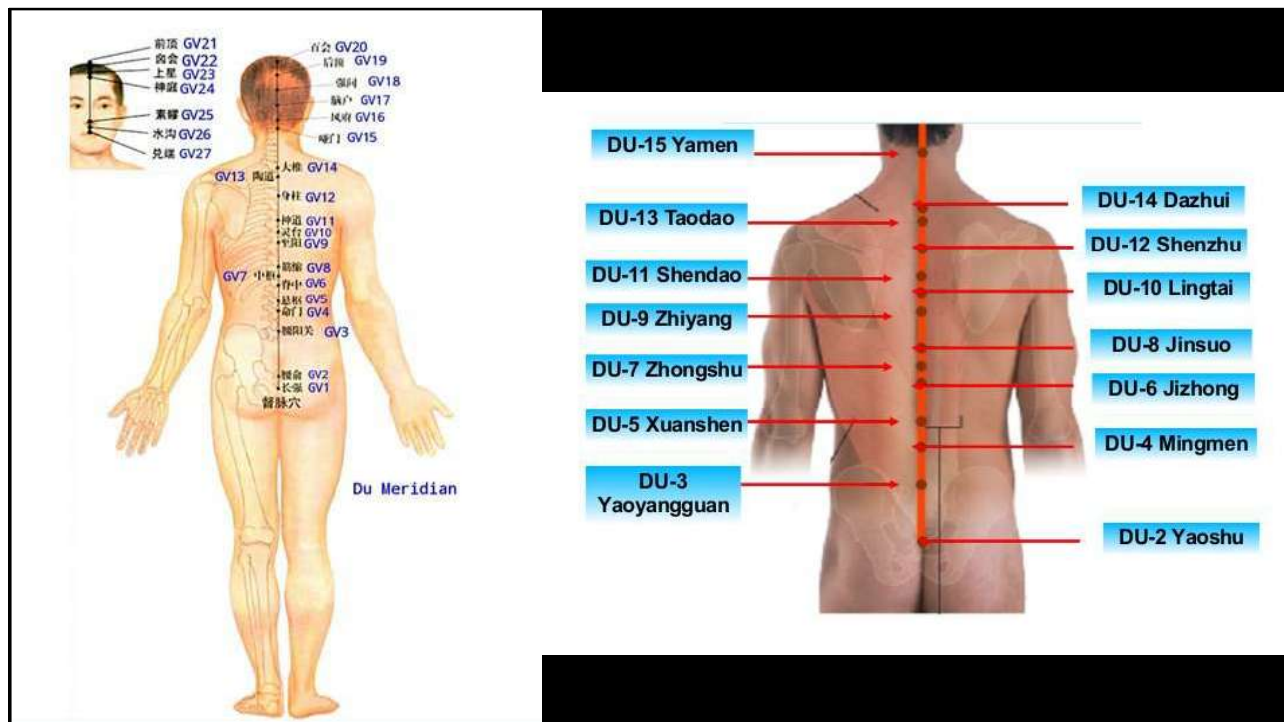
Overview

- ***Low back pain (LBP)***: ache anywhere in the back region (including the buttocks) below the lower border of the rib-cage, which is approximately level with BL-21
- The ***Bladder (UB)*** and ***Kidney (K)*** channels are the most important with the reference to LBP.
- The inner and outer UB channels run the length of the spine
- The Kidney channel goes deeper into the body at the perineum and flows along the spine and into the kidney organ.



Overview

- The **Governing Vessel (DU)** runs the length of the spine centrally.
- Points such as **DU-4** may be used to tonify the kidneys in cases of chronic LBP in the elderly.



Etiology/Pathology

- Retention of pathogenic **wind, cold** and **damp** in the channels and collaterals
- **Deficiency of Kidney**
- **Qi and Blood Stagnation** in the lumbar region due to sprain or contusion

Retention of Cold-Damp

- Damp-Cold can cause both acute and chronic backache.
- The pain is worse in the morning and better with light exercise.
- The pain is also relieved by application of heat and is worse when the weather is cold and damp.
- When Cold predominates there may be stiffness and contraction of the back muscles and the pain is more severe, is aggravated by rest and improved by movement. It also responds to application of heat, such as a hot-water bottle/heat pad.
- When Dampness predominates there may be swelling, numbness and a feeling of heaviness.

Retention of Cold-Damp

Clinical manifestations:

- Heavy sensation and pain in the dorsolumbar region and stiffness of muscles, limiting extension and flexion of the back.
- The pain may radiate downward to buttocks and lower extremities, and the affected area usually feels cold.
- Pain becomes intensified in cloudy and rainy days and is not alleviated by bed rest.

Kidney Deficiency

- A backache from Kidney deficiency is more common in middle-aged or elderly people.
- However, young people may also suffer from this type of backache and it is usually from a hereditary Kidney deficiency. An exception to this is when a child does a lot of physical work (such as children who need to help their parents on a farm) or exercise (such as ballet) around the time of puberty. This is a vulnerable time from an energetic point of view and excessive exercise at this time of life may seriously weaken the Kidneys and the back.

Kidney Deficiency

Clinical manifestations:

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Kidney Yang Deficiency

- Dull, cold, aching low back pain (or weakness/soreness); better with warmth and rest; worse with fatigue, cold, or overexertion.
- Associated: cold limbs/knees, fatigue, clear frequent urination (especially at night), low libido, pale complexion.
- Tongue: pale, swollen, wet.
- Pulse: deep, weak.

Kidney Yin Deficiency

- Sore, dull, or empty aching low back; may have slight burning sensation; worse at night or with fatigue; better with rest.
- Associated: night sweats, dry mouth/throat, tinnitus, dizziness, restlessness, scanty dark urine.
- Tongue: red with little or no coating.
- Pulse: thin, rapid (or floating-empty).

Qi Stagnation and Blood Stasis

- Well localized area, "**sprain**"
- Worse through the day
- Sharp, stabbing, fixed pain (like a thorn); worse at night or with pressure; limited movement; history of injury, strain, or prolonged poor posture.
- Daytime milder, nighttime heavier in many descriptions.
- Tongue: dark/purple or with stasis spots/ecchymosis.
- Pulse: wiry, choppy, or hesitant.

Pathology

Cold and Dampness	Qi & Blood Stagnation	Kidney Deficiency
Worse in cold damp weather Better when sunny and warm System weak (kidney deficiency allowing pathogenic invasion) Better in the morning, and with rest Pain worse with pressure (palpation)	Well localized area, "sprain" Sharp stabbing pains with muscle spasm Better with movement as stagnation is "worked loose" Worse through the day	Chronic condition typical in the elderly May underly other (acute) conditions Dull ache, not well localized Pain eased by pressure (palpation)

Diagnosis

- **Observation**
- **Interrogation**
- **Palpation**
- **Pulse**

Observation

- ***Facial diagnosis:***
 - Pale: Kidney-Yang deficiency
 - Dark like a beetroot: Kidney-Yin deficiency
 - Bluish: stasis of blood, chronic pain.
- ***Back and Legs:***
 - Congested venules at the back of the legs: stasis of Blood in the Connecting channels of the back
 - Sunken muscle on the point KI-3: Kidney deficiency.

Interrogation

- First of all: establish whether the backache is acute or chronic and if it is acute, whether it is an exacerbation of a chronic condition.
- A severe, stabbing pain suggests stagnation of Qi and Blood in the area, while a dull ache indicates a Deficiency condition.
- If the backache improves with light exercise, it is due to local stagnation, while if it improves with rest it is due to a deficiency of the Kidneys.

Interrogation

- If LBP is worse at the start of the morning and gets gradually better as the morning goes on, it indicates invasion of Cold.
- If it is better in the morning on waking up and gradually gets worse during the day, it is due to a deficiency of the Kidneys.
- If LBP clearly worsens when the weather is cold and damp: suggests invasion of external Cold and Dampness.
- If it is unrelated to the weather, it is either due to sprain or to a Kidney deficiency.

Palpation

- If the muscles of the back are stiff, hard and rigid: indicates local stasis of Blood from sprain.
- If the back or the back of the legs feel cold to touch: indicates Kidney-Yang deficiency.
- If the spaces between the lumbar vertebrae are wider than normal: indicates excessive exercise during childhood or puberty and Kidney deficiency.
- If the area of pain is rather large: suggests either a Kidney deficiency or invasion of Cold and Dampness.
- If the area of pain is small: suggests sprain.

Palpation of Most Tender Points

- The points which are most frequently tender on the back and leg are:
 - ***BL-26 Guanyuanshu*** 關元俞
 - ***BL-25 Dachangshu*** 大腸俞
 - ***BL-54 Zhibian*** 秩邊
 - ***Tunzhong (extra point)*** 臀中
 - ***BL-36 Chengfu*** 承扶
 - ***BL-37 Yinmen*** 殷門

TCM Differential Diagnosis

TCM Pattern	Etiology	Key Clinical Features	Tongue	Pulse
Kidney Yang Deficiency (腎陽虛)	Aging, chronic illness, excessive sexual activity	Dull, chronic low back pain, worse with cold and fatigue, relieved by warmth and rest, cold limbs, frequent urination, fatigue	Pale, swollen, moist	Deep, weak, slow
Kidney Yin Deficiency (腎陰虛)	Chronic disease, overwork, febrile illness	Chronic aching pain, soreness, worse in afternoon/evening, tinnitus, dizziness, night sweats, dry mouth	Red with scant coating	Thin, rapid
Kidney Essence Deficiency (腎精不足)	Congenital weakness, aging	Chronic weakness of lumbar spine and knees, poor memory, hearing loss, delayed healing	Pale or red depending on Yin/Yang	Deep, weak
Cold-Damp Obstruction (寒濕痹阻)	Exposure to cold and damp weather	Severe fixed pain, stiffness, worse with cold and rain, relieved by warmth	Pale with white greasy coating	Tight or slow
Damp-Heat Obstruction (濕熱痹阻)	Damp environment, improper diet	Burning pain, heaviness, swelling, worse with humidity, dark urine, feverish sensation	Red with yellow greasy coating	Slippery, rapid

TCM Differential Diagnosis

TCM Pattern	Etiology	Key Clinical Features	Tongue	Pulse
Blood Stasis (瘀血阻絡)	Trauma, surgery, chronic stagnation	Sharp, stabbing fixed pain, worse at night, localized tenderness	Dark purple or with petechiae	Choppy or wiry
Qi Stagnation (氣滯)	Emotional stress, muscle strain	Distending pain, pain varies in location and intensity, aggravated by stress	Normal or slightly purple	Wiry
Wind-Cold-Damp Bi Syndrome (風寒濕痹)	Acute exposure to wind, cold, damp	Acute pain with limited movement, migratory or fixed, worse with weather changes	Thin white coating	Floating, tight
Liver and Kidney Deficiency (肝腎不足)	Aging, chronic overuse	Weakness of lumbar spine and knees, chronic soreness, muscle weakness	Pale or red	Deep, thin
Qi and Blood Deficiency (氣血兩虛)	Chronic illness, blood loss	Dull persistent pain, fatigue, pale complexion, dizziness	Pale	Thin, weak

Treatment Plan

Invasion of Cold and Dampness

- Use reducing method in acute cases and even method in chronic cases.
- Moxa should be used.

Stagnation of Qi and Blood

- Use reducing method in acute cases and even method in chronic ones.
- Unless there are Heat signs, moxa may also be used as it has the effect of relaxing the sinews and spreading Qi thus relieving stagnation of Qi and Blood.

Treatment Plan

Kidney Deficiency

- Use reinforcing method.
- Moxa should be used if there is deficiency of Kidney-Yang

Acupuncture Treatment

Acupuncture

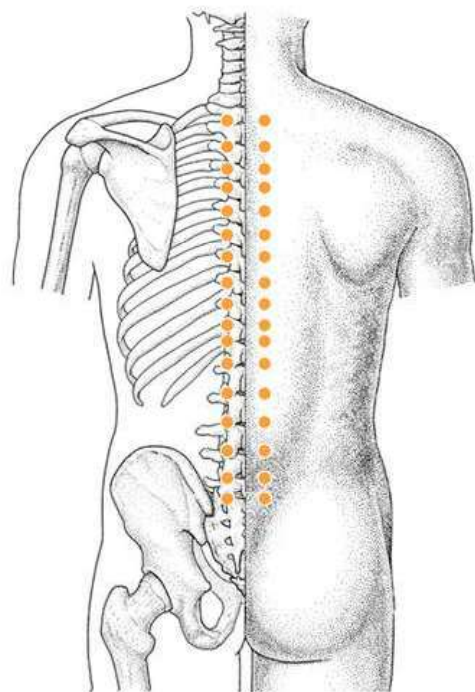
Main points:

- ***Huataojiaji, BL-23, DU-3, BL-40***

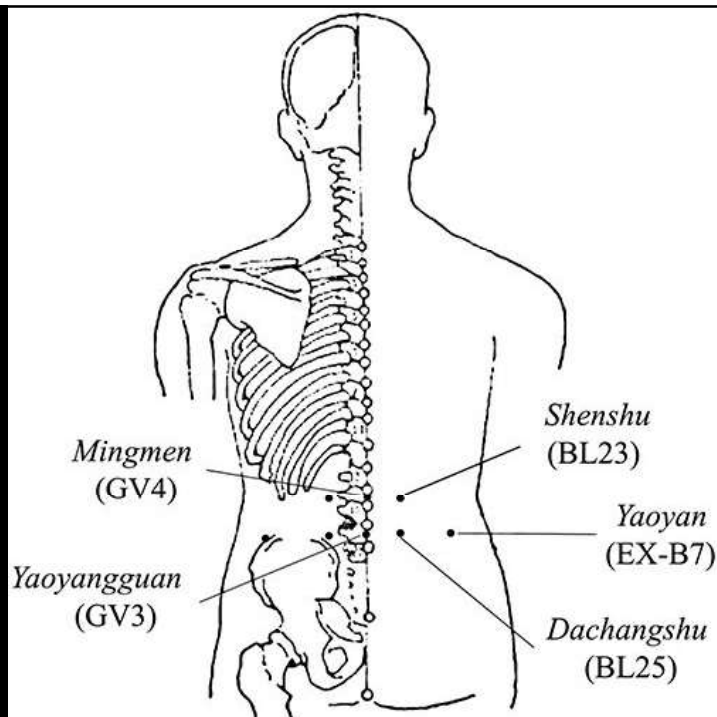
Secondary points:

- Cold Damp: BL-25, BL-26
- Kidney Yang Deficiency: DU-4, Yaoyan
- Kidney Deficiency: BL-52, KI-3
- Sprain of Lumbar Region: DU-26, Ashi points, SI-3, Yaotongxue

Huatuojiaji (華佗夾脊)



Yaoyan (EX-B7) (腰眼)



Acupuncture

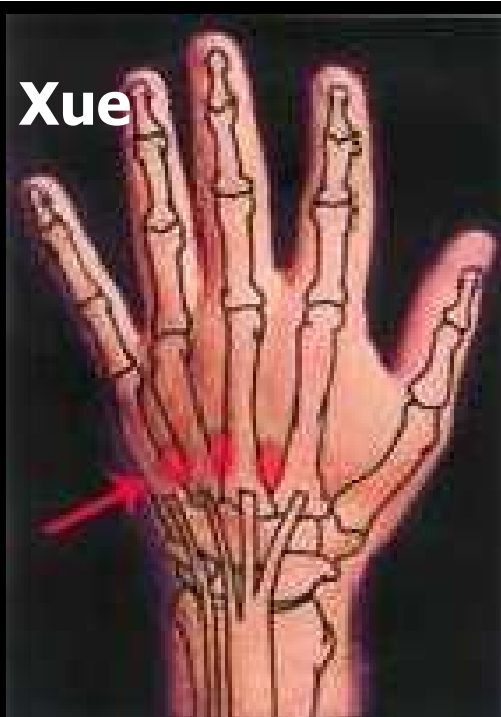
Acute Conditions

- These are due either to Damp-Cold or to stagnation of Qi and Blood in the area.

Distal points:

- SI-3 & Yaotongxue (moving Qi method), BL-40, DU-26, BL-10, BL-58, BL-62 and BL-59.
- Needling distal point(s) first, get needling sensation then manipulate the needle quite vigorously with reducing method
- The distal point(s) are retained for about 15 minutes

Yao Tong Xue 腰痛穴



Acupuncture

Local points:

- These are selected according to tenderness on pressure. It is therefore very important to press and try various points systematically.
- Ashi points, DU-3, DU-4, BL23, BL25, Shiqizhuixia, Yaoyan (EX-B7), and BL-32.
- Local points are needled with reducing method and the needles are then left in place for about 20 minute

Shi Qi Zhui Xia



Acupuncture

Chronic Conditions

- Are always due to a Kidney deficiency which can be combined with retention of Damp-Cold or stagnation of Qi and Blood or even both these conditions.

Distal points:

- BL-62 and SI-3, BL-60, KI-4, SP-3, DU-20, HE-7, BL-40
- Spleen: SP-3 and BL-20
- Kidney: KI-3 and BL-23
- Bone: BL-11 and GB-39

Acupuncture—Chronic Condition

Local points:

- These are selected according to tenderness on pressure. But BL-23 should be used in every case.
- BL-26, Shiqizhuixia, BL-54, Tunzhong and Yaoyan.
- Moxa box on the lower back over BL-26 and shiqizhuixia is very effective for Kidney Yang deficiency with Cold-Dampness in the back.

Acupuncture for Sciatica

Sciatica

- If the pain radiates down to the leg from the back: indicates a more Full condition, usually due to Damp-Cold in the leg channels.
- Occasionally, it may also be due to Damp-Heat. The pain may also only occur in the leg without affecting the back.

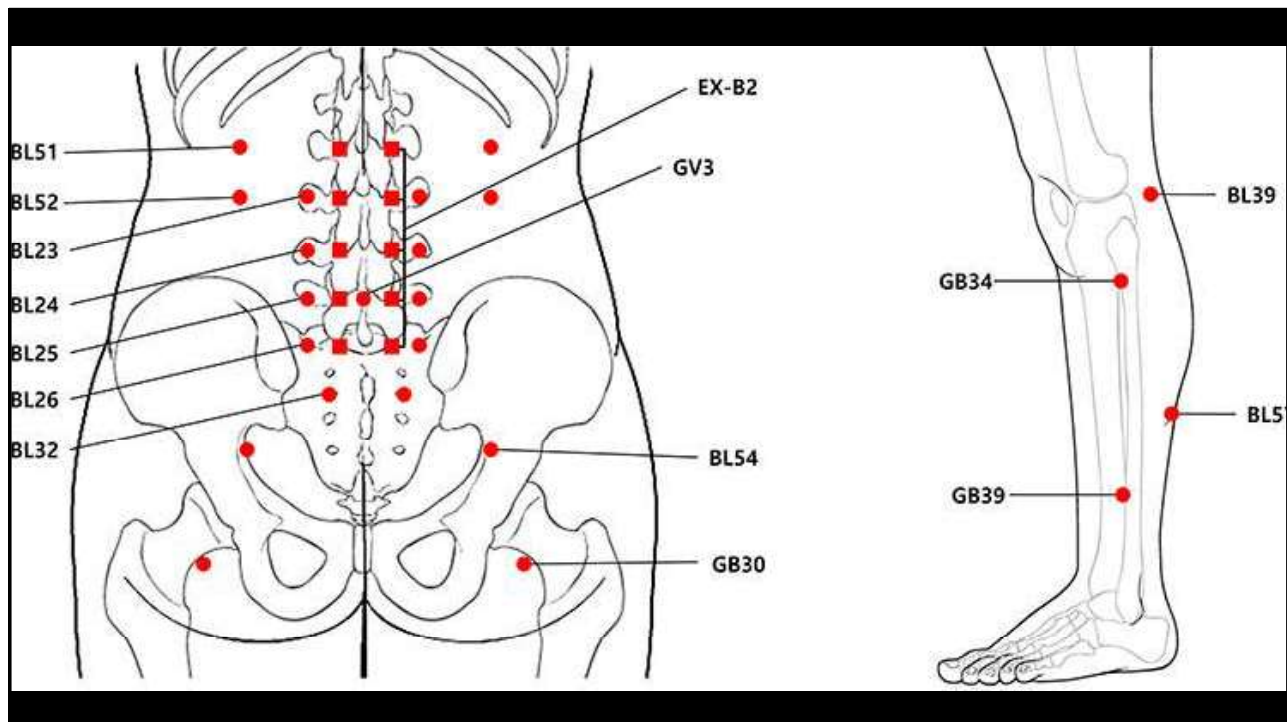
Distal points:

- BL-40, BL-60, BL-57, BL-58, BL-62, GB-40 and GB-41, KI-4

Acupuncture for Sciatica

Local points:

- ***Huatuojiayi L4-S1***, Tunzhong, BL32, BL-36, BL-37, BL-52, ***GB-30***, GB-31, GB-34
- Unless there is Damp-Heat in the Bladder or Gall-Bladder channel, moxa is extremely beneficial in sciatica.
- This is best done with a moxa stick around each needle and especially Tunzhong, BL-36 and BL-37.
- A good method is also to gently heat the Bladder channel all the way from BL-36 to BL-40 until a red line appears.



WITH THESE POWERFUL ACUPUNCTURE POINTS

BL40

Relieving sciatica, lower back pain, and knee stiffness. It improves blood flow in the legs and relaxes tight hamstrings, making it beneficial for leg pain and circulation issues.

BL57

Release tension in the lower leg muscles and is especially helpful for sciatica and leg cramps. It also supports relief from heel pain and can calm tightness in the lower back and calves.

GB 39

joint pain, especially in the knees and hips. It supports healthy tendons and muscles, enhances flexibility

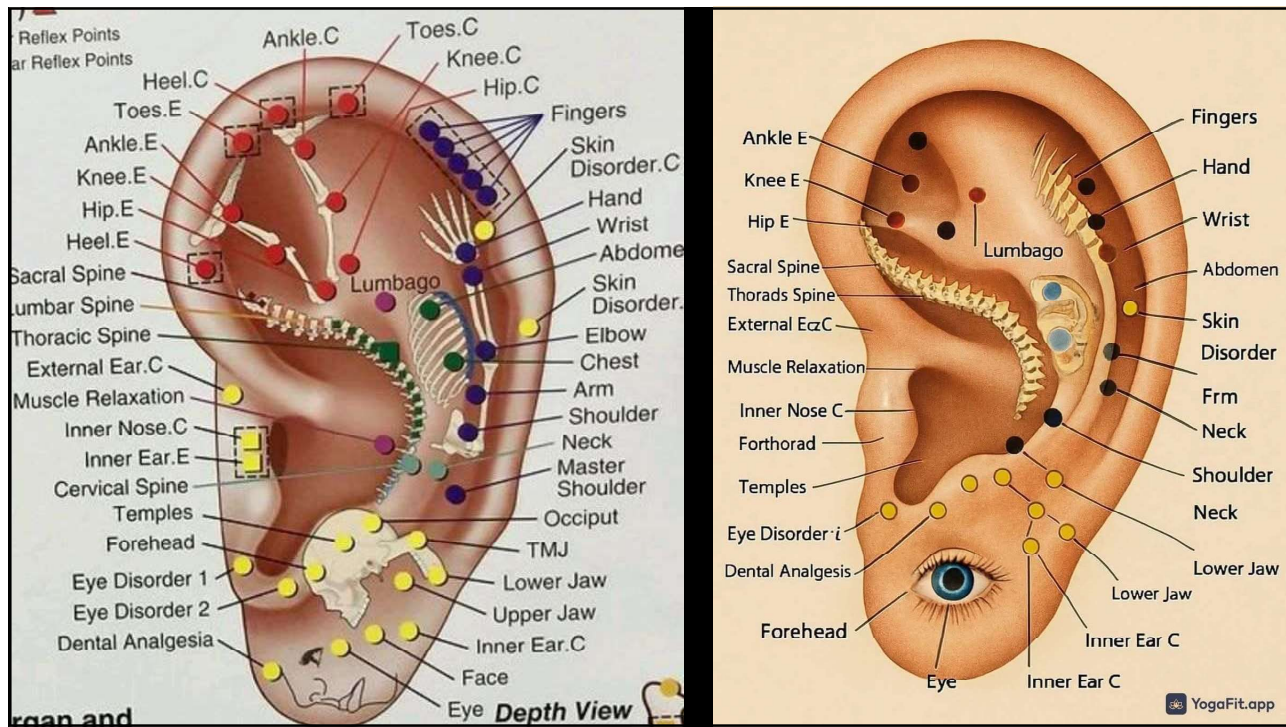
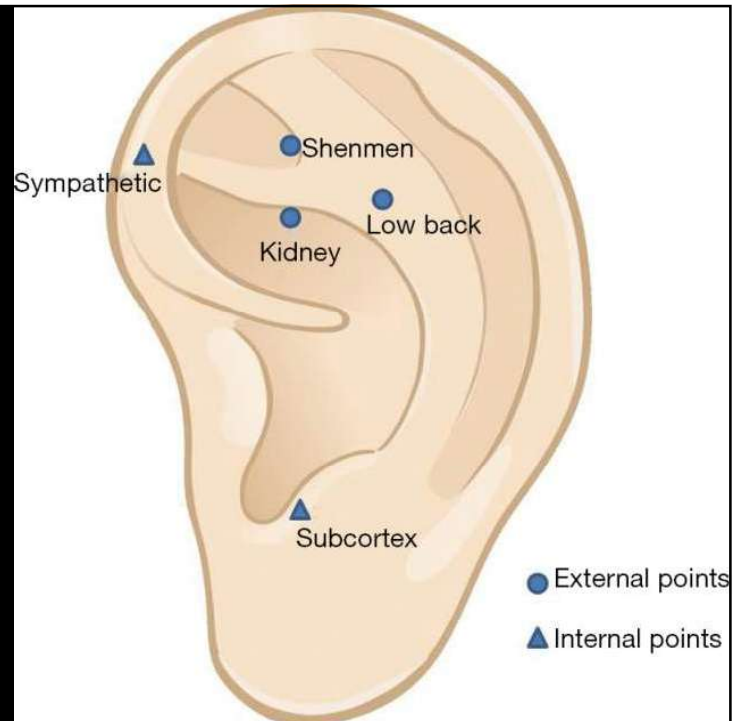
Semitendinosus

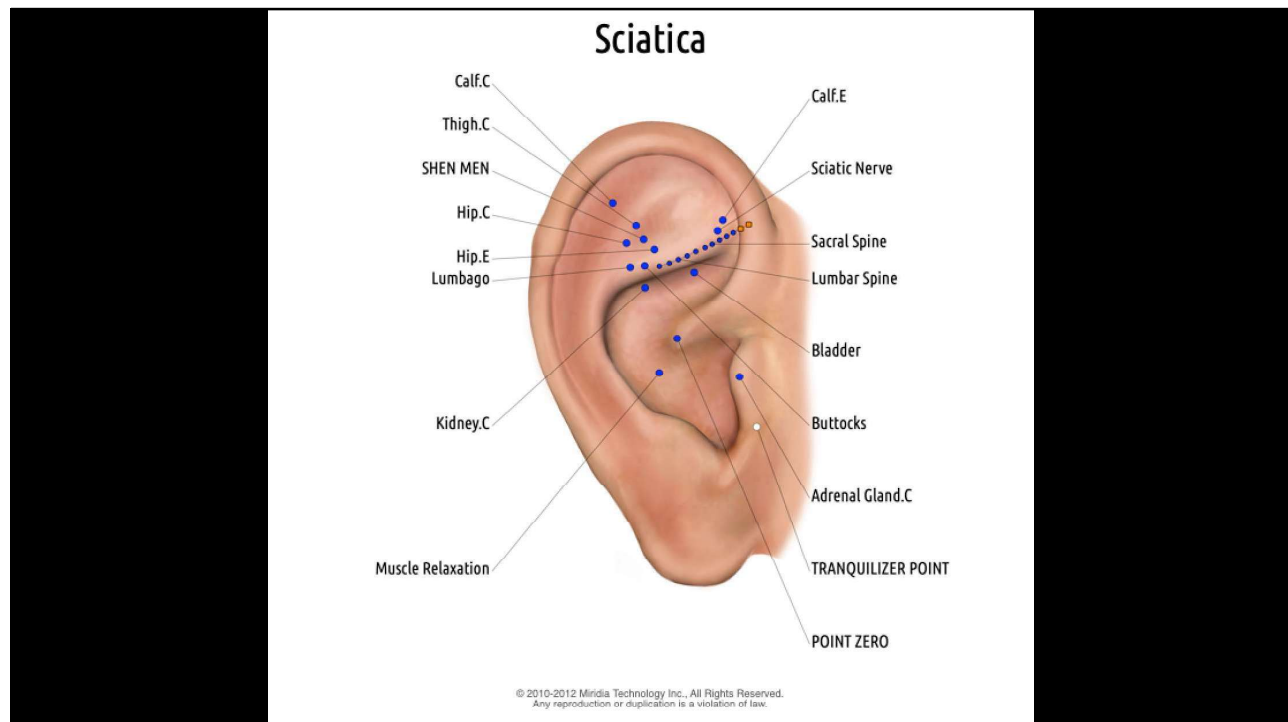
Biceps Femoris

BL 40 (Weizhong)

20

Auriculotherapy for low back pain





Auricular point	Chinese	Main use for low back pain
Lumbar Vertebrae	腰椎	Primary local correspondence point; lumbar pain, stiffness
Lumbosacral Region	腰骶椎／ 腰骶部	Low lumbar and lumbosacral pain
Sacrum	骶椎	Sacral and lower lumbar pain
Sciatic Nerve	坐骨神經	Low back pain radiating into buttock or leg
Shenmen	神門	Analgesia, relaxation; commonly paired with pain points
Sympathetic / Autonomic	交感	Pain modulation and muscle spasm

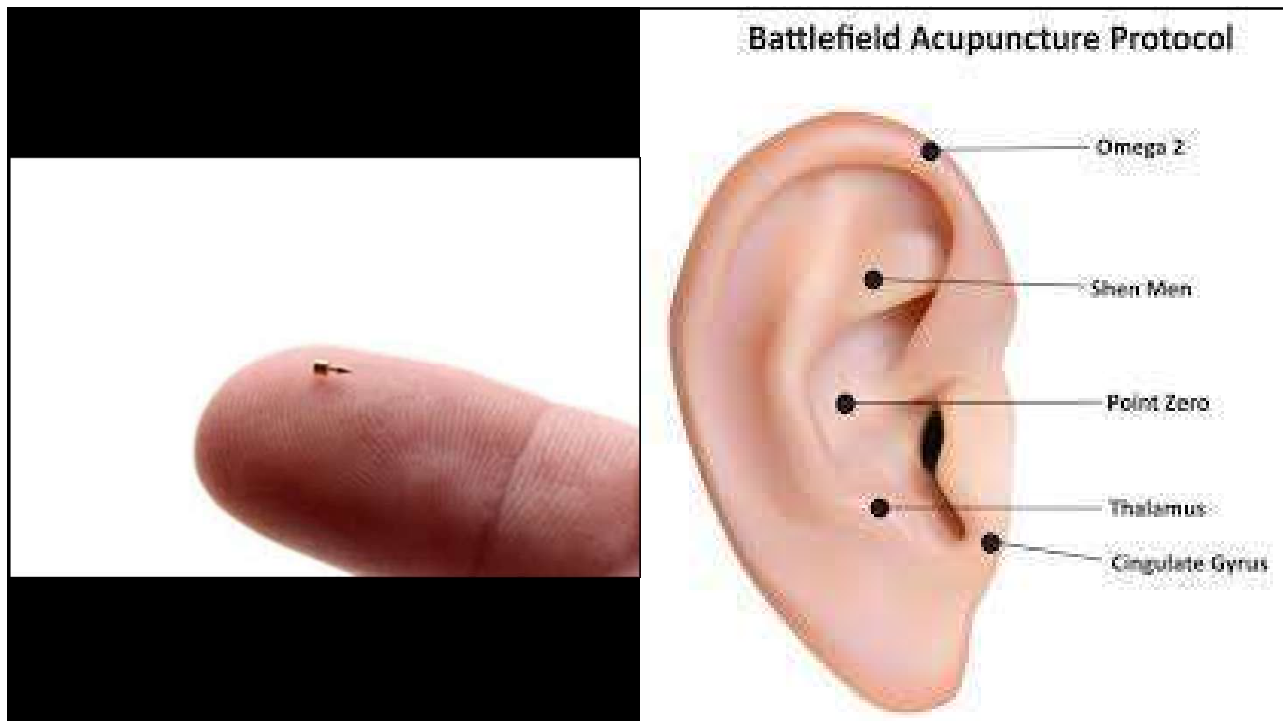
Auricular point	Chinese	Main use for low back pain
Subcortex	皮質下	Often selected for pain modulation
Kidney	腎	Common TCM selection for chronic lumbar weakness/soreness
Liver	肝	Consider when muscular/tendinous tightness or spasm predominates
Adrenal	腎上腺	Sometimes incorporated into analgesic/anti-inflammatory protocols

Ear Acupuncture

- ***Acute lumbar strain:*** Lumbar Vertebrae + Lumbosacral + Shenmen + Sympathetic + Subcortex
- ***Chronic low back pain:*** Lumbar Vertebrae + Lumbosacral + Shenmen + Kidney + Sympathetic
- ***Low back pain with sciatica:*** Lumbar Vertebrae + Lumbosacral + Sciatic Nerve + Shenmen + Sympathetic
- ***Kidney-deficiency*** (chronic soreness/weakness): Kidney + Lumbar Vertebrae + Lumbosacral + Shenmen

Battlefield acupuncture (BFA)

- Battlefield acupuncture (BFA) is an ear acupuncture protocol used by the military for immediate pain relief.
- This is a pilot feasibility study of BFA as a treatment for acute low back pain (LBP) in an accident and emergency department (ED).
- The Battlefield Acupuncture protocol was developed by Col. Richard C. Niemtow, MD, PhD, MPH. It is designed to be administered quickly and easily in a variety of situations and delivers rapid pain relief. Results are often significant and long-lasting.



Battlefield acupuncture (BFA)

- Treatment order is
Cingulate Gyrus
→ *Thalamus Point*
→ *Omega 2*
→ *Point Zero*
→ *Shen Men.*



BFA Insertion sequence

- Step 1: Clean both ears with an alcohol wipe and wash your hands.
- Step 2: Assess the initial pain level. Insert the needles in the order described below until either the pain is reduced to 0-1/10, a significant side effect occurs, or the patient desires to stop the treatment.
- After each needle is inserted, assess for lightheadedness, vasovagal symptoms and euphoria. Ask the patient to walk briefly. On return from the walk, reassess the patient's pain level and evaluate for significant side effects.
- Needles should be inserted with the patient seated.

BFA Insertion sequence

- Step 3: Insert the 1st needle in the Cingulate Gyrus point.
- Step 4: Insert the 2nd needle in the opposite ear, in the Cingulate Gyrus point.
- Step 5: Insert the 3rd needle in the Thalamus point of the ear initially treated.
- Step 6: Insert the 4th needle in the opposite ear, in the Thalamus point.
- Step 7: Insert the 5th needle in the Omega 2 point of the ear initially treated.
- Step 8: Insert the 6th needle in the opposite ear, in the Omega 2 point.

BFA Insertion sequence

- Step 9: Insert the 7th needle at Point Zero of the ear initially treated.
- Step 10: Insert the 8th needle in the opposite ear, at Point Zero.
- Step 11: Insert the 9th needle in the Shen Men point of the ear initially treated.
- Step 12: Insert the 10th needle in the opposite ear, in the Shen Men point.
- Step 13: Document the needles placed, the final pain level, and any other effects or side effects.

Herbal Treatment

Damp-Cold Invading the Back Channels

Gan Jiang Ling Zhu Tang

(Licorice, Ginger, Poria, & White Atractylodes Decoction):

- Glycyrrhizae Radix (Gan Cao)
- Zingiberis Rhizoma (Gan Jiang)
- Poria (Ju Ling)
- Atractylodis macrocephalae Rhizoma (Bai Zhu)

- Actions: Warms the Spleen and overcomes dampness

Damp-Cold Invading the Back Channels

Cang Bai Er Chen Tang

(Grey and White Atractylodes Two Old Decoction):

- For predominance of Dampness over Cold
- Cang Zhu (Rhizoma Atractylodis lanceae) 6 g
- Bai Zhu (Rhizoma Atractylodis macrocephalae) 6 g
- Chen Pi (Pericarpium Citri reticulatae) 4.5 g
- Ban Xia (Rhizoma Pinelliae ternatae) 9 g
- Fu Ling (Sclerotium Poriae cocos) 6 g
- Zhi Gan Cao (Radix Glycyrrhizae uralensis praeparata) 3 g
- Sheng Jiang (Rhizoma Zingiberis officinalis recens) 3 slices
- Du Huo (Radix Angelicae pubescentis) 6 g

Damp-Cold Invading the Back Channels

Er Chen Tang (Two Old Decoction):

- Pinelliae Rhizoma preparatum (Zhi Ban Xia)
- Pericarpium Citri reticulatae (Chen Pi)
- Poria (Ju Ling)
- Glycyrrhizae Radix preparata (Zhi Gan Cao)
- Actions: Dries dampness, transforms phlegm, regulates the qi, and harmonizes the middle burner
- For overweight people with some edema of the lower back, usually over the sacrum

Damp-Heat Invading the Back Channels

Si Miao Wan (Four Wonderful Pill):

- Phellodendri Cortex (Huang Bai)
- Coicis Semen (Yi Yi Ren)
- Atractylodis Rhizoma (Cang Zhu)
- Achyranthis Radix (Niu Xi)

- Actions: Clears heat and resolves dampness

Stagnation of Qi and Blood

Shen Tong Zhu Yu Tang

(Drive Out Stasis from a Painful Body Decoction):

- Gentianae macrophyllae Radix (Qin Jiao)
- Chuanxiong Rhizoma (Chuan Xiong)
- Persicae Semen (Tao Ren)
- Carthami Flos (Hong Hua)
- Glycyrrhizae Radix (Gan Cao)
- Notopterygii Rhizoma seu Radix (Qiang Huo)
- Myrrha (Mo Yao)
- Angelicae sinensis Radix (Dang Gui)

Stagnation of Qi and Blood

Shen Tong Zhu Yu Tang (continue)

(Drive Out Stasis from a Painful Body Decoction):

- dry-fried Troglodytes Faeces (Chao Wu Ling Zhi)
- Cyperi Rhizoma (Xiang Fu)
- Cyathulae Radix (Chuan Niu Xi)
- Pheretima (Di Long)
- Actions: Invigorates the blood, promotes the movement of qi, dispels blood stasis, unblocks the collaterals, unblocks painful obstruction, and alleviates pain.

Kidney Yin Deficiency

- Clinical Manifestations: Lightheadedness, vertigo, tinnitus, soreness and weakness in the lower back and legs, spontaneous and nocturnal emissions, spontaneous and night sweats, dry mouth and throat, thirst
- Tongue: red, scanty tongue
- Pulse: thin, rapid pulse
- Formula: Zuo Gui Wan (Restore the Left [Kidney] Pill): nourishes the yin, enriches the Kidneys, fills the essence, and augments the marrow

Kidney Yin Deficiency

Zuo Gui Wan (Restore the Left [Kidney] Pill):

- Rehmanniae Radix preparata (Shu Di Huang).
- dry-fried Dioscoreae Rhizoma (Chao Shan Yao)
- Lycii Fructus (Gou Qi Zi)
- Corni Fructus (Shan Zhu Yu)
- Cyathulae Radix (Niu Xi)
- Cuscutae Semen (Tu Si Zi)
- Cervi Cornus Colla (Lu Jiao Jiao)
- Testudinis Plastrum Colla (Gui Ban Jiao)

Kidney Yin Deficiency

Da Bu Yin Wan (Great Tonify the Yin Pill):

- Rehmanniae Radix preparata (Shu Di Huang).
- Testudinis Plastrum (Gui Ban)
- Phellodendri Cortex (Chao Huang Bai)
- Anemarrhenae Rhizoma (Zhi Mu)
- Actions: Enriches the yin and directs fire downward

Kidney Yang Deficiency

- Clinical Manifestations: Exhaustion from long-term illness, aversion to cold, coolness of the extremities, impotence, spermatorrhea, and aching and weakness of the lower back and knees. There may also be infertility, loose stools (sometimes with undigested food particles), incontinence, and edema of the lower extremities.
- Tongue: pale tongue
- Pulse: deep, thin, weak pulse
- Formula: You Gui Wan (Restore the Right [Kidney] Pill): Warms the Kidneys and replenishes the essence.

Kidney Yin Deficiency

You Gui Wan (Restore the Right [Kidney] Pill):

- Rehmanniae Radix preparata (Shu Di Huang)
- Dioscoreae Rhizoma (Shan Yao)
- Corni Fructus (Shan Zhu Yu)
- Lycii Fructus (Gou Qi Zi)
- Glycyrrhizae Radix preparata (Zhi Gan Cao)
- Eucommiae Cortex (Du Zhong)
- Cinnamomi Cortex (Rou Gui)
- Aconiti Radix lateralis preparata (Zhi Fu Zi)

Common Herbal Formulas

Pattern	Representative Formula
Kidney Yang Deficiency	Jin Gui Shen Qi Wan (金匱腎氣丸), You Gui Wan (右歸丸)
Kidney Yin Deficiency	Liu Wei Di Huang Wan (六味地黃丸), Zuo Gui Wan (左歸丸)
Kidney Essence Deficiency	Zuo Gui Wan (左歸丸), You Gui Wan (右歸丸)
Cold-Damp	Gan Jiang Ling Zhu Tang (甘姜苓朮湯), Du Huo Ji Sheng Tang (獨活寄生湯)
Damp-Heat	Si Miao San (四妙散), Er Miao San (二妙散)
Blood Stasis	Shen Tong Zhu Yu Tang (身痛逐瘀湯), Huo Luo Xiao Ling Dan (活絡效靈丹)
Qi Stagnation	Chai Hu Shu Gan San (柴胡疏肝散) (if emotional factors predominate)
Wind-Cold-Damp	Du Huo Ji Sheng Tang, Qiang Huo Sheng Shi Tang (羌活勝濕湯)
Liver-Kidney Deficiency	Du Huo Ji Sheng Tang (獨活寄生湯), Zuo Gui Wan (左歸丸)
Qi and Blood Deficiency	Ba Zhen Tang (八珍湯), Shi Quan Da Bu Tang (十全大補湯)

A Review of Classical Literatures on Acupuncture Points Used for the Treatment of Low Back Pain

Si Hyun Park , You Jeong Han , Jung Eun Jang , Kyung
Ho Kim , Seung Deok Lee

Journal of Acupuncture Research 2024; 41:197-208

Conclusion

- In classical literatures, only **BL**, **GV**, and **GB** have been used as local acupoints for LBP treatment.
- The Foot Yang meridian and GV were mainly used as distal acupoints for LBP treatment.
- The BL was most frequently used in all dynasties as both local and distal acupoints.
- When evaluating the most frequently used acupoints in LBP treatment, the use of distal acupuncture points gradually exceeded that of the local acupoints, and most of the distal acupoints corresponded to the L4–S1 dermatome.

Conclusion

- **GB**, **BL**, and **ST**, which are the same meridians used for sciatica, were mainly used when the LBP is accompanied by lower extremity symptoms. This is because the acupoints below the knee joint corresponding to the L5 and S1 levels mainly belong to the GB, BL, and ST.
- **GB30**, **BL40**, and **GB34** exert functional recovery effects on sciatic nerve injury.
- **GB30** has an anatomical correlation with the *piriformis muscle*, the main cause of non-discogenic sciatic entrapment; therefore, it is mainly used for treating LBP accompanied by lower extremity symptoms.

Conclusion

- **BL23** and **GV02** were mainly used as local acupoints
- **BL40**, **BL60**, and **GV26** were mainly used as distal acupoints
- As for local acupoints, the L2, S3, and S1 levels on the dermatome were mainly used.
- For distal acupoints, the S1 level was mainly used.

Conclusion

- **GV26** has been reported to have analgesic effects even when used alone.
- Given that the area near the nose and mouth, where GV26 is located, is one of the most effective areas for evoking noxious stimuli, which are transmitted by peripheral A δ and C-fibers and inhibit wide dynamic range neurons in the dorsal horn, GV26 is involved in suppressing pain signals

Conclusion

- For the LBP treatment accompanied by lower extremity symptoms, GB, BL, and ST were the mainly used meridians, whereas **GB30, BL40, GB34,** and **ST39** were the mainly used acupoints
- Regarding the acupoint combinations, **BL31–BL34** and **GV26–BL40** were used most frequently as local and distal acupoint combinations, respectively.

Acupuncture and Acupoints for Low Back Pain: Systematic Review and Meta-Analysis

Geesung Kim, Dongwon Kim, Heeyoung Moon, Da-Eun Yoon,
Seoyoung Lee, Seok-Jae Ko, Bonglee Kim, Younbyoung Chae,
In-Seon Lee

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Abstract

- Acupuncture significantly reduced pain in patients with low back pain compared with the control group.
- The most frequently prescribed acupoints were **BL23, GV3, BL20, BL40, and BL25**
- The acupoints with the highest average effect size scores were **BL20, GV3, GB30, GB34, and BL25**.
- The combinations of **BL23-BL40, BL23-B25, and BL23-BL60** were the most frequently prescribed
- **BL23-GV3, BL40-GV4, and BL23-BL25** showed the largest average effect size.

Acupuncture Treatment in Patients with Low Back Pain

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Abstract

- 60 patients, 28 males and 32 females, on age from 18 to 88, all treated with acupuncture for low back pain.
- Most patients had pain in the level of L4/L5 and L5/S1.
- Local Ashi i.e. trigger points and meridian points: ***BL24 (QiHaiSu), BL25 (DaChangShu), BL26 (GuanYanShu), BL27 (XiaoChangShu), BL28 (PangGuangShu), GB30 (HuanTiao), BL40 (WeiZhong), BL57 (ChengShen), GB37 (GuanMing) and BL60 (KunKun)*** were used.
- **Conclusion:** Acupuncture as a treatment for low back pain is a very effective treatment giving very satisfying and positive results in a short time of period.

Acupuncture and Neural Mechanism in the Management of Low Back Pain

Tiaw-Kee Lim, Yan Ma, Frederic Berger, Gerhard Litscher
Medicines (Basel). 2018 Jun 25;5(3):63. doi:
10.3390/medicines5030063

Selection of acupuncture points for LBP

Authors	Local Points	Distal Points	Other Points
Pach et al. (2013)	BL 23, 24, 25	BL 40, 60; GB 34; K 3	
Molsberger et al. (2002)	BL 23, 25; GB 30	BL 40, 60; GB 34	4 Ashi Points
Brinkhaus et al. (2006)	At least 4 local points: BL 20 to 34; BL 50 to 54; GB 30; GV 3, 4, 5, 6	At least 2 distant points: SI 3; BL 40, 60, 62; K 3, 7; GB 31, 34, 41; LR 3; GV 14, 20	Huatojiaji & Shiqizhuixia
Thomas et al. (1994)	BL 23, 25, 26, 32; GB 30, 34	BL 40, 60; SI 6; ST 36	
Shin et al. (2015)	GV 3, 4, 5; BL 23, 24, 25; GB 30	BL 40	

Acupuncture Points for LBP

- The most commonly used acupuncture points are **GV 3, BL 23, BL 25** and **BL 40**. Other distal points are **BL 60** and **K 3**.
- Both the Bladder and Gallbladder meridians are the chosen choice for treating LBP with acupuncture, especially BL 23 (51%), follow by BL 25 (43%), BL 24, BL 40, BL 60 and GB 30 (32% each), BL 26 and BL 32 (28% each), and GB 34 (21%).

Case Studies

Case 1

- Patient: xxx, female, 66 y/o
- First visit: 7/23/2024
- Chief Complaints (CC):
 - Shoulder pain especially left side for 2 days
 - Low back pain and tightness for years
 - Poor sleep

Case 1

- ***Present Illness (PI):***

The 66 years old female patient has been suffering from shoulder pain especially the left shoulder for long time worse these 2 days. She had left rotator cuff tendonitis 2 months ago. She could not move her left arm due to the pain. X-ray for shoulders and upper back were negative. The pain is about 8-9/10 on pain scale. She has low back pain and tightness for years. She did not recall any injury in the past. The pain is about 7-8/10 on pain scale. It radiates down to front side of her leg. X-ray showed arthritis over lower back. She took Meloxicam 15 mg for her low back pain. She could not sleep due to shoulder and back pain.

Case 1

- ***Tongue:***

purple, scanty coating, flabby with teeth marks, red tips

- ***Pulses:***

RT: wiry

LT: wiry

- ***Diagnosis:***

- Pain in Unspecified Shoulder (M25.519)
- Low Back Pain, unspecified (M54.50)

Case 1

- ***Treatment:***

Acupuncture:

BT: SiShenCong, GB20, GB21, UB13, UB20, UB23, Yaoyan,
Huataojiaji L4-S1, UB32, UB40, GB34

LT: LI14, LI15, SJ14, SI10

Cupping: shoulders and lower back

Massage: shoulders and lower back

Infrared lamp: low back

Herbs: herbal creams for neck, shoulders, and low back

Case 1

- Patient complained severe pain even just palpated for pain locations and acupuncture points.
- She complained that the acupuncture did not help her at all after 3 treatments. She thought my acupuncture knowledge and skills were not good thus no effects at all.
- Advised her to get MRI for her back to check if there is any problems caused the severe pain.
- She had lumbar MRI on 8/2/2024.

Case 1

Back MRI on 8/2/2024.

- Marked abnormal signal intensity of the L3 vertebral body with extension into the LEFT pedicle. This causes mild canal stenosis and mild LEFT foraminal stenosis. The appearance is suspicious for ***metastatic disease***.
- Abnormal signal intensity along the superior margin of the L4 vertebral body with extension into the LEFT L4 pedicle. This is also suspicious for ***metastatic disease***.

Case 1

Back MRI on 8/2/2024 (continue).

- Focal areas of bright signal intensity on the T1 and T2-weighted sequences involving the T12, L2 and L5 vertebral bodies. The signal characteristics are different than the L3 and L4 vertebral bodies. These may represent ***atypical hemangiomas***.
- Probable bilateral renal cysts.

Case 1

- Patient was a very skinny person. She said she only lost few pounds in the past few weeks.
- She was referred to an oncologist. She had Thoracic MRI with contrast and was told her the metastasis came from her lungs. MRI also showed she had metastasis cancer on T5 with fracture. She said she never experienced any short of breath or coughing.
- Her doctor conducted a surgery to remove the T5 cancer and repair the fracture the following week.
- Patient never came back for acupuncture treatments after the surgery.

Case 2

- Patient: xxx, male, 71 y/o
- First visit: 7/18/2023
- Chief Complaints (CC):
Low back pain and tightness with radiation to legs for years

Case 2

- ***Present Illness (PI):***

The 71 years old male patient has been suffering from low back pain and tightness for long time. He had laminectomy L2-L4 about 30 years ago. However, he still has pain and tightness recently. He had another MRI and showed L3-L4 spondylolisthesis and stenosis. He has the pain radiates to his legs and his legs are getting weaker. He also feels pain over his sacral area especially left side. The pain is mainly over L3 to L5 area. The pain is about 7/10 on pain scale. He was referred to PT for help but only helped a little bit. He was referred by his relative to this clinic for acupuncture treatments.

Case 2

- ***Physical Exam***

- Back: palpation revealed tenderness and spasm over Latissimus Dorsi muscles, surgical scar from L3-L5
- ***Straight Leg Rising Test: RT (+) 20 degree, LT (+) 15 degree***

- ***Tongue:***

purple, thick white coating, flabby with teeth marks

- ***Pulses:***

RT: slightly rapid, wiry

LT: slightly rapid, wiry, choppy

- ***Diagnosis:***

Low Back Pain, unspecified (M54.50)

Case 2

- ***Treatment:***

Acupuncture:

BT: UB20, UB23, Huataojiaji L3-L5, Yaoyan, UB32, GB30, GB34, UB40

Cupping: lower back

Massage: lower back

Infrared lamp: low back

Herbs: herbal creams for low back

Case 2

- Patient has no pain over his low back at 3rd treatment (8/4/2023). He only feels slightly soreness. The pain is mainly at L3 to L5 area and over his sacral area especially left side. He can do a lot of activities, play golf, and exercises with no problem. He is very happy about the results.
- He continued to come for another 2 treatments. He said he had no pain or numbness/tingling over his low back and legs after 5 treatments.
- He consulted with his surgeon the following week and the surgeon told him that he does not need a surgery for his spinal stenosis (was scheduled for surgery).

Case 3

- Patient: xxx, female, 75 y/o
- First visit: 7/11/2025
- Chief Complaints (CC):
Low back pain and tightness with radiation to right leg for years

Case 3

- ***Present Illness (PI):***
The 75 years old female patient came to the clinic with main complaint of low pain and tightness for years. She said she had low back (laminectomy) surgery in April 2011. She was OK for about 10 years. However, she started to feel pain and tightness over her right low back about 4-5 years ago. It is worse recently. The pain is sharp pain with about 8/10 on pain scale. The pain radiates down to her right leg. She tried several different treatments (cortisone shot, PT therapies, massage...) but not really helped. She could not sit or lie down too long. She always prepares a soft back support when she sits or takes airplane.

Case 3

- ***Physical Exam***

- Chest: BS clear, HS regular, slightly rapid
- Back: palpation revealed tenderness and spasm over Latissimus Dorsi muscles, surgical scar from L3-S1

- ***Tongue:***

purple, scanty coating, flabby with teeth marks, red tips

- ***Pulses:***

RT: slightly rapid, weak

LT: slightly rapid, weak

- ***Diagnosis:***

Low Back Pain, unspecified (M54.50)

Case 3

- ***Treatment:***

Acupuncture:

BT: DU20, Yaotongxue, UB20, UB23, Huataojiaji L4-S1, UB32, GB30, GB34, UB57

Cupping: lower back

Massage: lower back

Infrared lamp: low back

Herbs: herbal creams for low back

Case 3

- Patient had less pain and tightness over her right low back after about 7 treatments. She does not need to use the special pillows (back support) for her when she sat (at home or in car).
- She continued to come for acupuncture treatments every week. She has less pain or numbness/tingling over her right low back and leg with regular acupuncture treatments.
- The pain and tightness came back but not as severe if she missed treatments for over 3 weeks.

Q & A

Thank You!