

Acupuncture Relieves Sciatica, Reduces Inflammation

08 OCTOBER 2015

Acupuncture and herbs relieve sciatica, a condition characterized by lower back pain radiating through the hips, buttocks, and legs. Researchers from the Rizhao Hospital of TCM (Traditional Chinese Medicine) and the Shanghai University of TCM investigated the efficacy of acupuncture for the relief of sciatic pain.



Both acupuncture and acupuncture plus herbal medicine were effective and produced significant positive patient outcomes. In addition, the researchers document that acupuncture and herbs stimulate important biochemical changes causing pain reduction.

Acupuncture as a standalone therapy had a total effective rate of 81.6% for the relief of pain due to sciatica and restoration of normal function. Acupuncture combined with herbal medicine achieved a 95% total effective rate. As a result, the researchers conclude that the combined therapy approach is more effective than using only acupuncture as a standalone therapy for the treatment of sciatica.

Han et al. note that acupuncture increases serum β -EP, which reduces transmission of nerve pain signals. Sciatica is also characterized by increased levels of IL-1, IL-6, and TNF- α . Hand et al. note that acupuncture successfully downregulates these biochemicals thereby contributing to reductions of pain and inflammation. The research of Li et al. from the Rizhao Hospital of TCM and the Shanghai University of TCM confirms the findings of acupuncture's ability to regulate β -EP, IL-1, IL-6, and TNF- α . Li et al. note that both acupuncture and acupuncture plus herbs regulate the sciatica related biochemical expression but the combination therapy of acupuncture plus herbs outperforms standalone acupuncture therapy.

The Oswestry Disability Index (ODI), the Japanese Orthopaedic Association (JOA) score, and the Visual Analogue Scale (VAS) were used to measure changes in pain levels, functions of daily activity, lifting, walking, sitting, standing, sleeping, socialization, travelling, and other aspects of life affected by sciatica. Measurements were taken prior to therapy and 3, 10, and 22 days after completion of acupuncture and herbal therapy



protocols.

The primary acupuncture points used in the semi-protocolized acupuncture point prescription were:

- **Zhibian, BL54**
- **Chengfu, BL36**
- **Huantiao, GB30**
- **Fengshi, GB31**
- **Weizhong, BL40**
- **Dachangshu, BL25**

- **Chengshan, BL57**
- **Yaoyangguan, DU3**
- **Ashi**

Additional acupuncture points were added for specific differential diagnoses. For qi stagnation and blood stasis, Xuehai (SP10) and Taichong (LV3) were added. For liver and kidney deficiency, Shenshu (BL23) and Taixi (KD3) were added. For cold and damp stasis, Yanglingquan (GB34) was added.

Mild reinforcing and reducing manual acupuncture techniques were applied with 0.30 x 40 mm acupuncture needles. Stimulation was applied until deqi was evoked at each acupoint. Total needle retention time for each acupuncture session was 15 to 30 minutes.

The herbal formula Tong Bi Zhi Tong Tang was ingested orally.

The clinical and objective tests results indicate significant reductions in pain, increases in functionality, and reductions in inflammatory responses for sciatica patients. Manual acupuncture, on its own, achieved an 81.6% total effective rate and, when combined with herbs, achieved a 95% total effective rate.

In a related study, Hoang et al. find electroacupuncture effective for sciatic nerve regeneration. In a laboratory experiment, electroacupuncture restored motor functions and enhanced recovery rates for injured sciatic nerves. The results demonstrate that electroacupuncture stimulates recuperation from “neuropathic pain that develops following a nerve injury.”

Hoang et al. note that electroacupuncture promotes sensory and motor nerve fiber regeneration while shortening the duration of recovery times following nerve injuries. The researchers concluded that “electroacupuncture appears to be a valuable method to accelerate motor recovery and alleviate neuropathic pain symptoms that occur after nerve crush.” These findings are consistent with the Li et al. manual acupuncture results.

References:

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