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Application of "Integrative Acupuncture and Moxibustion" in the Treatment of Lumbar Disc Herniation: A Clinical Case Example

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Abstract: *Objective*: To explore the clinical efficacy of Integrative Acupuncture and Moxibustion in the treatment of lumbar disc herniation. *Methods*: The concept and clinical application of "Integrative Acupuncture and Moxibustion" are elucidated through a case study. *Conclusion*: Integrative Acupuncture and Moxibustion, employing a stepped clinical treatment model, effectively empowers the promotion of comprehensive external treatment protocols of traditional Chinese medicine, holistically enhances the clinical efficacy of acupuncture and moxibustion, reduces the economic burden on patients, and fully leverages the advantages of acupuncture and moxibustion—simplicity, convenience, affordability, and efficacy—which is of great significance.

Keywords: Lumbar disc herniation; "Integrative Acupuncture and Moxibustion"; Clinical research

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1. Introduction

Low back pain is the leading cause of disability and productivity loss worldwide, and lumbar disc herniation (LDH) is one of the most common causes of low back pain [1]. Lumbar disc herniation is a clinical syndrome caused by degenerative changes of the intervertebral disc, rupture of the annulus fibrosus, and protrusion of the nucleus pulposus, which stimulates and compresses the nerve roots. Common symptoms include low back and leg pain [2]. This condition predominantly occurs in young and middle-aged men, and severe cases may result in disability [3]. For 80%–85% of patients, conservative treatment is the preferred approach [1]. Conservative treatment includes pharmacotherapy (such as non-steroidal anti-inflammatory drugs, corticosteroids, dehydrating agents, and neurotrophic agents), physical therapy, functional exercise, and traction [4].

Traditional Chinese medicine (TCM) has significant advantages in the treatment of this condition,

with diverse schools of thought ranging from etiology and pathogenesis to principles, methods, formulas, and medicinals. This article illustrates, through Integrative Acupuncture and Moxibustion and a stepped clinical treatment model, the holistic enhancement of the clinical efficacy of acupuncture and moxibustion, the reduction of patients' economic burden, and the full exploitation of the advantages of acupuncture and moxibustion—simplicity, convenience, affordability, and efficacy. This approach holds great significance in terms of patient satisfaction and acceptance.

2. Case presentation

The patient, surnamed Wei, a 40-year-old male, presented with recurrent low back pain for 2 years, with recurrence and aggravation for 1 week. The patient experienced low back pain, predominantly soreness, 2 years ago after overexertion. The pain worsened upon standing, walking, and physical activity. There was no difficulty with urination or defecation, no saddle anesthesia, and no numbness or weakness of the lower limbs. He visited a local community hospital, and lumbar spine imaging suggested "lumbar disc herniation". His symptoms were relieved after pharmacotherapy, acupuncture, and other treatments. Subsequently, the low back pain recurred with similar characteristics. In mid-June, he experienced unbearable low back pain upon waking, accompanied by distending pain on the lateral aspect of the left lower limb and slight numbness on the dorsum of the left foot. From July 16 to July 19, he was admitted to the acupuncture and rehabilitation department of another hospital with a diagnosis of "lumbar disc herniation with sciatica. During hospitalization, lumbar MRI revealed: (1) Annular tears of the L4/L5 and L5/S1 intervertebral discs, L4/L5 disc bulging and herniation (left paramedian type) with compression of the ipsilateral nerve root at the corresponding level; (2) L5/S1 disc bulging and herniation (central type); (3) Endplate osteochondrosis at the opposing margins of the L4/L5 vertebral bodies; (4) Degenerative changes of the lumbar spine. Ultrasound examination showed a small cyst in the left kidney. His symptoms were markedly relieved after acupuncture and rehabilitation therapy. One week prior, the symptoms exacerbated after excessive exercise, including sexual activity and swimming. The symptoms did not improve significantly after resting at home, and he came to our department for further systematic treatment.

Current symptoms: low back pain, pronounced upon forward flexion, with slightly limited range of motion; pain on the lateral aspect of the left thigh; slight numbness of the left lower limb and dorsum of the foot, worse in the morning with difficulty getting out of bed; inability to sit for prolonged periods; aggravation with exertion and relief with rest. No weakness of the four limbs, no saddle anesthesia, no headache, normal appetite and sleep, normal bowel and bladder function. Tongue: dark purple with a slightly greasy yellow coating; pulse: wiry and slippery.

Specialist physical examination: Lumbar physiological curvature straightened, without obvious scoliosis; lumbar muscles stiff and bulging; slightly limited lumbar range of motion in all directions; tenderness on palpation of the bilateral para-spinous points of L3/L4, L4/L5, and L5/S1 (+), percussion pain (-); positive straight leg raise and augmentation test on the left side (+). Bilateral femoral nerve stretch test (±); Patrick's (figure-of-4) test (-). Muscle strength, muscle tone, skin and mucosa of the four limbs normal. Physiological reflexes normal and symmetrical, pathological reflexes not elicited. VAS score: 8.

Ancillary investigations: A lumbar MRI performed at our hospital today revealed: (1) Degenerative changes of the lumbar spine. Endplate osteochondrosis of L4–5 vertebral bodies (Type I); (2) L4/L5 disc bulging and herniation (paramedian type); L5/S1 disc herniation (central type).

TCM diagnosis: Lumbar impediment (qi stagnation and blood stasis pattern). Western medical diagnosis: (1) Lumbar disc herniation with sciatica; (2) Simple renal cyst (left); (3) Personal medical history (postoperative status for perianal abscess).

3. Treatment course

(1) Pricking and cupping bloodletting: Tender points over the lumbosacral region and the ipsilateral Weizhong (BL40) acupoint.

(a) Acupuncture: Baihui (GV20), Yintang (EX-HN3), Neiguan (PC6, bilateral), Yanglingquan (GB34, bilateral), and Yinqi Guiyuan (leading Qi back to its origin) needling technique.

(b) Moxibustion: Sihua points (Geshu [BL17] and Danshu [BL19]), Shenshu (BL23), and Mingmen (GV4).

(c) Consolidation: Intradermal needle embedding at Xinshu (BL15) and Danshu (BL19); auricular point pressing with seeds at Kidney (CO10) and Lumbar vertebrae (AH9).

(2) Procedure: The patient was first placed in the prone position. Small purple superficial venules were located at the tender points of the lumbar region. The affected areas were pricked with a three-edged needle, and a No. 5 glass cup was rapidly applied for flash cupping to drain the stagnant blood until the bleeding of morbid blood ceased. After removing the cups, routine skin disinfection of the acupoints was performed.

For acupuncture, the patient was placed in the supine position. Baihui (GV20) and Yintang (EX-HN3) were needled conventionally. After insertion, the patient was instructed to take six deep breaths through the nasal passage, rest for 1 minute, and then take another six deep breaths; this was repeated until needle removal. The remaining acupoints were needled conventionally with even supplementation and drainage manipulation; after obtaining Qi, the needles were retained for 25 minutes.

A small amount of Wanhua Oil (a traditional Chinese herbal oil) was applied to the Sihua points, Shenshu (BL23), and Mingmen (GV4) on the back, which served both as an adhesive and to prevent burns. Moxa cones the size of a grain of wheat were placed on the acupoints and ignited with an incense stick. When approximately two-thirds of the cone had burned and the patient felt a warming sensation, the unburned moxa was removed with forceps. Two cones were applied to each acupoint. After moxibustion, intradermal needles were embedded at Xinshu (BL15) and Danshu (BL19). Wangbuliuxing (Semen Vaccariae) seeds were taped to the auricular points of the Kidney and Lumbar vertebrae on one ear, with alternate ear pressing between the left and right ears.

(3) Intradermal needle embedding procedure: After routine skin disinfection, the skin around the acupoint was stretched taut with the thumb and index finger of the left hand. With the right hand, a wheat-grain-type intradermal needle was grasped with forceps, the needle tip was aimed at the acupoint and inserted flat into the dermis. A small piece of adhesive tape was placed between the needle handle and the skin, and then a larger piece of tape was applied over the needle handle to prevent displacement or detachment. The patient was instructed to remove the tape and needle by himself after 3 days.

(4) Auricular point pressing procedure: After routine disinfection of the skin of one ear, the reactive points corresponding to the Kidney and Lumbar vertebrae were located using an ear probe. The ear patch with Wangbuliuxing seeds was applied to the tender points. The patient was instructed to remove the ear patches by himself after 3 days. Auricular pressing was alternated between the left and right ears. The treatment regimen was twice weekly, with each session lasting approximately 1 hour.

4. Outcomes

Treatment was administered twice per week, with 6 sessions constituting one course. At the end of the first course, the VAS score for low back pain decreased from 8 to 4, and the patient was able to engage in moderate-intensity exercises such as weight-bearing activities and running. A telephone follow-up three months later revealed occasional low back soreness after prolonged sitting and overexertion, without numbness of the lower limbs or radiating pain to the left lower limb. The VAS score ranged from 0 to 2. The goal of conservative treatment was achieved, and the clinical outcome was effective.

5. Discussion

5.1 Modern medical understanding of the disease

With regard to diagnosis, it is essential to distinguish between lumbar disc herniation as a morphological finding and lumbar disc herniation syndrome. The former is merely a morphological or imaging definition; a diagnosis should not be made solely on the basis of MRI or CT examinations. The latter refers to a constellation of symptoms caused by the pathological disc, such as bowel and bladder dysfunction due to compression of the cauda equina, lower limb numbness, and local pain. A definitive diagnosis can only be established by integrating the patient's history, symptoms, physical signs and imaging findings.

In terms of treatment, modern medicine has already developed a mature and well-established therapeutic standard. Regarding the choice between conservative and non-conservative treatment, surgical intervention is the first choice when there is marked nerve root compression posing serious risks. In the context of postoperative rehabilitation, seeking a long-term effective regimen is a common goal shared by both clinicians and patients.

5.2. Traditional medical understanding of the disease

The understanding of this disease in traditional Chinese medicine (TCM) has a long history, and it is classified under the category of "lumbar Bi syndrome" (low back pain impediment). As stated in the Suwen (Plain Questions) · Bi Lun (Treatise on Bi Syndrome), "The combined invasion of wind, cold and dampness leads to Bi syndrome", indicating that the invasion of these three pathogenic factors is a major external cause of Bi syndrome. Drawing upon previous research, various schools of thought have elaborated on this condition. For instance, Zhu Danxi, in his work Danxi Xinfa (Danxi's Experiential Therapy), emphasized kidney deficiency as a causative factor and proposed the viewpoints of "damp-heat, kidney deficiency, static blood, sprain and contusion, and phlegm accumulation". Chao Yuanfang, in his Zhubing Yuanhou Lun (Treatise on the Causes and Manifestations of Diseases), also summarized the etiologies of low back pain, categorizing them into traumatic injury and overstrain, and further distinguishing between sudden low back pain and chronic low back pain. When there is a deficiency of vital Qi combined with the invasion of external pathogens, the interplay of internal and external factors and the intermingling of deficiency and excess lead to obstruction of the meridians and stagnation of Qi and blood, thereby giving rise to this disease.

5.2.1. TCM etiology and pathogenesis theory

The patient in the case was a middle-aged male, at the age of "five times eight" (forty years), when the kidney Qi begins to decline, resulting in hair loss and tooth withering. The low back is the residence of the kidneys; the kidneys govern the bones, produce marrow, and nourish the brain. The liver governs the sinews;

the liver and kidney share the same origin. Insufficient replenishment of Qi, blood, and body fluids leads to stagnation, and the chronic, recurrent course of the disease, when analyzed through the four diagnostic methods, corresponds to the category of lumbar Bi syndrome in TCM. Static blood obstructs the meridians of the lumbar region and lower limbs, resulting in impaired venous circulation and localized distension, pain, and numbness in the lower limbs. A dark purplish tongue with a slightly greasy yellow coating and a wiry, slippery pulse are all consistent with the pattern of Qi stagnation and blood stasis.

As stated in the Lingshu (Miraculous Pivot) · Jing Mai (Meridians), "The Gallbladder meridian is primarily responsible for diseases arising from the bones". Zhang Jiebin of the Ming Dynasty noted in the Leijing (Classified Classic) · Jue Syndromes of the Twelve Meridians, "When there is reversal of the Shaoyang meridian, the joints become impaired; when the joints are impaired, the waist cannot move, and the neck cannot turn. The Shaoyang meridian of the foot is the Gallbladder meridian; the joints are the crucial meeting places of sinews and bones." This indicates that the Shaoyang Gallbladder meridian itself can regulate disorders of the sinews and bones as well as low back pain caused by joint impairment. Furthermore, the invasion of wind, cold, and dampness tends to obstruct the local and systemic circulation of Qi and blood. Clinical practice should therefore focus on regulating the Qi dynamic. Since the liver governs the free flow of Qi throughout the body and is closely related to the gallbladder, once the Shaoyang pivot is turned, the Qi dynamic will naturally be regulated. Where the meridians traverse, there the therapeutic effect extends; malnutrition of Qi and blood leads to numbness and loss of sensation, precipitating this disease. The disease location is in the lumbar region, and it is closely associated with the liver, kidney, and gallbladder.

5.2.2. Analysis of the treatment protocol

As recorded in the Suwen (Plain Questions) · Ci Yao Tong Lun (Treatise on Acupuncture for Low Back Pain), "Puncture the resolving vessel... where there are nodes like millet grains at the popliteal crease; prick them to let out black blood until red blood appears". Chronic diseases enter the collaterals, and chronic diseases invariably involve blood stasis. For the low back, the Weizhong point is sought; pricking Weizhong on the affected side to bleed can relieve local compression, alleviate pain, and unblock the collaterals to stop pain, a method repeatedly proven effective in clinical practice.

(1) Holistic regulation of the heart and mind as the main thread, with the heart-gallbladder axis as the core principle of treatment

The diversity of modern socioeconomic culture and the complexity of lifestyles determine the multifactorial nature of disease etiology. Normal mental activities are beneficial to physical and mental health, whereas loss of emotional control and disease caused by the seven emotions lead to disharmony of yin and yang, manifesting as psychosomatic disorders. Therefore, simultaneous regulation of the body and mind is our primary consideration in guiding clinical treatment.

(2) Selecting a few but refined acupoints, with preservation, treatment, and regulation of the spirit as the key

As stated in the Suwen (Plain Questions) · Bao Ming Quan Xing Lun (Treatise on Preserving Life and Body), "The essence of acupuncture lies first in regulating the spirit; only after the five zang organs are stabilized and the nine pulse regions are assessed can the needle be applied." When the physician concentrates fully and the patient relaxes with eyes closed, perceiving the needling sensation, the therapeutic effect can only be maximized through coordinated cooperation between physician and patient. The Lingshu (Miraculous Pivot) · Da Huo Lun (Treatise on Great Confusion) says, "The heart is the dwelling of the spirit."

The Du Meridian "enters the collaterals of the brain" and "ascends to connect with the heart." Li Shizhen also proposed that "the brain is the seat of the primordial spirit." Baihui (GV20), located at the vertex, is the meeting point of the three yang meridians of the hand and foot with the Du Meridian, closely associated with brain function, and is a key point for regulating brain function. The Zhen Jiu Da Cheng (Great Compendium of Acupuncture and Moxibustion) states that it is indicated for "vexation, palpitations, forgetfulness, absent-mindedness, and mental disorientation," highlighting its marked spirit-regulating effect. Yintang (EX-HN3), an extra point on the Du Meridian pathway, can be needled to refresh the brain, regulate the spirit, calm the heart, and enhance mental acuity. Neiguan (PC6) is the luo-connecting point of the Pericardium Meridian; the pericardial network serves as the outer guard of the heart, receiving pathogenic factors on its behalf. As a confluent point of the eight extraordinary vessels communicating with the Yinwei Meridian, it treats disorders of the stomach, heart, and chest. The influential point of sinews, Yanglingquan (GB34), is the lower he-sea point of the Gallbladder Meridian; "the he points treat the internal fu organs," and it also serves as a pivotal point for regulating the Qi dynamic as the he point of the Gallbladder Meridian. The combination of Neiguan and Yanglingquan treats low back pain from the perspective of the heart and gallbladder, achieving effects of calming the mind, tranquilizing, alleviating pain, and relaxing the sinews and joints.

(3) "One acupuncture, two moxibustion, three consolidation": integrating acupuncture and moxibustion to ensure therapeutic efficacy

The points for "guiding Qi back to the origin" (Yinqi Guiyuan: Zhongwan CV12, Xiawan CV10, Qihai CV6, Guanyuan CV4) are all points on the Ren Meridian, which can regulate the Qi of the yin meridians. Meanwhile, Zhongwan, Qihai, and Guanyuan are all front-mu points, which can regulate the Qi of the six fu organs. The Ren, Du, and Chong meridians share a common origin with three divergent pathways; where the meridians traverse, they primarily treat diseases of the lumbar and abdominal regions.

The refined moxibustion (Jing Jiu) technique is characterized by concentrated heat, rapid thermal penetration, short duration, and strong stimulation. One cone of refined moxibustion can achieve the effect of 2–3 cones of ordinary wheat-grain-sized moxibustion, hence its name, signifying its refined yet highly effective nature. Its functions include warming the meridians and dispersing cold, supporting yang and preventing desertion, eliminating stasis and resolving masses, and disease prevention and health maintenance. It exerts benign regulatory effects on the nervous, metabolic, endocrine, immune, respiratory, digestive, and circulatory systems, and has notable analgesic, sedative, and antidepressant effects. The Huangdi Neijing (Inner Canon of the Yellow Emperor) emphasizes that "where acupuncture is not suitable, moxibustion is indicated"; the Yixue Rumen (Introduction to Medicine) points out that "where medicine fails and acupuncture cannot reach, moxibustion must be applied," highlighting the importance of moxibustion.

The term "Sihua points" (Four Flower Points), first recorded in Gao Wu's Zhen Jiu Ju Ying (Gathered Gems of Acupuncture and Moxibustion) of the Ming Dynasty, refers to the paired acupoints Geshu (BL17) and Danshu (BL19). The Zhen Jiu Da Cheng (Great Compendium of Acupuncture and Moxibustion) states: "Master Cui's method of selecting Sihua points treats five-taxation and seven-impairment disorders, deficiency of Qi and weakness of blood, bone-steaming tidal fever, cough, phlegm, dyspnea, emaciation, and chronic intractable diseases in both men and women". The Suwen (Plain Questions) · Tiao Jing Lun (Treatise on Regulating the Meridians) says, "The most valuable constituents of the human body are blood and Qi". When Qi is abundant, the spirit flourishes; when blood is abundant, the body is strong. When Qi and blood are disharmonious, all diseases arise. As a classical point combination, Sihua points involve Danshu

regulating liver Qi and facilitating the flow of Qi throughout the body, combined with Geshu nourishing and activating the blood; thus, they can treat both Qi and blood. Moreover, Geshu governs blood, pertaining to yin, while Danshu governs Qi, pertaining to yang, forming a complementary yin-yang and blood-qi pair. Since the low back is the residence of the kidneys, supplementing the fire of the congenital life gate allows them to be utilized synergistically and enhance each other's effects.

From the perspective of traditional TCM theory, the therapeutic effect of intradermal needles (thumbtack needles) applied to the cutaneous regions is due to their ability to stimulate the body's defensive Qi (wei Qi) through shallow needling. Wei yang represents the body's protection and barrier; shallow needling of the cutaneous regions can excite and mobilize the wei yang Qi located on the body's surface, causing it to rapidly gather at the site of pathogenic invasion to resist pathogens, protect the body, and treat disease. Thus, stimulation of the back-shu points (Xinshu BL15, Shenshu BL23) with intradermal needles can supplement heart blood to nourish the sinews and bones, and invigorate kidney yang to unblock collaterals and stop pain. It has the effects of moving wei Qi, unblocking fine collaterals through shallow needling, and nurturing wei yang through prolonged needle retention.

The Lingshu (Miraculous Pivot) · Kou Wen Pian (Treatise on Oral Inquiry) says, "The ear is where all the meridians converge," indicating its close connection with the zang-fu organs and meridians. Persistent stimulation of auricular points (Lumbar, Kidney) can fully leverage the endocrine regulatory effects of the brain-heart axis, thereby achieving the therapeutic accomplishment of treating the root of the disease and consolidating the curative effect.

6. Conclusion and prospects

The "Integrative Acupuncture and Moxibustion" tiered protocol is a summary of the experience of Professor Fu Wenbin, a renowned TCM practitioner from Guangdong Province, and his team. Professor Fu believes that clinical diseases are often challenging, complex, and severe in nature, making it difficult to achieve ideal therapeutic effects with acupuncture therapy alone. Adopting the TCM-characteristic integrative treatment model of "one acupuncture, two moxibustion, three consolidation" can yield more significant clinical efficacy [5].

In summary, the development of acupuncture and moxibustion requires both inheritance and innovation. The expanding spectrum of multidisciplinary diseases presents acupuncturists with unprecedented opportunities and challenges. Whether we can empower the development of traditional medicine with high quality requires continuous exploration and summarization by our generation. The tiered protocol of integrative acupuncture and moxibustion deserves multidisciplinary promotion and application.

Disclosure statement

The author declares no conflict of interest.

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