

lifted to the subcutaneous, and the patients moved waist for 5 minutes; after these manipulations were repeated for 3 times, the needle was withdrawn after 9 times of slowly-lifting and quick-thrusting manipulation. The above treatment was given once every day, 3 times made up a course of treatment.

2. Control group

Drugs: Mixture of triamcinolone acetonide 2 ml, vitamin B₁₂ 0.5mg and lidocaine 3ml

Methods: The patients took prone position and exposed regional skins, and the significant pressure pain point was sought out, and the mixture was injected after routine sterilization.

The treatment was given once every three days and 3 times made up a course of treatment.

For the patients accompanied by prolapse/protrusion of lumbar intervertebral disc in the two groups, traction therapy was given.

Therapeutic Results

1. Criteria of therapeutic result

Clinically cured: After treatment, pain thoroughly disappeared and the patients could move waist freely.

Remarkably effective: After treatment, pain basically disappeared, patients could walk normally, but slight pain would appear after forceful movement.

Improved: After treatment, pains were relieved obviously, patients could normally walk, but there had limitations in movements.

Ineffective: After treatment, there had no significant improvement in lumbar pain and movements.

2. Therapeutic results

The therapeutic result was analyzed after one course of treatment, among the 53 cases in the treatment group, 43 cases were cured, 7 cases significantly effective and 3 cases improved; of the 43 cases in the control group, 32 cases were cured, 6 cases significantly effective, 4 cases improved and 1 cases had no effect. In addition, 25 cases were cured after one time of treatment in treatment group and 10 cases in control group. Redit analysis showed $\bar{R}_{\text{treatment}} = 0.5170, \bar{R}_{\text{control}} = 0.4790, u = 0.64, P > 0.05$, so there was no difference between the two groups in the clinical efficacy. The clinical efficacy of acupuncture was good as triamcinolome acetonide and lidocaine.

Discussion

Acute waist strain belongs to pattern of qi stagnation and blood stasis of lumbago in TCM. TCM holds where there is pain there is blocked, where there is blocked there is pain, this disease is mainly caused by qi stagnation and blood stasis. Treatments should focus on promoting flow of qi and blood, unblocking collaterals and stopping pain. Traditional acupuncture therapies mainly select Shenshu (BL 23), Weizhong (BL 40), Shuigou (GV 26) and other acupoints, however the course of treatment is longer and the therapeutic result is not very significant.

The authors selected the point which is at the level of the lower border of the seventh cervical spinous process and 4cm lateral to spinal cord. Erector spinal muscle travels through its deep tissues, and needling sensation could transmit to the foci along the longest erector spinal muscle, directly exerting the functions of promoting qi flow, dredging collaterals and stopping pain. Acute waist pain belongs to excess syndrome, so method of first reducing and then reinforcing should be given to get the effect of removing pathogenic factors and supporting healthy qi.

Lumbago point of hand holo-acupoint has a unique effect in treating acute waist pain, combinations of these two points can get satisfactory results.

Author: ZOU Min (1961-), female, junior consultant doctor

Translator: WU Xue-fei(吴学飞)

· Correction ·

We regret for three mistakes present in the first issue of this year.

- In the Contents, Terminology (including Wrist-ankle Needling, Penetrating Needling, Finger acupuncture, Eight confluent points, Ashi Point) was unnecessary.

- In the thirty-sixth page, marks LR 2 and LR 3 in the Fig.1 should be exchanged.

- In the fifty-fifth page, the lines from 33 to 35 were incorrect in the content, and the correct is "Remarks: The crossing point of Small Intestine Meridian, Bladder Meridian, Stomach Meridian, Yin Heel Vessel and Yang Heel Vessel."

—The editor