

TREATMENT OF SCIATICA BY ACUPUNCTURE AT JIAJI POINTS

—A Report of 168 Cases

Pei Jingchun 裴景春

Department of Acupuncture, Liaoning College of
Traditional Chinese Medicine 110032, China

Sciatica is a commonly seen illness with multifactorial pathogenesis. The symptoms are characterized by pain in the affected leg and functional disabilities. Since 1986, the author has adopted acupuncture at the lumbar Jiaji points (Extra 21) for treatment of the condition with marked efficacy. The cure rate has been high and the treatment course greatly shortened, as reported in the following.

GENERAL DATA

A series of 168 patients with primary sciatica, aged 23-67 years and the duration of morbidity 1 week to 3 years, were randomly divided into 2 groups: the Jiaji acupuncture treatment group consisting of 84 cases, 48 male and 36 female, and the control group consisting of an equal number of cases, 52 male and 32 female.

METHOD OF TREATMENT

The Jiaji Acupuncture Treatment Group:

Unilateral Huatuojiagi points (Extra 21) of vertebrae L₃ and L₄ were selected for acupuncture alternately.

The Control Group:

The main acupoint selected was Zhibian (UB 54), and the adjuvant acupoints were Weizhong (UB 40), Yanglingquan (GB 34), Kunlun (UB 60) and the *Ashi* point.

Both groups were acupunctured once daily, with 10 days as one course of treatment. Patients not cured by the first course were given a rest interval of 3-5 days before starting the second or the third course of treatment.

Location of the acupoints and manipulation: The Jiaji points of L₃ and L₄, located 0.5-1 *cun* lateral to the spinal processes of vertebrae L₃ and L₄. One point only on the affected side was needled at each session of treatment. The patient took a prone position with legs stretched out. After local routine disinfection, a 28-gauge needle 3-4 *cun* in length was inserted perpendicularly but slightly medially to a depth of 2.5 to 3.5 *cun*, depending on the thickness of musculature. After *deqi* (occurrence of the needling sensation), the needle was thrust and lifted and twirled to propagate the sensation to the toes. The sign of *deqi* was the leg responding with a jerk to the needle maneuvers. The needle was withdrawn immediately without

retention. For the controls, the selected acupoints were needled with strong or medium stimulation to conduct the needling sensation to the toes, with 15 minutes of retention.

OBSERVATION OF THERAPEUTIC EFFECT

1. Criteria of therapeutic effect: A patient was considered cured when all symptoms and signs were eliminated after 1-3

courses of treatment and the leg recovered its functional ability, markedly effective when the symptoms and signs were essentially eliminated except some discomfort or pain with fatigue or changes in the weather, improved when the symptoms were alleviated and the signs ameliorated, a case failed when the symptoms and signs remained as before.

2. Results of treatment:

Groups	N	Cured (%)	Mark. Eff. (%)	Improved (%)	Failed (%)	Total Effect Rate (%)
Jiaji	84	72 (85.7)	8 (9.5)	2 (2.3)	2 (2.3)	82 (97.6)*
Controls	84	61 (72.6)	6 (7.1)	3 (3.5)	14 (16.6)	70 (83.3)*

* $X^2=16.89$ $P<0.01$

The Table shows that the therapeutic efficacy of the Jiaji group was significantly superior to that of the controls in the cure and markedly effective rates.

3. The number of therapeutic sessions required:

Among the cured cases of the Jiaji group, the least therapeutic sessions required was 3 and the most 21, averaging 14 sessions, while the corresponding figures for the control group were 10, 32, and 23 sessions respectively. The differences were statistically significant. Acupuncture at Jiaji shortened the therapeutic course.

AN ILLUSTRATIVE CASE

Song × ×, a female farmer of 47 years, presented on 21 August 1989 for pain of over one year in the lumbus and right leg. The diagnosis by a neurologist was sciatica. The symptoms had worsened during the re-

cent week after exposure to cold, the pain radiating down the right leg and calf to the heel. She had difficulty in walking, and the pain was worse on standing or lying down. Medication by either Chinese or Western drugs did not help. Examination found the patient physically well developed, with a painful expression. There was tenderness to the right of L_3 and in the right buttock. Lasegue's sign was positive in the right leg. Radiogram of the vertebral column showed nothing abnormal. The tongue was of light color with thin whitish coating, and the pulse was thready and weak. The diagnosis was sciatica of the right side. The Jiaji point (Extra 21) 1 *cun* to the right of L_3 was acupunctured during the first session with marked relief of pain in walking, and a complete cure was effected after 2 more sessions of treatment.

COMMENT

The therapeutic effect of treating sciatica by acupuncture at Jiaji points (Extra 21) were evidently superior to the use of other conventional acupoints. The author found in ancient literature that Jiaji points of thoracic vertebrae T₁-T₃ were good for treatment of disorders in the arms and Jiaji points L₁-L₅ were good for treating disorders in the lower extremities, which proved true in the case of sciatica. The therapeutic

mechanism could be that the dorsal roots of the spinal nerves are located beneath the Jiaji points, and direct stimulation to these nerves regulates their functions to produce analgesic effect. It should be emphasized that appropriate depth and direction in inserting the needle and proper manipulation were important to elicit the required efficacious needle sensation propagating to the heel.