



Acupuncture and Other Modalities for the Treatment of Chronic Low Back Pain after an Auto Accident: A Case Report



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Introduction

It is estimated that 50-80 percent of people will experience low back pain (LBP) at some point in their lives [1]. LBP resulting from a motor vehicle collision can be serious and painful lasting weeks, months, and even years. Early intervention is prudent because the longer LBP persists the less likely the possibility of full recovery [2]. Chronic LBP is defined as persistent pain for at least 3 months [3]. Complementary and alternative medical (CAM) therapies, such as physical therapy, massage, and chiropractic provide significant relief in 58.1% of patients [4]. There is growing scientific data on the effects and mechanisms of acupuncture to treat LBP [6]. There is little literature available, however, on the use of multi-modality care that many acupuncturists often use in clinical settings to treat LBP. Some of the treatment techniques often used in combination with acupuncture is electro-acupuncture, acupressure, far-infrared heat, cupping, gua sha, herbs, and topical salves. This case study involved the combined use of these modalities to successfully treat chronic lumbar pain in an auto accident patient who did not benefit from many months of various conventional medical treatments.

Presenting concerns

The patient is a 36 year old married professional female with children presenting with chronic LBP lasting 6 months after a hard impact rear end auto collision. Prior to treatment at our clinic the patient had undergone 3 months of chiropractic treatments, received 2 guided lumbar epidural injections, and was taking 20mg of Baclofen and average of 1-2 tablets of Ibuprofen daily on an as

needed basis. She declined her physician's recommendations of taking stronger medications and increasing the dosage of current medications for fear of addiction and side-effects. Though the patient had received the aforementioned treatments over a course of six months she was still in constant and severe pain. The patient's attorney suggested she try acupuncture as a last measure before considering surgery as suggested by her orthopedic doctor.

Clinical findings

On her first visit to my office on 6/8/17, the patient presented an MRI report revealing a bulged disc at L4 and L5 intervertebral spaces. The patient complained of excruciating lumbar pain that radiated down the right leg. Pain level on the Visual Analog Scale (VAS) was 8-9 and +4 tenderness upon palpation. Patient reported an oswestry back disability index score of 84%, Range of Motion (ROM) forward back flexion 32 degrees out of 80 degrees, ROM Left lateral back flexion 22 degrees out of 35 degrees, and ROM Right Lateral Back Flexion 22 degrees out of 35 degrees.

The patient's stated symptom was aching and spastic pain in the low back bilaterally. It radiated into the buttocks and down into both legs causing numbness and tingling in the toes. This pain was constant and occurred during all of her waking hours causing moderate to serious diminution in her capacity to carry out daily activities. The pain was aggravated by bending forward, backward, left, and right. Activities such as coughing, sneezing, straining, standing and lifting exacerbated the patient's pain.

Timeline

Table 1:

Date(S)	Intervention(S)	Results
06-08-2017	Initial intake and evaluation. Treatment consisting of electro-acupuncture, cupping, gua sha, and far infrared heat to lumbar. Patient was provided Arencap and Omega 3 Fish Oil supplements to take.	-VAS Pain: 8-9. -Tenderness: 4 -Oswestry Back Disability: 84% -ROM Forward Back Flexion: 32 degrees out of 80 degrees. -ROM Left Lateral Back Flexion 22 degrees out of 35 degrees. -ROM Right Lateral Back Flexion 22 degrees out of 35 degrees.
06/08/17, 06//14/17, 06/15/17, 06/20/17, 06/21/17, 06/22/17 06/28/17,06/29/17, 07/06/17, 07/12/17, 07/20/17, 08/03/17, 08/04/17, 08/09/17	Treatments consisting of various combinations of these modalities: electro-acupuncture, cupping, gua sha, topical herbal salve, therapeutic massage, and far-infrared heat to lumbar. Patient took herbal supplements as prescribed.	No evaluation performed. Patient self reported gradual easing of symptoms with occasional flare-ups.
08-09-2017	Final treatment and evaluation.	-VAS Pain: 2-4. -Tenderness: +2 -Oswestry back disability: 46% -ROM forward back flexion: 60 degrees out of 80 degrees. -ROM left lateral back flexion 32 degrees out of 35 degrees. -ROM right lateral back flexion 33 degrees out of 35 degrees.

Diagnostic focus and assessment

The Oswestry back index is a validated questionnaire and was chosen to assess how the patient’s condition was affecting aspects of her daily life [5]. Range of Motion (ROM) was performed using a goniometer to objectively measure physical limitations, and the patient completed a Visual Analog Scale (VAS) rating questionnaire of her subjective pain experience.

Therapeutic focus and assessment

The patient received 14 acupuncture treatments with other modalities over a course of 3 months. Other modalities included were fire cupping with medium pressure, far-infrared heat, gua-sha with mild to moderate stimulation, and topical herbal poultice to be left on for 24 hours after application as an anti-inflammatory. Electro-acupuncture treatments were performed at a frequency of 3 times per week for the first 3 weeks and 2 times per week thereafter. The acupuncture points selected were Ashi points (local tender points) in the lumbar region with needle retention for a minimum

of 30 minutes. The patient was also prescribed nutritional supplementation which included AR-Encap by Thorne Research (4 capsules twice per day with a meal) to reduce pain and inflammation in the joints and to facilitate the connective tissue healing process. She was also prescribed a high dose professional use fish oil omega 3 supplementation of a minimum of 2,000mg of EPA and DHA combined daily.

Follow up and outcomes

The patient, on her last visit on 8/9/17, showed considerable improvement. The patient no longer complained of excruciating lumbar pain that radiated down the right leg. Pain level on the Visual Analog Scale (VAS) was 2-4 and +2 tenderness upon palpation. Patient reported an Oswestry back disability index score of 46%, ROM Forward Back Flexion 60 degrees out of 80 degrees, ROM left lateral back flexion 32 degrees out of 35 degrees, and ROM right lateral back flexion 33 degrees out of 35 degrees. Patient ceased taking all pharmaceutical drugs and continued to take herbal supplements as prescribed by the acupuncturist beyond the treatment period.

Discussion

Low back pain is a common health concern for a large number of people and has substantial social and economic implications [6]. The patient experienced significant pain reduction and improvement in her physical functions as it pertained to aspects of her daily living. A few follow up treatments at intervals of 1 treatment per month for 3 months afterwards showed the patient was experiencing lasting benefits. Long term follow up care will likely be needed with occasional flare-ups possible. Though studies on acupuncture for back pain have been done, there are no studies to date on the use of multiple modalities as applied in this case, to effect healing in bulged disc conditions in general and in auto accident cases in particular. No follow up MRI was taken to objectively assess if there was a reduction in the severity of the bulged disc.

The key takeaways for this author are:

1. Acupuncture, combined with other therapeutic modalities, has therapeutic value for the treatment of chronic lumbar pain.
2. Acupuncture, combined with other therapeutic modalities, can be an option in the treatment of chronic lumbar pain arising from a motor vehicle collision.
3. Acupuncture, combined with other therapeutic modalities, can be used as a treatment option when conventional forms of treatments, such as chiropractic, pharmaceutical drugs, and injections have failed to produce results in the treatment of chronic lumbar pain arising from a motor vehicle collision.
4. Acupuncture, combined with other therapeutic modalities, can be used as a stand-alone treatment option, independent of chiropractic, pharmaceutical drugs, and injections for the treatment of chronic low back pain due to various causative factors including a motor vehicle collision.


Biography

Atil Narayan, L.Ac. is a California board licensed acupuncturist and herbalist. He helps his patients attain better health through natural means. Whether it's developing a treatment plan directly with a client or coordinating care with their physician, Atil understands that caring for a patient is about clinical experience acquired from performing thousands of treatments, staying up-to-date on the latest research in natural health care, and the ability to connect with people from diverse cultures and backgrounds. He listens to his patients, uses easy to understand language, and applies gentle healing techniques that produce results.

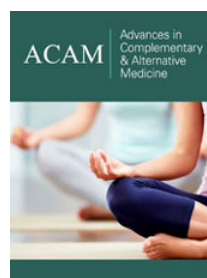
Atil has a master in science degree in Asian medicine and has been acknowledged for his dedication and commitment to acupuncture by Gil Cedillo, 46th district representative of the California state assembly. His treatment principles adhere to conservative research-based techniques consistent with modern acupuncture. With years of study and clinical experience, he uses acupuncture, microcurrent therapy (acupuncture without needles), evidence-based herbal formulations, premium ointments, ear seeds, and acupressure techniques to help his patients attain their wellness goals.

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