

LUMBAGO AND TRADITIONAL CHINESE MEDICINE

腰痛与中医

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INTRODUCTION

Lumbago is one of the most common disorders for repeated requests of medical examination in the National Health units, not only in Italy. Also in our clinical center, the Paracelso Clinical Center of Rome - Italian Center for Unconventional Medicines, among pain syndromes lumbago, as well as migraine, represents the most frequent one complained by patients.

Usually we treat lumbago caused by intervertebral disk protrusion with an integrated unconventional approach: homeopathy, acupuncture, Chinese herbs, *tuina* combined with spine suspension and vertebral manipulations. Total effective rate (cured and remarkable improvement) of our method, according to the ROD index, is 97%. "Cured" means totally recovered; "remarkable improvement" means minimal disability (0%-20% according to the ROD index).

If patients cannot undergo the integrated treatment in our clinic for two-three times a week or more, we suggest a Chinese herbs treatment and meet the patients for herbs prescription only every fifteen days. So every week we have at least 5 patients who receive only a Chinese herbal treatment for intervertebral disk lumbago.

MATERIALS AND METHODS

30 patients affected by lumbago with L4-L5 or L5-S1 intervertebral disk protrusion, were enrolled for an observational clinical trial in the period January-February 2011.

The average age was 47±7 years, the average disease course lasted since 3 years ± 15 months, the pain scale (VAS) score was 7±1.3, the ROD index score was 70±12.

The western diagnosis was performed on the basis of clinical data and MRI.

The differentiation of syndromes and the relevant formulas according to Traditional Chinese Medicine were the following:

Yao Tong (lumbago)

1. Caused by cold and dampness (4 cases):

Du Huo Ji Sheng Tang (*Tuhuo Chi Sheng Tang*)

Du Huo (Radix Angelicae Pubescentis)	6-9 gm
Qin Jiao (Radix Gentianae Macrophyllae)	3-6 gm
Fang Feng (Radix Ledebouriiellae Divaricatae)	3.6 gm
Sang Ji Sheng (Ramulus Taxilli)	6-9 gm
Du Zhong (Cortex Eucommiae)	3-6 gm
Huai Niu Xi (Radix Achyranthis Bidentatae)	3-6 gm
Rou Gui (Cortex Cinnamomi)	1-3 gm
Dang Gui (Radix Angelicae Sinensis)	3-6 gm
Chuan Xiong (Rhizoma Ligustici Wallichii)	3-6 gm
Di Huang (Radix Rehmanniae)	6-9 gm
Bai Shao Yao (Radix Paeoniae Albae)	3-6 gm
Ren Shen (Radix Ginseng)	3-6 gm
Fu Ling (Sclerotium Poria Cocos)	9-12 gm
Gan Cao (Radix Glycyrrhizae)	3-6 gm

2. Caused by heat and dampness (3 cases):

Jia Wei Er Miao San (*Chia Wei Er Miao San*)

Huang Bai (Cortex Phellodendri)	6-9 gm
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Cang Zhu (Rhizoma Atractylodis Macrocephalae)	9-12 gm
Bei Xie (Rhizome Dioscoreae Hypoglaucae)	6-9 gm
Dang Gui (Radix Angelicae Sinensis)	6-9 gm
Huai Niu Xi (Radix Achyranthis Bidentatae)	6-9 gm

3. Caused by deficiency of the Kidney (14 cases):

Qing E Wan (Ching O Wan)

Bu Gu Zhi (Fructus Psoraleae)	12 gm
Du Zhong (Cortex Eucomniae)	12 gm
Hu Tao Rou (Semen Juglandis)	12 gm
Da Suan (Bulbus Allii Sativi)	12 gm

a. With Kidney *yang* deficiency (5 cases):

You Gui Wan (You Kuei Wan)

Shu Di Huang (Radix Rehmanniae praep.)	20-30 gm
Rou Gui (Cortex Cinnamomi)	6-9 gm
Shan Zhu Yu (Fructus Corni)	10-15 gm
Gou Qi Zi (Fructus Lycii)	10-15 gm
Shan Yao (Rhizome Dioscoreae)	15-20 gm
Du Zhong (Cortex Eucomniae)	10-15 gm
Dang Gui (Radix Angelicae Sinensis)	10-15 gm
Tu Si Zi (Semen Cuscutae)	10-15 gm

b. With Kidney *yin* deficiency (4 cases):

Zuo Gui Wan (Chuo Kuei Wan)

Shu Di Huang (Radix Rehmanniae praep.)	50-60 gm
Shan Yao (Rhizome Dioscoreae)	20-30 gm
Gou Qi Zi (Fructus Lycii)	20-30 gm
Shan Zhu Yu (Fructus Corni)	20-30 gm
Tu Si Zi (Semen Cuscutae)	20-30 gm
Chuan Niu Xi (Radix Cyathulae)	15-25 gm

Two months made one course of treatment.

Criteria of therapeutic effects. ROD index and VAS scores before and after herbal treatment were adopted as criteria for assessment of therapeutic effects.

RESULTS

Among the 4 cases affected by cold and dampness lumbago: 2 patients were cured (0 disability), 1 remarkably improved (0-20% disability), 1 failed.

Among the 3 cases affected by heat and dampness lumbago: 1 patient was cured (0 disability), 1 remarkably improved (0-20% disability), 1 failed.

Among the 14 affected by deficiency of Kidney lumbago: 8 patients were cured (0 disability), 2 remarkably improved (0-20% disability), 4 failed.

Among the 5 cases affected by deficiency of Kidney *yang* lumbago: 3 patients were cured (0 disability), 1 remarkably improved (0-20% disability), 1 failed.

Among the 4 cases affected by deficiency of Kidney *yin* lumbago: 2 patients were cured (0 disability), 1 remarkably improved (0-20% disability), 1 failed.

The total effective rate was 70.3%.

The ROD index average score for assessing back disability in the 30 patients after treatment, was 22 ± 8 ; the VAS average score after treatment was 2 ± 1.1 .

By the follow-up three months later, the ROD index average score was 31 ± 6 , the VAS average score was 3 ± 2.3 .

DISCUSSION

This observational trial shows considerable results in the herbal treatment of lumbago caused by L4-L5 or L5-S1 intervertebral disk protrusion.

Obviously our usual integrated unconventional approach with homeopathy, acupuncture, Chinese herbs, *tuina* combined with spinal suspension and vertebral manipulations achieves better percentages of success compared with the single Chinese herbal treatment, according to the ROD index: in fact total effective rate is 97%, vs 70.3% obtained with the single Chinese herbal treatment. Nevertheless, the single Chinese herbal treatment proved effective all the same, in case the patient could not undergo a compound approach requiring to consult a doctor almost two times a week.