Clinical Application of Acupuncture and Massage Therapy

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Abstract: Acupuncture and massage therapy is a precious heritage of Chinese medicine in my country, and it is an ancient method of disease prevention and treatment. Foot massage therapy has been widely used in medical practice for thousands of years. The purpose of this paper is to study the clinical application of acupuncture and massage therapy. In this paper, different acupuncture methods were used to compare the treatment of lumbar muscle strain, and to provide a clear and simple treatment method for clinical treatment of lumbar muscle strain. The patients were overall assessed at the end of treatment, including the simplified Oswestry Disability Index Questionnaire, VAS score, spinal mobility score, and clinical sign score scale. In the aspect of clinical sign score scale, paired t test was used to compare and analyze the scores of the experimental group before and after treatment. The experimental results show that the clinical cure rate in the treatment group is 27%, and the total effective rate in both the treatment group and the control group is above 82%. The improvement of these symptoms and signs in the acupuncture and massage treatment group is better than that in the control group.

1. Introduction

In the treatment of low back pain and shoulder pain, Western medicine mostly uses two methods, surgical and nonsurgical, to treat lumbar disc herniation. Traditional surgery is invasive to a certain extent and is accompanied by many postoperative complications, which makes it slowly replaced by minimally invasive surgery. At present, acupuncture, traditional Chinese medicine, and manual massage are the main categories of traditional Chinese medicine treatment. Among them, manual therapy can promote the change of the body's biomechanical torque, achieve a biomechanical balance state, relieve symptoms, and reduce the possibility of recurrence. Acupuncture has the characteristics of convenient clinical operation, diverse methods, and different functions. It can be flexibly matched with a variety of other TCM treatment methods, which also makes acupuncture therapy prominent in TCM treatment [1-2].

In the clinical application of acupuncture and massage, many scholars have studied it and achieved good results. For example, Klassen E used local and acupoint acupuncture and massage combined with traditional Chinese medicine hot compress to treat scapulohumeral periarthritis. To

evaluate the difference in clinical efficacy between massage combined with traditional Chinese medicine, hot compress and simple massage in the treatment of frozen shoulder, and to explore the effective treatment methods and the best time for diagnosis and treatment [3]. Xie J S plucks and scrapes tendons with local tender points in patients with frozen shoulder, especially in the infraspinatus and biceps tendon groove, and massages local acupoints. Severe adhesions can be treated with manual manipulation after local anesthesia. The results show that massage combined with joint mobilization has a good effect in the treatment of periarthritis of the shoulder[4]. It can be seen that massage plus acupuncture is better than expected in the treatment of shoulder pain and low back pain.

This article provides a broad idea and a new treatment method for the clinical treatment of low back pain with acupuncture and massage, and provides a scientific clinical theoretical basis for the treatment of frozen shoulder with a variety of methods. The basic treatment was selected as a randomized control to observe whether there is a superposition effect of the combination therapy, and to make a relatively objective evaluation of the efficacy of the combination therapy in the treatment of low back pain. It provides new ideas and strong evidence for the selection of clinical diagnosis and treatment methods.

2. Clinical Application of Acupuncture and Massage Therapy

2.1 Acupuncture and Tuina Treatment

(1) Massage therapy

The traditional Chinese medicine and comprehensive massage techniques are mainly used in the treatment. The treatment parts are mainly from the upper back to the lumbosacral region. The main acupoints are Pishu, Weishu, Huantiao, Weizhong, and Kunlun. The main treatment method is to use the thumb to lighten, It is believed that pressing and rubbing Feiyang acupoint can dredge the foot-taiyang meridian, make qi and blood circulate, and relieve pain, thereby achieving the purpose of treatment [5-6].

(2) Acupuncture and moxibustion

Acupuncture can use filiform needles to stimulate different acupoints in the human body to treat lumbar muscle strain of different syndromes and achieve the effect of clearing the meridians, expelling pathogens and relieving pain. Fire-needle therapy is one of the more commonly used methods in the clinical treatment of lumbar muscle strain. It stimulates acupuncture points and has the effect of conducting heat, thereby enhancing the effect of warming meridians, activating collaterals, and relieving pain. Electro-acupuncture therapy is to connect the electro-acupuncture therapeutic apparatus to the filiform needles through wires after acupuncture to obtain qi. Through the different current intensities and waveforms of the electro-acupuncture therapeutic apparatus, the acupuncture points are continuously stimulated, to adjust the nerve function and improve the microcirculation., the efficacy of analgesia [7-8].

2.2 Disease Prevention

Actively preventing and treating lumbar spondylosis and effectively controlling the onset of lumbar spondylosis can not only relieve the suffering of patients, but also relieve the pressure on the patient's family and society in terms of mental, economic, and medical resources [9-10].

(1) The posture should be correct

The position of the neck determines the shape and structure of the cervical spine. If the cervical spine is kept in the correct position, the neck can move freely and function normally. If the posture is wrong, it will lead to changes in the structure of the spine over time, affecting its function,

resulting in the appearance of cervical spondylosis. Therefore, in daily life, the correct posture should be maintained. When studying, read a book for 30 minutes to move your neck, not lying in bed to read; watching TV as a leisure activity, you should also pay attention to your posture, try to be as straight as possible, and do not lie down to read so that the cervical vertebra is in a twisted state; when sleeping, the posture should make the neck and waist. Keep the natural curvature, the bed should keep the spine balance, the plank bed is better, you should sleep facing up or sideways, not on your stomach at the same time, when sleeping, you should choose a suitable pillow, neither too high nor too low, Generally speaking, the best height of the pillow is about 10cm. The highest part of the pillow supports the neck, not the head. The neck is placed on the pillow, so that the head can be kept in a backward posture. At the same height, the neck is placed at a comfortable angle [11-12].

(2) Work must be a combination of work and rest

People with a high incidence of lumbar spondylosis must pay attention to the moving the neck during working hours, and to avoid forced postures, self-traction and waist massage can be performed.

(3) Avoid moisture and cold

When resting outdoors in early summer or late autumn, attention should be paid to neck spasms or rheumatic changes caused by changes in temperature and temperature differences. Cold air flow should be avoided, especially in an air-conditioned environment, which can easily cause an imbalance between the inside and outside of the lumbar spine. At the same time, if the indoor environment is very cold, it will lead to weak sweating, which can easily cause internal and external imbalance and cause lumbar spondylosis, so it should be avoided.

(4) Avoid neck trauma

Trauma and the occurrence and development of lumbar spondylosis are closely related. Trauma can directly lead to neck soft tissue injury, lumbar dislocation, lumbar disc herniation, etc. External violent squeezing, pushing, pulling, pressing on the neck, collisions, falls on the head, neck, shoulders and back, sudden braking when riding in a car, etc., can all damage the muscles, ligaments and joint capsules of the neck, resulting in instability of the lumbar vertebrae.. Therefore, neck trauma should be avoided as much as possible, and the occurrence of lumbar spondylosis should be prevented and reduced as much as possible.

(5) Strengthen exercise and nutrition

Strengthening the exercise and nutrition of the waist and the whole body can enhance physical fitness and prevent the occurrence of lumbar spondylosis.

2.3 Netclus Algorithm

This paper uses the NetClus algorithm to perform statistical analysis on the data of the acupuncture and massage treatment group. Assuming that Z is the center/target object, the ranking value of each attribute object is calculated according to the simple ranking formula as follows:

$$p(x \mid Tx, G) = \frac{\sum_{y \in N_G} W_{xy}}{\sum_{x' \in T_x} \sum_{y \in N_C(x')} W_{xy}} \tag{1}$$

$$P(Y \mid T_{Y,G}) = W_{YZ} W_{ZW} P(X \mid T_X, G) \tag{2}$$

$$P(d_i \mid G) = \prod_{x \in N_G(d_i)} p(x \mid T_x, G)^W \tag{3}$$

Where x is a node of type AAA and BBB is a neighbor node of x., where CCC and DDD represent the normalized weight matrix between the two attribute objects and the center object.

3. Experimental Research on the Clinical Application of Acupuncture and Massage Therapy

3.1 The Establishment of the Database

After the clinical study, the clinical data were collected in time, input into the computer, and the EpiData software was used to establish a database for data management.

3.2 Database Finishing

Convert formatted data to standard SPSS databases, define datasets, remove and merge redundant and parallel variables. The overall clinical efficacy, clinical symptoms, and symptom effects of the two groups after treatment were analyzed and compared, and the clinical effects and safety effects were finally calculated.

4. Analysis of the Clinical Application of Acupuncture and Massage Therapy

4.1 Analysis of Changes in Lumbar Tenderness Before and After Treatment in the Two Groups

In this paper, the changes of lumbar tenderness before and after treatment in the two groups were compared and analyzed, and the experimental results are shown in Table 1.

Table 1: Comparison of changes in low back tenderness with acupuncture and massage

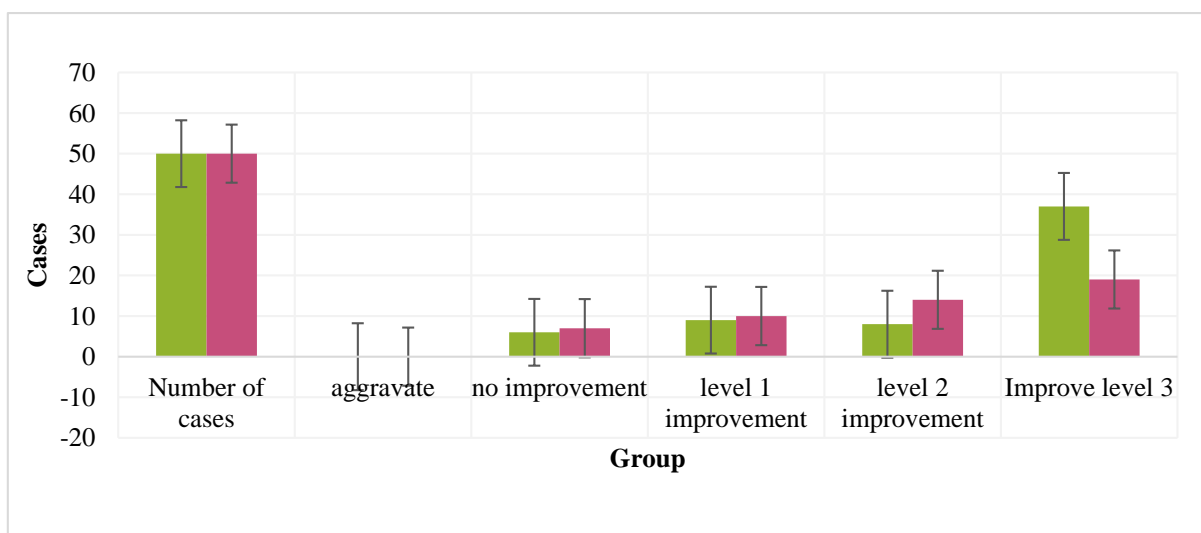| group	therapy group	control group
Number of cases	50	50
aggravate	0	0
no improvement	6	7
level 1 improvement	9	10
level 2 improvement	8	14
Improve level 3	37	19

Figure 1: Comparison of changes in waist tenderness with acupuncture and massage

As shown in Figure 1, after Ridit analysis, u=1.84, P=0.03<0.05. According to the level of α=0.04, it can be considered that there is a statistically significant difference in lumbar tenderness between the two groups before and after treatment. It can be considered that the improvement of lumbar tenderness in the treatment group is better than that in the control group.

4.2 Comparison of Disappearance Rate of Main Clinical Symptoms and Signs Treatment

{le 2: Comparative analysis of main clinical symptoms treatment

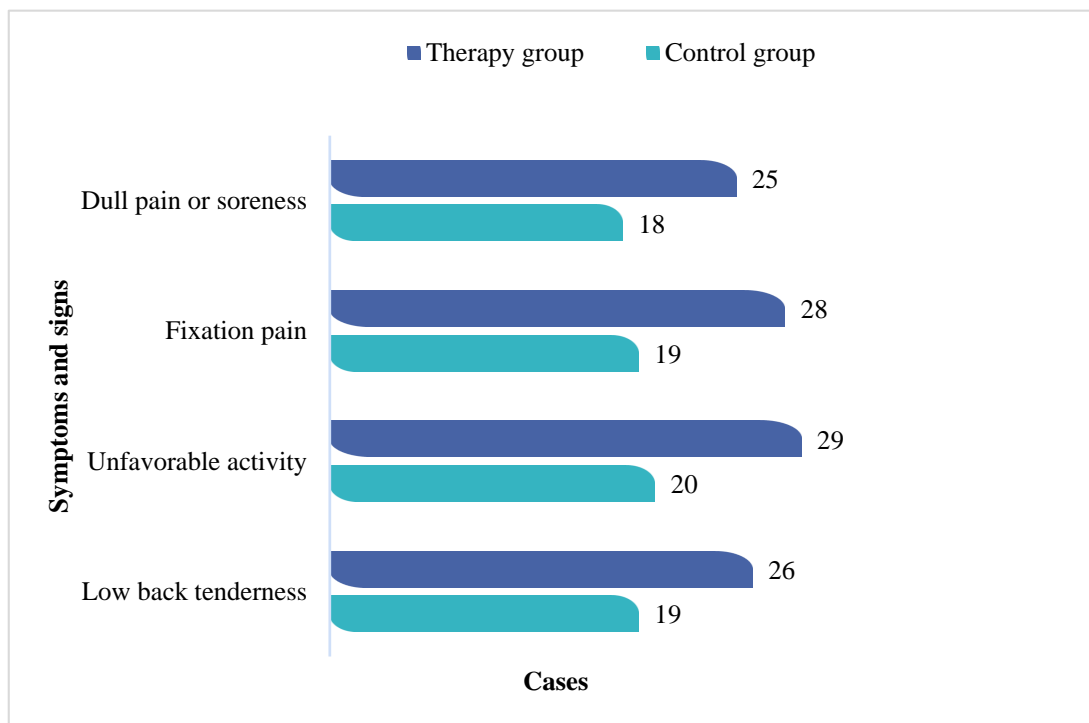| Symptoms and signs	Therapy group	Control group
Dull pain or soreness	25	18
Fixation pain	28	19
Unfavorable activity	29	20
Low back tenderness	26	19

Figure 2: Comparative analysis of main clinical symptoms treatment

As shown in Table 2 and Figure 2, clinically, the inpatient recovery rate of the treatment group was 27%, the markedly effective rate was 34.1%, and the effective rate was 12.42%. The effective rate was significantly higher than that of the control group. There were statistically significant differences in the changes of pain intensity, severe cold pain or aching pain, dull pain or soreness, persistent immobilization pain, unfavorable activity, and low back tenderness between the two groups before and after treatment.

5. Conclusions

The ancient medical books also recorded various descriptions and opinions on low back pain. "Medical Mind" mentioned that "low back pain is urgent traction and withdrawal", and its performance is similar to the lumbar disc herniation accompanied by sciatica in the definition of modern medicine. Similarly, and most physicians attribute its pathogenesis to two types: "no rule

pain" and "no glory pain". Because Chinese medicine believes that the waist is the house of the kidney, and the meridians run through the bladder meridian and the governor meridian, it is closely related to it. Acupuncture and moxibustion mostly starts from the waist meridian and the related acupoints of the kidney meridian. The manipulations are mostly electro-acupuncture, warm acupuncture, or a combination of various manipulations.

References

[1] Zhou H J, Wang H, Liang F X, et al. Review and thinking of fifth national clinical skill competition of acupuncture-moxibustion and tuina [J]. Zhongguo zhen jiu Chinese acupuncture & moxibustion, 2020, 40(7):777-780.

[2] Fink J, Burns J, Moreno A, et al. A Quality Brief of an Oncological Multisite Massage and Acupuncture Therapy Program to Improve Cancer-Related Outcomes [J]. Journal of alternative and complementary medicine (New York, N.Y.), 2020, 26(9):820-824.

[3] Klassen E, Wiebelitz K R, Beer A M. Classical Massage and Acupuncture in Chronic Back Pain – Non-Inferiority Randomised Trial [J]. Zeitschrift für Orthop?die und Unfallchirurgie, 2019, 157(03):263-269.

[4] Xie J S, Li Y X, Yan X L, et al. Clinical observation on spleen-invigorating and qi-benefiting pediatric massage for treating recurrent respiratory tract infection in children with cerebral palsy due to qi deficiency of spleen and lung [J]. Journal of Acupuncture and Tuina Science, 2021, 19(2):110-116.

[5] Skonnord T, Skjeie H, Brekke M, et al. Acupuncture for acute non-specific low back pain: a randomised, controlled, multicentre intervention study in general practice—the Acuback study [J]. BMJ Open, 2020, 10(8):e034157.

[6] Yang X Y, Zhao H, Liu J, et al. Current status of application of acupuncture in low back pain guidelines [J]. Zhongguo zhen jiu = Chinese acupuncture & moxibustion, 2019, 39(8):908-912.

[7] Wardoyo S H, Badri S. Effect Acupuncture for Low Back Pain; Biochemical and Protein Profile Analysis [J]. Jurnal Kesehatan Masyarakat, 2020, 16(2):207-215.

[8] Seo Y, Kim T, Cho W, et al. Clinical Research of Warm Needle Acupuncture for Chronic Low Back Pain: A Protocol for Randomized, Controlled Pilot Study [J]. Journal of Korean Medicine Rehabilitation, 2020, 30(4):155-164.

[9] Liou K T, K Orenstein D, JJ Mao. Medicare Coverage of Acupuncture for Chronic Low Back Pain: Does It Move the Needle on the Opioid Crisis? [J]. Journal of General Internal Medicine, 2021, 36(2):527-529.

[10] Wang X, Zhu J S. Effect of Cangguitanxue acupuncture combined with suspension exercise therapy on chronic low back pain [J]. Zhongguo zhen jiu = Chinese acupuncture & moxibustion, 2020, 40(7):739-743.

[11] Sheng S L. Clinical observation of acupuncture and traction plus Ba Duan Jin (Eight-brocade Exercise) for improving discogenic low back pain [J]. Journal of Acupuncture and Tuina Science, 2020, 18(5):384-389.

[12] Sun X, Ma X P, Lv L Y, et al. Intervention with thumbtack needling on spinal low back pain in Air Force crew: a randomized controlled trial [J]. Zhongguo zhen jiu = Chinese acupuncture & moxibustion, 2020, 40(11):1180-1184.