

Zhang Weihua Applied Ultibial Needle Therapy Combined Experience in Treating Acute Lumbar Sprain with Taohe Chengqi Decoction

Jing Yi^{1,a}, Weihua Zhang^{2,b,*}

¹*Shaanxi University of Traditional Chinese Medicine, Xianyang, Shaanxi, 712046, China*

²*The Second Affiliated Hospital of Shaanxi University of Traditional Chinese Medicine, Xianyang, Shaanxi, 712000, China*

^ayj1154331974@163.com, ^bzhangweihua2004@126.com

**Corresponding author*

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Abstract: Objective: To introduce the clinical experience of Professor Zhang Weihua in the treatment of acute lumbar sprain, and to provide better clinical guidance in the future. Methods: The clinical experience of Professor Zhang Weihua in the treatment of acute lumbar sprain was summarized by following up the typical cases and combining with the classical knowledge of traditional Chinese medicine. Results: Professor Zhang Weihua believed that patients with acute lumbar sprain had local air obstruction, blood obstruction, acute meridians contracture, pain and so on, which made the patients limited movement and could not roll. According to the characteristics of patients with acute onset, quick medical treatment and clear etiology, multi-needle therapy combined with Taohe Chengqi Decoction was used to treat acute lumbar sprain, in order to achieve the effect of promoting blood circulation and relieving pain, strengthening tendons and clearing collages. In operation, both symptoms and root causes should be treated, and painless acupuncture should be advocated. While effectively stimulating the acupoint, it can relieve the stinging pain when the acupuncture breaks the skin and relieve the discomfort of the patients after the acupuncture. Conclusion: Professor Zhang is unique and effective in the treatment of this disease. Zhang Weihua applied multi-needle therapy combined with Taohe Chengqi Decoction in the treatment of acute lumbar sprain, which can significantly improve the pain, stiffness and functional state of patients, with stable long-term efficacy and no obvious adverse reactions, worthy of clinical promotion and application.

Professor Zhang Weihua has been engaged in the medical, scientific and teaching work of acupuncture and massage for nearly 40 years. The ultibial needle therapy founded by Professor Zhang Weihua is characterized by "qi as the main factor and blood as the first factor". Ultibial needle therapy is a new therapy pioneered in China [1-3]. Many years of clinical experience in the treatment of cervical spondylosis has its own unique views.

Acute lumbar sprain is due to sudden external forces to the waist excessive traction and torsion resulting in injury. It is mainly caused by contusion of falling servant, and its main pathogenesis is

blockage of meridians and Qi and poor blood flow. The tendon is active, but the tendon injury causes the movement loss, so the activity is limited [4]. Modern medicine generally uses some oral analgesic and anti-inflammatory drugs such as compound clozoxazone, which have general clinical efficacy and long-term use will bring side effects such as gastrointestinal tract [5-6]. Professor Zhang Weihua applied ultibia needle therapy combined with Taohe Chengqi decoction for treatment, which has definite curative effect. It is not only better than a series of side effects brought by modern medicine, but also ensures that patients are willing to accept acupuncture sensation on the basis of curative effect. Professor Zhang Weihua has unique views on the treatment of acute lumbar sprain. The author is lucky to be his graduate student and study with him. Now, my experience is summarized as follows:

1. Recognition of Acute lumbar Sprain

Acute lumbar sprain belongs to the category of "tendon injury" and "fall injury" in traditional Chinese medicine [7]. Professor ZHANG WEIHUA thinks, acute lumbar sprain is high in the manual laborer that often often carries weight in the waist already, high in the workplace office that sits for a long time, not good movement again. It can occur in bending, stretching, bending or leaning activities. Patients after the injury see more than one side of the waist injury, often maintain a forced posture to reduce the pain of the affected muscle pull, stand up and walk pain is severe, there are bilateral pain activity limited. Local muscle spasm clonus, generally resistant to touch, the affected area can be touched by obvious tender points or cord like induration. Professor Zhang attributed the pathogenesis of acute lumbar sprain to local Qi blockage, blood flow obstruction, acute contracture of meridians and collaterals, pain, restriction of movement and inability to turn side. If the early treatment is not timely and the blood stasis remains for a long time, the blood not Rongjin may develop into chronic low back pain, or affect the operation of the whole body blood, resulting in more serious consequences [8].

2. Choose Acupuncture Point

2.1 Distal Acupoint Selection

Ultrtibial needle therapy belongs to the category of distal acupoint selection. The use of this therapy should first of all the 12 meridians administered by the body's anterior and posterior midline, diaphragmatic line as the boundary into four areas (respectively the upper left, upper right, lower left, lower right). It is mainly based on: the upper and lower correspondence theory of human ulnar tibia and head and face, skin theory and upper and lower specimen theory, which is a high summary of Professor Zhang's experience in the treatment of various pain diseases with the application of five acupoints, skin three needles and wrist and ankle needles [9-11]. According to the Golden Mirror of Medical Zong, "low back pain is a syndrome of the back, caused by falling, beating and blood stasis in the sun meridian", this disease is located in the foot sun bladder meridian [12] by meridian differentiation. When applying this therapy, the left side is taken as the left side, and the right side is taken as the right side, so the corresponding skin of the tibial part of the affected side of the bladder is taken as the stimulation site.

2.2 Proximal Acupoint Selection

Zhang Weihua believes that it is extremely important to pick acupoints proximal to pain points in local focal areas. Modern medicine believes that Ashi acupoints are mostly attachment points of soft tissues in the waist or projection points on the body surface, and local pain points can directly reach the disease center, so as to achieve the purpose of promoting blood circulation, removing blood stasis,

and eliminating pain by tonifying tendon [13]. Clinically, in patients with acute lumbar sprain, the affected muscle is judged by palpation, and the pain point is found in a certain posture. The body detects all major puncta or cord tenderness that locally touches tight, stiff, hard, and smooth.

3. Acupuncture Methods

3.1 The Specific Operation Method of Tibial Needle Therapy

3.1.1 Needle Entry Technique

Patients in the first place in normal skin disinfection after the sun by the shins, peeling as into the needle position, professor Zhang Weihua attaches great importance to the hand, with his hand in the meridian line chuai, first press, robin, touched by fixed parts, and needle hole next to the skin, both to find is refers to the precise point of feeling, but also inspire bullishness and also relieve the needle broken skin tingling. When HOLDING the needle in the right hand, because the skin of the tibial area of the patient is more or less relaxed in clinical practice, the hand should slightly pull the skin to give the opposite force in the direction of the needle to quickly enter the needle, with a slight feeling of "slight swelling" as the best performance, so as to get qi. Professor Zhang generally needled two horizontal planes in the skin of the meridians. After the first acupuncture, he needled another needle in the parallel part of the side opening 1cm in accordance with the upper method. After the end of the two needles, the third needle was inserted 1 inch in front of the two needles toward the disease site.

3.1.2 Needle Manipulation

There are four methods of lifting and pressing, swinging from side to side, twisting from side to side and turning around. According to the specific severity of the clinical situation, in general, three groups of needles were performed within the period of 30-40min each time, with 6 times in each group. The up-down pressure method and the left-right swing method can be carried out simultaneously. The two fingers of the pricking hand pinch and hold the needle handle, and the other three fingers are tilted. The range of up-up, left swing, down pressure and right swing is between 25 ° and 30 °. Of course, separate up and down, left and right is also OK. The left and right twist method is 180 °-270 ° for each twist, and the ring method is 1 circle, and the reverse diarrhea.

3.1.3 Needle Retention Period

During the period of needle retention, the patient was instructed to maximize waist movement, do painful movements such as flexion and extension, lateral extension, rotation and other activities, the purpose is to enhance and consolidate the curative effect, induce the meridian Qi to the disease, repeat several groups of needle side activities, the patient's pain is greatly relieved when the needle can be out.

3.2 The Specific Operation Method of Pain Point Surrounding Needle Stagnation

3.2.1 Needle Entry Technique

The number, range and size of pain points are determined according to the meridians involved in the symptomatic lesions and the sensitivity of patients. Generally, 1-3 main locations are taken as the main sites. In the most painful position, acupuncture is performed at the most painful part first. After qi is gained, twist the needle in a single direction so that the muscle fibers of the needle body are wound. Then, according to the situation beside the main needle, the needle is injected in a multi-

directional oblique direction for 3-5 times, gently so as not to cause the patient unbearable pain due to excessive traction of local tissues. Any other pain points can be operated with this method, once a day, 30 minutes each time.

3.2.2 Pain Point Tracking

After the patient's pain is relieved during the activity, the needle can be deeply stabbed to get gas again, and then the needle can be left for 10-15 minutes. In general patients after this method of treatment, severe pain can be alleviated or completely relieved. But some patients still feel pain, can add cupping, heat through, not only can warm the meridians and collaterals, Qi and blood circulation, so that the local blood circulation of the lesion, Qi and blood flow is smooth, tendons and blood is soft and free [14].

4. Peach Pit Chengqi Soup

Peach core Chengqi soup comes from "Treatise on Febrfebry ·Sun Disease" "The sun disease is difficult to understand, heat knot bladder, person like crazy..... But less abdomen knot, but can attack, appropriate peach core Chengqi soup." [15], Professor Zhang Weihua, in addition to rapid analgesia with ulnar tibial needle, combined with peach core Chengqi soup. Clinical acute lumbar sprain pain due to qi and blood stasis caused by meridians, lumbar pain fixed. Through the blood stasis syndrome "and lower abdomen urgent" in the original performance, we know that the peach pit gas bearing soup disease in medicine, pathogenesis is consistent so it can be cure the lumbago of hardness in blood stasis, with this passage in the sun and du meridian blood stasis, peach pit with adjustable gastric gas bearing in gas bearing soup, add peach kernel used to lower blood stasis, invigorate the circulation of guizhi explored and cold temperature. Professor Zhang Weihua pointed out that the first effect of rhubarb here can be blood stasis, in addition to blood closure, and then one can defecate, this kind of low back pain is often accompanied by constipation, the waist is in the central position of the body up and down, once acute injury is easy to lead to gas junction stool. The worse the pain, the worse the air, the worse the stool, and it's a vicious cycle. Ye Tianshi also said that "at the beginning of disease in the gas," qi activity unobstructed, defecate unobstructed far than just now many people use the promoting blood circulation to remove blood stasis drugs curative effect is better, the only similar with yunnan baiyao, adjustable oil only see partial blood stasis, and in fact only played the role of peach kernel, didn't see the purge, didn't see and qi stagnation, blood gas line to line, First use is only to relieve local symptoms but the good is not complete.

Professor Zhang often added Wang Liuzi to lead the meridian to the disease center, in order to strengthen blood circulation and pain relief can be added frankincense, myrrh; In order to strengthen Qi and blood circulation, cumin and Jingjingzi powder can be added. Red peony root with use, good into Yin, reinforcing and reducing combined, slow pain; In winter, sprain outside and live alone, Qiang live, wind dispelling cold medicine, etc. Doctors use very carefully, the disease is stopped, do not take this prescription.

5. Typical Cases

Liu, male, 35 years old, married, was first diagnosed on February 25, 2022

Chief complaint: low back pain for more than 3 hours

History: Three hours ago, the patient was playing with his nephew. When he leaned over to hold him, he pulled on his waist. He had severe pain in his back and limited activity, which affected standing and walking. Physical examination showed obvious tenderness on the right side of the 3rd to 4th lumbar vertebrae, no painful nodules were found, and lumbar movement was limited. Nano

sleep can, two then adjust. Tongue pale red moss thin white, astringent pulse string.

Diagnosis: acute lumbar sprain

Treatment: Qi and blood circulation, collaterals and pain relief

Treatment: tell patients prone position, the feet of the tibia with the above introduction needle therapy, retaining needle and a half hours after the adept into three needle three groups, each group of 6 times, the most pain points to the waist line (wai needle stab delay, cooperate with peach pit gas tonga taste: peach kernel 12 g, 10 g cassia twig, rhubarb 9 g, glauber's salt, licorice 6 g, 6 g cowherb seed 18 g, sichuan and fruit 9 g, 12 g yanhusuo. The patient's low back pain was relieved by eight points on the spot, and the low back pain disappeared after taking three doses.

6. Conclusion

After several years of repeated clinical practice, Professor ZHANG Weihua summarized the effective methods for the treatment of acute lumbar sprain, and put forward that the use of ultibial needle therapy combined with Taohe Chengqi decoction is clinically effective. In the specific application, Professor Zhang Weihua emphasized that acute lumbar sprain is common in clinical practice. Physicians should accurately distinguish the disease and treat it according to clinical manifestations and syndrome differentiation of physical deficiency and solid. Patients should pay attention to rest and moderate work. This method has the advantage of both internal and external treatment. It is effective in clinical practice and worthy of promotion.

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