This is a preliminary study, not a controlled trial in an attempt to use acupuncture to treat rectal pain.

Two distinct conditions were treated. One of these, Proctalgia Fugax, consists of a very severe, spasmodic irregular pain, characteristically lasting 20-30 minutes, occurring anytime, often at night and sometimes severe enough for the patient to pass out. Investigations such as Barium enema, sigmoidoscopy, standard haematological tests in these cases are normal.

Coccygodynia is typically a persistent throbbing ache often greatest after sitting on a soft surface and sometimes after defecation. Many of these patients are characterised by having had their coccyx's removed - without having any effect on their condition.

The Treatment

Points on the lower bladder line were used bilaterally:
- Bladder 31 over the first sacral foramen
- Bladder 32 over the second sacral foramen
- Bladder 33 over the third sacral foramen
- Bladder 34 over the fourth sacral foramen
- Bladder 35 ½ pouce lateral to the level of the coccyx was also punctured.
- Bladder 30 at the level of the fourth posterior foramen 1½ pouce lateral to the mid line.
- Bladder 48 at the same level but 3 pouce from the mid line.

The points were punctured perpendicularly using stainless steel 2” needles. The

needles were inserted one inch except Bl 48 which was inserted 1½”.
- Governor 20. At the top of the head 7 pouce above the posterior hairline. The needle was inserted almost horizontally with the handle pointing forwards for about 1½”.
- Governor 2. At the junction of the sacrum and the coccyx.
- Governor 3. In the interspace between the 4th and 5th lumbar vertebrae.

The needles were left undisturbed for 20 minutes.

Treatment was given once weekly (or three weeks, fortnightly three times then at monthly, two monthly and three monthly intervals.

Results so far:
Proctalgia Fugax:
Six patients were treated, four of these had excellent results, either no pain at all (2 patients) or infrequent and minimal amounts of pain.
One patient had some lessening of the attacks.
One patient was not improved at all.

Coccygodynia:
Four patients were treated. One had excellent results. Two patients had worthwhile improvements in pain. One patient was not helped at all.

Conclusions:
The results from this initial trial are encouraging and seem to indicate that a full controlled trial would confirm the use of acupuncture in treating rectal pain.

Treatment of Cervical Osteoarthrosis  Dr George Lewith

A randomised trial to evaluate the effect of infra-red stimulation of local trigger points, versus a placebo, on the pain caused by cervical osteoarthrosis, has been undertaken by Dr G T Lewith.

Claims have been made that local heat is particularly useful in treating osteoarthritic pain. This randomised trial evaluates the short term efficacy of local heat, on the pain caused by cervical osteoarthrosis. Two treatment groups were compared, one receiving mock TNS and the other heat treatment from an infra-red gun (the IRS Medtec 100). Each patient received four treatments. Pain was assessed before entry into the trial and after the completion of treatment, the parameters used for assessing pain were, analgesic intake, sleep disturbance due to pain and subjective pain score. Twenty-six patients were entered into the trial, twenty-five completed treatment. In the group receiving treatment from the infra-red gun (IRS Medtec 100) 75% obtained significant pain relief. In the group receiving mock TNS 31% obtained significant pain relief. A chi-squared test comparing these two groups gives a P value of 0.07 (P = 0.07).
The use of acupuncture in controlling rectal pain

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