Lumbar disc herniation treated with auricular acupuncture: why they wait?

In November 2013, a 37-year-old woman with lumbar disc herniation (LDH) presented with pain in her lower back, right hip and leg, persisting for 2 years. She also had a pricking sensation radiating from the hip to the foot. On examination, she had hypoaesthesia on the right side, on the dermatome consistent with S1 radiculopathy. A straight leg raise test was positive at 35°. The strength of dorsiflexion of the toe was 4/5. Neurological examination and laboratory findings were otherwise normal. The patient had received two courses of physical therapy. Upon detailed questioning, she also reported a history of non-steroidal anti-inflammatory drug-induced gastric bleeding 2 months previously. The patient was vulnerable and anxious and complained of a decreased quality of life. Surgery was offered following an updated MRI which showed a large herniated disc at the L5/S1 level (figure 1A,B), but she refused. We, therefore, decided to perform auricular acupuncture (AA) after obtaining oral and written informed consent.

We performed AA (figure 2) using 0.25×25 mm length needles pricked to a depth of 1–2 mm for 20 min twice a week for a total of 7 weeks. The patient’s symptoms gradually attenuated and disappeared through the treatment course, leaving minimal hypoaesthesia on the S1 dermatome. No side effects were seen. At 3 months’ follow-up, she was free of any painful or sensory complaints and also reported increased quality of life. A straight leg raise test and manual muscle testing for the right ankle and toes extensor muscle were normal. Furthermore, follow-up MRI showed a significant improvement in the herniated disc (figure 1C,D).

Treatment options for patients with LDH who do not improve with conservative treatment and who do not accept surgery are limited. Although AA is a relatively new method first introduced by Paul Nogier in the 1950s, it has...
been successfully used in several acute and chronic painful conditions such as low back pain.\(^1\^-\(^3\) The use of AA for the treatment of LDH, however, has not been reported as frequently. It is applied through several reflex points on the ear, which is believed to represent all body organs.\(^4\) Stimulation of peripheral reflexes from the ear—namely, the acupuncture points, activates neural pathways in the cranial nerve system, and thereby facilitates self-regulating homoeostatic mechanisms\(^5\) and inhibits maladaptive reflexes.

One of the most common causes of radicular and back pain is a herniated disc. Most patients improve with conservative treatment. Additionally, some patients, may display spontaneous regression after 2–12 months.\(^6\^-\(^9\) However, in this case, although the patient received conservative treatment, her complaints persisted for around 2 years—a length of time which excludes the possibility of spontaneous regression.

Herein, we present the successful application of AA in a patient with LDH resistant to conservative treatment. AA for LDH may be considered as a possible treatment in selected patients.

**REFERENCES**

Lumbar disc herniation treated with auricular acupuncture: why the(y) wait?

Levent Tekin and Mehmet Fuat Abut

*Acupunct Med* 2014 32: 430-431 originally published online August 20, 2014
doi: 10.1136/acupmed-2014-010637