

# Healing Low Back Pain by a Sequence of Myofascial Therapies

Janos Palhalmi MSc. Acupuncturist, Physiotherapist, Gabor Kulcsar DO  
Ormos Institute Budapest H-1184 Hengersor u. 73.  
e-mail: [info@biomedicine.hu](mailto:info@biomedicine.hu) tel.: 00 36 20 2690660

## BACKGROUND

Low back pain symptoms vary in a wide range from simple lumbo-sacral tightness to intensive pain with muscle tone asymmetries that often lead to long term biomechanical and movement disorder without a correct cure and final rehabilitation.

In this study, I compare the effectiveness of my treatments both in short and long term follow-ups, using acupuncture, manual therapy, and movement therapy.

## METHODS

Out of the 29 well documented patients, 7 had MRI and/or CT validated herniated disc at the L5/S1 or L4/L5 region, 1 patient had L4/L5 protrusion and 1 other patient had not herniated but degenerated lumbar disc. The other 18 patients did not have MRI or CT, they only had X-ray validated vertebral discopathia. All 29 patients showed serious radicular inflammation symptoms and movement disability before the treatment course.

Manual therapy: During the treatment course, at the beginning, the manual therapy is the most effective for unlocking the facetta joint blocks (subluxation) and triggerpoint therapy is necessary to relieve the tension of the lumbodorsal and iliolumbal fascias. Movement therapy was taught after treatments, as a home exercise to maintain the improved condition.

Acupuncture: For reducing the radicular comprimation induced inflammation 40 Hz electric acupuncture is applied locally through the needles in the affected segmental region. The other pillar of acupuncture treatment is to restore the functional circulation between the foot Tai Yang and Shao Yang channels. For achieving long lasting results it is also necessary to improve foot Shao Yin channel related circulation.

## RESULTS

By the end of the approximately 4 weeks long complex treatment course, all of the patients were free of the painful symptoms and claimed being cured. Based on the patients judgments, on a verbal scale the individual recovery rate on average was 88%. The tone of agonist, antagonist and synergistic muscles of the iliolumbal region was tested manually and showed a 70% recovery on average after the treatment course.

To ease the intensive painful condition to start movement therapy, the average number of treatments was as follows: 2-3 from acupuncture and also 2-3 from osteopath mobilization treatment. Altogether, during the 4 weeks, approximately 6 acupuncture and 6 osteopath mobilization treatments were necessary on average besides the movement therapy to achieve recovery. In long term follow-up, 2-3 treatments from both acupuncture and manual therapy per 4.5 months were necessary to maintain the recovered condition.

## CONCLUSION

Complex acupuncture treatments, osteopath mobilization therapy and movement therapy applied in the right sequence restore the physiological condition of iliolumbal and lumbodorsal fascias, muscles and related connective tissue planes which, in turn, facilitates the recovery from herniated disc or discopathy initiated complex, progressive movement disorder. For the long term maintenance of recovered condition, it is necessary to practice movement therapy approximately 2 times per week.