

Acupuncture & Cupping for Knee Pain

abstracted & translated by

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Keywords: Chinese medicine, acupuncture, cupping, knee pain, gonarthralgia

On page 88 of issue #1, 2005 of the *Shi Yong Zhong Yi Nei Ke Za Zhi (Journal of Practical Chinese Medicine Internal Medicine)*, Deng Jun-lan and Zhang Qian-qiao published an article titled, "The Acupuncture & Cupping Treatment of 89 Cases of Knee Joint Pain." A summary of this study is presented below.

Cohort description:

Among the 89 patients enrolled in this study, there were 60 males and 29 females aged 15-82 years. However, most of the patients were between 35 and 65 years old. These patients had suffered from knee pain for from 10 days to 30 years. All these patients were treated at the Liao Yang Municipal and the Fu Shun Municipal Chinese Medical Hospitals in Liaoning province.

Treatment method:

The main acupoints in this protocol were:

He Ding (St 34)

Xi Yan (St 35)

Auxiliary acupoints consisted of:

Wei Zhong (Bl 40)

Yang Ling Quan (GB 34)

Zu San Li (St 36)

Kun Lun (Bl 60)

Feng Shi (GB 31)

After disinfection of the selected points, 1.5-2 inch, 28 gauge needles were used to first needle the points on the ventral surface of the affected leg perpendicularly to a depth of 1-1.5 inches. After a sore, distended sensation was produced in the area of the needles, a 2cm long section of clear ("mild") moxa roll was attached to the handles of the needles and burnt. The needles were then retained for 25 minutes. After withdrawal of the needles, the large needle holes were pressured in order to expel some pale yellow fluid or a little bit of blood. Then fire cups were attached over these points and left in place for approximately 10 minutes. After the removal of these cups, the patient was asked to roll over and three-edge needle was used to bleed *Wei Zhong*. Again, fire cupping was done of this point. This treatment

was done once per day, with 10 such treatments equaling one course. A two day rest was allowed between consecutive courses.

Study outcomes:

Cure was defined as disappearance of any swelling, distention, or pain in the affected knee with normal flexion and extension of the knee and normal ability to climb stairs up and down and walk. Floating patellar examination was negative, and there was no recurrence after one year. Marked effect was defined as basic disappearance of any swelling, distention, and pain, basically normal ability to flex and extend the knee joint and to walk and stand. Floating patellar examination was negative. However, when climbing stairs, there was still some slight sensation of pain and discomfort. Improvement was defined as marked decrease in swelling, distention, and pain. However, prolonged walking or standing resulted in increased pain, and floating patellar examination may have been positive. No effect was defined as no change in any of the patients signs or symptoms from before to after treatment. Based on these criteria, 75 cases (84.2%) of the patients were judged cured, 12 (13.4%) got a marked effect, and only two (2.4%) got no effect. Therefore, the total effectiveness rate was published as 97.6%. Among the patients who did get an effect, the smallest number of treatments was two and the most was 35.

Discussion:

The Chinese authors say that, when needling the knee joint, hand technique should be soft and gentle and one should not needle too deeply into the joint capsule so as to avoid damaging the joint capsule. The combination of acupuncture, moxibustion, bleeding, and cupping warms the channels and frees the flow of the network vessels, expels cold and dispels dampness, disperses swelling and stops pain.

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