

Treating Sacroiliac Pain with Acupuncture

David Boyd

Sacroiliac pain and dysfunction is a common clinical complaint. Frequently patients may come into the office complaining of back pain or sciatica. Palpation reveals that the sacroiliac region is inflamed or sore to the touch. Practitioners frequently use standard local, distal and *a-shi* points to relieve the inflammation and pain with mixed results. The reason mixed results occur is because of the difficulty in determining which of the primary or secondary vessels may be affected and serve as the root of the problem. Sometimes more than one vessel is involved, especially because of the energetic significance of the sacrum. There also might be a structural problem that needs to be addressed by other means, which is why if the acupuncturist is not trained in performing an ortho-neuro exam or ordering and interpreting the appropriate diagnostic imaging or tests, it is important that a patient who has not been appropriately evaluated be referred out for diagnosis. Organic diseases can also cause such pain. The primary example I've seen frequently in males has been metastatic prostate cancer in the spine.

There are several distal (and adjacent) points that can improve treatment results significantly. These points are particularly useful when a patient, when asked to point to where the pain is, indicates the sacrum itself. Like all treatment strategies I discuss in this column, however, the protocols I recommend below are based upon a palpatory treatment strategy, as well as the precise location of the acupuncture points upon palpation.

The strategy is quite simple but requires concentration and sensitivity in the fingertips. With the patient supine and your palpating hand underneath them, use your index and middle fingers to search for the *a-shi* point that is most painful and have the patient rate the pain on a scale of one to ten. Press sufficiently to elicit a response (very light pressure will be needed for inflammation), but not enough to cause significant pain. Once you have discovered the exact *a-shi* point, release the pressure slightly to the point that the patient feels no discomfort. Keep your fingers in that position and note the quality of tissue (or position of S-I joint) under your fingertips.

While focusing on this quality, use your other hand to palpate the following acupuncture points on the lower extremities (while somewhat awkward, this is not usually a problem for most practitioners) contralateral to the *a-shi* points under your fingertips:

- Spleen 3, 4
- Gallbladder 41, 39 (and a point at the same level anterior to the fibula)
- Kidney 3, 5, 10
- Urinary Bladder 67-60, 40
- Liver 3, 4, 8
- Kidney 1, 3, 4, 5, 10

Massage each of these points for 5-10 seconds, then observe for a moment the quality of the *a-shi* point in the sacroiliac area. One of these acupuncture points should cause a subtle but significant shift in the area in question: this may be a shift in the sacroiliac joint or a reduction in inflammation. I've noticed that the sacroiliac point will seem softer if tight, or less "mushy" if soft. When you locate this point, it will be your distal point for acupuncture to be combined with local

points. If you cannot feel a change, choose the most sensitive xi-cleft point of the six main contralateral leg channels.

Once you have discovered this point, you can begin the needling protocol. Position the patient in a comfortable position (and one that will allow you to needle the contralateral distal point chosen above, plus local points). First, needle the distal point determined from the above procedure with even stimulation. Make sure that you palpate to needle the point exactly instead of simply depending upon textbook location. After waiting for a moment, needle Gallbladder 30 and Urinary Bladder 32 ipsilaterally, along with any local *a-shi* points. Including Gallbladder 30, needling more than 3-5 points should be more than sufficient. Needles may be retained up to 20 minutes, with e-stim from GB30 to an *a-shi* point a possible addition if warranted.

After needles are removed, have the patient lie supine again and palpate the area from Stomach 25-28 bilaterally. If one or more of those points is sensitive, you can needle it and retain the needles for five minutes only.

Patients should be sent home with instructions on appropriate rest or movement (*qi gong* exercises may be useful adjuncts here). Vacarria seeds may be a useful addition to acupuncture as well. If the problem is acute, treatment twice a week is preferable in the beginning. If this protocol is going to be successful, patients should notice improvements within 1-4 treatments.

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