Observation on the Curative Effect of Mongolian Medicine Warm Acupuncture Combined with Mongolian Medicine Sumu-6 Decoction in the Treatment of Lumbar Disc Herniation

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Abstract: This paper is to analyze the clinical significance of Mongolian medicine warm acupuncture combined with Mongolian medicine Sumu-6 decoction in the treatment of patients with lumbar disc herniation. The starting time of the trial was set from October 2022 to October 2023, and patients with lumbar disc herniation were taken as test samples. 70 cases were divided into two groups by random number method, namely, the study group and the conventional group, each with 35 cases. The former group received Mongolian warm acupuncture combined with Mongolian medicine Sumu-6 decoction, and the latter group received conventional acupuncture treatment. Results: The VAS and ODI scores of the study group were significantly lower than those of the conventional group, and the treatment effect of the patients was higher (p < 0.05). For patients with lumbar disc herniation, it is better to provide Mongolian medicine warm acupuncture combined with Mongolian medicine Sumu-6 decoction.

Keywords: Warm Acupuncture in Mongolian Medicine; Mongolian Medicine Sumu-6 Decoction; Lumbar Disc Herniation; Aching Sensation

Lumbar intervertebral disc herniation is a common clinical disease, which has a high incidence in clinic. The occurrence of this disease is related to the rupture of the patient's annulus fibrosus, and the affected patients will have problems such as degeneration of intervertebral disc or nucleus pulposus herniation. Under the effect of the above factors, the adjacent tissues of the patients will be squeezed and affected, etc., resulting in the pain of the patients and affecting their daily activities [1]. In the theory of Mongolian medicine, it is considered that this disease belongs to the category of "white vein disease of lower limbs" [2]. Clinical treatment measures for patients can be mainly divided into two types, including surgical treatment and non-surgical treatment, etc. Surgical treatment will cause different degrees of trauma to patients, and the economic consumption is large, which is not easy to be accepted by patients, so non-surgical treatment is usually used for clinical intervention [3]. Acupuncture, medicine and so on are commonly used means for patients in Mongolian medicine. In the past, the clinical application of conventional acupuncture intervention, this way is mainly the use of one-time acupuncture for the relevant points of the patient, including: sixteenth vertebra point, seventeenth vertebra point, etc., although this way can improve the clinical symptoms of patients to a certain extent, but the lack of long-term efficacy, so the effect is poor. Warm acupuncture treatment in Mongolian medicine is one of the traditional therapeutic measures of Mongolian medicine, which uses a silver needle to penetrate acupoints, then inserts a 1cm moxa stick into the handle of the needle and igniting and heating it. This method has the effect of warming channels and activating arteries, and can improve the movement of qi and blood of patients, thus achieving the purpose of treating diseases [4]. At the same time, the Mongolian medicine Sumu-6 decoction was used for intervention, which mainly contains 6 kinds of drugs, including hematoxylum, xylem, areca nut, cardamom, grass nut, galangal and other medicinal materials. The combined application of these drugs for intervention can play a role in clearing collaterals and relieving pain, promoting blood circulation and removing blood stasis, and improving microcirculation, local ischemia and
Therefore, the combined application of Mongolian medicine warm needle and Mongolian medicine hemu-6 decoction for intervention is helpful to better improve the clinical performance of patients and promote the comprehensive rehabilitation of patients. Therefore, this paper deeply explored the application value of Mongolian medicine warm acupuncture combined with Mongolian medicine Sumu-6 decoction for the treatment of patients with lumbar disc herniation. The following report is made.

1. Data and Methods

1.1 General Information
The start time of the trial was set as October 2022, and the end time was set as October 2023. The test samples were set as 70 patients with lumbar disc herniation, and were divided into 2 groups by random number method. The study group consisted of 35 patients, male/female: 19/16, age: 36~70 years old, with an average of (58.63±1.05) years old. Routine group: 35 cases, male/female: 20/15, age: 37-69 years old, mean (58.54±1.47) years old. There was no significant data comparison among all subjects (P > 0.05).

1.2 Methods
1.2.1 Routine Acupuncture Treatment
Disposable acupuncture needles were used to select the 16th vertebra point, the 17th vertebra point and the 18th vertebra point according to the Traditional Therapy and Modern Research of Mongolian Medicine [6]. There were 9 needles in 3 places per point, and the retention time of each needle was controlled at 20min. The treatment was provided once a day for patients.

1.2.2 Warm Acupuncture Treatment in Mongolian Medicine
A 3-inch needle body, 80% silver +20% nickel acupuncture needle was used. According to the Traditional Therapy and Modern Research of Mongolian Medicine, the 17th vertebra point (1 inch left and right side of the middle of the upper fossa of the fifth lumbar vertebra) was selected, needles were inserted 1 inch on both sides, the needle handle was heated with moxa sticks, and the needle was retained for 30 minutes each time, and treatment was performed once a week.

1.2.3 Mongolian Medicine Sumu-6 Decoction Treatment
Drug formula: Caesalpinia sappan Linn 8g, Aucklandia Lappa Decne 2g, Areca catechu Linn 3g, Myristica fragrans Houtt 2g, momum tsaoko Crevost et Lemarie 2g, Alpinia officinarum Hance 3g, a total of 20g in a pair, divided into 5g packaging, each pair of 4 packages. Take a package of 200ml boiled water to brew, cool, take medicine soup, discard the residue.

1.3 Observation Indicators
1.3.1 Comparison of Treatment Effect Between the Two Groups
Obvious, effective, ineffective and so on 3 levels.
1.3.2 Comparison of Pain Perception Scores Between the Two Groups
The pain sensation of patients was analyzed by VAS scale.
1.3.3 Comparison of ODI Scores Between the Two Groups
ODI scores of patients were analyzed using Oswestry Disability Index.

1.4 Statistical Analysis Methods
SPSS 22.0 was used to process relevant data, t and X² were used to test inter-group data, and standard deviation % represented measurement data and counting data, P < 0.05 was considered statistically significant.

2. Results
2.1 Comparison of Treatment Effects Between the Two Groups Is Shown in Table 1.

2.2 Comparison of Pain Scores Between the Two Groups, Table 2.

2.3 Comparison of ODI Scores in the Two Groups, Table 3.

<table>
<thead>
<tr>
<th>Table 1. Comparison of Treatment Effects Between the Two Groups (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>The research group</td>
</tr>
<tr>
<td>Conventional group</td>
</tr>
<tr>
<td>X² value</td>
</tr>
<tr>
<td>P value</td>
</tr>
</tbody>
</table>
### Table 2. Pain Perception Scores in the Two Groups (\(x \pm S\), Points)

<table>
<thead>
<tr>
<th>Group</th>
<th>Example number</th>
<th>Prior Treatment</th>
<th>Post-treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research group</td>
<td>35</td>
<td>7.82 ± 3.25</td>
<td>3.21 ± 1.55</td>
</tr>
<tr>
<td>Conventional group</td>
<td>35</td>
<td>7.75 ± 3.11</td>
<td>5.19 ± 2.27</td>
</tr>
<tr>
<td>T value</td>
<td></td>
<td>0.092</td>
<td>4.261</td>
</tr>
<tr>
<td>P value</td>
<td></td>
<td>0.926</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 3. ODI Scores of Patients in Both Groups (\(x \pm S\), Points)

<table>
<thead>
<tr>
<th>Group</th>
<th>Example number</th>
<th>Prior Treatment</th>
<th>Post-treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research group</td>
<td>35</td>
<td>33.46 ± 1.05</td>
<td>18.56 ± 1.17</td>
</tr>
<tr>
<td>Conventional group</td>
<td>35</td>
<td>33.48 ± 1.01</td>
<td>20.47 ± 1.09</td>
</tr>
<tr>
<td>T value</td>
<td></td>
<td>0.081</td>
<td>7.066</td>
</tr>
<tr>
<td>P value</td>
<td></td>
<td>0.935</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### 3. Discussion

Under normal circumstances, the spine of the human body is mainly composed of 24 movable bones, which is an important part of the human body, especially the lumbar spine of the human body, which can bear most of the weight during human activities [7]. However, under the influence of factors such as work and living habits, the risk of lumbar spine lesions is higher. At present, lumbar disc herniation is a common orthopaedic disease, the cause of this disease is related to a variety of factors, including: Trauma, increased abdominal pressure, and abnormal lumbar posture will increase the pressure of the human annulus fibrosus under the action of the above factors, which mainly refers to a sac of each intervertebral disc in the human body. Under normal circumstances, the intervertebral disc in the human body is mainly connected between the two adjacent vertebral bodies and the flat surface, thus forming the weight-bearing joint of the backbone and becoming the hub of spinal activity. The sac in the intervertebral disc is called the annulus fibrosus [8]. Under the influence of the above factors, it mainly causes adverse effects on the nucleus pulposus of the human body, and even causes the nucleus pulposus tissue to break the fibrous ring, thus stimulating related tissues, including nerve roots and cauda equina, etc., resulting in patients showing a series of symptoms, such as sciatic nerve radiating pain, low back pain, etc., thus inducing lumbar disc herniation and affecting the limb function of patients. Under the influence of the disease, the clinical symptoms of the patients are mainly manifested as lower limb numbness, limited movement and claudication, etc., which may even affect the limbs of the patients, resulting in the daily activities of the patients being limited. Therefore, it is necessary to strengthen the treatment of the patients [9].

The results of this study showed that patients in the study group had better treatment outcomes. It fully shows that the application of Mongolian warm acupuncture combined with Mongolian medicine hemu-6 decoction in the treatment of patients with lumbar disc herniation is helpful to improve the therapeutic effect. Analyzing the reasons, traditional Mongolian medicine therapy is a common clinical measure for patients with lumbar disc herniation, with advantages of simple operation, reliable efficacy, and relatively more economical. By providing patients with Mongolian medicine warm acupuncture combined with Mongolian medicine hemu-6 decoction, warm acupuncture therapy in Mongolian medicine can play a role in warming channels and activating colluses during application, while Mongolian medicine hemuU-6 decoction can play a role in promoting blood circulation and removing blood stasis, effectively improving local blood circulation, effectively blocking pathological changes, and effectively improving the recovery level of limb function. Therefore, the combination of the two can reduce the clinical symptoms of patients, so the effect is ideal [10].

To sum up, taking Mongolian medicine warm acupuncture combined with Mongolian medicine hemul-6 decoction to treat patients with lumbar disc herniation, this way has a better effect.

### References

[1] Sun yan, Gu Dunxing, Chen Changyu. Radiofrequency


