

## Pain reduction with acupressure

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[BMJ](#). 2006 Mar 25;332(7543):696-700. Epub 2006 Feb 17.

### **Treatment of low back pain by acupressure and physical therapy: randomised controlled trial.**

[Hsieh LL](#), [Kuo CH](#), [Lee LH](#), [Yen AM](#), [Chien KL](#), [Chen TH](#).

Institute of Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan.

**OBJECTIVE:** To evaluate the effectiveness of acupressure in terms of disability, pain scores, and functional status. **DESIGN:** Randomised controlled trial. **SETTING:** Orthopaedic clinic in Kaohsiung, Taiwan. **PARTICIPANTS:** 129 patients with chronic low back pain. **INTERVENTION:** Acupressure or physical therapy for one month. **MAIN OUTCOME MEASURES:** Self administered Chinese versions of standard outcome measures for low back pain (primary outcome: Roland and Morris disability questionnaire) at baseline, after treatment, and at six month follow-up. **RESULTS:** The mean total Roland and Morris disability questionnaire score after treatment was significantly lower in the acupressure group than in the physical therapy group regardless of the difference in absolute score (- 3.8, 95% confidence interval - 5.7 to - 1.9) or mean change from the baseline (- 4.64, - 6.39 to - 2.89). Acupressure conferred an 89% (95% confidence interval 61% to 97%) reduction in significant disability compared with physical therapy. The improvement in disability score in the acupressure group compared with the physical group remained at six month follow-up. Statistically significant differences also occurred between the two groups for all six domains of the core outcome, pain visual scale, and modified Oswestry disability questionnaire after treatment and at six month follow-up. **CONCLUSIONS:** **Acupressure was effective in reducing low back pain** in terms of disability, pain scores, and functional status. The benefit was sustained for six months.

[Taehan Kanho Hakhoe Chi](#). 2003 Oct;33(6):753-61.

**[Effects of San-Yin-Jiao(SP6) acupressure on labor pain, delivery time in women during labor]**

[Article in Korean]

[Lee MK](#).

Department of Nursing, Dankook University, Korea. maternity99@hanmail.net

**PURPOSE:** The study was done to examine the effects of San-Yin-Jiao(SP6) acupressure treatment on subjective labor pain, length of delivery time in women during labor. **METHOD:** The study design was a randomized controlled clinical trial study using a double-blinded method. Data were collected using a structured questionnaire, a subjective labor pain scale and measurement of delivery time. The experimental group(n=29) was received SP6 acupressure and control group(n=29), SP6 touch for the duration of each uterine contraction, during 30 minutes after 3 cm dilatation of cervical os. **RESULT:** The subjective labor pain scores was significantly different between the two groups(p=0.042). The total length of delivery time in the group which had the SP6 acupressure was shorter than SP6 touch group (p=0.036). **CONCLUSION:** These findings showed that **SP6 acupressure was effective related to labor pain**, length of time for delivery. SP6 acupressure during labor could be applied as an effective nursing treatment.

**A randomized controlled clinical trial for low back pain treated by acupressure and physical therapy.**

[Hsieh LL](#), [Kuo CH](#), [Yen MF](#), [Chen TH](#).

Institute of Prevention Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan.

**BACKGROUND:** Although acupressure has been reported to be effective in managing various types of pain, its efficacy in relieving pain associated with low back pain (LBP) remains unclear. The aim of this study is to compare the efficacy of acupressure with that of physical therapy in reducing low back pain. **METHODS:** A randomized controlled clinical trial in an orthopedic referral hospital in Taiwan was conducted between December 20, 2000, and March 2, 2001. A total of 146 participants with chronic low back pain were randomly assigned to the acupressure group (69) or the physical therapy group (77), each with a different treatment technique. Self-appraised pain scores were obtained before treatment as baseline and after treatment as outcomes using the Chinese version of Short-Form Pain Questionnaire (SF-PQ). **RESULTS:** There were no significant differences in baseline characteristics among patients randomized into the two groups. The mean of posttreatment pain score after a 4-week treatment (2.28, SD = 2.62) in the acupressure group was significantly lower than that in the physical therapy group (5.05, SD = 5.11) ( $P = 0.0002$ ). At the 6-month follow-up assessment, the mean of pain score in the acupressure group (1.08, SD = 1.43) was still significantly lower than that in the physical therapy group (3.15, SD = 3.62) ( $P = 0.0004$ ). **CONCLUSIONS:** Our results suggest that **acupressure is another effective alternative medicine in reducing low back pain**, although the standard operating procedures involved with acupressure treatment should be carefully assessed in the future. Copyright 2004 The Institute for Cancer Prevention and Elsevier Inc.

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**Prehospital analgesia with acupressure at the Baihui and Hegu points in patients with radial fractures: a prospective, randomized, double-blind trial.**

[Lang T](#), [Hager H](#), [Funovits V](#), [Barker R](#), [Steinlechner B](#), [Hoerauf K](#), [Kober A](#).

Department of Anesthesiology and General Intensive Care, Medical University of Vienna, A-1090 Vienna, Austria. thomas.lang@meduniwien.ac.at

**BACKGROUND:** Pain during transportation is a common phenomenon in emergency medicine. As acupressure has been deemed effective for pain management by the National Institutes of Health, we conducted a study to evaluate its effectiveness in prehospital patients with isolated distal radial fracture. **METHODS:** This was a prospective, randomized, double-blind study. Thirty-two patients were enrolled. Acupressure was performed either at "true" points or at "sham" points. Vital signs and pain and anxiety scores were recorded before and after the acupressure treatment. Normally distributed values were compared using the Student t test. **RESULTS:** Pretreatment scores for pain and anxiety were similar in the 2 groups (47.6 +/- 8.9 vs 51.2 +/- 8.7 visual analog scale [VAS] score for pain, 52.4 +/- 6.0 vs 47.5 +/- 9.3 VAS score for anxiety). At the hospital, patients in the true-points group had significantly lower pain (36.6 +/- 11.0 vs 56.0 +/- 13.3 VAS score,  $P < .001$ ) and anxiety scores (34.9 +/- 22.2 vs 53.4 +/- 19.7 VAS score,  $P = .022$ ). **CONCLUSION:** **Acupressure in the prehospital setting effectively reduces pain** and anxiety in patients with distal radial trauma.

**Effects of acupressure on dysmenorrhea and skin temperature changes in college students: a non-randomized controlled trial.**

[Jun EM](#), [Chang S](#), [Kang DH](#), [Kim S](#).

Department of Nursing, College of Natural Science, Dong-eui University, Kaya-dong, Pusan, Republic of Korea. [charminggold@hanmail.net](mailto:charminggold@hanmail.net) <[charminggold@hanmail.net](mailto:charminggold@hanmail.net)>

**BACKGROUND:** Complementary and alternative therapies may be adopted as nursing interventions to alleviate dysmenorrhea and improve productivity, creativity, work performance, and quality of life. **OBJECTIVES:** This study aimed to evaluate the efficacy of San Yin Jiao (SP6) acupressure as a non-pharmacologic nursing intervention for dysmenorrhea and identify its effects on temperature changes in two related acupoints as an explanatory mechanism of chi circulation. **DESIGN:** A non-equivalent control group pre and post-test design was employed to verify the effects of SP6 acupressure on skin temperature and dysmenorrhea. **SETTING AND PARTICIPANTS:** Young college women with primary dysmenorrhea were recruited from classrooms at two universities in Korea and 58 eligible participants were allotted to either a SP6 acupressure group or placebo group that received light touch on the SP6 acupoint. **METHODS:** The experimental group received acupressure treatment within the first 8h of menstruation, and severity of dysmenorrhea and skin temperature changes in the Zhongwan (CV2) and Qugu (CV12) acupoints were assessed prior to and 30 min, 1, 2, and 3h following treatment. **RESULTS:** There was a significant difference in severity of dysmenorrhea between the two groups immediately after ( $F=18.50$ ,  $p=0.000$ ) and for up to 2h ( $F=8.04$ ,  $p=0.032$ ) post treatment. Skin temperature was significantly elevated at 30 min after acupressure at the suprapubic CV2 acupoint in the experimental group compared to the control group. Temperature elevation was also noted at the epigastric CV12 acupoint post treatment but group differences were not significant, indicating that SP6 acupressure relieves dysmenorrhea primarily by temperature elevation in the CV2 pathway. **CONCLUSIONS:** **Acupressure to the SP6 meridian can be an effective non-invasive nursing intervention for alleviation of primary dysmenorrhea, with effects lasting 2h post treatment.**

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**A randomized clinical trial of the effectiveness of an acupressure device (relief brief) for managing symptoms of dysmenorrhea.**

[Taylor D.](#) [Miaskowski C.](#) [Kohn J.](#)

Department of Family Health Care Nursing, School of Nursing, University of California-San Francisco, 94143-0606, USA. [Diana.Taylor@nursing.ucsf.edu](mailto:Diana.Taylor@nursing.ucsf.edu)

**OBJECTIVES:** To develop and test the safety and effectiveness of an acupressure garment (the Relief Brief) in decreasing the pain and symptom distress associated with dysmenorrhea. **DESIGN:** A randomized clinical trial applied a 2 (Relief Brief use or control group) x 3 (baseline and two treatment measurement occasions) mixed factorial design. **PARTICIPANTS:** Sixty-one (61) women with moderately severe primary dysmenorrhea were randomly assigned to the standard treatment control group or the Relief Brief acupressure device group after one pretreatment menses, with 58 women reporting the effect on their pain during two post-treatment menstrual cycles. The acupressure garment: The Relief Brief is a cotton Lycra panty brief with a fixed number of lower abdominal and lower back latex foam acupads that provide pressure to dysmenorrhea-relieving Chinese acupressure points. **OUTCOME MEASURES:** Menstrual pain severity (worst pain and symptom intensity), pain medication use, and adverse effects were analyzed using between-groups and repeated measures analyses of treatment effects. Statistical and clinical significance criteria were applied a priori. **RESULTS:** For pain measures and pain medication use, the group main effect, time main effect and group x time interaction were statistically significant. Median pain medication use, the same for both groups at baseline (6 pills per day), dropped to 2 pills per day for the Relief Brief group but remained at 6 pills for the control group at the second treatment cycle. Predicted clinical significance criteria were surpassed: almost all (90%) women wearing the Relief Brief obtained at least a 25% reduction in menstrual pain severity (a 2-3 point drop) compared to only 8% of the control group ( $z = 6.07$ ;  $p < 0.05$ ). Relief Brief use was associated with at least a 50% decline in menstrual pain symptom intensity in more than two thirds of the women. **CONCLUSIONS:** **An acupressure device is an effective and safe nonpharmacologic strategy for the treatment of primary dysmenorrhea.** With design modifications, it could serve as a main treatment modality for women who suffer from primary dysmenorrhea and do not wish to or cannot use the conventional pharmacologic agents. In addition, this acupressure device may serve as an adjuvant therapy to medication in more severe cases of dysmenorrhea.

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## **Pressure on acupoints decreases postoperative pain.**

**[Felhendler D](#), [Lisander B](#).**

Department of Anesthesiology, Faculty of Health Sciences, Linköping, Sweden.

Our objective was to study the analgesic effect of acupoint pressure on postoperative pain in a controlled single-blind study. Forty patients undergoing knee arthroscopy in an ambulatory surgery unit in a university-affiliated hospital were randomized to receive either an active stimulation (AS) or a placebo stimulation (PS) 30 min after awakening from anesthesia. We stimulated 15 classical acupoints in the AS group, on the side contralateral to surgery, with a firm pressure and a gliding movement across the acupoint. In the PS group, 15 nonacupoints were subjected to light pressure in the same areas as the acupoints in the AS group. We assessed pain using a 100-mm visual analog scale (VAS) before sensory stimulation, after 30 and 60 min, and after 24 h. We recorded heart rate, systolic arterial pressure, and skin temperature before stimulation and after 30 and 60 min. We assessed skin blood flow with laser Doppler before stimulation and after 1 and 30 min. Sixty minutes and 24 h after AS, VAS pain scores were lower than in the placebo group ( $p < 0.05$  and  $0.0001$ , respectively). There were no significant changes in the autonomic variables. The results indicate that pressure on acupoints can decrease postoperative pain.