

CASE REPORT

Prolonged Coccydynia with Discogenic Low Back Pain Relieved by Hypodermic Needling—A Novel, Economical, Safe and Effective Technique

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ABSTRACT

Pain at tailbone—coccydynia is a nagging pain. The patient finds it difficult to sit straight and give pressure on the coccyx. This is generally seen after trauma on the coccyx. This does disturb the quality of life. Similarly, discogenic low back pain is very common.

Local injection at coccyx in the form of cortisone, caudal epidural with or without ganglion impar block is a commonly used method to treat this pain. There are many instances when these treatments also do not relieve pain.

Herewith, I am presenting a case where a patient with refractory coccydynia with discogenic low back was given the treatment of hypodermic needling and patient-reported significant pain relief.

This technique is based on the concept of stimulating A beta fibers present in the subcutaneous region and attempting to release endorphins into the segmental dorsal horn. Simple hypodermic needles number 26 gauge half inch length is used to be put in the subcutaneous area of respective sclerotomes.

Keywords: Acupuncture, Coccydynia, Coccyx pain, Low back pain, Needling, Pain at tail bone

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INTRODUCTION

An adult male of 50 years presenting with symptoms of coccydynia with discogenic low back visited our clinic.

He was already on conservative treatment of some doctor with no pain relief. He was advised ganglion impar block with a caudal epidural as per evidence of literature.^{1,2} The patient refused to undergo this treatment. So he was offered hypodermic needling.

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Chinese acupuncture³ has been used over the years for many indications including in the treatment of pain.

Medical adaptation of this, in the form of dry needling,⁴ is also being used by many including physiotherapists.

C and A-delta nerve fibers are known to conduct pain impulses.⁵ A-beta fibers are known to stimulate descending inhibitory pathways and thus releasing endorphin in spinal column.⁵

These A-beta fibers are stimulated during spinal cord stimulation and give pain relief.

These A-beta fibers have their peripheral endings in the subcutaneous region of the dermatome called sclerotomes.

If we stimulate these A-beta fibers here, then it is possible, that we may get the same result as stimulating these fibers in the spinal column.

This concept is used to develop the conceptually new technique of needling called hypodermic needling (H needling) also initially named as A-beta stimulation (ABS) technique.

Using this technique this patient was treated and reported very good pain relief.

CASE REPORT

An adult male aged 50 years visited our clinic with presenting complains of pain in tailbone and low back for six months. This pain used to increase on sitting straight and more so on prolonged sitting, this pain was not radiating to any other area, there was no tingling or numbness in legs. There was no other positive history. He was already on conservative treatment offered by some other doctor in form of hot fomentation, avoiding sitting and Ultracet SOS

His physical examination revealed tenderness on the coccyx and low lumbar midline region. His both (SLR) straight leg raising test were normal. Neurology was normal. Patrick's test was negative.

His magnetic resonance imaging (MRI) revealed disc bulge at the L5-S1 level without neural compression.

He was diagnosed to have coccydynia and discogenic low back pain He was advised to undergo ganglion impar block with a caudal epidural injection of cortisone. Patient refused to undergo this treatment.

Therefore patient was explained and offered hypodermic needling. The patient gave consent for this treatment.

After explanation and consent, he was given this treatment of hypodermic needling. Wherein 26 gauge half inch hypodermic needles were inserted in the subcutaneous area of certain spots mentioned herein in the next paragraph.

Needles were inserted on either side of L4-5 and L5-S1 interspace. Other points used to insert needles included point over coccyx and neon either side. Needle placement was in the subcutaneous area only.

We continued Ultracet tablet half three times a day for seven days. The patient was asked to come back for follow up after seven days.

On the second visit, he had almost 30% pain relief, and he could sit for some time.

This treatment was repeated in the second session. Again same medicine was continued for next week, and the patient was called for follow up after next seven days.

On the third visit, the patient reported a 90% pain relief. Again same treatment was repeated, but the patient was asked to take Ultracet SOS and patient was called after seven days.

On the fourth visit, the patient reported complete pain relief.

The patient could sit longer without pain. Now the patient was referred to a physiotherapist for back and thigh muscle strengthening exercises.

When contacted last after 15 days of previous visit patient has reported 100% pain relief and patient not taking any painkillers.

DISCUSSION

Hypersensitization of nerves and the central nervous system is a known cause of chronic pain. C and A-beta fibers conduct pain impulses A beta fibres are known to stimulate descending inhibitory pathways in the spinal

column, and this is known to release endorphin (gate control theory).⁵

These A-beta fibers have their peripheral ends at subcutaneous level⁵. An attempt was made to stimulate these nerves at this level and see the response.

The patient reported progressive pain relief when this treatment was repeated. We repeated this treatment every week. The patient reported complete pain relief at the end of one month.

This seems to be because of the mechanism described above. If this treatment proves effective in all patients, this will give a new, simple yet effective treatment of pain. Because, this is quite economical, and safe treatment. This treatment does not need any gadget, and it can be done anywhere.

CONCLUSION

Hypodermic needling is a new modality. Its use will make pain management quite simple yet effective and economical as well. Further controlled studies are needed to study the effect of this treatment on different pain patterns and patient groups.

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