

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Ko YJ, Lee RM, Kim JG, et al. The clinical study on effects of Moxa-pellet therapy in chronic low back pain patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2007; 24(3): 187–96 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of moxa-pellet therapy for chronic lower back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Patients with chronic lower back pain for more than 3 months (n=61).

5. Intervention

Arm 1: Moxa-pellet.

Arm 2: Sham moxa-pellet.

Arm 3: Adhesive sheet only.

Among 61 subjects enrolled, 21 subjects dropped out of the study.

6. Main outcome measures

Pain assessed on a visual analogue scale (VAS), Short Form McGill Pain Questionnaire (SF-MPQ) score, 36-Item Short Form Health Survey (SF-36) score.

7. Main results

Treatment significantly decreased pain VAS score in Arm 1 and Arm 2 but not in Arm 3.

However, treatment significantly decreased SF-MPQ score only in Arm 1, but not Arm 2 and Arm 3.

Treatment also resulted in significantly improved scores for Physical Function (PF), Role-Emotional (RE), Mental Health (MH), and Bodily Pain (BP) in Arm 1, and for BP only in Arm 3, but not for all subscales in Arm 2. The only significant among-group difference was in physical function (PF) ($P=0.03$).

8. Conclusions

The moxa-pellet treatment relieves pain and improves quality of life in patients with chronic lower back pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The moxa-pellet is not a traditional treatment in Oriental medicine clinics, but acupuncture point stimulation and delivering active ingredients are common treatment options. The randomization and grouping of subjects in this study were well described. If the success of single-blinding was assessed after treatment, the quality of this study was raised. However, the reasons for withdrawal should be stated and it should be noted that quality of life cannot be easily improved within 4 weeks of treatment.

11. Abstractor and date

Kim HJ, 17 August 2010.