

Incorporating Acupuncture Into a Western Practice

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“Above all do no harm.” Over the years I have found this guiding dictum served me well and, for the past 16 years, incorporating acupuncture about 20 percent of the time into my primary care practice has allowed me to actuate this principle. The side effects of acupuncture are minimal. They are the same as those of puncturing the skin with a needle in general, such as potential for infection, bleeding, and vaso-vagal syncope. There is only one side effect, which is unique to acupuncture, and that is the potential for causing a pneumothorax when the superior aspect of the shoulder is needled. If the needle is directed transversely, that complication can be avoided. I believe acupuncture has saved many patients from far more serious side effects of drugs and from the necessity of an invasive procedure such as surgery.

How does it work?

There are many theories. I think the needles do stimulate endorphin secretion, but that effect is quite short-lived. The needles also tend to stimulate blood flow to the area of pathology, and perhaps mobilize the accumulation of tissue mediators of pain. There is a neurohumoral effect. Stimulating certain points can actually increase insulin secretion, precipitate labor, and increase gastric acid secretion. There is a school of thought that attributes spondylosis and arthritides to an initial muscle shortening process. Stimulating shortened muscles (often they are trigger points) to initially contract, and then relax and lengthen can sometimes reverse the process if it is not too advanced.

When is acupuncture indicated?

In general, most conditions that respond to an NSAID will respond well to acupuncture. By using acupuncture, the G-I, renal and hepatic toxicities of NSAIDs can be avoided. Some conditions I commonly treat are tendinitis, cervical and lumbar discitis, tennis elbow, plantar fasciitis, tension headaches and Carpal Tunnel Syndrome. Acupuncture could well be the treatment of choice in cases of soft tissue inflammation where NSAIDs are contraindicated, such as tendinitis or arthritis in a patient with peptic ulcer disease or in a patient allergic to aspirin and NSAIDs. Another general indication would be conditions mediated by the autonomic nervous system such as irritable bowel syndrome, dysmenorrhea and constipation. Conditions I have had little success treating with acupuncture are urinary incontinence, post-herpetic neuralgia, phantom pain, writer's cramps, dystonias and other conditions of central nervous system, upper and lower motor neuron origin.

Who are candidates for acupuncture?

Because acupuncture seems to redistribute energy and mobilize the body's own healing powers, healthy patients are much more likely to respond to acupuncture than debilitated patients.

How many treatments are needed, and is it a cure, or does it give only temporary pain relief?

Statistically, if the condition responds to acupuncture, 80 percent will have some sign (however small) of improvement after three treatments. For difficult cases, the initial response may be delayed to after the fifth or sixth time. If there is absolutely no improvement after six treatments, I abandon this mode of therapy. If there is a response, the goal then would be to continue until the patient is either asymptomatic or has reached an improved steady state. Whether the effect is long-lasting or temporary, I can only say that the treatment seems to stimulate the body's own healing powers. For degenerative conditions, since the process is progressive, periodic booster treatments will help maintain the improvement. The following are some examples of conditions successfully treated with acupuncture. I have tried to pick cases that typify the advantages of using acupuncture.

Case #1

S.T. was a 37-year-old female who sought acupuncture for relief of severe PMS and dysmenorrhea. She gave a history of having had these symptoms a long time but, for the past four years, they had worsened to the point that for the first 36 hours of her menses, she had symptoms of feeling alternating hot and cold, pelvic pain, diarrhea and decreased concentration. Two months before consulting me, with the onset of her period, her mental acuity was so affected that she hit a parked car. She also had been married for four years and, without using contraception, never conceived. After taking the history, I asked her if she had ever been worked up with laparoscopy for endometriosis. She indicated she preferred to try acupuncture first.

After ten sessions of weekly acupuncture, she was considerably better with only minimal pain with her periods. I then stretched her treatments to monthly intervals. Sometime during her monthly treatments, she said she would like to try to get pregnant. I continued basically the same points, which improved circulation to the pelvic area. After four months, she became pregnant. She now has a healthy baby girl. I told her that she should report to her health insurance plan the cost savings achieved with acupuncture. It precluded a laparoscopy and infertility work-up and treatment.

Case #2

M.A. came to get acupuncture treatments for lumbar spinal stenosis in 1995. He was then 73 years old. He gave a history of awakening on Thanksgiving day, 1994 with severe right leg pain. Two days later while walking, he was doubled up because of the pain, and had since walked with a limp. A CT scan showed L4-5 Spondylolisthesis with neural foramina stenosis. A steroid epidural was tried four months before and there was no effect. Chiropractic manipulation for 16 times was also ineffective. He was able to walk only 50 feet and stand 20 minutes before pain in his leg set in. His hobby was salmon fishing in the ocean, but he was unable to continue because the standing required to catch fish caused pain in his leg. After four treatments at weekly intervals, he was able to walk five blocks and stand for 40 minutes. After 11 treatments, he went deep sea fishing, and was able to catch a 30 pound fish, after which he required a treatment. Since about the

15th treatment, he has been coming for a booster at monthly intervals and brings me smoked salmon from his catch.

Case #3

K.W. is a 75-year-old male who had right knee pain for three years following a freak accident when he fell on an open knife, sustaining a laceration to his right knee. The laceration was sutured, but evidently hemostasis was not achieved, and he developed a hematoma at the wound site causing wound dehiscence requiring resuturing. Since then he had had chronic right knee pain and right hip pain, walking with a limp. The chronic pain was often punctuated by spontaneous lancinating sharp pains beginning in the knee and radiating up his anterior thigh. He underwent knee exploration and debridement seven months prior to consulting with me and had derived no improvement in his symptoms from the procedure. I felt the lancinating pain may have been caused by scar tissue. I acupunctured not only his knee and hip joint and low back, but additionally needled the scar. After ten treatments, he improved greatly and was able to walk ten blocks. Seven months after beginning treatment, he was able to walk three miles without pain, and the spontaneous lancinating pains disappeared. He is now starting on monthly maintenance therapy.

Case #4

S.J. is a 68-year-old male patient referred to me by an On Lok physician. He was a chain smoker with emphysema requiring 3L nasal oxygen to maintain his O₂ saturation at 92 percent. He had recently stopped smoking, and wanted to get acupuncture to help with his emphysema. I told the physician that the acupuncture could probably achieve only two objectives: reverse whatever bronchospastic component there was in his chronic obstructive pulmonary disease, and help him with withdrawal symptoms from stopping smoking. With those limited goals in mind, we could try. After four weekly sessions, he was able to discontinue his nasal oxygen and maintain his O₂ saturation at 95 percent.

Case #5

K.R. is a 74-year-old woman referred by her allergist who had a lifelong problem with rash which became exudative blebs affecting her face, neck and legs, felt to be food allergies, worse in the last seven years, and bronchial asthma for two years. After four treatments, her dermatitis improved and has been confined to a small patch on her leg. Her asthma also improved, but more slowly. Now, after 20 treatments, she no longer is bothered by nocturnal wheezing and is able to eliminate one drug from her regimen.

While acupuncture is not a panacea, if used with clear objectives, it can be a very effective treatment option. In many cases, it offers a cost saving in that if there is a response, further studies such as MRIs and further expensive therapy, such as surgery, are precluded. In many instances, when there is an intolerance to certain drugs, it may be the treatment of choice.