

Acupuncture for Neck Pain: What do the Trials Tell Us?

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Systematic reviews are often not very relevant for the practitioner, as they tend to include only high quality studies and to address rather esoteric questions, such as whether a therapy has specific efficacy, i.e. is superior to placebo. However, an acupuncturist will not be planning to give the patient a placebo therapy (at least, not knowingly), and will be more interested in what the studies say about practising acupuncture.

This rather exploratory systematic literature review includes all 27 interpretable studies of acupuncture for neck pain (or neck and back) pain that are known to the reviewer. It attempts to draw out the evidence on how effective a course of acupuncture is likely to be, in terms of pain relief, how this compares with any control treatments offered, and whether any treatment protocol appears to be more successful. The results of these calculations combining the results of studies should be regarded with caution as they include studies of different quality and make certain assumptions.

Four uncontrolled studies suggest that acupuncture achieves about 55% pain relief. Acupuncture is clearly better than giving no treatment, according to two studies (40% v 2%, and 62% v 31%). In the majority of controlled trials, the overall pain relief with acupuncture was generally between 20% and 50%. The results of six studies were outside this range: two were low, one because of inadequate treatment of ankylosing spondylitis patients (0% relief), and the other because it involved acupuncture students (!). Four studies had good results (58%, 62%, 74% and 87% relief), and the only obvious common factor among them is that the frequency of treatment was more than once per week.

In four studies comparing acupuncture with various forms of physiotherapy, average pain relief was 53% with acupuncture and 36% with physiotherapy. Acupuncture was compared with various forms of sham acupuncture, mostly penetrating sham, in four trials that can realistically be considered. The pain relief with 'real' acupuncture was about 45% and with 'sham' about 37%. The overall effectiveness of all acupuncture in these 16 studies was about 50%, and in four studies in primary care it rose to 58%. Other studies measured the immediate effect of acupuncture, or the effect of 'laser acupuncture'.

The treatment in the study with the highest success rate (87%) was given by an orthopaedic consultant (Loh) in an outpatient department in Australia, using 4 points (range 2 to 6) and EA every time. The points most commonly used were GB20, GB21, SI12, HuatoJiaji, LI10, LI15. The treatment schedule was three times a week for 6 weeks.

**Establishing a Dosage of Sensory Stimulation:
the Effects of Site and Intensity of Stimulation**

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When applying acupuncture, as well as TENS, other than considering the indications for the use of these modalities, clinicians are frequently faced with dilemmas relating to the most appropriate parameters of stimulation for optimal pain relief.

Surprisingly, there is little guidance from the literature on the issue, and, other than establishing that intramuscular stimulation is more effective than superficial needling, there is little to suggest optimal parameters of stimulation.

In our laboratory, we have engaged in the last three years in a series of experiments investigating the effects of intensity, site, frequency and duration of stimulation upon experimentally induced muscle pain, upon normal healthy volunteers.

Investigations to date, suggest that there is a relationship of the degree of analgesia achieved via electroacupuncture and TENS between the site of stimulation as well as the frequency and intensity of such stimulation.

In brief, long lasting analgesia seems to be related to higher intensities of stimulation. With regard to TENS, segmental stimulation at such intensities seems to be more effective if it is of high frequency (110Hz) whereas extrasegmental stimulation achieves similar analgesic effects if it is applied at a low frequency (4Hz). Electroacupuncture on the other hand, seems to achieve analgesic effects only at high intensities applied at a low frequency (4Hz) at both local and distal points.

The presentation will review our observations from these experiments and relate our findings to possible clinical applications and suggest future avenues for research.

The Safety of acupuncture in Valvular Heart Disease

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Due to the interactive nature of the lecture, an abstract will be available for collection in the lecture theatre following the presentation.

**The Results of a Survey of ICMART (International Council of Medical
Acupuncture and Related Techniques)**

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ICMART, the International Council of Medical Acupuncture and Related Techniques is a society of Medical Acupuncturists worldwide and currently has 60 societies from 38 countries.

A survey was undertaken to find out further details about the composition of societies in ICMART including the numbers of members, the different membership categories, some basic Education and Training data, the status of National Regulation and views on Acupuncture Funding. Questionnaires were sent to 38 membership countries and the results were received from March 2002 to February 2003 – thanks largely to the joint powers of persuasion of François Beyens, the Secretary General of ICMART, and Julian Price at the BMAS. A total of 43 questionnaires were completed. The results of this survey will be presented and will include:

- Regulation details – the number of societies in each country plus details of the various categories of membership, for example: veterinary, dental and medical students.
- The number of hours of training expected for ‘Full Membership’ of each society, plus any common national qualifications required and details of undergraduate familiarisation.
- The status of any legislation of acupuncture and details on formal recognition of practitioner groups in each country.
- The breakdown of self/state payment for acupuncture in each country, plus the approximate proportion of acupuncture provided by state/private treatment respectively.

As with any questionnaire, the results provoke almost more questions than it answers! As results were gathered over an eighteen-month period, some details e.g. membership numbers may be already out of date. Nevertheless, this will provide a useful ‘snapshot’ picture of provision of acupuncture in 43 societies worldwide. It provides helpful information about the political intentions of governments worldwide, and their policies on regulation.

ASAD Points in Cancer Patients with Dyspnoea

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- Breathlessness is an extremely common symptom in advanced cancer and in our own Hospice population, 31% of patients identify breathlessness as one of their major symptoms. It is a symptom that rarely has a pure physical cause, and is often inextricably linked with high anxiety levels, emotional problems, fatigue and cachexia.
- Patients often seem to rate breathlessness as a more difficult symptom to cope with, in terms of quality of life, than pain.
- Although pharmacological approaches have improved the management of severe breathlessness, they are rarely the complete answer and it is a symptom that responds extremely well to complementary approaches and patient education.
- Our approach at the Hospice, both for In-Patients and Out-Patients, where breathlessness is a significant symptom is as follows:
Low dose Benzodiazepines, Opioids, Nebulized Saline, Diuretics, together with Visualisation/Relaxation Therapy and a trial of Acupuncture.
- Over the last four months, the response to Acupuncture has been audited, both for In-Patients and Out-Patients. To date five In-Patients have had Acupuncture for severe breathlessness and audit confirmed less oxygen and prn opioid use in this small group of patients. However, they were extremely ill and three of the patients were in the terminal phase. However, the use of acupuncture in this cohort of dying patients might allow lower usage of psychotropic drugs, which could protect the fragile cognitive state for a little longer.
- Hospice Out-Patients obviously have a better functional performance and even those with severe breathlessness, are still mobile and eating well. Five patients have had regular Out-Patient Acupuncture using ASAD and peripheral points and four out of the five patients have benefited from regular Acupuncture use, but results suggest that the beneficial effects are quite short lived in this group with advanced cancer. The regime is broadly based on Dr Filshie's work reported in *Palliative Medicine 1996 April; 10 (2): 145-50*. Out-Patients are seen initially twice weekly for three weeks and then weekly. Indwelling sternal studs have been used in two patients but were not found to be as effective as regular needling. The audit is still ongoing.
- To date, it is not clear as to whether the beneficial effect on Dyspnoea, is simply an effect of reducing anxiety – in a sense; this doesn't matter – the outcome is a drug-free symptom reduction, often in patients who are desperate for some relief.
- There is potential for nurses to be trained in this specific sternal intervention, particularly for breathless In-Patients, in their final days.

Audit of Acupuncture in Chronic Pain

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Introduction

Acupuncture is a treatment modality commonly employed in the management of chronic pain. It is simple to apply but can be time consuming to administer. The end points are frequently soft and patients can become habituated to therapy. As part of a general review of the service patient's opinions were sought as to the value of the service.

Method

100 consecutive patients who were undergoing therapy were asked to complete a questionnaire comprising 23 questions. The questions sought opinions about the overall quality of the service, how it was administered, patient's expectations and the incidence of complications. Patients were asked to evaluate the benefits of treatment after a single session as well as after completion of a course of therapy. A single practitioner provided all the therapy.

Results

Full documentation was obtained from 87 patients and this represented some 460-treatment sessions. The average course was 6 visits although some were less due to sickness or administrative failures.

The majority received this treatment for musculo-skeletal disorders and this compared favourably with a similar audit performed in 1992 (**Table 1**). Most patients had received at least one previous course of acupuncture and some more than four (**Table 2**). Expectation in all patients was high with 13% believing that they would have complete freedom from pain (**Table 3**). All were in pain at the time of each treatment with over half recording the severity as severe or extreme (**Table 4**). Very few patients found acupuncture to be painful (**Table 5**). A "build up" effect from acupuncture was observed with a greater number of patients showing improvement after completing a course of treatment (**Table 6**). Nevertheless the benefits from treatment were short lived. Some 70% of patients wished to have the treatment again (**Table 7**) and it was noted that, of these, the majority wanted further treatment within 3 months. Most accepted that "a course" of between 5 and 8 treatment sessions was acceptable (**Table 8**).

Discussion

Whilst it is acknowledged that the implementation of an acupuncture service is cost effective in terms of patient turnover obvious limitations are revealed. This audit suggested that dependence is created. Those patients obtaining benefit achieved short-term gains yet sought repetition of treatment at a frequency that could not be sustained without jeopardising the entry of new patients into the service.

The outcome from this audit was biased since those entering the audit had previous exposure and had been selected for further treatment. A parallel audit of first time only patients is being conducted since previous audits have suggested much lower success rates in an acupuncture naïve chronic pain patient sample.

Most patients had few complaints about either the delivery of the service or the practice of acupuncture. However the demand for more treatment was excessive. Curtailing this demand could only be achieved by prioritising patients. Those being offered a first course of acupuncture had priority. Other techniques included reducing the duration of each course, not advertising the service and using postcode ring fencing.

It was felt that acupuncture was a service best suited to primary care and that it should be developed in that environment.

An Overview of Treatment of Hot Flushes and Night Sweats and Clinical Aspects of Acupuncture Treatment in 194 Patients

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Numerous approaches to treatment have been tried for natural climacteric symptoms including medroxyprogesterone,¹ megestrol acetate,¹ clonidine¹ and Venlafaxine.² Additionally, phytoestrogens,³ soy,⁴ and numerous herbal products⁵ have been tried with varying success. Exercise, osteopathy, relaxation and reflexology are also used.

Hot flushes can cause considerable distress to patients undergoing hormone manipulation for breast and prostate cancer in particular. Numerous treatments can cause this including anti-oestrogens eg Tamoxifen, aromatase inhibitors such as Arimidex and drugs which act on the pituitary to inhibit the hormonal axis such as Zoladex.

Tamoxifen gives vasomotor symptoms in up to 62% of patients, which are disabling in 22% and even result in cessation of treatment in 10%.⁶

Acupuncture has been used for the natural climacteric,⁷⁻¹⁰ for patients having tamoxifen treatment for breast cancer,¹¹⁻¹⁴ and for patients with prostate cancer.¹⁵ A retrospective survey of patients treated by acupuncture for hot flushes was carried out from 1995 – 2003. 194 patients, 182 female and 12 male patients were identified and their notes examined. The majority of patients were given an initial course of treatment of six weekly treatments, using the points SP6, LR3, LI4 and TE5 plus or minus two points on the manubrium of the sternum for relaxation.¹⁶ The points TE5

and LI4 were avoided in any lymphoedematous arm and avoided in most patients following axillary dissection. The majority of patients, 144 (74%), were given 'DIY' semi-permanent acupuncture needles at the point SP6, which they were instructed to replace at weekly intervals, or 'DIY' 'one-off needles', 14 patients (7%), if semi-permanent needles were deemed clinically inappropriate or unsafe. They were given clear instructions for use and a pot for safe disposal of the needles at their next appointment. The patients were often referred as a 'last resort' having failed a selection of other different treatments. Many had complex psychological problems that possibly contributed to the distress caused by the symptoms. Contraindications to semi-permanent needles included valvular heart disease, a pacemaker or current chemotherapy and any complications were recorded. The duration of treatment varied from one week to over six years. The use of 'DIY' acupuncture with semi-permanent and 'one-off' 'DIY' needling represents a form of treatment which can be used long-term for patients with troublesome hot flushes and night sweats caused by hormone manipulation in cancer patients. Further prospective studies are recommended for this group of patients.

Reference List

1. Lucero MA, McCloskey WW. Alternatives to estrogen for the treatment of hot flashes. *Ann.Pharmacother.* 1997;31(7-8):915-7.
2. Loprinzi CL, Kugler JW, Sloan JA, Mailliard JA, LaVasseur BI, Barton DL *et al.* Venlafaxine in management of hot flashes in survivors of breast cancer: a randomised controlled trial. *Lancet* 2000;356(9247):2059-63.
3. Albertazzi P, Purdie D. The nature and utility of the phytoestrogens: a review of the evidence. *Maturitas* 2002;42(3):173.
4. Huntley AL, Ernst E. Soy for the treatment of perimenopausal symptoms: a systematic review (in press). *Maturitas* 2003.
5. Huntley AL, Ernst E. A systematic review of herbal medicinal products for the treatment of menopausal symptoms (in press). *Menopause* 2003.

6. Love RR, Cameron L, Connell BL, Leventhal H. Symptoms associated with tamoxifen treatment in postmenopausal women. *Arch Intern.Med* 1991;151(9):1842-7.
7. De Giacomo E. Céphalée et syndrome climatérique. *La Revue Française de Médecine Traditionnelle Chinoise* 1989;133:60-1.
8. Wyon Y, Lindgren R, Hammar M, Lundeberg T. [Acupuncture against climacteric disorders? Lower number of symptoms after menopause]. *Lakartidningen* 1994;91(23):2318-22.
9. Wyon Y, Lindgren R, Lundeberg T, Hammar M. Effects of Acupuncture on Climacteric Vasomotor Symptoms, Quality of Life, and Urinary Excretion of Neuropeptides Among Post Menopausal Women. *Menopause* 1995;2(1):3-12.
10. Wu L, Zhou X. 300 Cases of Menopausal Syndrome Treated by Acupuncture. *Journal of Traditional Chinese Medicine* 1998;18(4):259-62.
11. Towler G, Filshie J, O'Brien M, Duncan A. Acupuncture in the control of vasomotor symptoms caused by tamoxifen [letter]. *Palliat.Med.* 1999;13(5):445.
12. Tukmachi E. Treatment of hot flushes in breast cancer patients with acupuncture. *Acupuncture in Medicine* 2000;18(1):22-7.
13. Cumins SM, Brunt AM. Does Acupuncture Influence the Vasomotor Symptoms Experienced by Breast Cancer Patients Taking Tamoxifen? *Acupuncture in Medicine* 2000;18(1):28.
14. de Valois B, Jackson L. Using traditional acupuncture for hot flushes and night sweats in women taking Tamoxifen - a pilot study. *British Acupuncture Council* 2003;8(1):25.
15. Hammar M, Frisk J, Grimås O, Hook M, Spetz A-C, Wyon Y. Acupuncture Treatment of Vasomotor Symptoms in Men with Prostatic Carcinoma: A Pilot Study. *The Journal of Urology* 1999;161:853-6.
16. Filshie J, Penn K, Ashley S, Davis CL. Acupuncture for the relief of cancer-related breathlessness. *Palliat.Med.* 1996;10(2):145-50.

Using Traditional Acupuncture to Manage the Hot Flushes and Night Sweats in Women taking Tamoxifen as an Adjuvant Treatment for Early Breast Cancer

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Acupuncture Protocol for Pilot Study:

First Treatment AE Drain

Indicated for patients who:

- Have had a serious or life threatening illness
- Has undergone or is undergoing heavy drug therapy

POINT REFERENCE	PIN YIN NAME	METHOD
BL 13	Feishu	Insert needles bilaterally. Superficial insertion. Do not obtain sensation. Insert 3 check needles into the muscle. Observe for signs of erythema around the needles. Leave all needles for 20 minutes, or until erythema disappears.
BL 14	Jueyinshu	
BL 15	Xinshu	
BL 18	Ganshu	
BL 20	Pishu	
BL 23	Shenshu	
Plus 3 check needles		

Subsequent Treatments

This was designed to counter the effects of Tamoxifen. The points are selected to address the following treatment principles:

- Nourish Kidney Yin
- Stop Night Sweats
- Drain Heat

In addition, it would be appropriate to include treatment principles and points that match the patients other presenting conditions, and/or to treat them according to their constitution.

POINT REFERENCE	PIN YIN NAME	METHOD
Lu 7	Lieque	Insert needles to obtain sensation. Insert needle into Lu 7 first, then Kid 6 on the opposite side. Avoid the arm on the side of the breast surgery. These two needles need to be left for a total of 20 minutes.
Kid 6	Zhaohai	
He 6	Yanglao	Once Lu 7 and Kid 6 are inserted, needle the remaining points. Sensation should be obtained. After the 20 minutes, remove all needles. Kid 6 should be the penultimate needle removed, and Lu 7 the last needle removed.
Kid 7	Fuliu	
LI 11	Quchi	
Sp 6	Sanyinjiao	
Ren 4	Guanyuan	

