Hepatitis carriers and acupuncture

Sir,
The view of Walsh et al, drawn to our attention by White in his letter Hepatitis-B outbreak from acupuncture (Dec 1999 Vol 17 page 149), that acupuncturists should be immunised for the protection of their patients, is over-simplistic.

In the reported case, the patient became acutely ill (jaundiced) due to infection with the same genotype virus carried by the practitioner. The latter is not reported as becoming ill and is therefore likely to be a low-infectivity chronic carrier. Such people are extremely common world-wide. Most of these chronic infections are acquired from the mother at birth.

If a lifetime’s carriage of virus hasn’t induced immunity sufficient to clear the infection, then immunising the adult chronic carrier certainly won’t. In this case, immunisation is a waste of time and falsely reassuring. Hence, immunising all acupuncturists won’t make any difference to the number who will remain long-term carriers of the virus. The purpose of immunisation is the protection of the practitioner, not the patient. A carrier or a naturally immune subject can’t get an acute infection anyway, although the vaccine itself would have no effect on such people.

Acupuncture is not an exposure-prone procedure, therefore serological status of the practitioner should not matter. This assumes that guide-tube needles are used, that practitioners have no open cuts that bleed onto their patients, and that practitioners don’t first test the needles for sharpness on their own skin!

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Dr Walsh replies:
I consider Hepatitis B to be a very serious disease, which has long term consequences (including possible liver cancer) for those infected. It is a preventable disease through immunisation. This is the first recorded incident where infection may have been transmitted from an acupuncturist to a patient.

All Health Care Workers with clinical responsibility that may involve exposure or body fluids are recommended to have the Hepatitis B vaccine. Even though acupuncture is not an exposure prone procedure as currently defined I believe immunisation is important to protect the acupuncturists and their families and, in some instances such as this, their patients.

I disagree with Dr Manning that absence of jaundice leads to low infectious carrier status. In this instance the practitioner is highly infectious with ‘e’ antigen in the blood.

Most UK acupuncturists are unlikely to be Hepatitis B virus (HBV) carriers and should respond to a course of vaccine. Inadvertent immunisation of an unidentified carrier with Hepatitis B vaccine is unlikely and is not likely to cause harm.

In addition, post exposure immunisations are available in Accident and Emergency Departments for those acupuncturists who accidentally prick themselves with patient needles. The incubation period of Hepatitis B (2-6 months) allows for the accelerated course of vaccine to be administered thereby preventing the infection developing.

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Acupuncture for rheumatoid arthritis

Sir,
In their article The effect of acupuncture on patients with rheumatoid arthritis: a randomised, placebo-controlled crossover study, published in Rheumatology last year, David et al (1) claim that acupuncture has no place in the treatment of rheumatoid arthritis (RA). Surprised at this finding which is contrary to clinical experience, I have made a critical examination of that article and reported my findings to the editor of Rheumatology (2), but I think it is important to draw your readers’ attention to the danger of accepting an all-embracing conclusion concerning acupuncture in RA from a study in which a restricted, and probably ineffective, form of acupuncture is used.

I believe the research methodology of the paper by David et al to be flawed. Its authors seem more concerned with statistical rigor than with
investigating a real acupuncture treatment for RA. They claim that using only the Liver 3 acupuncture point (LR.3) was sufficient to treat RA, on the basis that it has previously been reported as the sole point in the treatment of hay fever (3) and headaches (4). Moreover, they pointed out that “This point, however, is considered capable of inducing a significant endogenous, endorphin and encephalin response”, but wrongly cited in support of this Felix Mann (5): he refers to LR.3 only in general terms. They do note that “The acupoint L3 may be an incorrect or inadequate point on its own to use in order to show an effect in RA”, but unfortunately do not take this into account in their conclusion.

I can find no evidence in any acupuncture textbook or scientific paper indicating that needling a single acupuncture point is sufficient to treat RA. During 14 years experience of acupuncture, I have myself had success in treating osteoarthritis (6,7) and RA, but by using at least 4 acupuncture points. In systemic inflammatory diseases, such as RA, a combination of acupuncture points, including sometimes ear acupuncture points (8), must be used (9), including local points for the affected joint, distal points for the underlying cause and back points for other factors (11,12).

The experimental design of the authors’ clinical trial seems arbitrarily restrictive, unrelated to established scientific acupuncture method and lacking appropriate supportive references. Three questions may be posed:

i. Why are the needles left in for no more than 4 minutes? According to both traditional Chinese and Western acupuncture theory, good results can be achieved in treating various painful disorders when needles are inserted and left in place for 15 to 30 minutes (6,7,10). Thomas (13) studied the acupuncture treatment of pain and compared its effectiveness through various parameters, such as the site for needle insertion, and the duration and mode of stimulation. He reported that, “Thirty minutes has been shown to be an effective treatment period for chronic nociceptive pain when using classical acupuncture points”. In chronic painful conditions, such as RA, the length of treatment may be prolonged up to 45 minutes or an hour at each session, with possibly more than the normal number of needles (14,9).

ii. Apart from the authors’ experience, do they have any evidence that 5 treatments were enough to demonstrate a therapeutic effect? The number of treatments will vary depending on the type of disease and the individual patient. Twice weekly acupuncture treatments for at least 5 weeks may be necessary to produce good analgesia in a chronic painful condition (14,9).

iii. Was there any reason for using only manual rather than electrical stimulation of needles, and for not using combined acupuncture and moxibustion? Karavis (15) reported that electroacupuncture in painful conditions provides better analgesia, using 2Hz for the release of enkephalin and 100Hz for dynorphin. Combined acupuncture and moxibustion has also been used to treat RA (16). In their uncontrolled study of acupuncture and moxibustion, Professor Xi Yongjiang and his colleagues in China reported (17) that out of 34 patients with RA: 29.4% improved markedly, 58.8% improved and 11.8% failed to improve. Their second paper (18) reported an 89.5% cure rate in 105 patients.

There are a number of factors which might have influenced the results but which the authors did not consider. In particular, any study on RA may be affected by different rates of relapse and remission occurring naturally in the disease; in a small group this may profoundly modify the outcome of the study. Also, there may be interaction of any medication used by the patients with acupuncture treatment.

The authors do cite the excellent meta-analysis by Bhatt-Sanders (19), which reviewed the published literature on the efficacy of acupuncture in RA. The review notes that five studies claim that acupuncture treatment gives significant pain relief while two studies show no significant difference between real and placebo acupuncture. This appears to contradict the authors’ conclusion that there is no place for acupuncture in the treatment of RA.

In conclusion, if this article had enabled medical acupuncturists to gain some additional scientific knowledge of acupuncture therapy in RA then it would have served a valuable purpose. On the contrary, as the paper describes an incorrect acupuncture practice and is therefore likely to have drawn a misleading conclusion, it...
can result only in an unwarranted mistrust of acupuncture in the treatment of a disease that has traditionally been considered to respond well.

References
10. ibid. p.250.

**Phobia treatment with acupuncture**

Sir,

After my first encounter with acupuncture at an introductory course in 1981, I returned home full of enthusiasm for this wonderful mode of treatment and keen to stick needles in myself for any minor ill or injury in order to confirm that it really did work. Thus it was that one week later I treated myself for a twisted ankle and found suddenly and to my utter astonishment that I was cured of the spider phobia that had dogged me all my life: I had gone into the cloakroom, picked up one of the children’s coats and found two very large spiders under it. I did not scream, shake, cry, run away: there was no fear! I got a brush and dustpan, swept them up and threw them out. Then I went to check what points I’d used to achieve such success. *Kidney 3 (Taixi)* was most likely to be the star, but I had also used BL.60, GB.34 and ST.36. I had in fact carried out my first and only double-blind trial in which neither the practitioner (myself) nor the patient (myself) knew what was happening.

From the following year onwards I was treating patients at the local surgery, but nobody asked for help with phobias so it was 10 years before I had the chance to try it again, when one of my daughters asked me to help two of her friends. The first was afraid of going out to a meal, for instance to a business dinner. She was unable to eat on these occasions and was afraid such stupid behaviour would spoil her chances of promotion. Uncertain whether I could repeat my previous success, I agreed to try and, lo and behold, she was cured. I had given her two treatments.

The other friend was terrified of thunderstorms: totally incapacitated by them, so that parents or sister had to rush across town to her house if a storm threatened. She is an intelligent girl who was anxious not to transfer her fear to her baby son. Suffering, as she does, with Stargart’s retinitis pigmentosa, she has enough to be worried about without this phobia. She lives a long way from us, so I was able to treat her only once, after which there were no storms to test the efficacy of my treatment. I suggested that she tried watching weather programmes, but it was about seven months before she saw a storm, either real or televised. She was at a swimming party when a major storm broke, but she was quite unconcerned by it, and
her friends had to persuade her to come out of the pool for her own safety!

Gradually I built up a few more successes and decided it would be useful to run a small series to find out what proportion of people could be helped by this treatment. Though many people's lives are blighted by phobias they are reluctant to admit it, so it was difficult collecting candidates. I asked the general practice partners to refer their phobic patients to me, but no-one came. I put up posters on the notice board, but no-one came. As a last resort, I left a pile of leaflets on the reception counter and, having evidently taken them away and thought about it, people began to ring in.

I have now treated 27 patients with a wide variety of phobias: spiders (8), agoraphobia (3), claustrophobia (2), thunderstorms (2), flying (2), needles (2), eating out (2), people being sick (2), choking (1), cancer (1), driving past water (1), and things that flutter (1). Of these, 17 were apparently cured or much improved, 6 were slightly improved or just hadn't been tested, and 4 probably failed.

Because it was such a small series I used the same points for all patients, but with a diascopic instead of needles in some cases. The points were Liver 3 to calm the patient first, Kidney 3 and the Fear point on the dominant ear lobe to address the fear itself, and Stomach 36 to boost confidence. To obtain some feedback I arranged to see people twice, though often one treatment was sufficient. It is interesting, also, that the time between treatment and confrontation with the feared situation does not seem to be important, and the effect has so far proved indefinite. It is almost as if one has thrown a switch.

I suggest, therefore, that because of the minimal stress and short duration of treatment, and the rapid and long lasting response to it, acupuncture should be regarded as the treatment of choice for phobias.

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Fundamentalist Christians and acupuncture

Some while ago I was approached by one of the staff I work with in hospital, saying that, as a Christian, I really ought to give up using acupuncture since it was against the teaching of the Bible! It therefore did not come as quite such a shock to me that some patients refuse to accept acupuncture treatment on the basis that "It's against my religion" (1). Nonetheless, I was intrigued to discover why an internationally practised and effective method of medical treatment, with a Jesuitical provenance in Europe, should be regarded as evil by some groups of Christians. I therefore asked the Rev John Camp, a BMAS honorary member and member of the international editorial board of this Journal, to advise me of Christian beliefs on the matter. The following letter is the result.

Editor

Sir, "See to it that no-one takes you captive through philosophy and empty deceit, according to human tradition, according to the elemental spirits of the universe and not according to Christ" (Colossians 2.8). This New Testament text is one of several used by fundamentalist Christians to oppose the use of acupuncture. Acupuncture is based on Taoist notions of a vital spirit (qi), and on the notion of balancing yin and yang. Fundamentalists object that qi is not the Holy Spirit. The notion of duality - that everything has an equal and opposite value with which it competes - is contrary to the idea of the absolute nature of God. Tao can, of course, be translated as the way. This contradicts the words of Jesus, who said: "I am the way, the truth and the life". Moreover, as acupuncture diagnosis is based on Taoist thought and not on Christianity, it is said to be demonically inspired. In consequence diagnosis counts as divination, a practice forbidden by God (Deuteronomy 18.10).

Opposition does not come entirely from those on the evangelical wing of the Church. There is a great suspicion that alternative therapy is a cover for unchristian practices, as is shown by the following statement from the website of St. Mark's Coptic Orthodox Church, Melbourne, Australia: "Many health conventions and seminars now a day (sic) are mixing spirituality with acupuncture and herbal medicine. We hear about many health farms where people are lured under the guise of losing weight or treating anxiety, to find themselves involved in spiritual rituals" (2).

Some evangelical Christians are less opposed to acupuncture if the practitioner does not embrace its original Taoist philosophy. "Western medical doctors and those with a Christian world-view find it difficult, if not impossible, to accept any of the metaphysical Chinese religious assumptions that lie at the very heart of acupuncture theory. ...[S]ome acupuncturists have completely turned their backs on Taoist philosophy." (James K.
Walker of the Watchman Fellowship). The London-based Christian Medical Fellowship concludes that “acupuncture can be understood without invoking non-Christian world views”. The (American) Christian Medical and Dental Society has a checklist, to be used before submitting oneself to any kind of treatment:

i. Does the method in any way involve metaphysical, (non-Christian) supernatural or occult forces or principles apart from God?

ii. Has the method been validated by reputable scientific studies, or are its claims backed up only by individual testimonials?

iii. Does the method violate Scripture, or are biblical passages taken out of their proper context in an attempt to support the method?

A very recent report, A Time to Heal, by a Church of England review group (3), contains a thorough and balanced examination of the issues from a mainstream Christian perspective. It suggests that prospective patients should ask practitioners a number of questions, such as: “How would you reassure a Christian client that [acupuncture] is compatible with Christian teaching and practice?” It observes that the personal spirituality of the practitioner may be different from that underpinning the therapy which is being offered. Few Christians, it suggests, would, in any case, refuse treatment from a non-Christian doctor or nurse simply because he or she was of a different faith. It gently but usefully points out, for the benefit of those inclined to fundamentalist views, that so-called Christian healing is not evidence-based. Whatever understanding one has of God, it is not axiomatic that healing involves the intervention of supernatural forces.

Anyone who practises acupuncture is familiar with the problem that all alternative therapies tend to be lumped together. In the public mind, acupuncture, homoeopathy, little black boxes and divination by snake entrails are all in the same category. There are undoubtedly those who practise acupuncture as part of the same New Age set of beliefs. If practitioners are relying on the supernatural, the irrational, or merely the unexplained, then questions need to be asked. Acupuncturists, however Western their outlook, cannot ignore the fact that acupuncture is still some distance from being generally accepted as evidence-based. Empirical evidence takes us some way along the road but not far enough.

The attitude taken by fundamentalist Christians may be one which itself seems irrational. But it is not only fundamentalists who want to question the ethical stance of those who practise complementary medicine and acupuncture in particular. The invasion of someone’s body by needling requires not only their informed consent but also the informed belief of the practitioner that it is an ethically appropriate thing to do. Acupuncturists must be able to justify their practice, both to their patients and to themselves. We should be grateful to the fundamentalists for asking questions.

I am not qualified to comment on the views taken by other faiths towards acupuncture. Information would be valuable.

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References

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Dr Walsh replies

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