Adverse Events Associated with Acupuncture Reported in 2000

Sir,

Although British doctors and physiotherapists reported no serious adverse events in over 30,000 consultations, reports of such events still appear in the world literature. In continuation from previous projects, we again searched Medline, Embase and our own records for new data on adverse events associated with acupuncture that were reported in the year 2000.

Seven case reports are listed in table 1, the first three of which were life-threatening. However, all patients made a complete recovery. The other untoward event reported as a case history was the discovery of a needle in a patient’s scalp as she was being prepared for emergency Caesarean section because of foetal bradycardia.

Norwegian researchers sent questionnaires to a random sample of the Norwegian general population. Of the 653 respondents, 7% claimed to have experienced adverse effects of acupuncture. The most common effects reported were dizziness, fatigue and pain from the needles. No serious adverse effects were reported. A survey of 1100 Australian providers of Traditional Chinese Medicine asked them to recall any adverse events of acupuncture in their practice. A total of 3222 events were recalled including 64 cases of pneumothorax and 80 convulsions. No fatalities were on record.

Acupuncture needles are a potential source of blood-borne infection, except for single-use disposable needles. Korean epidemiologists studied the prevalence of hepatitis C virus infection in a rural population (n=1033) with a high incidence of liver cancer. Using a multivariate analysis, they noted that the strongest risk factor associated with hepatitis was the use of acupuncture (odds ratio = 2.2, 95% CI 1.0 – 4.7). In a health survey of 303 volunteers in rural France, however, acupuncture was not associated with higher risk for serum hepatitis A, B or C markers, even though it was used by 17% of respondents. In the US, a case-control study involving 2316 blood donors identified as hepatitis C positive concluded that acupuncture was not a risk factor for hepatitis C. The UK cannot be regarded as totally safe from risk of hepatitis associated with acupuncture: an acupuncturist using a different technique (re-injecting the patient’s own blood, diluted with saline, into acupuncture points) was apparently responsible for causing at least 30 cases of hepatitis B, some of which became chronic. Contaminated saline in a repeatedly used bottle was the likely source.

Finally, a technical review of three electroacupuncture stimulators found that their performance did not meet the manufacturer’s claims, which was particularly serious in one aspect: the net current passed at high frequencies might cause tissue damage, electrolysis and degradation of the needle. The authors concluded that outputs of electroacupuncture stimulators should be calibrated and practitioners should be trained in their use. Taking a world-wide perspective, it is clear that acupuncture training and practice has some way to go before acupuncture as a therapy can be declared to be as safe as possible.

Table 1: Summary of seven case reports of adverse events associated with acupuncture in 2000

<table>
<thead>
<tr>
<th>First author (Country)</th>
<th>Adverse event</th>
<th>How causality established</th>
<th>Risk factor identified</th>
<th>Causality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choo (USA)</td>
<td>Intracranial haemorrhage</td>
<td>CT scan</td>
<td>Needling neck</td>
<td>Probable</td>
</tr>
<tr>
<td>Kirchgatterer (Austria)</td>
<td>Cardiac tamponade</td>
<td>Immediate event</td>
<td>Needling sternum</td>
<td>Definite</td>
</tr>
<tr>
<td>Origuchi (Japan)</td>
<td>Infectious aortic aneurysm</td>
<td>Surgery</td>
<td>Indwelling treatment</td>
<td>Definite</td>
</tr>
<tr>
<td>McCartney (Britain)</td>
<td>Bilateral hand swelling</td>
<td>Timing of event</td>
<td>None</td>
<td>Probable</td>
</tr>
<tr>
<td>Yanagahara (Japan)</td>
<td>Silicone granuloma</td>
<td>Electron microscopy</td>
<td>Idiosyncrasy</td>
<td>Definite*</td>
</tr>
<tr>
<td>Castro-Duran (Spain)</td>
<td>Pyoderma gangrenosum</td>
<td>History</td>
<td>Ulcerative colitis</td>
<td>Probable</td>
</tr>
<tr>
<td>Morimoto (Japan)</td>
<td>Contact dermatitis</td>
<td>History, location</td>
<td>Nickel allergy</td>
<td>Definite</td>
</tr>
</tbody>
</table>

* Also occurred with venepuncture and surgical needles
Reference List


Risk information and informed consent in acupuncture – A proposal from Germany

Sir,

Informed consent has become an important part of medical practice. It requires the communication of information about possible adverse effects of treatment.

Although serious adverse effects of acupuncture seem to be very rare,1 case reports of traumatic complications and indirectly caused side-effects appear regularly in scientific publications.2 Acupuncturists have expressed concern, however, that increased provision of risk information may make patients unduly anxious and change their decisions about treatment.3

It has been our experience that provision of detailed information about possible adverse consequences of treatment can improve patients' understanding and satisfaction without inducing increased anxiety. Meanwhile this has been proven by several studies.4

In our department, patients are enlightened orally and in written form about the risks and possible benefits of the acupuncture therapy. They fill out and sign a form with questions about their medical history and individual risk factors.

In the attached appendix we present our risk information and informed consent forms which we have compiled for this purpose.

Readers are strongly encouraged to discuss this proposal, to shorten it where possible, and to refine it where necessary.

Reference list


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www.medical-acupuncture.co.uk/aimintro.htm
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