An Audit of Self-Acupuncture in Primary Care

Nigel Fagan, Paul Staten

Summary
This paper presents early experiences with self-acupuncture (i.e. patients treating themselves with acupuncture), in a medium sized, mainly urban, General Practice. It has been useful in allowing greater access to acupuncture in this setting. Fifteen conditions were treated; the majority of which were musculoskeletal. Ten out of fifteen reported their treatment to be successful. No adverse events were reported by any of the patients.

Keywords
Acupuncture, self treatment, primary care.

Introduction
Acupuncture has been a very useful addition to the range of treatments on offer in the Practice. However, it has become apparent to the authors that it is not possible to treat all the patients who would benefit. This is because many patients’ conditions require treatment at frequent intervals or for prolonged periods (e.g. for recurring conditions like migraine).

The time pressures on the Practitioners and the lack of any mechanism to reimburse the practice for the time spent on acupuncture means the Practitioners were unable to provide as comprehensive a treatment as they would like. This led to the consideration of self-acupuncture. This paper describes the early experience. The process was refined over a period of 6 months. The conclusions reflect the experience over this time.

Methods
Both practitioners are full partners in a five partner mainly urban practice of 13,300 patients. Both had attended a BMAS foundation training course and achieved Certificates of Basic Competence. The patients were a mixture of patients from the NHS practice, practice staff and occasional private patients. They were selected on the basis of being capable and willing to perform self-acupuncture and having conditions that had responded to the use of suitable points. The outcomes were assessed as a routine part of follow up by the Practitioners. It is planned with future patients to assess the process of education and the response to treatment more formally.

Contraindications to self-treatment were patients not willing or unresponsive to acupuncture, no safe points for the condition or any of the usual contraindications to needling. Also excluded were patients positive for Hepatitis B/C or HIV or considered at more than low risk. It was also prudent to exclude patients with uncertain diagnoses where important symptoms may be masked or those with previous adverse effect from acupuncture.

There is very little information on self-acupuncture. Medline, Amed, the BMAS website and available acupuncture textbooks were searched. The only reference found was in Medical Acupuncture.¹ This related only to LR3 and abdominal points.

The following points were identified as potentially useful: LI11, LI4, TE3, LR3, SP10, GB31, BL60. A colleague was taught to needle LI20 but in view of the theoretical possibility of sinus thrombosis and central inflammatory processes from infection at this point it was not subsequently used.² The anatomy of these points was reviewed and it was felt they were safe to be needled by selected patients.

At the start only verbal advice was given but an
Table 1 Results of an audit of self-acupuncture based in general practice.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age</th>
<th>Sex</th>
<th>Frequency of treatment</th>
<th>Number of needles</th>
<th>Needle retention time (minutes)</th>
<th>Comment on progress or reason for stopping</th>
<th>Subjective assessment of effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine</td>
<td>53</td>
<td>F</td>
<td>1 per week</td>
<td>2</td>
<td>15</td>
<td>Lack of effectiveness</td>
<td>Slight</td>
</tr>
<tr>
<td>Osteoarthrosis hand &amp; knee</td>
<td>73</td>
<td>M</td>
<td>Every 6 weeks</td>
<td>2</td>
<td>10</td>
<td>Continuing when can’t attend</td>
<td>Excellent</td>
</tr>
<tr>
<td>Ménière’s disease</td>
<td>39</td>
<td>F</td>
<td>Variable as required</td>
<td>2</td>
<td>10</td>
<td>Continuing</td>
<td>Good</td>
</tr>
<tr>
<td>Cervical spondylosis</td>
<td>53</td>
<td>F</td>
<td>1 per week</td>
<td>2</td>
<td>5 to 10</td>
<td>Still used intermittently</td>
<td>Good</td>
</tr>
<tr>
<td>Post herpetic neuralgia</td>
<td>42</td>
<td>F</td>
<td>2 per week</td>
<td>4</td>
<td>15</td>
<td>Continuing</td>
<td>Good</td>
</tr>
<tr>
<td>Hayfever</td>
<td>38</td>
<td>M</td>
<td>2 per week</td>
<td>2</td>
<td>5</td>
<td>Lack of effectiveness</td>
<td>Slight</td>
</tr>
<tr>
<td>Writer’s cramp</td>
<td>38</td>
<td>M</td>
<td>2 per week</td>
<td>2</td>
<td>5</td>
<td>Lack of effectiveness</td>
<td>Slight</td>
</tr>
<tr>
<td>Detrusor instability</td>
<td>58</td>
<td>M</td>
<td>Every 2 weeks</td>
<td>2</td>
<td>20</td>
<td>Continuing</td>
<td>Good</td>
</tr>
<tr>
<td>Patellofemoral osteoarthrosis</td>
<td>37</td>
<td>F</td>
<td>3 per week</td>
<td>4</td>
<td>20</td>
<td>Lack of effectiveness</td>
<td>Slight</td>
</tr>
<tr>
<td>Lateral epicondylitis</td>
<td>60</td>
<td>F</td>
<td>2 per week</td>
<td>2</td>
<td>10</td>
<td>Condition resolved</td>
<td>Good</td>
</tr>
<tr>
<td>Osteoarthrosis thumb MCP joint</td>
<td>65</td>
<td>F</td>
<td>daily for 4 days</td>
<td>1</td>
<td>10</td>
<td>Continuing</td>
<td>Excellent</td>
</tr>
<tr>
<td>Crohn’s disease</td>
<td>35</td>
<td>F</td>
<td>2 per week</td>
<td>1</td>
<td>15</td>
<td>In remission</td>
<td>Good</td>
</tr>
<tr>
<td>Benign positional vertigo</td>
<td>39</td>
<td>F</td>
<td>Every 2 days</td>
<td>2</td>
<td>1</td>
<td>Condition resolved</td>
<td>Excellent</td>
</tr>
<tr>
<td>Achilles tendonitis</td>
<td>65</td>
<td>F</td>
<td>Twice a day</td>
<td>1</td>
<td>10</td>
<td>Condition resolved</td>
<td>Excellent</td>
</tr>
<tr>
<td>Rotator cuff strain</td>
<td>70</td>
<td>M</td>
<td>1 per week</td>
<td>1</td>
<td>5 to 10</td>
<td>Gradual resolution</td>
<td>Moderate</td>
</tr>
<tr>
<td>Subacromial bursitis</td>
<td>57</td>
<td>M</td>
<td>2 per week</td>
<td>1</td>
<td>5 to 10</td>
<td>Lack of effectiveness</td>
<td>No effect</td>
</tr>
</tbody>
</table>
advice sheet has been developed. This is reproduced in appendix 1. The patients were given needles to practice with on oranges initially and then treated themselves under supervision until the practitioners were satisfied they were competent.

**Results**

There were a total of 16 subjects. Each patient was asked the frequency of treatment, the duration of needling, the number of needles used and the reason for ceasing treatment, if relevant. Finally, patients were asked to rate the effectiveness of the treatment at relieving their symptoms on a simple verbal scale. This scale was no effect, slight, moderate, good or excellent. The results are shown in table 1.

It can be seen that most patients found self-acupuncture useful. Ten out of 16 patients rated their response as good or excellent. One patient was lost to follow up. The only reasons for stopping were poor response or resolution of the problem. There were no adverse effects reported by any of the patients. The practitioners encountered no problems.

In this small audit only two patients found that top up treatments by the practitioners added to the effectiveness. This could have either been due to the placebo effect of the practitioners or the use of additional points not thought safe for self-treatment.

**Discussion**

The practitioners and patients subjectively found this to be an acceptable and useful practice, which achieved its objectives in most cases. The only reason for stopping was poor response.

There was a considerable variation in the response to self-treatment. This is at first view surprising, given that these patients had all responded well to acupuncture and they were able to treat themselves frequently. This may have been because these patients all had particularly troublesome symptoms, which had not responded well to other treatments. The number of suitable points also limited the treatments. There may also have been some loss of placebo effect in the absence of the practitioner.

The patients were obviously highly selected by their conditions, the points chosen, and the practitioners’ opinion of their suitability. Several patients found considerable benefit while waiting for surgery. Only three patients who were offered self acupuncture declined. This was always due to apprehension about needles. One patient was treated by her daughter.

The conclusion from the early experience is that self-acupuncture may have a useful role in the treatment of chronic conditions such as osteoarthrosis. This would reduce both the need for, and the side effects of, drug treatment, and possibly avoid surgery.

**Reference list**


Editors comment

Self-acupuncture is increasingly popular in palliative care, particularly for vasomotor symptoms secondary to hormonal manipulation. Safe disposal of needles or press-needles is of paramount importance. 

**Reference list**


Appendix 1

Advise sheet for Self-Acupuncture

1. Always use a new unopened needle for each needle insertion. Only use needles supplied or checked by your doctor. Check the expiry date on the box. If you feel unsure or do not remember your instructions do not perform self-acupuncture.

2. Wash your hands before treating yourself.

3. If acupuncture makes you drowsy then do not drive or operate machinery until you are sure you are safe to do so.

4. If you get a spot of blood after withdrawing the needle, press on it for a few seconds with a clean tissue or cloth. In the very unlikely event of continued bleeding apply firm pressure and seek medical advice. If a bruise develops you can place something cold on it and take a simple analgesic if necessary.

5. Very rarely a needle becomes gripped by the muscle it is in. If this happens do not worry, simply wait a few minutes and then remove the needle. Even more rarely a needle might break. Again do not worry, just pull the needle out. If you are unable to, or are concerned about doing this, then seek help (see paragraph 6).

6. If you need any advice you should contact DR FAGAN or DR STATEN on XXX. If they are not available you can obtain advice by phoning the surgery out of hours or phoning or attending the Casualty Department.

7. Never insert needles into skin which is sore or infected or bruised or not normal in any way.

8. If your condition or response to acupuncture changes, or you develop a significant new medical problem, you should discuss this with DR FAGAN or DR STATEN before doing any more self-acupuncture.

9. If you are pregnant, or trying to become pregnant, you should not do self-acupuncture until you have discussed this with DR FAGAN or DR STATEN.

10. You should place your used needles in one of the white topped plastic bottles you have been given (Universal Container). Remember to keep these out of the reach of children. These should then be properly disposed of at your Surgery in a Sharps Box by a member of staff.

11. If you start taking aspirin, warfarin, clopidogrel, or any other drugs to thin your blood, you must not perform self acupuncture.

12. If you or anyone else is accidentally injured by a needle you should seek advice immediately by contacting DR FAGAN or DR STATEN on XXX. If they are not immediately available you can obtain advice by phoning the surgery out of hours or phoning or attending the Casualty Department.

13. Do not treat anyone else.

14. Your self-treatment should be reviewed at the intervals suggested by your doctor.
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