Debate – patients should be encouraged to treat themselves

Anthony Campbell, Val Hopwood

Abstract
In favour of self-acupuncture, this is a useful way to prolong the effects of acupuncture when the response is only brief or patients cannot attend frequently. If the patient is capable and the condition is suitable for self-acupuncture, patients can be taught how to do it and then seen for review. Patients should be provided with complete information sheets, and one example is presented. Against self-acupuncture, patient safety is paramount and would be compromised by teaching them how to do acupuncture. In addition, serious accidents have happened with self-acupuncture, including a death. Other arguments against it are that it is less effective than standard acupuncture, the patient misses out on the therapeutic relationship, and safer alternative methods exist.

Keywords
Self-acupuncture, self-treatment, safety.

Editorial note
We invited two well known acupuncture teachers who take opposing views on self-acupuncture to set out their arguments for and against.

Another member expressed his concern about the medicolegal situation of self-acupuncture and obtained a verbal opinion from his medical defence body. The defence body had no objection to the practice in principle if supported by a body of opinion of practising acupuncturists. If any complaint or claim arose they would look for evidence of the patient’s adequate training in self-acupuncture, and the existence of appropriate protocols for the procedure.

FOR
Anthony Campbell

I started using self-acupuncture at the Royal London Homoeopathic Hospital fairly soon after I first used acupuncture there in 1977, though I cannot remember exactly when. I never sought formal approval for this but it was known to the other clinicians that I did so and indeed I know that at least some of them did likewise. The hospital pharmacy used to sell the needles so it was quite open and above-board. (At that time some of our patients were also being taught to inject themselves with Iscador, an anti-cancer agent.)
The patients were always able to telephone for advice if it proved necessary, though I don’t think any ever did. I know of only one adverse event: a girl was needling LR3 while sitting on a couch, and someone jumped on the couch and threw her into the air. The needle broke and she ended up in Casualty having it removed under general anaesthetic. I suppose one should include an instruction to patients to carry out their treatment in private!

Patients most likely to benefit from learning to treat themselves are those:
1. who only have a brief response (some patients get relief for only short periods, perhaps a week or two)
2. who can no longer attend (eg because their funding has been withdrawn)
3. who are travelling abroad or live a long way away.

The following requirements must all be met before a patient is regarded as suitable for self-acupuncture:

1. the disorder is suitable, ie one that is known to respond to acupuncture in this particular patient
2. the patient, or a relative or companion, is willing to perform the treatment
3. the patient, relative or companion is sufficiently intelligent and reliable (a subjective judgement, obviously)
4. the area to be treated is anatomically safe
5. arrangements are in place for needle disposal.

Practical procedures

Having established that the above requirements are fulfilled, I ask the patient (and relative, if necessary) to come for a slightly longer session. I carry out the treatment on one side and the patient does so on the other side. If all goes well, the patient can then buy some needles in the hospital pharmacy and carry out the treatment as directed for about six weeks. He or she returns for review in about six weeks and again after about three months, after which (in hospital practice) we will discharge them to the GP.

Patients always used short (15mm) needles. The usual site is LR3, although in some cases tender or trigger points are used. In others, eg ulcerative colitis, subcutaneous needling is chosen, which is safe provided there is an adequate amount of subcutaneous fat in the abdomen.

Effectiveness is generally very good, although some patients say that it is not as effective when they do the acupuncture, so they come in for an occasional top-up. Not everyone needs this, however; for example, I recently spoke to a woman who said that I had taught her friend to treat herself for migraine several years earlier and was still getting excellent results. She asked how could she learn it herself.

It is essential that patients receive written instructions. My instruction sheet, which has been modified recently in the light of the paper by Fagan and Staten,1 can be found in the Appendix.

Conclusion

In conclusion, as others have remarked, if patients are allowed to inject themselves twice a day with insulin and to give themselves other kinds of injections, I can see no objection to teaching them to insert a small needle once a week or so into an anatomically safe area. It does of course remain the case that the practitioner continues to be responsible for the patient unless and until the responsibility is transferred to another doctor.

Reference list


AGAINST

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Generally, the Acupuncture Association of Chartered Physiotherapists (AACP) remains firmly against self-needling by patients. It perceives the additional risks as too great in relationship to the benefits.

Is self-acupuncture safe?
The issue of safety is a complex one. Acupuncture needles are invasive and therefore carry an element of risk even in the hands of a trained professional. It is even difficult to estimate just how much information about possible adverse events to give the patient before training in self-needling, without scaring them.1

Those professionals who deliver acupuncture treatment in the UK are qualified in different ways but united by their rigorous safety training. They are aware of the absolute contraindications to acupuncture and equally aware of all the additional precautions necessary for safe insertion of needles. All practitioners now insist on single use disposable needles and are aware of potentially risky needle sites, thus acupuncture in the UK has achieved an enviable safety record.2;3

It is most unlikely that patients would ever be taught to needle themselves if acupuncture were contraindicated, but the precautionary factors may vary from month to month or even day to day and thus present a risk. For instance, the drug regime of the patient may change, perhaps involving prescription of anti-coagulants. In addition,
patients may be tempted to re-use needles, particularly if new needles are not readily accessible: the main reasons for recommending self-needling in the first place may include the difficulty of reaching clinic or the long time between appointments.

The needles themselves are very fine and easy to fumble, or drop and lose. In home circumstances the possibility of a subsequent needle-stick injury are quite high, perhaps from walking barefoot on carpeting or simply encountering a needle in opened packaging. While it could be argued that the most likely victims would be the patients themselves, who would be largely immune to their own bacteria, there is still an appreciable risk – for example of hepatitis - to other family members or carers. There is an increased risk to children who may not understand the dangers of needles.

More dramatically, the human instinct for experimentation would be an additional hazard. The patients themselves may be trained in the simple insertion of the needles at a modest number of generally effective points but there is little to prevent them attempting to needle other painful sites which may be far less safe than orthodox acupuncture points. Information on different types of acupuncture needling and more unusual sites can be found on the Internet or in the local library by any interested reader.

A cautionary tale is provided by Schiff, who describes the death of an elderly woman through accidental cardiac tamponade caused by self-needling with a sewing needle, through the chest wall. Evidently she had been suffering cardiac pain for some time and nearby puncture wounds suggest she had previously been lucky in her choice of site. No other information is offered, but one can surmise that she thought she knew what she was doing. A further cautionary tale was provided by Goldberg of a 47 year-old man who volunteered himself for acupuncture at a party in Sydney, Australia. Apparently needles were inserted into his chest, one deeply through the nipple, and he subsequently developed a pneumothorax, fortunately not fatal. It is not seriously suggested that these are common occurrences but with the increase in the availability of acupuncture needles in the community they could become so.

It must be acknowledged that patients with diabetes manage their own testing and insulin injections with the minimum of problems but even they are at risk, particularly elderly patients.

Finally, it is not surprising that the length of training should show a correlation with the number of adverse events reported. The very basic instruction which is all that there is time to give patients in their clinic appointment would be creating an unacceptable risk.

Is self-acupuncture effective?
The answer to this has to be in the negative. Acupuncture is essentially a dynamic therapy which should be individualised, every time it is used, according to the patient’s signs and symptoms. If the same points are treated at every session, it is an indication of poor acupuncture. Therefore, self-needling is at best a compromise and regular monitoring is essential to check the relevance of the acupuncture points selected. Review of the patient should be undertaken at frequent intervals, certainly much more often than annually, even if only to check technique if the acupuncture points do remain the same.

Are there acceptable alternatives?
It is understandable that therapists who want the best possible outcomes for their patients are likely to wish to extend the benefit of treatment as long as possible, but self-needling is probably not the best way. There are several techniques ancillary to acupuncture that are also non-invasive and which could benefit the patient.

Ear acupuncture is effective in chronic conditions and, while the use of indwelling needles is now discouraged because of the high risk of infection, sterilised mustard seeds covered by small adhesive dressings can be used to give some form of stimulus to tender points in the ear without breaking the skin.

TENS machines are often issued to acupuncture patients, particularly those treated by physiotherapists, because the non-invasive stimulus can be applied over the important acupuncture points and has been shown to have similar effects.

Acupressure could be recommended as an interim stimulus to the patient, even though it is apparently not as powerful as acupuncture.

Some therapists provide moxa sticks for their
patients to use at home, but these, while also non-invasive, do carry a high risk of superficial burns or even domestic fire.

The therapeutic relationship
There is no doubt that the insertion of an acupuncture needle carries with it considerable psychological impact. It might be argued that self-needling would continue this non-specific effect but I believe much of the effect is due to the interaction of the therapist and the patient. The release of the bonding hormone, oxytocin, is an important element,9 and unlikely to be stimulated by self-acupuncture. The undeniable placebo effect of acupuncture might be sustained by teaching acupressure to important points and emphasising that these can be used as required, but this is not something for which needling could be recommended.

Conclusion
In conclusion, it is the view of the AACP that teaching patients to self-needle is unnecessarily risky, given the alternatives available. To quote Vincent, ‘While the risks of acupuncture cannot be discounted, it certainly seems, in skilled hands, one of the safer forms of medical intervention’.10 We should restrict it to skilled hands.

Reference List
Instruction sheet for self-acupuncture developed at the Royal London Homoeopathic Hospital by Dr Anthony Campbell, for use with needles without introducers.

INSTRUCTIONS FOR SELF-ACUPUNCTURE

1. Wash your hands in the usual way.
2. Remove the needle from its envelope without bending it. (If you do bend it, discard it and use a fresh one.) Hold it in one hand (the right if you are right-handed). Do not use a needle that has been dropped on the floor.
3. Stretch the skin with the other hand.
4. Rest the tip of the needle against the skin.
5. Press the needle quickly right through the skin, without hesitating.
6. If necessary, push the needle more until it has gone in about half an inch (5 mm). However, avoid inserting it right “up to the hilt”.
7. Twist the needle gently a few times in both directions for 10-20 seconds.
8. Withdraw the needle, steadying the skin with your other hand as you do so.
9. Dispose of the needle safely.

POSSIBLE PROBLEMS

1. A small drop of blood appears when you remove the needle. Remedy: Wipe it away with a clean tissue and press the site gently for a minute or so. If the site you needled was your foot, keep the leg up until the bleeding has stopped.
2. If bleeding persists (very unlikely), apply firm pressure and seek medical advice.
3. If a bruise appears where the needle was inserted there is probably no need to do anything, but if it is large or painful you can apply ice for about 5 minutes and seek medical advice if necessary.
4. A small ‘bump’ appears when the needle is removed. Remedy: press and flatten it gently with a tissue for a minute or two.
5. Needle breakage (extremely unlikely). Remedy: try to pull the end out with a pair of clean tweezers or similar implement. If this fails, consult your doctor or a hospital casualty department.
6. Infection (extremely unlikely): the acupuncture site becomes red, hot and swollen, and/or red streaks appear running up the limb. Remedy: consult your doctor or a hospital casualty department.
7. Very rarely, a needle may be gripped by the tissues and be difficult to withdraw. Don’t worry; just wait a few minutes and then it will come out.

IMPORTANT NOTES

• Use only the needles that have been approved by your doctor. Check the expiry date on the box and do not use the needles if this date has passed. If you are unsure of the instructions do not do self-acupuncture.
• If any difficulty due to acupuncture occurs, please feel free to telephone this hospital to ask for advice. Ask to speak either to the doctor who treated you or to the doctor on duty.
• Please follow the instructions given to you exactly, especially as regards frequency of treatment and site(s) of needle insertion. Do not change these without consulting the doctor. If at any time the treatment ceases to be effective ask the hospital to give you a fresh outpatient appointment.
• Never put needles into areas of skin that are sore, infected, bruised, or abnormal in any way.
• If you become pregnant or are trying to become pregnant you should not do acupuncture until you have discussed it with us.
• If you start taking aspirin, warfarin, or other medicines to thin the blood you should not do acupuncture until you have discussed it with us.
• Do not try to treat anyone else.
• If anyone else becomes accidentally injured by one of your needles you should get advice immediately from us or from a hospital casualty department.
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