Case reports

Nystagmus following acupuncture – a case report

Angela Bradbury, Jose Botancor, Adrian White

Abstract
A 50 year old woman experienced an episode of vertigo and nystagmus about 10 minutes after receiving her first treatment with acupuncture for shoulder pain. The nystagmus was confirmed by several health professionals. She had no previous history of nystagmus, and the symptom was not associated with feelings of faintness. Her blood pressure was 90/50 at the onset of symptoms but returned to normal while the symptoms continued. She recovered spontaneously after about five hours. Nystagmus after acupuncture has not been unequivocally reported before, though dizziness associated with hypotension is common. In this case the association may be coincidental, or a focal neurological response to needling; if the latter, then it should be regarded as an unavoidable idiosyncratic reaction.

Description of the case
The patient (AB) was a previous health visitor aged 50 with a history of pain in the left shoulder since a fall onto her outstretched arms some months previously. She had been referred by her GP for physiotherapy for her shoulder pain and had received a number of treatments before being given acupuncture on 15 July 2005. She had no previous experience of acupuncture. The physiotherapist in the practice has incorporated acupuncture in her practice since her training 14 years previously.

The patient was treated semi-recumbent on a couch, with the left arm resting on a pillow. The points used were GB21, LI14, LI15, TE14, SB9, LI5 and LI4. Needles were inserted about 5mm and were not stimulated. She was not anxious before treatment, though had little time to anticipate it. She had no immediate reaction other than some pain from one insertion which soon disappeared. The needles were left in place for about 20 minutes.

After removal of the needles, the patient dressed and sat on the arm of a chair to talk with the physiotherapist for between four and ten minutes. On standing up, she suddenly staggered to the right and said she felt unwell. She sat down but did not feel any better, so was asked to lie down, again staggering to the right. The symptoms appeared to be getting worse, so the on-call general practitioner (JB) was summoned. At about the same time, the patient first noted that the ceiling was spinning around and, when she tried to look at the GP, she could see many images of his face spinning around in a circle. At no time did she feel faint. The patient had been feeling entirely well at the time of the acupuncture (apart from shoulder pain), though earlier had felt momentarily unbalanced whilst bending during dressing that morning. The patient was examined by the GP who notably found bilateral nystagmus and suggested rest and observation.

After a further 10 minutes, the patient then felt much worse with nausea and a sense of impending doom ‘as if about to become unconscious or die’. On re-examination, the GP noted asymmetric pupils, slight weakness of the left leg, with normal plantar reflexes. Pulse rate was 100bpm, BP 90/50. The patient was transferred to Macclesfield District General Hospital.

On examination at this stage, pulse rate was 80bpm, BP 126/78 with no postural hypotension. The only abnormality found was nystagmus on right lateral gaze, and an unsteady gait, leaning to the one side (hospital records state left side; the patient recalls clearly falling to the right). She was admitted for observation, but remained nauseated on sitting, and unsteady on standing, with vertigo objects moving to the right. The symptoms settled about five hours later. An MRI scan performed on 19 July was reported as normal, and she was discharged without medication. Her shoulder symptoms were unchanged.
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The patient has had no previous episodes of nystagmus in association with any investigation or treatment, though she had been told by nurses that her blood pressure was low shortly after previous surgery.

Discussion

A search for ‘acupuncture’ and ‘nystagmus’ in all databases available under the NHS DataStar franchise (MEDLINE EMBASE PsycINFO King’s Fund British Nursing Index, CINAHL) revealed 30 references, of which only four were relevant. There were no previous reports of nystagmus occurring after acupuncture. Indeed, all four reports appear to indicate that acupuncture may have some value in the treatment of nystagmus. A search through the data spreadsheets into which data from the SAFA survey were entered did not reveal any reports of nystagmus after acupuncture. We are also unable to find nystagmus without faintness listed in reports of other major surveys. It is possible that nystagmus could be under-reported if it is included under the general heading of ‘neurological’ reactions. However, ‘dizziness’ after acupuncture has been reported: Odsberg and colleagues found 17 cases in 9277 treatments; Yamashita and colleagues reported six cases in one study (65 482 treatments) and three cases of ‘dizziness or vertigo’ in another (1441 treatments). These reports are difficult to interpret since they are translations into English of a patient’s descriptions in other languages, so may contain inaccuracies.

If the association between acupuncture and nystagmus is more than coincidence in this case, it is likely to have been a focal neurological response to needling, in line with other rare individual reactions such as acute migraine and nausea. Campbell has previously discussed this type of reaction in relation to the limbic system, as an explanation for rather different types of reaction such as outbursts of laughter or tears, or epileptic fits. The nomenclature for such events is problematic: for example, a fit occurring in a 35 year old man, treated with acupuncture while supine and therefore unlikely to be hypotensive, was labelled as a ‘reflex anoxic seizure’, for want of other classification. Such cases provide confirmation (if confirmation were needed) that acupuncture is a form of sensory stimulation, and that it can occasionally have a major neurological impact in certain individuals. Such reactions are likely to be idiosyncratic and entirely unpredictable, and therefore unavoidable. It seems sensible for this patient not to undergo acupuncture in future.

Reference list

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