Acupuncture can and should be practised safely in civilised social settings

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Acupuncture has been practised for more than 2000 years and is known to have minimal risk.1, 2 Serious adverse events including pneumothorax, however, are not unheard of.3 Safe practice of acupuncture requires informed and concordant actions of health professionals, patients, and society at large.

On 28 April 2011, the media reported a case of laparoscopic surgery to remove an acupuncture needle (60 mm needle body and 20 mm handle), which penetrated the right bronchus of a former president of South Korea (who served from 1988 to 1993), Tae-Woo Rho.4 The presence of an acupuncture needle was only found by an X-ray during the examination for chest pain that occurred about 3 weeks after a session of acupuncture. Despite an official petition from the Association of Korean Medicine to release the identity of the person who performed the acupuncture, the case was mysteriously closed without releasing any enlightening information on how the needle ended up there. An allegation that this case was an unlicensed practice of acupuncture was popularised through the media.5

The case reported by Kang6 in this issue reminds me of the unrest associated with the above case. Through communication with the author, I learned more details about the case including the practitioner’s refusal to provide the reason for giving the acupuncture treatment. The allegedly unlicensed practitioner inserted the long-needle into the patients’ abdomen, and later, at the emergency room, reported that the needle was stuck and he was only able to pull out the handle. With investigative documentation missing, I reconstructed the circumstances based on the author’s reply and my clinical and educational experiences to establish some facts as follows in italics. After retaining the needle for a while, as he was trying to remove the needle, he realized the muscles around the needled site were tightly grabbing the needle, and they were not going to release it. Panicking, he hurried to pull it out hard; as a result the needle handle got separated from the needle body. Hence when the patient was operated on, only the needle body (73 mm in length) was found in the left side of abdominal aorta sheath at the level of L3. My best interpretation of this is a poorly handled case of a stuck needle after an insertion that was far too deep and totally inappropriate for the anatomical location.

Stuck needle is a rather well-documented adverse event, which every basic training of acupuncture covers and any qualified practitioner should be confident to handle.7 This phenomenon is attributable to muscle spasm, tissue fibre entanglement around the needle shaft by rotation technique, patient’s anxiety and changing position during the retention of a needle. The instructions are to reassure and relax the patient, disentangle the needle by rotating it in the reverse direction, gently massaging around the needled site or even inserting another needle nearby to divert the patient’s attention, or to restore the initial position when needle was placed before withdrawing the stuck needle. It is a fundamental rule not to forcefully pull on the stuck needle, which seems exactly what caused the case reported here.

In my opinion this case illustrates multiple issues deserving full investigation. This should not only be published in an English-language specialty journal but also in medical journals that are read by doctors of Korean Medicine (currently the only medical professionals in Korea licensed to practice acupuncture, other than around 200 acupuncturists from the past regulation). Furthermore, detailed investigation of the whole affair has to be
carried out and be available to the public. Any attempt to cover up the truth blinds people, and harms society.

Lessons from this case include (1) patients should seek acupuncture only from a qualified and regulated provider or be aware of their risks in not doing so; (2) only confident, trained and professionally licensed people should offer any treatment that carries a risk; (3) parallel systems of medicine may risk paralysing the medical practice of a society. The lack of communication between the systems of Western derived medicine and Korean medicine within the parallel educational and licensure system that Korea has juggled over the past six decades requires urgent attention from the patients’ perspectives. In summary, acupuncture, a supposedly minimally risky and beneficial procedure, can only be safe when stakeholders work together.

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