We propose to publish reports (anonymous if requested) of complications and side effects encountered following acupuncture, particularly those that have been rarely mentioned in the medical literature.

Although a number of medical acupuncturists (including myself) have observed a grand mal form of seizure in patients who have fainted during needling, there is only one previously published report of this.

My own case was a tall, thin, fit 25-year-old man having his first acupuncture treatment for shoulder pain. In addition to needling tender spots in his neck and shoulder, I used LI4 in his right hand. Treatment was given in a sitting position and was with a minimum of stimulation, except for the needle in LI4 which was rotated briskly for 30 seconds after the de-qi has been obtained.

Immediately after this stimulation the patient reported that he felt faint, and while I was helping him to lie down he stiffened and had a grand mal seizure during which he lost bladder control. After awakening he spent a long time lying in the surgery recovering, and continued to feel rotten for a week.

He was not unduly anxious before treatment and had no previous history or family history of fits. So there was no obvious predisposing reason for his seizure.

Epileptic type fits are known to be a complication of local anaesthetic overdosage. However, they have been noted in circumstances where overdosage was unlikely or impossible, in particular during placement of caudal epidural where no evidence of intravascular injection had been noted despite testing. Also during dental nerve block where the volume of local anaesthetic used was tiny. This suggests that the fitting is a true needling phenomenon unrelated to any drug being injected, but probably an autonomic response.

Both fainting and fitting are much less likely to occur when the patient has an adequate blood sugar when he is at ease and free from anxiety, and when he is lying flat.

The lesson to be learned, therefore, is that we must do our best to allay any anxiety about treatment when making the first appointment, and that needling should be done with the patient lying down, at least for the first treatment session. These phenomena seem unlikely to occur on subsequent visits.

Dr Simon Hayhoe

**Case 1**

A woman telephoned to make two appointments for acupuncture, one for her daughter, the other for a friend. I asked her to check the views of the Family Doctors and then duly made the appointments. They travelled together from a town some 15 miles distant.

The daughter came in first. She was a girl of 24, recently made redundant, complaining of tendinitis of her right forearm which had not responded to drugs from her own doctor or physiotherapy from the local hospital. I found little evidence of residual tendinitis but there was some weakness of dorsiflexion and of grip in her right hand. On questioning she admitted she had fallen from her horse four years ago and had injured her neck and been in traction. I proposed to treat the neck first and explained the procedure. She said acupuncture had been her mother’s idea but she had been thinking of it herself and she didn’t mind the idea of needles.

With the patient seated I needled SI.15 (both sides were very tender) and the right SI.10 and SI.10 whereupon she said “Oh dear I hope I’m not going to faint”. She had become pale and told me she had fainted in the past on giving blood. I helped her onto the couch and raised her legs, but in vain. She not only fainted but proceeded to a violent epileptiform fit with loud moans. I am sure this was a hypoxic fit. Her pulse was full and slow and at the end the B.P was 120/90.

I turned her onto the left lateral position and she soon regained consciousness but felt very ill and shortly after vomited.

It was perhaps five minutes before she felt able to move and I let her wash and returned her to her normal room. She had no fear of needles having had B.12 injections for many years. I said I was sorry this had happened and hoped she was not upset. She gave me a meaningful look and said “I’m sorry for the mother”. It seems the daughter had had a row with her mother before they left and had not wanted to come, but mother had insisted.

**Case 2**

Two years ago I was treating a middle aged lady for backache. After I attended Professor Bishko’s course I returned full of new ideas and enthusiasm and followed his teaching always to needle B.31 in women around the menopause. My poor patient immediately felt very ill and vomited all over the carpet!

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Case reports complications of acupuncture

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*Acupunct Med* 1987 4: 15
doi: 10.1136/aim.4.2.15

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