To the editor: Can the author of the AANA Journal Course: Update for Nurse Anesthetists—Part 3—Acupuncture: History from the Yellow Emperor to Modern Anesthesia Practice, August 2015, please respond to the following question:

Why, if acupuncture and “acu-pressure” are equivalent techniques (as suggested by the studies cited), is acupuncture ever used? Wouldn’t it make sense, in our microbiologically-challenged environment, to move exclusively to a technique that does not require piercing the skin?

In addition to the question, I have a comment.

Given that the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is “petition(ing) the Obama administration to designate acupuncturists as recognized healthcare providers under the Social Security Act” (quote from the article), an action that would materially increase the costs we all must pay for Medicare and Medicaid, I think we should pay close attention to the claims made for the treatment and require meaningful proof that it offers a benefit. To quote from the National Institutes of Health monogram:

“(T)he current body of efficacy research provides little clinical evidence for specific effects of “real” acupuncture.”

Dan Simonson, CRNA, MHPA
Spokane, Washington

DISCLOSURE

Author has no conflict of interest or financial involvement in the subject material.

Response: I want to thank Mr Simonson for his careful reading of my AANA Journal Course1 and for his thoughtful question and comments. Both acupuncture and acupressure use the same meridians to stimulate acupoints – “puncture” using a needle and “pressure” using direct pressure. However, while there are similarities in their approach (i.e., using meridian theory) they are not “equivalent” techniques. Acupuncturists experience de qi or a needling sensation when they insert the needle. Similarly, patients can experience de qi, which may contribute to their overall treatment effect.2-4

The studies cited in this course were the most recent articles in the literature (from the past 10 years) examining acupuncture and/or acupressure as complements to an anesthetic. There were 24 studies cited (14 acupuncture, 8 acupressure, and 2 with dual approaches). I did not select the studies based on their approach, rather I systematically reviewed the literature to find any studies that were relevant to anesthesia practice. As the studies reveal, researchers have spent more time focusing on acupuncture research (possibly because of the known de qi experience), however you raise a valid point that perhaps our field should focus more on acupressure. I agree that instituting acupressure in the perioperative setting (especially pre-operatively to treat anxiety or post-operatively to treat PONV), may be a more readily accepted modality that is also in compliance with existing infection control practices. It is my hope that anesthesia researchers will continue to build-upon current studies and add to the body of literature about the role these alternative medicine modalities may play in complementing an anesthetic.

Regarding your comment, hard science in support of acupuncture does exist.3 The Third Strategic Plan 2011-2015: Exploring the Science of Complementary and Alternative Medicine is a wonderful document, however I think it is an overgeneralization to summarize the 68-page document with one sentence. The subsequent sentence to the one you provided states: “the observation of substantial pain relief [with acupuncture] in effectiveness-design studies cannot be dismissed (p.19).” The NIH has conducted 45 clinical studies on acupuncture and I agree, along with the NIH, that more research is still needed in this area. The goal of the NIH supported Third Strategic Plan was to identify priorities for future-NIH funded research (acupuncture is considered a mind and body intervention):

• Strategic Objective 1: Advance research on mind and body interventions, practices, and disciplines (p. 17)
  o 1.2 Support translational research to build a solid biological foundation for studies of efficacy or effectiveness of mind and body interventions or disciplines (p. 23)
  o 1.3 Support clinical evaluation and intervention studies of mind and body interventions (p. 24)

One objective of this AANA Journal Course was to highlight the paucity of literature that specifically targets anesthetic care, however

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there are hundreds of international clinical trials discussing acupuncture’s role in treating a plethora of medical conditions (beyond the scope of anesthesia practice).

I do not believe that recognizing acupuncturists as healthcare providers will lead to an exponential increase in CMS expenditures. However, a debate on that topic is beyond the scope of the journal course or this response. I hope this discussion has piqued your interest in alternative medicine.

REFERENCES


Amanda C. Faircloth, CRNA, PhD, DNAP
Richmond, Virginia

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