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Contemporary Asian Healing

Acupuncture Analgesia

By John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC

Even though acupuncture has been practiced throughout Asia for more than 4,000 years, acupuncture analgesia for surgical procedures was only developed and first used in 1958. This was a meaningful interaction between traditional acupuncture procedures and modern Western theories of neurophysiology and neuroanatomy.

The first reported surgery employing acupuncture as the analgesia was a tonsillectomy utilizing the acupoint He Gu (LI4). By as early as 1980 as much as 25 percent of all surgery in the major hospitals of China employed acupuncture analgesia as either an adjunct or as the sole analgesia.

Acupuncture analgesia offers a safe and simple alternative to chemical analgesia which Western surgeons and anesthesiologists use exclusively, despite the many adverse effects which may be encountered.

Acupuncture analgesia is easy to perform and requires no elaborate equipment. The patient is conscious during the procedure and can cooperate with the surgeon. It is safe to use in the debilitated, elderly or seriously ill patient. Postoperative complications are rare and convalescence is quickened. The patient is historically ambulatory much quicker than with conventional anesthesia. They are able to eat and drink earlier following surgery and very seldom require extended intravenous feeding. Cardiorespiratory, pulmonary and electrolyte complications are seldom reported compared to patients having received general chemical analgesia.

Apprehensive, tense, anxious patients are much less likely to be candidates for acupuncture analgesia. This procedure produces "analgesia", not "anesthesia." In other words, with acupuncture, the patient's pain threshold is diminished, but they can still experience and feel pulling, tugging, pressure and various other paraesthesias, just not intense pain from the surgery. Obviously the proper selection of the patient makes all

the difference in the world for the success of this procedure.

In selecting patients for acupuncture analgesia, it is recommended the patient be described the actual surgical procedure to avoid suddenly developed apprehensions. Acupuncture points used in surgery are primarily based on three factors:

- previous experience, such as Tsu San Li (ST 36) for gastrointestinal and abdominal surgery and Nei Guan (P 6) for thoracic surgery;
- anatomical region by utilizing local points in the area of the surgery.
- according to meridian theory, meaning the selection of powerful points on the meridian(s) which course through where the surgery is being performed, which may be far removed from the actual surgery site. According to tradition, "Wherever the Ching mo pathway passes, there lies places amenable to treatment."

Once the proper point is selected, the needle can be either manually or electrically stimulated. In manual stimulation, the needle is inserted until the Teh Chi sensation is obtained. The needle is then rotated and twirled with a frequency of 120-150 twirls per minute. An up/down motion is also used varying between 0.5 and 1.0 tsun (human inch). Induction of the analgesia depends on the individual patient and varies considerably, but as a general rule it can expect to take place in 15-20 minutes from the time needling begins to the time of the initial incision.

In electrical application to the needle, the intensity varies from patient to patient according to the comfort level of the patient and is continued throughout the surgical procedure. Generally, the electrical current is a biphasic spike wave with a frequency in the endorphin-producing range of 2-5 pulses/second.

One of the most significant rewards of reading this article is that the formulae which follow are classic formulae which are used in surgical interventions. But bear in mind, if these points can alleviate the pain of surgery, what do you think they can potentially do as just a treatment approach to pain?

Even though there are other formulae, these are some of the most classic. The majority of people reading this article are not going to employ these in surgical interventions, but they are always good to know or use for painful afflictions.

Tooth extraction:	LI4 - Tai Yang - ST7	Ear Points: tooth extract
Thyroidectomy:	LI4 - P6 -- GB20 - ST6	Ear Points: Shen Men,
Nasal polypectomy:	LI4 - LI20 - SI3	Ear Points: nose, apex
Tonsillectomy:	LI4 - P6 - TH6	Ear Points: throat, tons
Laryngectomy:	LI4 - TH6	Ear Points: adrenal to th
Splenectomy:	ST36 - LI3 -- SP6 CV15 - LI13	Ear Points: spleen, lung
Caesarean section:	STE6 - GB26 - SP6	Ear Points: uterus, abd
Nephrectomy:	GB38 - SP6 - BL60 LI3 - SP3 - TH5 - LI4 - P4	Ear Points: kidney, She
Hysterectomy:	CV2 - CV4 - ST36 SP6 -- GB26	Ear Points: uterus, Shen
Appendectomy:	ST36 - GB26	Ear Points: appendix, a
Gastrectomy:	ST36 - ST37 - TH17	Ear Points: Shen Men,
Ligation of hemorrhoids:	BL30	Ear Points: lung, lower
Internal fixation of fracture of neck of femur:	ST36 -- BL59 -- ST40 GB36 -- GB34 -- LI5	Ear Points: hip, ankle, lung sympathetic, kidn

Knee:	ST36 - SP12 - ST31
Leg (posterior):	ST36 - BL57 - BL54 - ST40
Leg (anterior):	ST36 - LI5 - LI3
Ankle:	ST36 - KI3 - SP6 - GB39
Sole of foot:	BL60 - SP4 - KI3
Dorsum of foot:	ST36 - ST41 - BL60 - GB39
First three toes:	ST36 - ST41 - SP6 - SP4 - LI3
Fourth & fifth toes:	ST36 - BL54
Thigh (anterior):	ST36 - GB29 - SP12
Thigh (posterior):	BL51 - BL54
Buttock:	BL51 - Huo To Chia Chi - GB30
Inguinal region:	ST36 - SP4
Small finger:	LI4 - SI3 - HT5
Ring finger:	LI4 - TH3 - HT5
Thumb, index, middle finger:	LI4 - LU10 - LI10 - P6 -- TH9
Neck:	LI4 - SI3 - P6 - GB20
Shoulder:	LI4 - LI15 - TH5
Spine:	ST36 - LI4 - Hou To Chia Chi -- BL57 - GB38 - TH5 - P6
Elbow:	LI4 - LI11
Lip:	LI4 - ST6 - ST4
Ear:	LI4 - TH5
Face:	LI4 - ST6 - ST4 -- SI18 -- ST2 - ST7
Frontal sinus:	GB14 - BL2 - ST2 - TH6 - LI4
Eye:	LI4 - SI3 - TH6 - TH5
Eyebrow:	LI4 - GB14 - Yu Yao - Tai Yang
Forehead:	LI4 - GB14 - Yu Yao - Tai Yang - BL2
Occiput:	LI4 - GB20 - P6

John A. Amaro, DC, FIAMA, Dipl.Ac. (NCCAOM)

Carefree, Arizona

PhoenixDragon-Fiestanet.com

Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



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