

Acupuncture Anesthesia

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Dr. Wen is a very busy man, we never really know when he will be beeped next. He is our translator at the Yunnan Province Hospital of Traditional Chinese Medicine. This hospital does more than TCM, it does a great deal of Western medicine as well, and that includes surgeries. That's when Dr. Wen is called in, he's an anesthesiologist trained in both the Western methods and the traditional ways of acupuncture. In this article we will examine 2 case studies of acupuncture anesthesia performed under his watchful eye. Orthopedic Surgery On the Elbow. A woman in her 60's presented with a fractured ulnar olecranon. The surgery would include the placing of some nails and other hardware into her olecranon to fasten it more securely to the shaft of the ulna. Due to her advanced years, it was decided that acupuncture anesthesia would be used instead of Western drugs to avoid any possible adverse reactions. One half hour before the surgery, while the prep was taking place, we inserted two needles into the patient.

One, at Ht -1 (Ji Quan), and the other at L I -17 (Tian Ding). The purpose of this was to over-stimulate the brachial nerve. These two locations are on either side of this nerve and with the addition of electro-stim, we could achieve a strong response from the nerve. Neither needle was inserted too deeply. Just enough to tape it down on the patient and get the electro-stim leads securely fastened. Ht -1, was taped down along the anterior cubital crease since there would be a certain amount of movement in the arm during the prep for the surgery. L I - 17 was also taped down, though its placement was really designed for the patient's comfort rather than any other consideration. The electro-stimulation began at 100 Hz at a somewhat low setting of amplitude (or "strength"). The patient could feel the tapping of her muscles, but we didn't really go much further than that. Immediately, there was an anesthetic reaction in her arm. This was tested with a neurological testing needle. This setting didn't change for the half hour prior to the surgery. The object at this point was to simply stimulate the body into secreting endorphins. Once the surgery began, the patient complained of some discomfort and we turned the strength of the electro-stim up from "1" to "2". The idea isn't to double the amplitude, but rather, to simply turn it up to induce the anesthetic response of the nerve being affected. We also turned down the frequency from 100 Hz to 50 Hz in order to prevent the nerve from getting used to the stimulation and thus ignoring it. The controls didn't once change after the surgery began. The surgery lasted about 45 minutes and went off without a hitch. After the cut was sutured and the nurses were cleaning up the patient, we removed the needles. The patient was in good spirits.

Orthopedic Surgery On The Patellar Ligament

A man in his thirties was to have his knee cap repositioned. One of the tendons holding the knee cap in place had been damaged and the knee cap had descended to below where it should normally be due to the other muscles pulling it out of position. Acupuncture anesthesia was chosen for this surgery. No drugs were employed.

First, a needle was inserted into L I - 4 (He Gu) to stimulate endorphin release. One half hour prior to the surgery, Sp -11 (Ji Men) and Liv 10 (Zu Wu Li) were needled on the leg in question. These two points were attached to an electro-stim machine and we slowly turned up the voltage until there was muscle contraction. Then we rolled

back the voltage to just below that point. The stimulation was constant at 100hz. The needles' handles were bent to be taped down with surgical tape. Other points used, also on the same side as the surgery, were PC - 6 (Nei Guan) and L I - 4 (He Gu). Again, they were taped down and attached to an electro-stim machine. The two points on the leg were used mostly to stimulate the tibial nerve, which is the one that would be most effected by the surgery. The two points on the arm had a dual purpose of adding additional endorphin release, as well as calming the Shen, which means calming the patient's emotional experience of the surgery. After one half hour, while the rest of the surgical prep took place, we changed the stimulation of the leg points to a mixed stimulation. For one second it was 100hz. And the next second the frequency of the stimulation was 18hz. The electro-stimulation of the two arm points remained unchanged. The reasoning behind this was to prevent the tibial nerve from accommodating to the stimulation thus rendering the anesthesia ineffective. One half hour later, again, the electro-stim was altered on the leg points to an intermittent wave, meaning one second of stimulation at 100k, and one second of no stimulation. The same nerve accommodation reasoning applied here as well. The surgery went off without a hitch. Afterwards, the patient, who had been fully conscious throughout the entire surgery, was in good spirits and very calm. This surgery took place surrounding the patella. For surgery that involves the lateral aspect of the leg, the leg points used are GB-30 (Huan Tiao) and UB-30 (Bai Huan Shu). The arm points are the same as in this surgery.