

# Complementary medicine, acupuncture, and pneumothorax

*To the Editor*—I was pleased to see your publication of seminar papers on complementary medicine in the December 2001 issue of the *Hong Kong Medical Journal*. I can testify personally to the efficacy of acupuncture for pain relief and in achieving regional anaesthesia. However, as in most aspects of traditional Chinese medicine, adverse events and risks are often underreported. The following is a case illustration.

A 70-year-old Chinese male suffering from advanced emphysema, was treated by an acupuncturist for 'asthma'. The needles were inserted into the back of his chest along the two sides of the thoracic spine. The man's shortness of breath progressively increased after the treatment until he was rushed into hospital in a moribund state of respiratory failure. Clinical signs and chest X-ray films confirmed the presence of a left-sided pneumothorax, with intercostal drainage giving immediate relief. The patient remained silent about the identity of the acupuncturist concerned and refused to permit the use of his X-ray film in western medicine teaching.

In a German review, de Groot<sup>1</sup> pointed out that at least 23 cases of post-acupuncture pneumothorax had been reported, two of them with fatal outcome. He also quoted a survey on Norwegian doctors which suggested that 250 cases of acupuncture-related pneumothorax have occurred in that country alone. Thus, in Europe as well as in Asia, this complication is both serious and underreported.

While supporting the elevation of the status of traditional Chinese medicine, it would appear pertinent at the same time to raise its standards, including ensuring proper training of therapists, obtaining the explicit consent of the patient after fully explaining both the benefits and risks, and reporting adverse events after treatment.

After preparation of this letter, it was subsequently reported in all major Hong Kong newspapers that a 65-year-old man had died of a tension pneumothorax during acupuncture treatment in Hong Kong.<sup>2,3</sup> Regrettably the message in this letter comes too late for this unfortunate patient.

JSM Leung, FRCS (Edin), FHKAM (Surgery)  
St Paul's Hospital  
2 Eastern Hospital Road  
Causeway Bay  
Hong Kong

## References

1. de Groot M. Acupuncture: complications, contraindications and informed consent [in German]. *Forsch Komplementarmed Klass Naturheilkd* 2001;8:256-62.
2. Lung patient died after acupuncture. *South China Morning Post* 2002 Jan 29; p.2 (col. 6).
3. Acupuncture pierced through chest wall; elderly patient died [in Chinese]. *Sing Tao Yat Pao* 2002 Jan 29; Sect. A:6.

## Author's reply

*To the Editor*—I am very pleased to respond to the letter commenting on traditional Chinese medicine (TCM) and acupuncture-related complications. I agree with the view that in many areas of TCM, adverse side-effects are ignored. Having practised acupuncture for more than 5 years in the Pain Clinic, my view is that TCM is an effective means of management only if it is integrated with western medicine. In China, university degree training in TCM includes a syllabus of not less than 20% in western medicine.

Many examples are pertinent to this discussion, but let me highlight some points using my article on acupuncture for the treatment of frozen shoulder.<sup>1</sup> The best results with acupuncture treatment are obtained if 'pure' frozen shoulder is treated. Secondary frozen shoulder or conditions mimicking frozen shoulder may not respond to acupuncture. Recurrent dislocation of the shoulder joint, painful arc syndrome, arthritis of the shoulder joint, rotator cuff tear, shoulder tendinitis, lower cervical facet pain syndrome,

myofascial pain syndrome, and so on are treated differently. The choice of acupoints and the technique of acupuncture are the realm of this TCM specialty. However, efficacy, adverse effects, and risks are best appreciated through therapists' understanding of western medicine, in particular anatomy. Certain acupoints are located in potentially dangerous areas of the body. Jianjing (GB-21), situated right over the apex of the lung, is associated with the risk of pneumothorax if the needling technique is faulty. This acupoint, useful for headache, back pain, and neck and shoulder pain, is commonly employed in our Pain Clinic. The correct technique for needling the Jianjing safely is to raise the tissue on the edge of the trapezius into a pinch, and needle horizontally into this, from back to front.

Peuker et al<sup>2</sup> reviewed traumatic injuries associated with acupuncture and concluded that knowledge of anatomy is essential for safe practice. Norheim<sup>3</sup> analysed the adverse effects of acupuncture recorded in the Medline database for

the years 1981-1992 and found that most adverse effects were associated with insufficient basic medical knowledge. In Hong Kong, acupuncture is learnt and practised by people from all walks of life and up until now the safety of acupuncture has neither been reviewed by regulatory bodies nor by those responsible for training courses. While introduction of acupuncture into hospital practice has just begun, it is time to establish a government-regulatory body to look into the safety, training, and other aspects of acupuncture, both in the Hospital Authority and the private sector.

KO Sun, FHKCA, FHKAM (Anaesthesiology)  
Pain Clinic  
Kwong Wah Hospital  
25 Waterloo Road  
Kowloon  
Hong Kong

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2. Peuker ET, White A, Ernst E, Pera F, Filler TJ. Traumatic complications of acupuncture. Therapists need to know human anatomy. *Arch Fam Med* 1999;8:553-8.
3. Norheim AJ. Complications of acupuncture therapy. A study of the literature from 1981-92 [in Norwegian]. *Tidsskr Nor Laegeforen* 1994; 114:1192-4.

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