

ACUPUNCTURE AS SURGICAL ANESTHESIA: A CASE OF INTEGRATIVE MEDICINE TREATING BREAST CANCER SEQUELAE

by Roger Lore, L.Ac.

Abstract

This case is noteworthy in several ways: 1) Acupuncture was successfully used as the sole means of anesthesia during a surgery for breast reconstruction following cancer, and 2) acupuncture also substantially facilitated pre-operative procedures. The combination of eastern and western medicines substantially reduced patient disability, hospitalization and cost.

Key Words: acupuncture, acupuncture anesthesia, breast cancer, breast reconstruction.

Introduction

Despite advances in treatment, breast cancer remains a serious problem. Fatalities from this disease are declining, and 5 year survival rates are topping 95%. However it remains widespread, with nearly 200,000 women diagnosed with it in the US alone. Worse yet, 1 in 5 of them will die from it. And approximately 10% of American women who live to be 80 will have the disease at some point.¹ Clearly more tools are needed in this struggle.

Another factor is that a third of breast cancer patients with metastases meet criteria for PTSD/post-traumatic stress disorder.² This suggests that patients are significantly traumatized by both the disease and perhaps its treatment, requiring a search for tools that reduce stress as part of the process.

Acupuncture and Chinese medicine can provide a significant additional tool in the treatment of cancer. In this case, it was used before, during and after a major surgical procedure.

Patient and methods

Patient EG was born 50 years in San Francisco to Chinese parents. In her 20s she was prescribed estrogens to balance her hormones. The patient perceives this as a cause of subsequent cervical and breast cancer. Another contributing factor in the patient's view was her divorce, which is supported by research.³ Her cancerous breast was removed in March 2004.ⁱ The following month she sought treatment at the Oregon College of Oriental Medicine. Current symptoms

ⁱ Some lymph nodes were allowed to remain.

included chronic fatigue as a syndrome since 2000, specifically constant fatigue, short-term memory loss, slow wound healing, and hypersomnia. Her history included pronounced reaction to a polluted building in 1999 which led to blindness and extreme fatigue; this apparently resolved after decocting traditional Chinese herbal formulas. She also was sexually abused by both male and female perpetrators and was wary of female clinicians as a result.

Pre-Operative Work

The patient elected breast reconstruction surgery. This involved the placement of a temporary implant which was enlarged weekly. This resulted in pain which prevented driving home after the procedure, and even for a full day afterward. Acupuncture treatments by interns under faculty supervision diagnosed her with SP/ST and LU Qi Xu. This contributed to temporary yet disabling qi stagnation in the left arm. This was based on her:

- soft, moderate pulse;
- scalloped tongue with depressions and horizontal cracks in both the center and behind the tip (in the ST and LU areas respectively). The coating was often slightly thick and white at the back of the tongue;
- irregular monthly cycles, which are associated with the Chong mai⁴ whose command point *GongSun* is on the Spleen channel.

The diagnosis was consistent among separate faculty, student, acupuncture, herb, and shiatsu clinic visits at OCOM over a period of several months.

She received standard TCM-style acupuncture treatment at ST 36, SP 6, LU 1 & 9, LI 4 & 11, Ren 6, 12, & 17, PC 6, SJ 6, Scar AhShi, UB 3, DU 22→UB 5. The latter two points were scalp acupuncture zones for the upper jiao/chest and arm. The results of several weekly treatments were that the patient was able to drive herself home after subsequent breast enlargement sessions. There was also noticeably less pain in the arm, which had a shorter duration than prior to acupuncture. The treatments also established a working relationship which helped during the surgery itself.

Acupuncture as Anesthesia

The patient announced her desire for drug-free surgery using acupuncture to replace chemical anesthesia. Her surgeon, Dr Julianna Hansen, was open-minded due to the patient's prior mishap after the last operation: A general hypersensitivity to drugs made the patient paralyzed and unable to feed herself for 6 days. Faculty at OCOM forwarded literature on acupuncture analgesia for surgery from standard texts⁵ to the staff of Oregon Health Sciences University (OHSU). No acupuncture analgesia had been used in the state, and certainly not at OHSU before. An in-house MD-anesthesiologist with training in medical acupuncture from the UCLA program was enlisted, Dr. Angela Kendrick. She consulted with an MD in Ohio who uses acupuncture regularly to assist pain management in surgical procedures.⁶ Per the latter protocol, acupuncture was applied immediately before the surgery to stimulate endorphins.

Electroacupunctureⁱ was applied to SJ 6, LI 11, & LR 3 using a disperse waveⁱⁱ for 40 mins. The pulses became stronger during and after treatment, despite a lack of food per physician instruction since the prior night.ⁱⁱⁱ

During the surgery, the same points were to be used. However the patient's arms were strapped to the operating table which prevented their use. An alternative protocol was suggested by the author, who was present as a guest of the patient and a student of Dr Kendrick.

This involved the use of scalp acupuncture, specifically electroacupuncture at UB 3 (used in her prior treatments above) combined with Du 23 with manual stimulation to also treat the chest.⁷

Electroacupuncture to Ear-Shenmen and Lung had an immediately calming effect. However it was difficult to keep the electrodes on the otopoints throughout the 3 hour surgery: the scalp points were unaffected by the weight of the electrodes since they were threaded at least an inch under the skin.^{iv}

Both the author and the anesthesiologist believed that the patient would require at least a topical anesthetic and a sedative. The results far exceeded practitioner expectations: the patient was lucid and conversant throughout the surgery; she declined all entreaties for chemical assistance from the acupuncture-anesthesiologist by announcing, "Whenever I have lidocaine, I can't drive for 2 weeks!" There was an occasional grimace and several 'ows' made by the patient. However they were momentary. To the author they seemed to be the equivalent of her normal reaction to even a mild relaxing acupuncture treatment in other settings. Note that all verbal expressions of pain as 'ow' stopped after it was suggested to manually stimulate Du 23 during more difficult parts of the surgery.^v The most challenging part of the surgery for pain management was the cauterization of the interior medial breast cavity near the sternum. Blood pressure is monitored as a signal of pain; the systolic rose about 10 points during the surgery. Afterwards the patient transferred herself from the operating table to the gurney. She was radiantly happy, spoke on her cell phone 5 minutes afterwards, and in another 5 walked over to use the restroom. This greatly shortened the recovery time, which is normally several hours. The patient requests the same process to occur again at her next surgery, scheduled several months hence.

ⁱ Using an Ito brand electroacupuncture device.

ⁱⁱ 5 Hz was recommended by Dr Mok, but in Nanjing the frequency is varied during the surgery. Also a higher frequency >100+ Hz is used to 'disperse' in China. Note that acupuncture anesthesia on the abdomen is more challenging due to muscle contracture. Information from personal experience regarding acupuncture anesthesia in China comes generously from Dr Tao, Jinwei: taoj@ocom.edu

ⁱⁱⁱ The pre-op treatment was at noon; the surgery occurred at 3 PM after a delay.

^{iv} Patients report that an anterior direction of needles at the anterior hairline has more effect.

^v Gentle but rapid ~360-degree rotations at ~120x/minute.

Post-operative Care

In the recovery room, the author administered light acupressure to resolve minor pain at KI 25 from the cauterization. He also recommended a pill form of Chinese herbs with San Qi as the main ingredient, pending discussion with her doctor.⁸ Student acupuncture treatments continued on a weekly basis, which the MDs were happy with.

A formula for the patient to consider is Shi Chuan Da Bu Tang / All-Inclusive Great Tonifying Decoction. This ancient prescription from the TaiPing era was validated in Japanese double-blind, multi-center university trials for breast cancer sequelae. The ingredients are RenShen, BaiZhu, FuLing, zhiGanCao, ShuDi, BaiShao, DangGui, ChuanXiong, RouGui, HuangQi, ShengJiang, and DaZao.⁹ Dosages and specific ingredients would naturally be tailored to her individual needs. A granule formula of 3-4 g t.i.d. is the standard dose for these formulas in both Taiwan and Japan, where they have been extensively used for more than 50 years.

As of this writing, the patient has returned to work –with two jobs.

Another sign of progress is her ability to trust two female MDs and two female acupuncture interns, successfully overcoming the fear of women from her unfortunate history.

Discussion

Western medical systems on all continents are reckoning with a crisis in affordability. A consistent finding in Chinese medicine is that medicines work better when combined. In this case, personal and societal costs were markedly reduced. To summarize the effects of acupuncture in the integrative care for this patient:

- She was able to drive herself the after weekly expansion of the breast implant, relieving pressure on her caregiver support network;
- No drugs were used during the operation;
- Post-operative recovery in the hospital was shortened by hours;
- Her unique response of a week in the hospital from paralysis in response to conventional anesthesia was entirely avoided;
- She returned to full-time employment;
- She is able to better relate to other women, probably improving relations with her family, co-workers and adolescent daughter.

These obvious and direct economic outcomes are moreover signs of curative and healing effects, desirable in their own right.

The patient is not unique. Dr Kendrick reports that she has a number of other patients who suffer complications from conventional chemical protocols for surgical anesthesia. If they are sufficiently motivated, they would be good candidates for acupuncture to supplement or replace anesthesia. If the normal chemical intervention could be even reduced, these sensitive patients (who are often very young or old) would benefit along with their society. Prospective

patients would probably need a short series of acupuncture treatments to establish familiarity with the process.

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