

At the Point of Care: MDs Practicing Acupuncture in the Community

Oren Kraiden

Class of 2014, Faculty of Medicine, Dalhousie University

In this issue we present a review of scientific research on acupuncture in pain management. To obtain a clinician's perspective on this topic, we reached a Nova Scotia physician who actively provided acupuncture in the community as part of her regular medical practice. Dr. Annie Law is a retired physician living at the tip of Cape Breton in Neil's Harbour, NS. She has practiced for over forty years and although she retired in 2009, still occasionally serves at the Buchanan Memorial Hospital, a rural community hospital with only two other physicians.

Dalhousie Medical Journal: Thank you for sharing your experiences with us. How were you first introduced to acupuncture, and what made you decide to practice it?

Dr. Annie Law: I got into acupuncture at the persuasion of my husband Chris—he took the first course with the Acupuncture Foundation Canada Institute (AFCI), and I was one course behind him. Chris is a dentist and still practices acupuncture for cases such as trigeminal neuralgia, for which it works well, and whiplash—anything above the shoulder level.

I used it mainly for chronic pain, especially lower back cases, for people that did not want to take drugs for their condition.

DMJ: Did you see tension in reconciling acupuncture with the scientific method?

AL: I never had a difficulty accepting acupuncture as scientifically-based—the needles act as micro-trauma on the nervous system and the body responds by producing endorphins which relieve pain. The Chinese developed acupuncture four thousand years ago, not knowing why it worked; they found just over three hundred acupuncture points, each one right over a plexus of nerves. They named these points in bizarre ways, to our point of view of anatomy, but we acupuncturists simply accept their nomenclature.

DMJ: How about other alternative and complementary approaches? Is acupuncture unique among them?

AL: Acupuncture is unique — I am skeptical regarding homeopathy and other forms of alternative medicine because I feel they have no scientific basis.

DMJ: When you applied this technique, what were some of the more rewarding or memorable treatments that you can recall?

AL: One memorable case was a gentleman who'd had shoulder pain for ten years. After twelve sessions of acupuncture his pain was gone completely.

Another interesting case — an elderly man with right-sided sciatic pain for years. I gave him 12 treatments, two to three per week over a number of weeks, and this took his pain away for one year. After that year, he returned for two or three booster treatments that provided relief again for one year; this was repeated yearly until I retired. Now if he wants further treatments, he has to find a doctor in Sydney [where] there were at least two family physicians providing acupuncture treatment.

DMJ: What were some challenges?

Although most responded well to the treatments, I had two ladies that I felt acupuncture was not helping, but they kept coming back for more. Both had fibromyalgia, a very difficult condition to treat. Both came to me at least once a week for several years.

Despite failures, it was satisfying to provide the service, the biggest drawback being the time it took. The first visit of course takes the longest, as you need to diagnose the condition to be treated, then decide which acupuncture points would best treat the patient. True acupuncturists have a clinic set up where they can treat five or six people simultaneously, putting in the needles, then going on to the next case, and so on, before returning after a half-hour to the first case to remove the needles.

DMJ: Have you faced challenges in providing this alternative approach or encountered opposition from peers?

AL: Most of my colleagues were very open-minded about acupuncture. The only drawback was the time involved with each treatment: on average 40-60 minutes. Thus I was only able to take on 3 to 5 cases at a time, as I worked their treatments into the end of my workday. Also another drawback was financial— MSI [Medical Services Insurance] did not cover it, but private health insurance did.

DMJ: Have you noticed a change in attitudes towards acupuncture? Did you have to initiate patients into feeling comfortable with the idea?

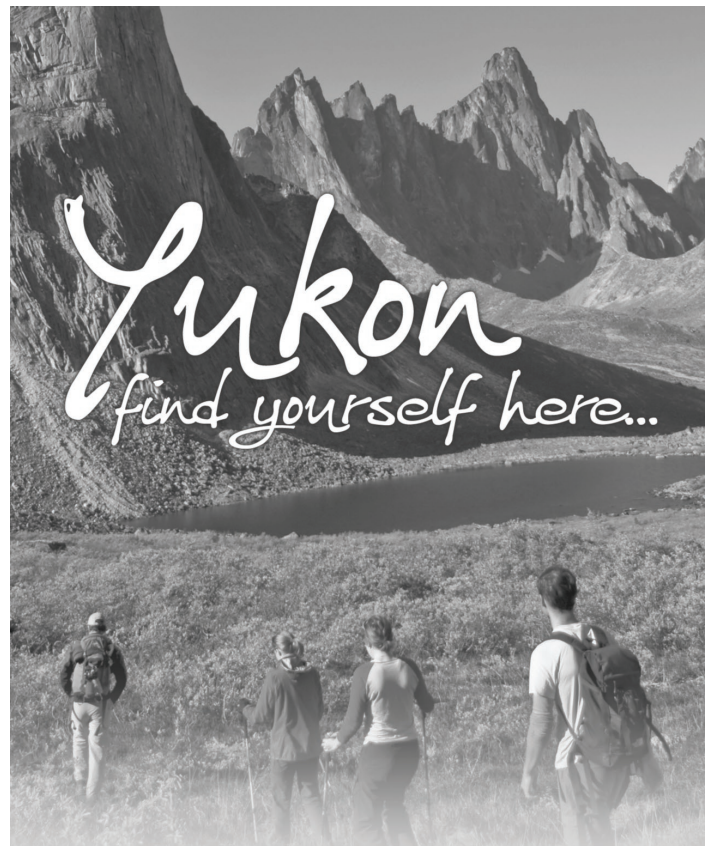
AL: Yes, there has been a very gradual change in attitudes concerning acupuncture in the press.

I never proposed acupuncture to my patients- they came to me asking for it, once it was known by word-of-mouth that I was practising it.

DMJ: In your view, what obstacles prevent acupuncture from being provided more widely?

AL: I understand that in Europe, especially in Germany, acupuncture courses are part of medical training. I think the main reason it has not taken off in North America is the time each treatment takes. Chris and I attended a three-week course in Shanghai in 2001, but even there the physicians are more likely to hand the patient a prescription than take the time to do an acupuncture treatment. [Anesthetists] used to operate in China entirely under acupuncture but because it takes an hour to get the patient fully anesthetized, they no longer use acupuncture in the OR's there.

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Paul Gudaitis
Director Insured Health & Hearing Services
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