CMAC221

Session 1
Emergency Acupuncture
Chinese Medicine
Department
Pre Readings


Pre Readings


“Whether you think you can or can’t. You are right.”

Henry Ford
The Skill of Self Confidence

- See Dr. Ivan Joseph TEDx Talk here

- The 10,000 hour rule – Malcolm Gladwell

- Key message keep Practicing and back your self

Walter Lim, 2014
Videos: Tedx, 2012
SusanLuciaAnnunzio, 2011
What's the Subject About?

- CMAC221 is all about exposing you to as many different ways of treating included under the Chinese Medicine umbrella.
- While points are important.
- Understanding the theory of why you would or would not use an individual technique is more important.
- This gives you several levels of redundancy in treating – what else can you do when one approach does not work.

Image: Ron Mader, 2013
Chef Vs Cook

- A cook follows the recipe step by step and does not develop or create on their own.
- A chef can create a great meal by knowing and understanding what flavours go together.
- Only remembering points will trap you at the level of a cook.
- Understanding the theory will give you the freedom to become a chef.
- Aspire to be the Chef.
CMAC222 – Subject Rationale

“Acupuncture Therapeutics 2 expands on the content developed in Acupuncture Therapeutics 1 (CMAC211). Acupuncture needling, is expanded upon and applied in conjunction with a range of allied Traditional Chinese medicine interventions. Techniques such as guasha (scraping), bleeding, dermal hammer, laser and electro-acupuncture will be introduced along with an Introduction to microsystems (ear, hand, face and scalp). Balance (I-Ching) acupuncture will also be included in this subject. Students will differentiate between Chinese medicine therapeutics to determine appropriate treatment and discover known and possible mechanism of action.”
Learning Outcomes

- Describe and apply hygiene, asepsis practices, infection control and management of sharps and biohazards in line with the CMBA guidelines as they relate to each Chinese medicine therapeutic technique.

- Compare and contrast Chinese medicine therapeutic techniques to achieve appropriate clinical outcomes for presenting conditions.

- Demonstrate knowledge and skill when using each Chinese medicine therapeutic technique on fellow students.
Learning Outcomes

- Develop and describe effective treatments using Chinese medicine therapeutic techniques.

- Identify and apply emergency acupuncture and first aid practices as required.

- Evaluate individual patient needs and modify practices showing due respect for privacy, cultural and other differences in line with [CMBA Code of Conduct](#).
Don’t Forget This

Essential tools this semester are:
Lancets – get the diabetic lancets
Gua sha tool (ceramic spoon)
Dermal Hammers
Cupping and Moxa will only be covered if there is time

Get the Kit Now

Mannix, 2014
Including the electro

- The subject will have three weeks allocated to this, and a unit is required for the practical exams.

It is important that you purchase an electro machine that you can have complete control over the frequency.

Contact the Brisbane Bookstore on 07 3253 9525.
Assessments – Yes it can be this obvious

Find x.

Here it is

Mr Hannon, 2011
Continuous Skill Development

**SUBJECT:** CMAC221 – Acupuncture Therapeutics 2  
**TYPE:** Continuous Skill Development (CSD)  
**DUE DATE:** Weeks 1-13  
**WEIGHT:** Pass/Fail

**TASK:**

In the practical component of each session of all classes, you are required to demonstrate safety and expertise when applying emergency acupuncture, bloodletting, dermal hammer, gua sha, electroacupuncture, laser acupuncture, Wing Dynasty Needling techniques, Balance (I Ching) acupuncture, hand microsystem and particular acupuncture techniques each week through the semester. It will be your responsibility to seek that the lecturer marks you as competent and safe for all of the tasks. If you are unable to demonstrate proficiency in the task missed in a later week, you need to seek the requirements of the Attendance Policy and attend 80% of the classes with active participation in the classes both as the practitioner and patient.

You will:

- Practice the ‘hands-on’ components of each lecture in a pair or small group during the tutorial time. You will need to rotate being a practitioner and patient in each class that you attend.
- Practice each of the relevant assessment skills covered in the class.
- Practice the treatment techniques discussed in the class focussing on correct application and thought processes for using each of the methods covered in the class.
- Practice each task and treatment technique professionally and safely with attention to patient management.
Assessment Items

<table>
<thead>
<tr>
<th>Type</th>
<th>Learning Outcome</th>
<th>Session Content</th>
<th>Due</th>
<th>Weighting</th>
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<tbody>
<tr>
<td>Continuous Skill Development</td>
<td>1-6</td>
<td>1-13</td>
<td>Sessions 1-13</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Practical Exam</td>
<td>2,4</td>
<td>1-7</td>
<td>Session 8</td>
<td>40%</td>
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<tr>
<td>Written Assignment</td>
<td>1,3,6</td>
<td>9-13</td>
<td>Week 12</td>
<td>20%</td>
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<tr>
<td>Final Theory Exam</td>
<td>1,2,4,5,6</td>
<td>1-13</td>
<td>Final Exam Period</td>
<td>40%</td>
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</tbody>
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The overall pass rate for this subject is 50%. Additionally, students must pass the final theory assessment with a mark not less than 50%.
Written Assignment

**Assessment Details**

<table>
<thead>
<tr>
<th>Subject</th>
<th>CMAC221 – Acupuncture Therapeutics 2</th>
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<tbody>
<tr>
<td>Type</td>
<td>Written Assignment</td>
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<tr>
<td>Due Date</td>
<td>Week 12 Sunday 11:55pm AEST</td>
</tr>
<tr>
<td>Word Limit</td>
<td>750 words +/- 10%</td>
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<tr>
<td>Weight</td>
<td>20%</td>
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<tr>
<td>Total Marks</td>
<td>45</td>
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Synthesis Grid: Topic Review

**Task:**
You are to develop a synthesis grid about one of the topics covered through the semester and research the biomechanisms and use of this technique (or device) applied to a known health problem. Make sure that you get your lecturer’s approval before progressing with the chosen topic.

Choose one of the allied Chinese Medicine techniques (bloodletting, dermal hammer, gua sha, electroacupuncture or laser), or one of the needling methods (Ming Dynasty Needling, Balance acupuncture), or one of the microsystems covered in the subject (Hand, Scalp or Ear) to research both the biomechanisms involved and the clinical implications of using this treatment approach.

- e.g. electroacupuncture for lower back pain, anovulation, IVF success rates, post-stroke recovery; or the use of a LASER for wound healing, etc.
- Ultimately how would this relate to your practice and could you use this knowledge to improve your treatment outcomes for that condition?
Emergency Acupuncture

- Thousands of years ago the Chinese Doctor would have seen emergencies.
- Many classical texts cite such conditions.
- These may have ranged from myocardial infarctions to acute fevers to labours needing further interventions.
- Do you think that acupuncture and Chinese medicine are the best form of medical care to recommend for such emergencies?
- This does depend on the emergency.
Emergency Acupuncture

- Acupuncture can be an adjunct therapy for some emergencies
- Zhang et al. 2014, showed that acupuncture in the ED appears safe and acceptable for patients with pain and or nausea
- Cohen et al. 2017, concluded “The effectiveness of acupuncture in providing acute analgesia for patients with back pain and ankle sprain was comparable with that of pharmacotherapy. Acupuncture is a safe and acceptable form of analgesia.”
- However, acute conditions such as pain, fever, asthma, severe diarrhoea, have all been identified by the WHO

Acupuncture Vs Morphine in ED

<table>
<thead>
<tr>
<th></th>
<th>Acupuncture Group (150)</th>
<th>Morphine Group (150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Pain Reduction</td>
<td>92%</td>
<td>78%</td>
</tr>
<tr>
<td>Resolution time for pain relief</td>
<td>16 minutes</td>
<td>28 minutes</td>
</tr>
<tr>
<td>Minor adverse events</td>
<td>2.6%</td>
<td>56.6%</td>
</tr>
</tbody>
</table>

**Conclusion:**

This article provides an update on one of the oldest pain relief techniques (acupuncture) that could find a central place in the management of acute care settings. This should be considered especially in today's increasingly complicated and poly medicated patients to avoid adverse drug reactions.

Grissa et al. 2016 p2112
Principles of Treatment

- The use of the Jing well points and GV26 for all acute emergencies.
- The use of points like LI 4, PC4 and Yaotongxue (back of the hand) for rapid relief of pain and spasm.
- The use of ahshi points to relieve local pain.
- The use of xi cleft points for acute conditions involving the Zang Fu or channel.

Image:Back Pain, 2014
Principles of Treatment

- The use of specific points for symptoms, e.g. PC6 for palpitations or vomiting.
- The use of points like GV20 for a controlling effect on all the channels plus a sedative and calming effect.
- Use of ear points to relieve pain, fainting and insomnia.
- Common sense first aid measures.

Image: MaxxxL, 2015
Epileptic Attack, Hysterical Attack, Febrile Fit

- These conditions may be from various underlying aetiologies, in all cases GV26 – with needle or firm acupressure. If the attack is severe, GV26 and KI1 - active needle manipulation.
- LU11 and Shixuan (tips of fingers) Prick to cause bleeding.
- HE6 (Xi cleft) with high stimulation.
- A threading method can also be used. Needle HE5 through to HE7 bilaterally.

Deadman, 2007, Bensky & O’Connor, 1981
Image: Jon-e, 2007
Severe Headache

- With any severe headache, differentiation needs to be made by which channel is effected, then treat accordingly.
- LI4 can be used in many cases.
- GV20 can be used to sedate the patient.
- Three Yin or 3 Yang Jing Wells on either hand or foot.
- Ear points brain, occiput and brain stem may be utilised either pressed with a thin object or needled.

Deadman, 2007, Bensky & O’Connor, 1981
Heat Stroke/ High Fever

- **Mild** – dizziness, tightness of chest, high fever, lack of perspiration, pain and soreness of the whole body
  - GV14, LI11, LI4, ST44, PC6
  - GV14 1\textsuperscript{st} then others

- **Severe** – coldness of extremities with perspiration, pallor, palpitations, possible unconscious or coma
  - GV26 & Shixuan Points
  - PC3 & BL40 - Bleed

Deadman, 2007, Bensky & O’Connor, 1981
Bronchial Asthma

- Most effective and easy to get to is CV22, finger pressure is effective to relieve spasm
- LU6 (Xi Cleft)
- Dingchuan (Stop wheezing)
- CV17 also useful

Deadman, 2007, Bensky & O’Connor, 1981
Image: KristyFaith, 2009
Cautions and Contraindications

- Top of skull infants – fontanels
- Pregnant women – forbidden points
- Hemophilia & other clotting disorders
- Intoxicated – All forms
- Organs – inc. sense and sex
- Pacemakers – no electro
- Patients with artificial or valve replacements – intradermal needling
- Epileptic patients with a recent history of seizure
- Diabetic patients
- Red Flag symptoms

Chang, 2011, p79-80, Norris, 2001, p133
Image: Eugene Zemlyanskiy, 2005
Management of accidents

Fainting

- Prodromal: dizziness, fidgets, nausea, pale face, excessive sweating
- Remove needles, lie client down, offer warm water to sip.
- If more severe; use a fingernail or needle arm GV26, PC9, KI1, ST36 or moxa GV20, CV6, CV4.
- No further treatment that day.
If they don’t recover quickly

- First Aid Principles
- Conditions worsen or patient is unresponsive emergency procedures should be taken

Images: Is0bpalm3rs0n, 2008, Paul Long, 2008
Prevention

- Much easier to focus on prevention
- Informed consent
- Choose a comfortable position
- Start gentle and become more vigorous if needed
- Ask the patient when they last ate
- Does the patient have a history of fainting
- Take cues for the patient while they are getting the needles
- Act quickly if you suspect it to minimise other harm

Chang, 2011, p70
Image:DidE
Management of accidents
Stuck needle

- Check for excessive rotation in one direction and rotate opposite
- Leave needle, massage locally and then withdraw with gentle rotation
- Moxa locally
- Insert needle nearby

- See the companion DVD for a demonstration for all of these conditions Chang, 2011, *Needling techniques for acupuncturists basic principles and techniques*, Singing Dragon, London

Chang, 2011, p71 and front cover
Stuck or bent needle

- Often loosens if left alone for a few minutes
- Lightly stroking or massaging the skin near the point
- Apply warmth
- If fails, insert another needle an inch or so from first. (This scatters the concentration of Qi blood)
- If due to excess twirling – twirl in the opposite direction
- Never try to force a stubborn needle

Bent needle

- Avoid excessive client movements
- If the client has moved, have them return to the original position
- Withdraw needle slowly following the course of the bend

Chang, 2011, p72
Broken needle

- Imperfections in the body of the needle
- The sudden movement of the patient
- Strong muscle contractions
- Excess force during needle manipulation
- Unlikely to happen with modern needle making technology – more from when needles were sterilised

Chang, 2011, p73, Norris, 2001, p132
Management of Broken needle

- Never insert needles to the root of the handle
- If the needle is close to the surface, press down surrounding tissue to expose it further
- Remove with forceps

Chang, 2011, p73
Managing a Broken needle

- **Withdrawing broken needle**
  - When break discovered:
    - Remain calm
    - Patient kept still
    - If broken needle protrudes from skin use tweezers or forceps to extract it
    - If just below the surface apply pressure with thumb and index finger to the skin. If protrudes remove with tweezers
    - Do not probe or push the area to expose the needle
    - If in deep tissue, must be extracted surgically
    - The standard protocol is to circle the site of insertion with an inedible marking pen
    - Immobilise the area
    - Arrange for immediate transport to a suitable medical facility for surgical intervention

Chang, 2011, p73, Norris, 2001, p132
Management of accidents
Bleeding and Haematoma

- Always check after needle removal
- Apply pressure until bleeding stops or swelling is reabsorbed
- If swelling persists, apply ice for a few minutes. Traditionally, this can be followed up with moxa or rubbing the area.

Chang, 2011, p74-5
Image: Jen 2009
Management of accidents
Pneumothorax

- Avoid deep needling over chest

- Collapse of part or all of a lung due to air allowed to penetrate into pleural cavity

- Symptoms vary from slight discomfort to severe dyspnea and shock

- In all cases of suspected pneumothorax call for medical assistance or ambulance

Chang, 2011, p75-6
Pneumothorax

- Yes it can happen
- Dr Mike Cummings has over 45 years of practical experience in acupuncture
- Get the Article here
- See the video on the next slide

Cummings et al, 2014,
Needling iliocostalis
- regrettably this demonstration resulted in a symptomatic pneumothorax within about 6 hours

Cummings et al, 2014,
Managing accidents during acupuncture

- **Brain and spinal cord:**
  - When needling between the upper cervical or beside vertebrae – too deeply or on the wrong angle
  - The danger of the medulla oblongata may be GV15, GV16, GB20 punctured.

- **Signs & Symptoms:**
  - Convulsions
  - Paralysis
  - Coma
  - Severe bleeding
  - Post Rx S&S:
    - Headache
    - Nausea
    - Vomiting
    - Disorientation

Image: Nucleus Medical Media Inc, 2015
Points to Practice

- Jing well Points (Include LU11, ST45)
- Shixuan Points (Include PC9 – but you don’t have to do all 10)
- GV26
- GV20
- KI 1
- ST36
- PC4
- Moxa on Ren 8 with salt

Image: Net Doktor, 2008
References

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- DidE. (2006). What would Macgyver do? Retrieved July 6, 2015, from https://www.flickr.com/photos/dide/124317949/in/photolist-bZaoV-CEuA6j-sfPSsY-8ZPzd3-toWka-GehJe-2jMVXR-9JN8Fj-739E4E-crFkpU-51EpoG-5QbSph-cRaESQ-4p3Tt-4FULCq-67rsxe-6ZYaIz-atdNnDu-9F618X-5rvXMx-5vfmaX-64fEWRm-9W3P3m-e7s9af-f8qTs7-37W2j-bjUjkl-d8nK7G-8DKWC-894N2y-894rj6-d8nKgE-CKwig-cCmoW-osYPC-bVyaJm-8kJDHl-bSWbgg-2tx5qJ-7iKtx-8ctJAJ-bCMdNw-JBnnG5-7qWyX4-agivA7-5hA6g7-7htLeZ-fDaSk-6avv2h-58Eqhy
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