

Acupuncture Can Curb Musculoskeletal Pain

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SAN DIEGO — **Acupuncture** may be ready to play a greater role in treating musculoskeletal pain in primary care practice, Dr. Robert Bonakdar said at the annual meeting of the American Academy of Family Physicians.

Evidence that **acupuncture** produces a physiologic response can be found in studies of its effect on neurotransmitters and opiate receptors, said Dr. Bonakdar of the Scripps Center for Integrative Medicine, La Jolla, Calif.

In a randomized, double-blinded study of 40 patients, auricular **electroacupuncture** produced a significant 18% rise in pain threshold; the threshold remained nearly unchanged in control patients. When the **acupuncture** was followed by a dose of naloxone, which blocks opiate receptors, the pain threshold rose by only 12%, leading the authors to conclude that the effects of **acupuncture** are mediated in part by endogenous opiates (*Anesth. Prog.* 40[1]:14-19, 1993).

In another study, **electroacupuncture** was used in 32 Swedish patients with osteoarthritis, whose pain was separated into affective (unpleasantness) and sensory (intensity) components. Pain alleviation was more significant on the affective ($p < 0.01$) than on the sensory ($p < 0.05$) component of pain. Pain relief was diminished when the patients took diazepam or naloxone before undergoing **electroacupuncture** (*Am. J. Chin. Med.* 19[1]:1-7, 1991). Other studies have shown that endorphin antibodies or genetic defects in opiate receptors also block **acupuncture** analgesia.

Depending on the patient's complaint, **acupuncture** treatments may last 5-60 minutes, but a typical session is 30-40 minutes. Typically, a patient will have from one to three treatments a week for 4-8 weeks, then weekly follow-up sessions for 1-3 months. The greatest effects are usually seen early in therapy, with some studies showing patients retaining 80% of the benefit 6 months after 4-8 weeks of treatment. Patients with long-standing pain usually have a lower success rate.

Major complications associated with **acupuncture** are rare but serious and include pneumothorax, infection, and spinal cord injury. Relative contraindications include pregnancy or severe bleeding and immune system disorders. Patients with cardiac arrhythmias or pacemakers should discuss this with their doctor and be cautious regarding **electroacupuncture**. An unclear diagnosis also is a relative contraindication, he said.

Physicians interested in incorporating **acupuncture** into their practices can act as advisors, discussing the indications, risks, and benefits with patients and providing referrals. Those wishing to become physician acupuncturists should check state laws. Some states consider **acupuncture** within the realm of standard medical practice and therefore require no additional training of physicians. Other states require several hundred hours of specialized training, usually through a course approved by the American Academy of Medical **Acupuncture**, at www.medicalacupuncture.org. Dr. Bonakdar recommended this approach even if it is not required by the state.

Liability coverage also varies by state. Some carriers consider **acupuncture** within the scope of normal medical practice, while others require additional waivers, he said.