

RESULTS OF VIETNAMESE ACUPUNCTURE SEEN AT THE SECOND SURGICAL HOSPITAL

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One of the rewards in the medical service in a foreign land is the exposure to exotic diseases and methods of therapy which are virtually unknown to many physicians in the western world. With the treatment of Vietnamese patients by medical personnel from the United States and other countries with a similar system of medical education, new experiences and challenges are presented daily. The use of acupuncture as a form of therapy is undoubtedly as unfamiliar to many physicians as it was to us. In addition to our treatment of American casualties at the Second Surgical Hospital in the Republic of Vietnam, we had the opportunity of treating some interesting problems in Vietnamese patients who had previously been treated with acupuncture. The majority of our own staff questioned, "What is acupuncture?"

HISTORICAL BACKGROUND

The principles and techniques of acupuncture were first documented in *The Yellow Emperor's Classic of Internal Medicine (Canon of Medicine)* in China between the fifth and third centuries B.C.^{1,2,3} During the sixth century A.D., Chinese medicine found its way into Japan where moxibustion, the ignition of combustible wormwood cones, had been utilized in the same anatomical areas used for acupuncture.¹ Acupuncture was introduced into Europe at the end of the 17th century, but it was not until the end of the 18th century that it received wide recognition and employment, particularly in France and Germany.⁴ An excellent review of the subject appeared in 1962.¹

In brief, the original acupuncture technique consisted of the insertion of sharp needles of different composition into specified points on the body at varying depths with the needle left in situ for a period lasting from minutes to one or more days. The selection of 365 specific points on the body has an Oriental philosophical basis. Traditionally, this was founded on the dual force of ever-recurring changes of Tao, the immutable course of nature, with the dual force through which Tao acts being called Yin and Yang. A complete description has been outlined by Veith.¹ Yin and Yang were subsequently interpreted to be conveyed through the body by 12 hypothetical main channels corresponding to the months of the year with the 365 acupuncture points representing the days of the year. Insertion of needles into one or more points related on a meridian to a particular organ or portion of it was believed necessary to restore the equilibrium of Yin and Yang in the treatment of illness in general. The number of acupuncture points has varied considerably over the centuries and a different school has described as many as 1000 points. Of these, about 50 points are said to help the patient when stimulated, approximately 900 points are more or less neutral, and about 50 will make the patient worse.⁵

In China the earliest needles were flint but the most common needles have been gold and silver, alleged by some to have different effects. Stiefvater³ cites good results in France and India with pure steel needles and feels the composition of the needle is not of importance. The depth and period of needle placement have been considered to be important and often the needles are placed with the use of a hammer utilizing a rotary motion of the needle.

PRESENT STATUS OF ACUPUNCTURE

Considering the modern advancement of medicine in the western world, it is difficult for many to believe that acupuncture continues to be utilized throughout the world and may even be increasing. Political as well as traditional influences have stimulated the increase in acupuncture therapy in Communist China. Recent records include treatment of 116 cases of appendicitis in Shanghai in 1958,⁶ 323 cases of pulmonary tuberculosis in Peking in 1955-1959,⁷ biliary ascariasis in 48 patients in 1958-1959 in Anhwei,⁸ and 23 cases of epilepsy in Peking in 1959.² Even in medically enlightened countries, by western standards, such as France and Germany, acupuncture has its followers. The International Society of Acupuncture has its headquarters in Paris and the German Society for Acupuncture has a bimonthly publication.¹ Acupuncture remains a mode of therapy in areas of Japan and since 1958 has become popular in some fields of medicine in Russia. It is even in very limited use in the United States as noted in a recent lay publication. An August 1966 issue of a Hong Kong newspaper reported that two British Acupuncturists (the chairman of the British College of Acupuncture and a member of the Board of Directors of the College) were visiting the President of the Kowloon College of Chinese Medicine and Acupuncture for talks on the subject as well as to compare Eastern and Western methods of use. Also an advertisement was noted in the official guide book of the Hong Kong Hotels Association (1966) offering acupuncture treatment along with Psycho-Hypno-Therapy. It should be noted that the Germans describe two schools of acupuncture: that of the traditionalists who follow the ancient Chinese precepts utilizing gold needles for Yang and silver needles for Yin; and that of the innovators who add new techniques, needles of varying composition, and additional acupuncture points.¹

VIETNAM EXPERIENCE

Although the primary mission at the 2d Surgical Hospital in the jungle highlands of the Republic of Vietnam has been surgical care of the American wounded, emergency care was also provided to local Vietnamese patients. In a nine-month period, January 1966 through September 1966, a total of 145 Vietnamese patients were admitted (approximately eight per cent of the total admissions). In addition,

over 350 Vietnamese outpatient visits were made to the emergency room. Consultation was also provided to the local Vietnamese dispensary and hospital. The following interesting cases involving local acupuncture are presented.

REPORT OF CASES

Case 1 — A 14-year-old pregnant Vietnamese female with acute appendicitis was admitted on 24 July 1966 and an appendectomy performed. She had been treated by a combination of needle puncture and scratches of the skin. We have heard of cases in Vietnam where the skin is scratched with sharp pieces of glass to obtain a therapeutic effect.

Case 2 — A 24-month-old child with a five-day history of obstipation, abdominal distention, vomiting, and fever was admitted on 21 July 1966. Although a correct preoperative diagnosis of volvulus of the sigmoid colon was made, surgery was performed because of possible compromise of the bowel in the presence of leucocytosis, tachycardia, temperature elevation, and the unavailability of fluoroscopy.

Case 3 — A ten-year-old thin Vietnamese male was admitted with an acute surgical abdomen on 27 May 1966. By history he had been treated by acupuncture for abdominal pain four days prior to admission and had numerous acupuncture marks on his abdomen. With the preoperative diagnosis of generalized peritonitis secondary to a ruptured viscus, an exploratory laparotomy was performed. Approximately 300cc of purulent material was found free in the peritoneal cavity without any evidence of a perforated viscus, appendicitis, or abscess formation. Marked inflammation of the peritoneum prevented positive identification of an acupuncture penetration. There was no reason to doubt, however, that the purulent peritonitis was secondary to unsterile acupuncture needles with or without bowel penetration. His postoperative course was essentially uncomplicated and he was discharged home on 16 June 1966.

In the literature, mention is made of Berlioz in France introducing the acupuncture needle so deeply into the epigastric region in a man with a convulsive cough, that he thought he had pierced the stomach.⁴ Apparently deep needle insertions may be used.

Case 4 — A 43-year-old Vietnamese male entered the emergency room with a chief complaint of dull right upper quadrant pain of several days duration. A clinical diagnosis of acute cholecystitis was made. He responded rapidly to proper medical management and was completely asymptomatic in three days. Four puncture wounds surrounded by local erythema and minimal induration were noted in the abdominal wall. Through an interpreter a history of recent acupuncture therapy was established.

Case 5 — During a visit to the An Khe Dispensary, an elderly Vietnamese male with cerebral malaria was seen who had multiple acupuncture marks on his abdomen as shown.

Case 6 — One of our Army doctors treated a patient in the local Vietnamese hospital for an elbow joint infected secondary to acupuncture therapy. This should emphasize the dangers of infection from unsterile acupuncture equipment.

COMMENTS

Although there is a considerable following in acupuncture therapy, it seems that most of the "success" would be in treating psychosomatic illness. There is little anatomical or physiological basis for acupuncture by generally accepted standards of western medicine. Even two advocates of acupuncture, Huard, a professor of medicine in France and former dean of the faculty of Medicine of Hanoi, Indo-China, and Wong state: "The action of acupuncture is still poorly understood ..."¹⁰ Acupuncture has been described as curing everything from schistosomiasis to rheumatism, but failures are also admitted. Poor results can be overlooked by those who believe in acupuncture by stating that only a well-trained practitioner would have good results. Negative results have also been attributed to improper selection of acupuncture points, improper angle and depths of needle insertion, and needles made of the wrong material. Lavie⁹ emphasizes precautions to be observed. The large Chinese series of appendicitis cases treated by acupuncture rather than by surgery with concomitant pathological examination, is believable only in those cases which admittedly progressed to abscess formation. Of course, advocates of acupuncture could also cite failures in treatment in our country.

SUMMARY

In briefly reviewing the subject of acupuncture, an attempt is again made to familiarize American physicians with this ancient practice which is still a therapy for millions. Although our contact with Vietnamese patients has been limited, six cases of acupuncture failures in Vietnam have been reviewed. We have no control study for comparison and no experience to describe successful use of acupuncture; and one who believes in acupuncture could rapidly point out that our limited knowledge of acupuncture therapy prevents our full understanding and allows our basic distrust. Nevertheless, we have difficulty in finding a logical basis for acupuncture in the therapy of organic disease. It seems that harmful effects of acupuncture are most manifest in delay in diagnosis and treatment as well as in potential septic complications. Even an isolated practitioner of acupuncture in the United States must be cognizant of possible legal ramifications engendered by a failure to measure up to the community standard of medical practice. Due to the current situation in Southeast Asia more physicians will come into contact with the practice of acupuncture and should at least have some knowledge of the subject.

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