



Acupuncture in Palliative and Hospice Care in the UK

By John Dixon

In this article, I will discuss how there is a place for acupuncture and complementary therapies in palliative and hospice care and how it can benefit patients, carers and families as well as nursing staff. I will also discuss how volunteering in hospices can provide invaluable experience and confidence for all acupuncture practitioners - whether they are new graduates or seasoned professionals.



A major part of complementary therapies in the UK is in hospices and providing palliative care. Among these therapies, the practice of acupuncture is becoming increasingly popular in hospice care and in hospitals in the NHS.

For the past two years, I have been volunteering in St. Joseph's Hospice close to the Whitechapel area of East London. The East End has a sordid history. Whitechapel was immortalized in 1888 - 'The Autumn of Terror' when Jack the Ripper set off a reign of murder and mutilation in the East End. The Ten Bells pub where two of Jack's victims were seen before being butchered - still serves pints. And a mile down the road, the Blind Beggar pub is open for business. This is where the infamous London gangster Ronnie Kray gunned down rival gang associate George Cornell for being called a "fat poof" in a room full of witnesses. The East End also has a history of poverty, overcrowding, workhouses, disease and prostitution and a real Dickensian character. Against this history and backdrop, St. Joseph's hospice has thrived and gone on to develop one of the most vibrant complementary therapy departments in the UK, offering various therapies such as reflexology, massage, aromatherapy, and acupuncture. As a volunteer there practicing acupuncture and reflexology, I have gained invaluable experience and confidence.

Acupuncture in Palliative Hospice Care

Patients in hospice care may suffer from a variety of health conditions, but by far the most common conditions tend to be chronic obstructive pulmonary disease (COPD), multiple sclerosis (MS), and cancer (cancer is the most predominant). Patients dying from cancer experience heavy symptom burden - in particular, severe physiological and psychological effects of pain. Other common problems are muscular skeletal pain, breathing problems, nausea, oedema, insomnia, fatigue, vomiting, stress, and anxiety. Family members and carers also suffer from stress, anxiety, grief, depression and muscular pain and quite often they will also come for treatments.

It is my experience that acupuncture and complementary therapies can help relieve these symptoms. To back this up, various clinical studies have been carried out. Here are a few examples:

Clinical Research & Studies

In the Pub-Med Journal - 'Acupuncture: role in comprehensive cancer care - a primer for the oncologist and review of the literature (2005)', a review of acupuncture studies in cancer care was carried out. It was found that acupuncture significantly reduced vomiting episodes for patients receiving chemotherapy and that acupuncture was observed to be just as effective as or more effective than antidepressants. Studies on breathlessness also showed that acupuncture had a significant positive effect on chronic obstructive pulmonary disease.

In another Pub-Med paper - 'Acupuncture as palliative therapy for physical symptoms and quality of life for advanced cancer patients (2010)'. A trial was carried out to study acupuncture treatment on patients with ovarian or breast cancer. Patients with advanced ovarian or breast cancer received 12 acupuncture sessions over 8 weeks with a follow-up after 12 weeks. Among all 32 assessed patients, there was self-improvement reported immediately following treatment in levels of anxiety, fatigue, pain, and depression. Psychological distress, life satisfaction, and mood states also showed improved scores during treatment with some of these benefits still being sustained after 12 weeks.

Cancer

Volunteering in a hospice I find that 70-80% of the patients are suffering or have suffered from cancer. There seems to be a universal fear of cancer. It can be a devastating disease. The advantage of treating many people with cancer is that the fear of treating patients with this disease can be reduced. Western science has shown us that cancer has multifactorial causes - a combination of different things, such as environmental factors, age, viruses, lowered immune system and genetic factors.

Cancer and Stagnant Qi

In TCM, cancer may be seen as an accumulation of phlegm or damp. There may also be Spleen and Stomach deficiency and the non-transforming and transporting of fluids and food. There is almost definitely a form of Liver Qi stagnation and I suspect the involvement of strong emotional factors either in the present or the past. As there are many types of cancer - it is worth looking to the area that is affected. For example, if it is lung cancer, consider firstly of course obvious environmental factors like whether the person is a long-term smoker. After that, it may be worth considering if there has been an excess of unresolved or buried grief in the past which is the emotion related to the Lung and Metal element.

I have treated several women with breast cancer and have found that treating the Jueyin channel (Pericardium and Liver) seems to help open up and release past issues - hurt and anger that was especially strong before the cancer appeared. The Pericardium channel also flows through the breast area and is strongly influenced by emotions. From an Oriental perspective and from my own experience, I feel that the concept of 'Liver qi stagnation' as used in TCM theory is relevant in some cases. With some of the people I have seen, there is some history of strong emotional stress which have been repressed. If applying a five elements point of view, emotional stress leads to excessive Liver energy which overacts on the Spleen and Stomach hindering its transforming functions and causing phlegm. Whichever way you look at it, cancer is an indicator of stagnant and heated up energy which has accumulated and solidified and probably involves the disharmony of several organs and channels.

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With this in mind, I believe it is important for us to remove stress and deep emotional hurts from ourselves in any way possible – by exercise, psychotherapy, meditation, drinks with friends, or even fight clubs if that is what it takes to get it out.

How Volunteering benefits Acupuncturists

A well-structured training course, good teachers, and apprenticeship can set a practitioner well on his or her way to becoming a good acupuncturist. But the real lessons will always come from the patients themselves and seeing as many patients as possible will speed up your progress. Volunteering enables you an opportunity to speed up your progress by giving you the chance to treat many people in a clinical hospital setting either on wards or in private treatment rooms if the hospice is well developed.

Exposure to different people

As well as needing to get your hands on as many bodies as possible, it is useful to get your hands on as many different types of people in order to develop your skills. The hospice will introduce you to a variety of people – men, women, young, middle aged, elderly, different ethnic groups, nationalities, religious backgrounds, different socio economic, and professional backgrounds.

Technical skills

- Pulse taking

Reading the pulses has a lot of importance in acupuncture, but with some of the patients with severe diseases, I would rarely base a treatment based on the pulse. The reason is that pulses are not always clear to understand. The interaction of advanced illness, surgeries, and cocktails of pharmaceutical drugs will affect the pulse in ways that were not predicted in the Huang Di Neijing. A patient may be thin and frail and the pulse will be rapid and full. Other times, a patient may appear healthy at first impression – they may be young and have recovered from surgery and yet the pulse will be chronically weak and thin.

Learning about strength of treatment

- Adapting treatment

Due to advanced disease states and medications, treatments need to be adapted to the patient's condition. If patients are extra sensitive to needles – perhaps they have had a lot of hypodermic injections, then it may be a good idea to use thinner gauge needles and guide tube insertion. The "less is more" approach can be a consideration because many hospice patients are in a weak depleted state and you may not want to risk over stimulating or leaking qi. I met one acupuncturist who simply needled yintang on one patient to good effect because she deemed her condition was too weak for any further needling.

With some patients taking steroids, I prefer to keep needle insertion shallow and to not use too much needle manipulation as steroids can thin the skin and make it easier to bruise.

Many patients are very immobile. Many have to lie down on their back and cannot move, which makes any form of back treatment difficult to perform. This is all the more worse when a patient has back pain – the area you want access to. Back pain can sometimes be exacerbated by lying on your back and not moving around as the energy stagnates. But with some patients it really is not possible to move around and you should not make them. Treating patients requires that you become inventive. Using distal points or extra channels becomes necessary.

- Trying out and testing

The hospice setting is also a great place to try out new techniques that you may have been taught. For example, recently there has been some interest in a system of ear acupuncture called 'Battlefield Acupuncture.' Some of the other acupuncturists at the hospice practice it. As the name implies, it is a system of ear acupuncture designed for relieving pain presumably on the battlefield and may be ideal for treating pain from operations or caused by tumours - especially when conventional painkillers are not effective.

It can be a great place to try out certain point protocols. For example, I went through a phase of trying out Miriam Lee's standard points protocols – Liver 3, Lung 7, L.I.-4, L.I.-11, St-36 and Spleen-6. The Mox Africa charity also had a moxa protocol for patients with tuberculosis, which involves a pattern of moxa cones around the region of BL-25 to boost the immune system. Nb. it is safer to use smokeless stick-on moxa cones as hospices have fire alarms and if they go off, the entire hospice may need to be evacuated.

Other Clinical Observations

In the hospice, you will encounter many kinds of clinical signs you would not often be able to see in private practice or at least not in such an extreme way. Muscle wastage can be common. If you palpate, certain muscle groups, some muscle areas may have a weak feel to them as though they are lacking qi and blood and can be an indicator of which channels are affected by the disease process. There may be noticeable depressions or weak spots on key acupuncture points such as ST36 or L.I.4. Oedema is a common occurrence as well as internal or external pain. Another finding, I have observed is the hard as a drum distended abdomen in patients with cancers of the intestines.

Adapting Acupuncture treatments to the Hospice Setting

- Interdisciplinary working

Firstly, you will work alongside other therapists of other disciplines. Being an acupuncturist in private practice can be very isolating and so being able to meet up with other practitioners can be beneficial. Secondly, you will be working alongside conventional medicine practitioners – nurses, doctors as well as admin, cleaning, catering staff and other volunteers. At times, you may even treat nurses or other professional staff which can help to promote awareness and understanding of acupuncture.

- Advanced illness - death and realistic expectations

I have read and heard instances of acupuncturists who have been able to heal people completely of cancer. For example, there was an account of how the Japanese acupuncturist, Kodo Fukushima, healed himself of his own cancer with acupuncture treatment. Stories of healing cancer are not so common and naturally they grab our interest. However in the hospice, it can be dangerous and unprofessional to raise unrealistic expectations or false hope in your patients. So it is better to focus on symptomatic treatment.

In Veith's translation of the Neijing, there is this passage –

"The sages did not treat those who were already ill, they instructed those who were not yet ill. To administer medicine to diseases which have already developed is comparable to the behaviour of those persons who begin to dig a well after they have become thirsty and of those who begin to cast weapons after they have already engaged in battle. Would these actions not be too late?"

This statement emphasises the importance of preventative treatment. Many diseases take some time to

develop and obvious symptoms may not show up until some time into the disease progression. This sums up very well the problem of patients with advanced disease. By the time we see them, it may already be too late. The disease process is far more advanced and in many cases, the best we can offer is symptomatic improvements such as reducing pain, digestive discomfort, and improving anxiety and stress or dealing with the side effects of pharmaceutical drugs like chemotherapy or post operative recovery.

Conclusion

Why are complementary therapies effective in palliative care? Healing is as much the body as the mind and the spirit. A patient can be treated with the best medicine, the best surgical procedures, the best foods, but if the spirit and the mind are still troubled - if the person has had enough and they don't want to try any more - then healing is so much harder and suffering is worse. Acupuncture offers a chance to improve the physical state of the body by reducing pain, nausea, sickness and digestive function but it also improves the mind and the spirit by reducing stress and anxiety for the patients, the carers, and their family members. And this is why the usage of complementary therapies is growing in palliative care in the UK.

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