
Editorial

Safer Choice of Needling Methods in Acupuncture Practice

Safety of acupuncture practice has been studied by several large-scale prospective surveys, and the evidence accumulated in the surveys has shown that the incidence of serious adverse events is very rare. On the other hand, it is a fact that adverse events possibly attributable to acupuncture treatment are still being reported as of today. Particularly, as organ injuries such as pneumothorax become life-threatening in the worst case, the knowledge of safe depth of needling is important to the practitioners of acupuncture-moxibustion.

As a matter of fact, it may be necessary to needle to a certain depth in order to obtain clinical effects. Some randomized controlled trials (RCTs), have reached the conclusion that deep needling is more effective than shallow needling. At the same time, there are many RCTs concluding that the clinical effects of both shallow needling and deep needling are not different. If it is known that the shallow or deep needling is more effective than the no-treatment group and the usual care group, the next step to take is to select a safer method of needling. Taking an example of migraine headaches, there are many RCT reports suggesting that shallow needling and deep needling produce no different effects. If this is the case, treatment with shallow needling could prevent serious adverse events that have been reported until now, such as injuries of medulla oblongata or spinal cord.

Japanese acupuncture has a variety of styles in which relatively thinner needles are used in general and relatively shallow insertion is applied. Also it does not necessarily seek Deqi. In the U.S. and Europe, there are many RCTs that had the conclusion that there are no significant differences in effects between the group of superficial or minimal needling and the group of ordinary needling with TCM method. Then, performing Japanese style acupuncture would be sufficient for the conditions in such RCTs. This is because Japanese style acupuncture is safer and brings equivalent clinical effects.

Let's think rationally and act accordingly. Patients do not have to wince in pain and withstand intense needling stimulation and they can often have clinical effects equivalent to those previously obtained with lower incidence rates of organ injuries. In the U.S. and European countries there should be many more patients to whom this safer choice can be applied.

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