

# Search Results

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## Search History

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1. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (Self AND Needling).ti,ab; 117 results.
2. MEDLINE; (self AND needling).ti,ab; 37 results.
3. MEDLINE; \*ACUPUNCTURE THERAPY/; 7596 results.
4. MEDLINE; \*ACUPUNCTURE/; 683 results.
5. MEDLINE; 3 OR 4; 8211 results.
6. MEDLINE; exp \*SELF ADMINISTRATION/; 1363 results.
7. MEDLINE; exp \*SELF MEDICATION/; 1425 results.
8. MEDLINE; 6 OR 7; 2754 results.
9. MEDLINE; \*PATIENT PARTICIPATION/; 7138 results.
10. MEDLINE; 5 AND 8; 4 results.
11. MEDLINE; 5 AND 9; 3 results.
12. AMED; exp ACUPUNCTURE/ OR exp ACUPOINTS/; 4353 results.
13. AMED; exp SELF CARE/; 1105 results.
14. AMED; (self AND administration).ti,ab; 164 results.
15. AMED; 13 OR 14; 1262 results.
16. AMED; 12 AND 15; 9 results.
17. HMIC; exp ACUPUNCTURE/; 102 results.
18. HMIC; exp SELF MEDICATION/; 148 results.
19. HMIC; (self AND administration).ti,ab; 114 results.
20. HMIC; exp SELF CARE/; 751 results.
21. HMIC; 18 OR 19 OR 20; 845 results.
22. HMIC; 17 AND 21; 2 results.
23. CINAHL; \*ACUPUNCTURE/; 3627 results.
24. CINAHL; exp SELF CARE/; 16820 results.
25. CINAHL; \*SELF MEDICATION/; 307 results.
26. CINAHL; exp \*SELF ADMINISTRATION/; 1318 results.
27. CINAHL; 24 OR 25 OR 26; 16820 results.
28. CINAHL; 23 AND 27; 21 results.
29. PsycINFO; \*ACUPUNCTURE/; 725 results.
30. PsycINFO; exp \*SELF MANAGEMENT/; 2958 results.
31. PsycINFO; exp \*SELF MEDICATION/; 321 results.
32. PsycINFO; (self AND administration).ti,ab; 6633 results.
33. PsycINFO; 30 OR 31 OR 32; 9840 results.
34. PsycINFO; 29 AND 33; 1 results.
35. AMED,BNI,EMBASE,HMIC,MEDLINE,PsycINFO,CINAHL,HEALTH BUSINESS ELITE; Duplicate filtered: [(Self AND Needling).ti,ab], [5 AND 8], [5 AND 9], [12 AND 15], [17 AND 21], [29 AND 33]; 136 results.
36. MEDLINE,AMED,HMIC,PsycINFO; Duplicate filtered: [5 AND 8], [5 AND 9], [12 AND 15], [17 AND 21], [29 AND 33]; 19 results.

**1. Acupuncture suppresses morphine self-administration through the GABA receptors.**

<b>Citation:</b>	Brain Research Bulletin, April 2010, vol./is. 81/6(625-30), 0361-9230;1873-2747 (2010 Apr 5)
<b>Author(s):</b>	Yoon SS; Kim H; Choi KH; Lee BH; Lee YK; Lim SC; Choi SH; Hwang M; Kim KJ; Yang CH
<b>Institution:</b>	Department of Physiology, College of Oriental Medicine, Daegu Haany University, Suseong-gu, Daegu 706-828, South Korea.
<b>Language:</b>	English
<b>Abstract:</b>	<p>The neurobiological substrate for morphine self-administration in animals is believed to involve the dopamine system of the nucleus accumbens. Our previous study has shown that acupuncture at the acupoint Shenmen (HT7) reduced dopamine release in the nucleus accumbens and behavioral hyperactivity induced by systemic administration of morphine. Here we investigated the effect of acupuncture on morphine self-administration and potential roles of GABA receptors in the mechanisms behind acupuncture. Male Sprague-Dawley rats were trained to self-administer morphine (0.1 mg/kg per infusion) during daily 1-h session under fixed-ratio 1 schedule. Following the stable responding on morphine self-administration, acupuncture was applied to HT7 points bilaterally (1 min) prior to the testing session. Another groups of rats were given the GABA(B) receptor antagonist SCH 50911 (3.0 mg/kg, i.p.), the GABA(A) receptor antagonist bicuculline (1.0 mg/kg, i.p.) or saline 30 min prior to the acupuncture treatment. We have found that acupuncture at the acupoint HT7, but not at the control point Yangxi (LI5), significantly decreased morphine self-administration. Moreover, either SCH 50911 or bicuculline blocked the inhibitory effects of acupuncture on morphine self-administration. Taken together, the current results suggest that acupuncture at specific HT7 points regulates the reinforcing effects of morphine via regulation of GABA receptors. Copyright 2009 Elsevier Inc. All rights reserved.</p>
<b>Country of Publication:</b>	United States
<b>CAS Registry Number:</b>	0 ((+)-(S)-5,5-dimethylmorpholinyl-2-acetic acid); 0 (GABA Antagonists); 0 (Morpholines); 0 (Narcotics); 0 (Receptors, GABA-A); 0 (Receptors, GABA-B); 485-49-4 (Bicuculline); 57-27-2 (Morphine)
<b>Publication Type:</b>	Journal Article; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">*Acupuncture Therapy/mt [Methods]</a> <a href="#">Animals</a> <a href="#">Bicuculline/ad [Administration &amp; Dosage]</a> <a href="#">Bicuculline/pd [Pharmacology]</a> <a href="#">Feeding Behavior</a> <a href="#">GABA Antagonists/ad [Administration &amp; Dosage]</a> <a href="#">GABA Antagonists/pd [Pharmacology]</a> <a href="#">Male</a> <a href="#">*Morphine/ad [Administration &amp; Dosage]</a> <a href="#">Morphine/pd [Pharmacology]</a> <a href="#">Morpholines/ad [Administration &amp; Dosage]</a> <a href="#">Morpholines/pd [Pharmacology]</a> <a href="#">*Narcotics/ad [Administration &amp; Dosage]</a> <a href="#">Narcotics/pd [Pharmacology]</a> <a href="#">Rats</a> <a href="#">Rats, Sprague-Dawley</a> <a href="#">Receptors, GABA-A/ai [Antagonists &amp; Inhibitors]</a> <a href="#">*Receptors, GABA-A/me [Metabolism]</a> <a href="#">Receptors, GABA-B/ai [Antagonists &amp; Inhibitors]</a> <a href="#">*Receptors, GABA-B/me [Metabolism]</a> <a href="#">*Self Administration/mt [Methods]</a> <a href="#">Time Factors</a>
<b>Source:</b>	MEDLINE

## 2. Self-acupuncture: a British Acupuncture Council position

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<b>Citation:</b>	J Acupunct Assoc Chart Physiotherapists, 2008, vol./is. 2008/1(51-2), 1748-8656 (2008 Spring)
<b>Author(s):</b>	Bishop R
<b>Language:</b>	English
<b>Abstract:</b>	Self-needling in acupuncture is both a very emotive and, at the same time, practical topic. Despite being the subject of considerable recent debate, the British Acupuncture Council currently has no official policy on self-needling because this is an area in which it is difficult to frame policy. Nevertheless, the following areas of concern remain: there is the question of the legal responsibility for standards of safe practice; there is the issue of who is insured; there is the question of whether patients would accept the limitation of acupuncture points located by their acupuncturist; there is the risk of nerve damage from understandable 'clumsy needling' in these circumstances; and finally, there are the inevitable Health and Safety issues.
<b>Publisher:</b>	J Acupunct Assoc Chart Physiotherapists
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<a href="#">Self care</a> <a href="#">Acupuncture therapy</a> <a href="#">humans</a> <a href="#">Therapy</a> <a href="#">Methods</a> <a href="#">Great Britain</a>
<b>Source:</b>	AMED

## 3. Self-acupuncture: a British Medical Acupuncture Society position

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<b>Citation:</b>	J Acupunct Assoc Chart Physiotherapists, 2008, vol./is. 2008/1(47-9), 1748-8656 (2008 Spring)
<b>Author(s):</b>	Cummings M
<b>Language:</b>	English
<b>Abstract:</b>	The British Medical Acupuncture Society does not have a formal policy on self-acupuncture; however, a number of senior members advocate self-needling techniques (with appropriate safety considerations) if these appear to be in the best interests of an individual patient, or for particular indications. There are few reported adverse events related to self-acupuncture that has been directed by a regulated healthcare professional, although there are plenty of examples of trauma related to self-needling (often with sewing needles) in individuals who have not been given specific instruction. The latter should not be used as an argument against a practice that can be very useful in symptom control for a selected group of patients.
<b>Publisher:</b>	J Acupunct Assoc Chart Physiotherapists
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<a href="#">Self care</a> <a href="#">Acupuncture therapy</a> <a href="#">humans</a> <a href="#">Great Britain</a> <a href="#">Therapy</a> <a href="#">Methods</a>
<b>Source:</b>	AMED

## 4. Acupuncture--self-appraisal and the reward system.

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<b>Citation:</b>	Acupuncture in Medicine, September 2007, vol./is. 25/3(87-99), 0964-5284;0964-5284 (2007 Sep)
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<b>Author(s):</b>	Lundeberg T; Lund I; Naslund J
<b>Institution:</b>	Rehabilitation Medicine, UniversityClinic, Danderyds Hospital, Stockholm, Sweden. thomas.lundeberg@ds.se
<b>Language:</b>	English
<b>Abstract:</b>	<p>Acupuncture is an ancient therapy with a variety of different explanatory models. A cascade of physiological effects has been reported, both in the peripheral and the central nervous system, following the insertion of a needle or light tapping of the skin. Clinical trials testing the specific claims of acupuncture have generally tried to focus on testing the efficacy of applying specific techniques and/or specified points. However, different conditions may respond differently to different modes of stimulation. Recently, it was demonstrated that both superficial and deep needling (with de qi/Hibiki) resulted in amelioration of patellofemoral pain and unpleasantness. The pleasurable aspect of the acupuncture experience has largely been ignored as it has been considered secondary to its pain alleviating effects. This aspect of acupuncture treatment is likely to be related to activation of self-appraisal and the reward system. When a patient seeks a therapist there are expectations of a specific effect. These expectations are partly based on self-relevant phenomena and self-referential introspection and constitute the preference. Also, when asked about the effect of the treatment, processes that orientate pre-attentive anticipatory or mnemonic information and processes that mediate self-reflection and recollection are integrated together with sensory detection to enable a decision about the patient's perception of the effect of acupuncture treatment. These 'self-appraisal' processes are dependent on two integrated networks: a ventral medial prefrontal cortex-paralimbic-limbic 'affective' pathway and a dorsal medial prefrontal cortex-cortical-hippocampal 'cognitive' pathway. The limbic structures are implicated in the reward system and play a key role in most diseases and illness responses including chronic pain and depression, regulating mood and neuromodulatory responses (eg sensory, autonomic, and endocrine). The pleasurable and neuromodulatory aspects of acupuncture as well as 'placebo needling' may partly be explained by the activation or deactivation of limbic structures including the hippocampus, amygdala, and their connections with the hypothalamus. In patients with patellofemoral pain, the effects of superficial and deep needling remained for six months. These long term pain-alleviating effects have been attributed to activation of pain inhibiting systems in cortical and subcortical pathways. When considering long term effects the cortical-cerebellar system needs to be taken into account. The cortical-cerebellar system is probably central to the development of neural models that learn and eventually stimulate routinely executed (eg motor skills) and long term (eg pain alleviation) cognitive processes. These higher order cognitive processes are initially mediated in prefrontal cortical loci but later shift control iteratively to internal cerebellar representations of these processes. Possibly part of the long term healing effects of acupuncture may be attributed to changes in the cerebellar system thereby sparing processing load in cortical and subcortical areas. As cortical and subcortical structures are activated and/or de-activated following stimulation of receptors in the skin, disregarding site, 'placebo or sham needling' does not exist and conclusions drawn on the basis that it is an inert control are invalid. 'Self' may be seen as a shifting illusion, ceaselessly constructed and deconstructed, and the effect of acupuncture may reflect its status (as well as that of the therapist).</p>
<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Journal Article; Review
<b>Subject Headings:</b>	<p><a href="#">*Acupuncture Therapy/mt [Methods]</a>  <a href="#">*Cerebral Cortex/ph [Physiology]</a>  <a href="#">*Cognition/ph [Physiology]</a>  <a href="#">Humans</a>  <a href="#">Hypothalamus/ph [Physiology]</a>  <a href="#">Limbic System/ph [Physiology]</a>  <a href="#">Neural Pathways</a>  <a href="#">*Pain/th [Therapy]</a>  <a href="#">*Self Concept</a></p>
<b>Source:</b>	MEDLINE

**Full Text:** Available in *fulltext* at [EBSCO Host](#)  
Available in *fulltext* at [ProQuest](#)

### 5. Patients' experiences of Western-style acupuncture: the influence of acupuncture 'dose', self-care strategies and integration

**Citation:** Journal of Health Services Research and Policy, 2007, vol./is. 12/(s1:39-s1:45), 1355-8196 (sup 1 Apr 2007)

**Author(s):** Paterson, Charlotte

**Abstract:** The objectives of the study were to investigate patient's perspectives of the process and outcome of Western-style acupuncture for chronic health problems and to use these results to inform the provision of acupuncture in health services in the UK. A purposive sample of 18 patients who were having Western-style acupuncture, for the first time, for a health problems of at least three months duration, were interviewed twice over a four-month period using semi-structured interviews. Using a constant comparative method, the data were analysed across cases and within cases. The results were the interviewees complained of chronic pain and moderate or severe disability which was resistant to conventional treatment. Their experience of acupuncture was diverse and varied according to the 'dosage' of acupuncture received, the inclusion of self-care strategies, and their relationship with the practitioner. These three factors were interlinked and constituted individual styles of practice for each practitioner. The majority of patients benefited in terms of complete or partial relief of pain and disability, and reduction in conventional medication. However, some patients were disappointed by the treatment, distressed about 'wasting people's time', and about the lack of continuity of care. People who benefited most had good general health and a single problem. Patients showed discerning judgement regarding the 'dosage' of acupuncture they required, and combined acupuncture with exercises to good effect. Publicly funded health services should provide an acupuncture service that provides the optimal 'dosage' and uses pain relief to promote self-care. Further research to investigate the benefits of a service that combines Western-style and traditional acupuncture is planned. Cites 20 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [ACUPUNCTURE](#)  
[PATIENT VIEWS](#)  
[HEALTH OUTCOMES](#)  
[CHRONIC DISEASE](#)  
[PAIN](#)  
[DOSAGE](#)  
[SELF CARE](#)  
[EFFECTIVENESS](#)  
[STATISTICAL DATA](#)  
[TABULAR DATA](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [Royal Society of Medicine Press](#)  
Available in *print* at [Bolton PCT](#)

### 6. Acupuncture procedures must be accurately described... Filshie J, Bolton T, Browne D, Ashley S. Acupuncture and self acupuncture for long term treatment of vasomotor symptoms in cancer patients -- audit and treatment algorithm. *Acupunct Med* 2005;23(4):171-180... Cummings M. Paradoxical blood flow response to depth of needling in fibromyalgia vs normal subjects. *Research review. Acupunct Med* 2005;23(4):198.

**Citation:** *Acupuncture in Medicine*, 01 June 2006, vol./is. 24/2(92-97), 09645284

**Author(s):** Sandberg M; Filshie J; Wyon Y; Nedstrand E; Hammar M

**Language:** English

**Publication Type:** journal article

**Subject Headings:** [Fibromyalgia](#)

[Premenstrual Syndrome](#)  
[Acupuncture](#)  
[Self Care](#)  
[Research Methodology](#)  
[Alternative Therapies](#)

**Source:** CINAHL  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 7. Acupuncture and self acupuncture for long term treatment of vasomotor symptoms in cancer patients - Audit and treatment algorithm

**Citation:** Acupuncture in Medicine, December 2005, vol./is. 23/4(171-180), 0964-5284 (Dec 2005)  
**Author(s):** Filshie J.; Bolton T.; Browne D.; Ashley S.  
**Institution:** (Filshie, Bolton, Browne, Ashley) Royal Marsden Hospital, London and Surrey, United Kingdom  
**Language:** English  
**Abstract:**

Introduction: Since hormone replacement therapy given for long periods is now recognised to produce serious side effects, patients with troublesome vasomotor symptoms are increasingly using non-hormonal treatment including acupuncture. Several randomised controlled trials have shown that acupuncture reduces menopausal symptoms in patients experiencing the normal climacteric. It may have this effect by raising serotonin levels which alter the temperature set point in the hypothalamus. Vasomotor symptoms can be extreme in breast cancer patients and patients with prostate cancer who are undergoing anticancer therapy. The safety of some herbal medicines and phytoestrogens has been questioned, as they could potentially interfere adversely with the bioavailability of tumouricidal drugs. A previous study reports short term benefit from acupuncture, and the aim of this report is to describe our approach to long term treatment. Acupuncture approach After piloting several approaches, six weekly treatments were given initially at LI4, TE5, LR3 and SP6 and two upper sternal points, but avoiding any limb with existing lymphoedema or prone to developing it. If there were no contraindications, patients were given clear instructions on how to perform self acupuncture using either semi-permanent needles or conventional needling at SP6, weekly for up to six years, for long term maintenance. Audit methods and results A retrospective audit of electronic records was carried out by a doctor not involved in treatment. A total of 194 patients were treated, predominantly with breast and prostate cancer. One hundred and eighty two patients were female. The number of pre-treatment hot flushes per day was estimated by the patient: in the 159 cases providing adequate records, the mean was 16 flushes per day. Following treatment, 114 (79%) gained a 50% or greater reduction in hot flushes and 30 (21%) a less than 50% reduction. Treatment was abandoned in those who responded poorly or not at all. The duration of treatment varied from one month to over six years with a mean duration of nine months. Seventeen patients (9%) experienced minor side effects over the six year period, mostly minor rashes; one patient described leg swelling but this was likely to be due to a concurrent fracture. Conclusion Acupuncture including self acupuncture is associated with long term relief of vasomotor symptoms in cancer patients. Treatment is safe and costs appear to be low. An algorithm is presented to guide clinical use. We recommend the use of self acupuncture with needles at SP6 in preference to semi-permanent needles in the first instance, but poor responders use indwelling studs if they fail to respond adequately to self acupuncture with regular needles. Point location may be of less importance than the overall 'dose', and an appropriate minimum dose may be required to initiate the effect.

**Country of Publication:** United Kingdom  
**Publication Type:** Journal: Review  
**Subject Headings:**
[\\*acupuncture](#)  
[adult](#)  
[aged](#)  
[algorithm](#)  
[breast cancer](#)



\*cancer patient  
 climacterium  
 female  
 hormone substitution  
 hot flush  
 human  
 hypothalamus  
 leg swelling  
 long term care  
 lymphedema  
 major clinical study  
 male  
 menopausal syndrome/th [Therapy]  
 patient safety  
 prostate cancer  
 rash  
 review  
 serotonin blood level  
 \*vasomotor disorder/th [Therapy]

**Source:** EMBASE

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 8. Acupuncture and self acupuncture for long term treatment of vasomotor symptoms in cancer patients – audit and treatment algorithm.

**Citation:** Acupuncture in Medicine, 01 December 2005, vol./is. 23/4(171-180), 09645284

**Author(s):** Filshie J; Bolton T; Browne D; Ashley S

**Language:** English

**Abstract:** Introduction Since hormone replacement therapy given for long periods is now recognised to produce serious side effects, patients with troublesome vasomotor symptoms are increasingly using non-hormonal treatment including acupuncture. Several randomised controlled trials have shown that acupuncture reduces menopausal symptoms in patients experiencing the normal climacteric. It may have this effect by raising serotonin levels which alter the temperature set point in the hypothalamus. Vasomotor symptoms can be extreme in breast cancer patients and patients with prostate cancer who are undergoing anticancer therapy. The safety of some herbal medicines and phytoestrogens has been questioned, as they could potentially interfere adversely with the bioavailability of tumouricidal drugs. A previous study reports short term benefit from acupuncture, and the aim of this report is to describe our approach to long term treatment.; Acupuncture approach After piloting several approaches, six weekly treatments were given initially at L14, TES, LR3 and SP6 and two upper sternal points, but avoiding any limb with existing lymphoedema or prone to developing it. If there were no contraindications, patients were given clear instructions on how to perform self acupuncture using either semi-permanent needles or conventional needling at SP6, weekly for up to six years, for long term maintenance.; Audit methods and results A retrospective audit of electronic records was carried out by a doctor not involved in treatment. A total of 194 patients were treated, predominantly with breast and prostate cancer. One hundred and eighty two patients were female. The number of pre-treatment hot flushes per day was estimated by the patient: in the 159 cases providing adequate records, the mean was 16 flushes per day. Following treatment, 114 (79%) gained a 50% or greater reduction in hot flushes and 30 (21%) a less than 50% reduction. Treatment was abandoned in those who responded poorly or not at all. The duration of treatment varied from one month to over six years with a mean duration of nine months. Seventeen patients (9%) experienced minor side effects over the six year period, mostly minor rashes; one patient described leg swelling but this was likely to be due to a concurrent fracture.; Conclusion Acupuncture including self acupuncture is associated with long term relief of vasomotor symptoms in cancer patients. Treatment is safe and costs appear to be low. An algorithm is presented to guide clinical use. We recommend the use of self



acupuncture with needles at SP6 in preference to semi-permanent needles in the first instance, but poor responders use indwelling studs if they fail to respond adequately to self acupuncture with regular needles. Point location may be of less importance than the overall 'dose', and an appropriate minimum dose may be required to initiate the effect.

**Publication Type:** journal article

**Subject Headings:** [Neoplasms](#)  
[Hormone Therapy](#)  
[Perimenopausal Symptoms](#)  
[Perimenopausal Symptoms](#)  
[Acupuncture](#)  
[Self Care](#)  
[Female](#)  
[Male](#)  
[Alternative Therapies](#)  
[Men's Health](#)  
[Women's Health](#)  
[Prostatic Neoplasms](#)  
[Breast Neoplasms](#)  
[Prospective Studies](#)  
[Acupuncture Points](#)  
[Retrospective Design](#)  
[Record Review](#)  
[Descriptive Statistics](#)  
[Treatment Outcomes](#)  
[Acupuncture](#)  
[Adult](#)  
[Middle Age](#)  
[Aged](#)  
[Aged, 80 and Over](#)  
[Computerized Patient Record](#)  
[Human](#)

**Source:** CINAHL

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 9. Debate--patients should be encouraged to treat themselves.

**Citation:** Acupuncture in Medicine, September 2004, vol./is. 22/3(141-5), 0964-5284;0964-5284 (2004 Sep)

**Author(s):** Campbell A; Hopwood V

**Institution:** AACP, Southampton, UK. val.hopwoodaACP@btinternet.com

**Language:** English

**Abstract:** In favour of self-acupuncture, this is a useful way to prolong the effects of acupuncture when the response is only brief or patients cannot attend frequently. If the patient is capable and the condition is suitable for self-acupuncture, patients can be taught how to do it and then seen for review. Patients should be provided with complete information sheets, and one example is presented. Against self-acupuncture, patient safety is paramount and would be compromised by teaching them how to do acupuncture. In addition, serious accidents have happened with self-acupuncture, including a death. Other arguments against it are that it is less effective than standard acupuncture, the patient misses out on the therapeutic relationship, and safer alternative methods exist.

**Country of Publication:** England

**Publication Type:** Comment; Journal Article

**Subject Headings:** [\\*Acupuncture Therapy/ae \[Adverse Effects\]](#)  
[\\*Acupuncture Therapy/mt \[Methods\]](#)  
[England](#)  
[Humans](#)

[Pain Clinics/st \[Standards\]](#)  
[Patient Acceptance of Health Care](#)  
[\\*Patient Education as Topic/mt \[Methods\]](#)  
[Risk Factors](#)  
[\\*Self Administration/ae \[Adverse Effects\]](#)  
[\\*Self Administration/mt \[Methods\]](#)  
[Time Factors](#)

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 10. A survey of the use of self-acupuncture in pain clinics--a safe way to meet increasing demand?.

**Citation:** Acupuncture in Medicine, September 2004, vol./is. 22/3(137-40), 0964-5284;0964-5284 (2004 Sep)  
**Author(s):** Orpen M; Harvey G; Millard J  
**Institution:** Nottingham City Hospital, UK. Michele.Orpen@ncht.trent.nhs.uk  
**Language:** English  
**Abstract:** An acupuncture service is well established within a pain clinic in Nottingham, England, and is now unable to meet the increasing demand for treatment despite recent expansion. Patients used to be offered training in self-acupuncture. This was withdrawn because of safety concerns, but is being considered again as a way of meeting the demand. There is little published research on the topic, so a survey of 42 English hospitals was conducted to establish whether acupuncture services are provided, and to discover whether others were offering training in self-acupuncture to patients. Thirty hospitals replied, 23 of which offer an acupuncture service. The average waiting time for the first acupuncture treatment was 18.5 weeks, and the average waiting time for follow up treatments was nine weeks. One hospital taught patients auricular self-acupuncture, another was planning to teach patients, and a third hospital had previously taught patients but stopped. Discussing these findings, concerns are raised about the safety of self-acupuncture, and issues about patient selection, training, information, supervision and supply of materials are reviewed. A debate on these issues would be valuable.

**Country of Publication:** England  
**Publication Type:** Journal Article  
**Subject Headings:**
[\\*Acupuncture Therapy/mt \[Methods\]](#)  
[\\*Acupuncture Therapy/sn \[Statistics & Numerical Data\]](#)  
[Appointments and Schedules](#)  
[England](#)  
[Humans](#)  
[\\*Pain Clinics/st \[Standards\]](#)  
[Pain Clinics/sn \[Statistics & Numerical Data\]](#)  
[Patient Acceptance of Health Care/sn \[Statistics & Numerical Data\]](#)  
[\\*Patient Education as Topic/sn \[Statistics & Numerical Data\]](#)  
[Questionnaires](#)  
[Risk Factors](#)  
[\\*Self Administration/sn \[Statistics & Numerical Data\]](#)  
[Time Factors](#)

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 11. An audit of self-acupuncture in primary care.

**Citation:** Acupuncture in Medicine, June 2003, vol./is. 21/1-2(28-31), 0964-5284;0964-5284 (2003 Jun)  
**Author(s):** Fagan N; Staten P  
**Institution:** nigel.fagan@btinternet.com

<b>Language:</b>	English
<b>Abstract:</b>	This paper presents early experiences with self-acupuncture (i.e. patients treating themselves with acupuncture), in a medium sized, mainly urban, General Practice. It has been useful in allowing greater access to acupuncture in this setting. Fifteen conditions were treated; the majority of which were musculoskeletal. Ten out of fifteen reported their treatment to be successful. No adverse events were reported by any of the patients.
<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<a href="#">Acupuncture Therapy/mt [Methods]</a> <a href="#">Acupuncture Therapy/px [Psychology]</a> <a href="#">*Acupuncture Therapy</a> <a href="#">Adult</a> <a href="#">Aged</a> <a href="#">Attitude to Health</a> <a href="#">Family Practice</a> <a href="#">Female</a> <a href="#">Humans</a> <a href="#">Male</a> <a href="#">Medical Audit</a> <a href="#">Middle Aged</a> <a href="#">Pain/th [Therapy]</a> <a href="#">Patient Education as Topic/mt [Methods]</a> <a href="#">*Patient Education as Topic</a> <a href="#">Patient Participation</a> <a href="#">Patient Satisfaction</a> <a href="#">Primary Health Care</a> <a href="#">*Self Administration</a>
<b>Source:</b>	MEDLINE
<b>Full Text:</b>	Available in <i>fulltext</i> at <a href="#">EBSCO Host</a>

## 12. Acupuncture and self-healing

<b>Citation:</b>	Nordisk Tidsskrift for Biologisk Medisin, 2002, vol./is. 2/2(49-55), 1502-1475 (2002)
<b>Author(s):</b>	Schjelderup V
<b>Language:</b>	Norwegian
<b>Abstract:</b>	<p>The hypothesis that acupuncture and related methods stimulate healing processes, promoting homeostasis in the living organism, is a reasonable working hypothesis. It is in agreement with observations in clinical practice, and is supported by clinical and experimental research. A better understanding of the physiological mechanisms involved will depend on a better knowledge of the physiological systems that regulate homeostasis and healing processes in the living organism. Today there are two promising fields of research that give us a better understanding of these areas of physiology: that of ECIWO biology, and that of the significance of bioelectricity for healing processes. These new fields of research give us a better scientific basis to explain both the bio-holographic methods like ear acupuncture and foot reflexology, and many aspects of traditional acupuncture. It is possible to explain how the multilevel holographic structuring of the organism serves as a cybernetic system regulating homeostasis and regenerative processes in the living organism. We have, therefore, a better scientific basis for incorporating acupuncture and related methods into modern medical practice. This will facilitate the use of such methods, which are already reasonably well documented, and at the same time may inspire new research in many fields of both practical and theoretical medicine.</p>
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<a href="#">Self care</a> <a href="#">Acupuncture</a> <a href="#">Bioenergy</a>

Homeostasis  
Reflexology  
Prognosis

**Source:**

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