

# Offering Complex Patients a Simple Piece of Heaven

## Introduction

The scope for managing complicated conditions using uncomplicated approaches, and the empowerment acupuncture can bring to cancer survivors is expressed in the following quotes:

Keep it simple so complicated things can happen. (Dr Michael Smith)<sup>1</sup>

I think the underlying feeling is that you are actually able ... you're doing something to help yourself, where prior to [having acupuncture], you felt quite useless. There was nothing you could do to aid your recovery, really. (Breast cancer survivor with lymphoedema)<sup>2</sup>

Supporting people who have been treated for cancer lies within the scope of qualified acupuncturists. The remaining chapters of this book describe some of the issues cancer survivors bring to clinic and illustrate how acupuncture can help them. As well as exploring approaches to these issues, we hear the voices of patients who share their experiences of acupuncture treatment in the quotations and case studies presented throughout.

Acupuncture is a diverse and flexible discipline, within which each practitioner brings their own approach to provide the best patient care. Apart from the section on safety, the guidance in this chapter is intended to be illustrative rather than prescriptive, to help and not hinder. It stems from my style, which evolved from my training, experience, continuing professional development, and the different contexts I have worked in. It illuminates how I have applied the techniques described throughout this book and informs the treatment approaches detailed in the case studies.

## Guidelines for treating cancer survivors following active treatment

### ESSENTIALS

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I have three basic guidelines to approaching treatment:

- Keep it simple.

- Treat what you see.
- Understand cancer and cancer treatments and their consequences.

### ***1. Keep it simple***

In 2008, I discovered a paper bearing the title of this chapter.<sup>3</sup> The title was immediately appealing. So was Daniel Schulman's discussion of the challenges of treating patients whose complex presentations frustrated his attempts at pattern differentiation.

These were patients whose presentations he described as 'daunting, overwhelming and intimidating all at once'. Diagnosis was complicated by the patient's inability, due to their 'multi-symptomatic and medication-induced confusion' to provide 'consistent and informative answers to the finer questions' Daniel liked to ask.

His eventual solution was to devise a simple, adaptable treatment strategy for complex patients based on the 'Early Heaven – Later Heaven' framework. This simultaneously engages the patient's pre-heavenly or constitutional essence (*xian tian zhi jing*, or congenital, prenatal, or inherited jing) by addressing the Kidney while generating the post-heavenly or acquired constitutional essence (*hou tian zhi jing*) by addressing the Stomach, to offer the patient a connection between their past and their present. This informed his approach and his compelling title.

This paper spoke to me. I had completed two research studies investigating using acupuncture to manage breast cancer treatment-related hot flushes and night sweats.<sup>4</sup> In the first of these, using a semi-individualised protocol, I felt I stretched acupuncture to the limit to address the complex presentations of the study participants. In the second, I witnessed how an apparently simple standardised ear acupuncture protocol could achieve remarkable results. I was poised to start my third research study, investigating acupuncture in the management of lymphoedema, a condition resistant to treatment and presenting alongside complex comorbidities.

Although I did not adopt Schulman's protocol, his ethos of keeping treatment simple for complex patients wove itself into my approach to treatment. It was a timely reminder of what I had been taught at the College of Integrated Chinese Medicine – minimal interventions give the best feedback to the practitioner while giving the patient the opportunity to thrive.<sup>5</sup> In my early years of practice, it was all too easy to forget this! I was fortunate to also work with the National Acupuncture Detoxification Association (NADA). I benefited from Dr Michael Smith's admonition to 'keep things simple so complicated things can happen'.

It takes courage to keep things simple, especially when faced with a patient who is desperate for relief from troubling symptoms. I am grateful to the many teachers over the years who encouraged me to administer a simple treatment, observe and reflect, and then adapt as required. Most importantly, they encouraged me to have patience.

Cancer survivors are likely to have experienced trauma on many levels – physical, emotional, and spiritual as well as financial and social. Respecting this, I treat gently, starting with a simple treatment to assess the individual's response.

This 'simple' approach has enabled me to learn; to see more clearly what I have done and why. This in turn makes it easier to assess what may or may not have worked and

informs how to move forward. As I learn about the person, what they need, and how they respond to treatment, I adjust the treatment accordingly.

This also gives the patient time to process treatment. Cancer survivors often need stability and time to process the changes they have experienced before they can move on. Adopting a simple treatment approach minimises the risk of overwhelming or overstimulating the patient.

Simplicity has become a mainstay of my style. When I stray from this principle, I notice the results are less good and I must simplify again.

## **2. *Treat what you see***

Qualified acupuncturists can observe, diagnose, and develop a treatment plan within the theoretical framework(s) for which they are trained.

There are patterns, syndromes, and generalisations that are understood to be associated with cancer treatments. Experience has taught me that these can be incorrect.

### **Questioning the received wisdom**

When I designed the protocol for my first hot flush study, I consulted the textbooks, journals, and leading practitioners at the time. (There is far more information available about hot flushes and acupuncture than there was in 1999–2000.) The consensus was that Kidney yin deficiency was the key syndrome underlying hot flushes. Consequently, I designed my protocol around this. When my research clinic started, I expected to see patients with the tongue presentation associated with Kidney yin deficiency – red, dry, and peeled in patches. Yes, there were some of those, but there was a range of other presentations, causing me to question the received wisdom (see Chapter 8, Cancer Treatment-Related Hot Flushes and Night Sweats).

This taught me to treat what was presenting, regardless of the theory. While theory can *inform*, patients rarely *conform*. Understanding this liberated my practice. Eventually, it helped me understand that moxa can be an appropriate modality for treating hot flushes, a symptom for which moxa is generally contraindicated.

### **The diversity of cancer survivors as a patient group**

Cancer survivors are a hugely diverse patient group. They have different tumour types, have undergone different treatment regimens, are of differing ages, come from a range of ethnicities and socioeconomic groups, and have widely varying comorbidities for which they may be taking any number of medications. Cancer survivorship as a study is also a relatively new phenomenon and will constantly change as medical treatments for cancer evolve and survivors live longer. These are all cogent reasons for treating what you see, within the context of your theoretical framework(s).

## **3. *Understand cancer and cancer treatments and their consequences***

To work with cancer survivors, it is essential to understand cancer and its treatments. It is vital to recognise signs and symptoms of cancer, understand the course of the disease, be realistic about prognoses, and be able to refer.

It is also important to understand the rationale for the biomedical advice given to patients and be conversant with specialist terms used in oncology. This facilitates better understanding and communication with both cancer survivors and their healthcare professionals.

At a minimum, find an introductory course about cancer and its treatments; it does not need to be acupuncture related. Many cancer centres provide introductory training to their new employees or volunteers, which may be open to others to attend. This book provides background and insight into the challenges facing cancer survivors who are shaping their lives to accommodate the ‘new normal’ of life after cancer treatment. For specific and more detailed information, there are also many good sources of information about cancer and its treatments. See the Further Information and Resources section in the Appendices for examples.

### **How acupuncture can help cancer survivors**

Chapter 1 introduced some of the benefits of acupuncture for cancer survivors. This chapter continues the discussion.

#### ***Something can be done!***

Many patients say their health professionals tell them ‘Nothing can be done’ about some of the uncomfortable consequences of cancer treatments. Survivors may be told that symptoms will disappear over time (which they often do). Sometimes they are advised to accept the consequences and be satisfied their life has been saved.

This is disheartening for the individual, as Emily’s story in Chapter 1 testifies. While acupuncture is not a ‘cure all’, it can improve quality of life for cancer survivors. Something can be done! As these breast cancer survivors reported:

They [hot flushes] were intense and they had been for months. And I kept going... I’d been to my doctor saying, ‘There must be something that you can do!’ I couldn’t believe that this was a condition that couldn’t be treated. And when [name of lymphoedema nurse]...said, ‘Oh you should go and see [name of acupuncturist]...I just jumped at the chance to do anything to get rid of that. (018 BC)

I also have this ongoing thrush which was driving me bonkers, because I went to the doctor and I had medication and I had the pessaries and I said, ‘What’s causing this?’ and she [acupuncturist] treated that and that went! Which was really good... I just mentioned it on the off-chance and she said, ‘I have a remedy for that’ and I said, ‘Well you could try it’ and it worked. I was so pleased. (005 BC)<sup>2</sup>

Understanding acupuncture’s potential can give hope and help to cancer survivors. It can also help oncology health professionals, many of whom are actively searching for more effective means to manage the challenging consequences their patients’ experience.

### ***Single symptom vs multiple effect***

Cancer survivors and their healthcare professionals may be unaware of the multiple effects that acupuncture can have – a usual expectation is that treatment targets a single symptom. Acupuncturists trained in styles of East Asian medicine (EAM) expect treatment to have multiple, wide-ranging effects, made possible through rich and diverse means:

- Chinese medicine (CM) acupuncture achieves this pattern differentiation, choosing effective treatment principles, and judicious point selection (one point has many functions).
- Five Element Constitutional Acupuncture aims to strengthen a person's underlying constitution, which leads to symptom relief, rather than targeting the symptoms themselves. Addressing the patient at the levels of body mind and spirit is a fundamental principle of this approach.<sup>5</sup>
- The NADA ear acupuncture protocol also has wide-ranging effects. These are attributed to its action of promoting homeostasis to improve an individual's endocrine and autonomic function, leading to improvements in overall wellbeing.<sup>6</sup>

These are just a few examples of the many styles of acupuncture available around the world.

### ***Symptom clusters***

Acupuncture works well to address the multiple, concurrent symptoms presented by many cancer survivors. Biomedical research is beginning to explore 'symptom clusters', defined as: 'a stable group of two or more concurrent symptoms that are related to one another, but independent of other symptoms or symptom clusters'.<sup>7</sup>

Examples of cancer treatment-related symptom clusters include pain/fatigue/sleep, nausea/vomiting, and dyspnoea/cough/fatigue.<sup>8</sup>

EAM practitioners are already trained to think in terms of clusters of symptoms, especially those practising Eight Principles or TCM styles, wherein the practitioner identifies group of signs and symptoms that together form patterns of disharmony. While these may differ from cancer-related symptom clusters, the concepts are similar. For example, in CM pattern identification, insomnia, anxiety, poor memory and dizziness 'cluster' together as signs of Heart Blood deficiency.<sup>9</sup> These symptoms are also often presented by breast cancer patients experiencing hot flushes.

### ***Getting my life back!***

Cancer survivors appreciate the restorative nature of acupuncture. They frequently remark how it has 'given my life back' and they feel 'normal' again. This is expressed by two research participants treated for different cancers, using different acupuncture approaches, who reported far-reaching benefits:

...was feeling very 'down' and tired before the treatment... As I have said my quality of life has improved dramatically and I am back to feeling my 'old' self. ('Alfred', prostate cancer survivor, after eight NADA treatments)<sup>10</sup>

It gave me so much confidence, I even changed my job! Which was incredible under the circumstances, you know, and I've done so well with my job... I just started feeling so much better after the acupuncture. And I've gone back full-time, I was only doing part-time at the time, so all-in-all I've really got my life back. (017 BC, breast cancer survivor with lymphoedema, after 13 acupuncture treatments)<sup>2</sup>

These reports bear witness to acupuncture's supportive role in helping cancer survivors navigate the transition to life after cancer treatment. Ann's case study in Chapter 14 is a detailed example of how one woman with very complex consequences of cancer and its treatments 'got her life back' through having acupuncture.

### *Enabled coping and acceptance*

My research into cancer treatment-related lymphoedema crystallised my understanding of acupuncture as a catalyst to facilitate change that can lead to improved long-term healthcare for people with chronic, often comorbid, conditions. The research participants described symptom reduction and improved energy levels as perceived benefits of acupuncture and moxibustion treatment.<sup>2</sup>

In research exploring acupuncture for early breast cancer patients undergoing chemotherapy, Dr Sarah Price discusses 'enabled coping.' For the acupuncturists in her study, enabling coping was a long-term outcome that they intended. It was achieved through the combined actions of relieving symptoms and increasing the patient's strength through 'fortifying', 'increasing the vitality', and 'tonifying the Qi' of the person. As Dr Price concluded, this strengthening enables the person to both withstand emotional distress and manage physical discomfort.<sup>11,12</sup>

Figure 4.1 illustrates the cycle of enabled coping inserted into the model for acupuncture facilitating long-term health improvement, introduced in Chapter 1. While Price's research focused on women undergoing primary treatment, cancer survivors post active treatment also require 'enabled coping' to deal with the aftermath of treatment. That acupuncture can facilitate this is expressed by this breast cancer survivor, who participated in the hot flush study:

I felt more able, I think, to cope with things. (Participant 16)<sup>13</sup>

For others, acupuncture enables a state of acceptance, as reported by this woman with breast cancer treatment-related lymphoedema (BCRL):

But actually now it [lymphoedema] doesn't bother me quite so much. I just think 'do you know what, this is what I've got' and it might be as a result from the [acupuncture] treatment now, I think it is in a way, but I think I've tried whatever I can try and I'll carry on trying other things to reduce it. But I think it did make me more positive to it. (023 BC)<sup>2</sup>

There are instances where a condition might not be resolved. Nevertheless, acupuncture can help the survivors reach a stage of acceptance that enables them to live more comfortably with their condition. This is expressed by this woman with BCRL:

And I mean really and truly, it's just maybe being able to cope with it better because it definitely doesn't rule me as it did. (004 BC)<sup>2</sup>

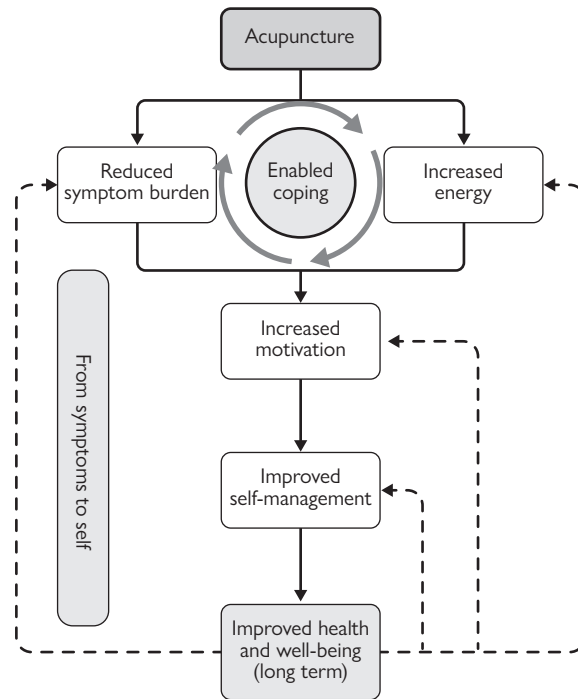


FIGURE 4.I: ACUPUNCTURE AS A CATALYST FOR LONG-TERM HEALTH IMPROVEMENT SHOWING ENABLED COPING AND MOVING FROM SYMPTOM TO SELF

### ***Facilitating wellbeing – moving from symptom to self***

Moving from symptom to self is an important stage of acupuncture treatment. It marks a milestone in a person's relationship to their condition, where they experience a shift from:

- symptoms, where the focus is on aspects of discomfort to
- self, where the focus is on overall wellbeing.

This is a concept taught by Angela and John Hicks at the College of Integrated Chinese Medicine, but it has not been published and I thank the Hicks for their kind permission for me to discuss it here.

Patients generally come for acupuncture focused on a particular symptom (often physical). As discussed above, they are unlikely to be aware of acupuncture's capacity to improve multiple symptoms and overall wellbeing. This applies not only to patients, but to their healthcare professionals and some acupuncturists. Understanding this fuller potential enables a broader view of what acupuncture can achieve.

Acupuncturists aware of this process can help a person make the transition from symptom to self, a process called ‘moving the orientation’.

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Moving the orientation involves educating the patient, and can be achieved by following these guidelines:

- Introduce the concept of wellbeing, ideally at the first acupuncture treatment, as this quotation illustrates:

I thought it was to treat the lymphoedema, but when I went in there [name of first acupuncturist] explained and she said, It isn't to treat the lymphoedema, it might affect the lymphoedema, it might make it better, but it's really just to give you just a sense of wellbeing.' This was when we were having the initial discussion. (005 BC)

- Encourage the patient to think beyond their presenting symptom: ask, ‘How will you know when you are really well?’
- Check at next visit if they have noticed a change in how they feel about themselves. Some patients will report this spontaneously, for example, ‘I can't explain it, I just feel better in myself’.
- Give examples of other patients feeling better.

Often a patient's orientation will move naturally as their symptoms improve. It is important not to attempt to move orientation if:

- a patient resists
- their symptom is acute.

It is common for people to experience changes in wellbeing and not realise this is the result of acupuncture treatment. Thus, it is important to draw their attention to this. Once patients are aware of this connection, they may be more committed to their acupuncture treatment as well as to taking action to maintain their wellbeing.

### ***The importance of wellbeing***

What is wellbeing? Women with BCRL provided these views:<sup>2</sup>

Wellbeing is just waking up in the morning feeling that I can carry on with my everyday life and not feeling debilitated in any sense. (016 BC)

It's feeling joyful about the world, I think, you want to go out and do things. (019 BC)

That you're more in control of what's happening to you. (018 BC)



Improved wellbeing has the potential to facilitate long-term health benefits. For some patients it improves self-care, enabling the patient to take the initiative in self-managing their health. These are important benefits for people living with chronic conditions and especially for those experiencing multiple comorbidities.

### **VIGNETTE: FROM ‘SYMPTOM TO SELF’ TO IMPROVED SELF-MANAGEMENT**

These quotations illustrate one woman’s movement from symptom to self, from her despair at receiving a BCRL diagnosis, through her acupuncture treatment, to being able to self-manage her condition:<sup>2</sup>

When I was diagnosed with breast cancer, it was like the worst thing ever, and I had, obviously, the radiotherapy and the chemotherapy and then I developed lymphoedema, and it was as if I’d hit rock bottom, it was horrible. (004 BC)

And as somebody else said, you’ve tried everything and when [the lymphoedema nurse] suggested acupuncture, I mean I would have jumped at anything, I really would have done, because I was just so low, so depressed. (004 BC)

When I came back in January, this was for the second [course of treatments], I said to her [the acupuncturist] ‘I’ve joined Weight Watchers, I’m really being positive about this and I’m really working on my exercises for the lymphoedema, I’m really working hard... and I can honestly say this is the acupuncture and the moxibustion. ...it changed the way I thought about myself. (004 BC)

I just feel so much more in control of myself. I feel a happier person and I’ve got far more time, far more patience with the grandchildren, you know. We go out and we do things far more now than what we used to do, even this time last year I didn’t have the energy that I have now, it’s marvellous. (004 BC)

### ***The importance of enabled coping and moving from symptom to self***

Figure 4.1 illustrates how acupuncture facilitates enabled coping and moving from symptom to self, with the potential to improve motivation and self-care.

These processes, valuable for any person, are particularly so for cancer survivors who have one or more chronic conditions. They are especially helpful for people with lymphoedema, for whom successful management of their chronic condition is crucially dependent on the quality of their daily self-care (as discussed in Chapter 9, Cancer Treatment-Related Lymphoedema).

## **Important features of acupuncture care**

### ***The ‘whole-person’ approach***

In extensive research into using acupuncture to management a range of chronic conditions, Dr Charlotte Paterson highlights the importance to patients of the ‘whole-person’ approach to healthcare.<sup>14,15</sup> People with medically unexplained symptoms valued ‘talking to a friendly/empathic practitioner who listened, understood, provided explanations, and sometimes gave advice and “treated me as a whole”’.<sup>15</sup>

Cancer survivors also appreciate these features of acupuncture, especially after having cancer treatment:<sup>2</sup>

When you go to the hospital and you go to anybody, they’re only looking at the bit they’re looking at, and nobody actually asks how you’re feeling generally. I thought that was really helpful. (001 BC)

Coming and associating with somebody who is caring about you, gave a tremendous positive vibe; that there are people who want to really try and help you, so that itself was a positive thing. (007 HNT)

While not the exclusive preserve of acupuncture, this ‘whole-person’ approach to patient care is taught and prized by many acupuncture schools and appreciated by many acupuncture patients. (It is also important to recognise that dry needling may be administered within a context of whole-person care that informs other therapeutic approaches.)

### ***The importance of time and attention***

Regularly, when I discuss acupuncture with oncologists, even those who practise acupuncture remark that its effects are simply due to time and attention. While this is dismissive of the specific effects of acupuncture, it does acknowledge that time and attention are valuable components of treatment, appreciated by patients:

She was always very unhurried, she always seemed as if she had all the time in the world to speak to you. (023 BC)

They were both very sympathetic and listened to what you had to say and acted upon it in what was appropriate today. (019 BC)<sup>2</sup>

This is an important aspect of supporting cancer survivors to process their experience and enable them to move on. I acknowledge that I have worked with oncologists who truly envy the time I can spend with patients as well as the in-depth knowledge that it has been my privilege to gain in those encounters.

### ***Empowering the patient***

Cancer survivors have undergone unpleasant interventions, where the choices given may have felt like having no choice at all:

What I felt, when I was diagnosed with the cancer and everything, was that everything happens so fast and you're on this conveyor belt, which I was very grateful for, thank you, you know, didn't have to make decisions, they were all made for me, and that was it. (015 BC)<sup>2</sup>

Because of this, I deliberately seek to create opportunities for them to make choices about their acupuncture treatment. In clinic, I attempt to give patients a sense of control by involving them in decision making about their treatment and giving them choice. This includes discussing my treatment plan with them, talking through the treatment, and encouraging their participation:

She was really very helpful and if there was anywhere that I was not going to be comfortable having the needle, she would never say, 'We need to put it in here', we always discussed it at length but she always managed to put them a bit further away... And then, as I got more used to them, she'd say, 'Would you mind if I put one in here because I think it would help?' (001 BC)<sup>3</sup>

Often, I am guided by their feedback and preferences and through this I learn. For example, listening to patient feedback is how I learned that an Aggressive Energy Drain (see Chapter 5, Toolkit) can be effective for managing hot flushes.

### ***Lifestyle advice***

For many acupuncturists, lifestyle advice is an integral part of treatment, and the means by which they encourage patients to engage in self-care.<sup>16</sup> In research into communications in acupuncture consultations, Paterson found 'self-care talk' interwoven through the consultation, highlighting that it is essential to some styles of acupuncture.<sup>17</sup>

Lifestyle advice is an extensive topic and I recommend Peter Deadman's 'Live well, live long' for a full discussion of the subject.<sup>18</sup> In this book, I discuss aspects of lifestyle advice appropriate for cancer survivors.

### **Practical considerations for working with cancer survivors**

I have discussed ways that acupuncture can help cancer survivors. In the remainder of this chapter, I discuss practical aspects to consider when working with this patient group.

#### ***Practicalities: Working as part of a multidisciplinary team***

Acupuncture is an intervention that can be used alongside other interventions in the multidisciplinary care of cancer survivors. It is desirable for acupuncturists to work as part of the multidisciplinary oncology healthcare team to enable the best possible care for the cancer survivor.

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In this sphere, it is important to acknowledge responsibilities. While acupuncturists have a vital role to play in the supportive care of cancer survivors, the responsibility for the treatment of cancer itself falls to the oncology team. It is therefore prudent for acupuncturists to:

- avoid making any claims about acupuncture as an intervention to treat cancer, with any implication of cure
- be aware of the key signs and symptoms of cancer and refer patients presenting with these to the appropriate medical practitioner
- be aware of the consequences of cancer and its treatments and refer patients to the relevant healthcare professionals when appropriate.

### Reinforcing messages

Acupuncturists can also reinforce messages. The case study of Linda in Chapter 9 shows that people with cancer may be too preoccupied with the demands of active cancer treatment to take in information offered by their medical team. Again, as illustrated by Linda, when treatment finishes, they may just wish to put the experience behind them. For Linda, this meant losing valuable time in understanding that lymphoedema was a potential consequence of her breast cancer treatment.

Acupuncturists can play a vital role in reinforcing healthcare messages and practices. When all members of the healthcare team reinforce the same messages, patients are more likely to adopt recommended practices. This includes such things as reinforcing the importance of wearing compression garments for lymphoedema, encouraging routine carrying out of prescribed exercises, taking required medications, moisturising scars, maintaining a healthy weight, and being physically active.

### Supporting biomedicine

As an acupuncturist working in a cancer centre, my role is to support cancer survivors treated within the biomedical system, and I am supportive of biomedical treatments for cancer.

Most cancer survivors I meet are extremely grateful for their cancer treatment and enjoy good relationships with their oncology healthcare team. They may be overwhelmed and surprised by the late and long-term consequences of their life-conserving treatment. I endeavour to avoid giving mixed messages to cancer survivors, or undermining their relationship with their oncology team.

Occasionally, I may experience a conflict with my own beliefs or the theories of EAM. In such situations, my priority is to ensure I do not cause a patient conflict over what their medical team have advised, nor engender lack of confidence in their oncology team.

### ***Practicalities: Tips on interacting with other members of the oncology team***

I am often asked for advice on how to interact with the members of the oncology team. I find this almost impossible to answer. With patients who have completed anti-cancer treatment, I may never have contact with their oncology healthcare professionals.

In working with many oncologists, I have encountered attitudes to acupuncture that span a spectrum from utter disdain to actively seeking and promoting acupuncture for their patients. Organisations and the individuals working within them have different approaches to practice and communications, making it difficult to generalise. Fundamentally, it is about cultivating professional relationships with individuals from other professions.

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Some tips for interacting with oncology health professionals:

- Act in a professional manner and to encourage mutual respect; treat others as you wish to be treated by them.
- In general, biomedical healthcare professionals are rarely interested in the 'qi paradigm' or EAM theories. I find it best to talk to them in their language, using the terms they use.
- Citing the evidence base is often the most effective means of communication.
- 'How does acupuncture work?' or 'What is the mechanism for acupuncture?' are questions invariably asked by biomedical healthcare professionals. It is wise to be conversant with at least one of the latest evidence-based theories to answer such questions.
- It may depend on who you are dealing with and where they are in the medical hierarchy. I find it easier to talk about using acupuncture to improve wellbeing with specialist nurses, speech therapists, and other allied health professionals, who seem to understand this approach and who want help with their patients' insoluble problems. This also applies to some oncologists.

### ***Practicalities: Needling techniques***

Each style of acupuncture has its own guidelines for needling and every practitioner will have their own techniques. Here are the methods and preferences I have evolved over my years of practice and research.

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As with many aspects of this book, the discussion below is intended for guidance rather than prescription. It is to illustrate the approach used in the case studies throughout this book. These techniques are based on my experience and may differ greatly from what is taught or published.

### **Adopting a gentle approach**

My clinical experience is that cancer survivors respond well to gentle, light needling techniques. This accords with their potential vulnerability resulting from trauma they have experienced as well as any damage to their qi, Blood, body fluids, essence and shen due to cancer and its treatments. As discussed previously, many will also have complex

presentations with multiple comorbidities. In addition, I adopt aspects of Five Element acupuncture, especially the use of fine and gentle techniques, which are appropriate to treating at the level of the spirit.<sup>5</sup>

I also employ gentle – sometimes minimal – needling techniques because many survivors have an aversion to needles, especially after having chemotherapy, as expressed by these breast cancer survivors:

Well I was nervous, because I'm not good with needles, and although I'd seen the acupuncture needles at the meeting, you still think 'well a needle's a needle and it's going to hurt!' (003 BC)

My first reaction was, I don't think I can cope with the needles, because after chemotherapy I now have this awful time giving blood, it's dreadful, my veins. (Participant 10)<sup>3</sup>

### Clean technique

I assume all practitioners will use clean techniques and work according to the guidelines for safety and clinical practice as specified by their local professional and legal guidelines.

### Number of needles

I aim to limit the number of needle insertions in a single treatment to about six to ten.

Exceptions are treatments such as an Aggressive Energy Drain (using up to 15 insertions) or Seven Dragons followed by the source points (11 insertions) (see Chapter 5, Toolkit).

### Needles, gauge, and length

Practitioners have their preferred needle types, gauge, and length. Hicks *et al.* recommend very fine needles for Five Element acupuncture, usually #36 gauge (0.20mm).<sup>5</sup>

For years, I used Acuglide #34-gauge (0.22mm diameter) needles. When Acuglide became unavailable in the UK, I changed needle size to the much finer #40-gauge (0.16mm diameter). I now prefer the finer needle, which seems more sensitive.

This fine gauge does not support long needle lengths; 40mm is the maximum and at this length I find the #40-gauge difficult to use. However, the use of relatively short needles accords with my needling style, which is quite superficial insertion. Thus, my preferred needle lengths are:

- 25–30 mm (1–1.2 inch) for the majority of points
- 13–14 mm (0.5–0.6 inch) for points such as nail points, or where the flesh covering is thin (e.g. extra point *yintang*, and some head and face points, fingers and toes)

I mostly use these sizes for the cancer survivors I treat. I also keep a supply of #36-gauge needles in these lengths for patients who seem more robust. And of course, a good long strong needle – either #28–#30 gauge (0.30–0.35mm) 50–75mm (2–3-inch needle) is essential for needling GB-30 *Huantiao* when sciatica presents.

### Needle technique

I find cancer survivors respond well to even technique. To needle using even technique:

- Insert the needle perpendicular to the skin surface at the location of the point.
- Obtain deqi.
- Leave the needles in place for about 20 minutes, without further manipulation.

I also use tonification technique, particularly when working in a Five Element style. To needle using this technique:

- Insert the needle 10° off the perpendicular in the direction of the flow of qi.
- Obtain deqi.
- Turn the needle clockwise 180°.
- The needle may be removed or left in situ for the remainder of the treatment.

### Breathing

With all needle insertions, I ask the patient to:

- inhale while I position the needle
- exhale as I insert the needle.

### Needle sensation (deqi)

I aim for needle sensation, or deqi, the feeling that the patient has when the needle contacts the qi as well as the sensation the acupuncturist may feel.

Needle sensation is often described as a dull ache, soreness, heaviness, a pulling sensation, heat, or other sensations around the needle. Patients new to acupuncture may find these descriptions confusing or off-putting. I describe needle sensation as a 'feeling of contact' that they will experience in their own unique way. I reassure them that this will be an instantaneous, fleeting sensation – here and then gone.

I encourage each person to:

- experience needle sensation in their own way
- develop their own way of describing this sensation.

This avoids some of the potentially negative connotations of the usual descriptions of deqi (e.g. ache, soreness). It also alleviates patients' anxieties about whether they are experiencing the 'right' sensation. Removing the pressure some patients feel to have a 'typical' or 'normal' experience of needle sensation validates the individuality of their response. This is another way of supporting the cancer survivor to regain control, and often contributes to establishing greater rapport with the patient.

As the acupuncturist, I may simultaneously experience the arrival of the qi, recognisable through a distinct sensation on the needle. While this doesn't always happen for me, I find it beneficial to discuss with the patient when it does.

My needle technique is delicate, and my intention is to obtain a gentle sensation,

rather than elicit strong sensation. This again respects the possible fragility of the cancer survivor.

### **Pain, bleeding, and bruising**

I find patients who experience chronic pain or anxiety or were extremely traumatised by their cancer experience may be very sensitive to needle insertion and sensation. With some patients in my clinics, each needle becomes a negotiation. In extreme cases, I find it necessary to abandon needles for an alternative intervention, such as moxa, tuning forks, or even referral to another form of treatment. Usually, I plan treatments using as few needles as possible and seek to avoid areas the patient finds sensitive.

Cancer survivors may be more prone to bruising and bleeding at the needle site than non-cancer patients. I find this is especially common during the first year after active treatment ends. Some patients do not appreciate being bruised, especially when the bruise persists, as it sometimes does for these individuals. If a patient is prone to bruising, I explain that this can be a usual consequence of cancer treatment, and acupuncture helps address this.

### ***Practicalities: Positioning, comfort, and privacy***

As for all patients, cancer survivors should feel comfortable during treatment. Care should be taken with positioning and support, with attention paid to scars, lymphoedema swelling, mobility restrictions, or medical devices such as stomas for breathing, bowel, or bladder.

Some patients may say they are so accustomed to stripping off for their medical interventions and examinations that they are not bothered removing clothing for acupuncture. Others may be sensitive about exposing scars or disfigurements to the acupuncturist. Offering gowns, careful covering, and privacy for disrobing are helpful for these individuals. It may be useful, prior to the first treatment, to discuss any potential requirements for undressing and how this will be handled in clinic.

This can prevent rude surprises, such as those expressed in this exchange between breast cancer survivors in a focus group. These research participants were asked to disrobe (apart from underpants) for their first treatment, an Aggressive Energy Drain (using points on the back) and for their second treatment, Internal Dragons, using points on the front of the torso and legs (see Chapter 5, Toolkit). They were offered gowns to wear, and during the second treatment towels were carefully draped to protect modesty and warmth. They expressed their shock at being asked to disrobe for these acupuncture treatments:

- 005 (BC): ‘That came as a bit of a shock because I expected to be only taking off a part of my clothes and when she said to strip down, “oh I don’t know if I want to strip right down”. Because as I said, when my husband went for his treatment all he took off was his shirt... It came as a bit of a surprise because I wasn’t prepared for it...’
- 006 (BC): ‘Actually, were you given warning about that? Because I wasn’t.’
- 005 (BC): ‘I wasn’t, that’s why.’
- 006 (BC): ‘I didn’t realise we’d have to take all our clothes off.’



My learning from this was two-fold:

- Patient information leaflets need to be explicit about disrobing.
- My practice changed; it contributed to me changing from an Aggressive Energy Drain to using Four Gates as a first treatment (see Chapter 5, Toolkit). This eliminated any need for disrobing at the first treatment, a time when developing trust and rapport is in its initial, vulnerable stage.

### ***Practicalities: Safety of acupuncture treatment***

Many cancer survivors have acupuncture during primary treatment, as it is an intervention offered increasingly in oncology settings. The use of acupuncture in integrative oncology is growing in Europe, North America and Australasia, where it is recommended by official oncology organisations for a growing number of cancer treatment-related symptoms.<sup>19</sup>

Some practitioners may be nervous about treating people who are living with and beyond cancer. Patients, and some oncology health professionals, may also have concerns about the safety of acupuncture, at whatever stage of the survivorship continuum.

Thanks to large-scale studies in many countries including the UK, Japan, Sweden and Germany, a large body of evidence supports the safety of acupuncture for the general population. Serious adverse events are rare. A German study, in the largest acupuncture research series to date, reported only six potentially serious adverse events in 760,000 treatments given to 97,733 patients. These included one case each of asthma attack, exacerbated depression, hypertensive crisis (severe increase in blood pressure), vasovagal reaction (fainting) and two incidents of pneumothorax. These were rated according to the likeliness of being caused by acupuncture:

- Pneumothorax was *directly* due to acupuncture needling.
- Vasovagal reaction was *likely* to be caused by acupuncture.
- The remainder were *possible* reactions to acupuncture.<sup>20</sup>

The most commonly reported minor adverse events of acupuncture treatment are bleeding and transient pain at the needling site, occurring in fewer than two in 1000 treatments.<sup>21</sup> Mild bruising, drowsiness, headache, local skin irritation may also occur, as well as dizziness and fainting in about 1% of treatments.<sup>22</sup>

There is growing consensus among cancer information websites and clinical practice guidelines that acupuncture performed by experienced, well-trained practitioners is safe for people with cancer.<sup>22-25</sup> One leading integrative oncology team in the USA recommends that clinicians cultivate relationships with local qualified acupuncturists to make acupuncture accessible to their patients.<sup>26</sup>

### **Clinical practice guidelines for using acupuncture**

To date, no published guidelines specifically address safety issues for cancer survivors who have completed active cancer treatment (surgery, radiotherapy, chemotherapy).

The Society for Integrative Oncology (SIO) publishes evidence based guidelines for

integrative oncology on its website\* and on that of the National Centre for Complementary and Integrative Health.\*\*

These clear guidelines for acupuncture are intended for cancer patients undergoing active treatment. Nevertheless, they provide a good starting point for discussing guidelines for safe practice for treating people living beyond active treatment.

## **ESSENTIALS**

### **Evidence-based clinical practice guidelines for integrative oncology: acupuncture<sup>21</sup>**

Recommendations:

Acupuncture should be performed only by qualified practitioners and used cautiously in patients with bleeding tendencies.

It is prudent to avoid acupuncture:

- at the site of the tumour or metastasis
- in limbs with lymphoedema
- in areas with considerable anatomic distortion from surgery
- in patients with severe thrombocytopenia, coagulopathy, or neutropenia.

Cancer patients require certified practitioners who are experienced in treating patients with malignant diseases.

Using these guidelines as a starting point, I would recommend the following guidelines for treating cancer survivors post active treatment (my adaptations are presented in *italics*):

## **ESSENTIALS**

### **Modified acupuncture guidelines for cancer survivors post active treatment**

Recommendations:

- Acupuncture should be performed only by qualified practitioners and used cautiously in patients with bleeding tendencies.
- *Acupuncturists cannot advertise or claim that they can 'treat' cancer (in the UK, this is law under the Cancer Act 1939).*
- Sterile single-use needles should be used, and clean needle technique should be always observed.
- *Acupuncturists should follow their local guidelines and laws for practice as well as the clinical practice guidelines of their professional organisation.*

\* <https://integrativeonc.org/practice-guidelines/guidelines>

\*\* [www.nccih.nih.gov/health/providers/clinicalpractice](http://www.nccih.nih.gov/health/providers/clinicalpractice)

- *Practitioners should have training to understand cancer and its treatments to understand the disease, its processes and treatment.*
- *Practitioners should be able to interact with a multidisciplinary oncology team, knowing how to work as part of that team and when to refer a patient to other services.<sup>21,24,27</sup>*
- *For cancer survivors post active cancer treatment, it is prudent to avoid acupuncture:*
  - *at the site of the tumour or metastasis*
  - *in areas with or at risk of lymphoedema (this may include limbs, lymph nodes that have been exposed to radiotherapy, or areas on the torso, head, or neck)*
  - *in areas with considerable anatomic distortion from surgery, for example breast reconstructions\* or extensive surgeries for head and neck cancers.*
- *Be aware of patients who have undergone immunotherapy; side effects of treatment can occur up to one year after the end of treatment and patients should be referred to their oncology team for treatment if these occur.*

\* Some acupuncture schools contraindicate needling in breast tissue. Others, for example Western medical acupuncturists, actively promote needling around breast scars. I find this quite confusing, as the general advice for needling cancer patients is to avoid needling over a tumour site.

### ***Practicalities: Moxibustion***

Where clinics allow, I use moxa (copiously), especially for patients who enjoy its aroma and the warmth, as discussed in Chapter 5, Toolkit.

Patients vary in their views of moxa, as these comments from research participants with cancer treatment-related lymphoedema illustrate:

I really liked that, especially the smell and the warmth, it's incredible... But I thought the effect was brilliant ... I loved having that treatment. (001 BC)

One participant asked for a moxa stick to take home, she loved the smell so much! Others were less enthusiastic:

I don't know whether that [moxibustion] helped me or not. (009 HNT)

I felt myself being a bit cynical. It struck me as a bit sort of...gosh what do you call those... witchdoctor-ish...they put it on and set it alight and whip it off. ...I would have preferred pure acupuncture. (014 BC)

I accept that patients may not like it, so I do not press it on them. For those who like moxa, I use it liberally if it appears beneficial.

When working in clinics that do not allow moxibustion, I may explore other options such as:

- heat lamps or electric moxa devices

- teaching people to self-administer moxa in their own homes
- seeing patients in an alternative clinic that allows moxa.

When these are not possible, I accept that in the circumstances, moxa is not a treatment option.

### Safety of moxibustion

There has been less research into the safety of moxibustion for people living with and beyond cancer.

A 2010 systematic review of the effectiveness and safety of using moxibustion in cancer care noted that none of the five included randomised controlled trials reported adverse events. The authors did identify three papers in the literature that reported adverse events; these were mild or non-existent, although one study discussed possible health hazards of moxa smoke. Summarising, the authors said adverse events were mild, infrequent, and perhaps negligible, especially when compared with the adverse events associated with biomedical treatments, and concluded further research is needed.<sup>28</sup>

By contrast, Xu *et al.* conducted a systematic review examining case reports of moxa-related adverse events.<sup>29</sup> Twenty-four papers from six countries (China, USA, South Korea, Spain, Japan and Israel) reported 64 adverse events. Burns were the most common adverse event, caused either by direct contact with moxa or from the radiant heat of indirect moxa.

These authors discuss whether a moxa burn is an adverse event: in 'scarring' or 'suppurative' moxibustion, local burns are the norm among doctors who maintain that 'where there is a moxibustion scar, there is a cure'.<sup>29</sup> In some cultures, patients accept the resulting skin lesions and the authors suggest that whether a burn or scar is an adverse event depends on the expectations and acceptance of both the doctor and patient.

Other adverse events reported in the review include allergies and infections in patients receiving moxibustion treatment, as well as chronic laryngitis reported in both patients and practitioners caused by moxibustion smoke in five hospitals in Guangdong province.

Moxibustion is not entirely risk free; it is, after all, working with fire and there is potential for injury to patients and damage to property. The acceptability of burning and scarring is related to cultural expectations; while they may be a mainstay of treatment in some countries and cultures, they are unacceptable in others. Some UK insurers of acupuncturists do not provide cover for direct moxibustion because of the risk of burns.

Risks may be negligible and avoidable. In our study that taught chemotherapy patients to self-moxa ST-36 *Zusanli* daily for the duration of their chemotherapy treatment,<sup>30</sup> there were no reports of burns in 1975 self-administered treatments carried out by 25 participants. Three participants reported mild skin sensitivity on occasion (unpublished data). We found that patients need to be well trained and need clear instructions not to self-moxa when in a hospital or near medical gasses. A potential nuisance factor to consider is that smoking moxa will set off smoke alarms.

## Clinical practice guidelines for using moxibustion

Sagar and Wong have published guidelines for using moxibustion for cancer patients undergoing active treatment.<sup>31</sup> The following guidelines are an abridged version.

### ESSENTIALS

Guidelines for using moxibustion with cancer patients:

- Explain the slight risk of burns and obtain informed consent.
- Do not leave a patient alone with burning moxa.
- Contraindications include sensitive areas of the body, including the face, nipples, and genitals.
- The smoke of regular moxa can be avoided by using smokeless moxa or other methods of heating (e.g. infra-red heat lamp).
- When using moxa on herb-slice or cake, punch holes in the material to allow heat to penetrate. The thickness of the slice should be 0.2–0.3 centimetres. For practical purposes, ginger slices may be the most convenient.
- \*Effective moxibustion should cause significant local heating and an inflammatory response, and should be done for a prolonged period, such as 10–20 minutes. Chinese medicine practitioners typically administer moxa daily for several treatments or more.
- Warming a broader region is an acceptable treatment for relaxing tension and moderating pain at the site.
- \*\*Risks of exposure to smoke are probably like those for any other smoke, and total exposure time, especially if prolonged, is the key concern. Adequate ventilation is important, especially when moxa is done regularly. There is no evidence that moxa smoke contains any unusually harmful substances, but long-term data is incomplete.
- Female patients are unlikely to be pregnant during anti-cancer treatment; however, they may become pregnant during follow-up. In these cases, observe the usual contraindications for acupuncture and moxibustion during pregnancy.

\*This is an approach very specific to modern TCM practice. Methodologies observed by other types of east Asian medicine may be different and also be very effective.

\*\*Sagar and Wong<sup>31</sup> caution that although rare, arsenic may be present in some preparations from China, and should be avoided.

### **CASE STUDY: OFFERING A COMPLEX PATIENT A SIMPLE PIECE OF HEAVEN**

Rosa's case study illustrates the approach of treating a complex presentation using a simple approach.

Rosa was actively involved in writing the original version of this case study published

in the *European Journal of Oriental Medicine*, of which this is an abridged version.<sup>32</sup> She gave written consent for publication of her anonymised data, chose her pseudonym, and contributed her written perceptions of acupuncture treatment.

## **Background**

Rosa's oncologist referred her to the hospital outpatient acupuncture clinic for colorectal cancer survivors in September 2016. Bowel 'problems' and anxiety were troublesome consequences of a colorectal anastomosis for Stage II (low risk) sigmoid colorectal cancer two years previously.

Rosa, aged 63, attended for 72 acupuncture treatments over two and a half years, during which she presented with increasingly complex health problems. These included a diagnosis of (possible) thyroid cancer, an aortic valve replacement, onset of Type 2 diabetes, and recurrence and metastatic spread of the primary cancer, for which she had further surgery and chemotherapy.

An estimated 29% of people with cancer have three or more chronic conditions in addition to cancer.<sup>33</sup> Rosa had hypertension, obesity (a body mass index (BMI) greater than 30), and chronic heart disease, three of the five most common long-term comorbidities for people with cancer (the others are mental health problems and chronic kidney disease). Her pre-existing conditions included asthma and hiatus hernia. Overlying this was her fear of cancer recurrence.

We will meet Rosa again in Chapter 5 to discuss the treatment of the constipation and anxiety for which she was originally referred for acupuncture, and which were well managed to this point.

This case focuses on the nine months following an aortic valve replacement, a very difficult time for Rosa. This was partly due to the after-effects of the surgery, including pain, insomnia, constipation, mood swings, anxiety, and depression.<sup>34</sup> Major life events at this time included early retirement and concerns about her aged mother who lived abroad. Throughout this eventful time, Rosa found acupuncture beneficial and supportive.

## **Managing post-surgery recovery and chronic anxiety**

Resuming acupuncture treatment five weeks after aortic surgery, Rosa reported high levels of anxiety, fear of going to sleep (she needed to keep a light on during the night), and dream-disturbed sleep. Physical symptoms included scar pain and numbness and tingling in her left arm and fingers.

Rosa's psychological symptoms equate with shen disturbance, characterised by insomnia, agitation, mental restlessness, and anxiety.<sup>35</sup> Shen is related to the Heart energy in CM theory, affecting mental activity (including emotions), consciousness, memory, thinking, and sleep.<sup>9</sup>

My treatment plan was to calm the shen and regulate the Heart. Points on the Heart and Pericardium channels perform these functions, and also address pain and discomfort in the chest, arm and hand.<sup>36</sup> The following points formed the mainstay of Rosa's treatment, chosen for their dual function of addressing emotional and physical symptoms: HE-3 *Shaohai*, HE-7 *Shenmen*, HE-8 *Shaofu* and P-3 *Ouze*, P-7 *Daling*, P-8 *Laogong*.

As treatment progressed, I gradually added other points such as the back shu points

of the Heart and Pericardium channels: BL-14 *Jueyinshu*, BL-15 *Xinshu* and BL-44 *Shentang*. Extra point M-HN-3 *Yintang* was used in most treatments for its calming effect.

I used this approach in 13 of the 20 treatments during this period, examples of which are shown in Table 4.1. Variations included:

- Treatment 1, where I used External Dragons post-operatively to restore the shen after the physical shock of surgery (see Chapter 5, Toolkit).
- Other treatments (not shown), to address acute problems, including hip pain, a cold, and breathing difficulties.
- Treatments 19 and 20, to address Rosa's hernias, using points indicated for prolapse. This decreased discomfort and enabled Rosa to be more physically active.

**Table 4.1: Examples of Rosa's treatments**

Calm shen, regulate the Heart, relieve pain in the chest and left arm and hand		
Treatment	Treatment principles	Points used:*
I	External Dragons	DU-20 <i>Baihui</i> BL-11 <i>Dazhu</i> BL-23 <i>Shenshu</i> BL-61 <i>Pucan</i>
2,3,7	Calm shen and clear channels (Pericardium, Heart) to relieve arm pain	Extra point M-HN-3 <i>Yintang</i> HE-3 <i>Shaohai</i> LS HE-8 <i>Shaofu</i> LS P-3 <i>Ouze</i> LS P-7 <i>Daling</i> LS
9,13,14, 15,16	Calm shen**	Extra point M-HN-3 <i>Yintang</i> HE-8 <i>Shaofu</i> LS P-3 <i>Ouze</i> LS, BL-14 <i>Jueyinshu</i> BL-15 <i>Xinshu</i> BL-44 <i>Shentang</i>
11	Calm shen as per treatments 15 and 16 Strengthen the Spirit	KID-24 <i>Lingxu</i> ***
19, 20	Calm shen  Treat hernias: raise qi Treat prolapse	Extra point M-HN-3 <i>Yintang</i> HE-7 <i>Shenmen</i> LS HE-8 <i>Shaofu</i> RS or P-3 <i>Quze</i> RS DU-20 <i>Baihui</i> REN-6 <i>Qihai</i> & SP-6 <i>Sanyinjiao</i>

**Treatment notes:**

\*Points needed unilaterally are indicated LS for left side and RS for right side.

Needle technique is even, with needles retained for 20 minutes.

\*\*This treatment was repeated with variations, choosing from HE-3 *Shaohai*, HE-7 *Shenmen*, HE-8 *Shaofu* and P-3 *Quze*, P-7 *Daling*, P-8 *Laogong*. Usually, I select four of these points, which are needed unilaterally.

\*\*\*Rosa had received news of possible thyroid cancer; this point is indicated when 'a person is resigned and depleted by the vicissitudes of life's

### **Progress through treatment**

**Tx 1:** Rosa reported feeling much better after the External Dragons administered at Treatment 1 and was cheerful and positive.

**Tx 2, 3, 7:** Pain in the scar and chest were bothersome, as were sensations of numbness along the Pericardium channel and tingling in her wrist and fingers. Constipation returned when she stopped taking the laxatives prescribed post-operatively. Disturbed sleep and anxiety continued, but she managed to sleep without a light on for one night.

To alleviate the pain, I used wrist and elbow points on the Pericardium and Heart channels to clear the channels. These points were also used to address the insomnia and anxiety. By the fifth treatment, Rosa reported she had 'turned a corner'. Arm sensations were less bothersome, bowel performance had improved, and she reduced her painkillers. The anxiety was diminishing, and she no longer slept with the light on, although she expressed anxieties about having a car accident on her next trip abroad.

**Tx 9:** Rosa continued to improve gradually, with minor setbacks. By treatment 9, she was sleeping well with no lights on, and feeling more uplifted. She was physically active, walking daily and doing a cardiac rehabilitation programme of aerobic exercise. She also attended weekly yoga and tai chi classes.

**Tx 11:** Three weeks later, she was distressed by a diagnosis of possible thyroid cancer. This triggered a significant setback, manifesting in breathlessness and evening palpitations. She returned to sleeping with the light on, and her imagination was pervaded with fears about traffic accidents and other misfortunes. This distress was worsened by a diagnosis of borderline diabetes.

**Tx 13–16 and beyond:** This period was filled with medical investigations. Rosa felt 'engulfed by hospitals', 'overwhelmed' by the frequency of appointments, and described her table at home covered with letters from numerous hospital departments. At treatment 14, she said:

Three years ago I considered myself a healthy woman, very active...now I feel like I am grabbing the side of a hole to get myself up, and things push me down all the time.

Rosa felt desperate and I requested a referral from her medical team for counselling. She found acupuncture supportive during this turbulent period, writing:

When I was first introduced to acupuncture I did not know what to expect but I was only too happy to try it out as I wanted to achieve some improvement in my bowel movements and stop using laxatives ... I am now fully supportive of acupuncture and would strongly recommend it to anyone ... The benefits of this treatment are endless. My bowel movements have improved beyond recognition and without the aid of any laxatives. Breathing has also improved and I have also gained a general feeling of calmness.



Her oncologist also noted the difference, writing:

She has found the acupuncture extremely helpful and it seems to have regularised her bowels quite effectively, so she is coping much better with that aspect of things and it also seems to keep her rather calmer.

### Longer-term follow-up

Rosa, a vibrant, determined woman, was diligent in observing good health practices. Her struggle with the consequences of cancer and its treatments, the increasing burden of other health conditions, and cancer recurrence with metastases continued. Acupuncture was clearly supportive in helping her cope with increasingly complex health issues.

Sadly, this acupuncture clinic ended. In our final appointment, she said that acupuncture had helped in great moments of stress – the heart surgery and the cancer recurrence. That it had normalised her bowel functions was ‘a gift from heaven’. She knew she would always sleep well on the night of treatment, and her breathing would improve.

### Conclusion

Rosa’s journey following initial cancer diagnosis and treatment was not towards better health and is traced by the shaded boxes in Figure 4.2. She experienced metastatic spread, had surgery and chemotherapy, and died recently. She once remarked that ‘cancer loves me more than I love it’. In the face of these challenges, a simple approach to acupuncture treatment helped her on many levels. I was privileged to be able to support her.

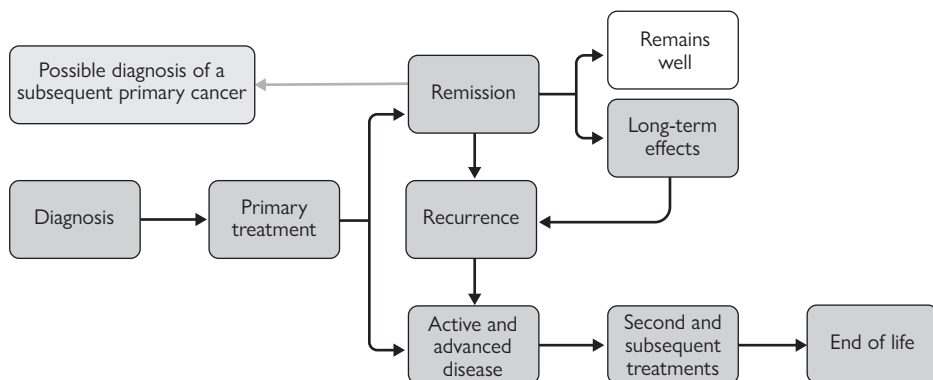


FIGURE 4.2: ROSA’S PROGRESS THROUGH THE SURVIVORSHIP PATHWAY

## CHAPTER SUMMARY

- Have the courage to keep treatment simple and the patience to allow time for complicated things to happen.
- Remain mindful that acupuncture has the potential to enable coping and move the patient’s orientation from symptom to self.

- Acupuncture and moxibustion are safe interventions for cancer survivors when administered by trained and qualified acupuncturists.

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