

YOUR PRACTICE / BUSINESS

Be Gentle With the Needles

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Pain is a difficult condition to live with.

Unfortunately, for many of my patients, this affliction is a daily challenge they have to endure. Acupuncture can provide significant benefits to these patients by lessening symptoms as well as increasing functionality. Even within the realm of clinical research, there are progressively more studies that support acupuncture for pain therapy.

So, why aren't all pain patients turning to acupuncture then?

When pain patients seek relief, they typically are less discriminate about how they obtain this relief as long as the pain is diminished. However, despite their openness to various treatments, many patients still come into clinics with potential positive or negative preconceived notions about acupuncture. Concerns such as needle phobia or horror stories from friends of friends, just to name a few, may all play a role in their hesitation.

Even predetermined ideas, about what the treatment should entail, could be an obstacle in a therapeutic relationship. If these preconceived notions are dramatically different from what the practitioner thinks is appropriate for treatment, the prior expectations of the patient may become problematic in this therapeutic exchange. So, how do we, as practitioners, bypass these impediments so that our pain patients can lessen their daily struggles via acupuncture therapy?

In order to have a beneficial therapeutic relationship, preconceived notions must be addressed with our patients. Frequently, practitioners find it difficult to come up with the time to clarify expectations with patients before the start of treatments. However, this simple act of communication is an integral component to creating a successful therapeutic alliance with your patients, which ultimately leads to a successful thriving practice.

Also, do not underestimate the importance of being less aggressive in early treatments and easing a patient into needle acupuncture. Negative experiences early on in the therapeutic alliance may have a greater impact on a patient's perception of the experience even if the clinical symptoms are mildly improved. To further clarify these points, let us take a moment to examine a myofascial pain patient case where she was highly doubtful of acupuncture benefits and disliked the idea of needle therapy.

A.R.* was a 31 year-old female with fibromyalgia and chronic back pain with her MRI showing no significant abnormalities. After taking time during her first visit to discuss her concerns and potential pros and cons of acupuncture therapy, she was willing to try cupping but not needle acupuncture for her myofascial pain symptoms. After the cupping treatment, she reported improvement of symptoms and was willing to try *gua sha*.

In the follow-up treatment session where I incorporated cupping and *gua sha*, she reported 50 percent decreased myofascial pain symptoms and was happy with the results. Her only complaint was that the symptom relief was transient. However, her positive experience with these treatments

opened up communication for discussion about using needle acupuncture therapy to treat more significant underlying pathology associated with fibromyalgia such as treatment of *Jing* deficiency and excess Liver heat, just to name a few.

I was less aggressive and less ambitious with her first needle treatment so as to ease her into the acupuncture therapeutic process. After this first needling treatment, she felt mildly fatigued but reported, in follow-up sessions, that her insomnia and energy was mildly improved. She returned to the clinic for bi-weekly therapy for several weeks until her symptoms were significantly improved. She is only seen at the clinic for maintenance therapy at this point.

In my experience, for patients who are hesitant about acupuncture therapy, it is prudent to make avoidance of adverse reactions the priority in the first few sessions.

If practitioners are too aggressive in early treatments hoping to attain the greatest treatment benefit, we may create the phenomenon where the patient's greatest fears about adverse reactions are realized. All too often, I have heard of patients eschewing acupuncture because of a prior experience where symptoms were slightly improved but it was too aggressive leaving them feeling drained or fearful of the process thus no longer wanting to re-attempt acupuncture.

For those of you who have built a successful practice, we all know that it takes tremendous perseverance, passion about our work, and time. But, no time is better spent than the time we take to counsel our patients on expectations and fears.

With the crucial information we gather from our patients during these discussions, we can provide the kind of medical care that our acupuncture patients are seeking; in a manner that resonates with their hopes and not with their fears. In doing so, we begin to build a strong and trusting therapeutic relationship, that in the end, is indispensable to the creation of a successful acupuncture practice.

*Name and demographic information was changed for patient privacy. MAY 2011

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