

The Luban Observation

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Just about the time you feel you've experienced about as much as you can experience, learned about as much as you're going to learn, seen it all, and "been there, done that," as the saying goes, someone comes along and shows you something you can't believe you never knew. This recently happened to me while teaching an acupuncture program in Chicago.

While discussing the incredulous attributes and benefits of the acupuncture needle as a therapeutic device, I was also relating some horror stories surrounding the use of acupuncture needles. In my 26 years of inserting an average of 500 or more needles a day, believe me when I say I have my share of horror stories. Of course, as a professional educator, you can't let the class know the stories you are telling are your own personal clinical catastrophes, so as most of my colleagues standing behind the podium would do, I say, "I heard of this doctor who ..." This gets us off the hot seat and no one would ever believe these utterly stupid, grossly negligent incidents could ever happen to the teacher, anyway. Impossible! It had to be the class idiot this happened to.

For example, I heard of this doctor who did everything right, observed all of the sterile procedures, handled the needle in a safe and meticulous manner, and used single-minded consciousness when handling the needle. When he was in contact with an acupuncture needle and the patient, he was 100% focused on what he was doing. This doctor was versed in hepatitis A, knowing it to be of the infectious variety; that the transmission of the disease is mainly via fecal contaminated food and water with an incubation period of four weeks; and that a virus in the bloodstream transferred to the hand or fingers of a practitioner could potentially pose a hazard. The good news is that most cases are mild. The chances of any one of us being contaminated is extremely high, the rest of the good news is that prolonged carrier states do not seem to exist.

This doctor I heard of was well versed in hepatitis B, which is the dentist's scourge. It has been said that hepatitis B must be recognized as an occupational hazard for acupuncturists as much as it is for dentists. This form of hepatitis is critical. It can be as little as three weeks to as much as six months from the time of exposure to the onset of symptoms. This virus may be transmitted via blood, saliva, urine, tears, perspiration, semen and feces. Think about that the next time someone drools on your headrest paper; what about that drop of blood from that fresh shave? I shudder to think. The doctor I heard of knew that typically symptoms last from two to six weeks, and it could manifest itself as common everyday symptoms such as chills, fever, diarrhea, abdominal pain and fever. This is usually followed by extreme fatigue and depression, which lasts for months or more. I wonder how many hepatitis B patients you saw last year. The worst part is more than 70% of the recovered symptomatic cases remain infectious for three months and more after symptoms have disappeared. Many are carriers for life.

This doctor I heard about knew about chronic carriers of hepatitis B, knowing that hepatitis A never becomes chronic. He also knew about chronic persistent and chronic active patients. These are people

who literally shed hepatitis virus via bodily fluids and excretions throughout their lives. Chronic active types are those that continue to damage the liver throughout life with symptoms of malaise, weight loss, jaundice and loss of appetite.

This doctor I knew of was well versed in HIV, otherwise known as AIDS. As early as 10 full years ago, in 1988 it was estimated that over two million Americans were infected with the AIDS virus. The doctor knew that the chances of him seeing an AIDS patient in his office were much higher than the possibility he would be immune to seeing one. The doctor knew some of the rudimentary characteristics of AIDS are persistent cough other than from smoking or a cold; chronic diarrhea not explained by obvious causes; rapid, unexplained loss of weight; persistent fever and night sweats; extreme fatigue; swollen glands; and enlarged lymph nodes in the neck, axilla or groin.

This doctor I heard of washed his hands frequently throughout the day. Even though it is recommended to wash between each individual patient, he found it logistically impossible to do so. Therefore, he would use 70% isopropyl alcohol frequently on his fingers and hands in an attempt to disinfect as much as possible.

Even with all of this knowledge and experience, this doctor seemed to experience a variety of situations which could have been averted with just more caution. But what do you do about the kid who accompanies his mother to the office during the treatment? He is left alone coloring on the floor; while his mother is relaxed having her treatment, the child decides to play with the "sharps" container which holds several hundred needles. Could you imagine the shock on this doctor's face when he walked back into the treatment room and found a four-year-old child with two or three hundred acupuncture needles surrounding him on the floor while his mother is oblivious to the situation at hand, even though she is less than three feet from him?

What about the mother who hands this doctor an acupuncture needle when he enters the room and inquires, "What is this?" The reply from the doctor being, "An acupuncture needle, where did you get it?" The reply by the mother being, out of my daughter's fanny. She got stuck when she jumped up on the table.

The needle had obviously dropped earlier in the day, the week, the month -- who knows when! It lay innocently in the piping of the upholstery of the table until such time that a little girl came playfully into the treatment room looking forward to her treatment, jumped up on the table and got stuck with an acupuncture needle. Can you imagine the doctor trying to worm his way out of that one?

It's a known fact that when the body is through with the acupuncture needles and they have been in dwelling for some time, the body simply may discard them by dropping them from the body. If each needle is not accounted for, or the needles were not counted prior to and after the treatment, there may be a needle or two just laying around the office waiting for someone to get stuck with it.

This same doctor I heard of just last week reported (three hours after he had been home from the office) that while he was doing some work at the computer he felt something poking him in the leg. Thinking it might be a tag from his new slacks, he reached into his pocket only to discover that sometime during the day, a 1/2 inch acupuncture needle had somehow falling into his pocket. He hadn't been stuck to his knowledge, but can you imagine the look on his face when he pulled an acupuncture needle out of his pocket, wondering where in the world this thing came from. Had it been a clean needle, or had it been in a patient that somehow fell out of the body or slipped from the fingers on removal? He only hopes it had not been in one of those three AIDS patients he had seen earlier in

the day.

This doctor I heard of one time told of a case where the patient came in for her treatment brandishing an acupuncture needle. When asked where she got it replied it was from her hairdresser. And where did she get it? "From the back of my head," she said. Can you imagine the look on that doctor's face when he was told that news and now it was his turn to respond?

I guess I have heard of doctors for years who report similar and worse stories. In fact, there are enough of them out there to make you never want to use an acupuncture needle in practice. Bear in mind should you elect to not use acupuncture needles, simple inexpensive electronic devices are available, and are extremely effective and reliable. Laser beams are likewise non-invasive and of considerable merit.

Perhaps one of the most common incidents to occur in the administration of acupuncture needles is the small drop of blood which accompanies the withdrawal of some acupoints. This particular incident is of vital concern for several reasons. Obviously, it is a considerable health issue with the possibility of contamination of either equipment or the practitioner's hands. It is also an issue concerning the patient who smears blood on their clean white shirt, slacks, etc. prior to having it properly wiped off. The average acupuncturist will have an alcohol prep pad at his disposal for such an emergency of seeing a drop or trickle of blood. The problem is that it is always a matter of the practitioner's protection when using an alcohol pad to wipe blood because it is usual to come into contact with the patient's blood on using an alcohol prep pad.

I heard about this doctor that when withdrawing the acupuncture needle from Yin-Tang (between the eyebrows) spotted a drop of blood which soon became a significant trickle. As he fumbled to open an alcohol prep pad, he quickly took it from its package and swabbed generously over the trickle, only to have the alcohol flow freely into both of the patient's eyes, at which time he let out an "Aahhh!" which could be heard in the parking lot. Can you imagine the look on the doctor's face as he attempted to furiously tear head wrist paper from the table to help wipe the alcohol from the patient's eyes?

Well, just about the time when you feel you have a good handle on all of the little things that can go wrong in an acupuncture practice and you understand all of the tricks of the trade, comes one which I count as one of the great lessons of acupuncture. I will fondly refer to it as the "Luban observation" (named after Dr. Michael Luban), who shared one of the most simple but significant techniques in acupuncture. The technique is that on withdrawal of the acupuncture needle, have a Q-Tip cotton swab in your immediate possession to act as a dry absorbent for drops or trickles of blood. The advantages are that the practitioner's hands never contact the skin or blood; the Q-Tip may be used to place light pressure to stop bleeding; it has an absorbent quality; and the Q-Tip may be deposited directly into the "sharps" container for safe disposal, taking up far less room than either alcohol prep pads or cotton balls.

This seemingly simple technique is one which I will share absolutely with all of my future classes. For those of you reading this who are currently using acupuncture needles, you can see the apparent wisdom in this procedure. Thanks, Dr. Luban, for your observation during a visit to a remote clinic in a remote part of China. It's a great idea.

I bet there are a few hundred additional simple ideas and hints which we would love to hear. Does anyone out there have one to match or better the Luban observation? If you do, let me know. We'll name it after you.

Wishing all of you the very best in 1998. Have a sensational year!

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