

A CASE REPORT OF ACUPUNCTURE ANAESTHESIA IN AMPUTATION OF THE KNEE

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INTRODUCTION

Acupuncture anaesthesia is a recent development even though acupuncture had been applied for the relief of pain and psychosomatic disorders for thousands of years. It has been reported that a total of over 2,000 operations had been successfully performed at the Xuan Wu Hospital, Beijing, China, since 1965.

In this article, a below-knee amputation which was performed under acupuncture "anaesthesia" at the Bintulu Hospital, in October 1979, is reported.

METHODS

The patient was premedicated with pethidine (50 mg) and valium (10 mg) parenterally. The acupuncture needles were then inserted into the following loci:—

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|---------------------|---------------------------------------|
| Right and left hand | — Hegu (Large Intestine Meridian 4) |
| Right hip | — Huantiso (Gall bladder Meridian 30) |
| Left hip | — Zusanli (Stomach Meridian 36) |

Leads were then connected from a multi-purpose Acupuncture apparatus (model 71-3) to the needles, and the electrical impulses delivered.

THE PATIENT

K.C.T., 63 years old Chinese man, was admitted with chronic, intractable ulcer involving his right sole. He was a known case of Diabetes Mellitus with Ischaemic Heart Disease and Chronic Renal Failure. When the ulcer worsened in spite of conventional treatment including wound dressing, antibiotics, soluble insulin and bed rest, it became clear that a

below-knee amputation had to be seriously contemplated if the wound sepsis is to be controlled. It was in this light that acupuncture 'anaesthesia' was attempted.

THE OPERATION

The patient was premedicated, the acupuncture needles inserted and the electrical impulses applied. A tourniquet was applied in the right mid-thigh region. The right lower limb was amputated about 6 inches distal to the knee joint without any further local or general anaesthesia being given. Throughout the operation, the patient remained conscious and calm. He expressed a sensation of "numbness" and "heaviness" radiating along the extremities. Pain sensation was experienced whenever an attempt was made to switch down the electrical stimulation. The operation was successfully completed in about an hour's time.

POST OPERATION

After a lapse of about two hours, severe pain was experienced requiring parenteral analgesic for relief.

DISCUSSION

Although acupuncture analgesia has been widely practised and is being introduced into the field of operative procedures, its mechanism is still unknown. It is the writer's opinion that diabetic neuropathy did not come into the picture of the case reported as there was neither "gloves and stocking" anaesthesia nor was there loss of pain sensation to stimuli at the level of the amputation pre- or post-operatively.

SUMMARY

A case report of right below-knee amputation successfully performed under acupuncture anaesthesia, supplemented with parenteral valium and pethidine, is described.

ACKNOWLEDGEMENT

I wish to express my gratitude to the patient and his relatives for having consented to acupuncture anaesthesia; Mr. Kueh Thian Lim, Head of Acu-

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upuncture Department of the Malaya Chinese Academy for having so patiently taught me the fine art of acupuncture; Professor Han Chee Yuen of the Scientific Acupuncture Research Centre of Singapore for his instruction in acupuncture; Dr. I. S. Loh and the theatre staff for their assistance throughout the operation, and Dyg. Sakina Jarudai for kindly typing out the manuscript.

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