

The Needle

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In issue #5

Does acupuncture work? | LU-5 for lumbar pain | Fatty liver disease | Medication-resistant insomnia | Post-operative nausea and vomiting | Which point am I?



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BACc response to The Economist article 'Does acupuncture work?' (British Acupuncture Council website)

Summary: This piece summarizes the British Acupuncture Council's official rebuttal to a skeptical commentary in *The Economist* regarding acupuncture's clinical efficacy and physiological mechanisms. Highlighting the landmark Vickers individual patient data meta-analysis of over 7,000 patients, the response argues that acupuncture significantly outperforms sham procedures for chronic pain and cannot be dismissed as a mere placebo effect or statistical reversion to the mean. Furthermore, it defends the concept of 'qi' by contextualizing it not as a mystical energy, but as a practical, observable aggregate of physiological changes that aligns with contemporary medical consensus.

Clinical Application: Practitioners can integrate these robust, guideline-backed figures from organizations like NICE and ASCO into clinic marketing materials and patient consultations to confidently address skepticism surrounding the placebo effect. When communicating with biomedical professionals, describing qi as an aggregate descriptor of real physiological and emotional states can help bridge the communication gap and secure medical referrals.

[Read the full piece](#)

Clinical pearl from *A Manual of Acupuncture*

While routinely utilized to clear heat from the Lung and descend rebellious qi, [Chize LU-5](#) possesses an unusual classical indication for lower back pain. "Interestingly, [Chize LU-5](#) also treats 'the five types of lumbar pain'. In a sense this point, located in the flexure of the elbow joint, can be viewed as the equivalent on the upper limb of [Weizhong BL-40](#) which is located in the flexure of the knee joint and is much used for lumbar pain". This application reflects the classical 'cross-connection' method of selecting an equivalently positioned joint in the upper extremity to regulate the lower body. It gives the practitioner a distal alternative for acute lumbar presentation when local palpation or lower-body needling is obstructed.

Electroacupuncture for Fatty Liver Disease: Insights into Metabolic Regulation and Clinical Efficacy (Frontiers in Medicine)

Summary: This review article synthesizes recent preclinical and clinical evidence demonstrating that electroacupuncture is a promising, safe adjunctive therapy for metabolic dysfunction-associated steatotic liver disease, formerly known as NAFLD. The therapy works through an integrated biological network that targets multiple pathways simultaneously to clear liver fat, improve insulin sensitivity, protect the gut barrier, and reduce chronic inflammation. While clinical trials using advanced imaging confirm significant reductions in hepatic fat accumulation, practitioners should note that high variation in point selection and electrical frequencies across studies currently limits absolute treatment standardization.

Clinical Application: Where clinically appropriate, acupuncturists might consider utilizing electroacupuncture at frequently cited points - such as [Zusanli ST-36](#), [Fenglong ST-40](#), [Sanyinjiao SP-6](#), and [Taichong LIV-3](#) - as part of a supportive protocol to help manage fatty liver disease and systemic insulin resistance. Furthermore, coordinating these sessions alongside a patient's existing lifestyle modifications or standard metabolic medications could potentially optimize clinical outcomes for liver function and lipid profiles.

[Read the full piece](#)

Subjective Relief for Medication-Resistant Insomnia: A New Electroacupuncture Trial (Nature and Science of Sleep)

Summary: This original randomized controlled pilot trial evaluated a six-week electroacupuncture protocol for patients experiencing persistent insomnia despite over three months of stable sleep medication usage. The intervention demonstrated significant, lasting improvements in subjective measures such as insomnia severity, overall sleep quality, and morning refreshment. Conversely, objective tracking via actigraphy revealed no significant differences between the groups, indicating that the clinical benefits primarily impact the subjective perception of sleep distress rather than altering measurable sleep architecture.

Traditional Context from *A Manual of Acupuncture*: In traditional Chinese medicine, treatment-resistant insomnia reflects a destabilization of the Shen (spirit), which relies on the Heart and Pericardium for its peaceful resting place at night. The protocol utilized in this trial heavily targets these systems, pairing local points with the distal combination of [Shenmen HE-7](#) and [Neiguan P-6](#). According to *A Manual of Acupuncture*, [Shenmen HE-7](#) "Calms the spirit" while [Neiguan P-6](#) "Regulates the Heart and calms the spirit". By applying electro-stimulation to these source and luo-connecting pathways, the treatment strongly anchors the ethereal soul and stabilizes the mind, making it suited for chronic, entrenched cases where standard physical or chemical interventions have failed.

Clinical Application: For patients who remain trapped in chronic sleep medication cycles without relief, practitioners could consider integrating a low-frequency electroacupuncture regimen to help mitigate subjective distress and morning fatigue. While the study utilized a rigid protocol involving specific points like [Baihui DU-20](#), [Shenmen HE-7](#), and [Neiguan P-6](#), these selections can serve as a supportive clinical template to be flexibly adapted based on the patient's individual traditional pattern identification.

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Wrist-Ankle Acupuncture Significantly Reduces Postoperative Nausea and Vomiting in High-Risk Female Patients (Journal of Investigative Surgery)

Summary: This original study demonstrates that postoperative wrist-ankle acupuncture (WAA) at four standardized points significantly cuts the 24-hour incidence of postoperative nausea and vomiting (PONV) from 71.2% to 42.4% in high-risk female patients undergoing general anesthesia. While the intervention did not significantly lower the overall requirement for rescue antiemetic medications, patients who received active WAA experienced lower symptom severity and expressed significantly higher satisfaction scores. No adverse events were reported, confirming WAA as a safe and robust non-pharmacological complementary therapy for perioperative care.

Traditional Context from *A Manual of Acupuncture*: Traditional acupuncture approaches to managing postoperative gastrointestinal distress typically prioritize regulating the middle jiao and descending rebellious qi. While this trial utilizes a standardized subcutaneous approach, it highlights that traditional point stimulation of [Neiguan P-6](#), [Hegu L.I.-4](#), and [Zusanli ST-36](#) is already well-established for preventing nausea and vomiting. The classical anchor for this treatment principle is [Neiguan P-6](#), whose core action is to "harmonizes the Stomach and alleviates nausea and vomiting".

Clinical Application: For patients at high risk of post-surgical distress, practitioners might consider introducing wrist-ankle acupuncture as a minimally invasive, comfortable perioperative option, especially since it avoids eliciting the intense needling sensation (deqi) that some sensitive individuals find difficult to tolerate during acute recovery.

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Which point am I?

I am an acupuncture point on the upper extremity whose name translates to "Veering Passage". Although I reside on a yang channel of the hand, I look toward the lower jiao to act as the primary point on my channel for opening and regulating the water passages, making me effective for acute oedema, ascites, and difficult urination. My luo-connecting channel takes a distinct anatomical trajectory, ascending to the jaw and the ears. According to the *Great Compendium of Acupuncture and Moxibustion*, my states of absolute disharmony are clear: when I am in a state of excess, the patient experiences tooth decay and deafness, but when I am deficient, it results in cold teeth and an obstruction of the diaphragm.

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