Acupuncture for Post-surgical patients and the prevention and treatment of chronic pain

Dr. nell smircina, daom, l.ac., dipl. om
Who is here?

• Providers? Patients? Caregivers?
• Surgeries?
• Chronic pain?
• Been to a provider and not gotten a problem resolved?
• As a provider, not knowing what else to do?
Who am i?:

• Private practice, PIQUE Integrative Medicine, in Beverly Hills, CA
• Teach orthopedic assessment and serve as a guest lecturer on the topics of advocacy and business building
• Serve on the board of CSOMA, CA’s oldest and most integrative Eastern Medicine association
• My why: I want everyone to know how valuable integrative medicine can be, especially in the treatment of chronic disease and see acupuncture in the standard of care
My story

• Always wanted to be a part of medicine; endlessly fascinated by the body

• Orthopedic surgery? Athletic Training? PT? EMT?

• Entry level PT - the game changer
  • Protocols - why weren’t they always working?
  • Limited scope of practice

• My own frustration with chronic pain

• Starting to believe in root cause medicine

• Wanted to write post-ortho surgery protocols with a diagnosis of underlying deficiencies
My specialty: post-surgical recovery optimization

• First interest: beat the protocol
  • Scars\textsubscript{22} and wound healing\textsuperscript{7,20}
  • Pain

• Other issues: anesthesia\textsubscript{14,15}

• Huge gap in the standard of care in a critical area of opportunity
  • Patient empowerment

• Rise in chronic pain conditions and chronic disease in general
• Pain memory/Pain cycle
Chinese medicine: a system

- Multiple modalities: acupuncture, moxa, cupping, gua sha, tui-na, herbal medicine
- TCM: easiest leap from western medicine (ICD 11 codes?)
  - Pattern is a collection of symptoms = diagnosis
- In Asia, traditional medicine is in hospitals with western medicine
  - Not about competition; everything has its place where it shines
- Root cause medicine: incredible for chronic disease
Case report

- D:\iPain\Total Knee Replacement.pptx (1).pdf
Modalities: acupuncture

• Different techniques: will demo
  • Local/dry needling, semi local, distal, distal-active, auricular, e-stim

• Channels/pathways/meridians: 95+% overlap with the nervous system\textsuperscript{28}
  • Very well demonstrated with electrical stimulation\textsuperscript{19}
  • Energy medicine = electrical medicine?\textsuperscript{26}

• Technique matters!
Modalities: cupping

• Uses a negative pressure (as opposed to a positive pressure like massage)
• Leaves marks: not a bruise
  • These marks stimulate a systemic anti-inflammatory response in the body and affect the lymph
t• Technique matters: suction cups have limited
• Also used for colds (fun fact)
Modalities: Gua sha

- Scraping technique
- Can be gentle or more aggressive
- Effective for pain, scar tissue, adhesions, etc.
- Increases circulation, boost immune system
- Chiros developed Graston technique
Modalities: moxa

- Warming herb
- Very important if pain is cold based- everything is part of a system
- Also used for fertility and reproductive disorders (fun fact)
Modalities: herbal medicine

- Often used for internal medicine, but in TCM, everything is internal medicine
  - Pain is the branch...what is the root?
- Supplement the acupuncture (or multiple modality treatment)
- Can extend the treatment
- Herbs vs pharmaceutical medication: The Runner
Chinese medicine as a system and root cause medicine

• Not as simple as, “You have back pain so __________ is the treatment plan”.
• Individualized approach: root and branch
• Treatment vs Cure
• Holistic: gives you the biggest bang for your buck
What’s the hold up?

• Does it work?
• How does it work?
• Why isn’t it in the standard of care?
• Where’s the research?
• Education?
Does it work? How then?

- Acupuncture vs Acupuncture and additional modalities
  - Creates localized immune response$^{6,7,8}$
  - Increases circulation$^{9,10}$
- E-stim: energetic = electrical medicine$^{26}$
Not in the standard of care

- Post-surgical example shows this clearly
- Not all insurances cover it
  - Was included in the 2014 bill as an essential health benefit\textsuperscript{31}
- Competes with other industries
Research challenges

• Lacking in US (not other countries)
  • Germany for example
• Difficult to do double blind
  • Issues with Sham Acupuncture
• Many variables, often gets complicated
Lack of education leads to misconceptions

- Fears around an integrative model
- Immediate relief from a treatment vs lasting relief from a cure
- Dosage
- Passive vs Active
- Education of providers (acupuncture specifically)
- Needle phobias
What to do?

• Be your own advocate
• Ask trusted sources:
  • NCCAOM
  • California Acupuncture Board
  • EAM Directory
  • Ask me for a referral
Demo: local needling

- Basic local / dry needling
- Local with e-stim
Demo: up the chain, still semi local

- Neural higher up on the chain
- With e-stim
Demo: Distal

- Distal
- Distal/Active
Demo: Auricular
Questions?
Resources


Resources, continued


Resources, continued


