TITLE: A NON-ANESTHETIC USE FOR P6 ACUPUNCTURE ANTIEMESIS

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In appropriate circumstances 5 minutes stimulation of the P6 (Neiguan) acupuncture (ACP) point has as good a therapeutic action in reducing postoperative nausea and vomiting as standard antiemetics[1]. However, since with appropriate choice of technique postoperative sickness need not be a clinical problem, the use of this non-toxic procedure has been evaluated in patients having highly emetogenic cytotoxic drugs.

Methods Patients who, despite the use of conventional antiemetics, had troublesome sickness following one or two courses of cancer chemotherapy had P6 ACP carried out (manual rotation of needle or electrical stimulation 10-15 Hz DC) on the dominant forearm immediately before the next treatment. Antiemetics were given as before. The procedure was repeated if needed. In 10 patients it was possible to do a crossover comparison of stimulation of P6 and a "dummy" point near the elbow.

In later cases 5 minutes pressure (acupressure) was applied to a stud in an elasticized band (Sea Bands) over P6 every 2 hours after ACP. Later still invasive ACP was replaced by transcutaneous electrical stimulation over the P6 point.

The beneficial effects of P6 stimulation were evaluated by the patients themselves on a simple 4 point scale, ranging from complete relief of sickness to no benefit.

Results In 98 out of 105 patients (97%) invasive ACP contributed to good relief of symptoms. Non-invasive methods were not as effective as needling. Using a small magnetized electrode 77% of 82 patients got good relief, while with a large diffuse electrode 87% of 104 patients were benefited. With all of these techniques the beneficial effect was limited to 6-8 hours. When followed by acupressure this was prolonged to 24 hours.

ACP at the dummy point was ineffective.

Comment Current studies are evaluating self administered transcutaneous electrical stimulation (5 minutes every 2 hours) using a large diffuse electrode over P6 point of the dominant forearm with the neutral lead over the thenar eminence. If effective this apparatus could find a role in anesthesia, particularly in day cases where the use of soporific antiemetic drugs is undesirable.

Reference

1. Br J Anaesth 63:612-618, 1989.