Acupuncture Lowers Anxiety & Pain After Mastectomy

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Acupuncture reduces anxiety and pain for breast cancer patients that have had a mastectomy or breast reconstruction surgery. Researchers from the Mayo Clinic (Rochester, Minnesota) conclude that acupuncture “significantly improves symptoms of postoperative pain, anxiety, and tension, and demonstrates a trend toward improved postoperative relaxation.” They add that “acupuncture can be integrated into a busy postsurgical clinical practice” and “acupuncture may be an important intervention in the postoperative setting for breast cancer patients.”

The Mayo Clinic researchers note that there are “several important implications” from the study. The researchers tested the feasibility of incorporating acupuncture into a postoperative medical setting for mastectomy and breast reconstruction patients. The results suggest that acupuncture “can be successfully incorporated into a busy postoperative clinical setting….” The researchers note, “it appears that acupuncture can be incorporated into a postoperative inpatient setting without disrupting patient care or activities of care team members.”

All patients in the study noted that it was worthwhile and no patients indicated dissatisfaction. The researchers note that there was “a high degree of participant satisfaction in acupuncture.” The Mayo Clinic researchers add that satisfaction levels indicate “the value of acupuncture for surgical patients….“ The researchers note that acupuncture improves the quality of life for patients citing that “acupuncture can have favorable effects on anxiety, tension and postoperative pain….“ They add that the “study’s results suggest that acupuncture can be integrated successfully into the postoperative care of breast surgery recipients.”

The study’s acupuncture point prescription was protocolized to a standardized set of acupuncture points. The prescription was based on the Traditional Chinese Medicine (TCM) principles of calming shen, tonifying qi and blood, and moving qi and blood. Acupuncture points included:

- DU20 (Baihui)
- Ex-HN3 (Yintang)
- LI4 (Hegu)
- LI11 (Quchi)
- PC6 (Neiguan)
- SP10 (Xuehai)
The researchers selected the acupuncture points for their ability to address several indications including: headache, nausea, vomiting, GI pain, and musculoskeletal pain. The points were also chosen to induce a calming effect for the relief of anxiety. Acupuncture needles were Seirin J-type of two sizes: 0.16 x 15 mm, 0.20 x 30 mm. Needles were inserted and the de qi sensation was induced by manual acupuncture techniques. The acupuncture points were applied by a licensed acupuncturist (Minnesota Board of Medical Practice) with a masters degree level of training and who is certified by the National Certification Committee for Acupuncture and Oriental Medicine (NCCAOM).

In related research, acupuncture is found effective for the treatment of hot flashes induced by anti-estrogen therapy for breast cancer patients. All patients in the study responded with a significant reduction of hot flashes intensity. The intensity reduced between 70 - 95% for all patients in the study. In addition, the total number of hot flashes per patient reduced significantly.

The researchers investigated the effects of acupuncture on women taking either tamoxifen or anastrozole anti-estrogen therapy for the treatment of breast cancer. Participants received a total of twelve acupuncture treatments over a period of four weeks. Acupuncture was applied to five acupuncture points based on TKM (Traditional Korean Medicine) principles:

- DU20
- Yintang
- HT8
- KI10
- LV2

De qi was evoked at the acupuncture points and the needles were 0.25 x 30 mm in gauge and length. Insertion depth ranged from 10 - 20 mm. All patients reported significant reductions in the frequency and intensity of hot flashes one month after the last acupuncture treatment. The mean reduction of hot flashes exceeded 60%. The investigators also noted that Traditional Korean Medicine has potential as a “viable treatment for women with chemotherapy-induced menopause-related hot flashes.”

References:
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