Outpatient Pediatric Medical Acupuncture

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Introduction:
Acupuncture has been a component of health care in China for over 3000 years. Since the 1970’s, Western interest in acupuncture has grown exponentially and, in recent years, it has been widely practiced in the adult population in Europe and the United States. As more controlled clinical trials are generated, the practice continues to gain much acceptance by both the general public as well as the scientific community as a complementary therapy or integrated into Western medicine.

Methods:
With the Institutional Review Board’s approval, we reviewed 6283 visits of 868 pediatric patients treated at the Medical Acupuncture Service at Children’s Hospital Boston from September 2000 to October 2006. We then compiled the demographic data and referral diagnoses.

Results:
Since September of 2000, Children’s Hospital Boston has operated one of the most active pediatric medical acupuncture services in the country. Patients are referred to the clinic from primary care pediatricians and subspecialty pediatric services. Ages of patients treated include infants as young as 8 months, with a mean of 12 years of age. The diagnoses treated range from common disorders such as headache, nausea and back pain to disease processes such as complex regional pain syndrome, ADHD, and insomnia. The top five diagnoses treated are back pain (26%), headache (22%), abdominal pain (14%), myofascial pain (13%), and knee pain (9%). Many children with these diagnoses also have underlying oncologic, metabolic, or autoimmune disorders.

Discussion:
Enthusiasm for the practice of acupuncture in the pediatric population in the United States has been gaining momentum. In 1997, the National Institutes of Health released a Consensus Statement regarding the practice of acupuncture in the United States which concluded that acupuncture is efficacious in the treatment of adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain. The NIH further stated that acupuncture may also be an appropriate alternative or adjunct in the treatment of other disorders such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma. Patients and their parents will continue to gravitate towards non-traditional modalities of care including acupuncture. Physicians practicing in today’s multifaceted healthcare environment must be aware of and respect these options in order to better synthesize a complete picture of their patients’ overall treatment regimen.

Reference: