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NEEDLE SHOCK

RECOGNIZING AND TREATING IT



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Needle Shock!

After 25 years of study and practice in the field of acupuncture, employing mostly “aggressive” needling techniques, I’ve seen my fair share of “needle shock.” As a young student, I apprenticed with an acupuncturist. I remember one day hearing my mentor yell “ERIC!” from one of the treatment rooms. I rushed in to find him tending to an unresponsive patient with a greyish pallor. She was completely limp. It was, to this day, the worst case of needle shock I have ever seen. I thought she was dying or dead! My initial impulse was to call 9-1-1. But upon using some basic revival points she quickly returned to normal. It turned out she had been fasting for a day or two. So, here's my first tip: Be especially cautious when treating people who are overly hungry (and likely to have low blood sugar).

What is Needle Shock?

Western medicine uses the terms [vasovagal syncope](#), [vasovagal response](#), and vagal episode to describe “needle shock.” It is basically the same reaction that someone might have who tends to faint at the sight of blood. This reaction typically causes a drop in blood pressure and heart rate. This reduces blood flow to the brain and causes various symptoms.

One of the most common things a patient experiencing needle shock might say is, “I feel faint/dizzy/weird/nauseous.” There is a broad range of intensity when it comes to needle shock. Let's say there is a 1-10 scale. “10” would be the patient losing consciousness, and “1” would be the patient feeling a little dizzy -- in which case you might simply pause for a minute or so until the patient feels back to normal, and then continue the treatment. Because I've seen dozens of cases, I don't immediately yank all the needles out and start pressing revival points every time a patient says, “I feel a little dizzy.” But I do immediately enter a state of heightened vigilance and begin preparing to take action in case the patient's state deteriorates.

Just to put things in perspective, an episode of vasovagal syncope (actually fainting) is not generally considered life threatening. Typically no treatment is necessary. If you think about it, when people faint and fall down, the blood flow increases to the brain and they quickly normalize. However, following the steps I outline here will usually halt the progression of needle shock and more quickly bring your patient back to normalcy.

It should be noted that fainting can be a sign of a more serious underlying condition. Refer out if you suspect the patient has any such condition. This paper is intended to address only simple cases of needle shock.

Who is Vulnerable?

People who are tired, hungry, anxious, receiving their first acupuncture treatment, have blood sugar issues, low blood pressure, or a history of fainting are all more susceptible. Yes, I've had patients tell me that they pass out all the time seeing needles or giving blood. I'm not shy to treat those people if they are willing. I've had many of them do just fine during a treatment, if they don't have to see the needles. Others will pass right out! I remember a guy who told me up front that he faints easily over needles. I kept talking with him during the treatment....until he became unresponsive! When I started the revival techniques, his face was cyanotic and my assistant thought he was dead (just like me in my first time story above)! He normalized quickly with these techniques and thanked me for helping him when he fainted.

What to do

First, let's review standard first aid recommendations for simple needle shock. The most common are:

- Have the patient lie flat (promotes blood flow to the brain)
- Raise the legs 10 inches or so (encourages venous return)
- Place a cold compress on their foreheads
- Keep the airway clear and put the patient into rescue position should vomiting occur

I would stress that the two most serious potential consequences of fainting are:

1. **Patients Could be Injured if They Fall** as they lose consciousness; protect them from that. As most treatments are rendered with the patient lying down, the chances of this are quite small. Additionally, be aware that treating a new patient in a standing or sitting position seems to increase the likelihood of needle shock.
2. **The Patient's Airway Could be Blocked**, either by vomiting or if they were given something to eat or drink. In my experience, vomiting is very rare in the case of needle shock but you must be aware of the possibility.

Here are some recommendations based on my experience:

Soothe and Inform the Patient

The initial and most important thing to do is to reassure the patient. If needle shock is going to happen to a patient, it is most likely to happen during their very first treatment. They have no idea what is happening! This increases their anxiety and that can make their symptoms worse. Use a calm, confident, and deliberate tone of voice to explain to the patient that what is happening is normal, that it will only last a few minutes, and that they are going to be okay. Try to keep a reassuring hand on the patient ([see my blog regarding touch](#)). I will often start pressing P 6 while I am reassuring patients, especially if they report nausea. Some suggested dialogues are: "This happens sometimes. You're going to be back to normal in just a minute or two." "Are you feeling better, the same, or worse?" Ask this repeatedly till the patient is feeling normal. The answer to this will help you decide the next course of action. See the flowchart for a simple guide on how and when to proceed.

Remove all the Needles

If the patient doesn't quickly improve after your reassurances, remove all the needles as rapidly as possible. Once they are all removed **tell the patient!** "All the needles are out now". The whole episode started because of the needles! It can drastically reduce the patient's anxiety to know all the needles are out.

Press P 6 and LI 4

As I mentioned above, I find it helpful to start pressing P 6 as I reassure the patient. If they are worsening, we need to take our pressing a little more seriously. See figures 1 and 2 for a way to press both sides at once. On LI 4, find the tender spot and direct your force towards the 2nd metacarpal. Practice it on yourself to find the proper direction, you'll feel an ache radiate out from LI 4 when you do it correctly. I like to “pulse” my pinches rather than just hold steady pressure. Roughly a one-second pinching followed by a one-second pause, repeated. Alternate between pressing LI 4 and P 6 every 15 seconds or so.



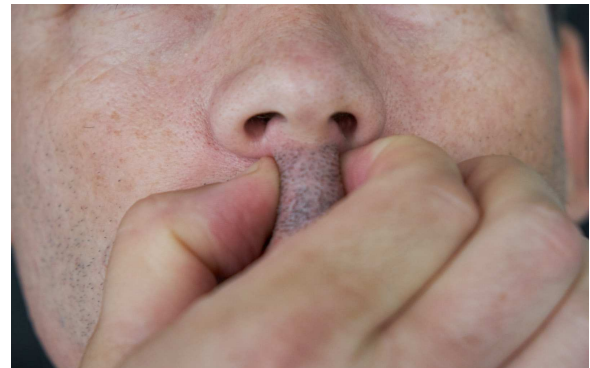
Figure 1 Pressing P 6



Figure 2 Pressing LI 4

Pinch DU 26

This is the “big gun” in my opinion. I have only rarely had to resort to stimulating DU 26. Some textbooks recommend pressing DU 26 with a fingernail in an upward direction. I prefer to pinch it between my thumb and 2nd finger, see figure 3. On most people you will find a little bump. Try it on yourself now. Feel up and down along your philtrum, usually that little bump is about halfway up or a little bit closer to the base of the nose. This is the spot to pinch. I'll use “pulsing” pressure here also.



Offer Them Something With Sugar in it

If their blood sugar is low, sugar will help them normalize. A sweet drink is best because it is less likely to be a choking hazard than something solid. The little vials of honey and ginseng or sweetened instant ginseng tea from granules are fantastic. Again because of the choking hazard, only offer sugar once the patient is stabilized and improving. Did I mention that choking is one of the most serious possible consequences of needle shock?

Reassure Them

People will often become embarrassed that they fainted. Reassure them that this is a rare but normal occurrence and much less likely to happen on the second visit. If they were too hungry or tired, make sure they eat or are rested before the next treatment. You and the patient should decide whether or not to try another treatment. I never try to pressure people to do more treatments.

Some Other Useful Dialogues

“I'm going to press on some points that will help you feel back to normal faster.”

“Would you like a glass of water?”

“Can you drink something? A little sugar might help you feel better.”

Sometimes if the patient just reports mild dizziness or light headedness, I'll add some levity and say “enjoy it while you can because it won't last long”

Needle shock can be scary for both you and the patient, but don't panic if it occurs. It's almost inevitable that it will happen some time during your career. Just remember to stay calm, reassure the patient, work the points I detailed, and keep asking how the patient is feeling. Obviously, don't hesitate to call 911 if their condition worsens in spite of your efforts. But in my 25 years in the field I've never seen that become necessary.

NEEDLE SHOCK FLOWCHART

