Palpation-Based Acupuncture, a form of Evidence Based Medicine
By: David Euler

As a practitioner of medicine, I am always concerned that I perform evidence-based procedures on my patients. To rely on studies that examine a certain number of patients with somewhat similar conditions (at best) to mine, in-order to find a "significant statistical benefit" is not helpful to me because it has very little, if at all, to do with that individual patient in my treatment room.

For example: if I would treat a patient with temporal headaches, I would needle a certain combination of points that have shown, in certain studies, that enough patients benefited from the procedure, or at least did not get worse compared to a waiting-list and/or a chemical intervention (some medication or another). Well, that is not good enough evidence that the procedure that I chose will work on my patient. I also do not know, in most cases that have been published, where ***exactly*** the point of insertion was, into what depth and angle the needle/s was/were inserted, and what kind of stimulation was given to the needle/s.

So, if I am to rely on the evidence that was published and excepted in the "medical community" as "standard of care", I am to choose the points that helped my headache patient, and hope that the angle and depth, as well as the exact location are correct. Then, I should hope that my patient (and my procedure) fall into the "statistically significant" category. Basically I need to ***hope*** that the patient will experience a betterment (which is not a bad thing) rather than to ***know*** that there is a benefit.

Although interesting and important, I think that this practice (very common in all types of medicine) is not evidence passed medicine. I think it is some evidence based hope. Again, this is ***not*** a bad thing at all, but it is far from being the evidence based medicine I am looking for.

What I am looking for is evidence that the procedure I am performing on the patient is beneficial to her or him at that time, and in the longer-run. I want to test that the exact location of an insertion point is correct, that the angle and depth of the needle that I am inserting is optimal and beneficial to the patient. I would like to see betterment at the end of the procedure. Then, I ***know*** that there is an effect that can be measured quantitatively and qualitatively.

So how do we do that?

First, we need to define the parameters by which we can measure the patient's dis-ease, dis-comfort, imbalance or dis-order. Then, we need to define the parameters that signify betterment. These parameters should be practical to use at "bed-site"; with the practitioner and the patient monitoring a dynamic change. Then, we need to determine tools by which we measure the status and changes

of these parameters. Sounds very abstract and theoretical? Well, it is actually a journey back into our own long discovered, and proven, methods of palpation, osculation, and visual observation (I could add taste and smell, but I will not).

By palpation and observation we can determine a measurable parameter of our patients status quo. Then, by choosing the acupuncture point's exact location, angle and depth of insertion, we shall either see and/or feel a change or not. If not, there is obviously no evidence that I (or the patient) could find (at this time and with this method) to justify this particular acupuncture point - even if it was published to show statistical significance to help the patient. I shall choose other points that will demonstrate a benefit that is palpable and/or visual and in many cases can be felt by the patient as well.

This procedure I called "Palpation-based Acupuncture".

The palpation-based parameters are numerous and allow the practitioner a wide verity of choice visa-vie the patient's condition and the practitioner's education. They include, amongst others: abdominal and other body palpation, significant acu-point palpation, Microsystems palpation, pulse palpation, etc. Once a region or point is identified to be of significance to the patient's condition, an acupuncture point should be found to reduce the pressure pain on it. The needle is inserted in the exact location, angle and depth that reduced the pressure pain on the diagnostic point (or area). On Microsystems, a slight change in pulse, a pressure pain, and/or a "very-point" reaction can be found and when the needle is inserted, a measurable betterment achieved.

Then, when the region determined to be of significant to the condition of the patient is no longer painful or reactive, or the symptom a patient has complained of is no longer there (or as strong) I don't need to guess, I know that the procedure has met the criteria by which I measured betterment.

This is very much like the origins of the scientific method of our modern times by Galileo who by a combination of observation, hypothesis, mathematical deduction and confirmatory experiment founded the science of dynamics. The observation is the palpatory finding, hypothesis will be the diagnosis, and the treatment points can serve as mathematical deduction and experiment. If indeed the treatment has helped, then the diagnosis (hypothesis) was confirmed.

For a clinical example I chose to go back to my patient who suffered from temporal headaches. Upon palpatory examination (the observation) I discovered pressure pain and tightness at the left St26 area, congestion and pressure pain under the right rib age as well as some pressure pain at the right St26 area. At the neck, my patient presented with significant tightness and pressure pain on his right SCM muscle. These findings suggested that the patient had a "Stagnation of

Blood in the Liver" as well as a Shao-Yang imbalance with some immune system irritation (the hypothesis). The needles inserted (confirmatory experiment) were as follows: Bilateral LI11 area (reducing pressure pain at Right St26), Left Liv4 and Lu5 (reducing pressure pain at Left St26), TW9 and GB40 (reducing pressure pain and tightness at the Right SCM muscle), Right Kid7, Sp11, Ht3 and Japanese Pc4 (eliminating the hepatic congestion and pressure pain). The insertion of the needles reduced the pressure pain and softened the areas that were found painful during the examination after a few location and angle corrections (the exact location and angle of each treatment point was found using a finger simulating the needle). The reduction, and in some cases the complete elimination, of the findings confirmed the diagnosis of why the patient was not healing on his own, and helped in the future treatments and life-style adjustments that I recommended.

In conclusion: the statement I wanted to make is that the knowledge that a treatment works should be based on facts. The facts are individual to each patient and might change from treatment to treatment. The best way, I found to establish an evidence-based treatment, individually tailored to the patient, is by palpation. Needling locations and insertion angles, as well as depth of insertion can all be adjusted in accordance to the changes (or lack there of) of the palpatory findings and in most cases the symptoms.

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