

• Medical History

The history of acupuncture anesthesia for pneumonectomy in Shanghai during the 1960s

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ABSTRACT

The success of acupuncture anesthesia (AA) for pneumonectomy in Shanghai in 1960 was a key event for AA gaining practical clinical application. The effort was a close collaboration between the Shanghai First Tuberculosis Hospital and the Shanghai Institute of Acupuncture and Moxibustion. One of the most important factors of AA success was the great financial and political support provided by the Chinese central government and Shanghai local government. In December 1965 the State Science and Technology Commission of China issued a formal document acknowledging AA as an important first-level national achievement of the integration of Chinese and Western medicine, and a collaborative effort of the whole scientific community in China. AA was an important influential factor that helped acupuncture spread across the world.

Keywords: acupuncture anesthesia; pneumonectomy; Shanghai; history of medicine

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In the 1960s, successful use of acupuncture anesthesia (AA) for pneumonectomy, a major surgical procedure, was a big news in both China and the larger global medical community. The authors try to record every aspect of the story in order to provide a whole picture of this AA history, because the outside world may not otherwise have the opportunity to know the details due to the political environment of that time. The miraculous stories of AA in major surgeries are one of the triggering factors for reintroducing acupuncture into Western countries, especially into the United States (U.S.) after President Nixon's visit to China in 1972^[1–3].

1 AA for major surgeries caused a global sensation

AA originated in 1958 in Shanghai and Xi'an respectively, where it was used only for minor surgeries such as a tonsillectomy^[4,5]. On March 30, 1959, in the midst of the "Great Leap Forward", based on the protocol provided by the Beijing Tuberculosis Hospital (BTH, currently the Beijing Chest Hospital affiliated to the Capital Medical University), Dr. Yong-bo Gao (高永波), a surgeon of the Liuzhou Tuberculosis Hospital (currently the Longtan Hospital) in Guangxi Zhuang Autonomous Region, successfully applied AA to a surgery in which the chest

was opened to remove the upper portion of the right lung in a tuberculosis patient (formerly known as pulmonary lobectomy). After that operation, he successfully repeated the procedure more than 12 times. Subsequently, however, Dr. Gao did not continue due to technical problems among other reasons^[6]. In June of 1960, at the China National Tuberculosis Conference held in Qingdao, Dr. De-mao Qiu (裘德懋), the director of the Surgery Department of Shanghai First Tuberculosis Hospital (SFTH, currently the Shanghai Pulmonary Hospital), received the report from Dr. Gao's surgeries with AA and was very excited. He immediately repeated Dr. Gao's surgery after he flew back to Shanghai, but his first attempt with the use of AA for surgery failed.

So Dr. Qiu sent a representative to the Shanghai Institute of Acupuncture and Moxibustion (SIAM, it is now the Shanghai Research Institute of Acupuncture and Meridian), seeking possible collaborations. Mr. Bao-xi Sun (孙宝玺), the head of the SIAM and the deputy director of the outpatient department, met him and immediately called senior acupuncture experts Dr. Bo-ping Dang (党波平), Dr. Song-yan Tang (汤颂延), Dr. De-zun Chen (陈德尊, Figure 1) and Dr. Shu-bai Jin (金舒白), to have a collective brain storm. All the doctors agreed that this was something worth pursuing, and an AA protocol was designed. Mr. Sun then decided to send a team with Dr. Song-yan Tang as a leader to the SFTH to work with them. The reason to choose Dr. Tang as a leader was his extensive Western medical training as well as communication skills with the surgeons. On July 5, 1960, Dr. Tang worked with the surgeons Dr. Xue-xi Xu (徐学僖) and Dr. Zhen-pu Zhao (赵振普) in a pneumonectomy removing the upper lobe of the right lung at the SFTH, successfully using AA induced by filiform needle stimulation as a substitute for medication anesthesia. The patient was Mr. Lü-ping Chen (陈履平), a 54 years old factory worker. The operation lasted three and a half hours, and used more than 100 acupuncture points (acu-point, in short), partially adopting the experience of Dr. Gao in Guangxi Zhuang Autonomous Region. The patient was awake and conscious, and able to chat during the operation. There was no obvious postoperative pain recorded. It was also reported that the patient slept well the night after his operation.

The next day, Dr. Tang and Dr. Dang worked with the surgeons Dr. Ting-huai Xie (谢庭槐) and Dr. Tao Long (龙涛) in a pneumonectomy, successfully using AA for a second patient, Mr. Guo-liang Zhou (周国良), a 23 years old college student. The surgery was successful, with no observable pain; after the chest-opening, experts from the Soviet Union visited and observed twice. The patient stayed calm, conscious, and was able to answer questions. In this way, the door of AA for thoracic



Figure 1 Acupuncture anesthesia group in the operating room. Dr. De-zun Chen (left one) was performing acupuncture anesthesia in a patient before the surgery. Photo provided by Li-gong Liu.

surgery was opened. Researchers were excited and went to the Shanghai Municipal Health Bureau (Health Bureau, in short) to report on their findings. The leaders of the SIAM and the SFTH decided to further strengthen the collaboration and deepen the AA study. On August 14, 1961, Mr. Da-gong Du (杜大公), deputy director of the Health Bureau, visited the SFTH, observed the No. 41 case of AA pneumonectomy, and listened to the report by the AA pneumonectomy research team, after which he gave encouragement and affirmation of the use of AA. From then through September, 1961, there were 42 cases of pneumonectomy completed under AA, of which 37 (88.1%) were completed successfully with the use of AA. Only 5 cases (11.9%) failed in AA.

In September 1961 at the National Forum on Small-Dose Acu-point Drug Injection and Acupuncture Anesthesia in Shanghai, the SFTH and the SIAM jointly published a report entitled *Acupuncture Anesthesia Applied to the Chest Surgery: A Clinical Analysis of 42 Cases*. The report emphasized an AA operation was characterized by “dry needling” (simply a needling manipulation) without anesthesia medication. Its advantages include: simplicity of the tools used, no common side effects that are induced by and present from medication anesthesia, patients are awake during the operation, more convenient postoperative care, faster physical recovery, patients can cough to eliminate the sputum, and no need for intubation. The report caused a sensation. After this report at the meeting, the delegates visited the SFTH and observed AA for pneumonectomy (Figure 2).

2 The enthusiasm of AA cooled down

At that time, the political environment of China was

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