

## Acupuncture and Auriculotherapy for Severe Pain Following Total Hip Replacement

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### Abstract

Acupuncture is a form of Chinese therapy whereby stimulation of points along different energy meridians is applied. Auriculotherapy is ear acupuncture where analgesic points corresponding to different body parts are identified and stimulated on the external ear. Both forms of acupressure have been used with varying success rates in several chronic pain conditions. This article aims to highlight the successful management of severe, intractable pain following a total hip replacement using combined acupuncture and auriculotherapy.

**Keywords:** Acupressure; Ear auriculotherapy; Chronic pain; Hip replacement; Visual analogue scale; TENS; Pain management

### Introduction

Acupuncture and auriculotherapy [1], are popular Chinese therapies, employing fine needle stimulation of various body and ear acu-points. Surgeries on bone and joints [2] are prone to develop both acute and chronic pain, more-so with associated neuro-vascular injury or infection. Acupuncture not only reduces the VAS scores, resulting in reduced analgesic medications, but also improves the quality of life and enables the patient to undergo physiotherapy and rehabilitation. We hereby describe a case of successful pain relief in a patient of severe hip pain following total joint replacement surgery using acupuncture and TENS (transcutaneous electrical nerve stimulation).

### Case Report

A 30-year-old female patient was diagnosed to have tuberculosis of the hip joint 7 years back for which she underwent medical (ATT-anti-tubercular therapy drugs) and surgical (Girdle stone arthroplasty) therapy. In view of implant failure over time, she was posted for right total hip replacement (THR) surgery. After a thorough preoperative evaluation, she underwent THR under regional block (Combined spinal epidural technique). Intra-operative course was uneventful, with normal vital parameters. Postoperatively, she started developing pain in the operated hip, after the removal of the epidural catheter. This pain was insidious in onset, progressive, accentuated by activity and persistent. It also started affecting her sleep and day to day activities. This pain was not relieved by analgesic medications, including paracetamol, NSAIDs and Tramadol. Systemic analgesics produced only marginal relief. Her initial VAS (Visual Analogue Scale) score was 5/10, which later on increased to 9/10 at the end of 15 days. She also complained of tingling and numbness sensation in the affected limb.

There was also mild shortening of the affected limb post-operatively. The patient was referred to the acupuncture clinic, due to severe, lancinating, unrelieved pain, interfering with sleep and activities of daily living. A decision to start acupuncture followed by

auriculotherapy was taken. A total of 24 sittings, with twice daily course spread over two weeks were given and the VAS score was charted daily, which progressively decreased to 5/10 at the end of 2 weeks. There was also a sense of well-being resulting in reduction in analgesic requirements. The acupuncture points which were employed included the following: Du 20; UB 40; GB 34; K3; Liv 2; Liv 3; St 36; St 44; Ahshi Point; Sp 6.

This was followed by active physiotherapy, auriculotherapy and TENS therapy for 2 weeks [4 Hz, 30 amp; for 20 minutes daily]. The patient was then able to undergo a successful rehabilitation program after THR for optimal recovery.

### Discussion

Acupuncture has proven benefits in both acute and chronic pain management. Fine needles are inserted into acu-points along definite meridians or energy channels. It opines that there are two opposing and inseparable forces called Yin and yang, maintaining a delicate body balance [3].

Block in energy flow occurring from different disease states results in imbalance in these forces. Nearly 400 acu-points along 20 meridians have been listed by WHO (World Health Organisation). Analgesia with acupuncture [4], is produced by the following purported mechanisms:

- Release of endogenous opioids and steroids.
- Regional blood flow enhancement, facilitating healing.
- Melzack and Wall Gate control theory of pain.
- Relaxation of myofibrils, and
- Balancing the meso-limbic pain pathway.

Auriculotherapy is based on the premise that the external ear acts as a focus of stimulation for different body points. The various methods used for stimulation of ear reflex points include manual pressure, laser, magnets, and ear pellets.

The credit for modern auriculotherapy goes to Dr. Paul Nogier, who compared the ear to an inverted foetus, with head on lower lobe, feet on top of external ear and rest of the body in the middle [5].

## Conclusion

Both body acupuncture and ear auriculotherapy can be used for numerous painful conditions, especially for unrelieved pain following orthopaedic surgery.

These supplementary analgesic therapies must be started early in the course of pain Management. A significant reduction in pain scores with acupressure therapy restores a sense of well-being and aids in effective physiotherapy and minimises analgesic medications [6].

Conflict Of Interest: NIL

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