

NEEDLE SHOCK: Adverse Effect Or Transformational Signal

Abstract

“Needle shock” is a syndrome which occurs in about 5% of acupuncture patients. It presents as general malaise, cold perspiration, nausea, and in extreme situations, loss of consciousness. Traditional teaching suggests that when it occurs needles should all be removed, the session terminated, and the client informed they might not be a good candidate for acupuncture. The author suggests that needle shock may simply be a signal for a large energy shift, and not necessarily a negative effect.

Key Words – Acupuncture, needle shock, transformation, original energy

Introduction

As most physician/acupuncturists know, acupuncture is a very safe intervention. In case there was any doubt, this has now been confirmed by two major studies, which recorded no serious adverse events from acupuncture in tens of thousands of patients.^{1,2} The few minor events that were recorded in the studies mostly consisted of nausea, fainting and heavy sweating; and of those, the majority were immediate reactions – making them likely to be varieties of the needle shock phenomenon. Such reactions have been estimated to occur in 5-7% of patients receiving acupuncture.³

But is needle shock really an adverse effect because the textbooks say so? Or is it in fact a marker for something quite the opposite – i.e. something very positive, a large energy shift that might be transformational if allowed to evolve in a safe manner. Indeed, does anyone really know?

Joe Helms describes needle shock as a vasovagal reflex which manifests as lightheadedness, general malaise, cold perspiration, nausea, and, in extreme situations, loss of consciousness. He says most often it occurs in young fit healthy males at the first or second visit, especially those who have a strong psychological investment in their physical bodies, and especially if the needles are placed in the upper back with the patient in the sitting up position. However, it can occur in any position. His suggested treatment includes removing the needles, lying the patient down, maintaining verbal communication in order to allay anxiety, and tonification of various acupuncture points such as GV26 (RenYing), ST36 (Tsu San Li), and LI4 (Hegu).⁴

Table 1. Needle shock treatment

Symptom	Treatment	Pinyin	English name
Loss of Consciousness	Tonify GV26	Renzhong	Philtrum
Precipitating needles in upper body	Tonify ST36	Zusanli	Three Measures on the leg
Precipitating needles in lower body	Tonify LI4	Hegu	Adjoining Valleys

Differential Diagnosis

Needle shock has been attributed to a vasovagal reaction, which is a complex neurovascular reflex mediated by through efferent autonomic fibres to the heart and blood vessels. In vasovagal syncope, usually there is a well-defined clinical trigger followed by preliminary warning

symptoms related to over-activated sympathetic tone.⁵ The trigger usually involves an increase in the stress burden coming about as a result of by pain, sight of blood, fright or distressful thought. The result is a syndrome consisting of bradycardia, hypotension, cool and pale skin, nausea, and sweating. In extreme situations there may be loss of consciousness, accompanied or followed by myoclonic shaking, nausea, or vomiting.

Usually it's pretty clear what is going on, but of course the physician needs to bear in mind the unusual, or even potentially catastrophic.⁶ For example, one patient developed a severe headache, nausea and vomiting following the needling of GV16 for chronic neck pain. A CT scan showed a haemorrhage in the fourth ventricle. The headache lasted 28 days.⁷ In another case an emaciated 83-year-old woman developed bradycardia and syncope 20 minutes after acupuncture was inserted perpendicularly at CV17 (Shanzhong). At thoracotomy a 2-3 mm perforation was found in the anterior wall of the right ventricle.⁸ That patient survived, but others have died from a needle passing through sternal foramina under CV17, which apparently occur in 9.6% of men and 4.3% of women.^{9,10} Pneumothorax of course is a well-known adverse effect, and can present with chest pain, sweating, and shortness of breath.¹¹ Other conditions in the differential might include, cardiac arrhythmias, myocardial ischaemia, pulmonary embolism, seizure disorders, and various somatiform disorders such as factitious anaphylaxis and pseudo-seizures. Anaphylaxis can produce cardiovascular collapse and loss of consciousness, but it's hardly a complication of acupuncture, and in any case unlike the vasovagal reaction, it presents with tachycardia, hypotension, and warm, flushed skin.¹² History and situation generally rule out these other possibilities.

Terminate or Proceed

It can be quite disconcerting to see a patient sweating, choking, vomiting, or having myoclonic activity on the treatment table. But in the absence of a serious pathology, whether it is *always* a reason for terminating the session is another question. Termination is going to abort whatever is happening, leaving no way of knowing whether a positive outcome would have occurred had the situation been allowed to evolve without interference. The difficulty is that in order to find out, the practitioner would have to allow the situation continue to its own resolution. In my experience, such an unusual course of action can catapult people into significant energetic experiences associated with expanded states of consciousness.¹³

So should we terminate or not? Of course, it's up to each practitioner to decide depending on the situation and context. Stopping is certainly the safer course, but continuing might be an option too, if practitioner and patient were appropriately prepared for any chaotic energies which might emerge.

Moving the Qi

Oriental medicine's concept of stagnant Qi, can give us a mental picture of the needle shock phenomenon, by comparing the blockage in energy flow to the blockage of water flow in a river. When the Qi has been stagnant for a long time, there is a build up of Qi rather like the build up of water behind a dam. If the dam gates are opened, in the presence of a large reservoir of water, then the resulting water movement can be quite massive. Similarly, if an acupuncture needle opens the doors of stagnation in the presence of a big reservoir of Qi, then the energy shift can be quite dramatic, even overwhelming.

Since the primary purpose of acupuncture is to move energy, the needle shock phenomenon, rather than indicating that something is *wrong*, may actually indicate that something is *right*, albeit large and dramatic. It's not necessarily a sign that the patient is unsuitable for acupuncture, but rather a sign that they are particularly sensitive to it. Why it happens in young men with muscular bodies may well speak to their general Qi abundance, together with the degree to which they feel they need to control its spontaneous flow.

The Loss of Original Nature

While muscular young men certainly have more Qi than most, the tendency to block the spontaneous flow of energy is common to everyone. Moreover, Oriental philosophy posits that this habitual interference with the spontaneous flow of Qi is at the very root of disease. Blocking original energy – as the experience of unrestricted flow might be termed – leads to loss of 'original nature' and separation from the Tao.¹⁴ Therefore, healing should involve – amongst other things – an attempt to reconnect with, and integrate original energy, so that it can be channeled in ways more creative than simply sustaining an illness. This means that one of the primary tasks of the acupuncturist is to help patients learn how to let go into the experience of unrestricted energy flow.

Unfortunately, this is not so easy, and many sessions can go by before a breakthrough occurs. That being the case, when something comes along which breaks down the ego's barriers in a trice, the astute practitioner should avoid jumping to negative conclusions. Indeed, the sudden breaking down of the barriers to spontaneity through needle shock can be exactly the stimulus necessary to get past entrenched blocks, and the energy shift which occurs while the patient is out of control can be transformational if the practitioner frames the experience in a broad-enough philosophical context.

Misinterpretation of Energetic Phenomena

The touch of the numinous – which in OM parlance might be called a glimpse of original energy - is a common theme in the mythological literature. For example, at the beginning of the Grail myth, the young Fisher King burns his fingers when he innocently eats some salmon roasting on a spit in a forest clearing. At least one author has interpreted this story to indicate touch of the numinous can be too hot to handle if approached without appropriate caution (The fish is a symbol of the numinous and survives today in the bishops hat).¹⁵ Applied to the acupuncture ritual, we could say that a strong energetic reaction has the potential to injure or to heal, depending on the patient's maturity and ability to integrate unusual experiences. Strong energetic reactions can be immensely healing if we consciously embrace them, which means it's probably a mistake to pathologize the unusual.

But medicine has a history of doing exactly that – pathologizing strong energetic reactions instead of considering the possibility of emerging transpersonal phenomena. Stanislov Grof, who pioneered rebirthing and holotropic breathing, has written extensively on this confusion, noting that psychiatry generally does not recognize the difference between mystical and psychotic experiences. He points out that modern medicine considers all unusual states of consciousness as pathological, and routinely treats them with suppressive therapies – which often leads to chronicity, long-term dependence on pharmaceuticals (with all their associated side-effects) and impoverishment of the personality.¹⁶

The bottom line is that pathologizing energetic phenomena frequently results in the *freezing of an energy shift in process*. With that in mind, let's revisit needle shock phenomenon, with an open mind.

Yin-Yang Dynamics

Yin-Yang cycles and reversals form the physiological basis of all the various biological rhythms such as waking/sleeping cycle, the menstrual cycle, and so on.¹⁷ Usually, the changes are gradual, and pass by largely unnoticed. In contrast, the needle shock captures attention because the phenomenon presents a sudden reversal of Yin and Yang.

The physiologist would say that prior to the onset of the phenomenon, there is an increase in sympathetic tone, which in OM terms would be termed a build up of *Yang*. This is experienced as increasing tension, especially in the middle and upper Jiaos, nausea, sweating, and a feeling of impending doom. When the subsequent parasympathetic outflow occurs, *Yang* collapses and *Yin* comes to dominate the physiology. The sudden change of sympathetic to parasympathetic predominance leads to a precipitous fall in blood pressure and bradycardia. Upper body tension collapses. The Qi in the upper Jiao falls down the Yang Meridians – Tai Yang, Shao Yang, and Yang Ming, leading to hypotension and even loss of consciousness.

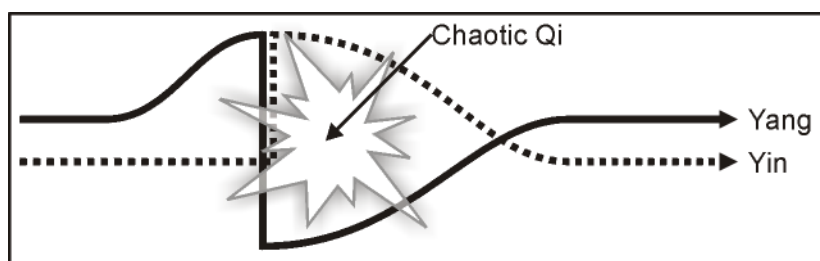


Fig 1. Yin/Yang dynamics of Needle Shock

During this period of collapse, muscular resistance dissipates and as a result, the Qi begins to flow chaotically (Fig. 2) Without the Yang muscular tension to control the flow of Qi, a general discharge of blocked energy can involve every body system, with a variety of phenomena ranging from myoclonic shaking, to emotional releases, regressive experiences, coughing, vomiting, and even loss of bladder and bowel control. Because these chaotic phenomena represent unrestricted energy flow, they can be understood as an experience of original energy, and an immersion in the Water element – which has been called the “void”.¹⁸

5-elements and the Golden (Metal) Gate

In terms of the 5-elements, needle shock might be understood as a doorway to the transformational vortex of the Water element, a rapid transit through the biggest barrier to original energy. In a previous article I discussed the concept of a narrow passage which must be negotiated by the patient to achieve transformation.¹⁹ To summarise, most patients with chronic symptoms usually present in the region of the Metal element, and must move forward through a psychic constriction known as the Golden Gate (Jin Men) into the apparent chaos of Water in order to find transformation. This process is universally frightening and is usually vigorously resisted by an ego bent on maintaining its own illusory existence.

As the ego moves closer and closer to the Gate, symptoms of fear loom larger and larger, and manifest as pain, sweating, terror, dizziness and whatnot – phenomena which reflect the increasing

sympathetic tone. The entrance to the gate is marked by a radical reversal of polarity, with a collapse of Yang into the formlessness of Yin. The reversal marks the end of a complete cycle of the 5-elements, after which the chaotic energies re-order themselves into a new dynamic stability.

The Younger Patient – Wood collapses back into Water

In the younger patient the situation is often more effervescent. Younger patients are generally in the process of building an ego (rather than letting go of an out-moded one), and tend to have symptoms which are primarily energetic in nature. In other words they are more likely to present in the Wood sector, with stagnation of Qi rather than the deeper disharmony of Blood stagnation one might expect in someone with chronic multifactorial illness presenting in the Metal sector. As a result, they tend to be more sensitive to acupuncture needles, and will have more movement of Qi with fewer needles.²⁰

No sooner is the young man/woman out of the starting gates of ego building, so to speak, that an acupuncture needle inadvertently engenders a collapse of Yang that drops them back to where they began. It could be said that they get a glimpse of their original energy before they know its significance. In this way they touch the transformational vortex unconsciously, and in the process they might get burned. But by assuming the experience is bad, they miss the point that they've actually touched their original energy. Interestingly, the Golden Gate is also known as the *gate of birth* and the *door of death*, which could be interpreted to mean that it represents both the entry and exit points to the experience of original energy.²¹ In other words, the doorway *into* and the doorway *out* of the void is in fact the same door. Both entry and exit involve a Yin/Yang polarity reversal. The only thing that changes is our direction – whether going in or coming out.

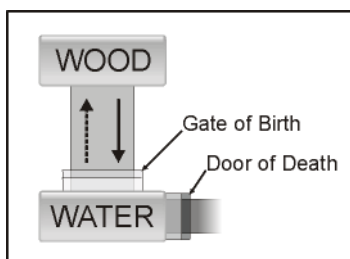


Fig. 2 The Gate of birth, and Door of Death

Interpretation

Later in the Grail myth, the young Parsifal arrives at the Grail castle for dinner, but forgets to ask two key questions of his host – as he had been admonished to do – and instead engages his dinner companions in idle chit-chat (the first of these two questions was: “What is the meaning of the Grail”?) Through this oversight Parsifal loses the opportunity to avail himself of its healing properties of the Grail – which is precisely what can happen if the physician dismisses the needle shock experience and forgets to help the patient inquire into the real meaning of the experience. It is here that the astute physician has a remarkable opportunity – to reframe the experience in a positive way, and encourage the patient to understand the deeper significance of the experience. The physician can frame it in terms of the Grail myth, or whatever analogy might be appropriate, and then suggest ways in which the patient can make a more conscious foray into the experience of original energy – to approach it in such a way that he doesn't get burned.

If the physician is successful, the patient's intent will shift from “moving away” to “moving toward”, and then it's just a question of providing an appropriate context in which to express that

intent. Since the energies can be chaotic, a location away from the normal office routine may be most appropriate. In my experience, when this is done, it's not difficult for many patients to experience the flow of original energy in a very positive way.

Case Studies

Head Injury and Insomnia

The patient was a thirty-six-year-old man who came to a ten-day residential chronic pain program with right hand RSD (now called CRPS type 1) stemming from an industrial accident some three years previously, several surgeries to repair his thumb, including two tendon transfers, and a fusion of the metacarpo-phalangeal joint. He had a remote head injury some ten years previously, chronic insomnia, and would not permit even light touch on his thumb.

During the first acupuncture treatment which included three of these four gates (LV3 bilaterally, and contralateral LI4), plus local needles in trigger points in the head and neck area, he rather abruptly lost consciousness. We removed the needles, made sure his vital signs were OK, laid him on his side, and pondered what to do next. With some trepidation we decided to take a wait and see approach, and to my relief he woke up about an hour later feeling absolutely fine. For the next ten days the patient spent much of his time sleeping, waking only to eat, or smoke a cigarette. After ten days he looked much more rested, and remarked that he hadn't really slept properly in ten years.

This patient returned for a second program, at which time he permitted needles in the injured arm. He was treated with N-N+1 circuits and local needles. At each treatment session he would exhibit some myoclonic shaking in the right arm, then go into an altered state and disappear off into the void for a several minutes. He later described re-experiencing aspects of his various traumas during these periods of dissociation. However, we were much less concerned with the bizarre phenomenon and just made sure he was lying safely on his side when it occurred. At the end of the program he was pain free, and two years later, was running a successful business.

Post Motor vehicle accident pain

The patient was a 45-year-old man who was involved in a motor-vehicle accident a year previously. During the accident he had put his right hand out to protect his son who (was in the right front seat), and had braced his left hand on the steering wheel while slamming the right foot on the brake. He had a severe trigger point in the thoracic spine at T5-6, and his left arm felt like it was pinned to his chest. He held it awkwardly and did not like to move it away from the chest.

During the first session, needles were placed in the four gates (LV3, LI4) and local points in the upper back at T5-6 (BL15) and trapezius area (GB21). He began to sweat, complained of feeling nauseous, and his head and arms began to shake. We removed the needles and lay him down, but encouraged him to continue shaking so long as the impulse was present. Coincidentally, we framed the myoclonic activity in a positive manner, suggesting it represented a release of the energetic imprint from the trauma.

With this understanding, the patient agreed to engage the process more deeply. In subsequent sessions his right hand went out as if to protect his son, the left had braced against an imaginary steering wheel, and the right leg started to move as if pumping the brakes. Each time he sweated, shook, and felt nauseous. After these kinds of experiences his pain levels dropped dramatically. In time he learned the significance of what was happening and was able to develop a home dynamic meditation which included some myoclonic shaking. Furthermore, he settled his insurance claim, and after 6 months of acupuncture and home routine he was pain free.

Conclusion

Although needle shock is generally regarded as a negative effect of acupuncture, there are good experiential and philosophical reasons for questioning that assumption, especially when one considers that acupuncture is not simply a symptomatic approach to disease. Indeed, if needling can be a doorway to an experience of original energy, then what is generally regarded as an adverse effect may well be a transformational experience in process. To miss this point would be a grave error.

Needle shock is simply a big energy shift, and if framed that way, can lead to an immensely good outcome, with big changes in symptoms. To engage this idea in session can be challenging, but the rewards can make it well worth the effort.

Another question which arises is: is there really any such thing as an adverse effect? One practitioner used this example: if a pneumothorax occurs during an acupuncture treatment for chronic bronchitis, but the patient's ensuing hospital experience prompts him to stop smoking, then is it an adverse effect? ²² In the immediate sense of things yes, but in the larger sense of things, no – because the outcome was ultimately good. Therefore from a transformational perspective, one can never make the judgement whether something is good or bad, since what appears to be bad today, may turn out to be good later.

In an era of evidence based medicine and outcome studies, these philosophical musings may seem irrelevant to clinical practice. But when it comes to energy medicine, everything is in transformation, and nothing exists in isolation. If we miss that point, we miss the whole essence of art of acupuncture.

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