

HAZARDS OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

Dear Sir,

We read with interest the case report by Su et al published in the January 2007 issue of the journal, which reported a case of bilateral pneumothorax secondary to acupuncture with tension pneumothorax on one side requiring urgent chest tube insertion.⁽¹⁾ This case report highlights the hazards of acupuncture, a popular form of complementary and alternative medicine (CAM) most commonly used among the Chinese. CAM is widely practised across the age groups and cultural divide, and most clinicians have in their career encountered cases of adverse effects of CAM use. We similarly encountered a potentially fatal case of CAM use in a lady who had just delivered.

A 27-year-old woman was brought into the emergency department after being found unconscious by her husband in a smoke-filled room at home. The windows were all closed. She had just delivered eight days before presentation. She was treated with high flow oxygen and she slowly regained consciousness. Chest examination was normal. Chest radiography did not show any abnormalities. Admitting blood gas only showed mild hypoxia. She was admitted overnight for observation, and was well and discharged the following day. She mentioned that she was undergoing a kind of traditional CAM therapy locally known as “*berdiang*”. After starting the therapy, she felt dizzy from the heat and smoke and was not able to open the window before passing out.

“*Berdiang*” is a local term to describe an age-old traditional practice of treatment applied after delivery and is believed to aid in the recovery from the process of labour and also aid in shedding the excess tissue gained around the abdomen. The therapy involves sitting in front of a fire for at least an hour. Heat emanating from this source, usually burning charcoal, is directed toward the abdomen. Dry coconut husk can also be used; however, charcoal is preferred due to the lack of smoke. The process starts within a week of delivery and can last up to six weeks, with one to two sessions per day. This is a tradition commonly practised among the Malays, a practice passed down from mothers to daughters. This practice is more prevalent than expected. The underlying mechanism of this form of therapy is unknown but probably is similar to sauna therapy. Increasing the body temperature will lead to an increase in metabolism which leads to sweating and burning off excess tissue.

Our case and Su et al’s report highlight the potential hazards of CAM practice. Although CAM is considered safe and is widely practised, it is important to be aware of the potential adverse effects and hazards.⁽²⁾ If the patient’s husband had not found the patient any sooner, she would have had severe smoke inhalation with a worse outcome. Another important fact about CAM use is that most users do not receive proper instruction on its use, thus increasing the potential risk. Our patient had done the therapy with the windows closed. Despite the potential hazards, CAM will continue to be widely practised and is probably getting more popular. This is most evident in chronic disorders.⁽³⁻⁵⁾ Therefore, the main priority is to encourage and advise safe use and practice of CAM to avoid potential serious adverse effects or hazards associated with CAM use.⁽⁴⁾

Yours sincerely,

Chong Vui Heng
Aziman Bin Yaakub

Department of Medicine
Raja Isteri Pengiran Anak Saleha Hospital
Bandar Seri Begawan
BA 1710
Brunei Darussalam
Tel: (673) 8 778 218
Fax: (673) 2 242 690
Email: chongvuih@yahoo.co.uk

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AUTHORS' REPLY

Dear Sir,

In response to the Letter to the Editor, "Hazards of Complementary and Alternative Medicine", we fully agree on the emphasis on safe and cautious administration of complementary and alternative medicine (CAM). CAM, at the very least, is widely practised in Asian culture. We have no doubt that CAM, through the past thousands of years, has established its own merits in the management of different medical conditions. The benefits derived from CAM are also clearly documented. Several aspects of Chinese medicine, in particular acupuncture, have been proven to be extremely efficacious whether it is being utilised individually or as an adjunct to western medicine. However, we would like to highlight that not every CAM physician is certified in issuing treatment to patients. The potential hazards caused by non-qualified CAM practitioners who are not proficiently trained can be rather intense and potentially lethal.

In the Asian culture, most patients seek medical advice from CAM practitioners based on rapport developed from past generations or from recommendations by family or friends. Medical qualifications of the practitioners are usually not considered nor required as much by patients when compared to that of western doctors. Consequently, they are subjected to various potential jeopardy implemented by these unqualified practitioners.

In addition, certain forms of CAM therapy have been faithfully passed down from generation to generation, as in the case of "*berdiang*". However, these therapies are often carried out in an erroneous setting without any reasonable guidance.

Another case that was encountered in our department was a 43-year-old woman who had undergone mitral valve replacement three years ago. Recommended by her friend, she visited a Chinese acupuncturist at an old shophouse to "improve her energy and strength" by acupuncture. A few days later, she was admitted with prosthetic valve infective endocarditis which was complicated by multiple cerebral and brainstem emboli. She suffered a fatal outcome.

This case, coupled with cases of bilateral pneumothoraces caused by acupuncture and "*berdiang*"-related smoke inhalation injury merely expose modestly some of the many adverse complications related to CAM. We hope that, through the discussions, we are able to alert all the medical practitioners, including our CAM colleagues, of these potentially hazardous yet preventable complications. We strongly believe that educating both medical practitioners and the public on CAM are of utmost importance, to provide insights into these problems and thereby reduce the incidence of tragedies associated with CAM.

Yours sincerely,

Su Jang Wen
Lim Chong Hee
Chua Yeow Leng

Department of Cardiothoracic Surgery
National Heart Centre
Mistri Wing
17 Third Hospital Avenue
Singapore 168752
Tel: (65) 6436 7582
Fax: (65) 6224 3632
Email: bottle1001@yahoo.com