

Acupuncture-induced galactorrhoea

– a case report

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Abstract

A case of acupuncture-induced galactorrhoea in a healthy subject is described. The acupuncture was performed at a non-traditional site using a periosteal technique and galactorrhoea occurred on two separate occasions. Galactorrhoea following acupuncture has been reported on one previous occasion.

Keywords

Acupuncture, periosteal acupuncture, galactorrhoea.

Case report

A participant in an acupuncture training course received acupuncture for chronic pain in her left hallux; she was otherwise in good health. Acupuncture was carried out using a periosteal technique: standard 0.3mm diameter acupuncture needles were tapped at four sites on the metatarsal and phalangeal shafts. Treatment lasted for approximately five seconds at each site.

The treatment produced good pain relief. However, that evening she noticed galactorrhoea occurring on the left side only. After the course she continued to use the treatment at intervals for pain relief, and further galactorrhoea occurred on one occasion.

Her last delivery, at the age of 32, had occurred 18 months before her attendance on the course and she had not experienced lactation for at least 12 months before receiving acupuncture.

Discussion

A recent case report by Jenner and Filshie describes a case in which a patient receiving acupuncture experienced galactorrhoea four years after her last pregnancy.¹ This is of interest theoretically in view of claims that prolactin and oxytocin are involved in acupuncture-induced pain relief.² We now report a further case of acupuncture-induced galactorrhoea.

Although prolactin and oxytocin measurements were not carried out, the close temporal relation between acupuncture and galactorrhoea on two occasions suggests that this was the relevant mechanism. This report reinforces the conclusion of Jenner and Filshie that acupuncture may cause this effect. There are, however, differences between the two cases. These include the time between acupuncture and the onset of galactorrhoea (six days reported by Jenner and Filshie compared with a few hours in the present instance) and the number and character of the sites treated. Jenner and Filshie used a wide range of segmental and trigger points, including S111 which happens to be traditionally connected with lactation, but we used an approach without traditional points, simply four needles applied down to the periosteum in a small area. This suggests that the galactorrhoea was a non-specific response to stimulation.

A curious feature of the present case is that the galactorrhoea was unilateral, on the same side as that on which acupuncture was performed. In the earlier reported case the patient had had a mastectomy so no conclusions can be drawn about lateralisation.

Reference list

1. Jenner C, Filshie J. Galactorrhoea following acupuncture. *Acupunct Med* 2002;20(2-3):107-8.
2. Carlsson C. Acupuncture mechanisms for clinically relevant long-term effects: reconsideration and a hypothesis. *Acupunct Med* 2002;20(2-3):82-99.

Research reviews

This section is designed to give a synopsis of some of the latest research published in Medline listed journals over the last year or so. It will concentrate on controlled trials and systematic reviews, but will also include other papers that may be of interest to the readership. Some papers will be reviewed in more detail than others. If summaries and comments are based on an abstract only, this will be indicated. The main reviewer in this section is Mike Cummings, London. Other reviewers are indicated after the relevant review.

RCTs

Acupuncture for OA knee (n=300)

Witt C, Brinkhaus B, Jena S, Linde K, Streng A, Wagenpfeil S *et al.* Acupuncture in patients with osteoarthritis of the knee: a randomised trial. *Lancet* 2005;366(9480):136-43.

Summary

Acupuncture is widely used by patients with chronic pain although there is little evidence of its effectiveness. We investigated the efficacy of acupuncture compared with minimal acupuncture and with no acupuncture in patients with osteoarthritis of the knee. Patients with chronic osteoarthritis of the knee (Kellgren grade ≤ 2) were randomly assigned to acupuncture (n=150), minimal acupuncture (superficial needling at non-acupuncture points; n=76), or a waiting list control (n=74). Specialised physicians, in 28 outpatient centres, administered acupuncture and minimal acupuncture in 12 sessions over eight weeks. Patients completed standard questionnaires at baseline and after eight weeks, 26 weeks, and 52 weeks. The primary outcome was the Western Ontario and McMaster Universities Osteoarthritis (WOMAC) index at the end of week eight (adjusted for baseline score). All main analyses were by intention to treat. Two hundred and ninety four patients were enrolled from March 6, 2002, to January 17, 2003; eight patients were lost to follow-up after randomisation, but were included in the final analysis. The mean baseline-adjusted WOMAC index at week eight was 26.9 (SE 1.4) in the acupuncture group, 35.8 (1.9) in the minimal acupuncture group, and 49.6 (2.0) in the waiting list group (treatment difference acupuncture vs minimal acupuncture -8.8, (95% CI -13.5 to -4.2), $P=0.0002$; acupuncture vs waiting list -22.7 (-27.5 to -17.9),

$P<0.0001$). After 52 weeks the difference between the acupuncture and minimal acupuncture groups was no longer significant ($p=0.08$). After eight weeks of treatment, pain and joint function are improved more with acupuncture than with minimal acupuncture or no acupuncture in patients with osteoarthritis of the knee. However, this benefit decreases over time.

Comment

This was the second of the German ART studies to be published. As one might expect from achieving publication in the *Lancet*, this was a well-conducted and reported trial. It is interesting to note that the *Lancet* appears to have been happy to use the term 'minimal' acupuncture, yet the ART study on migraine (with a virtually identical protocol) published in *JAMA* used the term 'sham' rather than 'minimal' acupuncture.

If anything the results of this paper are slightly understated from a clinician's perspective. The author's conclusion might lead the reader to think that the acupuncture only worked at eight weeks, however, at 52 weeks the WOMAC score in the acupuncture group was still almost 20 (percentage) points improved on baseline.

This is now the third paper providing positive data on the specific efficacy of acupuncture in chronic OA knee. All three have met the rigorous requirements for publication in leading medical journals – *BMJ*,¹ *Annals of Internal Medicine*,² *Lancet*. These are consistent, positive, blinded and sham-controlled RCTs demonstrating the efficacy of acupuncture, in an area (chronic nociceptive pain) where the mechanism of the treatment is fairly well understood in terms of sensory neuromodulation. I think it is fair to argue that in this condition acupuncture has met the requirements of evidence-based medicine (EBM),



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