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Certificate Programme in Acupuncture for Integrative Cancer Care (United Kingdom)

## Foundations Of Acupuncture

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Qi is the vital energy that flows through the body's network of pathways known as meridians. In the context of cancer care, understanding the quality and direction of Qi helps the practitioner identify patterns such as Qi stagnation, which may manifest as pain or nausea. For example, a patient undergoing chemotherapy may present with a feeling of blockage in the chest; the practitioner might interpret this as a stagnation of Lung Qi and select points that promote smooth flow.

Meridian refers to the channels through which Qi circulates. There are twelve primary meridians, each associated with a specific organ system. Knowledge of the meridian pathways is essential when selecting points for symptom relief. In practice, the Large Intestine Meridian (LI) is frequently used for nausea; LI4 (Hegu) and LI11 (Quchi) are common points that help regulate gastrointestinal function.

Yin-Yang is the foundational principle describing opposite yet complementary forces. In cancer patients, an excess of Yang may appear as heat, agitation, or insomnia, while Yin deficiency can present as dryness, night sweats, or fatigue. Recognizing these imbalances guides the therapeutic strategy: A patient with Yang excess may benefit from cooling points such as SP6 (Sanyinjiao) with a gentle needling technique, whereas Yin deficiency might be addressed with nourishing points like CV6 (Qihai) combined with moxibustion.

Zang-Fu denotes the paired organ systems of TCM. The Zang organs (Heart, Liver, Spleen, Lung, Kidney) store essential substances, while the Fu organs (Small Intestine, Gallbladder, Stomach, Large Intestine, Urinary Bladder) transform and transport. In integrative oncology, the Spleen's role in producing blood and managing post-treatment fatigue is frequently highlighted. A practitioner might choose SP3 (Taibai) to strengthen Spleen Qi, thereby supporting the patient's energy levels.

Acupoint is a specific location on the body where the needle is inserted to influence Qi flow. Each point has a unique code, such as LI4, ST36 (Zusanli), or GV20 (Baihui). Accurate point location is crucial; for instance, ST36 is located four finger-breadths below the patella, one finger-breadth lateral to the tibia. This point is renowned for its ability to boost overall vitality and immune function, making it valuable for patients experiencing chemotherapy-induced weakness.

De-qi describes the sensation felt by the patient and practitioner when the needle engages the Qi. It is often described as a dull ache, heaviness, or tingling. Achieving de-qi is considered a sign that the needle has reached the appropriate depth and that therapeutic effects are likely. In a clinical setting, the practitioner may gently rotate the needle until de-qi is reported, then retain the needle for 20–30 minutes to maximize benefit.

Needle manipulation includes techniques such as lifting-thrusting, twirling, and subtle rotations. Each technique influences the type of response elicited. Lifting-thrusting can be used to disperse excess heat, while gentle twirling may calm hyperactive Yang. Mastery of these manipulations allows the practitioner to tailor treatment to the individual's pattern. For example, a patient with severe neuropathic pain may receive

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a moderate lifting-thrust to move stagnant Qi, whereas a patient with anxiety might be treated with a light twirl to soothe the Shen.

Electroacupuncture involves attaching a mild electrical current to the needles, providing a steady stimulation that can be especially useful for chronic pain or muscle spasm. In cancer rehabilitation, electroacupuncture at points such as LI4 and PC6 (Neiguan) has been shown to reduce chemotherapy-induced nausea. The practitioner must adjust frequency and intensity according to the patient's tolerance, starting with low frequencies (2-4 Hz) for analgesic effects and higher frequencies (80-100 Hz) for anti-nausea effects.

Moxibustion is the application of heat generated by burning dried mugwort (moxa) near or on the skin. This technique is employed to warm meridians, dispel cold, and tonify deficient Yang. In a patient with cold extremities after radiation therapy, a practitioner might apply indirect moxibustion over points like KI3 (Taixi) to improve circulation and alleviate discomfort. Safety considerations include avoiding direct contact with burnt moxa on compromised skin and ensuring proper ventilation.

Cupping utilizes suction cups placed on the skin to mobilize blood flow and release stagnation. While not a primary modality in every acupuncture session, cupping can complement needling for musculoskeletal pain. In a breast cancer survivor experiencing shoulder stiffness, cupping over the Trapezius muscle followed by needling at GB21 (Jianjing) may enhance tissue relaxation and improve range of motion.

Gua Sha involves scraping the skin with a smooth-edged instrument to promote microcirculation. It is often used to relieve fever, inflammation, and pain. For a patient with post-surgical swelling, gentle gua sha over the affected area can reduce edema before or after an acupuncture session, creating a synergistic effect.

Pulse diagnosis is a tactile assessment of the quality, depth, and rhythm of the pulse at the wrist. Different pulse qualities correspond to specific organ states; a wiry pulse may indicate Liver Qi stagnation, while a thready pulse can suggest Blood deficiency. In oncology settings, pulse diagnosis assists in differentiating whether fatigue stems from Qi deficiency versus Blood deficiency, guiding the selection of points such as REN12 (Zhongwan) for Qi and CV4 (Guanyuan) for Blood nourishment.

Tongue diagnosis involves observing the color, shape, coating, and moisture of the tongue. A pale, thin-coated tongue may point to Yin deficiency, whereas a red tongue with a thick yellow coating suggests Heat. For a patient presenting with persistent nausea, a tongue with a greasy coating might indicate Dampness, prompting the use of points like SP9 (Yinlingquan) to transform Damp.

Five Elements theory correlates organ systems, emotions, and external factors into Wood, Fire, Earth, Metal, and Water. Understanding these relationships helps the practitioner address complex symptom clusters. For instance, a patient experiencing both irritability (Wood) and insomnia (Fire) may benefit from balancing points that harmonize the Liver and Heart, such as LR3 (Taichong) combined with HT7 (Shenmen).

Eight Principles provide a framework for pattern differentiation: Yin/Yang, Interior/Exterior, Cold/Heat, Deficiency/Excess. In cancer care, the principle of Deficiency/Excess is frequently applied; chemotherapy often creates a state of Deficiency, while tumor growth may generate Excess. Recognizing this duality enables the practitioner to simultaneously nourish deficient Qi (using points like CV6) while dispersing

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excess pathogenic factors (using points like LR2).

Qi stagnation manifests as tightness, pain, or emotional frustration. It is a common complaint among patients coping with the stress of diagnosis and treatment. The practitioner may employ points such as LR3, GB34 (Yanglingquan), and SJ6 (Zhigou) to promote free flow and alleviate both physical and emotional tension.

Blood stasis is characterized by sharp, fixed pain, bruising, or dark complexion. In the context of postoperative recovery, Blood stasis may impede healing. Points like SP10 (Xuehai) and BL17 (Yuzhen) are traditionally used to invigorate Blood and resolve stasis, facilitating tissue repair.

Phlegm dampness presents as a sensation of heaviness, mucus production, or a slippery pulse. Patients undergoing steroid therapy may develop such patterns. The practitioner might select points such as ST40 (Fenglong) to transform Phlegm and SP9 to drain Dampness, thereby reducing discomfort.

Shen refers to the spirit or mind. Emotional well-being is a critical component of cancer care, and disturbances in Shen can manifest as anxiety, depression, or insomnia. Points like HT7, PC6, and GV20 are employed to calm Shen and support mental health.

Jing is the essence stored in the kidneys, fundamental to growth, reproduction, and longevity. Cancer treatments can deplete Jing, leading to premature aging signs. Nourishing points such as KI3, KD6 (Zhaohai), and GV4 (Mingmen) are used to replenish Jing, supporting the patient's overall vitality.

Wei Qi is the defensive Qi that protects against external pathogens. In immunocompromised patients, strengthening Wei Qi is vital. Points such as LI4, LU7 (Lieque), and ST36 are commonly utilized to boost defensive immunity, often in conjunction with lifestyle advice on nutrition and rest.

Needle retention time is the period the needle remains in the body, typically ranging from 15 to 30 minutes. Longer retention may enhance the effect for chronic conditions, while shorter periods are suitable for acute symptoms. In a patient with acute nausea, a 15-minute retention at PC6 and ST36 may be sufficient, whereas chronic fatigue may require a 30-minute session at CV12 (Zhongwan) and SP6.

Safety considerations encompass infection control, contraindications, and patient communication. Sterile, single-use needles must be employed, and the practitioner should verify that the patient's skin is intact before needling. Contraindications include severe bleeding disorders, acute infection at the site, and certain cardiac conditions where electroacupuncture should be avoided. Informed consent is obtained by explaining the procedure, expected sensations, and potential risks, ensuring the patient feels comfortable and empowered.

Regulatory framework in the United Kingdom is overseen by the Health and Care Professions Council (HCPC). Practitioners must be registered, maintain continuing professional development, and adhere to the HCPC standards of conduct, performance, and ethics. Insurance coverage, professional indemnity, and adherence to local policies are also mandatory to protect both practitioner and patient.

Integrative Oncology is the interdisciplinary approach that combines conventional cancer treatments with

complementary modalities such as acupuncture. The goal is to manage symptoms, improve quality of life, and support the body's natural healing processes. Evidence from randomized controlled trials demonstrates acupuncture's efficacy in reducing chemotherapy-induced nausea, radiation-related xerostomia, and cancer-related fatigue. Practitioners should remain familiar with current clinical guidelines, such as those issued by the National Institute for Health and Care Excellence (NICE), to ensure evidence-based practice.

Evidence-based terminology includes concepts like randomized controlled trial (RCT), systematic review, meta-analysis, and placebo effect. Understanding these terms enables the practitioner to critically evaluate research and communicate findings to patients. For instance, a systematic review may reveal that acupuncture reduced nausea severity by 30% compared with sham acupuncture, supporting its inclusion in treatment protocols.

Placebo and sham acupuncture refer to control interventions used in research to differentiate specific effects of needle insertion from nonspecific therapeutic factors. Sham acupuncture might involve superficial needling at non-acupoint locations. Recognizing the distinction helps the practitioner appreciate the complex interplay of physiological and psychological mechanisms underlying therapeutic outcomes.

Patient assessment in the cancer setting is holistic, encompassing physical, emotional, social, and spiritual dimensions. The practitioner conducts a thorough history, reviews current treatments, and identifies specific symptoms such as pain, nausea, neuropathy, or sleep disturbance. Assessment tools like the Edmonton Symptom Assessment System (ESAS) can be used alongside TCM diagnostic methods to create a comprehensive treatment plan.

Pattern differentiation is the process of classifying the patient's condition according to TCM theory. For example, a patient with persistent vomiting after chemotherapy may be diagnosed with "Stomach Heat" if the tongue is red with a yellow coating and the pulse is rapid. The treatment would then focus on clearing Heat using points such as PC4 (Xiaqiu) and ST44 (Neiting). Conversely, if the same symptom is accompanied by a pale tongue and weak pulse, the pattern may be "Spleen Qi Deficiency," prompting the use of tonifying points like SP6 and CV12.

Holistic approach integrates lifestyle advice, nutrition, mind-body techniques, and supportive therapies. Acupuncture sessions may be complemented by breathing exercises, gentle yoga, or mindfulness meditation to enhance stress reduction. For example, after a session targeting anxiety, the practitioner might guide the patient through a brief diaphragmatic breathing exercise to reinforce the calming effect of the treatment.

Contraindications specific to cancer patients include areas of active infection, lymphedema, or surgical wounds. Needling over a site with compromised lymphatic drainage may exacerbate swelling. In such cases, distant points or non-invasive techniques like acupressure can be employed. Additionally, patients with implanted medical devices such as pacemakers require careful consideration; electroacupuncture should be avoided near the device to prevent interference.

Acupressure provides a needle-free alternative by applying firm pressure with the fingertips to specific points. It is useful for patients who are needle-phobic or have thrombocytopenia. For nausea, pressing PC6

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for several minutes can produce a comparable effect to needling, offering a safe adjunct when needles are contraindicated.

Documentation is essential for legal, clinical, and research purposes. Practitioners should record the patient's presenting symptoms, TCM diagnosis, points selected, needle depth, manipulation technique, retention time, and any adverse reactions. Accurate documentation supports continuity of care and facilitates outcome tracking, which is valuable for both individual practice improvement and contribution to larger research databases.

Adverse events are rare but may include minor bruising, transient soreness, or fainting. Serious complications such as pneumothorax are exceedingly uncommon when proper technique is followed. Practitioners must be prepared to manage these events, including having emergency protocols in place and knowing when to refer the patient to medical services.

Communication skills are crucial for building trust, especially when discussing sensitive topics like prognosis or end-of-life care. The practitioner should use clear, compassionate language, actively listen, and respect the patient's cultural beliefs. For instance, when a patient expresses fear of needles, the practitioner might explain the procedure, demonstrate the equipment, and offer a gradual exposure approach to reduce anxiety.

Interdisciplinary collaboration involves working closely with oncologists, nurses, dietitians, and psychosocial therapists. Regular case conferences allow the team to align treatment goals, share observations, and adjust interventions. An example of effective collaboration is when the oncology nurse reports increased neuropathic pain; the acupuncturist can then prioritize points like GB34 and LI4, while the dietitian advises on anti-inflammatory foods to support the therapeutic effect.

Outcome measurement uses both quantitative and qualitative tools. Standardized scales such as the Visual Analogue Scale (VAS) for pain, the Functional Assessment of Cancer Therapy (FACT-G) for quality of life, and the Hospital Anxiety and Depression Scale (HADS) provide objective data. Qualitative feedback, such as patient narratives describing a "sense of calm" after treatment, enriches the understanding of therapeutic impact.

Research methodology relevant to acupuncture includes single-blinded versus double-blinded designs, intention-to-treat analysis, and the use of validated outcome measures. Understanding these concepts enables the practitioner to critically appraise literature and contribute to the evidence base, for example by participating in a multicenter RCT evaluating acupuncture for chemotherapy-induced peripheral neuropathy.

Clinical guidelines from organizations such as the Society for Integrative Oncology (SIO) outline recommended acupuncture protocols for specific symptoms. The SIO guideline for cancer-related fatigue suggests a minimum of six sessions, with points including ST36, SP6, and CV6, combined with lifestyle counseling. Familiarity with these guidelines ensures that the practitioner's practice aligns with best-practice standards.

Professional development involves continuing education, peer review, and mentorship. Attending

workshops on advanced needling techniques, such as intra-muscular needling for myofascial pain, enhances skill sets. Engaging in peer case reviews fosters reflective practice and promotes the sharing of innovative approaches, such as integrating laser acupuncture for patients with coagulation disorders.

Ethical considerations include respecting patient autonomy, maintaining confidentiality, and avoiding exploitation. The practitioner must ensure that acupuncture is presented as a complementary therapy, not a replacement for conventional cancer treatment. Informed consent documents should clearly state that acupuncture is an adjunctive modality aimed at symptom management.

Laser acupuncture is a non-invasive method that uses low-level laser beams to stimulate points. It is particularly useful for patients with severe needle phobia or compromised skin integrity. While the physiological mechanisms differ from traditional needling, clinical studies suggest comparable efficacy for reducing nausea and pain when appropriate wavelengths and dosages are applied.

Acupuncture for neuropathic pain focuses on points that nourish the peripheral nerves and improve circulation. Commonly used points include GB34, LI4, and local points along the affected limb. Adjunct techniques such as electroacupuncture at low frequencies (2-4 Hz) can enhance analgesic effects by promoting endogenous opioid release.

Acupuncture for insomnia targets points that calm the Shen and regulate the Heart. Points such as HT7, SP6, and An-mian (extra point) are frequently selected. A typical protocol involves gentle needling with a short retention time (15 minutes) followed by a relaxation exercise, helping the patient transition to sleep more smoothly.

Acupuncture for anxiety employs points that balance the Liver and Heart. LR3, PC6, and GV20 are cornerstone points. The practitioner may incorporate breath-focused meditation during the session, creating a synergistic effect that reduces sympathetic arousal and promotes a sense of safety.

Acupuncture for xerostomia (dry mouth) after head-and-neck radiation utilizes points such as ST2 (Sibai), LI4, and CV24 (Chengjiang). Moxibustion may be added to warm the yin of the Stomach channel, facilitating saliva production. Patients often report a gradual improvement in mouth moisture after several weekly sessions.

Acupuncture for lymphedema focuses on stimulating lymphatic flow and reducing fluid accumulation. Points along the Large Intestine and Stomach meridians, combined with gentle manual lymphatic drainage techniques, can alleviate swelling. Careful monitoring is required to avoid over-stimulation that might exacerbate the condition.

Acupuncture for immune modulation leverages points that boost Wei Qi, such as LI4, LU7, and ST36. Research indicates that repeated sessions may increase natural killer cell activity, providing supportive benefits during immunosuppressive phases of treatment. The practitioner should coordinate with the oncology team to schedule acupuncture at optimal intervals relative to chemotherapy cycles.

Acupoint selection strategy often follows a hierarchical approach: Primary points address the chief complaint, secondary points support systemic balance, and distal points reinforce the meridian pathway. For

a patient with chemotherapy-related nausea, the primary point PC6 is combined with secondary points LI4 and ST36 to harmonize the Stomach and Lung channels, while distal points such as SP6 provide additional nourishment.

Documentation of response is vital for treatment planning. The practitioner records the patient's subjective rating of symptom severity before and after each session, noting any changes in pulse, tongue, or emotional state. This data informs adjustments, such as increasing the intensity of stimulation or adding adjunct modalities like moxibustion.

Challenges in cancer acupuncture include variability in patient response, complex medication regimens, and the need for individualized protocols. Some patients may experience minimal relief, requiring reassessment of the underlying TCM pattern. Others may have contraindications that limit the use of certain points or techniques, demanding creativity and flexibility in treatment planning.

Case example illustrates the application of these concepts: A 55-year-old woman undergoing her third cycle of cisplatin reported severe nausea, loss of appetite, and fatigue. TCM assessment revealed Stomach Heat with Qi Deficiency. The practitioner selected PC6 and ST44 to clear Heat, added SP6 and CV6 to tonify Qi, and applied indirect moxibustion over ST36. After three sessions, the patient's nausea decreased from an 8 to a 3 on the VAS, appetite improved, and fatigue levels dropped by 40% according to the FACT-G fatigue subscale. This case demonstrates the integration of pattern differentiation, point selection, and adjunct techniques to achieve symptom relief.

Continuing research trends focus on neurobiological mechanisms, such as the role of acupuncture in modulating cytokine profiles and the hypothalamic-pituitary-adrenal axis. Emerging studies suggest that acupuncture may attenuate inflammatory markers like IL-6, potentially mitigating treatment-related fatigue. Staying abreast of these developments equips practitioners to explain the scientific rationale behind interventions, enhancing patient confidence.

Patient education is an essential component of the therapeutic process. The practitioner provides information on self-care practices, such as gentle acupressure on PC6 during nausea episodes, dietary recommendations to support Qi, and the importance of rest. Empowering patients with actionable strategies extends the benefits of the clinical session into daily life.

Integration with pharmacology requires awareness of drug interactions. Certain medications, such as anticoagulants, increase the risk of bruising; thus, the practitioner may opt for shallow needling or use non-invasive modalities. Conversely, acupuncture may reduce the need for high-dose anti-emetics, allowing for dose tapering under medical supervision.

Professional boundaries dictate that the acupuncturist respects the scope of practice. While the practitioner can address symptom management, they must not diagnose or prescribe conventional treatments. Referral to the oncology team is essential when new medical issues arise, such as unexplained fever or unexpected laboratory changes.

Documentation standards require that each session note includes the date, patient identifiers, presenting symptoms, TCM diagnosis, points used, needle depth, manipulation technique, retention time, patient

response, and any adverse events. This structured format facilitates audit, research, and continuity of care across multidisciplinary teams.

Outcome tracking can be enhanced by using electronic health records that incorporate both conventional and TCM data fields. This allows for longitudinal analysis of treatment effectiveness, supporting quality improvement initiatives and contributing to the growing evidence base for acupuncture in cancer care.

Future directions anticipate greater integration of technology, such as wearable devices that monitor physiological responses during acupuncture, and tele-acupuncture platforms for remote guidance on acupressure. These innovations hold promise for expanding access to supportive care, particularly for patients in rural areas or those with limited mobility.

Conclusion (Note: This heading is included only for structural completeness; the content itself does not constitute a concluding paragraph.)