By Dr. Barbara Briner

Traditional Chinese Medicine and acupuncture is becoming increasing popular to treat a variety of ailments. One area recent research has touched upon is the treatment of nausea with acupuncture. For example, a study in Japan found that acupuncture and acupressure was very effective in calming postoperative vomiting (POV)...

... after pediatric strabismus. Most often antiemetic drugs are given to the young patients to prevent the common occurrence of vomiting, which is experienced by 41-88% of the children after this type of operation. The problem is that the medication does not always work and/or does not work well. However, in their promising study last year, Fujii found that stimulation of a few acupuncture points was more effective than the medication. Another study exploring the effectiveness of acupuncture in treating surgery related nausea was conducted by Wang et al. last April (2010). In that study, a common acupuncture point used to treat nausea, as well as other ailments, on the inner wrist (PC6) was stimulated for patients undergoing a supratentorial craniotomy. Compared with the control group, where 37% experienced nausea, in the acupuncture group, only 18% had symptoms of nausea.

As those working in Traditional Chinese Medical Clinics across the country know, nausea is a common complaint among clients. The studies quoted above indicate what we already see: acupuncture and Traditional Chinese Medicine can be quite an effective treatment for this common ailment. However, the studies seem to indicate that acupuncture may also be beneficial and perhaps even used as an initial or complimentary modality to a broad spectrum of patients after surgery in hospital settings.


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Strabismus surgery is frequently performed operation in children. Despite improvements in anesthetic and surgical technique, postoperative vomiting (POV) after pediatric strabismus surgery is still being experienced by 41-88% when antiemetic prophylactics are not administered. Various antiemetics are currently available for the prevention and treatment of POV after strabismus surgery in children. Many studies have been conducted using therapeutic regimens to reduce POV. These drugs include traditional antiemetics (droperidol, metoclopramide, scopolamine, dixyradine, and dimenhydrinate), non-traditional antiemetics (dexamethasone, propofol, clonidine, midazolam, and lidocaine), and antiserotonins (ondansetron, granisetron, tropisetron, dolasetron, and ramosetron). Antiserotonins are more effective than traditional antiemetics, but these drugs are not entirely effective, perhaps because most of them act through the blockade on one type of receptor. Combination antiemetic therapy with antiserotonin (ondansetron, granisetron) plus droperidol or dexamethasone is highly
effective for the prophylaxis against POV. Non-pharmacological techniques include acustimulation, acupressure, and acupuncture at P6 (Nei-Kuwan) point, Korean hand point (K-K9), and BL-10 (Tianzhu)-BL-11 (Dazhu)-GB-34 (Yanglinquan) points. For the treatment of established POV, antiserotonin (granisetron) is more effective than traditional antiemetics (droperidol, metoclopramide). Children undergoing strabismus surgery should be considered to receive these clinical strategies as mentioned above for the prevention and treatment of POV.