Acupuncture Malpractice Cases

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1. **Puncture GB 20 causing death**

A 15 years male student first was treated as “common cold” by acupuncture in a small hospital near his farm because he had headache, chills and fever, running nose. LI4, SJ5, GB20 and DU16 were selected. **GB20 was punctured 2 cun deep.** After 5 minute when manipulating needle in GB20 again, the patient suddenly yelled: “I can’t bear!” Then he used his hands to hold his head saying that he had severe headache just like his head was going to blow up. All needles were pulled out immediately and a pain killer called ANTONGDING was injected but did not relief the symptom. 10 minutes later the patient fell down, lost consciousness and was sent to ER in nearby hospital.

Physical examination: Deep coma, respiration: 16/min, HR: 120/min, two pupils are not equal (Left 35mm with right 15mm), tendon reflex (-), Hoffmann’s sign (+), Babinski’s sign (+). Emergency medical rescue had been done but half hour later the patient’s respiration and heart beat stopped.

Autopsy: subarachnoid hemorrhage.

**GB 20 Fengchi**

Location: In the depression between the upper portion of m. sternocleido- mastoideus and m. trapezius, on the same level with Fengfu (GV 16).

Indications: Headache, vertigo, insomnia, pain and stiffness of the neck, blurred vision, glaucoma, red and painful eyes, tinnitus, convulsion, epilepsy, infantile convulsion, febrile diseases, common cold, nasal obstruction, rhinorrhea.

Method: Puncture 0.5-0.8 inch towards the tip of the nose. Moxibustion is applicable.

Regional anatomy

Vasculature: The branches of the occipital artery and vein.

Innervation: The branch of the lesser occipital nerve.
FIG. 2-5 A sagittal section through Cuanzhu (B 2), Meichong (B 3) acupoints of the right head


2. Puncture DU 16 causing death

A 39 years old male patient was treated by acupuncture for his schizophrenia. The points included Du 16 every 2-3 days for 6 times. 2 days after last treatment the patient had vomiting, headache, anorexia. 5 days after last treatment he suffered dysphasia, and dysphagia, four limbs paralysis, and urinary retention. 6 days after last treatment the patient was disoriented, miosis, HR: 40/min, Respiratory rate: 10/min, tendon reflex (-), 9 days after last treatment the patient went into coma, mydriasis, HR: 160/min, Emergency medical rescue failed. He died.

Autopsy: Hemorrhage medulla oblongata.

D u 1 6  F engf u
Location: 1 cun directly above the midpoint of the posterior hairline, directly below the external occipital protuberance, in the depression between m. trapezius of both sides.

Indications: Headache, neck rigidity, blurring of vision, epistaxis, sore throat, post-apoplexy aphasia, hemiplegia, mental disorders.

Method: Puncture perpendicularly 0.5-0.8 inch. Deep puncture is not advisable. Medullary bulb is in the deep layer, special attention should be paid in acupuncture.

Regional anatomy Vasculature: The branch of the occipital artery.

Innervation: The branches of the third cervical nerve and the great occipital nerve.

3. Puncture ST 9 causing vagus reaction

A 26 years old female patient was treated by acupuncture for her pelvic inflammation. One day after acupuncture treatment she asked for another needling for her sore throat. Acupuncture doctor then needled bilateral ST 9 with 0.8 cun deep. When punctured the second side ST 9, the patient suddenly yelled then lost consciousness with tremor and eyes upward. Needles were put out immediately.

Physical examination: Pulse was not palpable, heart beat stopped with no reflexes. Emergency medical rescue had been done. 2 and half hours later the patient recovered and went home.

S T 9  R eny i ng
Location: Level with the tip of Adam's apple where the pulsation of common carotid artery is palpable, on the anterior border of m. sternocleidomastoideus.

Indications: Sore throat, asthma, goiter, dizziness, flushing of the face.

Method: Avoid puncturing the common carotid artery, puncture perpendicularly 0.3-0.5 inch.

Regional anatomy
Vasculature: The superior thyroid artery on the bifurcation of the internal and the external carotid artery.

Innervation: Superficially, the cutaneous cervical nerve, the cervical branch of the facial nerve;
deeper, the sympathetic trunk; laterally, the descending branch of the hypoglossal nerve and the vagus nerve.

**FIG. 2-18 A transverse section through the foot 3 Yang meridians and acupoint of the right neck at the level of the thyroid notch**

图 2-18 右颈部足三阳经与穴位


4. Electronic acupuncture of LI 18 (Futu) causing atrioventricular block

A 38 years old female patient was punctured with electricity for thyroid operation. Bilateral LI 18 were punctured with 1 cun deep and right side LI 4 and PC 6 were also selected. After connected electricity with frequency of 170/min, the patient’s heart beat dropped from 82/min to 54/min, BP dropped from 160/90 mm Hg to 124/76 mm Hg with irregular heart beat, pale face and cold sweating. Needles were withdrew 10 mm and electricity frequency turned down to 150/min. The patient’s situation recovered gradually. Acupuncture analgesia was keep going and operation was successful.

LI 18 Futu
Location: On the lateral side of the neck, level with the tip of Adam's apple, between the sternal head and clavicular head of m. sternocleidomastoideus.
Indications: Cough, asthma, sore throat, sudden loss of voice, scrofula, goiter.
Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: Deeper, on the medial side, the ascending cervical artery and vein.
Innervation: The great auricular nerve, cutaneous cervical nerve, lesser occipital nerve and accessory nerve.
FIG. 1-9 A transverse section through the hand 3 Yang meridians of the left neck at the level of Futu (LI 18) and Tianchuang (SI 16) acupoints

5. Puncture SJ 17 causing respiration and heart beat stopped

A 26 years old male patient was treated by acupuncture for his left eye and mastoid process region pain. Left SJ 17 was punctured first with 2 cun deep then right SJ 17 was punctured. When the needle was put about 2 cun before stimulation, the patient suddenly lost consciousness, heart beat and respiration stopped with cold extremity, pale face and lip cyanosis. Needles were withdrawn immediately, DU 26 was punctured and PC 6 was stimulated by acupressure. 1 minute later his consciousness and heart beat and respiration were recovered. Then Du 20 was moxaed. Half an hour later he was recovered completely and left.

Patient recalled that at that moment he felt nausea and chest unbearable feeling then lost consciousness.

**TE 17  Yifeng**

Location: Posterior to the lobule of the ear, in the depression between the mandible and mastoid process.

Indications: Tinnitus, deafness, otorrhea, facial paralysis, toothache, swelling of the cheek, scrofula, trismus.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior auricular artery and vein, the external jugular vein.

Innervation: The great auricular nerve; deeper, the site where the facial nerve perforates out of the stylomastoid foramen.

FIG. 1-5 A transverse section through the hand 3 Yang meridians of the left head at the level of Yingxiang (LI 20), Quanliao (SI 18) and Yifeng (TE 17) acupoints

6. Electronic acupuncture of Anmian causing atrioventricular block

17 schizophrenia patients were treated by electric acupuncture. Anmian was punctured bilaterally about 1-1.2 cun with electricity. All patients had head muscle spasm and purple face which was last 1-5 seconds. After stopping electricity they turned to be normal. After treatment all patients had atrioventricular block showed in EKG.

Anmian
Location: Midpoint between Yifeng (TE 17) and Fengchi (GB 20).
Indications: Insomnia, vertigo, headache, palpitation, mental disorders.
Method: Puncture perpendicularly 0.5-0.8 inch.

7. Puncture DU 14 damaging spinal cord

Case 1: A 30 years old female patient was treated by acupuncture for schizophrenia. Du 14 was punctured with 3 mA electricity, 3-4 minutes passed there was no strong feeling of the patient, so the tensity of electricity was increased to 6-7 mA. After 3-4 minutes, suddenly the patient four limbs flaccid with cyanosis. CPR has been done but one and half hour later the patient died.

Case 2: Another 30 years old female patient was treated by acupuncture for schizophrenia. After Du 14 was punctured the patient suddenly lost of consciousness with four limbs flaccid. After 3 hours she waked up, 50 days later she could move her limbs. 100 days later she could walk slowly but lost control of urine and stool.

She was hospitalized 11 times for later 13 years but noting improved, including mental symptoms.
A sagittal section through the Governor and Conception vessel meridians and acupoints

1. Qianding (GV 21); 2. Xinhui (GV 22); 3. Shang xing (GV 23); 4. Shenting (GV 24); 5. Cutis capitis; 6. Sinus frontalis; 7. Suliao (GV 25); 8. Shuigou (GV 26); 9. Duiduan (GV 27); 10. Yinjiao (GV 28); 11. Chengjiang (CV 24); 12. Lingua; 13. Mandibula; 14. Pharynx; 15. Lianquan (CV 23); 16. Larynx; 17. Trachea; 18. Esophagus; 19. Tianyu (CV 22); 20. Incisura jugulalis; 21. Xuanji (CV 21); 22. V. brachiocephalica dextra; 23. Angulus sterni; 24. Huagai (CV 20); 25. Pars ascendens aortae; 26. Zigong (CV 19); 27. Corpus sterni; 28. Yutang (CV 18); 29. Cor; 30. Danzhong (CV 17); 31. Processus xiphoideus; 32. Zhongting (CV 16); 33. Diaphragma; 34. Hepar; 35. Jiuwei (CV 15); 36. Juque (CV 14); 37. Ventricle; 38. Shangwan (CV 13); 39. Zhongwan (CV 12); 40. Jianli (CV 11); 41. Xiawan (CV 10); 42. Shuifen (CV 9); 43. Shenque (CV 8); 44. Linea alba; 45. Yinjiao (CV 7); 46. Qihai (CV 6); 47. Shimen (CV 5); 48. Guanyuan (CV 4); 49. Zhongji (CV 3); 50. Qugu (CV 2); 51. Symphysis pubica; 52. Vesica urinaria; 53. Scrotum; 54. Huiyin (CV 1); 55. Anus; 56. Changqiang (GV 1); 57. Apex ossis coccygeum; 58. Yaoshu (GV 2); 59. Rectum; 60. Os sacrum;
61. Yaoyangguan (GV 3); 62. Lig. supraspinale et Lig. interspinale; 63. Mingmen (GV 4); 64. Cauda equina; 65. Xuanshu (GV 5); 66. Conus medullaris; 67. Jizong (GV 6); 68. Zhongshu (GV 7); 69. Jinsuo (GV 8); 70. Zhiyang (GV 9); 71. Lingtai (GV 10); 72. Shendao (GV 11); 73. Shenzhu (GV 12); 74. Taoao (GV 13); 75. Dazhui (GV 14); 76. Medulla spinalis; 77. Yamen (GV 15); 78. Fengfu (GV 16); 79. Cisterna cerebellomedullaris; 80. Naohu (GV 17); 81. Os occipitale; 82. Qiangjian (GV 18); 83. Houding (GV 19); 84. Baihui (GV 20).

**Du 14  Dazhui**

Location: Below the spinous process of the seventh cervical vertebra, approximately at the level of the shoulders.

Indications: Neck pain and rigidity, malaria, febrile diseases, epilepsy, afternoon fever, cough, asthma, common cold, back stiffness.

Method: Puncture obliquely upward 0.5-1.0 cun. Moxibustion is applicable.

Regional anatomy

Vasculature: The branch of the transverse cervical artery.

Innervation: The posterior ramus of the eighth cervical nerve and the medial branch of the posterior ramus of the first thoracic nerve.

**8. Puncture LR 13 damaged intercostal artery causing death**

A patient was hospitalized for his difficult to breath and abdominal pain. 9 hours ago he was treated by acupuncture for his hepatitis. During acupuncture he had coughing and shortness of breath.

Physical examination: very weak pulse, HT beat 130/min., pale face, respiration: 30/min, BP: could not take, RBC 1.29 X 10^{12}/L. Abdominal puncture showed blood inside. All efforts were failed, after 4 hours the patient died.
FIG. 3-18 A transverse section through the meridians and acupoints of the left abdomen, the level of 2 cun above the umbilicus


LR 13 Zhangmen (Front-Mu Point of the Spleen, Influential Point of Zang Organs)
Location: On the lateral side of the abdomen, below the free end of the eleventh rib.
Indications: Abdominal distention, borborygmus, pain in the hypochondriac region, vomiting, diarrhea, indigestion.
Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The terminal branch of the tenth intercostal artery.
Innervation: Slightly inferiorly, the tenth intercostal nerve.

9. Puncture abdominal points causing rupture of spleen

Case 1: A 17 years old female student was treated by acupuncture for treating her abdominal mass, pain, nausea and vomiting. 4 needles of ST 21, 22, 23, 24 were punctured on her left upper abdomen. Needles were kept for 15 minutes and she did not feel nothing uncomfortable. But after removed needles she felt left upper abdomen pain and distention with breath difficulty. 2 days later she was sent to hospital. Diagnosis: rupture of spleen.

ST 21 Liangmen
Location: 4 cun above the umbilicus, 2 cun lateral to Zhongwan (CV 12).
Indications: Gastric pain, vomiting, anorexia, abdominal distension, diarrhea.
Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the eighth intercostal and superior epigastric arteries and veins.
Innervation: The branch of the eighth intercostal nerve.

ST 22 Guanmen
Location: 3 cun above the umbilicus, 2 cun lateral to Jianli (CV 11).
Indications: Abdominal distension and pain, anorexia, borborygmus, diarrhea, edema.
Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.
Regional anatomy: See Liangmen (ST 21)

ST 23 Taiyi
Location: 2 cun above the umbilicus, 2 cun lateral to Xiawan (CV 10).
Indications: Gastric pain, irritability, mania, indigestion.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the eighth and ninth intercostal and inferior epigastric arteries and veins.
Innervation: The branches of the eighth and ninth intercostal nerves.

ST 24 Huaroumen
Location: 1 cun above the umbilicus, 2 cun lateral to Shuifen (CV 9).
Indications: Gastric pain, vomiting, mama.
Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.
Regional anatomy
Vasculature: The branches of the ninth intercostal and inferior epigastric arteries and veins.
Innervation: The branch of the ninth intercostal nerve.
FIG. 3-16 A transverse section through the meridians and acupoints of the left abdomen, the level of 4 cun above the umbilicus

10. Puncture abdominal points causing intestinal perforation

8 cases were reported as intestinal perforation caused by abdominal points acupuncture. Common symptoms are abdominal pain, no aerofluxus and defecation, fever. Symptoms start from a few hours to 20 days.

FIG. 3-20 A transverse section through the meridians and acupoints of the left abdomen, the level of the umbilicus
1. Daimai (G 26); 2. Liv; 3. M. obliquus externus abdominis; 4. M. obliquus internus

**RN 6  Qihai**

**Location:** On the anterior midline, 1.5 cun below the umbilicus.

**Indications:** Abdominal pain, enuresis, nocturnal emission, impotence, hernia, edema, diarrhea, dysentery, uterine bleeding, irregular menstruation, dysmenorrhea, amenorrhea, morbid leukorrhea, postpartum hemorrhage, constipation, flaccid type of apoplexy, asthma.

**Method:** Puncture perpendicularly 0.8-1.2 inches. This is one of the important points for tonification. Moxibustion is applicable.

**Regional anatomy**

Vascukulture: The branches of superficial epigastric artery and vein, and the branches of inferior epigastric artery and vein.

Innervation: The anterior cutaneous branch of the eleventh intercostal nerve.

**RN 12 Zhongwan (Front-Mu Point of the Stomach, Influential Point of the Fu Organs)**

**Location:** On the anterior midline, 4 cun above the umbilicus.

**Indications:** Stomachache, abdominal distention, borborygmus, nausea, vomiting, acid regurgitation, diarrhea, dysentery, jaundice, indigestion, insomnia.

**Method:** Puncture perpendicularly 0.5-1.2 inches. Moxibustion is applicable.

**Regional anatomy**

Vascukulture: The superior epigastric artery and vein.

Innervation: The anterior cutaneous branch of the seventh intercostal nerve.

**ST 25 Tianshu (Front-Mu Point of the Large Intestine,)**

**Location:** 2 cun lateral to the centre of the umbilicus.

**Indications:** Abdominal pain and distension, borborygmus, pain around the umbilicus, constipation, diarrhea, dysentery, irregular menstruation, edema.

**Method:** Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.

**Regional anatomy**

Vascukulture: The branches of the tenth intercostal and inferior epigastric arteries and veins.

Innervation: The branch of the tenth intercostal nerve.

**SP 15 Daheng**

**Location:** 4 cun lateral to the center of the umbilicus, lateral to m. rectus abdominis.

**Indications:** Abdominal pain and distension, diarrhea, dysentery, constipation.

**Method:** Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.

**Regional anatomy**

Vascukulture: The tenth intercostal artery and vein.

Innervation: The tenth intercostal nerve.
11. Puncture thoracic and upper back points causing pneumothorax

FIG. 3-5  Asagittal section through Jianjing (G 21), Qihu (S 13) and Quepen (S 12) acupoints of the left chest

transversa colli., N. accessorius (XI).

FIG. 3-4 A sagittal section through Tianzong (SIll), Zhongfu (L 1) and Yunmen(L 2) acupoints of the left shoulder

FIG. 3-6 A, sagittal section through Shufu (K 27) Qishe (S 11) acupoints of the left chest

FIG. 4-4 A transverse section through the meridians and acupoints of the right back at the lower border of spinal process, T 3

FIG. 4-17 A transverse section through the meridians and acupoint of the right back at the lower border of spinal process, L4


LU 1 Zhongfu (Front-Mu Point of the Lung)

Location: Laterosuperior to the sternum, 1 cun below Yunmen (LU 2), at the level of the first intercostal space, 6 cun lateral to the anterior midline.

Indications: Cough, asthma, pain in the chest, shoulder and back; fullness of the chest.

Method: Puncture obliquely 0.5-0.8 cun towards the lateral aspect of the chest. To avoid injuring the lung, never puncture deeply towards the medial aspect. Moxibustion is applicable.
Regional anatomy
Vasculature: Superolaterally, the axillary artery and vein, the thoracoacromial artery and vein.

Innervation: The intermediate supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cutaneous branch of the first intercostal nerve.

KI 27 Shufu
Location: In the depression on the lower border of the clavicle, 2 cun lateral to the anterior midline.
Indications: Cough, asthma, chest pain.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The anterior perforating branches of the internal mammary artery and vein.

Innervation: The medial supraclavicular nerve.

BL 13 Feishu (Back-Shu Point of the Lung)
Location: 1.5 cun lateral to Shenzhu (GV 12), at the level of the lower border of the spinous process of the third thoracic vertebra.
Indications: Cough, asthma, chest pain, spitting of blood, afternoon fever, night sweating.
Method: Puncture obliquely 0.5-0.7 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the third and fourth thoracic nerves; deeper, their lateral branches.

BL 42 Pohu
Location: 3 cun lateral to the Governor Vessel, at the level of the lower border of the spinous process of the 3rd thoracic vertebra, on the spinal border of the scapula.
Indications: Pulmonary tuberculosis, hemoptysis, cough, asthma, neck rigidity, pain in the shoulder and back.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The posterior branch of the intercostal artery, the descending branch of the transverse cervical artery.

Innervation: The medial cutaneous branches of the posterior rami of the second and third thoracic nerves; deeper, their lateral branches and the dorsoscapular nerve.

LR 14 Qimen (Front-Mu Point of the Liver)
Location: Directly below the nipple, in the sixth intercostal space, 4 cun lateral to the anterior midline.
Indications: Hypochondriac pain, abdominal distention, hiccup, acid regurgitation, mastitis, depression, febrile diseases.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The sixth intercostal artery and vein.

Innervation: The sixth intercostal nerve.

GB 24 Riyue (Front-Mu Point of the Gallbladder)
Location: Directly below the nipple, in the 7th intercostal space, 4 cun lateral to the anterior midline.
Indications: Pain in the hypochondriac region, vomiting, acid regurgitation, hiccup, jaundice, mastitis.
Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Regional anatomy
Vasculature: The seventh intercostal artery and vein.

Innervation: The seventh intercostal nerve.
12. Puncture thoracic and abdominal points damaging kidney

FIG. 4-13 A transverse section through the meridians and acupoints of the right back at the lower border of spinal process, T 12

13. **Point injection of LI 11 causing radial nerve**

**FIG. 5-2-1** A transverse section through the hand 3 Yang meridians and acupoints of the left forearm at 12 cun level


14. **Puncture PC 6 causing medial nerve damage**

**FIG. 6-2-11** A transverse section through the hand 3 Yin meridians and acupoint of the right forearm at 2 cun level

15. Puncture HT 7 causing ulnar nerve damage

FIG. 6-2-15 A transverse section through the hand 3 Yin meridians and acupoints of the right forearm at 0 cun level

图 6-2-15 右前臂 0 寸处手三阴经和穴的横断面