

34.a Akupunktur ve Ağrı

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Akupunktur yaklaşık 2500-3000 yıl önce Çin'de ortaya çıkmış dünyadaki en eski tıbbi prosedürlerden biridir. Latince "acus" (iğne) ve "punctura" (delme-batırma) kelimelerinden akupunktur kelimesi türetilmiştir. Amacı belirli noktalara iğne batırarak hastalıkları önlemek ve tedavi etmektir (1,2).

Akupunkturla ilgili bilinen ilk yazılı kaynak Çin İmparatoru Huangdi Neijing' in yazdığı "Sarı İmparatorun Dahili Tıp Kanunları" kitabıdır (M.Ö 200 yıl). İnsan bedenini, nasıl çalıştığını, Qi enerjisinin (hayat enerjisi) rolünü, vücuttaki meridyenleri (Qi enerjisini bedende taşıyan enerji kanalları), akupunktur noktalarını, yin ve yangı, beş elementi, beden ruh, doğal çevre ve evrenle etkileşimini ayrıntılarıyla anlatır. Teşhis, tedavi yöntemlerini ve hastalıklardan korunma ilkelerini açıklar. Rahatsızlığın ve hastalığın belirtilerini

değil, kaynağını tedavi etmesini sağlayan temel çerçeveyi çizer (3).

Geleneksel Çin Tıbbı (GÇT) hayatın fiziksel, mental, duygusal komponentleri arasında ayırma gitmez ve insan vücudunu, evrenin bir yansıması olarak kabul eder. Hastalık bu komponentler arasındaki dengesizlik sonucu ortaya çıkar. Akupunktur belli noktalara iğne batırmakla vücudun enerji dengesini sağlar. Noktalar vücudun enerji sistemine giriş kapısıdır. Böylece vücudun hem iç hem de dış çevre ile uyumlu dengesi korunur. Akupunktur tedavisinin amaçları: fonksiyonları normale döndürmek, vücuttaki mevcut süreçler arasında sinerji sağlamak, kompensasyon mekanizmalarını harekete geçirmek ve rejenerasyon süreçlerini desteklemektir (4).

Akupunktur bilimsel bir tedavi yöntemi olarak 1974 yılında WHO (World Health Organization), 1996 yılında FDA (Food and Drug Administration), 1997 yılında NIH (National Institute of He-

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birinci basamak tedavi önerileri arasında akupunkturu da önermiştir (zayıf öneri). Standart tedaviye eklenen geleneksel akupunkturun ağrıda %30, elektroakupunkturun da %22 iyileşme sağladığı saptanmıştır ve geleneksel veya elektroakupunkturun, diğer tedavilere eklendiğinde ağrıyı iyileştirmeye yardımcı olabileceği sonucuna varılmıştır (72).

Optimal ilaç tedavisine yanıt vermeyen fibromiyalji hastalarında 8 haftalık akupunktur tedavisi sonucu hastaların %85'inin fibromiyalji semptomları azalmış ve %41'i klinik olarak anlamlı iyileşme göstermiş. Nöropatik benzeri özellikler ve somatik semptomlar önemli ölçüde iyileşmiş. Akupunktur, diğer tedavi biçimlerine yanıt vermeyen yüksek şiddetli fibromiyaljide etkili bir tedavi olarak kabul edilmiş (65). Sistematik bir derlemede fibromiyalji de akupunktur tedavisinin hem kısa hem uzun dönemde fonksiyonu iyileştirmesine rağmen (orta kanıt), ağrıda etkisinin olmadığı saptanmış (düşük kanıt) (48).

Akupunktur tedavisi sonrası ağrı ve fibromiyalji semptomlarındaki iyileşmenin 2-3 ay devam ettiği saptanmış (60,69,73). 12 aylık uzun dönem takibinde de bu iyileşmenin devam ettiğini saptayan vardır (74). Akupunktur tedavisi sonrası ağrı ve hassas nokta sayısı önemli ölçüde azalmış. (75). Fizik tedavi modaliteleri ve akupunkturun karşılaştırıldığı bir çalışmada iki yöntemde etkili olduğu fakat birbirine üstünlüğünün olmadığı saptanmış (71). Miyofasyal tetik noktalarının kuru iğnelenmesi kısa dönemde lokalize ağrının yanı sıra omurga hareketliliğini de iyileştirmiştir (41,76,77). Fibromiyalji için örnek tedavi noktaları: LV3, LI4, SP6, ST36, CV6, CV12, Ex-HN-3, GV20 (65).

Omuz ağrısında akupunktur uygulamalarına baktığımızda donuk omuzda kısa ve orta vadede ağrının azaltılması, omuz fonksiyonunun düzeltilmesi ve eklem hareket açıklığının düzeltilmesi için güvenli ve etkili olabileceği saptanmıştır (düşük kaliteli kanıt) (78). İnme sonrası omuz ağrıda

konvansiyonel ya da elektroakupunktur ağrıyı azaltma da etkili bulunmuştur (79). Omuzda ASHİ noktalarının iğnelenmesinin ilaç tedavisi ya da konvansiyonel akupunktur tedavisinden daha etkili bulan çalışmalar da olmuştur (80). Lateral epikondilitte ve plantar fasitte yapılan çalışmalarda geleneksel akupunkturun kısa dönem için ağrıyı kesmekte etkili olduğu saptanmış (81,82).

Sonuç

Akupunktur, kas iskelet sisteminin ağrılı hastalıklarının tedavi öneri kılavuzlarında güvenli ve etkin bir tedavi seçeneği olarak kabul edilmiştir. Maliyet etkin olması, komplikasyonlarının çok nadir olması, medikal tedavilerin yan etkilerinden korunmayı sağlaması nedeniyle tercih edilmeye devam etmektedir.

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