

# Eye acupuncture in Malaysia: the need for guidelines, regulation and enforcement

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Acupuncture originates from the practice of the ancient Chinese more than 2000 years ago.<sup>1</sup> It was initially performed using sharp stones, bone, or bamboo, before the discovery of metals. In modern days, the needles are made of stainless steel and can vary from 5 to 23 cm in length.<sup>1</sup> Eye acupuncture involves the application of these needles to multiple acupoints around the orbital area.<sup>2</sup> In eye care, acupuncture has been reported to be used in treating myopia, glaucoma, retinitis pigmentosa, and cranial nerve paralysis.<sup>3-6</sup> It is increasingly being used for the treatment of dry eye.<sup>7</sup> Eye acupuncture has also been reported to be used as the primary treatment or adjuvant therapy to treat other ailments not related to the eye.<sup>8,9</sup> The usage of needles in eye-acupuncture exposes individuals to ocular injury due to the close proximity of the eyeball or critical orbital structures to the acupoints. Poor sterilization practices and the usage of recycled instruments may lead to infection or transmission of sexually transmitted diseases.<sup>10</sup> Therefore, anatomical knowledge of the orbit and eyeball as well as adherence to standard ethical practices are mandatory for all acupuncturists. Reported adverse effects are not uncommon. They range from superficial conjunctival haemorrhage to penetrating ocular injury, resulting in traumatic cataract, subretinal track, vitreous haemorrhage, proliferative vitreoretinopathy, or endophthalmitis.<sup>6,11-15</sup> In this current issue, Ainal *et al.* highlighted six cases of ocular injuries related to acupuncture in their brief report.<sup>15</sup>

In the local setting, Traditional and Complementary Medicine (T/CM) has been integrated into the Malaysian Healthcare System. Although other types of acupuncture services are available and listed for general information in the Annual Report and the Consumer Guideline, eye acupuncture services are not available yet in public hospitals.<sup>16,17</sup> The National Guidelines for these non-eye acupuncture services are available for both healthcare providers and consumers.<sup>17,18</sup> Essential information, such as the location of the acupuncturist, contact number, type of acupuncture services offered, and complaint or feedback line, is also available

to the public.<sup>17</sup> Like other T/CM services in the country, they are governed by the National Policies and Law on Traditional and Complementary Medicine.

The National Policy was developed by the Traditional and Complementary Medicine Division of the Malaysian Ministry of Health (MOH) in 2002.<sup>19</sup> It states that the T/CM system should be an essential component of the Healthcare System, coexisting with modern medicine and contributing towards enhancing the health and quality of life of all Malaysians. The Act on Traditional and Complementary Medicine (Act 775: 2016) came to full enforcement on August 1, 2016. It allows the Traditional and Complementary Medicine Council to regulate the T/CM services in Malaysia. It also requires T/CM practitioners to register in the T/CM Practitioner Bodies, the National Bodies registered with the Registrar of Societies and appointed by the MOH. This appointment allows this body to self-regulate its practitioners through codes of ethics and practice regulated by the T/CM-MOH standing committee and endorsed by the T/CM council.<sup>20</sup>

The case series included in this issue of Malaysian Journal of Ophthalmology highlights the possible hidden magnitude of the problem in the country. Within seven months (from April 2019 to October 2019), six cases of ocular injury following eye acupuncture treatment presented to different ophthalmologists in the country. The number could probably be higher if the writer extended the duration of the case series reporting or if the related enforcement body performed an active case tracing at the same time. The multiple incidences of acupuncture-related eye injury occurring within a short period suggests a possible error in the notification system (either within the healthcare system or within the community), if the notification system existed at all. It also shows a lack of coordination and possible lack of awareness among acupuncturists, ophthalmologists, and the T/CM Practitioner Body regarding the risk of unmonitored eye acupuncture practice to the public.

When properly regulated and monitored, eye acupuncture may contribute favourably to the community's eye healthcare. T/CM Practitioner Bodies and Councils, as organizations mentioned in the Act, need to monitor and evaluate the process of registering acupuncturists, develop standards and ethics frameworks, and regulate the practice of eye acupuncture. The regulation shall include stringent certification and penalties for breach of professional conduct and rules. The T/CM MOH Division shall develop a policy and guidelines on acupuncture involving the eye as well as provide a platform to host notification and encourage communication among the practitioners. The Prevention of Blindness Committee in the MOH shall work together with the T/CM MOH Division in planning to prevent further occurrence of acupuncture-related ocular injuries in the community. Most importantly, the public must be informed through the media and social media platforms regarding the standard conducts in eye acupuncture and the potential risks of the procedure.

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