Alternative medicine

Acupuncture in dentistry

Sir, acupuncture is a form of alternative medicine involving the insertion of fine needles into the skin in order to stimulate certain energy lines associated with different areas of the body. The practice dates back to approximately 100 BC and is prevalent in traditional Chinese medicine. Acupuncture has been used for many conditions, but it is best known for relieving pain, loosening muscles and reducing nausea.[1]

Acupuncture is a medical treatment that is poorly understood by many dentists and one I had not previously considered for my patients. Developed over many centuries, it is quite surprising to me that acupuncture can be thought as effective in the management of patients with a strong gag reflex, certain TMDs or myofascial pain as conventional medicine,[2] or more than a placebo.[3] However, working with a clinician trained in acupuncture, I have seen the benefits it can have within the realm of dentistry for the correct patient. One patient found his unusually sensitive gag reflex was supressed entirely by a single needle placed at the depression centre of the mentolabial groove – as if at the flick of a switch, an extraction was possible.

Regarded as a safe treatment with no significant risks or side effects, acupuncture may aid in the management of musculoskeletal problems, headaches and migraines, gagging, sinusitis, dry mouth, dental anxiety and pain management.[2] It is a cost effective, minimally invasive, low risk, easy to learn medical procedure with no great loss to the patient if it does not work. Currently when patients are referred to secondary care for a strong gag reflex or myofascial pain, it is something of a lottery as to whether acupuncture may form part of a management plan. Acupuncture is of course subject to a long running debate regarding the strength and validity of its supporting evidence. Nevertheless, I wonder if it was a better known and understood treatment aid, would more dentists adopt the practice of this simple technique if it improved the patient experience?

S. Kapadia, Liverpool, UK

Reference

1. White A. Editorial Board of Acupuncture in Medicine. Western medical acupuncture: a definition. *Acupunct Med* 2009; **27:** 33-35.
2. The British Dental Acupuncture Society. How can acupuncture help? Available at: http://www.dental-acupuncture.org/how-can-acupuncture-help/ (accessed March 2020).
3. Vickers A, Cronin A M, Maschino A C *et al.* Acupuncture for chronic pain individual patient data meta-analysis. *Arch Intern Med* 2012; **172:** 1444-1453.

https://doi.org/10.1038/s41415-020-1437-6

Dental education

Poor teaching standards

Sir, I write in response to A. Mahmud's letter 'Mental health at dental school' published in the *BDJ*.[1]

This is a significant problem and in my experience the mental health issues experienced by my students were less to do with the rigours of the undergraduate dental course and more to do with poor standards at the university teaching hospital.

I did my absolute best to support the mental wellbeing of my students but was ultimately defeated by institutional insensitivity to it. The General Dental Council failed to support the interests of the same students. To challenge the institutional failings, I published a provocative memoir and titled it, *The Philosophy Fridge*. It's available to purchase on Amazon or alternatively can be borrowed from the BDA library.

All but two of my former students contacted me to thank me for my efforts. Most of them told me that their experience at the teaching hospital was the worst of their lives and described how they had been left lost and confused. They confided in me that being able to read about their experience and what I had to say made them feel better about themselves and restored some of their confidence.

I remain hopeful that my book will help others as it presents the practical philosophy of resilience, alongside some politics, practical economics, depression psychology, workplace relationships and my thoughts on this, that and the other.

H. Ahmed, Leamington Spa, UK

Reference

1. Mahmud A. Mental health at dental school. *Br Dent J* 2020; **228:** 3.

https://doi.org/ 10.1038/s41415-020-1438-5

CASE REPORT

Emergency dentistry

Luer Lock recommended

Sir, a 74-year-old gentleman suffering from hepatocellular carcinoma presented to Prince Charles accident and emergency department (ED), with an ingested irrigating needle in his stomach. Earlier in the day he had visited his local general dental practitioner (GDP) complaining of toothache from his lower right last standing molar tooth. The patient was diagnosed with an irreversible pulpitis in the 47 and due to a risk of bleeding the GDP opted to extirpate the tooth. During the extirpation and irrigation of the root canals the irrigating needle was lost from the tip of the syringe and ingested by the patient. Radiographic examination in the ED revealed a 30 gauge needle in the stomach.

Following sedation of the patient, endoscopy was used to retrieve the needle from the patient's stomach and he was observed for a further two hours. The patient was then discharged home with no further complications.

When irrigating root canals, a Luer Lock syringe should be used, it has male and female parts locking the needle onto the syringe. This helps to prevent the needle slipping off the syringe as a loose needle could cause damage to the oropharynx or be inhaled or ingested. Rubber dam provides the ultimate isolation of the oropharynx and should be used wherever possible during root canal treatments. If the needle had been left in the patient's stomach it could have caused a perforation and therefore needed to be removed.

This case presents as a caution to us all with regards to treating a patient in an emergency situation. Despite having the correct intentions with regards to irrigating the root canal, use of the