Acupuncture Use among People Living with HIV/AIDS in Northern Thailand: Motives, Barriers, and Attitudes

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Objective: *The present cross-sectional, qualitative study examined attitudes toward and motives for acupuncture use and disuse among people with HIV/AIDS (PHA) in Northern Thailand.*
Material and Method: *Over a seven-day period, interviews were conducted in Thai by two research assistants and two PHA volunteers on 20 patients.*
Result: *The social support, psychological well-being, clinical symptoms, and analgesic avoidance were the primary motives for use among acupuncture users. Among non-acupuncture users, better health status, instrument aversion, lower effectiveness, high perceived risk of deleterious interactions with antiretroviral therapy, inferiority to conventional medicine, and lack of time and knowledge were the main reasons for disuse. Nineteen out of twenty patients expressed positive or neutral attitudes toward acupuncture. Further study is recommended to explore long-term benefits and ramifications of acupuncture as a substitute for pharmacological pain interventions.*
Conclusion: *Though acupuncture is not a panacea that is recommended for everyone, health care providers should educate patients about acupuncture's prophylactic benefits, offer services at more convenient times, and be aware of the potential barriers of acupuncture use.*

Keywords: *HIV/AIDS, Acupuncture, Barriers, Motives, Attitudes*

J Med Assoc Thai 2008; 91 (4): 533-41
Full text. e-Journal: *http://www.medassocthai.org/journal*

Although nationwide reproductive health campaigns have significantly reduced the incidence of human immunodeficiency virus (HIV) in Thailand, acquired immunodeficiency syndrome (AIDS) remains a highly critical problem in Thailand. An estimated 50,000 new AIDS cases occur each year and 580,000 people were still living with HIV/AIDS at the end of 2005[1,2]. Moreover, HIV/AIDS and complications from related opportunistic infections continue to account for a substantial proportion of Thai deaths[1-5].

To manage this critical situation, selected modern treatment options are currently available for people with HIV/AIDS (PHA) in Thailand. Prevention of mother-to-child transmission and OI prophylaxis and/or treatment are provided under the government healthcare system[6]. Standard antiretroviral therapies are only available for PHA who meet clinical criteria[7]. Increased public interest in folk medicine and nationwide support for such alternative medicine systems as Traditional Thai Medicine and Traditional Chinese Medicine has also recently occurred in response to the AIDS epidemic and rising demand for more diverse and easily accessible AIDS care options[8-10].

Acupuncture, a prominent feature of *Traditional Thai Medicine*, has several lucrative implications for PHA. This well-recognized modality utilizes fine metal needles to penetrate localized energy-centers (acupuncture points) to "stimulate the release of endogenous opioids", correct *qi* imbalances, and alter the perception of pain[11,12]. Acupuncture is often used in conjunction with other TCM therapies such as *moxi-*

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bustion, the burning of a specific herb over acupuncture points, and *tuina*, a massage modality that stimulates acupressure points[13,14]. Like acupuncture, moxibustion and tuina are used to facilitate and restore the flow of qi throughout the body.

Previous small-scale studies of HIV-infected acupuncture-users demonstrated improvements in several symptoms. An enhanced "sense of wellness", increased capacity to work, and disappearance and/or reduction of such AIDS-related symptoms as "peripheral neuropathy, diarrhea, nausea, vomiting, insomnia, and muscle pains" have been documented[15-18]. Furthermore, the National Institute of Health has formally recognized acupuncture as a beneficial therapy for nausea and numerous pain-related conditions[19,20].

Moreover, studies have shown acupuncture to be safe when performed by competent providers[21]. Serious adverse events such as pneumothorax are rare and a recent review of nine prospective studies on acupuncture safety found no reported instances of disease transmission[22,23]. Although minor adverse reactions and instances of acupuncture-related HIV, hepatitis B (HBV), and hepatitis C (HCV) infection have been reported in the past, these cases were mostly related to the use of reusable needles and inadequate sterilization[21,24-30]. However, current occupational safety standards such as using sterile, single-use acupuncture needles have greatly reduced the risk of infection for patients and practitioners[21].

Other safety standards and recommendations have been provided by the Needle stick Safety and Prevention Act of 2000, Centers for Disease Control and Prevention (CDC), and the National Acupuncture Certification Board[22,24,31]. To prevent needle stick injuries and potential disease transmission, areas of the body exposed to the needle stick should be evaluated by a physician and washed with soap and water immediately, sharps storage containers should be replaced once they are 2/3 full, universal safety precautions such as proper hand hygiene and use of gloves should be practiced, health care providers should be vaccinated for HBV, and employers should offer education on the risk and prevention of blood-borne pathogens[21,32-35]. Also, anti-retroviral medications are available if significant exposure to HIV due to a needle stick accident occurs[21].

The great magnitude of the AIDS crisis, recent increased interest in Traditional Medicine and paucity of PHA-related Complementary and Alternative Medicine literature in Thailand have created a substantial demand for research in this area. While some research on herbal medicine use among PHA in Thailand exists, no studies have specifically investigated acupuncture use among this subgroup. Given acupuncture's effectiveness for HIV/AID-related symptoms, examining attitudes toward and motives for acupuncture use and disuse may provide valuable implications for health care providers, PHA, and the scientific community in general.

The primary purpose of the current study was to examine attitudes toward and motives for acupuncture use and disuse among PHA in rural northern Thailand. The specific aims of the present study were to: (1) identify motives for acupuncture use among HIV-infected acupuncture users, (2) identify reasons for acupuncture disuse among HIV-infected non-acupuncture users, and (3) investigate attitudes toward acupuncture.

Material and Method

Due to the lack of prior literature on acupuncture use/disuse among PHA, a qualitative study was most appropriate to examine attitudes toward and motives for acupuncture use and disuse. Participants were invited from Mae-On Hospital, a rural facility offering both conventional and complementary treatment options in Northern Thailand.

General eligibility was restricted to HIV-positive Thai patients of Mae-On hospital, excluding those with mental, physical, or emotional conditions that would interfere with the ability to rationally complete an interview. Participants were divided into two groups, the non-acupuncture group and acupuncture group, based on their current use of acupuncture. Eligibility for the acupuncture group was limited to patients who currently used the acupuncture services offered on Tuesdays. Eligibility for the non-acupuncture group was restricted to patients who chose to forgo Tuesday's acupuncture clinic. Thirteen out of twenty participants were recruited by a nurse based on her personal connections with patients and the remaining seven were recruited on a walk-in, volunteer basis. Hospital staff confirmed that each participant was assigned to the appropriate group.

Over a seven-day period, interviews were conducted in Thai by two research assistants and two PHA volunteers who had received training in interview administration. Although hospital volunteers were also non-acupuncture participants, they were surveyed before interviewing their peers. Volunteers were well-acquainted with the participants and were paid fifty baht (approximately US $1.32) per interview.

Participants were given a small towel as a gift of appreciation at the conclusion of each interview.

Thirteen interviews were conducted by hospital volunteers in the patient's homes and seven were conducted at the Hospital during the Tuesday acupuncture clinic. Translations from English to Thai and back translations were conducted by a Thai researcher. Back translations were made at the conclusion of the seven-day data collection period. Basic demographic data and HIV-related information such as transmission mode, AIDS/symptomatic status, and antiretroviral therapy usage were obtained from hospital records and staff. Information specifically regarding the Traditional Chinese Medicine services offered by the Tuesday clinic and the symptoms for which each service was used was also collected from hospital staff and data books.

Acupuncture use was operationally defined as current use of the acupuncture services offered at the AIDS clinic (i.e. within the past week or month). The operational definition of Complementary and Alternative Medicine excluded acupuncture and included use of any of the following therapies during the past year: herbal remedies, vitamin/nutrient supplements, massage/reflexology, Buddhist chanting and/or meditation, *chee wa jit*, divination or channeling of spirits for remedies (*saiyasart*), or any other folk, religious/supernatural, or traditional therapy.

The interview was divided into two sections. Section I examined sociodemographic variables and type of Complementary and Alternative Medicine utilization. All participants were asked if they had used any modalities described by the research assistant during the past year. Respondents were also given the opportunity to describe any other therapy not mentioned by the research assistant. Section II contained open-ended questions unique to each group. Non-acupuncture group participants were asked the following questions: "why do you choose *NOT* to use the acupuncture services offered on Tuesdays?" and "do you have anything else you would like to say about acupuncture?" The acupuncture group was asked "why do you choose to use the acupuncture services offered on Tuesdays?", "how long have you been using acupuncture?", and "do you have any other comments regarding acupuncture that you wish to share with the interviewer?"

Results

Mae-On Hospital serves 110 AIDS patients, 30 of which currently use acupuncture. Traditional Chinese Medicine based diet and lifestyle counseling and popular Traditional Chinese Medicine modalities such as acupuncture, moxibustion, tuina, and electro-acupuncture are available every Tuesday from 8:30-4:00 pm for a nominal fee (i.e. donation or 20-30 baht co-pay). Though the Tuesday Traditional Chinese Medicine clinic was originally intended for AIDS patients, services are now open to all local residents. Conventional AIDS treatments are offered every Friday and antiretroviral treatments are provided once a month. Though Traditional Chinese Medicine and antiretroviral treatments are relatively new services, Mae-On Hospital has been serving the local AIDS community for approximately 12 years. Acupuncture treatments were administered by Thai nurses who have received training from a Canadian naturopathic acupuncturist. Needles were sterile and single-use only. Acupuncture services began in 2004 on a pilot-program basis. During the pilot, acupuncture was offered twice a week (Tuesday and Thursday) from 8:30-4:30. Twenty PHA total, ten acupuncture and ten non-acupuncture subjects, participated in the present study. The non-acupuncture group was mostly (7 out of 10) comprised of former acupuncture users, those who have used acupuncture during the past year but have currently stopped use. Sociodemographics & HIV-Related Characteristics and the utilization of Complementary and Alternative Medicine among sample groups are shown in the Table 1 and Table 2 respectively.

Motives for acupuncture use

Four prominent themes were found among the acupuncture group. Motives for acupuncture use were based on various social, psychological, clinical, and pharmacological factors. Four out of ten participants mentioned *social support* as their primary motive for use. Two respondents cited nurse recommendations and one reported advice from a friend. Another participant mentioned family recommendation and observed improvement in an HIV-positive friend who was using acupuncture as primary motivating factors for use: *"I heard from a friend of mine who had HIV about acupuncture and I wanted to try. I am getting better now and my CD4 is rising"*.

Another common theme among the participants in the acupuncture group involved *psychological well-being*. Two respondents reported that they used acupuncture because it relieved stress, one of which indicated that acupuncture also promoted relaxation. Another respondent indicated that she used

Table 1. Sociodemographics & HIV-related characteristics

Characteristic	NAG (n = 10)	AG (n = 10)	Total (n = 20)
Sociodemographic Characteristics			
Female (n)	6	9	15
Age (Mean ± SD)	39.7 ± 5.1	38.9 ± 3.5	39.3 ± 4.3
Education (Primary School, n)	8	6	14
Income (< 5000 Baht/mo, n)	10	8	18
Martial Status (Married, n)	8	3	11
Living Arrangement (Family, n)	5	9	14
HIV-Related Characteristics			
Transmission (Heterosexual, n)	10	9	19
Diagnosed with AIDS (n)	8	6	14
Years since diagnosis (Mean ± SD)	9.9 ± 2.4	9.2 ± 4.0	9.6 ± 3.1
Currently using ARV (n)	6	6	12

NAG = Non-acupuncture group; AG = Acupuncture group

Table 2. Utilization of complementary and alternative medicine

Characteristic	NAG (n = 10)	AG (n = 10)	Total (n = 20)
Currently using CAM (n)	7	7	14
Concurrent ARV & CAM use (n)	4	5	9
Length of Acupuncture Use (1-2 years, n)	N/A	6	6
CAM Modalities (n)			
Herbs	3	2	5
Vitamins	5	3	8
Massage	1	3	4
Chee Wat Jit	1	0	1
Meditation/Chanting	3	5	8
Electro-acupuncture	N/A	3	3
Tuina/Moxibustion	N/A	10	10

NAG = Non-acupuncture group; AG = Acupuncture group
CAM = complementary and alternative medicine

acupuncture to help her cope with present symptoms. She also mentioned that acupuncture gave her "inner strength" to take care of her children and encouragement to "carry on with her life for a long time".

Other respondents reported *clinically-related motives* for use. Four out of ten participants in the acupuncture group reported usage to restore or maintain health (i.e. it "kept or made" them healthy) and three out of ten mentioned that acupuncture was used to improve blood circulation. Respondents also reported that they used acupuncture to eliminate pain (i.e. joint, back, abdominal) and numbness in the extremities, prevent OI symptoms, enhance immunity, and/or eliminate ARV side-effects.

One non-acupuncture group, a former acupuncture user, reported a unique reason for use. He indicated that his primary motive for acupuncture use was *analgesic avoidance*. This participant reported that failure and/or ineffectiveness of conventional pharmacologic interventions (i.e. opioids, analgesics) motivated him to explore acupuncture for pain relief. Moreover, he mentioned that he sought acupuncture treatment because he was using antiretroviral every day and did not want to take any additional medications: *"Acupuncture makes me feel good. My back pain is relieved and I don't have to take too many analgesics"*. Other former acupuncture users reported prior acupuncture use for reasons similar to the current acupuncture users (i.e. recommendations from hospital personnel and symptom relief).

Barriers of acupuncture use

Two dominant patterns emerged among the none-acupuncture group. The most frequent reason for disuse was *lack of time*, followed by *better health status*. Eight out of ten participants indicated they did not have time for acupuncture, six of which were former users. One former acupuncture user indicated lack of time specifically due to conflicts with an existing work schedule as their primary barrier of use: *I used to have acupuncture but not anymore because I don't have time for [it]. I have to go to work to earn money for my family.*

Four non-acupuncture groups reported better health status as their main reason for disuse. These participants reported usage cessation due to disappearance or absence of clinical symptoms. Less common reasons for disuse were *lack of knowledge*, *instrument aversion, lower effectiveness, high perceived risk of deleterious interactions* with ARV therapy, and *inferiority to conventional medicine*. Only two non-acupuncture group reported these novel reasons for disuse: one reported fear of needles and insufficient or unclear acupuncture information as her primary reasons for disuse and the other claimed that past acupuncture treatments failed to improve his symptoms and that he feared potential harmful drug interactions between antiretroviral and acupuncture. He reported that "acupuncture did not work" and that "modern" (i.e. conventional Western) medicine was better than acupuncture.

Attitudes toward acupuncture

The final open-ended question, "*do you have anything else you would like to say about acupuncture?"* invoked a slightly different set of responses between the acupuncture and non-acupuncture groups, though the majority of the sample (nineteen out of twenty) demonstrated positive or neutral attitudes toward acupuncture. Non-acupuncture participants described positive previous experiences with or perceptions toward acupuncture. In contrast, acupuncture participants tended to give more general statements and customer service suggestions.

A few (3 out of 10) non-acupuncture subjects, especially those who have stopped use due to time restraints, indicated that they would like to continue using acupuncture. Many (6 out of 10) non-acupuncture group subjects that were former users described several clinically-related benefits of acupuncture: the reduction and prevention of symptoms, improved circulation, pain relief, and improved appetite, energy, and physical/psychological health. Two former users within the non-acupuncture group specifically stated that acupuncture was "very good" and one believed that acupuncture increased CD4 levels.

Although one respondent, a former user, reported a reduction of CD4 levels during previous acupuncture treatment, she still displayed positive perceptions toward acupuncture and stated that "she wanted the hospital to provide acupuncture forever" and that "she would like her friends to have this [acupuncture] service". Only one former acupuncture user within the non-acupuncture group expressed negative attitudes toward acupuncture and reported that he "did not believe acupuncture worked". Non-acupuncture group participants with no prior acupuncture experience believed that "acupuncture is one option for treatment", and reported that "acupuncture can enhance immunity", "reduce/relieve symptoms", "reduce ARV side-effects", and improve health.

Most (4 out of 10) acupuncture subjects reported that they wanted the hospital to "offer acupuncture forever" or for a "long time". Three participants expressed satisfaction with the service: one mentioned that they liked "the doctor and staff", as they were "friendly and kind", another indicated that acupuncture "was good because it does not have any side-effects", and one reported that she "would do it again", as it improved her health.

A few (2 out of 10) acupuncture group gave suggestions regarding the service in general. One respondent recommended specific improvements in clinical environment ("better location, quiet, no mosquitoes"). Another suggested that the hospital increase the number of acupuncture providers in order to decrease the waiting time: "*I want to have more doctors that can do acupuncture so we don't have to wait for so long"*.

One respondent proposed that the service should be available to all patients because it does not cause side-effects and it can eliminate joint pain without the use of analgesics:

"I think the hospital should provide the opportunity to other patients for acupuncture services, not just for HIV/AIDS [patients]. I believe it benefits people who have back pain and joint pain as well". Similarly, another participant mentioned that she wanted "every hospital to offer acupuncture services". Only one subject had comparatively little to say. This participant reported that she was a new user and needed to continue acupuncture treatment in order to develop an opinion.

Discussion

Motives for acupuncture use

Acupuncture respondents reported several motives for use mentioned in the literature. Similar to PHA using Complementary or Alternative Medicine in industrialized nations, acupuncture users in the present study turned to acupuncture for symptom relief, stress management, inner strength, greater coping capacity, health maintenance/promotion, and amelioration of ARV side-effects[15,36,37].

Also consistent with previous literature, greater social support for use was associated with acupuncture usage. However, since previous studies have only demonstrated a correlation between social support and usage[38,39], the present study may be one of the first to specifically identify social support as a significant motivating factor for Complementary Medicine use.

Inconsistent with current Complementary Medicine literature, one previous acupuncture-user reported dissatisfaction with conventional medicine, analgesics in particular, as their primary motive for use. Though dissatisfaction with conventional treatments was correlated with HIV-infected Complementary Medicine users in the early- to mid-1990s, more recent studies have failed to identify this feature as a prominent reason for use among current PHA[37,38,40]. Since acupuncture is primarily a pain-relieving modality, there may be certain motivating factors that do not apply to Complementary Medicine use in general.

Barriers of acupuncture use

The results of the current study are in line with previous theories of CAM disuse. Like previous non-CAM users, NAG participants reported acupuncture disuse due to instrument aversion, high perceived risk of deleterious interactions with ARV therapy, inferiority to conventional medicine, and lack of time and knowledge[41-43]. Findings regarding better health status were also consistent with previous results specifically pertaining to acupuncture disuse among a general population[41].

Also consistent with the literature, lower perceived effectiveness was demonstrated by one NAG participant[41,43]. Though previous literature has identified lower perceived effectiveness of Complementary or Alternative Medicine as a barrier of use, the findings of these studies have been primarily based on the beliefs and speculations of a general population. Although this participant indicated that acupuncture was inferior to conventional medicine, his lower perceived effectiveness was based on previous experience (i.e. acupuncture failed to improve his symptoms). This discrepancy may represent a novel motive for disuse which may be specifically unique to acupuncture.

Inconsistent with Foot-Ardah's (2004) findings, no non-acupuncture participants reported cost or lack of physician support for acupuncture as major barriers of use[42]. The present findings regarding cost are more consistent with Jain et al (2001) findings[41].

Limitations

The present study was confined by several limitations. Primarily, issues surrounding the quality and rate of participant response may have decreased internal validity. A number of questions were either incomplete or unanswered and certain items produced discrepant responses. Though participants were asked to explain their motives for acupuncture use, some offered reasons for beginning treatment and others explained motives for current use. Possible explanations for these inconsistencies and low response rates may include imprecise inquiry technique, ambiguous diction, or lack of instrument comprehensiveness. Moreover, research assistants may have forgotten to ask or report some items. Instrument revision, pilot testing, and more intensive and comprehensive training would address these issues.

Second, language and translation issues may have contributed to a substantial proportion of biases and decreased internal validity. Thai research assistants recorded five out of twenty interviews in English instead of the participant's native language. Consequently, some of the respondent's original intention and semantic context may have been lost or reduced by this incidence. Similarly, inconsistencies in English interpretations arose when two different translators interpreted the same items. Hence, caution should be used when inferring or interpreting findings from the present study. To improve the quality of future interpretations, forward and back translations should be conducted by multiple translators.

Finally, since interviews were conducted both at home and in the clinic, variations in experimental setting may have produced inconsistencies and confounders which may have decreased the validity of the conclusions formed. Similarly, different interviewers may have produced varying levels of openness and self-disclosure. Differences in such factors as personal comfort with the interviewer may have affected the quality and/or type of responses elicited. Some respondents may have felt more comfortable sharing

information with a known confidant rather than a researcher or vice versa, depending on personal preference. Due to this factor, caution should be used when interpreting the findings of the present study.

Conclusion

The present study revealed trends which are helpful in identifying attitudes toward and motives for acupuncture use and disuse among PHA, despite numerous study limitations. The overall positive response toward acupuncture suggests that this modality may be a beneficial alternative or supplementary treatment option for PHA.

Based on the findings, several suggestions for healthcare providers and future research exist. Since lack of time was a prominent barrier, services should be offered at more convenient times and/or locations if possible. Mobile Complementary and Alternative Medicine clinics and traveling providers would allow for a convenient dissemination of acupuncture services throughout the local PHA community. Also, patients should be given ample opportunity to express their time preference for services in future or existing patient satisfaction questionnaires. Comprehensive patient satisfaction assessments should be conducted more frequently since participants identified several suggestions for service improvement.

Second, information identifying acupuncture as a preventive health measure should be provided by health professionals and included in health education materials, as several respondents appeared to perceive acupuncture as a symptom-relieving modality only.

Third, the current findings suggest that acupuncture may be a potential "replacement" option for conventional therapies in certain circumstances. Future research should focus on long-term benefits and ramifications of acupuncture as a substitute for pharmacological pain interventions. Future investigations should also focus on identifying motives for starting acupuncture treatment and barriers of acupuncture use among individuals with no prior acupuncture experience, as many acupuncture-users only identified motives for current use and most non-users were previous users. Moreover, since participants with no previous acupuncture experience reported unique reasons for disuse such as lack of knowledge and fear of instrumentation, health care providers should be aware of these barriers in order to effectively communicate with this subpopulation.

Finally, since social support was a prominent motivating factor for use, it may be beneficial to provide acupuncture information to lay-individuals via community health education interventions in order to decrease public misinformation and promote safe and effective use.

Acknowledgments

The present study was supported by Grant Number T37 MD001368, from the National Center of Minority Health and Health Disparities, National Institutes of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health.

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การฝังเข็มในผู้ติดเชื้อเอชไอวีและผู้ป่วยเอดส์ภาคเหนือ: แรงกระตุ้น อุปสรรค และทัศนคติ

แองเจลลินา อาร์บิซิ, รัตนา พันธ์พานิช

การศึกษานี้ เป็นการศึกษาทัศนคติและแรงกระตุ้นต่อการรักษาด้วยวิธีการฝังเข็มในกลุ่มผู้ติดเชื้อเอดส์ในภาคเหนือ ของประเทศไทย โดยการสัมภาษณ์เชิงลึกกลุ่มผู้ติดเชื้อเอดส์ที่ใช้และไม่ใช้วิธีการฝังเข็มร่วมกับการรักษาปกติ รวมจำนวน 20 คน ผลการศึกษาพบว่า ในกลุ่มที่ใช้วิธีการฝังเข็ม แรงสนับสนุนทางสังคม สภาวะทางจิตใจ การมีอาการทางคลินิก และความต้องการหลีกเลี่ยงการใช้ยาแก้ปวด เป็นแรงกระตุ้นให้เข้ามารับการฝังเข็ม ส่วนกลุ่มที่ไม่ใช้ พบว่าเป็นกลุ่มที่มีสภาวะสุขภาพโดยรวมดีกว่า และเห็นว่าการใช้เข็มเป็นเรื่องน่ากลัว การฝังเข็มอาจมีผลกระทบต่อการรักษาที่ได้รับอยู่ อีกทั้งไม่แน่ใจในประสิทธิผลของการฝังเข็ม ส่วนด้านทัศนคติต่อการฝังเข็ม พบว่า 19 ใน 20 คน มีทัศนคติในด้านบวกหรือเป็นกลางต่อการฝังเข็ม ข้อเสนอแนะในการศึกษาต่อไป ควรมีการศึกษาประโยชน์ในระยะยาว รวมทั้งศึกษาการนำวิธีการฝังเข็มมาใช้เพื่อรักษาหรือบรรเทาอาการปวด