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1.0 Introduction

Complementary therapies are therapies that can be used in combination with or alongside conventional medicine and can complement the treatments provided by healthcare professionals with the aim of treating a health condition (NHS, 2021). According to Cancer Research UK, (2021), these therapies are complementary because they are not considered to be part of mainstream care. These therapies include osteopathy, acupuncture, chiropractic, herbal medicine, and homeopathy, which are considered the five most popular complementary therapies in the UK (Sharp et al., 2018). It is explain by the NHS (2021) that apart from chiropractic and osteopathy complementary therapies that are regulated in the same way as conventional medicine through statutory professional regulations, most of complementary therapies including acupuncture are not regulated by statutory regulations in the UK, this therefore means that acupuncturist can practice legally even if they have standard qualifications or not. Thus, regulations of complementary therapies in the UK have mainly been voluntary self-regulations, through voluntary associations like 'British Acupuncture Council', 'Complementary and Natural Healthcare Council and 'Federation of Holistic Therapist' (NHS, 2021

This study will focus on Acupuncture therapy. The British Acupuncturist Council for instance is one of the major voluntary self-regulatory organization that regulate the activities of acupuncturist (members) and ensure that the practices of traditional acupuncturist are of the highest professional standard to protect the general public (BAcC, 2021).

2.0 History of Acupuncture

According to ClassicalAcupunture (2021) acupuncture is considered as ancient method of healing that is believe to restore health and maintain wellbeing. It is a Traditional Chinese Medicine (TCM) which believes that essential energy called 'qi' runs through the body along meridian pathways; therefore, when the qi is interrupted, it makes a person susceptible to illness (Deng, 2018). Therefore, inserting a steel needle into a patient's skin stimulates specific "qi" points in the body known as "acupoints", and this helps to relieve health conditions or symptoms like pain by rebalancing the body's energy to release natural chemicals into the body to fight the illness or symptoms.

According to White and Ernst (2004), acupuncture is an ancient medicine which is considered to have originated from China and was first mentioned in the "Classic Internal Medicine of the Yellow

Emperor” book around the first Century BC. Some researchers and acupuncturist including White & Ernst (2004) and ClassicalAcupuncture (2021) believes that, the information in this book is likely to be the acupuncture traditions that have been handed over from generations to generations and the traditional acupuncture we know today have its root from the text of this book.

Acupuncture over the years continued to be developed not only in China but it also spread to other part of the World (White & Ernst 2004). According to Kaplan et al. (1997), Ten Rhijne was the first medical physician to prescribe acupuncture in Europe around 1680 after experiencing how acupuncture is practiced in Japan. Baldry (2005) also revealed that the acupuncture therapy was first employed in the West somewhere in the 17th century, however when it arrived in the UK, it was not accepted as a standard medical practice due to the fact that the principles and ideas of this therapy was not scientific based and its efficacy could not be proven. Notwithstanding Baldry (2005) recounted that in the 1950s some individuals like Felix Mann a British physician wholly accepted the idea studied it, and after He organized several training sessions in London for others who may be interested in learning the therapy and this meetings and trainings gave birth to the British Medical Acupuncture Society (BMAS) we have today. BMAS was created to standardize the practice and train other people interested in the practice (Baldry 2005). This council continues to be the voluntary regulatory body for acupuncture until today.

As the interest in complementary and alternative medicine continues to increase, acupuncture is being used more commonly and it is estimated that around 2.3 million treatments are given each year in the UK (ClassicalAcupuncture, 2021).

3.0 Uses, efficacy and contraindications of acupuncture

Petal et al. (2020) are of the view that because acupuncturists aim to treat the whole person rather than the symptoms of the illness in isolation, many people turn to acupuncture because they find it very beneficial and relaxing and, as the use of acupuncture grows, there has been an increase in the number of publications addressing the uses and efficacy of acupuncture, some of which are elaborated below.

3.1 Use, efficacy and contraindications of acupuncture in treating cancer

Xu et al. (2020) posit that many cancer patients use acupuncture to reduce the side effect of radiotherapy and to boost their immune system. The researchers further explain that acupuncture has been shown to have delayed the growth of osteosarcoma tumors by needling specific

acupoints of these cancer patients. Acupuncture has once again been shown to benefit breast cancer patients (Xu et al., 2020). For instance, according to the NCI (2021), a study conducted on 104 breast cancer patients who were high on chemotherapy and were on anti-nausea medications and were given five-day electro-acupuncture had significantly fewer nausea episodes than those who did not receive the therapy. Another study conducted by Duke University by comparing effectiveness of acupuncture and the use of conventional medicine like Zofran in treating symptoms like nausea in breast cancer patients revealed acupuncture to work better than Zofran in controlling nausea in breast cancer patients after surgery. Other research has also shown that acupuncture is capable of treating cancer-related pain (Gracia et al., 2014; NIC 2021: Cancerresearch UK, 2018).

Although acupuncture is regarded as generally safe, using it in the treatment of cancer calls for a special attention as a lowered platelet count as a result of acupuncture may contribute to bruising or difficulty in stopping bleeding in cancer patients (Cancerresearch UK 2018). Some of the herbs that may be used alongside acupuncture therapy can interact with conventional cancer treatment and can stop conventional medicines from working well on cancer patients. Therefore, cancer patients should always seek the consent of their GPs before engaging an acupuncturist (Cancerresearch UK, 2018).

3.2 Use, efficacy and contraindications of acupuncture in treating Infertility

According to Zhu et al. (2018), acupuncture can be considered as one of the successful treatments for infertility in patients by enhancing sperm quality in men and improving ovarian functions and balancing hormones and the endocrine system in women. According to TCM, infertility occurs as a result of obstruction in the qi meridian impeding blood circulation to tissues of the reproductive organs; thus, penetrating thin needles and herbs on these qi meridians rebalances the energy on these meridians, and the body returns to its natural state, improving conception (Zhu et al., 2018).

In measuring the efficacy of this claim, Wang et al., presented an evidence of a Mexican Woman who was 39years old and had infertility issues due to obstructions in the right side fallopian tube and was able to conceive after having 28 acupuncture sessions. Again, a systematic review conducted by Yun et al. (2019) has also shown acupuncture to be effective in treating infertility in women. Nonetheless, the research was not able to gather much evidence on the efficacy of acupuncture for male infertility (Yun et al., 2019).

Nonetheless, Xu (2017) argues that the evidence backing this claim is insufficient especially with regards to women with Polycystic ovary syndrome, and that there is a higher risk of miscarriage if a patient is already pregnant and receives acupuncture on the incorrect acupoints, and advises that patients should always engage an acupuncturist specializing in treating fertility disorders.

3.3 Use, efficacy and contraindications of acupuncture in managing pain

According to Cummings (2018), acupuncture has received considerable attention as being able to relieve chronic Yang et al. (2017) explain that acupuncture affects the neurovascular network in the body and impedances the pain sources or impedances in the brain, thereby reducing pain in the body. In measuring the efficacy of this treatment, Vickers et al (2018) conducted a research on the efficacy of this therapy on four types of pain, including, chronic headache pain, osteoarthritis, back and neck pains, after the study it was revealed that acupuncture is about 95% effectiveness out of a sample size of 20, 827 patients' in 39 trials.

Similarly, a recent evidence-based research on the efficacy of acupuncture in relieving chronic pain such as migraines, lower back pain, abnormal pain, neck pain as well as fibromyalgia showed fibromyalgia and migraine as the two major pain conditions with favorable outcomes. On the other hand, acupuncture had little to no effect on abnormal pain. From the studies, it was concluded that acupuncture is efficacious for relieving low back pain, migraines, and short-term pain relief for neck pain. However, further research with a larger sample size needs to be conducted on the efficacy of acupuncture on abdominal pain (Patel et al., 2020).

Nonetheless, Van Hal et al. (2018) argue that most health practitioners' advice that patients with active infection, especially cutaneous and malignancy should avoid acupuncture as this therapy might be a threat to the spread of neoplastic cells. Also, patients with metal allergy must avoid any form of electromagnetic stimulation that may be used as a form of acupuncture (NHS, 2021)

3.4 Use, efficacy and contraindications of acupuncture in treating Asthma

Acupuncture literature like that of Chen et al., (2020) revealed that acupuncture can improve the immune systems of asthmatic patients, thereby aiding in the relief of phlegm. Another researcher, Li et al., (2017) affirm that acupuncture is capable of regulating and balancing the obstructive Qi that is causing asthma. However, Karlson (2013) argues this mechanism still remains unclear.

Nonetheless, research has revealed acupuncture to be effective in treating asthma. For instance, a systematic review conducted by Li (2017) revealed acupuncture to improve lung function and decrease conventional medication dosage and could be applied as a complementary therapy to conventional medications. Also, a study conducted by Chen et al. (2020) revealed that acupuncture is capable of reducing the bronchial muscle of asthmatic patients, thereby achieving anti-asthmatic purpose.

Though there are relatively fewer complications as compared to the use of conventional medications like inhaled corticosteroids in treating asthma, acupuncture treatment can have serious side effects on asthmatic patients like punctured lungs and nervous system break down if performed by an unqualified acupuncturist, though it is very rare. It is therefore advised that asthmatic patients should seek consent or referrals from their healthcare professionals or find a practitioner through the registered self-regulation bodies for a certified acupuncturist (NHS, 2021).

4.0 Evaluation of statutory and voluntary self-regulation system

According to Coatre et al., (2020) acupuncture is regulated as standard care in countries like China, India, Japan, and certified by the USA; however in the UK acupuncture is not statutory regulated. This means that acupuncturist in the UK are not mandated by law to register with State Standard Authorities like the Medical Council or Professional Care Council before they can operate (NHS, 2021).

Nonetheless acupuncturists are free to join any voluntary self-regulatory organisations such as the British Acupuncture Council, The British Medical Acupuncture Society or any other similar organization. These voluntary self-regulatory associations usually demand that members hold certain qualifications and are poised to ensure high standards of practice for their registered members (NHS, 2021). Nonetheless acupuncturist can be on their own without joining any voluntary self-regulatory organization provided their practices are within UK's common law of ensuring patients wellbeing at all cost (Coatre et al., 2020).

Also legislations in England require acupuncturist to hold a license which is renewable every year and this is same in Scotland, this license in a way offer a first level protection to patients as license are only granted to acupuncturist who meet certain qualifications and are experienced (Coatre et al., 2020). The researchers further argue that more stringent regulatory methods need to be in place for acupuncturist since they deal with invasive procedure which carries a risk of blood borne infections and therefore registration and license may not be enough. However, Cummings et al.,

(2018) argue that the present obstacle preventing acupuncture to be regulated by statutory regulations due to the fact that there is inadequate evidence to back the claims of acupuncture as a therapy for healing many diseases, therefore until there is robust evidence to back the claims of acupuncture it is unlikely that the therapy will be given the same recognition as other standard healthcare providers in the UK.

Despite the inadequacies of evidence supporting the efficacies of acupuncture, the lack of consolidated statutory regulations could inevitably derive patients towards largely unregulated acupuncturist who might do more harm to patients than good therefore statutory guidelines must be set to guide the practices acupuncture.

5.0 Ethical considerations of acupuncture therapy

According to Krause (2018), one of the ethical dilemma of complementary therapy, including acupuncture, is the ethical obligation of respecting patients' autonomous decisions. Connelle (2012) explains that the ethical principle of autonomy, for instance, requires physicians to respect the wishes of patients while working to maximize benefits and minimize harm, and for healthcare providers to achieve this, they may adopt paternalism (limiting the patient's liberty to autonomy for their own good). Connelle (2012) further argues that disregarding patients' health beliefs through paternalism could be detrimental to the patient-doctor relationship and can even affect the health care provider addressing the physical and emotional manifestations of diseases. When this happens, patients might seek therapy from private physicians without the consent of their healthcare providers, which can be detrimental to the patient's health, which is against the ethical principle of nonmaleficence (do no harm).

Again, the supreme law for medicine whether mainstream or complementary 'nihil nocere (first do no harm) requires healthcare providers to base treatment on risk benefit analysis, however, Ramey & Buell (2004) argue that the application of nonmaleficence and beneficence (do good) in acupuncture therapy is sometimes challenging, as healthcare providers have to deal with the ethical dilemma as to whether to perform an acupuncture as patients demand by abiding by the ethical principle of respecting patients health beliefs although there is inadequate evidence to support the effectiveness of acupuncture. Disregarding the use of this therapy and ignoring patients' health beliefs could deprive patients from participating in their own care and therefore the idea of person centered care may not be achieved.

6.0 Recommendations

In the UK acupuncture is not backed by statutory regulations as it is not fully recognized as a certified healthcare due to insufficient evidence of its efficacy, Notwithstanding, NICE advice that acupuncture can be adopted in managing migraine, NICE (2021) however emphasizes that the therapy can be given to patient only by a band 7 healthcare provider who has received appropriate training in acupuncture.

In affirming NICE (2021) recommendation, the NHS (2021) also recommends the need for patients who want to engage an acupuncturist to first consider whether the acupuncturist is a certified healthcare professional such as a physiotherapist, a nurse, a doctor or the acupuncturist is a member of a voluntary regulated body or association which is duly recognised. State institutions like the “Professional Standard Authority for Health and Social Care (PSA)”. The PSA gives due recognition to these associations after they are certified that the activities of these acupuncturists will cause no harm to patients, therefore accreditation by the PSA is to help people make informed choices when they are looking for qualified complementary therapy practitioners (NHS 2021).

Moreover NICE recommends the use of ten (10) sessions of acupuncture over a period of five to eight weeks in treating migraine with or without aura provided the treatment is in accordance with the patients' preference, comorbidities and risk of adverse effect (NICE, 2021).

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