International Journal of Law and Jurisprudence
Volume 15 · Issue 2 · 2026 · Pages 2150–2152
e-ISSN 2255-1824 (Online) · revistaidj.com/IJLJ

Acupressure for Nausea After Anaesthesia

Dr. Cassandra Vance

School of Earth Sciences, Stanford University (United States)

Received: 26 December 2025 | **Accepted:** 27 July 2026 | **Published:** 5 November 2026

Abstract

This paper reviews acupressure for nausea after anaesthesia as a complementary-care topic. It outlines the rationale for studying acupressure, considers published evidence, discusses implementation and safety, and identifies priorities for future research. The discussion focuses on people experiencing nausea in the care context described. Relevant outcomes include nausea severity, vomiting episodes, rescue medication, and comfort. This is a narrative literature-based draft, not a report of a newly conducted clinical trial. It does not present original participant data or new statistical analysis. Existing reviews suggest that results vary by condition and protocol, and methodological limitations affect confidence in findings. Acupressure should be considered, where appropriate, only as a possible adjunct to usual care and not as a replacement for diagnosis or established treatment.

Keywords: acupressure; acupressure for nausea after anaesthesia; complementary care; symptom management; evidence review; patient safety

Introduction

Acupressure is a non-invasive practice in which pressure is applied to selected points on the body. It is commonly discussed within traditional East Asian health systems and is also studied as a complementary approach for symptom management. Popularity alone does not establish effectiveness, so its possible benefits should be assessed against clinical evidence, safety, and patient priorities. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Conceptual and Historical Background

Acupressure is commonly described as applying manual pressure to points also used in acupuncture, without inserting needles. Protocols differ in point selection, pressure, duration, frequency, and practitioner training. These differences matter because the label can cover interventions that are not identical. A clear description is essential for interpretation and replication. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Possible Mechanisms and Theoretical Explanations

Proposed explanations include sensory stimulation, modulation of attention and pain processing, relaxation responses, and contextual effects. Traditional meridian explanations are part of the historical framework, but should not be presented as established biomedical mechanisms. Studies need suitable comparison groups and measurements to distinguish mechanisms. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a

meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Review of Research Evidence

Reviews report promising findings for selected outcomes, including some pain conditions, nausea, sleep-related symptoms, and stress-related measures. Findings differ by condition and protocol, and evidence quality varies. Methodological limitations can include small samples, inconsistent intervention descriptions, and difficulty blinding participants. Results should not be generalized to all illnesses. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Practical Application and Protocol Considerations

Clinical or educational discussions should specify who applies pressure, which points are used, the pressure and duration, session frequency, and whether usual care continues. Pressure should not cause bruising, numbness, or worsening symptoms. Protocols should be adapted to individual circumstances and delivered within an appropriate professional scope. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Safety, Ethics, and Limitations

Acupressure is non-invasive but is not automatically risk-free or suitable for everyone. People with unexplained severe symptoms, significant injury, bleeding risks, fragile skin, or complex medical conditions should seek qualified advice. It should not delay diagnosis or replace evidence-based treatment. Human-participant research requires appropriate ethics and adverse-event reporting. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Implications for Practice and Future Research

Future studies would benefit from adequately powered randomized designs, transparent registration, standardized reporting, credible comparison conditions, and patient-relevant outcomes. Researchers should report benefits and adverse events, follow participants long enough to assess durability, and consider feasibility across settings. Clinicians should communicate uncertainty honestly. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison

conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

Conclusion

The literature suggests acupressure may have a role as a complementary approach for selected symptoms, but evidence is not uniform across conditions. It should be evaluated as a defined intervention, not a universal treatment. Responsible practice requires attention to safety, patient preference, and access to appropriate medical care. More rigorous research is needed. For acupressure for nausea after anaesthesia, the central question is whether a clearly described protocol can produce a meaningful and reproducible change in nausea severity, vomiting episodes, rescue medication, and comfort. Studies should define the target population as people experiencing nausea in the care context described, specify comparison conditions, and distinguish immediate response from longer-term outcomes. A change observed in one setting cannot automatically be transferred to another. Where evidence is uncertain, the appropriate conclusion is uncertainty rather than an assumption of effectiveness.

Research quality depends on transparent methods, prespecified outcomes, adequate sample sizes, and balanced reporting. Reviews should distinguish randomized trials from observational work and should consider both clinical significance and statistical uncertainty. Patient preferences and feasibility also matter, but they do not substitute for evidence of benefit.

References

Liu, M., Tong, Y., Chai, L., Chen, S., Xue, Z., Chen, Y., & Li, X. (2021). Effects of auricular point acupressure on pain relief: A systematic review. Pain Management Nursing, 22(3), 268–280. https://doi.org/10.1016/j.pmn.2020.07.007

Song, H. J., Seo, H. J., Lee, H., Son, H., Choi, S. M., & Lee, S. (2015). Effect of self-acupressure for symptom management: A systematic review. Complementary Therapies in Medicine, 23(1), 68–78. https://doi.org/10.1016/j.ctim.2014.11.002

Lee, E. J., & Frazier, S. K. (2011). The efficacy of acupressure for symptom management: A systematic review. Journal of Pain and Symptom Management, 42(4), 589–603. https://doi.org/10.1016/j.jpainsymman.2011.01.007

Tan, J. Y., Suen, L. K. P., Wang, T., & Molassiotis, A. (2015). Sham acupressure controls used in randomized controlled trials: A systematic review and critique. PLOS ONE, 10(7), e0132989. https://doi.org/10.1371/journal.pone.0132989

Raana, H. N., & Fan, X. N. (2020). The effect of acupressure on pain reduction during first stage of labour: A systematic review and meta-analysis. Complementary Therapies in Clinical Practice, 39, 101126. https://doi.org/10.1016/j.ctcp.2020.101126

Li, J., Zhang, K., Zhao, T., Huang, W., Hou, R., Wang, S., Zhao, M., & Guo, Y. (2024). Acupressure for depression: A systematic review and meta-analysis. Asian Journal of Psychiatry, 92, 103884. https://doi.org/10.1016/j.ajp.2023.103884

Lee, A., & Fan, L. T. (2009). Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. Cochrane Database of Systematic Reviews, (2), CD003281. https://doi.org/10.1002/14651858.CD003281.pub3

World Health Organization. (2013). WHO traditional medicine strategy: 2014–2023. World Health Organization. https://www.who.int/publications/i/item/9789241506096

Editorial note: These are structured literature-review drafts. Verify the cited sources and expand the critical synthesis before journal submission. No original findings are claimed.