

Who Are Qualified Acupuncturists?

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Acupuncture continues to gain momentum as more of the general population pursues alternative and integrative methods of treatment. Over the past 5-7 years, there have been many legislative bills concerning acupuncture; its definition, who can practice, insurance coverage and the absorption of acupuncture into other medical specialties in order to implement professional sanctions for nonphysician-trained medical therapies.

What this tells us is that acupuncture works. The very existence of these bills gives credibility to the acupuncture and Oriental Medicine profession. As people grow dissatisfied with our flawed medical system, they will continue to turn to alternative and integrative medical care.

This surge stems primarily from the field of pain management. It is important to understand conventional medicine's view of the theories being used. The substantiation lies in segmental acupuncture and trigger-point theory because this is what evidence-based research supports. However, sports medicine journals, articles and continuing education are revealing a rather alarming trend.

We are again encountering the battle of who is qualified to practice a specific type of medicine, as much of the literature recommends medical acupuncturists as the preferred qualified health care professional for acupuncture. Peer-reviewed research and practice-based reports are being used as proof of efficacy. This trend identifies that health professionals need to modify the concept of "alternative" and move towards the term "complementary" to describe those therapies that are the useful part of a comprehensive intervention rooted in conventional medical practice. Therefore, the assumption in the literature is that medical acupuncturists are more qualified acupuncturists because the diagnostic method is rooted in conventional medicine.

The very principle of the diagnostic method used in conventional medicine is reactive and based on curing signs and symptoms. The perspective of evidence-based research is limited in multivariable situations rooted in the hard sciences. CAM therapies are based upon diagnostic methods that are synergistic, identifying multiple variables with multiple diagnoses and addressing these multiple variables according to their interrelationships. Alternative therapies are based in true prevention, and therein lays the dilemma with evidence-based ideals. How can you quantify something that has not happened yet? The philosophy with which the diagnostic methodology is implemented is not understood, nor given time to be understood. Conventional perspective draws a correlation and its own interpretation, which is disappointingly given more credence than the actual traditional diagnostic method. This misinterpretation leads to significant misinformation that is, unfortunately, used as a foundation to create the definition of one possibility, when instead there are many.

For example, a few years ago, there was a study done on hypertension. The research lasted six weeks and used only two points (ST36/SP6). These points were identified using the scientific method that identifies credibility of research that is repeatable. So ST36/SP6 are the two most repeated points. In this case, the research indicated that acupuncture was ineffective. For those with the TCM perspective, this was not a surprise, as there are more appropriate points that should

have been used. With the utilization of the correct philosophy, the research and results would be more accurate, eliminating the misinformation and allowing for more efficient and successful treatment.

Another example is the [use of ma huang](#) for weight loss or performance enhancement. Conventional biochemistry identifies this as a stimulant. This is, in fact, a Release Exterior herb and would not be used in the aforementioned instances unless the individual being treated had asthma or wind-cold, according to TCM.

These are just two simple examples of many that show the promotion of misinformation and misinterpretation in the academic and medical communities. This is due to lack of knowledge, which is a result of lack of education in the traditional diagnostic methods used within the acupuncture and Oriental medicine profession.

Over the past few years, medical doctors, physical therapists, and chiropractors have produced arguments as to why acupuncture should be included in their scope of practice. The context is that it is essentially part of the trigger-point and segmental theories, supported through research in pain management as the opiate and/or [gate-control](#) and [central-biasing](#) theories.

In a nutshell, gate control and central biasing act as a "radar jammer." The external electrical stimulation being applied is scrambling the sensory neurons, so nerve impulses are unable to transmit the appropriate impulses to the brain. Gate control does this locally, and central biasing does this segmentally at the nerve root. Opiate-control theory is more of a chemical reaction because it releases [beta-endorphins](#) and [enkephalins](#) (the body's natural morphine) so pain subsides much longer than with gate control or central biasing.

If this is the basis for acupuncture, than it is really no more than channel theory and ["ah shi" points](#). This mentality not only loses so much in translation, but also loses the tradition of Asian medicine due to simple ignorance and arrogance. One of the greatest examples of this is seen in physicians practicing acupuncture without any training because a "needle stick" is considered the definition of acupuncture.

Medical acupuncturists are simply physicians trained via a [200-300 hour course](#) with a streamlined curriculum, as overseen by the [American Academy of Medical Acupuncturists](#). Typically, the courses are offered as continuing medical education. A very small percentage of physicians take the initiative and have the dedication and diligence to learn much more about acupuncture in order to truly have an integrative practice. However, this is certainly not the norm. Most physicians do not spend an hour or more with their patients to get an appropriate diagnosis and treatment. Conventional medicine is staunchly rooted in protocol treatments, with a silver-bullet mentality. The entire mindset and application of TCM is prevention. Because of this conflict in perspective, most physicians will manipulate acupuncture with a conventional medical approach that is supported through opiate and central-biasing theories, which uses a protocol-based system substantiated by evidence-based research.

One must remember that prevention in conventional medicine is public health only after enough population statistics have been generated to identify there is an issue to allocate money to do something about it. So the true essence of the TCM diagnostic methodology is lost. This is also problematic in presenting public health issues, due to lack of education and efficiency in a professional medical discipline.

Physicians are not held to minimum educational hours or minimum competency levels specific to AOM. Traditionally trained (nonphysician) acupuncturists are held to a minimum [1,220-hour](#)

[training requirement](#). Medical doctors, osteopaths and chiropractors have a requirement 300 hours, during which they are to learn theory, techniques and herbs. This is often done with weekend seminars and/or videotape series. Medical students have had the most difficult time understanding Eastern philosophy, which is the root of TCM. Because of their ingrained understanding of how things work, the learning curve increases exponentially in an attempt to understand the complexity behind the theories and use of TCM, especially before integration can successfully take place.

Acupuncture is not trigger-point theory. It is not purely the definition of the opiate and/or central biasing theories. It is not simply "ah shi" points. It requires much more training than a simple needle stick. Acupuncturists learn different theories and their applications beyond the protocol-based methods. Acupuncture is so effective because it is a logical process that becomes tangible with an understanding of Eastern philosophy. This cannot be done in a 300-hour course. Medical doctors practicing acupuncture could be beneficial, but only with the proper training and the same examinations all other acupuncturists must take to become licensed. True acupuncture is much more than a simple certification.

Medical degree status is not equal to high educational standards to all medical disciplines. The idea that physicians with a brief education in acupuncture are more qualified than traditional, nonphysician acupuncturists is a great fallacy. Eastern and Western medical theories and applications vary significantly. The correlated concepts within the evidence-based model are being used to define the entire acupuncture profession, and this is an incredible misrepresentation. In order to properly include acupuncture in their practices, physicians need to be held to the educational requirements and competency levels specific to acupuncture and Oriental medicine.

Resources

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