



EAST MEETS WEST

Tips for Introducing Acupuncture to Biomedical Providers (Pt. 2)

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Editor's Note: Pt. 1 of this article appeared in the December 2020 issue and discussed two of the three primary questions biomedical providers may ask (and that you need to be able to answer).

Question #2: What Does Acupuncture Treat? (Continued from Pt. 1)

McDonald and Janz⁷ published *The Acupuncture Evidence Project* in 2017, building upon the Australian Department of Veterans Affairs alternative therapies review from 2010 and the U.S. VA's *Evidence Map of Acupuncture* with updated research from March 2013 through January 2017.

The findings are summarized on pp.11-13, showing acupuncture demonstrating a positive effect for perennial and seasonal allergic rhinitis, chemotherapy-induced nausea and vomiting, chronic low back pain, tension-type headaches, knee osteoarthritis, migraine prophylaxis, post-operative nausea/vomiting and post-operative pain. And there are 38 additional conditions for which acupuncture shows evidence of potential positive effect, up from 20 conditions listed in the VA's *Evidence Map of Acupuncture* from 2014.



As research into acupuncture and EAM continues to increase in volume and improve in quality, I fully expect we will learn of many more conditions for which acupuncture has been clearly vetted and demonstrated to be effective in the years to come. As integrative health providers, it is important to stay abreast of the latest research, keeping updated on studies through PubMed, the Cochrane Library, and other available databases including EBSCOhost and TRIP. Many studies are available as free text or through legacy alumni accounts from many of our graduate institutions.

Question #3: What should patients expect from an acupuncture treatment?

This part of the conversation is obviously the most flexible or variable, and should be tailored to the individual practitioner's treatment style and flow. I typically explain that my first appointments include a detailed intake and exam, including the history of present illness/injury, medical history, and review of systems that overlaps some with the Western medical approach, such as orthopedic evaluation if applicable. I also explain that we are trained to monitor and refer for red flags.

I go on to explain that acupuncture treatments are typically quite comfortable for patients, and that acupuncture is overall an extremely safe medical procedure with a low risk of adverse events. I share that acupuncture appointments usually run 60-90 minutes initially, and that follow-ups are more focused and build on the existing relationship, lasting 45-60 mins.

The biggest key for doctors to understand is that acupuncture requires a cumulative series of treatments for maximum efficacy. I've found it to be incredibly helpful when doctors explain to their patients before they try acupuncture that they need to attend a series of sessions to see the best benefit. I still encounter many new patients who expect acupuncture miracles to happen in one session, and although these do happen occasionally, it is not the typical experience.

It's really important to manage patient expectations up front. This is one of the biggest opportunities I see in our field: to be able to develop and manage a treatment plan for our patients.

I often encourage patients to commit to an initial series of six treatments, with a goal of 8-12 sessions if we see some benefit within the first six sessions. Of course, variables such as duration of illness/condition, the patient's additional health factors and clinical complexity should be considered, and treatment plans adjusted accordingly.

Seize the Opportunity

Our biomedical colleagues are showing greater interest in the way nonconventional treatments such as acupuncture may prove helpful for their patients. We as East Asian medicine providers need to seize upon the opportunity being presented to demonstrate the knowledge and skills we bring to the table; that we have good scientific understanding to back up and support the medicine that has demonstrated its efficacy by withstanding the test of time; and that we are up to the challenge of treating complex conditions and working in a complementary, fully integrative manner alongside mainstream medical providers.

References

1. Qaseem A, et al. Noninvasive treatments for acute, subacute and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Ann Internal Med*, 2017;166(7):514-530.
2. Lund I, Lundeberg T. Mechanisms of acupuncture. *Acu Related Ther*, 2016;4(4):26-30.
3. MacPherson H, et al. Unanticipated insights into biomedicine from the study of acupuncture. *J Alt Compl Med*, 2016;22(2):101-107.
4. Langevin HM, et al. Connective tissue fibroblast response to acupuncture: dose-dependent effect of bidirectional needle rotation. *J Alt Compl Med*, 2007;13(3):355-360.
5. Uchida C, et al. Effects of acupuncture sensations on transient heart rate reduction and autonomic nervous system function during acupuncture stimulation. *Med Acu*, 2019;31(3):176-184.
6. Hempel S, et al. *Evidence Map of Acupuncture*. VAESP Project #05-226, 2014: www.hsrd.research.va.gov/publications/esp/acupuncture.pdf.
7. McDonald J, Janz S. *The Acupuncture Evidence Project: A Comparative Literature Review* (Revised edition). Brisbane: Australian Acupuncture and Chinese Medicine Association Ltd., 2017: www.asacu.org/wp-content/uploads/2017/09/Acupuncture-Evidence-Project-The.pdf.

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