

PAIN RELIEF / PREVENTION

## **Pain Management in Acupuncture Today**

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Acupuncture and Oriental medicine have grown from virtual obscurity to mainstream cutting edge medicine in the U.S. in the past 25 years, with its introduction in the Nixon era of cultural exchange with China in 1972. Although human physiology was well detailed through observation and dissection studies as described in the classic textbook on Chinese medicine,  $Huang\ Di\ Ni\ Jing\ (c.600\ -\ 300\ B.C.)$ , the concept of qi (vital life force) moving through the vessels (meridians) has been misunderstood as being esoteric or nonexistent in the Western world. The vessels and acupuncture points (neuromuscular attachments and motor points) correspond to the blood vessels, veins, lymphatics, and peripheral and central nervous system.

The assessment and diagnosis of orthopedic and pain conditions and subsequent treatment can be traced from the time of the Zhou dynasty (1128-220 B.C.), which organized the practice of traditional Chinese medicine into various specialties. Motor points were observed and assessed around approximately 600 B.C. As these specialties progressed, *zheng gu*, meaning "straight joints" (literal translation: orthopedics) was developed to address musculoskeletal and orthopedic problems. During the Yuan dynasty (1279-1368), this specialty expanded to include bonesetting and traumatology.

Through the Ming dynasty (1368-1644) and Qing dynasty (1644-1911), the specialty developed not only assessment and diagnostic techniques for orthopedic problems, but physical rehabilitation and physical modalities. TCM developed the use of heat therapies in addition to moxibustion for heating larger areas of the body as well as the techniques of massage and manipulation of tissues and joints. Herbal remedies were also developed to treat and enhance recovery of musculoskeletal injury during this time.

In the U.S., acupuncture is best known for its effects in reducing pain and is fast becoming the treatment of choice. Because of this, a need arose to integrate acupuncture and TCM techniques with Western medical procedures. Acupuncture works because of its interaction with the afferent nociceptive (pain) and proprioceptive (muscle length and position) sensory and other nerves of the body that provoke local, spinal and centrally mediated control.

The difference in the explanations and languages between these two medical models created a problem not only in physiology and pathology, but utilization and appropriate referral. In those states where acupuncturists are licensed as primary health care providers without the need for prior diagnosis or referral, the urgency to communicate has added a larger dimension of responsibility. In California, the requirement for prior diagnosis or referral was removed in 1980, which increased the responsibility of acupuncturists to the same level as other primary providers.

The new millennium brings us into transdisciplinary assessment. Think of it as cross-training in martial arts! In order to participate, acupuncturists must report in Western medical terminology. This is required for all workers, compensation cases in California, as well as most health care insurance. Most

require medical necessity reports in order to obtain authorization to treat the patient. Welcome to the American health care system!

Not only must you show need for treatment, you must document goals and progress, which may (or may not) show need for further treatment. This means that if you document functional improvement in your patients' charts, you can meet medical necessity requirements for authorization to further treat your patient. These evaluations, examinations, interpretations and forms of documenting and reporting are universal standards of care, which acupuncturists must use in the best interest of the patient.

## References

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