

Excerpts from the Acupuncture Guild's Presentation to the White House CAM Policy Commission

FULL TRANSCRIPT OF PRESENTATION AVAILABLE ONLINE

Editorial Staff

On December 4, members of the National Guild of Acupuncture and Oriental Medicine (NGAOM) were invited to Washington, D.C. to speak before the White House Commission on Complementary and Alternative Medicine Policy. Before delivering testimony to the commission, the Guild's executives received five questions regarding complementary and alternative medicine and its integration into the American healthcare system.

Deke Kendall, OMD, PhD, the Guild's director of education and research, was selected to deliver the presentation on CAM integration to the commission. Listed below are selected excerpts from Dr. Kendall's presentation, including a definition of Oriental medicine and its physiological basis; NGAOM's efforts to improve access to acupuncture and Oriental medicine; and recommendations for increasing access of Oriental medicine to underserved populations. (*Editor's note:* a complete transcript of the Guild's presentation to the CAM Policy Commission regarding integration can be found online at www.acupuncturetoday.com/guild.php.)

NGAOM Presentation to the White House Commission on Complementary and Alternative Medicine Policy

"The National Guild of Acupuncture and Oriental Medicine (NGAOM) is grateful for the opportunity to share some of our views with the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) concerning issues on integrating complementary and alternative medicine (CAM) into service delivery. The NGAOM is a professional guild for practitioners of acupuncture and Oriental medicine organized under the auspices of the Office of Professional Employees International Union (OPEIU) of the AFL-CIO. Our goal is to provide a national focus that promotes health and well-being through the utilization of acupuncture and Oriental medicine, and to advance, protect and preserve the profession. To this end, the NGAOM recognizes the real-world physiological basis of acupuncture and Oriental medicine and promotes advancing the training of acupuncturists and Oriental medicine physicians through education and advocacy. The NGAOM also champions evidence-based modalities in order to obtain the highest possible clinical outcomes. Answers to the five questions received on integrating CAM into service delivery are provided following some introductory information on the NGAOM definition of Oriental medicine and its physiological basis, and a current status on acupuncture and Oriental medicine in the United States."

Definition: Oriental Medicine

"Oriental medicine is a physiologically based primary health care approach that historically (3,000 or

more years) has been a major part of world medicine. It utilizes a comprehensive medical model that is internally consistent with specific strategies for dealing with a wide extent of illnesses and health dysfunction. Tools utilized by an Oriental medical practitioner include a diverse range of clinical modalities. Most common are: herbal medicine; nutrition; heating therapy (including radiant heat and heat packs, some with and without herbs, and a technique of burning hairy fibers of common mugwort leaves known as moxibustion); manipulation and articulation of body joints; specialized manual pressure and massage methods; other physical means such as cupping and scraping; lifestyle counseling; exercise therapy and rehabilitation; movement and breathing exercises; preventative care; and a sophisticated needling therapy called acupuncture in the West. Acupuncture is used to treat ailments and conditions by stimulating certain critical locations on the human body in order to control and regulate the circulation of blood and vital substances, autonomic systems and endogenous mechanisms, to restore physiological balance. This includes restoring somatic, visceral, immune function and homeostasis, as well as promoting pain relief and tissue healing. The practice of acupuncture includes techniques of piercing the skin by inserting sterilized needles, and point stimulation by use of pressure, electrical, mechanical and thermal methods, to bring about desired therapeutic effects."

Promoting a Common Physiological Base

"One of the most fundamental problems facing Oriental medicine and acupuncture concerns the Western confusion on what constitutes the physiological basis of this medical system. The ancient Chinese texts, especially the *Yellow Emperor's Internal Classic* (Huangdi Neijing (600-300 BC), provides details on postmortem and physiological studies. The Chinese discovered blood circulation some 2600 years before William Harvey's experiments in 1628. Ancient Chinese physicians: identified and named all the major blood vessels, correctly noting which were veins and arteries; provided the first rudimentary description of the body's defensive system and lymphatics; identified and correctly noted the function of the internal organs, including the critical function of the lungs in breathing in vital air needed to support metabolic processes; and provided weight and size measurements of the organs. Additionally, they identified all the muscles in the body, including skeletal origins and insertions of the muscles, and identified the brain, spinal cord, and critical neurovascular connections in the body, including those to the optic nerves and to the heart. Although the ancient Chinese described features that are descriptions of brain and neural function, including propagated sensations provoked by needling, and sensory functions, they never described the peripheral nerves in any detail.

"This physiologically rational concept suffered a tragic misfortune during the 1930s-1950s when the blood vascular system described by the Chinese in terms of "*jingluo*" was mistranslated by the West as "meridians." Even the word "*mai*," which clearly means vessel, was translated as meridian. This resulted in the vascular system to be replaced by imaginary or invisible pathways. The problem was further complicated by mistranslating vital air (*qi*) as "energy" for lack of a better word. Nutrients, defensive substances and other vital substances were also categorized as energy as well. The net result was a Western view of Oriental medicine that involves incomprehensible and physiological incorrect ideas. The idea of energy meridians casts Oriental medicine in a metaphysical light and has been responsible for years of misdirected research and education. It has also been responsible for much criticism of Oriental medicine with practitioners being accused of practicing metaphysical rituals (Ulett, Han, Han 1998) or participating in a religion (Breivik 1998). Some medical practitioners are so frustrated with the state of affairs they are reinventing acupuncture as medical acupuncture (Mann 1992, 1998; Filshie, White 1998)."

Question: Given the significant (often conflicting) philosophical diversity among the multiplicity of schools or forms of acupuncture, how has OPEIU/the Guild contributed to the improved access to and delivery of not only acupuncture in particular, but also Oriental medicine in general?

"The NGAOM has sought out participating members that have invested much time and scholarship into understanding the basic Chinese theories and explaining these in modern biomedical terms. This has involved investigation of the real world aspect of Chinese medical theories, including a comprehensive biomedical explanation on how acupuncture works. Setting the record straight on the true physiological basis of Chinese/Oriental medicine is a major goal of the NGAOM. Any medical system must have a defensible understanding and application of the accepted basis of human physiology. Incorporating these ideas into practitioner training will lead to improved access and delivery of Oriental medicine, including acupuncture. It is our position that the public is best served by practitioners trained in Oriental medical theory and application that is consistent with the real world of physiology, and to render service as a primary health care provider. Eventually, over time, all practitioners would be educated at the primary health care provider level and be able to efficiently work within the conventional care environment, render a diagnosis that is consistent with Western biomedical understanding, have the ability to utilize Oriental medical modalities, (be) knowledgeable as to when Western treatment is either necessary or more effective, and (have) the ability to communicate effectively with all other medical professionals. It does not include, nor does it need to include, the practice of modalities unique to Western medicine. The ability to formulate a diagnosis consistent with Western biomedical understanding is essential for patient safety, improved communication within the health care system, and development of future research, to improve overall service delivery."

Question: What policy recommendations does OPEIU/the Guild have for the commission to improve access to and delivery of acupuncture and the spectrum of Oriental medicine for the populations such as the underinsured, uninsured, poor and medically underserved?

"WHCCAMP policy should encourage Western medical teaching hospitals to participate with local acupuncture and Oriental medical schools in allowing interns to treat the medically underserved in the teaching hospital. This would provide a low-cost solution in treating the medically underserved and would also allow acupuncture and Oriental medical interns to be exposed to terminology, diagnosis, and protocols used in conventional care. WHCCAMP policy should also encourage acupuncture and Oriental medical schools to also develop programs where the medically underserved can be treated by supervised interns in their own school clinics. These patients would be charged a lower fee, or charged no fee, depending on their economic status.

"Many of the indigent and homeless people that fit into the category of the medically underserved have current and former alcohol and drug addiction problems. Alcohol and drug addiction is a difficult and costly social problem typically involving a multiple Western treatment approach. Oriental medicine has several highly effective and low-cost treatment protocols involving the use of acupuncture or electroacupuncture that have demonstrated the capability of playing a significant role in recovery. WHCCAMP policy should also support treatment-on-demand and the inclusion of acupuncture and Oriental medical treatment within drug treatment programs, especially where federally funded programs exist."

