

# Growing Our Profession Through Disagreement

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How do we know that acupuncture is 2,500 years old? We have archeological evidence documenting that fact. What does that evidence consist of? Stone tablets carved by clinicians or their scribes, discussing diagnosis, etiology and treatment utilizing the sophisticated theoretical constructs that made up the OM system. At that time, some theories were yet to be born, while others were already well-worn. How do we know acupuncture is actually more than 2,500 years old? The 2,500-year-old evidence includes differences of opinion from the great minds of our profession's ancestors, who disagreed with one another over clinical cases. The system had to have been in place for centuries to reflect the degree of sophistication and multiple points of view found through early archeological evidence.

Besides its historical significance, why is this of any consequence? Because it demonstrates a very important trend in our industry, one that has always been there. Simply put, we disagree and we argue. We represent many perspectives. We do so with passion and fire. In so doing, we infuriate, motivate and inspire each other to grow intellectually and spiritually. Throughout the millennia of practice, many an honorable student has gone against the wishes of their teacher to create something new and unique. Historically, these splits have added to the body of our work and resulted in the development of new schools of thought and practice. This historical pattern reflects the art and the science of this work and can spread from doctor to doctor, community to community, and country to country.

A blatant example of this differentiation is reflected in the variations of needling technique taught in some Japanese and Chinese schools. While there are exceptions to this rule in both countries, the Japanese ideal is for a patient not to feel needle insertion or *qi* at all. The more a patient feels needle insertion and *qi*, the lower the quality of the practitioner and the worse the treatment results will be. In many parts of China, at least post-revolution, the opposite is considered true. If the patient doesn't get a healthy dose of sensation, the treatment is meaningless and the clinician is thought to possess little skill. Another differentiation is that of treating internal heat conditions with moxa or *qi*-dispersing needling. Some of us add heat to heat, but others disperse it directly. Major discrepancies in what makes our work effective have always been an important force in what moves the path of this medicine forward. As the *I Ching*, the ancient oracle, tells us: Debate furthers.

If you have been reading my work for a while, you may have noticed that I don't limit my subject matter to that which is in agreement with everyone in the industry. I write about subjects that I consider important. Those of us who have walked these paths a bit longer think differently than those whose climb has just begun or those whose sweat drips as they forge through rough terrain on the way to a vista which might afford rest and a new perspective. Such is the way of the *Tao*. There is no shame to be had in clinging to differing perspectives of medical practice. This understanding is presented in our most basic philosophy of *yin* and *yang*. If you are on the shady side of that mountain,

the world looks, smell, tastes, feels and sounds differently than if you are on the sunny side. Neither is inaccurate, and both are included.

Sometimes readers get vocal about what I write. My ideas are called foolish, elitist, innovative, interesting, refreshing, absolutely wrong, violating, inspiring, etc. Many thank me for expanding the national dialogue. Others condemn my writings, my work and me, personally. While no one likes to be spoken of poorly in a public forum, the aspect of this problem that bothers me the most is how far we have moved from the ways of our professional ancestors. They respectfully debated ideas without thrashing each other with emotion. They came from the perspective that each practitioner was worthy of respect. Each had something of value to say, even if one had to search for the value, and even if the value was only to be had in a limited context or for a limited few. Variation of perspective was more important than homogenization. Even if you disagreed with someone's point of view, there was something to be said for it, and finding that value was a component of a professional dialogue. It is effective for the growth of our industry to intellectually debate the ideas and anecdotal evidence of other practitioners without emotionality.

If we direct our intellectual attention toward internal disagreements, we don't have the ability to move forward with a united front, forging the path that our industry's future will take.

To that point, medical doctors are moving forward, taking many of the positions and opportunities that should be ours. Who introduced acupuncture to tens of millions of people on Oprah's international telecast last year? Was it a licensed acupuncturist? No, a medical doctor. Who is teaching acupuncture at many of the functional-medicine, anti-aging and CAM (the National Institutes of Health's term for complementary and alternative medicine) conferences? Medical doctors. Who is running many of the World Health Organization's educational programs on acupuncture, and who is responsible for conducting much of the acupuncture research in the U.S.? Get my drift?

I was lecturing at a mind/body conference put on by Jim Gordon, a psychiatrist who ran the NIH's CAM department. While I played an important role presenting our work as an adjunctive therapy and acting as moderator for a panel of oncologists, guess who was introducing the entire conference of medical doctors, nurses, hospital staff, social workers, patients and their support teams to acupuncture? Medical doctors! I was the only LAc at the entire conference. I was deeply disturbed by this, but I know this scenario is not unusual.

Splintering into "us" vs. "them" within our own industry gives those who are not caught in the fray (medical professionals in other industries) the opportunity to move ahead with what should be our agendas. While it may be easy to condemn each another for our views, it is far wiser to follow the path of our professional ancestors whose intellectually debated arguments were found on those original tablets.

I urge you to debate ideas with your colleagues and pursue larger opportunities for us all. Find areas of disagreement, walk through them in discussion, and learn together. We are a wonderful bunch of intellectually gifted people. Every practitioner you meet will have something of value to say, whether you like it or not. By putting more of our innovative thinking into intellectual debate about our medicine, entrepreneurship and finding new ways to infiltrate the medical mainstream, we are serving ourselves and the health of our nation. How blessed are we to have such an opportunity. How blessed that we disagree and can use disagreement to generate new thoughts, ideas, visions and opportunities for healing.

## A Reader Question

I felt the following to be a very important question and wanted to share it and my response with you.

Dear Felice:

I have been in practice 15 years and am quite comfortable with what I do and how I do it. But a patient asked me a question I couldn't answer. She was recently diagnosed with a rare form of lung cancer and wants to find the best way to treat it using alternative medicine. While I am used to combating the side effects of conventional treatment with acupuncture, I feel overwhelmed by the amount of data out there on alternatives in cancer treatment and have no idea where to send her. While I understand that she must choose her own form of treatment and that I am not involved in, or responsible for, those choices, where do I find credible research on multiple alternative modalities for cancer?

Thank you in advance,

*GF*

GF:

One researcher who has done some astounding work in this area is Ralph Moss, PhD. His Web site is [www.cancerdecisions.com](http://www.cancerdecisions.com). Dr. Moss has compiled reports on more than 200 forms of cancer. Each report presents hundreds of pages of research on alternative medical protocols. He has put all this data together in a readable format for patients. His "Moss Reports" can be supplemented by consultations with him, and he will investigate any forms of cancer for which he has not yet compiled a report.

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