

## Letters To The Editor

### WE GET LETTERS & EMAIL

Dr Morris:

Your recent January '13 *AT* article "Acupuncture and Closure: Turf Wars" points to the proverbial tip of the iceberg in terms of one of the main issues facing the profession right now--that of multiple incursions into our scope of practice. The article pulls back the curtain on what can be seen as a Pandora's Box of problems that we have so far left mostly unaddressed and delineates the problem(s) facing our profession in even-handed fashion. While it offers some political options to begin a process to discuss those problems internally, it does not delve too much into the why(s) of them, of which there are a fair number.

One very basic problem is the loss of intra-professional agreement on a coherent strategic vision for our medicine, one that is distinct from the allopathic medical model; that is, the profession and education have mostly been following the allopathic model, thereby signaling our compliance with allopathic medicine as the superior paradigm. Short course acupuncture training has further exacerbated the problem. With minimal training, medical doctors can claim exclusivity to "medical acupuncture" and thereby instill the implication that other formally educated licensed acupuncturists would be doing "non-medical acupuncture"--clearly an inferior choice. All of these other professions and agencies try to make practicing our medicine difficult and expensive, but then insist on making themselves exempt from that process, simply by dint of their education--in their own modality, not ours. If it wasn't so serious it would be comic, even more so because we as a profession participated in the making of this situation, ostensibly for the purpose of increasing our professionalism. We have allowed allopathic medical technicians carte blanche at our table, and are now essentially being asked to leave our own table, by our guests. By failing to agree on a common vision, let alone even a simple name for the profession, we have divided ourselves and struggle against ourselves, rather than effectively finding solutions to the problems facing us--i.e., enforcing an independent scope of professional practice.

Another reason the profession has gotten itself into this quandary is by continuing to self-identify primarily as "acupuncturists" rather than as general practitioners of a holistic system of healing medicine. In that choice we have selected to become highly educated, but low priced medico-technicians who do needling, rather than healers in the grand sense of that word. Over time the profession has slowly painted itself into a corner, and now, since it is so tight in its vision, other people want that corner, too--suggesting that we should just leave it to "the professionals."

The choice for our profession's vision (somewhat distinct from the medicine itself) is one of placing emphasis on either the technical paradigm or the transformational paradigm. And we see that the larger part of our education and leadership is focused almost exclusively on the technical paradigm--that focus just happens to be the primary focus of allopathic. In choosing the technical paradigm we have played into the hands of the player who "makes the fight" and so we aren't doing too well at it,

since we are playing their game, not ours.

Rather than realizing that our medicine is best used in the transformational paradigm, as well as knowing that we are unrivaled for health maintenance and longevity care, we have been pushed into the "medical" model of sick care, working on the same tactical, after the fact, gameplan used by allopathic medicine. Instead of us having to point to the stick in our eye, a recent example being our worry about inconsistencies in acupuncture research study outcomes as a sign of our weakness, we should be pointing to the enormous log in the allopathic eye--the large number of iatrogenically caused deaths, or the generally shortened lifespans of MDs as proof that they don't really understand healthy living. In point of fact we should be the gatekeeper for allopathic treatment instead of vice versa.

As professionals of our medicine, we should be openly investigating all the modalities that we can use, not just needling or just herbs, but looking to carefully but diligently expand the scope of our practice and our vision--to keep it continuously vibrant. Yes, we need to know the history of our medicine, mostly to not repeat the prior mistakes; but we also need to tune in to who we are now, turn on the leadership capacity, and expand the mind's vision of who we are, or rather should be in the 21st Century. A simple question we can ask ourselves is, was the medicine "traditional" at the time of its origin? Or, was it cutting edge technology--the intersection of the latest metallurgy and herbological medicines combined with highly focused universal healing consciousness--and therefore it was not "looking back" to what was done before by others as its prime modus operandi

As it stands now, we are like Janus, but using only the face that is looking backward--while trying to walk forward, and we wonder aloud why we stumble. As Dr. Morris points out, the profession is being encroached upon by other more aggressive professions that have no problem adapting the newest technologies and medical discoveries into their scope and vision; whereas our profession is saddled with trying to continue with the same techniques that were done five hundred years ago. It's poetically beautiful, rooted deeply in time, and the techniques have been tried and tested in vitro for hundreds or even thousands of years; however, the other professions don't care about that, they are mainly intent upon perpetuating their own income stream within the machines of today's health care system.

While trying to ingratiate ourselves with the allopathic profession, we've lost track of the original holistic understanding of our medicine and turned it into a bill-able shadow of itself; by following the allopathic model so slavishly we have not really moved our medicine forward by much. Instead of being practitioners of our humanistic medicine, we are trying to be "medical," but then not adapt any of the modern technologies. One perfect example is the reticence to bring Laserneedle into our professional scope in CA . . . using the argument that "LASER was not discussed in the Nei Jing." We remain focused on the traditional techniques, for needling, for prescribing herbs, but according to the Nei Jing, techniques are a mediocre level of the expression of our medicine. Techniques in and of themselves are not the action of the "superior physician."

We need to be tough enough to reject all the technical mediocrity that has crept into the medicine, some of that has occurred by being tinged with the technocratic thinking taken from the allopathic model, some due to the presence of an implicit fundamentalist mentality. And briefly, it should be mentioned that along with that mediocrity goes the problems inherent in using simplistic polar opposites or dualistic thinking and the like, as the "spiritual" basis of our theory; that also is looking backward to an outdated understanding, it is a limiting viewpoint and really no longer current in consciousness theory. In spite of all of the aforementioned issues, what is basically heard not only from students but licensed practitioners talking about with extreme seriousness and volume all the time is .

. . "What kind of points did you do?" as the basic professional talking point . . . . As Pogo said, "We have met the enemy, and he is us."

It is my honor to be part of a proud healing medicine, but perhaps it's time to hear the ancient message contained in the words "Physician heal thyself" and begin the difficult path of professional self-healing. The educational institutions and professional associations could provide a framework to begin our re-evaluation and self-assessment, and demonstrate a clear leadership direction; rather than just following along where the other guy has already gone and then gotten lost in their own byzantine processes. We can be pragmatic, even medically efficient, AND hold a visionary direction for the profession--one of being holistic medicine practitioners using updated methods, rather than wan copyists of what has already been done so many times over. The paucity of the vision determines the fate; shall we continue to look back to a "better time" in the distant past, or shall we look toward the future and chart a new course for both our medicine and our profession?

Sincerely,

*Fritz Hudnut, DAOM, L.Ac.*  
[dr.fritz.hud@gmail.com](mailto:dr.fritz.hud@gmail.com)

---

Hello,

The dry needling issue is one of great distress to the whole acupuncture profession today. I appreciate the realistic tone of the article of John Amaro who describes the origins of the dry needle technique and the ineffectiveness of the acupuncture professions current response against this technique.

I am personally disappointed in the lack of leadership from our current National Acupuncture organizations. Thus far, I have heard of zero ideas coming from them on how to fight this infringement upon our profession. John makes an interesting point about centering the argument around the type of needle used for the technique to be rightly called "Dry Needle". I would like to add another argument to our case.

If insurance companies are paying PT's \$200 per Dry Needle session, then we as a profession should sue the insurance companies for discriminatory pricing activities against us. The Florida Board of Acupuncture has publicly stated that "dry needle is an acupuncture technique going back 2000 years." Acupuncturist are doing the same thing with Ashi point acupuncture and more specifically with VST Acupuncture (Korean Acupuncture Dr. Jonghwa Lee).

We as a profession need to sue the insurance companies for discriminatory pricing activities against us. By doing so we can hope to attain the following. Either we get paid \$200.00 for our procedures or the PT's get paid what we get paid (which is much less) for their dry needle technique.

Since there hasn't been any leadership the onus has been placed on the individual acupuncturist to take action. Hence the Arizona council made up of acupuncturist to stop dry needling there. As individual acupuncturist we must engage in the fight for our professional survival. In my opinion, we should make the public aware that "Dry Needlist" are illegally engaged in the practice of acupuncture. They have no training in needle safety and infection/ illness prevention and therapeutic contraindications of needle insertion. We should be posting these as comments in the google review or yelp review sections of PT's who are practicing the Dry Needle technique.

Furthermore I believe all acupuncturist should update their websites to say that we practice dry needle acupuncture and reference the Florida Board of Acupuncture quote as back up. I ask that the NCCAOM, ACAOM and all other state agencies also include similar language that gives support to acupuncturist to use "Dry Needle"as part of our therapeutic procedures.

The acupuncture profession is in a sad state of affairs without any leadership from an issue so central to our very survival.

Thank you,

*Dr. Evan Mahoney, DAOM, L.Ac, AP*  
*MasterSams.com*

---

Dear fellow TAM practitioners, teachers and future acupuncturists:

In America over the last several years, there has been a gradual and purposeful usurpation from the body of Chinese medicine, often without adequate training, certification or regulatory oversight. Most recently, physical therapists (PTs) are taking techniques from our medicine and repackaging them as Western science modalities. Acupuncture has been renamed "dry needling"(among other names) and is now being practiced by several hundred PTs in Arizona alone, after as little as 16 hours of training.

In order to stop this serious threat to public health and safety, we have formed the Coalition of Arizona Acupuncture Safety (CAAS) and we need your immediate support! There is a pressing need to hire legal counsel and a PR agent to spread the word out to all Asian medical practitioners and to the general public nationwide as soon as possible.

Your contribution will be used for the legal expenses required to compel physical therapists to either obtain the needed minimum education required to safely practice dry needling/acupuncture or to refrain from the practice. Funds will also be used for a public awareness campaign to educate the public about the need for proper training and to stop PT's from the illegal practice of dry needling/acupuncture in Arizona.

A great deal of work has already been accomplished, but this is a 6 to 12 month process and will take diligence on the part of our entire acupuncture community. The members of the Coalition Task Force are fully committed to protecting the public, but we need your help!!

Please donate \$100, \$50, \$25, or whatever you can generously afford to support our cause, so that we can begin taking the necessary action to protect the publics health, safety and welfare and stop all insufficiently trained and unlicensed practitioners from unsafe acupuncture and from operating outside of their scope of practice by performing acupuncture, by any name. Thank you in advance for your help and contribution.

If you have any questions regarding the CAAS, please email [coalitionofazacupunturesafety@gmail.com](mailto:coalitionofazacupunturesafety@gmail.com).

For further information, to sign our petition and/or make a contribution via Pay Pal, please go to: [www.azacupunturesafety.org](http://www.azacupunturesafety.org).

Sincerely,

I read Marty Calliham's article, "It's Time to Hire an Office Acupuncture Assistant" with interest. It is definitely time for regulators and acupuncture associations to recognize the legitimate right of acupuncturists to hire trained assistants. The scope of activities Marty describes in the article would be illegal currently in California. I differ with Marty's vision for the training required of an assistant. I do not believe it would require a bachelor's degree level of training to ensure safe assistants. I envision a simple certificate program of less than a year but that, of course, depends on the program's learning objectives. The most important thing is that we agree about the principle. Acupuncturists should have the right to supervise assistants to do minor tasks that in some states are currently reserved for acupuncturists. This is simply a necessity in a mature profession. If you live in California, let your professional association and the California Acupuncture Board know if you agree.

*Jack Miller, L.Ac., M.A.*

*President/CEO*

*Pacific College of Oriental Medicine*

[www.pacificcollege.edu](http://www.pacificcollege.edu)

---

Practitioners of East Asian medicine are at a crossroads. While we seek our relevant and respected place alongside allopathic care, our professional language betrays us. We use the word "oriental," a word that could hardly be more pejorative and revealing of a perspective not consistent with our values. We stymie the medicine we practice by a thoughtless word. Our professional ranks need to assemble and confront this issue in order to foster the continued maturation of East Asian medicine in the West.

The word "oriental" has been used since the 14th century as a cartological term. Significantly, its use has corresponded with the exploration and colonization of the rest of the world by Western empires. As the colonial adventures of the West expanded, so did the scope of the Orient. In the simplest terms, the word "oriental" suggests a single, unified culture that is separate from the distinct, individual countries and cultures of the European west. The Orient was typically characterized by mysteriously sensuous themes, tinged by eroticism, archaism and obscurantism. Overwhelmingly, it was considered a place eternally static and underdeveloped, ripe, in other words, for Western "improvement." "Oriental" exists as a reflection of a colonial perspective which understands the colonized subject as the "other." The very ability of Western cultures to make an oversimplified commentary on "The Orient" is a statement of the West's belief in its own inherent superiority.

As practitioners of a medical tradition that has spanned millennia and influenced varied cultures, continents and peoples, it is delicate to choose a title which encompasses the full breadth of its scope. By choosing "oriental" it was perhaps the intention to somehow include all cultures that have contributed to the development of a medical tradition that began in China some 5,000 years ago. This is an impossibility because the scope of this medicine is constantly expanding. Acupuncture has developed in places as unrelated as early 20th-century France and the South Bronx in the 1970s. Barring their inclusion, it is more realistic to honor the roots of the tradition by choosing a name according to the most accurate geographical designation available. Despite its offense, "oriental" does not do a satisfactory job of describing where the roots of acupuncture and Chinese herbal medicine began because it groups the entire Indian subcontinent with East Asia. Do practitioners of

"oriental"medicine offer Siddha medicine? Does it encompass the myriad traditions of physical and spiritual health systems of Southeast Asia, or the nomadic Turkic peoples of Western China or Siberia? These are all groups that have been misrepresented by the West under the same insidious blanket term, one that is still used by our academic accrediting agency and professional certifying organization, to say nothing of it's use on the diplomas of practitioners nationwide.

The use of this dubious word clearly returns again to the fact that Western culture and by extension, Western science, inherently assumes to be the arbiter of truth among all medical systems. In the eyes of the West, there is still a perception that "Eastern Medicine" is fantastical or bogus, like astrology. That this was perceived as inherently true, that cultures shaped by thousands of years of philosophical thought, cultures who kept their own long histories, practiced their own advanced arts, literatures and medicines, were heathens, is what is encapsulated by the use of the word "oriental."

Our title must change. We cannot label the work we do in a way that is disrespectful, inaccurate and embarrassing. Since our current tenure as a profession in this country has been so brief, it is the duty of each one of us to contribute to the ongoing development of our field. How is having this word in our title anything but a disadvantage to the continuing progress we've made in the United States? It gives people the impression that we don't know the cultural climate we're living in and questions about our own sensitivity to the very roots of the medicine we practice. Acupuncture and herbal therapy are sophisticated tools for alleviating suffering. They do not deserve to be relegated to a cultural back alley. They are in need of no further stereotyping. The correct step for our professional self-identification is to forgo the word "oriental."

East Asian medicine is finding it's place in mainstream medical care. A provision titled "non-discrimination in healthcare" in the newly passed Patient Protection and Affordable Care Act specifically mentions CAM and integrative healthcare. It's necessary for our profession to change it's own discriminatory language and the reverse the self-inflicted wounds it's causing. As a practitioner, no one wishes to be seen as "other than" the rational, sensible, and effective treatments of mainstream medicine. I expect the licensing bodies of my profession to find a title which adequately describes our vocation without diminishing it into a bygone epithet.

*Owen McPeake*

FEBRUARY 2014