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The American Incarnation of Chinese Medicine

by Jonn Salovaara

When I was in my late twenties, some fifteen years ago, I underwent a complete physical examination with a Western, allopathic, internist. During the examination he offered a piece of advice that made a very big impression on me. Looking me straight in the eyes, smiling a serious smile, he said, "The most important thing you can do for your future health is to quit smoking." I think he may have gone on to mention studies showing just how detrimental smoking was in the long term, and then that was it. As far as I can remember, he made no suggestions about how I could kick the habit. Maybe he thought that would be going overboard, too presumptuous, even counter-productive. (I didn't stop smoking that day, but eventually I did, mainly by visualizing myself dying in a hospital from lung cancer.)

I thought about that encounter with the internist recently when I went to see an acupuncturist about a specific problem, a build-up of fluid in one inner ear. Even though I was not there for a general physical examination, the acupuncturist nonetheless gave me some general advice about the importance of real exercise. He wasn't saying that the build-up of fluid was caused by insufficient exercise, but he was saying that I would be healthier generally if I exercised more.

The acupuncturist did more than suggest that I exercise. Significantly, he recommended a specific type of exercise -- yoga -- and he went through a convincing explanation of a good way for me to get started. He suggested that, instead of signing up for a yoga class, I begin with some books on yoga, then move on to yoga videos, and only then begin to look around for a class. I felt that what he was saying was especially designed for me, an obviously bookish type. He pointed out that, once I tried some asanas for myself, and maybe worked out some sort of personal practice, I would then be ready to get much more out of a yoga class. This not only appealed to the bookworm in me; it just made sense as a way to get myself off my duff.

Both the allopathic physician and the acupuncturist gave good advice; but the acupuncturist seemed to think it was his job to follow up the advice with further assistance, to really persuade me, the patient, to take that advice to heart, and to show me how to use it. And this was even though I wasn't seeing the acupuncturist for general health. Actually, that's not quite fair to the internist. I was seeing the internist really to learn if I had high cholesterol, some sign of cancer, or warning signs for any other disease. I got those answers. I even got the important advice about smoking. But I did not get the kind of coaching I got from the Acupuncturist.

Acupuncture and TCM

Acupuncturists' comfort with and skill at health coaching is part of the reason for the ever-increasing interest of the American public in traditional Chinese medicine (TCM) of which acupuncture is a component. A large segment of the population wants a practitioner who will take the time to help them develop a healthier life-style generally, as well as to help them with specific illnesses.

In Illinois, people with degrees in Chinese medicine are licensed as acupuncturists, but acupuncture is only one part of TCM. According to Chinese herbalist Dr. Joseph Lee, acupressure, herbology, and qi gong are other parts. Acupuncturist Andrea Friedman of the Center for Holistic Medicine adds moxibustion to the list. "In moxibustion, little balls of artemisia are placed on top of the acupuncture needles and burned." The idea is to bring heat down through the needles to the particular point. The Center for Integrative Medicine's James Moore, in "An Introduction to the Practice of Traditional Chinese Medicine," mentions also TDP lamps (for short wave infrared heat), low level electrical stimulation, and Chinese health massage, or Tui Na. Other sources include t'ai chi as a part of TCM. While qi gong and t'ai chi are both forms of exercise, the study of which may be recommended by a TCM practitioner, qi gong may also involve becoming adept at the practice and using the energy to heal someone else.

In diagnosing a person's health needs, TCM practitioners look at that person for color and skin tone, and ask questions about diet and lifestyle. They also look at the person's tongue and check a number of different pulses. What they learn from these various diagnostic procedures helps them see the patient in terms of the two thousand-year-old Chinese way of thinking about health. This way of thinking includes the principles of yin and yang (roughly, the polarities within everything in the universe), and qi (roughly, life force energy -- pronounced "chee" and sometimes spelled "chi"), among other concepts.

A good TCM practitioner will be knowledgeable about all of these modalities, procedures, and concepts and use them as required to improve the health of patients.

American Milestones

America's introduction to TCM began with acupuncture for pain relief. Incredibly enough, the emergency appendectomy of James Reston played a pivotal role in that introduction. At the time of this emergency, Reston, a reporter for the New York Times, was covering Henry Kissinger's 1971 visit to Beijing, preparatory to Richard Nixon's historic 1972 trip. After the operation, Reston's pain was relieved through acupuncture; he reported on this in his paper. Herbal medicine was also used on Reston but the fascination of the American public was with the acupuncture needles. If Reston had been able to synthesize and communicate a clearer understanding of traditional Chinese medicine as a whole, admittedly a lot to ask under the circumstances, we might have seen TCM more clearly sooner.

But it was acupuncture for pain relief that caught first the country's imagination and then its patronage. The earliest photographs in newsmagazines of acupuncture in process seemed unbelievably strange back then.

But when something works, it doesn't really matter what it looks like. And acupuncture does work to eliminate pain, though Dr. Lee emphatically reminds us that it is not just a painkiller. Acupuncture works by removing blockages of qi in the body or by building up qi in places where it is weak. "We are removing the cause of the sickness," says Lee, "not just covering up the sickness." Friedman points out that from a Western perspective there is another explanation for the effectiveness of acupuncture: it causes the body to release endorphins. Moore adds that, "it also regulates serotonin pathways, relaxes muscle spasms, balances our electromagnetic field, and regulates the nervous system."

In 1985, at a meeting of the National Council of Acupuncture Schools and Colleges, in Elk Grove Village, members agreed upon what the oriental medicine profession in the United States would look like for the foreseeable future. Bill Dunbar, president of the Midwest College of Oriental Medicine, attended that meeting. "We reached consensus that the entry level would be a master's degree in acupuncture."

This was significant because it would make the profession more open than would requiring a doctoral degree. It also meant that M.D.s could see acupuncture, or oriental medicine, as a complementary rather than a competing modality. Many, though not all, acupuncturists would rely on referrals from M.D.s. "It was possible for more people to qualify and we would be teaching a fully integrative approach, teaching our practitioners to work with M.D.s," explains Dunbar. Today, twenty-two states allow acupuncturists to practice independently. Illinois, however, is not one of these. Patients are still supposed to have a written referral from an M.D., chiropractor, or osteopath to see an acupuncturist in Illinois.

"We formed a [college] accrediting commission that had then to be approved by the U.S. Department of Education." That approval came in the late eighties. A national commission for certification in oriental medicine also was formed. Graduates of master's programs would take the examinations given by that commission and the certificate would be the basis for licensing in many states. Today, according to the American Association of Oriental Medicine (AAOM) Web site, thirty-eight states and the District of Columbia license, certify, or register acupuncturists. There are fifty schools of acupuncture in the U.S. and over 10,000 licensed acupuncturists, according to the AAOM.

Some states have had licensing for over a decade. In Illinois, where licensing is only four years old, there are, according to Dr. Lee, still some unlicensed acupuncturists who have been "grandfathered," or allowed to continue practicing. Soon they, too, will be required to obtain the license.

There was good news for acupuncture in 1997, when a National Institutes of Health consensus statement, however bureaucratically cautious, said that acupuncture was "useful." Specifically, it said that acupuncture was useful in treating post-operative and chemotherapy nausea and vomiting, post-operative dental pain, addiction, stroke rehabilitation, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma. The statement added, "Further research is likely to uncover additional areas where acupuncture interventions will be useful." A few million satisfied patients

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were saying "Well, duh." Still, such official recognition meant that even more people would feel comfortable seeking out TCM practitioners. Dunbar sees this NIH development as the end to any suggestion that acupuncture is some type of fringe medicine.

Herbs: Still a Hurdle?

The official status of Chinese herbology in the United States is murkier. According to Moore, Chinese herbal medicine is actually the most widely used modality of TCM. "It is used in conjunction with acupuncture to support the healing process once the patient leaves the office. These herbal formulas are tailored to each individual. Herbally, the level of effect is an internal biochemical one and has a direct effect on the entire body. We should think of herbs as 'special super foods' which will help to heal gently through time in addition to a balanced healthy diet."

Herbology is included in the training for the master's degree in acupuncture. In some states, acupuncturists are specifically licensed to practice Chinese herbology. But in others they are not. Why the difference? According to David Molony, executive director of the AAOM, it's because in states like California and New Mexico, and ten or so others, the acupuncturists fought to get herbs included in the acupuncture licensing. The situation in Illinois is complicated perhaps by the presence of the national headquarters of the American Medical Association in Chicago and perhaps by the lobbying of chiropractors who may prefer to keep acupuncturists in a less independent role.

The ironic result of a state not licensing herbology, as Molony points out, is that the people who are most knowledgeable about Chinese herbs have to be concerned about offering that knowledge to their patients. This is so even though the herbs are available for individuals to experiment with on their own without any kind of professional advice. In states where herbology is not officially licensed, acupuncturists may opt to obtain an additional degree in nutrition, and then become licensed nutritionists.

The Future of TCM

Further clarification of the official status of Chinese herbology may be one thing to look for in the future of TCM. Another is increased coverage by insurance. In California, demand was such that a state law was passed requiring insurance companies to offer such coverage. Acupuncturist Yosef Pollack of WholeHealth Chicago thinks that Illinoisans would be smart to work toward the same thing here. Dunbar, on the other hand, expressed some concern that insurance coverage might mean more paperwork and therefore higher prices for consumers. This would obviously be a problem for uninsured patients who use acupuncture. Dunbar feels that there must be cost containment provisions in the movement toward greater insurance coverage. Acupuncturist Mitzi North of the Center for Holistic Medicine points out, however, that it is possible to make the bulk of the paperwork the responsibility of the patient.

Another development to look for in the future of TCM, according to Dunbar, is the further "increase of educational standards (with the introduction of doctoral programs) and a further increase in the independent status of acupuncture." (By the way, there are M.D.s who themselves practice acupuncture, though some acupuncturists are suspicious that these M.D.s regard acupuncture as a "procedure" rather than part of the whole system of TCM).

Whatever the future holds for Chinese herbology, insurance coverage, and doctoral degrees for acupuncturists, there is a clear consensus among acupuncturists that things are booming for TCM. The next challenge, according to Friedman, is this: "Acupuncturists are going to need to be able to dialogue with doctors but to hold on to the roots of Traditional Chinese Medicine."