



*Dynamic Chiropractic* – May 21, 2001, Vol. 19, Issue 11

## **DCs Who Perform Acupuncture -Turf War, or Question of Training?**

### **Point-Counterpoint**

By John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC and David Molony

*Editor's note:* About 10 percent of chiropractic clinicians perform acupuncture, and approximately 66 percent perform acupressure or meridian therapy (*Christensen M, et al. Job Analysis of Chiropractic, National Board of Chiropractic Examiners, Jan. 2000.*) It's fair to say that there is some hostility from doctors of Oriental medicine toward DCs who take a "short course" in acupuncture and offer the treatment as an adjunct to their practices.

Here to debate that very point, are John Amaro, DC,Dipl.Ac.,LAc, president of the International Academy of Medical Acupuncture, and David Molony,LAc, the executive director of the American Association of Oriental Medicine.

---

*John A. Amaro, DC, Dipl.*

*Ac.(NCCAOM), LAc*

*Carefree, Arizona*

When I was approached to write a viewpoint article concerning the rights of chiropractic physicians to practice acupuncture, I was honored and humbled. However, I expressed my concern that this article could possibly create irreparable harm to the profession as the viewpoints presented would benefit no one and, in fact, would probably only add fuel to a slow smoldering fire. I have to admit to my brethren reading this article that I have experienced more turmoil over the preparation of this article than perhaps any of the more than 500 published articles I have presented in 30 years.

Before you read this article, bear this in mind: I am an acupuncturist. Yes, I have a degree as a doctor of chiropractic (DC), but I am also an acupuncturist. I graduated from Cleveland Chiropractic College in 1969 and began my practice in 1971. I have practiced continually the last 30 years with the exception of extended studies at the Chinese Medical Institute in Kowloon, China in 1975-76. In addition, I have made 12 study trips to the People's Republic of China and have observed and studied in a total of eight Asian nations. My studies and lectures have taken me to Australia five different times. I have been a frequent student in both France and England throughout my career, having been to both countries seven times. Yes, I am generally considered a very well trained acupuncturist. I am well versed in traditional Chinese medicine as well as a variety of other forms of acupuncture, including Vietnamese and Cambodian. My personal acupuncture background is multinational.

I serve on the Arizona Acupuncture Board of Examiners, having been appointed by the governor to serve in that capacity, and am-duty bound to be fair and equitable to the growing body of fine acupuncturists who come to this state to be licensed. Arizona law states that two members of the Board of Examiners must be licensed physicians in the state. I serve in that capacity, as well as a medical physician, in addition to seven additional members of the board.

I did not attend TCM acupuncture school in the United States because frankly, there weren't any available (and would not be for over a full decade after I began my practice of acupuncture). I was familiar with the Academy for Traditional Chinese Medicine in Columbia, Maryland under the foundation of the renowned J.R. Worsley having studied with him personally in the mid 1970s and visited his college in 1983. However, this wonderful institute, even though it included traditional Chinese medicine in its name, bore very little resemblance to the TCM that would come out of the People's Republic of China.

When President Richard Nixon and his entourage visited Chairman Mao Tse Tung and the People's Republic of China in 1972, historic and significant diplomatic relations were created. Americans also first heard the word "acupuncture" thanks to James Reston, the famed journalist who penned the article "Now, About My Operation." In this historic article, Mr. Reston reported of his experience with acupuncture as an analgesic for an emergency appendectomy while in China. America was enthralled.

Not only were many of our worst political fears calmed during these diplomatic sessions, but the nation learned of a unique system of healing that would grab the attention of the American public. As more stories, reports and articles were written about acupuncture and its seemingly miraculous clinical response,

multitudes of patients began to inquire about its use on them and on family members and friends. In the spring of 1972, acupuncture became a household word.

Perhaps it was because chiropractic in 1972 had yet to establish a scientific explanation for its own profession, it felt compelled to adopt this child called acupuncture and to bring it into its domain. Since acupuncture's acceptance was so related to blind faith (as was chiropractic at that time), it appeared to be a compatible union. Even though the medical scientist and general medical practitioner were skeptical of the positive reports of acupuncture, the only logical explanation was simply that acupuncture was actually nothing more than hypnosis.

In 1972, the National Institutes of Health (NIH) gave its first grant to study acupuncture. The study reported that acupuncture was not hypnosis and that while needles alone could slightly decrease experimental pain, electrical stimulation added to needles produced statistically significant greater relief.

To answer the general public's demand of experiencing acupuncture first-hand, hundreds of doctors of all disciplines across the nation began to learn of the working mechanisms of acupuncture. The first formal postgraduate program in the United States was begun in the fall of 1972. This program was conducted through Columbia Institute of Chiropractic (now New York Chiropractic College) under the tutelage of Asian physicians from Japan, Taiwan, Hong Kong and America, with strong educational ties to both China and Japan. That same year, the National College of Chiropractic (now National University of Health Sciences) completed a study of clinical response in several conditions, primarily Bell's palsy and intercostal neuralgia. Later that year, The National College in Lombard, Illinois, would be the only health care institute in the state allowed to provide programs in acupuncture to allopathic, chiropractic or osteopathic physicians.

Both of these programs conducted by respected chiropractic colleges (and those that would follow) would focus on "clinical acupuncture" and not what is generally described today as traditional Chinese medicine (TCM). TCM would not be introduced into this country until the first doctors trained in Mao's communist China would begin to immigrate to America. This would not happen until the early and mid-1980s.

After the death of Chairman Mao Tse Tung in 1976, it would be three years before the first Americans would be allowed to visit China. I was fortunate to have been one of those first Americans to visit the PRC. It would be several more years before people in the People's Republic would be given special permission to travel outside of their country. Chairman Mao held a tight, unforgiving reign on his people. This was most clearly demonstrated in the movie "The Red Violin," which traces the history of a violin and its owners. In a

scene which is historically accurate, the violin ends up in China in 1965, where the Mao regime of Mao Tse Tung issued that no music will be played in the PRC other than "traditional Chinese music" (TCM); to do otherwise would be punishable by imprisonment or even death. Mao only wanted to surround himself and his people with Chinese art, music and thought. The parallel to traditional Chinese medicine (TCM) is also of historical significance, since it was Chairman Mao who re-established it.

The concepts and practice of traditional Chinese Medicine were resurrected by Chairman Mao in 1940, as he repelled anything Western and embraced everything traditional and Chinese. He was further faced with a massive population and few Western trained physicians, since most had followed Chiang Kai Shek to Formosa (now Taiwan). The *Barefoot Doctor's Manual* became the bible by which thousands of practitioners were trained to take traditional Chinese medicine into the countryside. The ban on acupuncture and TCM, which had been in effect since 1882 by the Chinese Royal Medical Academy, was lifted.

The introduction of acupuncture into the United States in 1972 was brought by those practitioners and teachers from Japan, Hong Kong, and Taiwan. TCM as a theoretical foundation for the diagnosis and practice of acupuncture did not make its way into North America for 10-12 years. Virtually all acupuncture was meridian-based, with its main focus on the five elements, with strong overtones from England and France. Japanese meridian acupuncture played a major role in the early development of acupuncture in North America.

The first practitioners and students of acupuncture in the United States were doctors of chiropractic and progressive-thinking medical (allopathic) physicians. Some would refer to them as radical in their thinking to investigate acupuncture. This was at a time when most of our medical colleagues viewed acupuncture as quackery. The early acupuncture programs were comprised of 100 hours of didactic education, with over 200 hundred hours of home assignments and clinical applications. These programs prepared the doctor with a full and complete basic knowledge of the academics, philosophies, procedures and techniques of meridian-based acupuncture. The first certificate of clinical competence in acupuncture was awarded following the didactic, clinical, and written examination. I have certificate #A000003, issued September 24, 1973.

Since that time, postgraduate programs in acupuncture/meridian therapy have been and are routinely conducted by the departments of postgraduate and continuing education at Logan College of Chiropractic; Parker College of Chiropractic; Texas College of Chiropractic; Canadian Memorial Chiropractic College;

Northwestern College of Chiropractic; Cleveland Chiropractic College; New York Chiropractic College; National University of Health Sciences; and the UCLA School of Medicine.

Since the first acupuncture certification program in 1972-73, an estimated 9,000 medical physicians and more than 30,000 doctors of chiropractic have been trained and certified through the above-referenced nationally accredited chiropractic and medical colleges.

It is estimated that the combined total of medical, chiropractic, dental, podiatric, osteopathic and naturopathic physicians who practice acupuncture on a day-to-day basis within the scope of their practice in the U.S. outnumbers the approximately 10,500 acupuncturists by as much as three to one. This is the obvious reason this "point/counterpoint" article is being written. This article has little to do with standards of education. It has everything to do with "turf."

When I was told this article would focus on the right of chiropractors and medical doctors to practice acupuncture due to what has been considered an inadequate number of hours of education, I immediately knew exactly what the problem was: Who owns acupuncture, and who should practice it?

I couldn't help but take exception to Mark Seem's article "Message from the Front Lines" (September 2000 issue of *Acupuncture Today*) in which he stated: "For so many of us who were instrumental in making this profession happen in the United States..." Ask him if he was there in 1972, 1973, 1974, or 1975 when acupuncture was being attacked by the medical establishment and general practitioners as voodoo, fraud, and quackery. The National Council Against Health Fraud was instrumental in convincing the vast majority of physicians that acupuncture had no merit. As a result, most physicians shunned the mere mention of the word. I am sure acupuncture would not have survived the first tumultuous several years had it not been for the dedicated chiropractic and medical practitioners who embraced acupuncture and put it into clinical practice. It was practiced by professionals who, with their nontraditional style, achieved outstanding results. Referrals for this work were overwhelming. Due to the outstanding clinical response for which acupuncture is famous, and the amount of favorable press acupuncture received, chiropractic/medical acupuncture practices grew to incredible proportions.

From as early as 1977-79, my own clinic would see an average 75-125 patients per day, five days a week, from all parts of North America. This was with the help of 12 clinical assistants. In those early days, practitioners who were serious about this work numbered approximately 1,500 across the nation. To see this volume of patients, the focus was obviously on meridian-based acupuncture and not traditional Chinese

medicine, in which the 28 pulse characteristics would be analyzed between 20 and 30 minutes per wrist. The clinical results for meridian-based acupuncture and traditional Chinese medicine are compatible.

Doctors of chiropractic have always been the original "alternative care" practitioners, prescribing herbs, vitamins and minerals and being referred to as "health nuts" because of it. DCs have always been on the unconventional side of medicine. However, what used to be questionable practices of chiropractic are now being shown as mainstream procedures in the general practice of medicine.

As more medical physicians are exploring alternative therapies, medical practices are changing drastically across America. Since acupuncture has been practiced in this country for over 25 years, contemporary medical and chiropractic doctors have grown up with acupuncture. It is not shocking; it is not mysterious; it has scientific explanations for pain control; patients inquire about it; and it is easy to learn and incorporate into a clinical practice. It has been shown to be effective in pain control and condition response; the critics are few and far between; and the science has recognition from the National Institutes of Health, as well as the World Health Organization. Acupuncture may be practiced with electronic and laser therapy as opposed to needles. In essence, more medical, osteopathic and chiropractic physicians have developed an interest and are incorporating the concepts and procedures of acupuncture into their daily practices.

I think Mr. Seem said it best when he shouted with bold letters: **"Acupuncture is about to be lost and scattered to the four winds of the health care world."** We must keep in mind that acupuncture has been in the American health care world for 28 years. Only recently has the acupuncture profession developed to the point where it is now jealously guarding its treasure. However, many professions have established acupuncture as a part of their scope of practice over the last two decades. The Arizona Chiropractic Board of Examiners established guidelines and board certification in acupuncture as early as 1983. The National Commission for the Certification of Acupuncture (NCCA) was not established until 1985.

Acupuncture has taken on a different character with the advent in the last 15 years of the new professionals known as "acupuncturists." As Mark Seem points out, "The new thrust is for Oriental medicine."

We see the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which was established in 1982. We see the Council on Colleges of Acupuncture and Oriental Medicine (CCAOM); the National Acupuncture and Oriental Medicine Alliance; and the National Commission for the Certification of Acupuncture and Oriental Medicine. The November 1998 report of the ACAOM listed the names of the accredited and candidate colleges: 24 of the 40 schools had either "Oriental medicine" or "Chinese

medicine" as part of their names.

Mark Seem also stated in the *Acupuncture Today* article:

"In its failure to recognize that acupuncture itself, independent from herbology, has caught the attention of both the public at large and the Western medical world, the Oriental medical profession is in essence allowing acupuncture to be taken out of the hands of the profession. In the last few years, we have witnessed the proliferation of a far inferior "medical acupuncture" (acupuncture practiced by medical doctors with merely 200-300 hours of training) and now more frequently, a "chiropractic acupuncture" often practiced with only 100 hours of study."

Though Mark Seem had scathing remarks for "the far inferior 'medical acupuncture,'" he states in his book *A New American Acupuncture*:

"The excellent acupuncture training program for physicians, developed by Joseph Helms, MD, for the Office of Continuing Medical Education of the UCLA School of Medicine, is also based on the French meridian acupuncture, and his graduates fare quite well with this approach in a wide range of health care problems."

Dr. Helms is the founding president of the American Academy of Medical Acupuncture.

So what is it? Is it a far inferior medical acupuncture program, or is it worthy of praise? I guess it depends on to whom you are speaking (or to whom you trying to sell books).

At the same time, hear what the American Academy of Medical Acupuncture, whose membership is limited to MDs and DOs only, addressed to "All Members of the Idaho House of Representatives" on March 5, 1999, at a time when acupuncturists were struggling to have a licensing law passed in Idaho:

"... to allow clinical technicians to treat patients without the supervision of a licensed physician indicates a frightening lack of understanding and appreciation of potential medical risks, and could further jeopardize the health and welfare of the public. Nonphysician acupuncturists and clinical technicians must have a physician supervising their practice. This protects both the public and the nonphysician acupuncturists from potentially deadly errors.

"Finally, it must be remembered that, while nonphysician acupuncturists may receive good acupuncture training, they are not physicians. In fact, many have not even graduated from college. This lack of standard,

Western medical training as undertaken by every physician acupuncturist who has been graduated from college and an American medical school and who has satisfied internship and/or residency requirements could leave their patients vulnerable to misdiagnosis resulting from ignorance. Absent misdiagnosis could encourage unwitting patients suffering from serious medical problems to use unconventional therapies when Western medicine would be the preferred and more appropriate treatment. Supervision of nonphysician acupuncturists by Western physicians is essential to the health and well-being of Idaho citizens."

This entire issue is not about standards of education. It is entirely and unequivocally about turf! Who owns it?

On the request of the Idaho acupuncture community, I personally rebutted the statements printed here as president of the International Academy of Medical Acupuncture. I am happy to say the law passed favorably, and many feel it was my letter and input that allowed acupuncture to be practiced in Idaho.

Mark Seem, again in the September 2000 issue of Acupuncture Today, states:

"If the acupuncture and Oriental medicine profession does not begin to develop variable training programs for physicians and chiropractors in excess of the 100-300 hour courses now available, patients will suffer. Oddly, acupuncture schools recently opted to refrain from teaching abbreviated courses to physicians or chiropractors, thereby leaving these professionals with no choice but to find other options - usually enterprising individuals with relatively limited resources. It is my belief that acupuncture schools have a responsibility to the public to actively seek out and attract serious minded physicians and chiropractors by developing training programs that satisfy our profession's standards."

I suppose the standards Mark Seem, himself the president of an acupuncture college, were referring to dealt with the fact that in multiple issues of the publication *Dynamic Chiropractic*, he placed a large display ad for his "Video Mastery Series," a course for licensed acupuncturists, chiropractors and physicians certified to use acupuncture in their scope of practice. This program in "acupuncture physical medicine" allows one to "treat chronic pain and stress disorders effectively." This ad was clearly targeted to the chiropractic profession, as *Dynamic Chiropractic* is distributed to every DC in the world.

Yes, there's no question. It's all about turf; it's all about money!

Mark Seem sums it up nicely when he states: "... this signals the inherent value of acupuncture as a treatment in its own right is in serious jeopardy. **Unless our profession reclaims acupuncture for itself, acupuncture may be diminished by our Western counterparts to a mere part of treatment -one more billable modality to hike the overall price of a visit. Unfortunately, the public remains ill-equipped to distinguish between practitioners with abridged versus comprehensive acupuncture educations.**" (Emphasis added.)

Again, it's a turf war; nothing else.

The abridged vs. comprehensive acupuncture education issue is and will be at the heart of the matter concerning any legislative activities that now affect the medical or chiropractic profession. However, I do not know of any acupuncture program in the medical or chiropractic educational graduate school program that professes to teach "Oriental medicine." The programs of which I am personally acquainted with are in "medical (clinical) acupuncture," which has little focus on Mao's traditional Chinese medicine (TCM). The programs taught in the medical /chiropractic schools are being taught by U.S. Department of Education-recognized schools certified by the state education programs. The chiropractic programs are all taught through accredited colleges certified to award higher education degrees.

Just as one may wish to have an Asian dinner tonight, we could also go for Japanese, Korean, Malaysian, Szechwan, Mandarin, Cantonese, Taiwanese, Singapore, Vietnamese, or Thai food. Just as each of these cuisines has different flavors, styles, presentations, ingredients and spices, and just as each country or region has different cultures, the same is true of acupuncture. One may not assume all acupuncture being practiced or taught is traditional Chinese medicine (TCM). Therefore, each of the philosophies, techniques and procedures, though compatible, are different. Each style is academically and clinically different: some are very difficult and shrouded in myth and folklore; others are relatively easy to learn and put into clinical practice.

With the extensive background (over 30 years) I have in the areas of acupuncture and Oriental medicine, I am frankly astounded that acupuncture and Oriental medicine colleges in America feel they can teach the extensive knowledge of TCM in as little as three years to students attending part-time. I am appalled that numerous acupuncture colleges throughout the nation focus only on the 7-8 most common pulses, as opposed to the 28 pulse characteristics that are historically significant in traditional Chinese medicine. Medical/clinical acupuncture as taught and practiced by physicians often relies on Japanese-style

electromeridian imaging (EMI) (*ryodoraku*) diagnosis. Japanese pulse interpretation, abdominal palpation and energetic therapy localization are various forms of diagnosis used by the physician. This differs dramatically from the 28-pulse concept. Tongue diagnosis is common to both schools of thought.

Traditional Chinese medicine is a complete system of healing that goes well beyond simple acupuncture administration. I question the integrity of a North American practitioner who boasts clinical and academic competence, but has only attended school part-time over three years. Upon graduation, this person's education has just begun. Perhaps 10-15 years of practice and observation will produce the stellar practitioners we see in the PRC. Many Chinese acupuncture practitioners in this country are multigenerational. They grew up with acupuncture as a part of their makeup. We of European descent have not been so fortunate.

Oriental medicine has been in America long enough now to begin seeing some of the veteran practitioners that only time and experience can produce. I am proud to have them as colleagues.

In the early days of acupuncture school in this country, when practitioners were still pure and living their mission statement of helping people get well, it was commonplace to advise students that if you were going to practice traditional Chinese medicine, you could only see a maximum of 6-8 patients a day. That concept has gone by the wayside, as economics have taken over and practitioners have discovered they cannot make a living on 6-8 patients. Suddenly it's OK to see more patients. You just don't spend as much time in the four shins of diagnosis. It's amazing how our philosophies change when money and or survival is the heart of motivation.

I have heard criticism of those in the chiropractic profession who use acupuncture that "clean needle" is not taught, nor is it a part of the general chiropractic curriculum. This is absurd. MDs and DCs have within their core curricula programs dealing with blood borne-pathogens and OSHA requirements that include safety and sterile fields. Sterile needle application is a given.

It obviously should and would be expected to be an integral part of the core curriculum of every acupuncture institute in the country. Utilizing a hypodermic needle for blood withdrawal or injection, or using an acupuncture needle, is no different when it comes to sterilization. Sterilization procedures are inherent in the curricula of both medical and chiropractic colleges.

When the acupuncturists in Maine tried to eliminate the chiropractic profession's acupuncture inclusion by lobbying the legislature that DCs were not trained in "clean needle," they were literally laughed at as being involved in a "turf war."

What about the education of the chiropractic physician? "A Comparative Study of Chiropractic and Medical Education" in the September 1998 issue of *Alternative Therapies* compared three chiropractic colleges with three medical schools in California, Texas and Iowa: The total contact hours were 4,826 for chiropractic colleges vs. 4,667 hours for medical schools. In basic sciences, chiropractic schools had 1,400 hours vs 1,200 for medical schools. In clinical sciences, chiropractic had 3,406 hours, vs 3,467 hours in medical schools.

A review of selected topics of the basic sciences showed the following breakdown:

- anatomy: chiropractic (570 hours); medical (368 hours)
- biochemistry: chiropractic (150 hours); medical (120 hours)
- microbiology: chiropractic (120 hours); medical (120 hours)
- physiology: chiropractic (305 hours); medical (142 hours)
- pathology: chiropractic (205 hours); medical (162 hours)

The real issues are: Who owns acupuncture, and who is going to be able to practice it? As more states are looking to add acupuncture to chiropractic's scope, the acupuncture profession is vehemently attacking the chiropractic profession to thwart any legislation DCs may be garnering. Twenty-nine states allow for the practice of acupuncture by DCs, with many states showing great interest in adding it to the chiropractic scope of practice.

All 50 states now allow medical doctors to practice acupuncture, with only eight states requiring any hours of training. The MD degree is an all-inclusive license. Several states, such as New York, New Jersey, Virginia, Pennsylvania, Maryland and the District of Columbia, require 200-300 hours. The remaining states allow MDs to practice acupuncture regardless of training.

While practicing in Kansas in 1974, the medical profession lobbied to the attorney general and the state legislature that acupuncture was the practice of surgery, and that only those licensed to practice surgery were allowed to perform acupuncture. This enacted ruling eliminated DCs from practicing acupuncture, as they do not perform surgery as part of their scope of practice. The medical profession wanted acupuncture

for itself, even at a time when it only superficially endorsed its remote possibilities.

I was president of the Kansas Acupuncture Society and when we filed a lawsuit to reverse the attorney general's decision that acupuncture was surgery. Having lost two times in the lower courts, the case was appealed to the Kansas Supreme Court, where the decision was reversed and acupuncture clearly came into the domain of the doctor of chiropractic. I still have hanging on my wall the certificate from the state of Kansas allowing me to practice acupuncture. This was a historic decision. If the case had been lost, it would have set a precedent throughout the country that "acupuncture is the practice of surgery." This would have allowed only physicians licensed to perform surgery to use acupuncture.

Writing in the newsletter of the National Acupuncture and Oriental Medicine Alliance, the executive director stated: "The practice of acupuncture and Oriental medicine by other health care providers is one of the major issues facing our profession today. It is one that we must discuss and come to grips with. Increasingly, it appears from viewing the legislative arena, that the issue is not whether other health care providers should practice acupuncture. The issue is how we choose to relate to the fact that they do."

The acupuncture profession has risen to be a significant group. Even though the profession is in its infancy, it has come along a long and tortuous road. Its legislative leaders are to be commended for bringing the profession so far in so short a time. However, for a profession to harbor the hatred, jealousy, and verbal and printed attacks from one profession to another, is not only nonproductive; it is pathologic in the strictest sense.

I fully understand why the acupuncture profession has taken the stance that medical and chiropractic doctors should not practice acupuncture. It has nothing to do with standards of education, because the education the doctors are receiving in "meridian-based acupuncture" is exceptional. It only has to do with greed and ownership.

I fear the acupuncture profession will eventually eliminate itself if it continues to make enemies in the medical professional ranks with feeble accusations and pointed attacks that "We're trained and you're not!"

Look at the handwriting on the wall. There are in excess of 30,000 medical, chiropractic, osteopathic, dental, podiatric and naturopathic physicians in the country practicing "acupuncture" on a daily basis. These ranks are growing yearly. They are generally nontraditional Chinese medicine-based practitioners, and their practices have been rewarded with increased clinical results, increased referrals, and increased income. They

have no intention of eliminating this work from their practice, because some acupuncturists who have been organized less than two decades have deemed they are not worthy to practice.

I see ads in the Yellow Pages advertising "Medical acupuncture practiced by physicians, achieving better results and less chance of missing a diagnosis." No wonder the acupuncturists want to eliminate the medical professions from performing acupuncture. Of 500 potential patients seeking acupuncture services from a practitioner, what do you think the odds are of John Q. Public seeking the doctor who practices acupuncture as opposed to the acupuncturists?

The acupuncturists scream and stamp their feet and say, "Yeah, but they're not trained." In the meantime, John Q. Public continues to see his doctor for acupuncture, because like it or not, the physician using acupuncture as an adjunct to their practice is by and large seeing a tremendous clinical response; their patients are referring other people; and with HMOs being what they are, they have added a new dimension to their practice. Doctors are finding acupuncture a natural to their practice as more and more patients inquire of its use.

I am an acupuncturist and a chiropractic physician. I love acupuncture. I want to see it thrive, not merely survive. Having been a chiropractor for so long, it saddens me, angers me and stirs incredible emotion when I think how much further the chiropractic profession would be right now had it not been for the senseless fighting for which it is noted.

If it is a death wish the acupuncture profession has for the other professions practicing acupuncture, I am afraid it will only turn to suicide.

As I write this, I have no idea who is taking the opposing stance to this article. I do not know what has been said. However, having been around this profession for so long, I have a pretty good idea. It saddens me to think that we as healing professionals, who should have but one goal in mind - the relief of pain, the elimination of pathology and the general welfare of our patient - can become mired in the destructive muck of incrimination and intimidation.

Acupuncturists speak of balance as being healing. This profession is sorely out of balance.

Medical and chiropractic physicians are going to continue to practice acupuncture regardless of what acupuncturists think. Wouldn't it be so much better to have an ally than an enemy? I continually refer patients to nonphysician acupuncturists around the country. Last year alone, the International Academy of

Medical Acupuncture (of which I preside) referred 287 patients to 204 practitioners in North America. (Note: This is not the American Academy of Medical Acupuncture, which is limited to MDs and DOs only).

I suggest we create a dialogue as colleagues, not enemies. Regardless of what the other author says in this point-counterpoint, it is best for all concerned that we collaborate rather than alienate. We exist for the common good of the patient. Acupuncturists view doctors practicing acupuncture as a threat to society; sadly, doctors view acupuncturists the same way. I hope we can come away with a mutual respect for each other's skills and philosophies, and go about the business we entered into (the enhancement of healing of our patients). There is no room for jealousy and envy in a health practitioner's spiritual makeup. We must touch our patients with positive energy and purity of heart. Then we can be called "healers."

I am hopeful that we glean the message here and go forth with best wishes for our own healing, for the universe can only distribute what we have in our consciousness. It's either hate or love; degeneration or healing; criticism or praise.

Best wishes in the year of the snake!

---

*David Molony, LAc*

*Executive Director, American Association of Oriental Medicine*

*Catasauqua, Pennsy*

Perhaps the question should be: Should DCs, DOs, MDs and sundry others who wish to use acupuncture as a hobby be required to have the complete training considered to be the minimal training for licensure before being able to practice on their patients?

A hobby, you say? Yes, a hobby - and a dysfunctional one at best. What else would you call it when anyone who learns how to safely and effectively provide a service must undergo a valid, psychometric examination preceded by a rational, nationally accredited, full-time college, but you somehow seem to feel that you have patients who would allow you to abuse them? Does this make it all right?

To put it another way: Just because you are a plumber and can change a light switch (with only minor electrocution and a few shorts, mind you), doesn't mean you are qualified to install three-phase circuit

breaker boxes.

I could probably perform chiropractic, but I refer out to someone who does it all day, every day, because I respect my patients and myself. I'm not afraid of missing out on a few dollars in the best interests of my patients. The same goes for any other fields or techniques. The most you can get with less than the full minimal course of acupuncture training available should be the ability to refer out in an educated fashion due to your ability to diagnose the need for the modality. Anyone can give antibiotics, as happens in other countries, but the ethical and safe use of antibiotics is supposedly done only by those with an FDA license that allows them to prescribe, and requires a specific educational background to do so.

The American Medical Association (AMA) is a little schizophrenic on this issue. They have a 150-hour video and an approximately 50-hour didactic with a new whole 100-hour clinical component continuing education program that is used to provide "credibility" for licensure in the few states that even require some training in acupuncture before doing it.

According to a recent *AMA News* article, this approach is being looked at with more scrutiny. Practitioners then wonder why the AMA won't give acupuncture a specialty board. The AMA may say they are trying to reduce boards and have a moratorium on new ones, but the reality is that they are laughing at the folks who think specialization can be done on a continuing education basis. Until they can meet national standards that include real clinical training or residency, physicians who practice acupuncture will continue to be the laughing stock of their own professions. They know this, but they want to get their people in so they can to gain political power and reduce access of patients to professional acupuncturists because the majority don't want to have to learn how to do acupuncture well.

The courses presently given realistically provide only enough information to refer out and have little clinical experience by anyone's standards (besides chiropractors). This is not a "see one, do one, teach one" style of medicine. It requires practice and thoughtfulness. No

MDs or DOs who have continued training, have practiced for years, and have begun to grasp what acupuncture really is should feel ethically comfortable with training these "weekend wonders." It denigrates what these practitioners had to learn to get where they are, because they have finally become capable and comfortable with acupuncture, not to mention finally getting consistent results without having to constantly resort to medication and surgery because "acupuncture didn't work."

That said, it is true that MDs and DOs at least require a significant amount of training and education. This keeps their "hobby" alive and allows for expansion of interest. Some of them even get to be good acupuncturists after a number of years of continued study and practice on their unknowing patients, which has ethical complications I won't go into here.

However, for some reason, chiropractors are under the impression that they need even less training than MDs or DOs. Fifty or 100 hours of training is pure malpractice bait, as far as I am concerned, and is well beyond an ethical lapse. The reply of "Sure, you can learn chiropractic in a few hours, but we will politically keep you from using it" doesn't take into consideration the truth that chiropractic efficacy and safety is relative to length of training. The same holds true for acupuncture. These same people who want short courses for acupuncture complain when MDs start doing chiropractic manipulation (and even using their codes) without full training.

If your profession berates other fields with absurdly truncated training programs, don't complain when those further up the food chain do it to you. Yes, MDs who perform chiropractic with little or no training are unethical and do damage to your profession. But does being a doctor give you the right to do the same thing to other professions?

I challenge the chiropractic profession to take an ethical stance and develop rules that require full training in acupuncture. Chiropractors who are not fully trained could face expulsion from the profession or have their license revoked for unprofessional behavior. This has to be done across the board, because unscrupulous trainers will work at the lowest level to pull in questionable practitioners. The playing field has to be level so as to allow people who choose to offer ethical programs a chance to flourish. If they do this, they will have a leg to stand on, relative to incursions on the chiropractic profession. If not, they will simply get what they deserve.

I challenge the MDs and DOs to do the same, but for a different reason, as they generally are capable of doing anything to a patient without being required to know how to do it. This is a leftover from a bygone era when it was possible to be a know-it-all in medicine, and in fact was many times required by a practitioner in a rural setting. In those days, a person with a general idea of how to do something was better than nothing. This is not true today. It is a legislative anachronism that stimulates an incredible amount of arrogance in these professions. This arrogance is their undoing, as explained earlier. I can only hope that someday they will stop pretending to be God and realize that they need similar training and experience as

everyone else to practice acupuncture (and especially Oriental medicine). It all comes down to whether it should be integration with injury or integration with integrity, doesn't it?

Let's look at the facts. Anyone can stick needles in people and call it acupuncture. To say one can have an effect on a regular basis and not use it as a sales tool to push other modalities such as chiropractic, drugs or surgery requires one to have complete training standards far above what continuing education trainers in these other fields think is needed.

To use acupuncture for any part of the full range of treatment in a general practice requires professional devotion and full-time practice using the diagnostic and treatment thought processes of that field. Anything less is an ethical lapse; the patient who entrusts the practitioner has been hoodwinked into believing they know what they are doing.

Limited scope is a fallacy. We have acupuncture detoxification practitioners treating people for conditions way beyond their scope, and they don't even have grandiose titles! If you want to use a modality, know it to at least the minimum national standards of competency. If you want less, expect malpractice and ethical problems, and don't expect others to respect your profession.

I think the real question is: "Your patients are at risk. Do you really care?"

---

Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



Page printed from:

[http://www.chiroweb.com/mpacms/dc/article.php?id=18033&no\\_paginate=true&p\\_friendly=true&no\\_b=true](http://www.chiroweb.com/mpacms/dc/article.php?id=18033&no_paginate=true&p_friendly=true&no_b=true)