

Acupuncture and Oriental Medicine (AOM)

Background/Overview/Definition

Acupuncture and Oriental Medicine (AOM) dates back more than 2500 years, featured prominently in the earliest of Chinese texts. The primary treatment modalities used in AOM are acupuncture, Chinese herbal medicine, moxibustion, and cupping. This system of medical practice is also sometimes referred to as Traditional Chinese Medicine (TCM).

The philosophy of AOM is centered on the need to restore a balance of energy in the body to stay healthy. Three energetic concepts which are considered critical are Yin-Yang, Qi (pronounced “chee”), and the Five Elements.

Yin-Yang: The forces of Yin and Yang coexist in the body. Yin is considered a cold and moist energy force, whereas Yang is considered its opposite (hot and dry). AOM practitioners work to correct imbalances between Yin and Yang in the body, looking for signs of such imbalance, such as too much heat or too much damp, to guide therapy.

Qi: Qi is best thought of as vital life energy. When one is sick or injured, one’s Qi is considered to be imbalanced. The Qi runs along 12 major channels or meridians within the body. These channels can become blocked in illness or injury. A major focus of therapy in AOM is to try to improve the flow of Qi.

An imbalance of Yin and Yang results in an obstruction of the vital life force, or Qi, within the meridians or channels. Acupuncture is designed to affect the distribution of Yin and Yang in these pathways so that the Qi can flow more freely.

Five Elements: An additional complex set of inter-relationships within the body is the Five Elements (water, fire, wood, metal, and earth). Each of these elements is seen as corresponding to specific organs, tissues, emotions, and “climates” with the body (wind, heat, damp, dry, cold). A practitioner of AOM observes how these elements inter-relate in a given individual and uses this information to further guide therapy.

Diagnosis

In addition to collecting a detailed medical, psychological, and social history, the AOM practitioner also looks at the tongue, observes the patient’s general appearance, carefully takes the radial pulse, and palpates the abdomen. The pulse in particular can exhibit more than 15 possible characteristics, such as “wiry”, “tight”, “knotted”, “floating”, or “slippery”. All of these observations taken together provide key information for diagnosis within the complex framework of Yin and Yang, the flow of Qi, and the relative strengths and relationships of the Five Elements.

Treatment Methods

The scope of practice for acupuncturists varies somewhat from state to state, but practices which are typically used, often in various combinations are: acupuncture, moxibustion, cupping, and Chinese herbal medicine.

Acupuncture: For most people acupuncture is a comfortable procedure. Although there might be a slight tingling, numbness, warmth or subtle pinching sensation, the experience is very rarely painful. The needles are hair-thin, solid and stainless steel with an evenly pointed tip and a smooth body. Acupuncture needles are presterilized and disposable. Low wattage electro-acupuncture is sometimes used to address more severe conditions.

Moxibustion: Moxibustion is the method of introducing heat into the body via the burning of the Asian herb moxa (or mugwort) to correct energetic imbalances and to promote the circulation of Qi. The burning moxa may be placed at the top of the acupuncture needle after it is inserted at a specific point on the body, or a stick of moxa may be used which is burned at one end.

Cupping: In cupping, small glass jars are warmed to create a vacuum which causes suction as the heated air cools inside the jar. The jars are applied applied to various points on the skin.

Chinese Herbal Medicine: one or more formulations which have been developed over many centuries are traditionally prescribed. Each formulation typically consists of mixtures of many different herbs in specific combinations.

Commonly Treated Conditions

Conditions which are commonly treated by acupuncturists include musculoskeletal pain (such as low back, neck, and shoulder), headaches, asthma, allergies, recurrent URIs, digestive problems, dysmenorrhea, infertility, menopause, insomnia, stress, fatigue, and tobacco addiction.

In addition, many acupuncturists work in partnership with conventional practitioners to treat conditions such as chemical dependency, cancer, stroke rehabilitation, Parkinson's disease, rheumatoid arthritis, multiple sclerosis and HIV.

Scientific Basis:

Researchers are still working to understand the physiologic effects of acupuncture on the human body. There is suggestive evidence that through acupuncture nerve pathways are stimulated, and neurotransmitters and hormones are released. In addition, anti-inflammatory and immune system mechanisms may be activated.

Research on AOM is especially challenging due to the individualized treatment approaches which are used and the many different therapeutic methods which various practitioners of AOM employ. Despite these difficulties, there is some evidence suggesting benefit for treating:

- Low back pain
- Chronic headaches
- Chemotherapy and pregnancy-related nausea and vomiting
- Irritable bowel syndrome.

Research in the treatment of the following conditions has generally not shown efficacy:

- Asthma
- Tobacco addiction
- Cocaine, heroin, alcohol abuse

Training and Licensure Requirements:

Acupuncture is legally recognized in 41 of the 50 states. All states with acupuncture licensure require masters level training, and the vast majority require that the degree be from a school which is certified by the Accreditation Commission for Acupuncture and Oriental Medicine. In addition, 39 states require that acupuncturists also pass the National Commission for the Certification of Acupuncture examination..

Selected References:

1. Spanier JA et al. A systematic review of alternative therapies in the irritable bowel syndrome. *Arch Intern Med.* 2003;163(3):265-74.
2. Ernst E et al: Acupuncture for back pain: a meta-analysis of randomized controlled trials. *Arch Intern Med* 1998;158:2235.
3. Van Tulder MW et al: The effectiveness of acupuncture in the treatment of acute and chronic low back pain. A systematic review within the framework of the Cochrane Collaboration Back Review Group. *Spine* 1999;24:1113.
4. Melchart D et al: Acupuncture for idiopathic headache. *Cochrane Database Syst Rev* 2001;(1):CD001218.
5. Martin J et al : Efficacy of acupuncture in asthma: systematic review and meta-analysis of published data from 11 randomised controlled trials. *Eur Respir J* 2002;20:846.
6. Shen J et al: Electroacupuncture for control of myeloablative chemotherapy-induced emesis. *JAMA* 2000;284:2755.
7. Margolin A et al: Acupuncture for the treatment of cocaine addiction: a randomized controlled trial. *JAMA* 2002;287:55.
8. White A et al: Acupuncture for smoking cessation. *Cochrane Database Syst Rev* 2000;(2):CD000009.