

Do Chiropractors Have the Right to Practice Acupuncture?

John Amaro, LAc, DC, Dipl. Ac.(NCCAOM), Dipl.Med.Ac.(IAMA)

... those spots indicate where the needle can be inserted in treatment by acupuncture. When a Chinese is ill, the doctor generally concludes that the only way to cure him is to stick a long needle into him and let out the pain or set up counter-irritation. The (acupuncture) chart has been made up from millions of experiments during the past 2,000 or 3,000 years ...

These words, which sound like a contemporary description of the fastest growing healing art in the nation, were written in 1906 by the founder of the chiropractic profession, D.D. Palmer (p. 858, *The Text Book of the Science, Art and Philosophy of Chiropractic*, published in 1910).

Fast-forward to February 1972. Journalist James Reston accompanies President Richard Nixon's delegation to China. He writes an article ("Now, About My Operation") describing an emergency appendectomy that used acupuncture for the anesthesia.

Although the founder of the chiropractic profession recognized acupuncture and described it in his publication, it was Reston's article 65 years that grabbed attention. The popularity and interest of acupuncture, particularly in the U.S., was a direct result of that article and the followup stories it spawned.

In 1887, when D.D. established the Palmer Cure and Infirmary in Davenport, Iowa (eight years before his "discovery" of chiropractic), he was practicing what today is referred to as qi gong and reiki. Qi gong, an Asian healing art which uses the body's subtle energies, also commonly referred to as magnetic healing, has gained enormous popularity worldwide within the last few years. Even though magnetic healing (qi gong) was extremely popular in the 1880s and 1890s, it gradually lost favor as allopathic medicine became more and more mainstream. By the end of the first decade of the 1900s, the practice of magnetic healing was virtually nonexistent.

Chiropractic, like allopathy, was beginning to thrive by 1902, as Palmer opened several schools of chiropractic. One of those schools, Palmer-Gregory College of Chiropractic in Oklahoma City, was directed by Alva Gregory, MD. These schools taught the basic sciences and techniques clearly recognizable as chiropractic today, but they also discussed a myriad of topics which would most definitely be considered acupuncture. Even though a number of procedures and techniques of meridian acupuncture were commonplace in early chiropractic, the procedures were generally delivered through finger pressure and stimulation of specific skin areas, as opposed to needle stimulation.

When acupuncture piqued the interest of North America in 1972 and reawakening that interest in Europe, practitioners of this intriguing healing art in the West were very rare. Most of the practitioners were from Taiwan and Japan. This was during Mao Tse Tung's communist regime, and travel outside of Mao's People's Republic of China was expressly forbidden. Tourism by Americans in mainland China was not allowed until 1979. The first practitioners from the People's Republic of China would not make their way to America until the mid 1980s.

As more and more articles appeared in the West expressing the seemingly miraculous results of acupuncture in a variety of disabling conditions and painful afflictions, the American public began to seek qualified, competent practitioners. Interest likewise ran very high in open minded, progressive doctors who wanted to learn more of this healing art. To answer the demand of hundreds of doctors of all disciplines across the nation to learn acupuncture, the first formal postgraduate program in the United States was begun in 1972 and conducted by the Columbia Institute of Chiropractic, the predecessor of New York Chiropractic College.

I'm proud to have been in that first acupuncture certification program, which was taught by masters of acupuncture who were physicians from the United States, Great Britain, the Republic of China and Japan. As few of the Asian educators of acupuncture spoke English, the lectures were translated. Chinese acupuncture practitioners from the communist People's Republic of China would not begin the introduction of traditional Chinese medicine (TCM) in the United States until a decade later when China began opening its doors. Virtually all acupuncture in North America from 1972 to 1982 was performed through Japanese or Taiwanese "meridian style" influences.

Nearly all acupuncture in North America was performed by chiropractic and medical physicians. The acupuncture profession would not become a reality until the National Commission for the Certification of Acupuncture was established in 1985. The chiropractic profession had always taken the lead in acupuncture education and certification. Arizona established board certification in acupuncture through the Arizona State Board of Chiropractic Examiners as early as 1983. Certification in acupuncture in Arizona occurs through both successful completion of a course of study and passing a state board-conducted acupuncture examination. My personal certification is dated 1984.

The first acupuncture program in North America consisted of 100 didactic hours and hundreds of additional hours in home assignments and clinical applications. It prepared the doctor with a full and complete knowledge of the academics, philosophies, procedures and techniques of acupuncture. The doctors who graduated from the program (90% were DCs and the rest were MDs) passed a comprehensive written examination and became the first certified practitioners of acupuncture in the United States. The first certificate was dated September 24, 1973. I have certificate number A000003.

Since that first acupuncture certification program in 1972-73 from Columbia Institute of Chiropractic (NYCC), programs have been established at National College of Chiropractic, Logan College of Chiropractic, Texas Chiropractic College, Canadian Memorial Chiropractic College, Northwestern College of Chiropractic, University of Bridgeport College of Chiropractic, Parker College of Chiropractic and Cleveland College of Chiropractic. Life University has a significant presence in Beijing at the Academy of Traditional Chinese Medicine.

It has been estimated that over the last 28 years, more than 35,000 doctors of chiropractic have been trained and certified in acupuncture through the above referenced nationally accredited chiropractic colleges. This clearly is the largest single group of practitioners in North America. The majority of the states have regulated through the state legislature the practice of acupuncture by doctors of chiropractic through 100 didactic hours and clinical application. Even though the concepts of traditional Chinese medicine are discussed within these programs, many of the philosophies and theories of TCM are based solely on myth and folklore and have little place within a professional institute of higher education. Significant discussions of modern research into scientific discoveries of endorphins, enkephalins, neural theories and laser and electronic stimulations are major focus of the professional program of acupuncture.

The vast majority of MDs and DCs who have adopted acupuncture principles into their practices

have adopted "meridian style acupuncture" as taught and practiced in Japan, Okinawa, Korea and Taiwan, as opposed to "traditional Chinese medicine" (TCM) as taught in the People's Republic of China. Different countries have different approaches to acupuncture. Just as all automobiles are not Fords, all acupuncture is not "traditional Chinese medicine" (TCM).

Unfortunately, there has been a dedicated effort by those practitioners who are nonphysician acupuncturists to discredit those doctors who practice acupuncture following 100- or 200-hour educational programs. The 200-hour program is what is recommended by the World Health Organization as a standard of education for those who are licensed health care practitioners. The nonphysician acupuncturists take course work of 1,350 to 1,850 hours, and are critical of the 200-hour programs. However, what they are not considering is that the doctor practicing acupuncture has spent considerably more time in school than 1,850 hours. The doctors are examined by state and national boards and examined in the subjects which make up acupuncture school. What is taught in acupuncture school is a fragment of what would be covered in a professional college of chiropractic or medicine.

In addition, acupuncture colleges based upon traditional Chinese medicine teach highly questionable theories based on ancient folklore. Dampness in the spleen, liver yang turning to wind, phlegm misting the heart, damp heat in the gallbladder and invasion of spleen by cold damp are ways to describe medical conditions by acupuncturists practicing TCM. These descriptions, still used to this day, are based on myths which predate the Dutch coming to Japan in the 1700s.

The doctor practicing acupuncture today is highly skeptical of the acupuncture practitioner of pulse diagnosis, which is one of the standard methods of diagnosing in traditional Chinese medicine. The practitioner must ascertain one or more of 28 specific characteristics which occur on the six pulses of each wrist. According to ancient texts, this procedure is paramount for the practice of acupuncture. In the late 1980s and early 1990s, acupuncture colleges specifically stressed that to properly practice traditional Chinese medicine, a busy practitioner could not physically see more than eight patients a day; many colleges suggested only six. However, I find it amazing that colleges no longer stress this rule, because most practitioners have great difficulty supporting themselves on eight patients a day.

As a result, TCM practitioners now shortcut the time necessary to properly employ a pulse diagnosis to see more patients. This is in blatant disregard to proper protocol. A pulse practitioner must be able to ascertain what a leathery, minute, knotty, thready pulse may indicate or miss the diagnosis. Tongue diagnosis also plays a key role. A physician practitioner of meridian-style acupuncture may use technologically advanced electronic meridian imaging which measures the amount of electrical conductivity to determine the electromagnetic nature of the acupuncture meridian. This procedure was developed and perfected in Japan in the mid-1950s.

DCs and MDs who are trained within the academic parameters of meridian style acupuncture as practiced in Japan, Taiwan, etc., have a very full education in clinical/medical acupuncture, as opposed to traditional Chinese medicine. Acupuncture was practiced in this country for a full 12-15 years in the meridian style prior to the introduction of TCM, and hundreds of thousands of patients have benefited from its application. It is disheartening to have fighting occurring as TCM practitioners, colleges and organizations align themselves to become the standard of care in this country with virtually no regard for other styles of acupuncture.

With insurance coverage being a major reason why a patient would seek one practitioner over another, a situation has developed and is being reported in a variety of states. Landmark Healthcare, Inc., whose clinical management director is a DC and acupuncturist, has thus far eliminated DCs from being paid for acupuncture services, even though they are licensed to practice

acupuncture in their state. His reason is that the basis for a standard of care for an acupuncturist is 1,850 hours. His letter to Colorado doctors states: "You were correctly informed that your Colorado acupuncture certificate does not meet Landmark's requirements for credentialing as a participating acupuncturist in our network. Landmark's credentialing criteria for each profession is the standard of care within that profession, not the standard for certification of a particular procedure as an adjunctive modality."

According to this directive, it makes little difference if you are a competent qualified practitioner of the Japanese and Taiwanese style of meridian acupuncture, which does not focus on learning a myriad of ancient diagnoses, folklore and questionable practices. It only matters that you attended an acupuncture school for 1,850 hours, retaking class after class which a physician has already been examined in. Acupuncture is not restricted to TCM!

Recently, I assisted the state of Maine with the successful passage of their acupuncture law for DCs. The argument given by the Maine Acupuncture Association of Oriental Medicine, a small splinter group of practitioners who are opposed to DCs doing acupuncture, was: "We support any health professional doing acupuncture when they can demonstrate adequate training, education and technical competency." Of course they specify that chiropractors are not qualified to perform acupuncture, stating that their professional program consists of 100 didactic hours.

The other argument was: "Chiropractors are not level-one practitioners," meaning DCs have no professional relationship to MDs or DOs. Please bear in mind, these are acupuncturists saying this. It was stated to the state legislators of Maine that: "This legislation does not represent a turf war between two professions, but we will persuade legislators of our grave concern over public health and safety and the lack of training presented in this bill." The Maine legislature didn't buy it. It was obvious that this was a vocal, militant, unprofessional group who wanted nothing more than to own the right to practice acupuncture alone. Maine DCs have just received the right to practice acupuncture as part of their scope of practice.

Want to hear what the American Academy of Medical Acupuncture said about acupuncturists in the state of Idaho when acupuncturists were trying to get their law passed? The AAMA is a group that only represents MDs and DOs who, likewise, would like to keep acupuncture for themselves. The AAMA said: "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. Or 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."

Over the last 28 years, the chiropractic profession has certified over 35,000 practitioners to practice acupuncture as part of our scope of practice. Those DCs have 100-200 hours of additional education and are licensed or regulated in over 35 states to practice acupuncture. DCs are the pioneers of acupuncture in this country. However, with chiropractic as our primary profession, most DCs have incorporated acupuncture as an adjunct into their practice, as opposed to a primary modality.

The medical and chiropractic professions have embraced the Japanese and Taiwanese style of meridian acupuncture, as opposed to the controversial traditional Chinese medicine. Acupuncture offered in the majority of the Council on Chiropractic Education recognized colleges in North America. We have the background, dedication and intelligence to effectively learn and deliver high-

quality acupuncture within our scope of practice. We are licensed health care practitioners who have six to eight years of college in addition to certification in acupuncture. We are professionals.

The acupuncture programs for chiropractic and medical doctors are inclusive, academic, accelerated, and focus on the aspects of acupuncture which are vital to a practice. Learning the Chinese name for each point is interesting, but unless the practitioner plans on practicing in China, there is little reason to spend the hours in class learning Chinese. You don't have to know German to take an x-ray. There are obviously scores of academic approaches and class hours which could be trimmed considerably in the TCM schools of 1,850 hours. Since acupuncture colleges exist as a business, there is an obvious need to create a certain number of hours for graduation. Don't think for a second that just because one puts in the 1,850 hours that this magically makes one competent.

I would love to see doctors practicing acupuncture and acupuncturists practicing TCM be able to practice with respect for each other. Oh well: having dealt with the "straight/mixer" problem for all of my career, it is hardly likely this will be the case.

Doctors, if you are a graduate of a 100-200-hour didactic program in acupuncture, you have the tools to be incredibly effective in helping sick people regain their health. It is not necessary to inventory 50-75 raw herbs in your office; it is a matter of using the patent Chinese herbs which are becoming more popular among even the most diehard of practitioners.

Case studies come across my desk weekly from those doctors who are obtaining fellowship status with the International Academy of Medical Acupuncture. When I see what these doctors are seeing in clinical practice and the conditions they're helping, there is no question: Yes, chiropractors absolutely have the right to practice acupuncture!

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