

## Toward a Post-Traditional Revision of Acupuncture

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We need to be highly practical and effective, yet simple and accessible, in order to fit the modality of acupuncture and Chinese medicine into the understanding and medical milieu of our times. Acupuncture is a simple and effective technique which can be taught in a simplified and contemporary manner, refined through experience, and integrated widely into modern biomedicine. It is a method of relieving suffering, inherently holistic in its effect, with minimal side effects.

Numerous researchers, practitioners and commentators of contemporary traditional acupuncture have questioned the validity of central concepts in this practice and therefore the integrity and accuracy of its core theories. The theoretical basis of contemporary traditional acupuncture is an extraordinary metaphysical system linking all parts of the body/mind in a subtle energetic system. It is clear to those prepared to think and look beyond the self enclosing loops of traditional dogma that after four decades of research there is no evidence meridians exist nor that Qi, as energy that moves around, exists. Even precise acupoints for the most part don't exist<sup>1,2,3,4,5,6,7</sup>.

Common contemporary usage of terms Qi and Meridian, both central concepts of acupuncture and Chinese medicine are based upon mistranslations<sup>2</sup>. Translation of Qi as energy is widely considered erroneous by scholars of Chinese medicine. Despite ancient comparisons of meridians with streams, rivers and seas their actual appearance is one of artificial superimposition over the body. This glaring discrepancy rarely seems to be questioned by traditionally trained acupuncturists and acupuncture teachers. Instead the implicit assumption seems to be that materialist science could never be privy to such subtle manifestations and that one day their existence will be proven.

Contemporary acupuncture continues to be "explained" to patients and the general public as unblocking energy flowing in the meridians, despite the fact that energy as usable force does not move around in the body but is produced in cellular organelles called mitochondria. Felix Mann abandoned the meridian/Qi theory several decades ago after writing some of the first English language textbooks on traditional Chinese medicine and studying in China<sup>3</sup>. He abandoned precise acupoint location, showing that acupuncture effects can often be obtained by needling fairly large areas and in some cases anywhere on the body. This is frequently borne out in studies that show the efficacy of so called placebo needling at a distance from classical acupoints<sup>4</sup>.

The sheer anatomical precision of contemporary acupuncture meridian charts replete with detailed connections to organs and musculature are clearly a modern construction. The irony here is that these centrally important charts really owe a great deal to modern medical anatomy in that Chinese medicine never had detailed anatomical charts and so certainly could not have had such precisely detailed diagrams of the meridians connected to anatomical organs.

The seemingly unified, metaphysically sophisticated traditional system taught to most acupuncture students turns out in fact to be a pastiche of various traditions and theories of both Chinese and Western origin. In many ways the traditional Chinese medicine that has become so popular in contemporary alternative medicine is a fairly confused theoretical construction highly influenced by

western New Age vitalist hopes and expectations. Even in the history of Chinese medicine, theories have often been retained due to excessive conservatism, and made to coexist with theories more empirically verifiable, thus adding to the current confusion. Professor Long-xiang Huang of the Acupuncture Research Institute of the Academy of Traditional Chinese Medicine in Beijing has concluded that classical medical books such as the *Huang Di Nei Jing* comprise various channel/meridian theories from different authors, different historical periods and different areas of medical experience. The tendency was to create an often forcedly integrated theory of acupuncture and Chinese medicine. When clinical facts did not fit the theory they were suppressed in favor of continuance of the theory. The Chinese saying for this is “cutting the foot to fit the shoe”<sup>5</sup>.

Acupuncture can and does work well with a finely honed empirical skill and virtually no traditional theoretical basis. The fact is that piercing the skin in certain broad areas has complex physiological effects. The simple act of stimulating the peripheral nervous system with a needle defines acupuncture. It is important to note that when nerves supplying acupoint areas are cut or blocked there is no acupuncture effect.

There are some indications that even precise location of needle stimulus is not always essential in producing a healing effect with acupuncture. This is evident with so-called placebo needling in modern studies where clinical results can be the same as or close to those using traditional acupoint locations. This fact is graphically demonstrated in fMRI brain studies of acupuncture stimulation where traditional and placebo points produce almost identical brain images of pain amelioration<sup>5</sup>.

It is noteworthy that in studies of acupuncture there is little difference in outcomes between acupuncturists practicing different styles – including a modern biomedical approach. According to Anthony Campbell all styles achieve about a 70% effectiveness rate<sup>6</sup>. This also suggests that whether acupuncture training is short or the usual three to four years, results are the same in the hands of an experienced clinician.

Hence the need for a post-traditional integrative revision.

#### References

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