Introduction to Acupuncture

In the last twenty years western practitioners and scientists have made progress in evaluating some of the explanations for how acupuncture works. Mann has quoted works by Wernoe describing the cutaneous visceral and the viscero-cutaneous reflexes and has described the works of Sherrington on segmental short reflexes and intersegmental long reflexes. Melzack and Wall described in 1965 how pain pathways can be overcome by stimulation of the larger 'C' fibres, so closing the gate at the synapses to pain coming from the small delta fibres.

More recently, endorphins have been found at nerve endings in the spinal cord and the brain, and a system of neuro-transmitters has been partially discovered. We are only just beginning to explain the whole system of acupuncture and how it works, but some progress has been made.

In the East, acupuncture has been practised for well over two thousand years. I travelled there myself some years ago and underwent intensive study and practice of acupuncture for three months in the Academy of Traditional Chinese Medicine and the hospitals in Beijing (Peking). I now organise weekend courses for doctors in this country.

It is recorded in Chinese medical history that two eminent surgeons existed in 500 BC: one was Pein Chiao, who was skilled in anaesthesia and able to operate painlessly and even to exchange the hearts of two patients; the other was Hua T'o, who was renowned for his method of castration.

A primitive acupuncture instrument called the Bian Stone — a Mongolian relic — was originally used to treat abscesses and painful conditions. At about the same time, 500-300 BC, acupuncture was described in a book called The Canon of Internal Medicine. This was divided into two parts — the Suwen and the Ling Shu. A woman's body two thousand years old was found in a tomb. The hands were holding two silk scrolls written in 168 BC, depicting the channels and collaterals. Acupuncture was later, described in a picture found in the Eastern part of China, in the Shang-chung province between 25 and 220 AD. These, therefore, are the origins of acupuncture.

At the same time, moxibustion was described and used, originating from northern China, where the cold is a predominant exogenous pathogenic factor in disease. Artemisia vulgaris grows through out China, particularly in the north, and the dried prepared leaves are formed into rolls or sticks. These are attached to needle handles and the needle or applied directly by cones to the skin, or indirectly over garlic, ginger or salt. Moxibustion originated at approximately the same time as acupuncture. A stick of Moxa can be used to provide heat to the needle by holding it at a distance, with or without movement to and fro, from the skin. It can also be used in other special circumstances.

Acupuncture instruments were fashioned throughout the ages from stone to bronze to iron. During the years 770 to 221 BC iron was widely used. At this time, there was considerable interest in acupuncture among scholars. The theory of acupuncture was gradually formed, dating back from 800 BC to the third century AD and hence the theory of the channels and collaterals was formulated. Qi, which is the energy of the body and of life and blood, circulates, joining all parts internally and externally of the human body and passing through many points. It was thought that internal disease was represented on these points and that they could therefore be used to treat internal diseases.

In 1027 AD, two bronze figures were cast by Wang Wei, the earliest of which could be opened to show the organs. These figures were used for teaching. Water was used internally and flowed out when the point that was acupunctured was correct. These bronze figures appeared in conjunction with the book Tongren Shuxue Zhenjiu Tujing, a classic of acupuncture and moxibustion therapy. The description of the acupuncture points was standardised in 1026. Three kinds of acupuncture points were then described — the points on the channels, numbering 361, the so-called extra points and the Ahshi points — tender points on the skin reacting to internal disease. In 1601 AD in the Zhenjiu Dacheng, a compendium of acupuncture by Yang Jizhou of the Ming Dynasty, was written, and printed charts of acupuncture began to be published.

As early as the sixth century AD acupuncture began to spread out of China to Korea and Japan, but it was not until the seventeenth century that it spread to France and Europe and other countries. In 1838 AD, the Medical Missionary Society in China was inaugurated and with it Christianity spread to China via the medium of medicine. In 1899, an illustration of the bronze figure appeared in combination with Chinese and western medicine. From 1914 to 1929, acupuncture was suppressed in favour of western medicine.

Since the national liberation of 1949, China has united western with traditional Chinese medicine. In 1951, a special organisation was set up to study traditional Chinese medicine and acupuncture in Peking at the Academy of Traditional Chinese Medicine. Many articles have been published by this Institute since that time. Unfortunately, between 1966-1976, acupuncture was again suppressed due to the cultural revolution, but since that time the teaching has flourished in the academies of traditional Chinese medicine in Beijing, Shang-hai and Nanjing.

Acupuncture has been declared to treat 300 diseases, 100 of which can be cured completely. The World Health Organisation

CONTINUED
inter-regional seminar drew up a list of diseases that lend themselves to acupuncture treatment - 43 in all. The Academy of Traditional Chinese Medicine lists 27 kinds of common diseases which students on their courses, lasting three months, are expected to recognize and treat. The Institute of the Academy of Traditional Chinese Medicine in Peking deals with the theory of acupuncture, modern science and the explanation of acupuncture and modern scientific methods in research in the modern theory of acupuncture. In July 1979 a national conference was held in Peking, to which foreign doctors were invited for the first time.

There is no substitute for going to China and seeing these diseases treated and cured, but not all doctors are able to do so. I saw doctors using acupuncture effectively for conditions like epilepsy, which is not normally treated by acupuncture in Britain. There was no question of this being a show to entertain and impress westerners.

Chinese names and points are used; this is important because not all numbering systems are the same and, secondly, because it is easiest to remember the Chinese point by name than by number. The name, when one takes the trouble to discover the meaning, indicates something about that point - where it is situated and what it does - and this knowledge makes acupuncture all the more interesting. It is also a system of communication between the practitioner and the teacher and between the doctors who practise acupuncture and the Chinese, who speak very little English.

A final virtue of acupuncture takes me back to one of the reasons for the increasing popularity of Western medicine. Patients appreciate regular treatment from a single practitioner who is usually enthusiastic about his technique, often under the leisurely conditions of private practice, which allow time for explanation and general discussion. Acupuncturists are nice people!

In concluding this overview of acupuncture in British medicine I would like to deal with one further subject, which is currently generating a lot of heat but not much light. Who should carry out acupuncture? I had better nail my colours to the mast right away. I think that the practice of acupuncture by lay people is quite wrong. They do not have the necessary training in anatomy, physiology, pathology and microbiology. They do not have sufficient skill to diagnose the condition they are treating or to discern a deterioration or the onset of concomitant pathology. They do not have knowledge of other forms of medical treatment which may be indicated instead of acupuncture or in parallel with it. They cannot prescribe drugs, they have little or no access to diagnostic facilities, and they cannot seek the opinion of other medical specialists. Unfortunately, there is no control over the unqualified practice of acupuncture, and it is particularly galling that lay practitioners, who may or may not have any training, can advertise their services in the local paper or, indeed, by putting up a sign in neon lights outside their house. I really think this is an area where the GMC's code of practice about advertising works to the detriment of patients. If the profession as a whole knew about acupuncture and patients wishing for this form of treatment could readily gain access to a medical practitioner of it, patients would not be driven to consult the lay person who advertises in Yellow Pages or in the back of magazines.

We should not, however, overlook the necessity for training paramedical personnel in the safe use of acupuncture, to provide assistance following diagnosis and prescription by doctors. Many treatments are routine and need to be performed at intervals over some weeks, and there seems no reason why nurses or physiotherapists could not do this under the supervision of doctors, as, for example, with TENS. I use physiotherapists for this purpose in my hospital practice. If I didn't, my waiting list would be unacceptably long.

It is difficult to judge whether physiotherapists, say, should operate independently in initiating treatment. I would much rather a physiotherapist did this than a lay person, but my previous remarks about lack of training apply even to them. Some individuals could be trusted to treat only straightforward conditions and to differentiate between, say, cervical spondylosis and metastatic deposits, referring patients for a medical opinion where necessary. Others, no doubt, could not.

Perhaps the ideal situation would be for acupuncture to be available only under medical supervision. But it would be necessary to train many more doctors, for GPs and hospital doctors to be aware of the indications for acupuncture and where they can find medical practitioners and for us to make adequate provision for initiation and continuation of therapy under our supervision, so it can be widely available. The danger here is of losing our case by default, because events are moving very quickly.

COURSES

KENYON/LEWITH
Auricular Acupuncture
A weekend course held once a year.
Fee: £255 includes meal, needles and auricular equipment.

KENYON/LEWITH
Trans Cutaneous Nerve Stimulation
A half day course held twice a year.
Fee: £25
Scientific and clinical teaching.

KENYON/LEWITH
Advanced Acupuncture
A one day course held once a year.
Fee: £50
A purely theoretical course including Lasers, Magnetic fields, Pulsotherapy, Voll electro-acupuncture and design of trials.

This information is correct at the time of printing, but individual course organizers may vary fees etc. at short notice.

All these courses (except Dr Mann's) have had section 63 approval (zero rated). However this may be withdrawn due to cuts in the NHS Postgraduate training budget.

SCHIELDERUP, LASER.

may sometimes be more effective in cases of Bechterews disease than other acupuncture techniques and it may be of definite value for many disorders of the eyes. However, so far, I have not been able to come to definite conclusions as to when laser acupuncture is more effective than more traditional methods.

I believe, however, that the advent of laser acupuncture opens very promising possibilities for acupuncture and bioenergetic medicine. Something very important is happening in Soviet medicine and it is my hope that a proper collaboration may be established between Soviet and western countries to the common benefit of mankind.
Introduction to acupuncture

David L S Paine

*Acupunct Med* 1984 2: 26-27
doi: 10.1136/aim.2.1.26

Updated information and services can be found at:
http://aim.bmj.com/content/2/1/26.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/