



# Newsletter of ASA India



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## Acupuncture Science Association (ASA)

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## III ASACON : Ludhiana Issue

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# Editorial

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In each living organism, Life essence blends with an unseen Life energy known as 'Qi' and flows into invisible pathways known as the Meridians. This force nourishes the body up, down, front, back, across, internally and externally. Intangible things and abstract principles like power, love and happiness cannot be rejected whatsoever by science on the basis of lack of laboratory proof. Food can be tested scientifically but the taste is subjective.

Life is a projection of Time and Space and not dependent on Physical Health alone. W.H.O defines Health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

The flow of Qi depends on the external climates (Heat, Cold, Dryness, Dampness, Wind and Humidity) and human emotions which are the internal climates. Obstruction causes the body's Self defenses to decline and cause sickness factors to invade.

Light automatically enters the meridian system at dawn each day to cause enlightenment and ward off the oppression of body and mind. The options available 'right under the nose' each day, serves to keep the activity of the whole physiology as well as psyche until sleep follows.

"Death is a slumber Deeper; Birth is dawn to the Sleeper". The light of healthy living and the essential life force Qi are set to balance by the system of Acupuncture which helps to improve the Physical, Mental and Spiritual health.

Acupuncture is already recognized in West Bengal state of India, following which ASA Maharashtra state has moved their government to recognize Acupuncture as an independent system of treatment - successfully during the last week of July this year. We wish all the other states and the state ASA groups to follow the same pattern of persuading the governments for a recognition move to benefit the people by and large.

ASA National and State level activity had already unified several Acupuncture loving members under its umbrella right from its inception during December 2013. Every member with a passion towards drugless healing will be considered unique and equal under ASA, without any discrimination whatsoever.

**–Dr. C. K. Raju**

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## **ACUPUNCTURE IN INDIA AND EMERGENCE OF ASA**

**Dr. Debasis Bakshi**  
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"In India, acupuncture was practiced mainly by medical graduates and trained health workers. A major contradiction emerged in this field of practice. Most of the acupuncture trained medical graduates are of the opinion that if we allow the trained acupuncture health workers to practice acupuncture without having medical graduation, unwanted complications may develop in the treatment of patients. On the contrary, some doctors and institutions are of the opinion that graduation in modern medical science should not be the prerequisite for becoming an acupuncture practitioner as acupuncture is mainly based on Traditional Chinese Medical Philosophy. They opine that for its practitioners, actual knowledge in acupuncture, basic medicine and a basic health concept are essential. In this context, if we make a comparative analysis regarding the role of modern doctors and acupuncture health workers in the popularization of acupuncture in India, significant presence of the health workers may be visible. This important social fact has to be recognized by the scientific community. But people have already accepted as they are getting necessary service from these workers. In this regard we may quote the important proposition of W.H.O on practice of acupuncture.

W.H.O considered "Acupuncture, if practiced by well trained individuals, be they physicians or other health professionals should be safe and efficacious for the management of well defined conditions. It is also particularly cost effective if controlled by Government." (Ref. 'Historical Introduction of Acupuncture In India Sowed Superior Seed of Integrated Medicine' by D. Bakshi, B. Mukherjee, S.Basu, S.Pal & J. Chatterjee-published in Bull. Ind. Inst. Hist. Med. Vol. XXV pp 216 to 225, 1996).

### **Background:**

1.1. You are aware that in view of the Govt. of India's order dated 25.11.2003 on 'Grant of recognition of various streams of alternative medicines', the 1st. General body meeting of AICC ATSM was held at AIIMS, New Delhi 30th. May 2004 under the Chairmanship of Prof. Dr. Ramgopal. Subsequent meetings and discussions were held in Kolkata, Howrah, Delhi, Palghat, Coimbatore, Trichy, Calicut, Silguri, Haridwar, Mt. Abu and Jodhpur.

1.2. Based on the unanimous decision of the meeting, AICC ATSM submitted memorandum to the Union Health Minister on June 16, 2004 and reminder on Oct.6, 2004 praying therein to withdraw / keep in abeyance the above mentioned impugned order issued by Ministry of Health & Family Welfare (Research Desk) and reexamine the subject matter in the large interest of various therapies, practices and systems of treatment which have been in existence in this country under various names as TSM, ASM, ISM etc.

1.3. In the Govt. of India order, Acupuncture and Hypnotherapy were only recommended to be practiced by qualified physicians as a mode of therapy and only certificate course to be conducted excluding degree or diploma courses. After the nationwide movement by the practitioners, beneficiaries & academicians of alternative medicine and AICC ATSM, Govt. of India took a note of that order. [ Later on, we came to know that at present throughout India the education and practice of alternative system of medicines (including Acupuncture) is not barred by Govt. of India till the enactment of 'The recognition of new system of medicine bill' as stated by Govt. of India spokesman in an Affidavit before the hon'ble Supreme Court of India in 2013.]

1.4. Based on success and need of ATSM / CAM all over the world and constant pressure of several organizations, associations and institutions, Union Govt. started reviewing the scope of Government Order. ICMR the expert body took note of R&D work and successful case studies presented during International / National conferences, Workshops and courses organized on acupuncture and other related therapies. Experts / specialists from ICMR, AIIMS and other leading medical centers clearly opined in different forums urgent need for recognition of acupuncture therapy by Government of India, which is already recognized by WHO and practiced by a large number of countries including US, Europe, China and others.

Accordingly National Coordination Committee on Acupuncture (NCC Acu) was formed. The committee briefed the MOH & FW and submitted a memorandum to the Union Health Minister on Dec. 20, 2009 demanding **recognition of acupuncture as an independent system of medicine.**

1.5. After 4 years of continuous interaction, ICMR has kindly prepared the **recognition of new system of medicine bill** to the Union Health Ministry which is already placed in the Winter session of Parliament 2014. We are eagerly waiting for positive outcome by the hon'ble Members of Parliament for favorable decision which may likely pave the way for recognition of acupuncture as an independent system of medicine in near future.

1.6. At this historical moment, the need is to unite all the academicians and genuine practitioners of acupuncture and pro-nature loving people of India on a nationwide broad based democratic platform. This work force will be a backbone of National Level concerted final move to attain the goal for well being of suffering humanity.

1.7. Two oldest institutions actively engaged in scientific, educational and as well as peoples' movement in growth of acupuncture namely Ludhiana Dr. Kotnis Memorial College & Hospital and Indian Research Institute for Integrated Medicine (IRIIM), Howrah have taken a joint initiative with likeminded acupuncture related organizations, associations and individuals, to hold a national meet on acupuncture at Ludhiana, on December 8 & 9, 2013 to discuss the following agendas:

- a. Review status of the historical development of acupuncture in India ;
- b. Present workforce and institutions engaged;
- c. Outline of future development with special emphasis on workforce and institutional development as per national, regional and local need;
- d. Legal aspect of the proposed Acupuncture bill
  - i. Definition
  - ii. Eligibility for Registration
  - iii. Formation of Central Council
  - iv. Powers of the Central Council
  - v. Second & Third schedule of the proposed bill;
- e. Formation of National platform and ad-hoc committee of Acupuncture;
- f. Future programme.

Accordingly, Acupuncturists from all over India assembled in the historic Ludhiana National Acupuncture meet in Dec. 2013, discussed at length for three days regarding the history & present status of Acupuncture and Acupuncturists in India and its future course of action regarding it's recognition in the states and the centre. After thorough discussion, we have finalized our memorandum of association, drafted the proposed Acupuncture Bill for the centre and the states keeping in mind all the lessons drawn from the previous experiences and future course of action. Later on it was unanimously resolved that although there are several associations and platforms functioning at different levels in India in the field of Acupuncture, but there is an urgent need today is to unite all these units and all categories of General Acupuncturists under one umbrella.

**Accordingly new All India Organization named Acupuncture Science Association (ASA) emerged as a National level Association now already spread to almost 2/3rd. of India.**

**We all are aware that for the last two years, almost every other day we are in touch and constant move regarding the following:**

- I. Enrolling the new members of ASA throughout India based on definite detailed membership procedure and guideline without any discrimination of background (whether a medical graduate or not);
- II. Forming state branches with definite guideline (already Delhi, Kerala, Punjab, Tamilnadu, Telengana, AndhraPradesh and West Bengal state branches formed, many are on the way);
- III. Collateral membership with existent Acupuncture Associations;
- IV. Publishing ASA News Letter for communicating the background of ASA formation and its future course of action;
- V. Organizing seminars, CME, public awareness programme, regular propagation through all sorts of media;
- VI. Interacting members regarding their queries on their educational standard in Acupuncture, future scope on training and standardization, legal status etc;
- VII. Move for the recognition of system of therapy in centre and states
- VIII. Sensitizing the need for proper regulation in the practice of Acupuncture (example of American Acupuncture friend Dr. Gomes story); and lastly
- IX. Utilizing maximum the most powerful social media in favor of Acupuncture Recognition and ASA (for your kind information in Face Book ASA India group membership already exceeds 1300 so far and it is increasing everyday).

**Accordingly,**

**1.** ASA India worked as a team with Maharashtra ASA friends for obtaining the full recognition of Acupuncture as a system of medicine in the state. We are glad that a primary object is achieved after clearing the proposed bill in Maharashtra Cabinet on Aug. 4. But still the final passing of the bill in the ensuing assembly session and formation of Council of Acupuncture Therapy, Maharashtra is still on the way. Possibly we all are aware about this great responsibility. Interestingly, after 19 years of the West Bengal act passed (first time in India in 1996) Maharashtra Govt. took the long awaited decision of revitalizing this ancient therapy with full status which will definitely booster the move in other states and the centre.

**2.** By the initiative of our ASA Telengana friends, we came to know that at present throughout India the education and practice of alternative system of medicines (including Acupuncture) is not barred by Govt. of India till the enactment of 'The recognition of new system of medicine bill' already placed in the 2014 winter session of the Parliament as stated by Govt. of India spokesman in an Affidavit before the hon'ble Supreme Court of India.

At this historic situation, Acupuncture Science Association (ASA), an All India umbrella body of all sections of Acupuncturists, proposes ASA friends, sympathizers and likeminded friends to take initiative to start new Colleges in different states to introduce Full time Degree (41/2 yrs.) and Diploma (31/2 yrs.) courses on Acupuncture System of Therapy for 10+ 2 Fresher as per guideline of World Health Organization (WHO) and State Health regulatory body if any.

3. After carefully analyzing the document “WHO TRADITIONAL MEDICINE STRATEGY 2014-2023” we came to know the increasing importance of acupuncture in the health care delivery as a whole. ASA India and its state branches has already started popularizing this document and utilizing for getting the due status of this therapy in different states and centers by recognition as a full system of therapy and gradual inclusion in National health care delivery .

4. ASA India already have a active fraternal relation by different means like participation in conferences, CME, exchange of opinion with associations of acupuncture and acuthery of neighboring countries like Bangladesh, Pakistan, Nepal and Western countries. We have already exchanged delegation and more are waiting in our coming 3rd. National meet at Ludhiana on Dec. 7-9, 2015.

**Friends,**

Within a very short period of two years, we, the ASA people or ASA Family (as known everywhere) tried to fulfill the National gap in different ways for establishing this great Acupuncture System of Medicine which is regarded as second largest System of Medicine after Allopathy throughout the world. ASA never wants to be an alternative of any existing association or platform throughout India. On contrary, we believe for joint collaborative work with all the platforms and associations but based on the principles which should not be in contrary to the objectives of ASA India.

**FRIENDS, BEFORE THE FORMATION OF ASA, ACUPUNCTURISTS WERE KNOWN TO EACH OTHER INDIVIDUALLY OR AS A SMALL GROUP OR SECT. BUT NOW PRESENCE OF UNITED ASA INDIA FAMILY IS EVIDENT EVERYWHERE.**

December 7, 2015

## **Public Health and Integrated Medicine (Facts & Myths)**

**Prof. (Dr.) Ram Gopal**

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Alternative medicine is becoming increasingly popular all over the world as Complementary Alternative Medicine (**CAM**). On International Yoga Day (21 June) all over the world activities were undertaken in 2015 attracting researches in modern medicine and Vedic studies. As per a **WHO** report 65 to 80% of the world population depends on alternative medicine. In India also ASA (Established 2013) has inspired **ATSM** practitioners to put their coordinated efforts to strengthen naturopathy, acupressure, acupuncture, moxibustion, Ayurveda, homeopathy, organic diet, pranayam-yoga-meditation and other practices. **AYUSH, MOH, Government of India** is sensitized to execute health for all programmes by strengthening traditional medicine along with modern medicine.

**As Chief Advisor, ASA** I strongly feel and appeal to my fellow members and associates to be aware of facts and myths associated with ATSM and their practitioners spread all over country. We members of ASA are committed to follow classical acupuncture as propounded by **TCM (China)** and **WHO** guidelines. The so called degrees, diplomas and certificate courses run by different agencies with their own syllabus not following WHO guidelines/TCM and claiming recognition from some Open Universities, Deem Universities, Foreign Universities/ Agencies do not have proper recognition in India either by Central or State Governments, MCA, UGC and other institutions/ associations not having legal cover need to be carefully examined and discontinued. A large number of practitioners and patients with false impression are being harmed and doing injustice to this noble profession.

Ayurveda and Siddha systems are truly Indian in origin. Atreya, Charaka, Susruta and Vagbhata were the celebrated authorities in Ayurvedic medicine in ancient India. Atreya (about 800 BC) is acknowledged as the first great Indian physician and teacher. Susruta, the father of Indian surgery compiled the surgical knowledge of his time in his classic "Susrut Samhita" between 800 BC and 400 AD. This work mainly devoted to surgery also includes medicine, pathology, anatomy, midwifery, ophthalmology and hygiene besides protocols and processes.

### **Public Health and PSM**

Johanna Peter Frank (1745-1821), a health philosopher of his time in England conceived public health as good health laws enforced by the police. The Public Health Act of 1848 in England was a fulfillment of his dream making state responsible for the health of people. The development of public health movement in America followed closely the English pattern. By the beginning of the 20th century the broad foundations of public-health i.e. clean water; clean surroundings, wholesome condition of houses, control of offensive trades etc were laid down in all the countries.

The progress of public health has been slow in developing countries including India. The establishment of **WHO** provided a great boost to the public health movement in developing countries also. Cholera, often called the 'father of public health' appeared time and again in England during the 19th century. English epidemiologists studied the epidemiology of cholera in London and established the role of polluted drinking water in the spread of disease. Similarly careful observations of an outbreak of typhoid fever in the rural England concluded that the spread was by drinking water. The demand of clean water then emerged from people. Now we all know that how safe water is associated with water borne and water related diseases.

As a **DRDO scientist and WHO Fellow** I have been associated with water quality management and survey studies during last 30 years in India and other developing countries. It is found by the WHO that 80% deaths of infants in rural areas is due to water borne diseases like cholera, typhoid, jaundice, stomach problems etc. On the other hand vector borne diseases like malaria, guinea worms and many parasites entering through fecal oral route are cause of water related diseases.

Preventive and Social Medicine (**PSM**) was developed in 18th century as a branch of medicine distinct from public health. PSM got a firm foundation only after the discovery of causative agents of disease and the establishment of the germ theory of disease. With the knowledge derived from bacteriology and virology it has become possible to control diseases by specific measures such as blocking the channels of transmission e.g. quarantine, water purification, pasteurization of milk, protection and preservation of foods, disposal of sewage and hospital waste, destruction of insects and disinfection. The development of laboratory methods for the early detection of disease outbreaks of epidemics was a further advance. Now with modern concepts of primary, secondary and tertiary prevention, control and eradication of diseases has been possible. Presently medical universities/colleges/health centers are functional as centers of '**Community Medicine and Family Medicine**' covering all aspects of PSM.

In the history of public health four distinct phases could be demarcated to cover major branches of modern medicine. These are **disease control phase, health promotion phase, social engineering phase** and **health for all phase**. Currently public health with other medical sciences and other health related sectors is engaged to manage life style diseases of present time.

### **Modern Medicine- Medical Revolution**

After 1900 medicine moved faster towards specialization and a rational scientific approach to disease and nutritional aspects. With the control of communicable and non-communicable diseases the so called modern diseases such as cancer, diabetes, cardiovascular diseases, mental illness, drug abuse, obesity, acidity, disability and accidents came into prominence and have become the leading causes of death in industrialized countries due to modern life style. It is realized that there are other factors or causes in the etiology of life style diseases namely social, economic, genetic, environmental and psychological factors, which are equally important. The developments in modern medicine may be grouped under curative medicine, preventive medicine and social medicine.



**World Health Organization** declared, 'Health for all by 2000' during 1978, which has brought miraculous development of allopathy from invention of various drugs for diseases, surgical procedures, instruments, vaccines, organ transplantation and now stem cell research and therapy. To quote modern medicine has wonderful remedies for diabetes from oral hypoglycemic agents to insulin pens. On the other hand patients, doctors and hospitals (AIIMS) are increasing in number, thereby consuming large revenue in health care.

Even in developed countries there are very high incidence of cardiac and carcinogenic disorders, hypertension, AIDS and psychological neurosis. There is a lot of scientific data to support that continued stress leads to precipitation and perpetuation of physiological and psychological maladies. There by suggesting need of ATSM/integrated medicine.

Before 1960, only allopathic medicine was considered 'scientific' and other indigenous systems, though based on empirical knowledge, were labeled as 'quackery'. Interest in Alternative Medicine is on the rise all over the world including America and other Western countries. There are more than **180 systems of Alternative Medicine**. Ayurveda and homeopathy are already being practiced even by Allopathic doctors. Psychotherapy, Hypnotism, Yoga Therapy, Yogic Pranayama, Zero Therapy and Nutrition (Organic Food) are vying for their own place. Everything seems to be tending towards holistic medicine (**T&CM**) in accordance with the concept of holistic health. Physical, mental, vital, intellectual and spiritual (Panchkoshas) - these are the Five Levels of Being and medicine to be holistic should be universally applicable covering all aspects of health, on all the five levels. Early Indian doctors conceived of holistic medicine on the basis of physical body, vital movements, mental thoughts, intellectual convictions and emotional feelings, which cover, as it were, each individual soul. **Traditional Chinese Medicine (TCM)** in use for over 2,000 years is also based on **Five Patterns of Suffering in nature**.

Modern medicine divides man into mind and body and body into multiple organs. Each specialist cares each organ through appropriate investigations and procedures. Each system has functional significance for the entire human being (body) and not just for the malfunctioning of a part. Malfunctioning or diseased part affects whole body like fever affects all parts, organs, tissues and cells. The cause lies from centre to circumference. Hence treatment focused on circumscribed problems or organs or symptoms is totally inadequate. It is a false impression that **allopathy is a panacea for all maladies** that affect human health. Further in the present scenario, an average man is confused. The experts in each system fight each other and there is no coordination and cooperation. No single system of medicine can solve the health needs of our people. Hence Complementary, Alternative (and unconventional) Medicine (CAM) is becoming increasingly popular all over the world. Similarly pure TCM practice should be aimed at the alleviation of the pattern suffering and not on the repair of individual diseases or alleviation of individual symptoms. **But TCM and acupuncture, although much researched have equally been exploited by various aspirants for their overall benefit.**

In Feb. 2013 the GOI, in collaboration with the **WHO South East Asia Region Office (SEARO)** organized an international conference on traditional medicine in New Delhi at which participating countries agreed to cooperate, collaborate and mutually support each other by adopting the **Delhi Declaration on Traditional & Complementary Medicine (T&CM)**.

Government of India through AYUSH (2014) has also spelled out to promote and propagate **T&CM** as signatory member state of **WHO decade programme (2014-2023)**.

### **Medicine- Facts & Myths**

- ✓ Genuine health is the perfect functioning of the tripod of body, mind and soul. Depending on the state of physical stress and type of ailments, the particular mode(s) of applying therapy has to be chosen. In case of chronic ailments pro-nature therapies require a well planned treatment design. Generally following 4 steps are recommended :
  - u Step 1: Detoxify body organ function through lymphatic and excretory systems.
  - u Step 2: Release stress through adrenal glands and solar plexus.
  - u Step 3: Balance energy flow throughout the body by proper stimulation plan.
  - u Step 4: Re-establish the normal functional status of the organ(s), glands(s) and nerve(s) related to the ailment.
- ✓ Healthy life style includes - healthy natural diet and eating habits, modest exercise program, positive attitude and mental poise through regularity and obeying the laws of health and following yoga and meditation royal (noble) path to health and happiness.
- ✓ Medical community, pharmaceutical companies, chemists, physicians and statisticians all form deadly partnership in propagation of drugs. Studies had shown researches in medicine are directed towards commercial returns rather than a therapeutic need. It is in the interest of pharmaceutical companies to develop treatment, which involve long term drug use rather than finding cures. Drug has become a big business only with profit orientation for medical community.
- ✓ Every new drug (Temiflu) means a new disease like Swine Flu. Patients can also not play as innocent victims. They are themselves equally responsible for drug abuse.
- ✓ At chemists shops over 60000 allopathic medicines are generally available. As per research most of them were found unnecessary. Only about 250 medicines were believed to be essential/ life saving/ life supporting. Others are useless or harmful.
- ✓ Drugs change so fast and so often that **today's wonder drugs are proved as blunder drugs**. Best medicine becomes worst tomorrow. They come like a lion and disappear like a lamb.
- ✓ The doctor who prescribes drugs may know very little about it. Drugs are fast changing. More than half the drugs now in use were not in the market 5 years ago.
- ✓ More than ten percent of hospitalized cases are drug induced. The third leading cause of deaths in US is reported due to adverse reactions to drugs.
- ✓ All drugs are absolutely poisonous under all circumstances, whether in small or large dose. No drug is ever safe because no one can know all possible effects the drug may cause.
- ✓ All drugs are physiologically incompatible with the functions and structures of the body.
- ✓ Drugs are synthetic and hence are not natural to the body. Therefore every drug affects natural enzyme system in the body to accomplish a therapeutic result. Most of the times the body completes this process. Problems arise because the same drug affects other enzyme systems in harmful way.

- ✓ Drugs have multiple side effects. They weaken the defense mechanism of body and healing of body is paralyzed. **Effects of drugs thus are not remedial or cure but disease producing.** They are symptom suppressing. They do not act on the body, rather body acts on them. They are habit forming. Drug after drug is employed resulting in addiction and adversely affecting liver, kidney, heart, lungs, brain and all vital organs and lymph blood and protective fluids in the body. They produce imbalance on hormonal secretions.
- ✓ Herbal remedies are getting more and more popularity, following the disastrous effects of synthetic drugs. These are used as an alternative to drugs. Realistically, herbs and synthetic drugs are not worlds apart; actually they originate on the same continuum. They too have drug effect on the body and have side effects and toxicity like other drugs. **Herbs have fewer side effects but they are not as potent as synthetic drugs.**
- ✓ Ayurvedic physicians prescribe them like allopathic doctors, drug for every symptom- giving a long list of them to the patients. This sort of imitation- giving devoid those from the fundamental objects of Ayurveda, which is a science of life based on the principles of health through healthful living alone.
- ✓ Herbal medicines are used as natural supplements and natural remedies. Manufacturers market them as benefiting a natural body function and not as a treatment for disease process. **We should get nutritional supplements, vitamins, minerals and anti-oxidants from our food and not through pills.**

### Medicine Science & Healthy Life

- ✓ Medicine is not an exact science because results are not as per prediction. **Medicine is not and never was a science.** It is a method of treating sick. Anatomy, physiology, biology, pharmacology etc. are sciences based on demonstrable principles, but these are not medicines.
- ✓ *Dr. John Mason Good* states, "The science of medicine is a barbarous jargon and the effects of our medicines on the human system, in the highest degree uncertain, except indeed that they have destroyed more lives than war, pestilence and famine combined."
- ✓ Noted naturopath *Dr. H. M. Shelton* states- "**Perhaps no other things has cost mankind more pain, misery and real sufferings than the idea that he should poison himself with drugs because he is sick.**"
- ✓ *Dr. J. H. Kellogg* in 1883 equipped a laboratory and began the systematic study of the physiological effects of water. The results published (1890-1900) in the form of a book "Rational Hydrotherapy, A Manual Of - the physiological and theraptic effects of hydriatic procedures and the technique of their applications in the treatment of disease" and reprinted by NIN, Pune in 2005 is a comprehensive work of scientific hydrotherapy.
- ✓ India will be diabetes home by 2020. Throughout the world incidence of Diabetes Mellitus (DM) is spreading like an epidemic. **Presently there is no drug, which can regenerate or repair damaged beta cells of pancreatic islets producing insulin.** Medicinal methods of cure and prevention do not touch or affect the causes of disease. They attend the effects or symptoms of hyperglycemia. Factors causing DM are not removed. On the other hand they produce positive injury to the body. In medical practice attention is given to the removal of purely secondary sources of disease and not to be primary causes. In health centers patients treated by naturopathy and kept on selected natural diet of low glycemic index (GI) and practicing yogic exercises, pranayam and meditation have been cured in 3 to 6 months period. **Natural diet rich in enzymes, antioxidants and other nutrients with naturopathic treatment have been found to reduce blood sugar and help to normalize and regenerate pancreas quickly and early.**
- ✓ We are living in the age where the powers of destruction (NBC weapons of mass destruction) have been developed beyond the range of imagination; drugs and other chemical agents have unlimited power to destroy. We are engaged in a war against diseases.

We treat them as enemy to conquer instead treat disease as a friend and teacher and cooperate with nature. **Man in his false attempt to dominate nature in the field of biology had to face defeat in the form of incurable, chronic, degenerative diseases and genetic disorders.** Nature started hitting him back.

- ✓ Healing process is a natural function of the body, which no external agency can usurp, body knows to make and use its own drugs when and as and how required. Eliminate the cause of disease and body will do its own job.
- ✓ Natural and healthy lifestyle changes are the only remedy and alternate to escape the mad plight of drugs. Poor lifestyle habits are at grass root level of diseases.
- ✓ The global review highlight the ongoing demand for T&CM products, practice and practitioners, describes patterns of use, identifies the need for regulation to protect consumers, describes the importance of integrating T&CM into universal health coverage and identifies some of the difficulties and challenges of integrating T&CM into health systems.
- ✓ **The body's natural immune systems and natural anti-oxidant defense system and natural repair system are the best physicians designed to protect our health- not the drugs.**

My experience with integrated therapy as a R&D scientist at pro-nature therapy centers has strengthened the belief on continuing demand for Traditional & Complementary Medicine (T&CM), which has been updated by **WHO (2013) in the document “WHO Traditional Medicine Strategy 2014-2023”**. This document sets out the course of TM and CM (T&CM) in the next decade. As follower and practitioner of pro-nature therapy, I strongly recommend all health centers and institutes engaged in practice and training of TM/CM/ISM should promote the safe and effective use of T&CM through regulation of products, practices and practitioners to boost the global integration of T&CM into health care systems. **India's National Health Policy and WHO decade (2014-23) program along with Community Medicine and Family Medicine are committed to meet goal of health care for all.**

**As Chairman, Research Advisory Board, IRIIM, Howrah** I express satisfaction over multiple growth of **IRIIM and Ludhiana Acupuncture Medical College & Dr Kotnis Hospital, Ludhiana, Punjab** in establishing clinical and research study in pro-nature therapies integrated with modern medicine. The R&D work, protocol and processes developed to create relatively safe holistic health care system have been appreciated and recognized by national and international institutes, universities, media coverage and organizations. The multinational approach associating traditional and alternating medicine with organic diet based pro-nature therapy in holistic health management is attracting practitioner in government, NGO and private sectors. The institute with its headquarter at IRIIM Bhawan, Howrah, sub-centers in India and students network in India and abroad through their small clinics is rendering omen services by the cost effective, eco-friendly and safe health care system within the reach of common people.

**I strongly appeal to ASA members and other beneficiaries associated with ASA** to be aware with above **Facts & Myths** and not be carried away by many such unrecognized agencies selling degrees and so called untrained pseudo-acupuncturists, acupressure–*sujok* therapists / pro-nature therapy experts having fake designations and qualifications. I also recommend to my fellow members to first heal themselves and develop their holistic personality before projecting as qualified and blissful therapists. What we own (sound body, mind and intellect) can only share, transfer and impart to others. We are committed to contribute in fulfillment of national health care goal. **Such enlightened ASA workers will be virtuous, imaginative and productive to any family, society and organization.**



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# Acupuncture Science Association (ASA)

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## Respected Members of ASA,

Feb.25, 2015

'2<sup>nd</sup> National Meet and Scientific Conference on Integrated Acupuncture' (ASACON 2015) of All India Acupuncture Science Association (ASA) was held successfully on 14<sup>th</sup> Sat. & 15<sup>th</sup> Sun. February, 2015 at Sumermal Jain Public School, Janakpuri, New Delhi in the line of Historic Ludhiana National Acupuncture Meet, 2013. More than 180 professional acupuncturists, researchers, scholars from different states of India (Bihar, Delhi, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Punjab, Rajasthan, Tamilnadu, Telangana, Uttar Pradesh and West Bengal) and Abroad (Bangladesh, UK and USA) participated. More than 28 papers including invited talks and free papers were also presented.

In the Inaugural ceremony, **Chief Guest Prof. Dr. S.N. Pandey**, Vice-Chancellor, Indira Gandhi Technological & Medical Sciences University, Arunachal Pradesh praised ASA members for sustained effort for recognition of acupuncture system of medicine in India. He also assured for future inclusion of full fledged acupuncture course in the university. Special guest Dr. S.N. Thakur, Research Officer, Central Council for Research in Yoga-Naturopathy (CCRYN) put stress on inclusion of acupuncture in health care delivery.

ASA Chief Advisor, noted defense scientist **Prof. Dr. RamGopal** highlighted that the proposed **Recognition of New Systems of Medicine Bill** will strengthen T & CM (Traditional & Complementary Medicine) to develop and integrate into health systems thereby advancing towards achieving national and **WHO** goals (2014-2023). President ASA **Dr. Anish Gupta** urged all the ASA members throughout India to come forward, spread the message of Association as well as Acupuncture science at the grass roots level.

ASA General Secretary, **Dr. Debasis Bakshi** explained the importance of the national meet and the conference which is only of its kind to uplift all the Acupuncturists and Acupuncture loving people of India. It is not merely a scientific meet, but to develop us to the national & international standard of Acupuncture Physician, Researcher, Teacher and Organizer who can look after the whole present & future work related to Acupuncture.

ASA Joint Secretary **Dr. Inderjit Singh** urged for importance of enrolling of all sections of Acupuncturists, Scientists and all Acupuncture loving people throughout India under a unified umbrella, without ignoring any existing platform. He also emphasized on standardization of Acupuncture Education through out India. ASA Delhi President **Dr. Vijay Mal** and Former Special Representative (Minister of State) **Mr. Bijender Goel** were also present.

**ASA News Letter** Inaugural Issue was opened by Chief Guest, Dr. S.N. Pandey. An editorial board under the leadership of **Dr. C.K. Raju** organized the whole work.

The inaugural programme was presided by **Dr. Darshan Singh**, Medical Superintendent, Guru Nanak Charitable Hospital, Inderpuri, New Delhi. Vote of thanks was given by **Dr. Rajesh Bhayana**, General Secretary, ASA, Delhi.

National Coordination Committee of Acupuncture (NCC Acu) Chairman Padamashree Awardee **Dr. Raman Kapur** joined the programme in the afternoon.

Earlier on Feb. 13 evening, Hon'ble Ex. Union Labour Minister Mr. Oskar Fernandez came to meet all the delegates at Guru Nanak Hospital and assured all possible help & cooperation for inclusion of Acupuncture in National Health Care Delivery.

After the Inaugural session, in the National Meet, following topics were presented and discussed:

**Session I:** Scientific Presentation was done by ASA Founder Members on evolution and status of Acupuncture and Acupuncture Practitioners in their respective states.

#### **Session II & III: National Scenario of Acupuncture in India**

**A. Recognition of Acupuncture in Different States and Centre – present status, problems and learning from past experience–** Presented jointly by **Dr. Beramji, Dr. Inderjit Singh** and **Dr. Debasis Bakshi** on. It was stressed that the **2003 Govt. of India's Administrative Order** must be withdrawn so that sufficient number of proper institutions and Diploma/Degree holder workforce can be generated which will be greatly helpful for recognition process and future development of full fledged acupuncture workforce from present stage to the post recognition period.

**B. Statewide Survey & Enrollment of Members–** Presented by **Dr. U.Shrikumar**. In his presentation it was stated that a big number of acupuncturists are practicing in India in different states with non-uniformed background, teaching and methods. A vast majority of them are having 10+2 background with varieties of Acu Therapy Training. He elaborated the example of Tamilnadu state in this regard.

**C. Standardization and Upliftment of present workforce of Acupuncture–** Presented by **Dr. Debasis Bakshi** on the very much needed task of the present and post recognition stages. He mentioned the various schools of teaching and methodologies, practice till date which should be standardized according to the 'WHO guideline on training in Acupuncture'. ASA India with all its members, supporters and well wishers should understand the present situation of uneven development and take immediate programme throughout India to overcome this problem as per the WHO guideline. After the withdrawal of 2003 GOI Order, institutions and colleges should be set as per WHO guideline and under the guidance of the health universities to undertake the most needed full fledged diploma/degree course of acupuncture. Importance or stress is to be given on developing full time Acupuncture Physician (Diploma/Degree like D.A.T in WB or L. Ac. in other countries. The present work force (part time physicians and general acupuncturists) should be treated as per WHO guideline. ASA India will help all the states in this regard.

**D. Research and Development including Documentation & Data Base Generation** - An elaborative document on How to document the acupuncture practice, create data base, keep records and present reports or papers in different forum with case example was presented by **Dr. Sujata Pal**.

**E. ASA Newsletter and other Publications**— The editor in-charge ASA Newsletter **Dr. C.K. Raju** presented in details the future plan about the Newsletter and other publications. He asked all the ASA members to send their opinion, experience, report on ASA related activities.

**F. Awareness Generation and Resource Building** – **Dr. Sathyamurthy** presented the important issue and asked all the members to come forward with their concrete suggestions which will be included in the forth coming Newsletter and circular.

**On the Second day**, invited lectures were given by:-

- (a) **Dr. Michael O. Smith**, USA, Chairperson NADA International;
- (b) **Dr. S.F. Elahee**, Chairman Bangladesh Acu Therapy Foundation
- (c) **Dr. Resmi Madan**, Renowned Acupuncturist and Anaesthetist, UK
- (d) **Dr. P. B. Lohia**, Aurangabad, Maharashtra
- (e) **Prof. Dr. RamGopal**, Defence Scientist & Chief Adviser, ASA

Later on, 20 Free papers were presented by Acupuncturists all over India.

In the Valedictory session, Awards in memory of Late **Dr. B.K. Basu, Dr. D. S. Kotnis and Gyan Singh Dhingra** were presented to noted dignitaries for their respective contribution in the field. President of the whole Meet & Conference Prof. Dr. RamGopal appealed to all members and well wishers to contribute to all activities of this association engaged in the noble work of improving holistic personality of suffering humanity. Vote of Thanks to the chair was given by ASA Delhi State Branch Gen. Secy. Dr. Rajesh Bhayana.

With Best Wishes,



(Dr. Debasis Bakshi  
Gen. Secy. ASA, India)

## **EAR ACUPUNCTURE PROTOCOL MEETS GLOBAL NEEDS**

*(The Spirit of NADA – Oslo, Norway 2001 – Mike Smith)*

Developed in the 1970s at Lincoln Hospital (Bronx, NY), the National Acupuncture Detoxification Association (NADA) protocol was originally used as a supportive component in drug and alcohol treatment settings. The 3-5 point ear acupuncture formula controlled withdrawal symptoms and helped patients become more clear-headed and comfortable. Nearly 1,000 licensed drug treatment programs use acupuncture in the U.S. according to federal N-SSATS statistics.

The 21<sup>st</sup> century has brought a remarkable expansion in the use of the NADA protocol. It is used in 130 prisons in England. Correction officers provide all the treatments under a 5 year training contract by Smart-UK. The jail program was expanded because of an 80% reduction in violent incidents. Post-trauma treatments have been given to community members after 9/11 and Katrina. Treatments for firemen have been permanently institutionalized in both cities. Ear acupuncture for stress has been used by thousands of para-military (Border Security Force) personnel in India through Nada-India.

NADA acupuncture has changed the face of psychiatric hospital care in Northern Europe. 3,000 nurses have been trained in 100 different government facilities. Refugee services in war-torn areas have been particularly impressive. The DARE program in Thailand has provided ear acupuncture for many years with a dozen different Burmese tribes in border camps. NADA was introduced during a 2 week training sponsored by Real Medicine Foundation in refugee camps in East Africa in May 2008. By the end of the year, 18,000 treatments were provided by the refugee trainees. Support was provided for survivors of a violent land dispute.

NADA members have used magnetic beads to treat children with ADHD and autism-spectrum disorders, and violence-prone adolescents. The beads are placed on the back of the ear opposite the shen men point. Bead remains in place with an adhesive 1-2 weeks at a time. Many instances of prolonged improvement have occurred, but this technique is only in an early stage of evaluation.

NADA acupuncture is used on a public health model. Treatments are commonly given in large groups on a frequent basis. Patients sit quietly for 45 minutes in a collective experience. Many jurisdictions have laws that allow a wide range of clinical personnel to be trained to use the NADA protocol in state approved facilities under general supervision of a fully licensed acupuncturist or physician. States that do not have this provision, such as Florida and California, have few NADA programs in comparison with states like Virginia and New York which do have this arrangement.



NADA uses 3-5 ear acupuncture points: sympathetic, shen men, lung, liver and kidney. In many settings only the first 3 points listed above are used. Results seem to be similar with 3 points, and there is less expense in Third World settings.

NADA training also involves sterile precautions and social integration with other services. Apprenticeship training is always necessary because the clients are often troubled and distracted. NADA is a non-verbal approach. There are no diagnostic procedures. The ear points provide a balancing effect: some fall asleep; some feel relief of depression; some seem to be meditating. These balancing effects continue from one to several days even though the patient may be exposed to contrasting emergencies during that time. It is a coping and preventive effect. As an added note, Lincoln used electro acupuncture extensively in the 70s. Symptom relief lasted 6-8 hours. Our patients always preferred the prolonged preventive effects of manual acupuncture.

NADA acupuncture adds a valuable component to the behavioral health fields. Its worldwide validation strengthens the entire acupuncture profession.

NADA protocol started with one needle plugged into a machine and an addict turning it up high for the buzz. It started with heroin addicts and alcoholics who said this would help them although doctors were saying that their disease didn't relate to endorphins so acupuncture wouldn't work for them.

This was in the 1970s in the South Bronx where 10 percent of the entire population was on drugs so the percentage of younger people using was much higher. Two hundred and fifty people lined up that first morning with just one day's notice that the clinic would be opening. We started giving acupuncture twice a day because we were trying to copy the heroin. Heroin works for 6 to 8 hours so we thought acupuncture would work for 6 to 8 hours. But the machine broke and the clients stopped coming for the second treatment. This taught us that the more gentle the treatment, the longer the effect. We also learned not to try to explain the treatment because this would limit us. The Spirit of NADA was at first to allow ourselves to find that Spirit.

A pill doesn't have wisdom but acupuncture has wisdom from the very first – we didn't understand that for four or five years. Until you get out of things, like machines, you can get trapped by your own mind.

Taoist philosophy suggests that the name NADA is important because in treating people we do a lot, an excess, and we can forget that the rest of life is out there. NADA in Sanskrit means a crystallizing drop of metabolic energy.

NADA is a simple, drug-free, centered Taoist concept of acting without acting. It represents what fits with other things -- like jails and emergency rooms. NADA has to be simple because everything else is so complicated.

**Dr. Michael O. Smith**  
**Founder & Chairman**  
**NADA International**

Dozens of studies have documented the effectiveness of the NADA protocol as an adjunct treatment. Among the benefits reported by patients and health care providers are: improved retention in drug treatment programs; more optimistic attitudes about detoxification and recovery; reductions in cravings and anxiety; fewer episodes of sleep disturbance; and reduced need for pharmaceuticals.

While the NADA protocol is an important component of any detoxification program, it is by no means the only component. The NADA protocol is often used with other treatment modalities, such as counseling, support groups and self-help programs, to increase the overall effectiveness of care.

In 1999, NADA protocol was introduced in India under the supervision of Dr. Michael O. Smith with the objective of making barrier free services and well-being issues available across communities. The proposed paper is a journey in retrospect of NADA protocol globally and India in particular. The paper focuses on issues related to addiction treatment, NADA Protocol, its spread globally and how NADA protocol can meet the needs and challenges in the field of addiction treatment & rehabilitation in India.

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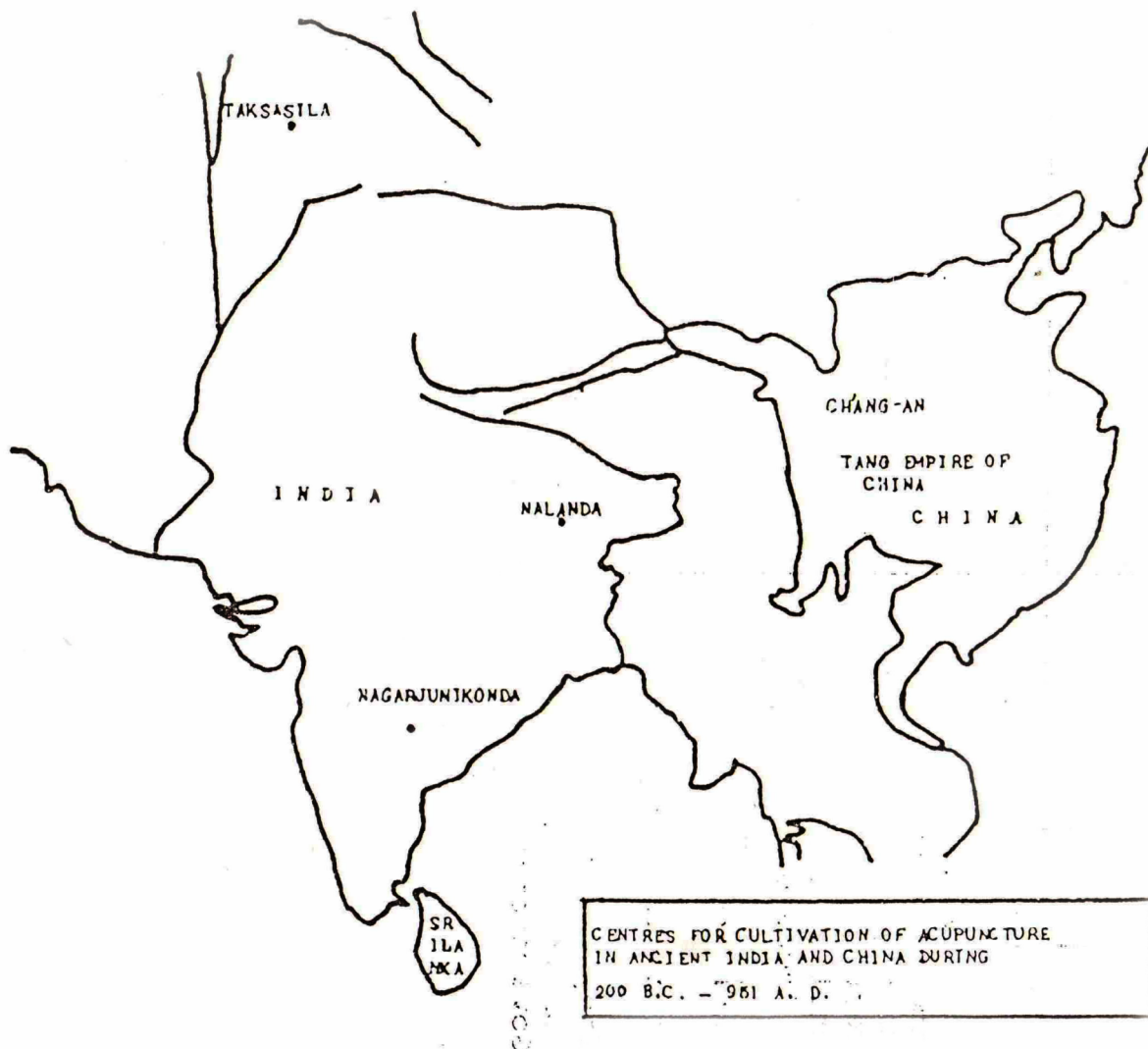
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# HISTORICAL INTRODUCTION OF ACUPUNCTURE IN INDIA SOWED SUPERIOR SEED OF INTEGRATED MEDICINE

\*D. Bakshi, B. Mukherjee, S.Basu. S.Pal & J. Chatterjee

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## **ABSTRACT**

Acupuncture, though originated in oriental countries in the ancient times but, its philosophical understanding is amazingly wide open to the modern medical science.

Historically, records are there regarding its Indian origin. However, acupuncture practised today in Indian sub-continent mainly shows Chinese origin and its introduction to India was pioneered by Dr. B.K. Basu, the first indian who learned Chinese acupuncture from mainland China during 1959.

It is interesting enough to note that through acupuncture is successfully practised in India in a rejuvenated form for the last few decades but due to lack of proper Governmental support this thereby suffers from under utilization and under development, while WHO suggested for it's wider application and development through concerted Governmental efforts.

## **Introduction**

Acupuncture originated in prehistoric ages and evolved into its present form in the succeeding centuries. The wealth of records on acupuncture, both in East and in the West, belongs to this prescientific era. But scientific investigation of acupuncture has proved to be worth elusive.<sup>1</sup> Study reveals the controversy regarding its origin but predominant practice of Chinese acupuncture throughout the world has attracted the scientific community to study its history and philosophical dimensions in the context of further meaningful development and application in different socio-medical setup.

## **Origin of Acupuncture Various Schools of thoughts**

Generally known to us that acupuncture was originated in ancient China<sup>2</sup>. But there is controversy in this respect. Several records are there which justify that acupuncture has been practised in ancient Egypt, Persia, India etc. There were Vedic therapeutic methods of needling in India date back to the ancient period. Many Chinese travelers had come to India and written extensively about the local treatment practices. Some of the Indian erudites even said that people learnt acupuncture from Indian experts in Takshashila University (circa 100 B.C). It has been said that Ayurvedic texts consisted of acupuncture principles lost due to the then unfavorable circumstances in India. Research reports stated that Buddhism also utilized acupuncture and ayurveda, which were subsequently taught to Tibetans. The Buddha was reportedly responsible for writing various texts on Indian medicine, which today the Tibetan Buddhists jealously guard.

There are four Shastras or texts written by Buddha, in which the Fourth Shastra indeed explains that Tibet received acupuncture and medicine from India. The Indian Buddhist medicine centres around restoring and developing balance between the three humours called Wind (Vata), Bile (Pitta) and Phlegm(Kapha). Experienced Tibetan physicians have used the system for more than thousand years. The Fourth Shastra of Buddha dealt with acupuncture, moxibustion, surgery and so forth<sup>3,4</sup>. However, in International Medical scenario the dominance Chinese acupuncture and indomitable interest of the people regarding its efficacy have forced the researchers to look into the depth of this healing practice.

## **Chinese Acupuncture: Passage to India**

Reports indicated that during 6th century, through the process of cultural exchange between China and other countries, acupuncture and Moxibustion were disseminated to South-East Asia and the continent of India. Actually Mi Yun from Dun Huang of Gansu province introduced the therapeutic methods and prescriptions of Hua, Tuo, the great man of Traditional Chinese Medicine and acupuncture, to Daochang state of North India<sup>2</sup>. but report regarding its subsequent cultivation in India is obscure. After a long gap of several centuries, again we note the reintroduction of Chinese acupuncture in India in the middle of 20th century through normalization of India-China relation.<sup>5</sup>

### **Rejuvenation of Acupuncture in India: Historical role of Dr. B.K. Basu**

Through the pioneering role of Dr. Bijoy Kr. Basu in 1959 Chinese acupuncture was reintroduced in India. Dr. Basu was a member of the historic Indian Medical Mission to China (1938-1942)<sup>5</sup>. It was interesting to note that though he was a student of modern western medicine but had taken sincere attempt in the development of this oriental healing art in his motherland. Dr. Basu was equally interested to realize the inherent values of this Chinese classical therapeutic modality. So during his activity we note that he not only practiced acupuncture as a therapy but also tried to inculcate some unique human and social values in medical practice which are essential functional component of any successful therapy. In the advancement of acupuncture in India as usual he had given stress on acupuncture training for both health workers and qualified doctors. It is fact that in the development of acupuncture health worker he was moved with the concept of barefoot doctor of China.<sup>5</sup> Through his continued inspiration and active guidance medicos and health workers of different social service organizations like Peoples' Relief Committee, Dr. Dwarkanath Kotnis Memorial Committee etc. had undergone training in acupuncture. Dr. Basu's noble mission interrupted in 1986 with his demise.

### **Acupuncturists and Acupuncture Training in Modern India**

In 70's we mark the renewed interest of western medical world in acupuncture. Several research findings on fundamental aspects of acupuncture appeared in the scientific literatures.

Particularly some important research propositions and findings of pain research like 'gate control therapy', 'endorphin – enkephalin theory' of acupuncture analgesia and above all the favorable theoretical paradigm of modern physics regarding complex systems and possible correlations with philosophical understanding of Traditional Medicine gave major boost to the international medical community and inevitably the India counterpart for acupuncture. In due course, besides socially motivated acupuncture health worker, various medical graduates became interested in acupuncture and started to practice it as a system of therapy or as an adjunct to other therapeutic modalities.<sup>5</sup>

In India, acupuncture is practiced mainly by medical graduates and trained health workers. A major contradiction emerged in this field of practice. Most of the acupuncture trained medical graduates are of the opinion that if we allow the trained acupuncture health workers to practice acupuncture without having medical graduation, unwanted complications may develop in the treatment of patients. On the contrary, some doctors and institutions are of the opinion that as acupuncture is mainly based on Traditional Chinese Medical Philosophy, for its practitioners, actual knowledge in acupuncture, basic medicine and a basic health concept are essential. They opine that graduation in modern medical science should not be the prerequisite for becoming an acupuncture practitioner. In this context, if we make a comparative analysis regarding the role of modern doctors and acupuncture health workers in the popularization of acupuncture in India, significant presence of the health workers may be visible.

This important social fact has to be recognized by the scientific community. But people have already accepted as they are getting necessary service from these workers. In this regard we may quote the important proposition of WHO on practice of acupuncture. WHO considered that acupuncture, if practised by well trained individuals, be they physicians or other health professionals should be safe and efficacious for the management of well defined conditions. It is also particularly cost effective if controlled by Government.

In India acupuncture is neither fully supported nor recognized by the Government. So the country lacks any comprehensive basic infrastructural facility for proper training in acupuncture. Very few organizations are delivering preliminary and basic acupuncture training for the learners. The frame work and dimensions of these training are not properly standardized. Only recently a qualitative change in Government attitude for the development of acupuncture has been noticed. Government of India in early 90's taken positive steps for mutual exchange of knowledge in the filed of traditional medicine including yoga and acupuncture in between India & China.

### **Inner Dynamics of Philosophical Understanding of Different Acupuncturists**

Through the evaluation of inner dynamics of development of acupuncture in India we have revealed that there is a philosophical difference amongst the acupuncture practitioners. A good number of Indian acupuncturists practice acupuncture mainly based on its analgesic property. So they fail to utilize fuller potential of this healing art based on the philosophy of traditional Chinese medicine (TCM) whereas, though small in number, the believers of TCM follow the philosophical dimensions of acupuncture therapy and continuous endeavor is there to utilize and develop it as a potential therapeutic system.

Again it is interesting to note that a significant concept is emerging from the second group of practitioners that acupuncture also can play vital complementary role along with modern medicine mainstream. Apart from these, another group of practitioners are there who propagate acupuncture as an alternative therapy but their actual approach is hazy and full of ambiguity.

### **Institutional and Peoples' acceptance of Acupuncture in India**

Culturally our people favor to adopt any form of traditional medical system. So in case of acupuncture, which possesses so much philosophical similarity with Indian ayurvedic system as well as historical traces of common origin, a large section of Indian society has spontaneously accepted it as a system of therapy. This fact has been reflected by the growing interest of the youth to learn it as a powerful media of social service as well for professional practice. In our country thousands of acupuncturists are now practicing acupuncture successfully in different social setup for the treatment of various chronic and acute disease conditions. Gradually they are finding their actual niche in the field of medical practice and people are also finding their friends in the struggle for the development of a cheap ecofriendly efficient holistic medical system.

It is also interesting to note that most modern scientific and medical institutions and agencies of India showing intense scientific interest for the development and standardized application of acupuncture. The premier medical research body ICMR of Government of India has already remarked that the fundamental and applied research on acupuncture is an important area of medical research. ICMR experts are giving more stress on its mechanism of action, immunomodulatory property and on philosophical dimensions. In this plethora of intense social interest eminent medical professionals are also showing their growing interest in this traditional but potential art of healing.

### **Philosophy of Acupuncture Seeds of Integrated Medicine**

Central to the concepts behind acupuncture is the idea of the body as self healing that as living beings we are all naturally full of vitality and are continually and quite unconsciously, being rebalanced and regenerated from within.

Acupuncture sees the body as a self rectifying dynamic whole, a network of interrelating and interacting energies. Their even distribution and flow maintains health, but any interruption depletion or stagnation leads to disease. Acupuncture is a system of medicine which seeks to aid these natural processes, helping the body to correct itself by a realignment or redirection of body vital energy, which the Chinese call “Qi” (Chi).

The Chinese themselves compared the flow of “Qi” through the meridian system to water irrigating the land, feeding, nourishing and sustaining the substance through which it flows. By needling the points, the “Qi” can be 'tapped or affected to influence the state of health. In another analogy the Chinese described the body as a musical instrument, constantly resounding with the flow of “Qi” in the meridians, as a flute does with a breath of air. Good health is the equivalent of a pure clear note from this instrument and illness as discord, which can be corrected by stimulating different points or holes, thus altering the quality of the note. These ideas of tuning and allied ideas of correct frequency, timing and so on to ensure that things run well, are useful analogies for us in the modern world. Interestingly it is not regarded as entirely coincidental that many of the theoretical principles of Modern physics have a similar basis and “World view’ as acupuncture. Both are looking behind the scenes at the interaction of energies. Acupuncture may be old but its principles are very modern.

From an understanding of the body as an energetic and vibrating whole, comes a new approach to health and disease. Modern western medicine tends to be divisive, often looking at one part of the body without seeing its relation to the whole Acupuncture draws together all the diverse signs and symptoms of ill health to form a basic pattern of disharmony.

Having determined the dynamic state of the patient in relation to the environment, the Chinese doctor then attempts to restore the balance and harmony. Several therapeutic techniques are used, all designed to stimulate the patients systems in such a way that it will follow its own natural tendency get balanced.

Accordingly, one of the most important principles of the Chinese Medicine is always to give as mild a therapy as possible. The whole process, ideally, is one of ongoing interaction between doctor and patient, with the doctor continually modifying the therapy according to the patients' response<sup>8</sup>.

With this evaluation it become evident that through the history of acupuncture in India is lengthy, contradictory and full of events but it has definitely added some new dimensions in the paradigm of new integrated medicine which can revolutionize the ideas of modern medicine vis-à-vis the development of more effective holistic medical systems in Indian society.

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**(Reprinted)**



## Abbreviated Courses in Acupuncture for Physicians Pose a Serious Problem

Sometimes, understanding one's background can clarify their particular point of view. So in the spirit of “full disclosure” I would like to tell you a little about mine.

I began my medical career in 1979 when I received my MD degree from Albany Medical College. I trained in diagnostic radiology at George Washington University Hospital in Washington, DC. I entered private practice and spent 20 years doing full-service hospital radiology. It was at the end of these 20 years that changes occurred in my life, changes that made me look at my direction and commitments. It was at that time in my career when I discovered acupuncture, and the power this medicine has to heal. Please understand, I was awestruck at the conditions acupuncture could effectively treat — conditions that from my previous medical training I knew were precisely those no one wanted to get stuck with because there was no effective treatment. I am a fellowship-trained interventional radiologist, and I have put needles into arteries, veins, solid organs, abscesses, tumors, pleural cavities, peritoneal cavities....you name it. But I had never felt the pull of Qi on a needle, I had never intentionally manipulated a needle to achieve a specific energetic effect, I had never contacted the energy of a meridian, nor used needles themselves, as instruments of healing. Here was a whole new science to learn. And the amazing thing is that it has a 3000 year history with millions upon millions of people undergoing clinical trial in China for 30 centuries!

So I enrolled in a course for physicians to learn “medical acupuncture”. I attended two weekend sessions, watched videotapes, and read one book. This course was based on the work of one physician. The book we read was his book – the videotapes we listened to were him talking, and he gave nearly all of the lectures at the 2 weekends of instruction. On the last day of training, I happened to be sitting next to a doctor from San Diego, and I overheard him say, “My wife knows so much more about acupuncture than I do.”

I subsequently found out this doctor's wife was a licensed acupuncturist. One thing led to another, and before I knew it, I was enrolled at the National College of Natural Medicine in Portland, Oregon in a Master's degree program in Classical Chinese Medicine. I will graduate from this same program in June. It is a 4-year program, and I have been able to complete it in 3 years by transferring credits from my medical school training. I feel very strongly that, in order to practice acupuncture at the level of competency which this medicine deserves, one must learn from many professors, observe with many clinical supervisors, and spend at least a few years to learn how to approach a patient in a holistic way with an entirely new set of diagnostic principles.

Remember, I am a scientist at heart, and this is the finest science that I have encountered. As a physician who has gone through Western medical training and now training in acupuncture and Oriental Medicine, I assure you that abbreviated courses in acupuncture for physicians pose a serious problem. That problem has to do with efficacy of treatment. Without a comprehensive education in the fundamentals of this science, and without appropriate hours spent in learning complex needling techniques, followed by supervised clinical application of all of this learning, it is not possible to effectively treat the list of diseases which the world now recognizes are amenable to acupuncture intervention.

The World Health Organization recognizes the ability of acupuncture to treat the following diseases: asthma, menstrual cramps, arthritis, sciatica, TMJ problems, allergies, anxiety, depression, bladder problems, kidney problems, childhood illness, colds, influenza, cough, bronchitis, constipation, diarrhea, dizziness, ear-nose & throat disorders, fatigue, gynecological disorders, genital herpes, herpetic neuralgia, heart palpitations, immune system deficiency, infertility, insomnia, numbness, poor circulation, PMS, sexual dysfunction, impotence, skin problems, stress-related illnesses, and weight gain or weight loss...and the list goes on.



Acupuncture is not a nice, short topic that can be covered during a seminar lasting for a few weekends. Suffice it to say, that it is not possible to treat the difficult diseases listed above after watching videotapes, reading one textbook, and attending two weekends of lecture with needling practice on a few other course participants.

I would like to give you a brief case presentation now, to try to illustrate in a nutshell why I am writing this letter. A 57 year old man presented 4 days earlier to the OHSU emergency room with sudden and complete blindness in his right eye. He was seen by an ophthalmologist, underwent carotid ultrasound, an MRI of his brain and MRI angiography, and was told that he had occlusion of his central retinal artery and would have permanent loss of vision in that eye. At the time of presentation his medications included lisinopril, metformin, and aspirin. Fortunately, the patient happened to have an appointment with his chiropractor, who heard the story of this man's sudden blindness and grim prognosis, and referred the patient to the acupuncture practitioner who worked in the same building. The patient was seen daily for 7 consecutive days for acupuncture treatment. On the second day, he could see a small circle of light in the center of his vision in the blind eye. Day by day that circle of light enlarged, and became clearer. At the end of 7 treatments he had 20/40 vision in the previously blind eye.

This is the power of this medicine in the hands of a skilled practitioner. This is what can be accomplished in Oriental Medicine. Someone in Integrative Medicine has given me a definition of their subspecialty as the medicine that "fills in the gaps". I think this is an apt definition, and there are many gaps in western medicine which need filling. Please give Oriental Medicine a chance by ensuring that practitioners who enter this field are adequately trained. Let's up the ante, and see whether we can embrace this amazing alternative healing science with practitioners who have enough didactic hours of lecture from a variety of acupuncture faculty, and enough supervised hours of clinical practice so that they are familiar with treating patients with all sorts of maladies such as cancer, asthma, palpitations, constipation, allergies, menstrual disorders....to name just a few common problems.

The way forward has been paved by the state of Hawaii. Hawaii requires that medical doctors be trained and tested for competency prior to administering acupuncture to patients. The Attorney General for the state of Hawaii issued a statement on August 18, 2003, declaring that "medical acupuncture" as performed by physicians is not substantially different from any other type of acupuncture, and therefore, physicians performing "medical acupuncture" should be subject to the same laws of licensure and proof of competency as everyone else.

We in the acupuncture field are at a crossroads. We can condone physicians doing acupuncture under-trained, unsupervised, unevaluated in terms of competency, or we can strive to raise the standard. I feel strongly that this is a public health issue. I feel strongly that allowing medical doctors with minimal training & without oversight by a non-professional organization is a dangerous and foolhardy policy. I'd like to respectfully remind you that we are talking here about a healthcare profession; we are talking about peoples' health & well-being; we cannot afford to have a double standard. The general public deserves parity in licensing so that competency can be maintained.

I therefore propose that the American Association of Medical Acupuncture evaluate their own training programs and consider complying with the World Health Organization's recommendations of 1500 hours of training in acupuncture for physicians interested in pursuing this medicine. The WHO standards for physicians performing "medical acupuncture" include 1000 hours of didactic (including needling technique labs) and 500 hours of supervised clinical training, which ensures adequate training for entry level acupuncture. In addition, I feel that physicians should be required to pass the NCCAOM examinations to ensure their competency in acupuncture evaluation and treatment. If the AAMA is willing to adopt these standards of 1500 hours and NCCAOM testing, I believe the future of "medical acupuncture" in the United States would be shifted from a position of tenuous efficacy to one of competency and powerful healing.

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<http://www.medicalacupuncturefacts.com/2010/03/24/abbreviated-courses-in-acupuncture-for-physicians-pose-a-serious-problem/>

# Long-Lasting Reduction of Blood Pressure by Electroacupuncture in Patients with Hypertension: Randomized Controlled Trial

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## **ABSTRACT**

Hypertension is high blood pressure in the arteries, as a normal response to stress and physical activity. Blood pressure that hovers above the level of 130/80, in an adult is considered high as it may increase the risk for developing coronary heart disease, leading to heart attack or stroke.

**Background:** Acupuncture at specific acupoints has experimentally been found to reduce chronically elevated blood pressure.

**Objective:** To examine effectiveness of electroacupuncture (EA) at select acupoints to reduce systolic blood pressure (SBP) and diastolic blood pressures (DBP) in hypertensive patients.

**Design:** Two-arm parallel study.

**Patients:** Sixty-five hypertensive patients not receiving medication were assigned randomly to one of the two acupuncture intervention (33 versus 32 patients).

**Intervention:** Patients were assessed with 24-hour ambulatory blood pressure monitoring. They were treated with 30-minutes of EA at PC 5-6 + ST 36-37 or LI 6-7 +GB 37-39 once weekly for 8 weeks. Four acupuncturists provided single-blinded treatment.

**Main outcome measures:** Primary outcomes measuring effectiveness of EA were peak and average SBP and DBP. Secondary outcomes examined underlying mechanisms of acupuncture with plasma norepinephrine, renin, and aldosterone before and after 8 weeks of treatment. Outcomes were obtained by double-blinded evaluation.

**Results:** After 8 weeks, 33 patients treated with EA at PC 5-6 + ST 36-37 had decreased peak and average SBP and DBP, compared with 32 patients treated with EA at LI 6-7 +GB 37-39 control acupoints. Changes in blood pressures significantly differed between the two patient groups. In 14 patients, a long-lasting blood pressure-lowering acupuncture effect was observed for an additional 4 weeks of EA at PC 5-6 + ST 36-37. After treatment, the plasma concentration of norepinephrine, which was initially elevated, was decreased by 41%; likewise, renin was decreased by 67% and aldosterone by 22%.

**Conclusions:** EA at select acupoints reduces blood pressure. Sympathetic and renin-aldosterone systems were likely related to the long-lasting EA actions.

**TCM View:** In TCM's view, hypertension usually originates from over stimulation of emotions, internal injuries and improper diet. These external factors cause an imbalance of yin and yang, and disturb of Qi and blood movement inside the body. The liver and kidney are usually the most affected. Formation of internal body evils such as wind, fire, phlegm and blood stasis give rise to different TCM syndrome patterns.

When high blood pressure is evident, TCM recognizes and treats the related symptoms of this such as headache, stiff neck, and dizziness. Other related symptoms may include irritability, excess body heat, red eyes and face, insomnia, and high pitched ringing in one or both ears.

Hyperactivity of liver yang causes Headache or dizziness aggravated by mental upset, irritability, flushed face, tinnitus, dry mouth with a bitter taste, dream-disturbed sleep, reddened tongue with yellow coating and tight, rapid pulse.

Deficiency of Qi and blood results in Headache or dizziness with lassitude, shortness of breath, palpitations, insomnia, spontaneous sweating, pink tongue with thin, white coating, and tight and thready pulse. This morbid condition usually occurs in patients with hypertension complicated by cardiac dysfunction.

Deficiency in the kidneys cause Headache or dizziness accompanied by an empty feeling of the head, tinnitus, weakness of the lower back and knees, impotence or nocturnal emission, dry mouth, reddened tongue with little coating and thready and weak pulse.

Interior retention of phlegm-damp manifest as Headache or dizziness with a heavy and tight feeling in the head, a feeling of fullness and oppression over the chest and epigastrium, loss of appetite, somnolence, corpulent tongue with white, greasy coating, and soft and slippery pulse.

**TCM Protocols for treatment:** Quchi - LI 11, Zusanli - ST 36, Fengchi - GB 20, Taichong - LIV 3, and Hegu - LI 4.

To sedate Liver fire, LIV 2 or LIV 3 can be used. To descend Qi and to clear the head, GB 20, UB 18 (Liver Shu point) and UB 23 (Kidney Shu point) can be used. To sedate Gallbladder fire GB 34 can be used. To Tonify Yin, SP 6 and K 3 can be used. To harmonize Liver, LIV 3 can be used. To calm the mind, H 7 can be used. To Tonify Qi, ST 36 can be used with Moxibustion. To resolve Phlegm ST 40 (Sputum point) and SP 9 (Edema and Anti Inflammatory point) can be applied. To treat Nausea, P 6 (Distal point of the Chest and Upper Gastric tract) and REN 12 (Mu point of Stomach) can be used.

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