

Acupuncture in the Twenty-First Century

Acupuncture is an advancement in medical technology. I am a military physician with more than 25 years of medical practice in the fields of radiation oncology, aerospace medicine, and general medicine. Seven (7) years ago I became curious about acupuncture and made a decision to become an acupuncturist after attending a course for physicians at the University of California at Los Angeles. I was superbly taught by Joseph M. Helms, M.D.

For the past 2¹/₂ years, I have practiced full-time acupuncture at the United States Naval Medical Center, located in San Diego, California. Armed only with acupuncture needles, I have not found the need to prescribe *any* medications. I am very busy and now have a waiting list of more of over 1¹/₂ months. Any skepticism that may have existed among my colleagues seems to have faded away as they also have come to my clinic for treatment.

During this time, I designed a treatment for pilocarpine-resistant xerostomia for patients with head and neck cancer (Niemtzow, 2000; Niemtow et al., 2000; Johnstone et al., 2001). It is wonderful to observe the return of what becomes a maintained flow of saliva in patients who were otherwise doomed to suffer with dry mouth for the rest of their existence. This treatment also works on Sjögren's syndrome, restoring function to dry mouths and eyes. I observed that many patients with peripheral neuropathy secondary to cancer chemotherapy improve with electroacupuncture at low frequency stimulation between 1 and 2 Hz and with a 25 microsecond narrow pulse square wave treated over 30-40 minutes. I have treated patients with the worst forms of severe pain I have seen in my medical career and have been astonished to observe improvements and cures that I could never have achieved in my past allopathic medical prac-

tice. As a result of these experiences in my day-to-day practice, I believe that acupuncture clinical research and its methodology are priority challenges for this new century. We must push forward past the skeptics and utilize this technology. At the same time, we should be cognizant that other alternative medicine systems exist and should be thoroughly investigated for their possible clinical usefulness.

Standards for Reporting Interventions in Controlled Trials of Acupuncture (STRICTA) is a serious guideline for improving reporting on acupuncture clinical trials and, in my opinion, case observations (MacPherson et al., 2002). Some practitioners may argue that controlled acupuncture clinical trials are too rigid because the acupuncture points used for acupuncture treatments cannot be standardized for all patients. However, I believe that STRICTA is right on target in promoting the *quality* of the acupuncture rationale, needling details, treatment regimen, cointerventions, practitioner backgrounds, and control interventions. It is hoped that our colleagues will embrace the spirit of STRICTA.

We must be careful with our methodology when using placebo(s). The acupuncture point is not really a "point." It is a miniscule area composed of nerve, capillary, and lymphatic vessels, and connective tissue. These "points" are ultrasensitive and even a toothpick or a healing touch may cause a physiologic response. Any type of stimulation on or off the meridian must be performed with caution. Needles are more adapted to the *pique* of acupuncture points. Nevertheless, a physiologic effect can be obtained by toothpicks compared to no treatment (Sherman et al., 2002). Mann states well that even a "kiss" is stimulating whether it is on an acupuncture point or away from the meridian (Mann, 2000). Those

who think that this is far-fetched, have perhaps never had their ears kissed!

Surely with the integration of all these new/ancient things our medical practice will be highly distinguishable with more sensitivity, not less, more attention, not less, and less invasiveness. We already have the “medical acupuncture specialty,” which integrates acupuncture into allopathic medicine. But no matter how all of this evolves, it is most important to remember that we may not prove everything completely by randomized, double-blind, placebo-controlled clinical trials alone. We must remember that we are here for the patients. We must love our patients or we may compromise their outcomes. We must acknowledge that not everything can be understood and be humble. Groddeck puts it very well, stating that “it is good, at least once in a lifetime, to stand quietly by and, as far as possible, to give oneself up to the consideration of how things happen outside our knowledge or our power. For us physicians in particular, that is essential, . . . because otherwise we run the danger of being one-sided, of deceiving ourselves and our patients, by saying that just this or that mode of treatment is only the right one . . . (Groddeck, 1949).”

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