

Editorial

Interview With Dr William Craig, Inventor of Craig-PENS

I NORMALLY DO NOT FLY ROUND-TRIP to Arlington, Texas (Dallas-Fort Worth Metroplex) just for lunch, and then back again in the same day to College Park, Maryland! But when Dr Joe Helms told me that Dr Bill Craig agreed to an interview for the journal, *Medical Acupuncture*, it was a no brainer!

I boarded an early flight out from Baltimore/Washington International Airport and landed at Dallas, Texas. No baggage checked—nothing but a recorder. Right on my heels were Dr Stephen Burns and Rosalyn Royal, Managing Editor, to help record the moment and renew friendships.

As the taxi pulled up to Portofino, a quiet, exclusive restaurant, and the clock chimed noon, I nervously ran through the restaurant door and nearly knocked down the waiter. Reservation for “Niemtzow and a party of 5,” I managed to say between breaths. “Did Dr Craig arrive yet?”

As I sat waiting, I had a flashback to the formative years when I was struggling as a physician acupuncturist just to make things work—and if I had needled the correct points, that was a good day for me even if it didn’t help the patient! During this time, I was fascinated by the “Craig-PENS Technique” and Bill’s videos. A no-nonsense approach to pain relief . . . Substance “P” and frequency-dependent “neurotransmitters” at 4 Hz from an electrostimulator, with electrical leads clipping each needle positive to negative. I could relate to that better than the invisible Qi . . .

I went to almost every course that Dr Craig taught from the mid-90s to the start of the new millennium. Then, suddenly, Bill seemed to vanish from the acupuncture scene. I wondered what had happened to one of the most influential individuals in American medical acupuncture who gave me, as well as thousands of others, the courage and confidence to move forward in the use of electroacupuncture . . . My train of thought was broken when I walked Dr William Craig as big as life with his wife, Carol Ann. I waved, he remembered me, and in just a few minutes, the 5 of us were all breaking bread in complete absorption of the riveting knowledge coming across the table . . .

I would like to highlight some of Bill’s comments at this 2-hour plus lunch . . . I have no recollection of what I ate, I was so completely mesmerized by the conversation. We all were . . .

After over 50 years, Dr Craig stated that he is “still amazed by the Craig-PENS Technique. I am still finding new ways to improve upon it. Not practicing now because of health challenges.” (He plans to resume at the medical school level soon. Bill is still troubled by his incident in Chicago where he suffered a severe heart attack which, he believes, was caused by heavy use of a painkiller drug. Luckily, a fellow passenger was a physician.)

“We were poised at Southwestern Medical School to start bone stimulation and its impact on the immune system with cancer patients.” Bill reminisced about his research on metastatic cancer bony pain . . .

“Let’s go back to the beginning . . . Everything began in 1963–64 in Canada when, after attending a Canadian medical school at Ottawa, I took a job as a general practitioner in a teaching post in Ottawa after doing post-graduate work at the University of Michigan in internal medicine. I am from the old school. I was invited to work in the Department of Epidemiology and Preventive Medicine in Ottawa. Chairman Dr D . . . had a vision of Family Practice as we see it today. I taught students how to do surveys and manage patients in the office, and sent them into families.

“I eventually was sent to the University of Toronto to study (for 2 years) and get certified in occupational health. Like getting an MPH. When I returned, the chairman had died. And now there was a new chairman who I did not get along with. I left and joined the Canadian federal government. I was the only senior physician in National Health, somewhat like the Assistant Secretary of Health.

“Canada was one of the first to recognize Chinese medicine (before America did) and especially, *acupuncture*. My wife had terrible migraine headaches at that time. I read everything on the subject. There was nothing I could do for her. One evening when we were supposed to go to dinner

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with friends, she had a terrible migraine. There was nothing to do. My physician colleague who had come over to have dinner with us said, 'I'll get rid of her headache!' He started to put needles into her. I said, 'What are you doing? You're crazy!' He hooked her up to an electrical generator and I watched her face. Her painful frown began to slowly dissipate. 'How is your headache?' She responded, 'I don't have it anymore.' I said to my friend, 'Where did you learn to do that?' He said, 'At the acupuncture school downtown.'

"I decided I was going to learn acupuncture the very next morning! And sure enough, there was a seminar that next weekend. But, I learned to do nothing there. It was just a bunch of things which did not make any sense to me. Strange pathways and Yin and Yang, Fire and Water. I am a Western-trained physician. I thought, 'This is baloney!'

"Soon after, a patient called with bad back pain. 'You have to fix me up because I have to be in Florida in 3 days,' he said. The ambulance picked him up and brought him to my office. I said to the patient after I examined him, 'Drugs are not going to help. Waste of time! I am going to do acupuncture!' Bladder points, I think, but I don't remember. I had 40 needles in him. After an hour, I took them out. 'How do you feel?' 'I don't know. I'm stiff. My God, the pain is gone!' 'Your pain is gone?' I asked. 'You got rid of it!'

"He told everybody in Miami that I got rid of his pain! Then I had a patient with rheumatoid arthritis who crawled up the stairs to see me. She had been bedbound for about 3 years. They tried everything on her and nothing worked. I did the acupuncture and most of it went away. I thought, 'There must be a steroid response—that is the only way that it can go away like this.'

"The same lady went on a radio call-in show and told her story to the physician who was hosting the program. She said, 'My acupuncture doctor made it go away!' The host physician said, 'That is impossible. You tell that acupuncture doctor that he made the wrong diagnosis!' And then, she said, 'Don't you remember? You're the one who made the diagnosis 3 years ago when you saw me in your office!'

"Other doctors started to ask me to do acupuncture things. I was teaching myself. I was thinking all the time about acupuncture. I am a Western-trained physician and I am not dumb. I thought that this must be involving the central nervous system and not that Yin and Yang bull!

"The Canadian government decided to have a Universal Health Plan. I was opposed to this. So, I decided to move to the States. Got a green card. I had to make a choice where to go. I finally decided to go to Fort Worth. I got a job in an alcohol detox hospital. I thought that I could do this better with acupuncture and calm down the patients. I set up 4 leads and electrically stimulated some acupuncture points (LI 4, SP 6, etc) at 4 and 30 Hz, alternating the frequency. The patients said that their pain went away. One of the doctors saw what I was doing. He introduced me to Dr M . . . , an oncologist who had some rudimentary knowledge of acupuncture. He immediately turned his patients over to me. One very wealthy

patient had a cold sore which would not go away. 'I can help you,' I said. I stuck a needle right into the cold sore and the other needle into the jaw bone and connected them to my generator. The next day, it was gone. Right there, she phoned her physician and said, 'I have given millions to build your hospital and this displaced Canadian physician got rid of my cold sore! You need to get your act together!'

"One day, I was treating a cancer patient for chronic pain and the needle slipped and went into the bone. I left the needle in. I hooked it up to my electrical stimulator and connected it up to the rest of the muscle acupuncture points and completed the treatment. The next day for the first time, all the pain was gone. A few days later, my boss called me in and wanted to know, 'What drugs are you using in the needles?' He said, 'We checked the sed rates on your patients and one in particular went from 185 to 12 in less than a week! We did bone scans on the patient that you accidentally needled her bones and the scans showed that the widespread mets were regressing and just about gone. What in the world are you doing?' 'There must be a connection between bone and the immune system,' I said.

"One day I decided that I was going to take 2 weeks off and go to Florida and I did not want to be bothered. *I am going to design a new system based on placing needles into the areas of the nerves that go into the muscles.* This will be a break from traditional acupuncture. I mapped out a strategy. It was such a simple concept. This is how I am going to do this . . . It is no longer simply acupuncture. (This was around 1979–1981.) I had to understand what frequencies to use. Some patients had perspiration and increased pulse depending on the frequency I used. My God, it does affect the nervous system! These transmitters are frequency-specific.

"I started to treat more patients at the hospital. I had a nurse and a medical student. We had about 13 generators and hooked them up to the patients on the various floors. The house staff could not believe what we were doing. You must understand that they thought I was now doing voodoo and was a quack!

A nurse working on the floor (not my patient), for some reason, developed an acute allergic reaction to something and was having trouble breathing. An orderly dashed to the pharmacy to get some drugs. In the meantime, I placed needles in her neck area and began to stimulate her. By the time the orderly returned, she was ready to go back to work. I began to understand what I was doing.

"Over a period of several years, I organized a system to treat complex pain. I was doing things that I thought were logical and worked on different kinds of patients. I went on to treat 2 patients that were involved in automobile accidents. I placed the needles above and below the areas of fractures and hooked them up to my generators and afterward, they went back to work with a cane. They had previously been condemned to a wheelchair.

"Paul White is one of the most renowned anesthesiologists in the world. I was given an academic appointment at

Southwestern Medical School in Dallas to work with him. At that time, I was using 8 rooms treating patients from 8 AM to 5 PM. He could not believe the results I was getting. Paul said we needed to design a research project. (We needed to do a bunch of them!) First one was on diabetic peripheral neuropathy and we also did one on zoster. All of these research projects showed results that were incredible. In order to get approval by the IRB, I was allowed to use only 1 variable which I selected as electrical frequency. If they would have let me do the things that I normally could do, the results would have been much better.

“A colleague had a ruptured disc at around L4–L5 and was going to have surgery to decompress the spinal area. I told him, ‘Let me work on you and I want you to keep a diary.’ I worked on him for an extended period of time. Then we got another MRI exactly in the area that was previously taken. Guess what—no disc and all the nerve roots were in place (after 2 months)! Several months later, I presented the case in front of 300 physicians. One of them stood up and said, ‘Where is the disc? C’mon, don’t try to fool us!’ ‘I don’t know, I said. ‘It’s gone. I am just a plain ol’ doctor. But I will say this. The disc is 99% water and it is probably absorbed.’ The response back was that it was an ‘odd-ball patient.’ I said, ‘No, it is one of your colleagues. He will get up and tell you what I did to him!’

“The research papers we wrote up were good. We wanted them published in frontline journals. Paul White could get them published. So, the first one was sent to the *New England Journal of Medicine*. Two weeks later, it was turned down. It was then sent to *JAMA*. They were excited, as this was the first type of paper dealing with this kind of ‘voodoo’ business performed in a first-rate institution by first-rate individuals. ‘We are going to publish it,’ and they did. As soon as it was published, I got phone calls from all over the United States from physicians and the media. This was 1999. (The major research paper that brought credibility to all of our work in this field was: Ghoname EA, Craig WF, White PF, et al. Percutaneous electrical nerve stimulation for low back pain: a randomized crossover study. *JAMA*. 1999;281(9): 818–823. Other major research projects and papers included: Diabetic Neuropathy, Herpes Zoster, Migraine Headaches, Cancer Pain, etc.)

The University (Southwestern) made an announcement that all department personnel needed to come to the auditorium as there was going to be a presentation of this paper. The dean and the president were sitting on the front rows along with the chairman of internal medicine and surgery. ‘Mr Chairman,’ one of the attendees said, ‘We should leave this work up to the Chinese and let them do it. We should not be playing around with this stuff.’ At that moment, I knew what was coming and I stood up and said, ‘I need to talk.’ I went over to the doctor that had just made the statement and said, ‘You are speaking with ignorance. The Chinese currently do not have the appropriate skills or equipment to design this sort of research and cannot pass

the scrutiny of any qualified Western medical school. We need to be doing this voodoo!’ The dean nearly lost his lunch!

“What is important to me is that *we took the acupuncture from complementary medicine into integrative medicine*. This should be part of the curriculum of all medical schools. And all physicians should take the Helms course and then, they need to learn my Craig-PENS system. *This information must be passed on*, and physicians must be intuitive with this as I just teach the guidelines . . .”

“I would like to move this technique away from acupuncture and have it integrated into *basic medical practice*. Temple, Texas is the site of Texas A&M University and there will soon be a 4-year medical school. I am on the ground floor. They also have a Veterans Hospital, one of the largest Army bases, Fort Hood, and Scott and White Hospital Complex—all medical school-affiliated. I am interested in phantom limb pain. There is also a lot of drug abuse programs that I would like to get into. I have done all that. I can stop the withdrawal! Also of interest would be the possible help for HIV patients.

“*I am always interested in teaching anyplace!* I helped design a new generator on the market. A true and accurate Craig-PENS generator! When you turn this generator on, you know it. The patient knows it. *I am interested in teaching doctors the basics of Craig-PENS . . .*

“I do things now entirely different: 6 different frequencies at the same time. Following the Western concept of anatomy using the dermatome, myotome, and sclerotome. The immune system needs to be explored as well as cancer. Cancer to soft tissue is a problem, but cancer causing bone pain can be helped.

“I have a few more things I would like to do. One is to write a book. I have asked for help with medical drawings. It is impossible to dictate the treatment description. I need medical illustrations of the montages.

“My purpose in life is to *teach doctors this technique* in order that others can take it to the next level. They have to have the basic skills . . . Stop thinking of Yin and Yang and Light and Dark. *Start thinking of what you know as a doctor and put all that together*. The Chinese genius of acupuncture points takes us directly to the nerve fibers and central nervous system.”

I was back on the plane heading to Maryland. It had all ended too fast. I had said my good-byes and wondered what Bill would do next. He has done a lot for all of us. Maybe we need to give something back to him . . .

Of everything he ever taught me, I cannot forget one bit of advice that lingers in my thoughts every day: “*Of course you can!*”

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