

Editorial

## Acupuncture Curriculum in Medical Schools

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) curricula are part of many conventional US medical schools. In fact, I counted over 50 schools offering such courses. *Acupuncture*, by name, appeared approximately 5 times as I reviewed curricula. It was not possible to discern if any of the courses were required for graduation. The dominant titles and buzzwords of the subject matter dealt with the words “complementary” and “alternative.”

In the general public, CAM usage continues to increase. Physicians should have an excellent knowledge of these “products” to properly advise their patients’ consumption. Perhaps the most neglected areas of physician and patient CAM knowledge are in pediatrics and pregnancy. As a member of the National Institutes of Health Advisory Council for Complementary and Alternative Medicine, I have brought to the attention of my colleagues the paucity of grant requests in these 2 neglected areas.

Suffice it to say that general CAM knowledge obtained in a medical school curriculum would prove helpful to the future clinician. The challenge is that most medical students have a schedule that is very demanding. There are just so many hours in the day. Many schools have solved the CAM instruction dilemma by integrating courses into the curriculum without increasing the number of classroom hours. For example, acupuncture could be included in anatomy and physiology lectures as well as the anatomy of the meridians and acupuncture points, and the physiology of neurotransmitters. This information could be delivered in a most exciting and creative fashion. The understanding and knowledge of other important CAM areas could be integrated in a similar fashion.

At the Uniformed Services University of the Health Sciences located in Bethesda, Maryland, I am spearheading a proposal for a CAM curriculum with the addition of an elective clinical clerkship in acupuncture over 4 years, which would allow a medical student to have ample instruction to meet the World Health Organization requirements for physicians.

Some of my acupuncture colleagues have suggested that medical students and physicians be taught limited acupuncture techniques that have proven to be valuable in general situations like pain. An example is the well-known “Battlefield Acupuncture,” which requires a maximum of 5 needles or electrical stimulations in each ear. Physicians are permitted to give injections with needles—so, why not very limited acupuncture? This raises, of course, challenges about credentialing and state board requirements. As technology advances in the field of medicine, many complicated techniques such as heart monitoring, simplified by electronics, can even be performed by non-specialists. If we take the best techniques in the CAM area that are not difficult to apply in the clinic, why not *teach* them in medical schools?

Motivated physicians already spend a great deal of their careers in postgraduate training. One of the best examples in our area of specialty is the Helms Course. Many of us do not have the time or financial means to leave our practices for 3-4 years’ attendance at a traditional “acupuncture school.” Instead, we seek other innovative and reputable possibilities. I believe we can jump-start our CAM learning in *medical school*. So, what am I saying? I think there is a place for teaching the best CAM techniques in traditional medical schools and permit physicians to legally use CAM as “forced multipliers” in the clinic. Of course, this does not take the place of regular courses and licensing requirements, and because a physician uses, for example, “Battlefield Acupuncture,” does not mean he/she is an acupuncturist.

I would like to hear from my colleagues and their opinions regarding “abbreviated” CAM learning and its application in clinical practice. Do physicians need to take hundreds of hours of instruction just to use one limited technique in the clinic? Would making this instruction part of a medical school graduation requirement make it more legitimate and acceptable to licensing requirements?

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