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RE: H 2006, an Act Relative to the Safe Treatment of Pain and S1231, An Act Relative to the Treatment of Acupuncture

Honorable Senators and Representatives:

On behalf of the American Society of Acupuncturists representing more than 4000 acupuncture professionals nationwide, and also on my own behalf as a board certified medical doctor also fully trained in a four year Master's program in Traditional Oriental Medicine, I write asking for your support of H 2006 and S1231 . Those trained appropriately in acupuncture are disturbed to see the course that this practice is taking in the United States. A coordinated effort is being undertaken on a state by state basis to misinform regulators and the public about Dry Needling as a practice somehow distinct from acupuncture.

The west began actively exploring acupuncture back in the early 1900's when George Soulié de Morant brought information about acupuncture back to France from China.¹ From at least that point forward, westerners have been utilizing acupuncture and working to understand it from a variety of viewpoints. The practice as it has evolved in the west is a melding of eastern and western ideas, and currently trained practitioners, both licensed acupuncturists and medical doctors, utilize ideas from multiple theoretical systems in determining treatment regimens for patients.

Claims that dry needling is not acupuncture because dry needling bases its treatment theory on 'western medical principles' and acupuncture bases its theories purely in 'ancient Chinese concepts' are spurious, and stand in clear contrast to ways in which needle based therapy has been studied and practiced for over a hundred years in the west. Since the early to mid-1990's, courses such as Matt Callison's "Treatment of Orthopedic Disorders" have been continuously taught both within prestigious schools of Chinese medicine such as the Pacific College of Oriental Medicine and to outside, interested, qualified other health professionals. Courses such as Callison's integrate musculoskeletal anatomy, orthopedic evaluation, manual muscle testing, and kinesiology with traditional Chinese medical principles and sports medicine, for the treatment and assessment of musculoskeletal disorders.²

A simple Pubmed search of the peer reviewed literature using a search term of "mechanisms of acupuncture" yields hundreds of papers looking at mechanisms of needle based therapy from neurological, endocrine , myofascial, ion-channel, endorphin, inflammatory mediator, and other western conceptual bases. Further, the basic theory of "Ashi" point treatment in Chinese medicine is simply that pathologic energy ("Xie Qi") accumulates

at points in muscle tissue, and can be released by acupuncture. The foundation of Dry Needling theory is identical to the Chinese theory, but proponents of dry needling discard the Chinese theory due to misunderstandings of the translation of the Chinese terms. Chinese medicine has been using what is now being coined “Dry Needling” for at least 2100 years. Its concepts are encapsulated in the *Nei Jing Ling Shu*³⁴⁵, an Early Han Dynasty (220 BC-0), Chinese medical document. From both western and eastern understandings, Dry Needling is indeed Acupuncture.

The inclusion of Dry Needling into the practice base of any professional group is by definition the addition of acupuncture to that group’s scope. For very good reasons, there have developed excellent standards for acupuncture training and safety, and dry needling classes skirt these standards. By renaming acupuncture as “dry needling”, some professional groups are essentially seeking to circumvent well established safety and excellence standards for acupuncture therapy under the guise of renaming a treatment technique. The public has no assurance of baseline competency or safety in the receipt of treatment from these individuals, as there is no infrastructure in place to provide a consistent, independently vetted curriculum for these short-course trainings. It stands counter to the purpose of a practice act system to allow that a profession can simply rename a regulated practice and create a new unregulated practice. This should be seen as a dangerous precedent in scope expansion both for the public and for the regulatory environment, and should be firmly opposed. Existing standards for training, practice, examination, and certification in acupuncture already exist, are well vetted, and provide the best benchmarks for other professions looking to incorporate acupuncture into their scope.

Please review H2006, An Act Relative to the Treatment of Pain which defines Trigger Point and Intramuscular Therapy correctly as acupuncture, and S1231, An Act Relative to the Treatment of Acupuncture, which includes the above language as well as mandated insurance coverage for acupuncture treatment of opioid addiction, pain, nausea and PTSD. Acupuncture is very effective for these conditions.

Please feel free to contact me should I be able to provide more information on this issue, or other issues relating to the practice of acupuncture.

Respectfully,



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Chair, American Society of Acupuncturists

¹ <http://www.itmonline.org/arts/italy.htm>

² <https://www.sportsmedicineacupuncture.com/2014/08/matt-callison-m-s-l-ac/>

³ Zhang SJ. Origin and Development of Ashi Point Locating Method, *Chinese Acupuncture & Moxibustion*. 2013-02. Accessed at http://en.cnki.com.cn/Article_en/CJFDTotol-ZGZE201302029.htm on July 29, 2015. [In Chinese with English Abstract. Chinese reference: *Zhongguo Zhen Jiu*.2013 Feb;33(2):165-7.]

⁴ Nugent-Head, A. Ashi Points in Clinical Practice. *Journal of Chinese Medicine*.2013; 101: 5-12.

⁵ Oosting, K. Huang Di Nei Jing Summaries: Ling Shu, Chapter 13. TCM Classics Research Institute. 2005. Accessed at <http://www.tcmclassics.org/articles/tcmcri-hdnj-ls13.pdf> on July 29, 2015.