

CSOMA Essay Contest Winner from UEWM

Editors' Note: As a show of support for students attending California schools of Oriental medicine, every year CSOMA offers a student scholarship essay contest. This year, students were asked to describe the most important issues facing the acupuncture and Oriental medicine profession today. They were asked to address specific changes that could influence and advance the practice of AOM and what steps would be needed to effect such a change. The essay that follows is the 2015 student scholarship essay contest winner.

AOM & IM: A Symbiotic Collaboration

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The most critical issue facing contemporary Acupuncture and Oriental Medicine (AOM) is also its greatest opportunity. This opportunity is the increasing prevalence of Integrative Medicine (IM). Awareness and understanding of how AOM may be implemented within the IM context will empower the next generation of practitioners to engage their medical colleagues in an informed and assertive manner, with the confidence of representing a unified, purpose-driven profession. Placement of AOM practitioners (acupuncturists) in clinical IM settings will increase the public profile of the profession, exposing a broader spectrum of the patient population to AOM. This essay will elucidate the objectives of AOM and IM, the very ancient and the very modern. Greater cooperation between AOM and biomedical medicine honors the tradition of keeping the centuries-old corpus of AOM knowledge relevant in contemporary times. It is therefore imperative that AOM practitioners take a proactive role in fostering collaboration between biomedical medicine and AOM. In this manner, AOM practitioners are not just relevant, but become indispensable.

Students of AOM will understand the harmonious nature of AOM and IM. A holistic paradigm of health and healing is the departure point for both volumes of the foundational text of AOM theory, the *Huang di Nei Jing Su Wen & Ling Shu*. The former provides an elemental model for differential diagnosis of the patient, a complete assessment of the patient. Pulse palpitation, tongue body & covering inspection, and skin tone & odor assessment form the physical, objective portion of the diagnosis. The counterpart of physical palpation and assessment is the subjective understanding of the patient's lifestyle, including the patient's perception of disease and their ability to heal. The context of diagnosis is the symbiotic relationship between patient and environment, microcosm and macrocosm. This paradigm of dynamic and interactive wellness is shared by IM. The therapeutic relationship between practitioner and patient in both AOM and IM, respectively, is patient-centric. IM presents the opportunity for AOM to become the primary healthcare modality in cases where AOM has been proven to alleviate and heal conditions and diseases in an effective, non-invasive manner. To understand where AOM best fits into IM, a brief discussion on the nature of IM is necessary. IM utilizes a model holistic health which addresses all factors contributing to each individual's physical, mental, and spiritual wellness.

The distinction between IM and conventional biomedicine is each discipline's respective definition of health. IM pioneer Dr. Andrew Weil, considers health to be not just an absence of

disease, but a general sense of “vibrancy, vitality, and wellness.” Through the nascent IM paradigm, AOM has the potential to restore the spiritual, emotional, and other ‘subtle’ aspects of healing back into contemporary medical practice.

Prevention of disease is the foundation of AOM. The stages of life and methods of disease prevention are the departure point of the *Huang di Nei Jing*. *Huang di* observes “Just as a wise ruler will take steps to avert war, so will a wise healer take steps to prevent illness and the decay of aging.” (Ni, 37) Prevention of disease is similarly important in IM. Preventative measures in IM usually concern diet and exercise, two fields fundamental to AOM. While diet in Western Medicine is solely concerned with the quantitative aspects of nutrition, i.e., macro/micronutrients and vitamins & minerals. Contemporary AOM also takes into account the energetic and taste qualities of food and drink, and their effects upon the individual patient. The understanding of these qualities is not present in Western medicine, making AOM dietary understanding a vital component of the emerging IM landscape. Similarly, the practice of qi gong

is without parallel in implementation across a diverse patient population. By demonstrating repeatedly the efficacy of the hallmark elements of AOM, patients will in time become increasingly receptive to the balancing and adaptable nature of AOM. Treatment of chronic conditions is one of the key drivers of interest in IM, and AOM has been noted to be remarkably effective in the management of asthma, cancer, diabetes, and myriad other chronic conditions. Acupuncture, specifically, has become a frequently requested modality by patients suffering from chronic musculoskeletal pain from arthritis, fibromyalgia, and post-menopausal cramping. As our population continues to age, AOM may be an important factor in enabling us to do so.

Treatment and alleviation of symptoms, however, is not the only aspect of AOM. Concurrent with the treatment of the most apparent indicators of disease, acupuncturists are able to analyze the life of a patient through a unique lens, one which has proven enduring relevance and efficacy for over 5000 years. Central to AOM and IM is dynamic balance: a state of wellness is not merely an absence of symptoms, but an expression of vitality which resonates in all aspects of a person’s life. Promoting *Yang Sheng Dao*, the Way of Longevity, is a vital aspect in the expanded role that AOM can play in contemporary healthcare. The competent acupuncturist does not merely alleviate symptoms: she will provide instruction and direction in the ancient art of longevity, as appropriate on a patient-by-patient basis. While many books have been published on the subject of longevity by acupuncturists, most practitioners do not typically provide guidance on the art of *Yang Sheng Dao*. The mutual interest of AOM and IM in preventative healthcare is a potential way in which AOM practitioners may increase their relevancy to people who take an active interest in their overall vitality. Furthermore, it enables practitioners to utilize a greater spectrum of their AOM knowledge, rather than being restricted to chronic pain management, as is currently the case in many “collaborative” practice settings.

The nature of AOM being oriented towards wellness and longevity is an important facet which separates AOM from “Medical Acupuncture.” It is therefore crucial that the public be made aware that care from a licensed acupuncturist is informed by comprehensive training in AOM

principles, while medical acupuncture treatment is not accurately representative of the full scope, AOM is well-represented in centers of IM in California's most respected healthcare institutions, most prominently UCSF Osher Center. In other hospitals in the UC system, acupuncturists have been granted hospital privileges, enabling them to provide in-patient care. While these are very promising developments, such practitioners and institutions remain in the minority: most AOM practices are still sole proprietorships, and many capable practitioners do not have a steady stream of patient referrals. Acupuncturists may dramatically raise their profile through affiliation with the most prominent IM organizations currently in existence. One such organization is the Academy of Integrative Health & Medicine (AIHM), an "inter-professional organization working to prevent illness and restore health, rather than just treat disease." (Acupuncture Today) Membership in this organization "provides training, fellowship program, education, advocacy, membership" in furthering the aims of IM, of which AOM is very much a part. The Integrative Healthcare Policy Consortium is the policy branch of the AIHM. Core to the mission of this organization is political advocacy, especially enforcement of Section 2706 of the Affordable Care Act, which states "health insurers cannot discriminate against participation in the plan by any licensed healthcare practitioner, providing that they are practicing within their professional scope." (IHPC)

On a conceptual level, IM is a significant step away from the model of Western Medicine and AOM being opposing forces. Just as Yin-Yang are two representations of the same whole, so is the professional doctrine of Hippocrates and Sun Simiao of the same mind. Increased communication with mainstream physicians will challenge AOM practitioners to develop increasingly efficient and relevant treatment protocols. A more varied patient population provides for research in the treatment of conditions which have not been tested, further increasing the evidence basis for AOM. Rather than passively allowing for AOM to be supplanted or surpassed by other healthcare modalities, the profession will continue to expand its horizons, honoring the ancient tradition of the East while thriving in the modern West.

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Bio:

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