

# The Acupuncture.com.au Newsletter

April 2006 Issue

ACUPUNCTURE NEWS, INFORMATION & DISCUSSION

## Whats new

- New look newsletter.
- Website visits double.
- Acupuncture Meridian Charts Online.
- Herbs Section Launched.

## In this issue

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## Welcome to the new look newsletter!

Welcome to the April edition of the newsletter now in a fresh new format!

It has been a very exciting month with the amount of new visitors to Acupuncture.com.au doubling. We now have an audience well into the thousands and we thank you for your support! We are pleased to announce the following additions to the site:

**Acupuncture Meridian Charts** - Images of the pathways of the 12 main meridians plus Ren and

Du Mai. Each pathway shows where the acupoints are located on the channel. When an acupoint is clicked a detailed point information page is displayed including the points English and Chi-

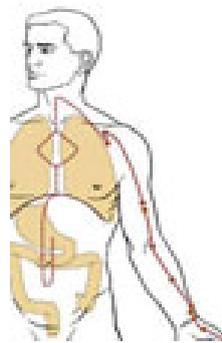


Image showing a meridian pathway now available online at [www.Acupuncture.com.au](http://www.Acupuncture.com.au)

nese name, its location, nature, actions and indications.

**Herbs section** - Containing over 27 categories of herbs including their English and Chinese name, functions, tastes, channels entered and contraindications.

**Practitioner Search Facility Update** - Our searchable practitioner database will now only include practitioners registered with a professional organisation such as AACMA, CMRB, ATMS and ANTA.

## Q&A – Can Acupuncture help Diabetes?

Australia has one of the highest rates of diabetes in the developed world. It is estimated that 7.5 percent of adults aged 25 years and over have diabetes and a further 16 percent of adults are at risk of developing Type 2 diabetes. (Xin, Liu, UQ).

This months Q&A focuses on the current options for the treatment of diabetes with Acupuncture and TCM and is available exclusively online at [www.Acupuncture.com.au](http://www.Acupuncture.com.au)



## Acupuncture appears effective for lower back pain.



Acupuncture improves lower back pain, compared with no treatment, German researchers report. However, they found that a minimal intervention consisting of superficial needle placement at non-acupuncture points resulted in similar improvements.

Past studies have yielded inconclusive results concerning the effectiveness of acupuncture to treat lower back pain.

To further investigate, a team lead by Dr Benno Brinkhaus, from the Charite University Medical Centre in Berlin, evaluated nearly 300 patients in what the researchers believe is the largest trial to assess the effectiveness of acupuncture for lower back pain.

The patients were randomly assigned to "real" acupuncture treatment, "sham" or

"minimal" acupuncture, or no acupuncture treatment. Real and minimal acupuncture consisted of 12 treatment sessions over eight weeks. All subjects completed a pain questionnaire at eight, 26 and 52 weeks.

The results, published in the Archives of Internal Medicine, showed that after eight weeks of treatment, pain in-

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## Acupuncture appears effective for lower back pain.

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tensity had decreased by a mean 28.7 percent in the acupuncture group, 23.6 percent in the minimal acupuncture group, and 6.9 percent in the control group. At weeks 26 and 52, back pain

was still reduced, with no significant differences between the full-acupuncture and the minimal-acupuncture group, the authors report.

Finally, the authors note that it is possible the selection of acupuncturists in-

fluenced the results, and suggest that "the correct location of needles plays only a limited role".



## Acupuncture & TCM Events Calendar for April 2006

**01**

### Five Element Acupuncture Workshop Sydney

Saturday and Sunday—Contact: Gye Bennetts. Website [www.5element.com.au/courses](http://www.5element.com.au/courses) Phone: +61 (0)2 9440 4194

**06**

### Sydney Women and Depression Conference.

NSW, Sydney (6-9 April) - Anique Duc on (02) 6567 1585 or Email [anique@herwill.net](mailto:anique@herwill.net)

**06**

### SITCM - Irritable Bowel Syndrome and Traditional Chinese Medicine

92-94 Norton Street, Leichhardt NSW. 7-9pm, Presenter: Yifan Yang, 2 AACMA CPE Points have been allocated. Igor Bilek on (02) 9550 9906 or Email [igor@sitcm.edu.au](mailto:igor@sitcm.edu.au)

**08**

### Five Element Acupuncture Workshop Melbourne

Saturday and Sunday Contact: Gye Bennetts. Website [www.5element.com.au/courses](http://www.5element.com.au/courses) Phone: +61 (0)2 9440 4194

**09**

### Melbourne 26th Annual Scientific Meeting of the Australian Pain Society" - Pain Across the Life Span"

VIC, Melbourne (9-12 April) at the Grand Hyatt Hotel (02) 9954 4400 or Email [apsoc@dcconferences.com.au](mailto:apsoc@dcconferences.com.au)

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### Five Element Acupuncture Workshop Brisbane

Saturday and Sunday. Contact: Gye Bennetts. Website [www.5element.com.au/courses](http://www.5element.com.au/courses) Phone: +61 (0)2 9440 4194

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### Five Element Acupuncture Workshop Perth

Saturday and Sunday. Contact: Gye Bennetts. Website [www.5element.com.au/courses](http://www.5element.com.au/courses) Phone: +61 (0)2 9440 4194

If you have an event that you would like listed on our website and in our newsletter please submit your event for free at [www.acupuncture.com.au/events/add\\_listing.html](http://www.acupuncture.com.au/events/add_listing.html)



## Acupuncture equals drug treatment for migraine.

A new study published on March 2 by *The Lancet Neurology* shows that Acupuncture, real or sham, is as effective as drugs for treating migraines.

German researchers treated over 900 patients with either standard drugs, traditional Chinese acupuncture or sham acupuncture.

There were 313 patients in the group receiving traditional Chinese acupuncture, which includes compulsory points plus additional ones chosen by the physician. Drug prophylaxis was the treatment for 308 patients which including beta-blockers, Sibelium (flunarizine), and valproic acid. The sham acupuncture group consisted of 339 patients and the prescription of points was given at non-traditional Chinese needling points.

The study was conducted over 6 weeks with patients receiving 10 sessions of acupuncture or continuous drug prophylaxis.

The researchers then returned to the patients between 23 and 26 weeks later and checked on whether they had been "migraine free" for 50% of days.

It was found 47% of those

receiving traditional acupuncture, 39% of those given sham acupuncture and 40% of those in the drug treatment group had been migraine-free for at least 50% of the time.

The researchers led by Dr Hans Christoph Diener of the University of Duisberg-Essen, said the results were surprising and the mechanisms unknown. They were therefore difficult to explain, he added.

"The most important result is that all three treatments were effective and that improvement in the number of migraine days was closely similar in all treatment groups," said Diener.

Patients enrolled in the study had between two and six migraine attacks in four weeks, lasting four to 72 hours without acute medication or at least two hours with medication, the researchers said. In addition, two other migraine characteristics had to be met and at least one of the following: nausea, vomiting, or light or sound phobias.

Dr. Diener said that "A strength of the study is its large, randomized controlled design." and he also made mention of the availability of

highly competent physicians performing acupuncture.

Among limitations, he said, were that acupuncture was restricted to needling only, and that the number of treatments was limited to between 10 and 15. Also, a relatively high number of patients dropped out in the drug treatment group prior to receiving therapy, having originally expected to receive acupuncture.

The researchers were surprised at the results of the efficacy of sham acupuncture. Dr. Diener remarked "Ultimately, one could argue that the efficacy of treatment, especially a treatment with almost no adverse events or contraindications, is more important than the knowledge of the mechanism of action of this particular therapy," and that "The decision whether acupuncture should be used in migraine prevention remains with the treating physician."

Source: *The Lancet Neurology Online* March 2, 2006  
Source reference: Diener, Hans-Christoph, et al:

"Efficacy of acupuncture for the prophylaxis of migraine: a multicentre randomized controlled trial"

*"The most important result is that all three treatments were effective and that improvement in the number of migraine days was closely similar in all treatment groups".*

## Your contributions welcome!

This newsletter has been created for the public, the students and practitioners of Acupuncture & Traditional Chinese Medicine. It relies a lot on information contributed from the community.

We welcome any contributions including news articles, research papers or anything you feel would be suitable.

Visit [www.Acupuncture.com.au](http://www.Acupuncture.com.au) to see how you can contribute.

## Why TCM Herbology needs to become an independent profession, separate from acupuncture. By Roger W. Wicke, Ph.D.

Why is there a need for a TCM Herbology certification that is independent of acupuncture organizations?

Chinese (TCM) herbology has for many centuries been practiced as an independent discipline and profession in China. It has long been considered to be the most important of the Chinese medical arts, yet difficult to learn and to practice well. According to the Yellow Emperor's Classic of Internal Medicine, "In order to terminate physical illnesses and to bring health, external diseases were treated with acupuncture and internal diseases with hot water or soups, and liquid medicines [herbal teas]." Chronic illnesses, environmental toxicity, junk food, and harmful food additives in many countries around the world have combined to create an epidemic of serious internal illnesses for which TCM herbal methods have much to offer.

The power of Chinese herbal methods to resolve many types of internal disorders is what has earned its place at the pinnacle of traditional Chinese medicine (TCM). Unfortunately, when TCM was first introduced into America, many Americans and American students equated TCM with acupuncture, and the importance of the herbal methods was not fully appreciated. The difficulty in learning the herbal system, by comparison with acupuncture, often resulted in its being either ignored or included only as an afterthought in curricula at most TCM colleges; the ideal cur-

riculum for training herbalists would include many subjects not currently included in curricula at most TCM colleges, including botany and phytochemistry [a1]. Currently in America, acupuncture is licensed as an independent profession, whereas TCM herbology is not. (This is merely a statement of fact; I am not personally in favor of mandatory licensing as a regulatory option, as it has been documented that it often establishes professional monopolies, increases health-care costs, and limits public health-care options. [b1, b2, b3]) Consequently, students at TCM colleges focus almost all of their energies on learning acupuncture to pass certification and/or licensing exams.

Compounding the problem is the current policy of the NCCAOM, the primary American TCM certification organization, to allow only acupuncturists who have studied at TCM colleges to sit for the herbology certification exams. This policy is blatantly discriminatory against practitioners who have dedicated their lives exclusively to the study and practice of TCM herbology, which requires more effort, experience, and study time than does acupuncture to practice effectively.

According to the National Commission for the Certification of Acupuncturists (NCCA - the predecessor organization for the NCCAOM) [c1], acupuncture and herbology represent distinct and independent

bodies of knowledge:

The legal standards set forth by the U.S. Supreme Court and the EEO Act require that certification be related to the skills and knowledge necessary to practice the profession which is being certified. As stated by the National Commission for Certifying Agencies, which certified the NCCA, the mechanism used to evaluate individual competence is objective, fair and based on the knowledge and skills needed to function in the profession.

For example, a certifying agency can not ask questions about musical instruments on a test for certification of medical doctors. Knowledge of musical instruments is not related to the skills and knowledge necessary to practice medicine. Nor could a certifying body require that all psychologists be massage therapists since those skills and knowledge are not necessary to practice psychology. Within our profession, the NCCA could not require licensure in or a detailed knowledge of acupuncture as a prerequisite to certification in herbal practice when the research consistently indicated that detailed knowledge of acupuncture-point location, angle and insertion of needles, point functions, clean needle technique, etc. - is not necessary to practice Chinese herbology competently. Therefore, the NCCA established a certification in Chinese herbology separate from its certification in acupuncture.



"In order to terminate physical illnesses and to bring health, external diseases were treated with acupuncture and internal diseases with hot water or soups, and liquid medicines [herbal teas]."

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Yet the preceding statement is inconsistent with the current discriminatory policies of the NCCAOM in allowing only students who have studied at TCM colleges to sit for the certification exam in TCM Herbolology, as almost all TCM colleges heavily focus their curricula on training acupuncturists rather than herbalists.

What is needed is a separate organization that not only gives lip service to the independence of TCM herbolology, but that allows anyone who can demonstrate competence in TCM herbolology to become certified after receiving adequate training and passing certification exams, regardless of whether they have also had training in acupuncture techniques. (This is currently the situation in Great Britain, where TCM herbolology is not licensed, but, instead, the Registry of Chinese Herbolology, a private, non-governmental organization, admits applicants who meet minimum professional standards relevant to TCM herbolology.) Such exams should be created by experienced TCM herbalists whose primary goal is to make available larger number of practitioners who can not only practice safely, but who can effectively help the increasing number of people afflicted by complex, multifaceted chronic illnesses requiring sophisticated skills in clinical analysis and strategy.

#### Historical, regulatory, and political relationships between TCM herbolology and acupuncture

While both acupuncture and TCM herbolology have both been considered part of the body of medical knowledge of ancient and modern China, these two disciplines have followed separate developmental paths throughout history, and attempts to merge them into one unified system have been fraught with misunderstandings.

#### Pre-20th-century history of tradi-

#### tional Chinese medicine

Traditional Chinese medicine as a whole reached its zenith during the 8th to 12th centuries A.D. In 1078 A.D. the Taiyiju ("Great Medical Authority") medical university was established; it sponsored publishing, scholarship, and rigorous training programs in traditional Chinese medicine. Invasion by the barbarian Mongols during the 12th and 13th centuries disrupted the Chinese culture and attention shifted away from scholarly pursuits toward survival issues. A reactionary trend set in, leading to a sense of urgency to preserve what knowledge had been gained. In the 1350's, the Mongols were expelled, and the warlord Hong Wu established the Ming Dynasty. The experience of Mongol rule left the Chinese preoccupied with defending and preserving what culture they had. Hong Wu established an authoritarian rule under which intellectual thought and personal initiative were stifled. The medical sciences, as well as scholarly pursuits in general, stagnated. Scholars at the Taiyiju increasingly engaged in highly theoretical speculations divorced from empirical evidence. Chinese culture had always been suspended between the two poles of Confucianism and Taoism, the former cultivating the speculative, contemplative nature of man and the latter emphasizing a mystical connection with nature through direct perception and awareness. During the Ming Dynasty, the medical profession retreated into introspection and contemplation under the influence of the Neo-Confucianist bureaucracy. This trend toward theoretical speculation without reference to a naturalistic framework, including clinical reality, especially afflicted acupuncture. The latter discipline shattered into dozens of competing schools of thought, many of them rooted in religious and philosophical-speculative ideas.

The only branch of Chinese medicine to withstand this speculative trend was pharmacology, which by the 13th century had become a well established discipline. During the following centuries of the Ming Dynasty, several herbalists became known for their compilations of

pharmacopoeia. Among the best known of them, Li Shizhen compiled a pharmacopoeia over a 30-year period that described the clinical functions and applications of 1,892 remedies. He obtained this information on collecting trips throughout China and by evaluating the existing written knowledge of these remedies.

#### Religious dogma as time capsule

Although the art and science of TCM pharmacology survived and even prospered due to the efforts of a handful of scholars who documented their compilations, from the 13th century (Ming Dynasty) until the early 20th century, China was an empire in gradual, relentless decline. During this period, poverty, chaos, religious cults, superstition, and drug abuse (especially, the Opium wars) afflicted the population, all of which are typical phenomena of the declining phases of empire. According to Arnold Toynbee's theory of the evolution of civilizations [d2, d1], during the decline of empires, knowledge is stored in the form of religions and religious dogma. By incorporating knowledge into time capsules protected by religious prescriptions against tampering or alteration, under pain of death, banishment, or chastisement, the knowledge is preserved until the declining phase has exhausted itself, allowing a new civilization to rise from the ashes. At this time, the religious dogma can be released from its time capsule, much like a butterfly emerging from a chrysalis, and a new phase of scientific inquiry and social expansion occurs. The individuals capable of releasing this knowledge will often have skills in linguistics, encryption-decryption methods, history, logic and reason, science, and mathematics. Without such skills of interpretation, the knowledge will evade one, and, instead, the religious dogma that served as the time capsule risks becoming even more garbled and inscrutable.

During the early 20th century, China was a nation attempting to emerge from its chrysalis; these efforts would

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be accompanied by great turmoil and loss of life on an epic scale. American students and practitioners of what is known as TCM often fail to consider how this turbulent process affected the emergence of traditional Chinese medical knowledge into the modern world. Such knowledge, especially of acupuncture, did not simply pop out of some textbooks, ready to learn and memorize.

### Herbal vs. acupuncture knowledge - surviving the collapse of empire

The discipline of TCM herbology had survived this turmoil intact. Textbooks of TCM materia medica from sources throughout East and Southeast Asia are highly consistent. Practitioners throughout these regions generally agree on a basic body of knowledge that includes the classification of diseases by clinically recognizable symptom-sign patterns (Eight Principle Patterns; Fundamental Substances of Qi, Blood, Fluids, Shen, Jing; Pernicious Evils or Factors; Organ disharmonies; Infectious illness progression of Wen Bing and Shang Han), and the indications, contraindications, toxicity, and dosages of herbs and classical formulas. Standards of practice, while varying by level of competence, are consistently based on these fundamental criteria.

However, the knowledge of acupuncture was not so fortunate. The splintering of acupuncture into various semi-religious factions, beginning in the 13th century, resulted in a virtual tower of Babel of acupuncture philosophies and clinical models, all competing for dominance, and many of them conflicting with each other in the clinical details, especially regarding the indications, therapeutic actions, and rules for applying specific acupuncture loci. This controversy continues today, with various factions disagreeing over the "correct" principles for choosing acupuncture points and even the

"correct" basis for defining the clinical conditions that are the basis of a system of differential assessment (diagnosis). Five-Element, modern TCM, medical-neurophysiological, Korean, Japanese, and many other systems, both modern and traditional, compete and often conflict with each other; the fundamental theories and resulting point recommendations may vary widely for specific conditions, however these conditions are defined. These competing perspectives will likely consume the acupuncture profession with controversy for at least several decades. Donald (Deke) Kendall's recently published book "The Dao of Medicine" reveals the historical background of some of this confusion, although he tends to ignore the political pressures and factions behind the various perspectives.

### Attempts to decode the time capsule: restoring traditional Chinese medical knowledge

During the 1950's, Mao Ze Dong recognized that western-style medicine would quickly bankrupt the country, and instituted a policy of re-establishing traditional Chinese medicine nationwide. The traditional herbal doctors who were commissioned by the Chinese government to compile an official version of "Traditional Chinese Medicine", or "TCM". Herbalism and acupuncture were often practiced as separate professions, so the herbalists on these committees traveled the country attempting to question people in the acupuncture profession about their techniques. During the turbulent early years of the Chinese Communist nation, threat and duress were commonly employed to enforce government edicts; while it is difficult to reconstruct exactly what happened, apparently, the acupuncturists felt threatened by this move and did not wish to reveal their trade secrets.

What happened next is reminiscent of what happened to European herbal knowledge during the Middle

Ages when Catholic church henchmen tortured herbalist-midwives, accusing them of witchcraft, to obtain their knowledge of herbal medicine and consolidate the Church monopoly over medical licensing. To get revenge in the only way possible, many of these herbalist-midwives gave false information, such as using toxic and carcinogenic herbs for abdominal pain. Much of European herbal lore is still tainted by this type of information that reappears in modern textbooks. It is difficult to know how much acupuncture knowledge was distorted by similar events in China's recent history, since what happened during the Cultural Revolution is considered by many Chinese to be an embarrassment that should not be discussed, especially with foreigners.

In any case, some of the herbalists on these committees may have suspected they were being fed a combination of superstition and disinformation, and took the next step of having European texts on acupuncture retranslated back into Chinese, thereby compounding the errors in translation and understanding of the French, who had imposed a heavily metaphysical interpretation on Chinese acupuncture texts that they had earlier translated. According to Kendall (Dao of Medicine [e0]), the French translations of Chinese acupuncture texts assumed, in spite of clues including detailed anatomical charts, that the ancient Chinese could not possibly have known about the anatomy of circulation and the nervous system, since European historical dogma teaches that William Harvey first discovered the pathways of blood circulation in the 17th century.

What is now considered TCM acupuncture dogma in many American TCM colleges comprises the erroneous acupuncture translations from the French plus a superimposition of the system of symptom-sign differentiation used by herbalists, but ill-suited for use by acupuncturists. Kendall, instead, describes a modern anatomical-neurophysiological perspective that better matches the ways that clinical acupuncturists naturally think: tonifying or sedating/draining acupuncture loci correspond very closely with the neurophysiological concepts

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of pre- and post-synaptic inhibition and excitation. Alternating the flow of "Qi", in acupuncture terms, correlates with adjustment of spinal intersegmental reflexes and pain pathways via chains of inhibitory and excitatory synaptic influences. While modern neurophysiology may not explain everything that goes on in the practice of acupuncture, it would seem to be a far better tool of understanding than the herbal system that was grafted onto acupuncture by herbalists, few of whom were experienced acupuncturists.

### Incompatibilities and difficulties: TCM herbology vs. acupuncture

Now that traditional Chinese medicine has become popularized in America by the acupuncture profession, the tables have been turned on the herbal profession. The acupuncturists are in control of what is called "Traditional Chinese Medicine", in spite of the lack of training of many acupuncturists in TCM herbology, which in China has always been considered the most important of the medical arts. Perhaps this is a case of tit-for-tat, or karma on a profession-wide scale; the Chinese herbal profession should never have presumed to lay claim to the knowledge of acupuncture and to impose non-sensical interpretations upon it. Individual acupuncturists, one by one, are gradually throwing off this cumbersome burden and are exploring the possibilities revealed by scholars such as Kendall.

Likewise, if the acupuncture profession really wishes to see traditional Chinese medicine come to flower in this country, it should release its shackles from the herbal profession, especially considering how many of the TCM colleges do not seem to have their hearts in the teaching of herbology. Many of these colleges are still teaching the clinical assessment (diagnostic) systems appropriate to herbology, but they are imposing this system upon the practice of acupuncture - the worst possible combina-

tion. Imagine what it might be like in a crazy Alice-in-Wonderland sort of world where to become qualified as a mathematician, one must attend a school of botany, and to become a farmer one must first attend a school for pottery making. The end result of this type of indoctrination is that graduates of such acupuncture programs will often give lip service to the TCM system of assessment by symptom-sign patterns, but in their clinical practices will revert to other methods to select acupuncture loci - Five-Element, medical-anatomical, Japanese, etc. Consequently, when such acupuncturists decide they want to study TCM herbology, they have already learned through experience not to take the TCM system of clinical assessment seriously; as this system is at the heart of TCM herbology, without thorough and correct assessment of patterns, one will obtain haphazard results. Yet in my experience, I must often plead with the acupuncturists in my herbology courses to re-learn the patterns of disharmony and to improve their skills in differential assessment.

The current problems and difficulties of the acupuncture and herbology professions are different. Among the broader community of health professionals in western nations there is a general, ill-defined suspicion of TCM herbology as being superstitious and rooted in ancient mythology, even though of all the Chinese healing arts, TCM herbology is the most systematic, internally consistent, and repeatable. There exists a large body of scientific research documenting the phytochemical properties, physiological and pharmacological actions, botanical specifications, and clinical efficacy of hundreds of the most commonly used Chinese herbs. TCM herbology, being inherently difficult to learn, is under continual assault by people attempting to transform it into medical herbology, by replacing the traditional methods for assessment of symptom-sign patterns with overly simplistic biomedical indications. Most experienced TCM herbal-

ists can recall numerous examples of how such folly leads to side effects; the recent furor over ephedra, and the former scandal over Aristolochia abuse in a European weight loss clinic are examples of such. [e1, e2] Yet these attempts persist among students and health care practitioners unwilling to spend the time necessary to learn TCM herbology correctly. While scientific research into the pharmacological and physiological actions of herbs is useful and enlightening, and confirms the efficacy of Chinese herbs, it will never substitute for the basic clinical methods of symptom-pattern analysis, and tongue and pulse techniques; they will only supplement and refine these essential methods.

Acupuncture, in contrast, is still in the midst of a fascinating, though sometimes contentious, decoding process. The mythological, shamanistic, scientific, clinical, and practical aspects of acupuncture knowledge remain to be sorted out. This will likely be accomplished by individuals such as Kendall, who apply a combined knowledge of linguistics, science, history, and common sense to the task of decoding what has become a mishmash of confused ideas and outright translation errors together with a few real gems of truth, often disguised by time and buried amidst a mass of intellectual rubble.

### Conclusion and proposal

In summary, acupuncture and herbology should be separated as professions and should each be allowed to stand or fall on their respective merits. The political and scientific controversies surrounding acupuncture are currently acting as a millstone about the neck of TCM herbology, one that the latter profession must throw off if it is ever to reach its full potential as a valid public health-care option. Just as the western health care system are subdivided into many professions and specialties, separate but ideally cooperating with each other, so should be the professions and specialties of Chinese medicine. There is no logical reason why acupuncturists should lay claim to all aspects of traditional Chinese medicine, merely because of their ethnic origins, and especially when many acupuncturists seem unwilling to devote the necessary time to learn them well.

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Therefore, it is hereby proposed that an international, non-governmental certification organization be formed that:

1. Supports Health Freedom Acts worldwide and opposes licensure for herbalists; \* (Reason: The public is overwhelmingly supportive of this type of legislation to protect their right to choose health care options; see Stephen Buhner's article extensively documenting how licensure almost always tends to establish professional monopolies, increase health-care costs, and limit public health-care options. [b1])

2. Creates a voluntary certification that would represent a standard of quality above that of the NCCAOM; \* (Reason: It is essential that certification be voluntary; mandatory certification can only be created by licensure statutes - see (1) above. This is the only way to avoid professional monopolies and to protect the public's right to choose.)

3. Would not discriminate against non-acupuncturists; \* (Reason: There is no logical reason why an herbalist needs to know acupuncture to practice effectively.)

4. Would recognize the educational background of herbalists who have learned by a combination of apprenticeship and private study, as these have always been effective methods of training, including in ancient China;

\* (Reason: Monopolies created either by licensure or mandatory school accreditation ultimately have the same effect - destroying valid op-

tions. School accreditation has been used in the U.S. as a major tool of "dumbing down" the population. [f1])

5. Would support the rights of indigenous peoples around the world to carry on their native health care traditions without government interference; \* (Reason: The rights of herbalists and of native peoples worldwide are under assault by the pharmaceutical cartels and government agencies under their domination - FDA, Codex Alimentarius, etc. [b2] International coalitions of herbalists to help protect all of our rights are an effective means of countering such assaults.)

6. Would serve as a watchdog organization that reported any attempts by nations or professional groups to violate the preceding rights; \* (Reason: The Internet is a potent and cost-effective tool of the less powerful against the international megacorporations. Using the Internet as a means for publicizing such violation of rights will leverage the effectiveness of the certification organization.)

7. All the preceding conditions should be clearly stated in its organizational charter or founding document. \* (Reason: Any organization can be infiltrated by saboteurs and change agents; clear and unambiguous statements of the organization's purpose will help inhibit such subversion from within.)

Each of the above conditions is necessary to protect the herbal profession from assault and infiltration by people who wish to destroy it, to absorb it into allopathic medicine, or to use it as a means for creating self-serving professional monopolies. The reasons for each of these stipulations has

been explained in other articles included in the "References" section at the end of this article, but especially:

\* Orwellian schemes for maximizing health-care industry profits - How these endanger the practice of herbal medicine

\* The Dumbing Down of American Education: Implications for Herbal Education

Comments and suggestions are welcome. Please contact Roger Wicke, Ph.D., at: [www.rmhiherbal.org/contact/](http://www.rmhiherbal.org/contact/)

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[b1] Buhner, Stephen; "Some Arguments against the Standardization of Herbalists" Herbalgram, No. 58 (2003 Spring) pp.54-58. (Also in webpage at: <http://www.herbalgram.org/iherb/herbalgram/articleview.asp?a=2524>)

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[b3] Wicke, Roger. "Dilemmas in regulating the practice of Chinese herbology." In: webpage at <http://www.rmhiherbal.org/a/fahr4.regul.html> (Rocky Mountain Herbal Institute, c1995)

[c1] NCCA, "The Role of a Certifying Body"; Meridian Times, Vol.4 No.1-2 (1994 Winter-Spring), pp.22-24.

[d1] Wicke, Roger. "A world history of herbology and medical herbalism: oppressed arts." In: webpage at <http://www.rmhiherbal.org/a/fahr1.hist.html> (Rocky Mountain Herbal Institute, c1995)

[d2] Toynbee, Arnold; *A Study of History*; abridgement of volumes I-VI by D.C. Somervell; Oxford University Press, New York, c1946.

[e0] Kendall, Donald E.; *Dao of Medicine: Understanding an Ancient Healing Art*; Oxford University Press, c2002.

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[e2] Wicke, Roger; "Interesting health news stories 2003-2004; Ephedra ban." In: webpage at <http://www.rmhiherbal.org/review/2004-1b.html#ephe> (Rocky Mountain Herbal Institute, c2004)

[f1] Wicke, Roger; "The Dumbing Down of American Education - implications for Chinese (TCM) herbal education." In: webpage at <http://www.rmhiherbal.org/review/2003-4.html> (Rocky Mountain Herbal Institute, c2003)

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**We are always looking for new material so if you have something you wish to contribute please contact us!**