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*Acupuncture
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Traditional Chinese Medicine: A Comprehensive Healthcare System

By Kath Bartlett, MS, LAc

When thinking about Chinese medicine, most people are familiar with acupuncture but don't realize that acupuncture is just one part of a unified, holistic system of medicine, developed in China five to seven thousand years ago. This system called Traditional Chinese Medicine (or more simply, TCM) is practiced in hospitals in throughout China and central Asia.

Acupuncture refers to the use of hair-thin needles inserted in specific places throughout the body, called acupuncture points. The needles stimulate your body's Qi (a Chinese word, pronounced 'chee') or energy. Though its mechanism is not well understood in western, scientific terms, we know that acupuncture stimulates the body's immune system to resolve pain and disease.

Acupuncture is only one part of the much larger TCM system of healthcare. Traditional Chinese Medicine also includes the use of Chinese herbal medicine, a Chinese style of massage called Tui Na, Chinese dietary therapy, and meditative exercises called Tai Qi and Qi Gong (Qi work).

Most Americans have never heard of moxibustion (moxa), an integral part of acupuncture therapy in China (called acu-moxa therapy). Moxa refers to the practice of burning an herb called mugwort (*Artemisiae Herba*) to warm acupuncture points, thereby stimulating Qi. Drawing from all of these related therapies on an individualized basis, the TCM practitioner (acupuncturist or Chinese doctor) is able to effectively treat disease and prevent recurrence.

A History of Traditional Chinese Medicine

Traditional Chinese Medicine has its roots in the shamanistic, or folk medicinal tradition beginning in China's Stone Age (about 2,000 - 8,000 BCE). The technique of acupuncture developed from stone knives used to "incise an abscess, drain pus and let blood out for therapeutic purposes . . . and regulating qi circulation." ¹ Stone needles about 9 cm long and used for these purposes have been discovered in architectural ruins. Moxibustion originated in Northern China, where it was cold. ² The medicine evolved in the folk traditional for several thousand years. Information was transferred orally between doctors.

Archeological finds from 1000 BCE include both bronze acupuncture needles and hieroglyphs of acupuncture inscribed on tortoise shells and bones discussing medical problems: stone needles were still used. ³

An early medical text *Prescriptions for Fifty Two Ailments* (3 BCE) discusses acupuncture, 250 herbal medicinals, directions for making herbal pills and teas and meditative exercises (Tai Qi and Qi Gong) to cultivate Qi (energy) in the body's organs. However this work still shows TCM's shamanistic origins, relying on rituals, spells and magical properties of the herbs.

"In the Han Dynasty (206 BCE - 220 CE), the basics of Chinese medical theory and practice were firmly in place. Prominent among them were the concepts of Yin and Yang, the Five Phases [a

method of grouping body functions into five categories, or 'phases', channel theory [discusses Qi flow in the acupuncture meridians], various needling methods, a pharmacopoeia [a listing of medicinal herbs and their functions] and a relatively sophisticated approach to therapy."⁴ Iron was introduced, and "stone needles were replaced by metal. This broadened the field of acupuncture practice, bringing about a development of acupuncture by leaps and bounds . . . including the needles for puncturing, surgical incision and massage as well."⁵

In the first century of the common era, the *Divine Farmer's Materia Medica*, the first herbal text was compiled that classified individual herbs and listed their medicinal function. Completely devoid of earlier supernatural references, this text is the archetype for the Chinese tradition of herbology.⁵

"The doctors of this period treated diseases with multiple techniques. For example, the famous doctor Qin Yueren [4-5 BCE] had a good command of medical knowledge in various clinical branches; he treated patients by needling, moxibustion, herbal decoction, massage and hot compression. He rescued a critically ill prince by acupuncture, and this story went down in history."⁶

By the 4th century of the common era, the medical classics that laid the foundations of Chinese medicine had been written. The most important of these is the *Yellow Emperor's Inner Classic*⁷, a book considered the world's oldest medical text. "On the basis of previous literature . . . it explained the physiology and pathology of the human body, the principles of diagnosis, the prevention and treatment of diseases . . . This laid a theoretical foundation of Chinese medicine and pharmacology, including acupuncture".⁸ This importance of this work cannot be over emphasized. It continues to be used and taught today in acupuncture colleges and is often quoted in medical journals and texts to explain TCM theory. Also during this time, the most celebrated classic of herbal prescriptions was written, the *Treatise on Cold Damage and Prescriptions from the Golden Cabinet*. About twenty percent of Chinese herbal prescriptions used today come from these two texts, which stress combining acupuncture with medicinal herbs.

By 225 CE herbal anesthesia was being used for surgical operations. "During this period the basic theories of acupuncture and moxibustion had already been formed, but the locations and names of acupuncture points were neither unified nor systemized . . . the famous medical doctor Huangfu Mi compiled the book *Systematic Classic of Acupuncture and Moxibustion* in 256-260 CE by collecting the materials of acupuncture and moxibustion from the ancient books [including *The Yellow Emperor's Classic*] . . . The book consists of 12 volumes with 128 chapters, including 349 acupuncture points."⁹

Between the years 627-649, the Tang government ordered physicians to revive the books and charts of acupuncture and moxibustion. Sun Simiao (a physician famous for compiling *Prescriptions Worth a Thousand Ducats*) designed and made *Charts of Three Views* that included multicolored illustrations of the acupuncture meridians and points.¹⁰ Though the original charts have been lost, this illustrative format continues to be used today.

Monographs about the treatment of special diseases appear, such as *Moxibustion method for Consumptive Diseases* (Cui Zhidi) about treated tuberculosis. Acupuncture and moxibustion had become a medical specialty and physicians were entitled acupuncturists and moxibustionists. The Tang Dynasty (618-907) Imperial Medical Bureau (a university) was divided into four departments, including acupuncture and a pharmacology department (study of medicinal herbology).¹¹ The first major materia medica (text cataloguing medicinal herbs) since the *Divine Husband's Classic*, *The Tang Materia Medica* contained 844 entries, and was China's first illustrated herbal text.¹²

Acupuncture was introduced to Korea in 541, when the Chinese emperor sent doctors there. In 693 the royal court of Korea established the title of Acupuncture Professor for teachers there. In 552 the Chinese government introduced acupuncture to Japan by presented the *Canon of Acupuncture* to the Japanese emperor. In the next century, the Japanese government sent doctors to China to study TCM. In 702 the Japan issued an Imperial Order to copy the medical educational system of Tang Dynasty China and begin an acupuncture specialty in Japan. In cultural exchanges, TCM is

disseminated throughout Asia and the Indian continent.¹³ Japan and Korean go on to develop their own traditions of acupuncture, known today as Japanese style or Korean hand technique.

In 1027 two bronze figures were manufactured showing the internal organs and all the acupuncture meridians and points engraved on the outside, including proper needle insertion depths.¹⁴ By this time printing had been developed, speeding along the accumulation of medical literature and sharing of information. The major materia medica of the Song Dynasty (960-1279), *Materia Medica Arranged According To Pattern* (Tang Shen-Wei) contained 1,558 substances.¹⁵

In the Yuan Dynasty (1206-1368) we see the development of medical specialties, such as pediatrics, emergency medicine and gynecology. A famous doctor Hua Shou researched the pathways of the acupuncture meridians, published in his book *Exposition of the Fourteen Meridian* that further developed theory of meridians and points. We use this fourteen meridian model today. Also at this time, a Chinese acupuncturist goes to Viet Nam to treat their nobility, and is given the honorarium of Magi Doctor.¹⁶

In the Ming Dynasty (1368-1644) physicians began extensive collections and revisions of previous literature, developing important works such as *Compendium of Acupuncture and Moxibustion* (1601), and *Six Volumes of Acupuncture Prescriptions* (Wu Kun, 1618). Physicians began studying sophisticated needle manipulation techniques to propagate and redirect Qi flow in the meridians. Indirect moxa techniques were developed (previous moxa was burned directly on the skin, using blistering or scarring techniques). We see the inception of a new category 'extra points' that grouped acupuncture points not located on acupuncture meridians.¹⁷

By the 1500's acupuncture was introduced to European countries, such as Germany and France. France goes on to develop many of its' own techniques. Especially well known today is the French auricular system of ear acupuncture.

China's most celebrated herbal book *Grand Materia Medica* (Shi-Zhen, 1596) includes 1,892 substances and is translated into numerous languages.¹⁸ By the Qing Dynasty to the Opium War (1644-1840) doctors regarded herbal medicine superior to acupuncture. In 1817 Li Xuechuan compiled *The Source of Acupuncture and Moxibustion*. This influential work equally stressed acupuncture and herbal medicine and systematically listed the 361 points on the fourteen meridians that we use today.¹⁹

By 1822 Qing Dynasty authorities ordered the acupuncture and moxibustion department of the Imperial Medical College permanently abolished because "acupuncture and moxibustion are not suitable to be applied to the Emperor."²⁰

Acupuncture grew out of favor by 1900 in both China and Europe. The Imperial rule of the Qing dynasty ended with the Revolution of 1911. During these politically turbulent times, western medicine was introduced to New China. As traditional Chinese ways were denounced in favor of more modern and westernized approaches, Traditional Chinese Medicine got caught in the sway. The reactionary government of 1914 wanted to ban TCM and invoked measures to restrict its development, causing a decline of TCM.²¹

Because of the large, rural population in need of medical care, TCM spread among the folk people. Acupuncturists make great efforts to protect and develop their medical legacy, founding associations, publishing books and medical journals and starting correspondence courses to teach acupuncture. These physicians tried to explain the theory of TCM in western scientific terms, beginning in 1899 with a work by Liu Zhongheng entitled *Illustration of the Bronze figure with Chinese and Western Medicine*. In 1934, *The Technique and Principles of Electro-acupuncture* (Tang Shicheng et al.) explained the modern technique of attaching wires connected to an electrical source to acupuncture needles, in order to get a stronger Qi sensation. Western doctors, chiropractors, physical therapists as well as acupuncturists use electro-stimulation today.²²

In 1946, in response to a growing population over a widespread area in need of medical care, communist leader Chairman Mao Zedong declared acupuncture and Chinese medicine the 'Jewel of

China'. He felt it would be too expensive to provide western medicine to the poor farmers. Recognizing the cost effectiveness of acupuncture (all that's needed is a few needles) he trained thousands of doctors in both western and Chinese medicine and sent them out to the rural countryside. They were nicknamed 'barefoot acupuncturists'. Chairman Mao is credited with saving the dying art of acupuncture.

In 1945 acupuncture entered the hospital setting for the first time, with the opening of an acupuncture clinic in the International Peace Hospital. In 1947 the Chinese government compiled and published *Practical Acupuncture and Moxibustion*, and sponsored an acupuncture training course in 1948 to promote the understanding of TCM for western medical doctors.²³

In 1950, Chairman Mao decided to unite the disciplines of TCM and western medicine. In an inscription to *New Acupuncture*, Comrade Zhu De writes:

"Chinese acupuncture treatment has a history of thousands of years. It is not only simple and economical, but is also very effective for many kinds of diseases. So this is the science. I hope that the doctors of both western and traditional schools should unite for the further improvement of its technique and science."²⁴

In the 1950's China helps the Soviet Union and other eastern European countries train acupuncturists.

By 1955 research organizations of TCM had sprung up all over China. City hospitals had special clinical departments of acupuncture and moxibustion. Many western medical colleges in China had included TCM in the curriculum, accepting it as a scientifically researched. Research in the 1950's mainly aimed at systemizing the basic theory of TCM and observing its clinical indications. By the 1960's researchers began to deeply analyze the ancient literature, summarizing the clinical effect of treating diseases with TCM. They also began using acupuncture anesthesia in the clinical setting, and observed the effects of acupuncture and moxibustion on the functions of each system and organ. In the 1970's and 1980's, research focused on such topics as understanding the mechanism of acupuncture anesthesia, understanding the phenomena of the acupuncture meridians and points in relation to Qi sensation, and the relationship between acupuncture points and organs.²⁵

In 1971 a New York Times reporter James Reston is part of President Richard Nixon's entourage, covering his trip to open China to the west. While in China Reston requires an emergency appendectomy and is brought to a TCM hospital where acupuncture is used for anesthesia. Amazed, he reports on his experience in the NY Times and brings acupuncture to the public eye in the US.

In 1975, the World Health Organization (WHO) asks China to begin International Acupuncture Training Courses in cities as Beijing, Shanghai and Nanjing to train acupuncturists from other countries. Many American and European practitioners attend these training courses today, gaining valuable specialty training and hospital experience unavailable in their own countries. In 1980 WHO publishes a broad list of over 40 conditions effectively treated with acupuncture.²⁶

In 1977 the Jiansu College of New Medicine's monumental 25 year project is realized, *Encyclopedia of Traditional Chinese Medicinal Substances*. Containing 5,767 entries, this is the definitive compilation of Chinese medicinal substances to date.²⁷

By 1987 over one hundred countries have acupuncturists. In 1992 the acupuncture needle is classified as a class 2 medical device in the US.

In 1997 the NIH (National Institutes of Health) holds a three-day, multidisciplinary conference to analyze research showing the efficacy of acupuncture. It concludes by issuing a landmark consensus statement saying acupuncture is a safe and effective medical procedure. This accolade assists in paving the way for broad acceptance of Chinese medicine in the US:

"Acupuncture has been used by millions of American patients and performed by thousands of physicians, dentists, acupuncturists, and other practitioners for relief or prevention of pain and for

a variety of health conditions . . . The data in support of acupuncture are as strong as those for many accepted Western medical therapies. One of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted Western medical procedures used for the same conditions. As an example, musculoskeletal conditions, such as fibromyalgia, myofascial pain and tennis elbow . . . are often treated with, among other things, anti-inflammatory medications (aspirin, ibuprofen, etc.) or with steroid injections. Both medical interventions have a potential for deleterious side effects but are still widely used and are considered acceptable treatments. The evidence supporting these therapies is no better than that for acupuncture. In addition, ample clinical experience, supported by some research data, suggests that acupuncture may be a reasonable option for a number of clinical conditions. Examples are postoperative pain and myofascial and low back pain . . . postoperative and chemotherapy nausea and . . . nausea of pregnancy . . . relief of pain of diverse pain conditions such as menstrual cramps, tennis elbow, and fibromyalgia . . . Acupuncture treatment for many conditions such as asthma or addiction should be part of a comprehensive management program." ²⁸

The report goes to explain what is known about the mechanism of acupuncture.

"Considerable evidence supports the claim that opioid peptides [natural painkillers produced by the body] are released during acupuncture and that the analgesic effects of acupuncture are at least partially explained by their actions . . . Alteration in the secretion of neurotransmitters and neurohormones and changes in the regulation of blood flow, both centrally and peripherally, have been documented. There is also evidence of alterations in immune functions produced by acupuncture . . . more elusive is the scientific basis of some of the key traditional Eastern medical concepts such as the circulation of Qi, the meridian system, and other related theories, which are difficult to reconcile with contemporary biomedical information but continue to play an important role in the evaluation of patients and the formulation of treatment in acupuncture." ²⁹

In 2004, the NIH publishes the results of a joint study funded by the National Association for Complementary Medicine and the National Arthritis Foundation declaring acupuncture safe and effective for treating osteoarthritis and says that acupuncture should be included in multidisciplinary plans for treatment.

^{1, 2, 3} Cheng Xinnong, *Chinese Acupuncture and Moxibustion* (Beijing: Foreign Languages Press, 1987), p. 1-2.

⁴ Shanghai College of Traditional Medicine, *Acupuncture A Comprehensive Text* (Seattle: Eastland Press, 1981) p. 1.

⁵ Dan Bensky and Andrew Gamble, *Chinese Herbal Medicine: Materia Medica* (Seattle: Eastland Press, 1993), p. 4-5

^{6,7} Cheng Xinnong, p. 2-3.

⁸ Shanghai College, p. 1.

^{9,10,11} Cheng Xinnong, p. 3-5.

¹² Bensky and Gamble, p. 5.

^{13,14} Cheng Xinnong, p. 5-9.

¹⁵ Bensky and Gamble, p. 5.

^{16,17} Cheng Xinnong, p. 5-9.

¹⁸ Bensky and Gamble, p. 5.

^{19, 20, 21,22,23,24,25,26} Cheng Xinnong, p. 6-10.

²⁷ Bensky and Gamble, p. 5.

²⁸ *Acupuncture*. NIH Consens Statement 1997 Nov 3-5; 15(5): 3-9.

²⁹ *Ibid*, p. 11.