

Place in American medicine?

Even today, pain is a mysterious entity. There is hot controversy over its causes and pathways. Because of its elusiveness pain has also sparked a spectrum of therapeutic approaches not always accepted by American physicians—electrode stimulation, massage, hypnosis, faith healing. Acupuncture falls into the twilight zone of the latter remedies. Few American physicians have heard of it, let alone have practiced it.

But things may be changing, now that two American biologists have penetrated the Bamboo Curtain and have returned, like Marco Polo, with vibrations from the Distant East. Their news is that the ancient Chinese medical practice of acupuncture is not only alive in Mainland China, but flourishing. Moreover, it's being used as an adjunct to modern Western medicine. Both Drs. Arthur Galston of Yale and Ethan Signer of the Massachusetts Institute of Technology say they were amazed at what they saw. In an interview, Dr. Galston recapped his impressions:

"Acupuncture consists of passing needles into select areas of the human body. There are some 500 points in which these needles can be inserted and the points are identified from an acupuncture chart. Most, but not all of the points, are near a nerve.

The Chinese admitted they do not have a full explanation for these positions of treatment, yet acupuncture works empirically—a needle prick at point X leads to a reaction at point Y.

"The traditional use for acupuncture is still the major one—to relieve pain. However, it is also used to induce sleep, to partially remove deafness in deaf mutes. We also saw four hospital operations where electric acupuncture was used as an anesthetic. Electrodes were hooked onto the needles and current run for 20 minutes. One patient remained awake through open heart surgery thanks to acupuncture anesthesia, talked, sipped on orange juice, appeared to suffer no discomfort."

Although acupuncture, in Eastern eyes, is metaphysically based—sickness is supposed to result from an imbalance of the body's forces and is treated by either stimulating them or by toning them down—it does have some precedent in Western medicine: bloodletting. Bloodletting was traditionally used to treat "humours," or disease, by draining putrefactions from the body to redirect human energies. Furthermore, by talking with various American medical experts, one begins to see that acupuncture might be explained in

terms of modern Western medicine.

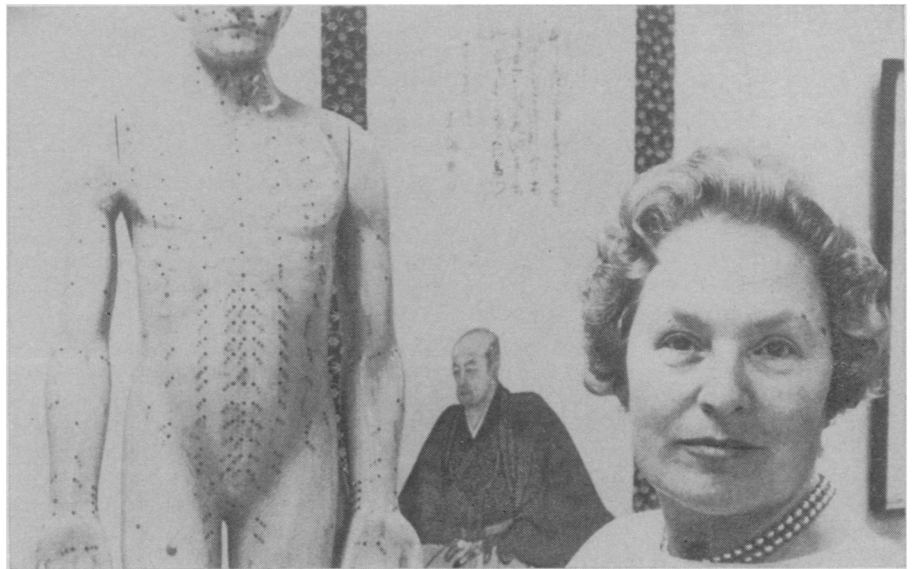
A neurophysiologist, who prefers not to be quoted because he has no empirical data to back his statements, speculates: "By placing probes into specific nerves with or without electricity, one could block local sensations and/or stimulate blood flow to various organs. The results could dull pain and perhaps arrest a disease process by increasing blood flow to a specific organ."

An experimental neurophysiologist who also wishes not to be quoted, since acupuncture smacks of quackery in his medical circle, offers this explanation for acupuncture. . . . It is plausible that acupuncture might relieve pain, since electrodes applied to the body, intense sounds and other nerve stimulation have been used in the United States to mitigate pain. Acu-

exclude the possibility that acupuncture is not related to suggestion we should suspend judgment on its usefulness."

Perhaps one of the few American physicians truly able to comment on acupuncture's therapeutic effects is Dr. Cecelia Rosenfeld of Pacific Palisades, Calif. She has seriously practiced acupuncture on her patients since learning the technique from French, Japanese and Chinese physicians. "I've had good results with the technique," she says, especially in correcting painful conditions before they set off disease or organic pathology.

Yet Dr. Rosenfeld practices acupuncture little now, because its tempo is painfully slow for Western medicine and because she has found a similar technique—neuropathy—which she considers more suitable to American medical practice. Neuropathy, she ex-



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Dr. Ilza Veith explains an acupuncture chart to California medical students.

puncture could decrease pain by increasing nerve stimulation to the brain, in short, by telling the brain to refuse pain sensation.

This view meshes with the theory of Drs. Patrick Wall of London and Ronald Melzack of Montreal. They hold that physical pain depends on brain acceptance or refusal of pain sensation. Their "gate control" theory might also explain why suggestion—through hypnosis or placebos—works. It has been known for a long time that a person's perception of pain depends on his cast of mind.

Dr. Theodore A. Barber, deep in hypnosis and suggestion research at Medfield State Hospital in Massachusetts, and author of the book *LSD, Marijuana, Yoga and Hypnosis*, is only cursorily familiar with acupuncture. However he believes acupuncture might be partially or entirely due to hypnosis. Yet he enters this caveat: "Until we have good experiments to

plains, is performed with Novacaine injections instead of with acupuncture needles. Injections may be targeted according to an acupuncture chart, or directed according to anatomical, physiological and psychological principles laid down by American medicine.

Although Dr. Rosenfeld doubts acupuncture will ever take hold in the United States in a big way, even with the current interest in yoga, microdiets and other things Far East, "the new generation of physicians," she says, "might surprise me." Although not a physician, Dr. Galston believes acupuncture might make a suitable anesthetic in this country, in those many cases where it is advantageous to have a patient awake during surgery, or where general anesthesia might be dangerous, as during childbirth. Whether acupuncture would have an overall edge on anesthetic drugs remains to be seen though; a number of the drugs numb or stimulate nerves locally. □