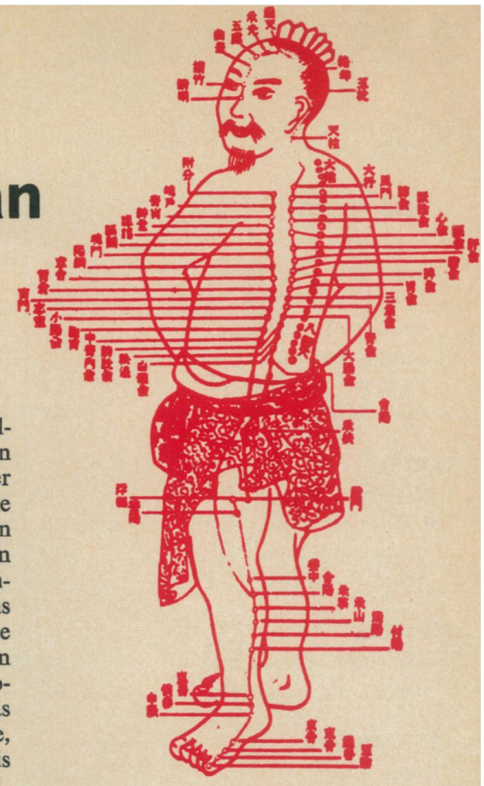
# Acupuncture goes American

## NIH launches study.
## Anesthesiologists enthusiastic.



*Ancient Chinese acupuncture chart.*

Since two American scientists penetrated the Bamboo Curtain a year ago and brought back the news that acupuncture is alive and flourishing in China (SN: 6/12/71, p. 400), the ancient medical art of inserting needles into strategic areas of a person's body to relieve pain has captured the imagination of the American public.

At first acupuncture provided cocktail-party repartee and grist for journalists and cartoonists. (One of the more provocative headlines: "Acupuncture in a Virginia Motel." Says one porcupine to another, "The Chinese are Johnny-come-latelys when it comes to acupuncture.") But during the past few months Americans have stopped sticking needles into acupuncture and have started taking the procedure more seriously. On May 15, W. C. Fox, an anesthesiologist at Downstate Medical Center in Brooklyn, used acupuncture to anesthetize a medical student while his left tonsil was removed. On July 13 America's first acupuncture clinic opened in New York City. The New York State Departments of Health and Education threatened to close it because a licensed physician was using unlicensed acupuncturists. Kansas is reinterpreting an old law prohibiting invasion of the skin by unlicensed personnel to keep the lid on acupuncture. California, on the other hand, has introduced a bill that would encourage the use of acupuncture.

Throughout this éclat the American medical profession has kept its cool. Nonetheless physicians have been flocking in ever-larger numbers to seminars demonstrating acupuncture and explaining its usefulness. The medical specialists who are probably the most qualified to pass judgment on acupuncture's efficacy and to practice acupuncture—anesthesiologists—are taking a particularly keen interest in the technique. Members of the American Society of Anesthesiologists have helped stimulate the National Institutes of Health to undertake a scientific study of acupuncture.

The study, announced by NIH Director Robert Q. Marston last week, will be headed by a former ASA president—John L. Bonica, professor and chairman of the department of anestheology at the University of Washington School of Medicine, Seattle. Two other anesthesiologists will also be on the study committee—Henrik H. Bendixen of the University of California at San Diego and Ronald Katz of the Columbia University College of Physicians and Surgeons in New York City. The committee also includes experts in neurology, neurophysiology, psychology and neuropharmacology, such as Patrick Wall of University College, London, who is well known for his pain gate-control theory (SN: 6/12/71, p. 400).

Bonica and Wall will first survey available literature on acupuncture, then take a look at laboratory and clinical efforts now under way in the United States, Europe, Canada, Japan and elsewhere to probe acupuncture's value as a pain reliever and surgical anesthetic. About November, they will meet with the entire NIH acupuncture study committee to launch a national study of acupuncture's effectiveness. They will look, for example, at how the advantages and side effects of acupuncture compare with those of conventional American anesthetics. "I don't know how big the study will be," Bonica told SCIENCE NEWS. "It depends on funding and how NIH wants to proceed."

The committee scientists may also go to China to visit acupuncture facilities and see how the technique is applied there. "There is no doubt in my mind, nor I think in the minds of recent visitors to China," Bonica declares, "that acupuncture works in China, and apparently very well. Whether it would work as well in the United States cannot be predicted at this time."

Bonica and other members of the NIH acupuncture committee are reluctant to speculate on the psychological-physiological basis of acupuncture's effectiveness until they have scientific facts to support their views, but they do offer several possibilities. One is hypnosis. Another is that the mind, provoked by hypnosis, suggestion, attention, concentration or other factors, sends messages down the spinal cord to stop the transmission of pain impulses. Or an increase in sensory input at the site of needling and application of electricity might send impulses up the spinal cord to the brain and jam the circuits—in line with Wall's pain gate-control theory.

Bonica and a number of other anesthesiologists say they are enthusiastic about acupuncture's potential as a surgical anesthetic and pain reliever, and would like to use the technique, once they understand it better and know how to apply it properly. The ASA is already keeping a watchful eye on the use of acupuncture in the United States and acting as a clearinghouse for thousands of public queries about acupuncture. After the NIH committee has thoroughly evaluated acupuncture, the ASA may provide its members with guidelines on how to apply it. The ASA will also concern itself with the potential hazards of acupuncture, particularly when the technique is applied to pain problems that have not been properly diagnosed, such as hepatitis, mental trauma or laceration of a major blood vessel. Probably the greatest service the ASA can render, stresses Frank Moya of Jackson Memorial Hospital in Miami and a member of an ASA committee on acupuncture, is to protect the public from acupuncture quacks. "We have been getting calls from all over the country," he says, "from people who want to submit themselves to acupuncture in hopes that the procedure will relieve some pain or disability." □