

Academic Debate

Dry needling: a de-meridian style of acupuncture

干针——“去经络化”的针灸

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ABSTRACT

Recently, the educators of Dry Needling (DN) in the West often proclaim that DN is not acupuncture, and thus DN practitioners do not need to have the same training as acupuncturists. Their primary reason is that DN does not use the meridian theory of traditional Chinese medicine (TCM). In this paper, the authors refuted this claim. Through a systemic review on the global “Acupuncture Fever”, there are several different manifestations of “De-Meridian” phenomena (meridian theory is not required for acupuncture and other related modalities). Although De-Meridian has played a positive role in the development of acupuncture, it does not mean “De-Acupuncture” (modalities derived from but different from acupuncture). Given the clear definition of acupuncture by WHO, even though DN has certain attributes of De-Meridian that is similar to other forms of novel needling therapies, all of them belong to acupuncture. DN is a style of contemporary acupuncture, also called Trigger points (TrPs) acupuncture. This is because not only these myofascial TrPs stimulated by DN have always been acupoints, the needles and techniques used in DN are no different than acupuncture. Moreover, the mechanisms of DN and acupuncture are one in the same. The development of modern DN theory and its application are closely associated with the clinical trials and research of acupuncture. On the other hand, researches and clinical applications on myofascial TrP have highlighted the importance of stimulating reflex points in the clinic. However, as it refuses to inherit the theory and experience from thousands of years of acupuncture practice, it has shown obvious shortcomings in clinical applications.

KEY WORDS: dry needling; trigger point; acupuncture; de-meridian; de-acupuncture

In the past few years, dry needling (DN) is a form of acupuncture being increasingly taught and practiced in the West. However, DN educators proclaim that “DN is not acupuncture”. The primary reason is that “the objectives and philosophy behind the use of DN by physical therapists is not based on ancient theories or tenets of traditional Chinese medicine (TCM)”, and that “the performance of modern DN by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous systems”^[1-2]. In other words, DN educators try to distinguish DN from acupuncture due to their notion that “the meridian theory, the basis of traditional

acupuncture is not used as the guidance of DN”. DN practitioners believe they do not need to be bound by regulations of acupuncture and obtain necessary training required for acupuncturists.

In this paper, the authors refute the above claim by distinguishing the concept of “De-Meridian” (where the meridian theory is not required for acupuncture and other related modalities) from “De-Acupuncture” (modalities derived from but different from acupuncture). Although the De-Meridian movement may have played a certain positive role in the development of acupuncture during the modern

era, including recent “Acupuncture Fevers (AF). De-Meridian is not equivalent to De-Acupuncture. Even though DN has some attributes of De-Meridian like other forms of contemporary acupuncture, DN is still in the scope of acupuncture, which is supported by multiple evidence including the official definition of acupuncture by WHO. Moreover, DN, also called Trigger points (TrPs) acupuncture, has brought forth the importance of stimulating reflex points in clinical contemporary acupuncture. However, as DN refuses to inherit the theory and experience from thousands of years of acupuncture practice, it has shown obvious shortcomings in clinical applications.

THE DE-MERIDIAN PHENOMENA DURING “ACUPUNCTURE FEVER”

Reviewing the modern history of acupuncture since 1949, there have been at least three major periods of widespread AF around the world^[3]. For each period, acupuncture has increased its popularity which is often related to the negligence of the meridian theory. The authors define this negligence as De-Meridian.

The first period can be traced back to China in the 1950's, the renaissance period of TCM and acupuncture. Following the book *Chinese Acupuncture Therapy* (《中国针灸学》), by Cheng Dan-An, Zhu Lian published the book *The New Acupuncture* (《新针灸学》) in 1951, which was a representative text of that era. In Zhu's book^[4], many acupoints and related clinical applications were discussed without acknowledging the meridian theory. Moreover, Zhu's book applied Pavlov's reflex theory to explain the mechanism of acupuncture, such as the analgesia mechanism of needling Hégǔ (合谷 LI 4) for toothaches. Its mechanism was recognized as the transformation of excitatory focuses at the cerebral cortex due to the stimulation at the hand.

The second period occurred during the Culture Revolution of China (from the mid 1960's to late 1970's). During that period, no matter urban or rural, clinical applications of acupuncture and scientific researches of its mechanisms were prevalent. Since then, there has been a remarkable progress in the recognition of acupuncture mechanisms and the essence of meridians. The most prominent finding is that the intact nervous system is a prerequisite to achieve acupuncture efficacy. However, the study of the essence of meridians could not identify any specific anatomical structures related to traveling courses of meridians at body surface. On the other hand, a form of contemporary acupuncture called Novel Needling

Therapy became prevailing in the clinic. It featured intense stimulation without needle-retention and focused on the efficacy of acupoints, all the while not requiring the classical manipulation technique. As a result, the knowledge about the efficacy of classical acupoints has been widely expanded, and a large number of new or extra-meridian points were found, making it difficult to be categorized by the classic meridian system. Furthermore, many other forms of contemporary needling therapies were created, such as Auricular acupuncture (1972), Scalp acupuncture (1971), Wrist and ankle acupuncture (1972), and Nerve-stimulation therapy (1973). The theoretical bases and stimulation locations of these therapies are not based on the meridian theory, yet all can attain clinical efficacies. Over time, various micro-acupuncture therapies targeting certain smaller body areas, such as the hand, foot, eye, nose, cheeks and tongue have emerged, none of which are based on the meridian theory. As the Cultural Revolution was ending, this period of AF with distinctive features of De-Meridian also gradually subsided.

The third period, or often called as overseas AF, officially began in the West during the early 1970's, and continues up to now. With China's open door policy, a large number of TCM doctors who were trained in western medicine went abroad to practice acupuncture. Most of them understood the importance of developing acupuncture using an integrative approach rather than simple inheritance of the traditional meridian theory, once again accelerating the process of the De-Meridian movement in acupuncture.

Since 1976, the authors have published three books: *Acupuncture and Cybernetics* (《针灸与控制论》), *Clinical Reflexology of Acupuncture* (《临床针灸反射学》)^[5], and *Contemporary Medical Acupuncture: A Systems Approach* (《现代医学针灸—系统论方法》)^[6] to facilitate the modernization of acupuncture. In our books, a novel theory of Acu-Reflexology is introduced to elucidate and simplify the meridian theory, and help guide clinical treatments of intractable cases. *The authors also published an atlas Whole Body Reflex Zones* (《身体反射区图谱》) to replace the classical meridian system. During the past 20 years, our Acu-Reflexology theories along with other newly emerged modalities such as Subcutaneous Needling (1996), Navel Acupuncture (2000), and TrP Acupuncture (i.e. DN) were all facilitators of the De-Meridian movement. Furthermore, numerous experimental studies of acupuncture have contributed to the rise of the De-Meridian movement. The author's point is further supported by other modern researches

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