

A PATH LESS TRAVELLED

Learning and Practising Acupuncture

Text by Dr Tan Tee Yong

Acupuncture is an old art with a history of more than 3,000 years. The term “acupuncture” is derived from the Latin word “acus” (needle) and “puncture” (pricking). Acupuncture literally means to puncture with a needle. This art was first documented as early as 200 BC in the first book for traditional Chinese medicine (TCM), *Huang Di Nei Jing* (黄帝内经).

An art with such a long history of practice has to have something worthy which one could learn from. Hence I started my journey seeking to learn this ancient art. In addition to reading acupuncture-related journal articles, I stumbled upon a two-year course organised by the Singapore College of Traditional Chinese Medicine, targeted for Singapore Medical Council (SMC) registered medical doctors to be trained and certified as TCM-registered acupuncturists.

Integrating acupuncture with Western medicine

Learning TCM was akin to repeating a totally different medical education. Although there were certain similarities when seeing a patient, the underlying thinking was radically different. Instead of physiology and pathophysiology, which many medical doctors are familiar with, the disease processes were instead explained in term of Yin (阴) and Yang (阳); the five elements, namely metal (金), wood (木), water (水), fire (火) and earth (土); the concept of qi (气) and blood (血); and the relationship between solid organ (脏, *zang*) and visceral organ (腑, *fu*).

After learning an entirely different field of medical knowledge, integration

and application was what mattered most to me. Reconciling the differences was difficult as the understanding of underlying disease processes was completely different. Although there were Western medical literatures on the efficacy of certain acupuncture treatments for various conditions, many were written in silo with little cross-reference to TCM concepts. Thus, initial practice was like looking at two unrelated and isolated issues. The way forward was to look for the opportunity to apply both acupuncture and western medical therapy together.

Integrating the two practices did produce unexpected but positive results. I remember a middle-aged Caucasian lady who was having neck pain and upper limb radicular pain. She was started on physiotherapy, anti-neuropathic medication and finally underwent a cervical nerve root sleeve injection. Improvement was seen but the patient remained symptomatic. A TCM assessment was made and acupuncture was chosen to treat her condition, in addition to conventional medical therapy. She then underwent one short course of acupuncture treatment together with physiotherapy and anti-neuropathic medication, and her pain resolved after just one session of acupuncture. This small success was the first step towards a progressive integration of TCM diagnostics and acupuncture management within my medical practice.

Acupuncture and pain management

I have been practising acupuncture for many of my patients in the past ten years.

TCM acupuncture works well to complement Western medical care. The TCM diagnostic tool offered a different way of patient assessment and the therapeutic tool offered a different way of managing patients. The most powerful advantage to Western-trained medical doctors is the fact that we are trained well in the pathophysiology of diseases and can then combine the therapeutic options of both Western medicine and TCM acupuncture. To complement our knowledge, TCM theories provide a more holistic view in the management of any pain syndrome, and it helps to widen the diagnostic view even of a locally painful condition.

I remember another patient with severe and uncontrolled trigeminal neuralgia pain. Despite high doses of anti-neuropathic medications, little pain relief was achieved. TCM diagnostics was used and the patient was deemed to be having “qi stagnation and blood stasis”. With the combination of acupuncture and anti-neuropathic medications, the acute pain exacerbation became well controlled. As there was no need to further escalate, but in fact a slight reduction in the medication intake for symptom control, side effects from medication became very well moderated. There were many such stories, and it gave practitioners like myself the conviction that combining acupuncture with conventional pain management provided patients with more choices, better results and fewer side effects from drugs.

But it is important to point out that acupuncture is not always effective. In my experience, I find it difficult to apply acupuncture for cancer pain patients. In

addition, the successful application of acupuncture for pain originating from osteoarthritis of the knee and hip is more limited.

Significantly better pain control can be achieved for acute back and neck sprains, chronic spinal pain, chronic headache, facial pain and neuropathic pain conditions. And the synergistic effect seen with Western medical therapy frequently produces surprising results.

It is also important to realise that acupuncture could result in severe acupuncture-related adverse events. Conditions like pneumothorax, cardiac tamponade, infection, fainting and subarachnoid haemorrhages were reported in medical journals. But overall, acupuncture is deemed a relatively safer procedure with minimal long-term side effects, when compared to many of the pain management procedures.

Continuing professional education

With the enactment of the Traditional Chinese Medicine Practitioners (Amendment) Act 2020, the compulsory Continuing Professional Education (CPE) Programme for TCM practitioners was implemented from 1 April 2020 for all fully and conditionally registered

TCM practitioners. Compulsory CPE requirements of 50 points over a two-year period need to be met before the practising certificate (PC) can be renewed.

This is nothing new to a SMC-registered medical practitioner as there are similar requirements for the SMC PC renewal. But for a doctor who is registered on both Boards, additional effort is needed to ensure registration on both. As such, I am deeply concerned that this new requirement would discourage Western-trained medical doctors from taking up the course to train to be a TCM-registered acupuncturist.

Conclusion

Overall, I am impressed by the alternative facet of TCM diagnostics and the positive effect of acupuncture treatment in managing patients with painful conditions. I strongly support and encourage all medical practitioners who are interested to spend time learning this alternative form of medicine. Acupuncture application is very wide and it covers a multitude of medical conditions. Also, it provides an alternative management option, which can be integrated together with conventional Western medical treatment to benefit our patients and aid in their recovery. ♦

Dr Tan is an anaesthesiologist, subspecialised in the field of pain medicine and was conferred as Fellow of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. He has received training in acupuncture at the Singapore College of Traditional Chinese Medicine and is a fully registered acupuncturist.

