

GUEST EDITORIAL

Is “Energy Medicine” a Good Label For Acupuncture?

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The currently popular classification of acupuncture as “energy medicine” is explored historically and examined critically in this Guest Editorial. Evaluated against the conceptual systems, diagnostic frameworks, and treatment techniques of Oriental Medicine, classifying acupuncture as energy medicine is found to be much too restrictive. Classical acupuncture is more accurately described as a full-spectrum medicine capable of embracing the entire breadth of the energy–matter continuum.

As a clinical acupuncturist, I hear my work routinely referred to as energy medicine by my patients and in professional and academic circles. Personally, this label bothers me. I think it shortchanges classical acupuncture and Chinese Medicine.

Since the 1970s, people have been very eager to embrace the term “energy” when referring to a variety of “softer, gentler” therapies. This stems, understandably, from a rejection of the prevailing materialistic preoccupations of mainstream medical thought of the past several decades. Energy medicine gives many of us in alternative medicine a means by which we can distinguish ourselves from mainstream medicine. But by sliding to the other extreme of the energy–matter spectrum, are we not guilty of the same narrowness we are rejecting?

What do we mean when we use the term energy medicine? In a strictly scientific sense, we must surely be careful. In that context, x-rays, magnetic resonance imaging, laser eye surgery, and cancer treatment with radiation are all energy medicines! It is doubtful that readers of this journal include such medical interventions under the energy medicine umbrella. It is probably correct to assume that most people who embrace the term energy medicine are referring to medicine whose concepts, diagnostic approaches, and therapeutic techniques are primarily nonmaterial.

THE HISTORICAL ROOTS OF ACUPUNCTURE AS ENERGY MEDICINE

In the world of Chinese Medicine, “energy talk” predates the New Age era. With many Chinese Medical terms such as *yin*, *yang*, and *qi*, translation can be so fraught with danger that Chinese Medical scholars prefer to simply stay with the *Pin Yin* transliteration. The translation of *qi* as “energy” is just such a dangerous proposition.

Birch and Felt (1999) have researched the matter and traced this popular translation to the famous French diplomat, George Soulie de Morant. He served in China in the early 1900s. During this time, he became highly proficient in acupuncture. Soulie de Morant is probably more responsible for the westward transmission of acupuncture than any other single individual. He worked tirelessly in the 1920s, 1930s, and 1940s to introduce the French medical community to acupuncture (Zmiewski, 1994). Soulie de Morant had to do what he could to render acupuncture palatable to his often-hostile audiences. In a purely pragmatic move, he harnessed the popular contemporary notion of *elan vital* (human energy) and equated *qi* with energy, although he clearly admitted his choice was “for lack of a better word” (Birch and Felt, 1999).

EVALUATING THE NOTION OF ACUPUNCTURE AS ENERGY MEDICINE

The *qi*–energy equation can be evaluated on many levels. For the purpose of practical discussion, I like to organize Chinese Medicine and classical acupuncture into three pillars: theory, diagnosis, and therapy. Testing the robust-

ness of the *qi*-energy equation against each of these three practical pillars is very illustrative.

When we learn Chinese Medical theory in school, we are taught one thing quite clearly from day 1; *qi* is not an easy concept to grasp. For example, on one level, we are taught to distinguish among *qi*, Blood (*Xue*), and Body Fluids (*Jin Ye*). This would make one think that these three things are distinct and separate. But then, on another level, and almost in the same breath, the teacher cautions us that *qi* encompasses Blood and Body Fluids. We are even taught that solid matter in the form of tumors, lumps, and bumps is also *qi*—just in a very stagnant and congested or congealed form. It is all *qi*! As a bewildered Western student of Chinese Medicine, I rectified the situation by thinking of two kinds of *qi*, a “big *qi*” and a “little *qi*.”

Certainly, when classically trained acupuncturists work with people, these practitioners are using theories and concepts that encompass body processes along the full energy-matter spectrum.

Now let us turn to diagnosis in Oriental Medicine. When we assess patients, we consider signs and symptoms that span the energy-matter continuum's full breadth. Pulse diagnosis, tongue diagnosis, smelling the patients, asking them about the quality of their menstrual blood or their bowel movements, palpating their abdomens or backs—these are all certainly very material inquiries. Even the advanced masters of palpatory diagnosis described by Cassidy (2004) are, to be certain, directing their skills at *both* energy and matter. I have studied with some of these masters myself. And there is no question; they certainly palpate points, meridians, and regions of the body in an energetic (nonmaterial) sense. I often feel nonmaterial, “electrical” sensations and transmissions at points myself, both during diagnosis and in immediate and dynamic responses to treatment. But, there is also no question that these masters are also palpating for material evidence of imbalance and disharmony.

In some palpatory Japanese acupuncture styles, for example, much is made of finding acupuncture points to be unusually damp, sticky, sunken, raised, dense, or not dense (Denmei, 1990; 2003a; Okabe, 1996). In the Japanese abdominal (*hara*) diagnosis systems taught by such masters as Kiiko Matsumoto or Miki Shima, the abdomen is palpated not only for nonmaterial evidence of imbalance but also for areas of hardness (*shaku*), tightness, palpable masses, excessive moisture, dryness, lack of soft-tissue resilience, flaccidity, or pain on palpation (Matsumoto and Birch, 1988; Matsumoto and Euler, 2002; Shima and Chace, 2001). Japanese moxibustion specialists place great importance on locating and treating palpable areas of soft tissue constriction called “indurations” (Denmei, 1990; Okabe, 1996). Matsumoto often calls these “gummies” or “geloses.” Almost all of these diagnostic features I have listed are very material. They are not nonmaterial. They are not some vague electrical sensation one finds at one's fingertips. They are highly physical and highly material manifestations.

Finally, let us consider treatment. While practitioners in the nonclassical acupuncture community may restrict their therapeutic interventions exclusively to the use of needles, a fully trained classical acupuncturist uses a very broad swath of tools and techniques during therapeutic interventions. These tools include deep and strong needling (Xinnong, 1987), superficial and super-superficial needling (Denmei, 1990; Denmei, 2003b), contact needling (Fukushima, 1991), pressure, indirect moxibustion, direct moxibustion (Mizutani, 2003), direct scarring moxibustion, bloodletting (Birch and Ida, 1998), *gua sha* or dermal frictioning (Nielsen, 1995), cupping (Birch and Ida, 1998; Chirali, 1999), massage, magnets, diode devices, and bimetallic gradients (Manaka et al, 1995). Some of these, such as contact needling and magnets are, no doubt, very “energetic” or nonmaterial in their mechanisms of action. Others, such as bloodletting, cupping, and direct moxibustion are, it goes without saying, highly material in their actions.

So, whether one looks at classical acupuncture from the perspective of Oriental medical theory, diagnostic protocols, or the tools and techniques of treatment, the assertion that acupuncture is energy medicine does not stand up. For certain, it is part of the picture. But it is much too restrictive a notion. It is the little *qi* but it is not the big *qi*.

ACUPUNCTURE AS A FULL-SPECTRUM MEDICINE

When I lecture on Chinese Medicine, I describe *qi* to people as a term that encompasses all “circulating influences” in the body. I believe this does far more justice to the term *qi*. It is more all-inclusive than energy. I expand further on the matter by identifying the position of various specific circulating influences along the energy-matter continuum. This includes circulating influences as fully material as blood, lymph, and body fluids; circulating influences as somewhat immaterial as nerve impulses or myofascially mediated piezoelectric transmissions; or circulating influences as fully immaterial as spirit and emotion.

Those of us who have been trained in the full breadth and depth of classical acupuncture are taught to assess, interpret, and treat people on all these levels. Ours is a medicine that fully embraces all points along the energy-matter spectrum. We should not sell ourselves short by placing all our eggs in the energy medicine basket.

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