

Book Review**“Contemporary” Acupuncture
Excellent Primer Misses a Few Good Points**

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*Principles and Practice of Contemporary
Acupuncture*By Sung J. Liao, Mathew H. M. Lee,
and Lorenz K. Y. Ng

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1994, 405 pages, \$65.00

Many books on acupuncture have been written since 1972, following Nixon's return from China. Some are outright translations from early Chinese texts, others are profound but inscrutable discourses on ancient Chinese philosophies. Written for the most part by stalwart proponents of Yin/Yang theories, many are incomprehensible to Western-trained physicians.^{1,2} If their intent is to explain acupuncture to the West, such books are failures. Not so this volume by Liao, Lee, and Ng. A down-to-earth report on acupuncture, it is written in narrative fashion by highly credible and qualified authors—all practicing clinicians. Liao is Clinical Professor of Surgical Sciences at New York University; Lee is Medical Director of the Howard A. Rusk Institute of Rehabilitation Medicine and Professor of Clinical Rehabilitation; and Ng is Medical Director of the Chronic Pain program at the National Rehabilitation Hospital in Washington, DC. Before 1972, the authors had no acupuncture experience or knowledge, despite their expertise on chronic pain and rehabilitation. Scientific curiosity, however, prompted them to visit

China and see for themselves. Sufficiently impressed, they studied acupuncture after their return under several international masters, including Dr. Felix Mann and Dr. Nguyen Van Nghi. To their credit, Liao, Lee, and Ng did not rush into publication with new-found enthusiasm, but waited until each had more than 20 years of personal experience using and testing their techniques. During this time, they were responsible also for continuing education in the American College of Acupuncture. They have obviously read widely in the subject, and the book begins with a concise but interesting historical survey, which explores acupuncture from its Iron Age origin, through philosophico-alchemical ideas, to its revival in the United States in the 70s. Their survey is enriched with interesting illustrations and quotations from great teachers in medicine, such as Sir William Osler, who practiced acupuncture. The word “acupuncture” was coined in the West during the 16th century to describe the Chinese use of a needle to promote healing in certain diseases. The Chinese themselves refer to this technique by many different names, such as “needle effect,” “needle skill,” or “needle therapy,” all of which indicate the central role of the needle. The term “acupuncture” can be confusing, however, because it is poorly defined and used indifferently in medical literature to refer to a number of related, but not necessarily identical, physical modalities. For example, many Western practitioners use the term “acupuncture” to describe a form of trigger point therapy,³ others to describe a technique for electrical stimulation. A few Western research-

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ers have even appropriated the word to describe the use of surface electrodes applied over acupuncture points for electrical stimulation.⁴ This terminology is incorrect, as the needle is central in acupuncture. So there is a confusion in the West over acupuncture terminology. But there is confusion also over its actual practice. Classical Acupuncture in China is only one part of the whole philosophy of Traditional Chinese Medicine (TCM). But in the West, acupuncture practice has been split off from TCM, and few Western medical practitioners actually practice full TCM. While they have all received training in classical acupuncture, they do not use techniques like pulse diagnosis, and do not describe diseases in terms of "Yin/Yang" or "Five Phases." These practitioners continue to use TCM nomenclature and terminology—and this can be more than confusing, it can be medically misleading. For example, "lung" in TCM has nothing to do with the respiratory system, but relates to skin diseases; "kidney" has nothing to do with diseases of the urinary tract, but refers to the genital system. And there's an organ called "the triple warmer" that does not even exist in modern anatomy!⁵ The "contemporary acupuncture" described in this book, then, is *amixtum compositum* of Eastern and Western concepts, which is neither truly Classical, nor is it fully scientific. This duality results in parts of the book favoring scientific explanations like the physiologic basis of acupuncture and the anatomy of commonly used points, while other chapters espouse classical theories. Support for the scientific basis of acupuncture could be stronger. While the book makes brief reference to the relationship between acupuncture and peripheral neuropathy, it does not describe in detail a clinically proven needling technique called Intramuscular Stimulation (IMS). This technique, which is taught and used in many pain centers, is based entirely on neuroanatomy.^{6,7} It's a common criticism of acupuncture that it does not call for physical examination or medical diagnosis. It is a valid criticism that this book reinforces. According to the authors, the selection of acupuncture points for treatment is "entirely personal, and based on our own clinical experiences." They add that "Other experienced doctors may not agree;" however, the authors do not describe the *grounds* for

agreement or disagreement? The book provides points for the most common complaints—supporting the impression that acupuncture is a procedure that relies on a "paint-by-numbers" technique, calling on a limited repertoire of pre-determined meridian points. The chapter on chronic pain endorses the role of endorphins and the neurochemical explanation for acupuncture analgesia. This perpetuates another anomaly. While it may explain short-term analgesia, it does not account for acupuncture's effectiveness in relieving chronic neuropathic pain—pain that typically occurs in the absence of ongoing tissue injury or inflammation.⁸ (Endorphins are likely released under stressful conditions that do not necessarily produce pain.) Neuropathic pain usually follows some functional disturbance in the peripheral nervous system, most commonly radiculopathy, and its invariable accompanied by signs of peripheral neuropathy, such as vasoconstriction.^{9,10} But the authors have failed to make explicit the connection between vasoconstriction and peripheral neuropathy. Yet, ironically, the book's excellent color illustrations of thermography convincingly document the release of vasoconstriction following acupuncture treatment! In conclusion, this book provides good introductory reading for Western-trained physicians who know little about acupuncture. They can learn much by following the exploratory path of these three well-qualified clinicians. Liao, Lee, and Ng have described, without embellishment, their search into the truth of acupuncture as they have found it. Readers who wish to progress beyond this empirical method should investigate an advanced version of acupuncture, in which diagnosis and treatment are correlated with physical signs of peripheral neuropathy.^{10,11}

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A New Addition to the Classic Works on Cancer Pain Management

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Pain Relief in Advanced Cancer

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There are many texts addressing the topic of pain relief in cancer to be purchased and put on your bookshelf for easy reference for clinical or research purposes. This text, however, is one to be purchased and read. The 577 pages offer a comprehensive and timely review of this topic and is written in such a way that makes it a book to be read cover to cover, rather than to be referenced only as needed.

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This text provides the expected content covering areas of the causes of pain, pain assessment, analgesics, and other pharmacologic and invasive treatments for pain. However, it also includes several very unique sections, which set it apart from other cancer pain texts. The first of these is a section on pain and suffering. Throughout the text, careful attention is given to include case examples with actual quotations from patients and family caregivers. Application of content makes the reader aware that this book is based on a career of devotion to pain management, and that there is constant recognition of human dimensions of pain and suffering. Separate sections of the chapter on suffering include descriptions of "overwhelming cancer pain," "total pain," "social pain," and other aspects often neglected even in comprehensive texts on cancer-related pain. The text is also clearly written by an individual who has devoted much time to the teaching of students and new clinicians as evidenced by the focus of chapters five and six on cancer pain syndromes. Teaching recognition of pain is accomplished not through global discussion of assessment, but through very structured information regarding various pain syndromes. Topics such as spinal cord compression, facial pain, plexopathies, and postoperative syndromes are discussed to include pathophysiology, characteristics, and data regarding the epidemiology of the syndrome. Pharmacologic and other methods of pain management are integrated into a discussion of the syndromes, thus linking treatment approaches to the physiology of the pain. Chapters seven and eight, covering evaluation and measurement of pain, are particularly valuable in applying this content to clinical practice. These chapters integrate many quotations from patients, patient drawings of their pain, and detailed suggestions for actual patient interviews and the language patients use to describe pain. Many texts err by providing lengthy, detailed discussions of topics that are, in fact, clinically rare, or of interventions that are used far less frequently than are more common, yet still understudied treatments. This text is commendable for focusing content on in-depth discussion of the basic and most clinically relevant topics. The use of morphine is discussed over 93 pages, encompassing five separate