Can Acupuncture/TCM Play a Role in UK’s Mainstream Healthcare

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Outline

1. Traditional Chinese Medicine (TCM) in today’s China
2. First step of acceptance to TCM/Acupuncture by NHS in the UK
3. Communication is essential between the two medical systems
4. TCM is weak in evidence base, but …
5. Time to change mind
I. TCM in Today’s China
as part of nations mainstream healthcare system
The relationship between TCM and Western medicine in modern China

Education & Qualification

Hospital

Two medical approaches work together, side by side
TCM Regulation in China:

- **National level:**
  State Administration of Traditional Chinese Medicine (SATCM), People's Republic of China

- **Provincial level:**
  Statutory regulatory Authorities in all provinces.

- **Academic organizations:**
  - China Association of Traditional Chinese Medicine and its provincial branches;
  - China Association of Integrated Chinese and Western Medicine and its provincial branches.
TCM healthcare in China

- A comprehensive TCM healthcare system now exists in China.
- In 2006, there were 3072 TCM hospitals with 333,000 beds;
- Over 90% of general hospitals have a TCM department;
- 524,000 licensed TCM doctors
- Community TCM clinics throughout China.

- China’s State Administration of Traditional Chinese Medicine (SATCM)
Xinjiang TCM Hospital
TCM Modernisation
Two well known CHM preparations for intravenous injection:

- Qing Kai Ling - Central nervous system stimulant
- Shen Fu Zhu She Ye (Ginseng Aconite Injection) – Herbal anti-shock agent
Qing Kai Ling herbal injection
Shen Fu Zhu She Ye (Ginseng Aconite Injection)
Treatment: WM or TCM?

- Patients choice
- Doctors recommendation
- Based on:
  - Efficacy
  - Cost
  - Safety
  - Personal preference
  - Availability
TCM Education

- In 2007, there were 32 state-run TCM universities
- Another 52 universities offering degree courses in TCM
- 270,000 Students currently enrolled in TCM courses (2007)
  - including Postdoctorial, PhD, Master and Bachelor degrees.

  SATCM
Shanghai University of Chinese Medicine
Beijing University of Chinese Medicine
Qualification for licensed TCM doctors:

- 5 years full time university level training
- Same length of training as for WM doctors
2. UK: First step of acceptance to TCM/Acupuncture by NHS
Patients with persistent low back pain should be offered acupuncture, massages or exercises on the NHS, says NICE guidance.

It is the first time the National Institute for Health and Clinical Excellence has explicitly backed the use of complementary therapies.

Evidence suggests they help and will be cost effective.
NHS is to accept acupuncture treatment for persistent non-specific lower back pain. This is recommended by NICE (National Institute for Health and Clinical Excellence) in its report National Back Pain Guidance.

According to NICE guidance, persistent back pain patients should be offered acupuncture, manual therapies or exercise on NHS.

- Those patients, who have had back pain for 6 weeks to 1 year, should be given choice of 8 sessions of exercise, 9 sessions of manual therapies or 10 sessions of acupuncture within 12 weeks.
This is the first time that NICE gives support to complementary medicine.
Action is needed

- Guidance is there
- Action is needed from most PCT
- Problems:
  - Only a few PCT have set up a special scheme to fund acupuncture treatment for back pain from private acupuncturists
  - Most PCT either have not taken any action or simply rely on the acupuncturists available within NHS
3. Communication is essential between the two medical systems
British Fertility Society issues new guidelines on the use of acupuncture and Chinese herbal medicine in fertility treatment

The guidelines found that there is currently no evidence that having acupuncture or Chinese herbal medicine treatment around the time of assisted conception increases the likelihood of subsequent pregnancy.

To determine the effectiveness of acupuncture and Chinese herbal medicine, the guideline authors carried out a thorough review of all published randomised controlled trials that looked at the effectiveness of acupuncture when carried out in conjunction with fertility treatment.
For studies on the effect of acupuncture, 14 trials (a total of 2670 subjects) were included in the meta-analysis.

These trials were split into three categories depending on the time when acupuncture was administered:
- a) around the time of egg removal;
- b) on the day of embryo transfer;
- c) on the day of embryo transfer and again 2-3 days later.

No matter at which point in the process acupuncture was given, there was no significant difference in the live birth rate, clinical pregnancy rate or miscarriage rate between patients that had received acupuncture and those that had not.
“The British Fertility Society concludes that there is currently no evidence that acupuncture or Chinese herbal medicine, when used in conjunction with assisted fertility treatment, have any beneficial effect on

- live birth rate,
- pregnancy rate or
- miscarriage rate.”
ATCM’s Response to BFS

- In all these trials acupuncture was administered only once or twice in certain time of IVF treatment. This is not the way we use acupuncture to assist IVF.

- In traditional Chinese medicine (TCM) practice, we focus on the general constitutional condition of the patient when treating infertility, aiming to rebalance the body condition and to make the body fit enough and ready for conception and foetus growth.

- Therefore, we would use acupuncture once or twice a week for at least 2-3 months before and during IVF procedure, as one of two sessions of acupuncture are surely not adequate to rebalance the body.

- No wonder that in these trials, “acupuncture” did not make any difference. You would not use 1/10 of normal dose of penicillin to treat pneumonia and then claim that penicillin is not effective for pneumonia.
Same acu-points were used to all the subject patients in the same trial.

This is against the fundamental principle of TCM as TCM focuses on the differences in constitutional patterns as well as the causes for infertility.

In TCM Acupuncture, point selection is very much individualised.

Such tailor-made acupuncture treatment may make randomised controlled trial impossible, but through many centuries of use in TCM practice it has been proven to be most clinically effective way of using acupuncture.
Therefore, the 14 trials may match the criteria for randomised controlled trials, but the “acupuncture” used in these trials is not based on the fundamental principles of traditional acupuncture we use and thence is not authentic acupuncture.

Perhaps a different name such as “body-needling therapy” should be given to this type of “acupuncture” in order to avoid any confusion to the public.

The fundamental fault: the trials were poorly designed and the results were wrong.

And consequently, BFS’s conclusion based on these trials was not accurate but rather misleading, as a totally contrary conclusion could be made from these trials that “only authentic acupuncture should be used in treating infertility”.

4. TCM is weak in evidence base, but ...
Golden Rule for Evidence Based Medicine
Randomised Controlled Trial

- A randomized controlled trial (RCT) is a type of scientific experiment most commonly used in testing the efficacy or effectiveness of healthcare services (such as medicine or nursing) or health technologies (such as pharmaceuticals, medical devices or surgery).

- The key distinguishing feature of the usual RCT is that study subjects, after assessment of eligibility and recruitment, but before the intervention to be studied begins, are randomly allocated to receive one or other of the alternative treatments under study.

  - By Wikipedia
**Argument 1:** How necessary is RCT for herbal medicine?

Where should Herbal Medicine be placed?

- **Herbal Medicine**
  - **Food/nutrient** → No RCT
  - **Medicine/drug** → RCT
  - **Poison/toxin**
Argument 2: Does experience count as evidence or not

- Evidence based medicine: “The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.” (Sackett et al 1996)

- It has been argued that “the evidence-based approach represents a narrow reductionism that ignores clinical judgement and experience and encourages a slavish reliance on statistical methodology, in particular, a dogmatic support of the RCT.” (Ross 2002)
Comparison between TCM and WM

TCM
- More based on experience
  - Ancient clinical “trails” leading to clinical application
  - From clinical application back to experimental trial
  - Efficacy less strong
  - Less side-effect
  - Natural, safer

WM
- More based on evidence
  - Experimental trial first
  - Followed by clinical trial
  - Then clinical application
  - Strong efficacy
  - More side-effect
  - Not natural, less safe
Comparison between TCM and WM

Most of all:

TCM:
- Holism/emergentism.
- Aiming to syndrome patterns
- Very individualised

WM:
- Reductionism
- Aiming to disease
- Very standardised
Ancient clinical “trials” → Clinical Application → Experimental Trial

Experimental Trial → Clinical Trial → Clinical Application
Argument 3: Other reasons for the weakness of TCM in evidence base

- Private sector
- Weak in teamwork
- Weak research background
- Lack of interest in mainstream healthcare
- Funder’s lack of interest
- Individualised, lack of criteria
Argument 4: Does Research help or hinder the uptake of Acupuncture/TCM in the NHS?

- RCT is important
- Efficacy is crucial
- However, something else we should not ignore:
  - Side-effect/toxicity
  - Patients’ different response
  - Body’s long term tolerance
  - Patients’ choice (e.g. for natural therapy)
  - Cost, availability, etc.
Efficacy, or anything else?

Insomnia

- Acupuncture/TCM is weaker than sleeping drugs in most cases
- But acupuncture/TCM can help
  - Reduce tolerance/addiction/side-effects
  - Alternative to long term dependence on sleeping pill
  - Can be more effective in some cases
Contraceptive Pill & Infertility

- The pill is the best for contraception
- RCT proved (trials lasting for 1-3 years?) its efficacy

- Incidence of female infertility is rapidly increasing
- Many women on the pill for more than 10 years
- The link between the pill and female infertility has been ignored
5. Time to change mind
Changing Mind

- Easy to say but difficult to do
- The difficulty is not with hardware – technical aspect, but with software-people’s way of thinking
- WM is good at saving life; TCM can be good at improving the quality of life.
Some areas for the integration

- Some pain related conditions, already a good start with back pain.
- Some dermatological conditions
- Some emotional conditions
- TCM & IVF
- Insomnia
- ........
Prof. Denis Noble

Denis Noble CBE FRS FRCP

- An eminent British biologist who held the Burdon Sanderson Chair of Cardiovascular Physiology at Oxford University from 1984–2004
- is now Professor Emeritus and co-Director of Computational Physiology. He is one of the pioneers of Systems Biology
Systems Biology and TCM

- The Principles of Systems Biology and Their Possible Relation to Traditional Chinese Medicine
  - By Prof. Denis Noble

- His book (2006) *The Music of Life* examines some of the basic aspects of systems biology,

- His 10 Principles of Systems Biology emphasise that there are many examples of feedback loops and "downward causation" in biology
Prof. David Peters
Professor of Integrated Healthcare
School of Integrated Health, University of Westminster

- Conventional medicine aims to fight diseases
- Complementary medicine creates peace in the body and mind
Dr David J Atherton MA (Cantab) MB BChir FRCP
Consultant Paediatric Dermatologist
Great Ormond Street Hospital

- First to conduct RCT on TCM treating children’s eczema in early 1990’s
- Result published in Lancet.
- Initiated the TCM boost in the UK during 1990’s
Thank You