

## Acupuncture in Family Medicine?

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(Fam Med. 2022;54(1):72-3.)

doi: 10.22454/FamMed.2022.968924

**W**hile walking home from my acupuncture treatment, feeling remarkably positive with a massive amount of endorphins coursing through my body, I decided that this president's column should continue the theme of expanding interprofessionalism in family medicine by discussing an often-underutilized member of the care team: the acupuncturist.

Lack of insurance coverage has long been a barrier to receiving acupuncture. In 2020, Medicare began paying for acupuncture for chronic low back pain,<sup>1</sup> and Medicaid in Oregon and Minnesota also covers acupuncture for low back pain.<sup>2</sup> Many commercial insurance plans are now covering acupuncture as well. Therefore, payment as a barrier has been significantly lowered for many.

There is solid scientific evidence that acupuncture is helpful for low back pain, migraines, tension headaches, fibromyalgia, neck pain, and knee pain.<sup>3-6</sup> As a board-certified physician-acupuncturist, I have found acupuncture to be helpful for anxiety, asthma, and other conditions as well.

It amazes me that thousands of years ago, people first used needles to improve health, and only in the last few decades has the research confirmed its effectiveness. My migraines are dramatically improved with regular acupuncture. I have fewer migraines, and when they occur, they are shorter in duration, and lower in intensity, which is consistent with current research. With each treatment, approximately 15 tiny, stainless-steel needles are painlessly inserted into the top of my head, forehead, external ears, wrists, hands, lower legs, ankles, and feet. The needles are left in place for about half an hour and then removed.

During and after the treatment, the endorphins are pleasantly noticeable. Two to three treatments per month keep my migraines in check. Fortunately, acupuncture complications are extremely rare, with the most serious being infection or pneumothorax.<sup>7,8</sup>

As a resident physician, I completed a rotation in integrative medicine. During that time, I saw people's symptoms improve with acupuncture where medications and surgery had failed. I saw acupuncture helping people who were anticoagulated, were pregnant, or were immunosuppressed and could not be offered traditional medical or surgical therapies. As an attending physician, I began my acupuncture training through the Helms Medical Institute,<sup>9</sup> and after completing the 300-hour course over a year, performing over 500 acupuncture treatments and passing a rigorous board exam, I became certified by the American Board of Medical Acupuncture. The process for a physician to become certified in acupuncture occurs over approximately 3 years and is designed to be completed concurrently with full-time employment. There are two common pathways to becoming an acupuncturist: (1) after becoming a physician, dentist, or chiropractor, one can complete additional training such as referenced above, or (2) the more common path is to become a licensed acupuncturist, noted with the credentials "LAc" after the acupuncturist's name. Licensed acupuncturists have completed either a master or doctoral degree program in oriental medicine, followed by licensing examinations. The American Academy of Medical Acupuncture<sup>10</sup> and the National

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Certification Commission for Acupuncture and Oriental Medicine<sup>11</sup> offer help in finding qualified acupuncturists for patients.

In our family medicine clinical practice, there are three of us family doctors who practice both family medicine and medical acupuncture. The two clinical practices are very different in terms of mindset, thought process for diagnosis and treatment, and overall concepts of disease versus imbalances. Fortunately, the holistic approach offered by acupuncture overlaps nicely with the principles and practice of family medicine. The majority of my personal clinical practice is acupuncture, and I enjoy shifting and integrating different mindsets as I intermix acupuncture and family medicine patients throughout the day.

Within our family medicine clinical practice, medical and nursing students have the opportunity to observe acupuncture with patients and to experience acupuncture themselves. They often tell me it is one of the most interesting and fun experiences of their training. Our senior medical students and residents can complete a 1-month elective in integrative medicine that includes time with us physician-acupuncturists as well as licensed acupuncturists, homeopaths, hypnotherapists, chiropractors, naturopaths, and functional medicine physicians. The underlying theme is that a holistic approach to patient care is emphasized.

As a patient, I commonly experience this holistic approach from my acupuncturist. During my last treatment, my acupuncturist discussed my diet, recommended tai chi for my neuropathy and taught me breathing exercises to address stress. Learning to treat with acupuncture has positively changed my approach to the patients in my practice. Receiving acupuncture as a patient has improved my overall health and quality of life. I think about yin and yang and balance with every patient, and most importantly, with myself and my own health. These days, it is so easy to become overloaded,

stressed, anxious, and burned out, and acupuncture is one way to bring some balance into our lives.

So why am I writing about acupuncture today? I am asking us to expand our definitions of what family medicine is. Acupuncture clinicians are one example of professionals who should be included when we think “family medicine.” Additionally, I believe there are many other professions we should be diligent about inviting to the team. Family medicine includes so many talented teachers, administrators, clinicians, researchers, professionals, and learners with bright minds and open hearts. Let's keep expanding the team of family medicine!

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