This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
WHOLE HEALTH: CHANGE THE CONVERSATION
Acupuncture and Traditional Chinese Medicine
Clinical Tool

Part I: Key Concepts

This clinical tool will focus on acupuncture and its use in Whole Health care. Some general principles of traditional Chinese medicine (TCM) will be introduced. Part I of this handout introduces key principles of TCM and acupuncture. In Part II, acupuncture is evaluated using the ECHO criteria (Efficacy, Costs, Harms, Opinions—see the ECHO clinical tool). This information is intended to help clinicians:

- Discuss TCM and acupuncture with patients who have questions about them
- Understand the latest research related to acupuncture
- Make informed referrals to acupuncturists and TCM practitioners in general
- Determine if they want to experience acupuncture for themselves

Traditional Chinese Medicine: A Background

Traditional Chinese medicine has existed for thousands of years, and in the last several decades, TCM therapies have become increasingly popular in the West. This is particularly true for acupuncture, the main focus of this clinical tool. TCM looks at a person as a whole, not only in terms of who they are as an individual but also in terms of how they are connected with the natural world. TCM emphasizes preventing illness from ever occurring over dealing with it after it has occurred. Whole Health and TCM have a lot in common.

History

Chinese medicine is said to have its origins with Huang Di, the Yellow Emperor, who lived around 2700 BC. The text attributed to him, the Yellow Emperor’s Inner Classic, continues to inform TCM practice in modern times. Another emperor, Fu Xi, is said to be the creator of acupuncture needles. Archeologists have found stone needles dating back as early as 1700 BC. It has been theorized that acupuncture needling had its origins in bloodletting but that practitioners found they could use progressively smaller diameter sharp objects and still achieve similar effects.

Use Patterns

According to the National Health Interview Survey of 2007, 1.4% of Americans used acupuncture, up from 1.1% in 2002.¹ Use in the United States tripled between 1997 and 2007.² In the VA, 22 hospital systems offered acupressure, 64 offered acupuncture, and 2 offered TCM in general.³
It is difficult to decide how to classify acupuncture. It is encompassed within TCM, which is a "system of medicine" but can also be considered an energy medicine approach, because it focuses on the movement of vital energy (qi or chi). Some also consider it to be a mind-body approach. The National Center for Complementary Alternative Medicine classes it as a "Body-Based Practice," so that is how it is classified in the Healthcare Analysis and Information Group (HAIG) report.³

Licensure and Education

**Colleges of acupuncture and Oriental medicine**
China has had TCM training institutions for millennia, but most practitioners were taught through apprenticeship or family members until the 1950s, when the Chinese government began establishing more training centers. In the United States, there are over 50 schools and colleges of acupuncture and Oriental medicine. Many of these are accredited through the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine. It takes 3 years to meet credit hours requirements to get a master's degree in acupuncture, and an Oriental medicine program (which also trains in herbal therapy) takes 4 years or more.

**Training programs for Western physicians**
In most states, having an MD degree automatically allows a physician to practice acupuncture. Non-MD acupuncturists can practice in over half of the United States. Many physicians do additional training in medical acupuncture, and training for this is somewhat different from that offered in Oriental medicine colleges. Over 6,000 physicians in the United States have done additional acupuncture training and integrate acupuncture into their medical practices. Most of these clinicians work in primary care, but anesthesiologists and pain management specialists also make up a significant number.⁴

Ten medical acupuncture training programs are certified by the American Board of Medical Acupuncture for physicians. Each program requires at least 300 hours of training. They vary in terms of format, from video-based learning to live courses, and they also differ in terms of which systems of acupuncture are taught.⁵

Key degrees and certifications incorporating TCM:⁶
- DAc—Diplomate of Acupuncture
- DOM—Doctor of Oriental Medicine
- LAc or LicAc—Licensed Acupuncturist
- MAc—Master of Acupuncture
- MOM—Master of Oriental Medicine
- OMD—Oriental Medical Doctor
- RAc—Registered Acupuncturist

As documented in the movie *Escape Fire*, the military has taken great interest in using acupuncture for pain management and to decrease reliance on controlled substances. (The movie can be viewed at [http://www.escapefiremovie.com/](http://www.escapefiremovie.com/).)
Increasing numbers of health insurance companies are covering acupuncture, particularly when it is practiced by MDs in a hospital setting.

**Philosophy and Principles**

Chinese philosophy is woven into TCM at a deep level. Some key aspects of TCM with which one should be familiar include the following:

**Yin-yang theory**
For TCM (and all schools of thought influenced by Taoism), everything arises through the interplay of two opposite components—yin and yang. Yang is more “masculine” and represents activity, motion, ascending, outside/external, bright, and hot. Yin, in contrast, is said to be “feminine,” as well as stillness, descending, cold, dark, and receptive. When people are healthy, their yin and yang are in balance. Various organs and biological functions are said to have different mixes of yin and yang aspects (see Figure 1). Note that each part of the yin-yang symbol contains a small amount of the other (the small circles). The two components do not simply oppose each other; rather, they flow in and out of predominance when a system is balanced. TCM associates some diseases with one or the other. Menopause is considered a yin deficiency syndrome. Hypothyroidism, in contrast, is classed as a yang deficiency illness.

**Five element theory**
The five element theory, also known as the five phase theory, views health according to the dynamic interplay of five elements:
- Earth
- Fire
- Metal
- Water
- Wood

These relate to each other in multiple ways. Each of the elements generates another. For example, fire creates ash (earth) as it burns. Each of them also destroys/controls another. For instance, fire destroys wood, and water destroys fire. These elements are said to govern different organs and different acupuncture meridians.

**Other factors influencing health**
The following are also important to TCM practice:
- **Chi or qi**—life force, or vital energy. The acupuncture meridians are held to be channels for chi. The chi can be “unblocked” or otherwise maneuvered through the use of acupuncture needles. There are multiple names for types of chi, based on their location and function.
• **Blood** is said to be generated from chi as food essence is generated from food being absorbed by the digestive tract.
• **Shen** is overall vitality or spirit. If it is found to be doing well, prognosis will be good.
• **Jing** are acupuncture points. They are located along chi pathways, which are referred to as meridians. Meridians follow paths longitudinally, or sometimes internally-externally in the body. There are also collaterals (luo), which follow horizontal patterns. Jing-luo regulate the flow of chi and the balance of yin and yang in a person. Illness arises when flow through them becomes blocked or imbalanced. There are 361 acupuncture points along 20 meridians (numbers may vary slightly, depending on the tradition in which a practitioner was trained). Photos of each meridian, with detailed descriptions, can be viewed at [http://tcmdiscovery.com/acupuncture/list.asp?classid=1](http://tcmdiscovery.com/acupuncture/list.asp?classid=1).
• **Six external factors** that can influence health include wind, cold, fire, dryness, summer heat, and dampness. They harm health if they are excessive or when the body’s defensive chi is inadequate.
• **Internal factors** include seven emotions: fear, fright, worry, grief, anger, melancholy, and joy. Excess of any given emotion can also cause illness.
• **Interconnectedness** is also referred to as “correlative thinking.” Chinese medicine has many therapies that are based on the idea that each part of the body can offer information about the body as a whole. This principle is the basis for reflexology, which involves the stimulation of various places on the foot that correlate with various other parts of the body. For example, some reflexologists hold that sinusitis can be addressed by firmly squeezing the fourth toes, which represent the sinuses. In auricular acupuncture, it is held that the ear contains a “map” of the rest of the body (see Figure 2). Placing needles in certain parts of the ear, then, will affect the body parts associated with those points. Battlefield acupuncture, popular for pain management in the military, uses auricular points.

All of these factors come into play when an acupuncturist is trying to determine where to insert needles. Different meridians are named after different organs, but more than just the organs themselves, these energy pathways are governed by the properties or functions that given organs are said to represent. Points often have evocative names, such as “Supreme Spring” and “Woodworm Ditch.”

**Diagnosis**

TCM practitioners can make diagnoses via:
• **Inspection.** Includes looking at the color and size of the tongue.
• **Smell** (olfaction). This includes checking the breath.

![Figure 2. Auricular acupuncture.](image)
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- **Listening** (auscultation).
- **Touch** (palpation). Central to TCM is the ability to take pulses. There are said to be pulses on each wrist, and these are felt by the second, third, and fourth fingers over the radial artery. Each one is said to correlate with the state of a different organ.
- **Taking a history** (inquiring).

**Therapy/interventions**
Like naturopathy, TCM includes a variety of therapeutic interventions. These are selected based on each person’s individual needs, as well as the skill sets of the practitioner.

- **Chinese herbal medicine.** As of 1977, at least 5,767 different herbs were used in China.\(^{12}\) Herbal remedies are not prescribed according to a pattern of “one herb for one condition,” as they typically are in the West. Rather, most Chinese remedies are combinations of herbs. How the herbs are mixed is informed by an elaborate process. Formulas usually have a chief ingredient (treats the pattern of the illness), as well as deputy ingredient (helps the chief), an assistant (synergizes or counterbalances with the chief as needed), and an envoy (synergizes with the other ingredients and focuses the remedy on a given area of the body or meridian). In early 2014, the Cleveland Clinic opened a Chinese herbal clinic, which has drawn a great deal of attention to the use of this therapeutic approach.\(^ {13}\)
- **Tui na** is a form of Chinese massage. It can be quite intense, with a number of various movements being used, including pushing, rolling, kneading, rubbing, and raking the skin with the fingers. For more on massage therapies, see the [Massage Therapy](#) clinical tool.
- **Qi gong** is over 2,000 years old and translates roughly as “energy exercise.” For more on this therapy, which may be considered both a movement-based therapy and an energy medicine therapy, see the [Working Your Body](#) educational overview.
- **Chinese dietary therapy.** This involves preparing meals that balance the various forces. Many food preparers in China know which foods are held to be helpful for which conditions. For instance, eating a soup made of the herb dong quai, combined with a whole hen, is thought to enhance blood.
- **Acupuncture** (zhen), **moxibustion**, and **cupping**. These are actually seen as one therapy, despite their differences. **Moxibustion** involves burning the herb mugwort (Artemisia vulgaris) on acupuncture needles that have been inserted into specific points. It may also be placed directly over the skin. **Cupping** involves creating negative pressure over an acupuncture point and adhering a cup to the skin using the suction.

*Acupuncture* involves the placement of needles in the meridian points. Needles are usually 0.22-0.25 mm in diameter and of variable lengths. A typical session may include the insertion of dozens of needles. The names of these points are quite evocative. Practitioners are taught very specific ways to locate each point based on various anatomical markers. For example, Pericardium 6 (the 6th point on the pericardium meridian) is two finger widths proximal to the transverse crease of the wrist between the palmaris longus and flexor carpi radialis tendons.\(^ {11}\) This point is...
stimulated by motion-sickness bracelets, which have become increasingly popular in recent years and in many studies seem to show benefit.\textsuperscript{14,15}

To see diagrams of the meridians, see http://www.yinyanghouse.com/acupuncturepoints/locations_theory_and_clinical_applications. Other diagrams are available through additional resources listed in the “Resources for Further Learning” section below.

Acupuncturists often say that how long one needs to receive acupuncture (i.e., the number of sessions) is proportional to time a person has had a disorder; that is, if a problem is chronic, it will take longer to respond to acupuncture. Many therapists will suggest a few sessions a week for the first few weeks and then scale back. Acute issues may heal with just one session.

\begin{table}
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\begin{tabular}{|c|c|}
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\textbf{Try It for Yourself: Traditional Chinese Medicine} & \\
\hline
Try one of the following: & \\
\hline
\textbullet{} See an acupuncturist in your community. & \\
\textbullet{} Find out if any of your colleagues in your VA facility offer acupuncture. Watch them at work. & \\
\textbullet{} Teach yourself some acupressure points using the “Resources for Learning More” section, below. & \\
\hline
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\end{table}

\section*{Part 2: ECHO and Acupuncture}

\subsection*{Efficacy}

Acupuncture research can be quite challenging to conduct for many reasons. For instance, it is tricky to have a placebo group. Typically, sham acupuncture (acupuncture in non-points) is used. In some studies, sham acupuncture and true acupuncture are both equally superior to no treatment. As with many complementary approaches, it can also be difficult to study acupuncture, because it is a treatment that is often highly individualized; points are chosen based on a particular person’s overall clinical picture. Two people with the same conventional medicine diagnosis might be treated in very different ways (using a unique combination of acupuncture points) by an acupuncturist who assesses them according to TCM principles. Nevertheless, acupuncture research has shown promising results in a variety of areas.

\textbf{Research on mechanism of action}

One reason acupuncture remains controversial for some is that its exact mechanism of action is not clear. However, there are many theories and research findings that are worth noting:\textsuperscript{16}

\begin{itemize}
\item Traditionally, the Chinese have held that health is related to qi, and that acupuncture optimizes its flow through the meridians.
\end{itemize}
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- Bioelectrons (electrons that are part of the body's cells) may move more frequently along meridians.
- Acupuncture may stimulate certain afferent nerve fibers and cause the release of beta-endorphins and various other neurotransmitters, including serotonin. Norepinephrine levels decrease, with a corresponding rise in pain threshold.
- It may lead to an increased release of neuropeptides that bind to various opioid receptors in the central nervous system. In rats, high levels of the opiate antagonist cholecystokinin led to a decreased response to acupuncture.
- It influences gastric motility and GI hormone secretion.
- Patients with past exposure to acupuncture have significantly increased artery diameter, but they do not respond similarly to sham acupuncture.
- Human studies indicate that estradiol and testosterone levels seem to increase with acupuncture, and luteinizing hormone levels decrease.
- Acupuncture may affect white blood cell activity. T-4 cell numbers increase.
- It activates various regions of the brain, including the insula, the left anterior cingulus, both sides of the cerebellum, the left superior frontal gyrus, and the right frontal gyri (medial and inferior).
- Functional MRI studies have shown that needling specific acupuncture points (actual ones only, not sham ones) do indeed stimulate certain parts of the brain to change activity.
- Acupuncture creates aberrant electrical impulses that negate pain and other responses in the nervous system.

There are many others as well.

Clinical research findings
Natural Standard, as website that creates reviews of various therapies based on a full review of the literature, rates the following as conditions for which there is "strong scientific evidence" supporting their being treated with acupuncture: 16
- Osteoarthritis
- Chronic pain
- Postoperative pain

It gives acupuncture a “B” rating (“good scientific evidence”) for the following:
- Dental procedures
- Endoscopy procedure pain
- Fibromyalgia
- Nausea from chemotherapy
- Postoperative nausea and vomiting in adults

There are over 90 other conditions classed as evidence grade “C” (unclear or conflicting evidence). According to Natural Standard, there is a fair amount of negative evidence regarding the use of acupuncture for hearing loss, smoking cessation, tinnitus, and whiplash.
In January 2014, the Department of Veterans Affairs Evidence-Based Synthesis Program (ESP) Center, created an evidence map for acupuncture. This “review of reviews” created visual overviews of the distribution of evidence for acupuncture and created summaries that could be used to “inform policy and clinical decision making.” One hundred eighty-three (183) systematic reviews met inclusion criteria. They were published between January 2005 and March 2013. Three main domains were given attention: pain (65 studies), mental health (20 studies), and wellness (48 studies).

The report created a series of bubble plots to serve as a visual summary for each of the three domains. These plots show three key pieces of information:

1. The volume of the research—that is, how many studies were found and how many subjects they included. This is represented by the position of the bubbles on the y-axis.
2. How effective—or not—acupuncture was as an intervention. This is represented by how far along the circles were on the x-axis.
3. How confident one could be in the effects that were found. Confidence is represented by a bubble’s size.

The diagrams from these reviews are included as Figures 3-5 below.
Figure 3. Evidence map of acupuncture for pain.\textsuperscript{17}
Figure 4. Evidence map of acupuncture for mental health.\textsuperscript{17}
Figure 5. Evidence map of acupuncture for wellness.¹⁷
Based on these summaries, the best evidence supports the biggest circles that are the farthest out on the x- and y-axes (toward the upper right of the diagram). In other words, the evidence suggests that acupuncture is best for use with:

- Headache (in general)
- Chronic pain
- Migraine
- Depression
- Smoking cessation
- Irritable bowel syndrome (IBS)
- Postoperative nausea and vomiting (PONV)
- Cancer adverse effects
- Dysmenorrhea
- Osteoarthritis

The following indications were listed in 2003 by the National Institutes of Health and the World Health Organization as specific diagnoses where acupuncture could be considered, but it is recommended that the reader focus first on the bubble diagrams featured above.

The 2003 conditions listed include:

- Adverse reactions to radiotherapy and/or chemotherapy
- Allergic rhinitis
- Biliary colic
- Depression (including depressive neurosis and depression following stroke)
- Dysentery, acute bacillary
- Dysmenorrhea, primary
- Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastropasm)
- Facial pain (including craniomandibular disorders)
- Headache
- Hypertension, essential
- Hypotension, primary
- Induction of labor
- Knee pain
- Leukopenia
- Low back pain
- Malposition of fetus, correction of
- Morning sickness
- Nausea and vomiting
- Neck pain
- Pain in dentistry (including dental pain and temporomandibular dysfunction)
- Periarthritis of shoulder
- Postoperative pain
- Renal colic
- Rheumatoid arthritis
- Sciatica
- Sprain
- Stroke
- Tennis elbow

A few specific studies are worth noting, in part because they lead one to different conclusions than Figures 3-5. When in doubt about the evidence for acupuncture for a specific condition, it is probably worth it to refer to the figures first. However, the following studies are also noteworthy:
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- A 2013 systematic review concluded that four randomized controlled trials and two uncontrolled trials (out of 136 articles found) on acupuncture and PTSD met inclusion criteria. They concluded, “This systematic review and meta-analysis suggest that the evidence of effectiveness of acupuncture for PTSD is encouraging but not cogent.”

- A 2014 Cochrane review of acupuncture for smoking cessation concluded that “Although pooled estimates suggest possible short-term effects, there is no consistent, bias-free evidence that acupuncture, acupressure, or laser therapy have a sustained benefit on smoking cessation for six months or more. However, lack of evidence and methodological problems mean that no firm conclusions can be drawn.”

- A 2014 review regarding male sexual dysfunction found seven studies and summed up by saying that acupuncture appears to have promise, but more studies are needed.

- A 2012 Cochrane review of acupuncture for IBS concluded that trials with sham controls found no benefit of true acupuncture compared with sham controls for either symptom severity or quality of life. In Chinese trials comparing antispasmodic drugs with acupuncture, acupuncture did have greater benefit.

- A 2013 review focused on glaucoma found no conclusive benefit for acupuncture, but acupressure showed promise in one study.

- A 2014 Cochrane review noted that the verdict is still out as far as acupuncture for ankle sprains as well.

Costs

Many therapists will suggest a few sessions a week for the first few weeks and then scale back. Sessions, if not covered in some way, can cost anywhere from $50 to $500, depending on the practitioner. Many acupuncturists will do group sessions, in an effort to treat more people in less time (and for less cost). Some cities or regions have acupuncturists who volunteer time to treat Veterans for free or at very low costs. For more information, see the Resources section below.

Harms

Acupuncture is classed by Natural Standard as likely safe when performed with appropriate sterile technique by an appropriately-trained practitioner. Very few serious complications have been documented, despite millions of treatments conducted yearly.

The 2014 VA review of reviews on acupuncture, referenced above, also looked at adverse effects that were mentioned by the reviews.

- In the pain studies, 12 reviews addressed adverse events, and all of these were minor—for example, bruising, temporary pain, faintness, and discomfort. They were comparable to adverse effects noted in control groups.
• Of the mental health reviews, 6 addressed adverse events. Most studies found no or minimal events. Adverse events from acupuncture were lower in number than those for antidepressants (10.2% versus 40.4%).

• In the reviews of acupuncture for overall wellness, 13 reviews noted adverse events. Again, reporting rates were rare. There was one report of a patient dropping out of a study because of pain.

A search of four Chinese journals found 1,038 total adverse event case reports up through 2010. Of these, 35 were cases where fatalities resulted, primarily because acupuncture was performed by someone who was not appropriately trained. Overly aggressive needling in the chest cavity can potentially cause pneumothorax, and poor sterile technique can lead to transmission of infection; in the United States, nearly all practitioners use disposable needles, so this is not a concern. Bear in mind, in reviewing these numbers, that hospital-related adverse events occur at a much higher rate.

A 2000 study of 1,441 acupuncture sessions (over 30,338 needle insertions for 391 different patients) found that the main reported adverse effects and their frequencies were:

• Tiredness (8.2%) and drowsiness (2.8%)
• Bleeding when a needle was withdrawn (2.6%)
• Aggravation of symptoms (1.0%)
• Dizziness or vertigo (0.8%)
• Faintness or nausea during treatment (0.8%)
• Pain on needle insertion (0.7%—surprisingly low)
• Headache (0.5%)
• Chest pain (0.3%)
• Pain after the treatment (0.1%)

Pneumothorax (more likely in people with emphysema), cardiac injury, infection, and spinal lesions, while reported from time to time in case reports, are rare. It is not clear that stimulation of any point can cause miscarriages. Some reviews warn about caution using electroacupuncture in people with pacemakers or arrhythmias as well as those with valvular heart disease. Caution should be used if someone is anticoagulated. Of course, needles should not be used in people at high risk for tonic-clonic seizures, as seizing with needles inserted all over the body would be, in a word, bad.

A 2012 review of all known complications related to acupuncture in the National Health Service reported on 325 incidents that met inclusion criteria. They concluded that “Adverse events reported include retained needles (31%), dizziness (30%), loss of consciousness/becoming unresponsive (19%), falls (4%), bruising or soreness at needle site (2%), pneumothorax (1%), and other adverse reactions (12%). The majority (95%) of the incidents were categorized as low or no harm.”
Because acupuncture has a relaxing effect, it is important that people be careful they are not too drowsy to operate machinery after treatment. Discretion should be exercised as far as tolerability in people with severe needle phobias or severe mental health concerns.

Note that mugwort, the herb used for moxibustion, smells similar to cannabis for some people. If it is used, care must be taken not to cause confusion in this regard.

Note also that there are reports of imported herbal supplements from China being adulterated with toxic compounds. For more on supplement safety, see Dietary Supplements: An Overview and its related clinical tools.

Opinions

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**Tips about Acupuncture from an Integrative Medicine Clinician**

I often find that when I am at a loss about a diagnosis or how to account for a seemingly miscellaneous cluster of symptoms, it can help to seek out an entirely different perspective. Referring someone to an acupuncturist can prove to be a great way to see a patient with new eyes.

When I first started doing integrative medicine, I was a bit hesitant about trying acupuncture, but I am glad I did, and now I seek out sessions fairly regularly. What surprised me is that it isn’t usually the needle stick that you need to be ready for, it is the phenomenon known as “de qi” where a needle, when placed, can give you a fairly strong achy feeling for a brief period of time.

It can help to remind patients that it can take several sessions for acupuncture to start to take effect. I usually tell people if they have had six sessions but haven’t noticed anything at all, it is probably time to try something else or see someone else. People don’t always realize, though, that if they commit to doing acupuncture, it is necessary to plan for several visits. They should also be informed that a typical session will mean being still (usually lying down) for 20 to 40 minutes.
### Additional Resources

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<tr>
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<th>Website</th>
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<tr>
<td>Acupuncturists Without Borders</td>
<td>Lists private acupuncture clinics around the country that offer special clinics for Veterans. Many of these are free.</td>
<td><a href="http://www.acuwithoutborders.org/msrpclinics.php">http://www.acuwithoutborders.org/msrpclinics.php</a></td>
</tr>
<tr>
<td>American Academy of Medical Acupuncture</td>
<td>A list of acupuncture training programs for physicians</td>
<td><a href="http://www.dabma.org/programs.asp">http://www.dabma.org/programs.asp</a></td>
</tr>
<tr>
<td>Samueli Institute</td>
<td>Outlines the research the Samueli Institute has done for the military regarding acupuncture.</td>
<td><a href="https://www.samueiliinstitute.org/callout-learn/acupuncture">https://www.samueiliinstitute.org/callout-learn/acupuncture</a></td>
</tr>
<tr>
<td>Yin-Yang House</td>
<td>Offers good overall information and descriptions of meridians and acupuncture points. Use the tabs at the top of the page.</td>
<td><a href="http://www.yinyanghouse.com/">http://www.yinyanghouse.com/</a></td>
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### VA sites about acupuncture

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<th>Organization</th>
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<th>Location</th>
<th>Information and Links</th>
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<tbody>
<tr>
<td>Syracuse VA</td>
<td>Information on the acupuncture offerings at the Syracuse VA.</td>
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<tr>
<td></td>
<td><a href="http://www.syracuse.va.gov/services/Acupuncture.asp">http://www.syracuse.va.gov/services/Acupuncture.asp</a></td>
</tr>
<tr>
<td>Washington DC VA</td>
<td>Links to the Washington DC VA Medical Center acupuncture clinic, which offers group ear acupuncture visits</td>
</tr>
<tr>
<td>Richmond VA</td>
<td>David Drake, MD, offers acupuncture for pain at the Richmond VA and can be contacted for more information on offerings there.</td>
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**Books**

Nice, concise guide to Chinese medicine philosophy.

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**Whole Health: Change the Conversation Website**

Interested in learning more about Whole Health?  
Browse our website for information on personal and professional care.  


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This clinical tool was written by J. Adam Rindfleisch, MPhil, MD, Associate Professor and Director of the Academic Integrative Medicine Fellowship Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health, and Assistant Director and faculty for the VHA Whole Health: Change the Conversation clinical program.

**References**

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