

communications, and office resources). The remainder can be employed by the CVMA to support its programs.

Yes, the CVMA did take a bold action to promote the interests of veterinary medicine. The Association certainly stands by its decision and trusts that members will see its determination to take unique and daring action when necessary, as a strength — we can't keep on doing the same things and expect different results!

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Acupuncture founded on magical and mystical musings about how the world works

Dear Sir:

After reading the article on Veterinary Acupuncture by Dr. Haltrecht (*Can Vet J* 1999; 40: 401–403), we are moved to present our views.

Medicine is experiencing a new wave of interest in acupuncture. It is actually the fourth such wave since acupuncture was first “discovered” by the West in the 17th century (1).

Acupuncture has a long history, although longevity is no testimonial to effectiveness (therapeutic bleeding, for example, is much older). However, it is not an organized history, nor is it a system; its history is, at best, chaotic. Acupuncture *is* a treatment founded on magical and mystical musings about how the world works. There are no acupuncture “laws”; in fact, there appear to be almost as many “acupuncture” as there are acupuncturists. The only constant seems to be the propensity of acupuncture proponents to misrepresent the facts.

Such misrepresentations run the gamut from factual to evidentiary. There is no “legend” of “battlefield acupuncture”; bas-reliefs from ancient China show a horse wounded by an arrow (2), but such a wound was not therapeutic. No evidence exists that acupuncture was practised in 2000–3000 BCE; the first report of anything resembling acupuncture in human medicine is from 90 BC — veterinary acupuncture is much younger.

Nor is acupuncture equivalent with traditional Chinese medicine. For example, the tradition of Chinese herbal medicine has nothing to do with and developed independently of the magical thinking that relates body organs to primitive “elements” (the spleen to earth) (1). Many variants eschew any reference to such arcane concepts as “yin-yang” and “qi” (and claim equal rates of success). It is not even necessarily common medical practice in China. Even the Chinese have attempted to ban acupuncture twice in the past 100 years (3) and the practice of scientific biomedicine currently predominates.

How *might* acupuncture work? It *might* be a placebo. It *might* be a nonspecific noxious stimulus — numerous investigations show no difference between “real” and “sham” acupuncture. Given that there is no good evidence to support the existence of discrete acupuncture points or “meridians” (a term first coined in the 1940s by a European and first postulated for animals in the 1970s), such explanations seem at least as plausible as invoking the purported effects of short-lived endorphins or passé ideas, such as gate theory.

Of course, asking how acupuncture might work begs the question, *does* it work? Fortunately, acupuncture is

being investigated as never before. Contrary to the startling claims of efficacy made by acupuncture proponents, the scientific evidence in its support is weak, failing to show efficacy in the treatment of obesity, osteoarthritis pain, drug addictions, back pain (4), and epilepsy (5), to name a few. Good studies in veterinary medicine are virtually nonexistent — the single controlled trial, investigating electroacupuncture for chronic lameness in horses, showed no effect (6). Furthermore, much of the information supporting acupuncture may be biased — a recent report noted that 100 per cent of the clinical reports coming out of China were positive, strongly suggesting that much of the literature may not be reliable.

Prior to embracing prescientific treatments, veterinarians would do well to educate themselves as to the facts. For further information, see <http://www.seanet.com/~vetff/Medline2.htm> or <http://www.acsh.org/publications/priorities/1102/acu.html>.

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References

1. Unschuld P. Chinese Medicine. Brookline: Paradigm Pbl, 1998.
2. The University of Pennsylvania Museum of Archeology and Anthropology, Philadelphia, Pennsylvania. <http://www.upenn.edu/museum/Collections/chinaframedoc1.html>
3. Pioreschi P. A History of Medicine, vol 1: Primitive and Ancient Medicine. Omaha: Horatius Pr, 1991.
4. van Tulder MW, Cherkin D, Berman B, et al. The effectiveness of acupuncture in the management of acute and chronic low back pain. A systematic review within the framework of the Cochrane Collaboration Back Review Group. *Spine* 1999; 24: 1113–1123.
5. Kloster R, Larson P, Lossius R, et al. The effect of acupuncture in chronic intractable epilepsy. *Seizure* 1999; 8: 170–174.
6. Steiss JE, White NA, Bowen JM. Electroacupuncture in the treatment of chronic lameness in horses and ponies: a controlled clinical trial. *Can J Vet Res* 1989; 53: 239–243.