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A Report on Oriental Medicine in the USA

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- Brief history of Oriental medicine in the US

General public first took a notice in Oriental medicine back in 1972 when the former president Nixon made a visit to China for diplomatic affairs. Until then, China strictly closed its door to the western world and stayed unknown.

But Nixon's visit changed the conception of the westerners and many found treatment acupuncture as fascinating. And when the reporter James Reston wrote his experience with the acupuncture treatment in New Times, people started to take interest in Oriental medicine. But at the time, there was no formal training in the states and with few allopathic doctors limited knowledge of acupuncture or immigrants from the Asian countries practiced acupuncture.

For your reference, Oriental medicine in the US is dominated by acupuncture alone. Because of lack of studies for the herbal medicine, people aren't so aware of taking herbal drugs. Americans value scientific data and because of high cost, economically conscious people willing to pay high price for the herbal medicine. There are some patent pills made with the herbs but they are generally recognized the food as supplement instead of recognized as a drug.

This is due to the FDA's policy on the herbs as the food supplement. Except for the herbs of animal origin, there is almost no restriction in prescribing herbs. But in the near future, FDA will nonetheless classify the herbs as a drug.

2. Oriental Medicine schools in the USA

First Oriental medicine school (New England School of Acupuncture) was chartered in the mid-1970's in Maine, and since that time, there are approximately 50 schools teaching Oriental medicine and acupuncture.

More than 1,000 graduates are coming out of the school each year. About half the schools are accredited by NCCAOM and others are either unaccredited or waiting for accredition. Most schools are accredited after few years of operation if they meet the requirements and standard of NCCAOM.

But with violation of NCCAOM requirements, schools are subjected for dismissal from the committee. Out of 24 accredited schools, 17 schools award master of Traditional Oriental Medicine and 7 schools award certificate acupuncture. TOM program takes years for completion and acupuncture certificate program may be finished in 2 years.

Lectures are given in three languages

of English, Chinese, and Korean. Most of the schools are located in California and others are scattered near the major cities such as New Yok, Chicago, Seattle, and so forth. These schools are mostly a small college only teaching Oriental medicine.

Some schools have over 600 students while smaller schools may have less than 100 students. Good number of the schools are chartered within few years as many people began to pay interest in the alternative medicine.

Most of the incoming students have another college degree as many of them already acquired professional degree of medical doctor, chiropractor, dentist, nurse, and other science majors. Many of Chinese and Korean students are either second or third generation immigrants and few are foreign students. Master's program is comprised of 1800 hours of didactical classes and 800 hours of clinical observation and internship.

Basic curriculum includes theories of Oriental medicine, herbs and formulas, western medicine, acupuncture, medical ethics, to name a few. MDs are able to practice acupuncture with about 200-300 hours of theory class. But most states don't have any restriction or requirement

for the MDs to utilize acupuncture.

35 states have no regulations and 15 states require proper training.

3. License examination and clinical situation

License system in the US is generally classified into NCCAOM that is accepted in most of the states and C.A. which is a license required in California.

Approximately 60% of the participants pass the exam and the NCCAOM exam is given thrice a year and C.A. is conducted twice a year. The state of California and Nevada run their own license exams and rest of the country acknowledges NCCAOM license.

There are more than 10,000 individuals with the NCCAOM license and over 6,000 with the C.A. license. About half of all the licensees are American, 20% of Korean, 20% of Chinese, and rest of the ethnic groups make up remaining 10%. Among the people with the license, about 40% of them open their own practice.

Most Koreans open their practice while Americans and other races enter the hospitals with alternative medicine services. Oriental medicine in the states is monopolized by either Jewish or Chinese. Jewish set up administrative plan with their capital investment.

For example, NCCAOM and AACOM are private organizations found by Jewish in the mid-80's to govern all Oriental medicine practitioners. They are recognized by the federal government. On the other hand, Chinese actively participate as the professors in the college, researchers, NCCAOM, AACOM, and other institutions. About Korean licensees are in California and play notable influence in local affairs.

4. NIH (National Institute of Health) and FDA (Food and Drug Administration)

With NIH in the center. researches are done for acupuncture and herbs in the states. A meeting held in November 1997 made huge impact for the Oriental medicine society. NIH made announcement that acupuncture works by scientific finding that the natural morphine called opioid is released after acupuncture needling, and alleviates pain this pathway bv and was proven CAT/brain scan.

It also reported that acupuncture is effective for migraine headache, tennis elbow, arthritis, back pain, nausea after chemotherapy, and etc. NIH is currently running researches on the effectiveness

for stroke, carpal-tunnel syndrome, immunity, and so on. FDA classified acupuncture needle from 'experimental medical devise' to standard medical devise in March of 1996.

This led a way for the acupuncture treatment to be eligible for medical insurance claims and prosperity of Oriental medicine in the US.

5. Oriental medicine and medical insurance policy

According to a study done by Boston University, the nation can save as much as 11 billion dollars from productive rehabilitation programs. Especially stroke and carpal-tunnel patients can benefit from acupuncture and this kind of study promotes growth of Oriental medicine by informing insurance companies and these companies are willing to support Oriental medicine to reduce their expenditure.

Unlike high medical claims made by the western medicine doctors. the acupuncture treatment cost anywhere \$50 to \$100. The acupuncture treatment requires multiple sessions but same efficacy can be obtained at one third of the cost. About 10% of the medical insurance companies honor acupuncture claims and more companies

are preparing to honor the claims in a near future.

If Medicare begins to cover acupuncture, Oriental medicine may grow at an exponential rate. According to a recent stat, more than 500 million dollars were spent annually on the acupuncture treatment.

6. Facts of Oriental medicine

Oriental medicine is originated in the east, but quickly adapted to the peculiarities of the destination countries. Direct moxibustion, herbal acupuncture, and unreasonable manipulation of the needle is prohibited in the states. And treatment is still limited in many fields. Acupuncture is commonly given for common cold, lethargy, and other minor symptoms.

Few of the cancer patients receive the acupuncture treatment, but the law prohibits direct treatment of cancer. Some doctors treat diabetes and AIDS and other severe illnesses, but mainly for light disorders.

Nowadays, acupuncture is getting accepted for treating addictions. Many addicts receive the acupuncture treatment to stop drugs and smoking because of high cure rate and little side effects.

7. Future of Oriental medicine in the US

Oriental medicine is still in the initiation stage but has great potential. American society as a whole began to tremendous interest pay in Oriental medicine. Harvard University and Mayo Clinic are running researches based on Oriental medicine and Harvard University has announced chartering of Oriental medicine studies, and chiropractic schools are preparing to open Oriental medicine curriculum. NIH and Johns Hopkins University are conducting studies with acupuncture and herbal drugs whereas some major hospitals are providing the acupuncture treatment to the patients.

When respectable institutions release concrete data on acupuncture, more of the western medicine doctors will acknowledge the excellence of Oriental medicine and incorporate into their methods. With superior treatment research equipment and scientific mind, America possesses great potential to be a leading figure in Oriental medicine in days to come.