

Dry Needling is Acupuncture

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So-called “dry needling” has emerged as a controversial issue within several branches of the healthcare community, most notably between acupuncturists and physical therapists. The reasons behind the current state of affairs are multifold and include both misunderstandings and political considerations. The reasons behind why the matter would be important at all ultimately boil down to patient care and well-being—and, concomitantly, who is best suited to deliver that care: those whose profession is centered around the practice of needling or those who take weekend classes and consider themselves adequately trained to deliver it. In the following, we will explicate the situation and show that dry needling is a form of acupuncture, albeit using different language than traditional acupuncture language. Biomedical healthcare providers claim they are not performing acupuncture when performing dry needling.¹ We will demonstrate that this claim is false. Simply put, dry needling is acupuncture; but, acupuncture is not dry needling.

Definitions & Background

The term “dry needling” was coined by Janet Travell, MD, to distinguish it from “wet needling,” meaning hypodermic injections.² “Dry needling” referred to either the needle on an empty syringe, inserted into muscle without injection, or a monofilament, also known as a filiform, needle as used in acupuncture. Currently, medical doctors, chiropractors, osteopaths, and physical therapists are among the biomedical healthcare providers who perform “dry needling.” We contend that the distinction between acupuncture and “dry needling” exists largely in name only and that since dry needling is a form of acupuncture, acupuncturists perform dry needling by default. Even more to the point, ancient techniques themselves overlap with “dry needling,” as has been recognized by members of the biomedical community (see pp. 5-6 of this document), to say nothing of the incorporation of modern information into all current acupuncture curricula.

Evolving Definitions of Dry Needling to Expand Physical Therapy Scope of Practice

According to a 2015 physical therapy task force, whose aim was to establish competencies for physical therapists wishing to perform dry needling, its current definition is:

*Dry needling is a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.*³

¹ Dommerholt J, del Moral O, Grobli C. trigger point Dry Needling. *The Journal of Manual and Manipulative Therapy*. 2006;14(4):E70-E79.

² Travell, JG, Simons, LS. *Myofascial Pain and Dysfunction: the Trigger Point Manual*. Williams & Wilkins; 1999.

³ Caramagno, J, Adrian, L, Mueller, L, Purl, J. Analysis of Competencies for Dry Needling by Physical Therapists. *Human Resources Research Organization*. 2015;2015(033).

Beyond a current operational definition for physical therapists, two interesting features emerge from this definition. First, the definition, taken from the 2013 Arizona Physical Therapy Association's position statement,⁴ has evolved substantially from Travell's original definition, which involved only myofascial trigger points. Indeed, Travell's definition is why dry needling is more formally known as "Myofascial Trigger Point Dry Needling."² Being the first position statement to include neural, connective, as well as muscle tissue, the Arizona definition is the most expansive to date. Claiming that PT's already do this when performing "dry needling" does not suffice as a legitimate rationale to expand the definition of "dry needling," and thereby expand their scope of practice.

The second noteworthy feature of this position statement is that by simply substituting "Acupuncture" for "dry needling" and "acupuncturist" for "physical therapist," a precise definition of modern acupuncture in the treatment of musculoskeletal disorders would be had. Acupuncturists use filiform needles to treat each of these conditions—neuromusculoskeletal conditions, pain, movement impairments, and disability—on a daily basis.

Dry Needling is Acupuncture; But Acupuncture is Not Dry Needling

Acupuncture is a varied, rich, and continually evolving therapy

One of the common claims of physical therapists and other biomedical providers when trying to show that dry needling is not acupuncture is that acupuncture is mired in an ancient paradigm, treating only mysterious forces that move along mystical pathways—and is therefore not scientific. One of the founders of dry needling, Chan Gunn, MD, has this language on his website promoting his "dry needling" technique, Intramuscular Stimulation (IMS).⁵ Reality is quite different.

Chinese medicine has a rich, dynamic, long-standing history in the treatment of many conditions. Chinese medicine comprises several therapeutic modalities, including: herbology, therapeutic massage, prescribed exercise regimens (eg. Tai qi), diet therapy, and of course, acupuncture.

Acupuncture itself traces its roots back at least 2000 years.⁶ Acupuncture is the insertion of one or more solid-bodied filiform needles beneath the skin to achieve therapeutic effect. Conditions treated historically and in contemporary settings are almost limitless, spanning endocrine disorders to dermatology, digestive maladies, psychoemotional conditions, infectious diseases, to gynecology. Throughout the lengthy history of

⁴ Dry Needling Position Statement. Manual Physical Therapy Alliance website. <http://www.mptalliance.com/wp-content/uploads/2013/12/MPTA-AZ-DN-Position-Statement1.pdf>. Accessed September 10, 2015.

⁵ Frequently Asked Questions. The Institute for the Study and Treatment of Pain website. <http://www.istop.org/faqs.html>. Accessed September 10, 2015.

⁶ Unschuld, PU. *Medicine in China: a History of Ideas*. Berkeley: University of California Press; 1985.

acupuncture, however, the treatment of physical pain has been perhaps the single most common pathology treated by acupuncture.

During this 2000-year history, the practice and understanding of acupuncture has evolved considerably.⁶ New techniques and styles have developed, as has the paradigmatic understanding of what occurs in the body when acupuncture is performed.⁶ The tools themselves have evolved, due both to this evolution in understanding of bodily processes, as well as technological advances in metallurgy. The needles of today resemble but are by no means the same as needles of 2000 years ago.

Acupuncture in Different Countries

As acupuncture spread to different countries, such as Japan, Korea, France, and recently the US, several developed their own styles, including Japanese acupuncture, Korean Hand acupuncture, and French Auriculomedicine. Each of these is quite distinct from the “original,” channel-based Chinese approach, bearing little resemblance to it.

Micro-system acupuncture, so named for focusing on one, usually smaller body part, evolved including: auricular (ear) acupuncture, nose acupuncture, hand and foot acupuncture, scalp acupuncture, and more, all while “orthodox,” channel-based acupuncture continued to evolve. These microsystems do not incorporate a channel-based understanding into their approaches.

A French neurologist, Paul Nogier, for example, first published his findings on auricular acupuncture in 1957.⁷ He later experimented and wrote extensively on the subject, ultimately publishing *Auriculomedicine* in 1972. His findings bore no resemblance to classical Chinese acupuncture, being instead based upon his understanding of the brain.⁷ He did not include any mention of acupuncture theory or channels, except by way of comparison. Auricular therapy, as developed by Nogier, is taught in modern acupuncture curricula, either as its own full-term course, or as part of a techniques series.^{7,8}

Acupuncture, thus, is an ever-evolving system of therapeutic intervention, with many styles. So-called “dry needling” is simply one of the latest to call itself something new and different in a lengthy history of innovation. We will see that it is neither as new nor as different as its adherents claim. But the notion that acupuncture is somehow stuck in a 2000 year-old past is either misguided or disingenuous. Clearly, it is misrepresentative.

Acupuncture Varies in China Historically and Today

Within China itself, whose cultural paradigms drove understandings of acupuncture for most of these 2000 years, many styles and approaches exist, themselves having similarly evolved. The channel-, or meridian-, based acupuncture of today is not at all the same as it was at its inception.⁶ Nor is another popular style, known as “5-Phase” or “5-Element” acupuncture. The world of acupuncture became quite varied, even within China.

⁷ Oleson, T. *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*. 3rd ed. Edinburgh: Churchill Livingstone; 2003.

⁸ McIntyre, A. *Auricular Therapy*. [Course]. Kenmore, WA: Bastyr University Acupuncture and Oriental Medicine Program; 1999-2011.

As such, modern acupuncture comprises a broad category, of which dry needling as an ostensibly separate technique, is but one of many members. Much as one might specialize in various types of therapeutic massage, acupuncture is a versatile modality with a variety of different approaches. The Japanese acupuncture, Korean Hand Acupuncture, French Auricular Acupuncture, and 5-Element styles mentioned thus far are only several of these many styles to illustrate the point.

Traditional Chinese Medicine (TCM), the most commonly practiced form worldwide and in the United States, is itself a broad category with many sub-styles, or approaches to acupuncture. Needling tender trigger points, as done in “dry needling,” largely falls under the rubric of TCM.

But the TCM tradition, based on a paradigm of a different time and conceptual language, would naturally describe “dry needling” differently. The tradition does describe it, though. The language used to describe acupuncture and health related phenomena utilized then current cosmological understandings. While the language has remained similar, though not identical, to the language used 2000 years ago in the earliest descriptions of acupuncture, the understanding of what is intended by the language has evolved considerably.⁶ Similar sounding concepts, like *Qi* or “wind” for example, are understood quite differently today than they were when these concepts were introduced.

Traditional Methods and Responses Closely Resemble Modern “Dry Needling”

Several traditional techniques and methods of acupuncture, some dating as far back as 2000 years, closely resemble “dry needling” approaches used today, though again are described in a much different conceptual language. These traditional methods are still used, being taught in modern acupuncture curricula and continuing education courses.^{9,10}

- A technique known as the “Joining Valleys” technique (*hegu ci*) is described in the earliest authoritative source of information about acupuncture, The Yellow Emperor’s Inner Classic of Medicine (*Huang Di Nei Jing*) and was used to treat painful muscles and muscle spasms (“*Bi*” syndrome). The technique is identical to the “fan” or “cone” technique used in “dry needling,” though this similarity is not mentioned in the “dry needling” literature.^{9,11}
- One of the early evolutionary off-shoots of acupuncture, dating back to the 7th century, involves performing acupuncture on tender spots not found on nor related to established acupuncture channels. The method is known as “ashi” and the tender spots found by this method, “ashi points.” Ashi (“Ah, yes!” or “That’s it!”) points react to local pressure and create either local or radiating pain and may or

⁹ Callison, M. *AcuSport*. [Seminar]. San Diego, CA: AcuSport Seminar Series Inc LLC; 2007.

¹⁰ Liu, Y. *Acupuncture Techniques in Neijing*. [Powerpoint]. Austin, TX: Academy of Oriental Medicine at Austin Acupuncture and Oriental Medicine Program. Available at: <http://catstcmnotes.com/learning-resources/acupuncture-techniques/advanced-acupuncture-techniques/>. Accessed September 2015.

¹¹ Hong, CZ. Treatment of Myofascial Pain Syndrome. *Current Pain and Headache Reports*. (2006);10(5): 345–349.

may not correspond to a channel-based acupuncture point.¹² It was recognized at the latest by the 7th century CE that needling a local tender point of a muscular type would yield benefit. See below regarding modern recognition of ashi needling being recognized as trigger point “dry needling.”

- An early description of the response to needling in Chinese literature is known as the “fish-bite” response in the “arrival of *qi*.”^{13,14} This describes, in the colorful language of the time, the same twitch response elicited from trigger and motor point needling, as occurs in “dry needling,” and has been a recognized and accepted part of the canon for millennia. It is associated with a positive, appropriate response to acupuncture. The idea is from the perspective of the practitioner, who likens the feeling of the muscle twitch on the needle to that of a fish nibbling on a fishing line.

Correlations Between Acupuncture & *Ashi* Points versus “Dry Needling” & Trigger Points Recognized by Biomedical Researchers

- In 1976, Chan Gunn, MD, perhaps the most prominent founder of “dry needling,” tacitly established the equivalence of acupuncture and dry needling when he stated that, “as a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced, relating them to known neural structures.” In other words, MD’s would more readily accept acupuncture if acupuncture point locations were renamed according to neuroanatomical structures.¹⁵
- Ronald Melzack, Ph.D., the world-renowned pioneer in the field of pain research, noted the correlation between trigger points and ashi points in 1977, when he reported that, “trigger points and acupuncture points for pain [i.e. *ashi* points], though discovered independently, and labeled differently, represent the same phenomenon and can be explained in terms of the same neural mechanisms.”¹⁶
- Jan Dommerholt, PT, prominent, well-published dry needling expert and instructor, reports that, “In our course program we emphasize that Travell

¹² The term “*ashi*” was first used to describe this method of acupuncture by Sun Simiao (581-682 CE) in his Tang dynasty classic, *Qian Jing Yao Fang* (Prescriptions Worth a Thousand Gold Ducats). The passage in question reads as follows: “In terms of the method of *ashi*, in speaking of a person who has a condition of pain, when squeezing, if there is a spot inside [we] do not ask if it is a [recognized] acupuncture point, because [we] located a painful spot and they said, “Ah, yes!” Needling and moxaing [the points] have proven effective in the past, so they are called *ashi* points.” In other words, in the past, when they adopted the approach of needling points where the patient said, “Ah yes!”, these points were effective, regardless of whether they were or were not on a channel. Thus, they have called these points *ashi* (“Ah yes!”) points.

¹³ Bing, W, Wu, NL. *Yellow Emperor's canon of internal medicine*. China Science and Technology Press; 1997.

¹⁴ Yang, C, Bertschinger, R. *The Golden Needle: and Other Odes of Traditional Acupuncture*. Edinburgh: Churchill Livingstone; 1991.

¹⁵ Gunn, CC, Ditchburn, F, King, MH, Renwick, GJ. Acupuncture Loci: A Proposal for Their Classification According to Their Relationship to Known Neural Structures. *The American Journal of Chinese Medicine* 1976;4(2):183–195.

¹⁶ Melzack, R, Stillwell, DM, Fox, EJ. Trigger Points and Acupuncture Points for Pain: Correlations and Implications. *Pain*. 1977;3(1):3–23.

rediscovered trigger points.”¹⁷ Travell’s work began in the 1970’s, followed by the first edition of her and David Simons’ *Myofascial Pain and Dysfunction: the Trigger Point Manual* in 1983.

- In 2008, two medical doctors, Dorsher and Fleckenstein, demonstrated that of the 255 “common trigger points” in Travell’s *Trigger Point Manual*, 238 corresponded anatomically to established classical, channel-based acupuncture points, a degree of concordance of 93.3%.¹⁸
- Citing further pain and somatovisceral evidence, they conclude that trigger points and acupuncture points are likely the same physiologic phenomenon.¹⁸
- In describing trigger points, L. Kalichman, a physical therapist, and S. Vulfsons, a medical doctor, state that a “very similar method was developed in 7th century by Chinese physician Sun Su-Mo [Sun Simiao], who inserted needles at points of pain, which he called Ah-Shi points. From the description of these points, it is clear that they are what are currently referred to as MTrPs [Myofascial Trigger points].”¹⁹

Modern Acupuncturists Use Trigger, Motor Points, and Modern Anatomy and Physiology In Their Practices

In addition to the default understanding that most of the classical points are in fact trigger points, and that by extension, acupuncturists can be said to be needling trigger points on a daily basis, the majority of acupuncturists incorporate the understanding and treating of trigger and motor points, as trigger and motor points, into their practices. In 2003, the national certifying body for acupuncture standards, the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), which administers board exams and board certification, surveyed then-current use of trigger and motor points among acupuncturists. Fully 82% of those acupuncturists surveyed reported the use of trigger points in the treatment of pain.²⁰

Michael Schroeder, Vice President and General Counsel to the National Chiropractic Council, a “federal risk purchasing group which purchases physical therapy malpractice insurance for its members,”²¹ expressed concern about including dry needling into the Oregon PT scope of practice in 2009 in a letter written to Kathleen Haley, Executive Director of Oregon’s Board of Medicine. He believed that dry needling was in fact acupuncture and that proponents who thought that dry needling was distinct from acupuncture were re-defining acupuncture to serve their interests. He stated that:

¹⁷ Dommerholt, J. The Dry Needling Issue. *Qi-Unity Report*. AAAOM Monthly Publication, 2008;7: 1-9.

¹⁸ Dorsher PT, Fleckenstein J. Trigger Points and Classical Acupuncture Points, Part 1: Qualitative and Quantitative Anatomic Correspondences. *German Journal of Acupuncture and Related Techniques* 2008;51(3): 15-24.

¹⁹ Kalichman L, Vulfsons S. Musculoskeletal Pain, *Journal of the American Board of Family Medicine* 2010; 23(5): 640-646.

²⁰ Fabrey, L, Cogdill, K, Kelley, J. *A National Job Analysis: Acupuncture and Oriental Medicine Profession*. Olathe, Kansas: Applied Measurement Professionals, Inc.; 2003. http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM_final_JA_Report_2003.pdf. Accessed September 25, 2015.

Proponents of the addition of dry needling to the scope of physical therapy maintain that trigger point dry needling does not have any similarities to acupuncture other than using the same tool. These same proponents of the technique re-define traditional Chinese medicine as being based on a traditional system of energetic pathways and the goal of acupuncture to balance energy in the body. They emphasize the channel relationship of acupuncture points, de-emphasize or completely exclude the use of ASHI points, and emphasize that acupuncture is based on the energetic concepts of Oriental medicine diagnosis. They therefore define dry needling as different and distinct from acupuncture because it is based on Western anatomy.

However, these proponents fail to recognize that acupuncture schools teach both ‘western’ neurophysiological concepts along with ‘traditional’ meridian concepts. As such, acupuncturists are highly trained within both fields of medicine. In fact, the profession of Chinese medicine utilizes neurophysiological principles. As such, there is no such distinction between ‘eastern’ and ‘western’ [i.e. “dry needling”] acupuncture.²¹

He went on to warn from not only a malpractice perspective, but from the public health and safety perspective, that:

Licensed acupuncturists typically receive at least 3000 hours of education. The dry needling courses currently being offered, including the Travell Series [116 total hours] and the courses offered by the Global Education of Manual Therapists [55 hours total] not only allow physical therapists to use needles on patients without sufficient training, but constitutes a public health hazard.²¹

Myofascial Pathways Overlap with Acupuncture Channels

Individual points are not the only features of Chinese medicine to have had this overlap with the trigger points of dry needling. The pathways of traditional acupuncture channels have received similar scientific validation. Evidence suggests that fascia, fascial planes, and myofascial pathways represent the channels of acupuncture. Fascia is connective tissue existing in sheets or bands that connects muscles to each other and to other body structures. Myofascia is muscle connective tissue.

- In 2002, Helen Langevin, MD, and her colleague, Jason Yandow, found an 80% correspondence between acupuncture channel trajectories and myofascial tissue planes. They hypothesized that these myofascial planes represent acupuncture channels and that this relationship was connected to the therapeutic effects of acupuncture.²²

²¹ Schroeder, M. (Vice President and General Counsel, National Chiropractic Council). Letter to: Kathleen Haley (Executive Director, State of Oregon Medical Board). November 18, 2009. <http://www.liveoakacupuncture.com/wp-content/uploads/2015/05/National-Chiropractic-Council.pdf>. Accessed September 25, 2015.

²² Langevin, HM, Yandow, JA. Relationship of Acupuncture Points and Meridians to Connective Tissue Planes. *The Anatomical Record*. 2002:257–265.

- Using Travell’s *Trigger Point Manual* to determine referred myofascial pain pathways, Dorsher demonstrated in 2009 that, “myofascial referred-pain data from the *Trigger Point Manual* provides independent physiologic evidence of acupuncture meridians.”²³
- “All 12 [acupuncture] meridian distributions were compared qualitatively with the summed referred-pain distributions of their anatomically corresponding trigger point regions. For all 12 subsets of trigger point regions, their summed referred-pain patterns accurately predicted the distributions of their corresponding acupuncture meridians, particularly in the extremities.”²³
- In other words, the referred pain conditions that ostensibly “disprove” the existence of acupuncture channels by providing modern language and physiological explanations, in fact provide strong evidence for the existence of those same acupuncture channels; and they do so for all 12 acupuncture channels.
- Jan Dommerholt, a prominent dry needling expert and proponent, agrees.¹⁷ (See below)

Physical Therapists Agree that “Dry Needling” is a Form of Acupuncture

In some respects, it is strange to be engaged in a debate when prominent members of the opposing side have already established the illegitimacy of their own arguments.

- After claiming that dry needling was *not* a form of acupuncture as late as 2006¹, Jan Dommerholt, a renowned “dry needling” instructor, reversed course.
- Mr. Dommerholt has been teaching courses in “dry needling,” primarily to PT’s, since 1996. He is considered a dry needling expert.
- He acknowledged in 2008 that *not only was dry needling a form of acupuncture but that there was considerable overlap of trigger points and acupuncture points; and that myofascial referred pain traveled along acupuncture channels.*¹⁷
- He apologized for his previous claims, said they were due to ignorance and “turf” issues, and expressed regret. While his contrition was laudable, the damage had been done, demonstrated by, among other things, the need for this position paper from WEAMA. The following are his direct quotes:

“There is no question that some of the trigger points have been described previously as acupuncture points, a shi points...etc.”¹⁷

“Similarly, there are close similarities in between the pathways of some acupuncture meridians and referred pain patterns of myofascial trigger points.”¹⁷

“...In some past articles I may have expressed a rather biased and simplistic opinion of acupuncture. ... I believe that some of my comments were partially in response to assertive efforts of particular acupuncture

²³ Dorsher PT. Myofascial Referred-pain Data Provide Physiologic Evidence of Acupuncture Meridians. *Journal of Pain*. July 2009;10(7): 723-31.

practitioners to prohibit any needling procedures by physical therapists, and partially due to ignorance. In retrospect, I regret that sometimes I resorted to ‘turf behavior’ and that I did not study the various schools of acupuncture in more detail to gain a better understanding of the varied perspectives of acupuncturists. I had restricted my perspective to the energetic concepts of traditional Chinese medicine.”¹⁷

Additionally, a simple internet search of physical therapists’ websites finds numerous references to the equivalence of dry needling and acupuncture. Here are a couple to illustrate the point.

- “**Dry Needling** is a western form of "Acupuncture" and this treatment has been described using many names. **Dry Needling** is the most current term. Acupuncture is based on traditional Chinese medicine and Acupuncture needling treatment occurs along the meridian system.... Dry Needling is performed by Western Medical Practitioners using Acupuncture-type needles to treat the musculoskeletal and nervous systems based on modern neuroanatomy science. Acupuncture falls within the scope of traditional Chinese medicine. It would be incorrect to refer to a practitioner of Dry Needling as an "Acupuncturist" since Dry Needling practitioners do not use traditional meridians (meridians are based on a 2000 year old dogma). “²⁴

[These PT’s are clear in establishing the connection, but then misrepresent acupuncture as being exclusively limited to needling “along the meridian system,” and thus mired in an ancient paradigm, likely due to the same unfortunate misinformation previously experienced by Mr. Dommerholt. As has been demonstrated by historical record and PT experts like Mr. Dommerholt, who have chosen to inform themselves, acupuncture is not only quite varied, it has evolved and continues to evolve.]

- “The objectives and philosophy behind the use of dry needling by physical therapists is not based on ancient theories or tenets of traditional Chinese medicine. The performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous systems. Both Dry Needling and Acupuncture do, however, use the same tool; a solid needle filament.”²⁵

[Again, this suggests, either through genuine misunderstanding or disingenuity, that every acupuncturist graduating with a Masters of Science degree is somehow unaware of the science, anatomy, physiology, and research behind modern acupuncture. This suggestion is simply false. Modern acupuncturists are trained at

²⁴ Dry Needling. Physical Therapy First website.

<http://www.physicaltherapyfirst.com/services/dryneedling/>. Accessed September 26, 2015.

²⁵ What is the Difference Between Dry Needling and Acupuncture? Neurosport Physical Therapy website. <http://www.neurosportphysicaltherapy.com/services/dry-needling>What is the difference between Dry Needling and Acupuncture?. Accessed September 26, 2015.

length in these areas. The fact is that the “ancient theories” and modern neuroanatomy are not mutually exclusive. They describe the same phenomena at different points in time. Regardless, modern acupuncturists learn both, as Mr. Schroeder pointed out earlier²⁶. It is not as though ancients who thought the sun was a god versus a sphere of gaseous fusion were describing different suns, after all, as the language of PT’s would have us believe about acupuncture’s origins versus “dry needling’s.” One would still experience sunburn, regardless of how one viewed the source.]

Physical Therapists Use Acupuncture Studies to Support Dry Needling

Literature reviews of dry needling resort to using acupuncture studies in support of their claims. This would not be only questionable, but highly problematic if PT’s did not already understand that the same therapeutic phenomena were occurring in the body and that “dry needling” was indeed a form of acupuncture. No modern PT would otherwise use a system they claim relies only on ancient, “mystical” paradigms to support their biomedical claims.

- “Recent systematic reviews and meta-analyses provide strong and overwhelming evidence for the effectiveness of acupuncture in the treatment of knee osteoarthritis.”²⁶
- “According to the Cochrane Database systematic review on acupuncture for peripheral joint osteoarthritis, Manheimer *et al* found acupuncture to be associated with a statistically significant and clinically meaningful short term improvement in OA pain when compared to wait list control.”²⁶
- “Additionally, this systematic review, which included 12 RCT’s [randomized control trials] of patients with knee OA and four trials of patients with either knee or hip OA, reported statistically significant reductions in pain following acupuncture in patients with knee OA at 6 months when compared with sham acupuncture.”²⁶
- “...A very recent meta-analysis of 11 high-quality RCT’s concluded that real acupuncture provides a significant reduction in pain immediately following treatment compared to other physical treatment methods, including sham acupuncture.”²⁶
- In addition to the welcome news to an acupuncturist’s ears, the larger point here is that the authors of this literature review are all PT’s, writing an article published in a PT journal--and are using acupuncture study outcomes to justify their arguments for dry needling. Again, unless they already knew that dry needling and acupuncture were fundamentally the same entities and knew that their audience felt similarly, they would not do this. All of the above quotes are taken from: Dry needling: a literature review with implications for clinical guidelines. *Physical Therapy Reviews*, 2014. 19;4:252-265.
- An additional notable feature in the above description of physical therapists using acupuncture studies to support “dry needling,” is that the studies cited are all for

²⁶ Dunning, J, Butts, R, Mourad, F, Young, I, Flannagan, S, Perreault, T. Dry Needling: a Literature Review with Implications for Clinical Practice Guidelines. *Physical Therapy Reviews*. 2014;19(4):252–265.

biomedical conditions. Acupuncture studies involve identifiable, diagnosable conditions from the biomedical perspective. This is yet further evidence that acupuncture is a modern therapy, not at all restricted by its use of traditional language in conveying its concepts. It is a common feature in acupuncture curricula to include pathophysiology conditions from the biomedical perspective.²⁷ The few named above—osteoarthritis of the knee and hip, pain conditions in general—are the tip of the iceberg where this is concerned. A simple Cochrane database search provides numerous studies on acupuncture and its treatment of biomedical conditions.

CONCLUSION

As should be clear from the foregoing, acupuncture is a multifaceted, dynamic, evolving therapy, consisting of many types and styles, including several developed in the 20th century. Claims that acupuncture is limited to a 2000 year-old paradigm and an antiquated understanding of acupuncture channels are thus false. Claims that “dry needling” is a new, distinct therapy separate from acupuncture are erroneous. Because of acupuncture’s continued evolution, it stands to reason that the latest knowledge, or dominant paradigm, would be applied to acupuncture, as has always been done. The current dominant paradigm is science with its language, concepts, and methodologies.

The scientific exploration of the human body has led to advances in knowledge and understanding of anatomy and physiology. These advances have been and are being applied to acupuncture and have borne fruit. Many modern equivalents have been established between ancient concepts and current understandings of anatomical structures. Claims that acupuncturists only treat “channels,” as though there would be no relationship to anatomical structures, are not only false and misguided, they are absurd. Not only are physical structures necessarily involved—for where else would acupuncture needles be inserted?—but they are in fact the same structures treated by “dry needlers”: trigger points and myofascial pain pathways.

These claims of equivalence are not made by acupuncturists alone. As we have seen, both MD’s and PT’s have established the equivalence of ancient techniques with “dry needling.” Not only have acupuncture points themselves been demonstrated to be the same as the modern understanding of trigger and motor points, but acupuncture channels themselves correlate with the same myofascial pain pathways the trigger points ostensibly treat. This means that even in the most conservative sense, “dry needlers” perform acupuncture whenever they perform “dry needling.” And physical therapists know this. Not only have they admitted it, but they use acupuncture itself to support their claims for dry needling.

It would make sense that a paradigm with ancient origins that chose to retain its language, despite evolutions in understandings of the concepts involved, would invite skepticism in

²⁷ McIntyre, A. *Acupuncture Therapeutics V & VII* [Courses]. Kenmore, WA: Bastyr University Acupuncture and Oriental Medicine Program; 1999-2010.

a modern context. It would also be understandable that some misguided, though well-intentioned individuals would misconstrue the situation and make claims they later regretted. Similarly, others might try to intentionally misrepresent acupuncture and use the differences in conceptual language to their own ends.

Many of these ancient concepts, such as ashi points being trigger points, are easily understood when viewed through a modern scientific lens. So-called “dry needling” is but one of the many styles of acupuncture: a broad, modern therapy with ancient roots. But acupuncture in its totality far exceeds in scope and style, “dry needling.” Acupuncture is the category in which “dry needling” exists. Thus, our contention that “dry needling” is acupuncture; but, acupuncture is not “dry needling,” is demonstrated.