PERSPECTIVE

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# Medical Education, Practice, and Regulation of Acupuncture in India

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### **ABSTRACT**

Acupuncture is one of the most-utilized forms of integrative medicine therapy across the globe, owing to this modality's wide range of therapeutic benefits. The history of acupuncture use in India is 3000 years old; however, the first documented use of acupuncture in India emerged in 1959. Presently, acupuncture is included as an independent therapy in the yoga and naturopathy (Y&N) category, an indigenous system of medicine under the purview of the Ministry of Ayurveda, Y&N, *Unani* (Perso-Arabic Medicine), *Sidha* (Indian Medicine), and homeopathy (AYUSH), and Sowa-Rigpa (Tibetan Medicine), of the government of India. Acupuncture has been taught to Y&N medical graduates through state-run medical universities at both undergraduate and postgraduate levels since 1989 and 2014, respectively. In addition, there are many short-term courses on acupuncture offered by nonmedical universities and academies. Y&N physicians are licensed to practice acupuncture in many states of India; however it is practiced by physicians of other medical systems as well as by nonlicensed practitioners. This is largely due to the nonuniform and flawed regulatory framework of acupuncture practice in India. The government of India, through a task force, is exploring the possibility of recognizing acupuncture as an independent system of medicine and regulating its practice. While the status of acupuncture and its use among integrative medicine physicians has definitely grown in the past 5 decades, the challenges—rooting out quackery, ensuring rigorous training, empowering existing practitioners, maintaining global standards, defining the scope of practice, etc.—warrant an unbiased and firm approach to safeguard acupuncture's scientific and academic rigor.

Keywords: acupuncture, education, regulation, Traditional Chinese Medicine, quackery, practice

### **INTRODUCTION**

A CUPUNCTURE IS AN INTEGRAL COMPONENT OF Traditional Chinese Medicine (TCM), which has become a globally accepted modality and is widely used by integrative-medicine physicians. Like most of the eastern countries, India also has its own traditional medicine systems, namely, ayurveda, yoga and naturopathy (Y&N), *Unani* (Perso-Arabic

Medicine), Sidha (Indian Medicine), and homeopathy (AYUSH), and Sowa-Rigpa (Tibetan Medicine). The central and state governments of India promote these indigenous systems of medicine on a large scale through various initiatives. Acupuncture is an integral part of the Y&N system of medicine, which is widely delivered by Y&N physicians in both governmental and private clinical settings. India is among the few countries that has licensed its traditional

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ACUPUNCTURE IN INDIA 295

medicine practitioners and provides evidence-based care. This article discusses the current status of professional education, practice, and regulation of acupuncture in India.

### **EDUCATION**

The history of acupuncture practice of in India dates back 3000 years. However, the modern practice of acupuncture began after Bijay Kumar Basu, MS, MBBS (1912–1986 AD) went to China to learn acupuncture and started his practice in India in 1959. Furthermore, in 1990, Kolkata Acupuncture Medical College started a 200-hour short-term course on acupuncture for medical graduates and a diploma course in acupuncture therapy. Even before this, acupuncture was recognized as an official therapeutic modality in India in 1989, when Mangalore University, of the Government of Karnataka, included acupuncture as one of the medical subjects in the 4th year of the Bachelors of Naturopathy and Yoga (BNYS) course, which completes a 5.5-year, full-time medical degree in Y&N.

This was followed by the Rajiv Gandhi University of Health Sciences, in Karnataka, and the Tamilnadu Dr. MGR Medical University including acupuncture as an independent medical subject for BNYS scholars in 1996 and 1997, respectively. Since then Acupuncture has been an integral part of the BNYS curriculum in India and is the only traditional medical system of India to include a full-time academic subject of acupuncture.

Y&N physicians (BNYS) in India are medical practitioners with an A-class medical registration in their respective state medical councils.<sup>2</sup> Currently, there are 52 medical colleges in India running BNYS courses in various medical universities in which acupuncture is a full-time medical subject in the final study year.<sup>3–10</sup> The acupuncture curriculum offered in this program is a blend of TCM and modern acupuncture practices across the world (Fig. 1). The total duration of acupuncture training at the undergraduate level is 175 hours, which includes 75 hours of practical training. Apart from the undergraduate programs, 3 medical universities in India run 3 year full-time postgraduate programs in acupuncture and energy medicine (AEM), which is the only MD program in acupuncture recognized by the University of Grants Commission (UGC), an apex body regulating professional courses in India.<sup>11</sup>

MD-AEM was first started in 2014 at the government's Y&N medical college in Chennai, which later expanded to 2 private medical colleges. The eligibility criterion for pursuing a postgraduate program in MD-AEM is having a medical degree in Y&N (BNYS). <sup>12</sup> Currently, there are 23 seats available per year for MD-AEM across India. MD-AEM is a very well-structured, indepth program covering all aspects of energy medicine, acupuncture, Indian Medicine, and research methodology. The program includes 1300 hours of theory and 1500 hours of clinical training. Apart from this,

postgraduate scholars are required to conduct community health programs; publish research findings; and attend journal clubs, conferences, and continuing medical education courses. The curriculum of MD-AEM is shown in Figure 1. Besides this National Institute of Naturopathy, the Ministry of AYUSH also provides a fellowship course on acupuncture for BNYS graduates. <sup>13</sup>

## OPPORTUNITIES AND CHALLENGES IN ACUPUNCTURE EDUCATION

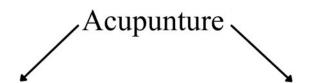
Currently, India has  $\sim 10,000$  Y&N physicians with undergraduate degrees and fewer than 20 Y&N physicians with MD-AEM degrees practicing/teaching acupuncture in various clinics/hospitals/medical colleges. There are no conclusive data available on the gender distribution among Y&N physicians; however, per informal interviews conducted by the current authors, the majority of these physicians are females. Furthermore, there is an exclusive medical college of Y&N for women, which has 70 seats in the UGC and 3 seats in the MD-AEM program.  $^{14}$ 

Delivery of acupuncture education formally through medical universities in itself is a strength, as it enhances the public trust in acupuncture and may also increase interdisciplinary referrals. Acupuncture strictly being a medical program in India mandates it to be an extensive, full-time, clinical-oriented (hands-on) discipline. Despite these strengths, the minimal number of experienced faculties is one of the major limitations in acupuncture academics. Furthermore, no or limited international exposure may also be considered as a drawback, as it limits the students from learning newer global techniques. In addition, the boards of the studies/colleges/universities should encourage international collaboration to enrich the existing academic culture.

Although there exists a great interest among BNYS doctors in pursuing MD-AEM, the limited number of seats in this discipline limits interested candidates from pursuing a post-graduate education in acupuncture. Apart from UGC recognized courses, there are many small certificate courses that are offered in regular or distant modes by institutes, deemed universities, and/or open universities, which outnumber the regular rigorous courses. This situation remains as a challenge—as well as a threat—to the quality of acupuncture education in India.

### PRACTICE AND REGULATION

Practice and regulation of acupuncture in India is flawed, due to its inconsistent regulatory structure. Although formal academic programs in acupuncture authorize only Y&N physicians to practice acupuncture in India, Y&N is practiced by almost all clinicians, including modern biomedical doctors. <sup>15</sup> India's federal administrative structure considers



# Undergraduate course BNYS

# Postgraduate course MD- Acupunture

Concept of acupuncture

Theories of acupuncture

Materials and methods of acupuncture

Selection of acupuncture points

Contraindications & complications of acupuncture

The concept of meridians

The extraordinary points

Diagnostic methods in Traditional Chinese Medicine

Auriculotherapy

Moxibustion

Electroacupuncture and other stimulation methods

Acupuncture anesthesia

Reflexology & zone therapy

Acupressure and its applications

Acupuncture therapeutics

Scalp needling

#### Year 1

#### Philosophy of Acupuncture

- · History and evolution of acupuncture
- · Acupuncture in India and acupuncture in other parts of world
- · Traditional and modern theories of acupuncture
- · Five elements
- Meridians
- · Extraordinary points
- · Etio-pathogenesis of disease in acupuncture
- · Diagnostic and treatment methods in acupuncture
- · Oriental diagnosis
- · Complications and contraindications acupuncture
- Moxibustion, Auriculo acupuncture
- · Scalp acupuncture, sujok
- · Acupressure and reflexology
- · Traditional and modern techniques of acupuncture needling and its precautions.
- · Instruments for diagnosis and treatment of acupuncture
- · Malpractices in acupuncture

#### Philosophy and practice of energy medicine

- · Concepts of energy according to modern science
- Energy system: Its anatomy, physiology, pathophysiology
- · Energy and 96 principles
- Concepts of prana and energy system in AYUSH systems and its comparative study with energy medicine
- · Sciences of energy medicine and its diagnostic methods.
- · Herbal medicine in accordance with six taste, dosha and 5 elements
- · Adaptations of energy sciences in cultures and religions.
- Diagnostic methods of prana (modern and traditional energy scanning methods)
- · Instruments useful in diagnosis and treatments energy medicine.

- Clinical acupuncture and energy medicine

   Disorders of cardiovascular system
- Disorders of respiratory system
- · Disorders of kidney and urinary tract system
- · Disorders of gastrointestoinal system
- · Disorders of endocrine and metabolism
- · Disorders of immune system, connective tissues and joints.
- · Neurological disorders
- · Dermatological disorders
- · Psychiatric disorders
- Oncology

Year III

- · Obstetrics and gynecology
- · Disorders of eyes, ears, nose and throat
- · Environmental and occupational health hazards

#### Year II

- · Classical acupuncture
- Acureperatory
- Traditional Chinese Medicine
- · Acupuncture anesthesia
- · Advanced acuvarma
- Varma, Marma and Acupuncture
- Energy balancoing and toning sciences: tiachi, hitachi, qi-qung, zenskar-
- Body, mind balancing techniques:Kinesiology, yoga nidra.
- · Pharmacogenetics and pharmacokinetics of medicinal herbs.
- Preparation of energy medicine. Scientific basis of energy: Vasthu, Geopathic and Feng sui.
- · Scientific truths behind religious rituals.
- · Roots of disease and panchakosha diagnosis.
- · Negative mentalities and disease.
- · Yogic psychology
- · Personality traits in Indian sciences.
- · Physiological basis of doshas.
- Physiological basis of natural therapeutics (hydrotherapy, mud therapy and fasting, etc).
- · Diet and Indian medicine

FIG. 1. Acupuncture syllabus for undergraduate and postgraduate medical courses in India. BNYS, Bachelors of Naturopathy and Yoga; AYUSH, ayurveda, yoga and naturopathy (Y&N), *Unani* (Perso-Arabic Medicine), *Sidha* (Indian Medicine), and homeopathy.

ACUPUNCTURE IN INDIA 297

health as a state subject. Due to this policy, each state has its own set of rules that regulate health care delivery in each state. For example, in southern states of India—such as Andhra Pradesh, Telangana, Karnataka, and Kerala—where Y&N is well-regulated, the government allows only qualified practitioners to practice acupuncture therapy. However, there are no strict laws stating that acupuncture should be only practiced by Y&N physicians. The state of Tamilnadu has imposed orders strictly preventing any doctors other than Y&N physicians from practicing acupuncture. <sup>16</sup> No such regulations exist in the central and north states of India, where acupuncture is practiced by both licensed physicians and nonlicensed individuals.

West Bengal was the first state to have a separate law for regulating acupuncture practice in 1996; this law was named "The West Bengal Acupuncture System of Therapy Act, 1996." This was followed by Maharashtra, a state in central India that also formed a separate council for regulating acupuncture education and practice, the "Maharashtra Council of Acupuncture," established in 2019. Such councils mandate registration for any practitioners who want to practice acupuncture in the state.

Furthermore, the Indian council of medical research (ICMR) created a 10-member committee to recognize acupuncture as an independent system of medicine and regulate its practice. The committee originally agreed to make a separate council to frame detailed guidelines for promotion and regulation of acupuncture as a system of healthcare/therapy and to suggest steps for implementation of the guidelines as well as for reimbursement for acupuncture. However, no progress has been reported since 2019. While the intent of these councils is largely appreciated by both modern biomedical and AYUSH practitioners, they also caution that this may provide a backdoor entry for nonmedical practitioners who have completed nonrigorous acupuncture courses from nonrecognized universities. <sup>20</sup>

Presently, acupuncture is practiced by Y&N physicians, working in the government sector, as an integrated therapy in all primary health centers, district hospitals, and government medical colleges as well as in the outpatient and inpatient departments of apex institutes for Y&N, such as the Central Council for research in Y&N and National Institute of Naturopathy. Unlike the government sector, in the private sector, acupuncture is practiced by practitioners in all medical systems. There are also clinics run by noninstitutionally qualified practitioners who are certified from open universities inside and outside the country; these universities are not recognized by the state and central governments.<sup>1</sup>

## OPPORTUNITIES AND CHALLENGES IN ACUPUNCTURE PRACTICE

The special interest of both central and state governments to streamline acupuncture practice and to consider education as a great opportunity, as it will help in promoting acceptable evidence-based practice and propagate acupuncture as a safe practice for treating the general public. Regulated practice with standardized protocols will pave the way for acupuncture to be included in insurance plans for reimbursements, which was also one of the objectives of the V.M. Katoch, MBBS, MD–led ICMR committee on acupuncture. However, there are gaps, including lack of uniformity in practice and regulation, that need to be addressed to ensure the quality of acupuncture practice and patient safety.

Meanwhile, the Indian Medical Association (IMA) cautions the government of India that its agenda to regulate acupuncture (by order of the Ministry of Health and Family Welfare, Union of India, bearing No.U-11018/03/2018-HR, dated 21.02.2019) that subsequently allowed every individual—with or without medical registration—to practice acupuncture may lead to an increase in quackery. The doubts raised by the IMA may be considered seriously, as many of the state and central committees on acupuncture are misled by vested interest stakeholders who continuously seek to amend acupuncture practice regulations to increase the number of unqualified persons. The overwhelming number of lawsuits filed in multiple courts of justice across India<sup>22</sup> also points toward the need for concrete regulations on acupuncture practice.

#### **CONCLUSIONS**

Acupuncture is a very popular and fast growing therapeutic modality in India. While its popularity and recognition has definitely raised its acceptance among various stakeholders of health care, an unbiased and standardized regulatory approach is warranted to safeguard its scientific and academic rigorousness and ensure patient safety.

#### **AUTHORS' CONTRIBUTION**

All of the authors were equally involved in conceptualization, data collection, and visualization of this article. Dr. Nair wrote the original draft, and the final draft was approved by all of the authors.

#### **AUTHOR DISCLOSURE STATEMENT**

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NAIR ET AL.

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