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Complements to the doctor

May 5, 2006. 06:52 AM

When anesthetist Angelica Fargas-Babjak returned to Hamilton after a trip to China in the 1980s, she was very excited about the complementary relationship she had seen between Eastern and Western medicine in Chinese hospitals.

"I came back saying we have to do that here," recalls the doctor, who was then an assistant professor of anesthesiology at McMaster University and a member of the Acupuncture Foundation of Canada. She found other physicians openly hostile to the idea. "I faced a lot of antagonism when I said that. There was a lot of resistance."

At the time, Western medicine had no time for a system based on thousands of years of Chinese philosophy and empirical observations. But Fargas-Babjak went on to found the acupuncture/pain clinic at the Hamilton Health Sciences Centre in 1984 and, eight years ago, the Contemporary Medical Acupuncture program at McMaster University, where she is now a professor of anesthesiology.

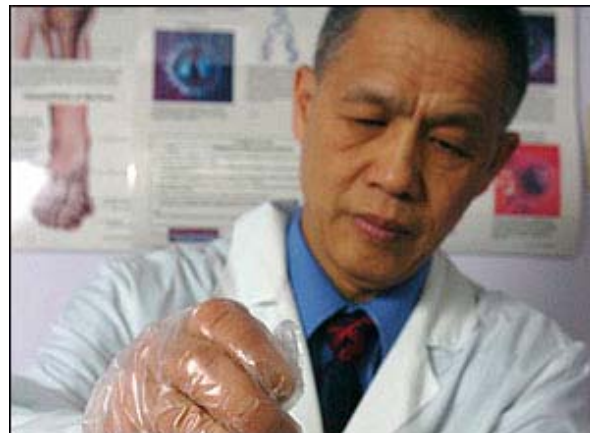
Since then, hundreds of health-care professionals, including many Western doctors, have finished the 300-hour continuing education course and many hundreds more have completed training at places such as the Acupuncture Foundation of Canada Institute.

"I definitely see progress," says Fargas-Babjak about Western medical attitudes to Chinese medicine. "Change is coming, but it's slow. Slow progress might turn out to be the best way. I hope in the coming years we will be able to learn from each other."

Though it might be hard to persuade scientists that acupuncture, herbal treatments, meditation, massage and nutritional therapy — collectively known as traditional Chinese medicine or TCM — have medical merit, there is no question that Canadians are embracing the alternatives when it comes to health care, from massage therapy to chiropractic to homeopathy.

In 2003, Statistics Canada says, about 5.4 million people reported using some sort of alternative or complementary treatment in the preceding year. Of those people, 2 per cent or about 108,000 reported they had consulted an acupuncturist.

In traditional Chinese medicine, inserting fine acupuncture needles under the skin at specific points is considered a method of balancing the body's energy, or *qi*, to prevent or cure illness. Needles are used along energy pathways known as



MICHAEL STUPARYK/TORONTO STAR

Stanley Gwo-Wuu Shyu says the exact insertion point and angle of the acupuncture needle is critically important. Shyu practises traditional Chinese medicine in Scarborough.

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New law would set up regulatory college

Anyone who wants to stick a few needles into someone else is free to say he or she is an acupuncturist and practise in Ontario today with no training whatsoever.

The Ontario government plans to change that through Bill 50, a bill to create the Traditional Chinese Medicine Act, which has already received first reading in the Legislature.

It would set up a college of traditional Chinese medicine practitioners to create a self-regulating profession, similar to the bodies that govern doctors, nurses, chiropractors and physiotherapists.

It would also define a scope of practice and establish which members may use the "doctor"

meridians that adherents of the ancient Eastern practice believe link different parts of the body. The needle is believed to stimulate the body functions or organs related to that meridian.

By contrast, the contemporary Western approach focuses on physiology and recognizes that needles inserted at acupuncture points induce biochemical changes in the body, helping to alleviate pain or reduce nausea, for instance.

Whatever the philosophy, the benefits of acupuncture are well documented in research studies and are under increased study in randomized clinical trials.

In one such controlled trial reported last July in the *British Medical Journal*, German researchers found acupuncture is an effective treatment for tension headache, cutting rates for sufferers by almost half. But patients who had a "minimal" acupuncture course, with needles inserted superficially into the skin at non-acupuncture points, fared almost as well as those treated with traditional Chinese therapy, raising questions about a possible placebo effect.

Results from another randomized trial published in *The Lancet* last July suggested that acupuncture could reduce pain and improve joint function in the short term for people with osteoarthritis of the knee.

Scarborough's Stanley Gwo-Wuu Shyu, a doctor of traditional Chinese medicine in Canada for 31 years, says he has 100 per cent success treating migraine patients with traditional Chinese medicine, and finds it useful in more serious illnesses.

"Chinese medicine is especially good for internal and chronic disease, and also for rehabilitation for conditions such as stroke or spinal injury," says Jia Li of Mississauga, who has practised Chinese medicine for 10 years. "It is very good at supporting the immune system."

Both Li and Shyu caution that at least four or five years of full-time study are required to learn enough to practise traditional Chinese medicine.

The exact insertion point and angle of the acupuncture needle are critically important, Shyu says. "Also, there are 16 ways to manipulate the needle," he adds. "If you know what you are doing, you can really help someone. If you don't know what you are doing, you might do damage."

Toronto physician Linda Rapson counters that acupuncture alone can be successfully taught to medical professionals who are knowledgeable about physiology and anatomy, in courses such as the ones at McMaster and at the organization she heads as executive president, the Acupuncture Foundation of Canada Institute.

Many people in Ontario have been helped over the years by trained medical professionals using acupuncture as part of their practices, she says, and public safety has never been at issue.

Fargas-Babjak says in her ideal world, the use of acupuncture would be much more widespread.

"Even children would be taught acupressure in schools," she said. "All doctors would understand the physiology of acupuncture and, in cases where it would help, the doctors would either administer it themselves or refer the patient to an acupuncturist."

title.

And it would restrict the performance of acupuncture to members of regulated health professions and to persons who perform it as part of an addiction treatment program within a health facility.

British Columbia is now the only province that regulates traditional Chinese medicine.

Ontario's proposed law does not go far enough, say some practitioners of traditional Chinese medicine. Acupuncture is an invasive procedure, says Mississauga's Jia Li, and public safety is at risk if inadequately trained individuals perform it.

But Toronto physician Linda Rapson, who has used acupuncture in her practice for more than 30 years, says Bill 50 simply sets up the new college, which will then set standards and regulations for practitioners in the province. Under Bill 50, acupuncture used as part of the practice of other health care professionals will be regulated by their individual colleges.

Li counters that he can't take a three-day course in simple surgery and practise it in a limited way, and acupuncture deserves the same respect. "It's a very complex system," he says.

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