

The Evidence-Based Veterinary Medical Association is writing to oppose the establishment of veterinary acupuncture as a recognized veterinary specialty. A similar petition was denied in 2016 due to “a lack of scientific basis for such a specialty.” Nothing substantive has changed since that decision, and despite decades of research and thousands of studies in humans and other species, there is still no cogent, robust body of scientific evidence to support the claims and practices of acupuncturists. There are many reasons to deny the petition for acupuncture to become a recognized veterinary specialty.

Acupuncture is not a well-defined area of study or practice, as defined in the AVMA ABVS Mission Statement¹

Acupuncture as currently practiced is a hodgepodge of a variety of approaches loosely based on an assortment of medical ideas, mostly selected for their appeal to western sensibilities such as “holism.” In fact, as the application notes, there are many privately operated organizations offering acupuncture “certification,” (Chi University, International Veterinary Acupuncture Society (IVAS), CuraCore, Canine Rehabilitation Institute (CRI), Evidence-Based Veterinary Acupuncture (EBVA), and College of Integrative Veterinary Therapies (CIVT)), however, there is no consensus among these groups on how acupuncture should be practiced. Some, such as Chi University, reference historical Chinese medical theory, while others, such as CuraCore, eschew and openly criticize such historical and mythical practices. The application notes that there are more than 100 board-certified specialists in AVMA-recognized colleges that have pursued acupuncture certification, out of a total of 18,049 board certified specialists. If true, this means that approximately 0.5% of board-certified specialists have pursued acupuncture certification.

In addition, some of the fundamental concepts of acupuncture have yet to be either defined or determined. For example, acupuncture “points” – locations where needles are supposed to be placed – have not been shown to be an anatomical entity,² as is also the case with “meridians,” the imaginary “channels” through which healing “energies” are purported to travel.

Finally, there is no single veterinary medical condition for which acupuncture can be said to be indicated as a primary therapy. Rather, acupuncture is employed as an “alternative,” “complementary,” or “integrative” intervention, to be applied in addition to proven therapies and, contrary to the statement made in the application, there is no good scientific evidence that acupuncture consistently improves clinical outcomes for any of them.

The Application Does Not Meet AVMA Standards for Specialty Status Designation

“For a veterinary specialty organization, veterinary specialty, or their independent certification board to be recognized by the AVMA they must:

1. Demonstrate that improved veterinary medical services and knowledge will be provided to the public that advance the health and well-being of animals and/or people.
2. Serve a clearly defined need for the profession
3. Represent a distinct and identifiable specialty of veterinary medicine, one that is supported by a base of scientific knowledge and practice that follows the tenets of evidence-based medicine.
4. Establish and abide by clearly stated standards for diplomates”³

The application for recognition of acupuncture fails to meet all of the above requirements.

Specifically:

1. There is no reason to believe that AVMA specialty status designation will improve veterinary medical services and knowledge. As noted in the application, acupuncture has been offered to veterinary clients for over five decades. However, the lack of convincing evidence for efficacy and the lack of AVMA specialty status designation has not deterred proponents from advocating or employing the practice.
2. In spite of a lack of studies showing efficacy for any condition, numerous for-profit organizations have developed that provide “certification” and even diplomate status. There is no dearth of opportunities for those interested in acupuncture to obtain credentials to be used in promoting their practice.
3. Acupuncture is neither distinct, in that there are so many permutations (e.g, Traditional Chinese Medicine (TCM) acupuncture, Five Element acupuncture, Japanese acupuncture, Electroacupuncture, Western Scientific Acupuncture, Dry Needling, Medical Acupuncture, Auricular Acupuncture, Hemoacupuncture, Scalp Acupuncture, Laser acupuncture, or even needleless acupuncture, to name a few) nor identifiable, in that there are numerous theories about the practice but no foundation of consistent evidence despite tens of thousands of studies. From the point of view of evidence-based medicine, the most rigorous controlled trials, systematic reviews, and meta-analyses have been nearly unanimous in their inability to demonstrate that acupuncture is an effective intervention beyond placebo for any medical condition of humans or animals.^{4,5,6}

In addition, training standards cannot be developed that are consistent with evidence-based medicine. Acupuncture is not based on proven concepts of medicine. The application also notes, “foundational physiology [of acupuncture] —is distinct from other existing specialties.” This is absolutely correct. The foundations of acupuncture as practiced in many of its iterations are based on centuries old nostrums that predate such fundamental physiological foundations as anatomy, physiology, biochemistry, pharmacology, etc., etc. The fact that an approach based on such long-discredited ideas is no more of an argument for approval of a specialty than it would be for an approach based on the four humors of the famous Roman physician, Galen.

On the other hand, other acupuncture practitioners may eschew such concepts and assert that their acupuncture is “Western” or “scientific” or “Evidence-Based.” Even in spite of the fact that these concepts stand in direct opposition to the “distinct physiology” approach, and as is to be expected, sticking needles into bodies evokes various measurable physiological responses, it has not been shown that any such responses actually underlie the alleged effects of acupuncture, nor has it been shown that these responses have clinical relevance.

4. It is not possible to establish and abide by clearly stated standards for acupuncture practice. As currently practiced, there are conflicting standards that are in direct opposition to each other. For example, whereas some acupuncture proponents embrace nouveau Chinese theory, loosely based on ideas chosen from a wide-variety of historical Chinese medical practices, others eschew and criticize such practices.

It may also be asserted that acupuncture deserves recognition as a veterinary specialty based on the length of time that it has been practiced. While the appeal to longevity is a curious way to claim effectiveness (for example, astrology has been a feature of various cultures for millennia, yet lacks any

evidence of actual effectiveness), in the case of acupuncture, the claim that acupuncture – the practice of sticking fine needles into specific points that exist along “channels” - is a centuries-long tradition in animals is also not true.⁷ The current practice most clearly dates to the mid-20th century. Small animals were never treated in China (they were considered vermin) and acupuncture “meridians” in horses were created in the 1990’s by simply transposing human acupuncture charts onto them,⁸ which is also why, according to some acupuncture organizations, horses have gall bladder “meridians” even as they lack anatomical gall bladders. In fact, the whole practice of “Traditional Chinese Medicine” is simply an invention of the Chinese government in the mid-20th century and it is not a basis for medical practice.⁹

Curiously, the application notes that applicants are seeking to establish a veterinary specialty in acupuncture in order to “establish consistent standards of training, practice, and professional oversight.” Thus, even in the application, it is acknowledged that no standard of training exists. Furthermore, in addition to myriad certifying bodies in veterinary medicine, the state of Maryland allows human acupuncturists to work on animals, and no harm to animals has been identified. The fact that such standards do not yet exist should be enough to reject this application without further review.

Specialty college recognitions are typically done after a track record of scholarship has been shown. This is not the case for acupuncture and it is telling that after decades of advocacy and study, no track record of scholarship exists. There is, in fact, no reason to believe that specialty recognition will improve patient care. In addition, the obligation to provide the best care for patients is already encoded in the AVMA Principles of Veterinary Ethics.

Finally, the application states, “Acupuncture significantly enhances outcomes in several veterinary specialties.” There is, in fact, no single condition in veterinary medicine for which acupuncture is a primary treatment indication. Rather, it is applied for innumerable clinical conditions under the aegis of, “doing everything.”

Tens of thousands of research studies and systematic reviews of acupuncture have been done over the past several decades. Considering the vast number of studies:

1. The results are consistently inconsistent (both positive and negative results can be found)
2. After decades of study of variable levels of quality, evidence for the effectiveness of acupuncture for any condition of animals is not increasing
3. There is ample evidence of ‘negative scholarship’ for acupuncture, in the sense that meta-research into acupuncture studies shows that some countries produce an implausibly high number of positive results.^{10, 11}

Nevertheless, it is still not clear that acupuncture is effective for any indication in any species. Add to that the fact that some practitioners may assert the existence of non-existent forces, as well as the lack of scientifically plausible mechanism of action for those that do not rely on such explanations (there are many postulated, depending on which authority one relies, but none confirmed), the conclusion that acupuncture is not an effective therapy in animals is somewhat inevitable, with the possible exception of placebo by proxy,^{12,13} which itself can be harmful if it leads to a delay in treatment with an effective therapy.

In sum, there is no reason to grant AVMA specialty status for practitioners of acupuncture. Acupuncture lacks scientific and evidence-based merit, and the application fails to meet standards for granting such status set by the AVMA. The Evidence-Based Veterinary Medical Association opposes this application.

SIGNED: The Board of the EBVMA

Gary Block DVM, MS, DACVIM	President
Shiela Keay DVM, MBA, MPH, PhD	President-Elect
Thomas Doker DVM, MPH, DACVPM(Epidemiology), CPH	Executive Secretary
Robert Larson DVM, PhD, DACT, DACVPM Epidemiology), ACAN	Central US Regional Director
Joann Lindenmayer DVM, MPH, Dipl. AVES(Hon.)	Northeast US Regional Director
Laura Rey MSLS	Southern US Regional Director
Kyla Savick DVM	Treasurer
David Ramey DVM	Immediate Past President
Martin Whitehead BSc, PhD, BVSc, CertSAM, MRCVS	International Director
Constance White DVM, PhD, MPH	Western US/Mexico Director
Erik Fausak MSLS, RVT, RLAT	Chair Web & Membership comm
Luis Arroyo Lic. Med Vet., DVSc, PhD, DACVIM	Canada Director

REFERENCES

1. <https://www.avma.org/education/veterinary-specialties>)
2. Molsberger AF, Manickavasagan J, Abholz HH, Maixner WB, Endres HG. Acupuncture points are large fields: the fuzziness of acupuncture point localization by doctors in practice. *Eur J Pain Lond Engl*. 2012;16(9):1264-1270. doi:10.1002/j.1532-2149.2012.00145.x
3. <https://www.avma.org/educatoin/veterinary-specialties/abvs-policies-and-procedures>
4. Allen J, Mak SS, Begashaw M, et al. Use of Acupuncture for Adult Health Conditions, 2013 to 2021: A Systematic Review. *JAMA Netw Open*. 2022;5(11):e2243665. doi:10.1001/jamanetworkopen.2022.43665
5. Derry CJ, Derry S, McQuay HJ, Moore RA. Systematic review of systematic reviews of acupuncture published 1996-2005. *Clin Med Lond Engl*. 2006;6(4):381-386. doi:10.7861/clinmedicine.6-4-381
6. Habacher, G, Pittler, MH, Ernst, E. Effectiveness of acupuncture in veterinary medicine: systematic review. *J Vet Intern Med*, 2006; 20(3):480-8.

doi: 10.1892/0891-6640(2006)20[480:eoaivm]2.0.co;2.

7. Ramey DW, Buell PD. Acupuncture and 'traditional Chinese medicine' in the horse. Part 1: A historical overview. *Equine Vet Educ*. 2004;16(4):218-224. doi:10.1111/j.2042-3292.2004.tb00301.x
8. Panzer, RB. A comparison of the traditional Chinese versus transpositional zangfu organ association acupoint locations in the horse. *Am J Chin Med* 1993;21(2):119-31. doi: 10.1142/S0192415X93000157.
9. Taylor, K. Chinese Medicine in Early Communist China, 1945-1963: A Medicine of Revolution. Routledge Curzon, Oxfordshire, England, UK: 2005.
10. Li J, Hui X, Yao L, et al. The relationship of publication language, study population, risk of bias, and treatment effects in acupuncture related systematic reviews: a meta-epidemiologic study. *BMC Med Res Methodol*. 2023;23:96.
11. Vickers A, Goyal N, Harland R, Rees R. Do certain countries produce only positive results? A systematic review of controlled trials. *Control Clin Trials*. 1998;19(2):159-166. doi:10.1016/s0197-2456(97)00150-5
12. McKenzie BA. Acupuncture. In: *Placebos for Pets: The Truth about Alternative Medicine in Animals*. Ockham Publishing; 2019:490.
13. Ramey, DW, Rollin, BE. Complementary and Alternative Veterinary Medicine Considered. Iowa State Press, Ames, IA: 2004.