

Report on Visit to AIMC

A Letter from the Acupuncture and Integrative Medicine

College (AIMC) in Berkeley, USA

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Introduction: In Western countries, complementary and alternative medicine (CAM) is very popular. In the last several decades, traditional medicine in Asian countries has been developing as a type of CAM. Under these circumstances, the problem is how to position *Kampo* medicine, which is lagging behind in terms of international strategy. We had an opportunity to visit the Acupuncture and Integrative Medicine College (AIMC) (President & CEO: Yasuo Tanaka) located in Berkeley, California USA in September 2013. We report the current status of traditional Chinese medicine (TCM) in the USA compared with the internationalization of *Kampo* medicine.

(1) Overview of traditional Chinese medicine in the USA

In the USA, the National Institute of Health (NIH) established a special office for alternative medicine, namely, the Office of Alternative Medicine (OAM), in 1992 and initiated active involvement in the alternative medicine research, promoting CAM research. In the year after the establishment of the OAM, Eisenberg et al. at Harvard University conducted “a survey of utilization rate of CAM in the USA” with 1,539 American citizens aged 18 years or older, and reported that approximately one third of the respondents utilized at least one type of CAM in the previous year and that the highest use was by nonblack persons aged 25 to 49 years, who were relatively more educated and had higher incomes [1].

Furthermore, 83% of those above had already consulted physicians of the modern Western medicine. The total expenditure incurred for CAM (13.7 billion dollars) was also higher than that spent out of pocket for all hospitalizations that year (12.8 billion dollars). These suggest that the current status of modern Western medicine does not always meet the demands of patients. Since then, research in the field of CAM has intensified, and in 1999, the OAM was promoted to the National Center for Complementary and Alternative Medicine (NCCAM), which seems to be commissioning various studies related to CAM to multiple institutions including Harvard University and the University of California. Although some institutions have introduced CAM into their medical education, in terms of the so-called traditional medicine in East Asia utilizing acupuncture-moxibustion and decoctions, i.e., traditional medicine in the Western Pacific Region [2], education in acupuncture-moxibustion schools in the USA is based on TCM, and not on *Kampo* medicine currently practiced in Japan nor traditional Korean medicine practiced in South Korea. However, there are a few Korean schools where acupuncture-moxibustion of traditional Korean medicine is taught. There are absolutely no schools where education is based mainly on *Kampo* medicine used in Japan. Only at AIMC located in Berkeley, California [3], which we visited in this trip, Japanese acupuncture-moxibustion is taught in parallel with TCM. Promotional activities of Japanese acupuncture-moxibustion and *Kampo* medicine in the USA have originated from this school. Details of AIMC are described in the latter half of this paper. In the USA, qualifying examinations for acupuncture-moxibustion practitioners are supervised by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) in 44 states and areas that participate in the NCCAOM, but the states of California and New York have their own qualifying examinations. NCCAOM has issued approximately more than

21,000 licenses to practice acupuncture, oriental medicine, decoctions, and Tui Na since 1982. In the state of California, approximately 500 applicants per year pass qualifying examinations held by the Acupuncture Board, the Department of Consumer Affairs, which are based on the state law, namely, the Acupuncture Licensure Act. As described above, education in each acupuncture-moxibustion school is mostly based on TCM, and qualifying examinations conducted in each state are also based on TCM. Textbooks have been improved, and a few of them are at a high level, comparable to those in China. For example, explanations in books by Bensky et al. [4] [5] and by Mitchel et al. [6] are excellent. Almost all *Kampo* products in the USA are extract products. They are handled as health foods and can be available at pharmacies and drugstores to some degree. However, no one at conventional stores knows how to use them. Therefore, acupuncture-moxibustion practitioners usually prescribe them at acupuncture-moxibustion clinics and the patients purchase them out of pocket. Many of the manufacturers/sellers of extract products are Taiwanese companies (Sun-ten, Ming-tong, Evergreen, etc.), and some of them already have a nearly 40-year history. In the USA, “Medicare” and “Medicaid” are public insurance; however, transition to private health insurance is recommended, and some insurance plans in America’s Health Insurance Plans seem to cover acupuncture-moxibustion and acupressure. However, in the USA, decisions in the healthcare administration are not made purely from the viewpoint of medical welfare, and political and economic interference in the healthcare administration seems to be causing confusion.

(2) Visit to AIMC (Acupuncture and Integrative Medicine College)

The authors participated in the World Congress of Chinese Medicine (WCCM) 2013 held on September 21 and 22 in Santa Clara, California [7]. During the trip, we stopped by at AIMC located in

Berkeley, and Dr. Yasuo Tanaka, President & CEO of the school, showed us around the school himself (Figure 1).

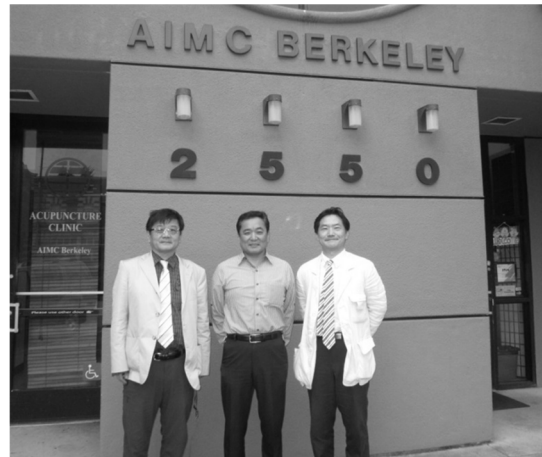
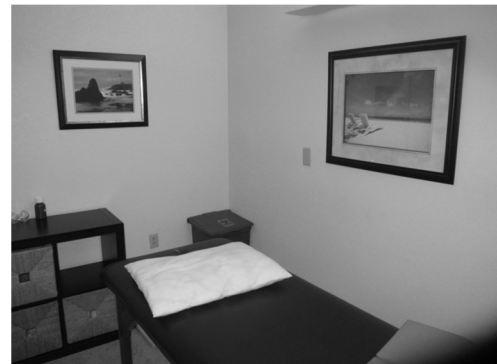


Figure 1

[The above photo]

President Yasuo Tanaka (middle) showed Dr. Kageyama (left) and Ozaki (right) around the AIMC himself.



[The above photos]

The classrooms at the AIMC

AIMC is located in downtown Berkeley, California, with a great access to public transportation. Students enjoy a Mediterranean climate, a progressive culture, a casual urban environment, diverse education environment nearby UC Berkeley campus, and close proximity to San Francisco, a revitalized Oakland, and Silicon Valley (8).

We provide a brief history of AIMC. The AIMC formerly known as Meiji College of Oriental Medicine (MCOM) was established in San Francisco in 1990 by the Meiji School of Oriental Medicine in Japan and its alumni. In January 1999, the school relocated to Berkeley. In 2002, Dr. Shuji Goto (chairperson of GOTO College of Medical Arts and Sciences) was assigned to be a chairman of the board for the MCOM. In April 2003 the name of the school was changed to Acupuncture and Integrative Medicine College (AIMC) and new management has started under the new chairman's leadership.

AIMC is granted accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the recognized accrediting agency for freestanding institutions and colleges of acupuncture or Oriental medicine that offer such programs. The ACAOM is the national accrediting agency recognized by the U.S. Department of Education to accredit Master's-level programs in the acupuncture and Oriental medicine profession.

As described above, education in acupuncture-moxibustion schools in the USA is based on TCM; however, only in this school, Japanese acupuncture-moxibustion are taught in parallel with TCM, and promotional activities of Japanese acupuncture-moxibustion and *Kampo* medicine in the USA have started from this school (Figure 2). There are approximately 150 students with 30 to 40 students per grade. We heard that on an average, they study for more than 3,300 hours in 4 years. The curriculum is equally divided into 3 parts: modern medicine, acupuncture-moxibustion, and decoctions.

AIMC Berkeley offers a rigorous and comprehensive education in Traditional Chinese Medicine and Integrative Medicine. Their program allows students to first build a strong foundation in theory, and then put the students' knowledge into practice in their clinical internship courses. Their curriculum has six distinct subject areas: Acupuncture, Western Biomedicine, Integrative Medicine, Herbology, Oriental Medicine and Professional Practice.

AIMC students performed very well in the qualifying examinations based on the state law, the Acupuncture Licensure Act. The pass rate of the 1st time takers in the August 2012 examination result was 100% (based on a document from California Acupuncture Board [Department of Consumer Affairs]) (9).

We were impressed with the words of President & CEO, Tanaka, "Unlike students in acupuncture-moxibustion schools in Japan, students in the USA are serious for economic reasons." We realized that many of the college students in the USA are living an independent life in dormitories or apartments away from their parents' home, even when their colleges are within a commutable distance from the home, and that many students use scholarships and student loans to pay for tuition and are also economically independent.

Additional remark: We have described above, an overview of traditional Chinese medicine in the USA and our visit to AIMC. The history of how the so-called traditional medicine in East Asia was spread mainly by Overseas Chinese in the West Coast and New York, or through Japan and the Netherlands to Europe, is very interesting; however, it has been omitted due to limitations of space. We would like to present it at another time in this journal.

Postscript: Part of this manuscript was presented at the 65th Annual Meeting of Japan Society for Oriental Medicine (Tokyo, June 29, 2014). The authors have no conflict of interest to be disclosed.



Figure 2

[The left above] The single crude drug products on the shelves at the AIMC.

[The right above] The acupuncture and moxibustion instruments in the cabinet at the AIMC.

[The left below] The conventional crude drug products on the shelves at the AIMC.

[The right below] The cabinets for classification of drugs at the AIMC.

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- ¹ Eisenberg DM. et al. Unconventional medicine in the United States. *NewEngland Journal of Medicine*. 328, 246-252, 1993.
 - ² World Health Organization, Regional Office for the Western Pacific, “WHO International Standard Terminologies in Traditional Medicine in the Western Pacific Region”, World Health Organization, Western Pacific Region, Manila, 2007, available from <http://www.wpro.who.int/NR/rdonlyres/14B298C6-518D-4C00-BE02-FC31EADE3791/0/WHOIST_26JUNE_FINAL.pdf>. [the last date of access June30,2014]
 - ³ Homepage of the Acupuncture and Integrative Medicine College (AIMC). <https://www.aimc.edu/> [the last date of access Jan. 30,2014]
 - ⁴ Scheid, V., et al. : *Chinese Herbal Medicine:Formulas & Strategies (pharmacy science) (2nd ed.)*. Seattle, Eastland Press, 2009
 - ⁵ Bensky, D. , et al. : *Chinese Herbal Medicine: Materia Medica (Third Edition)*. Seattle, Eastland Press, 2004
 - ⁶ Zhang Zhong Jing, Shang Han Lun On Cold Damage: Translation and Commentaries, Translated and edited by Mitchell C., Ye Feng, Wiseman N, Brookline, MA: Paradigm Publications, 746 pages, 1999.
 - ⁷ Homepage of the WCCM2013 <<http://www.2013wccm.com/>>. [the last date of access Jan. 30,2014]
 - ⁸ Homepage of the AIMC < <https://www.aimc.edu/>>. [the last date of access Jan. 30,2014]
 - ⁹ Data from California Acupuncture Board (Department of Consumer Affairs)< http://www.acupuncture.ca.gov/about_us/materials/20130219.pdf >[the last date of access Jan. 30,2014]