

# Acupuncture

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## Acupuncture

**Primary Disciplinary Field(s):** Traditional Chinese Medicine, Complementary and Alternative Medicine, Health Sciences

### 1. Core Definition

**Acupuncture** is an ancient and intricate therapeutic modality originating from **Traditional Chinese Medicine (TCM)**, defined by the precise insertion of exceptionally fine needles into specific anatomical points on the body. This practice is fundamentally predicated on the theoretical understanding that the body possesses a vital life energy, termed **Qi** (pronounced "chee"), which circulates through an organized network of pathways known as **meridians**. The theoretical underpinning of acupuncture posits that health and well-being are maintained when the flow of Qi is balanced and unobstructed throughout these channels.

Illness, pain, and dysfunction are thus conceptualized within TCM as resulting from an imbalance, deficiency, or complete blockage of Qi within one or more meridian pathways. Consequently, the core objective of acupuncture treatment is not merely to treat symptoms but to restore the harmonious and unimpeded circulation of vital energy, thereby stimulating the body's intrinsic capacity for self-healing and promoting systemic equilibrium. Practitioners meticulously identify and target specific acupuncture points (acupoints) that are believed to correlate functionally with particular organs, physiological systems, or areas of localized distress in order to achieve the desired therapeutic outcome.

While its foundational theoretical roots are deeply embedded in ancient Chinese philosophy and medical texts, the application of acupuncture has undergone significant global expansion. In contemporary healthcare, it is widely recognized and utilized as a principal modality within **Complementary and Alternative Medicine (CAM)**, bridging traditional Eastern practices with modern integrative health approaches worldwide.

### 2. Etymology and Historical Development

The designation "acupuncture" itself is a relatively modern, Westernized term derived from the Latin language, combining *acus*, meaning "needle," and *pungere*, meaning "to prick." This etymological construction accurately describes the central physical act of the practice. The historical roots of acupuncture, however, stretch back over two millennia in East Asia, marking it as one of the oldest systematic medical practices still in continuous use globally.

The earliest comprehensive documentation of acupuncture theory and clinical methods is found within *The Yellow Emperor's Classic of Internal Medicine* (Huangdi Neijing), a seminal text compiled around 300 BCE. This foundational document meticulously lays out the theoretical

cosmology of Qi, the detailed anatomy of the meridian system, and provides prescriptive guidance on diagnostic techniques and the appropriate manipulation of needles to address imbalances. This text served as the cornerstone for the subsequent development and refinement of TCM throughout various imperial dynasties in China.

Over succeeding centuries, acupuncture evolved significantly, often integrated synergistically with other core TCM practices, notably herbal medicine, cupping, and moxibustion (the burning of mugwort over acupoints). Its geographical dissemination began centuries ago, spreading throughout East Asia to regions including Korea and Japan. The practice remained largely confined to Asia until the 20th century. A pivotal moment for its Western acceptance occurred in the 1970s, following high-profile diplomatic exposure during visits to China. This event catalyzed profound interest in its potential as a non-pharmacological therapeutic intervention in Western countries, spurring increased scientific scrutiny and facilitating its gradual integration into modern global healthcare systems.

### 3. Key Characteristics and Mechanisms of Practice

The clinical application of acupuncture is defined by several highly specific and interrelated characteristics that distinguish it from conventional biomedical interventions. Firstly, the procedure necessitates the delicate and precise placement of thin, sterile, disposable needles into predetermined anatomical locations, known as **acupoints**. These points are typically found along the theoretical meridian pathways--invisible channels believed to crisscross the body, linking external surfaces with internal organs and regulating complex bodily functions. While TCM traditionally identifies 12 principal meridians, 8 extraordinary meridians, and numerous auxiliary points, practitioners draw from a repertoire of hundreds of distinct acupoints during treatment customization.

Secondly, the therapeutic goal hinges upon regulating the flow of **Qi**, the fundamental vital life force, and harmonizing the complementary and opposing forces of **Yin and Yang** within the patient's biological system. Health is considered the manifestation of balanced, free-flowing Qi; conversely, disease is seen as the consequence of energetic stagnation or severe imbalance between Yin and Yang. During needle manipulation, patients often report a distinct sensation, described variably as a dull ache, tingling, heaviness, or distension, which is termed "**deqi**." This sensation is considered clinically significant, as traditional practitioners interpret it as the successful arrival of Qi and the activation of the therapeutic effect. Various manual techniques, such as gentle rotation, lifting, or thrusting of the needles, are used to manipulate Qi based on the practitioner's diagnostic assessment of the energy imbalance.

Finally, a hallmark of traditional acupuncture is its intensely **individualized treatment planning**. Before initiating needling, a practitioner conducts an exhaustive diagnostic evaluation rooted in

TCM principles, which typically includes palpation of the patient's pulse at multiple positions and visual inspection of the tongue. This comprehensive assessment aims to identify unique "patterns of disharmony" specific to the patient, rather than focusing solely on a Western disease label. This personalized diagnosis dictates the precise selection of acupoints, the appropriate depth and angle of needle insertion, and the overall duration and frequency of the treatment protocol, ensuring that the intervention is tailored to the patient's current energetic state.

#### 4. Significance, Impact, and Modern Acceptance

Acupuncture has achieved profound global significance and widespread acceptance, establishing itself as a critically important alternative and complementary approach to conventional medical care. Its exponential rise in popularity in Western nations is driven largely by growing public interest in holistic health models and the pursuit of effective, non-pharmacological strategies for chronic disease management, particularly in conditions where standard medical treatments are insufficient or associated with undesirable side effects. Patients commonly seek acupuncture for the management of chronic pain states, including debilitating conditions such as chronic back pain, recurrent migraines, and pain associated with osteoarthritis.

The application of acupuncture extends far beyond musculoskeletal pain, addressing a wide array of conditions encompassing systemic and psychological complaints. Clinical applications frequently target symptoms such as nausea and vomiting (often in post-operative settings or as a side effect of chemotherapy), anxiety, depressive states, insomnia, allergic reactions, and even supportive care for infertility. The growing legitimacy of the practice is evidenced by the acknowledgment provided by influential international bodies, such such as the World Health Organization (WHO), which has formally reviewed and recognized its efficacy for a substantial range of medical conditions, underscoring its potential role within integrated public health strategies.

This institutional recognition has led to tangible policy changes, including the integration of acupuncture into national healthcare guidelines and its coverage under health insurance plans in numerous countries, marking a definitive shift toward a more comprehensive and integrated model of healthcare delivery. Furthermore, the practice has significantly influenced medical research, prompting extensive scientific inquiry aimed at elucidating its underlying physiological mechanisms. Studies exploring the Western biomedical perspective suggest that acupuncture may mediate its therapeutic effects through measurable mechanisms, including the stimulation of peripheral nerves, leading to the release of endogenous opioids (endorphins), the modulation of central nervous system neurotransmitters, and the quantifiable reduction of systemic inflammation.

#### 5. Debates and Criticisms in Modern Science

Despite its ancient lineage and clinical widespread adoption, acupuncture remains a focal point of

intense scientific and philosophical debate, particularly when scrutinized through the rigid framework of conventional Western medicine. A primary critique frequently leveraged against the practice labels it a **pseudoscience**. Critics argue that the fundamental theoretical constructs--specifically the existence of **Qi** and the comprehensive network of **meridians**--lack empirical corroboration and possess no verifiable anatomical correlates when examined using modern dissection, imaging, or physiological research techniques.

Skeptics maintain that any observed therapeutic benefit from acupuncture is predominantly, if not entirely, attributable to the powerful **placebo effect**. This argument suggests that the patient's strong belief in the efficacy of the exotic treatment, combined with the ritualistic nature of the procedure and the personalized attention from the practitioner, is the actual driver of improvement, rather than any specific physiological action caused by the needle insertion itself. This complexity has generated significant challenges for researchers attempting to isolate specific clinical effects from non-specific contextual effects.

Furthermore, methodological quality is frequently questioned in acupuncture research. While a considerable body of literature reports positive outcomes, critics highlight difficulties inherent in designing methodologically sound, double-blinded studies. The challenge lies in creating adequate sham or control groups that convincingly mimic the experience of true needling without activating the proposed therapeutic mechanisms. Issues such as small sample sizes and difficulties in blinding both the patient and the practitioner often complicate the interpretation of results, making it difficult to conclusively demonstrate specific efficacy over placebo for many indicated conditions. Nevertheless, proponents consistently counter these criticisms by emphasizing the robust, accumulating clinical evidence that demonstrates acupuncture's effectiveness for specific ailments, particularly chronic pain, when measured against both sham treatments and standard controls, asserting that measurable clinical outcomes validate the practice regardless of whether its traditional mechanisms are fully understood by Western science.

## Further Reading

[World Health Organization \(WHO\) - Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials](#)

[National Center for Complementary and Integrative Health \(NCCIH\) - Acupuncture: What You Need To Know](#)

[Journal of Integrative Medicine - A Brief History of Acupuncture](#)