

*Assembly*HEALTH & WELFARE COMMITTEE MINUTESAPRIL 4, 1973

MEMBERS PRESENT: BENNETT, WITTENBERG, CRADDOCK, McNEEL,  
HICKEY, GETTO & FRY

MEMBERS ABSENT: NONE

GUESTS: See Exhibit A attached

The meeting was called to order by Chairman Bennett at 7:20 a.m. and he stated the first discussion would be a continuation of SB 448.

Dr. John P. Sande, President of the Nevada Medical Association, was the first speaker. He wanted to reply to some of the statements made by Mr. Steinberg and Mr. Armstrong on April 2nd. Mr. Armstrong had stated his case was diagnosed by taking of six pulses. Dr. Sande referred to a letter to the New York Legislature from the Commissioner of Education in which it was stated "...Until fairly recently, its use in the Orient followed a diagnosis based upon an analysis of the "twelve pulses." At the present time, this oriental diagnostic technique has been discarded, even in the Peoples Republic of China, for a "Western-style" medical diagnosis prior to the administration of acupuncture". A complete copy of the brief from Ewald B. Nyquist is marked Exhibit B and attached hereto.

Dr. Sande said Mr. Steinberg had said he knew of no MDs qualified to practice acupuncture, and he named a Dr. Jane Lee, teacher of acupuncture at University of California, San Francisco; Dr. Fong, a dentist who teaches acupuncture to physicians; and Dr. Moss, working on research acupuncture at UCLA. An article from "Medical World News" of March 23, 1973, is marked Exhibit C, and made a part of these minutes.

Regarding the cost of acupuncture - it is not a poor man's dream. In Washington, D.C. first visit is \$50 and second visit is \$25. In Sacramento it is \$25 a visit.

Dr. Sande also feels there is a problem on licensing as it would be difficult to check backgrounds in a foreign country - not like in United States. He sent cablegrams to China regarding Professor Lok Yee-Kung.

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A copy of his reply from the Hong Kong Medical Assn. is attached hereto marked Exhibit D and made a part of these minutes. No reply has been received from the Kowloon Chinese Medical Society in Hong Kong. Dr. Sande had also inquired about the credentials of Stephen Rosenblatt and Chim Shek Ju who appeared before the Senate and was unable to find anyone who knew them. A copy of Dr. Sande's remarks are attached hereto marked Exhibit E.

Dr. Sande questioned whether or not Medicare and Medicaide would cover acupuncture and also discussed the position of the Food and Drug Administration as to the safety and effectiveness of acupuncture devices. (See exhibits F and G attached.)

Hank H. Pesner, Chiropractic Assn. of Nevada, said it was their contention that it was a grave injustice to exclude chiropractors from the practice of acupuncture. For years they have been doing the same thing except for the use of needles. Chiropractors and all healing arts should be included.

Dr. E. M. Scrivner, State Board of Examiners for Chiropractors, said that Mr. Steinberg had stated he did not feel chiropractors had sufficient knowledge of the vital organs of the body, and evidently Mr. Steinberg has no idea of the qualifications necessary to become a member of the healing arts. They must have 60 unit credits in an accredited college before entering Chiropractic College. Then 4 years of Chiropractic College consisting of 4000 hours before they can be examined. They have to attend a seminar yearly by statute. They are highly skilled and have an interest in acupuncture and the well-being of patients in State of Nevada.

Dr. Larry Bridges, Nevada Chiropractic Assn., a licensed chiropractor and licensed to practice acupuncture in Michigan, described the theory of acupuncture and the importance of chiropractors being included.

Dr. Joseph M. Kadans, President of Bernadean University in Las Vegas, was very much in favor of the bill, but suggested the following amendment:

Under Section 25 add another exemption such as "any herbalist or college of acupuncture already in operation in the State of Nevada for at least 60 days prior to the date of passage of this act".

Stephen Rosenblatt appeared before the Committee in reply to Dr. Sande's statements and submitted a registration card showing his enrollment in UCLA. He left such card with Mr. McNeel. He stated he was studying psycho-physiology and also on the staff of anesthesiology.

AB 491, continued from March 30th, was the next bill to be discussed.

Judy Monk of the Welfare Coalition repeated that the bill would allow families to stay together by giving aid when fathers were unemployed. Mr. Tomlinson's figures of 15% were much too high. Not a large amount of people would be affected by this bill. California's figures for unemployed fathers are 10%, Oregon 7% and the National figures about 7%. The rules are rigid as to whom would be eligible under this bill and people cannot take advantage of it.

Eddie Scott, NAACP, cited various cases where a father would be unemployed when it was not his fault - if he were incarcerated, handicapped, physically or mentally ill, etc.

Ruby Duncan said this bill would cover the "new poor" which they are called when the father suddenly loses his job. Often the fathers must leave home so the family may obtain welfare. Judy Monk thought the fiscal note would be \$727,000 for the biennium. Father Louis Vitale felt very strongly this bill should be passed since it involves a moral issue - many people come to him with this problem. He called it the "intact bill" because it would keep family intact.

J. Duarte of the Welfare Division said they estimated the fiscal note to be 1,500,000 for the state portion only. They have based their figures on a 14% increase. The medical portion would be \$508,441.

AB 492 was next for discussion. Sister Carole Hurray, explained that she felt this was really more of a health bill as it allowed more individuals to qualify for aid when medically indigent. The counties have been trying

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April 4, 1973

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to assist these people and it has cost them over a million dollars, while if the State assumes the responsibility the Federal Government will match the funds. She thinks the cost would be about 1.9 million. Mr. LaBodie of Welfare said their figures were higher.

AB 493 was the next bill discussed. Ruby Duncan stated there is no provision for welfare aid in case of an emergency such as home burning down, check being lost or stolen, and many other cases. Many other states have this type of legislation. For 1973-74 the State would pay 46% and the Federal Government 50%. Mr. LaBodie supplied their figures as approximately \$116,000 per year. Sister Marilyn Ingram, Franciscan Center, said that often the Catholic Church was besieged with requests in case of an emergency and often they could not meet the demand. She urged support of the bill.

Father Louis Vitale asked that he be allowed to present his testimony on AB 714 even though it was not on the agenda. He did not think he would be able to return when it was up for hearing. This bill provides a method of computing grant for aid to dependent children. He described the method of computation and said he understood it was recommended by the Health & Welfare Department. He urged the Committee to take a careful look at this improved method because of the medical aid too.

This concluded the general discussion, and the Committee turned to its discussion of the various bills.

Mr. Fry had a suggested amendment for SB 448 which he presented to the members.

COMMITTEE ACTION:

SB 192 - Do Pass moved by Mr. Wittenberg, Seconded by Mr. Bennett. Unanimously approved.

SB 448 - Amend and Do Pass moved by Mr. Wittenberg, Seconded by Mr. Fry. Unanimous "yes" vote except Mr. McNeel not voting.

AB 491 Mr. Wittenberg moved "indefinitely postpone", second by Mr. Fry.  
Yes votes: Craddock, Wittenberg, Fry & Getto  
No votes: Bennett, Hickey and McNeel.  
Motion carried.

AB 492 Mr. Fry moved "do pass and refer to Committee on Ways and Means". Second by Mr. Craddock.  
Yes votes: Bennett, Craddock, Hickey, Fry,  
                    Getto, McNeel  
No votes: Wittenberg.  
Motion carried.

AB 493 Mr. Wittenberg moved "indefinitely postpone". Second by Mr. McNeel.  
Yes votes: Craddock, Wittenberg, Getto, McNeel  
No. votes: Bennett, Hickey & Fry  
Motion carried.

Meeting adjourned at 9:30 a.m.

Respectfully submitted,

Jane Dunne, Secretary

ASSEMBLY

6

AGENDA FOR COMMITTEE ON HEALTH & WELFARE

Wednesday

Date April 4, 1973 Time 8:00 a.m. Room 240

Bills or Resolutions  
to be considered

Subject

Counsel  
requested\*

THIS AGENDA SUPERSEDES AND CANCELS PREVIOUSLY

PUBLISHED AGENDA FOR WEDNESDAY, APRIL 4, 1973

- |        |   |  |
|--------|---|--|
| AB 491 | Enlarges eligibility for aid to dependent children.   |  |
| AB 492 | Allows certain additional individuals to qualify for state aid to medically indigent.             |  |
| AB 493 | Requires welfare division to provide emergency assistance to dependent children in certain cases. |  |

\*Please do not ask for counsel unless necessary.

57TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE  
LEGISLATION ACTION

DATE April 4, 1973

SUBJECT AB 493

MOTION:

Do Pass      Amend      Indefinitely Postpone XX Reconsider --

Moved By Wittenberg Seconded by McNeel

AMENDMENT:

Moved By                      Seconded By                     

AMENDMENT:

Moved By                      Seconded By                     

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett, M.	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Craddock, R.	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Hickey, T.	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Wittenberg, A.	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Fry, L.	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Getto, V.	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
McNeel, R.	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

TALLY:

Original Motion: Passed X Defeated            Withdrawn           

Amended & Passed            Amended & Defeated           

Amended & Passed            Amended & Defeated           

Attach to Minutes April 4, 1973  
(Date)

57TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE  
LEGISLATION ACTION

DATE April 4, 1973

SUBJECT AB 492

MOTION:

AND REFER TO COMMITTEE ON WAYS & MEANS

Do Pass XX Amend \_\_\_\_\_ Indefinitely Postpone \_\_\_\_\_ Reconsider --

Moved By Fry Seconded by Craddock

AMENDMENT:

Moved By \_\_\_\_\_ Seconded By \_\_\_\_\_

AMENDMENT:

Moved By \_\_\_\_\_ Seconded By \_\_\_\_\_

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett, M.	<u>x</u>	_____	_____	_____	_____	_____
Craddock, R.	<u>x</u>	_____	_____	_____	_____	_____
Hickey, T.	<u>x</u>	_____	_____	_____	_____	_____
Wittenberg, A.	_____	<u>x</u>	_____	_____	_____	_____
Fry, L.	<u>x</u>	_____	_____	_____	_____	_____
Getto, V.	<u>x</u>	_____	_____	_____	_____	_____
McNeel, R.	<u>x</u>	_____	_____	_____	_____	_____

TALLY:

Original Motion: Passed xx Defeated \_\_\_\_\_ Withdrawn \_\_\_\_\_

Amended & Passed \_\_\_\_\_ Amended & Defeated \_\_\_\_\_

Amended & Passed \_\_\_\_\_ Amended & Defeated \_\_\_\_\_

Attach to Minutes April 4, 1973  
(Date)



HEALTH AND WELFARE COMMITTEE  
LEGISLATION ACTION

DATE April 4, 1973

SUBJECT AB 491

MOTION:

Do Pass      Amend      Indefinitely Postpone xx Reconsider --

Moved By Wittenberg Seconded by Fry

AMENDMENT:

Moved By                      Seconded By                     

AMENDMENT:

Moved By                      Seconded By                     

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett, M.		X				
Craddock, R.	X					
Hickey, T.		X				
Wittenberg, A.	X					
Fry, L.	X					
Getto, V.	X					
McNeel, R.		X				

TALLY:

Original Motion: Passed xx Defeated      Withdrawn     

Amended & Passed      Amended & Defeated     

Amended & Passed      Amended & Defeated     

Attach to Minutes 4-4-73  
(Date)

HEALTH AND WELFARE COMMITTEE  
LEGISLATION ACTION

DATE April 4, 1973

SUBJECT AB 448

MOTION:

Amend &

Do Pass xx Amend \_\_\_\_\_ Indefinitely Postpone \_\_\_\_\_ Reconsider --

Moved By Mr. Wittenberg Seconded by Mr. Fry

AMENDMENT:

Moved By \_\_\_\_\_ Seconded By \_\_\_\_\_

AMENDMENT:

Moved By \_\_\_\_\_ Seconded By \_\_\_\_\_

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett, M.	X					
Craddock, R.	X					
Hickey, T.	X					
Wittenberg, A.	X					
Fry, L.	X					
Getto, V.	X					
McNeel, R.						
		Not voting				

TALLY:

Original Motion: Passed xx Defeated \_\_\_\_\_ Withdrawn \_\_\_\_\_

Amended & Passed \_\_\_\_\_ Amended & Defeated \_\_\_\_\_

Amended & Passed \_\_\_\_\_ Amended & Defeated \_\_\_\_\_

Attach to Minutes April 4, 1973  
(Date)

57TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE  
LEGISLATION ACTION

DATE April 4, 1973

SUBJECT SB 192

MOTION:

Do Pass XXXX Amend        Indefinitely Postpone        Reconsider --

Moved By Wittenberg Seconded by Bennett

AMENDMENT:

Moved By                      Seconded By                     

AMENDMENT:

Moved By                      Seconded By                     

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett, M.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Craddock, R.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Hickey, T.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Wittenberg, A.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Fry, L.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Getto, V.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
McNeel, R.	<u>x</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

TALLY:

Original Motion: Passed x Defeated        Withdrawn       

Amended & Passed        Amended & Defeated       

Amended & Passed        Amended & Defeated       

Attach to Minutes 4-4-73  
(Date)

HEALTH & WELFARE COMMITTEE

Exhibit A

GUEST REGISTER

DATE April 4, 1973

NAME	REPRESENTING	WISH TO SPEAK (Specify Bill)	
		YES	NO
John P. Lande, MD	Nevada State Med Assoc.	✓	
Norma Sandoz			✓
Donna Lee	State Medical Assoc.		✓
D. McLeary	State Board of		
K. V. Bridges	Nev. Chiropr. Assoc.		
H. H. PESNER	C. A. N.		
Arthur Steinberg	Amer Soc. of Acupuncture		✓
D. Tomlinson	Welfare Division	491-3	
E. YAMASUTA	" "		
J. Duarte	" "		
Joseph M. Kaddas	Bernadean University	✓ 448	
Judie Mack	Coalition of Welfare	491	
Malla Cunningham	Coalition of Welfare	816	
Buby Duncan	Clark County Welfare Dept	491, 714 416	
W. J. Tobodie	Welfare		
Laura Vitale	Franciscan Center S. V.	714	
Marilyn Ingram	myself - a very concerned Nevada citizen		✓

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
OFFICE OF THE PRESIDENT OF THE UNIVERSITY  
AND COMMISSIONER OF EDUCATION  
ALBANY NEW YORK 12224

200  
Exhibit B

Friday  
December 29  
19 72

*Memorandum*  
*E.B.N.*

TO: Executive Branch Officials, Members of the State  
Legislature and Members of the New York Congressional  
Delegation

FROM: Ewald B. Nyquist, Commissioner of Education

SUBJECT: Acupuncture

This memorandum has been prepared to assist you in answering inquiries concerning the present status of the practice of acupuncture in New York State.

The Education Department's policy with regard to acupuncture is stated in the attached statements of the New York State Board for Medicine of July, 1972 (Attachment I) and November, 1972 (Attachment II).

GENERAL COMMENT

*By acupuncture*

Acupuncture, an ancient oriental method for treatment of pain and production of anesthesia, has been used for centuries without any basic scientific explanation of how the procedure actually produces its effect. Until fairly recently, its use in the Orient followed a diagnosis based upon an analysis of the "twelve pulses." At the present time, this oriental diagnostic technique has been discarded, even in the Peoples Republic of China, for a "Western-style" medical diagnosis prior to the administration of acupuncture.

Acupuncture has produced beneficial results in many well documented cases; its use has been totally without benefit in other patients. If the procedure is not performed properly, it can produce side-effects by altering functions of the internal organs, the levels of blood pressure, etc. Some of these undesired side-effects may be harmful in certain patients. Almost nothing is known about this aspect of reactions to acupuncture. If the needles are not sterilized and properly inserted, local infections at the puncture sites may result or infectious diseases, such as hepatitis, may be transmitted.

See projects

Perhaps the greatest danger is the possibility that acupuncture treatment of recurrent or chronic pain may mask the development of serious inflammatory disease or even the growth of a benign or malignant tumor, thus delaying established medical or surgical treatments which would combat the cause of the underlying disease process, perhaps save the patient's life, and not simply treat the symptom of pain. For these reasons it is especially important that patients should be examined thoroughly first by a physician, before selection and referral for acupuncture administration.

To date the Education Department has received information from California, Iowa, Wisconsin, Kansas, Pennsylvania, Florida, Delaware and the District of Columbia to the effect that, in their jurisdictions, acupuncture has been declared to be within the practice of medicine and surgery, and that its use without restriction must await the development of adequate information regarding its safety and efficacy. A news release on acupuncture by the American Society of Anesthesiologists in June, 1972 reports a similar opinion by that organization (Attachment III).

#### PROJECTS IN NEW YORK STATE

The New York State Board for Medicine has requested the medical schools in the State to consider seriously the establishment of research projects which would foster the development of knowledge of acupuncture, based on treatment of patients under the necessary and proper conditions. Acupuncture programs are either under way or beginning in several locations, primarily in the New York City metropolitan area. The following projects are reported to date:

- (A) The College of Physicians & Surgeons of Columbia University is sponsoring projects at
  - (1) Columbia-Presbyterian Medical Center, where a small group of patients is treated primarily for teaching acupuncture techniques, by a qualified acupuncturist who is also a licensed physician, to a group of physicians chiefly from the fields of neurology, rehabilitation medicine and anesthesiology.

A basic scientific research project is being conducted also in animals by neuro-physiologists.

- (B) The Mt. Sinai School of Medicine is co-sponsoring projects with
- (1) The Hospital for Joint Diseases, which is seeking foundation support for a study aimed especially at arthritis sufferers and patients to be treated through the Department of Rehabilitation Medicine.
  - (2) The New York League for the Hard of Hearing, especially for the treatment of nerve deafness in children. This project is still in the planning stage.
- (C) New York Medical College in conjunction with Grasslands Hospital, Valhalla, in Westchester County, which has a pain clinic under the responsibility of the Department of Anesthesiology.
- (D) New York University School of Medicine has projects in
- (1) Basic research in pain control in which the Departments of Neurology, Medicine, and Psychiatry are associated.
  - (2) ~~The Departments of Anesthesiology and Rehabilitation~~ Medicine have research under way with patient treatment both at Goldwater Memorial Hospital and at the Rehabilitation Institute. One of these projects is related to anesthesia for application in dentistry.
- (E) Albert Einstein Medical College with its affiliated Montefiore Hospital has a pain clinic for the treatment of patients. Several research projects are now being planned.
- (F) Downstate Medical Center

A few operations (tonsillectomies) have been done under acupuncture anesthesia and some patients are being seen for the treatment of chronic pain. The Departments of Anesthesiology and Physiology are currently involved in setting up a pain treatment center.

(G) At least two other hospitals with medical school sponsorship and affiliations are currently planning the establishment of major treatment centers for properly medically referred patients. The exact date on which these clinics will open is not yet ready for release.

(H) Albany Medical College has an animal research project in the Department of Neurosurgery and Physiology.

Various groups of physicians and medical organizations are also engaged in sponsoring lectures, seminars, workshops, and demonstrations in the field of acupuncture by highly qualified acupuncturists from this country and abroad. Already one of the benefits of basic studies conducted in New York City has been the finding that the several thousand acupuncture points, used by Chinese acupuncturists in the traditional oriental fashion, can be reduced in number to less than 50 such points and accomplish the same purposes. Furthermore, a great deal has already been learned about the duration of training which is necessary in order to prepare a licensed physician to become expert in the techniques of acupuncture. As additional knowledge is accumulated regarding the safety and effectiveness of acupuncture as a treatment modality, it is hoped that restrictions on its use may be liberalized and its benefits made available through properly trained physicians to the people who may benefit from its application.

We will keep you informed of progress on acupuncture in this State.





## Injecting science into the acupuncture picture



**T**he first results of American acupuncture research done under the aegis of the NIH Ad Hoc Committee on Acupuncture (MWN, Aug. 18, '72) are in, and they are a mixed bag. For one thing, at least some of the acupuncture points on the Chinese charts exist—and are found where the charts show them. But what they are in biological terms, and what acupuncture can and cannot do, are questions that haven't yet been answered.

Meeting in Bethesda, Md., for the committee's first conference, 110 researchers heard 45 papers on a variety of studies and proposals (see above). Guidelines laid down last July recommended research into acupuncture's effectiveness as a surgical anesthetic and as an analgesic in cases of chronic pain. The committee also called for basic studies of how acupuncture works and what side effects it might produce.

Validation of the traditional charts came from investigators who used a variety of instruments to measure skin resistance or potential. Dr. Louis R. Orkin, chairman of anesthesiology at New York's Albert Einstein Col-

lege of Medicine, himself checked specific points with a locator that measures skin resistance, and he noted that several European researchers had found lower electrical resistance at specific points related in acupuncture theory to disease or injury.

Dr. Orkin reported that post-operative patients he had studied exhibited consistently lower electrical resistance at a number of these disease-related acupuncture points during tests in the recovery room. "But the number fell very far short of the 1,000 claimed by British and French investigators," he added. Point locations were found to be precise and generally constant from one person to another—those on the face and neck being the most consistent and easily located. "All the points we located corresponded exactly to acupuncture points described in the charts of Oriental medicine," Dr. Orkin concluded.

By measuring electrical, thermal, and chemical characteristics, Dr. Thelma Moss of the neuropsychiatric institute at UCLA's medical school also confirmed the presence of many

traditional acupuncture-point sites. And some evidence that the classical Oriental belief in an energy flow along acupuncture meridians was reinforced by her experiments with radiation-field photography. She and her associates found that gaps in the "corona" that appears around people's fingertips in such photographs filled in when the hands were rephotographed during acupuncture. "Is this a flow of energy along the meridians?" Dr. Moss wondered.

Because electrical instruments cannot locate acupuncture points on moist skin, it has been suggested that the instruments really detect aggregates of sweat glands. But sympathectomized persons cannot sweat over certain body areas, and when Dr. Moss checked five such patients she found that the acupuncture points registered—though not as strongly—on the no-sweat side as well. She concluded that it wasn't just sweat-gland activity they were detecting: "We believe these points have chemical, thermal, and electrical attributes."

Xylocaine blocks were used by Dr. Moss to create a temporary sym-

*continued*

ACUPUNCTURE *continued*

ectomy in volunteers whose hands were then imaged by radiation-field photography. The hand on the *unaffected* side lost its corona during the block, but current-flow readings at acupuncture points were as high as 3,000 nanoamperes; readings taken at acupuncture points on the other hand registered only 165 nanoamperes. "This indicated to us that there was an imbalance of energy," said Dr. Moss, "that may very well correspond to a basic tenet of ancient acupuncture theory."

Acupuncture points seem to be there for rabbits, too. Dr. Teruo Matsumoto of the department of surgery at Philadelphia's Hahnemann Hospital found that they could be located, but only on skin containing sweat glands, such as the paw pads. And he was able to map zones of analgesia produced by needling various combinations of points.

During his research, Dr. Matsumoto noticed that every rabbit defecated within 15 minutes after acupuncture. Knowing that a patient's normal bowel function is blocked for number of days after vagotomy, he wondered whether acupuncture would help. When he vagotomized rabbits, he found that bowel sounds returned about 36 hours sooner if they were given acupuncture right after the surgery. Obtaining permission to try acupuncture on postvagotomy patients, Dr. Matsumoto got the same result in four cases.

In a controlled study of eight osteoarthritis patients, Dr. Matsumoto located their most tender spots and found that 60% of the sites showed low skin resistance and corresponded to classic acupuncture points. He used manually twirled acupuncture needles at points of high tenderness and low skin resistance in four of these patients, and applied needles at points about 2 cm. from the classic locations in the other four.

All patients in the first group felt some pain relief and two were discharged within the week. The control patients felt little or no relief for the first three days. On the fourth day, Dr. Matsumoto switched to their real acupuncture points, and they duplicated the response of the first group—two were discharged within days. The

other two controls obtained partial but temporary relief. Duplicating the experiment with two other groups, this time with electrically stimulated needles, produced results that were virtually identical to those of the earlier test, Dr. Matsumoto reported.

At the University of Florida in Gainesville, anesthesiologist Peter K.Y. Lee reported some success with acupuncture in tests on patients with osteoarthritis, neuralgia, and musculoskeletal pain. Of 44 patients needed at accepted meridian points, 37 reported pain relief of various degrees. In a second group of 13 patients, ten reported relief of pain when needed at the correct sites. But in a second trial, needles inserted at incorrect or placebo points brought relief to only three of the 13. In the second month of the study, the investigators switched to 27-gauge disposable hypodermic needles with no change in results, said Dr. Lee.

But when a group from his department tried the placebo technique on 18 patients at the Gainesville VA hospital, about 60% of them reported at least 50% relief, even though the treatment consisted of random subcutaneous insertion of four 27-gauge disposable needles. During a 30-minute session the physician occasionally twirled the needles while he talked with the patient about his illness. "Obviously, we are not drawing any conclusions from this very small num-

ber of observations," said Dr. Thor-kild W. Andersen. "We are surprised, however, that this procedure was twice as effective as other placebo treatments. This may be more than a chance observation. The patients' expectations were high because of the wide publicity given acupuncture. The individual attention of a physician, combined with the positive act of inserting the needles, is likely to leave a greater impression on the patient than the administration of a tablet or an injection."

The oft-made suggestion that acupuncture is a form of hypnosis was disputed by Dr. Kinichi Shibutani, director of anesthesiology at Grasslands Hospital in Valhalla, N.Y. A group of 59 patients referred to the hospital's pain clinic were scored on a personality profile and hypnotizability test, he said. And "patients with low hypnotizability scores responded to acupuncture just as well as those with high scores."

"I think that the evidence presented suggests that acupuncture does have effects that should be of interest to medical science," concluded the committee's chairman, Dr. John J. Bonica, professor and chairman of anesthesiology at the University of Washington. "Preliminary results indicate that it might be useful in pain problems and may be effective in producing anesthesia for some surgical procedures."



*Dr. Moss uses a current-flow meter to locate acupuncture points on the arm of 'patient' Dr. Gene M. Smith of Massachusetts General.*

會 學 醫 港 香  
The Hong Kong Medical Association

Exhibit APR 2, 1973  
D

WYNDHAM MANSION 6TH FLOOR  
WYNDHAM STREET  
P. O. Box 1957 TEL. 5-231898  
HONG KONG

會 計 師	顧 問	當 然 會 董	會 董	司 秘 副 會 會 庫 書 長 長
李 阮 余 貝 周 蘇 趙 孫 石 汪 羅 余 林 陳 李 簡 李				
福 北 叔 納 實 洪 善			錦 兆 繩 通 翔 開 樂 健 本 仲	
樹 耀 詔 祺 煌 年 策		M. Aquino	泉 宗 武 理 江 第 彬 鴻 燧 賢	

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MR. PHILIP P. Y. YUEN  
HON. AUDITOR:  
THE HON. F. S. LI

Hong Kong, March 29, 1973.

Dr. John P. Sande,  
President,  
Nevada State Medical Association,  
3660 Baker Lane,  
Reno Nevada,  
U.S.A.

Dear Dr. Sande,

The person you enquired about, "Professor" Lok Yee-Kung, is not a registered medical practitioner in Hong Kong. He has no medical qualifications and has no standing in the local medical profession. Apparently he is a herbalist and is a self-appointed professor.

Yours sincerely,



K. H. Lee,  
Hon. Secretary.

KHL/ymc

Comments John P. Sando, M.D. #14173 ①  
Exhibit E 270

T. Twelve pulses - diagnosis used  
in acupuncture - belief discredited  
reference - State of New York  
report - from Commissioner of Education.

Copy enclosed

II Mr Steinberg's comment on 4/2/73  
He did not know any MD's &  
acupuncture ability.

Listed below are a few (others also)

Jane Lee, M.D.

Chinese - teaches acupuncture  
at University of California, S.F.

Dr Fong - brother of above - dentist  
teaches acupuncture to physicians  
west coast

Thelma, Moss - M.D. - working  
on research acupuncture at UCLA

See enclosed N.I.H. report.

III Cost of acupuncture treatment  
usually \$25/per visit

See N.Y. Times enclosure of  
Clinic in Washington, D.C.

IV Problems of licensure - difficult  
to obtain background material.

Two cablegrams sent to Hong Kong in March.  
Reply of Hong Kong Med Soc. - reply  
enclosed. No reply as yet from  
the Hawdon Chinese Medical Society

(2)

Called Kenneth Keizer - graduate of Pens  
High School, Stanford, & presently a  
first year medical student at UCLA  
to check on background of Stephen  
Rosenblatt & Chiu Shek Yu (sp?) - acupuncturist.

These 2 appeared before the  
Senate Committee hearing on acupuncture.

Mr. Rosenblatt also appeared before  
the U. of Nevada students this year  
& spoke about acupuncture. According to  
the report in the Pens newspaper he was  
also ~~the~~ a PhD candidate in physiology.  
As I recall this was also mentioned  
in the senate hearing.

According to Mr. Keizer who contacted  
professors & school officials of the  
medical sciences including biology &  
physiology there was no record of a  
Stephen Rosenblatt, nor did anybody  
know him. This check included the past  
3 years. Also Dr. Yu is unknown to the  
West Coast acupuncturists who are in  
the California research project. This is  
the acupuncturist Mr. Rosenblatt is  
representing (he is unable to speak english.)

If you are interested it would  
be easy to check on Mr. Rosenblatt's  
remarks that he is working on a  
D in psychophysiology.

Sincerely  
John P. Sander

Exhibit F

40

L Dec 27 1972

275

## Acupuncture Clinic, Shut Here, Opens Up Again in Washington

By RICHARD L. MADDEN

Special to The New York Times

WASHINGTON, Dec. 27—A New York City acupuncture clinic, closed last month by New York State Authorities because its Chinese practitioners were not licensed physicians, reopened here today with some of its former New York patients following it to Washington.

The clinic, known as the Acupuncture Center of New York when it operated until Nov. 10 at 133 East 73d Street, resumed business this morning as the Acupuncture Center of Washington in a fourth-floor suite in a downtown office building that houses a number of doctors' offices.

The center, which treats physical ailments through the inserting of needles in the body, received permission to operate here earlier this month when the District of Columbia Commission on Licensing to Practice the Healing Arts informed the center's officials that acupuncture was regarded by the commission as "a procedure of the healing arts."

The licensing commission stressed, however, that acupuncture could be practiced in the District only under the "direct and immediate supervision" of a licensed physician and that the physician would have to bear the full responsibility for the work of the acupuncturists.

### Chinatown Practice Cited

Officials of the center said that licensed physicians would supervise the work of the Chinese acupuncturists—as they did in New York. The New York State Education Department had held that only licensed physicians might wield the needles and that the center's acupuncturists were not licensed.

The center agreed to close in New York after legal action was brought against it by the State Attorney General, Louis J. Lefkowitz. Since then Mr. Lefkowitz has urged an acceleration in state-supported re-

search to determine the medical value of acupuncture.

"The irony is that acupuncture has been practiced in New York for more than 100 years in Chinatown, sometimes in filthy holes in the back of a store," said Charles Newmark, administrator of the center.

He said that when the center sought to bring the practice "into the open" with qualified personnel, the state "closed it up."

Mr. Newmark said that in the capital four or five licensed physicians would be on hand at the center initially to supervise the work of the Chinese acupuncturists and to screen patients before any treatment was given.

### Initial Fee of \$50

The fee for the first visit, which includes a medical examination and the first treatment, is \$50, he said. The charge for subsequent treatments is \$25 each, he said.

Mr. Newmark added that the center treated about 2,000 persons in New York before it closed and that it had a waiting list of 3,000. He said that a number of the center's former patients planned to continue treatment in Washington even though it would be a financial hardship for some of them.

One of the center's first patients this morning was a 59-year-old Long Island man who had begun treatments for arthritis in his knees and neck at the center in New York a few days before it closed.

The man, who asked not to be identified, said that he had flown to Washington last night to be ready for another treatment today and would stay in a hotel in the capital for nine more days to continue treatments. "I don't care what it costs," he said.

After emerging from the treatment room, the man was asked if the needle therapy had helped. He pulled up a pants leg, vigorously flexed his knee, and said: "What can I tell you!"

the indications for which the drug has been reclassified from possibly effective to lacking substantial evidence of effectiveness may on or before April 9, 1973, petition for the issuance of a regulation providing for other certification of the drug for such indications. The petition must be supported by a full factual and well documented medical analysis which shows reasonable grounds for the issuance of such regulation.

The petition for issuance of said regulation should be filed preferably in triplicate with the Hearing Clerk, Department of Health, Education, and Welfare, Room 3488, 5600 Fishers Lane, Rockville, Md. 20852.

This notice is issued pursuant to provisions of the Federal Food, Drug, and Cosmetic Act (secs. 302, 507, 52 Stat. 1051-51, as amended, 59 Stat. 463, as amended; 21 U.S.C. 352, 357) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 2.120).

Dated: March 3, 1973.

WILLIAM F. RANDOLPH,  
Acting Associate Commissioner  
for Compliance.

[FR Doc. 73-4544 Filed 3-8-73; 8:45 am]

### ACUPUNCTURE DEVICES LABELING

#### Notice to Manufacturers, Packers and Distributors

The Commissioner of Food and Drugs is aware of the current interest in the United States surrounding the use of acupuncture needles, stimulators, and other accessories for medical purposes. Acupuncture paraphernalia are being imported into this country and are also being manufactured domestically for various medical uses, including the treatment and diagnosis of serious diseases, anesthesia, and pain relief. These products are devices and must comply with all applicable provisions of the Federal Food, Drug, and Cosmetic Act.

It is the position of the Food and Drug Administration that the safety and effectiveness of acupuncture devices have not yet been established by adequate scientific studies to support the many and varied uses for which such devices are being promoted, including uses for analgesia and anesthesia. Although various theories have been advanced as to how medical results can be obtained through the use of acupuncture, none has been proved or generally accepted, and there is a body of scientific opinion which questions the safety and effectiveness of acupuncture in many of the uses for which it is now being applied.

Under the Federal Food, Drug, and Cosmetic Act, all devices must be properly labeled to be in compliance with the law. Devices which are not safe for use by the laity, or for which adequate directions cannot be written for safe use by the laity, must be labeled as prescription devices and must be accompanied by labeling which provides the prescribing practitioner with adequate directions for their safe and effective use. Because the

safety and effectiveness of acupuncture devices have not yet been adequately demonstrated, and labeling therefore cannot be devised, which would provide adequate directions for safe and effective use, they may not be labeled in accordance with the requirements for prescription devices as stated in 21 CFR 1.106(d). Until evidence is obtained demonstrating that acupuncture is a safe and effective medical technique, acupuncture devices must be limited to investigational or research use.

Current Food and Drug Administration regulations do not contain specific provisions governing the shipment of investigational devices in interstate commerce for clinical research or experimental use. The Commissioner of Food and Drugs is aware of the need for such regulations to provide adequate guidance as to the labeling for experimental devices to be used on human beings. Therefore, the Commissioner intends to publish at a later date proposed regulations which would govern all investigational devices. In the interim, this notice will apply to all acupuncture devices.

In order to establish guidelines under which manufacturers, packers, and distributors can properly label acupuncture devices for investigational use, the Food and Drug Administration met on September 23, 1972, with individuals concerned with the use of acupuncture in the United States. These included representatives of the States of California and New York, the city of New York, the American Society of Anesthesiologists, the National Institutes of Health, the Federation of State Medical Boards, the American Medical Association, medical practitioners, and the Food and Drug Administration Medical Device Advisory Committee. It was the consensus of this group that acupuncture devices should be restricted to investigational use by licensed practitioners and that the labeling for these devices should include this restriction in addition to other information.

Accordingly, the Commissioner of Food and Drugs concludes that until substantial scientific evidence is obtained by valid research studies supporting the safety and therapeutic usefulness of acupuncture devices, the Food and Drug Administration will regard as misbranded any acupuncture device shipped in interstate commerce if the following information does not appear in the labeling:

- The name of the device.
- The name and place of business of the manufacturer, packer, or distributor.
- An accurate statement of the quantity of the contents.
- The composition of the device and whether it is sterile, nonsterile, reusable, or disposable.
- The dimension or other pertinent physical characteristics of the device.
- The following statement: Caution: Experimental device limited to investigational use by or under the direct supervision of a licensed medical or den-

tal practitioner. This device is to be used only with informed consent under conditions designed to protect the patient as a research subject, where the scientific protocol for investigation has been reviewed and approved by an appropriate institutional review committee, and where conditions for such use are in accordance with State law."

Instructions for the use of the device for the purpose for which it is being investigated and to the extent such information is known, any human hazards, contraindications, precautions, or side effects associated with its use, should be provided to researchers and investigators. The Food and Drug Administration, however, will regard as misbranded any acupuncture device shipped in interstate commerce if accompanied by claims of diagnostic or therapeutic effectiveness.

Pending promulgation of separate regulations for conducting clinical investigations of investigational devices, researchers and investigators shall assure adequate informed consent and institutional committee review for such investigations, utilizing as a guideline the standards established for investigational drugs in 21 CFR 130.37 and in Division 10, unit C of form FD-1571, in 21 CFR 130.3 (a) (2).

Dated: February 21, 1973.

SHERWIN GARBER,  
Deputy Commissioner  
of Food and Drugs.

[FR Doc. 73-4540 Filed 3-8-73; 8:45 am]

Docket No. FDC-D-365; NDA 11-370 etc.; DESI 10731

### LAVEMA COMPOUND SOLUTION AND LAVEMA ENEMA POWDER

Final Order on Objections and Request for a Hearing Regarding Withdrawal of Approval of New-Drug Application

In the FEDERAL REGISTER of September 30, 1971 (36 FR 19184), the Food and Drug Administration announced its evaluation of a report received from the National Academy of Sciences-National Research Council Drug Efficacy Study Group on several preparations containing oxyphenisatin, including Lavema Compound Solution and Lavema Enema Powder, Winthrop Laboratories, Division of Sterling Drug, Inc., 90 Park Avenue, New York, NY 10016 (NDA's 12-587 and 11-370; DESI 10731).

The announcement stated that new evidence of clinical experience, not contained in the new drug applications or evaluated together with the evidence available to the Commissioner until after the applications were approved, evaluated together with the evidence available to the Commissioner when the applications were approved, reveals that oxyphenisatin base and acetate are not shown to be safe for use under the conditions of use contained in the approved applications. The announcement further stated the conclusion of the Food and Drug Administration that in view of the hazards associated with the use of oxy-