



8 February 2013

Professor Chris Baggoley
Chief Medical Officer
The Natural Therapy Review
Department of Health and Ageing
Private Health Insurance Branch
MDP 853
GPO Box 9848
CANBERRA ACT 2601

Dear Professor Baggoley

Re: Evidence regarding Chinese traditional remedial/massage therapy

Thank you for providing the opportunity to make a short submission on the review of natural therapies.

About AACMA

The Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) is the peak professional body of qualified practitioners of Traditional Chinese (TCM). TCM includes acupuncture, Chinese herbal medicine and TCM remedial therapies, as well as diet and exercise therapy and lifestyle advice. AACMA accredits practitioners in the first three, which are the core modalities of TCM.

The AACMA practitioner entry standard is a four to five year full-time approved Australian bachelor degree qualification majoring in acupuncture, Chinese herbal medicine, and/or Chinese manual therapy, or an overseas qualification of comparable standard. For TCM remedial therapy accreditation, we require at minimum a Health Training Package Diploma of TCM Remedial Massage (Anmo-Tuina) qualification.

We also endorse our accredited members in the practices of (Western) remedial therapy/massage, naturopathy, homoeopathy and/or (Western) herbal medicine where they meet the relevant industry standard for those natural therapy practices. Endorsement is primarily for the purposes of private health insurance listing and is contingent on these practices being eligible for the private health insurance rebate.

We currently represent over 1850 practitioners of TCM, 239 of which are accredited or endorsed for the practice of massage/remedial therapy. We also represent 355 students enrolled in TCM education programs.

INCORPORATING:
AUSTRALIAN ACUPUNCTURE
ASSOCIATION
ACUPUNCTURE ETHICS &
STANDARDS ORGANISATION LTD
ACUPUNCTURE ASSOCIATION
OF SOUTH AUSTRALIA INC.

**ALL ENQUIRIES &
CORRESPONDENCE TO:**
PO BOX 1635
COORPAROO DC QLD 4151

REGISTERED OFFICE:
UNIT 1, 55 CLARENCE STREET
COORPAROO QLD 4151

PHONE 07 3324 2599
FAX 07 3394 2399
1300 NUMBER 1300 725 334

EMAIL: aacma@acupuncture.org.au
WEB: www.acupuncture.org.au

Scope of this submission

This submission addresses evidence in support of continued private health insurance rebates for TCM remedial therapy/massage.

For the purposes of private health insurance rebates, TCM remedial/massage therapy may be recognised in its own right, but is most commonly rebated under a generic remedial therapy or massage therapy benefit, depending on the health fund.

In this regard, the same issues supporting remedial/massage therapy apply to TCM remedial/massage therapy – it involves touch, massage, mobilisation, and other body work, and is performed for the purpose of treating a disease or dysfunction. We refer you to the submission by the Australian Association of Massage Therapists and their review of the evidence for massage therapy.

However, TCM remedial/massage therapy also sits within the TCM framework which guides the assessment, diagnosis and treatment selection, focussed on individualised treatment of the patient.

About TCM remedial/massage therapy

TCM remedial/massage therapy (Tuina) has a centuries-old history of use in the context of Chinese medicine. It is an integral part of TCM and is systematically practised for the treatment of various disorders in the hospitals in China, in a dedicated Tuina department or in conjunction with the acupuncture department. The practice of Tuina in China is supported by study and research conducted in Chinese TCM universities and TCM research institutes. Majors in Tuina study in China are offered at the bachelor, masters and PhD levels.

TCM remedial/massage is a therapeutic intervention, and treatment extends beyond treatment scope of simple musculoskeletal conditions. It is effective as a treatment for a wide range of conditions in its own right, as well as an adjunct to other interventions.¹ Bona fide treatment does not operate outside a therapeutic context.

TCM remedial/massage therapy may be described currently, historically and in the research literature under a number of different terms, including:

- Tuina
- Anmo-Tuina
- Chinese massage
- Chinese manual therapy
- Chinese traditional remedial/massage therapy
- Traditional Chinese therapeutic massage
- Oriental massage therapy (other than shiatsu)
- Meridian therapy
- Qigong or Taichi/Taiji massage.

The term ‘acupressure’ sometimes refers to TCM remedial/massage therapy, but otherwise may be more akin to the practice of Shiatsu.

For additional information, there are a number of recent journal articles which summarise the practice and use of TCM remedial therapy.^{2,3}

A summary of the evidence

It needs to be stated that any shortcomings related to research evidence into massage, and in particular TCM remedial/massage therapy, do not mean absence of evidence or indeed evidence of ineffectiveness. It simply means that sufficient relevant research may not have been conducted and/or the critical mass of high quality clinical trials required to demonstrate strong evidence may not as yet have been reached. This is in part a function of available funding (more the lack of it); it is also a function of the type of research that is suitable to massage therapy and practice.

Obviously, double-blinded clinical trials are not suitable for massage, as it would be impossible to blind the therapist and fairly difficult to blind the patient. More appropriate research include comparative studies between different types of massage, or studies on the effects of massage when combined with other therapies (or compared to no massage), or studies into the effects of massage compared to usual care in the treatment of specific conditions.

Safety

A study conducted by the University of Washington into the effects of therapeutic massage (Shermann et al. 2009) found no moderate or severe adverse effects from massage, and concluded it was safe therapeutic intervention.⁴ In this study, only licensed massage therapists with at least five years experience were selected to participate in the trial.

As with many interventions that are inherently safe, the risks are primarily attached to the competence and ethics of the treating practitioner. Untrained and poorly trained practitioners are more likely to have ineffective or less effective results, are more likely to have a higher rate of adverse events, and are more likely to miss serious health conditions requiring referral to an appropriate health practitioners.

Musculoskeletal conditions and pain

Studies on the effect of therapeutic massage find it may have clinical benefits for the treatment of neck pain.

Traditional Chinese therapeutic massage has been shown to be effective in the treatment of neck pain. A randomised controlled clinical trial with cross-over undertaken by the California State University (Cen et al. 2003) compared Traditional Chinese Therapeutic Massage (TCTH) to TCTH plus a home-based self-administered exercise program and also a control group.⁵ Twenty-eight subjects with neck pain, and loss of range of motion, were randomised into the three groups for Phase I (TCTH, home-based exercise, and control). In phase II, the first two groups discontinued treatment and the third group (control) was given TCTM and the exercise program. After six weeks treatment (Phase I), the TCTM group showed significant reduction in scoring on the pain questionnaire ($p < 0.05$) and significant improvement in range of motion ($p < 0.05$). After six weeks' follow-up (Phase II) the scores indicated that TCTM alone and TCTM with exercise were equally effective. The results for the TCTM groups continued during Phase II when the treatment was discontinued, and the TCTM group showed 'consistently significant improvement in all ROM tests and

the Neck Pain Questionnaire scores. The researchers concluded that TCTM provided significant benefits to those suffering from neck pain.

A systematic review of evidence for the effectiveness, safety and cost of acupuncture, massage therapy and spinal manipulation for back pain (Cherkin et. al. 2003) found massage to be effective for persistent back pain and that it may 'reduce the cost of care after an initial course of therapy'.⁶ The researchers found that all these treatments were relatively safe.

The Shanghai-based Journal of Acupuncture and Tuina Science also recently reported on a trial which showed improvement in the *quadriceps femoris* muscle strength of patients with osteoarthritis of the knee after tuina therapy.⁷

Gynaecology & Obstetrics

Tuina has been found effective for the treatment of primary dysmenorrhoea when combined with acupuncture. A case-control study conducted by the Nanjing University of Traditional Chinese Medicine (Guo *et al* 2008) compared outcomes from 60 subjects randomly assigned to two equal treatment groups (30 each).⁸ One group received both acupuncture and *tuina*, and the other acupuncture only. The acupuncture and *tuina* group showed a statistically significant difference in treatment outcomes ($X^2 = 4.32, P < 0.05$), 'suggesting that the therapeutic effect of the treatment group was ... superior to that of the control group'.

Neurological

Meridian acupressure has been found effective in the treatment of stroke patients. In a randomised controlled study (28 controls, 28 experimental subjects) conducted at K Oriental hospital (Kang et al. 2009).⁹ This original study found statistically significant differences between the two groups in relation to grip power ($t = 4.088, p = 0.020$), shoulder pain ($t = 4.318, p = 0.017$), index finger oedema ($t = 5.582, p = 0.005$) as well as degrees of wrist flexion ($t = 7.014, p = 0.002$), wrist extension ($t = 8.906, p = 0.001$), elbow flexion ($t = 4.109, p = 0.020$), shoulder flexion ($t = 11.504, p = < 0.001$). Overall the upper extremities showed more improvement in the experimental group compared with the control group. Other significant differences between the two groups included improvements in ADL ($t = 42.415, p < 0.001$) and decrease in depression ($t = 8.160, p = 0.001$) in the experimental group.

A study undertaken by the University of Kansas (Eng et. al. 2006) found a subjective moderate to marked improvement in symptoms of Parkinson's Disease in 70% of subjects after six months of treatment using acupuncture and tuina.¹⁰

Paediatrics

Paediatric tuina is a special sub-class of tuina treatment, with techniques and methods adapted for use with babies, infants and young children.

Qigong massage has been found to assist with improving sensory impairment and social interaction in young children with autism. In a case-control study conducted by the Western Oregon University (Silva et al. 2007), 15 children under six years old with autism were stratified into 3 groups (according to BDI cognitive score) and

randomly assigned to treatment and control within each group. The treatment group demonstrated significant improvements in sensory impairment after five months treatment, measured by total Sensory Profile scores, with average improvement of 5.4 points compared with average worsening of 2.7 points in the control group (Kruskal-Wallis $H = 7.35$, $p < 0.01$). The Sensory Processing scale showed all five senses improved by an average of 2.4 points in the treatment group, compared with a small average worsening of 1.0 point in the control group ($H = 7.85$, $p < 0.01$).

Acupuncture and meridian massage combined have been found to have a significant effect on increasing body weight in premature infants. In a double-blind clinical trial conducted by the Taiwan Medical University (Chen et al. 2008), forty subjects were randomised into two groups.¹¹ The experimental group received acupressure and meridian massage and the control group received standard care. The study reported an average daily weight gain of 32.7 g (SD = 8.1) in the treatment group, compared to 27.3 g (SD = 7.7) in the control group by the end of the second week.

Reports on studies recently published in the Journal of Acupuncture and Tuina Science reported paediatric tuina is effective for night crying of infants¹²; and that acupuncture combined tuina treatment is effective for infantile diarrhoea and works fast¹³.

Massage provided by registered healthcare providers

Massage treatment is not confined to stand-alone services provided by massage therapists or natural therapists. It may be incorporated as an adjunctive therapy in services provided by registered health practitioners, including physiotherapists, chiropractors, osteopaths, and acupuncturists.

Summary

There is sufficient evidence to demonstrate that massage, in particular traditional Chinese remedial/massage therapy, is safe, clinically effective and cost effective. Rebates for these services should continue to be covered by the Private Health Insurance rebate.

Yours faithfully



Judy James
AACMA CEO

References

- 1 McCarthy M. Palpatory literacy, Chinese therapeutic bodywork (Tui Na) and the remediation of head, neck and shoulder pain. *J Bodywork Mov Ther* 2003;7(4):262–77.
- 2 Hinoveanu F M. Tuina treatment in cervical spondylosis. *Timișoara Phys Educ Rehabil J*. 2010;3(5):23–32.
- 3 McCarthy M. Palpatory literacy, Chinese therapeutic bodywork (Tui Na) and the remediation of head, neck and shoulder pain. *J Bodywork Mov Ther* 2003;7(4):262–77.
- 4 Sherman KJ, Cherkin DC, Hawkes RJ, Miglioretti DL, Deyo RA. Randomized Trial of Therapeutic Massage for Chronic Neck Pain. *Clin J Pain* 2009;25(3):233–8.
- 5 Cen SY, Loy SF, Sletten EG, McLaine A. The effect of traditional Chinese Therapeutic Massage on individuals with neck pain. *Clin Acupunct Orient Med* 2003;4(2-3):88–93.
- 6 Cherkin DC, Sherman, KJ, Deyo RA, Shekelle PG. A review of the evidence for the effectiveness, safety, and cost of acupuncture, massage therapy, and spinal manipulation for back pain. *Ann Intern Med* 2003;138(11):818–907.
- 7 Fan YZ, Wu YC, Wang JX, et al. Effect of Tuina Exercise on Quadriceps Femoris Muscle Strength of Patients with Knee Osteoarthritis. 2012;10(5):321–8.
- 8 Guo, AS, Meng, QY. Acupuncture Combined with Spinal Tui Na for Treatment of Primary Dysmenorrhea in 30 Cases. *J Tradit Chin Med* 2008;28(1):7–9.
- 9 Kang HS, Sok SR, Kang JS. Effects of Meridian acupressure for stroke patients in Korea. *J Clin Nurs* 2009;18(15):2145–52.
- 10 Eng ML, Lyons KE, Greene MS, Pahwa R. Open-Label Trial Regarding the Use of Acupuncture and Yin Tui Na in Parkinson's Disease Outpatients A Pilot Study on Efficacy, Tolerability, and Quality of Life. *J Altern Complement Med* 2006;12(4):395–9.
- 11 Chen L-L, Su Y-C, Su C-H, Lin H-C, Kuo H-W. Acupressure and meridian massage combined effects on increasing body weight in premature infants. *J Clin Nurs* 2008;17(9):1174–81.
- 12 Bi JQ, Li YZ, Dai NN. Clinical Observation on Three-character-scripture School Pediatric Tuina for Infants with Night Crying: A Report of 60 Cases. *J Acupunct Tuina Sci*. 2013;11(1) 22–5.
- 13 Chang, CL. Acupuncture Combined with Tuina Treatment for Infantile Diarrhea. *J Acupunct Tuina Sci*. 2013;11(1) 31–5.