

# Does Chinese Medicine Consultation Share Features and Effects of Cognitive–Behavioural Therapy? Using Traditional Acupuncture as an Example

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## ABSTRACT

**Background:** Acupuncture, as part of Chinese medicine (CM), is based on a holistic therapeutic theory. Individualised differential diagnosis is the essence and an integral part of its practice. It leads to an individualised treatment plan. Little research on the nature and effects of the CM consultation has been conducted. Previous studies showed behavioural and cognitive changes after traditional acupuncture treatment. In this article, through a hypothetical case, we illustrated a CM consultation process, examined the changes produced and compared the features between CM consultation and cognitive–behavioural therapy (CBT). **Main text:** The two therapies share nine out of eleven features, including five specific factors that took different forms in CM and CBT and four non-specific factors known to partially mediate the relationship between psychological therapies and positive therapeutic outcomes. Although Chinese medicine treatments induce changes in behaviours as well as cognition, CM consultation does not share two essential features of CBT, namely a framework of the interaction between behaviour and cognition and teaching patients how to identify and dispute dysfunctional thoughts. **Discussion:** CM consultation has CBT-like features and effects. Existing qualitative studies suggest that changes in behaviours and cognition after traditional acupuncture treatment are probably due to the CM consultation process or its combined effect with needling, rather than acupuncture needling alone. This hypothesis provides a new perspective on the contributing factors to acupuncture effect. CBT-like features and effects of traditional acupuncture is underestimated by practitioners and researchers, and need to be taken into consideration in acupuncture trial design and clinical practice.

**KEYWORDS** Chinese medicine consultation, cognitive–behavioural therapy, acupuncture, patient perceived changes, individualised diagnosis and treatment

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## Background

Individualised differential diagnosis is considered the essence of Chinese medicine (CM).<sup>1</sup> Acupuncture researchers and practitioners have argued that treatment stemming from such a diagnosis is an integral part of the practice of this holistic medicine.<sup>2-4</sup> To date, there have been a number of studies examining the effects of individualised acupuncture treatment,<sup>5,6</sup> and found such a treatment was marginally better than standard treatment<sup>6</sup> or sham acupuncture.<sup>5</sup> There are, however, very few studies assessing the therapeutic effects of the process of CM consultation. During any health-related consultation, it is inevitable that the practitioners and patients interact. The attention, empathy, bedside manner, and compassion from the practitioners have non-specific therapeutic effects on the patients.<sup>7,8</sup> However it is possible that beyond those non-specific effects, specific effects could result from CM consultation.

Findings of some qualitative studies, reviewed in more detail later in the paper, suggest that CM consultation process may be associated with the types of outcomes that would be expected from cognitive-behavioural therapy (CBT).<sup>9-15</sup> For example, patients report that they have changed their view about their body after a course of acupuncture treatment. They 'listen to their body', 'learn to live with' their body, and often modify their lifestyles and diets. A recent study also reports that after eight sessions of acupuncture treatment, patients with chronic pain demonstrated significantly improved personal control and coping strategies.<sup>16</sup> That is to say that traditional acupuncture may bring about both thinking and behavioural changes, the two essential objectives of CBT. These findings, and our own clinical experience, have led us to investigate the similarities and differences between the features and effects of CM and CBT.

CBT is based on the theory that how people feel and what they do is largely dependent on what they think and believe. The objective of the therapy is to enable a client to modify underlying maladaptive ways of thinking, thereby changing how they respond to their problems and their environment.<sup>17</sup> Therapists use a wide variety of strategies to facilitate changes in patients' thinking and belief systems, thereby changing emotional and behavioural aspects of the health problem.<sup>18</sup> CBT was originally used to treat psychological conditions, such as depression and anxiety. In the last two decades, the use of this therapy has been extended to help patients overcome and cope with physical illnesses and psychosomatic conditions. Numerous studies have found that CBT is an effective adjunct to conventional medical treatments for obesity,<sup>19</sup> chronic pain,<sup>20</sup> chronic fatigue syndrome<sup>21</sup> and asthma.<sup>22</sup>

In this article, we aimed to examine whether the CM consultation shared features and effects of CBT. We compared textbook information about the features of CBT and standard CM consultation. We used a hypothetical case study to illustrate the consultation process. Finally, we summarised and discussed evidence regarding the types of therapeutic effects elicited by CBT and CM.

## An example of Chinese medicine consultation

John is a 65-year-old retiree. He has had low back pain for many years, and the pain comes and goes. In the last two months, John noticed that the pain had become more intense and persistent. Lumbar x-rays showed that he had degenerative changes in the lumbar vertebrae 3, 4 and 5 (L3-L5), with some narrowing of the joint space at L4/L5. He was told that his pain was due to degeneration in the spine associated with aging. He is on anti-inflammatory medications, which produce some temporary pain relief.

He has been worried by this persistent pain, and a friend recommended that he see an acupuncturist. Acupuncture is a therapy he has heard of and seen on television, but he does not know much about it. John is open-minded and happy to try anything as long as it may produce long-term relief.

John's first appointment lasted for one hour, and the Chinese medicine practitioner (let us call him Peter) spent half an hour asking questions about his condition, and spent the other half-hour treating him with acupuncture. Prior to leaving the clinic, Peter prescribed a patent Chinese herbal medicine, and gave John a list of things he needed to do at home, including changes to his dietary habits, lifestyle and exercise. His subsequent consultation was 40 minutes. Each time Peter spoke to him for about 10 minutes asking how he felt and whether he had done the homework; Peter then treated John for 30 minutes.

John has observed the following during the consultations.

1. Peter asked many questions about the pain, such as the location, distribution, quality, severity, what made it worse, what relieved it, and at what time of the day the pain got worse.
2. Peter also asked him some questions that he had never been asked when he saw a medical doctor. For instance, he was asked whether he felt cold or hot in general, whether he sweated easily or not, what his energy level was like, whether he had other pains in the body, how his sleep was, his appetite, his bowel motion, his urination, how often he got up at night to urinate, what worried him, how many siblings he had, etc. He was also asked to show his tongue, and the pulses of both his hands were felt for a couple of minutes.

3. Peter spent time explaining to him that he had Kidney Qi deficiency with an invasion of cold and dampness. He was told that Kidney Qi was very important in Chinese medicine and that it peaked at 30 years of age and then declined. Kidney supports the low back and when it is weak one may feel pain. John's work as a builder required him to work in an open environment, which allowed the wind and cold to affect his body.

4. Peter said that acupuncture and herbal medicine would enhance Kidney Qi and reduce pain.

5. Peter also asked him to do some gentle exercises, to keep himself, in particularly his low back, very warm when working in the garden, and to avoid uncooked food and cold drinks.

6. John noticed that his treatments were not always the same. Peter always treated any new problems as well as the low back pain. For instance, once he hurt his knee, and Peter said he had to treat the knee together with the low back pain. Peter explained that there were Qi channels traveling along the back, going down to the back of knees, and then to the feet. If the injured knee was not treated, the low back pain would get worse and John may start to experience foot or heel pain.

After the first session, John was impressed that the acupuncture was not painful and did give him some pain relief for a couple of days, and the herbal medicine had improved his stigma.

After a few sessions, John found himself more energetic and experiencing less pain. More interestingly, he found that he was observing his energy level, the weather and his diet and linking them with his pain. He also observed his night urination and used it as an indicator for his Kidney energy.

John's experience is common among patients seeing a traditionally trained acupuncturist in Australia and other Western countries, although there is considerable variation in each individual practitioner's consultation style. In a CM consultation, apart from asking questions associated with the main complaint, an acupuncturist or CM practitioner asks ten standard questions (Table 1) to help reach a differential diagnosis.<sup>23,24</sup> Like John, most patients do not initially see the relevance of these questions to their health, but they soon recognise some links and use them as indicators for their level of health.

The features of CM consultation include a structured dialogue and consultation, an assessment of the overall health of a patient, an understanding of the deficiency (weakness) and strength of one's level of Qi, Yin, Yang and *Shen*, an assessment of aetiology of the problem, an individualised diagnosis and treatment plan. Explaining the diagnosis to the patient is also an important feature, although it might not be practised by every Chinese medicine practitioner. The ultimate goal of the treatment is to balance the Yin and Yang, strengthen any deficiency, reduce the excess, eliminate the problem and prevent further relapses.

TABLE 1 Ten questions that must be asked during a Chinese medicine consultation<sup>23</sup>

1. Do you feel cold or hot easily?
2. Do you sweat easily? Do you sweat at night?
3. Do you have any discomfort in your body?
4. How are your bowel motions and urination?
5. How are your appetite, diet and taste?
6. Do you feel any discomfort in your chest or abdomen? Do you cough, have palpitations, or have indigestion?
7. How are your hearing and vision?
8. Do you feel thirst and how often do you drink?
9. How is your sleep?
10. How are your menstruation and vaginal discharge (women only)?

## Major features of cognitive–behavioural therapy

CBT has a set of protocols and procedures to follow. Therapists help patients to identify and evaluate automatic thoughts and core beliefs, and teach patients the techniques to recognise and challenge them. A course of treatment is usually ten to 12 sessions of 30 to 60 minutes duration. Patients are given homework to monitor and evaluate their thoughts and behaviours.

Table 2 lists the 11 common features and principles of CBT recommended by authoritative textbooks.<sup>17,18,25</sup> Some are about the structure of the consultations and others are about the content and the purposes. Some are specific to CBT, and others are non-specific and appear in most therapies.

A main feature of CBT is to change one's dysfunctional thoughts and maladaptive core beliefs. CBT therapists teach patients how to identify, assess and respond to their dysfunctional thoughts and beliefs, and help patients learn the techniques required to change them. During the consultation, therapists use a number of techniques (e.g. Socratic questioning) to explore how patients feel about an event and to increase their awareness of their thoughts and interpretations of the event. Through careful examination of the evidence and usefulness of maladaptive ways of thinking, therapists help patients generate alternative interpretations and identify the consequences of these new interpretations of their emotions, behaviours, and their situation. The understanding of the problems and use of these techniques are reinforced by using homework and a diary record. Therapy is structured and time-limited. In order to prevent relapse, patients are encouraged to use these techniques after termination of the treatment and be their own therapist.

Another major feature of CBT is that the formulation of the therapy evolves as more information is gathered from the individual and conceptualised in cognitive and behavioural terms. In general, the formulation is developed on the basis of the information collected during the first consultation. It assists the therapist's understanding of the layers of the problems and informs the treatment plan. As therapy progresses, new data are incorporated in the case conceptualisation and the formulation is refined. New problems could arise and the order of the problems to be solved could also be changed.

Furthermore, CBT is goal-directed and requires the therapist and patient to work collaboratively towards effective problem solving. Therapists help patients to identify goals of the therapy in behavioural terms and evaluate the thoughts that might hinder achievement of the goal. Patients are required to be active participants in this process and to test the effectiveness of current strategies, beliefs and assumptions so as to ultimately acquire more adaptive coping skills.

The rationale of using CBT in pain management has been well described by Turk.<sup>26</sup> Patients' belief of the causes of pain, attitude to the impacts of pain and expectations of others and themselves all contribute to the severity of pain and their ability to cope with the pain. Behavioural therapies aim at 'increasing the sense of personal competence' whereas cognitive techniques aim to enhance 'self monitoring to identify relationship among thoughts, mood, and behavior, distraction using imagery, problem solving'. The final goal is to enhance self-efficacy by teaching patients the techniques to cope with their pain and its impact. CBT is not necessarily specific to each different type of pain and is often delivered to a group of patients who have pains of various origins.

## A comparison of Chinese medicine consultation and cognitive–behavioural therapy

Table 2 illustrates the similarities and differences between CM consultation and CBT. Examples given about CM were based on standard CM consultation and diagnostic process. Among 11 CBT features, two are specific to CBT<sup>18,27</sup> and do not present in CM; five are specific to both therapies, but in different forms and with a different focus; and the remaining four are non-specific to either therapy.<sup>27,28</sup>

Two essential features of CBT highlight the core principle of CBT – that how one thinks and behaves impacts on their presenting problems; consequently, the therapy is designed to teach patients how to identify and change their unhelpful thoughts. Although CM recognises the interactions between one's emotional and physiological changes, it does not specifically challenge cognitions as that practised in CBT. CM, however, does try to change one's thoughts about their illness by providing a framework in which the connection between emotion and body is explained. As indicated in the hypothetical back pain case, the practitioner believes that as the Kidney Qi gets stronger, the patient will experience less fear. The CM framework, while clearly not cognitive–behavioural, nonetheless offers an alternative way of interpreting the pain and relevant events.

Five features specific to both therapies share similarities, but also have differences. For instance, both therapies are individualised and may change in details during the course of the therapy depending on how patients respond to the therapy and how the practitioners treat new data. However, in CBT therapists search for changes or new data in cognitive terms. In the low back pain case, John's fear of aging might be the initially identified problem. In latter sessions, John might report that his late father's last years of life involved tremendous suffering, and this further reinforced John's fear of aging. A CBT

therapist may then explore the relationship between John and his father in greater depth and develop an understanding of its impact on John's cognitions and behaviours, which in turn has implications on his low back pain. By contrast, in CM, the therapist would focus on whether the restoration of Kidney Qi was taking place. John's new story would be interpreted as a fear that further drains the Kidney Qi. The therapist would

reinforce the idea that Kidney Qi could be improved with CM treatment, and would modify the treatment accordingly, such as introducing herbal treatments.

Four features that are non-specific to either therapy are about the structure of the consultation and patient-therapist interaction. They exist in most therapies.

TABLE 2 A comparison of Chinese medicine consultation and cognitive-behavioural therapy

Major features of cognitive-behavioural therapy <sup>17,18</sup>	Analysis	Explanation
<b>Specific to CBT</b>		
Assumes that thought and behaviour are affected by how one thinks	Specific to CBT, but not present in CM This is the core principle of CBT, and does not present in CM	CM does not specifically explore patients' thoughts and understanding of their health and well-being. It does, however, regard emotion as a cause of health conditions. For instance, if one gets angry easily, it can cause headache, premenstrual tension or low back pain due to upsurge of Liver Qi. Therefore CM somatises emotional or psychological problems.
Teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs	Specific to CBT, not present in CM	CM teaches patients how to monitor their level of Qi, Yi and Yang, but does not specifically teach patients to evaluate or respond to their thoughts and mood. CM places great importance on <i>Shen</i> , a level of consciousness. It is understood that calmed <i>Shen</i> often results from balanced Yin and Yang.
<b>Specific to both CBT and CM</b>		
Based on an ever-evolving formulation of the patient and the problem in cognitive terms (Beck 1995) <sup>18</sup>	Specific to CBT and CM, but in different forms	CM practitioners treat the new problems as well as the main problem if they think the two are related. CM considers each patient has his or her unique pattern of syndrome presentation, and the pattern could change due to what happens recently. Consequently, the treatment is individualised and modified during each session if necessary.  In CM, the ever-evolving formulation focuses on physiological and emotional discomfort, and the theories of CM or meridians are used to explain the interaction of the two. In CBT the focus is on cognitions, behaviours and their impacts on the presenting problems.
Goal directed, problem solving collaboration	Specific to CBT and CM, but with different focuses	In CM, patients are often given an explanation about why one might be ill, and where the treatment will lead to. CM's goals are to elicit <b>behavioural and physical changes</b> ; and the problem solving aims to address obstacles to changes in behaviours, such as lifestyle, diet, and identifying and controlling of emotion.  CBT goals are to elicit behavioural and cognition changes, and the problem solving aims to address obstacles to changes in behaviours and cognitions.
Use of homework assignment	Specific to CBT and CM but with different focuses	In CBT, homework is given with written record so that the patients can monitor their unhelpful thoughts and behaviours.  In CM, patients are often given tasks, such as changing diet, doing exercise, or observing certain symptoms, to do at home. Some practitioners also give patients diaries to record their progress, but often homework is given without accompanying written record. The assignment is not about reflection, but about completing tasks.

TABLE 2 A comparison of Chinese medicine consultation and cognitive-behavioural therapy cont.

Major features of cognitive-behavioural therapy <sup>17,18</sup>	Analysis	Explanation
<b>Specific to both CBT and CM cont.</b>		
Educative, aims to teach the patient to be his or her own therapist, and emphasises relapse prevention	Specific to CBT and CM	'Treat before diseases occur' ( <i>Zhi Wei Bin</i> ) has always been considered the highest goal of CM. In one of the classic literatures, it is said that 'the best practitioners treat before diseases happen; the average treat when one is already having the disease'. Prevention is the core of CM. Patients are often taught how to regulate and preserve their Qi by various techniques, such as diet, exercise and meditation.
Use a variety of techniques to change thinking, mood and behaviour	Specific to CBT and CM, but with different techniques and different purposes	Herbs, acupuncture, Qigong, diet advice and meditation are used to change moods, physical discomforts and behaviours. Those techniques are not specifically designed to change one's cognition.
<b>Not specific to either CBT or CM</b>		
An active, structured dialogue	Not specific to either therapy	CM practitioners focus on the main complaint, then ask ten common questions. The consultation is structured.
Focus on the here-and-now	Not specific to either therapy	The consultation mainly focuses on recent events. In order to find the causes of the problem, sometimes information such as the health status of the patients when they were young is required.
Requires a sound therapeutic alliance (Beck 1995) <sup>18</sup>	Not specific to either therapy	Practitioner-patient relationship is important in any type of therapy. However, the alliance is explained differently in CBT and CM. Good bed-side manner and empathy have always been an essential part of CM. Furthermore, in CM practice, it is understood that the level of Qi of the practitioners and the patients are inter-related. In CM, there are social and physical connections between the practitioners and the patients.
Often time limited	Not specific to either therapy	A CM consultation varies from 30-60 minutes, and patients see the practitioners once or twice a week for three to four weeks. The frequency and length of treatments vary depending on the problem.

## A comparison of the beneficial outcomes of traditional acupuncture treatment and CBT

A comparison of changes after CM consultation and CBT would be ideal. However, we were unable to identify studies specifically examining the effects of consultation alone without CM treatment. We compared patient-perceived benefits after traditional CM or traditional acupuncture as reported in qualitative studies with therapeutic outcomes induced by CBT. The CBT-like effects of CM were listed according to the categories of therapeutic outcomes provided by authors

of published qualitative studies or judged by the authors of this paper.

A systematic review found that CBT reduced pain behaviour, altered pain experiences and enhanced positive coping for chronic pain patients.<sup>29</sup> Other studies also confirmed this conclusion and showed that CBT improved patients' sense of self-control over their pain (self-efficacy), reduced their reliance on the health care system and medications and improved their quality of life.<sup>30,31</sup>

Many CBT-like effects have also been found after CM treatment. Two interview studies, one retrospective<sup>32</sup> and one prospective,<sup>9</sup> indicate that at the end of a course of traditional

acupuncture treatment the majority of patients not only reported reduced physical symptoms, but also improved physical and psychological coping and experienced whole-person effects. The latter included an improved sense of wellbeing and self-awareness; the development of a holistic view about the health; a feeling of being able to take control of one's life; experiencing increased relaxation, energy and resiliency, and enhanced ability to function in relationships and at work; and taking responsibility for their health and lifestyle. Such improvements lead to enhanced confidence and reduced reliance on medications and doctors' visits. Physical, emotional and social changes are considered by patients and the researchers to be inter-dependent and indivisible, which further reinforce self-reliance.

Those therapeutic results are also supported by data from structured and semi-structured questionnaires.<sup>12,14,15</sup> Over 80% of patients reported improved emotional wellbeing.<sup>14</sup> 54% had changed the way they viewed their health, and over 40% reported changes in life and lifestyle, or behaviours, including diet, exercises and relationships.<sup>14,15</sup>

Table 3 summarises seven domains of the therapeutic outcomes of CBT. It is clear that all types of benefits were also reported by patients who underwent traditional CM treatment or traditional acupuncture. The most common outcomes are improvements in physical and emotional symptoms, enhanced physical and emotional coping and self-efficacy, and reduced reliance on other therapies. About one quarter of the patients also had changes in cognition<sup>14</sup> and increased ability to better function at work and in relationships.<sup>13</sup>

## Discussion

On the surface, CBT and CM seem to be unlike each other, with CBT identifying and solving obstacles to cognition whereas CM aims to balance Yin and Yang, which often results in improvement in physical and emotional complaints. It is, however, reasonable to hypothesise that CM, being holistic, could induce systematic effects, including those on cognition and behaviours. Through examining and comparing the similarities and differences in the major features and effects of CM consultation and CBT, we find that CM shares nine out of 11 main features with CBT.

TABLE 3 A comparison of the types of therapeutic outcomes after traditional acupuncture treatment or CBT

	CBT <sup>29</sup>	Traditional acupuncture	Examples of therapeutic outcomes reported by patients who had Chinese medicine or traditional acupuncture
Physical changes	Yes	Yes	Symptom relief <sup>9</sup> and reduced intensity and duration of chronic complaints; <sup>13</sup> Reported by 75% of patients <sup>14</sup>
Emotional changes	Yes	Yes	Felt happy, calm and / or relaxed; <sup>13</sup> Reported by 83% of patients regardless of the types of their initial complaints <sup>14</sup>
Physical coping	Yes	Yes	Increased energy, changes in diet and lifestyle, and regular exercise; <sup>13</sup> Reported by 40% of patients <sup>14</sup>
Emotional coping	Yes	Yes	Reduced stress, having a sense of wholeness, balance, centeredness, and wellbeing <sup>13</sup>
Reduced reliance on medications or health care system	Yes	Yes	Reduced use of prescription medications, and reduced doctor visits <sup>9,13</sup>
Enhanced hope and confidence (Self-efficacy)	Yes	Yes	Experiencing increased sense of wellbeing, resilience, being more in tune with the body; feeling the treatment helping them relate to themselves and others much better, judging themselves differently, and experiencing improved spiritual awareness <sup>9,13</sup> 54% reported inner life changes and 27% reported major life changes, such as job or relationship <sup>14</sup>
Enhanced the capacity to identify and positively cope with unhelpful thoughts	Yes	Yes, but yet to be studied specifically	27% reported greater ability to take responsibility for health, decision making skills and recognition of a more holistic outlook, <sup>14</sup> increased ability to function in relationship and in work <sup>13</sup>

Furthermore, both may change patients' behaviours and cognition associated with their health. Both may change patients' views about their health problem and enhance their self-control, and improve physical and emotional wellbeing and teach patients new skills to cope with their pain. However, it is not clear if people who had CM treatment could cope positively with unhelpful thoughts, a key outcome of CBT. The two therapies differ in two major features that are specific to CBT; therefore CM has CBT-like effects, but is not a form of CBT. Nevertheless, this paper provides a new perspective on the effects and purpose of CM consultation. The consultation itself could be a critical component of the treatment, beyond its original function for gathering information to reach a differential diagnosis.

#### WHAT MEDIATES THE CBT-LIKE EFFECTS OF CM CONSULTATION?

It is necessary to identify what contributes to the specific cognitive and behavioural changes in patients after CM treatments. Are the changes mediated through CM's philosophical understanding of the body as a whole and treating physical and emotional aspects of one's body, the needling effects, or the combination of both?

In a study by Walker and colleagues,<sup>32</sup> patients reported that learning self-help strategies taught by acupuncturists, understanding the philosophy underlying acupuncture, needling or the patient-practitioner relationship (either as the main factor or a combination of a few or all) contributed to the results of the treatment. Gould and colleagues<sup>14</sup> found that patients who had more than 21 sessions of acupuncture were more likely to make lifestyle changes than those who had fewer sessions. In addition, only 18% of patients who did not experience benefits from acupuncture made lifestyle changes in comparison to 52% of patients who had gained benefits.

Furthermore, MacPherson and colleagues<sup>10</sup> found a high correlation between empathy from the acupuncturists and patients' enablement, and the latter was strongly related with improved well-being. Other studies indicated that the holistic view expressed by patients, including recognition of the interactions between the physical body and emotion and between health and lifestyle, was related to an enhanced self-awareness of both physical and mental wellbeing.<sup>12,14</sup>

How much of the physical and psychological changes are due to the style of CM consultation that encompasses an explanation of CM philosophy and how much is due to the physical stimulation of needling is unknown and has not been specifically examined. There is now growing evidence for the independent effects of medical consultations in Western medicine on health and wellbeing.<sup>33,34</sup> Therefore, one needs to seriously consider the possibility that the CM consultation is a critical component of the treatment.

The role of the CM consultation is perhaps better explained by a comparison between acupuncture practised by traditionally trained practitioners (traditional acupuncture) and that by physiotherapists or medical doctors (Western acupuncture). The former takes up the Chinese medicine theory of meridians and Yin and Yang, and treats a patient as a whole; whereas the latter emphasises the needling action, utilises the theory of neurophysiology and focuses on relieving the symptoms. Paterson interviewed patients treated by traditional acupuncturists and those treated by Western acupuncturists.<sup>9,35</sup> Patients treated by medical doctors and physiotherapists did not feel that they had been treated as a whole person in spite of improved physical symptoms. Comparing the two studies, patients who had Western acupuncture appeared less likely to change their view of health, experience an enhanced sense of wellbeing, or feel more in control of the life, when compared with patients who were treated with traditional acupuncture. It appears that how the illness was explained and how the patients were treated with acupuncture played an important part in these changes.

Hughes<sup>36</sup> directly compared the experiences of patients who were treated by traditional acupuncturists or Western acupuncturists or both at different times. Regardless of the therapeutic paradigms, the patients reported reduced pain, improved motilities, and felt more relaxed. However, a broader range of changes, such as an enhanced sense of wellbeing and energy, were only reported by patients who had treatments with traditional acupuncturists. Patients who had traditional acupuncture also viewed lifestyle changes and their therapeutic relationship with the acupuncturist as being part of the treatment, whereas those who had Western acupuncture only focused on the needling process.

It is interesting to note the similar experience reported by patients in a sham-acupuncture controlled trial and patients being treated by Western acupuncturists. In a migraine trial,<sup>37</sup> the participants felt that they were 'playing their part' as the subjects but not as the patients because they found the trial focused on needling and migraine, but neither on them as a whole person nor on other health symptoms that might be related to their migraine. The results imply that acupuncture treatment in a sham-acupuncture randomised controlled trial (RCT) is a procedure that is close to the Western style of acupuncture, which emphasises needling and the diseases; but not the traditional style that emphasises the person who has the disease.

Those preliminary results indicate that patients' perception of traditional acupuncture, whether in clinical practice or in clinical trials, is more than just needling, and encompasses many components. Patients who had traditional acupuncture are more likely to report behavioural and cognitive changes

when compared with those who have Western acupuncture. The different outcomes between the two are likely mediated through the consultation process and the acupuncturists' holistic view of health and illnesses.

## Implications

The CBT-like effects might partially explain the holistic nature of CM. Such effects might have been under-estimated by practitioners. The individualised differential diagnosis is essential to CM treatments, but the process leading up to the diagnosis might bring about cognitive and behavioural changes. How to maximise such effects in clinical practice requires further research.

The CBT-like effects of CM is also under-estimated by researchers. Sham-acupuncture controlled trials assess the true effects of needling, but not those of acupuncture, as a therapy. We recommend randomised pragmatic trials that include a proper CM consultation and careful measurement of changes in cognition and behaviours. These trials would aim to evaluate the whole treatment effect, rather than attempting to isolate the needling component from the rest of therapy.

## Conclusion

In this paper we draw data from textbook information and quantitative and qualitative research to discuss the CBT-like features and effects of CM consultations. It is not an experimental investigation, therefore we cannot be certain that the CBT-like effects are mediated via CM consultations, rather than the needling, or a combination of both. Nevertheless, we hope this paper provides a fresh look at the individualised differential diagnosis, and promotes consideration of CBT-like effects of CM consultation in research and practice.

## List of abbreviations used

CBT: cognitive-behavioural therapy

CM: Chinese medicine

## Competing interests

The author(s) declare that they have no competing interests.

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## Clinical Commentary

Chinese medicine (CM) consultation shares nine out of eleven features with cognitive-behavioural therapy (CBT). Traditional acupuncture induces cognitive and behavioural changes, which are perhaps due to a combined effect of needling and CM consultation. Clinicians are encouraged to consider the CBT-like effects of CM in their practice, and be aware of the therapeutic effects of the consultation itself.

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