JING SHEN

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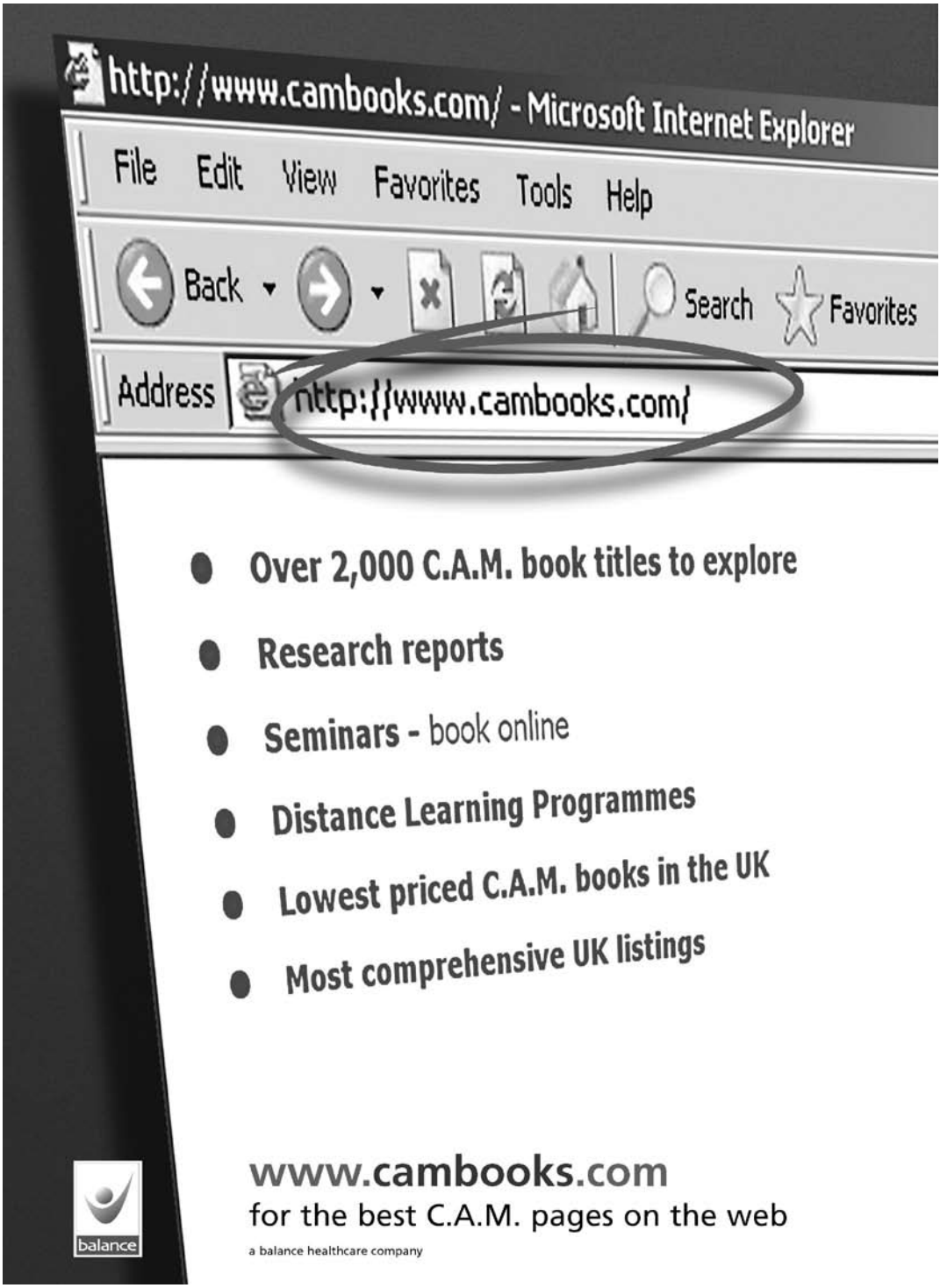
from the College of Integrated Chinese Medicine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Why *Jing Shen*? Just as *jing* and *shen* stand alone but unite as a combined power, so do TCM and Five Element theory come together to create the integrated style of acupuncture taught here at the College of Integrated Chinese Medicine. Our magazine is intended to spark ideas, fuel discussion, and help nourish our professional community.

'The sage concentrates his *jing shen*, swallows the heavenly *qi*, and is in touch with the brilliant radiance of *shen*.' Huang Di Nei Jing Su Wen

Welcome to the very first edition of *Jing Shen* – previously known as *Chinese Whispers*.

We at the College of Integrated Chinese Medicine, in collaboration with our designer, Bridget Long, have taken full advantage of the summer's energy to bring you this dynamic shift in design, layout, size and name, making it fully bloom as the beautiful, inviting publication you now hold in your hands.

Inside you will find more colour, more pictures, inspiring articles, topical tips for improving your practice plus lots of extras including (pens at the ready) our famous crossword and possibly the world's first ever acudoku.

It is our sincere wish that you are uplifted by what you receive in *Jing Shen* and that it contributes to your practice of Chinese medicine in a positive way. Enjoy.

精神

With much love Charlotte

Charlotte Brydon-Smith Lic Ac, BSc (Hons) Editor

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We welcome correspondence about this magazine. Please email the editor **charlottebrydonsmith@googlemail.com** or write to her at the address above. Letters and emails may be considered for publication. Please let us know if you do not want your correspondence to be published

Editor Charlotte Brydon-Smith
Design The Design Works, Reading

With grateful thanks to everyone who has contributed words or pictures. Special thanks to Anna Bennett for the cartoon on page 26, and much that went before. Also to Samuel Hallas whose photo brings *jing* and *shen* aplenty to our first cover

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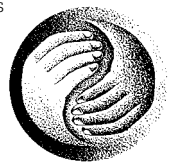
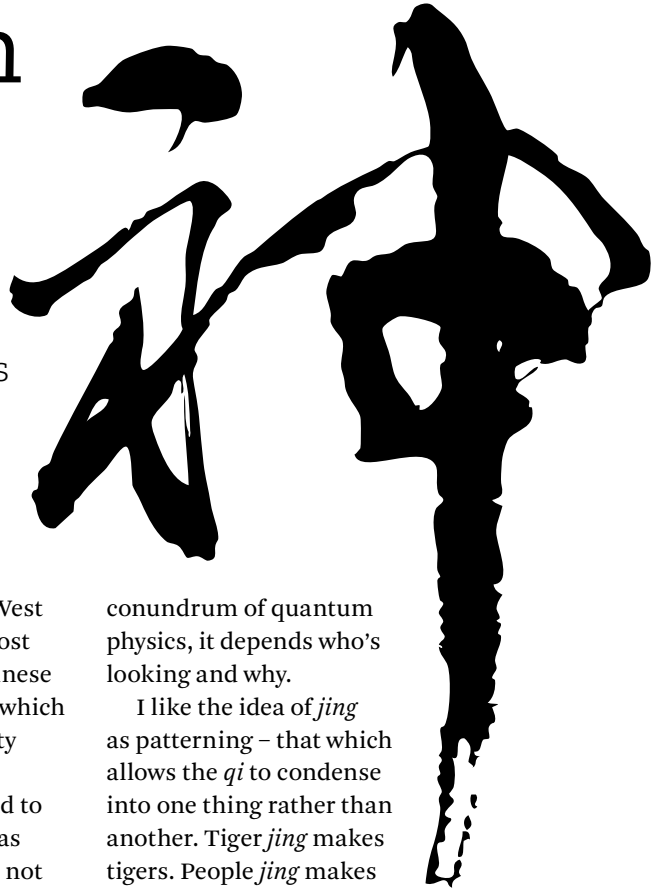


The origin of *shen*

In this, our first *Jing Shen* article, **Sandra Hill** traces the concepts and meanings of the most intangible of the three treasures



We have problems in the West translating some of the most fundamental terms in Chinese medicine. Amongst those which cause the greatest difficulty are the so-called 'three treasures' – *jing*, *qi* and *shen* – and we tend to use their original Chinese (*pin yin*) form as we have no easy English equivalents. It is not surprising that these three key terms have caused so much difficulty to philosophical as well as medical translators, as each in its own way illustrates the core differences between Eastern and Western concepts of life – addressing as they do the interaction, interdependence and the inseparable natures of matter and energy, body and mind.

Jing and *qi* remind us that matter and energy are one continuum. Condense *qi* and you have *jing* and form, refine *jing* and you have *qi*. We generally accept that *qi* is somewhat energetic in nature, but is *jing* anything other than a concentration of *qi*?

And do we consider *jing* to be form or energy? Maybe it's like the wave/particle conundrum of quantum physics, it depends who's looking and why.

I like the idea of *jing* as patterning – that which allows the *qi* to condense into one thing rather than another. Tiger *jing* makes tigers. People *jing* makes people. My *jing* makes me me, and allows me to remain me however much I may change and transform.

But what about the *shen*? And is there anything tangible to be found in this most intangible of subjects? For as complex as we may find the meanings of *jing* and *qi*, with *shen* we are dealing not only with alien concepts but also with ideas that have changed according to context throughout the three millennia of Chinese written records. We have to move through the realms of the unspeakable, the unknowable, and on to modern day China where no such realms are allowed to exist.

The character is an early one – found on bronze inscriptions that date back as far as the

The Chinese characters for jing (above right) and shen, below it

精神

Shang dynasty – back into the times of shamanism. It is a character made of two parts, the left signifies the manifestation of power from above and has been used since early times with the meaning of an altar. The right part represents an extension above and below (see *Chinese Characters,* Wieger). In its early use the character conveys the sense of beneficial influence coming from above, and, as in all shamanic societies, these influences were sought and given pre-eminence. This kind of supplication is common to all peoples who live close to nature and depend on a balance of rain and sun for survival. The influences may be from nature or from the ancestors, and possibly from nature by way of the ancestors; the ancestors being best placed to intervene on behalf of the living.

In early textual occurrences, the term *shen* is often paired with *gui*, and while the *shen* are related to heaven (*tian*) the *gui* are related to earth (*di*). The *shen* tend to bring good fortune, the *gui* bad. In some contexts the *gui* may be seen as the kind of unhappy ghosts which hang around the living in order to feed their desires. Alignment with the *shen* is to be free of desires and therefore free of the influences of the *gui*.

'The essences (*jing*) in all beings are what make them alive. Below, they produce the five grains. Above, they make the five stars and arrange them in order. Flowing into the space between heaven and earth, they are called the spirits of earth and of heaven (*gui shen*). Stored in the middle of the chest, they are called the sage (*sheng ren*).' ***Guan zi, Nei ye***

While it's common to see the *shen* as related to heaven, it is important to think of what the Chinese mean by this character *tian*, which can be translated as heaven, sky, but also as nature, that which is natural, the natural order of things. This brings us to another of those strange East/West dichotomies. Here heaven and nature are one, while Western thinking has often set them poles apart. In classical Chinese thought heaven relates to time, space, movement and change, often illustrated by the cycles of the seasons. Heaven is literally the movement of the sun through the sky making day and night, the movement of the constellations through their heavenly mansions making the seasons. It's not where God lives or even where we are planning to go – though some of us might aim for a star.

So maybe the *shen* are the emissaries of the natural order. And if the *jing* allows me to be myself in my patterning, maybe the *shen*

enable me to be closer to my true nature (*xing*).

Our ancient ancestors – for wherever we come from shamanism seems to be our ancestry – made offerings to the spirits. They appointed priests and shaman to intercede on their behalf, to bring good fortune, good weather, good health. Sacrifices and offerings were made upon altars to bring down the beneficial influences of heaven. But the new religions taught us to do it ourselves. And as the early teachings of Christianity showed that there was no need for priestly intercession, so the early Daoists provided a do-it-yourself guide to attracting the *shen* – and it was done by 'sitting quietly and doing nothing'; following the Dao or the natural order of things with the attitude of non-interference with the way things are (*wu wei*).

The *shen*, it seems, like peace and quiet. They like a calm heart/mind (*xin*). They like a good quality of blood and *jing* or vital essences to anchor them in the body and prevent them from floating back up to heaven. In order to be penetrated by the *shen*, the essences must be refined and pure, and the aim of any kind of 'inner cultivation' is to allow the penetration by the *shen* – to become more 'spirit-like'. Similarly acupuncture and herbal treatments act on the *jing qi* to create an environment in which the spirits are able to dwell. To re-establish the natural order.

'The body shelters life, *qi* is abundant, the spirits direct it. If one loses its position, all three will suffer.'
Huainanzi, chapter 1

It is interesting in looking at a modern Chinese dictionary that most of the medical terms that include the character *shen* are related to nervous system disorders, implying the very lack of calm and stability needed by the *shen*. Various acupuncture points allow the *shen* to be 'settled', 'calmed', 'housed'. Both *hun* and *shen*, being *yang* in nature, require the rich blood of the liver and heart to keep them housed. The *po* on the other hand require the light and airy environment of the lung to stop their *yin* descent back to the earth.

But the *shen* are also that which is beyond this *yin yang* dualism:

'That which *yin yang* cannot fathom, that is the *shen*.'
Xi zi (commentary to the Yi Jing)

The *shen* always remain part of the one. They guide the *hun* back to the origin. The *hun*, being more attached to the body, can easily get lost, but the *shen* are never separated from the origin, they are the origin in us, and if they are not kept within the body can only

go back to the pure light of consciousness. We read in both philosophical and medical texts of the *shenming* – the clarity of consciousness: all that is in us which illuminates, makes aware, enlightens. This is the activity of the radiance of the spirits.

'Man received life by his blood and *qi* (*xue qi*), his essences and spirits (vital spirit, *jing shen*) to accomplish his destiny by his proper nature… The five *zang* are to store essences and spirits (*jing shen*) blood and *qi* (*xue qi*) *hun* and *po*. The six *fu* are to transform (*hua*) the liquids and grains and circulate the bodily liquids (*jin ye*).'
Neijing Lingshu, chapter 47

So how are the *shen* dealt with in modern Chinese texts? Is the translation as 'mind' simply a quirk of modern Westerners? Of course, as with all the basic concepts of Chinese philosophy – these ideas would not need to be taught on a medical course in China. As with the theory of *yin yang*, the movements of the five elements, the *shen* are part of the abc of Chinese philosophy, and each Chinese would bring their own perceptions – though they may not always speak about it. It's refreshing to hear from Dr Zhang Shijie of the Gulou hospital in Beijing:

'*Shen* is *wu ji* (without limit), without definition, heaven and earth are not yet separated.'

In Japan, where there has been no communist revolution to squash the spiritual aspects of life – *shen* (*shin* or *kami* in Japanese) are alive and well. Though in a country where each mountain, river, house, doorway still has its god, one wonders about the mind split which allows such pace of modern development and pollution.

Shinto (Shen Dao) – still the native religion of Japan – has its roots in shamanism, animism, and Shinto priests are busy placating the various 'spirits of place' to ward off bad fortune. Maybe it is only by refusing to admit their existence that the Chinese can bear to continue with their mass development and desecration of nature.

In the West we got rid of the spirits long ago, and set out on our desecration of the earth. What a shame that the East is going the same way.

Sandra Hill lived and studied in the Far East before training in Chinese medicine in the UK. She is a practising acupuncturist and co-founder of Monkey Press. She is the author of several books, including *Reclaiming the Wisdom of the Body.*

Turning breech babies

Now that our acupuncture course has degree status, the requirement to research and write a dissertation is producing valuable evidence of the benefits of acupuncture treatment, as **Ian Gordon** discovers

December 2006 saw the first two acupuncture degree classes graduate from the College of Integrated Chinese Medicine. The new course requires students to carry out a piece of original research and submit it in the form of a 10,000 word dissertation – a first for most of the students.

As a veteran of six years of genetics research, I felt for my fellow students who missed out on three central joys of science. First, scientists are entertaining. My old supervisor, a fellow of the Royal Society, would squeeze a lump of gingerbread and place it on the carpet before visiting dignitaries would arrive for dinner. He would remark 'Oh, that blasted cat!' before picking it up and eating it in front of them. Secondly, science is exciting. I had to carry a (harmless) virus in dry ice from Oxford to Cambridge, via London. As the outer box was plastered with 'Biohazard!' warnings, I put it into a large bin bag and knotted it tightly. Unfortunately my Tube carriage was stuck above ground in baking heat for 20 minutes and the dry ice began to evaporate, rapidly inflating the bag. Despite my frantic attempts to bite holes in it, it grew to the size of a weather balloon, and I found myself alone. Finally, science brings you into contact with the great minds of our age. A labmate of mine, upon finding that we had run out of dishwasher tablets, squirted an eggcup full of Fairy Liquid into the machine's tray. We arrived in the morning to find two labs and three offices packed entirely with firm white foam, studded with stationery and surprised-looking insects, like raisins in a cake.

Still, there are different problems in researching acupuncture, which the students dealt with admirably. Firstly, acupuncture is very difficult to research because it falls between two camps. Like surgery, innovation comes largely from techniques rather than tools, and this is difficult to control for, experimentally. On the other hand, like drugs, acupuncture's workings and results cannot be directly seen, so success or otherwise has to be inferred from changes in the patient, demanding proper controls.

'although there is much to learn about acupuncture from those in the field, there is also much that can be passed on from those new to it, about standards of rigour and experiment design'

Additionally, the students couldn't actually do any experiments. This was in part because of course they could not treat yet, but also due to ethical constraints in using patients, which is, as one might expect, tightly controlled.

A great benefit of research, however, is in buying legitimacy in Western terms. If we can, despite the difficulties, demonstrate

compelling – albeit not watertight – evidence of a benefit, it will serve the cause admirably.

A good example of such a project was undertaken by **Hilary Ashdown** (shown right) whose dissertation examined the rectification (version) of feet-first (breech) babies in the womb using a needle or moxa on Bl 67 *Zhiyin*. Ideally, this is used at between 34 and 35 weeks into pregnancy.

In many respects, this is precisely the kind of treatment that acupuncture excels at; it carries out something that is of great benefit to the patient, it is non-invasive in comparison to manual methods used by obstetricians, and, most of all, it provides an emphatic message about the Chinese model to those clinging to conventional, local theories of acupuncture's action. Also, given that breech presentation affects between 3% and 4% of babies at term, it is a significant problem, and a costly one, as caesarean sections are often used.

Hilary's approach was to study the literature and to survey practitioners by questionnaire, to see if efficacy of the technique could be determined. She found that many of the literature studies were poorly controlled and did not take account of spontaneous version, with a well-conducted (randomised) European trial attaining 53% vs 37% for the control, and a non-randomised trial in Japan achieving 97% vs 74% control. Each shows a measurable benefit, and with the exception of certain groups (rhesus antibodies, mother or baby abnormalities, hydrocephalus, etc), it is a relatively safe procedure. In her survey, Hilary found that 58% of practitioners responded, and (surprisingly, I thought) just under 90%

of them had used moxa on Bl 67 for version of breech babies. Many had used additional points to strengthen and move *qi*, such as Water source points and Liv 3. Finally, despite wide variations in treatment regimes (usually after instructing the patients, they gave them a moxa stick for home use) most cited success rates of 40%, and almost a third saw rates of more than 60%. Some difficulties including feeling unwell, singed toes, and concerns about the smoke, led some patients to stop using it, but most were comfortable with the procedure.

Hilary's work has confirmed what I have heard (anecdotally) from others, in that much of the research literature to date is varied and poorly controlled, even on top of the difficulties associated with the field. This suggests that although there is much to learn about acupuncture from those in the field, there is also much that can be passed on from those new to it, about standards of rigour and experiment design. Through this, if short of full acceptance, we might at least get the Western scientists to the table. We just have to make sure we have the gingerbread handy.

Ian Gordon studied molecular biology at Glasgow and Oxford before working in the City as a consultant. He trained as an acupuncturist at the College of Integrated Chinese Medicine and has a day job working in the IT side of finance. Ian currently practises acupuncture in Reading.

Feedback from the pulses

Pulses offer a major opportunity for improving feedback and can be under-rated when evaluating patients' progress or deciding on the relevance or priority of treatment principles. **John Hicks** explores the use of pulse taking to evaluate diagnosis – during a session, and between one session and another

I will begin by looking at how we use feedback in general. We all strive to obtain the best form of feedback we can. Feedback keeps us realistic, and practitioners rely on many different types of feedback to evaluate a patient's progress. It may be that each kind we use creates different results for the patient.

Various modes of feedback

It is clearly important to be able to monitor progress when treating patients. The main methods we have are:

- what the patient **reports**,
- what we can '**see**' (colour, posture, alertness, facial expression, appropriate stillness and movement, etc)
- how the patient **sounds**
- what we can **test**, for example, 'show me how high you can raise your arm' or raising subjects that have been discussed before but noticing if different attitudes are now expressed – this may indicate how the patient's internal state has changed, and
- the **pulses**.

An example

I undertook postgraduate clinical training in Nanjing in the late 1980s. At that time the doctor I was working with seemed to depend a lot on what people told him. I was never sure if this was true but my reasons for thinking so were as follows. I saw patients who, on returning for their next treatment, had pulses that had improved and who looked, in terms of the signs I observed, to be better. Sometimes these patients would say 'no change' with reference to their main complaint and the doctor would say to us 'same treatment'. Visual and pulse indications of improvement didn't seem to be part of the way he evaluated progress. His focus was on improving the main complaint and so a verbal report had a high priority.

I am clear that what *I* was seeing and feeling on the pulses was not lost on the doctor, but it was definitely not openly acknowledged. The practice in the acupuncture department was to take the pulses on the first visit and, after that, only at the beginning of treatment, not during and not after. If the *patient* said 'no change', the doctor often said 'same treatment'.

We were working through a translator, so I could never be sure of what signs the doctor really noticed, but it seemed to me that the doctor could see with great clarity.

On one occasion, with a twinkle in his eye, he directed our view to two patients sitting waiting for their appointment. He had already noticed from the notes that they both complained of asthma, but looked dramatically different. One was nervy, dried up and obviously *yin* deficient; the other was overweight, sluggish and obviously *yang* deficient. He based this on a glance and immediately drew it to our attention. It was an experienced practitioner demonstrating a lightening diagnosis. But he seemed not to use his ability to see to evaluate treatment.

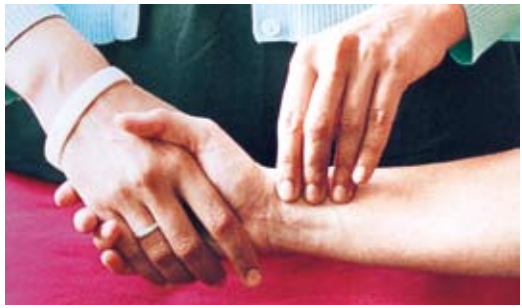
What I also noted was that the doctor did not use pulses to assess treatment. My assumption is that it is best to have as many ways of evaluating treatment as possible. Sometimes I think, coming out of TCM practice, pulses are under-rated. Pulses can be used before, during and after treatment and I would like to describe this way of using them.

Pulses to evaluate treatment

The purposes of taking pulses

Practitioners can use pulse taking in at least three ways:

- to make their **initial diagnosis**
- at the beginning of each treatment to **evaluate progress** to date and decide on the **next treatment**
- to **evaluate** within a treatment the **effectiveness** of different treatment principles and points used and the relative importance of clearing and tonifying.



I will now focus on using pulse diagnosis to evaluate changes within a treatment and how, after the initial diagnosis, pulses are used to sustain an ongoing process of diagnosis.

Some practitioners reading this – especially those trained at the College of Integrated Chinese Medicine – may already know about much of what I'm saying in this article. In this case I hope it will be a useful review. I hope the rest of you will consider a new option.

The approach we teach at the College puts an emphasis on evaluating our treatments via pulse changes, especially when we are learning and, after all, when do we not need to learn?

This process presumes that a beneficial treatment will manifest in a 'good' pulse change, and that we can define the characteristics of that 'good pulse change'. It assumes also that we can learn to read pulse changes and use them in the process of evaluation.

How about the patient's verbal feedback?

Emphasis on the pulses does not mean that verbal feedback from the patient is not crucial as well. It is. We do not, however, always have high-quality patient feedback. Some patients are responsible and articulate and check themselves out each day. In this case they can report with some authority on their progress.

Just starting out. Students from the 07.1 year group at the College practise pulse taking between classes

Sometimes, however, whatever we do, the patient is not able to give verbal feedback in the form we want. I had a patient who gave negative and fuzzy feedback. If I believed the pulse changes, he was getting better, but I had to assume he wasn't. Then, one day, his partner came in and said how wonderful the treatment had been for him. When we don't have high-quality feedback, the pulses can become an even more important tool – so why not also improve our pulse feedback?

Evaluating a treatment via the pulses

To evaluate treatment, pulses can be taken at several key times:

In the case of an empty condition

- After each point or pair of points is needled and at the end of a treatment comparing the initial pulses with the final pulse change.

In the case of a mixed condition

- Before, during and after the clearing of a pathogenic factor (assuming the pathogenic factor is cleared before and not at the same time as the empty condition).
- After needling the empty condition.

So we need to consider both these situations: the **empty** and the **mixed** condition.

Empty condition evaluation

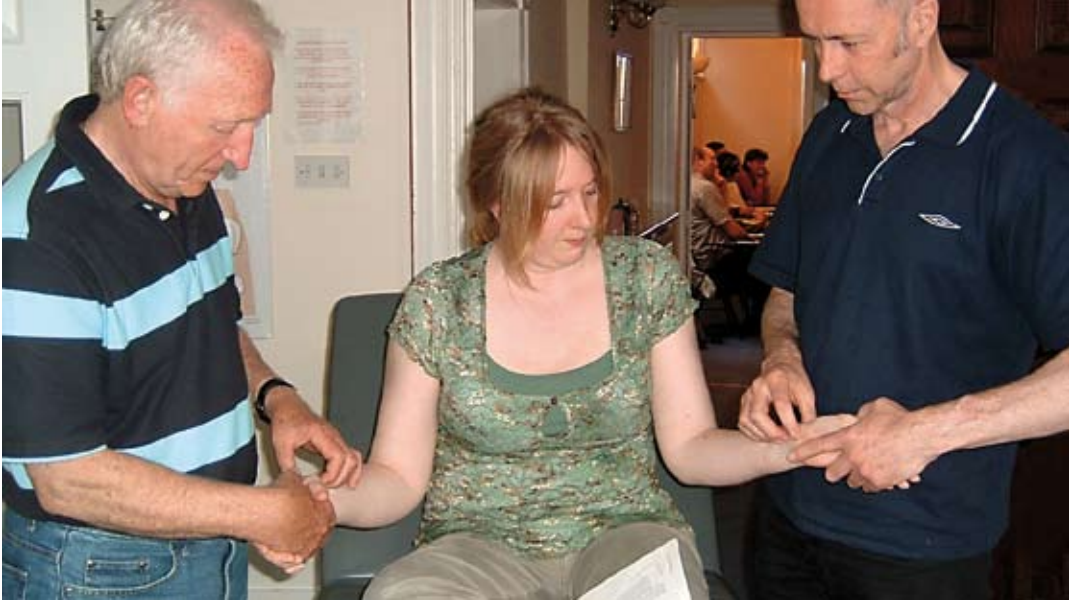
Using pulses, how do we evaluate the change after needling? There are two main criteria:

- The **degree of positive change** in the pulse positions of the Organs that have *not* been treated.
- The **lessening of major qualities** and an **increased overall harmony** between the various pulse positions.

Assume we are 'strengthening the Spleen and Stomach'. The points we may use might be Sp 3 and St 36. One of the best signs that this treatment has been effective is that the other Organ positions improve *except for the Stomach and Spleen*. They may not *all* change and they may change to varying degrees but, to the degree they do, it reinforces that our selection of that treatment principle has been appropriate.

This can be counter-intuitive. If we treat the Spleen, shouldn't the Spleen pulse improve? Not necessarily. It is much more significant that the pulses of all the other Organs improve, which of course demonstrates the effect of the ailing Stomach and Spleen on the other Organs. In fact, the Stomach and Spleen pulses may be better, but probably in less obvious ways. We can call this the 'other Organs' change.

The second and related aspect is increased harmony in the overall pulses. 'Increased harmony' is often a quick judgement we make as soon as our fingers touch the wrist. The pulses just seem 'more together', more regular and smooth, in harmony and less of a jumble from how they were before needling. This evaluation seems 'just obvious' and it takes some reflection and analysis to say what exactly makes up the increased harmony. What is found on reflection is that qualities disappear from the non-Earth pulse positions and as a result all of the pulse positions feel more similar. Which actual pulse qualities change may be different from person to person.



The above changes are also true when treatment is directed towards Organs other than the Stomach and Spleen. For example, if Kidney *qi* deficiency is being treated via the Kid 3 or Kidney *yang* deficiency using Kid 7, the same evaluation can be made. We might notice improvement in the 'other Organs' and an increase in the overall harmony of the pulses.

What limits are there on this type of evaluation? Sometimes the above pulse changes indicate that the Stomach and Spleen are the *ben* and the other Organs are the *biao*. In this case, Stomach and the Spleen may be constitutionally weak and this weakness has been gently depleting the other Organs for years. Although this is often the case, it is not always so. The Liver may also have been imbalanced for other reasons, for example, by drugs, and it therefore won't respond to treatment on the Stomach and Spleen as much as another Organ, such as the Lung. This in itself is useful feedback and challenges us to know the aetiology of the patient overall. If this is the case it may indicate that the Liver needs to be treated directly.

Hence, the two changes to look for when treating an empty condition are improvement in the 'other Organs' and the overall harmony of all the pulses. Those who have not regularly evaluated a pulse change in this way may need to practice and accumulate examples. I can't guarantee it, but I think you will find that you have another tool to evaluate the efficacy of your treatment.

Mixed condition evaluation

When a patient has a mixed condition, there is both an empty condition as well as a full condition (or pathogenic factor). Let us assume that the pathogenic factor is Damp and that you have made some evaluation to determine the source: the environment, diet and/or a weak Spleen. How do we evaluate the change when needling to clear a pathogenic factor?

You cannot evaluate the change if you have used needles to clear the Damp and tonify the Spleen at the same time. For instance if you use Sp 3 and St 36 with a reinforcing technique and Sp 6 and Sp 9 with an even or reducing technique. Therefore, to take advantage of the improved evaluation you need to clear the

pathogenic factor first and only afterwards treat the empty condition. For some practitioners, this will be an unacceptable condition, especially, if when strengthening, they leave the needles in for some time. They might be unacceptably increasing the length of their treatment time. For those who strengthen by inserting the needle and within seconds withdraw it, the treatment time is hardly increased at all.

Damp is our diagnostic judgement. We believe that we need to clear Damp and tonify the Spleen. The judgement at stake here is the relative importance of clearing and strengthening. We are often not absolutely sure of the relative strength of the pathogenic factor as opposed to the upright *qi*.

Having carefully monitored the pulses before the needles are inserted and then inserted the needles in Sp 6 and Sp 9, we then carry out the evaluation. We feel the pulses after the needles have been in place for as little as two minutes and continue monitoring the pulse at various intervals. To measure the strength of the pathogenic factor, we notice if there is increase in the force and slipperiness of the pulse, especially of the middle position on the right hand side or wherever we felt the slipperiness to begin with. The greater the increase in the force and any increase in the feeling of slipperiness, the stronger the pathogenic factor. As the pulses are being compared they must be felt several times before we have a basis for an evaluation. The two most extreme outcomes are:

- The pulse increases in force and possibly also feels more slippery and both of these qualities continue, especially the increased force, for up to 20 minutes or maybe longer.
- The pulse does not increase in force and any slipperiness on the pulse hardly changes.

The first option indicates that the Damp is strong and almost certainly requires clearing before tonifying the Spleen. Option two indicates that the pathogenic factor is weak and you may wonder whether you needed to clear at all. After you have felt this pulse response on a number of different patients you will know the range of possible responses and thus be able to make this judgement.

An intermediate case might be that the pulse increases in force and slipperiness for seven to ten minutes and then reduces. At that moment the action of clearing is over and the needles can be removed. You can then proceed to strengthening the Spleen. This response indicates that there has been some Dampness present but not as much as in the above option one but more than in two.

By treating the Damp separately you will gain a more accurate diagnosis of the degree of Damp and relative importance of clearing Damp and strengthening the Spleen. I believe this refines the diagnosis and improves the subsequent treatments.

A herbalist can't proceed in a similar way. He would have to be with patient day by day, taking pulses and being able to change the prescription. Herbalists have other ways of assessing the patient's response to treatment, for example, prescribing smaller amounts to begin with or separating the clearing and strengthening herbs, but these can be inconvenient. For that reason, if I am going

to prescribe herbs I will often carry out three to four acupuncture treatments first. This enables me to have a better evaluation of the pathogen as opposed to the upright *qi*.

Other full conditions

The same process can be applied to harmonising the Liver. For example, the diagnosis may indicate that there is Liver *qi* stagnation, but to what degree? The assessment via the tongue, pulse and symptoms is sometimes clear, but in many cases the process of inserting needles into Liv 3 and GB 34 adds additional diagnostic clarity. The increasing fullness (and in this case possibly wiriness) and length of time the pulse remains fuller is an indication of the degree of Liver *qi* stagnation. The more the stagnation is arising from a chronic Liver pattern, the more the other pulse positions will show increasing harmony. (This is similar to treating an empty condition.) This process also indicates how long to leave the needles in – rather than the standard twenty minutes. If there is only a slight increase in fullness and the fullness disappears after only a few minutes, there is a lesser degree of Liver *qi* stagnation.

As practitioners learn to read the pulse changes, they judge when to move on from smoothing to strengthening. If your diagnosis indicates that you need strengthen a deficiency but the pulse of the Liver and Gall Bladder is wiry then you might find that strengthening the deficiency in another Organ, for example the Lung, removes wiriness from the Liver pulse. This suggests that the *qi* stagnation is coming in part from Lung *qi* deficiency, rather than Liver *qi* stagnation.

You can make a similar judgement if you are strengthening Liver Blood, Liver *yin* or even Kidney *yin*. Do the 'other Organs' improve and are they in greater harmony?

To summarise…

Although this approach takes some practice, I believe it can settle the relative importance of connected treatment principles. It can simplify the treatment strategy and produce deeper and more lasting results. When there is an empty condition, look to the change in the 'other Organs' as well as their greater harmonisation. In the case of a full condition when clearing a pathogenic factor, look for the signs of release, the increase in the pulse quality and the increasing force.

I am suggesting an ongoing quest for the simplest treatment and using pulses to refine the diagnosis. Every treatment is a diagnosis; the price is to treat one treatment principle at a time.

John Hicks is joint principal of the College of Integrated Chinese Medicine where he teaches and supervises students. He has been an acupuncturist. since 1975 and is also a Chinese herbalist. He has co-written three books: *Five Element Constitutional Acupuncture*, *Healing your Emotions* and *The Principles of Chinese Herbal Medicine*. He has a special interest in NLP used therapeutically. For the date of John and Angie's next CF seminar see p36.

❍♋&♓■♑ ♦♏■♦♏

Things make more sense when you study Chinese language, explains **Yu Hong Zhang**, and there are many benefits to learning about this 'essential missing link'

'The title of your article doesn't make sense', I hear you shout and I agree with you. However, if you went to the font menu in Microsoft Word and changed the font from 'Wingdings' to, say, 'Arial', these symbols would turn into 'making sense'!

Making sense is a vital process in human communication. We can either 'make sense' ourselves, which is defined as 'be intelligible, justifiable, or practicable' or 'make sense of something', which is defined as 'find meaning or coherence in'.[1]

This article is more about finding meaning and coherence, with a focus on the learning of Chinese language as a way of making more sense of Chinese medicine.

Nigel Wiseman, a strong advocate of recognising China as the source of TCM, believes that 'the study of Chinese language is the single most beneficial action that can be taken to enhance TCM educational standards in the West'.[2]

While not everyone would agree with Wiseman, it is more than likely that TCM students and practitioners who have studied Chinese language would agree that it has a beneficial effect on their study or practice, even if their primary objective is not to read original TCM literature. The overwhelming feedback from my Chinese language workshops, for instance, is 'Things make more sense now'.

So back to ❍♋&♓■♑ ♦♏■♦♏!

Now let's do a few tasks and see why learning Chinese language may be beneficial for the study and practice of TCM.[3]

The memory test

Studying any subject requires remembering and recalling names, facts, figures and so on. TCM is no exception. If anything, TCM demands more remembering and recalling, as many of its concepts and much of its terminology are 'foreign', i.e. they don't make sense straight away. Now, here is something we all know: things that don't make sense are harder to remember than things that do. Take a look at this combination of letters:

W epfo i uat ac tna

Unless you have a photographic memory, you might find these 'words' hard to remember. Even if you did learn them by rote, you would probably unlearn it very quickly. If, however, this combination were rearranged

into 'I want a cup of tea', the task would become much easier.

The same process is at work when students of acupuncture try to remember hundreds of acupuncture points. In China, these points are named but in the West they are numbered. While numbering has avoided the task of having to remember hundreds of names that would not make sense unless you know Chinese, it has also led to the loss of vital information embedded in these names.

The table below explains the Chinese names of four commonly-used acupuncture points.

It is probably because of the importance of the embedded meaning that some TCM colleges insist their students use the Chinese system of naming the points.

The pattern test

The reason that 'I want a cup of tea' is more memorable than '**W epfo i uat ac tna**' is because our 'brain behaviour appears to use pattern-making and rule-making'.[4] We look for structures, for patterns and for meanings: we constantly and continuously try to make sense of things. Even the numbering of acupuncture points is a kind of patterning, corresponding the ascending of the numbers to the travelling direction of the meridians.

The next task is related to both acupuncture and herbs. Take a look at the three symbols below. The letters in brackets indicate the pronunciation of the symbols.

火 (*huǒ*) 灸 (*jiǔ*) 炙 (*zhì*)

Points	Explanation of names	
	Literal translation	**Clinical relevance**
百会 ***bǎihuì*** **Du 20**	百 *bǎi* = hundred 会 *huì* = to meet/meeting	Meeting point of Hand *yang*, Foot *yang* and *du* Meridians. Can treat wide range of conditions, hence, the word hundred.
内关 ***nèiguān*** **PC 6**	内 *nèi* = internal 关 *guān* = barrier	When *yin* is blocked inside and fails to harmonise with external *yang*, this point is used.
风池 ***fēngchí*** **GB 20**	风 *fēng* = wind 池 *chí* = pond	Point where Wind Evil gathers and enters the head.
气海 ***qìhǎi*** **Ren 6**	气 *qì* = vital energy 海 *hǎi* = sea/ocean	Point where *qi* gathers and meets like hundreds of rivers rush into the sea.

It would probably not take long for your brain to work out that all three symbols contain the character 火. If you knew that 火 is Chinese for 'fire', would you not presume that the other two might have something to do with fire?

In fact, the second symbol is a combination of two characters, 久 (*jiǔ*) meaning 'long time' and 火 (*huǒ*), meaning, as we already know, 'fire'. This compound character is moxibustion in Chinese, the meaning of which now needs little explanation.

灸 also contains two elements: it is a picture of a piece of meat (a carcase) being cooked on a fire. Originally, 灸 means roasting meat but in modern Chinese, its meaning has become more general and can refer to roasting, grilling, parching or frying. 炙甘草 (*zhìgānčao*), therefore, refers to cooked/prepared liquorice or 'sweet grass' (甘 = sweet 草 = grass) while 甘草 is dried raw liquorice.

It is worth pointing out that ⺾ in the character 草, is a common component – also referred to as 'radicals' – used in constructing characters for nouns denoting 'grassy plants', such as:

薄荷(*bohe*), 茯苓(*fuling*), 荆芥(*jingjie*). [5]

Another common radical is 木 (tree/wood), which is used in constructing the following:

桂枝 (*guìzhī*), 枸杞子 (*gǒuqǐzi*), 桑枝 (*sāngzhī*), 枇杷叶 (*pípáyè*).

枝 (*zhī*), by the way, means branch, 子 (*zi*) means seeds/fruits and *ye* 叶 (*yè*) means leaves. Knowing how names of herbs are formed, and better still, how they are pronounced, should help not only to remember the names of herbs but what they look like. The names sometimes can also tell you what they smell or taste like, such as in 甘草 (*gancao* = sweet grass), 木香 (*muxiang / mu* = wood, *xiang* = fragrant), and 苦瓜 (*kugua / ku* = bitter, *gua* = melon), not to mention – as many of my students have experienced – that you may not have to repeat yourself any more when ordering herbs!

Finding meaning and coherence = ❍♋&♌■♍ ♦♏■♦♏!

Our brain looks for patterns because patterns often lead us to the discovery of meaning and coherence.

Meanings work at different levels: it could be about the pronunciation of an acupoint or the name of a herb, the understanding of a pathological process, or something much more profound, for instance, traditions and cultural values. All the characters below, for instance, contain the radical indicating disease as shown here in big lettering, their meaning, however, goes beyond the name, symptoms or signs of disease (note the character for 'thin'):

疒

病 (*bìng*) / disease, 痛 (*tòng*) / pain, 疯 (*fēng*) / mad; insanity, 痹 (*bì*) / blockage, 疹 (*zhěn*) / skin rash, 瘦 (*shòu*) / thin.

In the West, many equate being thin with being attractive. In China, however, 'thin' is traditionally considered as unhealthy: 'You've put on weight' used to be a common greeting and a compliment whereas 'You've lost weight' used to be a comment showing the concern of the speaker about the health of the listener.

'Language', as this example demonstrates,

‘is the roadmap of a culture. It tells you where its people came from and where they are going’.[6] Because of the intimate connection between China’s medicine and its culture, studying Chinese language provides useful and sometimes mind-blowing insight into a medical system that has evolved from folk medicine and witchcraft into a highly respected system of healthcare.

The quotation below succinctly summarises the close connection between China’s culture, its medicine and its language.

‘More than any other culture, China has maintained its traditional medicine, not only in folk remedies, but in mature and respected forms. In part, this unique stability can be attributed to a profound reverence for the past, religious beliefs based on ancestor worship, and a system of writing that is perhaps 6,000 years old.’ [7]

Conclusion

Many believe that in the scheme of things, our individual existence is trivial, insignificant, and even irrelevant. This, nevertheless, should not stop and has not stopped us from searching for meaning and coherence in the chaos that is the world we live in.

Many of us want to make a difference and we start from what we do. I specialised in medicine (Chinese and Western) and then in languages. One of my specialities now is teaching Chinese in the context of culture and medicine.

To teach is to learn. The more I learn about the Chinese language, the more fascinated I become: it feels like travelling back in time and having conversations with my ancestors. The wisdom, the intelligence and the sense they make of their world is truly amazing!

I feel privileged to have had opportunities to share my experience with many students and practitioners of Chinese medicine, who are often as passionate about Chinese culture as I am.[8] One student, an experienced acupuncturist and herbalist, writes in her feedback that the Chinese workshop has provided ‘the essential missing link in the teaching of traditional Chinese medicine’. She goes on to say, ‘Once the essential link is lost, the *ben* is rootless, the *biao* is wavering forever’.

There I rest my case, hoping I have been .

[1] The Oxford English Dictionary (askoxford.com)
[2] Conference publication, 2004 International conference on TCM, p13
[3] Chinese has other benefits as proved by a number of studies. For further information, please email c4culture@hotmail.com
[4] *Teaching Skills in Further and Adult Education*, David Minton, p159,
[5] All three are common herbs
[6] Rita Mae Brown www.worldofquotes.com 2007
[7] Lois N Magner, *A History of Medicine* 1992
[8] I have often met people who seem more passionate. As China is becoming more and more westernised, I can’t but feel that the survival of Chinese culture may depend on people like them. Ironic but unfortunately might be true

Dr Yu Hong Zhang trained in western medicine and TCM in China before studying the English language. A registered Chinese language (Mandarin) tutor since 1991, she specialises in teaching Chinese to native speakers of English. Yu Hong’s **Talk the talk** seminars regularly feature in the College’s CPD programme (see p36).

Treating children

Danny Blyth reviews Julian Scott and Teresa Barlow's paediatric acupuncture course

When a serious course on treating children became available I jumped at the chance to enrol. Since training in acupuncture and herbs, I have always dreamt of opening a children's clinic. And I was not disappointed with this course.

It had two vital ingredients. One was a depth of knowledge that can only come from years of practice in a single field – Julian and Teresa not only talk about Chinese medicine as it has been practised for centuries, but also Chinese medicine and how it relates to western children with western habits and values. The second basic ingredient was time. The course was spread over two years, with regular lectures. In between lectures there were assignments and case histories to complete, and a giant course handbook to contemplate. It allowed the time necessary for these new ideas and skills to be integrated into my practice in a way that a shorter course just could not have delivered.

There were unexpected benefits too. Because diagnosing children relies heavily on observation, my observational skills improved. And as many of the chronic conditions start in childhood my understanding of the

Danny (above) and Julian (right) treating children in their clinics. There are a few places left for the September intake of Julian and Teresa's course. For details go to paediatricacupuncture.com

progression of disease increased. Many of the lectures on subjects like learning disabilities, asthma and epilepsy also increased my general knowledge of TCM. I had to raise my game in terms of needle technique too in order to give painless (sometimes) one-handed treatment to children (you need the other hand to hold them still!). All of these things benefited not only the little folk in my clinic, but the big folk as well. However, there are drawbacks to the course. Like most of the good things in life it doesn't come cheap or easy. You have to allow time to complete the homework, learn and understand the material and attend the training days – this is definitely not a jolly with a bit of work thrown in so that the CPD book gets filled in.

There is an option to take just the 'basics of treating children' component of this course, which I would say is essential for anybody considering treating a child. If you are serious about treating children, even as a small part of your practice, taking the second level, or even the full course will not be a disappointment.

Danny Blyth studied acupuncture and Chinese herbal medicine at the College of Integrated Chinese Medicine and has a postgraduate diploma in Chinese language. He practises in Cheltenham and the Cotswolds where he also teaches *tai chi* and *qi gong*. Danny is leader of the study of herbs and formulae programme of the College's Chinese herbal medicine diploma course. For his **Feeding your qi** seminar details see p36.

Moving the shoulder blades

The first in a series of articles on Daoist *qi gong* and energy practices

Over this series I will develop three main themes:

- How to build a clear physical, mental and spiritual foundation in your practice, leading to balance and openness
- Key physical and energetic techniques on this road
- Practice tips for beginners and more advanced students, including how to adjust your practice in accordance with the season

The energy of spring and summer

Like the natural world around us, in spring the body and its energies want to awaken and open up. It is *the* time of year to ensure this happens, and nothing remains partially closed and stagnant. So you want to focus your practice on stretching your tissues open. See below for tips on 'stretching', opening up your breathing, and opening and closing the joints. This liberates energy stored in winter for the rest of the year, and channels your energy away from irritability and frustration into action and life, balancing the wood element.

In summer, the waking, excited energies of spring expand, relax and smooth out, much like the energy of a mountain torrent matures into the smooth, relaxed and expanded energy of a large river. Your outward growth, stretching and opening continues. But you focus less on waking all your energy up, and more on steadily encouraging it to move fully and smoothly throughout your channels, gates and points, and allowing it to fully express itself outwards, especially through circles and spirals. All this channels your energy away from being agitated and scattered into relaxed, coherent fullness, balancing the Fire Element.

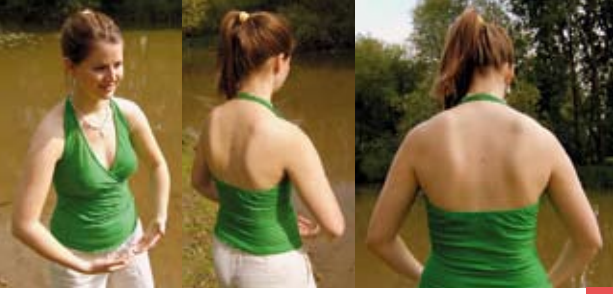
Key technique

Moving the shoulder blades

The continuous movement of the shoulder blades is a key physical technique in *tai chi* and *qi gong* which affects the entire upper body. Why is this?

When the body and its energies is free of blockages (as in a baby), as the arms move, the shoulder blades naturally move. Indeed, the movement of the arms is in large part activated from the shoulder blade area. This naturally activates all the tissues surrounding the ribs, neck and head, keeping them supple and mobile.

As we get older, tension builds and the movement of the arms often 'dis-links' from the shoulder blades which 'freeze'. The natural movement around the upper body caused by the arms and shoulder blades working together is gradually lost, and these areas become stiff, resulting in stagnation and pain. Particularly problematic is the stagnation which develops between the shoulder blades, as this closes the Heart points there, leading



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2

to stagnation in and around the heart itself which may lead to heart problems. Moving the shoulder blades in your practice and in your life is a natural and effective way to reverse this, it's a great time of year to develop this ability, and can easily be shown to patients!

Shoulder blade exercise for the whole upper body including the Heart

1. Sit or stand comfortably with the spine relaxed upright, your hands in front of your hip joints with the palms pointing up to the sky (position 1, shown above).
2. Move the elbows forward as the hands stay in front of the hip joints, and turn the hands and arms so that the backs of the hands face each other with the finger-tips pointing down to the ground. This opens up the space between the shoulder blades and the collateral meridians. Let it gently stretch all the tissues of the upper body.
3. Return to position 1.
4. Repeat 10 or 20 times.

Points to bear in mind…

- Have the shoulders and elbows hanging down relaxed throughout.
- Don't allow the neck to roll back as the shoulder blades separate, but keep it gently open and upright.
- As the shoulder blades separate, don't let the tissues between and around them stretch so much that they become taut and you begin to strain. Instead, let them spring back before they become taut, encouraging them to become as soft and elastic as possible. Actually feel for and develop this strain-free, elastic quality of your tissues. It is this that will release stagnation and open your body most effectively. This applies to all Daoist health exercises to release and open any of the tissues in the body.
- As with most Daoist exercises, keep the hands, feet, forehead and face feeling relaxed and soft, breathe naturally without holding your breath, and soften the eyes – especially at the important energy gates at back of the eyeballs. This helps relax the entire nervous system.

Experiment and play around with the exercise until you get all the tissues of the upper body to move and become more soft and springy, including the tissues around the head. It can gradually increase the mobility and relieve pain in these areas, and forms part of a Daoist technique to clear headaches and migraines.

With whatever exercises you are doing, of whatever kind, try to have your shoulder blades move freely whenever you move your arms!

Gio Maschio has studied *tai chi*, *qi gong* and Daoist meditation for over 15 years. He teaches the *qi gong* for acupuncturists course at the College, and gives seminars for the BAcC. He has had access to the teachings of Master BK Frantzis for over 10 years, and is certified by him to teach Energy Arts. He is director of Oxford Internal Arts, tutor to the Oxford School of Massage, and has an MA in philosophy. **website oxinar.com**

The multi-bed option

As permission to practise draws near, College of Integrated Chinese Medicine student **James Thirwall** assesses the effectiveness of multi-bed clinics

Studying to be an acupuncturist is not without its costs: college fees, textbooks, needles... So when, as with me, permission to practise is appearing on the horizon the mind turns to recouping the investment. But how much to charge? £35? £45? ... how about £12.50?

That's the price of a treatment at the multi-bed **Dragon Acupuncture Project** in Brighton, a community acupuncture clinic offering affordable and accessible treatment for all. And it's not alone in its mission. I spoke to three pioneers of this style of acupuncture in the UK to find out whether they had really done their sums.

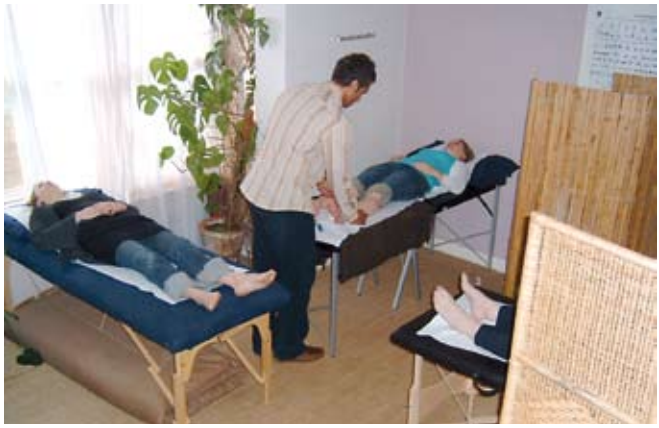
Offering low-cost treatment may be seen as something practitioners would want

to do when they are established and can afford to be 'charitable'. Not so for Nik Tilling, who founded the Dragon Acupuncture Project with Calum Thomson in November 2003 (both pictured here with Charlie Stone). Nik looked for an alternative way to practise because his 'wallet was empty'.

'It was based on disillusionment' Nik recalls, 'I wasn't seeing enough patients to make a living. All the altruistic stuff came later'. So today instead of seeing four or five patients a week Nik sees up to 23 per day.

This Brighton-based clinic has three practitioners working with eight couches, filled through appointment slots of 20 minutes. Each slot allows the acupuncturist to gather relevant diagnostic information and give the treatment before leaving the patient to relax with the needles. As well as financial stability, Nik is clear that the multi-bed model has allowed him to gain the depth of clinical experience which he felt was lacking from his training. 'After graduation I worked in a state hospital in Hangzhou' he explains, 'and the doctor said that I had good theoretical knowledge, but I realised that I was singularly unskilled in the act of performing acupuncture. I'm sure that by working in a multi-bed clinic a practitioner's knowledge will improve five to ten times faster than seeing just eight patients a day.' Little wonder then that people are queuing up to volunteer at the **Gateway Clinic** in Lambeth, Britain's largest multi-bed clinic which treats 400 patients a week on the NHS.

College of Integrated Chinese Medicine graduates Charlotte and Tom Brydon-Smith run **The Bigroom** community acupuncture clinic in Oxford, where an initial consultation costs £20 and subsequent treatments cost between £12.50 and £25, according to ability to pay. The need for clinical experience was a bigger motivator than money when they



A busy afternoon at The Bigroom in Oxford. Despite the option of speaking privately, patients tend to opt to stay in the communal area

started their clinic in 2006.

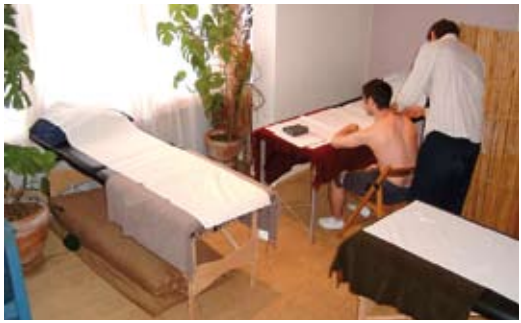
'Once all the sums have been done we sometimes wonder why we're doing it' says Charlotte, 'but we are investing in our experience and in our future as practitioners. You can feel exposed at times, and you are forced to confront issues of your own integrity and ability because how you are and what you are doing is wide open for everyone, including your colleagues, to see.'

Diagnosing and treating in front of a collection of patients and colleagues brings a working dynamic that Nik revels in. 'It's mutually supportive. There's a lot of banter and energy and it's great to be able to call on someone for a second opinion. It sounds counter-intuitive but you actually get more energy by working in this way. It's also safe. The practitioners don't have to worry about being accused of misconduct and patients feel more comfortable too. A woman who may be wary of undressing in front of a male practitioner behind closed doors may feel less inhibited here.'

This potential for lack of privacy may put some people off going to a multi-bed clinic but much attention has been paid to this at The Bigroom. Bamboo screens section off the room and both practitioners are skilled at giving their undivided attention to each client during treatment and diagnosis. Patients do have the option to speak to a practitioner in private but this is rarely necessary and Charlotte thinks that this is due to a common bond in the room. 'Patients learn a lot from being together and realising that their pain is not necessarily unique but often a shared experience amongst us all' she feels, 'and it's powerful to be in a shared room alongside a patient crying. It's likely people involved in this experience may walk away with a greater respect for the tenderness of the human condition.'

A side room for privacy is also offered at the Dragon Acupuncture Project, but an audit of the patients found that the majority preferred the communal atmosphere. 'Our patients felt that they got more privacy in the shared room than they ever had in a one-to-one consultation' says Nik, 'they liked that they were treated with acupuncture then left to be with the needles instead of having the practitioner sit with them for twenty minutes. Some practitioners feel the need to do that but people can find it intrusive'.

Of course, there are some limitations to treating in this way as certain techniques are unsuitable. *Tui na*, *guasha* and cupping are used less often as they can tie up a practitioner's time. If it is felt that a patient would really benefit, they may be asked to book in for consecutive slots. Nik feels that 'patients are happy to do this because they have a real commitment to the process as a



result of being able to access it'. This trust and goodwill is something Tom Brydon-Smith (shown treating, above) also recognises 'Just as an expensive treatment may induce high levels of commitment and compliance from patients, so too does low-cost treatment'.

So with all of these benefits to both practitioner and patient, why are there not more multi-bed clinics in the UK? It appears that in the 70s when acupuncturists began to come back from China (where they studied in multi-bed hospital clinics) they adopted the model of psychotherapy and counselling which we have today. This model of singularity – one practitioner, one patient, one hour, one couch, one fee – is now being challenged by the multi-bed model to which Nik believes acupuncture is 'uniquely suited'. Sands are also shifting in America with the establishment of the **Community Acupuncture Network** (CAN) which comprises 33 affordable multi-bed clinics in 14 states. Founder member Lisa Rohleder holds monthly seminars on setting up highly profitable multi-bed clinics which are 'not a social service or a charity, but a business'.

One person who doesn't need to go to this seminar is Nik Tilling, who worked out the economic benefits for multi-bed clinics long ago. 'By treating three people an hour for £12.50 I began to actually earn £37.50 an hour, instead of a hypothetical £37.50 which I would have got if a patient ever turned up for a one-to-one consultation.'

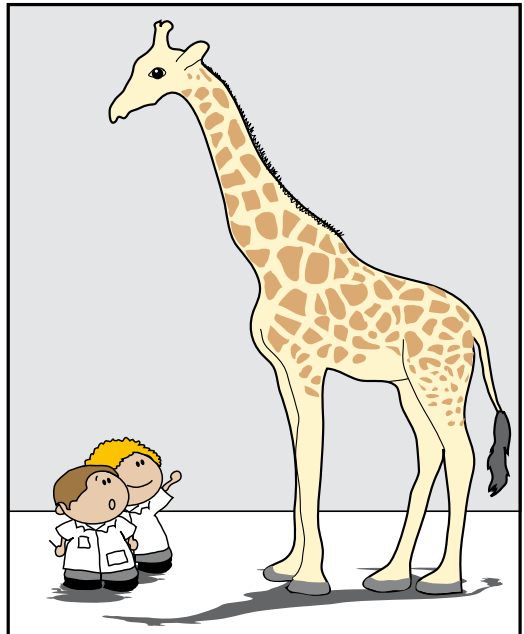
So perhaps it's time for more acupuncturists to reject what Lisa Rohleder believes is a 'dysfunctional' model of practice in favour of 'social entrepreneurship' – creating a business that mutually benefits the community and the practitioner. You never know – your patients, your clinical expertise and your bank balance could all improve as a result.

Dragon Acupuncture Project, Brighton
dragonacupunctureproject.co.uk

The Bigroom, Oxford
bigroomacupuncture.co.uk

Community Acupuncture Network, USA
communityacupuncturenetwork.org

James Thirwall is a student in the 04.1 year group at the College of Integrated Chinese Medicine and will soon have permission to practise. He plans to work in Oxford and is hoping to follow some of his own advice.



'Mmmmmm … I just knew you'd say Du 20'

Acupuncture and breast cancer

Her studies at this College and her passion to see acupuncture treatment as an option within the NHS sent **Beverley de Valois** on a path to research, and a PhD

I didn't set out to become a researcher! I was intrigued by the introduction to research during my training and was particularly fascinated by the College of Integrated Chinese Medicine's outcome study: here was evidence of what patients experienced as a result of their treatment. But on graduating from this College, my passion was for working with people living with cancer, and I was determined to introduce acupuncture as an option for patients in the NHS.

When I joined the Lynda Jackson Macmillan Centre (LJMC), a cancer information and drop-in centre linked to Mount Vernon Cancer Centre in Northwood, Middlesex, as a complementary therapies coordinator who also practised acupuncture, I was convinced my dream would become reality. However, I soon found that the medical professionals were wary of letting 'lay acupuncturists' (their terminology!) practise 'invasive' therapies on their patients. Furthermore, in the cancer sector, it is clearly understood that complementary therapies are used solely to make people 'feel good', and there was reluctance to introduce a therapy that makes claims to benefit specific health conditions. However, I persisted in trying to create the opportunity to use acupuncture in this cancer setting. Eventually, it was agreed that I could introduce acupuncture, so long as it was 'assessed'. This meant carrying out some form of research. The LJMC had some acquaintance with Western medical acupuncture and its usefulness in pain control. My aim was to implement traditional acupuncture, and to prove that it could not only improve specific symptoms, but that it could lead to improved overall wellbeing in patients.

The subject of my research

My research explored the use of two models of acupuncture to manage hot flushes and night sweats (HF&NS) that are a side-effect of adjuvant hormonal treatments (primarily tamoxifen, but also the aromatase inhibitor arimidex) used to prevent recurrence in women with early breast cancer. Briefly, the research comprised two consecutive single arm observational studies, using before and after measurements with participants acting as their own controls.

In **Study 1**, I used 'traditional' acupuncture (TA), the term I used to describe the integrated approach taught at the College of Integrated Chinese Medicine, which draws on the theoretical frameworks of both Eight Principle and Five Element constitutional acupuncture.

This approach contrasts with the Western medical acupuncture practised by most of the medical professionals I encounter in my NHS work. Important differences include the concept of individualised treatment for each patient; the dynamic nature of treatment, where treatment priorities and points can change as the patient changes; the focus on establishing rapport with the patient; and the underpinning theory of the '*qi* paradigm' – all concepts which are generally not subscribed to by Western medical acupuncturists.

In **Study 2**, I chose to explore what effects standardised treatment might have. For reasons to do with ease of implementation in the NHS setting, I settled on using the National Acupuncture Detoxification Association's (NADA) five-point ear protocol, which mapped convincingly to the treatment principles I had used in **Study 1**. The NADA protocol is usually delivered in a group setting, thus providing the potential to treat the large numbers of women suffering from tamoxifen-related HF&NS. However, would women in the UK accept treatment in a group?

In both studies, 50 women completed a course of eight acupuncture treatments, administered once a week. They completed outcome measures including hot flush diaries and the women's health questionnaire at five measurement points during a 30-week observation period.

Full details of this study are recorded in my unpublished PhD thesis (de Valois 2006), a copy of which is available at the College.

And the results?

The results were interesting and promising! The studies were designed to investigate three main questions:

- Could acupuncture have an effect on hot flush frequency?
- What effect might acupuncture have on overall physical and emotional wellbeing?
- Is acupuncture treatment acceptable to women who have had invasive treatments for breast cancer (and in **Study 2**, is treatment in a group acceptable)?

In **Study 1** (TA), forty-eight women recorded a mean reduction in hot flush frequency of 49.8% over baseline (95% CI 40.5 - 56.5), and this reduction was statistically significant ($t = 8.72$, $df = 47$, $p < 0.0001$). The group showed improvements in overall physical and emotional wellbeing, specifically with regard to anxiety/fear, depressed mood, memory/concentration, menstrual symptoms, sexual behaviour, sleep problems, somatic symptoms, and vasomotor symptoms – all of which are domains measured on the women's health questionnaire.

In **Study 2** (NADA) forty-seven women recorded a mean reduction in hot flush frequency of 35.9% over baseline (95% CI 25.4 – 45.4), and this reduction was statistically significant ($t = 5.79$, $df = 46$, $p < 0.0001$). The group showed significant improvements in anxiety/fear, depressed mood, memory/concentration, sleep problems, somatic symptoms, and vasomotor symptoms.

Overall, the women in both groups found acupuncture acceptable, and the majority of women in **Study 2** found treatment in the group setting to be beneficial as well as acceptable (see Walker et al 2004, de Valois 2006, Walker et al in press).

Switching to a doctorate

Midway through the research, I decided to use this work as the basis of a PhD. I felt that this would give the work more status within the NHS (where complementary medicine is not highly regarded, and these studies ran the risk of being lost or forgotten), and would

Where it all began. Like these students, shown enjoying a break between classes, Beverley studied at the College of Integrated Medicine where her interest in research was first triggered

also contribute formally to the acupuncture profession's understanding of how to treat HF&NS in women with breast cancer.

Completing a doctorate is a challenging project, but it offers the opportunity to learn so much! Not only did I have to become fully conversant with the literature across a range of subjects, but I learned how to manage the analysis of the statistics used in my study – a real challenge, given my dislike of anything remotely mathematical!

It also took me down avenues to explore and debate a range of subjects (including appropriate research design for acupuncture studies), encouraged me to be reflexive about my own work (both as practitioner and researcher), and enhanced my ability to understand and critique research (that of others and my own).

And it tested my organisational skills, my resolve, and my ability to complete a large-scale, long-term project.

Rewards, opportunities, challenges

Obtaining a PhD was the greatest personal reward of this work, and my graduation day was one of the proudest in my life. Professionally, I am pleased that the LJMC has opened an acupuncture service to manage HF&NS as a result of the research, and it now promotes acupuncture as an option for patients with cancer who are seeking information about how to manage their symptoms and side-effects. It is somewhat frustrating that they have chosen the NADA version of the acupuncture, and they remain rooted in an (unproven) belief that traditional, individualised acupuncture is too expensive an option for the NHS (in spite of the evidence that suggests its effects are far superior to the NADA treatment!).

As an acupuncturist, it was exciting and a privilege to treat the 100+ women who participated in the studies. As a 'generalist' in my private practice, it was interesting to work intensively with a large number of patients

presenting with the same main complaint, and to observe the differences in underlying syndromes and reactions to treatment. For me, the most amazing phenomenon was observing how using Five Element blocks to treatment (Hicks et al 2004) could have outstanding effects on the progress of some of the participants. It was also interesting to restrict myself to the use of the NADA protocol in **Study 2** – while this challenged my commitment to individualised treatment, it certainly appears to have an effect, and the participants appreciated the group treatment.

As a researcher, obtaining a PhD means I can progress to the next stage of development, which is to conduct research at a post-doctoral level. I have dozens of ideas for further acupuncture research, and my research to date confirms my conviction that acupuncture can benefit people who live with cancer. The challenge lies in obtaining funding, especially when the major funding agencies insist that acupuncture research should be designed with set point protocols, and that sham acupuncture should be used as a control. Both of these criteria seem to me to be inappropriate, and my biggest challenge is going to be in attempting to obtain funding for study designs that allow flexibility of treatment approaches, and avoid using sham comparison arms.

My advice to others

Although I did not set out to be a researcher, it has been a challenging and informative experience to conduct research, and to complete a PhD in the process. The last seven years (the time taken to do this work) have been in turns frustrating and enlightening, and I have experienced both the satisfaction of achievement and numerous periods of despair.

Colleagues considering this route: be aware that research into complementary medicine is a challenging field of endeavour. It requires commitment and drive, helped if fuelled by a passion intense enough to help overcome obstacles (including mounds of paperwork!). But work in this area still affords great opportunities, and the possibility of facilitating change – for patients, in organisations, and in people's perceptions of acupuncture. After all, what better reward can there be than to receive study feedback such as this summary from one participant in my research: 'I would recommend acupuncture as my quality of life was much improved as a result'.

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Acknowledgements

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Beverley de Valois graduated from this College in 1999. She has had a long-standing interest in working with people with cancer, as an aromatherapist and as a research acupuncturist. Her complementary medicine PhD (2007) is from Thames Valley University, where she was also a senior lecturer at the Centre for Complementary Healthcare and Integrated Medicine. She has a private practice in Uxbridge, Middlesex, which focuses on complementary healthcare for women.

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The changing face of herbal medicine

Newly-appointed director of Chinese herbal medicine **Tony Booker** looks at current changes in the law and asks, is now a good time to consider training as a Chinese herbalist?

There is some understandable confusion about the proposed new forms of the law, much of which arises from the fact that we have three separate but linked pieces of legislation in development at the same time, namely the reform of sections 12.1 and 12.2 of the Medicines Act 1968, and the statutory regulation of practitioners.

In order for the smooth transition to regulation by the Health Professions Council (HPC) and practitioners to be able to carry on their business as prescribers of Chinese herbal medicine, these three separate parts of the legislative process need to be fitted together. This will have some affects not only on how Chinese medicine is delivered but also on how it is taught in colleges.

In this article, I would like to focus on section 12.2, as this is the one that most affects acupuncturists who prescribe patent remedies. It is also the one that has been developed the furthest and has had the most publicity, mainly for its effects on the over the counter (OTC) market. In the past, it has been this piece of legislation that has allowed herbal products to be sold OTC in places like health food shops – provided they made no medical claims.

One of the scheme's main weaknesses was the lack of specific quality assurance guidelines for these products, so the public were faced with a vast array of products of varying quality with no reliable way of assessing which were made to a good standard.

So what do I mean by a good standard? Here are my criteria for a quality herbal product:

- It should contain what it says it contains, at sufficient quantities to achieve its intended purpose.
- It should be free from contamination and within acceptable limits for impurities such as pesticides.
- It should last a reasonable amount of time without going mouldy.
- If it is a tablet, I would expect its dissolution rate to have been checked so it doesn't pass all the way through to my large intestine before finally falling apart.

This doesn't seem too much to ask, and as you may have guessed, I am very much in favour of the proposed reforms that will give all of us access to quality herbal medicines that are fit for their intended purpose.

Now when I say proposed reforms, actually this piece of legislation is already in force, and the Herbal Medicines Advisory Committee has already given its approval for several licenses for herbal medicines.

Where these licenses differ from standard

medicines licenses is that the company does not have to prove efficacy, which is a costly process involving double blind trials and lots of manipulating of statistics. Instead herbal medicines have been allowed to make medicinal claims based on long-standing use, set currently at 30 years. This aspect of the reform led to the new scheme being called the Traditional Herbal Medicinal Products Directive (THMPD). And apart from the relaxation of requirements on proving efficacy, this piece of legislation ensures that – as far as possible given the intrinsic variability of natural products – all OTC herbal medicines are made to similar quality standards as those which apply to allopathic drugs.

One of the biggest consequences this will have on the Chinese herbal profession is in how it will effect acupuncturists using pre-prepared remedies (patents).

By 2011 all industrially-produced products that make a medicinal claim – which includes patent medicines – will need to be licensed under the THMPD. This presents two major problems. First the nature of prescribing patent remedies requires some practitioner intervention and the formulae involved are generally not suitable for OTC use. Second, the multi-herb formulae present companies with some major practical challenges in terms of the analysis required in order to comply with THMPD specifications.

Because of this it has been proposed that acupuncturists be given the title 'authorised healthcare professional' along with registered herbalists – a title that is currently only given to doctors and dentists. This would allow acupuncturists to commission a third party to make up their patent remedies according to their specification. In practice little may change, but the emphasis will be on the practitioner being in control of the process rather than the supplier.

This will of course have implications for the standards of training offered by patent courses and is one of the main reasons that we at the College of Integrated Chinese Medicine are **restructuring our herb diploma course**. Rather than offering separate training in patent medicines, we will be offering a **one-year certificated course in Chinese herbal medicine**. This certificated course will allow acupuncturists to prescribe designated patent remedies and – even better – it will give them the opportunity to make a smooth transition to diploma-level training and beyond.

We will be **launching the new certificate and diploma courses in spring 2008** and there are also plans in the pipeline to offer an **MSc in Chinese herbal medicine**. Details will be available in the new herb course prospectus, out this autumn. In the meantime if you'd like to discuss this training, and what it can offer you please arrange to speak to me by ringing **0118 950 8880** or email **charlotte@cicm.org.uk**

Tony Booker has been practising Chinese medicine since 1994. Initially trained as an analytical chemist, he went on to graduate in acupuncture and Chinese herbal medicine and study at postgraduate level in the UK and Hangzhou, China. He is president of the RCHM and sits on the Herbal Medicines Advisory Committee (the body which advises the medicines regulators and government on herbal issues). Tony works as a practitioner in clinics in Kent and maintains his own Chinese herbal dispensary integrated within an allopathic pharmacy. In April 2007 he was appointed director of Chinese herbal medicine at this College.

fifteen treasures

Lonny Jarrett

What is your idea of happiness?
Giving everything to living my highest realisation. Having a clear conscience.

What is your greatest fear?
Compromising.

Which historical figure do you most identify with?
Jesus and Buddha were pretty impressive. But for sheer exploding passion, vulnerability, humility, and beauty I deeply love Jimi Hendrix.

Which living person do you most admire?
My teacher, Andrew Cohen. He had an awakening to the absolute 22 years ago and has never once moved from it. Most impressive.

What is your favourite smell?
The back of my children's necks just after they were born.

What is your favourite book?
The one I'm currently writing. It's tentatively titled *The Absolute Practice of Medicine*.

What is your favourite fantasy?
The arrival of heaven on earth as a matter of human choice, NOW.

For what cause would you die?
Truth. Believe me, I'm trying!

What is your greatest regret?
Having caused pain to others out of my own selfishness.

What trait do you most deplore in yourself?
The willingness to not live up to the highest I know when under stress.

What trait do you deplore in others?
The willingness to turn their back on the highest they know when they don't feel like living up to it.

When were you happiest?
In the realisation that I always have been, and never could be anything but free. And that freedom is a choice.

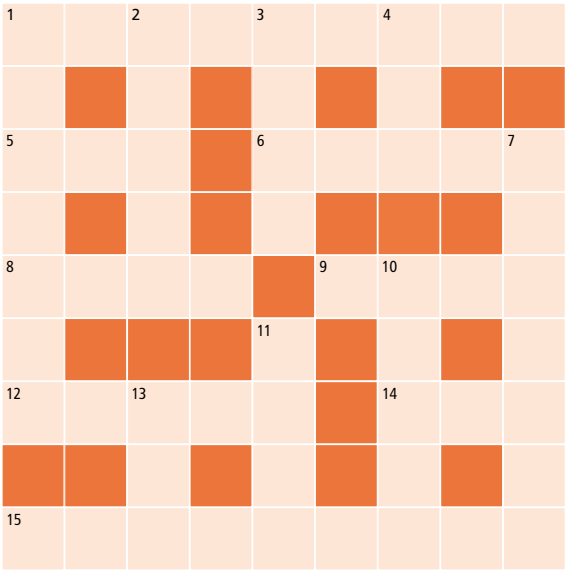
What keeps you awake at night?
These days I sleep soundly with total surrender.

How would you like to die?
Knowing I had done everything I could do to honour that which puts me here.

What is the most important lesson life has taught you?
There is only one. One patient, one ego, one true self, one practitioner, one parent, one child, one lover, one human. Only one.

Lonny Jarrett has been active in the field of Chinese medicine since 1980, teaching and publishing in leading professional journals. He holds masters degrees in both acupuncture and neurobiology. Currently, he teaches seminars on inner traditions of Chinese medicine as well as Chinese pulse diagnosis. Lonny maintains his full-time practice of acupuncture and herbal medicine in Stockbridge, Massachusetts, USA

crossword



Across

1 Jing (essence) is an aspect of this (2 words)
5 Eggs
6 The direction of Fire
8 Important in the voice for diagnosis
9 Patients have this both physically or emotionally
12 Governing vessel (2 words)
14 Full
15 The overall outcome of an acupuncture treatment

Down

1 A pulse quality
2 We do this with a needle for a full condition
3 The direction dof Wood
4 *Pin yin* for Kid 21 _ _ _men (3 letters)
7 _ _ _ _ _ _ _ cup GB 38 (7 letters)
10 An 'oh yes!' point
11 Not a symptom
13 Petit _ _ _ a seizure (3 letters)

acudoku

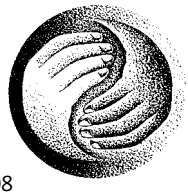
				I				T
				U			O	C
I			A		S	U		
O		T			C		A	
	C						T	
	P		U			O		I
		O	T		N			P
C	T			P				
S				C				

Our akudoku is a form of sudoku – but with letters rather than numbers. Fit the nine letters of the word ACUPOINTS into the grid – each letter should appear only once in each row down and each row across, and once in each mini-grid of nine squares.

Solution to the crossword in the last issue

P	A	T	H	O	G	E	N	I	C
O		R		V	A		A		H
I		I		A	N	G	I	N	A
N	A	P	E			C			R
T		L			H	E	S	E	A
C	H	E	E	K			P		C
H			Y			C	L	O	T
A	R	T	E	R	Y		E		E
R		O		O	A		E		R
T	R	E	A	T	M	E	N	T	S

CPD events for acupuncturists



Peter Firebrace 24 Sep 2007
The Yuan Source points
Exploring the concept of the Source or Origin.

Radha Thambirajah
2–3 Oct 2007
Cosmetic acupuncture
Needling and energy balancing methods to treat the skin.

Peter Mole 11 Oct 2007
Five Elements at the heart of integrated treatment
Using the values and priorities of Five Elements and TCM.

Mike Cassidy 22 Oct 2007
Auricular acupuncture: an introduction
Hands-on explanation of ear acupuncture techniques.

Tony Brewer 7 –8 Nov 2007
The spine: examination and treatment
Using acupuncture and physical techniques.

Alex & Judi Brazkiewicz
13 Nov 2007
Emergency first aid course
Maintain and update your knowledge of first aid. How to react in an emergency. Latest health and safety legislation.

Sandra Hill 6 Dec 2007
Eight Extraordinary Meridians
Exploring the fundamental patterning of the *qi jing ba mai*.

Alex & Judi Brazkiewicz
11 Dec 2007
Emergency first aid course
Repeat of the 13 Nov course.

Yu Hong Zhang 14–15 Jan 2008
Talk the talk: Cinese language for acupuncturists
For complete beginners, both students and practitoners.

Tony Brewer 13–14 Feb 2008
The limbs: examination and treatment
Treating common limb injuries. For those who have attended Tony's seminar on the spine (see 7–8 Nov).

Charlie Buck 24 Jan 2008
Paths to mastery
Insights into Chinese medicine and culture.

Charlie Buck 25 Jan 2008
Needling skills workshop
A chance to re-inspire your needling technique.

Danny Blyth and Greg Lampert 21 Feb 2008
Feed your qi
How to incorporate nutrition into your treatment advice.

Angela and John Hicks
28 Feb 2008
Getting better at getting the CF
Workshop exploring the CF.

Jason Robertson
11–12 Mar **or**
13–14 Mar 2008
Channel palpation
Introducing this classical diagnostic technique.

Bruce Frantzis 26 Mar 2008
The Fire Element and the Heart
Qi gong workshop with this Daoist lineage master.

Alex & Judi Brazkiewicz
24 Apr 2008
Emergency first aid course
Repeat of the 13 Nov event.

Jeffrey Yuen 29 Apr 2008
The spiritual development of a healer
Roles of the healer from clinician to shaman.

Jeffrey Yuen 30 Apr 2008
Chinese medical gynaecology
Guiding principles and doctrines of *fu ke*.

Rachel Peckham and Jacqueline Mangold
12–13 May 2008
Substance misuse
The NADA five-point ear detox protocol.

Steve Gascoigne 9–10 Jun 2008
Diseases of the endocrine system
Treating the main conditions.

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top tips collected by Angie Hicks

Needle technique

To open this series Angie asks some skilful needle technique experts to share their advice

Needles are the tools of our trade. We can make a correct diagnosis and plan a wonderful treatment but the actual skill of giving an acupuncture treatment lies in our needle technique. So it seems fitting to start this series of top tips with some practitioners' thoughts about needling skills. I asked various practitioners who have shown a special interest or expertise in how we needle:

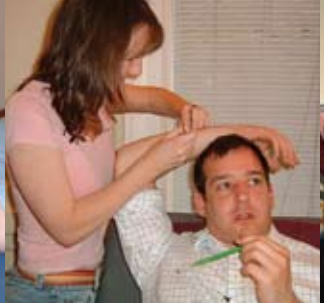
What is currently most important to you about needle technique, and why?

Three of the practitioners who contributed were **Charlie Buck** whose needling skills seminars regularly feature in our programme of CPD events (see opposite), **Giovanni Maciocia** who has, of course, written many of our most highly respected acupuncture text books and **Julian Scott**, who has recently made a DVD about needle technique. Needle technique experts at the College also contributed. **Michael Ng** is module leader for needle technique, Billie Wray introduces the students' first needling session and **Jill Glover** teaches needling in the third year of the acupuncture degree course. Finally **Jan Stringer**, acupuncturist and microbiologist, contributed her knowledge of clean needle technique.

First, when attending to the patient just after the needle is inserted Giovanni Maciocia told me that in his opinion needling in the direction of the *qi* is important. He said, 'When needling and obtaining *deqi*, before the actual needle manipulation, the direction of needling is important. If *deqi* does not arrive, I usually lift the needle very slightly and change direction very slightly. It is important to visualize the channel flow when doing so.'

Julian Scott also sees the flow of *qi* as important. He said 'I like to be aware of the *qi* and to get a sense of tonifying and dispersing. Twiddling to the right or to the left does not matter so much, provided that the *qi* flows in the right direction'.

Following on from this, Charlie Buck states that knowing what is appropriate for the patient is also important, and that comes from the clarity inside us. He agrees with Julian that the 'twiddling' is less important. He says, 'If there is magic in acupuncture I feel it lies in the way we can learn to stimulate appropriately to catalyse beneficial change. For me it's more than just sticking needles in and twiddling a bit. Knowing what is appropriate comes from lucid Heart *shen*. It involves recognising that different situations need widely differing stimulation from light to heavy, deep to superficial, moving or still and so on. Chinese metaphysics is all very nice, it is what attracted me in the first place, but I now believe I am more likely to achieve mastery by deliberate, focused and knowing practice than through profound metaphysics. For me

knowing how to tell what is most appropriate is where the true magic lies.' Well he should know – his postgraduate CPD needling skills course is so popular that it has been repeated in the College seven times so far!

A combination of internal clarity and good technique continues as the theme with Michael Ng, Billie Wray and Jill Glover who all express this in different ways. Michael says, 'One of the most important aspects of acupuncture is the use of "intention" by the practitioner when treating patients. The practitioner must be clear as to what she or he wants to achieve, for example, to tonify or reduce *qi*. Good needling technique will help her or him as it provides the platform to develop and use her or his intention. It is important for the practitioner to be consistent in needle technique – s/he should manipulate the needle (for tonification, even or reduction) in a certain manner consistently. When this becomes automatic with practise, the practitioner can then be more focused with his or her intention in working with the *qi*.'

Billie Wray said, 'As the practitioner you need to be present and your intention needs to be well focused. Also practise your finger force so that your needle can get to where it needs to go smoothly with your *qi* behind it.' Jill Glover adds, 'When you put the needle in, focus on the intention of what you want the needle to do right there with the person'.

Finally, on a different note, microbiologist Jan Stringer has words of wisdom about clean needling. She lets us know the most important thing by far is to avoid touching the shaft of the needle. 'Use a sterile needle for every insertion and *never* touch the needle shaft whilst you are putting it in. If you can do that the rest is just the icing on the cake!'

So what are my own thoughts about needling? One practical thought. Pointing the fingers downwards in the direction of the needle helps us to focus the *qi*. Many of you already do this but if you don't, try it out, and see the difference it makes to your ability to obtain *deqi*.

Overall these top tips emphasise different aspects of needle technique and also highlight things in common. One aspect in common is the need to be present and make a connection with our patients and their *qi* via the needle. This can be done by refining our needle technique itself as well as via our internal experience and intention. Someone spoke to me recently about a 'resonance' that can sometimes be felt at that moment when the *qi* comes to the needle. By honing and developing our skills, we can increase our sensitivity to these sensations and the patient's *qi* and how this affects our patients' health.

Angie Hicks is joint principal of the College of Integrated Chinese Medicine. She has been an acupuncturist since 1976 and is also a Chinese herbalist. She has co-written six books including *Five Element Constitutional Acupuncture*, *Healing your Emotions* and *The Acupuncture Handbook*. She is especially interested in body-based therapies, *qi gong*, meditation and focusing.

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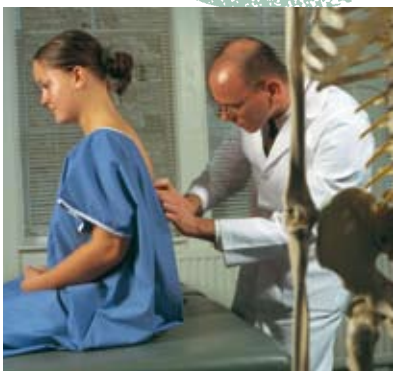

We also train practitioners of **Chinese herbal medicine**, with a new certificate and diploma course launching next spring and plans in the pipeline to offer an MSc programme.

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