UK Centre of Chinese Medicine
英国中医药中心

ISSN: 2632-7465

THE EUROPEAN JOURNAL OF CHINESE MEDICINE

VOLUME 4



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The European Journal of Chinese Medicine Volume 4

Publisher: UK Centre of Chinese Medicine

Editors: George He, Claire Carson, Joe Quieros

Design & Graphics: Claire Carson

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How to treat brain fog post COVID 19?



Dr Tiejun Tang
BSc MSc PhD

Profile

Dr. Tiejun Tang has 39 year's clinical experience. He has studied and worked at 5 different famous medical universities in China. He has practiced at 3 top university hospitals and has taught Chinese Medicine at 2 universities. He was appointed as a vice professor at Sun Yat-Sen University of Medical Sciences in 1999, when he worked as post-doctoral researcher.

Since he came to UK in 2005, Dr. Tang has worked at the teaching clinic of Middlesex University as a clinical tutor and senior lecturer of Chinese Medicine and acupuncture. He worked part-time for 8 years at the NHS pain clinic in Whittington Hospital.

Dr. Tang was elected as the vice Chairman of the World Traditional Medicine Forum; Vice Chairman of Special Committee of Clinical Cases Study of WFCMS; Vice Chairman of Special Committee of Epidemic Disease of WFCMS. Member and Chairman of Chinese Medicine Alliance UK (CMA), Board Member pf the BAF

Dr Tang was selected as a consulting expert of Benchmark for Practice in Acupuncture of World Health Organization (WHO).

"Brain fog" is not a medical terminology, but a colloquial term used to describe slow or fuzzy thinking and slowed-down cognitive response. The symptoms are various depending on different body constitution, such as confusion, memory loss, difficulty recalling words, slow thinking, difficulty concentrating, and being easily distracted. Symptoms of brain fog can appear during the recovery period after many viral infections. Serena Spudich, a professor of neurology at Yale University, reported that a person seems to experience more cognitive slowing and emotional problems after contracting the coronavirus than most other viral infections.

Neurological symptoms occurred in 80% of hospitalised patients with COVID-19 investigated in one study.[1]. A survey study published in Eclinical Medicine, The Lancet showed that in 3,762 people with confirmed or suspected COVID-19, 85% reported brain fog [2]. According to a study published in PLoS Medicine in September 2021, 36.55% of people infected with COVID-19 recover with sequelae during the 3-6 months.[3]

This condition, often referred to as long COVID, a common and particularly difficult problem with long COVID is brain fog. Why does brain fog occur? How to diagnose and treat brain fog in traditional Chinese Medicine and western medicine? These questions are important in the long-term treatment of COVID-19 and significant to a nation's medical system. In this work, we aim to provide an alternative view (TCM) in treating brain fog.

The Mechanism of Brain Fog and the Pathogenesis of TCM

The reason of brain fog is not very clear in modern medicine, but Dr. Spudich believes the most likely cause was inflammation caused by the body's immune response, rather than the virus itself. A study issued in the March 2021 found autoantibodies in the cerebrospinal fluid of COVID-19 patients with neurological symptoms [4].

This result suggests that the generation of brain fog may have its pathological material basis, and it is not entirely a psychological problem. It's also possible that the virus itself has somehow entered the brain, possibly by spreading through the top of the nose or by infecting cells known to cross the blood-brain barrier. But in a study by Columbia University published in September 2021, no evidence of coronavirus RNA or protein was found in brain cell samples from 41 people who died of COVID-19 [5]but a recent study published in Nature shows strong evidence for brain-related abnormalities in COVID-19.

In this study, researchers investigated brain changes in 785 UK-based participants (aged 51-81 years) who underwent imaging twice and found reduced grey matter thickness and tissue contrast in the orbitofrontal cortex and para hippocampal gyrus, which is correlated with changes in functionally relevant regional tissue damage markers, and overall causing brain-capacity reduction.

This explains why infected participants also exhibited greater cognitive decline on average between the two time points. However, whether such deleterious effects can be partially reversed or whether these effects will persist in the long term remains to be further investigated.[6].

Traditional Chinese Medicine Theory believes that people's spiritual consciousness activities are dominated by the heart. "Huangdi Neijing" (Inner Canon of the Yellow Emperor) recorded: "The heart is the official of the monarch, whom in charge of the consciousness." ZHANG Jiebin (a Chinese Physician, 1563-1640) explained: "The heart is the king of a body, with a vain spirit and it has the ability to cope with many changes.

All the internal organs and the whole body are controlled by heart, thus, wisdom and spiritual comes from the heart. And the consciousness comes from heart". In the words of Traditional Chinese Medicine, the brain belongs to the "extraordinary Fu-organ ", with a function in regulating mental activities. JIN Zhengxi (1598-1645) of the China's Yuan Dynasty said: "The memory and people's inspirations lie in the brain. Children's brains are not full but with gradual growing. Old people's brain is gradually empty, therefore with memory declining."

There have been some debates in the field of Chinese Medicine about whether the heart dominates mind or the brain dominates mind. Professor DENG Tietao (the author's supervisor) published "The scientific evidence of the Theory of Heart Dominates the Mind" in the journal of New Chinese Medicine [7]with an opinion that "the theory of heart dominating the mind comes from practice, which in turn can guide clinical practice. Practice is the criterion for testing the truth. Therefore, this theory is scientific".

One of my articles "A Joined Discussion about the Heart and Brain Dominating the Mind" extended Deng's work by arguing the mechanism of heart dominating mind as the root, and the brain dominating the mind as the branch [8].

In my opinion, although western medicine believes that the brain fog comes from the brain, its origin does come from the heart. According to the principle that treatment must be based on the origin of the pathology, the treatment of brain fog should therefore focus on nourishing the heart and calm the mind at the same time, while taking the opening of the orifices of brain into account.

In addition, according to the TCM,(1) the kidneys govern the bones, and the bones generate marrow, while the marrow nourishes the brain, so nourishing the kidneys and filling essence is to nourish the brain; (2) the liver controls stagnation, regulates qi, thus, relieving the stagnation of liver qi helps relieve depression; (3) spleen is the source of qi and blood, meanwhile related to thinking.

Strengthening the spleen and nourishing qi can also indirectly nourish the heart and calm the nerves. Although brain fog is in the brain, to regulate the function of five Zang organs can achieve the purpose of treatment. In particular, nourishing the heart and calming the nerves should be the focus.

Chinese and Western Medicine in Treatment of Brain Fog

Western Medicine Treatment.

Western medicine believes that cognitive rehabilitation seems to be the best way to treat brain fog. Cognitive rehabilitation is like physical therapy, but it targets the brain. Usually performed by a neuropsychologist, and the treatment consists of written and oral exams and focuses on strategies to improve certain functions, such as attention or memory.

Many hospitals in the U.S. currently have cognitive rehabilitation programs, and many long COVID clinics also offer brain fog treatment. There is some evidence that playing games like CogMed, Lumosity, etc. on a computer or mobile phone can also improve cognitive performance. It can be a great addition to cognitive rehabilitation therapy.

In terms of drug therapy, the United Kingdom has recently launched a combination preparation for the treatment of brain fog called Brainzyme, which includes EMT mixture (theanine, EGCG and polyphenols), guarana seeds, choline, ginkgo biloba, L-Tyrosine, Piperine, Bromelain, Maca Root, Vitamins and Minerals. Among them, ginkgo biloba and pepper are the ingredients of traditional Chinese Medicine, and the others are mostly nutritional additives, which are also contained in many traditional Chinese Medicines. The efficacy of Brainzyme in the treatment of brain fog has not been reported.

Traditional Chinese Medicine Treatment

Herbal Medicine

Traditional Chinese Medicine treats brain fog according to the principle of syndrome differentiation and treatment. In clinical treatment, I found that there are mainly four common syndromes.

(1) Heart-blood deficiency and heart-yin deficiency:

Main symptoms:

- Memory loss, lack of concentration, insomnia and dreaminess, dizziness and fatigue, pale complexion or red cheeks, or night sweats or spontaneous sweating, pale tongue or red tongue with little coating, deep and thin pulse.

Treatment principles:

- Nourishing yin and nourishing blood, calming the mind and the nerves.

Formula selection:

- Modified BaiziZixinWan.

Herbs selection:

- Baiziren, Xuanshen, Shudihuang, Gouqizi, Zhigancao, Danggui, Shichangpu, Maimendong, Fuling.
- For those with more blood deficiency, add Jixueteng. Heshouwu;
- For those with more Yin deficiency, add Baihe, Tianmendong;
- For those with sleep disorders, add Suanzaoren, Yejiaoteng.

(2) Disharmony between the heart and kidney:

Main symptoms:

- Forgetfulness, insomnia, trance, dizziness, palpitations, soreness and weakness of waist and knees, hot flashes and night sweats, tinnitus, red tongue with little or no coating, rapid pulse.

Treatment principles:

- Nourish yin and calm the mind, regulate heart and kidney.

Formula Selection:

- Tianwang Buxin Dan

Herbs selection:

- Baiziren, Suanzaoren, Maimendong, Tianmendong, Shengdihuang, Xuanshen, Taizishen, Wuweizi, Danggui, Yuanzhi, Hehuanpi, Yizhiren.
- If the kidney deficiency is the main reason, add Xuduan, Duzhong;
- If the heart fire is inflamed, add Zhizi, Huanglian.

(3) Liver qi stagnation:

Main symptoms:

- Depression, restlessness, irritability, forgetfulness, dreaminess, dizziness, hypochondriac distension, red eyes and bitter mouth, thin white or yellow tongue coating, wiry pulse.

Treatment principles:

- Soothe the liver and relieve depression, calm the heart and mind.

Formula Selection:

- Modified XiaoyaoWan

Herbs selection:

- Chaihu, Danggui, Baishao, Fushen, Baizhu, Xiangfu, Qingpi, Yujin, Zhigancao.
- For the cases of live fire excess, add Mudanpi, Zhizi;
- For cases with severe emotional depression, add Suxinhua, Meiguihua,Jianghuang;
- For the cases of bitter taste in the mouth add Longdancao, Xiakucao.

(4) Heart and spleen deficiency:

Main symptoms:

- Forgetfulness, anxiety, lack of concentration, fatigue, palpitations, insomnia, loose stools, or abdominal distention, pale tongue, fat tongue with tooth marks, white and slippery coating, slow pulse.

Treatment principle:

- Nourish the heart and spleen, soothe the nerves.

Formula Selection:

- Modified Guipi Wan.

Herbs selection:

- Renshen, Huangqi, Baizhu, Danggui, Fushen, Yuanzhi, Suanzaoren, Longyanrou, Wuweizi, Zhigancao.
- For those with spleen deficiency and loose stools; add Yiyiren, Cheqianzi;
- For those with abdominal distension, add Muxiang, Sharen;
- For those with poor appetite add Maiya, Guya;
- For those with severe memory loss, add Yizhiren and Shichangpu.

Acupuncture

In addition to herbal treatment, acupuncture is also an effective means of treating post-COVID-19 brain fog. Mainly select the points on the Heart Meridian of Hand Shaoyin, the Pericardial Meridian of Hand Jueyin, the Liver Meridian of Foot Jueyin, the Kidney Meridian of Foot Shaoyin, the Du meridian, and local acupuncture points on the head. Scalp acupuncture can also be used entirely, or electro-acupuncture can be added.

Dietary

Healthy dietary can also help brain fog recovery. A healthy diet (including olive oil, fruits and vegetables, nuts and legumes, and whole grains) has been shown to improve thinking and memory. Avoid alcohol and drugs. Getting enough sleep, listening to music, regular aerobic exercise, and participating in social activities can also help eliminate the symptoms of brain fog.

Conclusion

Brain fog is very common in the duration of COVID 19 infection and its aftermath. Western Medicine usually applies cognitive rehabilitation therapy to treat Brain Fog, while Traditional Chinese Medicine apply herbals to treat based on a TCM theory that many organs (liver, kidneys, spleen) can affect on brain capacity, however, the brain is mainly charged by the heart. This paper suggests that Chinese herbal medicine can be a very effective alternative or/and supplement treatment to eliminate Brain Fog, with the principle of combining heart and brain in the treatment, by nourishing the heart, tranquilizing the mind, clearing the orifices, and refreshing the brain.

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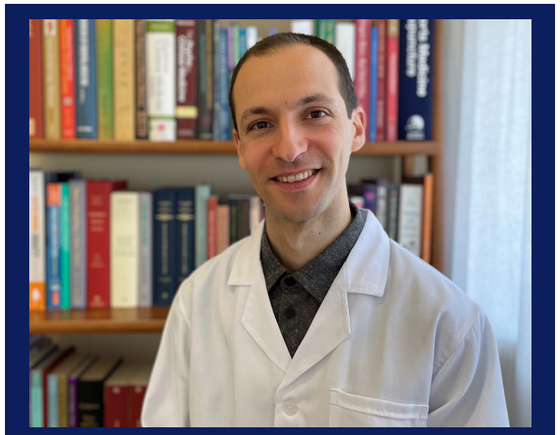


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CASE STUDY: LOWER ABDOMINAL PAIN

Integrating Applied Channel Theory, Acupuncture and Herbal Medicine.



Damián Allegretti
MAAC RBAF MRCHN, Dipl. TuiNa

Profile

Damian Allegretti is a licensed Acupuncturist and herbalist, TuiNa practitioner and QiGong teacher. His expertise extends to Western nutrition and lifestyle medicine as well, where he empowers individuals to achieve optimal health. He currently runs his own clinic in London called MONON Wellness, works for the 'The Disability Foundation' at the Royal National Orthopaedic Hospital and regularly teaches QiGong in the North London area.

Abstract

This case study delves into the nuanced approach of Chinese Medicine practitioners in addressing a complex clinical presentation. The patient, experiencing lower abdominal pain, presented a multifaceted symptomatology combining digestive and urinary issues over a significant period. Despite seeking medical intervention from various sources and receiving diverse diagnoses, including recurrent UTIs and kidney stones, the patient's condition remained unresolved. By sharing this case, we aim to foster reflection among practitioners, encouraging a deeper understanding of clinical practice beyond textbook knowledge. Through awareness and adaptability, we can cultivate a more compassionate and effective approach to patient care, ultimately enhancing the quality of our practice and the well-being of our patients.

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August 19, 2022

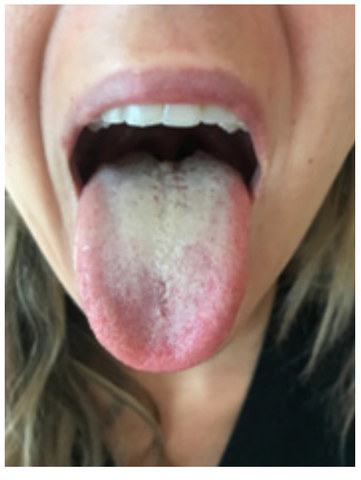
Over the past 3-4 years, the patient has been experiencing digestive symptoms, but in the past 5 months, urinary issues have also emerged.

She has consulted numerous doctors and received various diagnoses, including recurrent UTIs, kidney stones, and one doctor even suggested that 'something' was pressing on her bladder. Symptoms tend to exacerbate around ovulation but improve during menstruation. Regarding digestion, the patient reports normal appetite with occasional variations, along with bloating.

Bowel movements occur regularly 2-3 times a day. The patient has noticed blood in the stool and urine in the past and has previously suffered from hemorrhoids. The pain is located in the pelvic area and extends downward, characterised by a sharp pain, sometimes accompanied by burning/itching, which is constant. Interestingly, warmth provides relief.
There is a significant amount of clear vaginal discharge with no odor. Menstruation is regular, initially difficult but by the 3rd day, presents fresh blood.

Pulse: Fast and Soft (but not forceless) - Guan is the weakest position on both sides.

Channel palpation: Hand TaiYin channel has small nodules at LU7 and LU5 with sensitivity, Hand Yangming channel has nodules at LI4 and lumps with sensitivity at LI10, Foot Taiyin channel presents a chain of nodules on SP3 and high sensitivity on SP9 with emptiness.The Foot Yangming channel has a "bumpy" sensation along the shin area and sensitivity around ST37. The other channels are unremarkable.



Diagnosis: Damp with mild heat (More dampness than heat). - Taiyin dampness and Yangming Heat due to stagnation. ("Damp depression transform into Heat") Treatment Principle: Regulate Taiyin, clear dampness and stagnation in the channels.

Treatment: P9/LU5 + Ren 5. The patient experienced a strong needling sensation and relief after treatment.

August 29, 2022

The patient experienced poor sleep for three days, along with increased pain/burning sensation and frequent urination. The pain worsened significantly with alcohol consumption. She revealed she has been self-medicating with the formula Long Dan Xie Gan Tang. I advised her to stop that formula, and to stick to a clean/bland (Qing) diet.

Pulse: Same quality overall but it was not Fast.

Tx Principle:
Regulate TaiYin, and clear dampness more strongly by opening the Luo- collaterals on Foot TaiYin channel.

Treatment: SP9/LU5 + SP4 + Ren 3*
(Based on palpation, Ren 3 was most significant this time)

September 12, 2022

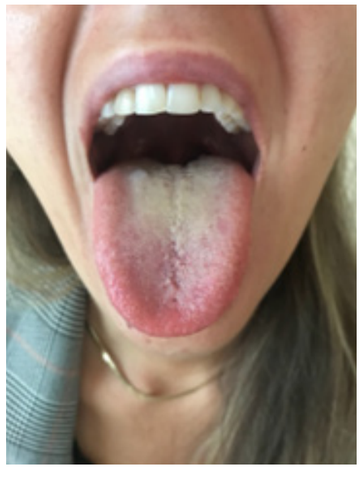
The first week post-treatment was very good, but the past week has been less so, although sleep quality has improved, she is waking up just once to urinate. (She used to wake up 5 times at night to urinate). Bloating occurs after eating, but it can also appear in the morning. There is now little burning sensation during urination. She had spicy food and half coffee and felt discomfort right after. She thinks symptoms are under control with the diet I suggested.

Tongue: Tongue coating is thinner.

Pulse: Slightly deep but overall feels stronger.

Abdomen: Ren 4/6 area feels considerably colder than the upper abdomen.

Treatment Principle:
Regulate Taiyin to eliminate stagnation and transform Dampness.



Treatment: SP9/LU5 SP4 + Ren6.

The patient experienced a great traveling sensation. It seems she's becoming more sensitive to the Qi. I suggested to her that a herbal treatment would be very beneficial.

Herbal Therapy: Warm and Dry Damp Turbidity & Facilitate the resolution of Dampness. (1 week supply)

CANG ZHU 4.5g
(Chao) BAI ZHU 4.5g
HOU PO 4.5g
BAI DOU KOU 2.4g
(Chao) ZHI KE 4.5g
SHI CHANG PU 2.4g
CHEN PI 2.4g
(Chao) YI YI REN 9g
FU LING 9g

On September 13th she reported that herbs felt good to her stomach, but she was not happy with the taste. Even though I think the herbs are important, I told her to listen to her intuition about whether to keep using them.

September 26, 2022

The patient felt really good after the treatment and overall, her condition keeps improving. Energy levels fluctuate, likely mixed with premenstrual syndrome last week. There is no burning sensation at all, only a slight awareness during urination.
She has some lower back pain.

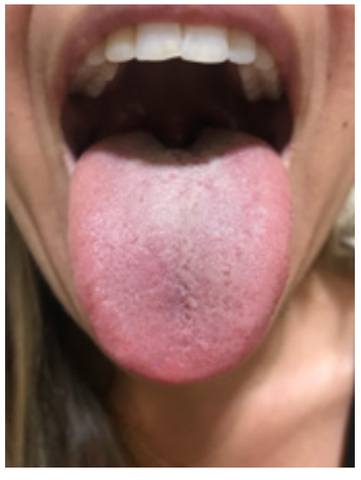
Tongue: Pink and healthier, with a slightly thicker coating.

Pulse: Same pulse quality.

Channel palpation: Small nodules (like sand) on BL64 and sensitivity on BL65. Treatment Principle: Eliminate Dampness through TaiYin and Warm the Bladder channel. Treatment: LU5/SP9 + Ren4 + BL64.

October 10, 2022

The patient is getting better and she had no severe attacks or pain. She's very happy and more relaxed. Sleep hasn't been very good for the last four days, whereas previously she was sleeping well. The sensation in her Lower Jiao (LJ) is not pain anymore but just an awareness of the area. She described it as: "I just want to put my hand there". The patient requested to restart the herbs as she got used to the taste and felt they were probably helping, even when taken intermittently. I prescribed 2 weeks supply of the same formula.



Tongue: Pink, and much cleaner

Pulse: Deep pulse but good strength - Right Chi is very Deep and Soft. Although, Cun (LU) & Guan (SP) are more balanced.

Treatment: Same

November 4, 2022

The patient went away and quit her diet. There's no burning during urination, but just awareness. Symptoms appear more on the digestive system now. She has been experiencing extreme bloating in lower abdomen. On the other hand, sleeping has been good and the lower back pain is now gone. Overall, she has been feeling cold.

Regarding the herbal treatment, she is taking half dose of the herbal prescription. In Chinese Medicine we say that “Damp exuberance leads to Yang becoming faint”.
Tongue: Similar, but slightly thicker coating

Pulse: Good rhythm - Both Guan positions are Soggy. Chi positions feel stronger.

Channel Palpation: The most significant changes are now on Hand and Foot Yangming.

Diagnosis: Middle Jiao Deficiency & Yangming stagnation

Treatment Principle: Tonify TaiYin and Middle Jiao to dispel stagnation.

Treatment: SP3/LU9 + ST36 (Warm needle technique on SP3 and ST36)

November 25, 2022

The patient’s condition has been much better. Sometimes, there is just some minor awareness of her Lower Jiao but nothing compared to a few months ago. She is now sleeping well and has also experienced improvement in the bloating.

Tongue and Pulse are similar, so we kept working on: Tonifying and regulating TaiYin and clearing dampness and regulating Stomach.

Treatment: SP4 + SP3/LU9 + ST36

I prescribed one week of the same formula but changed to (chao) Yi Yi Ren, as there’s certainly no signs of Heat, and she benefits from a warming formula. (Chao) Yi Yi Ren is better at transforming Dampness and strengthening the Spleen, and it is certainly warmer due to its processing.

CANG ZHU 4.5g
(Chao) BAI ZHU 4.5g
HOU PO 4.5g
BAI DOU KOU 2.4g
(Chao) ZHI KE 4.5g
SHI CHANG PU 2.4g
CHEN PI 2.4g
(Chao) YI YI REN 9g
FU LING 9g

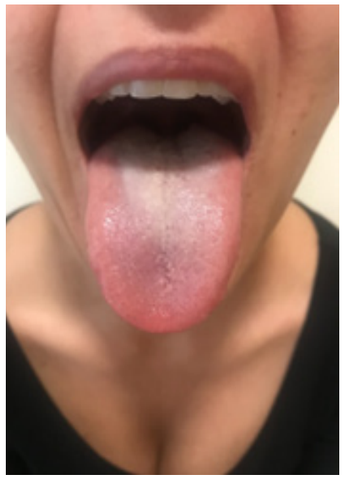
December 15, 2022

She has been much better! And sleeping is still good Considerably less bloating, even if she goes off her regular diet. She tried alcohol, and it did not cause any discomfort.

Pulse: Balanced with a good rhythm. Right seems stronger, and Guan feels wider. Left is balanced, Guan position Slippery and the strongest position (period is about to come).

Treatment: SP4 + SP3/LU9 + ST36 + Moxa stick on Ren8 and Ren6

January 26, 2023



She experienced a bit of constipation, stomach pain (around Ren12) and some bloating and nausea.
She had palpitations a few times when exercising and at night.

Tongue: Pink, thin white coating, some red spots in the front.

Pulse: Pulse seems weaker overall and Soft (easily occluded). Right Guan is the weakest position. Chi is deep.
Since I have not seen her for a month and a half, I re palpate the 12 channels and the findings again, pointed to TaiYin and Yangming disfunction.

Diagnosis: Taiyin and MJ Deficiency causing stagnation.

Treatment Principle:
Tonify Taiyin, and harmonize ST.

Treatment:
SP3/LU9 + ST36 + Ren12 (warm needle technique on ST36)

February 10, 2023

She has been much better than last time. Digestion certainly feels better, with no nausea and just a bit of bloating. She has been having a heavy appetite and experiencing body heaviness.

Pulse: Similar

Diagnosis: MJ Xu, Taiyin Xu with mild stomach Heat due to stagnation.

Treatment Principle: Regulate TaiYin, Descend the Stomach and disperse stagnation in MJ.

Treatment: SP9/LU5 + ST36 + Ren12

April 25, 2023

The patient traveled to Colombia and her stomach was a bit upset. The lower abdomen overall feels great. She had experienced mild constipation and stomach pain. She feels hungry an hour after a meal and sometimes can have nausea and a bit of bloating. She does not feel heavy at all now and the palpitations are gone. Sleeping hasn’t been great as she wakes up after 5-6 hours.

Tongue: Pale pink with a thicker white coating.

Pulse: Similar pulse, Deep & Soft quality with right Guan being the weakest. Channels Palpation confirmed nodules and sensitivity on Hand and Foot Yangming Diagnosis: Yangming stagnation with mild Heat due to stagnation.
Treatment Principle: Regulate and descend Yangming.

Treatment: ST36/ST37 + LI11 Great traveling sensation achieved!

August 11, 2023

The patient is two months pregnant! The Lower Jiao is stable: no pain, no burning, no severe attacks. She is a bit stressed about her job and how pregnancy can affect her situation there. She feels our main complaint is now her gastrointestinal tract, manifesting as bloating, nausea and constipation.

Tongue: Pink Pale, white healthy coating.

Pulse: It’s certainly stronger, especially on the Right side. The left is softer, but it can still be felt in all positions.

Treatment: Same
On March 19, 2024, her healthy baby was born. She hasn’t been feeling the pain on her lower abdomen.

Conclusion:

This case aims to elucidate various facets of our work as Chinese Medicine practitioners. Firstly, it highlights the integration of channel palpation (developed by Dr. Wang Ju-Yi3) as a potent diagnostic tool that can guide not only acupuncture but also herbal treatments. As in any case study, we can also appreciate the thinking process and strategies behind treatments, something that cannot be usually grasped from textbooks.

Secondly, despite the patient’s inconsistency with the herbal treatment, we can observe its powerful effects in clearing Dampness and significantly improving symptoms within just a few days. This is evident in the changes observed in the tongue coating and the improvement of symptoms. Of course, it would have been interesting to see more consistency and how that could affect the results over time. The formula was concise, simple, warm, and aligned with Qin Bowei’s approach4. I assessed the root condition as Spleen Deficiency leading to Dampness accumulation. This Dampness stagnation impaired the ability of the Spleen to transport and consequently generated a mild Heat, although I refrain from categorising it strictly as a Damp-Heat case. Instead, it more accurately represents the condition of ‘Warm Dampness’.

Thirdly, it underscores the reality of our treatments and lives. Healing is sometimes not linear but rather circular. The body requires time to heal, and as practitioners, our role is to facilitate this process by rebalancing and supporting various aspects of the body in a gentle way.

Finally, the case emphasises the humanity of patients and their inherent complexities, a crucial aspect of the healing process to recognise. Patients may miss treatments, discontinue appointments, forget to take the herbs, or take them at ‘different’ dosages. They might also engage in behaviours such as overeating, drinking, experiencing stress, or even falling ill with a cold.

These occurrences are all part of our daily lives, and as practitioners, we must adapt and adjust our approach accordingly. This involves considering factors such as changes in diet, weather, work, mood, sleep patterns, and hormonal fluctuations, among others. I hope this case inspires fellow practitioners to contemplate the intricacies of our profession, recognising their profound significance in shaping our work. With heightened awareness, we have the opportunity to evolve into practitioners who not only excel in skill but also embody deep compassion and understanding.

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Applied Channel Theory (經絡醫學 jīng luò yī xué) is an approach to acupuncture rooted in the dual research threads of classical texts and modern clinical application. Developed by Dr. Wang Ju–yi over 50 years in Beijing clinics, hospitals and research institutes, it involves the rigorous combination of theory and diagnostic technique. For more information visit www.channelpalpation.org

Long Dan Xie Gan Tang is a traditional Chinese herbal formula known for its ability to clear Heat and Dampness from the Liver and Gallbladder channels. Long Dan Xie Gan Tang is known for its bitter taste and cooling properties, making it suitable for conditions characterised by excess heat and dampness in the body. The patient erroneously self-administered this formula after reading on internet that it could address recurrent UTIs.

To read Dr Wang Ju Yi, full biography, please visit: https://www.channelpalpation.org/biography-of-dr-wang

Qin Bo-Wei (1901-1970) was among the most important physicians of the modern era. As a prominent clinician, educator, and scholar, he worked to integrate classical schools of thought and created one of the most coherent systems for understanding Chinese Medicine during a critical time of intense turbulence in China’s history. For more information see Bowei Qin, Boping Wu, & Blalack, J. (2011). Qin Bo-Wei’s 56 treatment methods : writing precise prescriptions. Eastland Press.

Damián Allegretti

Treating Chronic Neurodermatitis with Chinese Herbal Medicine: A Case Study



Sabine Schmitz
M.Med. TCM, China

Profile

Sabine Schmitz (M. Med. TCM) is an award-winning TCM practitioner, author and a graduate of the Zhèjiāng Chinese Medical University in Hángzhōu, China. She is among the few Western students majoring in Chinese medical dermatology, and recognised as one of the leading TCM experts in the field of TCM Dermatology and Chinese herbal medicine. Sabine is based in Cologne, Germany and has a private practice specialising in skin diseases and gynaecological disorders. Sabine has also authored the first "Western" TCM handbook series dedicated specifically to TCM dermatology outside of China—and numerous articles on skin health and Chinese herbal medicine.

Sabine is also the founder of CHINAMED COSMETICS®, an exciting new range of natural facial skincare products based on the principles of Traditional Chinese Medicine, and made in Germany to high-quality standards (www.chinamed-cosmetics.com).

An excerpt of my upcoming book Treating Eczema and Neurodermatitis with Chinese Herbal Medicine (publishing with Singing Dragon, London in September 2024).

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Abstract

This case study examines a 47-year-old woman presenting with chronic Neurodermatitis (ND), characterized by lesions on her neck, elbows, and earlobes exacerbated by previous cosmetic product usage. The Traditional Chinese Medicine (TCM) diagnosis revealed "Damp-Heat attacking the skin". Treatment focused on clearing heat, draining dampness, and relieving itching using a personalized TCM herbal formula. Over the course of a year, significant improvement was observed, accompanied by cessation of cortisone treatments and skin condition stabilization. Emphasis was placed on TCM-based skincare and stress management. In conclusion, TCM offers a highly effective and sustainable approach for treating complex, enduring skin conditions like ND, outperforming conventional medicine with its natural and side-effect-free methods.

Keywords: Neurodermatitis, atopic eczema, eczema, skin, dermatology, TCM, Chinese herbal medicine.

Female patient, 47 Years Old – Neurodermatitis (ND)

First Visit

A 47-year-old woman with ND presented in my practice, complaining about chronic ND lesions on her neck and elbows. The skin lesions were dark in colour because they had been there for a very long time. In general, the skin was itchy and, due to scratching, the skin had become very thick and leathery. The skin on her face was very dry and felt taut, with some slightly red areas.

The patient reported that, due to having suffered from ND for so many years and experiencing bad reactions from cosmetic products, she only showered once a week, otherwise only practising light hygiene with pure water without any products on her body and face. In my opinion, her skin was too dry and tight. I explained to her that moisturising her face would be beneficial: The skin has to be well nourished and moisturised, otherwise it has a tendency to tear or crack.

Nevertheless, it is completely understandable why this woman was so careful with showering and using products, especially after so many bad experiences and aggravations due to certain cosmetics. For me, it was important to allay her fear and worries, but also to inform her in detail on how to best practise skin hygiene, including pros and cons of a good skincare routine with light products on her face.

Appropriate skin hygiene in such a case of ND: Don't shower too often, and don't have showers that are too hot and too long. Use only lukewarm water to wash, and if the lesions are on the face and neck, avoid these areas as much as possible. Moisten them with water only briefly. Patients can also wash their hair upside down. (Strangely enough, many people have forgotten that they could do this.) Use only mild and natural skincare products without aggressive agents and alcohol – but use something to moisten the skin!

Interestingly, this woman had ND lesions on her earlobes too. Both earlobes appeared slightly red, swollen and felt warm. The lesions were thick and crusted because they often oozed with a yellowish liquid; and, of course, they felt painful. I noticed that, even during our conversation, she kept touching



her earlobes frequently and scratching them. The patient reported that her earlobes had been affected for several years, and that nothing had helped until now.

Of course, she had almost always been prescribed cortisone ointments by conventional medicine dermatologists. Everything only helped for a short time, and after a certain period it did not help at all. The patient had come to the point where she no longer wanted to use cortisone ointment because her skin was becoming more and more irritated, more and more sensitive and also very thin. She had the feeling that it was time for her to go in a different direction and look for a natural medicine that works gently but effectively.

Other symptoms included: Occasional heat sensations on her head/face, restlessness occurring now and then, a dry mouth and dry lips, and occasional thirst but not significant. Her bowel movements were relatively regular and only sometimes dry; her periods were regular but short with no significant discomfort.

It is worth mentioning that the patient appeared very calm on the outside, but when asked - which I always do to assess the patients' living situation - she told me that she was experiencing a lot of stress at work, and even making appointments outside of work hours was not always easy for her. She constantly had the feeling that there was not enough time. Furthermore, she complained about increased fatigue recently, despite relatively normal sleeping patterns.

Her tongue was thick and swollen, red/purplish with a slightly thick, yellow coating at the root of the tongue. The pulse was deep and wiry.

TCM Diagnosis

Damp-Heat attacks the Skin.
(*shī rè yùn fū* 湿热蕴肤)

Treatment Principle

Clear Heat, drain dampness and stop itching.
(*qīng rè lì shī zhǐ yǎng* 清热利湿止痒)

shí chāng pú	Acori Tatarinowii, Rhizoma	9g
fú líng	Poriae Cocos, Sclerotium	12g
zé xiè	Alismatis, Rhizoma	12g
bái máo gēn	Imperatae, Rhizoma	15g
dì fū zǐ	Kochiae Scopariae, Fructus	15g
huáng bǎi	Phellodendri, Cortex	9g
cāng zhú	Atractylodis, Rhizoma	9g
bái xiān pí	Dictamni Radicis, Cortex	12g
bái jí lí	Tribuli Terristris, Fructus	12g
yì yǐ rén	Coices, Semen	15g
Liù Yī Săn	Six-to-One Powder	15g
tǔ fú líng	Smilacis Glabrae, Rhizoma	30g

Raw herbs to be taken as a decoction for 14 days, 120 ml twice a day.

Formula

Case Analysis

This was long-term ND. The woman had been suffering from the skin disease all her life, showing in the thick and leathery structure of her skin. This is usually the result of constant scratching or rubbing over the years. Let's analyse this case step by step: The redness and oozing of her skin showed heat combined with dampness. There were occasional heat sensations on her head/face, restlessness occurring now and then, a dry mouth and dry lips because of the heat, yet the woman had no increased thirst or desire to drink because of the existing dampness. Her bowels were sometimes dry, again from the heat.

Her tongue was thick and swollen, which indicated Spleen deficiency and dampness; with a slightly thick, yellow coating at the root of the tongue, which indicated dampness and internal heat (mainly in the lower jiāo, which is represented by the root of the tongue in TCM). Her pulse could only be felt at the deep level and felt wiry, which means that dampness was obstructing the channels and impairing the flow of qì and blood. When qì and blood cannot circulate properly, the pulse feels wiry (tense).

All in all, considering her tongue and pulse condition, in combination with the skin appearance and other symptoms, damp-heat was diagnosed. The thickness of the tongue coating showed that heat was predominant. The redness of the tongue's body indicated heat, too, but the colour

was already turning purplish, which proved that yīn and/or blood had started to be consumed and blood stasis was already present. In this case, this most probably happened because damp, if stored in the body for a long period and left untreated, transforms into damp-heat, the resulting heat (fire) damages fluids and later on, blood stagnates.

It takes a long time, but this process is very common in such a case. Please note, the transition between these patterns or stages is fluid. Thus, the treatment strategy is not just clearing heat and eliminating dampness, but also strengthening the Spleen, which is responsible for transforming, transporting and eliminating dampness (always consider the Spleen when treating dampness), and moving blood to prevent blood stagnation. And finally, the itching, which this patient had been suffering from for so long, had to be stopped.

The herbal combination was based on Chú Shī Wèi Líng Tāng (Eliminate Dampness Decoction by Combining Calm the Stomach with Five Ingredient Powder with Poria). Chú Shī Wèi Líng Tāng is basically Wèi Líng Tāng (Calm the Stomach and Poria Decoction, consisting of zé xiè, fú líng, zhū líng, bái zhú, guì zhī, cāng zhú, hòu pò, chén pí, dà zǎo, shēng jiāng and zhì gān cǎo) plus herbs which gently but firmly drain dampness and clear heat to relieve occasional itching: zé xiè, huá shí, fáng fēng, zhī zǐ, mù tōng and dēng xīn cǎo. Guì zhī is replaced with ròu guì; and gān cǎo is used instead of zhì gān cǎo.

However, when treating ND, I recommend removing mù tōng and ròu guì from the original formula. Mù tōng because of its toxicity: while previously a common ingredient for treating various kinds of skin diseases, this herb has been found to be nephrotoxic. The toxicity is due to the herb's aristolochic acid, which in addition to being a potent nephrotoxin is also a known carcinogen.

Considering an increased risk of renal failure and urinary tract cancer from prolonged intake and ingestion of large doses, mù tōng is no longer used. Instead, alternative herbs such as tōng cǎo are employed. Additionally, ròu guì is unnecessary for dispersing cold and may exacerbate inflammation in the skin due to its warming nature. Considering ròu guì's blood moving action, I would always prefer to select other herbs when treating skin conditions. Nonetheless, the overall action of the formula is to dry dampness, regulate qì, harmonize the middle jiāo and clear heat.

In the current case of this 47-year-old woman, only five herbs from Chú Shī Wèi Líng Tāng were used: fú líng, zé xiè, cāng zhú and Liù Yī Săn, comprising of huá shí and gān cǎo in a ratio of 6:1 and 15 g of the powder in total. To clarify: Liù Yī Săn is a formula which clears heat, relieves toxicity, promotes urination and releases summer-heat. It is a very small formula and is usually combined with other herbs.

Now, let's proceed with the formula analysis. Shí chāng pú was added to transform dampness and strengthen the Spleen. As it also moves qì and blood, it can work to reduce the obstruction in the channels and improve circulation. Bái máo gēn was added to clear heat and cool the blood, and as previously mentioned, it cools without any risk that it might injure the yīn or cause accumulation or stagnation. Because the patient's skin was very itchy, dì fū zǐ and bái xiān pí were added. Both herbs are very effective in clearing damp-heat and stopping itching. However, bái xiān pí should be used with caution if given as a single herb or for long periods of time, especially in patients with poor Liver function. Huáng bǎi clears heat but also strongly drains fire, and directs it downward.

As I have already mentioned, it is particularly good when heat is located in the lower jiāo. You have probably seen bái jí lí quite frequently in this text and in the treatment of eczema and ND - this herb is used to reduce itching. Yì yǐ rén is frequently used to strengthen the Spleen, promote urination and leach out dampness. It also clears heat and damp-heat, often used in combination with huáng bǎi, as seen in the formula Bì Xiè Shèn Shī Tāng (Dioscorea Decoction to Leach Out Dampness), consisting of huáng bǎi, yì yǐ rén, fú líng, bì xiè, zé xiè, mǔ dān pí, tōng cǎo and huá shí. Finally, tǔ fú líng was added to increase the heat-clearing action and reduce redness, but also to reduce exudation on her earlobes.

The patient was informed to stop – or at least heavily restrict – consumption of coffee, as well as oily and spicy food. She should preferably eat mildly spiced food, and steam food instead of roasting or frying in excess oil. I didn't have to warn her about alcohol and cigarettes, because this woman did not drink or smoke. I advised her to come back to my practice after two weeks.



Second Visit

The patient returned to my practice two weeks later. The ND lesions on her neck had begun to decrease, the colour of the skin on her neck had started to fade to normal and the skin wasn't as itchy anymore. The lesions on her elbows also started to improve, but the most striking result was the improvement of her earlobes. After all these years of suffering, they began to heal and were not so painful anymore. For the first visit after drinking herbal decoctions for only two weeks, this was a very good result. Her tongue looked nearly the same as before but the coating was slightly thinner. The pulse was still deep and tense.

Formula Modification

As the skin condition had lasted for so long, and as the colour of her tongue had not improved significantly after two weeks, we continued to focus on healing her skin, but also started to work more on the blood aspect. Shēng dì huáng 12 g, mǔ dān pí 9 g and dān shēn 9 g were added. The former clears heat, cools blood and nourishes yīn. Mǔ dān pí and dān shēn cool and invigorate the blood. To reduce the thick and leathery skin lesions, the blood must also be moved. If you decide to just use one of the herbs, use either mǔ dān pí or dān shēn with a dosage of 12-15 g. The dosages of bái máo gēn and dì fū zǐ were reduced to 12 g. The patient was advised to take the herbs for another three weeks and then come back to see me.



Third Visit

After taking the herbs for another three weeks, the woman's skin condition continued to stabilise. The elbows looked really good and her neck showed significant improvement. Her earlobes also looked better than three weeks before, and I was convinced that they could heal completely if she were to take the herbs regularly. I made the following adjustments to the next prescription: shí chāng pú was decreased to 6 g, gān cǎo was increased to 6 g and huá shí was taken out; bái máo gēn and dì fū zǐ were reduced to 9 g, bái jí lí to 9 g. Bái xiān pí was taken out and tǔ fú líng was reduced to 15 g. Mǔ dān pí was changed to chǎo (dry-fried) because this was intended for longer term use. Xuán shēn 9 g was mainly added to soften hardness, which is useful because her skin was hardened after long-term disease.

As she repeatedly shared that she had a lot of stress at work, chái hú 3 g was added to move qì. Jú huā was included to continue working on her facial skin. The patient was advised to take the herbs for another month.

Clinical Course

After one more month, her elbows and neck appeared nearly normal and the good news: Her earlobes looked very good, too. Her tongue was not as red and purple anymore; and her pulse was not as deep and tense as before. I prescribed another herbal combination for another month with the following modifications: shí chāng pú, bái máo gēn, dì fū zǐ, bái jí lí and yì yǐ rén were taken out. Huáng bǎi and cāng zhú were reduced to 6 g, fú líng and zé xiè to 9 g. Dāng guī 9 g was added to help tonify and invigorate the blood. Shān yào 12 g was added to strengthen the Spleen.

I treated this woman with Chinese herbs for about one year. I saw her every six weeks, and prescribed her new herbal prescriptions as required. No matter the taste, she was happy to take them, because she was so happy to discontinue the cortisone treatments (which she did, by the way, from the beginning of our TCM treatment). There were no more oozing and painful earlobes, and her overall skin condition was very stable. I gave her my CHINAMED COSMETICS® face cream.
Firstly, this facial cream contains a herbal formula based on TCM, specifically formulated for dry and sensitive skin. The included herbs, such as shēng dì huáng, mài mén dōng and sāng shèn, work to nourish and moisturize the skin. It's essential to remember that well-nourished and moisturized skin is crucial for proper healing. When the skin lacks adequate nourishment, it becomes dry, tight, and prone to cracking. These cracks create ideal entry points for bacteria, leading to skin inflammation, which is precisely what we aim to prevent in skin conditions like ND.

Another vital aspect to consider is the holistic approach of TCM. TCM offers numerous opportunities for our patients, including comprehensive therapy and counseling—a 360-degree approach to skin health. We can assist our patients not only



internally with herbs but also externally. It's important to note that many patients also seek suitable skincare solutions, which is one of the most frequently asked questions during initial visits. This woman for example, had previously complained about spending a significant amount of time and money on cosmetic products but couldn't tolerate any of them, often experiencing allergic reactions.
My facial cream, made from entirely natural components, is perfect for her sensitive skin. She is now using it as her daily skincare to moisturise her face and neck. I advised her to return to my practice whenever her skin got worse, or whenever she felt she wanted to see me.

Sabine Schmitz

From fire to freedom;
Urticaria, Angioedema and Acupuncture



Joanne McFarlane
Jo Mac Holistic

Profile

Jo lived in Asia for 15 years, running her own holistic wellness company. She returned to the UK and began a 4-year Bsc Hons Degree in Acupuncture and Chinese Medicine. Now in her final college year, she launched Jo Mac Holistic in 2023. Based in Morpeth, Northumberland, she treats patients using Auricular Acupuncture, Acupressure, Massage Therapies, and Cupping whilst awaiting her degree qualification.

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Abstract

In the early days of the COVID-19 pandemic, the author experienced a severe health crisis characterized by an intensely itchy, urticarial rash, angioedema, and a nasal septal perforation. Despite extensive attempts to manage her symptoms through conventional medical treatments, relief remained elusive. Drawing on her extensive experience with holistic therapies from her years living in Asia, the author sought help from a local Acupuncturist, which led to a significant and rapid improvement in her condition. This transformative experience, coupled with a previous positive outcome with acupuncture, inspired her to change her career path and pursue a degree in acupuncture. Now a student at the Northern College of Acupuncture, she has founded Jo Mac Holistic, providing auricular acupuncture, cupping, and massage therapies in North East England. Her journey underscores the potential of alternative medicine in addressing complex health issues and the importance of a holistic approach to healing.

Have you ever had a life-defining moment that calls you to re-evaluate everything? Acupuncture jumped in and brought me back to health when all else failed on more than one occasion. It has been so metamorphic for me that I dropped a successful career and decided to study it, determined to learn how to help others.

Imagine waking up and fearing what you might see in the mirror. Well, that was me. In the early days of the COVID-19 pandemic, during the first UK lockdown, I suddenly became ill. Out of the blue, an intensely itchy, urticarial rash developed on my back. Six months later it was still whirling around my body; angry swollen welts and an internal fire that allowed little respite or sleep.



One day I awoke to find that I couldn't open my eyes properly. Gasping at my reflection in the mirror, I'd developed angioedema overnight. My face was so badly swollen that I had to go into my son's bedroom and explain to him that it was still me. When the oedemas flared up the rash alleviated for a moment. A brief relief when you feel like you are permanently on fire.

After months of agony, I awoke feeling something about my face had changed. Terrified to look in the mirror again, I was relieved to see my normal reflection staring back at me but confused about what felt odd. My nasal breathing felt unusual, so I raised my two pinkie fingers towards my nostrils only to discover that they touched each other! I now had a nasal septal perforation. My symptoms continued to increase in intensity until the angioedema included tongue swellings that almost choked me. It was unlike anything I'd ever experienced and there were days when I thought I wouldn't make it.



Pre-pandemic, I had lived in Asia for 15 years. Rarely visiting a Western Doctor, I saw Acupuncturists, Balinese Healers and Homeopaths whenever I felt unwell.

"I had no idea that Acupuncturists were still allowed to see patients, so I contacted my GP"

When I fell ill in the UK, I had no idea that Acupuncturists were still allowed to see patients, so I contacted my GP. The UK Government had defined COVID-19 under 3 main symptoms and, because my symptoms differed from these, I was not tested for the virus (home testing kits were not yet available).



Initially my GP would not allow me to visit his practice. After weeks of sending him images of the rash, eliminating food from my diet and sterilising my home, I was eventually given an appointment. I was told that the urticaria was idiopathic and that it would go away if suppressed by antihistamines. Taking my first pharmaceuticals in years, I hoped they would work swiftly but instead, I felt worse. I was told to take more, then told to take a stronger dose, all to no avail.

After around 6 weeks, the Doctor prescribed montelukast, a leukotriene receptor antagonist and a short course of prednisolone corticosteroids. He assured me these would offer temporary relief and give my body enough time to recover. My internal fire was reduced to a flicker for one day only.

"Frightened of what new symptoms would arise next and extremely sleep-deprived, I was at my wit's end"

After 6 months of intense itching and pain, frightened of what new symptoms would arise next and extremely sleep-deprived, I was at my wit's end. As lockdown eased, I booked an appointment with local Acupuncturist Lilja Katanka and arrived at her clinic feeling desperate and depleted. Acupuncture already had a special place in my heart. While living in Bali, my first Acupuncture treatment successfully prevented me from birthing my son way too early. After a compassionate consultation, Lilja's treatment principles focused on clearing Heat in the Blood, expelling an External Pathogenic Factor, and supporting Yin. Treatment points included Master Tung's Four Horses, Baichongwo, Sp10, St8, Li4, Li11, Sj6, Ht7, REN6, REN15, Sp6, bleeding Liv1, Liv2, Liv4l, Liv8, and Apex on the ears.



I left her clinic feeling peaceful for the first time in ages and headed home. That evening my skin turned bright red, blood vessels bursting in the sclera of my eyes. Feeling hot and cold at the same time, frightened, and shaking, I put myself under a cool shower. I can only describe what happened next as an exorcism of sorts. I shook in the shower for what felt like an eternity until, exhausted I flopped onto my bed and slept properly for the first time in a very long while. On waking, I felt like the seas had parted and something had left my body. I was thrilled that the Acupuncture was so effective

after only 1 treatment!

My long-awaited hospital referral came through, and even though I was feeling a lot better I decided to attend. Explaining that Acupuncture had cleared my symptoms, I was told that this was untrue, and that the illness had “burnt itself out”. Medics refused to accept my deduction that I had contracted alpha COVID-19. I felt vindicated when Dr Kelly Fearnley later told Sky News about her own COVID-19 symptoms which mirrored my own (Sky News, 2022). In time, the British Dermatology Association released new information and research studies evidenced the relationship between COVID-19, the vaccine, angioedema and urticaria (Galván Casas et al., 2020), (De Perosanz-Lobo et al., 2020) and (Wee et al., 2021).

Left with lingering symptoms, I suffered fatigue and brain fog



for one year post-illness, and I still have tinnitus today. I saw Lilja regularly and later added a six-month course of Chinese Herbal Medicine. Today my vitality has returned and I have had reconstructive surgery to repair the septal perforation. My experience with Acupuncture was so life-changing for the second time that I decided to alter my path and return to study. I’m now 3 years into a 4-year BSc Hons Degree in Acupuncture, studying at the Northern College of Acupuncture in York. Turning a negative experience into something positive has always been my superpower, so I launched Jo Mac Holistic in 2023. I currently treat patients in the North East of England using NADA Auricular Acupuncture, Cupping and Massage Therapies while awaiting my Acupuncture qualification. And Lilja is still cheering me on from the sidelines.

Joanne McFarlane

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The use of Acupuncture to assist conception: Case studies of those utilising ART and those seeking a natural conception.



Prof. Fanyi Meng

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Hayley Curd

Hayley Curd is the founder of Markfield Acupuncture Clinic in Leicestershire, UK. After earning a first-class honours degree in Acupuncture from Lincoln College in July 2021 and a grade 7 diploma in Herbal Medicine from Phoenix Medical, Hayley established her clinic and has seen it thrive. Initially focused on TCM for menopause, her practice now increasingly supports fertility, including both natural conception and IVF. With a background as a detective constable, Hayley uses her strong communication skills to foster excellent patient relationships. She aims to advance her expertise in fertility and scalp acupuncture, particularly to assist children with additional needs.

Key Words: Acupuncture, Infertility, Miscarriage, Assisted IVF, Case study

Introduction:

Infertility has a huge negative impact on millions of people across the world, directly impacting on families and indirectly on their communities and the health system supporting them. It is estimated that around one in six people of reproductive age will experience infertility in their lifetime. The origin of female infertility can sometimes be determined after investigations give findings of abnormalities within the ovaries, uterus, fallopian tubes and endocrine system. Sometimes causational factor cannot be found and this is commonly referred to as 'unexplained fertility'. Sometimes even the causation is found, but no practical solution to remove them.

The trend of our individual life planning, particularly those choose the career success prior to the family goals, is considered as a major contributing factor for the increase of the prevalence of infertility. It is also thought that the increasing exposure to toxins and pollutants in our food chain and living environment can also be a factor for infertility (Segal, 2019).

The world health organisation (WHO) detail infertility as either primary or secondary. Primary is where pregnancy has never been achieved and secondary is where pregnancy has been achieved before. Infertility is defined by the 'failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. Accessibility to fertility treatment and assessment of gynaecological health differs massively throughout the world along with a lack of trained professionals, high costs, regional disparities add to the challenges enabling all to obtain fair access to fertility support (WHO, 2024).

Assisted Reproduction Technologies (ART) such as in vitro fertilization (IVF) have been available for more than three decades now with fast paced developments and progressions within the western world. The current statistical picture is that 80% of couples in the general population will conceive with one year, if the women is 40 years or under and contraception is not used. For those who don't conceive in the first year, half will do in the second year naturally. However, those using artificial insemination over 50 % of women under 40 years will conceive within 6 cycles of Intrauterine insemination (IUI) and for those who don't, half will conceive within a further 6 cycles (NICE, 2017). Obviously, the natural route and simple measure of artificial insemination are the preferred way of managing such task. On the other hand, IVF etc. are more intensive and intrusive procedures which takes great effort and time to complete with less success, but remain the last hope for many.

Traditional Chinese Medicine (TCM) attributes infertility at the root to the decline or interference with the Kidney organ. The Kidney is the root of precious Original Qi and essence, the foundation of Yin and Yang, the congenital route to life and the centre house for the reproductive organs and channels to function. The health and vitality of the Kidney organ effects each organ system and can have causative factors in the reproduction cycle. Clinical studies have shown that acupuncture is an effective treatment method for infertility with increasing the clinical outcome of pregnancy by 65% when used alongside IVF increased clinical pregnancy rates (Villahermosa et al., 2013; Study by Huang et al (2011) indicated that acupuncture increased uterine and ovarian blood flow and helped with embryo implantation by reducing uterine motility.

Applying the TCM theory and protocols listed in reports of high success rate, the authors have observed similar success in the practice of helping clients in the process of IVF. This practice is demonstrated in case 3 and 4.

And most importantly, in the cases that conceiving has happen and miscarriage followed, we have observed success and natural pregnancy leading to live birth by our TCM treatments. Both authors have large number of such cases. However due to the nature of the case recording in various places in conjunction with several practitioners, the authors decided to audit the case records of clients in one of the authors, Hayley Curd Acupuncture. Two cases are focusing on aiming a natural pregnancy, and two in assisting IVF.

Case No1, Mixed Miscarriage and Infertility, IVF rejected.

Patient A is a 39-year-old. Unable to conceive for 2 years. First visit in Sep 2023.

She suffered a missed miscarriage one year previously and had been unsuccessful in conceiving since this time. She has a 4-year-old son who was conceived naturally with no issues and was born live by c-section of a healthy weight. However, her second pregnancy was achieved naturally and in good time but at 9 weeks and 5 days the baby was lost. This was classed as a missed miscarriage as no bleeding was noted and was only picked up at 12 week scan. Since this loss the couple have been trying to conceive naturally but with no success. Patient A was rejected for IVF by NHS as they already have a son. Blood tests and swabs were conducted by the GP and all returned normal.

Patient A reports that prior to the miscarriage her periods were regular and of normal flow with minimal clotting; however more recently some irregularity has been seen, with occasional few days lateness, shorter period of bleeding 2-3 days with heavy bursts.

Patient A has no diagnosed medical conditions, apart from occasions of restless legs, reports healthy and non-remarkable appetite and digestion, sleeps really well and is of healthy weight. Patient A reports feeling hot all of the time with no sweating noted and a persistent thirst. Her husband is not reporting any issues.

Tongue analysis was not remarkable, rooted thin white coat with pink body. Right pulses were of good quality, left pulses were all found to be weak.

Kidney Xu, Heart and Liver Qi Xu diagnosed with empty Heat.

Treatment:

Acupuncture Points: LV4, SP3, KD3, KD6,KD7, ST36, LI11, HT7, PC6, DU20, DU24, YIN TANG

10 days after the first acupuncture session the patient returned to clinic and reported that she had just taken a pregnancy test and received a positive result. Patient reported still feeling hot and had experienced a headache the day prior. The tongue was found to be similar in colour but with slight reddening on the sides. The left pulses were still weak however a little improvement was noted.

Patient reported a few weeks later she passed a clot and her sickness started to decrease and was worried that she may be having another miscarriage. Patient was visited at home to perform emergency treatment to try and save pregnancy but the following day a scan was obtained and confirmed no viable pregnancy, sac was found to be 6 weeks. Patient A then took a break from treatment for a few months.

Second episode of treatment, first visit in Jan 2024.

During the absence the patient had reported that her periods had been heavier, and she had been experiencing spotting either side of the period and this was also triggered by sexual intercourse. Heat was still present but noted to be as bad.

Points: KD3,6,7, LV3, LV4, GB34, SP6, SP10, ST36, REN 4, REN6, ZIGONG, LI4, LI11, PC6, HT7, DU20, YINTANG.

Treatment took place every two weeks due to patient's work commitments. After 2 sessions the bleeding had settled and no spotting was noted on intercourse. The left pulses did improve over the weeks but a thicker rooted coat was noted which was mustard in colour.

St40 was added to the point selection noted above due to the perceived presence of phlegm. On the 12th of April Patient A reported that she had a positive pregnancy test. The following week the patient returned to clinic and was experiencing strong pregnancy symptoms, no bleeding had been noted. Pulse was still noted to be a bit weak in the kidney, Heart and Liver and the brown rooted coat was still present.

Points: LV3, KD3,6,7, SP3, SP9 ST36, ST40, PC6, HT7,DU20,YINTANG.

At 6 weeks and 3 days pregnant Patient A again came for treatment and reported vertigo symptoms, sickness and severe fatigue, Tongue coating had improved and pulse was found to be weak and slightly irregular at HT and LV.

Points: LV3, SP3, KD3, KD6, KD9, ST36, SP9, HT7, ST8, LU9 (pressure only) **PC6, DU20,DU24, YIN TANG, BL23.**

Early scan took place at 7 weeks and a heartbeat was found, further scan took place at 12 weeks and the baby was healthy. Patient A is still attending clinic once every 4 weeks and is now 24 weeks. The author believes that by treating the organ deficiency, clearing the Heat and phlegm and nourishing the blood conception was possible and a healthy pregnancy achieved.

Case No 2

Patient B was a 35-year-old. Miscarriage

female who had one child aged 8 years from a previous relationship and wished to have more children in her new relationship. She reported that she had become pregnant

naturally twice both times with twins but had suffered miscarriages at around 14 weeks. The patient was suffering with emotional distress due to the heartbreak of losing the babies and was concerned about conceiving again and possible loss in the future. The patient had not been given any indication as to the reason for the previous baby losses.

The examination outcomes seemed clinically well. She was overweight but not by considerable margins. The patient did experience back problems and described herself as hot with sweaty episodes. Appetite was reduced but she still ate regular meals. Tongue was red with a clear coat and pulse was weak and deep. Kidney Jing and Spleen deficiency was evident with empty Heat. Treatment concentrated on nourishing the Kidney organ, reducing the Heat and harmonizing the Chong and Ren Mai channels.

TCM traditionally classes patients with a history of recurrent miscarriages as having seriously damaged Kidney Qi and was traditionally classified as *hua tai* 'slippery foetus' or *shu duo tai* 'several times miscarriage'. Aetiology of recurrent miscarriage may result from a congenital defect in the embryo or insufficient maternal Jing or from disharmony within the chong and Ren Mai. Either reason is rooted in constitutional or acquired deficiency of Qi and Blood or Empty Heat rising from a deficiency rooted within the Kidney. It is believed in the case of this patient that previous pregnancy looses were due to Kidney deficiency and empty Heat. With the Kidney connecting to the uterus through the Bao Luo the deficiency of Jing resulted in the pregnancy loss.

Treatment took place initially once a week concentrating on clearing the empty heat and nourishing the Kidney Jing. Needles were retained for 20 minutes. Electrical stimulation was applied at ST36 and tonify techniques were utilised on Kidney and Spleen points and reduction techniques on the Heat reduction points.

Commonly used points were as follows: ***LV3, KD3,6,7, SP6, SP10, GB34, REN 4 and 6, ST29, Zigong, LI4, LI11, DU20, Yin Tang, Shishencong.***

To help the patient with relaxation she started using guided meditation every day to try and calm her and give her focus. She also started to exercise at a local gym which she enjoyed. Patient reported that she felt so much more relaxed. After 3 months of treatment the patient fell pregnant. After pregnancy was confirmed treatment focussed on ensuring the Tai Yuan is harmonious supporting the mother and foetus with the nourishment of Blood. As pregnancy is associated with a rise in body temperature due to rising hormone levels and the gathering of blood it was important to keep on top of the Heat to ensure that Heat did not enter the sea of blood as this can instigate vaginal bleeding. Commonly used acupuncture points utilised during this time were SP3, SP4, KD3, DU 20, Sishencong, KD9, Yin Tang, PC 6, HT7, HT5, LI11.

The patient continued with weekly treatment where practicable and had a healthy pregnancy whereby she delivered a healthy baby at full term. The patient wished to cease treatment after passing the previous loss date line with an agreement that she would come back if she did not feel well or at any sign of problem.

Summary on treating miscarriage caused infertility

TCM understanding of miscarriage are mainly in two directions, one is the lack of Kidney Qi to hold and protect the foetus, which is commonly described as a pattern of Kidney weakness not firming; and the second one is the Heat in blood/Chong channel disturbing the Womb, leading to instability of the pregnancy. The treatments are focusing on tonifying the kidney qi to maintain the good condition in the womb, and for the heat, it is a straight forward clearing process.
In both cases, the two aspects are presented in the same clinical stage, and the treatment need to be arranged in both directions.

Another key aspect is to calm the Shen/spirit in the Heart. The authors personal experience is that the classic acupuncture point for miscarriage of DU20 is absolutely non dispensable. Other Shen-calming acupuncture points should also be used.
When miscarriage was experienced, all acupuncture technique needs to be very gentle. The insertion of needle should remain shallow, below skin. In TCM understanding, this is the Qi level of reaction to the needles. There is no need to go deeper to blood level, because stable and sufficient blood flow is an essential condition for good pregnancy.

Case No 3. Infertility treated by IVF, assisted with acupuncture

Patient C is 32-year-old female who reported unexplained infertility after trying to conceive for the last 3 years.
Patient worked long hours and reported some work and home related stress and anxiety resulting angry outbursts and occasions of becoming emotional. The patient ate a balanced diet which was high in Heat from cultural spices. The patient was advised to reduce the spice within her food which she did. Patient reported strong chronic headaches categorised by sharp pain around the forehead region. The tongue was found to be pale pink in colour with a red tip and a thin white coat. The pulse was irregular and wiry in all positions apart from the Kidney which was found to be weak in both left and right. TCM diagnosis was Liver Yang Rising and Kidney Jing deficiency and internal Heat.

Patient C came for regular treatment initially every few weeks and then once every 4 weeks for around 7 months. Heat reduced visible in her clinical symptoms and pulse and tongue findings. The headaches were completely eliminated however she did not fall pregnant. The patient decided to commence IVF after the 7 months of treatment and underwent her first cycle. The IVF protocols which are discussed later on were applied. At time of retrieval 8 eggs were collected. 4 eggs went onto blastocyst stage and one egg was later transferred. The patient was delighted to find that she was pregnant and continued with regular treatment until the end of the first trimester. Early pregnancy symptoms were treated as and when they cropped up. Headaches did return for a few weeks but these were much less intense and scalp acupuncture points such as ST8, DU20 and Yin Tang were utilised resulting in a reduction of symptoms. The patient gave birth to a healthy child at full term.

Acupuncture used prior to the IVF cycle were as follows: **LV 3, LV2, KD, 3, KD6, KD7, SP6, ST40, SP10, GB34, REN 4, REN 6, ZIGONG, LI11, LI4, HT7, PC6, DU 20, YIN TANG.** Points such as **GB20**, **LI4,** and **ST8** were utilised to reduce headaches. Electrical acupuncture was also used at **LI4 and ST36** for 20 mins. 25mm and 15mm needles were used with a retention time of 20 mins.

Case No 4 Acupuncture assisting IVF

Patient D is a 42-year-old female who came for assistance with IVF. This patient had previously undergone 8 cycles of IVF due to 'unexplained fertility'. The patient already had a 3-year-old son who was conceived with the assistance of IVF. Acupuncture was used by the patient previously in assistance to IVF but had recently moved to the area so was seeking a new Acupuncturist. Both mother and father had previously undergone fertility tests which nothing significant had been found to explain lack of conception. Patient C had no natural conceptions prior to 2018 when she started having IVF. Patient started treatment with me in 2023. In 2018 the patient underwent a cycle of IVF which produced average quality eggs on collection but none survived to blastocyst stage. The second subsequent cycle produced 8 good quality eggs for which 3 obtained blastocyst status. A Healthy pregnancy as a result of successful transfer. The remainder of the eggs were transferred but pregnancy was not achieved. At the time the patient came to me she was at the stage of preparation for transfer from a fresh collection. Due to poor response previously a endometrial scratch was planned at day 20.

Patient history: From consultation with patient D she reported a history of endometriosis in the family but stated that this did not affect her. Since the birth of her son 3 years ago the patient had reported that her periods had become much heavier, with bright red blood, minimal clotting and bleeding would be around 5 days. She reported some issues with Irritable bowel syndrome (IBS) which caused some bloating and pain with certain food groups. She reported being a light sleeper but felt this was down to having a young child. She described feeling stressed due to ongoing fertility issues and the pressure of many rounds of IVF. She reported having cold feet but stated she had normal body temperature. Patient was born and lived in south Africa for many years before coming to the UK.

On examination her tongue was red with a thin white coat and slightly raised sides. The pulse was irregular at Lung, weak at the Heart and Spleen, Liver and Kidney were adequate.
Treatment commenced with a view to settling and calming the shen and trying to tonify the deficient organs. Treatment focussed upon the Heart, Kidney and Spleen organ. The patient did have treatment between cycles but this was minimum as she wished to take breaks and only intensified treatment at the start of each cycle. In hindsight the practitioner believed that the patient required more support due to the impact that numerous IVF cycles and poor response to medical drug interventions. The patient wished to concentrate more on pre and post transfer as she had conducted her own research and wished to focus on this area. Sometimes it is difficult to organise and deliver treatment when the patient decides on their own course of focus and also with the added cost implications of holistic treatment alongside the patient financing IVF cycles.

The acupuncture treatment protocol for embryo transfer from frozen to fresh is the same however most research studies have utilised fresh embryo cycles and therefore research and clinical outcomes are limited. A study by So et al, evaluated the effects of acupuncture on frozen embryo transfer. The protocol observed was as follows: 25 mins after transfer points **ST36, SP6, SP10, LI4** with deqi observed for retention of 25 mins.

In practice the delivery of acupuncture within these times scales is not achievable due to distance often travelled to and from clinics and in western society where integrated care is very limited does not allow for clinicians to adhere to clinical research protocols. The author when practicing before and after sessions of acupuncture has completed the same protocol as close to transfer pre and post as reasonably practicable. This has most commonly been done on the same day but within 4 hours either side. Again, this will need to be flexible dependent upon the selection and location of the clinic and locations of transfer procedures.
Treatment dates and point selection are all listed in table A.
(Table A is located on page 53)

When treating patients on day of transfer the following treatment protocols were used with the use of the following studies and documented treatment protocols

Timing:	On the day of embryo transfer (or within 24 hours) day 2,3 or 5 post egg retrieval	
Paulus et al, 2002	Treatment 25 mins prior: PC6, SP8, LV3, DU20,ST29, Left ear: shenmen, Zigong	Treatment 25 post transfer: ST36, SP6, SP10, LI4 Left ear: Shenmen, Zigong
Dietrie et al.	Treatment 30 mins post transfer: REN4, REN6, ST29, PC6, SP10, SP8 ear seeds placed on shen men and Zigong	
Omodei et al	25 mins pretransfer: Yin Tang, LI4, ST36, SP6, LV3	Post transfer 25 mins: Shenmen, Uterus, Kidney and Heart - Auricular

These protocols were proposed by Szmelskyj & Aquilina (2015) The author combined point selection from these studies with patient TCM syndrome pathology. The patient is still under the care of the practitioner and has one egg left and has stated that this will be her last attempt at pregnancy. Unfortunately, the practitioner will be away at time of transfer so alternative arrangements have been made and we are yet to discover if this round was successful. It is the author's belief that pregnancy has not been achieved due to the depleted Kidney essence which due to amount of IVF cycles, poor response to drugs, ill effects of treatment, high use of steroids and long protocols have depleted the essence too far.

Assisted Reproductive Technology (ART) treatment regimens are generally safe; results are varied and often are dependent on the patient's general health and well being and due to the nature of intervention a patient can either suffer medication related side effects or over stimulation which can lead to a dangerous condition known as Hyper-Stimulation syndrome. These can lead to IVF cycles being cancelled, and lingering symptoms which can have significant impact to the patient's inner pathology and cause and aggravate TCM syndrome pathology.

When using Acupuncture alongside IVF protocols the author has arranged and tailored treatment around the following stages: These treatment protocols have been tailored from protocols detailed by Wu et al.,2020.

- preparation: Regulating (ideally 3 months)
- Downregulation
- Menstruation
- Egg collection
- Embryo transfer
- Luteal Phase (two week wait)

Preparation stage

Treatment is best tailored around identifying primary and secondary patterns of disharmony. It is also important to try to regulate any cycle irregularities and eliminate pathogenic invasions whilst supporting Kidney Yin and Yang and regulating the Blood and the chong mai.
Down regulation: Nourishing

Acupuncture treatment during this time coincides with the patient taking GnRH agonists to supress endogenous hormones. Treatment concentrates upon strengthening Kidney Jing and Liver Blood, regulating the Liver Qi to bring calm to the mind. Commonly used acupuncture points adopted during this stage are **KD3, SP6, ST36, LV8, REN 3, REN4, LV3, GB34,LV2, KD 3,KD6, KD7, YIN TANG, DU20, DU24, Sishencong, PC 6 and HT7.**
Menstruation: Purging

Applied from two to three days before the bleed to three to four days after bleeding commences. This stage looks to produce a thorough shedding of the endometrium lining so the uterus is prepared and in a good state for embryo transfer. The treatment principle aims to nourish and invigorate the blood, spread Liver Qi and cooling the blood if heat is present. Common points during this stage are **LV3 combined with LI4 (four gates), GB34, SP6, SP10, ST29, REN 3, LV2, LI4 and LI11.**
Stimulation: Promoting

Applied from the time the patient starts the stimulation injections to two to three days prior to egg collection. Treatment looks to tonify the Kidney, replenish the Jing and invigorate the chong and ren mai to assist follicular development. This is also the time to focus on calming the shen before embryo transfer. Common points applied during this time include **Ren 3, Zigong, ST29, KD3, KD6, KD10, REN4, SP6, KD3, LV3, GB34, YINTANG, DU20, PC 6 and HT7.**
Egg Collection: Relaxing

Applied from two to three days prior to collection to the day of embryo transfer. During this time the patient is undergoing intensive intervention whereby stress levels may be high, Qi stagnation can be common at this time so treatment focusses on Regulating the Qi, Calming the shen, Tonifying the Kidney, nourishing Jing and regulating the Chong and Ren Mai. Common points applied at this time are the same as stimulation stage.
Consolidating/embryo transfer

Applied from the day of embryo transfer to the day of pregnancy test. It is imperative that Yin and Yang are balanced and that Blood and Qi flow freely within the uterus. Treatment focusses on strengthening the Kidney and Spleen and consolidating the Chong and Ren mai to hold the embryo within the uterus. This is when stress levels also increase so it is important to calm the shen and pay attention to clinical signs and symptoms associated with pathogenic factors as this may impede implantation and increase the risk of miscarriage. Common points at this time are **SP3, ST36, KD3, KD7, Ren 12, KD6, KD10, LV2, LI11, LV3, GB34, Yintang, DU20, DU24, Sishencong, PC 6 and HT7.**

Summary of treatment when acupuncture is combined with IVF protocols.

The authors when treating patients has always tried to address foremost underlying TCM syndrome pathology and selected acupuncture points used outside of documented protocols to try and combat disharmony. When shen disturbance has been more obvious and experienced in greater depth for the patient strong calming points have been selected such as **Yin Tang, Du20, Du24, Shishencong and HT7**. The approach that the author has taken is to draw upon and try to adhere to current researched clinical documented point protocols but has also used diagnostic techniques and patient feedback to tailor treatment to the specific patient. Although this has proven beneficial for those patients being treated by the author it is difficult to then measure clinical outcomes with robust and transparent treatment protocols for replication. Treatment always focusses on invigorating blood and harmonising the lower jiao, Supporting the Liver and spreading Liver Qi where necessary, promoting the Kidney and regulating, opening the Chong Mai and calming the Shen. Nourishment and correction of the Spleen organ is vitally important as this is where excess can impact conception and increase the risk of a positive final outcome.

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Table A (See page 51)

Date	Points used	Remarks on patient
31 may 23	Lv3, kd3, kd6,sp6, sp10,st36, st28, ren 4, zigong, li4, ht7,pc6,du20, yin tang	Moxa -smokeless around accessible and safe points. RT 20 mins.
7 June 23	LV2,LV3,KD3,KD6,KD7,SP6,SP3,REN12,REN4,KD10, GB34, ST36, LI4,HT7, SHISHENCONG,	Pulse weak. Smokeless moxa used. RT 20 Mins
15 June 23	ST28, LV3, KD3,KD6,SP3,SP6,ST36,GB34,REN12,REN 4, ZIGONG,LI4,HT7,PC6, LU5,LU7, YIN TANG	Moxa, RT 20 mins. Period due HT and LU Weak, SP and LV rapid.
20 June 23	GB34, LV3, KD3,6, SP6,SP10, ST36,SP3,REN4,ZIGONG, LU7,LI4,LI11,DU20, SHEN MEN	Scan booked for collection, 2.5 day period which was heavy, slightly purple tongue, WK KD Pulse. Commenced estrogel and steroids
27 June 23	LV2, LV3, KD3, KD6,KD10,SP3,REN 12,GB34,ST36,REN 3,REN 4, ZIGONG, DU20, SHISHENCONG,YIN TANG,HT7 PC 6	Scan day prior, lining ok, transfer planned for next week, progesterone pessary and steroids taken. Moxa, RT 20 mins
6 July 23	SP3, KD7, KD3, KD6,LI11(if heat) LV3, GB34,PC6,HT7, SHISHENCONG, Ear: Shen men and uterus	Pre day of transfer, started blood thinners
6 July 23	ST36, PC6, SP8, HT7, YIN TANG, Ear: shenmen, uterus and endocrine	Progesterone 0.1 % below so prescribed extra progesterone
11 July 23	Shishencong, yin tang, LU7, LU5, HT7, SP3, ST36, KD3, KD6, REN 12, LV3, LI11, GB34	Patient had cough with mucus, wk pulse, puffy wet coat tongue. Still taking blood thinners and steroids
18 July 23	LV3, KD3,6,7 SP3, GB34, ST36, HT7, PC6, YIN TANG, DU20, SHISHENCONG	Patient reports positive pregnancy test. Weak pulse
1 AUG 23	LV3, SP4, SP9, ST36, KD3, KD7, LI11,HT7,PC6 SHISHENCONG, YIN TANG, SHEN MEN	6.5 weeks pregnant, reports feeling very stressed as has been spotting. Did have this with previous pregnancy. Moxa used st36
Patient looses baby and takes a break.		
16 Jan 24	LV3, KD3, KD7,SP6,SP9,ST36,ST40,REN6,REN4,ZIG ONG,PC6 HT7,LI4,DU20,DU24,YIN TANG	Due to have scratching next week, swollen sides, purple tinge, thicker brown rooted coat. No moxa
30 jan 24	LV3,KD3,SP6,ST36,GB34, REN 4, REN 6, ZIGONG,HT7,LI4,DU20,DU24,SHEN MEN	Cycle due to commence 1st feb, feeling little cold, left pulse weak, transfer planned around the 18th feb
6 Feb 24	LV3,KD3,KD6,7 SP9, ST36,ST40,GB34, REN 6, 3, ZIGONG,LI11,LI4,HT7,DU20, DU24	Taking estrogel, transfer planned for around 23rd. weak kidney pulse
13 feb 24	Kd3,6,7,LV3,ST36,GB34,REN 4,6,KD13,DU20,DU24,SP3,HT7	Scan that morning, lining sufficient, due to start progesterone in 3 days
21st feb	Same points as last transfer -pre and post protocol	Transfer day- before and after transfer
24 feb 24	SP3, ST36, KD3, KD6,REN12,KD10,LV2,LV3, LI11,GB34	
March 24	Patient takes break	Negative pregnancy test

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Acupuncture as a Supportive Intervention for Post-Miscarriage Emotional Wellbeing and Subsequent Pregnancy Preparation



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Abstract

Miscarriage, defined as the spontaneous loss of a pregnancy before 20 weeks, is an emotional and physical burden for individuals and couples, impacting roughly 10-20% of all pregnancies. Acupuncture, is a promising adjunctive therapy in addressing post-miscarriage emotional wellbeing and preparing for subsequent pregnancies. This case study explores the role of acupuncture in supporting individuals through their emotional recovery following miscarriage, addressing potential underlying factors contributing to recurrent miscarriages, and promoting overall fertility health. Drawing from both emerging research and clinical experience, this article highlights the potential of acupuncture to provide holistic care, provide emotional support, and enhance fertility outcomes in individuals navigating miscarriage and infertility challenges.

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The Emotional Burden

Miscarriage is a common yet deeply distressing experience for couples and individuals, often resulting in feelings of hopelessness and depression. The sudden loss of a pregnancy can shatter a person's sense of control and stability, leading to intense grief and emotional pain. Miscarriage can disrupt future pregnancy plans, creating a pervasive sense of anxiety and fear about trying to conceive again. The emotional impact is often compounded by societal taboos surrounding miscarriage, which can make it difficult for individuals to find support and openly discuss their experiences.

For many, the trauma of miscarriage extends beyond the immediate aftermath, affecting mental health and overall wellbeing for months or even years. Studies have shown that miscarriage can lead to long-term psychological effects, including PTSD. According to Farren et al. (2020), 1 in 3 women develop PTSD within the first month after a miscarriage, and nearly 1 in 5 continue to experience PTSD nine months later. Despite the prevalence of miscarriage, there is often a lack of adequate emotional support and resources for those affected. Medical professionals may focus primarily on the physical aspects of miscarriage, leaving the emotional needs of patients unmet. This gap in care highlights the importance of holistic approaches that address both the physical and emotional aspects of miscarriage.

"Medical professionals may focus primarily on the physical aspects of miscarriage, leaving the emotional needs of patients unmet. This gap in care highlights the importance of holistic approaches that address both the physical and emotional aspects of miscarriage"

Exploring Medical Investigations

While miscarriages can be isolated events, up to 50% are caused by aneuploidy, an abnormal number of chromosomes in a cell. For chromosomally normal miscarriages, potential causes include blood clotting disorders, bacterial infections, nutrient deficiencies, anatomical abnormalities, male factors, hormonal issues, endocrine dysfunctions, environmental toxicity, and immune disorders. NHS guidelines advise investigating recurrent pregnancy loss after three early miscarriages, which can be distressing for couples waiting for support. However, some clinics (mainly research charities) sometimes can offer investigations after two losses.

NHS testing typically includes basic thyroid testing, screening for antiphospholipid antibodies and lupus anticoagulant, parental karyotyping, chromosomal analysis, and sometimes pelvic ultrasound or hysterosalpingo contrast sonography (HyCoSy). Additional private testing options include reproductive immunology testing, semen cultures, DNA fragmentation analysis, advanced hormone panels, and endometrial biopsies.

Despite the many tests available, many women who have suffered recurrent miscarriages are unaware of either NHS or private testing and services available to them. Of those that do have further testing offered to them, the majority will not be offered an explanation for their loss or recurrent loss. This exasperates the feeling of frustration and can often can deter many from trying again to prevent further heart break.

Acupuncture: A Holistic Approach to Post-Miscarriage Emotional Well-being

In recent years, acupuncture has gained significant attention as a complementary support to conventional fertility treatments. It is not uncommon for Acupuncturists to support couples and individuals on their fertility journeys following a miscarriage, due to the prevalence of miscarriage in the fertility community. Although limited studies exist on acupuncture and miscarriage rates, emerging research highlights its potential benefits. Betts et al. (2016) noted that acupuncture can positively influence hormonal responses, potentially reducing miscarriage rates. In a study of 141 IVF participants, Magarelli et al (2004) found that found that those receiving auricular and electrostimulation acupuncture had significantly lower miscarriage rates and a 23% higher birth/pregnancy rate compared to the non-acupuncture group.

Another crucial aspect of acupuncture treatment is the consistent supportive care provided by Acupuncturists. Greene et al. (2019) identified supportive care as the most effective therapy for women with two consecutive pregnancy losses, significantly improving birth outcomes. In this context, acupuncture can be considered a form of supportive care. Acupuncture helps manage symptoms, reduce pain, alleviate stress, and promote overall well-being, often complementing other medical treatments.

Acupuncture has also shown promise in alleviating the stress and anxiety associated with infertility. A 2011 study by Smith et al. found that individuals undergoing acupuncture reported feeling less burdened by the social and relationship challenges associated with infertility. Additionally, there were encouraging trends towards decreased anxiety, enhanced self-confidence, and positive feedback on the treatment experience. These findings indicate that acupuncture could be a valuable tool in managing stress related to infertility.

Five Element Acupuncture Case Study

Patient Background: Lisa, a 40-year-old nurse, sought acupuncture treatment for fertility after experiencing four early miscarriages, which led to anxiety, insomnia, and PTSD symptoms. Using the Measure Yourself Outcome Profile (MYMOP), Lisa rated her symptoms on her first visit: anxiety at 6/6 and sleep at 5/6, indicating high discomfort levels.

Western Medicine Diagnosis:

Lisa was diagnosed with generalised anxiety disorder by her GP and had been awaiting Cognitive Behavioural Therapy (CBT) via the NHS for six months before seeking acupuncture.

Her symptoms included anxiety, panic attacks, flashbacks, intrusive thoughts, difficulty falling asleep, and depression. Lisa had been operating under chronic sympathetic dominance before undergoing acupuncture. This fight-or-flight state may have, prioritised survival by down-regulating non-essential systems, including reproduction. The sustained sympathetic activation suppresses reproductive processes, causing hormonal imbalances and could have been a component in fertility issues.

Her medical history included a diagnosis of 'unexplained infertility/recurrent miscarriage,' her hysterosalpingogram (HSG) shown that both tubes were patent, and her blood tests were satisfactory except for a borderline vitamin D deficiency. Her thyroid-stimulating hormone (TSH) levels were within the acceptable range for the general population but too high for optimal fertility. Her elevated TSH levels, combined with stress, may have contributed to a shorter luteal phase, for which she was prescribed Cyclogest.

Male Factor Infertility:

Lisa's partner's semen analysis initially showed poor morphology, with a reading of 2%, which slightly improved to 4%, one month later. He experienced testicular aches, but an ultrasound scan ruled out varicocele. He made significant lifestyle changes, including replacing cycling for jogging, avoiding hot baths, reducing toxin exposure, joining a meditation class, consuming 5-7 servings of fruit and vegetables per day and taking a prenatal supplement.

Five Element diagnosis:

- **Diagnosis:** Earth Constitutional factor (CF), Water within, with Internal Dragons (ID's).
- **Pulse:** Weak, thin, and deep at all positions, with rhythm and qualities indicative of internal dragons.
- **Tongue:** Pale and swollen.
- **CSOE:** Mixed, white with yellow; weep, fragrant, worry/fear.
- **Level of treatment** : Spirit
- **CF** Earth with Water within

CF discussion

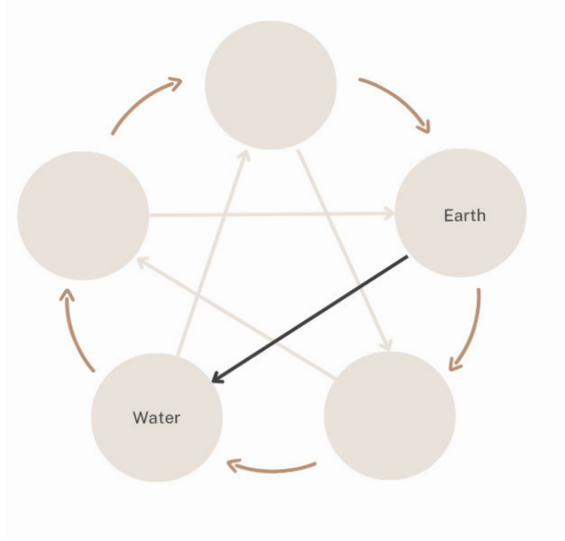
Lisa's CSOE was mixed, yet cohesive with an Earth constitutional factor. Lisa felt an overwhelming need to be understood, she frequently sent additional details via email after our sessions, highlighting her need to ensure that I had a comprehensive understanding of her case.—a common experience among both those with an Earth element causative factor and also of those navigating fertility struggles.

Lisa's Earth constitution also manifested in obsessive thought patterns and rumination. She constantly 'chewed' over her thoughts, excessive worry, and difficulty processing her thoughts, suggesting a yi disturbance. Physically, the Earth causative factor manifested in poor digestion. Lisa experienced loose stools, frequently struggled with bloating, and had unhealthy eating patterns since her teenage years, contributing to her struggle with weight.

"Lisa struggled with boundaries, which can be an issue for many Earth CFs"

Lisa struggled with boundaries, which can be an issue for many Earth CFs, both with herself and with others. She would often stay later than her shift to ensure her patient was comfortable with the changeover. Even after leaving, her thoughts would be consumed with concern for the patient she had cared for that day. Lisa had immense empathy for those around her, yet she could not accept any sympathy when offered, which made her clearly uncomfortable. Even though the act of receiving acupuncture felt uncomfortable to her, she deemed it necessary to bring her closer to becoming a mother, which, in her words, was her life purpose.
It was evident that Lisa's constitutional factor (CF) was Earth. Equally important, however, was recognising that Water was presenting as her within element. This imbalance manifested as fear with symptoms of Kidney yin and yang deficiency.

In Five Elements theory, Water is considered the grandchild of Earth. Therefore, Water can be directly affected through the Ke (controlling) cycle, wherein a healthy Earth element controls and stabilises Water.



The Kidney is the organ associated with reproduction, When looking through the lens of TCM understanding, her lack of progesterone, low BBT and luteal phase defect indicate kidney yang and spleen qi deficiency. (Aquilina & Szmelskyj, 2015) explain that miscarriages are believed to be as draining to qi and blood as childbirths, affecting the Kidney, Heart and Liver, which could then leading to Kidney Yang deficiency. Early Miscarriages can therefore damage the Kidney further by weakening qi. In Five Element acupuncture, by supporting the CF, all the Elements, and officials can be supported by the shen and ke cycle.

Treatment Principles

Treatment principle: Clear ID's, Check for AE, check for Husband/ Wife Blocks, Entry/Exit blocks, Support CF on spirit level, support Kidney, connect the Bao Mai.

Tx1: ID's (Ren 15, St25, St32, St42)
Ki24 △5⊥·
Ht7⊥·

Tx2: Aggressive Energy drain
(AE) Bl13, Bl14,Bl15, Bl18, Bl20, Bl23
Ki 25 △5⊥·
St42 Sp3 ⊥·

Tx3: Bloodlet ear Apex
Ren 1 ⊥·Ren 24 ⊥·Du 1 ⊥·Du28 ⊥·
St42 ⊥·Sp3 ⊥·

Tx4: Sp21⊥·Ht1⊥·
Ren 8 △3 Ren14 ⊥
St40⊥· Sp4⊥·

Tx5: B17 △7⊥·
St8⊥·, Yintang⊥
St42 ⊥·SP3⊥·

Tx6: B43 △7⊥·
Bl20⊥· Bl21 ⊥·
Ren12 △5⊥·
St36 ⊥·Sp3 ⊥·

Tx7: Du 4 △5 ⊥·
Bl20 △5⊥· Bl23 △5⊥·
Sp4⊥ PC6 ⊥
Ki6 ⊥ Lu7 ⊥
Ki13 ⊥ren 4 ⊥Ren14⊥
St40⊥· Sp4 ⊥·

Tx8
Bl49⊥·
Sp15 ⊥·st25 ⊥·
St42 ⊥·Sp3⊥·

Tx9 Early pregnancy care
Bl23⊥·
Du20⊥
St36 ⊥Yintang ⊥
St42 ⊥·Sp3 ⊥·

Tx10
Bl20 ⊥·Bl21 ⊥·Bl23⊥·
St36⊥
Yintang ⊥
Du20⊥
St42 ⊥·Sp3⊥·

Tx11
Bl23⊥·
Ki9⊥
Yintang ⊥
St36 ⊥·Sp3 ⊥·

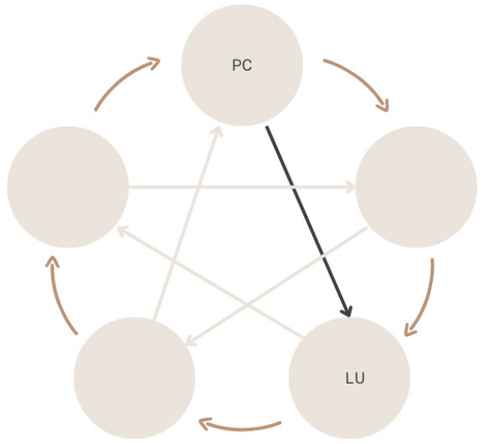
Tx12
Bl23⊥·
St36⊥
Yintang ⊥
Du20⊥
St42 ⊥·Sp3⊥·

Discussion
Possession (internal dragons)

Upon our first meeting, I observed Lisa's glazed look and her inability to make a connection, along with symptoms of emotional disharmony and instability. Lisa shared that she no longer felt herself; she felt numb and not fully present. Her mixed CSOE and pulse picture indicated the presence of Internal Dragons (ID). It was evident that the primary focus of treatment needed to be the clearing of this block. Repeated experiences of emotional trauma, such as shock, had likely shattered her qi and further distressed the Earth Element, resulting in the block of Internal Dragons (ID's).

Lisa had been operating in a constant state of sympathetic 'fight or flight' and this would be detrimental to both her efforts to conceive and her overall well-being. Lisa's pulse stabilised during the ID's treatment, with its variability resolved, though it remained deep and thin bilaterally. There was an instant improvement in Lisa's shen and posture, indicating the resolution of the block. In terms of CSOE, there was an instant improvement; the "weep" was no longer present.

AE was present, presenting as jagged erythema on both the Pericardium and Lung back shu points. This could have arisen from internal or external causes, but given her case history, it's likely that AE originated from repetitive emotions over a period of time (such as shock in this instance) which then stagnated. These emotions likely evolved into toxic heat or fire, which then accumulated in the organs as AE. The presence of AE on these two officials suggests that it began in the Pericardium and progressed to the Lung along the ke cycle.



Ren/Du Block

Lisa presented with a deep, deficient pulse, and a sense of resignation in her spirit, both indicative of a Ren/Du (CV/ GC) block. This blockage was likely a result of substantial blood loss following her second miscarriage, or, it could have been the emotional trauma of unfulfilled aspirations of motherhood which she described as her life purpose. As Jarrett (2006:99) describes, '*The CV/GC block is given rise to by patients that internalize their pain and suppress their response to it. Something has happened in life that is perceived at an existential level to have compromised who they are*.' .By the third session, after addressing and resolving this block, there was a significant improvement in the volume and quality of Lisa's pulse. This change coincided with Lisa reporting a marked increase in energy levels and a renewed sense of well-being.

The Bao Mai

The Bao Mai is the vessel that facilitates communication between the heart and the uterus. When either of these organs is compromised, Bao Mai dysfunction can manifest through various symptoms, primarily psychological and gynaecological. For instance, Lisa experienced menstrual irregularities, emotional disturbances, panic attacks, changes in libido, and fertility challenges, all of which could be attributed to a Bao Mai dysfunction.

Spirit of the points discussion

Following the clearing of blocks, the points selected were chosen not only for their function but primarily for their 'Spirit.' For instance, **Spirit Burial Ground (Ki24)** is used to revive the ling aspect spirit, Jarrett (2006:455) illustrates, "the functional quality present of this point may be likened to bringing water to the desert so life can flourish." **Spirit storehouse (Ki25)** serves as an excellent progression from Ki24, also supporting the jing/shen axis. It addresses Lisa's insomnia and anxiety while assessing the storehouse of the spirit, allowing the person to access a source of strength

Lisa felt a great emptiness, moxa was burned on salt on point **Ren 8 (Spirit Deficiency)**, as it's where the qi enters the embryo and has the potential to fill the void and emptiness felt by the patient. Ren 8, a vital gate of the body, located at the navel, is where post-heavenly qi and can play a role in warming and restoring her spirit. Similarly, **Abundant Splendour (St 40)** offers a sense of connection and abundance, akin to a harvest, particularly relevant when desires, such as a successful pregnancy, have not come to fruition. Holman (2017) highlights the importance of Luo-collateral points in treating trauma, especially ST40's ability to dispel phlegm, circulate fluid and qi in the pericardium channel (where trauma often lodges).

Thought Dwelling (Bl 49) was chosen to strengthen the mind and spirit aspects of the Spleen by revitalising the earth element and addressing obsessive thoughts. Lisa frequently found herself overthinking and excessively worrying about her life's challenges. Hicks (2009:303) explains when Bl49 may be beneficial:

"… The *Si,* worry or 'overthinking', knots the *qi*, leading to *yi* losing its 'dwelling.' When the yi is affected, the patient may ruminate and worry about their problems and be unable to think clearly…" Another point selected to ease worry, **'Head Tied' (St 8)** can help to break the cycle of repetitive thoughts which Lisa had been experiencing.

Treatment Response

During the initial five sessions, Lisa began to reclaim her sense of self, and her overall mental health gradually improved. Despite the lingering grief and disappointment from the miscarriages, she became better equipped to manage these emotions and she began to develop hope for her fertility journey. During this first month of weekly acupuncture treatment, Lisa's TSH levels showed improvement, decreasing from 3.2 to 2.6, which is only slightly higher than the recommended TSH for pre-conception.

Lisa's sleep improved significantly, increasing from five fragmented hours per night to eight hours after the first session. Research by Begtrup (2019) demonstrated that a lack of consistent quality sleep of ideally 7-8 hours has been shown to be associated with miscarriage after week 8, especially in shift patterns. The improvement in her sleep may therefore have been instrumental in her positive experience. Lisa's MYMOP score for sleep came down from 6 to 2, and for anxiety came down from 6 to 1 during the initial treatments, and only started to increase briefly at the triggering time of early pregnancy.

Pregnancy and Follow-Up:

Prior to the ninth session, Lisa received a positive pregnancy test result, which triggered anxiety. Weekly support throughout the first trimester included acupuncture, lifestyle guidance, and supportive care. Lisa discontinued treatment after the first trimester due to her shift pattern but remained comfortable with her progress. She gave birth to a healthy baby girl and attributed her positive experience to her acupuncture sessions.

The patient experience

Lisa shared that her experience with acupuncture provided essential support and resources during the preconception period and early pregnancy. Acupuncture offered tangible relief through specific points that alleviated her discomfort. For patients with a history of recurrent miscarriage, early pregnancy can be particularly stressful, as they often hesitate to share the news and consequently bear the stress, worry, and grief in isolation. Lisa found that regular sessions with a supportive Acupuncturist not only provided emotional support but also acted as a personal advocate during this challenging time. She was able to manage her anxiety, especially during early scans, through the use of ear seeds and weekly acupuncture sessions. Lisa viewed acupuncture as an essential part of her successful journey to pregnancy.

It is important to note that conception involves both partners, and in this case, the husband chose not to undergo acupuncture. Ideally, I would prefer to support both partners through acupuncture. However, the husband was open to receiving lifestyle guidance to optimise sperm health which he found helpful.

Conclusion

This case study illustrates the potential benefits of acupuncture as a supportive intervention for individuals experiencing emotional and physical challenges following a miscarriage. By addressing both emotional trauma and underlying physiological factors contributing to recurrent miscarriages, acupuncture offers a holistic approach to fertility health. Lisa's experience highlights the multifaceted support provided by acupuncture resulted in improved sleep, emotional stability, and overall well-being, which may have contributed to her successful pregnancy. The integration of acupuncture into fertility treatment plans can provide essential emotional support, helping patients manage the stress and anxiety associated with miscarriage and infertility.
Further research and clinical practice should continue exploring and validating acupuncture's role in reproductive medicine, ensuring comprehensive care for individuals navigating the complexities of miscarriage and fertility challenges.

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Stems and Branches Clinical Acupuncture: Methodology and Practice



A lineage alchemist who was apprenticed to master Acupuncturist Dr. J. D. Van Buren, the man widely credited with bringing stems and branches clinical acupuncture practice to the west. He is a graduate of the International College of Oriental Medicine (UK) with over 20 years clinical acupuncture experience.

Michael James Edmondson

Abstract

As we know, clinical acupuncture as a medical technique is nowadays present in both eastern and western medicine. Whilst we western based Acupuncturists must welcome the inroads made into western medical practice, it has come at a cost. Western medicine is very much symptomatic led in clinical practice and so the adoption of some traditional Chinese Medicine symptomatic approaches is understandable. However, science based western medicine has not yet discovered the laws of alchemy that underpin classical Chinese acupuncture. This situation has a detrimental, limiting effect on the scope and ability of classical Chinese acupuncture to operate within western medicine.

It is in this context that I present a paper focused on the methodology and practice of stems and branches clinical acupuncture, presenting only as much theory as is necessary to enable an understanding of the methodology and clinical practice. Stems and Branches theory can be found detailed in the Nei Jing Su Wen Chapters 69-77 and in the contemporary work the Mimi Neike.



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Theory

The cycles of life determined in the Nei Jing Su Wen describe energetic movements in time and space i.e. energetic waveforms. These energetic waveforms create, control, and nourish material form.

The charting of the cycles of life began in the 60th year of the Yellow Emperor Huang Di (2697-2574 BC). This year became the first year of the current Chinese calendar.

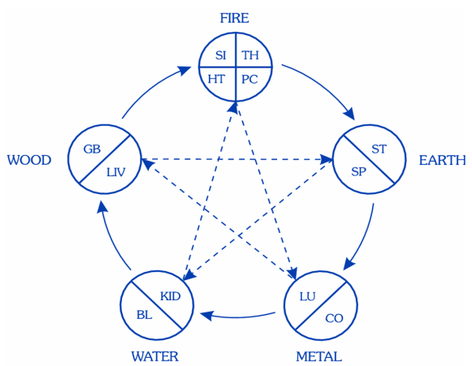
Knowing that the energetic cycles of heaven (the celestial sphere) create the energetic cycles of earth (the seasons) and that the combination of these two cycles of life creates energetic lifecycles on earth (the climate and man), those ancient alchemists created a template that would forever define the characteristics of time, space, and man.



Heaven-earth-man alchemy compass

The laws of alchemy include not only the law of heaven-earth-man and the law of formlessness/form as stated in the Nei Jing Su Wen, but also the law of macrocosm/microcosm, the law of as above/so below and the law of the five elements.

It is this energetic medical model, the five element alchemy model, that is employed in stems and branches clinical acupuncture practice.



Five element alchemy sheng and ke cycle

Methodology

Each acupuncture client that comes before you is a living representation of a moment in time and space.

As Goethe more eloquently put it:

"When you to the world were given the sun stood still and greeted every star and ever since you have striven to grow by the laws that rule who you are"

That moment is your client's energetic birthright. An energetic imprint that determines your client's constitutional qi imbalance. This is essential information if clinical acupuncture is all about restoring qi balance for health and harmony. It's essential information in understanding the energetic aetiology, diagnosis, and pathology process that clients present with.

Perhaps, more importantly, it enables the prospect of you, as the practitioner, being able to maintain a state of health and harmony in your client. To do this you must be able to understand their constitutional strengths and weaknesses, their qi of birth, and in light of this and their clinical presentation create a treatment that aims to balance, by degrees, their qi of birth. This is how it is done:

As an example, we will use the solar birthdate 18/12/1952 1655hrs to create a 'personalised energy signature' that becomes a stems and branches alchemy chart. This chart is based on the lunar calendar.

Consulting the simplified cycles of life chart shown below will allow us to determine the celestial stem qi and the terrestrial branch qi for our example year.



A cycle of stems and branches qi from 1924 to 2043 AD

The celestial stem for 1952 is Jen and the terrestrial branch is Chen. In a JenChen year the alchemy of the celestial stem is Bladder in Wood (the vertical column), and the alchemy of the terrestrial branch is Stomach (the horizontal column).

Of course, it helps to know the internal alchemy of terrestrial branches in order to determine terrestrial branch qi. In our example Chen is the fifth terrestrial branch, corresponding to Stomach qi.

Here is the full list of terrestrial branch internal alchemy:

I = Gall Bladder (GB) II = Liver (LIV) III = Lung IV = Colon V = Stomach VI = Spleen VII = Heart VIII = Small Intestine IX = Bladder X = Kidneys XI = Pericardium XII = Three Heater

As we know, heaven and earth create man, and so the combination of stem and branch qi produces the internal atmospheric qi (metabolic energy) of a human.

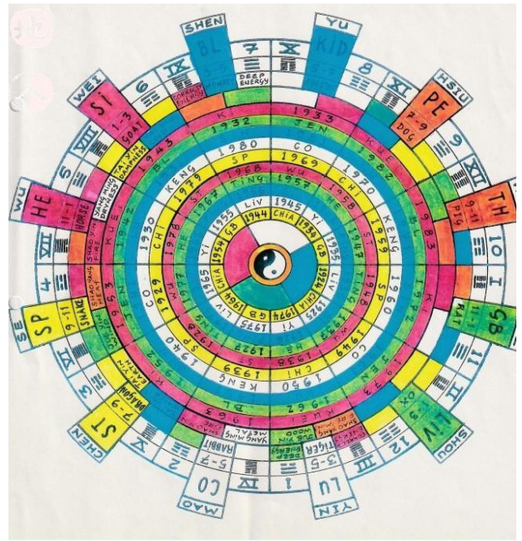
As the Nei Jing Su Wen Ch.9 puts it:

"The ten celestial stems generate the five elements which in turn generate the 3 yin and the 3 yang energies"

The 3 yin energies are of course Tai Yin; Shao Yin and Jue Yin. The 3 yang energies are Tai Yang, Shao Yang and Yang Ming. They are known alchemically as the Six Divisions.
In our example the Six Division qi of Tai Yin governs metabolic function for everyone born in the second half of 1952.

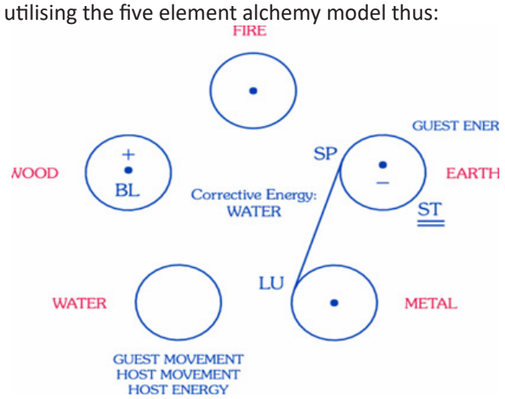
Here is the full list of Six Division internal alchemy, along with their atmospheric properties: Tai Yin = Spleen and Lung qi (DAMP) Shao Yin = Heart and Kidneys qi (FIRE)
Jue Yin = Pericardium and Liver qi (WIND)
Tai Yang = Bladder and Small Intestine qi (COLD)
Shao Yang = Gall Bladder and Three Heater qi (HEAT)
Yang Ming = Colon and Stomach qi (DRYNESS)

The alchemy of Stems, Branches and Divisions for the years 1924-1983 is symbolised in the tree of alchemy chart illustrated below:



Tree of alchemy chart 1924-1983 AD

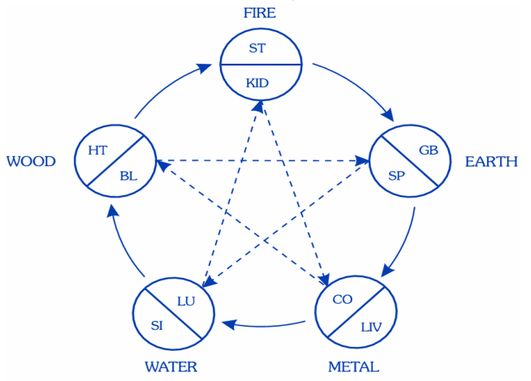
So, now we have enough alchemic information to produce a Stems and Branches Chart for our example birthdate, utilising the five element alchemy model thus:



Stems and branches chart 18/12/1952

The celestial stem Jen is alchemically represented as Bladder (BL) in the WOOD element.

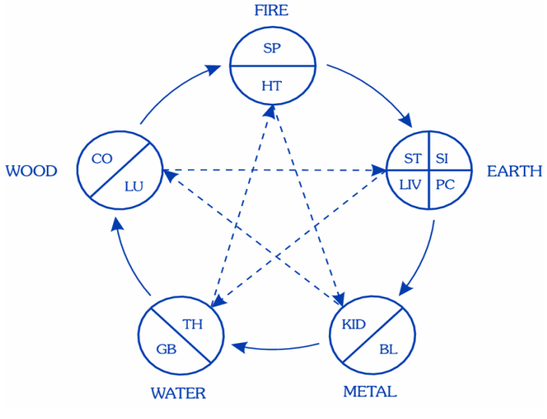
Here is the full list of celestial stem internal alchemy, arranged within the five element template thus:



Five element alchemy celestial stem cycle

The terrestrial branch Chen is alchemically represented as Stomach (ST), the yang of the EARTH element.

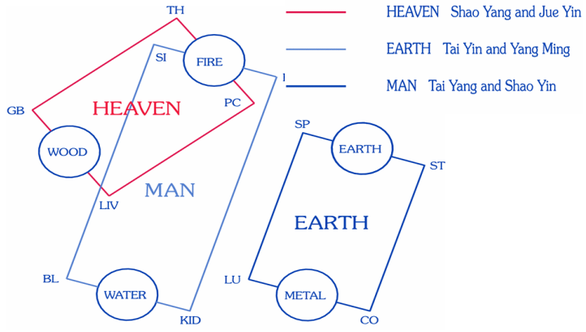
Here is the full list of terrestrial branch deep energy internal alchemy, arranged within the five element template thus:



five element alchemy terrestrial branch and deep energy cycle

The six division qi of Tai Yin is alchemically represented as Spleen (SP) and Lung (LU), connecting their respective elemental energies of EARTH and METAL.

Here is the full list of six division qi internal alchemy, arranged within the five element template thus:



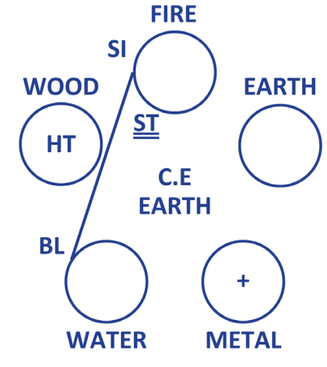
Five element alchemy six division cycle

The four black dots seen in four of the elements within our example stems and branches chart represent the deep energies generated from the combined qi of stem and branch and their creation of six division qi.

From our original example, a JenChen year creates four elemental strengths i.e. Bladder (BL)/Stomach (ST)/Spleen (SP)/Lung (LU). Looking at the above template we see that the deep energies generated by these elemental forces are METAL/EARTH/FIRE/WOOD. The four black dots of the example stems and branches chart!

Doing the math – a test

So, here's a stems and branches chart that I partially completed for the birthdate 24/09/1967 2000hrs:



By consulting the five element alchemy deep energy cycle you will be able to fill in the missing black dots (that represent the deep energies) to complete the stems and branches chart.

Now we can examine the stems and branches chart in our example in order to define the constitutional qi of birth. So far we know this:
The celestial stem qi is in excess, being a yang stem (odd numbered stems are yang, even numbered are yin and deficient in qi). Celestial stem alchemic imbalance is created by the yang of WATER (BL) element being placed in the WOOD element. Imbalance is the price we have pay in order to be individually conscious!

The terrestrial branch qi manifests alchemically as Stomach (ST) qi, giving constitutional strength to the EARTH element.

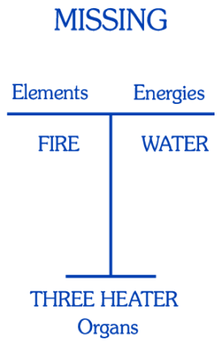
The six division qi Tai Yin creates a dampening effect on metabolic function, at the same time adding to the strength of the EARTH and METAL elements, as seen in the chart.

It's apparent that the missing element in these stems and branches chart is the FIRE element.

When we focus on the chart's deep energies we discover that it is the WATER element that lacks deep energy.

If we compare the two diagrams – the five element alchemy sheng and Ke cycle and the five element alchemy deep energy cycle – we discover that there is an internal organic energy missing in the personal energy signature i.e. the Three Heater. Alchemically, Three Heater organic energy is composed from the elemental qi of FIRE and the deep energy of the WATER element; both are missing in our birthdate example.

The following simple diagram summarises this discovery:
Here is the full list of organic energies and their alchemical composition:



Here is the full list of organic energies and their alchemical composition:

Gall Bladder	-	WOOD	element and WATER deep energy
Liver	-	WOOD	element and EARTH deep energy
Lung	-	METAL	element and WOOD deep energy
Colon	-	METAL	element and WOOD deep energy
Stomach	-	EARTH	element and EARTH deep energy
Spleen	-	EARTH	element and FIRE deep energy
Heart	-	FIRE	element and FIRE deep energy
Small Intestine	-	FIRE	element and EARTH deep energy
Bladder	-	WATER	element and METAL deep energy
Kidneys	-	WATER	element and METAL deep energy
Pericardium	-	FIRE	element and EARTH deep energy
Three Heater	-	FIRE	element and WATER deep energy

Practice

When we clinical Acupuncturists know the qi imbalance from birth of our clients we can then see how they measure up to their energetic birth profile as we conduct the four methods of diagnosis.

In asking and listening we can assess the demeanour of the client e.g. do their energy levels match their excess/deficient stem energy levels? As they provide us with the usual diagnostic material can we see patterns of energy emerging that relate to their qi of birth? Perhaps, symptoms related to their missing organic energy from birth, or related to a weak element in their birth chart.

In looking, can we see their six division qi appearing in their body shape, their complexion, their behaviour?
In touching, which of their four possible celestial stem pulses is present?
Here is a full list of celestial stem pulse possibilities:

STEM	GB E +	LIV M −	SI W +	HT Wo −	ST F +	SP E −	CO M +	LU W −	BL Wo +	KID E −
GREAT MOVEMENT	E too Wo	M too W	W too F	Wo too F	F too E	E too E	M too M	W too W	Wo too W	F too W
GREAT MOEVEMENT	E too W	M too E	W too E	Wo too F	F too E	E too F	M too Wo	W too Wo	Wo too M	F too M
ORGAN/ ELEMENT	Wo too E	Wo too M	F too W	F too Wo	E too F	E too E	M too M	M too W	W too Wo	W too M
DEEP ENERGY	W too E	E too M	E too W	F too Wo	E too F	F too E	Wo too M	Wo too Wo	M too Wo	M too F
STEM POINT	GB 34	LIV 4	SI 2	HT 9	ST 41	SP 3	CO 1	LU 5	BL 65	KID 2
RESULT	W -	F +	F -	M +	M -	Wo +	Wo -	E +	E -	W +
YEAR	4	5	6	7	8	9	0	1	2	3

NOTES
1. indicates a condition seen in the clinic more often than others
2. At the Organ/Element level: M too M indicates Colon too metallic, etc
3. indicates a condition that is often seen in the clinic, e.g. (Wo)too M indicating Gall Bladder especially

And here is the full list of celestial stem balancing points:

Gall Bladder in	**EARTH**	=	LIV-8
Liver in	**METAL**	=	LU-9, CO-11
Small intestine in	**WATER**	=	SP-9, TH-10, PC-3
Heart in	**WOOD**	=	None
Stomach in	**FIRE**	=	SI-8, SP-3, PC-7
Spleen in	**EARTH**	=	SI-8, ST-41, PC-7
Colon in	**METAL**	=	LU-8
Lung in	**WATER**	=	CO-2, GB-44, KID-1, BL-65
Bladder in	**WOOD**	=	CO-2, GB-44, KID-1, LU-5
Kidneys in	**FIRE**	=	TH-1, BL-60

In the stems and branches chart of our example birthdate 18/12/1952, if the pulse of such a client indicated the WOOD is too Metallic, then treating with CO-2 might be appropriate. Such a treatment, using a celestial stem balancing point, is treating the client at the level of their celestial stem qi (a Qi of Birth method of treatment)
Altogether there are 12 methods of alchemical treatment in stems and branches clinical acupuncture practice:

1. Five Element alchemy
2. Guest/Host alchemy
3. Qi of Birth alchemy
4. Corrective Energy alchemy
5. Unlike Qi of Stem alchemy
6. Unlike Qi of Branch alchemy
7. Unlike Qi of Stem and Branch combined alchemy
8. Six Division alchemy
9. Chinese Energy Clock alchemy
10. Trigrams of Stems and Branches alchemy
11. Hexagrams of Stems and Branches alchemy
12. Nuclear Hexagrams of Stems and Branches alchemy

Even to begin explaining these methods of treatment in one article is of course impossible.

To read the clinical case presentations, which are illustrative of the stems and branches clinical acupuncture approach, their results, and a further summary of a large scale clinical study, scan the QR code to the CCMUK website. (www.cmuk.org/research-at-ccmuk)

In summary

Stems and branches clinical acupuncture practice utilises the five element alchemy model to balance, by degrees, qi imbalance created at the time of birth of the client.

Symptoms of disease and disharmony arise when the degree of qi imbalance in a client increases.

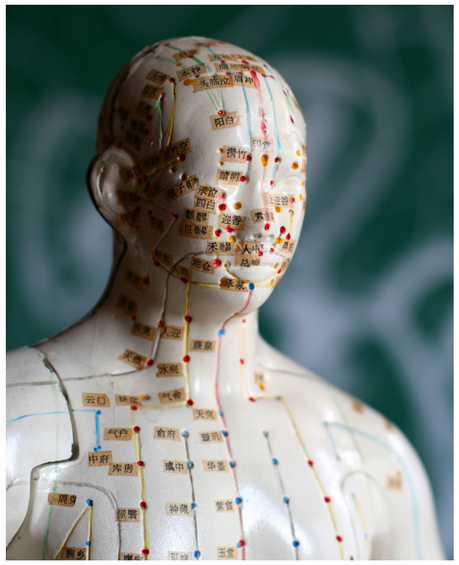
By increasing the degree of qi balance in a client through stems and branches clinical acupuncture practice, we can help prevent the arising of disease and disharmony.

By reducing the degree of qi imbalance in a client through stems and branches clinical acupuncture practice, we can help to restore health and harmony.

'Man follows Earth; Earth follows Heaven; Heaven follows the Dao; the Dao follows what is natural' Lao Tzu - Dao De Jing Ch. 25

References:

Huang Di Nei Jing Su Wen and Ling Shu translated by Henry C Lu (Vancouver Press) Dao De Jing – Lao Tzu translated by Gia-Fu Feng and Jane English (Wildwood).



Michael James Edmondson

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DAc

Dr. Amy Gordon, DAc practices in Manhattan and Valley Cottage, New York. She achieved her masters at Pacific College of Oriental Medicine and her doctorate at Pacific College of Health and Science. She is a certified NET practitioner and Quantum Neurology doctor.

Unlocking the Power of Du16

How Quantum Neurology and Acupuncture are Revolutionising Cranial Nerve Rehabilitation.

Quantum Neurology (QN)®, a nervous system rehabilitation technique created by Dr. George Gonzalez, DC, has transformed my practice as an acupuncture physician in Manhattan over the past three years. By utilising QN, I've witnessed remarkable, real-time improvements within my patients' nervous systems. QN's cranial nerve protocol is comprehensive, addressing the extensive reach of cranial nerves, which are pivotal in how we experience the world. They support how we see, hear, touch, taste and smell what's around us. As we get cranial nerves "back online," patients report significant shifts. An integral part of QN's cranial nerve protocol is acupuncture point Du16. What's the significance of this point and how does it benefit the patient? That's the focus of this paper.

The cranial nerve protocol uses nerve-specific exercises and red-light therapy specially designed by Quantum Neurology. QN's GRT Light supports desired outcomes within the nervous system. As part of the cranial nerve rehabilitation, the GRT Light is administered on acupuncture point Du16, which helps facilitate each cranial nerve correction I - XII.

Du16 is on the Du Mai's 3rd trajectory. It taps into one of the deepest layers of the meridian structure via the8 Extra Ordinary Vessels, those being among the first meridians formed at conception. The point's location at the nape of the neck hardwires Du16 into the nervous system. While Deadman and CAM offer slightly different locations, both place Du16 where the atlas articulates with the occiput. This placement at the first cervical sets Du16 in the centre of communication between the cranium, the vertebrae, and the spine. It can thus be argued that Du16 strongly influences all the cranial and peripheral nerves.

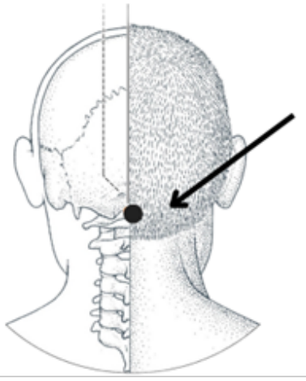
The 3rd trajectory that Du16 travels along, begins at the inner canthus (UB1) and moves to the top of the head, where it enters the brain at Du20. Here, it begins to diverge into two bilateral channels and then separates further at the nape of the neck. At Du16, where the meridian splits, a pathway is provided alongside the spine for red light therapy. As it descends the vertebrae, it presents in the Huatuo-Jiaji points, a group of 34 points on each side of the spinal column, .5 cun lateral to the lower border of each spinous process.

Stimulating Huatuo-Jiaji points sends energy to the organs due to their proximity to back shu points. The relevance of back-shu points in treatment cannot be overstated. Rehabilitating cranial nerve function while tonifying organ function can yield significant gains for the patient.

While cranial nerves help determine how an individual experiences the world through their senses, the Du Mai meridian governs that individual's independence, development of self-identity, cognitive development, and linguistic development. The Du Mai fosters the ability to articulate what is in one's heart to the outer world. Incorporating Du16 into QN's cranial nerve rehabilitation helps tonify the 3rd trajectory of Du Mai meridian. The combination supports an individual's curiosity and motivation, the essence of who they are, and how they experience their world.

DU 16

DU 16 is an integral part of Quantum Neurology's Cranial Nerve Protocol.



Dr Amy Gordon



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The Clinical Encounter with Children and Parents



Elisa Rossi - EJOM

Profile

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In 1983, after a 3-year Course in Acupuncture in Milan, Elisa attended the Training Course of TCM in Beijing. She went back to China 8 more times to gain clinical experience.
From 2006 she is member of Milan Medical Board for Non-Conventional Medicine.
Beside treating adults, since 2005 she runs Xiaoxiao, Chinese Medicine Children's' Centre.
She lectured in Australia, Austria, Denmark, Germany, Israel, Holland, Poland, Switzerland, UK, and on Net of Knowledge.
In English she published: "Shen – Psycho-Emotional Aspects of Chinese Medicine", 2007; "Pediatrics in Chinese Medicine", 2011; "The Therapeutic Relationship", 2023.
Articles mainly on European Journal of Oriental Medicine (1995, 2000, 2005, 2012, 2019) and Journal of Chinese Medicine, (2007, 2010, 2017, 2023).

Website: www.elisarossi.info

Ethics, Therapeutic Alliance, and Communication

The therapeutic relationship has an essential role the clinical practice and it influences the healing process. This article explores our relationship with small children and parents, and it refers to my book "The Therapeutic Relationship," 2023. In the years of weekly work at Xiaoxiao Clinic we had a good chance to look, to feel and to think about what happens in the clinical encounter. As in any therapeutic relationship we deal with the issues of ethics, communication, treatment frame, use of needles, and this article discusses some main points regarding our specific work with children and parents.

Since the child's qi is still closely connected to the parent's qi, especially the mothers, when we treat children we need to build an alliance with them. Most of the times all runs smoothly and results are very good, but sometimes parents they can be very demanding, which is their right; our task is to respond in a clinically meaningful way.

I will here focus specifically on the difficulties we may run into in our encounter with the care-givers – usually the mother. A quite common situation is our desire to give advice and suggestions to change the harmful daily behaviours. But parents mostly already know about it all: our work is then to create a space where modifications can take place. A receptive yin attitude of listening, accepting, refraining from judging and from being intrusive is of great help.

A baby, a mother, and the pleasure of the breast.

I would like to refer to some moments of a session to give an idea of the area the article moves in. A young mother and her 5-month-old baby come to Xiaoxiao Clinic. The mother is exhausted. She is breast feeding on demand, "with continuous feeds, every hour during the day, and also at night, because it's the only way to stop her crying."

The pattern of Food Accumulation shiji 食积is our first thought: the fu 腑 cannot empty, qi gets obstructed, the baby is distressed, the hundred illnesses may originate. In fact, mothers that breastfeed non-stop mostly do know that it is too much, they see that the baby is somehow bothered. We could tell this woman that by nursing so frequently the work of digesting does not have a break and takes a lot of energy, with the risk of leaving the baby too little strength to develop her defences properly and to grow nicely.

But we do not any of it, not now. We dunk instead into the situation, see how difficult it is to cope with a crying baby, knowing that all she wants is right there, the breast, a feed. As for the mother, what can be more wonderful than being the perfect answer for a needing baby? We get in touch with some possible hidden feelings: "My baby was inside me and I was all she needed, so now at least I keep her very close, give her what she asks for, we are again just the two of us."

I actually said: "You say that you think your baby is a bit troubled by something and her tummy is hard, so sometimes you try to delay her feed a bit. But - I know - it's awful to hear a baby crying. Maybe you've noticed something she likes, that distracts or calms her?" "Yes, sometimes she calms down if I take her to see the coloured lights in the hall." "Ah, she's a clever baby, already curious about the world! She is clearly feeling safe, secure enough to start enjoying what is around." So, implicitly, I am saying: "Your baby is nice and strong, and you are a good mother, you don't need to be pasted together all the time."

The same supporting meaning has our approval about the way she applies the tuina sequence she is learning: her child can receive something else from her beside breastfeeding, and she does it well.
Later on, feeling that there was room for it, I added: "It's true that the breast is the most beautiful thing in the world, but we can't spend our whole life there!" And in a following session I could say: "It's a mother's job also to send her children out into the world."
So, our attitude was: no judging about her breastfeeding, no providing/imparting of instructions. We sat in her difficult situation, asked about her solutions, valuing them, therefore supporting her. We backed her also by appreciating her baby. Later, when she could relax and trust me (and herself), some space opened up to set some limit, talk about motherhood, which is providing nourishment, but is also sending the child into the world.

Ethics, Therapeutic Alliance, and Communication

To create a good therapeutic relationship, we have to start from the roots: ethics, that is, our good behaviour. When we cure - or try to cure - the first rule is primum non nocére, 'do not harm.' And harm can be caused by mistakes in diagnosis and treatment but can also come from the practitioner's attitude and behaviour.

"Every relationship is an exchange of qi, and this exchange is essential in the acupuncture treatment."

Every relationship is an exchange of qi, and this exchange is essential in the acupuncture treatment. The quality of the doctor's qi influences all aspects of the therapeutic encounter and as practitioners we are responsible for our own qi: how it moves within ourselves and how it interacts with the qi of our patients.

The classics have given great attention to ethical issues. They mention extraordinary individuals, sheng 圣 'holy, saint', but also recognize a more affordable state of junzi 君子, 'ruler's son', which stands for 'superior person, gentleman, noble', in the deep sense of it, and we, normal human beings, can all achieve it. Main qualities of a junzi are said to be Zhen 真 ('true'), jing 精 ('essential') and cheng 誠 ('authentic, sincere').
As regarding the relationship, the Lunyu, the Confucian Dialogues, says that "the thread that ties everything together" is given by shu 恕 and zhong 忠. Shu 恕 translates as "benevolence, humanity, closeness" and the character contains ru 如 'similar': we may call empathy this "feeling similar." Zhong 忠 means "respect, integrity, rectitude" and it contains zhong 中 "centre." Both terms have the radical xin 心, "heart." This "thread that ties everything together" depicts very nicely the three roots of our taking care of patients: heart, feeling similar, respect. Our work is founded on integrity, which includes respect, discretion, honesty, and reliability.

Regarding children, respect means to recognise them: we keep them in consideration (for instance we keep looking also at newborns when we talk with their parents), we listen to them (to unspoken doubts or fears too), we ask for permission to needle (by using words, but, in some way, also from babies and toddlers) and we keep our word when we say something (always).

The therapeutic alliance is essential for a good work. To develop it we take good care of communication. Communicating means that we should more or less understand what patients/parents/children tell us and ensure that they receive what we say - which is not always so obvious as it may look. Communication includes verbal and non-verbal elements. Words carry the explicit content of the message, while tone of voice, facial expressions, body posture, express a relational aspect of meta-communication. The message gets confusing if the two levels do not agree. Classics talk of being sincere, authentic (cheng 誠).

Another main feature of any communication is its being either symmetrical or complementary. The relationship between friends or colleagues is symmetrical, while the one between student and teacher or patient and doctor is complementary since there is somebody who asks for help and somebody who is supposed to be able to give it. This is the one who holds the main responsibility regarding the interaction: creating an alliance belong to our duty, not to the patient's/parent's.

Explaining and listening

Parents are obviously worried about their children being ill and about the ways they choose to overcome it. Therefore, we take good care of describing how Chinese Medicine can help their child, how it explains its illness, and how it may work to cure it. We also talk of the significance of the moxa or of the tuina sequence they will apply at home when needed. Since we are in a clinical setting and not in a seminar on acupuncture, we do not go into "technical" explanations: wuxing theory or the jingluo system cannot be described in a five-minute explanation. Specific languages have meaning only within the related reference system, e.g. the word 'Liver' or 'Kidney' has a very different meaning in the western biomedical paradigm and in Chinese Medicine. Luckily we can talk of yin and yang also in direct and immediate ways, mentioning activity and quiet, day and night, outward and

inward movements. We have easy and clear means to describe how qi can get stuck or disordered.

If I use words when needling children, they will be associated with "feeling the qi." While reaching the qi I may say something like: "Do you feel it here? Let's tidy up this lair, else all the catarrh there will bother you." If use moxa to treat bedwetting, I may say: "This warmth will make the doors that open and close your pee-pee at night nice and strong." If I use needle two points on a channel I may say: "Can you feel them talking to each-other?."
The other primary dimension of any clinical situation is our duty to listen we take a yin attitude, we keep quiet, receptive, accepting. So that patients may feel listened to and accepted, and so that this yin softness will help their words to find a space within us.

How many times mothers say or think: "Everybody believes they know how to do things," implying: "And they think I am incompetent," which easily leads to: "True, I am a bad mother." And how many times we thought that all what was needed was just "a bit of common sense," to see that in fact it would have been already used if it were all that simple.

A Guilty Mother

A woman comes to the Xiaoxiao Clinic with her three-year-old child, and she immediately gives him a packet of crisps "to keep him quiet." During the interview, the woman says: "The birth had to be induced, and in the end, I had to be given a C section. I didn't want that, maybe it all happened because I worked right up to the very end, I felt well and I liked my job, but maybe I got overtired, and then the baby cried all the time, and it took him ages to suckle, he was always latched on to my breast, maybe I didn't have enough milk, or it wasn't nutritious enough, even if he did end up growing normally."

We do not say anything, just listen and be there, somehow feeling her sorrow. Her words that she had milk "that didn't nourish" suggest how she feels deep down, i.e. a bad mother, who preferred to work. The crisps are a way of making up for these wrongs, a way of compensating for her failings. She cannot deny her child's requests since it would mean she does not love him.

At this point any criticism from us would only indicate that she does not know how to bring up her child, confirming once more that she is a bad mother. While by not judging we may help her to overcome her sense of guilt, be heartened, find her Heart, to achieve a way to be responsible for setting limits, understanding that they too are a way of loving.

The Treatment Frame

An acupuncture session has a different quality and density to normal life, it is a separate space. Every Acupuncturist has different ways of doing it, but we all try to prize the uniqueness of the event. We create a sort of a frame that holds some things inside and leaves others outside. The setting includes material expressions (time, space, agreements, etc) but it mainly regards our internal attitude. We are doing something special in respect of daily life and as practitioners we are not friends, nor parents, nor teachers. We all delimit this special space according to the rules of the actual structure we work in, to what we learned from our teachers, and to our nature. In case of children's treatments, the creation of a special space may of course need some specific attention.

"The physical space in which we work is qi as well, so our choices are significant, we take good care of its empty and full spaces..."

The physical space in which we work is qi as well, so our choices are significant, we take good care of its empty and full spaces, its furnishings, objects, colours, sounds and smells. Given that there are no fixed rules, I personally find that keeping the space as neutral and empty as possible can facilitate the movement of qi. In the case we treat children we pay attention to books, colours, toys, cushions and so on, but who works with children knows about it and it does not need to be discussed here.

Time is a main framing element of any therapeutic encounter: it delimits any healing action, which has a starting and an ending point. In our clinical practice it includes the length of the sessions, the attitude about delays, the managing of communication outside the sessions: the essential point is to have it in mind that all this is strictly related to the treatment and be clear with the patient/parent about it.

The clearer we are about the practical agreements - payment, delays, cancellations - the less all this will interfere with the qi field needed for the therapeutic relationship and for the healing process. The compensation issue may present tricky sides. We receive compensation in return for a service. We charge because our work has value, and because training requires energy, time, and resources. At the same time money has very strong symbolic aspects and our culture makes a close correspondence between economic quantification and ability/competence/value. Therefore, if we treat for free, our work - and that also means ourselves – risk to lose value.

We experienced it at Xiaoxiao Clinic, which always had very low fees, but at the beginning we also offered free sessions for those in economic need: the result was less respect for the appointments and less application of the tuina sequence at home. Our work got devalued.

Many practitioners say they are "not good with money": this being not at ease when they have to ask for payment may involve some unconscious sense of not deserving it. About this thorny issue, I can here only go back for example to the reasons why we have chosen this work, hinting to some possible relation with our complex sides. I may have old wounds, and I try to heal them by repairing the others'; I want to be recognised, and a good way to be appreciated is to be useful to others; I like power and control, and I achieve them by saying what to do to patients/parents. These motivations are not very pure! But we are human, not perfect, we are not saints, nor gods. And if we are aware of our dark spots we can work on them - as an Italian song goes "flowers blossom from the stinky manure."
The issue of managing appointments and cancellations belongs to a clinical area but also to the "payment" matter, and we need to be clear about it – within ourselves and with patients/parents. When treating children, we consider that it is harder to keep dates because of the complex organisation of the family life. Still, there are parents who look precise and scrupulous, while others seem disorganised or careless. Repeated behaviours may convey a clinical meaning, reflecting the way qi functions within that family system, suggesting for example a fullness of Phlegm or a qi deficiency.

Children and Needles

Acupuncture with children is easier than it is with adults. The diagnosis is generally much simpler because the clinical patterns have had less time to complicate themselves; the results are faster because the qi has a spring, very active, rising yang quality and it is purer, qing 清.

Needling children is usually easy enough. Acupuncturists often do not practice Paediatrics at school, and they are uselessly worried and scared. Children's qi is specifically connected to the wandering of the hun 魂: unless they have already experienced serious medicalisation or if their parents are very anxious, kids are, on the whole, curious and brave. They love to explore, to know and to experiment. The strange practice of a needle going through the skin and then the strange sensation of the qi when the needle reaches the point can be one of the situations that widen their experience of the world.

Generally speaking, the core of an acupuncture session is the needling time. Also, in case of children we create a separate space, with its own intensity, and we value the experience of feeling the qi. The child and I look at each other intently while I carry out the treatment, we are there for each other, in a space just slightly separate from the rest of the world. One father said it was as if we two were "in a bubble" and some trainees compared it to a hypnotic state.

Although hard to describe, the sensation produced by the needle reaching the qi (deqi 得气) is in itself very distinct and precise, both to patient and to practitioner. To make it clearer I differentiate between the sensation the patient gets when the needle is inserted and the perception when the qi is reached. I hold a bit between the different steps: insertion, deqi, stimulation. Basically, I do so with adults and children.

I ask the children to say when "the fish takes the bait," to tell me when I reach the qi and to guide me in modulating the intensity of the action. If the child is very small, I can say something like: "Now, let's see if you can feel a "zzz," here it is, did you feel it?." If the child is a baby, I try to establish a relationship through the tone of my voice, eye contact and touch.

By rule, in paediatrics we use very few points and for a short time, but being flexible is fundamental. We can negotiate everything, from the number of needles and their location to the degree of stimulation and the length of time the needles remain in place. A peculiarity worth reminding is that children of two to five years of age often do not want to lie down, they stay sitting up, and observe intently while we insert the needle. No problem. Maybe it makes them feel less vulnerable, more in control of the situation. Furthermore, they often want to touch the needles. Again, no problem. They are gentle and we let them do this, also as a stimulation for the qi.

Older kids can try to trick us about the deqi saying they have felt it when they have not, perhaps as a challenge or to test our competence. So, we should know whether the insertion of the needle is causing pain or not, and when and how we reach the qi. We can just communicate it by rising an eyebrow, but the child should know that we know. It is also a way of saying "I know what I'm doing, you can trust me."

We are flexible, but we are also determined, our yi 意 and zhi 志are steady, well rooted. I always say that, as when it rains one can use an umbrella, a hood or nothing, but stopping the rain is not an option, the same we can say of the treatment: it will take place.

Some children are suspicious, so I make a pact before in the first session, saying something like: "I'll try doing just this one point, gently, using baby needles, and I'll stop the minute you ask me to, I promise" (and of course I respect the agreement). In any case, as said before, I will only make contact with the qi after a slight pause. Since often there are parts of the body that a child feels as more vulnerable, I ask permission for each point. Normally by the next session everything runs more smoothly.

Children may also be afraid. Fear is a "normal," physiological and manageable emotion. Being able to face it and soothe it is very good, and an acupuncture session can be just the right place to do it, and we can be of help. Sometimes, rarely, children can be terrified. Terror lies beyond fear, it contains much more besides, it goes back to a nameless anguish, and to quell it some deep holding and containing is needed, beyond our task. We never insist.

A boy scared by needles

A ten-year-old boy comes to Xiaoxiao Clinic with his parents because for the previous three weeks, coinciding with the start of school, he has had repeated episodes of vomiting and dry cough. It had happened the same when he was to start

nursery at the age of three, so he did not go. He suffered from sleep terrors (pavor nocturnus) until he was three, and they had reappeared the year before when he had surgery for an interatrial defect. He is prone to have febrile convulsions. They come to us on the advice of friends, whose son was treated with good results. The father seems to place a lot of trust in our work. The mother at the beginning looks a bit sceptical, but not hostile, whilst later she will write accurate and enthusiastic emails. The boy watches everything and everyone with keen attention. He is terrified at the very thought of the needles, but his parents insist, always in a very affectionate way. "Let's have a try," I say, "I'll be ever so gentle, and I'll stop the minute you tell me to." He agrees and I start with zusanli ST-36 to regulate the qi, a point generally accepted more easily. His big dark eyes are wide open, and his breathing becomes ever more rapid. I speak quietly: "Look at me, tell me if it's sore, we'll do it slowly, tell me if it hurts you." He stays on the alert, but his breathing becomes calm. He also accepts a needle at zhongwan CV-12, but categorically refuses one at baihui GV-20. I do not insist.

At the second session, he has not had any other episodes of vomiting or of coughing. I ask him if it is ok with him to apply a vaccaria seed at yintang EX-HN-3 at home in the evening and he agrees. By doing it I am also giving him his own autonomous role in the therapeutic process.

At the third session I again suggest a needle at baihui GV-20, explaining that I will insert it horizontally, and he accepts. He is very frightened, but he also manages to find the courage. And we practitioners have to be tenacious.

The vomiting and sleep terrors did not reoccur and in the following sessions we can insert the needles at any necessary point. He came to Xiaoxiao Clinic for three more years, at the change of season, with no more vomiting, sleep terrors nor convulsions, schoolwork was good, and he got on well with his school mates. We also had good news from his mother a few years later.

Shifting to a Clinical Perspective

Since the children' qi is still closely connected to the surrounding qi, the healing runs also through their caregivers and the relationship we create with the parents is crucial. But we often find ourselves in awkward situations. The parents tell us what the child eats, or we see how they behave, and we are horrified. According to the case our thoughts may be: "With all that ice-cream, it's no wonder this child is full of catarrh." "If you always plonk your child in front of your mobile phone, you can hardly be surprised if they then develop an attention deficit disorder." "Sure, this baby is distressed if you breastfeed each time it makes a peep." And our next thought is: "Now we sit down together, and we'll go over all the things that are wrong in your daily life and that make the child ill." Of course this is not what we do.

First, we bear in mind that the parents have not come to us for advice on behaviour, but rather to find a solution to the problem of a child who keeps getting ill. We know that the solution implies some change to habits, but a pedagogical or a prescriptive approach would just move them away. Listing the things that are not good or starting with reproaches is of no good to establish a connection: we need to enter into a clinical stance, listening, assuming a non-intrusive position, a yin attitude.

So, we do not attack the mother by saying that it is irresponsible to give a child cake and crisps every time she wants the child to behave. In most cases she knows this already, therefore if she is doing it there must be a reason. Crisps are the solution she has found to deal with something she finds difficult. Obviously, it is not the best solution, but in order to adopt a different one we have first to soften the underlying difficulty. To do this, we must create a space for doubts and emotions to emerge. We can, for example, ask gentle questions about the pregnancy, the birth, the post-partum time, so as to open up a door, or we can simply sit and listen.

"We keep in mind that: we are providing Chinese Medicine and not a psychological therapy"

We keep in mind that: we are providing Chinese Medicine and not a psychological therapy; we do not have the tools to delve into the dynamics that may be at the root of the dysfunctional behaviour; we have not been asked to do so. What is, however, requested, as in any relationship of help, is to be listened to. It is the person who came to us who has something to say, not us, or at least not immediately.

If parents sometimes do something "intolerable," maybe it is because they find themselves in an intolerable situation. To establish a connection with this parent we have to enter into contact with what there is, and it may well be that we don't like what there is. Still, we stay there for a bit, in that ugly place, temporarily suspending judgement, and taking a slow breath.
Obviously, we are not talking about cases of abuse and mistreatment, but of when, for instance, a mother tells us - with a sense of shame - that she occasionally smacks her child or shouts too loud. She knows that she shouldn't do this, we may see she does it because she is exasperated by things in her life, she is exhausted. I may say something as: "It can be like that at times, now and then you just can't stand things anymore, you no longer know what to do, and then you feel bad about it."

Only after having created a safe space, we can look together for the available resources, taking a concrete approach, considering hard reality, rather than refer to an abstract norm that fails to consider the contexts and the actual lifestyles.

A Mother, a Child, and Lollipops

A woman comes to Xiaoxiao Clinic with her 4 years old child, he is nice and chubby, with red cheeks and a lollipop in his mouth. The woman says that she is not very keen on "alternative" medicine, but she wants to try it because last year the boy took 4 courses of antibiotics and now is on the fifth.

Asked about eating habits she says he has a good appetite, had been breastfed on demand with very frequent feeds, and she spontaneously adds that she is well aware that lollipops and sweets are no good, but that they make him behave well. "As it is, everything is a no, he shouts if we don't do what he wants, it takes an hour to get him to sleep and lately he's also started throwing things on the floor when he gets angry, and he doesn't want to do a poo either."

Again, a Food Accumulation shiji 食, which interferes with the qi circulation, facilitating the rising of the Liver emotion, anger, and producing a fullness of catarrh/Phlegm. She says that today she has managed to bring him herself, but usually she is busy at work until late. She went back to work as an architect a year ago, which she likes, but it leaves her little time to spend with her son so when she gets home she certainly does not want to make him cry. We make no comment and just ask about dairy products, bananas, and cold foods.

We try to connect to this mother and her troubles in setting limits, to her possible images of incompetence and guilt, even worse now that she has gone back to work, and that she likes it! I can imagine it is a relief to get away from home and be with adults with whom she can talk, be able to go to the bathroom without a screaming creature wanting her to himself, use her mind to design a project instead of worrying all the time of baby food and nappies. But if she does not feel sufficiently confident, all this can turn into feelings of guilt. Her hidden images may be: "If I prefer to be at work instead of being with my little one, I don't love him enough. I'm a bad mother. And am I also expected to make him cry? Should I refuse to give him a sweet? So that he'll think I am a witch, and I don't love him?"
Since she is already very well aware that sweets are harmful there is no point in going back to it. In the following sessions we try instead to build up her self-confidence, speaking of the improvement shown by his eating four bananas a week instead of eight and by his quieting down now and then with a story instead of a lollipop.

And at the 4th session I say: "This child is a powerhouse; he needs a lot of energy. We all know that sugar and sweets give him energy, but it is a short-term energy, different from what we produce by transforming foods. If he gets used to having energy from the outside, then it becomes difficult for him to produce it by himself, and he'll always be looking for it from the outside." The woman looks at me and says: "Like drugs." "Mmm..." "Right, things will have to change!" And things really started to change. We were also able to talk of how it is the parent's duty to set limits and deal with a child's anger, and how this is a great gesture of love.

Empathy, easy to say!

We can call "empathy" this staying on the yin side of acceptance, avoiding reproaching and clashing.
We have seen that the Dialogues consider shu 恕 ('humanity, feeling similar, closeness') as 'the thread that binds everything together'. Empathy - from the Greek empatheia ('in' + 'feeling') - is the ability to understand, feel and share thoughts and emotions of another in each situation. It's a process of temporary identification with another.

However, feeling close to our patients and sharing thoughts and emotions is not always that easy. Having compassion for a lost, vulnerable kitten that needs to be cared for is usually easy enough, but "feeling similar" to an arrogant, aggressive, selfish patient is much less comfortable. We can also feel invaded, overcome or consumed by those patients who are very desperate, lonely, hopeless. I know that I'd like to scream with frustration or anger with some patients/parents or I find myself wishing they'd stop coming because they take so much of my energy.

A main point is: should we have great love for all our patients? Immediately? Since we all have limits, it is better to recognise them, it makes it easier to deal with them. We do not have the duty to find all patients nice and love them immediately, but we do have the responsibility to develop the best conditions for treatment. So, we try to be involved in what we feel and at the same time we keep some distance to observe it. We would be of little use if we were overcome by their feelings.
I will mention here some common situations that may put us into struggling.

A frequent case is that of parents who come to us because other parents have had good results, but they are hesitant or clearly sceptical about this non-conventional choice. This uncertainty/disbelieve can also result into more or less open expressions of aggression. At the same time if we attempt to convince them of the benefits of Chinese Medicine we only put ourselves in a position of pursuit. So, again, we move into an emotionally receptive area, where we may better understand what their doubts really mean, their worries and fears.

Another situation that irritates me is when I have managed to get the special therapeutic space, just slightly separate from the rest of the world, yes, a bit apart from the parent, but here is the mother (sometimes the father) calling or touching the child, trying to regain their baby's attention. I cannot tie them up, I take a breath and try to quiet my Heart. In order to calm the Heart, understanding the roots of a behaviour is of great help. To understand why some mothers, find this autonomy difficult to accept I recall how strong and wonderful is the

bond between a mother and her child, and that separations may be painful.

An even more challenging situation is when parents do not even attempt to apply the simple tuina sequence they were taught, and we detect an aggressive behaviour in it, and thus feel it as it were an attack to the "best medicine," to our dedication – to ourselves in fact. We may see how they are bitter and angry deep inside, since any mother and father would desire a fit and healthy child. Staying there, in contact and embracing this uncertainty/aggressiveness, which is actually anxiety, fear and disillusionment, is all part of our work. This clinical attitude aims to aid them to acknowledge their plea for help.

A Sabotaging Mother

A woman comes to Xiaoxiao Clinic with her 8-month-old girl, who "never sleeps, not even during the day, and at night she wakes up continuously, and it's always been like this. And now she also got a bad eczema." As usual, we teach her a tuina sequence to apply at home but when they come back the following week she has not even tried to do the "little massages" and is also really unpleasant with us.

That very evening we have a meeting with colleagues on the relational aspects of dealing with parents and we talk of this case, that unsettled us. We see it as a sabotage of the therapy and try to envisage the images hidden in her mind: "I gave birth to my child, she is a part of me, I would like her to be beautiful and clever. Instead, here she is, always screaming and I don't know why, and now she scratches herself till she bleeds. I haven't managed to make a lovely baby. She is faulty. I'm unfit. I'm worthless."

A colleague says: "When I take my son to the paediatrician, deep down I feel I'm under scrutiny, as if I have to justify my actions, earn her approval." And she herself is a doctor! But in that situation she is only a mother of a child who is not perfect.

A child is the natural and physiological place for narcissistic projections between one generation and the next. "Narcissistic projection" means placing what is good and beautiful in ourselves on the child. It is normal and right, our expectation is that the child we have created will become a treasure. Illnesses or screaming nights are failures and they act on the image of ourselves. The mother (or the father) is not able to see that the child is not her, not even a part of her. Narcissistic wounds, injuries to the image of ourselves, occur any time we are not up to what we would like to be or to achieve. But it gets very difficult to cope with these failings when someone feels too powerless, incompetent, insecure, weak, selfish, ugly.

So, when we see in parents heavy elements of distrust and challenge, this may be a way of trying to unconsciously protect themselves from something they find unbearable: "I made a sick child, I am not good enough, I am useless. And now here you come, an expert, yes, but a complete stranger, presuming you can do better than me, the mother. I won't let you be of help to my child: if it keeps having the problem it will prove that it is not me who is useless and worthless." This mother is just defending herself from going into pieces. We can all be incompetent, but those who are very fragile really struggle to hold things together, and acknowledging their inadequacy is a risk they cannot take.

By seeing parents' aggressive attitudes, their sabotaging, as expressions of their difficulties we recognise how it makes no sense to take offence or get angry. It's again a matter of waiting, listening, be there, accepting. To create an opportunity for change.

Conclusions

For the qi to find its way, for a child to get healthy, for parents to soften their fears, for us to work meaningfully, space is needed.

We try to settle in a soft, receptive, yin attitude, just "being there," instead of shooting immediately as in a cowboy film, or as a hyperactive child troubled by lack of attention, who has no pause between the stimulus and the answer. We shift the perspective, placing the parents in the central position, rather than ourselves, and see their behaviour as a communication of their difficulties.

Often the art of being close to those who suffer is not immediately there, but we can learn it. We try not to not run away nor to be overwhelmed by the turmoil, bearing the waves of anger or sadness, possibly without being swayed too much. The powerful spring qi will do the rest.

References:

1 About Xiaoxiao Clinic see also "Treating Children," Journal of Chinese Medicine, n.113, 2017.

2 This article is not discussing diagnosis and treatment, nor the relationship with the teenagers. On these themes the work of Julian Scott and of Rebecca Avern is precious.

3 See also: "Needles and Silence: The Yin Side of the Therapeutic Relationship in the Acupuncture Clinic", Journal of Chinese Medicine, n.131, 2023, and "The Therapeutic Encounter: How Acupuncturists can make use of Psychoanalysis", European Journal of Oriental Medicine, vol.9 n.3, 2019.

4 About the Buddhist compassionate attitude of Sun Simiao, see Sabine Wilm's https://www.happygoatproductions.com.

5 In the Confucian classic Zhongyong, "Practice of the mean" we read: "One who is zhong □ and shu □ will never lose the Way."

6 Classics consider the intention as necessary to heal, as in Suwen, ch.11: 'It is useless to talk of the power of medicine to those who believe in ghosts and demons. It is useless to speak of needles with words of praise to those who detest them. It is useless to impose a treatment on one who does not wish to be cured, he will not heal despite all the efforts of the doctor.'

7 "He who is not essentially sincere is unable to touch others. He who forces himself to cry, even if sad, does not evoke pity; he who forces himself to display anger, even if severe, does not produce fear; he who forces himself to be affectionate, even if he smiles, does not create harmony. True sadness awakens pity without even a lament, true anger, even without signs of it, produces fear, true affection creates harmony even without smiles." Zhuangzi, ch. 31.

8 In the Xiaoxiao Clinic, where we work as a team, in the parents' presence we do not even say "kidney 3" because it could make parents alarmed by the idea of a kidney problem (we say taixi or we use the abbreviation KI if the trainees do not know the Chinese names).

9 See the article about the experience with Agopuntura senza Frontiere, teaching in Tanzania to colleagues with no training and limited time: "Chinese Medicine at Ilula, Tanzania: An Experience in Learning," European Journal of Oriental Medicine, vol.7 n.2, 2012.

10 The developing of the interaction was then along the same lines as A mother, a child, and lollipops told further on.

11 "When he needles, the doctor has to be in a state of deep calm, has to come and go only together with shen, act as though he had doors and windows shut, hun and po are not dispersed, yi and shen are concentrated, jing and qi are not divided, the voices of the people around him are not heard, so that jing is collected, shen is united, and zhi is concentrated on the needle." Lingshu, ch. 9.

12 We then designed "free projects" of eight sessions, of which the first four were paid and then the money was given back in the last four, so to get to zero. It was a way to create the continuity needed for the treatment.

13 In the child's records we take note of the missed appointments and copy the emails that ask to cancel them.

14 We read in the Paediatric texts: "The zangfu spirit is pure, health is easily and rapidly recovered" (zang fu qing ling, yi qu kang fu 脏 腑 清灵, 易趋康复). [I do not have the text here, so maybe better to eliminate the quotation?]

15 The qi of Spring that makes it possible for the other forms of qi to start being produced: "All qi(s) are important, but the Gall Bladder makes the final decision because it supports all the qi(s) that begin to arise." Suwen, Chapter 63.

16 "If qi arrives, there is a therapeutic result, the certainty of the result is as clear as seeing a blue sky after the wind has swept away the clouds." Lingshu, Chapter 1.

17 Some colleagues insert the needles taking care that the kids notice them as little as possible, preferring to distract their attention, by resorting to actions or gadgets that hide the needles, or by using needles that actually are not needles.

18 We should pay attention to the child's images, e.g. explain that under Baihui GV-20 there is a bone, and the needle does not go through to the brain.

19 For more complete information see the case at page. XXX in "The Therapeutic Relationship," 2023. We read coughs, vomiting and febrile convulsions as manifestations of an inversion, ni 逆, in the qi's movement, which rises upwards, violently disrupting the order of the jingluo channel system. Sleep terrors suggested a similar movement of qi, with hun 魂 detaching too impetuously.

20 At a first session, at most we can suggest limiting bananas from two a day to two a week and to take the yogurt out of the fridge in advance.

21 In the Classics we find beautiful descriptions of it, as: "Always, from my youth to old age, when I see sick people I calm the qi, contain the heart, share the breath and start to transform my body into that of the patient." Yu Chang, Yimen falu ("Principles and prohibitions of the medical practice").

22 The psychoanalyst Serenetta Sonzini and I together have been running cycles of meetings for practitioners on the dynamics of the therapeutic relationship, where to look back at episodes in our clinical practice and talk about them.

23 When the battle is raging, the emperor stands as firm as a mountain, the adult looking after a child gathers up frustration and anger and puts the pieces back together and the analyst acts as a "containment/holding space" for that which the patient finds too awful to bear the concept of "the therapist as a container" was developed by D. W. Winnicott, Through Paediatrics to Psychoanalysis (1958).

Elisa Rossi



Cupping therapy -
Coming back from the dead!



Ilkay Zihni Chirali
BAcC, RCHM (UK)

Profile:

Ilkay Zihni Chirali, born in 1946 in Cyprus, is a renowned expert in Traditional Chinese Medicine (TCM) with extensive experience in acupuncture and cupping therapy. After studying in Turkey, Sweden, and England, he emigrated to Australia in 1982, where he trained in acupuncture under Professor Wong Lun and Master Daniel Wong. He qualified as an acupuncture practitioner and established his clinic in Melbourne before returning to England in 1987, where he continues to run a successful practice in Bexleyheath, Kent. Chirali has studied TCM further in Nanjing, China, and has been actively involved in the field since 1985, organsing international cupping workshops and giving numerous lectures and media appearances, including a BBC World Service Radio talk. His diverse expertise includes acupuncture, Chinese herbal medicine, cupping therapy, and clinical hypnotherapy.



Ilkay Chirali in Action!

The oldest recorded illustration of cupping instruments that I was made aware of is by one of my patients, that is edged alongside the other various medical instruments on a temple wall in Luxor, Egypt, believed to be built between 1392 BCE-1213BCE, see "Traditional Chinese Medicine Cupping Therapy, Churchill Livingstone, Elsevier Lt, 1999", (Reprinted 10 times between 1999-2007). At the Welcome Collection in Euston Road, London, I come across books, illustrating African nomadic tribes applying horn-cupping on each other, and the European and the American surgeons applying Dry and Bleeding-Cupping to their patients.

At the Royal Free Hospital's London archives, I was privileged to be granted access to the hospital's old historical (1880's) accounts' records. The meticulously recorded accounts clearly show that, a paid "Cupping surgeon" was employed by the hospital! (See, first & second edition of "Traditional Chinese Medicine Cupping Therapy", Churchill Livingstone 1999 & 2007). In order to get rid of the "foul or contaminated blood" from the body, Bleeding-Cupping method was extensively practiced by the European practitioners and hospitals. As the time passed, Cupping Therapy fell into non-medical practitioners, such as the barbers and the street cuppers, who often practiced cupping in unhygienic places and conditions!

However, in many traditional folklore-medicine, the healers such as the Chinese and the other Far Eastern, Middle Eastern, Greeks and the Turks, are still regularly employing cupping treatment in order to treat many ailments. Most common conditions treated by Cupping Therapy are; Musculo skeletal complaints, common colds, releasing pathogenic Heat, dispersing Blood and Qi stagnation, to speed the recovery time following a physical work out and for the physical and mental relaxation. As far the cosmetic field is concerned, by improving the blood circulation to the desired location the practitioner can treat variety of conditions such as; cellulite complaints, lines & wrinkles, scars and general skin toning. See "Cupping Therapy for Bodyworkers- Singing Dragon 2018".

The year 2005, was truly the turning point for this ancient healing art. On Friday, 9th of July 2005, on all the major UK newspapers' front page, was the Oscar -winning actress Gwyneth Paltrow, displaying cupping marks across her back and shoulders, at a film festival in New York! This of course immediately generated a World-Wide attention and interest across the globe. This event also coincided with the publication of the second edition of my "Traditional Chinese Medicine Cupping Therapy" book. Then followed the Olympic games, where some world-class athletes and gymnasts appeared with cupping marks to the various parts of their bodies. Once again, this generated even more interest, especially amongst the sports community, particularly by the sports physios and the trainers.



Michael Phelps, (displaying cupping marks during the Olympic games)

I am so pleased to witness this renewed interest in the Cupping Therapy treatment, particularly by the sports-men and women, and still continuing at the highest level across the world today. The "rejuvenating cosmetic" sector too, joined the Cupping Therapy trend, and rightly so. With this revamped interest in the cupping therapy sector, some wonderful new mechanical and non-mechanical cupping equipment have been invented across the world.

Is it just a media frenzy or something more intriguing therapeutics?

As the saying goes "there is no such thing as bad publicity!" When a famous person, actress or a sports person does or wears something out of the ordinary, it naturally generates enormous curiosity. This is exactly what has happened with this antiquated and long-forgotten Cupping Therapy! With the renewed interest in the Cupping Therapy, more TCM as well as the non-TCM practitioners such as the sports-injury therapists, physiotherapists, massage and the beauty therapists started to learn and offer Cupping Therapy to their patients. At the same time more publishers, in Europe and in America published variety of cupping therapy books, some containing basic cupping knowledge and some with more detailed information.

The Efficacy of Cupping Therapy:

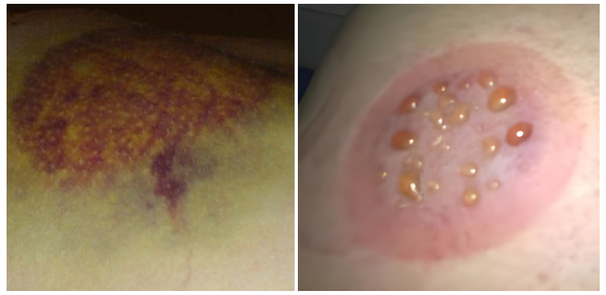
I qualified as an Acupuncturist in 1985 in Melbourne, Australia. The condition AIDS (acquired immunodeficiency syndrome) although first appeared in early 1980s, towards the end of 1985, the Victorian government in Australia decided to publish and distribute "how to avoid AIDS", an AIDS information or should I say, a misinformation leaflet! This was delivered to every household within the territory of the Victoria state! In that leaflet, the usual advise was given on the use of condoms, safe sex, drug use, dangers of sharing contaminated hypodermic needles in group drug parties, also warning the Victorian population, to avoid visiting *"the Tattooists and the Acupuncturists!"*

Can you for one moment imagine the shock and disbelieve we the Acupuncturist in the state of Victoria had experienced? For several months we could not practice! of course, this was done out of sheer panic, similar to the recent Covid scare that the world experienced, and without any consultation with the relevant bodies either. By the time the Victorian Acupuncture and the Australian Acupuncture associations got their act together and managed to convince the relevant health authorities in order to reverse this public health emergency declaration a few months elapsed.

At my newly-opened clinic, the only TCM tools that I had in my disposal was my cupping sets and the Moxibustion sticks! Luckily for me, because of my Turkish Cypriot background, I was quite familiar with the application of Cupping Therapy, and I did not shy away using it on almost every patient coming to my clinic! This helped me to increased my confidence in cupping application and soon after that I began teaching the cupping techniques to my fellow Acupuncturist colleagues and the students of acupuncture, which I still continue to this day.

"Nothing moves Qi and Blood faster than Cupping Therapy!" I made this bold statement while writing the first edition of my "Traditional Chinese Medicine Cupping Therapy" book, in 1999. I am glad to report that, many Cupping Therapy practitioners across the globe come to agree with this statement! Once a cup is applied on the skin, one can immediately observe the Blood moving towards the surface of the skin.

All varieties of suction, will eventually result in some decree of change to the skin colour, inside the cup. By observing the change of the skin colour, the practitioner can decide the treatment period and the method too. This is where many practitioners fail to recognise the patient's energetic condition, as well as the skin reaction, so that they can adjust the strength and the timing of the cupping application, this can sometimes cause unnecessary and damaging blisters and bruise marks on the body, where the cupping treatment was performed. I have been called several times as an "expert witness" to explain the bruising marks to the courts!



Bruise mark & blisters, both caused by Strong Cupping application.

Twelve Cupping Methods:

In order to give the maximum therapeutic benefit and at the same time reduce the risk of adverse skin reactions, I managed to put together 12 cupping techniques.

1: Weak (Light) Cupping method (tonifying technique)

Application:

Common cold
Sore throat
Tonsillitis
Variety of abdominal and digestive conditions
During the recuperation period
All children under 16 years old of age
Asthma
Anaemia
Blood or Qi deficiency syndrome
Facial application such as Wind-stroke (Bell's palsy) and during the cosmetic treatments
Psychosomatic and emotional conditions
Immune deficiency syndrome
Fatigue
ME sufferers
Multiple sclerosis (MS) patients
Cancer patients (post chemotherapy or radiotherapy treatment)
Expectant mothers

2: Medium Cupping (tonifying technique)

Application:
Hot or Cold "Bi" syndrome
Emotional or stress-related conditions
Headache
Blood and Qi tonification
Children's ailments
Infertility conditions
Sports injuries
Musculoskeletal complaints
Tremors and fits.

3: Strong Cupping Method (draining technique)

Application:
All excessive conditions such as Stomach Heat, Liver Heat, Damp-Heat and febrile diseases
Hypertension
Headache
Febrile diseases in adults
Skin Boils
Skin complaints that are accompanied by Heat
Hot type "Bi" syndrome
Blood and Qi stagnation patterns
Muscular pain and cramps
Sports injuries
All musculoskeletal complaints including lower back ache and sciatica

Light-Medium and Strong suction

4: Moving Cupping – Tui Guan Fa - Method (draining technique)

Application:

Febrile diseases
Musculoskeletal complaints
Sports injuries
All cosmetic cupping sessions including, cellulite, facial, body toning and weight loss programmes.



Moving Cupping Method

5: Light-Moving Cupping Method (even technique)

Application:
During the treatment of children, particularly when they are under 16 years of age
Old and frail patients
Water retention (Oedema) conditions
Stress or emotional related mental conditions
During most cosmetic-cupping sessions
Weight-loss programmes
Infertility
Immune deficiency patterns
Cancer patients (post chemotherapy or radiotherapy), particularly during the period of cancer survivorship programme, see "Acupuncture and Cancer Survivorship" by Beverley de Valois, Singing Dragon 2023.
Multiple sclerosis (MS) patients.

6: Needle Cupping Method (tonifying technique)

Application:
Hot type "Bi" patterns
Arthritis
Rheumatoid arthritis complaints
Osteoarthritis conditions
Muscular stiffness, spasm or painful conditions
Sports injuries
F.6 Needle Cupping Method

7: Hot-needle (Moxa) Cupping – Ai Guan Fa - Method (tonifying technique)

Application:
All Cold patterns
Cough
Anaemia
Yang-Xu deficiency patterns
Qi-Xu deficiency patterns
Blood-xu deficiency patterns
Male and female infertility patterns
Lower back ache, especially due to Kidney Yang deficiency patterns
Adult incontinence
Impotence
Frigidity
Dysmenorrhoea (painful periods)

Precaution: Hot-Needle Cupping Method is not suitable for children under the age of 16 years old!

8: Empty (Flash) – Shan Guan Fa - Cupping Method (tonifying technique)

Application:
Children's complaints
All emotional and stress-related complaints
Tiredness and fatigue patterns
Low-fevers in children or the elderly
Common cold
Feeling cold or feverish
Digestion complaints
Gastrointestinal complaints

9: Full (Bleeding) – Xue Guan Fa - Cupping Method (very-draining technique!)

Unfortunately, most Middle Eastern Traditional practitioners apply Bleeding Cupping called (Hejama), without any consideration to the patient's energetic state, even when the patient is very sick! In majority of cases, Dry Cupping treatment will suffice, where the Bleeding method will drain their depleted energies even further!

Application:
Acute hypertension
Sports injuries accompanied with Blood stasis
High fever (only where excess patterns are present). Avoid Bleeding Cupping on patients with High fevers who accompany Deficiency patterns
Boils and furuncles
Blood poison
Blood stasis
Hot Skin conditions such as psoriasis
Removing toxins and poison from bites or stings
Insect bites



Bleeding Cupping Method

10: Herbal Cupping – Yao Guan Fa - Method (tonifying technique)

Application:
Asthma
Emphysema
Cough
Digestive complaints
Gastrointestinal complaints
Bed-wetting in children
Incontinence in adults
Male and female infertility patterns
Qi deficiency syndromes
Blood deficiency syndromes.

11: Water Cupping – Shui Guan Fa - Method (even technique)

Application:
Dry-type asthma
Dry-type emphysema
Dry-skin conditions

12: Ice Cupping Method (cooling technique)

Application:
Acute or chronic muscular pains accompanied by Heat pattern
Acute or chronic joint complaints accompanied by Heat pattern
Acute or chronic muscular spasm
All Heat patterns especially during the treatment of chronic sports injuries.



Ice Cupping Method

For more detailed explanation see "Traditional Chinese Medicine Cupping Therapy" first to third issues, Elsevier 1999-2014. "Cupping Therapy for Bodyworkers" Ilkay Zihni Chirali, Singing Dragon 2018.

Ilkay Zihni Chirali

Acupuncture and Cancer Survivorship: Reflections on 25 years as a practitioner researcher



Beverley de Valois PhD has 25 years' experience as a practising Acupuncturist in the UK and as Research Acupuncturist in the National Health Service. An international lecturer and educator, she has many scientific publications and is the author of "Acupuncture and Cancer Survivorship: Recovery, Renewal, and Transformation".



Abstract

In this personal story, Dr Beverley de Valois PhD LicAc shares the inspirations and achievements of her 25-year career as an Acupuncturist and researcher working in the field of integrative oncology, and of her mission to spread the word about the challenges experienced by cancer survivors post-treatment, and how acupuncture can help.

My Mission

My mission is to increase awareness of the challenges cancer survivors face after completing treatments for cancer (surgery, systemic anti-cancer treatments, radiotherapy), and to promote awareness of how acupuncture can help. It's important to spread the word that acupuncture is a safe, effective, evidence-informed, non-pharmacological option that can be offered to cancer survivors experiencing the consequences of cancer treatment – no matter when treatment ended. This passion has underpinned and driven my 25-year career as a practising Acupuncturist in the UK, and as a research Acupuncturist in the UK's National Health Service (NHS). It gives me great joy when cancer survivors say, "Acupuncture has given me my life back!"

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How my work with people with cancer started

My journey of working with people living with and beyond cancer was inspired in 1995, when my meditation teacher, Margaret Kennedy, recommended I read "Death of a Woman" [1]. This tells the story of Jungian analyst Jane Hollister Wheelwright's experience of supporting a woman with breast cancer on her journey towards death. On reaching the final page, I knew I had found my vocation. I wanted to work with people with cancer.

Knocking on many doors led to a fortuitous meeting with Elaine Clarke, Lead Nurse of the Macmillan Oncology and Palliative Care team at London's North Middlesex University Hospital. I was, at the time, a qualified aromatherapist and had just commenced training as an Acupuncturist. Supported by Elaine's firm belief that complementary therapies could play an important role in enhancing the care of people with cancer, I joined the team part-time as an aromatherapist, working with inpatients and outpatients.

Shortly after qualifying as an Acupuncturist in 1999, I joined the Lynda Jackson Macmillan Centre (LJMC), at Mount Vernon Cancer Centre in Greater London. The LJMC was one of the UK's first cancer information and support centres and I was keen to offer acupuncture to people being treated for cancer. Fate had another plan and my 25-year career as a researcher was born.

My life as a research Acupuncturist

My desire to introduce an acupuncture service for cancer patients at the LJMC was met with concerns about a 'lay' person delivering an 'invasive intervention'. Medical Director Dr Jane Maher responded to my persistence by stipulating that evaluation was the first step to introducing a service.

Established in 1993, the LJMC was a catalyst for change; its model of integrated supportive care for cancer patients was adopted and developed by Macmillan Cancer Support, and by 2008 had spread to more than 60 units across the UK and Australia [2]. As co-founder, Dr Maher encouraged the introduction of complementary therapies alongside conventional medical care. She also established the Supportive Oncology Research Team (SORT) to evaluate all the services offered by the LJMC, and to provide a formal link into the hospital's formidable research structure.

SORT became my home, and I forged an important enduring research partnership with its coordinator, Teresa Young, who created an environment where I could develop and thrive. She guided me, a complete research novice, through the process of setting up my first research study – evaluating acupuncture in the management of breast cancer treatment-related hot flushes in women taking tamoxifen. I will never forget the shared excitement when she announced the results of her analysis of our data



Dr Jane Maher, Beverley de Valois and Teresa Young



'it worked' was her slightly surprised, yet pleased, pronouncement. That led to our second study, this time using the NADA protocol.

She also supported my desire to do a PhD. Her help throughout this demanding process was invaluable; she patiently explained – and re-explained! – the statistical concepts I found so difficult to grasp. She facilitated my developing the skills required of a well-rounded researcher, encouraging me to attend and present at conferences, and supporting me in developing presentations, posters, and publications. Later, at her suggestion that I develop leadership skills, I accepted the role of Chair of the British Lymphology Society Scientific Committee.

(*PHD Graduation photo above)*

Developing a style of acupuncture research

Teresa and I spent nearly 25 years conducting research into using acupuncture in the supportive care of people living with and beyond cancer. Over this time, we evolved a particular approach. In essence, we were interested in what happens when an "ancient" form of therapy (acupuncture) is applied to a modern condition (the consequences of cancer diagnosis and treatment). Our studies, therefore, have been designed to explore three fundamental questions:

- What are the problems these patients are experiencing?
- Can acupuncture address these?
- Is acupuncture an acceptable and feasible intervention for this group, for the practitioners, and for the clinical context?

Our work has always been patient-oriented, where possible, involving patients in the design of our studies and encouraging patients' active contribution and feedback.

Our aims have been to:

- Investigate how acupuncture can improve the health and wellbeing of people living with and beyond cancer and contribute to the evidence base for using acupuncture in integrative oncology.
- Communicate acupuncture's potential to improve the lives of cancer survivors to Acupuncturists, cancer survivors, researchers, and health professionals.
- Build bridges between the acupuncture community and oncology healthcare professionals.

Our research has focused primarily on people who have completed surgery, systemic anti-cancer treatments (SACT), and/or radiotherapy, and who are experiencing chronic, late, and long-term consequences of cancer and its treatments. Thus, the participants in most of our studies have completed active cancer treatments at least three to six months prior to joining our studies. This stage of the cancer survivorship pathway was identified as a gap in care provision by the National Cancer Survivorship Initiative (NCSI) (Figure 1) [3].

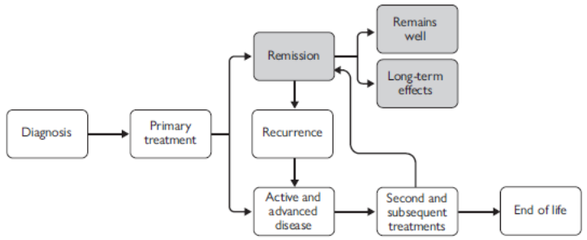


Figure 1 Cancer Survivorship Pathway (adapted from the NCSI 2010). Shaded boxes identify gaps in care. [4]

Overall, we are interested in how acupuncture performs clinically. We have not pursued studies seeking to prove the efficacy of acupuncture. Our research projects begin with a clinical assessment – generally in the form of single-arm observational studies, feasibility studies or service evaluations. We aim to lay the groundwork to build up larger studies; hence, we also ask other questions, such as, are the outcome measures we have identified appropriate?

Our focus on exploring acupuncture as a novel intervention in integrative oncology and on collecting real world data for evaluation and dissemination predates the recently published NICE guidelines [5] on evidence sources. These recognise the vital role of real-world data to improve understanding of health care delivery. This includes aspects such as patient health and experiences, and the effects of interventions on patient outcomes in routine settings, as well as resolving gaps in knowledge and driving forward access to innovations for patients. The important breakthrough here is NICE's recognition of the validity of systematically collected evidence from sources other than randomised controlled trials (RCTs).

While we regard this early-stage work as essential for building towards a fully-fledged trial, research funding for full trials has been difficult to obtain, so we have not been able to move beyond our early-stage studies. Nevertheless, we have conducted many valuable research studies. Examples from our portfolio are briefly described below.

Using acupuncture to manage breast cancer treatment-related hot flushes and night sweats

This work involved two studies, one investigating semi-individualised Chinese Medicine acupuncture [6-8], and one using a standardised treatment - the NADA (National Acupuncture Detoxification Association) ear acupuncture protocol [9-11]. These comprised my PhD thesis [12] and were an early contribution to the evidence base for using acupuncture in the management of cancer treatment-related menopausal symptoms.



Dr Beverley de Valois needling an ear

It is said that it takes 17 years to implement research findings into clinical practice [13]. Our work bucked this trend; as soon as our data were analysed, the LJMC established a NADA service for breast cancer survivors experiencing hot flushes. This service operated for 15 years, until it was ended by the COVID-19 pandemic.

We collected data during those 15 years, and our publication reporting this is the first real-world evaluation of a long running (NADA) acupuncture service for breast cancer treatment-related hot flushes. In this paper, we also assess whether clinical results align with scientific evidence [14]. This was one of the most accessed papers published in 2022 in Supportive Care in Cancer and was awarded an Honourable Mention for the 2021-2022 Scientific Article Prize by the International Society for Traditional Complementary and Integrative Medicine Research (ISCMR).

Using acupuncture to improve wellbeing and quality of life for cancer survivors with upper body lymphoedema

Funded by the National Institute for Health Research (NIHR) in their Research for Innovation, Speculation and Creativity (RISC) programme (Grant number PB-PG-0407-10086), this was developed in collaboration with the International Lymphoedema Framework (ILF, https://www.lympho.org/). Innovative in many ways, it:

- Was the first (and to date, the only) formal research into using acupuncture to improve quality of life for people with cancer treatment-related lymphoedema
- Shifted the focus away from reducing limb volume or circumference (the usual clinical outcomes for lymphoedema) to lessening the impact of a chronic, incurable condition on quality of life.
- Explored the impact of avoiding acupuncture needling in the area affected by lymphoedema, demonstrating that this approach could yield beneficial outcomes despite restrictions on needling [15, 16].

The qualitative paper from this study introduces a model for using acupuncture as a catalyst to improve self-care (Figure 2), a feature of acupuncture that has potential application to any chronic condition requiring patient self-management [17]. This publication was awarded Honourable Mention in the ISCMR 2016-2017 Scientific Article Prize competition.

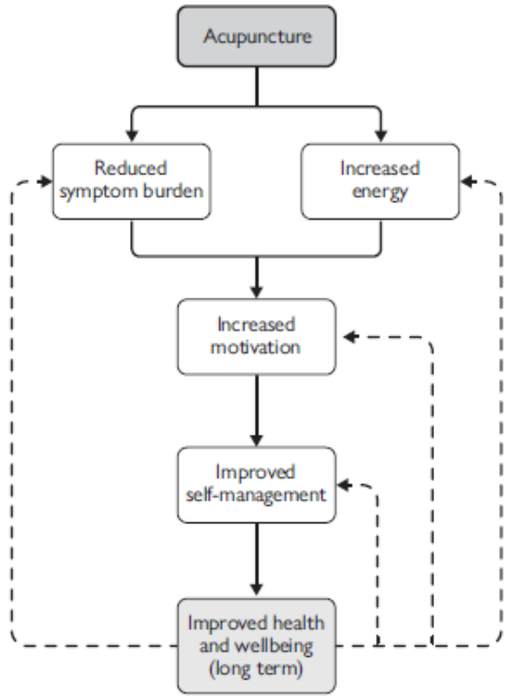


Figure 2 Acupuncture as a catalyst to improve self-management and long-term healthcare [4]



Dr Beverley de Valois and Teresa Young with papers

Using daily self-administered moxibustion to reduce chemotherapy - induced pancytopenia (CIP)

Funded by the British Acupuncture Council, this NIHR-partnered study is the first in the West to explore the feasibility of teaching NHS patients to self-administer moxibustion to reduce adverse events associated with chemotherapy [18]. We explicitly collected safety data, a neglected aspect of many published moxibustion studies. In our feasibility study there were no serious adverse events, and only four reported incidents of mild adverse events in over a thousand self-administered treatments. We developed video and information leaflet (see Resources) to support patients using moxa; the leaflet was highly commended in the 2017 British Medical Association Patient Information Awards.

Other studies

We have also investigated using NADA to improve wellbeing of prostate cancer survivors [19, 20]; using acupuncture in the management of colorectal cancer [21, 22]; and using acupuncture to manage cancer and non-cancer related lower limb lymphoedema [23].

Other pioneering research investigates using a non-acupuncture approach, Sharon Wheeler's ScarWork™, to improve scar-related health for cancer survivors [24].

Writing a book about acupuncture and cancer survivorship

"You should write a book about this," chirped my inner voice. "People need to hear this story!" I had just presented my lymphoedema research at the 2012 British Acupuncture Council conference. It included the story of "Ann", a breast cancer survivor with lymphoedema, who suffered (needless) discomfort for eight years before 13 acupuncture treatments turned her life around. Little did I know that over a decade would elapse before my book "Acupuncture and Cancer Survivorship: Recovery, Renewal, and Transformation" would be published [4].

Ann (who has consented to the use of her anonymised data) participated in the previously mentioned lymphoedema research. She is the one patient who taught me the most - about acupuncture, cancer survivorship, and lymphoedema: achieving the dramatic improvement in her quality of life after a 13-treatment course of acupuncture was not straightforward, and her journey illustrates that healing may be a process that involves apparent setbacks [15]. That acupuncture can be so helpful to people with lymphoedema has been a constant inspiration to me. I had to tell her story to the world; this imperative triggered my need to write a book.

This book needed to do more than tell Ann's story. I envisaged a book that would be a bridge between professional communities - Acupuncturists, biomedical healthcare professionals, academics, and researchers, as well as cancer survivors. It should inform acupuncture professionals about the challenges of cancer survivorship. It should increase awareness amongst other communities that acupuncture is a powerful tool that can improve wellbeing and quality of life for cancer survivors. It should explore cancer survivorship from many perspectives - biomedical, East Asian Medicine, the evidence base for acupuncture, my clinical experience, and the cancer survivor's perspective. I set a high bar for myself, inspired by Giovanni Maciocia's texts, which were the mainstay of my acupuncture training and professional life.
"Just don't take 11 years to write your book, like 'x' did", warned my first publisher, after I missed numerous deadlines for delivering a manuscript. I did just that! Nearly 11 years elapsed from that moment of inspiration to the book's publication. As well as taking a long time to find my authentic voice as an author, achieving my goals involved a great deal of painstaking work.



In short, writing it was not a piece of cake; however, it was wonderful to be gifted with a cake decorated to resemble my book at my launch party! *(Image left)*

My book is the first evidence - based, peer-reviewed book about acupuncture and cancer survivorship.

I am delighted that it is surpassing my ambitions for it: readers tell me that as well as providing insight into cancer survivorship post-treatment, it is helpful for understanding cancer at any stage, and is a valuable reference for acupuncture practice generally. The book also reaches beyond the traditional acupuncture community and is being used by physiotherapists and oncology healthcare professionals.

Acupuncture and lymphoedema

Another of my aims is to increase mutual awareness in the acupuncture and lymphoedema healthcare communities of this chronic, distressing and currently incurable condition that affects so many cancer survivors. This work is enabled by my long relationship with the British Lymphology Society (www.thebls.com), the UK based organisation for professionals involved in the care and treatment of people with lymphoedema and related lymphatic disorders. I have been a BLS member since 2008 and was honoured to be nominated Chair of the BLS Scientific Committee, a role I performed from 2017 to 2020.

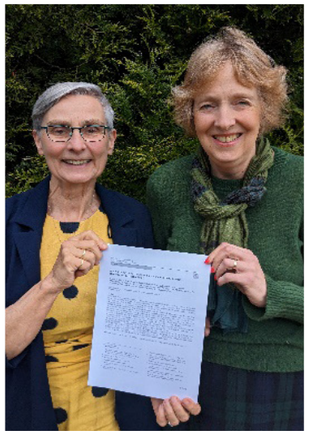
As part of my mission, I work to increase awareness of lymphoedema amongst the acupuncture community. In writing and lecturing about the issues of cancer survivorship, I maintain a strong focus on lymphoedema. This also raises awareness of best practice, which is to avoid any form of needle puncture in an area of the body that either has or is at-risk of lymphoedema.
This complements work I do with lymphoedema organisations to increase their awareness that acupuncture can be a safe, effective, supportive intervention for people with lymphoedema.

My activities include broadcasting webinars to lymphoedema and integrative oncology organisations, running a social media campaign during the 2024 Lymphoedema Awareness Week, offering acupuncture tasters at the British Lymphology Society

(BLS) conference [25], and writing for the BLS newsletter [26]. My book was welcomed by Margaret Sneddon, Chair of the BLS, for "its strong focus on lymphoedema" [27]. A recent achievement is the inclusion of acupuncture as a safe treatment for people with lymphoedema on the (soon to be updated) BLS fact sheet "Lymphoedema MythBuster" [28].

Recommendations for the safe practice of acupuncture in cancer care

Safety of acupuncture for people with cancer is of primary importance. I was privileged to be lead author on the first international, multidisciplinary, peer-reviewed recommendations for the safe practice of acupuncture in integrative oncology [29]. These are the result of a two-year collaboration of 15 international experts in integrative oncology and/or acupuncture, led by a core team of Dr Catherine Zollman, former medical director of the UK cancer charity, Penny Brohn UK, my colleague Teresa Young, and myself *(Image left).*



They aim to facilitate safe clinical practice by supporting, informing, and empowering Acupuncturists to offer acupuncture as a safe adjunct to routine cancer care. The recommendations aim to promote understanding of the risks, contraindications, and cautions when using acupuncture in a cancer population. Important features are that they:

- are intended for use by any practitioner using any form of acupuncture
- contain a "print out and keep" table of Red and Amber Flag symptoms, which clearly identifies situations when acupuncture should not be given and the patient referred immediately for medical assessment or to emergency services (Red Flags), or when acupuncture may be given but prompt communication with the medical team is advised (Amber Flags)
- are available as an open-access publication, which means anyone can access and print them free-of-charge.



An exciting aspect of this project was being able to collaborate with many leading experts in the field of acupuncture in integrative oncology, and to meet with co-authors at the Society for Integrative Oncology (SIO) 2024 conference. I am pictured here with co-authors Dr Judith Lacey of the Chris O'Brien Lifehouse, Sydney, Australia and Dr Kathrin Wode of the Karolinka Institutet, Stockholm, Sweden. *(Image bottom left*)

Cancer survivorship clinics

Finishing my book meant I could return to clinical work; I changed from general acupuncture practice to focusing on treating the people I had written about. I am pleased to have opened the first acupuncture clinics in the UK that primarily treat people recovering from cancer and its treatments. These clinics, one located in central London and the other in Uxbridge (on the outskirts of London) help to address the gap in care that still exists for people post cancer treatment. And they help to promote my message about the issues cancer survivors face and how acupuncture can help. Best of all, they reconnect me with people who say, "Acupuncture had given me my life back!".

Access to publications and other resources

Published papers and related posters

- The publications listed in the References relating to the research discussed are available on ResearchGate. Search for "ResearchGate Beverley de Valois" for access.
- Posters summarising many of the research projects are available on my website https://beverleydevalois.com/posters . These can be printed A4 and provide useful and colourful summaries.

Videos

Videos produced by the British Acupuncture Council:

- Acupuncture and cancer care https://www.youtube.com/watch?v=YTLbnG5yJFs
- Acupuncture in the management of cancer treatment related lymphoedema https://www.youtube.com/watch?v=0ZgzrFwuiBY
- To the Point https://www.youtube.com/watch?v=DWOm9GsKaaE

Video produced by SORT:

- Using moxa to reduce the side effects of chemotherapy https://www.youtube.com/watch?v=KKtTvHPGzyY

Patient guide

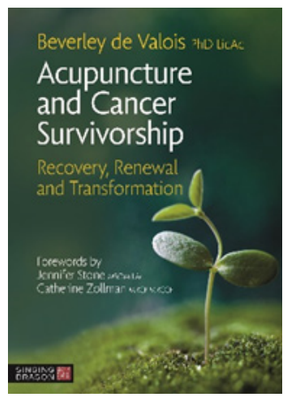
- A Patient's Guide Using Moxa to Reduce the Side Effects of Chemotherapy https://www.ljmc.org/pi_series/pi81_moxa.pdf

Acknowledgements

As well as those mentioned in this paper, I thank the Lynda Jackson Macmillan Centre for facilitating this work, for funding, and for the help of many staff members for support and involvement in studies. Thank you to Mount Vernon Cancer Centre, East and North Hertfordshire NHS Trust, and the School of Social and Community Medicine at the University of Bristol. Charitable funding has been graciously contributed by Dr Richard Ashford, the Milly Apthorp Charitable Trust, and the East and North Hertfordshire Hospitals' Charity, as well as many private donors.

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Beverley de Valois

My 40 Years Journey of TCM in the UK



Ms Dan Jiang
MMEDSCI, FBACC, FATCM

Profile:

Ms Dan Jiang MMedSci is a TCM consultant (awarded by WFCMS) and Principal of the Hallam Institute of TCM, UK. She is a Fellow of the British Acupuncture Council and the ATCM, and a visiting professor at Beijing University of Chinese Medicine. Practising since 1991 in Sheffield and Harley Street, London, she has published extensively on TCM's application in the UK, focusing on successful case studies. She is the editor-in-chief of "Principle & Practice TCM in the West" and author of "The Neurobiology of Chinese Herbal Medicine", "The Role of TCM in Assisting Reproductive Technology", and "Traditional Chinese Medicine in the Treatment of Post-Covid-19 Syndrome", which won an International Contribution Award from WFCMS. Ms Jiang has written and taken on an edited in chief over ten books and 70 professional papers, 29 of which are indexed on Google Scholar. She trained in both Western and Chinese Medicine, earning her bachelor's and master's degrees from Beijing University of Chinese Medicine. She also teaches acupuncture and TCM in the UK, Europe, and international platforms, and serves as Vice-Principal and Secretary General of the Pan-

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Traditional Chinese Medicine (TCM), an excellent and systematic traditional medicine of Complementary and Alternative Medicine (CAM), has been set up and developing in the UK for more than 100 years at first services in Chinatown for Chinese, but TCM has been recognised and accepted in the UK for the general population only in the last decades. As a TCM practitioner, also a founding council member of ATCM, and secretary general of the Federation of TCM, I have witnessed and experienced the developing procedure of TCM in the UK. Some essential and milestone events should objectively and authentically be recorded, so I will explain here in these few domains:

1 Three milestone events of TCM development in the UK.
1.1 Practicing TCM successfully to the population
1.2 TCM courses are set up in the Universities
1.3 Million findings were issued by the European Science Committee to build up the research team for collaborative TCM research.
2 Regulation's performance and finality.
3 Development tendency of TCM

1 Three milestones events of TCM development in the UK.

1.1 Practicing TCM successfully to population:

Since 1980, complementary and alternative medicine has flourished in the UK due to not being covered well enough for health services by conventional Western medicine. Hence, people pay more attention to traditional medicine, physiotherapy, herbal preparations and other non-chemical or no-traumatic treatments. Simultaneously, with the reform and opening-up of China, plenty of TCM practitioners who have accepted systematic medical and TCM training come to practice TCM in the UK. Dr Dinghui Luo successfully used Traditional Chinese herbs to treat and cure a high incidence and refractory dermatological disease - Atopic Dermatitis.(AD) is recognised by Prof David Atherton in NHS hospital in London. From the clinical research with a randomised, double-blind-control by his team, their research reports prove the effect of Chinese herbal medicine on AD. They are published in the authority medical journals (1-4). The BBC's report on their success created great social interest and such large queues of patients waiting to visit Dr Luo's clinic in ChinaTown that the police was needed to keep order. Dr Luo is an exciting respected practitioner of TCM in the UK.

Since 1990, an increasing number of TCM practitioners with formal medical and TCM training qualifications from China have established their practices in the UK; In 1994, the Association of Traditional Chinese Medicine (ATCM) was founded, with Dr. Dinghui Luo elected as its first president and a council of 11 committee members. As a founding council member, I played a key role in creating the Journal of ATCM. Since ATCM, many professional TCM organisations have been set up in the UK. We saw the first milestone achieved with a successful practice of TCM and establishing the first professional TCM organisation.

The establishment of ATCM marked a significant first milestone for TCM, paving the way for the formation of many other professional TCM organisations and furthering the successful practice of Traditional Chinese Medicine in the UK.

1.2 Creating TCM subject in the Universities of the UK:

Dr Luo's clinical efficacy of TCM has made a significant impact in the UK and Europe, and many young students wanting to study acupuncture and TCM; a significant social and educational market demand has appeared, and some universities have started to prepare and establish courses in acupuncture or traditional medical discipline.

The Bio-medical and Health Department of Middlesex University in London collaborated with TCM University in China on their pioneering programme. I was invited to take on the external evaluation expert in the first accreditation meeting. Under the support of the Beijing University of Chinese Medicine, the TCM subject at MU has gained professional accreditation, and formal enrolment for the TCM subject started in 1997.

In 1999, MU openly recruited the community to prepare for the affiliated teaching clinic of TCM at the University. An independent teaching clinical base is established, called the Asante Academy of TCM (AA) for taking on clinical teaching and practice. I was named visiting Senior lecturer by MU. AA has been developing rapidly and establishing five clinical practice acupuncture points in the NHS hospitals in which Royal Free Hospital, Whittington Hospital and North Middlesex Hospital are involved. We not only expand acupuncture practice conditions for students at MU, but we are also involved in clinical research in these hospitals.

TCM and acupuncture subjects in MU have been performed for more than 20 years, which has been a flagstone of traditional medicine / CAM. Since MU, more than ten acupuncture or TCM subjects have been established in many universities in the UK. Although most state Universities have terminated their formal degree courses in TCM in the last few years, TCM is based in the universities as a formal education that will be impactful in the long term and in the future, which should be recognised as the second milestone of TCM.

1.3 The funding scheme of the 7th European framework project is gained:

Due to the great influence of TCM in clinical and teaching, more and more researchers pay attention to the effective mechanism and existence significance of traditional medicine, consisting of herbs, the management model of CAM and so on. Many scientific research teams in colleges and universities have begun to research the relevant topics of CAM.

In response to the support issued from the Ministry of Science and Technology in China for international cooperation, the European Committee on Science and Technology has thrown out the 7th European framework project to TCM. This is a set up by the European Union to support the multiple disciplines for a particular subject of study. I attended the project promotion meeting in Roma, Italy, as a public relations executive of ATCM when invited by the Chinese Embassy in the UK. After the meeting, the EU funding information was brought to Dr Qihe Xu, who is a scholar at King's College London.

Under the support of the King's College, we unite together with the research teams at the University of London, the University of Cambridge, and Universities of Netherlands, Germany, Austral, Portugal and more than ten universities; and research teams at Beijing University of TCM and Capital Medical University in China into Good Practice of TCM at Post Genome Era (GP-TCM) as an international united research group. GP-TCM finally won the competition to accept the million funding issued from the Science and Technology Department of the European Committee to do Euro-China co-operative research.

I was the only one of the TCM practitioners funded by the GP-TCM team. At present, the funding of the European committee has ended, and the GP-TCM has been formed as an international research team with the participation of nearly 100 research teams in the UK, Europe and China, and thousands of researchers, and is renamed to GP-TCM Research Association which has still been a stronger research team. The GP-TCM's stabilisation and development have determined the foundation of the research on TCM in the UK, which should be determined as the third milestone of TCM in the UK.

2 Working together with the entire TCM community to promote TCM legislation in the UK:

In 2000, the House of Lords of the United Kingdom established a special scientific committee composed of Western medicine experts to investigate and evaluate all health therapies in the UK. After the investigation, the working group submitted a response to the House of Lords - complementary and alternative medicine (CAM) (5). The report divided CAM into three categories and recommended legislation for acupuncture, herbal medicine, osteopathy, chiropractic and homoeopathy. As a result, the Ministry of Health began to discuss and prepare for these five important therapies one by one.

2.1 Achievement of the statutory regulative working group of herbal medicines:

After repeated inquiries by Prof Boying Ma to the Ministry of Health, who is a medical history expert, the Ministry of Health announced to ATCM through him the preparation and discussion of statutory regulation to be carried out. Representatives of ATCM and RCHM attended the regulatory working group of herbal medicines.

In the herbal working group, ATCM made a clear suggestion that Traditional Chinese Medicine (TCM) is not just herbal medicine but a traditional Chinese medical system (TCM). For the best interests of the people, and the sake of TCM is better to develop in the UK, and its practitioners are better

managed, it is necessary to distinguish TCM from Herbs. Prof Boying Ma a famous expert of TCM and an ordinary member of ATCM, repeatedly referred to the head of the regulatory working group of herbal medicine and vice president of Northampton University ---Prof Michael Pittilo, as his reputation and knowledge of medical history to explain the medical characteristics, history origin, development track and clinical application of TCM. In order to correctly understand the requests of TCM delegates as TCM-separated regulation, Prof Pittilo went to Prof Ma's clinic four times and spent a long time with him to discuss the significance of TCM-separated regulation.

Subsequently, Professor Pittilo prepared the report for the regulatory working group on herbal medicine (6). The regulatory working group on acupuncture also submitted its report to the Ministry of Health. The Ministry identified the report as part of the regulatory framework for acupuncture, herbal medicine, and Traditional Chinese Medicine (TCM). These therapies were considered as three separate therapies in the preparation model for statutory regulation, which then proceeded to further discussion.

2.2 Work and Achievement of the Joint Working Group:

In 2008, the Ministry of Health established a joint statutory regulatory working group, which is composed of representatives of relevant professional organisations, government management agencies and law experts. It is still chaired by Prof Michael Pittilo, who presides over acupuncture, herbal medicine and TCM, three professions of statutory regulation preparation. The works carried out by the joint working group:

2.2.1 The self-regulatory standards of Acupuncture, Herbal Medicine and TCM have been established:

Every group is regulated by a professional organisation such as ATCM and RCHM. Once accepted, the group will be then be part of a government-approved list which confirms it has passed the statutory regulation process. The organisations were not yet classified as self-regulated well which would no longer receive relevant documents and notice of government on statutory regulation.

2.2.2 The basic form of the statutory regulatory registration has been determined - HPC:

After discussion, the joint working group determined that acupuncture, herbal medicine and TCM, as professional groups, will enter the HPC, which their members will register in HPC. HPC---Health Practitioner Council in NHS (National Health Service) that 13 health professions are involved except the Medical Council for Doctors and Nurses and Midwife Council for Nurses and Midwives. Under this model, TCM practitioners can follow up with their registered organisation, which has been authenticated in advance, to automatically register for entering the statutory regulation; the TCM practitioner can also, through academic certificate confirmation and English examination for self-registration into the statutory regulation framework. The report of the joint regulatory working group is submitted to the Ministry of Health.

2.2.3 Self-regulation of ATCM and preparation for entry into the statutory regulation:

In order to promote the progress of the statutory regulation, ATCM actively lobbied the relevant parliament members and held a reception to explain our requirements in depth. ATCM established a strict registered membership system, membership standards that meet the requirements of the statutory regulation, membership management rules and a regular system of continuous professional development. The president of HPC was invited to introduce HPC at the general meeting of the members, which gave ATCM comprehensive approval for entering the statutory regulation.

2.3 Establish FTCM (Federation of TCM), a united federation of the whole TCM profession:

In the process of preparing for the statutory regulation, we realised that in the struggle for the successful regulation of TCM, we required the support of the whole profession, especially financial support. So, from the suggestion of ATCM, a united federation which invited all presidents, managers and bosses of TCM practitioner organisations, wholesale companies, and clinical management companies in the UK together was established - FTCM. Dr Dinghui Luo, who was ex-president of ATCM, was elected the first president of FTCM, and I was named the general secretary.

All of the organisations and companies in FTCM have contributed funds and commissioned DLA, a famous British public relations company, to publicise, lobby and carry out the necessary public relations work to the members of the House of Lords and Parliament to make a success of statutory regulation of TCM. Prof Boying Ma succeeded Dr Luo following her retirement, The statutory regulation was declared to be revoked unmistakably after it had been prepared for more than ten years, and FTCM was automatically dissolved. FTCMP - Federation of TCM Practitioners was established, which was based on TCM practitioners who were practising in clinical management companies. FTCM is still an active organisation of TCM practitioners.

2.4 Advisory Committee on Herbal Medicine Management:

MHRA (Medical Health Regulatory Agency) established an Advisory Committee on Herbal medicine management for better, safe use of herbal medicine in the UK and the management of TCM and herbal medicine practitioners, which is composed of the representatives of professional organisations whose practitioners use herbal medicine, scientific researchers and government officers. The ex-presidents of ATCM, Jidong Wu and Kaicun Zhao, were invited to take on the role of special advisors of herbal medicine in MHRA. They can transfer and distribute the information which the government often issues to control and forbid herbal medicine to members; they can also expound their advice and suggestions on how it is reasonable and accurate utilisation of herbal medicine in the committee as professional experts of TCM.

3. Development tendency of TCM

Over the past 40 years, my journey with Traditional Chinese Medicine (TCM) in the UK has been one of resilience, dedication, and continuous adaptation. The revocation of statutory regulation for TCM posed significant challenges, leading to the suspension of acupuncture, herbal medicine, and other TCM courses in universities. Many TCM clinics in established markets were forced to close. However, some skilled practitioners, including myself, were determined to carry on and continue to serve the local population, who recognised and appreciated the efficacy of our treatments.

Despite the absence of formal regulation, we have continued to practice TCM, relying on its systematic theories, objective diagnostic methods, diverse acupuncture techniques, and safe herbal practices. These foundational elements of TCM have allowed us to provide effective treatments that meet the needs of our patients. We have faced numerous struggles and difficulties along the way, but our commitment to the practice and to the well-being of our patients has kept us moving forward.

The development of TCM in the UK over the past four decades has been driven by the hard work and selfless dedication of many pioneers. Their efforts have ensured the survival and growth of TCM, even in the face of significant challenges. However, there is always room for improvement. The suspension of statutory regulation has created a loosely regulated market environment where much of the responsibility for maintaining standards falls on professional organisations and individual practitioners.

As a TCM practitioner, I have witnessed a decline in social recognition of TCM in recent years. However, I believe that the principle of "survival of the fittest" applies here: the future success of TCM in the UK will depend on the effectiveness of our treatments. Those who can demonstrate the curative benefits of TCM will be better positioned to thrive and expand their practices, gaining the trust and support of the public.

The absence of formal regulation presents a more stringent test for TCM practitioners, particularly those associated with the Association of Traditional Chinese Medicine (ATCM). We must continuously prove our value and maintain the highest standards of care. The future of TCM in the UK may be uncertain, but I am confident that, based on the systematic theory, objective diagnostic methods, practical experience, and excellent curative effects that TCM has demonstrated over the past 40 years, we can look forward to a successful tomorrow.

As I reflect on my journey with TCM in the UK, I am proud of what we have achieved, but I am also aware of the challenges that lie ahead. The road has been difficult, but our resilience and dedication have ensured that TCM remains a viable and valuable option for those seeking alternative medical treatments. With continued effort and a commitment to the core principles of TCM, I believe that we can overcome these challenges and continue to develop and grow in the years to come.

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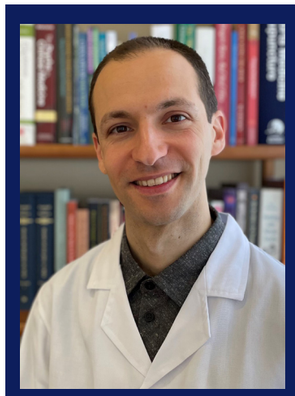
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Dan Jiang



Damián Allegretti

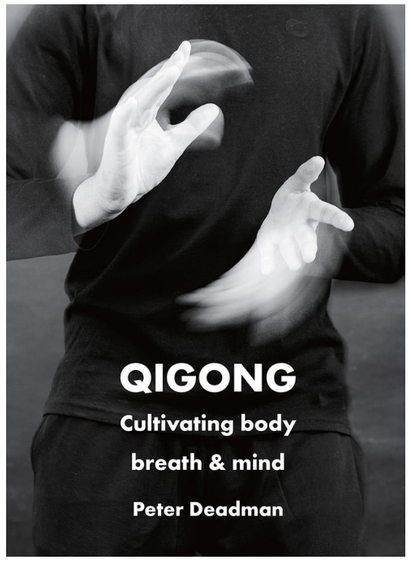
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"Damián gives a book review of Peter Deadman's book: QIGONG, cultivating body, breath & mind."

Peter Deadman's "QiGong: Cultivating body, breath and mind" is a comprehensive guide that bridges the ancient wisdom of QiGong with the contemporary lifestyle. With a blend of scholarly insight and practical application, Deadman invites readers on a journey to unlock the profound healing potential of QiGong.

One of the book's strengths lies in Deadman's ability to distill complex concepts into accessible language, making QiGong principles understandable for beginners while offering depth for more experienced practitioners. He skillfully elucidates the foundational principles of QiGong, including breath control, movement, and meditation, empowering readers to cultivate their own practice.



Deadman's expertise as a practitioner and educator shines through in his clear explanations of QiGong's diverse techniques and their therapeutic benefits. He explores various forms of QiGong, from complete stillness to gentle flowing movements, providing readers with a versatile toolbox to address their specific health concerns and to have variety in their personal practice.

"The book delves into the philosophical underpinnings of QiGong, emphasising its holistic approach to health and well-being"

The book also delves into the philosophical underpinnings of QiGong, emphasizing its holistic approach to health and well-being. Deadman elucidates the concept of Qi, and its role in maintaining balance and harmony within the body (free flow). By integrating mindfulness and intention into their practice, readers can cultivate a deeper connection with their bodies and enhance their overall vitality.

Furthermore, Deadman contextualises QiGong within the framework of traditional Chinese Medicine (TCM), highlighting its synergistic relationship with its foundational principles like Yin-Yang, Five Phases, ZangFu, among many others. He explores how QiGong can complement conventional medical treatments, offering a holistic approach to healing that addresses the root causes of illness rather than just managing symptoms.

In addition to its theoretical foundations, the book provides practical guidance for establishing a sustainable QiGong practice. The 12 hours of instructional videos offer step-by-step instructions, ensuring readers can confidently perform each exercise with proper technique. He also offers tips for integrating QiGong into daily life, emphasising consistency and mindfulness as key components of a successful practice.

What sets "QiGong: Cultivating body, breath and mind" apart is its integration of modern scientific research, validating the efficacy of QiGong in promoting health and well-being. Through scientific studies, Deadman demonstrates QiGong's positive effects on stress reduction, immune function, and chronic disease management, providing empirical evidence to support its ancient roots - similarly to his previous work: "Live Well Live Long" (which according to himself, can be read as a companion to this one).

I must also express my sincere delight for the abundant collection of quotes that grace the pages of this book, offering clear and succinct insights from a diverse array of sources spanning both Eastern and Western wisdom traditions.

In conclusion, "QiGong: Cultivating body, breath and mind" is a comprehensive resource that empowers readers (especially beginners) to tap into the transformative power of QiGong. Whether you're seeking to alleviate stress, improve physical health, or deepen your spiritual practice, Deadman's guidance offers a roadmap for integrating this ancient healing art into your modern lifestyle.

With its blend of ancient wisdom and contemporary insight, this book serves as a valuable companion for anyone interested in unlocking the profound potential of QiGong for holistic well-being.

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Supporting the Advancement of Chinese Medicine



Purpose

CCMUK aims to act as a central hub for Chinese medicine, providing information, support, opportunities for scientific research, academic education, the exchange of clinical skills, and the incubation and implementation of projects relevant to the field.

Mission

Our mission at CCMUK is to amplify the social impact of Chinese medicine by bolstering its capacity to strengthen its presence and impact, preserve public health and facilitate sustainable growth of the Chinese medicine industry in the UK.

Ethics

Our code of ethics is applicable to anyone that enters into a professional partnership with CCMUK. This includes – but is not limited to – Professional Advisory Committee members, collaborators, event organisers and contractors.



ABOUT CCMUK

The Chinese Medicine UK Centre (CCMUK) is a non-profit organisation based in the UK devoted to promoting and advancing Chinese medicine.

CCMUK serves as a central hub for Chinese medicine, offering resources, support, opportunities for scientific research, academic education, clinical skill exchange, and the development of relevant projects.

Through these collaborative efforts, CCMUK endeavours to advance Chinese medicine, enhance its reputation, and make valuable contributions to its development and growth.

ISSN 2632-7465
9 772632 746502

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