

THE POINT

ISSUE #21 • Summer 2006

P e r s p e c t i v e s o f I n t e r e s t i n N e e d l e T h e r a p y

EDITORIAL BY JULIAN C PRICE

In this edition of The Point you will find an important article by Marion Richardson and Mike Cummings about changes to the Society's educational awards system. We now have in place an agreement with the University of Hertfordshire to independently validate and accredit the first stage of training at Certificate of Basic Competence level. The COBC will be phased out from September 2006 and a new post graduate award in Western Medical Acupuncture will be introduced. This is a major step forward for the Society and our plans are to build steadily on this process so that in due course it will be possible to achieve an MSc in Western Medical Acupuncture. Much of the groundwork for this was completed by our former Education Adviser, Jo Tait and of course, Mike Cummings. I do urge members to read the article as the changes will impact on everyone, even if this is not immediate.

At a recent meeting on Practice Based Commissioning (PBC), it was interesting to hear the views of some of the speakers about how this is going to work. It was thought likely that consortia will need to be formed to bid for practice services, because of the requirement to provide a range of services. It will be possible to use 70% of the efficiency gains earned through PBC on complementary and alternative medicine services. The difficulty in the current climate of budget deficits is that this is unlikely to happen in practice. In fact, several delegates and speakers felt that PBC could not have been introduced at a worse time given the need to reduce deficits dramatically. The current commissioning window for 2007 is 1st April 2006 to 1st October 2006.

The joint Spring meeting at the University of Warwick was the largest event organised by the Society. Members of the Acupuncture Association of Chartered Physiotherapists and the BMAS rubbed shoulders for a weekend of acupuncture, anecdotes and antics. The acupuncture expertise was provided by a cast of international players on the acupuncture stage, the anecdotes by all who took the opportunity to network and exchange ideas and the antics – well there are some incriminating photographs taken at the dinner of members and staff, myself included, doing their best not to be asked to audition for the next Strictly Come Dancing programme on the BBC! Strange things happened on the table where I was sitting. A glass eye appeared in our General Manager Jane Llewelyn's drink, a metre long extendible fork emerged from the direction of one Chris Brian who raided the dinner plates of most of the rest of the table and Paul Gray displayed his knowledge of wine by declaring it corked and sending it back! Later in the evening, the Hon. Treasurer donned a very fetching wig and took the microphone from the band's lead singer to give us all the benefit of his award winning European Song contest entry. For the benefit of those who were not able to witness this extraordinary entertainment, you need to recall the last year in which Israel won Eurovision to gain some idea of this amazing spectacle.

Members will shortly be sent details of the Autumn meeting we are holding with Spanish colleagues from The Acupuncture Section of the Official Medical College, Barcelona. This will be the first time we have organised an overseas event and it promises to be a terrific occasion with the opportunity to sample the cultural diversity of Barcelona as well as meet acupuncture colleagues.

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LETTER FROM THE PRESIDENT

As I write this, Spring is emerging down here in Devon with the blackbirds chirping away happily in the garden. There is new growth in the air and optimism.

In the BMAS, I am pleased to report that our foundation courses are busier than ever –almost fully booked this year and heading for a record number of people trained. This is allowing us to seek some more administrative help for Mike Cummings, whose workload increases year on year.

One of the most recent highlights has been the joint Spring Scientific Meeting with the AACP, which was attended by over 300 people. Not everyone was involved in the conga dance at the end of Saturday night fortunately. I think that sums up the spirit of the meeting.

For the more adventurous of you, we are experimenting this year with an Autumn Conference in Barcelona. Our colleagues in the Spanish Acupuncture Society are helping in the organisation of this and I am really looking forward to it. If you have never attended any of the meetings, they are a great opportunity to meet like-minded acupuncture souls (sorry if this sounds like an advert for an internet dating agency) and are usually good fun (as well as being educational).



This will be my last missive before I hand over the reins to my successor, whose first task will be to research the Tapas bars in Barcelona for our benefit.

So have a good spring and summer and I hope to see some of you in Barcelona.

Dr Jonny Rae, President

COBC IS MOVING ON

BY MARION RICHARDSON AND MIKE CUMMINGS

Discussions about proposals for the regulation of acupuncture practitioners have led to the decision that from September 2006, the current BMAS Certificate of Basic Competence award will be phased out.

For some time the Society has been in talks with educational institutions with a view to formal validation and accreditation of their courses and this change represents the first stage of that process. Links have been made with the University of Hertfordshire (UH) and the first post-graduate module in Western Medical Acupuncture is now approved. The module is worth 30 credits towards a post-graduate award (certificate, diploma or MSc).

To undertake the module, students MUST have completed the BMAS Foundation Course or hold the CoBC. They will then enrol with UH for the assessment. No attendance at the University will be necessary – enrolment will be completed on-line and students will then have access to course materials and support as well as a huge range of on-line journals via the UH Studynet interface – all from the comfort of their home or work computer.

The assessment will be firmly based on the current CoBC log book. Students will be required to record their acupuncture treatment of 30 patients with a range of clinical conditions and to reflect critically on various aspects of those treatments. Detailed guidance will be given following enrolment.

On successful completion of the module, BMAS members will have this qualification recorded on the Society's database as the BMAS Award of Safety and Competence (BMAS ASC). They may then accrue further credits towards a formal post-graduate award should they so wish. Further specific Western Medical Acupuncture modules will be written in the next few months using the BMAS Intermediate days as their foundation. This will mean that it will soon be possible to achieve one of the following awards:

- Postgraduate Certificate in Western Medical Acupuncture
- Postgraduate Diploma in Western Medical Acupuncture
- MSc Western Medical Acupuncture

From September 2006, members will be encouraged to undertake the UH module and CoBC as we know it will be phased out completely over the next two years or so. Members who already hold the CoBC will be able to convert this to the BMAS ASC by enrolling with UH for assessment. This will involve some extra effort, but there will be lots of help and guidance.

Members who already hold the BMAS Diploma will be able to convert this for credits towards a higher award, but the details of this accreditation of prior education and learning (APEL) with UH have yet to be determined.

SPRING MEETING 25TH – 26TH MARCH 2006 UNIVERSITY OF WARWICK

A JOINT MEETING WITH THE ACUPUNCTURE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS.

This year's Spring meeting was the first for many years with the AACP, and was attended by over 330 delegates. A full programme of international speakers, with workshop sessions, ran over the two days, with something for everyone.

Our thanks to all those who spoke at the meeting and especially to our team of reporters; Chris Brian, Matthew Brooke, Helen Buckingham, Max Forrester, Nabil Hamami, David Johnson, Marion Richardson and Dietrich von Schweinitz.



The Ramphal Conference Suite, University of Warwick

KRAG MEETING 30TH JANUARY 2006

A REPORT OF A MEETING OF THE KENT REGIONAL ACUPUNCTURE GROUP BY CHRIS BRIAN

We celebrated our 10th Meeting in January back at the Chaucer Hospital in Canterbury where we had first met in June, 2003. We enjoyed our usual cooked meal, courtesy of Pfizer, accompanied by wine, soft drinks for the drivers, cheese and biscuits. As the conversation continued to flow over coffee, we settled down for the meeting. A couple of apologies were noted – Gerhart because he was somewhere obscure and Mary because it was her birthday. I had even threatened to bake her a cake which, thinking about, probably explains her absence.

We welcomed two new members, Zaw Myint and Bill Fergusson, bringing our total membership to 28. A decision was made, sadly, to put our planned research project to bed for various reasons.

The regular "Open Forum" Agenda item stimulated much discussion as always, with a good exchange of ideas, problems and anecdotes. The members were updated on Regional and National news. Hopefully we will take a KRAG team to the Barcelona BMAS Autumn Meeting!

Our Yahoo group was discussed and even our Internet wary members have decided to join. It has been a good way to communicate between meetings.

Having agreed that our next meeting would be a Guest Speaker one on 15th May, we disappeared into the night, donating a left-over bottle of wine (a rarity!) to a bemused night porter!

ICMART CONFERENCE, WASHINGTON D.C. 7TH – 9TH APRIL, 2006

REPORT BY DR CHRIS BRIAN

I was privileged to be able to attend this year's ICMART, hosted by the American Academy of Medical Acupuncture. My only previous ICMART experience had been back in 2002 when the BMAS were the hosts in Edinburgh and I recall happy nights when we all gathered outside our student accommodation in our nighties and jimjams at 4am after the students had once again set off the fire alarm with their burnt toast! I also remember a stirring opening ceremony with the honoured guests being greeted by a piper in full Highland costume. In contrast, this year's so called opening ceremony was a damp squib; if you had blinked you would have missed it. However, this non-event was followed by the conference keynote address by our very own Jacky Filshie. The title was "Development of Evidence-based Acupuncture: A UK Perspective". As Jacky had pointed out, this was potentially very provocative to an audience with a significant number of traditionalists but her usual unique style of presentation soon had everyone eating out of her hand and set an extremely high standard for those following.

The Congress took the form of morning lectures (starting at 8am!!) followed by afternoon workshops and free paper sessions so there was plenty to choose from. The Americans were, as always, delightful hosts. 135 of the 420 present were from outside the US and many of the "great and the good" from the Acupuncture world were present.



Chris Brian and Jacky Filshie outside the White House – "I keep telling you Jacky, Bill doesn't live here anymore!"

At the Thursday evening welcome reception I was able to have a long chat with the AAMA President, Michael Coomes, and was fascinated to learn that they were having a similar political lay/medical "power struggle" to ours and that only a few days previously the AAMA had won a crucial Senate decision to preserve their right to a medical voice in Acupuncture regulation. Nice to know we are not alone.

I was also able to attend the ICMART membership meeting with Jacky, courtesy of "The Baron", ICMART General Secretary Francois Beyens and was witness to the first ever ICMART audited accounts presented very impressively by the Treasurer (our own Palle Rosted). The first elections to the Board were also announced, albeit all unopposed. Jacky, (a former ICMART president) was elected one of two "Directors at Large". A presentation about the ongoing discussion of what constitutes a proper Acupuncture Education within ICMART and with the lay Chinese Acupuncture authorities convinced me that we desperately need to keep inside influence on this matter if our voice and opinion is to be influential.

The Official Saturday evening dinner was on a boat cruising along the Potomac River and during coffee I managed to have a long one-to-one conversation with The Baron in a quiet corner and discuss various issues. He was the Founding Father of ICMART and is rightly proud of the continuing increase in membership throughout the world.

In summary of the many talks and lectures: The impact and huge disciple-like following of traditionalist speaker Beate Strittmatter talking about treating blockages was a real eye-opener. Prof. Brian Berman from Maryland gave an excellent lecture on Acupuncture treatment of Osteoarthritis. On the Sunday, Palle Rosted gave a well received talk on TMJ, Headache and Dental Acupuncture for the Primary Care Provider. Jacky had continued her hectic Friday schedule by giving

a Workshop on Pain and Symptom Control in Cancer patients in the afternoon. The quality of the free papers, (20mins each presentation, non-stop all afternoon) was variable. Being kind, some were a little short on the quality side!

I was able to meet and network with an incredible number of delegates and received numerous genuine invitations to visit people both in the USA and Europe. Thanks to Jacky, who seemed to know most people there (and those that she didn't know, knew her!), I was introduced to most of the speakers and learned an incredible amount. On the social side, the Germans were very good company with Dominic Irrnich being his usual charming self.

On Sunday we were able to indulge in a bit of sight-seeing. I had not been to Washington since 1987 when the Oliver North trial was in full swing. The buildings were just as impressive as I remembered with the recent addition of the stunning WW11 memorial between Capitol Hill and the Washington Monument.

We flew back Monday afternoon with many happy memories of a great conference. Next year the hosts are Barcelona, which is also the venue of our Autumn BMAS meeting so I'd better brush up on my Spanish. I would certainly recommend the ICMART Conference for anyone who is keen to widen their Acupuncture horizons and interested in what the rest of the Acupuncture world is doing.

RESEARCH GRANTS

The BMAS has established a fund to support acupuncture research that is likely to further the interests of the Society, its members and patients. The source of this fund is a proportion of annual membership subscriptions together with donations from individuals. The fund is shown in the accounts as a Restricted Fund and can only be used for the purpose of research. At the end of 2005 the fund stood at just over £14,700.

The criteria for awarding grants are as follows:

- at least one applicant, and preferably the principal investigator, should be a BMAS member
- the research topic should be judged to be of value and interest to the Society and in line with the Society's mission statement
- the research should have sufficiently novel aspects to establish new knowledge (eg a standard audit of practice is unlikely to be funded).
- the application will be peer-reviewed for scientific quality and amended to meet peer reviewer's comments
- the Council shall be satisfied that the research team have sufficient knowledge, skill and research support/supervision to anticipate successful completion of the project within the time schedule
- there shall be reasonable expectation that the research report will be of sufficient standard and interest for readers of Acupuncture in Medicine.

PROCEDURE:

A full application consists of the full research protocol with the usual sections including justification for the support requested. As a guide, the application should include brief details under these headings; summary, aims, hypotheses, background, plan of investigation, method, outcomes, data analysis, timescale, collaborators.

If you are interested in applying for a grant from this fund, please send your application to; Julian C Price, Chief Executive Officer, British Medical Acupuncture Society, Royal London Homoeopathic Society, 60 Great Ormond Street, London WC1N 3HR.

SATURDAY 25TH MARCH PLENARY SESSIONS

MUSCLE PAIN – A SCIENTIFIC OVERVIEW. SIEGFRIED MENSE

REPORT BY MATTHEW BROOKE

The first formal presentation at the conference was kindly delivered by Professor S Mense. Prof Mense is currently a professor in the department of Anatomy and Cell Biology at Heidelberg University and is also Chairman of the German Pain Foundation.



Various mechanisms for the generation of muscle pain were discussed. Some of the classic inflammatory substances are already well known, eg bradykinin, serotonin, prostaglandins and leukotrienes. Prof Mense presented newer evidence which demonstrated that A TP is also an important excitatory and sensitising agent for muscle nociceptor fibres. It was not surprising to hear that protons (lowering of pH) are also implicated in the generation of muscle pain by sensitising the muscle nociceptors, causing their activation by physiological body temperature.

It was interesting to hear that although an intramuscular injection of nerve growth factor was not painful in itself, it induces a hyperalgesic state the following day which lasts for about a week. Few in the audience seemed keen to try such an injection on themselves.

Changes in muscle tone were discussed as a potential source of pain. The postulated pain-spasm-pain cycle (via a simple positive feedback loop through the spinal cord) was discussed, but most scientific evidence does not support this theory, since a muscle's alpha motor neurones are normally turned off, rather than on, due to reflex inhibition. It was suggested that most painful muscle spasms are caused by a lesion outside the muscle eg another muscle or joint. This was illustrated by demonstrating that the stimulation of trigger points in infraspinatus may cause contraction of the anterior deltoid muscle.

Prof Mense used the example of pain in the region of the sacroiliac joint being caused by trigger points in the soleus muscle. This may be caused by expansion of the sensory neuronal input from soleus (L5-S2) to neurones supplying the sacroiliac joint (S1-S4). This knowledge is clearly valuable when assessing and treating patients with trigger point induced pain.

Probably the most impressive thing about Prof Mense's presentation was the fact that almost all of the people whose opinion I sought, had found it a very interesting and stimulating presentation. This was quite an achievement when speaking to clinicians about neuromuscular physiology in a darkened room.

UPDATE AND CLINICAL OVERVIEW ON MYOFASCIAL PAIN. ROBERT GERWIN

REPORT BY MARION RICHARDSON

Dr Gerwin took us on a fascinating tour of the trigger point (the 'heart of darkness') about which so little is known. He began with the example of a 57 year old female patient referred very recently by a fellow neurologist who didn't know what to do with her ('you know there's trouble!'). The lady had a 10 day history of 'exploding

fireworks in her head' from her temple to her ear with a volley every 20-30 seconds. The pain made her feel suicidal. Having set the scene, he spoke about many aspects of trigger points including their dynamic nature, their ability to refer pain, sometimes in extraordinary distribution, and the wide aetiology including physical stress, muscle overuse, static positions, metabolic stress, psychological stress, iron and vitamin deficiencies amongst others.

Some useful tips were given about seeking trigger points – sometimes in distant places, for example in the rectus abdominis muscles for localised back pain or in the soleus for plantar fasciitis pain. 100% of whiplash patients have trigger points – mostly in the trapezius muscle.

The physiology of the taut muscle bands of TrPs was explored including ongoing research and issues that this has raised, before returning to the diagnosis of myofascial pain. This is best made by palpation which seeks to reproduce the patient's pain. Current topics addressed included pelvic pain, referred pain and hyperalgesia, headache, whiplash and GI symptoms.

Dr Gerwin concluded by reminding us that the nature of the trigger point is still unknown but that the elimination of pain in a chronic myofascial pain syndrome can be very gratifying.



Robert Gerwin



Marion Richardson

PARALLEL WORKSHOP SESSIONS

DATA ON NEUROBIOLOGIC MECHANISMS OF FIBROMYALGIA. SIEGFRIED MENSE

REPORT BY HELEN BUCKINGHAM

Dysfunction of the descending pain-modulation system as a possible cause of muscle pain.

Professor Mense is certainly well qualified to discuss this very interesting topic, having earlier in the day demonstrated his considerable knowledge and body of strong research evidence on mechanisms of muscle pain.

In this session he hypothesised that, although fibromyalgia is



Siegfried Mense

commonly thought of as a psychosomatic disorder, there is also a neurobiological explanation for the symptoms experienced by patients. He proposes that a dysfunction of the descending pain-modulation system is a possible cause of the muscle pain in fibromyalgia. He presented support for this theory with a number of arguments made with clarity and a dry wit that made a complex issue very enjoyable to listen to.

1. In the 1990's, the US College of Rheumatology specified a distribution of eighteen tender points, ten of which must be tender in order for a diagnosis of fibromyalgia to be made. These tender points are found mainly at the insertion points of muscles, whereas the trigger points that we observe as acupuncturists tend not to be. In fact a person with fibromyalgia may not have a single trigger point; the tender points have no palpable nodule, as you would find at a trigger point. Also in fibromyalgia there is more generalised pain.

2. Fibromyalgia patients generally have pain in their muscles. So are histological changes found in the muscles? Well, yes, they are. Known as 'ragged red fibres', they are quite obvious under the microscope – and are a sign of mitochondrial myopathy. However, mitochondrial myopathy is not specific to fibromyalgia and may also be caused by a number of other things, eg age, muscle overuse - and it doesn't explain the ragged red fibres, or the pain.

3. So, if there is no peripheral cause of the pain, perhaps we should look for a central nervous system disorder. A possible theory is a failure of the descending anti-nociceptive system. The descending anti-nociceptive system is strongly protective – the system is known to be tonically active ie the nerves are permanently inhibited. Therefore in a case of dysfunction, you would expect to see the opposite – a strong pain sensation with no stimulus.

4. Looking at ways of activating the system, it is known that strenuous exercise, for example in athletes or long-distance runners, relieves pain for them. However, fibromyalgia patients don't get this same benefit from exercise, in fact often exercise causes them more pain. Could this be a demonstration of the proposed dysfunction of the descending anti-nociceptive system?

5. Further to this, Prof Mense pointed out the links between the higher centres and the amygdala, citing that we know that psychological stressors can activate the descending nociceptive system (eg The extreme cases of combat soldiers bearing unusually painful lesions). Whereas in fibromyalgia, psychological stressors tend to lead to increased pain.

6. Next Prof Mense examined transmitters used by the system. Basic activity is controlled by enkephalinergic and GABA-ergic neurons. Both morphine and acupuncture are thought to work by mimicking this enkephalinergic response, but fibromyalgia patients don't usually respond to morphine, further indicating a possible dysfunction in the system.

7. In addition to our descending anti-nociceptive system, we also have a pro-nociceptive system. OFF cells inhibit nociceptive transmissions at the spinal level, as demonstrated in the 'tail-flick experiments' described by Prof Mense. ON cells enhance nociceptive transmission at spinal level.

8. So, if we are to accept the hypothesis that a dysfunction of the descending anti-nociceptive system is causing pain in fibromyalgia patients, we should be able to see experimentally what effect an interruption of the anti-nociceptive system has. Prof Mense went on to describe his study of noxious stimuli administered to rat ankles before and after using a cold block on the leg to interrupt the anti-nociceptive system, showing that this caused sensitisation of the nociceptive neuron, whilst the caudal neurons remained highly active.



Helen Buckingham

Transferring this idea to fibromyalgia patients, we would expect an interruption of, or too little activity in the anti-nociceptive system to cause:

1. spontaneous pain
 2. hyperalgesia
 3. allodynia
- all because, like in the rat model, the nociceptive neurons are sensitised and respond to non-noxious stimuli.

'Therefore, when this is the same in patients', Prof. Mense concluded, 'we think that this descending dysfunction explains the painful symptoms that fibromyalgia patients experience.'

GP PANEL SESSION

CHRIS BRIAN (CHAIR), JONATHAN EDWARDS, FIONA GARRETT-RYAN, JONATHAN FREEDMAN

In view of the excellent feedback from previous GP forum sessions where a GP panel discussed audience questions in an interactive environment, it was decided that the idea of a breakout session where GPs could sit in a room and chat with their peers about grass-roots problems would be popular. So a panel consisting of Jonathan Edwards, Jonathan Freedman, Fiona Garret-Ryan (a token non-Jonathan!), all experienced GPs, chaired by myself, duly sat in a room while fellow GPs bounced questions around. The panel gave their opinions about each issue raised and some fascinating discussions ensued.

Among topics we discussed were the worrying problem of continued funding of clinics and the onset of Practice Based Commissioning which was seen as both a threat and an opportunity; types of needling, particularly depth and duration and the various problems of integrating acupuncture into our primary care environment including time factors and peer attitudes. Owing to both the quality of a number of competing workshop sessions, and a somewhat worrying decline in the number of BMAS members actually attending the conference, the numbers at each of the two sessions could have been better. Those who did attend were keen that this type of informal forum should be repeated in future. It was most enjoyable to chair and certainly very informative.



From left: Jonathan Freedman, Fiona Garrett-Ryan, Jonathan Edwards and Chairman Chris Brian



The unusual stellar map mural at the entrance to the Ramphal Theatre.

THE SEGMENTAL STRUCTURE OF THE BODY, AN APPRAISAL OF CLASSICAL CHINESE PHENOMENOLOGY AND DESTRUCTION OF ITS THEORETICAL FRAMEWORK. THOMAS OTS

REPORT BY MARION RICHARDSON

Thomas Ots is classically trained in traditional Chinese acupuncture and lectures and consults at the Medical University in Graz, Austria. He is editor of the German Journal of Acupuncture and lectures for the German and Austrian Acupuncture Societies. In addition he has studied medical anthropology and phenomenology and has examined the ways in which the traditional Chinese acupuncture concepts evolved.

Dr Ots spoke about the permanency of Chinese traditions and the reverence given to these traditional beliefs. He noted that while Western medicine has a half-life of about 6 to 8 years, Chinese medicine seems to have no half-life at all! In China it has been more important to note what someone said many hundreds of years ago than to report your research project. He then explored ways in which some of these traditional ideas may have developed.

Traditional Chinese philosophy and culture led to a structured system, which may well have been carried over into acupuncture. The concept of meridians, for example, appear to have developed from the road structure – Jing was the name given to main roads in China and Luo to the minor roads and it seems more than coincidence that these terms are applied to the pathways of acupuncture meridians. The concept of the flow of Qi may also have developed from this idea. The route of the meridians is likely to have developed from a group of learned men discussing the points they used to treat a particular state and, whilst some are clearly based on segmental distribution, others of the tortuous pathways seem to have no apparent logic.

Chinese meridians are based on a combination of physical entities and metaphorical social constructs. So, for example, the stomach meridian refers to a physical entity while the liver and gallbladder meridians, are to do with anger and rage rather than with the physical organs. The Chinese sense of order has made these meridians bilateral but Dr Ots suggested that since the organs are unilateral, this is not necessarily logical.

In recent years, there have been several attempts to reclassify acupuncture points using current knowledge and philosophies and Dr Ots feels it likely that in 10 years or so, there will be a new classification system with little reliance on classical Chinese philosophy.



Thomas Ots

THE MANAGEMENT OF HEADACHE: THE DENTAL/MEDICAL INTERFACE AND ACUPUNCTURE. TOM THAYER

REPORT BY NABIL HAMAMI



Dr Nabil Hamami

I found Tom Thayer's (Chairman of British Dental Acupuncture Society) presentation (Acupuncture in Dentistry) refreshingly memorable, succinct, interactive & replete with practical tips. He tackled the following problem areas:

- 1- The prohibitive gag reflex: eased out with counselling & CV24 (orbicularis oris) stimulation rendering treatment possible with minimum or no sedation. Not infrequently along with that comes the easing out of nausea with PC6 & PC7 stimulation.
- 2- Temporomandibular Dysfunction related disorders: like various headaches (this brings back into focus Dr Gerwin's case of the 23 year old girl with resistant temporal 'flre works' presented earlier in the conference), facial & even cervical pains relieved by attention to the mal adjusted overactive mastication apparatus through the application of an occlusal splint to lessen the impact of nocturnal grinding leading to dental attrition and further TMJ imbalance. Also identification of the trigger points throughout the myofasciitis area targeting them with physiotherapy and acupuncture at any combination of ST5, 6, 7, 8 (mostly bilaterally) +/- BL10, 11, GB20, 21, SI19, LR3, LI 4 & ST36.
- 3- Xerostomia (dry mouth): can be amenable to acupuncture provided that the salivary glands are not completely destroyed by severe Sjogren's syndrome or radiation therapy. Local or remote points (eg ST36) stimulation can enhance the flow of saliva with all its buffering gingivo-dental protective effect (again this brings back into focus Professor Kurosawa's Somato-Autonomic reflexes lecture which was elegantly delivered earlier in the conference, and is reported below).
- 4- Smoking cessation with acupuncture helps in the adequately motivated individuals.
- 5- Oral dyesthesia: whether due to misfitting dentures, anaemia or recurring aphthous stomatitis can be treated with ST6, 7 & 8 stimulation plus an immune system point like LR3.



Tom Thayer

6- Preoperative sedation: acupuncture reduces the pharmacological requirement by an average of 30% with all its concomitant benefits of reducing side effects and cost, in addition to better postoperative recovery; utilising mainly points LI4 +/- GV20 & SI19.

7- Sinusitis & rhinitis: through BL2 & ST3 stimulation.

8- Bell's palsy, trigeminal neuralgia & post herpetic neuralgia: acupuncture complements the pharmacological treatment eg prednisolone plus acyclovir, carbamazepine, pregabalin respectively.

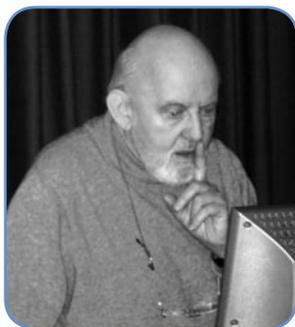
There are approximately 500 acupuncture trained dentists nationally, half of them employ the technique routinely & they tend to be in the southern counties.

There are no formal guidelines for use of acupuncture in dentistry, however, it is used roughly in half of the existing dental schools eg Guy's & Liverpool, although not specifically taught to students as yet, so 'the cup is half full' after all.

MORPHOLOGICAL AND PHYSIOLOGICAL FOUNDATIONS OF ACUPUNCTURE.

CLAUS SCHNORRENBERGER

REPORT BY DIETRICH VON SCHWEINITZ



Claus Schnorrenberger

Dr Schnorrenberger presented evidence from the earliest Chinese documents from ancient times (including the famous Huang Di Nei Jing) of the anatomic and physiologic basis for the basic understanding of their medical theory. This indicates that the majority of contemporary opinion on the precepts of Chinese Medicine is seriously flawed - flawed by the expression of 'Qi' as 'energy' and 'Jing luo' as 'meridians' and the further portrayal of treatment aimed at a metaphysical concept of energy flow corrections in a mysterious non-existent network.

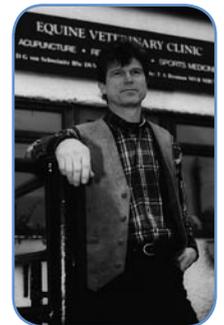
His research demonstrates by analysis of the early Chinese writings and anatomic drawings that they recognised the major organs and the extensive blood vessels that supply the organs. He sited the 10th chapter of the Nei Jing Ling Shu which describes blood vessels with a detectable pulse and those deep to the muscles. The pulse is frequently referred to in the diagnostic procedure and the reference is clearly made linking pulse with blood and Qi circulation. This was based on anatomic dissections.

Contrary to the 2 dimensional concept of an acupuncture point the Chinese term relates to 3 dimensions and denotes a hole communicating from the body surface to a vessel. It is interesting that many important acupoints including the back Shu points are sited over neurovascular bundles perforating from deep to superficial structures. The Bladder 31-34 acupoints are named Ba Liao: Liao translates as holes in bone and the needle sites are clearly organized to locate over the sacral foramina. The Chinese name indicates a deep anatomically important reality while the Western identification of the sites gives them no anatomic meaning.

Dr Schnorrenberger's credentials of having learnt the classical Chinese script while learning Chinese medicine with a background already in medicine allowed him to recognise the common flaws in the Western portrayal of Chinese medicine and the traditional theories of acupuncture practice. Far from appearing to be based on metaphysical parameters with little anatomic reality, ancient Chinese medical theories relating to the practice of acupuncture are very anatomically and physiologically competent. His research also independently agrees with two more sinologists, P U Unschuld (Huang Di Nei Jing Su Wen, Nature, Knowledge, Imagery in an Ancient Chinese Medical Text) and D E Kendall (Dao of Chinese Medicine).

Imagine the implications with the ongoing new legislation being drafted to regulate acupuncture practice! The non-medical schools falsely teach and train lay practitioners an art which fundamentally requires medical competence in anatomy and physiology – and these schools appear to have the political upper hand!

Dietrich von Schweinitz



SUNDAY 26TH MARCH PLENARY SESSIONS

THE INFLUENCE OF ACUPUNCTURE ON THE VISCERA – AN OVERVIEW OF THE BASIC SCIENCE RESEARCH. MIEKO KUROSAWA

REPORT BY LOUISE McELHERON

Following the excesses of the previous night, we were (mostly) all alert and raring to go, with another set of lectures from the world-renowned experts we were lucky enough to have speaking to us.

First to address the delegates was Dr Mieko Kurosawa, professor of physiology at the International University of Health and Welfare in Japan. In 1980 Dr Kurosawa first studied somato-autonomic reflexes under Professor Sato, Tokyo Metropolitan Institute of Gerontology in Japan. She has, since then, collaborated with several eminent colleagues in the field to produce many excellent papers published in well respected journals.

In the hour that followed, we listened to a detailed and informative talk, 'The influence of acupuncture on the visceral – an overview of the basic science research.' We were appraised on four topics relating to the role of somato-autonomic reflexes in gastric motility, adrenal catecholamine secretion, hepatic glucose output and ovarian blood flow, these being some of the areas of Dr Mieko's research. The influence of acupuncture in these areas was also demonstrated and discussed.

We already know that acupuncture has the potential to have an effect on visceral activity but it was gratifying that Dr Kurosawa has scientific research to support our clinical observations. She was also able to support that there can be no significant effect from needling unless there is an intact nervous loop.



Mieko Kurosawa

She established that muscle stimulus has more useful effects than skin stimulus (a point of debate for those of us who advocate superficial stimulation!). Interestingly she also verified (in rats, anyway) that ventral stimulation gives better effect on the viscera than dorsal stimulation at the same segmental level. Finally for treatment with electroacupuncture, low to mid levels of frequency appear to be more useful than high frequency on stimulation of ovarian blood flow (again in rats who are undergoing IVF*).

A CLINICAL OVERVIEW OF ACUPUNCTURE FOR GASTRO INTESTINAL PROBLEMS. RICHARD HUNT.

REPORT BY LOUISE McELHERON

Dr Kurosawa's paper was followed by a well illustrated and interesting talk by Professor Richard Hunt, Professor of Medicine in the McMaster University Medical Centre in Ontario, Canada. Professor Hunt is well recognised in the field of gastroenterology and his special interest is acid related disorders and the pharmacological treatment of gastrointestinal disease. He has shared his knowledge not only in paper, in the form of journals and books, but on TV as well.

There followed a presentation on how there is evidence, mainly in uncontrolled studies, that shows that acupuncture is effective in a wide range of GI disorders and effects the physiology of the GIT including acid secretion, motility, neurohormonal changes and sensory thresholds. It has long been sought after by the Chinese population for treatment of GIT disorders.



Richard Hunt

Professor Hunt discussed how the strongest evidence to date is supporting the use of acupuncture in the treatment of nausea and vomiting, postoperatively, associated with chemotherapy and with pregnancy; an intact nervous system is necessary to facilitate any antiemetic effect.

It has also been shown that acupuncture has effects on gastric peristalsis, the swallowing reflex and dysphasia. Electroacupuncture increases the myo-electrical regularity but the mechanisms are unclear.

A number of studies have demonstrated a reduction in gastric acid secretion in response to electroacupuncture and it is thought that the vagus nerve is the major efferent pathway for the response, the effects blocked by anticholinergic agents or local anaesthetic.

There is no conclusion about the efficacy of acupuncture for the treatment of IBS but treatment does improve general wellbeing and bloating. It is not known if any positive effects are due to placebo response.

Acupuncture has also been shown to reduce stool frequency in chronic diarrhoea leading to improvement of quality of life and may also be helpful in treating constipation in children. Interestingly it has been used for sedation to assist in upper GI endoscopy.

Professor Hunt concluded that acupuncture has become widely used without rigorously proven efficacy and placebo effect has not been ruled out. However, there is a well documented physiological basis for acupuncture effects on the GIT, which make it worthy of further study. This would involve well-designed, powerful, high quality RCTs. However, he finished by stating that while we may not understand entirely how treatment works, we must not discard it out of hand. Nice one, Richard.

* Okay, so the bit about IVF was made up.



PARALLEL WORKSHOP SESSIONS

THE EFFECT OF SOMATIC STIMULATION ON THE VISCERA SCIENCE INTO PRACTICE – RICHARD HUNT AND MIEKO KUROSAWA

REPORT BY DAVID JOHNSON

After a morning review of the basic science research of the effect of somatic stimulation on the viscera and a detailed survey of the literature on the effect of acupuncture on the gastrointestinal tract, this was an opportunity for the audience to participate in a question and answer session with the Professors.

The aim was to hypothesise on how to build the ideas from the basic science into acupuncture practice.

Discussion covered deep versus superficial needling (that is muscle plus skin versus skin only stimulation), best selection of points (whether segmentally on the abdomen or back), and intensity of electroacupuncture. The recurrent obstacle to obtaining conclusions was that the basic work was done on acute somatovisceral reflexes in anaesthetised rats and it was difficult to confidently extrapolate results to humans.

There was discussion about how diet might affect mediators of inflammation in the GI mucosa. Prof Hunt suggested that currently probiotics would offer the most useful treatment.



David Johnson

The topic then moved from the GI tract to bladder dysfunction, using sympathetic and parasympathetic stimulation. Animal studies suggested that abdominal stimulation might be more effective than paraspinal but that left room for Jacqueline Filshie to hypothesise that there could be an additive effect in using both together, as she did in her trial of acupuncture versus oxybutinin for detrusor instability.

It was considered that embryological explanations might be relevant to why ventral needling was more effective than dorsal for the GI tract, since innervation of the endoderm appears to derive almost exclusively from the ventral primary ramus of each segment, as does the soma of the abdomen.

Finally, Prof Hunt stressed that IBS involved the whole gut leading to extended functional problems, probably through neural mechanisms, such as headaches, broncho-constriction, heart rate variability and fibromyalgia. It was postulated that these effects were mediated through sympathetic nerves and the vagus.

In conclusion, there were very esoteric and fascinating discussions leading to tentative hypotheses relating to treatment, but firm conclusions were of course impossible since there is still a vast gap in our knowledge between the basic science of somatovisceral reflexes and clinical data on acupuncture in practice.

ACUPUNCTURE FOR FERTILITY – LISA STENER VICTORIN

REPORT BY MAX FORRESTER

After a very pleasant Conference Dinner on the Saturday night, we settled down to a studious Sunday morning. With not a grey Mullet wig insight, we learnt it is “bad luck” to leave your keys on the table in Sweden!

Lisa started the discussion with the use of acupuncture in anovulation, primary in Polycystic Ovarian Syndrome (PCOS), and later moved on to talk about acupuncture in IVF.



Max Forrester

PCOS is a common disorder affecting 5 to 10% of women of reproductive age. It could be likened to a female “Metabolic Syndrome”. The life long effects of PCOS are well described in the textbooks, but its exact pathophysiology is not fully understood. The action of acupuncture has some similar neurophysiological pathways to physical exercise and this verity was mused upon.

A trial of electroacupuncture (EA) in 2000 (Stener-Victorin et al 2000) showed that 38% had “good effect” 3 months after the last treatment. So what is the mechanism of action of acupuncture in PCOS? Does acupuncture normalise the disturbed activity of the sympathetic nervous system? The main villains of the piece (Obesity, Insulin resistance, Hypertension, Hyperandrogenism and Stress) are all associated with an increase in sympathetic nervous system output. Rat models have been used to support this idea. The evidence for EA affecting ovarian blood flow and sympathetic activity was discussed, particularly in relation to the differences when using high (80 Hz) and low (2 Hz). Repeated low frequency EA seemed to be associated with a decrease in sympathetic output. Rat exercise experiments seem to suggest that exercise normalises ovarian morphology. The rat model of “female metabolic syndrome” is being studied by PhD student Louise Manneras, to evaluate the effects of EA, physical exercise and untreated controls. In humans, PhD students Elizabeth Jedel and Louise Manneras are scrutinising similar parameters to the rat model, in patients with PCOS. We wait with eager anticipation!

We then had a short presentation on acupuncture during IVF. Lisa’s work in this area is well known, but new work was discussed which involved auricular EA, 30 minutes before, during and 1 hour after oocyte aspiration.



Lisa Stener Victorin

There was interested discussion in conclusion, as to whether ventral points would be more effective in gynaecological conditions generally and this mirrored one of the themes of the second day of the conference.

APPLICATIONS OF ACUPUNCTURE, ELECTROACUPUNCTURE AND TENS IN JOINT AND MUSCULOSKELETAL PAIN – PANOS BARLAS

Panos’ seminar dealt with the subject of applications of acupuncture for common musculoskeletal pain conditions. Using examples from the published literature, Panos sought to demonstrate the significance of appropriate stimulation parameters applications for optimal clinical effects. Given the focus of his research work on laboratory investigations of the physiological effects of acupuncture and TENS, as well as his involvement in clinical trials on the effectiveness of acupuncture on arthritic pain, the focus of the workshop did not come as a surprise.



Panos Barlas

During the workshop, Dr. Barlas forcefully challenged the application of acupuncture for anything less than 25 minutes, as well as the shallow/superficial stimulation techniques frequently advocated by teachers of acupuncture when he produced evidence for the necessity to stimulate intramuscularly for activation of reflexes leading to analgesic responses. Additionally, the frequency of treatment was discussed and, published evidence was again produced to demonstrate that a twice-weekly model works better than more sparse applications, at least at the early stages of treatment.

Panos’ style is uncompromising but objective and he refrained from making any statements that were not backed up by published evidence.



Left to right Jane Llewelyn and Dianne Hough

THE BMAS CONFERENCE TEAM

Organising an event for 330 people is no mean task and here is the BMAS conference team who worked so hard at the event and with their colleagues back at Northwich. Congratulations to Jane and Dianne for doing so much to make the conference run smoothly.

TALES FROM THE SURGERY

BY DR CHRIS BRIAN

December to March is always a busy period in the Surgery as we have a high proportion of elderly patients in the Practice and once the cold damp weather blows in from the North Sea, you can hear the sound of creaking joints walking around the waiting room. It is also a very satisfying time for me because lots of these patients have come in for their annual "top up" Acupuncture session to see them through the Winter. Having given them their successful initial course some years ago, they find that a single session (sometimes two) at the start of the season is all most of them need to limit their Arthritic pain until the daffodils arrive again. Some do need a further course of 3 or 4 treatments every five years or so. Quite a few have been coming to me for over 20yrs. What a frightening thought! I am not sure why this ongoing effect is so strong over so many years after the first course of treatment but I am sure there are some theories out there.



Multiply my patients by the number being similarly treated around the Country by all of you and, leaving aside the clinical benefits, the cost savings to the NHS, in terms of saved medication, physiotherapy and secondary referral, must be staggering. Even better when you consider that we manage to accommodate the treatment into our normal working day and do not even charge for the needles! If only our Primary Care Trusts had the wisdom to recognise this and to expand it with proper funding. Little chance of that in the near future with most of them currently pre-occupied with being "exterminated" or "amalgamated" into organisations that, if I were the cynical sort (God forbid!) look suspiciously like pre-PCG Health Authorities!

The advent of Practice –Based Commissioning does seem to offer an optimistic chance of getting more NHS clinic funding but we do need to keep hammering away to show evidence-based cost-savings to potential practices who may wish to commission our services.

Meanwhile, I have taken great delight in observing Mrs Jones and her fellow senior citizens keeping mobile around the town this Winter; still creaking (!) but pain-free. Now, did I check her Cholesterol?

HIGHLIGHTS OF THE CONFERENCE DINNER

There have surely never been quite so many acupuncturists gathered together for an evening's entertainment. Doctors, dentists, nurses, physiotherapists, veterinary surgeons and several other allied health professionals settled down to a four course meal and a lively four piece band.



Some of the ladies from the Association of British Veterinary Acupuncturists adding a touch of glamour to the evening.



It all started quietly enough, but as the evening wore on and guests began to relax...



NEED TO GAIN MORE EXPERIENCE?

If you have recently completed a Foundation Course and lack the opportunity to practice acupuncture regularly, you might like to consider attending a clinic run by Dr Jonathan Freedman in St Albans, Hertfordshire. The clinic is on Thursday afternoons and you can gain hands on experience. Ideally you should be able to commit to a minimum of three months if possible and this will allow you to treat your own patients from start to finish. It will also give you the chance to add to your case book for the Certificate of Basic Competence as well as providing invaluable assistance to Dr Freedman once you have the necessary experience. To find out more, you can e-mail to jonathan.freedman@nhs.net.

ACUPUNCTURE IN THE SCIENCE MUSEUM!

There is a new permanent exhibition on the 5th floor of the Wellcome block of the Science Museum, entitled "The Science and Art of Medicine – Living medical traditions".

The BMAS were approached by the Museum last Summer and asked if any members would be able to contribute a case study about acupuncture to feature in the 'personal stories' section of the exhibition. I stuck my head above the parapet not thinking it could be too complicated or involved...

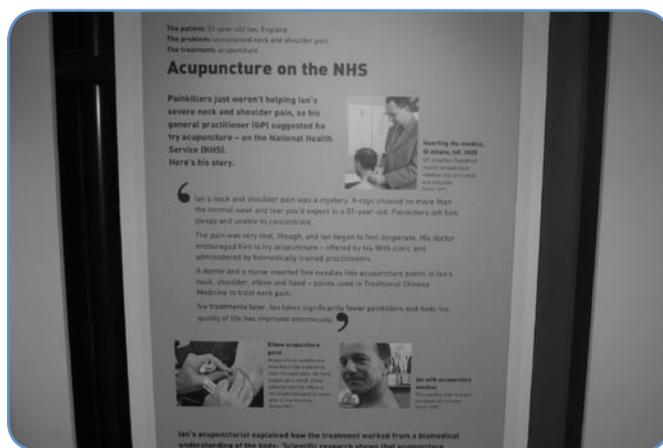
I was working closely at the time with Marion Richardson who had recently attended my clinic in as a post foundation course student and she mentioned a patient who she had taken on with myofascial pain affecting his neck and arm probably secondary to cervical spondylosis and nerve root irritation. He had responded "on the end of the needle" and readily agreed to be our subject. My beautiful photos taken with my 7.2mp ixus were rejected as substandard by the museum who sent their own team to the surgery one clinic afternoon to do the job professionally! I tried to strategically position a photograph of my children in the background of the main shot but sadly for them this has not been included in the final poster! The researcher from the Museum was responsible, with our guidance, for writing the text, with a seriously limited word count. An early draft claimed that we had "absolutely no idea how acupuncture worked" – we quickly refuted that and after several iterations arrived at a mutually agreeable end product.

The exhibition finally opened in March and we went en famille last weekend armed with cameras. I think the final product has worked extremely well and shows Western Medical Acupuncture in a positive light. A selection of needles is displayed along with the BMAS leaflet and my own practice acupuncture leaflet. My partners are prominently thanked (always goes down well!) as are the BMAS, for their assistance.

Of course there is quite a lot else to see – in particular a wonderful 16th century wooden acupuncture model and exhibits about Ayurvedic medicine and homeopathy just to name a few.

There is a huge amount to see and do at the Science museum apart from this exhibition of course and I thoroughly recommend a trip.

Jonathan Freedman



Close up of poster



Marion Richardson and Jonathan Freedman with poster display



Objects of interest on display



Entrance to exhibition and title



Another display including 16th Century wooden model