Presentation Abstracts

Dr Louis Chan

The Laser Acupuncture Hybrid Model: Rapid Clinical Evaluation and Objective Treatment Protocols - Workshop

Integrating traditional meridian theory with modern low-level laser therapy (LLLT) provides a non-invasive, powerful treatment paradigm. While laser acupuncture offers distinct biostimulatory advantages for cellular and neurological modulation, its immediate physiological impacts can be difficult to objectively measure. By pairing the Hybrid Model with targeted Western evaluation tools, clinicians can instantly track neurological and respiratory shifts, validating treatment efficacy in real time and enhancing clinical precision.

This 90-minute interactive workshop equips participants with the skills to apply and measure targeted laser acupuncture protocols. Participants will learn to:
Understand the core biostimulatory mechanisms and cellular responses initiated by laser acupuncture.
Utilise Western diagnostic tools—including Muscle Neuro-Reflex Testing (MNRT), Primitive Reflex Testing, and capnometry—to establish baseline neurological and respiratory function.
Critically evaluate immediate post-treatment changes to verify and refine protocol efficacy.

Workshop Format
Designed for active participant engagement, this accelerated session is structured into three parts:

Mechanisms & Tools: A focused presentation on laser-tissue interactions alongside the clinical rationale for using MNRT, primitive reflex markers, and end-tidal carbon dioxide (ETCO_2) tracking via capnometry.

Live Demonstration: Step-by-step mapping and application of the Hybrid Model on live subjects, showcasing immediate pre- and post-treatment testing sequences.

Interactive Practicum & Peer Review: Participants will work in small groups to practice integrating these Western evaluation tools, observing first hand the immediate physiological shifts triggered by laser application.

Expected Outcomes
Attendees will gain a practical framework to confidently implement laser acupuncture protocols in modern practice. By mastering rapid objective screening tools like MNRT and capnometry, practitioners will be able

to immediately demonstrate tangible, real-time treatment outcomes to their patients, enhancing both diagnostic confidence and patient compliance.

Dr Victoria Choi

Rethinking Cancer Pain: Lessons from Research on Chemotherapy induced peripheral neuropathy

Chemotherapy-induced peripheral neuropathy (CIPN) is a common, dose-limiting adverse effect of agents such as taxanes and platinum compounds, affecting up to 70% of patients receiving neurotoxic chemotherapy. While often considered within the domain of cancer pain, CIPN frequently manifests as predominantly sensory deficits numbness, tingling, and altered sensation rather than classic pain. These symptoms can severely impair function, diminish quality of life, and persist long after chemotherapy completion. Effective treatments remain limited, despite its prevalence and impact and there is a need to broaden supportive care approaches beyond pharmacological options.

This session aims to provide an overview of current approaches to CIPN management at Chris O'Brien Lifehouse, with a particular focus on integrative and multimodal strategies that offer a coordinated, patient-centred approach. Findings from various studies on supportive strategies for CIPN will be highlighted. Results from an early intervention randomised controlled trial of electroacupuncture (EA) will be presented, demonstrating its feasibility, safety, and potential to modulate neuropathic changes during treatment. The session will also cover routine clinical screening for CIPN in everyday practice, preventive strategies such as cryotherapy with frozen gloves, and emerging approaches that combine EA with exercise and conventional medical care. Together, these studies will demonstrate an evolving approach that integrates screening, prevention, and supportive care, and point toward a more comprehensive, patient-centred model for addressing CIPN in cancer care.

Anita Chopra

Abstract to follow

Lori-Ellen (Lorielle) Grant

Adhesive Capsulitis at the Time of Menopause; Approaches to Treatment with Chinese

Background: An estimated 25 million women pass through menopause each year. Menopause is a midlife transition marked by cessation of menstruation and a sustained decline in ovarian oestrogen and progesterone, with wide variation in symptom expression across individuals and cultures. Alongside vasomotor and genitourinary symptoms, many women report musculoskeletal pain, joint stiffness and changes in connective tissue health. Clinically, an increase in adhesive capsulitis (frozen shoulder) is frequently observed during the menopausal transition, yet the condition is often managed as an isolated shoulder disorder rather than within its broader systemic context.

Aim: This lecture presents an integrated clinical approach to menopause-related adhesive capsulitis, drawing on biomedical and Chinese medicine perspectives to inform assessment, diagnosis/pattern differentiation and treatment planning.

Methods: A literature review was undertaken examining menopausal physiology and the potential role of ovarian hormones in joint and pain conditions, including evidence from aromatase inhibitor associated arthralgia and studies of oestrogen supplementation; and the pathophysiology and staging of adhesive capsulitis, including capsular contracture, loss of synovial fluid, and the debated inflammatory and/or fibrotic drivers of disease. These findings are interpreted through Chinese medicine theory and clinical reasoning and integrated with the authors clinical experience.

Results: The review supports a multi-layered model in which menopausal neuroendocrine change may influence collagen turnover, tissue hydration, inflammatory signalling and pain vulnerability, contributing to reduced tissue resilience and repair capacity. From a Chinese medicine perspective, menopause-related presentations commonly involve overlapping patterns with channel obstruction or constraint shaping pain and restriction.

Clinical implications: Practical guidelines are provided for history-taking, red flags, outcome tracking and treatment principles integrating local and distal acupuncture, manual techniques, herbal and lifestyle considerations. Two case studies illustrate application in practice.

Conclusion: Viewing adhesive capsulitis at menopause through an integrated lens may improve clinical reasoning, interprofessional referrals, individualisation of care and patient education.

Shelley Moana Hiha

Abstract to follow

Huanlin Lynn Huang

Can Traditional Chinese medicine survive translation Clinical bilingualism and Meaning

In contemporary healthcare, communicating TCM concepts is far more than a linguistic challenge—it is a deep dialogue across cultural, philosophical, and biomedical paradigms. As practitioners, we often face a dual dilemma: using language that feels overly abstract to outsiders, or over-biomedicalizing our concepts until the subtle clinical meanings are lost. This session explores how we can move beyond rigid literal translation to achieve genuine, meaningful communication. We will discuss developing "clinical bilingualism"—maintaining the integrity of our traditional frameworks while keeping our language accessible for modern patients and interdisciplinary peers.

Join me to explore how we can responsibly bridge the gap between ancient wisdom and contemporary practice.

Pete Larking

Integrative Chinese Neurology: A Practical Approach to Cranial Nerve Assessment and Rehabilitation - Workshop

Cranial nerve dysfunction is frequently encountered in clinical practice and may contribute to a wide range of presentations, including facial pain, headaches, dizziness, visual disturbances, dysphagia, temporomandibular disorders, balance impairment, autonomic dysfunction, and functional neurological disorders. Despite their clinical importance, assessment of the cranial nerves is often overlooked in traditional acupuncture training.

This highly practical three-hour workshop will introduce participants to an integrative framework for assessing and rehabilitating cranial nerve function within the context of Chinese medicine.

The workshop will begin with a practical overview of the twelve cranial nerves, their primary functions, and their clinical relevance for acupuncturists. Participants will learn simple, reliable assessment techniques that can be incorporated into routine clinical examinations to improve diagnostic reasoning and treatment planning.

Building on these assessment skills, the workshop will explore an integrative treatment model combining acupuncture, Applied Tuina Manual Therapy, and Functional Qigong Neurology exercises to support rehabilitation of cranial nerve pathways. Participants will gain an understanding of how movement, sensory stimulation, manual therapy, and acupuncture can be integrated to influence neurological function while remaining consistent with Traditional Chinese Medicine principles.

Throughout the workshop, participants will work in pairs to practise assessment techniques, refine their clinical reasoning, and develop practical treatment strategies through guided demonstrations and supervised hands-on sessions. Emphasis will be placed on translating assessment findings into clinically relevant treatment plans that can be implemented immediately in practice.

By the conclusion of the workshop, participants will have developed greater confidence in recognising common cranial nerve dysfunctions, performing practical neurological assessments, and applying an evidence-informed, integrative Chinese medicine framework to support neurological rehabilitation.

This workshop is designed for practitioners seeking to expand their neurological assessment skills and integrate contemporary functional neurology concepts with the principles and practice of Traditional Chinese Medicine.

Learning Outcomes

By the end of this workshop, participants will be able to:

- Describe the primary functions and clinical relevance of the twelve cranial nerves.
- Perform practical cranial nerve screening assessments suitable for everyday clinical practice.
- Recognise common patterns of cranial nerve dysfunction and incorporate these findings into clinical reasoning.
- Apply an integrative treatment framework combining acupuncture, Applied Tuina Manual Therapy, and Functional Qigong Neurology exercises.
- Develop practical, evidence-informed treatment plans for patients presenting with neurological dysfunction.

Paddy McBride

Following the Father of TCM - the Legacy of Li Shizhen

Earlier this year I travelled to Hubei Qichun – the moxa capital of China – and attended the 2026 Li Shizhen Cultural Festival and International TCM Forum. Qichun is the birthplace of Li Shizhen who is often referred to as the Father of Traditional Chinese Medicine. He lived from 1518 – 1593, during the Ming Dynasty. The Li Shizhen Memorial and Museum is about 40 minutes out of Qichun and houses not only a vast array of preserved medicinal herbs but also his greatest work, the Compendium of Materia Medica (Bencao Gangmu). It took Li Shizhen 27 years to gather the information and to write the Bencao Gangmu, walking many thousands of miles throughout China to gather and study the individual herbs. It took him a further 10 years to fully edit it. The museum is set in parklike surroundings beside a lake, with many Chinese herbs growing in the well-tended gardens. Qichun County, with it's warm, wet, and humid climate, is where the very best artemisia (mugwort, moxa) is grown. All around the district are vast fields of the plant and its cultivation and processing is the mainstay of the local economy. Here in New Zealand most of us are familiar with moxa only as we learned it at school – handheld moxa rolls, rice grain moxa or shaped into cones to burn over specific acupuncture points. In Qichun, moxa is utilised in ways we would never have thought of – in food, incorporated into pillows and blankets to ensure a better night's sleep, even bound into the insoles of shoes to help prevent conditions such as athletes' foot.

In this presentation I shall expand on the life and work of Li Shizhen as well as provide more information about the growing, processing and use of moxa.

Dr Rebecca O'Cleirigh (PhD) & Dr Jeremy Stevens

Beyond Levodopa: Acupuncture, Herbal Medicine, and Expanding Options for Parkinson's Care

Parkinson's disease is the second most common neurodegenerative disease after Alzheimer's, and diagnoses have been increasing rapidly worldwide. In New Zealand, an estimated 14,000 people were living with the disease in 2025, with the number projected to continue rising as the population ages.

Parkinson's disease is a progressive neurodegenerative condition characterised by the loss of dopaminergic neurons in the substantia nigra, resulting in the hallmark motor symptoms of tremor, rigidity, bradykinesia, and postural instability, alongside a range of non-motor symptoms including sleep disturbance, mood changes, and autonomic dysfunction.

Conventional Western management centres on dopamine replacement therapy, most notably levodopa, alongside dopamine agonists and MAO-B inhibitors.

This talk will present an overview of the current Western understanding of the disease and treatments and explore the disease from a Chinese Medicine perspective with treatment approaches and case studies.

Jeremy Stevens will talk about his approaches using acupuncture, and Rebecca O'Cleirigh about her strategies with Chinese Herbal Medicine.

Attendees will leave with a clearer understanding of how acupuncture and Chinese herbal medicine can be considered alongside conventional care, and practical insight into integrating these approaches in clinical practice.

Tram Pham

Duality of Strategy: From Personal Experience to a 100 Case Series on Natural Labour Induction

This longitudinal case series examines the clinical effectiveness and safety of acupuncture as a non-pharmacological intervention for labour induction, while also exploring the development of a collaborative referral model within midwifery and obstetric care. The series includes over 100 natural induction treatments conducted over a four-year period in a high-volume clinical setting in the United States. Originally informed by personal clinical experience, this approach was subsequently refined through high-volume case observation. The clinical approach is based on a dual-factor framework integrating targeted point prescription with increased treatment frequency. Central to this method is a “descending” energetic strategy designed to support physiological readiness for labour, delivered alongside a structured biphasic (AM/PM) treatment protocol within a 24-hour period for patients between 40 and 41 weeks’ gestation.

Outcomes demonstrated a success rate exceeding 80% for spontaneous labour onset within 48 to 72 hours following treatment, with no reported adverse events. These findings indicate that treatment frequency, when combined with a defined descending treatment strategy, plays a significant role in facilitating labour onset and is associated with reduced reliance on medical induction. This case series highlights the clinical value of combining strategic point selection with treatment intensity to achieve consistent outcomes in overdue pregnancies. It also outlines the development of an interdisciplinary referral network with midwives and obstetric providers, positioning acupuncture as a trusted, first-line supportive intervention. Practical implications for clinical application, patient management, and integrative maternity care will be discussed.

Ada Sobieszczuk

The Luo Channels: Liberators of Emotional Expression

“The Primary Channels cannot be seen; one must use the pulse at the wrist to diagnose them. The channels that can be seen are the Luo Channels.” — *Ling Shu*, Chapter 22

Every Primary channel allows for the expression of human emotion. The body uses its own precious Jing to do this, acknowledging that being emotional is written into the very design of the human being. And yet, we do not always express everything we feel in the moment. Sometimes that emotional charge unexpressed can even become a threat to the organs themselves.

Luckily, the Luo channels exist precisely for this. They take the charge - the pathogenic factor - off the Primary channel and store it in the blood. Absolutely miraculous. In doing so, the natural expression of the human being is restored.

Once full, however, the Luo spill to the surface, appearing as spider veins and becoming visible to the practitioner, often alongside other symptomology. Most notably, we may find ourselves readily triggered by events, images, sounds, memories, and people around us - the external world resonating with what is already being held within the Luo itself. The practitioner can often perceive this not only through the visible vessels on the body, but also through the patient’s language, stories, repeated themes, and patterns of emotional reaction.

In this talk we will explore the relationship between the Primary channels and their Luo vessels; how unexpressed emotion is stored in the blood; how to read the visible Luo on the body; how the Luo reveal themselves through language and resonance; and how releasing the Luo point can restore a person’s capacity for the full spectrum of emotional expression - sometimes in a single treatment.

Jean-Paul Staats

Abstract to follow

Alice Peifeng Xian

From treatment centred care to active rehabilitation: Integrating Tai Chi and Qigong as exercise prescriptions in Acupuncture - Workshop

With the increasing prevalence of chronic diseases, healthcare is shifting from disease-centred treatment towards a continuum of care emphasising active rehabilitation, exercise prescription, and patient self-management. In New Zealand, acupuncture practice remains largely focused on in-clinic interventions, with limited structured support for patients after treatment sessions. This may reduce the sustainability of therapeutic benefits and opportunities for long-term health management.

This presentation proposes an Acupuncture continuum of care model, integrating Tai Chi and Qigong as individualised exercise prescriptions within acupuncture practice. The model establishes a continuous rehabilitation pathway consisting of patient education, acupuncture treatment, exercise prescription, home-based practice, and follow-up evaluation. Through this approach, acupuncture care can extend beyond a single treatment session into patients' daily health management, improving treatment adherence, promoting self-management, and supporting sustainable lifestyle changes.

Acupuncture provides an initial therapeutic stimulus, while Tai Chi and Qigong extend this therapeutic window through daily self-practice. Drawing upon principles from integrative medicine, rehabilitation, and exercise prescription, this presentation will explore practical strategies for implementing this model in New Zealand primary acupuncture settings. Disease-specific Tai Chi and Qigong exercise prescriptions will be discussed for common clinical conditions, including hypertension, type 2 diabetes, functional gastrointestinal disorders, anxiety, depression, musculoskeletal pain, and healthy ageing. The presentation will cover patient assessment, exercise selection, training intensity and frequency, home guidance, and follow-up strategies.

This model represents a potential pathway for integrating traditional medicine with modern rehabilitation principles, expanding the role of acupuncture in chronic disease management and primary healthcare. Further clinical research is required to evaluate feasibility, patient acceptance, and long-term outcomes.