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The views and opinions expressed in this newsletter do not necessarily reflect the views of the New Zealand Register of Acupuncturists (NZRA).

While every effort has been made to ensure the accuracy of the information contained in this newsletter, NZRA is not responsible for any omissions, inaccuracies or changes that may have taken place after publication.
First incorporated in 1977, the New Zealand Register of Acupuncturists (NZRA) is the longest established and largest professional body representing acupuncturists in New Zealand. A member of the World Federation of Acupuncture Societies and the World Federation of Chinese Medicine Societies, NZRA also has strong affiliations with acupuncture associations in China, Australia, the United States and Britain.

Members of NZRA have completed the equivalent of 4 years full-time training either in New Zealand or overseas and have been recognised ACC treatment providers since 1990. All members are bound by the NZRA Rules and Ethical Guidelines and are required to complete on-going professional education in order to maintain their Annual Practising Certificate.

New Zealand Register of Acupuncturists
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NZRA Council

President: Paddy McBride
Vice President: Thomas Lin
Treasurer: Peter O’Connell
Secretary: Amanda Teagle

Regional Representatives:
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Midlands: Kim Chenery
Central: Jane Anderson
Southern: Angela Thomas

Office and Support Personnel:

Registrar and Office Manager: Lesley Haiselden
Assistant Registrar: Brandy Yi Ning Zhao
Librarian: Shelley Hickson
Assessment Co-ordinator: Georgia Bryant
AHPAF Representative: Amanda Teagle
WFAS Liaison: Sue Zhihong

NZRA represents members and the Chinese Medicine perspective in dealings with ACC, the Ministry of Health and the general public.

NZRA provides advocacy and professional support for members.

NZRA negotiates competitive insurance rates for members.

NZRA distributes a monthly newsletter to ensure members are kept informed about current issues.

NZRA produces cost effective flyers promoting the use of Acupuncture and Chinese Medicine for display and distribution by members.

NZRA runs courses, seminars and workshops to enable members to achieve their CPD requirements.

NZRA maintains and monitors the website enabling the public to obtain information, easily locate local practitioners and to ask questions about the profession.
President’s Pen

By Paddy McBride – President, New Zealand Register of Acupuncturists

In 1977 when the first small group of Acupuncturists gathered in Auckland to discuss the best way to formalise their roles as keepers of the profession, they little would have thought that 35 years later their legacy would be so far reaching. Although we are still battling some of the very same issues they discussed at that first meeting, our organisation has grown enormously. We have weathered many storms and now stand proudly as a strong and credible professional organisation. We have close to 500 members throughout the country and Acupuncture is so commonly used by so many New Zealanders that our profession is all but accepted as mainstream medicine. We have a great deal to thank those practitioners for. Their foresight has enabled New Zealanders a valuable choice in health care. We still have work to do but the past 35 years are certainly worth celebrating.

We celebrate and acknowledge those who have worked so hard on our behalf – some are members of NZRA, others have helped from outside the organisation. Thank you to Selwyn and Anne Wong Doo for their assistance in providing some of the historical documents we have included in this journal. Tim and Lesley Haiselden are a wealth of information and have certainly gone way beyond the normal realms of duty in supporting our organisation and the profession. It was certainly a moment of great significance to read Tim’s name on the list of New Year’s Honours when they were announced on New Year’s Eve. Tim will have been presented with his honour by the Governor General by the time this is printed – photos will be on the website and in the newsletter!

Our membership is very diverse and many of our members trained overseas. Not only in New Zealand and China, but also Australia, Korea, Japan, the United Kingdom, the United States, Canada and elsewhere. This diversity of membership allows us a wonderful platform to operate from. Our profession may have begun in China but Acupuncture and Chinese Medicine are growing in popularity worldwide. Here in New Zealand we are very fortunate to have such a varied mix of practitioners in our membership. In many countries this is not the case. There can be no doubt that we are stronger because of our cross-cultural ties – they allow us to more easily cross barriers into all aspects of the New Zealand community. Our relationship with the New Zealand Federation of Chinese Medical Science (also known as the NZ Register of TCM Practitioners) is a very valuable one. We greatly value the support, knowledge and experience they provide for us.

We are increasingly reading of the importance of scientific evidence for all the work we do. Several writers address this for us in this issue. Exactly how that scientific evidence should be constructed and viewed is something we have debated long and hard. It is refreshing to know that our colleagues in the Osteopathic and Chiropractic worlds are addressing the same issues and growing relationships with these two professions in particular can only benefit us all. It really is time we stood up and defined what we do on our own terms rather than be dictated to by those outside our professions. Watch this space!

It is important on this occasion of what is essentially our 35th birthday, to also acknowledge all those businesses that have supported us over the years. Our suppliers and sponsors are an essential part of the profession. It is wonderful to see so many of them coming along to our AGM and Conference at the end of June and to welcome several newcomers as well.

Our last Journal focussed on the aftermath of the earthquake in Christchurch. Our members and the general public down there are still facing unimaginable difficulties. NZRA’s presence at the Lantern Festival and more recently at the Heal Christchurch event hopefully made a little difference. Tracey Bourner and the team are still keeping the community clinic in Linwood operational every Wednesday and their efforts are greatly appreciated.

As we know, a 25th anniversary is considered to be silver, a 50th is gold. Along the same tradition, a 35th anniversary is said to be jade. That fits a Chinese Medicine organisation very well – particularly in the Year of the Dragon. Happy 35th everyone - and here’s to many more years of providing for the needs of all New Zealanders!
Minutes of the Inaugural Meeting of the New Zealand Acupuncture Association

September 12 1976
7.00pm
Down Town Health Centre
Queen's Arcade, Auckland

Moved: Mr I Pivac/Mr J Payne

“That we agree to incorporate a Society to be called the New Zealand Acupuncture Association.”

Carried unanimously

Moved: Mr J Payne/Mr K McIver

“That Mr W Wong Doo be elected as President of the Association.”

Carried unanimously

Election of Officers

The following Officers were elected unopposed:

Secretary: Mr K McIver
Treasurer: Mr J Payne
Auditor: Mr S Doo
Executive Officers:
  Miss A Doo
  Miss C J Allman
  Mr K S Chan
  Mr G Wai Poi
  Mr I Pivac

The following points were resolved unanimously:

1. That this Association consists of practising Acupuncturists.
2. That the aims and objects of this Association to be to further the promotion of Acupuncture in New Zealand.
3. That future membership shall be by nomination from a member of the Association at a general meeting and will be granted by a majority vote.
4. That a meeting of the Association shall require the attendance of at least eight members.
5. That Mr Butterworth be approached to draw up the necessary papers for Registration of the Association.
6. That provision be made for the making of additions or alterations to the rules of the Association at any General Meeting.

The minutes of the meeting were read to the members present and the meeting closed at 8.30pm
This Bill gives them the needle

Mr. Wong Doo first heard about them when a patient rang and suggested he listen to a radio to a Parliamentary debate. He says he was dismayed because at Registrar of the New Zealand Register of Acupuncturists he had not been consulted on the Bill. Register secretary Mr. Tom McVee says: “This bill puts an end of business.”

“Acupuncturists as private practitioners will be wiped out.”

Mr. McVee says he has been reached of the Bill’s provisions in the newspaper.

Mr. George Wai-Pai, another well-established Auckland acupuncturist, says the Bill’s provisions are being seized to his advantage. He does not use the advantages of some Chinese, but says he has been able to get a consensus from practicing acupuncturists because they have no national association.

“When first I knew about it I was staggered,” says Mr. Wong Doo, who points out that there are 16 members of the New Zealand Register of Acupuncturists with the Mayberry-Davison and Dr. Myer Robinson, its president. Others are expected to join.

After initial moves to form the Register about a year ago became tangled in red tape, the Register was duly incorporated six weeks ago. Recognized acupuncturists

NO CURE-ALL SO RULES ARE NEEDED

Mr. Dr. Heddleston, who adds:

- The difference between a medical cure and a temporary relief from pain that acupuncture may offer must be recognized.
- There is a question of diagnosis and illness which acupuncture may or may not be recognized.
- The risk of infection developing after acupuncture treatment must be considered.
- Dr. Heddleston says some medical men here are now researching and training in acupuncture and he expects them to be as equally trained as practicing acupuncturists before using the process.
A Little Bit of History – NZRA from 1977 to 2012 – Celebrating 35 Years

Mr William Wong Doo
First President of NZRA

Mr Geoff Wai Poi

Mr Ivan Pivac

Miss Anne Wong Doo

Mr Selwyn Wong Doo

Some of the foundation members of the New Zealand Register of Acupuncturists Inc - 1977

NZRA AGM Tauhara, Taupo May 1990

Standing Left to Right: Maurice Tuckwell, Don Ogle, Tim Haiselden, Adejola Olatungi, Phillip Mettrick, Marianne Caffel, Selwyn Wong Doo, obscured Christine Shakleford, Neil Denyer, Katrina Gascoyne, James McNeill, Marcello Pragier, Shelley Hickson, Daryl Ufton, Susan Roddie, Obscured Geoff Wai Poi, Trevor Pritchard, Martin Greenleaf

Crouching: John Xu, Michael Buist, Jackie Kiddle, Julie Reid, Sue Zhihong Su, Anne Wong Doo
A SucceSSION OF PRESIDENTS
James McNeill, Kevin Plaisted, Martin Greenleaf
Phillip Metrick, Paddy McBride, Tim Haiselden

First NZ Bachelor of Health Science (Acupuncture)
NZ School of Acupuncture and TCM 2010

2001 AGM – Christchurch

2008 AGM – Wellington

New NZRA Office 2007 - Kilbirnie
Graduation ceremony for members of the New Zealand Federation of Chinese Medicine – September 2010

2009 – Helen Young

2011 – Dawn McClay

New Honorary Members – awarded in recognition of service to NZRA

NZRA Council 2011-12

Albert Zhang
Northern Rep

Kim Chenery
Midlands

Jane Anderson
Central

Angela Thomas
Southern

Paddy McBride
President

Thomas Lin
Vice President

Peter O’Connell
Treasurer

Amanda Teagle
Secretary

The New Zealand Register of Acupuncturists Journal – May 2012
It is with sadness we note the passing away on 16 November 2011 of Robert (Bob) Bell, aged 82 years, National Party MP for Gisborne from 1975 to 1984.

Bob Bell was instrumental in helping to squash the Health Amendment Bill of 1977 which had been introduced to outlaw the practice of acupuncture other than when performed by a medical doctor, physiotherapist or dentist.

NZRA foundation member Selwyn Wong Doo remembers his father William Wong Doo providing successful acupuncture treatment for Bob’s wife Anne Bell over that period.

The Waikato Times of 16 Sept 1977 said, “National Party Backbencher, Mr R. L. Bell considered the restrictions are too tough. His wife, badly affected by osteoarthritis, has shown a spectacular improvement after acupuncture treatment in Auckland”.

With the encouragement of her husband, Mrs Bell stood in parliament before the Social Services Select Committee in support of the acupuncturists. What is particularly interesting is that during the weeks prior to the Committee’s deliberations on the proposed legislation Mrs Bell had been instructed by her doctor to look into getting herself a wheelchair to help with the severe limitation in her mobility caused arthritis.

By the time of her appearance before the Committee she was already back playing golf!

Selwyn visited Mrs Bell between Christmas and New Year to express the sympathy of NZRA members. Mrs Bell was able to recall to Selwyn that the original legislation had been put into the hands of the then Minister of Health, Air Commodore Gill, by a physiotherapist from the Hutt Valley, “who was at the time a National candidate for the Hutt Valley and had been to the US to learn acupuncture in about 1977”.

In the event, the Social Services Select Committee decided unanimously that the proposed legislation should not merely be amended but instead be fully struck off. The report of 1977 by Committee Chairman, Mr G P Downie, stated that “the submissions, including those from acupuncturists, had persuaded the Committee that the restrictions would be ‘unduly onerous’ and could have resulted in the reduction of acupuncture services provided by responsible practitioners. The Committee felt that a suitable alternative to the rejected Bill could be found through the provisions of the Medical and Auxilliaries Act 1966. A number of allied health professions, including those of chiropodists, dental technicians and medical radiographers, had already obtained recognition as occupations that could be registered under the Act……The Ministry of Health was asked to facilitate the incorporation of (trained and qualified acupuncturists) under the legislation”.

Bob Bell MP will be sadly missed by Mrs Anne Bell and her extended family. NZRA extends condolences from all of us who today practice or receive the services of acupuncture in New Zealand.
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We look forward to seeing you at the upcoming AGM

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Honorary Members of the New Zealand Register of Acupuncturists

In accordance with the NZRA Rules, any member of NZRA may be nominated to become an Honorary Member. Such membership recognises past service to the profession. Honorary Members must first be approved by the Council before being presented to the membership at the Annual General Meeting. We currently have seven Honorary Members:

Wilhelmus Beetz
Wilhelmus was a founding member of NZRA from 6 June 1977
Member number 9
Honorary membership was granted to Wilhelmus on 8 May 1993

Beng Chun Claude Yee
Beng Chun became a member of NZRA on 17 January 1982
Honorary membership was granted to Beng Chun on 18 April 1993

Geoff Wai Poi
Geoff was a founding member of NZRA from 6 June 1977
Member number 3
Honorary membership was granted to Geoff on 8 May 1994

Julie Reid
Julie became a member of NZRA on 6 December 1987
Honorary Membership was granted to Julie 27 May 2000

Trevor Pritchard
Trevor became a member of the NZRA 24 July 1983.
Honorary Membership was granted to Trevor for his contribution to NZRA in the position of President 1984 to 1989.

Helen Young
Helen became a member of NZRA 18 January 1992
Honorary membership was granted to Helen on 19 June 2009 for her contribution to the NZRA in a number of roles - Wellington Regional Representative 1992 to 2000, Chair of Ethics committee 1992 and work with NZQA Advisory Board.

Dawn McClay
Dawn became a member of NZRA 1 April 1996
Honorary membership was granted to Dawn on 23 June 2011 for her contribution to NZRA in the positions of Central Regional Representative 2002 to 2003, Chief Assessor 2002 to 2008 and Secretary 2003 to 2009
New Years Honour for Tim Haiselden
By James McNeill and Paddy McBride

Former President of the New Zealand Register of Acupuncturists Inc (NZRA), Mr Tim Haiselden has played a key role in the development of the Acupuncture and Traditional Chinese Medicine (TCM) profession in New Zealand for the last twenty seven years. Without a doubt his exceptional leadership and extensive voluntary work deserve special recognition. That recognition came when Tim’s name was included on this year’s New Years Honours list as a Member of the New Zealand Order of Merit for services to acupuncture. This particular honour is awarded for achievement or service to the community, usually in a national role.

After completing his training in both Thailand and England, Tim began practising as an acupuncturist in 1976. He became a member of NZRA in 1983. One of the very earliest fully trained acupuncturists in Wellington, Tim served as President of NZRA from 1989 until 1991. From 1992 until 2007 he continued to serve on the NZRA Council as Chair of the NZRA Statutory Regulation committee. He continues to run a very busy practice in Karori and although less involved at a political level, maintains a keen interest in all that is going on with the profession.

The profession in New Zealand has grown greatly in recent years, largely building on the base of many hours of hard work in those early days by Tim and his partner Lesley. For many years, the NZRA office operated out of Tim and Lesley’s home – weekends and meal times were frequently taken over by NZRA affairs as various Council members stayed as house guests whilst attending NZRA meetings in Wellington.

Tim has played a vital role in many areas of the development of our profession including Statutory Regulation, Accident Compensation Corporation (ACC), and New Zealand Qualifications Authority (NZQA), well as professional development and international relations.

1. Statutory Regulation. The NZRA has long held that statutory regulation of the profession is necessary in order to deliver acupuncture and TCM health services in a safe and efficacious manner for the general public of New Zealand.

As Chair of the Statutory Regulation committee for fifteen years, Tim Haiselden spent many hundreds of hours writing submissions, providing comprehensive detail as to why consumers needed this basic right of protection. In this time he advised successive NZRA Presidents and NZRA Council members on ways to proceed, held meetings with various Ministry of Health officials, lobbied politicians across the spectrum and sought legal advice on behalf of NZRA.

Finally, in July 2007 the Minister of Health, Hon Pete Hodgson approved acupuncture as an “additional profession for inclusion in the scope of the Health Practitioners Competence Assurance Act 2003.” NZRA has subsequently applied to the Minister of Health to have Chinese Medicine (incorporating both acupuncture and Chinese Herbal Medicine) included under the Act, rather than acupuncture alone.

2. ACC: Tim Haiselden’s efforts were successful in enabling members of the public to have acupuncture treatment covered by ACC. In 1990 the title, “acupuncturist” was conferred to members of NZRA in legislation as Treatment Providers under Accident Compensation (Referred Treatment Costs) Regulations 1990/242. In latter years, Tim’s involvement on legal issues on behalf of NZRA was vital in securing continuing access to services provided by fully trained Acupuncturists.

3. NZQA: In June 1991, with Tim’s assistance, the NZRA made the initial application to the New Zealand Qualification Authority for the development of Acupuncture qualifications within its framework. With subsequent changes to legislation a new application was again made in August 1992. From this the Acupuncture Advisory Group was formed and National Diploma of Acupuncture (NDA) was registered by NZQA in 1998.
Tim was further involved when the first Bachelor Degree in Health Science (Acupuncture) was developed in 2008. Tim was invited to be a member of the expert panel convened by NZQA to assess the structure and content of the programme. The first students were accepted to begin on the degree programme in 2009.

4. **International Relations.** On behalf of the NZRA Tim Haiselden established many of the early links with international Acupuncture associations. These links have been maintained and developed to this day. One of those associations was the World Federation of Acupuncture and Moxibustion Societies (WFAS), a non-governmental organisation affiliated to the World Health Organisation. NZRA became a member of WFAS in December 1990. The current NZRA President was elected as Vice President of WFAS in 2009 and another former President is an Executive Committee member of the organisation.

Relations were also established with the American Acupuncture Association of Oriental Medicine (AAAOM), the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in the USA and the State Administration of Traditional Chinese Medicine, Peoples Republic of China. In 1990 Tim accompanied China’s “Living Treasure” Ms Jing Erbin around New Zealand on her lecture tour, promoting Acupuncture and TCM to New Zealanders in hospitals and to the public on behalf of the government of the People’s Republic of China.

With Tim’s help in 1996 a reciprocity agreement was established between the NZRA and the Australian Acupuncture and Chinese Medicine Association (AACMA) allowing transfer of membership across the Tasman. The very strong relationship between NZRA and AACMA continues, with the exchange of guests and speakers to the AGM and Annual Conference of both countries, as well as support on many matters of mutual concern both internationally and specific to each country.

Finally, it should be noted that democratic nature and team structure of the NZRA means that no one member acts in isolation. Many hours of difficult work are undertaken by many people. It is generally agreed, however, that through Tim’s determination and hard work the organisation has been able to continue to grow and develop, thus reaching the outlined milestones. On hearing of his award, Tim reported that he was “over the moon”. He also said that the award was not his alone, but belonged to all those who have worked so hard over the years to bring our profession to where it is today. “It is an endorsement of the acceptance of acupuncture into the mainstream healthcare of New Zealand.”

Tim will receive the award at a ceremony in Wellington in May this year.
NZRA Annual Conference Presenters
Te Papa Tongarewa, Museum of New Zealand 22, 23 and 24 June 2012

Professor Charlie Xue – Melbourne
At the NZRA Conference 2012, Professor Xue will be presenting two papers:

1. Evidence based Chinese medicine research at RMIT: priorities and directions

2. Chinese medicine registration in Victoria, Australia: what we have learnt and their relevance to national registration in 2012

Professor Charlie Xue is Head, School of Health Sciences at RMIT University. In July 2011, he was appointed Inaugural Chair of the Chinese Medicine Board of Australia by the Australian Health Workforce Ministerial Council. At RMIT, Professor Xue is also Director, Traditional and Complementary Medicine Research Program at the Health Innovations Research Institute; Director, World Health Organization (WHO) Collaborating Centre for Traditional Medicine; and Member, WHO Expert Advisory Panel for Traditional Medicine, Geneva. Between 1995 and 2010, Professor Xue was Discipline Head of Chinese Medicine at RMIT University. He graduated from Guangzhou University/College of Chinese Medicine (1987), China with a Bachelor of Medicine degree and subsequently completed his PhD at RMIT University.

Professor Xue’s research has been supported by over AUS$9 million research grants including six project grants from the Australian Government’s National Health & Medical Research Council. He has contributed over 140 publications and has been frequently invited as keynote speakers for numerous national and international conferences. Prof Xue has contributed to approximately 200 media interviews on issues related to complementary medicine education, research, regulation and practice.

Dr Kevin Baker – Wellington.
Constellating the Elements - the 5 Elements as a palpable experience rather than a conceptual understanding. Presentation/Practical

Dr Kevin Baker is an Integrative Health Physician working in General Medical Practice on the Kapiti Coast, having emigrated with his young family from UK in 2010. He trained at Cambridge University & St George's Hospital Medical School London in the 1970s then worked as an A&E Specialist for 9 years before further training in Traditional Chinese Medicine/Acupuncture, General Medical Practice, Psychotherapy &Trauma/Deep Memory Process (Past Life Regression)/Family Constellations Therapies.

Kevin co-authored the “Manual of Acupuncture” with Peter Deadman & Mazin Al Khafaji, published in 1998. In 2011 in NZ he set up the “Staying Alive Health Project” to offer an integrated health perspective for public health educational and empowerment purposes in our time of transition. His particular interest is a genuine mind-body-spirit approach to health.

Piedad Barillas – Christchurch
Hammer-Shen Integrated Pulse Diagnosis Presentation/Practical.

Piedad C. Barillas graduated from The New York College of Health Professions with her Masters in Science and License in Acupuncture (TCM model). She continued her education with 6 years of Post-Graduate study of Five Element Acupuncture and Pulse Diagnosis with Lonny S. Jarrett.

Originally from New York, USA - Piedad has
moved to New Zealand to pioneer an integrated approach to merge evolutionary thought, theory and practice within this medicine. Having established her private practice at The Herb Centre in Christchurch, Piedad plans to embark on privately teaching integrated pulse diagnosis throughout New Zealand.

Debra Betts – Wellington

**Acupuncture use for threatened miscarriage: a survey of practice amongst New Zealand and Australian practitioners. Presentation**

With a background in nursing Debra graduated with a Diploma in Acupuncture from the London College of Acupuncture in 1989. Returning to New Zealand in 1991 she established a private practice specialising in pregnancy and women’s health care. She began specifically developing and teaching acupuncture courses to midwives in 1997. This led to the publication of articles on the subject of the use of acupuncture in obstetric practice in 1999 and the publication of her book *The Essential Guide to Acupuncture in Pregnancy & Childbirth* in 2006, which in 2010 was published in German and is currently being translated into French.

Debra is currently a PhD candidate at the University of Western Sydney, Australia where she is undertaking research into the use of acupuncture and threatened miscarriage. She lectures internationally on the use of obstetric acupuncture.

Dr Jackie Blunt – Christchurch

**A Walk in the Qi Field - Zhineng Qigong**

**Presentation/Practical**

Dr Jackie Blunt is a general practitioner working in Christchurch. She is also a health, well-being, and healing coach who works at a holistic health clinic with acupuncture, osteopathic, naturopathic, and psychology modalities. She is a Fellow of the Royal New Zealand College of General Practitioners, a fully qualified Zhineng Qigong and Ren Xue teacher and therapist, a qualified medical acupuncturist, and has wide experience within many modalities in the health field. As a Health Coach Jackie combines her knowledge of Zhineng Qigong, Ren Xue, Traditional Chinese Medicine, complementary medicine, and over twenty years experience as a family doctor to help people improve their life and health on all levels.

Jackie thoroughly enjoys being part of a multi-disciplinary health team and is very positive about the benefits of Western Medicine and Traditional Chinese Medicine working alongside each other. She has explored many aspects of healing throughout her life and employs that knowledge on a daily basis to help people improve their lives. In particular she has a very good understanding of the principles and practice of working with Qi for healing. She regularly teaches patients and practitioners how to do this for both themselves and their clients.

Ms Judy James – Brisbane. CEO, Australian Acupuncture and Chinese Medicine Association (AACMA)

**Surviving the national registration tsunami – the association and practitioner perspective. Presentation**

Judy James is the CEO of the Australian Acupuncture and Chinese Medicine Association. In addition to primary qualifications in acupuncture, Judy has a BA (majoring in Chinese language and literature) and a Bachelor of Laws (Hons) from the University of Queensland.

As a regular presenter at the NZRA conference, Judy provides invaluable insight into the way our Trans Tasman colleagues are dealing with many of the same issues we face as a profession, particularly around the process of registration of the profession.

Having recently travelled to the various centres throughout Australia to meet with AACMA members and discuss the implications of registration, Judy is very familiar with the ways in which the process is impacting on individual practitioners.
Cosmetic Acupuncture: What the expensive weekend cosmetic acupuncture seminars forgot to tell you. Presentation

Heiko Lade originally graduated with a Diploma of TCM in Sydney in 1984. Upon returning from an internship in China he worked for more than 15 years in the well known Chinese Ginseng and Herb Company in Chinatown, Sydney. He completed a Masters of Health Science (TCM) at the University of Technology, Sydney before moving to New Zealand in 1999. In New Zealand he obtained a Certificate of Adult Teaching and has taught TCM in both Christchurch and Auckland. He currently practises in Napier.

Integration of Online Learning into the BHSci(Acup); What we have learned so far, and paving the way forward. Presentation

John O’Malley PhD – Christchurch. NZ Chiropractic Board

United We Stand – Defining CAM on our Own Terms. Presentation

John graduated Canterbury University in 1980 with a B.Sc. before moving to Melbourne where he attended Phillip Institute of Technology (Now part of RMIT University) and completed his Chiropractic degree in 1986. On graduation John worked for La Trobe University as Head of College for Chisholm College, a residential college (Hall of Residence) of the University. During this time he was a part-time clinical tutor at Phillip Institute of Technology (1989 to 1991) and commenced his Doctoral studies.

In 1994 John returned to Christchurch, working in a group practice specialising in Applied Kinesiology. He worked there for nine years during which time he completed his Ph.D. In October 2003 John opened Alpha Omega Health Care. Between 1999 and 2002 John was also an examiner with the New Zealand Chiropractic Board. John is a member of the New Zealand Chiropractic Board and currently chairs the Board’s Continuing Professional Development subcommittee. John is a regular a guest lecturer at both the University of Canterbury and the New Zealand College of Chiropractic. John is a published chiropractic researcher/academic and regularly gives conference papers.

Kate lectures at the New Zealand School of Acupuncture and TCM in Wellington. She chairs both the Online subcommittee and Research subcommittee at the School. Her teaching spans both practical and theoretical subjects over the 4 year degree. She is the creator and teacher of the online Research papers. Kate also runs a small private practice specialising in the treatment of Mental Health. Her research interests include acupuncture in mental health and integration in primary care.

Kate has BHSc (Acupuncture) and MHSc (TCM), both from the University of Technology, Sydney.

Ethical Practice – Marketing with Soul

Jeff Shearer has been a remedial massage therapist for over 17 years. His practice styles have ranged from a small mobile massage business to operating a multiple-practitioner Chinese Medicine Clinic called ‘Evolve Natural Medicine’.

Through trial and error, Jeff has learnt many valuable lessons about how to achieve better results for clients, build a successful practice and maintain quality of life – achieving it all without sacrificing standards of care.

This experience has inspired Jeff to create ‘Ethical Practice’ (www.EthicalPractice.net), an information-based business designed to assist natural therapists in developing a successful practice with integrity.
Dr David St George – Chief Advisor
Integrative Care, NZ Ministry of Health
New Zealand China Collaboration Over the Development of TCM: The Journey Continues......

David is a graduate of Auckland Medical School. He undertook postgraduate studies in epidemiology and public health at McGill University in Montreal, Canada, and completed training in the medical specialty of public health medicine in the UK where he then worked in National Health Service for around 15 years as a consultant clinical epidemiologist, specializing in hospital clinical quality assurance and supporting clinical research activities.

Alongside his NHS work David was heavily involved in the complementary and alternative medicine sector in the UK. This included helping to set up the Prince of Wales’ Foundation for Integrated Health; assisting with the development of a joint undergraduate degree in Traditional Chinese Medicine between Beijing and Middlesex Universities; chairing the research committee chairman of the Scottish School of Herbal medicine, and working as a visiting professor in complementary medicine at the University of Central Lancashire. He was also a member and then Chair of the British Acupuncture Accreditation Board.

David returned to New Zealand in 2006 and took up the post of Chief Advisor-Integrative Care in the Ministry of Health in 2008. He has recently been given the added responsibility of implementing the new regulatory scheme for natural health products in New Zealand. David has travelled to China a number of times in recent years, meeting with the State Administration of TCM in Beijing to discuss the ongoing relationship between New Zealand and China.

Lucy Schwabe – Wellington
An Introduction to Mindfulness Based Stress Reduction for Acupuncturists.
Presentation/Practical

Lucy Schwabe is a certified acupuncturist, TCM practitioner and Mindfulness Based Stress Reduction (MBSR) trainer with a commitment to holistic healing. She has completed a Bachelor of Health Science and has travelled to China and the USA for postgraduate studies at the Beijing Traditional Chinese Medicine Hospital and the University of Massachusetts Centre for Mindfulness.

Lucy has more than ten years clinical experience successfully incorporating Traditional Chinese Medicine with Mindfulness Based Stress Reduction in her work with individuals and groups. She is working in private practice, offers clinical supervision at the New Zealand School of Acupuncture and facilitates mindfulness programmes in primary health care and workplaces.

Qigong, taijiquan and baguazhang - and their role in promoting health for practitioners and patients. Practical

Walter is a practitioner of Chinese Medicine, and uses Qigong, Acupuncture, Chinese Herbs and massage (Tuina, Shiatsu & Deep Tissue) in his practice, which is located in the Currumbin Valley, Queensland. He graduated from Acupuncture Colleges Australia Brisbane in1986.

Walter is a world class instructor of taijiquan, qigong and baguazhang. He has trained and taught both in Australia and overseas for the past ten years. Walter has co-authored two books on taijiquan and writing several articles on the use of these disciplines for the reduction of stress and symptoms in the treatment of disease.
Shelley Sun – Palmerston North  
How to efficiently use patent herbal formulas to support acupuncture treatments.  
Presentation/Practical

Shelly Sun is a TCM practitioner with more than 25 years of clinical experience in New Zealand and China. She worked for 10 years as a TCM doctor in a public hospital and private clinics in Inner Mongolia, China, where she worked alongside many renowned TCM masters. In 1995, she was invited by one of China’s most prestigious institutes, The Chinese Academy of Chinese Medicines, Xi Yuan, Beijing, to study for her Masters degree in Chinese Herbal Medicines.

Upon completion of her Masters studies in 1996, Shelly immigrated with her husband and son to New Zealand, where she established her own clinic. Shelly has run her own clinic in Palmerston North for the last 15 years. Throughout over 25 years of clinical experiences in China and New Zealand, Shelly has treated many patients for a multitude of health problems. This has deepened her understanding of the applications of TCM in the Western world.

Maurice Tuckwell – Wellington  
Going Beyond the Symptoms. Diagnosis and treatment of Core Dysfunction within the Musculo Skeletal system - a multi disciplinary approach. Presentation/Practical

Maurice holds a Bachelor of Acupuncture and Graduate Diploma of Chinese herbal medicine from the Brisbane College of Traditional Acupuncture and Oriental Medicine as well as a Diploma of Osteopathy from the New Zealand College of Osteopathy. He has also undertaken extensive post graduate study in Cranio-Sacral Osteopathy, Visceral Osteopathy and Craniodontics. Integrating this knowledge has given him a profound understanding of musculo-skeletal-energetic biomechanics and a deep appreciation of body, mind and spirit processes. Maurice has mastered the art of searching for and finding the root causes of a presenting problem which is more often than not far removed from the site of pain or concern. Clinically this approach reduces the number of treatments required and decreases the likelihood of the problem reoccurring.

Gang (Gordon) Zhang – Auckland  
Tui Na Workshop/Practical

Gang (Gordon) Zheng graduated from Beijing Jing Hua Medical University with a Bachelor in Acupuncture and has been in practice since 1988. He majored in Acupuncture, Moxibustion, Orthopedics and Tuina. Before studying for his degree, Gordon worked alongside other practitioners in the Beijing Hospital in China for 10 years from 1973-1983. Gordon immigrated to New Zealand in 1991 and opened his own Chinese medicine clinic, Beijing Chinese Medicine, located on Dominion Road, Auckland in 1992.

With more than 30 years of experience in the field Gordon has an extensive understanding of Acupuncture and Tuina.

We are expecting that we will also have representatives from ACC, one of the political parties and the Chinese Embassy presenting at the conference. At the time of printing these presenters had not yet been confirmed.

NZRA Logo from our first website in the late 1990’s
The Year of the Water Dragon

2012 is the Chinese Year of the Water Dragon. Unlike the other animals of the Chinese zodiac, the Dragon is a mythical creature, and the sign of good luck and vital health. Unlike the frightening Dragons of Western mythology, Chinese Dragons are benevolent creatures who live in the heavens and command the cosmos; wind, mist, rain, thunder and lightning.

The Dragon is the symbol of the Emperor in China. It is a symbol of good fortune and sign of intense power. The Oriental Dragon is regarded as a divine beast - the reverse of the malicious monster that Westerners felt necessary to find and slay. In Eastern philosophy, the Dragon is said to be a deliverer of good fortune and a master of authority. Therefore, those people born in Dragon years are to be honored and respected.

Dragon years, as those born into them, are traditionally: unpredictable, flashy, dramatic and full of life. Water calms the Dragon’s fire. Water Dragons are able to see things from other points of view. They don’t have the need to always be right. Their decisions, if well-researched, are usually better since they allow others to become involved.

Furthermore, under the influence of the Dragon it is a yang year. Yang Water is like a flowing river rather than a stagnant lake. Things will move, ideas flow, creativity abound, economies boom, and love blossom in this environment. It is likely to be an exciting year indeed. Natural disasters and noteworthy, cultural and political developments will be more the norm than the exception.

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The Huang Di Nei Jing, or Inner Classic, provides us with the basic concepts of Chinese Medicine that have developed through clinical practice over nearly 2,000 years to become what is now our modern understanding of this subject. These ideas came about at a time when Chinese philosophy was attempting not only to describe how the universal forces expressed themselves through nature but also how to link the workings of the universe with those of the human body. The resulting theory of ‘unification of the microcosm and macrocosm’ and ‘ascending and descending of yin and yang’ form the two major contributions of this text.

Using the evidence from the Huang Di Nei Jing, this article discusses how these ancient theories can guide us to prevent disease and maintain health.

**The theory of unification**

In the Huang Di Nei Jing (HDNJ) the theory of Unification is concerned with how human beings can improve their response to heaven and earth. The basic thinking of Chinese philosophy reflects this unification, and the text of the HDNJ raises Chinese Medicine for the first time beyond the level of mere experience, to a theoretical framework which encompasses this idea. It recognizes that the qi of heaven and human beings connects through time and space. It clarifies how our body, the microcosm, responds to the macrocosm, uniting with and harmonizing existence in the same universe, as well as interacting one with the other.

These ideas are exemplified in the following extracts from the text:

**Heaven influences man**

*Chapter 79 Ling Shu*  “Man correlates with heaven and earth and corresponds with the shifting of the sun and moon: when the moon is full in the west, the sea is abundant and one’s body will be strong, one’s blood and energy will be lucid.”

Nature explains our body and our body responds to nature. As an example, as our blood is full when moon is full so will our physiology and behavior be affected accordingly.

*Chapter 25 Su Wen*  “Man exists in the form of physical body but he cannot divorce himself from yin and yang: all things come into existence in the world after the combining of energy of heaven and earth. In geography the earth is divided into 9 prefectures, in weather it is divided into four seasons.”

Human life cannot be separated from the qi of heaven and earth. Heaven and earth generate many different influences upon us as human beings. The directions east, north, west and south, and the seasons spring, summer, autumn and winter thus create changes within the human body and mind. The Chinese are quoted as saying “一方水土养一方人”。This means that different places on earth create different tastes, and different tastes accordingly cause changes in the human body. (As we know, different tastes relate to different organs.) In a wider sense it describes how, for example, the vast open spaces of North China create the openness of character of the North Chinese, while the more confined and damp living conditions of the South tend to create smaller people who pay more attention to detail in their dealings with the world.

*Chapter 17 Su Wen*  “…the pulse variations of a man are corresponding to yin and yang, heaven and earth and the 4 seasons.”  “In spring the pulse will mirror nature and become slightly wiry and round (弦); in the summer it will enlarge and become flooding and rapid (数-钩); in autumn the pulse will float to the surface (浮-毛); in the winter it will sink to the interior (沉-石)”

**Heaven and earth intersect through man.**

*Chapter 68 Su Wen*  The yellow emperor asked: “What are the functions of 6 energies?” Qibo said” In reference to heaven, it should search after the dominating 6 energies of cold, heat, dry, wet, wind and fire; in reference to earth it should search after 6 positions of metal, wood, water, ministerial fire, earth and monarch fire. In dominating the seasons, in reference to man it should search after the intersection of the heaven energy and the earth energy.”
The energy of heaven goes up, that of earth goes down. To maintain human life, however, the energy of heaven must descend and the energy of earth must ascend. Thus a good practitioner will ensure that in general the yang (heaven) qi of the patient will descend, while the yin (earth) goes up. If this does not occur then yin and yang will separate and disease will result.

The implications of the theory of the unification of heaven and man in maintaining our health

The following aspects of our behaviour and physiology are discussed below to show how the HDNJ can guide us in maintaining our health.

1. Obeying nature

Chapter 1 Su Wen  Qibo answered” Those who knew the way of keeping good health in ancient times always kept their behaviour in daily life in accordance with nature. They followed the principle of yin and yang and kept in conformity with the art of prophecy based on the interaction of yin and yang. They were able to modulate their daily life in harmony with the way of restoring the essence and vital energy. Thus they could master and practice the way of preserving good health. Their behavior in daily life maintained regular patterns: their food and drink were of fixed quantity; their daily activities were all at regular times. They never overworked. In this way they could maintain both in the body and spirit substantiality, and were able to live to the old age of more than one hundred years.”

Human beings must follow nature: the rule of yin and yang, the change of four seasons and discipline in our daily lifestyles…..if we keep our mind and body unified and harmonized with nature, we have the potential to live over one hundred years.”

2. Obeying the change of the four seasons – growth, development, transfer, gain and storage:

How to live in accordance with the energy of growth and spring: “The period of three months of spring is the time of birth and spreading. Grasses and trees become vivid and all living things in the world flourish with a new dynamic atmosphere. Since man is one of the living things he cannot be excluded. To align oneself with the season one should go to bed when night comes and get up early in the morning. In the morning one should breathe the fresh air while walking in the yard to exercise the tendons and bones, and loosen the hair to make the whole body comfortable in accordance with the spring energy. Since spring is the season of generation one must not impede the faculty of growth. One should help things survive and not kill, donate but not take, reward and not punish – in this way one aligns with spring and preserves health.”

In Spring yang begins – the first shoots come up and the leaves stretch and grow. Heaven and earth want to develop their qi and prosper and thus the qi should be unimpeded. Accordingly, we should stroll freely on the earth, conducting ourselves slowly and gently. We should cultivate happiness and liberate ourselves, even to the extent of loosening the hair (or not putting a bra on tightly). We should eat sprouted grains and get up early to enjoy the sunshine and absorb yang qi. However Yang qi must be absorbed from the right direction. In one case a patient is said to have received the yang from sun and heaven as she was told, but from the wrong direction: she put her face and front torso in the sun by sitting at a window facing the sun. This consumed her yin, and as a result she got headaches from yin deficiency heat. She should have put her back to the sun and nourished the Du Mai with Yang qi.

The same chapter of the Su Wen continues with advice on how to behave in the three remaining seasons, as summarized below:

Summer is the flowering time: heaven and earth have interchanged and so there is fruiting. One should go to bed late (at nightfall) and get up early. This is the time to cultivate happiness. If there is depression this is the time to bask in the sunshine and heal oneself.

In Autumn the heaven qi is urgent. The zhi should be peaceful. One should go to bed early and get up with the roosters. The fruit is ripe and the heaven qi can now withdraw. Just as everything goes downwards now, so the Lung qi descends. Energy should go internally and one should not disperse the shen too much. Running and perspiring will imbalance the yin and yang. Keep the zhi inside and peaceful, and thus harmonize with the energy of Autumn.
In Winter the zhi of this season is in hiding. One should be well clothed and eat protein, although it is good to also eat food like radish to promote the digestion of heavy food. One should go to bed early and get up late. One should not disturb the yang. One should not lose weight or the energy will be depleted in summer.

3. The importance of Yang qi

“There is yang energy in the human body like there is sun in the sky. When the sun is not in its proper position the heaven and earth will become dark and when the yang energy of humans is not in the proper position one will die early. So the unceasing operation of heaven depends on the brightness of the sun and the health of man depends on the clear and floating yang energy which guards against the exterior.”

Yang qi is very important in that it protects our body. Yang carries the jing. Thus if the yang is weak the pores cannot be held closed, the tendons will be stiff, the back will be hunched. In TCM practice one must be careful in cases of xu heat not to use cold herbs which will damage the yang (even if one gets a fast result). It is always necessary to bring the yang to the kidney.

4. Maintaining the balance of yin and yang as the key to health.

Chapter 3 Suwen “The essentials of the communication of yin and yang rest in the denseness of yin and the firmness of yang. If the yin and yang are not in harmony, it is like Autumn without Spring, or Summer without Winter. Under such circumstances all living things will not be able to exist and reproduce according to the law of birth, growth, development, harvest and storage. Since only a sage can harmonize yin and yang in the proper way it is considered to be the standing order of the sage.”

If the yin qi is in the interior the yang qi must be allowed to protect the yin. If there is proper harmony of yin and yang then life is prolonged.

While yang naturally tends to rise up and yin descends, to maintain normal physiological balance in the body the yang qi must descend and the yin rise up, i.e. they must communicate. This is obvious in the communication of the Heart and Kidney, fire and water. However there are exceptions, an example of which is in the case where pathological turbid (damp) yin rises, blocking clear yang from rising to nourish the brain.

Yin and yang also have a left-right alignment in the human body. In women the right pertains to yin and the left to yang, and vice versa for men. This has implications for treatment. For example in treating menopausal hot flushes one could tonify selected points on the yin channels on the yin, or right side, while one would reduce or regulate selected points on the channels of the left side.

5. Maintaining a peaceful shen/mind

Chapter 1 Su Wen “When one is completely free of wishes, ambitions and distracting thoughts, indifferent to fame and gain, true energy will result. When one concentrates the spirit internally and keeps a sound mind, how can illness occur?”

If one cultivates contentment with what one has then the qi is balanced. In addition, the qi should circulate downwards and the blood up. If both rise up through over-excitement then one can faint. Too many ideas can also confuse one spiritually, disturbing the “zhi shen” and the balance of qi and blood. In pregnancy, as long as the Heart shen is quiet the Heart-uterus connection, via the Bao Mai, is regulated, the uterus remains calm and the pregnancy is secured.

6. Grain as the foundation of human life

Chapter 18 Su Wen “The foundation of human life is water and cereals. When they are being severed, the patient will die.”

Although this seems obvious, it is not always applied in modern life. One common and serious problem is that young girls nowadays have a tendency to avoid grains/carbohydrates as they are so concerned with losing weight. Over time their zang-fu are deprived of nutrition, to the point where ovulation and eventually fertility are compromised.

7. Stomach/Spleen: the most important source of post-heaven qi.

Chapter 18 Su Wen “When the stomach qi is absent in the pulse, the patient will also die”.

The Stomach qi should be constantly supported. This means not damaging the yang qi of the
stomach. One should avoid cold, fatty, indigestible food. This is especially true for women over 35 years as the Yang Ming channel declines at this age. Eating fruit for breakfast is harmful for the stomach – it should be eaten after lunch which is a more yang time.

Taking too many nutritional supplements in pill form is like putting small stones in the stomach, in the sense that the stomach is overtaxed in trying to break them down. ‘Wei’ syndrome can result from this, whereby the Stomach is damaged and the muscles are weakened and lack tone, eventually becoming evident in the facial muscles which are slack and drooping. If taking supplements in pill form is necessary then it is sensible to eat food and drink warm water with them, so that the stomach is already active and thus doesn’t have to work so hard at breaking them down.

8. Maintaining a balanced diet in terms of yin and yang

Grains are the most important in the diet, followed by fruit and vegetables and then meat.

Chapter 22 Su Wen “When pathogens are strong the doctor should use medicinal herbs which attack and dispel. When the body is deficient the diet should supplement and fortify. The five grains nourish, the five fruits assist, the five vegetables fulfill (help recuperate).”

At the time of the HDNJ the five grains, rice, wheat, millet, soy beans and lentils were the foundation of the meal, assisted by the five meats - beef, lamb, pork, chicken, dog, the five vegetables – chives, shallots, ageratum, sunflower, onion, and the five fruits - plums, apricots, Chinese dates, chestnuts and peaches.

In summer, yang qi goes to the surface and Stomach yang can get empty, therefore one shouldn’t eat too much cold food such as ice-cream and watermelon. In winter the yang qi goes inward while at the same time people eat a lot of meat and hot food to keep warm. This can create indigestion from too much heat and over-nutrition. We should add something cooling and qi moving in the diet to aid digestion, such as turnip. A balanced food intake is ultimately what will support the post-heaven Jing.

9. Exercise

When the qi is moved by exercising it distributes nutrients to the body, while at rest the qi goes inside to nourish the shen. Thus movement and stillness should be combined. This is a vital point that is often overlooked in the West, with its overemphasis on being active. Activities must also be balanced. Thus if one sits too long the Stomach and Spleen and muscles are weakened, if one stands, the bones are weakened, if one lies down, the qi is weakened. Reading too much damages the Liver. The HDNJ also refers to walking, stretching, meditation and the use of the five sounds as exercise. In the West exercise is often used to disperse qi, whereas it is more beneficial to focus on absorbing the universal qi whilst also moving it in a way which is not dispersing.

10. Sex.

Sexual activity involves the exchange of yin and yang energies. This improves health enormously if practiced properly, by breathing correctly and enjoying the pleasure of the moment, without distractions. Fertility is also enhanced in this way as the cervical mucous is thinned and the vaginal pH corrected when the woman is relaxed, facilitating the easier passage of the sperm.

Too much sex, however, damages the Jing, especially the kind of sex fuelled by alcohol. If one is psychologically not ready for sex, the effect of alcohol/wine, which is quickly absorbed, is to create heat in the Liver and false desire. This in turn depletes the yin and creates a vicious cycle of heat: as heat increases, so desire is also increased. In the time of the HDNJ too much sex with concubines was blamed for exacerbating the situation. In addition the text states severely that if one does not curb one’s activities in this respect then one’s lifespan will be halved.

11. Active prevention of disease.

In the HDNJ this is more important than the treatment of disease. Besides maintaining health by living in harmony with nature, one should actively prevent problems by receiving treatment. The analogy is of the warrior who is prepared and attacks the enemy before it is too late.

Chapter 2 Su Wen “In the old days the sages prevented disease by treating illness before it began…..Treating illness after it has begun is like suppressing revolt after it has broken out. If
someone digs a well when thirsty or forges weapons after becoming engaged in battle, one cannot but ask: Are these actions not too late?”

For example, for Liver problems one should treat the Spleen to avoid the Liver attacking it. One should avoid grief in Autumn, and one should avoid excess anger so that the Liver does not overact on the Lung. The Lung needs moisture – so that it does not get too dry in Autumn one should not use drying medicinals or smoke cigarettes.

To summarize, the ancients followed the Tao and understood the transformation of yin and yang, the breathing exercises and the protection of oneself spiritually. They achieved various levels of advancement which were categorized under four types of human being:

1. **In most ancient times:** “I have heard of people in ancient times, spoken of as the Immortals, who knew the secrets of the universe and held yin and yang, the world, in the palm of their hands. They extracted essence from nature and practiced various disciplines such as Dao-in and Qi gong, and breathing and visualization exercises to integrate the body, mind and spirit. They remained undisturbed and thus attained extraordinary levels of accomplishment.” These perfect immortals were extremely powerful and were able to live beyond ordinary human life expectations.

2. **In middle ancient times:** “Not so long ago there were people known as achieved beings who had true virtue, understood the way of life and were able to adapt to and harmonize with the universe and the seasons. They too were able to keep their mental energy through proper concentration.” These supreme or ‘achieved’ beings were able to transcend time and space and had hearing and vision beyond normal abilities, being able to see and hear over great distances. They were also able to preserve their life spans beyond the normal.

3. “There was the third type of person known as the sage. The sages lived peacefully under heaven on earth, following the rhythms of the planet and the universe.” These people lived simply, unconsumed by emotional extremes or fashions.

4. “A fourth type was the natural people who followed the Tao and were called naturalists. They lived in accordance with the rhythmic patterns of the seasons…They aspired to follow the ways of ancient times, choosing not to lead excessive lifestyles. They, too, lived plainly and enjoyed long life.”

While these beings may no longer be visible in our midst, their description provides us with a welcome counterpoint to the highly charged modern lifestyle which has become our normal way of operating, and which has such a negative impact on our health and environment. We may not achieve the ideals that the sages represented but we can certainly improve our health if we consider the advice that the HDNJ offers us in our daily lives.

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**Jenny Allison** graduated from the Australian College of Acupuncture, Sydney, in 1984 then spent a year in China studying at the Nanjing TCM College and privately with Dr Zhang Ming Jiu. She returned to China for a second time in 1991 to complete a course in paediatrics at the Hangzhou Red Cross Hospital with Dr Hu Pei De.

Jenny has taught at various colleges in Australia and New Zealand and spent some years as an editorial assistant for the Journal of Chinese Medicine, UK. She and Rona Wang have collaborated for many years in writing and giving lectures.

Jenny has been practising in Grey Lynn, Auckland, since 1991. She is committed to her on-going studies, writing and practise.

**Rona Wang** graduated from Beijing University of TCM in 1983. After working in the Gynaecology Department of Guang An Men Hospital, an academy of research and clinical hospital in Beijing, for further training she also worked in Tiantan Hospital in 1989 in the Gynaecology, Obstetrics and Newborn Baby departments.

In 1992 Rona moved to Sydney, Australia and opened her own practice in Glebe. She also lectured at the Sydney College of TCM. She moved to New Zealand in 1998 and opened her clinic in Birkenhead, Auckland and lectured at the New Zealand College of Chinese Medicine. In both Sydney and Auckland her main teaching subject has been Gynaecology. Rona returned to Sydney in 2011 and has established a clinic in Chinatown.
Aspects of the Cultural Personality of Chinese Medicine and the Imperative Focus on the Classics

By Arnaud Versluys, PhD, MD (China), Lac

This article was submitted to the 2011 Pacific Symposium in San Diego, CA. It attempts at unequivocally pointing out that studying the classics is not actually a choice rather than a necessity when being a Chinese medicine practitioner; and that not studying the classics signifies the end of an individual practitioner’s chances for self-improvement. Reprinted with permission.

Chinese Medicine is an ethnical medical system with strong cultural characteristics. As one enters Chinese medical school, the primary task at hand is to assume new ways of thinking and immerse oneself in its different philosophies. Especially for Western students of Chinese medicine, the need to mold one’s mind and measure oneself a new set of values and life principles, is one of the most important undertakings of the aspirant student. This mission of shaping one’s thought patterns in classical style is crucial to allow one to think in ‘old-fashioned’ Chinese ways as it will be the only means to grasp the often challenging analytical thought models developed by the ancient Chinese.

The method for this intellectual training is most often anecdotal instruction about how the ancient Chinese viewed nature at large and human nature specifically, emphasizing models such as yin-yang and five phase theory. In a more medically applied context, these originally non-medical theoretical models are then related to solid and hollow organs and elemental correlations of organs in basic physiology; hand and foot channels and five transport points in acupuncture; hot-cold nature and five flavors in herbs, etc. Thus one learns to think in the same, almost simplistic, fashion as the ancient Chinese people did during the developmental stages of their medicine.

But although this chore is undertaken with great passion in the early years of training, it is often abandoned once in practice. Often, when faced with clinical adversity such as lacking results, or wavering confidence due to an onslaught of external pressures for modernization along with a practitioner’s desire to find validation and self-worth, the old-fashioned ways of thinking fall by the wayside. Rather, comfort starts to be derived from ‘modernity’; value starts to be drawn from ‘innovation’ and confidence is built on the unstable sands of an establishment’s approval. But the guiding theories of yore are the basic confines of our medical system, and the unrelenting trust and perseverance in their continued application, are the compass with which to navigate the choppy waters of clinical reality. Little does one realize that turning one’s back away from the classics in a futile attempt to zoom in on the myriad of eclectic aspects of modern linearly evolving Chinese medicine, is like cutting oneself off from one’s intellectual ancestry and cultural roots. This is a feat that has been most dominant in the current world of Chinese medicine.

Consider the following analogy: time in Chinese culture flows like a river, it starts from a higher elevation and slowly flows down a hill. When in Chinese one speaks of ancient antiquity, one calls it ‘upper antiquity’ shanggu 上古[i], while the ensuing period of the ‘middle-ages’ is aptly referred to as ‘middle antiquity’ zhonggu 中古[ii], and the time of writing of the Huangdi Neijing (circa 0 CE) is referred to as ‘the setting times’ mushi 暮世[iii] or ‘the end of an era’. It is clear that the ancient architects of our medicine consider antiquity to be of higher hierarchical value and as one walks the path of life that transpires with the passing of time, ancient times are always more elevated than oneself.

To further elaborate on the river analogy, when the Chinese people, even today, refer to remembrance of origins, it is often done so by invoking the mental image described by the idiom of ‘when drinking water, remember the source’ yinshui siyuan 飲水思源, which implies that one should never forget one’s roots. As such, when drinking of the thousands of years of Chinese medicine’s intellectual flow, one should always remember the source, if not try to drink the water at the source. Using the Yangtze River yangzi jiang 揚子江 as an example, it is easy to imagine that drinking from it at the source, high up in the Tibetan Himalayas would offer one a more pure and nourishing sip of water, than attempting at ingesting its water at the Shanghai delta.
As time passes and flow progresses, rivers pollute and, in analogy, knowledge adulterates.

As all life relies on sunlight and human life and subsequent biology is defined by the body temperature of the warm-blooded mammals we all are, ancient cultures are steeped in sun-worship. Ancient Chinese culture is no exception. The cosmological orientation of the ancient Chinese is considered to face South[iv], so that light and brightness is in front of oneself, and one can see. As the biological evolution of the human body is the product of adaptation to the external environment’s influences, and since the human being faces the warmth and light of the sun in the South, coming from heaven above oneself, then cosmologically positioned behind this human being is the cold darkness of the Northern direction. This is the reason why from a Chinese medicine ‘embryological’ development’s perspective, the taiyang channels are on the back of the body, arms and legs, to keep one warm against the cold of the North coming from behind and below; while the taiyin channels rule the front to keep one cool and moist and protect from the heat of the South coming from the front and above. The symbolic color of the water element in the North is black, to absorb and contain as much warmth as possible, while the color of the metal in the front is white to reflect away as much heat as possible and preserve fluids. It is also why in Chinese language the ‘back’ of one’s body is called bei 背 which is the ‘flesh/ body-part in the North’. And it is why from the perspective of the Shanghan Lun School, Cold Damage is considered to first invade the foot channels and to start from the bladder taiyang. While in the Wen Bing or Warm Disease School, the disease is considered to first invade the hand channel of the lung taiyin.

Examples of integration of the ancient concept of time with the human’s orientation in life can be derived from the Chinese language’s reference to time in relation to the now. When referring to things in the past, in Chinese it is commonly called things ‘before you’ or even ‘in front of the face’ qianmian 前面; while things to come are called ‘things behind you’ houmian 後面. The past is known to us, but the future is not. Things to come later are also often referred to as things ‘below’ xiamian 下面, which clearly shows how on an elevation plane, older feats are positioned higher up and feats to come are positioned lower down the timeline, which supports the analogy of the river.

This way of integrating the cosmological orientation with the basic concept of time, allows us to realize that the human being walks one’s life unable to see the future, but guided by the past. Since what is in front of you is bright and clear, the eyes are positioned in the front of the head; but what is behind you is dark and unknown, as we do not have any sunlight in the dark and cold North behind us, nor do we have any eyes on the back of our head to even try and peer into that very darkness. The only thing we see clearly is what came before us, in the past. And that what was in the past, is always considered to be hierarchically higher up than that what is to come, since time flows like a river from a higher place to a lower one. The only compass to then navigate the river of life through time is to keep a clear focus on the only illuminated area revealed to humans, which is the wisdom of the past. This wisdom is the only thing to be studied and is the only lesson to function as a guide for walking through life. And so for medicine, the best guide for walking the path of a physician, from lesser and limited knowledge and experience to expansive and vast understanding of theory and practice, is to never lose the focus on the classical origins of the medicine. To focus on things modern and futuristic, for example the modernization and industrialization of Chinese medicine, requires one to turn one’s back to the past and look towards the dark and uncertain future. This not only cuts one off from one’s origins, but it also has no guarantee of success as in the future there is only darkness into which the human eye cannot penetrate deeply.

Examples of this orientation in life are abundant and range from the aforementioned study of medicine to even general concepts of family relations, ethics and filial piety. Older people are called ‘upper generation’ shangbei 上輩 or the ‘generation in front of you’ qianbei 前輩, while the younger generation is called the ‘generation behind you’ houbei 後輩. Also here, one sees that the filial piety a wise person displays is rooted in respect for things older. In practical terms, to continue the family-relation analogy, this does not mean that one cannot critically evaluate what is older than oneself, but it points at never turning one’s back to it, even while critically assessing one’s roots.

Clinically, this concept of respect for antiquity, worship of the sun, etc, translates in the concept of the heart as
the fire element in the South and as the emperor of the body; the use of herbs to support yang and at all times stabilizing and protecting body temperature; the safeguarding of functional movement; the preference to first treat hollow organs over solid organs; as well as academically favoring canonical formulas of the Han dynasty Shanghan Lun and Jingui Yaolue over their more modern counterparts; or preferring five phase-based acupuncture of the Nanjing over medical acupuncture or dry-needling, etc.

In summary, to study and practice an ethnic and culturally defined medicine such as Chinese medicine, one must abide by a certain set of rules which are embedded in the lives and words of the ancient people. To practice Chinese medicine, one must always focus on the root theoretical models of yin yang, five phases, six qi, etc. And these root theories are described with ultimate accuracy and in total purity, in the classics or canons written in Han dynasty. One needs to realize that even if one makes academic soup in Song dynasty, the intellectual water used as the basic ingredient comes from the Han dynasty canons. Everything in Chinese medicine, be it Sui dynasty Zangfu theory, or Song dynasty departmentalization, or Jin Yuan dynasty intellectual endeavor, to ultimately Ming dynasty eclecticism and Qing dynasty modernization, all are rooted in and can be traced back to the writings of the Han dynasty canons. And so for students, it is important to drill and train these basic skills first, while for practitioners it is crucial to surmount clinical obstacles by returning back to the source texts rather trying to peer into an uncertain darkness.

[i] Huangdi Neijing, Suwen, Chapter 1
[ii] Huangdi Neijing, Suwen, Chapter 13
[iii] Ibid.
[iv] Huangdi Neijing, Suwen, Chapter 6

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Reflections on a Movie: What can we learn from the Iron Lady?

By Angela Ning Zhang

I went to see the movie The Iron Lady - Margaret Thatcher's biography, after New Year. When I walked out of the movie theatre, my heart was full of deep sadness.

In the movie we see Margaret Thatcher, one of the most commanding figures of the 20th Century, become a fragile, lonely older lady with an empty life. She suffers from dementia and struggles to finish sentences. She does not know where she lives and even forgets that her husband Denis is dead.

All this information is not new as it was released in a book, published in 2008 by her daughter, Carol Thatcher - A Swim on Part in the Goldfish Bowl: A Memoir. Carol wrote: "Sometimes she can't recall what she had for breakfast."

In my eyes Lady Margaret Thatcher is in a world class of great leaders and a human being but she could also be a patient. I cannot stop asking these questions:

- From a Chinese medical point of view what has happened for dementia patients?
- If Margaret Thatcher was my patient, what would be a suitable treatment plan for her?
- Why is The Iron Lady broken and what life lessons we can learn from her story?

I spent my holiday time finding answers.

From a medical point of view what has happened for dementia patients?

In western medicine dementia means the brain can no longer function as it once did.

In Chinese Medicine the Kidney supports brain function. When the Kidney Qi is deficient, the brain will be affected. If in the long term the Kidney continues to be depleted then the function of the brain cells will deteriorate. The brain will no longer have the resources it needs to repair itself. This in turn may result in dementia and perhaps recurrent strokes.

If Lady Margaret Thatcher was my patient, what treatment plans would I design for her?

Margaret is suffering dementia and has had a series of strokes. The five vital organs are the Heart, Lungs, Spleen, Liver and Kidneys. I know for sure, that this patient must be very tired all the time because these vital organs are all in a very low energy state. The need to restore the whole body energy flow is most important.

The first step of the plan would be to focus on helping the patient to have better sleep and to increase her appetite. Once that has been established there will likely be less need for medication related to sleep and blood circulation. Working together with her GP, she may even be able to stop taking these particular medications altogether.

The next stage of the plan would be to help the body to restore Qi to normalize the function of all the inner organs.

Would it have been possible for Lady Thatcher or anyone who has dementia and has suffered a series of strokes to recover? My answer is YES! It may be a challenge but equally it may be simple. I see hope in the patient. All we do as practitioners is work on Qi (life energy). When the Qi is restored, the body has the power to heal itself.

Why was the Iron Lady broken and what lesson can we learn from her?

Margaret Thatcher was over worked and lacked balance in her life. She was famous for needing little sleep - she would sleep for only about four hours a day. She was often still working at three in the morning. No car can run without a battery and fuel. Margaret had allowed hers to run out. Sleep is the best time to restore Liver and Kidney Qi. Prolonged periods without good rest will ultimately damage the Liver and Kidneys.

In one part of the movie when the Doctor asked her: “How are you feeling?” her reply was “People talk too much of feelings. I am interested in thoughts and ideas that form a principle and take action to be a success.”

Success and work had taken over Margaret Thatcher's life. She didn't even own any casual
clothes for fun. After she retired, for many years she still wore a suit even when she was doing dishes. It is obvious Lady Thatcher was not well connected to her feelings toward her own body and health. Without her noticing, her body energy tank had been running empty and that lead to serious illness. Because of her lack of emotional connection to herself she also lacked emotional connection to others. This included her party members, the British people and her own children.

In 1987, Margaret Thatcher lost a lot of support because of her efforts to bring in a poll tax which was hugely unpopular. This policy led to public protests and caused dissension within her party. Thatcher initially fought to retain her party leadership but she eventually yielded to pressure from party members and announced her intentions to resign on November 22, 1990. From then on her health deteriorated. In 2003 her husband Denis Thatcher died. With his passing she lost her best friend and support. A UK newspaper reported that Margaret Thatcher spent the Christmas of 2011 alone and that her children only visit her occasionally. Margaret Thatcher was gifted with strength and clear direction. Her life was rich with world class achievements, but she is now in poor health and lacks emotional balance.

Lady Margaret Thatcher is a mirror for all of us. We must keep a balance between work and recreation to maintain our wellness. Make connection with ourselves and others. Health, happiness and companionship are more impotent than work. Without health, life can be very empty.

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Clinical experience tells us that what we do works. Yet proof of this effect in a form that will gain public support remains elusive for most Complementary and Alternative Medicine (CAM) professions. This suggests that the way research is conducted does not work for many CAM practices. In this article I posit the idea that the underlying assumptions that form the scaffold on which medical research is built result in methodologies that are incapable of revealing what we know experientially to be true.

We only accept as real that which is possible. This distinction might seem obvious, and as such pointless. Once you go beneath the surface meaning, however, it is clear that how we define the possible has far reaching consequences for both our framing of the world and the methods by which we investigate it; our science.

Science is portrayed in popular media as the method by which we determine facts, and by extrapolation truth. It is afforded an almost unassailable status because of this popular conception.

What is not looked at in this superficial acceptance of science are the underlying assumptions that shape its methods of investigation. There is a flow of logic between what we think the universe is made of (the ontological), what is knowledge or what are deemed facts about that universe (the epistemological) and what method we use to find those facts (the methodological).

The resulting framework is also reflective of history. Many of biomedicine’s successes are based around simple cause and effect relationships. A bacterium causes syphilis and a sulphur drug destroys the bacterium. Two confinable, quantifiable, easily controlled relationships that point the way to a methodology. When this methodology is applied to more complex relationships with equally nuanced treatments it fails to show the true effect because the methodology starts with assumptions about the causes of illness and impacts of treatment that do not apply to complex functional conditions.

Functional illnesses are usually caused by the person being placed under greater demand than there is capacity. Chronic stress of whatever origin is often the cause, yet when we investigate the impact of CAM on functional illness symptoms, we don’t just let the practitioner get on with it and record outcomes. Instead we ape the clinical trials of the biomedical model, breaking treatments down to individual components, attempting to look for effects at this disintegrated level.

This is largely due to the popular conception that healing is about biochemical steps working to a teleological end of good health. The biochemical is not the modern (now over 100 years old) biochemistry of the quantum universe but the billiard ball atom universe of two millennia ago. Within this conception of reality there is no possibility of testing for the qi of acupuncture, or the influence of the innate intelligence of chiropractic, or the homeopathic axiom that like cures like as they are impossible options within this universe; one which we know to be based on false ontological assumptions.

Yet medicine remains the dominant paradigm. Why? There is a significant residue of functional use in this model of the universe which is why it is able to keep its status as the arbiter of fact even though it must be, by any philosophical standard, relegated to the status of heuristic device.

A heuristic device is a useful way of looking at things even though we know it to be false. Examples of heuristic devices are: sunrise and sunset (in fact the earth rotates on its axis creating the diurnal rhythm); the earth is flat (the earth is almost a sphere with a gravitational pull to the centre giving the sensation that we “stand on it” rather than are “attracted to it”).

As long as we accept that these are just heuristic devices and treat them accordingly they are both useful and safe. It is when they are granted epistemic privilege that errors of philosophy occur. It is from this position of privilege that biomedicine assails other possible ontological explanations doing violence to other ways of thinking. This particular emphasis on the role of “science” as the arbiter of truth is called positivism and the consequences of uncritically adopting it are far reaching.

Anthony Giddens (1982) identifies three levels at which the assumptions of positivism, as a result of grounding in rationalist philosophy, impact on knowledge.

First, Giddens discusses positivism as a logical framework (i.e. at the level of what is permissible as knowledge). On this basis, only those things that can be subject to scientific testing have the possibility of being admitted to the formal body of
knowledge. Further, only possibilities permissible under a materialist ontological framework will be considered.

Secondly, Giddens critiques the impact of positivism at the level of method (i.e., how knowledge is acquired and validated). Positivistic health science understands the body by means of dissection (atomisation) and the abstract reconstruction of component parts into systems. When investigating treatments biomedicine breaks them down to component parts rather than looking at the impact of the whole.

Thirdly, Giddens claims that positivism can be seen to impact at the level of content (i.e., that which is declared to be knowledge). The aetiology of disease is seen as fundamentally material, reinforcing the Rationalists’ ontology of a Newtonian mechanical universe.

The aforementioned process largely ignores the role of the mind and fails to acknowledge the part played by the person and their life-world. It is not just that this view of the body is incorrect, but rather that it is extremely limiting and, as such, distorting as an overall conceptual framework. Social relations, stress, power or powerlessness, and the patient's self-understanding became irrelevant.

Healing arts such as acupuncture, chiropractic and homeopathy, if they have any effect at all, must be explicable within the logical framework of biomedicine.

Given the limiting assumptions behind biomedical science how might one explore health, and healing? What type of methodology then can we use to evaluate treatments?

A plurality of ontology requires that we accept that healing may be something that is instrumental, in the positivist sense, or something else. Any methodology must include the possibility of a Newtonian universe, but also allow for other possibilities.

We need to establish a method that utilises the minimum of preconditions. Given that the first part of knowing is observation, the phenomenological is left as the logical position from which we generate the questions that are the rightful subject of a new scientific investigation of health. To accommodate the many faces of CAM we need to ensure we don’t in our own time adopted a paternal stance like biomedicine. What we need must have as a prerequisite, an open epistemology based on as plurality of possible realities.

This changes the benchmark or gold standard from the blinded trial to the raw outcome study. While this may utilise a number of instruments, the underlying principle is that the result of a treatment, however it is measured, is the basis for determining what is the best approach for healing.

If we adopt this approach we run the risk of being successful and as such threatening to the primacy of biomedicine. Thomas Kuhn (1962) suggests that practitioners of a science have an attachment to the dominant paradigm and it is only when that dominant paradigm is shown to be fatally flawed that there is a search for a new way of thinking. It is our role to find the proof that our healing arts are capable of producing better results than those who would act as gatekeepers. It is through reframing the issue of proof in the context of a radical empiricism that I believe we can do this.

I look forward to exploring possibilities with you at the upcoming NZRA conference.


Thomas Kuhn (1962), the philosopher of science outlines the route to scientific discovery in his book The Structure of Scientific Revolutions.

John O’Malley is a member of the New Zealand Chiropractic Board and currently chairs the Board’s Continuing Professional Development subcommittee. John is a regular guest lecturer at both the University of Canterbury and the New Zealand College of Chiropractic. He is a published chiropractic researcher/academic and regularly gives conference papers. John runs a very busy chiropractic practice in Christchurch.
Real Acupuncture or Real World Acupuncture?
Deciphering Acupuncture Studies in the News

By Matthew Bauer, Lac


Recent studies have concluded that acupuncture is no more effective than various forms of sham or placebo acupuncture, and these conclusions have been reported in the media and used by skeptics to discredit acupuncture.

The Oriental medical (OM) community's response to these reports has been ineffective, perhaps counterproductive. These studies, and the resulting media coverage, can serve as a wake-up call to the OM community, alerting us that we need to be more proactive in our public education efforts and rethink some long-held beliefs regarding the efficacy of traditional theories.

In the News

In the last few years, several studies sought to measure the effectiveness of acupuncture in treating common conditions. The findings of these studies were widely reported within the media. The good news for the Oriental medicine (OM) profession is that these studies found that acupuncture was not only effective, but often more effective than conventional therapies. The bad news is that these studies also found that traditional acupuncture techniques - based on the point/channel theories taught in OM schools - were no more effective than what is termed "sham" or "placebo" acupuncture.

The most recent of these studies, published in the May 11, 2009 issue of the Archives of Internal Medicine and sometimes referred to as the "Seattle" study, built on other recent studies and is a good example of current acupuncture research. One of the conclusions this study's authors reached is particularly striking:

"Collectively, these recent trials provide strong and consistent evidence that real acupuncture needling using the Chinese Meridian system is not more effective for chronic low back pain than various purported forms of sham acupuncture."

As someone who has treated thousands of people with chronic low back pain using the Chinese meridian system, my first reaction to this statement was to feel the researchers were mistaken. But, I also respect scientific research and feel it would be a great mistake for those of us in the OM profession to criticize these studies just because they tell us something we don't want to hear, without looking critically at both the studies and our own beliefs.

Real Vs. Real World

The only evidence these studies actually provide is that so-called "real" acupuncture is not more effective than sham acupuncture in a controlled, clinical trial environment. I believe this detail is of critical importance. But, before I explain why this detail is of such importance, I want to critique the response to these studies from within the OM profession.

Up to this point, the sparse response from the OM field to these studies has been limited to pointing out that there are many acupuncture points including hundreds of extra points, so "sham" acupuncture is still hitting acupuncture points. Regarding studies that use "placebo" techniques in which acupuncture is simulated with the skin unbroken, some acupuncturists have pointed to tapping techniques, common in Japanese acupuncture, that never pierce the skin. While there is some merit to these arguments, they ignore the greater problem with these studies and make the OM profession sound to the public like we are grasping at straws and making excuses. If researchers can't help but hit useful points no matter how hard they try to avoid them, why should anyone bother seeking treatment from people trained in the complex traditional theories that stress diagnosing qi imbalances to identify the best point prescriptions?

The primary problem with these studies is not that researchers inadvertently performed real acupuncture when they attempted to do sham or placebo acupuncture, but that the real acupuncture seriously underperformed. Most of these studies show the real acupuncture groups to be somewhere in the 45-60% effective range. Only 45-60%? If I was only getting 45-60% positive effect for my patients, I would never have been able to build my practice and support my family for the last 23 years. Ask any clinically successful acupuncturist, and they will tell you for common pain problems...
like low back pain, the average range of effectiveness is somewhere between 75-85%.

Obviously, something about the design of these studies does not capture what happens in the real world when using acupuncture to treat these conditions. Unfortunately, we don't have enough studies that reflect what happens in the real world because most of the money for research has gone to the "controlled" studies using sham and placebo controls, and the type of patient contact that happens in real world treatment is not allowed. None of these recent studies allowed the acupuncturist who did the needling to consult with the patient and choose points and techniques.

In most of these studies, a set of points were prescribed and used repeatedly regardless of the patient's progress, or lack thereof. The Seattle study was the only study that attempted to mimic actual practice by having a diagnostic acupuncturist see one group of patients before each treatment. This diagnostician chose the points to be used based on traditional diagnostic rationale, but then these points were passed along to the treating acupuncturist who did the actual needling.

**Qi Interaction**

Will it affect the outcome if the acupuncturist who inserts the needles is not allowed to interact with the patient and choose what points and techniques to use? It shouldn't matter, if acupuncture only stimulates specific nerve endings, causing mechanical neuro-chemical responses within the body. But, if acupuncture actually works by manipulating qi, as its founders and supporters have claimed for more than 2,000 years, then there is good reason to believe that the qi dynamic between the acupuncturist and the patient is an important factor that must be considered.

The first day I interned in the private practice of my school's clinic director, he asked me to take charge of treating a very difficult case. When I balked and said I thought I was too inexperienced to manage such a difficult case, my teacher told me that my sincere enthusiasm created a positive attitude, and that belief influences the effects of the points.

Skeptics have long contended that acupuncture only works if the patient believes in it (ignoring the effects of veterinary acupuncture or animal studies), but it may be more important that acupuncturists believe in what they are doing. The best practitioners with the highest success rates put everything they have into every treatment - into every needle or patient contact. We choose points and techniques because we believe they are very best for our patients, and that belief influences the effects of the points. Any acupuncturist who puts needles in a patient not believing it to be the very best can do is inserting those needles with less than optimal qi.

Unlike administering drugs or performing surgery, which manipulates the body in a more mechanical fashion, influencing qi dynamics is more dependent on subtle factors, including the qi of the one doing the manipulating. This may sound like what skeptics call "woo-woo" - irrational, new age mysticism — but it is a key part of acupuncture's traditional foundation and deserves consideration. Before jumping to conclusions about traditional concepts, we should encourage studies using acupuncture in a way that reflects what takes place in the real world. Let's study what happens to patients when treated in actual clinic conditions with no blinding or controls, in which the acupuncturist does whatever their years of training and experience leads them to believe is the best they can do for each patient. Don't limit them in their techniques and communication with the patient, because such limits are not imposed in real world practice. And don't refer to acupuncture being done under research constrained controls as "real" acupuncture, because it does not resemble the manner in which acupuncture is done in actual practice.

These studies point to sobering realities the OM profession needs to face. We cannot ignore the fact that in study after study in which researchers stimulated points in a manner that seemed incompatible with traditional Chinese medicine protocols, a respectable percentage of test subjects experienced significant improvement. So while it may be fact that the best trained and most experienced acupuncturists will obtain 75-85% effectiveness rates for their patients, it may also be a fact that poking some needles virtually anywhere will get 40%-50%, sometimes even 60% effectiveness. (See sidebar.) If that is the case, then the value of comprehensive traditional training and research is crucial.
years of experience may be in getting that extra 20-30% of successful outcomes.

I am not surprised that poking needles anywhere can help a decent percentage of pain-related cases because I believe any acupuncture stimulates the body to produce anti-trauma chemistry such as pain modifiers and anti-inflammatory compounds. That is why I was never strongly opposed to other health care professionals being able to legally do some acupuncture. I have long felt that rather than fighting to prevent other health care professionals from having the right to perform acupuncture, the OM profession should be trying to educate these other professions that the more comprehensive training allows for that additional 20-30% effectiveness. In a spirit of mutual respect, we could encourage other health care professionals to refer their more difficult cases to us. This suggestion may not be welcomed by some, but the OM profession must be open to evolve with the times.

Regardless of how we approach the issue of other health care professionals using acupuncture in their practices, the recent studies and media reporting of their findings should make one thing very clear: The OM profession needs to be much more proactive both in encouraging research that better reflects real-world acupuncture and in educating the public and media about OM and the OM profession. The OM profession has never mounted a comprehensive, multi-year, public education campaign. We have never seen fit to make such a campaign a priority. For too many years, our profession has acted as if all we have to do is raise education standards and do the good work of helping people and the rest would take care of itself. The conclusions of these studies and the media reports that followed should be making it clear that this is not the case.

Conclusion

If it were true that getting successful results does not depend on where one puts the needles, then every first-year acupuncture intern would get the same results as their most experienced teachers, which is not the case. While it seems to be true that having positive qi can make up for lack of experience, almost any acupuncturist will tell you that they get better results with experience. After training and licensure, acupuncturists typically spend the next several years of their careers learning more techniques and theories to add to their arsenal. Why do we do this? Because we learn that sometimes your Plan A or Plan B does not get results, so you better have a Plan C, D, and E as back-up if you want to get the highest degree of success. If it did not matter where you put the needles, no one would bother to keep learning additional techniques and the robust continuing education offerings out there would cease to exist.

We OM professionals, who work our tails off helping our patients, know how valuable our services are and we know that points do matter. We are buoyed by the gratitude of our patients, even as they tell us how they wished they had known about OM sooner and wonder why more people don't take advantage of this safe healing resource. We don't have to manipulate the facts to educate the public, media, and policymakers about what we have to offer, but we do have to guard against allowing the facts to be manipulated against us. There are acupuncture researchers who have a greater grasp of the subtle dynamics of clinical acupuncture, including the Society for Acupuncture Research, and the OM profession should do more to familiarize ourselves with their work and to encourage that the real-world effects of OM is given its just due.

References


About the Studies

The two main trials referenced in this article are the German Acupuncture Trials (GERAC) for chronic low back pain and that carried out in both the Center for Health Studies, Seattle, Wash. and the Division of Research, Northern California Kaiser Permanente, Oakland, Calif. that is sometimes called the "Seattle Study."

In the German trials, 1,162 patients were randomized into groups receiving "real" acupuncture, "sham" acupuncture, or conventional therapy. Participants underwent 10 30-minute sessions usually at 2 treatments a week for 5 weeks. An additional five treatments were offered to those who had partial response to treatment. The "real" acupuncture groups were needled at points traditionally believed to be beneficial for lower back pain while the sham acupuncture involved superficial needling at non-traditional points. At 6 months, positive response rate was 47.6% in the real acupuncture group, 44.2% in the sham acupuncture group, and 27.4% in the conventional therapy group.

In the Seattle study, 638 adults with uncomplicated low back pain of 3-12 months duration were randomized into four groups: individualized acupuncture, standardized acupuncture, simulated acupuncture, and conventional care. In the individualized acupuncture groups, a "diagnostic acupuncturist" considered the patient's progress and prescribed points according to traditional theory. The prescribed points were then needled by the treating acupuncturist. The standardized group employed a set of points traditionally considered helpful in treating low back pain that were used throughout the treatment series. The simulated group had the same points as used in the standardized group but toothpicks were used to simulate the feeling of acupuncture. The treatments were done using back points so subjects could not see the needles. Treatments in the first three groups were done by experienced acupuncturists and consisted of two treatments a week for three weeks then once a week for four weeks.

At eight weeks, mean dysfunction scores for the first three groups were 4.5, 4.5, and 4.4 points compared to 2.1 points for conventional care. Symptoms improved by 1.6 to 1.9 points in the first three groups and 0.7 in the conventional care group.

While I emphasize the need to distinguish what both of these studies refer to as "real" acupuncture from that which is practiced in the real world of clinical acupuncture settings, the Seattle Study did make note that its design had limitations, including restricting treatment to a single component of TCM (needling), pre-specification of the number and duration of treatment, and limited communication between the patient and acupuncturist. While I applaud this study's authors for mentioning these limitations, the conclusions they reached regarding the "strong and consistent evidence" that real acupuncture is not more effective than sham acupuncture indicate they did not consider these limitations too significant.

Matthew Bauer began studying Taoist spirituality, philosophy and folk history with a 74th-generation Taoist master in 1978, began his private Chinese medical practice in 1986, and has written frequent articles on Chinese medicine for both public and professional publications. He spent more than 10 years researching subjects such as archeology, astronomy, and written and folk history in an effort to develop theories about the early roots of Chinese medicine. He recently published a book, The Healing Power of Acupressure and Acupuncture: A Complete Guide to Timeless Traditions and Modern Practice, which explores these theories and serves as a general public primer on Chinese medicine. Matthew runs his practice in La Verne California. More information can be found at www.matthewdbauer.com
By Kim Chenery

Acupuncture is an ancient Chinese form of Traditional Medicine which has been used in China for over 3000 years. It is practised and its effectiveness is now accepted in many countries around the world including New Zealand.

Rigorous scientific research has confirmed that Acupuncture promotes the production of natural healing substances to relieve pain and relax muscles. It helps to regulate nerve transmission, enhance the immune system, regulate hormones and blood flow, helps release natural anti-inflammatory substances and elevates mood. Acupuncture aims at treating not only the illness but also the original imbalance in the body, thereby improving health and well-being overall.

Acupuncture is a growing therapy throughout the Western world and is being requested by more and more New Zealanders each year. A 2006 study showed that 79% of general practitioners who responded to a survey would refer their patients for acupuncture treatment. It is a broad therapy that is used to treat a vast range of illnesses and conditions from general nerve and muscular pain to digestive disorders, skin conditions, headaches and infertility. The World Health Organisation publishes an extensive list of conditions which may be successfully treated using Acupuncture.

Therapists of all kinds are learning and integrating it into their practices. It is now common to find GPs, Physiotherapists, Chiropractors, Osteopaths and recently Midwives integrating Acupuncture into their clinics. Some have completed comprehensive courses that meet international standards but others have only undertaken short weekend courses with minimal training.

In New Zealand Acupuncture is currently an unregulated profession and practitioners are not recognised under the Health Practitioners Competence Assurance Act (2003). Although there are voluntary professional organisations practitioners can belong to, with various entry requirements, there is no law preventing anyone from calling themselves an Acupuncturist and claiming to know how to perform Acupuncture.

The largest professional body representing Acupuncturists in New Zealand is the New Zealand Register of Acupuncturists (NZRA). First established in 1977, NZRA is a member of the World Federation of Acupuncture Societies (WFAS) and the World Federation of Chinese Medicine Societies (WFCMS). It also has strong professional links with Acupuncture associations around the world in China, Australia, USA and Britain.

NZRA has strict entry requirements. Members must have completed the equivalent of four years full-time training either in New Zealand or overseas. Practitioners who have gained their qualification overseas must sit and pass an NZRA entry examination including an assessment of clinical competence. Members must adhere to the NZRA rules and Ethical Guidelines and complete annual professional development education to maintain membership. NZRA does not recognise graduates from short courses or courses offered by correspondence and distance learning.

New Zealand’s accident compensation scheme came into operation on 1 April 1974. The Accident Compensation Corporation (ACC) provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand. The scheme is based on an insurance model that provided cover for all, regardless of fault or cause of injury. The model was recommended by a Royal Commission in its report, known as the Woodhouse Report, having been written by Mr Justice Woodhouse, now the Right Honourable Sir Owen Woodhouse. The five guiding principles of the Woodhouse Report can be summarised as:

1. Community responsibility
2. Comprehensive entitlement
3. Complete rehabilitation
4. Real compensation
5. Administrative efficiency.

ACC has recognised members of NZRA as Treatment Providers since 1990.

ACC manages around 1.6 million injury claims each year and collects as much information about those injuries as possible. Injury statistics are a vital tool for injury prevention. They help in the analysis of claim trends, identification of priority target areas, and the development of programmes to reduce the number and cost of
injuries to New Zealanders. ACC also use injury statistics to gauge the effectiveness of injury prevention programs. ACC relies on information provided in the ACC Injury Claim Form, (ACC45) which is filled out by the injured party when presenting for treatment so all statistics are approximate.

**Treatment Injury**

A Treatment Injury is an injury caused as a result of seeking or receiving treatment from a registered health professional. ACC defines 'registered health professional' to mean a chiropractor, clinical dental technician, dental technician, dentist, medical laboratory technologist, medical practitioner (doctor, surgeon, anaesthetist etc), medical radiation technologist, midwife, nurse, occupational therapist, optometrist, pharmacist, physiotherapist, or podiatrist.

Whilst recognised as being registered providers under the Accident Compensation Act 2001 Acupuncturists and Osteopaths are not included within the definition of registered health professionals. The events occurring during care provided by these two professions fall outside of Treatment Injury under ACC legislation. This means that in this data set there can be no actual Treatment Injuries lodged against Acupuncture or Osteopathy Treatment Providers.

There are injury claims that have been lodged due to injuries sustained during an Acupuncture treatment. Some have been lodged against Registered Health Providers and therefore are classed as Treatment Injuries. Others could have been provided by Acupuncturists, Osteopaths or unqualified and unregulated lay people but it is not possible to establish as these details are not necessarily provided during a claim lodgement. These are not classified as Treatment Injuries but are included under ACCs broader scope as an injury.

**Method of data collection**

Two requests for information were made by the author to the ACC Treatment Injury Reporting Team regarding Treatment Injuries.

The first was for all Treatment Injuries lodged for the four provider groups, (Acupuncturists, Chiropractors, Physiotherapists and doctors in General Practice) in this study from 1 January 2006 to 31 December 2010.

The second was for all Acupuncture related injuries claimed from 1 January 2006 to 31 December 2010. These were where the claimant had described the mechanism of injury as being from receiving Acupuncture Treatment, regardless of who provided the treatment.

**Results**

From 1 January 2006 to 31 December 2010, 36,044 claims were lodged as a Treatment Injury. 22,123 claims were accepted. 6,285 (17%) related to care provided by practitioners within the specified groups providing Acupuncture, Osteopathy, Chiropractic, Physiotherapy and General Practitioner medicine.

Of the 6,285 lodged claims, 3,946 were accepted

For the purpose of this exercise only outright accepted claims are counted and not claims lodged but later declined.

**Physiotherapy Treatment Injuries and Common Associated Events**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no. of treatments</th>
<th>Treatment Injuries</th>
<th>per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,001,015</td>
<td>36</td>
<td>1.20</td>
</tr>
<tr>
<td>2007</td>
<td>3,296,272</td>
<td>59</td>
<td>1.79</td>
</tr>
<tr>
<td>2008</td>
<td>3,573,912</td>
<td>53</td>
<td>1.48</td>
</tr>
<tr>
<td>2009</td>
<td>3,500,087</td>
<td>65</td>
<td>1.86</td>
</tr>
<tr>
<td>2010</td>
<td>2,574,337</td>
<td>55</td>
<td>2.14</td>
</tr>
<tr>
<td>Total</td>
<td>15,945,623</td>
<td>268</td>
<td>1.68</td>
</tr>
</tbody>
</table>
The table below shows some of the more common injuries associated with Physiotherapy. Where more than 3 of the same type of injury occurred, a common associated event has been generated.

<table>
<thead>
<tr>
<th>Treatment Injury</th>
<th>Common Associated Events (&gt; 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain/sprain</td>
<td>Exercise treatment (50), spinal/neck manipulation (18), manual therapy (4), physical examination (4), traction (4) and joint mobilisation (4)</td>
</tr>
<tr>
<td>Burn - diathermy/other</td>
<td>Heat treatment (12)</td>
</tr>
<tr>
<td>Tendon damage</td>
<td>Exercise treatment (17)</td>
</tr>
<tr>
<td>Pressure ulcer/Skin damage</td>
<td>Strapping/tape/bandage (11)</td>
</tr>
<tr>
<td>Allergic/Anaphylactic reaction</td>
<td>Strapping/tape/bandage (12)</td>
</tr>
<tr>
<td>Shoulder damage/injury</td>
<td>Manual therapy/Manipulation (5)</td>
</tr>
<tr>
<td>Dermatitis</td>
<td>Strapping/tape/bandage (9)</td>
</tr>
<tr>
<td>Spinal damage</td>
<td>Manual therapy/Manipulation (6)</td>
</tr>
<tr>
<td>Muscle injury/rupture/damage</td>
<td>Exercise treatment (5)</td>
</tr>
<tr>
<td>Wound infection/Cellulitis</td>
<td>Acupuncture (4)</td>
</tr>
</tbody>
</table>

Chiropractic Related Treatment Injuries and Common Associated Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no. Treatments</th>
<th>Treatment Injuries accepted</th>
<th>per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>465,845</td>
<td>24</td>
<td>5.15</td>
</tr>
<tr>
<td>2007</td>
<td>511,827</td>
<td>19</td>
<td>3.71</td>
</tr>
<tr>
<td>2008</td>
<td>583,999</td>
<td>22</td>
<td>3.77</td>
</tr>
<tr>
<td>2009</td>
<td>567,860</td>
<td>34</td>
<td>5.99</td>
</tr>
<tr>
<td>2010</td>
<td>496,727</td>
<td>22</td>
<td>4.43</td>
</tr>
<tr>
<td>Total</td>
<td>2,626,258</td>
<td>121</td>
<td>4.61</td>
</tr>
</tbody>
</table>

The table below shows some of the more common injuries associated with Chiropractic treatment.

<table>
<thead>
<tr>
<th>Treatment Injury</th>
<th>Common Associated Events (&gt; 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain/sprain</td>
<td>Spinal/neck manipulation (51), manual therapy or joint mobilisation (20)</td>
</tr>
<tr>
<td>Spinal damage</td>
<td>Spinal/neck manipulation (9)</td>
</tr>
<tr>
<td>Nerve damage</td>
<td>Spinal/neck manipulation (5)</td>
</tr>
<tr>
<td>Fracture</td>
<td>Spinal/neck manipulation (4)</td>
</tr>
</tbody>
</table>

General Practice Related Treatment Injuries and Common Associated Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no. Treatments</th>
<th>Treatment Injuries accepted</th>
<th>per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1,853,324</td>
<td>484</td>
<td>26.12</td>
</tr>
<tr>
<td>2007</td>
<td>1,877,463</td>
<td>646</td>
<td>34.41</td>
</tr>
<tr>
<td>2008</td>
<td>1,819,306</td>
<td>790</td>
<td>43.42</td>
</tr>
<tr>
<td>2009</td>
<td>1,658,309</td>
<td>811</td>
<td>48.91</td>
</tr>
<tr>
<td>2010</td>
<td>1,514,430</td>
<td>822</td>
<td>54.28</td>
</tr>
<tr>
<td>Total</td>
<td>8,722,832</td>
<td>3553</td>
<td>40.73</td>
</tr>
</tbody>
</table>

The table below shows some of the more common injuries associated with General Practice.

<table>
<thead>
<tr>
<th>Treatment Injury</th>
<th>Common Associated Events (&gt; 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic/Anaphylactic reaction</td>
<td>Medication (1,662), vaccination (49), medication prescribing (37) and injection (15)</td>
</tr>
<tr>
<td>Wound infection/Cellulitis</td>
<td>Removal of skin lesion (223), liquid nitrogen treatment (106), vaccination (83) and injection (71)</td>
</tr>
<tr>
<td>Haematoma - Bruising</td>
<td>Venous or arterial puncture (30), vasectomy (23), injection (21) and vaccination (19)</td>
</tr>
<tr>
<td>Nerve damage</td>
<td>Injection (30), venous puncture (22), vaccination (8) and medication administration (6)</td>
</tr>
</tbody>
</table>
Pressure ulcer/Skin damage
Removal of dressing/wound care (8), removal of skin lesion (7), ear syringing (7) and liquid nitrogen treatment

Ear perforation/membrane damage
Ear syringing (62)

Burn - diathermy/other
Liquid nitrogen treatment (18), medication (5), cryotherapy (4) and removal of skin lesion (4)

Ulc er - Other
Liquid nitrogen therapy (20), cryotherapy (11) and medication (5)

Tendon damage
Medication (26) and injection (4)

Vascular damage
Removal of skin lesion (10), removal of cyst/node/ganglion (6) and medication (5)

<table>
<thead>
<tr>
<th>Pressure ulcer/Skin damage</th>
<th>Ear perforation/membrane damage</th>
<th>Burn - diathermy/other</th>
<th>Ulcer - Other</th>
<th>Tendon damage</th>
<th>Vascular damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of dressing/wound</td>
<td>Ear syringing</td>
<td>Liquid nitrogen</td>
<td>Liquid nitrogen</td>
<td>Medication</td>
<td>Removal of skin</td>
</tr>
<tr>
<td>care (8), removal of skin</td>
<td>care (8), removal of skin lesion</td>
<td>therapy (18), medication,</td>
<td>therapy (20), cryotherapy</td>
<td>(26) and injection</td>
<td>lesion (10),</td>
</tr>
<tr>
<td>lesion (7), ear syringing</td>
<td>(7), ear syringing (7) and liquid</td>
<td>cryotherapy (4)</td>
<td>(11) and medication</td>
<td>(4) and injection</td>
<td>removal of cyst</td>
</tr>
<tr>
<td>(7) and liquid nitrogen</td>
<td>treatment (4)</td>
<td>(5)</td>
<td>(5)</td>
<td>(4)</td>
<td>node/ganglion</td>
</tr>
<tr>
<td>treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(6)</td>
</tr>
</tbody>
</table>

The table below shows how many treatments ACC funded for Acupuncture and Osteopathy from 2006 - 2010. As ACC does not include Acupuncture or Osteopathy for Treatment Injuries under current legislation, there were no Treatment Injuries reported for these two groups of providers.

For the 2006-2010 period 27 accepted claims related to Acupuncture care, 16 were classified as Treatment Injuries as they were from a Registered Health Professional;

- 13 - Treatment injuries from Physiotherapy
- 3 - Treatment Injuries from General Practice
- 11 - accepted claims were under the wider scheme provisions that may or may not have been from Registered Acupuncturists. This is where the claimant has described the mechanism of injury as being from receiving Acupuncture, regardless of who provided the treatment. These could have been from Registered Acupuncturists, Osteopaths or lay people with no training or professional associations.

**Conclusion**

Over the five year sample there are a total of 27 Acupuncture related injuries.

As there are no ‘Treatment Injury’ figures specifically for Acupuncture Treatment Providers it is impossible to know the exact number of people injured from receiving Acupuncture by this provider group alone.

If all 11 of the accepted injury claims above that were not from Physiotherapists or General Practitioners were from the Acupuncture group alone that would only average 0.83 injuries per 100,000 treatments. This would be the lowest of all treatment providers studied in this report as shown in the table below.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Total treatments</th>
<th>Treatment injuries accepted</th>
<th>Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>1,318,848</td>
<td>*11</td>
<td>0.83</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>15,945,623</td>
<td>266</td>
<td>1.68</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>2,626,258</td>
<td>121</td>
<td>4.61</td>
</tr>
<tr>
<td>General Practice</td>
<td>8,722,832</td>
<td>3553</td>
<td>40.73</td>
</tr>
</tbody>
</table>

It could be assumed, however that those *11 would very likely have come from not just ACC registered Acupuncturists but from a range of practitioners outside these provider groups thus representing the upper ceiling of such incidents. This would mean, therefore, that the actual number of Treatment Injuries by registered Acupuncturists may well be markedly lower again.

Based on the figures provided by ACC, it could be concluded that a person is less likely to be injured from Acupuncture Treatment than from Physiotherapy, Chiropractic or General Medicine. The figures indicate that Acupuncture treatment is:
Twice as safe as Physiotherapy treatment
5.5 times safer than Chiropractic Treatment
50 times safer than treatment from a General Practitioner

Similar findings have been outlined in other large scale analyses - Macpherson et al (2004)iii and White (2004)iv v Assessing treatment injuries via ACC data can only be a proxy to estimate acupuncture injuries as not all treatment injuries that would occur in clinic would have an ACC treatment injury filed. Another limitation is that the data is only based on accepted claims. We cannot know if acupuncture had a higher rate of non accepted claims. Analysis of ACC’s figures, however, indicate that injuries sustained from ACC Registered Acupuncturists could be considered very rare.

In the 1996 publication “Towards a Safer Choice” by Bensoussan and Myersvi the authors concluded that when provided by suitably qualified practitioners, Acupuncture and Chinese Herbal Medicine are relatively safe and effective systems of healthcare with minimal adverse events. The ACC figures back up Bensoussan and Myers conclusion that Acupuncture is significantly safer when provided by a fully trained and professionally registered Acupuncturist.

i Xue et al, Traditional Chinese Medicine: An Update on Clinical Evidence


Kim Chenery studied at the New Zealand School of Acupuncture and TCM then at the Guangzhou University of Traditional Chinese Medicine Hospital in China before setting up practice in both Taupo and Rotorua. In 2005 Kim returned with his family to sunny Hawkes Bay to join Acupuncture Havelock North. He currently works in the Hastings clinic.
Kim has been the Midlands Representative on the NZRA Council for the last two years.
Book Review – The Clinical Handbook of Chinese Herbs Desk Reference

By Heiko Lade

Clinical Handbook of Chinese Herbs Desk Reference by Will Maclean

There have now been many books released on Chinese herbal medicine over the past 20 years, with of course the Bensky, Clavey and Stoger Materia Medica being the benchmark and most comprehensive text. Though the Bensky Materia Medica is essential for any student and practitioner of Chinese herbal medicine, it is not exactly user friendly because of its sheer size, for students to be taking back and forth to college.

This is where Maclean’s desk reference comes to light. It will easily fit into the students lap top or Gucci bag. And the book is affordable to the average student, especially the Australian and New Zealand student.

I would have preferred that the chapter contents be kept in the same order as the Bensky and Clavey Bible and I am not sure why Will strayed from the norm of most Chinese herbal medicine books that start with the acrid and warming categories.

He gets ten out of ten, however, for the most user-friendly herb index of any Chinese herbal medicine text book I have come across. What a great idea to have the herbs listed in alphabetical order with pin yin and the pharmaceutical name all in one index. I know when I research and study, some journal articles and books only have the pharmaceutical name and others only the pin yin. When using Bensky’s book, it always takes me five minutes to just get to the right index, but with Will’s book, oh what a breeze! The symptom index is also a bonus, as it includes common names of symptoms, medical terms and even some TCM terms such as xiao ke (diabetes).

There is more than one appendix in this desk reference, including all the basic formulae and their ingredients, not to mention the formulae are in pin yin, translated name and Chinese characters. Another appendix I find quite useful, and now easily accessible because I own a copy, is the list of herbal medicines requiring special treatment, such as cook first, add later and so forth. I had always wanted to compile a list of these for myself and had procrastinated for 20 years or so. Will has now done it for me, which is great.

There is ample information on each individual herb so you can write any prescription you need and readily identify the major contraindications and common formulae that the medicine is an ingredient of. Then you can flick across the formulae index and review if required.

From a study perspective, each chapter includes a simple one page table summary with the main medicines, indications and functions of each, so you can look at the symptoms you are trying to address in any prospective prescription. (This is a good page to scan and put into your iPhone just before going to your exams – just kidding.)

In the final analysis, it is an excellent book and a great companion to use with Bensky’s Materia Medica. It is perfect for the student and practitioner alike.

I know that Will obviously studies the classics daily. I can’t remember the quote exactly but I think it’s from page one of the Nei Jing and goes something like, “when he reaches the age of 56, his Liver becomes dry and he can no longer see clearly”. Will has taken this into account and the print size used in the book can still make this book accessible to us veterans. And he has crammed everything possible into this small desk reference to give you real value for your buck.

Unfortunately, I won’t be donating my copy of Will Maclean’s Clinical Handbook of Chinese Herbs Desk Reference to the New Zealand College of Acupuncture and TCM library, but perhaps if I offer to buy Will yum cha next time I am in Australia, he may send a copy over.

Heiko Lade runs a busy practice in Napier. He completed his training in Acupuncture and Chinese Medicine in Sydney, Australia and moved to New Zealand in the late 1990's. Before moving to NZ, Heiko spent more than 15 years working in the very well known Chinese Ginseng and Herb Company in Sydney’s Chinatown.

Heiko is a former President of NZRA and has also lectured extensively in both NZ and Australia.
NZRA greatly appreciates the support of all our sponsors:

<table>
<thead>
<tr>
<th>ACC</th>
<th>Herbs for Health</th>
<th>Acu-Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interwaste</td>
<td>Derma Nova</td>
<td>Healthworld</td>
</tr>
<tr>
<td>Wah Lee</td>
<td>Tools 4 Healing</td>
<td>LongWhiteCloud Herbs</td>
</tr>
<tr>
<td>The Lantern</td>
<td>Dongbang Oceania</td>
<td></td>
</tr>
<tr>
<td>Whittakers</td>
<td>John Kennedy</td>
<td></td>
</tr>
</tbody>
</table>

NZ School of Acupuncture and TCM

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Code: brochure type – ie Intro, LBP, Preg, Moxa or Start

Forward an email to nzra@acupuncture.org.nz and advise:
- which brochures you are requiring
- your preferred delivery address
- the date payment has been made

If you wish to pay by cheque, send it to: The Registrar, P O Box 14106, Kilbirnie, Wellington 6241

A tax receipt will be sent to you with your brochures.

Keep up with what is happening via the News and Events pages on the NZRA website – or check out our facebook page

The Aim of the New Zealand Register of Acupuncturists is:
- To promote the tradition of Acupuncture and Chinese Medicine as a viable form of health care for all New Zealanders
- To establish and maintain appropriate standards of practice in all aspects of the medicine
- To protect the interests of the public in relation to the practice of Acupuncture and Chinese Medicine
- To foster strong relationships with other health organisations both nationally and internationally for the continued growth of the profession.
The New Zealand Register of Acupuncturists, together with the New Zealand School of Acupuncture and TCM, welcomes

**For the very first time in New Zealand!**

**Elisabeth Rochat de la Vallée**

**18 and 19 August 2012**
9.00am – 4.30pm

**NZ School of Acupuncture and TCM**
382 Manukau Road, Epsom, Auckland

Elisabeth is an internationally respected scholar and translator of classical Chinese medical and philosophical texts.


Elisabeth now teaches at the Jesuit University of Paris and the European School of Acupuncture. Elisabeth’s passion for classical Chinese Medicine and philosophy, along with her dedication to teaching, make her lectures an inspiration.

Whilst in New Zealand, Elisabeth will present on two different subjects:

**Saturday 18 August – Essential Aspects of Woman’s Pathology.**

**Sunday 19 August – Examining and understanding the Book of the Way and the Virtue – The Daodejing.**

<table>
<thead>
<tr>
<th>Early Bird -</th>
<th>Two days</th>
<th>One day</th>
<th>Full fee</th>
<th>Two days</th>
<th>One day</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZRA members</td>
<td>$380.00</td>
<td>$200.00</td>
<td>$440.00</td>
<td>$240.00</td>
<td></td>
</tr>
<tr>
<td>Non NZRA</td>
<td>$420.00</td>
<td>$220.00</td>
<td>$480.00</td>
<td>$260.00</td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>$280.00</td>
<td>$150.00</td>
<td>$320.00</td>
<td>$170.00</td>
<td></td>
</tr>
</tbody>
</table>

Students must present ID. Early bird fee valid until 18 July 2012

For full details go to [www.acupuncture.org.nz](http://www.acupuncture.org.nz)
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3) Have strength to cure and balance cells within our body.
4) Have efficient inbuilt software that already includes many pre-set medical conditions for easy treatment.
5) Contain a help program that explains how to treat medical conditions properly.
6) Be made for easy use.
7) Be light weight and portable.
8) Have a warranty span of 3 years.
9) Be done in such way so that it can be used as professional tool but also as a family tool.
10) Have a reasonable and affordable price.