

October 2006 Newsletter

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Acupuncture for low back pain provides long term benefit [20 September 06]



Low back pain is one of the most common medical complaints and affects millions of people, and according to researchers in the UK the ancient Chinese treatment acupuncture can help sufferers.

As many as 80% of the population of the UK experience back pain at some time in their lives, and the annual economic cost in terms of lost productivity and disability or sickness benefits is estimated to be more than AU\$25 billion.

Acupuncture is a popular complementary therapy and is one of the key components of

traditional Chinese medicine.

It is used to treat a wide range of conditions and involves inserting fine needles at specific meridians of the body, which are thought to balance the body's energy.

Researchers at the University of York, say the therapy is effective in treating patients with low back pain and the benefits appear to improve with time.

Dr. Hugh MacPherson along with colleagues at Sheffield University, carried out a study with 241 back pain sufferers over a two year period and found that a short course of acupuncture was of benefit to the patients. They also say the benefit, was seen not just in the short term but particularly in the longer-term, for a period of up to 24 months.

For their research the team compared the impact of adding 10 acupuncture sessions over three months to the normal treatment for back pain, which includes medication, physiotherapy and exercises.

The patient satisfaction and pain levels were measured and recorded during the two-year study.

By three months there was little difference between the acupuncture group and patients who had the standard therapy, but some evidence of improvement in the acupuncture group was seen at 12 months, and by 24 months the difference between the two groups increased.

The patients who received acupuncture reported lower pain levels and used fewer pain killers than those who received usual NHS care.

The researchers also say the acupuncture treatment appeared cost effective, during the two-year study period, the average total cost of back pain treatment that included acupuncture was AU\$1150, compared with AU\$862 for usual care.

The British Government has proposed statutory regulation of acupuncture. The Department of Health says it is up to local NHS service providers to decide whether to provide the treatment.

References:

The study is published in the British Medical Journal.

Acupuncture & TCM Events Calendar for October 2006

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Sydney - Chinese Medicine for Cancer - Series 1 (6 AACMA CPE Points) When: 9.00pm - 5.00pm Where: SITCM. 92-94 Norton Street, Leichhardt, NSW 2040 Contact: Igor Bilek on (02) 9550 9906 or igor@sitcm.edu.au

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Melbourne - Cupping Workshop - Western tradition. When: 9.30am - 6.00pm Where: Australian School of Therapeutic Massage, 104c Warrigal Rd, Burwood. Contact: Bruce Bentley on (03) 9576 1787 or info@healthtraditions.com.au

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Melbourne - Cupping Workshop - Western tradition. When: 9.30am - 6.00pm. Where: Australian School of Therapeutic Massage, 104c Warrigal Rd, Burwood. Contact: Bruce Bentley on (03) 9576 1787 or info@healthtraditions.com.au

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Melbourne - Japanese Acupuncture Strategies for Fertility Management with Paul Movsessian. When: 10.00am - 6.00pm. Where: Australian Shiatsu College - 36 Cambridge Street, Collingwood, Victoria. Contact: Australian Shiatsu College on (03) 9419 5520 or info@australianshiatsucollege.com.au

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Adelaide - Chronic Systemic Inflammatory Diseases Seminar with Daniel Weber. When: 10.00am - 4.00pm. Where: The Radisson Playford, 120 North Terrace. Contact: Emily Lewis on 1300 133 807 or emily@chmrd.com.

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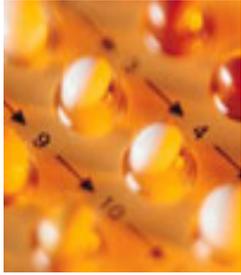
Adelaide - Cupping Workshop - Western Tradition. When: 9.30am - 6.00pm. Where: Health Education Centre - 88 Curie St, Adelaide. Contact: Bruce Bentley on (03) 9576 1787 or info@healthtraditions.com.au

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Adelaide - Cupping Workshop - Western Tradition. When: 9.30am - 6.00pm. Where: Health Education Centre - 88 Curie St, Adelaide. Contact: Bruce Bentley on (03) 9576 1787 or info@healthtraditions.com.au



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TCM and the Contraceptive Pill. By Gavin Hurlimann. (Editor NZRA Journal TCM)

Contraception comes from the Latin words *contra*, meaning against and *concupere* meaning to take in.

American FDA approval for clinical use of the contraceptive pill was granted in 1960, however a number of high profile court cases involving the medication prevented its'

general release until 1963. The first commercially marketed oral contraceptive pill was introduced in North America under the brand name Enovid by the pharmaceutical company G. D. Searle. In New Zealand, approximately 250,000 women per year are prescribed the oral contraceptive pill.

Indications

Female oral contraceptive medication is prescribed for the following;

- Contraception,
- Dysfunctional uterine bleeding e.g. amenorrhea & menorrhagia,
- Dysmenorrhoea,
- Mittelschmerz (intermenstrual pain),
- Anaemia, and
- Delayed menarche.

Western medical mechanisms

Colloquially known as 'the pill', oral contraceptives are produced in a variety of formulations. These formulations can be categorized as;

- Oestrogen and progestin combinations (combined oral contraceptive pill)
- Progestin only preparations (the mini pill)

Oestrogen/progestin combination mechanism e.g. Loette and Nordette 21

These medications contain extremely small amounts (up to 35 micrograms) of a synthetic oestrogen and one of a number of different progesterone chemical analogues. They are ingested orally for 21 days within approximately 12 hours of the same time each day and followed by 7 days of placebo pills. During the placebo interval, a woman will experience a withdrawal bleed that is often erroneously referred to as the menstrual period. Depending on the manufacturer, each patent or generic formulation will contain differing amounts of oestrogen and will be either monophasic - 1 dose of oestrogen/progesterone over the 21 days or multiphasic - varying doses over the same time period.

The drug acts by suppressing the secretion of the pituitary gonadotropic hormones; follicle stimulating hormone (FSH) and luteinizing hormone (LH). This action prevents ovulation and essentially reformulates the female body steroid chemistry to mimic that of pregnancy. Consequently, the prospect of fertilization is reduced to 2.8%. Oestrogen/progestin combinations also induce changes to the reproductive tract itself. The cervical mucus becomes more hostile to spermatozoon penetration and the endometrial lining thins - effectively resisting implantation of the fertilized ovum.

Progestin only preparation mechanism (mini pill) e.g. Levonelle and Noriday 28

Progestins contain synthetic progesterone only and are taken on a continuous basis without a placebo interval. The mechanism of the 'mini pill' is not yet completely understood, but it is thought that the drug causes alterations to the cervical mucus which inhibits the penetration of spermatozoon, suppression of ovulation and changes to the endometrial lining. The mini pill is prescribed when estrogen/progestin combinations are not tolerated or recommended (e.g. breastfeeding). Although some women report metrorrhagia and/or oligomenorrhea in the initial months of taking the drug, this tends to settle into a regular pattern with continued use.

User compliance is critical in the efficacy of the mini pill and when taken at the same time each day, the contraceptive has a failure rate of only 0.5%. However, by taking the mini pill as little as 3 hours past or before the time ingested the previous day, the chance of fertilization increases to 3.9%. Due to the fewer side effects, progestin only preparations are more popular with women over 35.

Emergency birth control preparations e.g. Ovral and Noridol

Emergency birth control pills (EBCs) informally known as 'the morning after pill', are an oral drug containing high doses (up to 1.5 mg) of the same hormones found in regular oral contraceptive pills. When taken after unprotected sexual intercourse, EBCs' assist to prevent pregnancy from occurring.

Like progestin only preparations, how EBCs prevent pregnancy is not yet fully understood. Depending on the time ingested during the menstrual cycle, the drug may inhibit or delay ovulation, inhibit tubal transport of the ovum or sperm cell, or interfere with fertilization. Where the drug fails to prevent fertilization, it is thought it may act by preventing implantation of the fertilized ovum in the endometrium. In general, emergency contraceptive pills work by triggering similar hormonal changes in the body as regular birth control pills (or even breastfeeding) - but they require much higher doses and are less effective than ongoing hormonal contraceptives. Debate surrounds the EBCs' mechanism of preventing endometrial implantation of the fertilized ovum and whether the drug is a contraceptive or abortive agent. The effectiveness of EBC oral medication in preventing pregnancy is 75% -

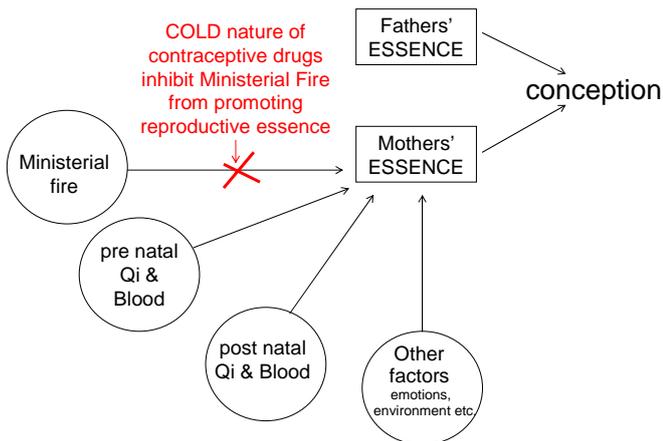
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89%.

TCM theory of contraception mechanism

Traditional Chinese Medicine believes that conception occurs via the meeting of the mother and fathers' essence or *Jing*, through sexual intercourse. The mothers' ability to conceive is largely dependant on the state of her pre and post natal Qi and Blood, *Jing* essence, emotional and environmental factors and the state of Ministerial Fire, *Xiang Huo*. Ministerial Fire is stored in the Kidney, Sanjiao, Gallbladder and Liver and one of its' functions is to promote the mothers' reproductive essence for conception to occur. Oral contraceptives are COLD in nature and primarily affect the Kidney; hence the cold nature of the drug inhibits the action of Ministerial Fire in promoting reproductive essence resulting in little or no chance of conception. The drug also affects to a lesser extent the Heart, Liver and Spleen.

The TCM mechanism of the oral contraceptive pill is illustrated below.



Western medical adverse effects

As with most Western medications the effectiveness of oral contraceptives is juxtaposed against the potential side effects. Common unwanted effects of the pill include;

- Nausea,
- Hypertension,
- Breast tenderness,
- Headache,
- Gastrointestinal disturbance,
- Fluid retention,
- Vaginal infection,
- Amenorrhea,

- Metrorrhagia,
- Acne, and
- Hirsutism (excessive body hair).

TCM discussion of Western medical adverse effects

Unlike Chinese medicine, Western pharmaceuticals do not syndrome differentiate or connect treatment to the individual person. This is highlighted when a particular oral contraceptive produces little or no adverse effects in one female while the same drug causes the unwanted effects of weight gain or hypertension in another. The adverse effects and syndromes discussed below occur in women who have a pre-existing weakness to, or a constitutional tendency for such syndromes.

Nausea: relates to the TCM syndrome of rebellious Stomach Qi, *Wei Qi Shang Ni*. The Stomachs' Qi direction is downward and the organ requires a wet & warm environment to perform its' function of rotting and ripening food & drink efficiently. The coldness of the drug can interfere with the Stomachs' warm climate causing Qi to stagnate and manifest as nausea.

Hypertension and breast tenderness: relates to contraction of the blood vessels, *Han Zhu Shou Yin*. The cold nature of the drug can contract the blood vessels resulting in less volume in the lumen and therefore a raised blood pressure. The drugs' coldness can also contract meridians and collaterals located in the chest area causing pain that manifests as breast tenderness.

Headache: relates to Spleen Qi deficiency, *Pi Qi Xu*. The Spleen requires a warm & dry climate to efficiently perform its' function of transporting and transforming (T & T) Qi, Blood and body fluids. The Spleens' Qi direction is upwards. The drugs' cold nature can inhibit the Spleens' function of transporting the clear Yang Qi to the head which results in insufficient Qi & Blood to nourish the brain marrow giving rise to headache.

Gastrointestinal disturbance, fluid retention and vaginal infection: relate to - in descending order - Spleen Qi deficiency, phlegm dampness accumulation, *Tan Shi Yun Jie* and damp heat accumulation, *Shi Re Yun Jie*. As in the adverse effect of headache, the drug can cause the Spleens' function of T & T and upward Qi movement to be compromised leading to gastrointestinal disturbances such as diarrhoea or constipation. The drug can inhibit the Spleen's transportation of body fluids efficiently, resulting in the formation of phlegm/dampness or the Western diagnosis of fluid retention. This is particularly apparent in the lower abdomen, hips and buttock areas. Phlegm dampness accumulation combined with

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the Spleens' inability to circulate and transport these substances eventually leads to the build up of heat giving rise to damp heat accumulation in the lower jiao manifesting as vaginal infection.

Amenorrhea and metrorrhagia: both symptoms of dysfunctional uterine bleeding relating to disharmony of the Chong and Ren meridians. In TCM gynaecology, the Chongmai is referred to as the Sea of Blood, *Xue Hai* and the Renmai controls the fetus, *Ren Zhu Bao Tai*. Oral contraceptives can disturb the Qi and Blood circulation of these meridians giving rise to the absence of menstruation or bleeding outside of the normal cycle.

Acne and hirsutism: relates to a syndrome known as 'driving out of Yang Qi to the exterior' or *Ge Yang Yu Wai*. Only seen in patients with pre-existing Yin deficiency or internal excess heat. The cold nature of the drug can accumulate in the body's interior, driving Yang Qi to the exterior and manifesting as acne or excessive body hair.

Even in healthy females, the long term use of oral contraceptives usually results in Kidney Yin deficiency, *Shen Yin Xu* and/or Qi & blood deficiency, *Qi Xue Xu*.

Kidney Yin deficiency is caused by the cold nature of the drug compensating for the Yin aspect of Kidney energy. As with all Western medications, the drug possesses no Yin nourishing qualities; eventually resulting in a type of atrophy or *shuai jie* to Kidney Yin that is not uncommon after long term use. This can be seen in younger women who present with classic Yin deficient signs like dry skin, rapid fine pulse and red tongue with little coating after some years of being on the pill.

Qi and Blood deficiency is caused by the drugs' affect on the Spleen. As previously mentioned, the Spleen has an affinity to a warm and dry environment and an aversion to cold (and dampness). The drugs' cold influence on the Spleen causes the transformation of food & drink into Qi & Blood to be impaired, resulting in a deficiency of both these substances. Cold extremities, pale complexion, fatigue, a pale swollen tongue body with a thick coating and thin weak pulse will be the common signs of this syndrome.

Case Study

Female, 21 yrs old.

Main complaint: Oligomenorrhea/secondary amenorrhea

Duration: 1 yr

Significant signs and symptoms: Thin body type, pale

complexion, inability to gain weight, poor appetite, bloated stomach after fried foods, light-headedness, dull headaches, mood swings, anxiety, sore back and neck, cold extremities, aversion to cold, ankle oedema, red tongue body with thin scanty yellow coating in lower jiao region, slightly rapid thready deep pulse. Breast augmentation at 16 yrs of age. Familial history of kidney disease.

This patient complained of irregular/scanty menstruation. She had been prescribed an oral contraceptive pill since age 14 due to delayed menarche and poor mammoplasia. In the past 12 months, menstruation has become scanty with some bleeding periods missed altogether despite taking the scheduled placebo pills.

Diagnosis: Spleen Yang deficiency, Kidney essence deficiency and Liver Yin deficiency

Discussion: In TCM gynaecology the organs and meridians involved in menstruation are the Heart, Liver, Spleen, Kidney, Chongmai and Renmai.

Firstly, the 'factory' of post-natal Qi and Blood is the Spleen. A deficient Spleen pattern impairs the transformation and transportation of essential Qi to the Lungs and Heart to be 'reddened' and transformed into Blood. Insufficient production of Blood in females is one TCM aetiology of oligomenorrhea and/or secondary amenorrhea

Spleen Yang deficiency is also seen in the patients attendant cold signs of pale complexion, cold extremities and aversion to cold as well as the poor appetite, bloated stomach after fried foods, light headedness, dull headaches, ankle oedema and deep pulse.

Secondly, the patients' Kidney essence deficiency contributes to the impaired engenderment of Blood. When there is a surplus of Kidney essence, the essence will be transferred to the Liver and stored as Blood. The patients Kidney deficient signs of familial Kidney disease, sore back and neck, delayed menarche and poor mammoplasia reveal no surplus of Kidney essence to be stored as Blood in the Liver.

Thirdly, part of the Livers' function is to 'govern the emotions' and 'store Blood'. The lack of Blood engenderment mentioned above, results in the organ receiving insufficient Blood to be stored during rest and to nourish the Liver. As an even emotional state relies on smooth flowing Qi and a well functioning Liver, the patients' mood swings and anxiety are reflective of the Livers' involvement in the disorder. Blood is a Yin substance; therefore, a deficiency of Liver Blood is seen in the Liver Yin deficiency signs of thin body type, inability to gain weight, red tongue body, thin scanty yellow coating and slightly rapid thready pulse.

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Fourthly, as we have seen previously, the Chongmai and Renmai are important in TCM gynaecology. The Chongmai originates from the uterus; it is referred to as the 'Sea of Blood', *Xue Hai*. When the Blood in the Chongmai is full, it is expelled as menstruation. The patient underwent breast augmentation at 16 years of age. As the Chongmai disperses in the chest, the operation may have impaired the flow of Qi and Blood in the Vessel, contributing to the patients' menstruation irregularities.

Treatment principle: Tonify/raise Spleen Yang, nourish Kidney and Liver, restore and regulate menstrual flow. The patient was advised to discontinue the oral contraceptive medication.

Acupoints: CV 4 Guanyuan, CV 6 Qihai, ST 36 Zusanli, SP 9 Yinlingquan, SP 6 Sanyinjiao, KID 3 Taixi, KID 13 Qixue. **Tuina:** Slow, circular abdominal massage, anti-clockwise from the umbilicus outwards 50 times, then repeated 50 times clockwise inwards to the umbilicus was performed before each treatment to relax the patient and stimulate Qi and Blood. A TDP lamp was placed over the patients' abdomen while the needles were retained for 20 minutes.

The patient discontinued the contraceptive pill and was treated every 2nd day, 1 week before the scheduled bleeding period was due. Treatment was stopped at the commencement of bleeding. This protocol was repeated for 3 menstruation cycles. The patient responded well with her menstruation returning to a regular 29-30 day natural cycle and a significant improvement in her general health.

This case illustrates the TCM effect of taking an oral contraceptive pill on a long term basis. The patients' menstruation cycle is 'artificial' in a sense due to the drugs mechanism. Over time, the COLD nature of drug has replaced the Yin aspect of the patients' Kidney energy and impaired Spleen function. As previously discussed, Western pharmaceuticals do not nourish Yin (or Yang) energy. This is reflected in the diagnosis of Spleen Yang deficiency, Kidney essence deficiency and Liver Yin deficiency.

The TCM nature, Zang fu affected and TCM adverse effects are summarized below;

TCM nature	COLD
Zang fu affected	Primarily KIDNEY, secondly HEART, SPLEEN, LIVER
TCM adverse effects	Rebellious Stomach Qi Spleen Qi deficiency Phlegm dampness accumulation Contraction of Blood vessels Disharmony of Chong and Ren meridians Driving out Yang Qi to the exterior

Conclusion

Our primary focus as always should be on the patient as a holistic entity. This focus includes the TCM nature and effect of Western medications and is an important aspect of our clinical practice. Contraceptives complicate our task as their action can have a masking affect on symptoms and in general deplete a patient when taken on a long term basis. Although well intentioned, the contraceptive pill has been over prescribed by GPs for a number of disorders ranging from dysfunctional uterine bleeding to delayed onset of menarche. The long term TCM effect of these drugs is not often seen until a patient presents at our clinics with a problem that is not responding to conventional medical treatment. The clearer we are about the nature and effects of pharmaceuticals like the pill, the better able we will be to offer solutions and effective treatment for a wider range of disorders.

Biography

Gavin Hurlimann is the editor for the NZRA Journal of TCM and a registered acupuncturist practising in Auckland, New Zealand.

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Acupuncture reduces nighttime hot flashes caused by menopause. [23 September 2006]

Acupuncture reduces nighttime hot flashes caused by menopause, according to a new study. Researchers found seven weeks of acupuncture treatment reduced the severity of nighttime hot flashes by 28 percent among menopausal women compared with a 6 percent decrease among women who had a sham acupuncture treatment.

Hot flashes are a common symptom of menopause and often occur at night, which can significantly disrupt sleep and affect a woman's quality of life. Until recently, hormone replacement therapy (HRT) was the most popular treatment for hot flashes. But in the wake of studies that suggested HRT use could increase a woman's risk of heart disease or cancer, alternative therapies for hot flashes have received renewed interest.

Researchers compared the effects of acupuncture vs. a sham acupuncture treatment on the severity and frequency of nighttime hot flashes. Taking part in the study were 29 menopausal women experiencing at least seven moderate to severe hot flashes per day.

All of the women underwent nine treatments from

trained acupuncturists in sessions over seven weeks. Twelve of the women received real acupuncture using points selected to target hot flashes and sleepiness. The rest of the women received a sham acupuncture treatment using non-penetrating needles at random acupuncture channel points.

Throughout the study, the women reported the number and severity of their hot flashes. The results showed that nighttime hot flash severity decreased significantly (28 percent) among the women who received acupuncture vs. a 6 percent drop among the women who got the sham treatment. However, they did not see a similar finding in the frequency of nighttime hot flashes between the two groups.

Researcher Mary Huang, M.S., of Stanford University, and colleagues say the results suggest acupuncture deserves further study as an alternative treatment for menopausal hot flashes.

The findings are published in the September issue of *Fertility and Sterility*.

Traditional Acupuncture in the 21st century—The art of gently placing stainless steel needles into the human body to create change? By Alan Jansson



Photo: Taken by Alan Jansson from Snapper Rocks, Gold Coast on the 16th Sep 06. "The 21st century is not all bad!"

21st century...what else can I expect...firstly my laptop crashes then my PC decides that it will destabilize and refuse to download some essential programs.

That leaves me in front of my computer tapping away on the keyboard with good intentions in the wee hours of the last Saturday morning in September 2006.

The webmaster has informed me that I have but a few hours before the deadline passes for submission of this article.

I had decided to not deliver this month....two fingered tapping is a killer, but the winds of change whistled through waking me in the early hours, stimulating my constitutional Kidney deficiency, providing me with the opportunity to bite the bullet and do the business.

Recently I presented a 45 minute tutorial to my physiotherapy colleagues at the Queensland Sports Medicine Centre.

I talked of the power, flexibility and subtlety of Traditional Acupuncture.

I am not referring to needling to a depth of 1 ½ cun. on

Traditional Acupuncture in the 21st century—The art of gently placing stainless steel needles into the human body to create change? By Alan Jansson

every point...for that matter I am not referring to needling to 1 ½ cun. on any point other than those in the backside.

If you believe that you can only achieve creditable clinical outcomes through deeper needling and mechanical stimulation please read on.

The mother of one of my colleagues recently had a complete gastrectomy and as you might expect was feeling a little worse for wear...

In fact her health was failing dramatically, much of the joy of life had been squeezed out of her.

Full of unspoken desperation she was coming to me for some...any respite!

I had stood up in front of at least half a dozen physiotherapists mouthing off about the brilliance of traditional acupuncture.

It was time to put up or shut up!

How could I help this woman who was suffering so severely ..with digestive problems, utter exhaustion, depression, chronic and unrelenting tension, reeling from the reality that her body had given it up and some very vital bits had been removed due to the presence of cancer?

My first treatment was a disaster...although I did not needle deeper than a millimeter and left the needles in for a short time only.

Instead of intermittent diahorrea she developed diarrhea 24/7 ...yowsers!

Maybe I could tell her it was a healing crisis?

Definitely a time of reckoning for me as a practitioner, my colleague had referred his seriously ill mother and her condition was much worse after the first treatment .

Fortunately she had enough faith to return for a second

treatment...without doubt if I stuffed up again she was gone, never to return..

With much care, caution and all the sensitivity that I could muster I tonified the points PE7 – SP3 – ST42 then needled the Back Shu's BL13 – BL20 – BL23 – BL25.... incredibly superficially for about 15 minutes.

Phew.... there was a distinct and spontaneous improvement in her demeanour and her physical condition had improved markedly when she next visited clinic.

After four more treatments she is so much better..happier..smiling , more optimistic..she now senses a slowing rather than acceleration of an otherwise alarmingly downward spiral, health-wise.

A nice finishing touch....her son was married yesterday.

As traditional acupuncturists WE CAN achieve amazing clinical results without needling deeply, exerting gross mechanical stimulation or prescribing herbs.

I remain in awe of this medicine we practice.....the patients immediate and disastrous reaction to my first treatment clearly demonstrates the power we have at our disposal.

To be used with as much discretion as we can muster!

Her subsequent and dramatic improvement after further treatment definitely keeps me very, very interested in the art of gently placing stainless steel needles into the human body to create change.

As can so often be the case in life it can be more a matter of who you know than what you know?

6.30 am.....into the shower and out of here, Bris Vegas and clinic beckons.

Thanks for reading Alan

Your contributions welcome!

This newsletter has been created for the public, the students and practitioners of Acupuncture & Traditional Chinese Medicine. It relies much on information contributed from the community. We welcome any contributions including news articles, research papers or anything you feel would be suitable for publication on our website and in this newsletter. To contribute visit www.Acupuncture.com.au and choose "Make a contribution" from the "Professional Community" menu.



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