

Structure

News

Thank you to Rob Strange OBE
The value of your membership

Practice

PSA, advertising & us: half-time talk
New resource for supporting patients
Jing structure in CM anatomy
Just my point: GB 20

Inspiration

My treatment room
Metal, listen to your soul!
The HypnoPuncture Method
The channel system & structure

Opinion

Structural influences on practice

Community

Conference 2021: Celebrating our profession
Meeting on Zoom: how was it for you?

By members, for members
Acupuncture Quarterly from the BAAC | Autumn 2021

Acu.



British
Acupuncture
Council



Su Wen Herbs

Registered Food Business Establishment

'Classical Formulae for the Modern World'



Created by Giovanni Maciocia®
World renowned author and practitioner
of Acupuncture and Chinese Medicine.



Created to better address the patterns displayed by patients in modern practice.

The Three Treasures® are formulated to reflect Western clinical reality
and are balanced to take into account complex combinations of patterns.



FREE ONLINE COURSE
Free access to one
of Giovanni's online
courses on TCM
with every
order*

- Made in The Netherlands to comply with HACCP guidelines under strict quality controls.
- Made in a state-of-the-art manufacturing site using a strict raw material selection process.
- No mineral or animal ingredients. And no banned herbs.

Order online at:
suwenpress.co.uk



These products are food supplements, as directed by a qualified practitioner. They are not intended to diagnose, treat, cure or prevent any disease. Not to replace a varied diet. *Limit one course per month.

Acu.

Acu. is a BAcC publication, written by members, for members. It combines content relevant to the clinical practice of acupuncture with communications from the BAcC office and Governing Board.

Editorial policy

Community: we aim to facilitate debate and the sharing of news and information for all members of our acupuncture community.
Support: we aim to support members in their professional practice by publishing articles that have genuine practical use.

Diversity: we seek to represent all traditions and strands of practice present in the membership. We also welcome content covering other health matters relevant to acupuncture.

Freedom and debate: we respect the right of all members to air their views and to challenge the views of other individuals and/or organisations where appropriate.

Accuracy and fairness: we strive to be accurate and fair in what we print. We will be open in admitting our mistakes and do our best to rectify them.

Contribute

We encourage all members to contribute to Acu. via editor@acupuncture.org.uk
For full details of submissions and advertising see Contributions page.

Editorial team

Houri Alavi (member)
Scott Bridges (member)
Tim Brown (member)
Sally Crowther (member)
Ann Gordon (staff)
Joan Maynard (copy editor)
Jonquil Westwood Pinto (member)
Steve Wheeler (member, chair)

Design

Whirligig Creative

Cover

Joan Maynard

Copy & publishing dates 2021

Issue	Copy deadline	Mailing
Spring	19 January	12 March
Summer	20 April	11 June
Autumn	20 July	10 September
Winter	19 October	10 December

Editorial



Houri Alavi

Member: East Sussex

Organisational structure embraces every cell in the body: without it we wouldn't exist. As Lao Tzu may have said, the only true freedom is in the cage. In traditional medicine, the organ subsystems are so named because they are seen as the operating centres for metabolic organisation; in modern medicine, the organs constitute the means for life to continue. Ancient observation is supported by the modern understanding of the incessant need of every tissue for oxygenation. It is the organisational subsystems to which our needles contribute their penetrating and lasting effects.

Notwithstanding traditional and modern medical divergences, we are neurological creatures. Information flows into us through our senses, is processed in our brain, gut, skin and other organs, then responded to through our muscles, cells and glands. Our response will be noticed in our muscles which tighten when the environment discomforts us and relax when it nourishes us. We see muscular responses to the world written into our bodies as we age. To some extent they define who we are – creating predictable responses to life's events.

So what architectures do we assess in the treatment room? How useful is it to abstract organisational yin yang processes and forget the physicality? To separate anatomy from physiology, or structure from functional and felt connections? How do we pivot between traditional and modern interpretations? Alternative interpretations, rather than alternative facts, inform alternative treatments.

In this issue, Caroline Strassberg details Neijing explanations of the basic structure of the body – skin, fat, jin or tendon, blood vessels and bone. She explains that while there are overlaps between say the vascular system and the primary meridians, it's important not to be reductionist and to equate one to the other.

Similarly, Marek Urbanowicz explores interpretations and treatments of structure through the lenses of Manaka style acupuncture, applied kinesiology, alongside a range of movement assessments, and influences from approaches such as the Feldenkrais method. When there are no obvious correlations between symptomatology and causation, we're reminded that a mechanistic approach – 'fixing' separate parts – doesn't solve uncomfortable symptoms. No part can operate independently of the whole and each whole is part of a larger whole. Change is better considered integratively.

In Keynotes, Jennifer Norton considers the frameworks provided by structures to support change, creativity and the required resilience to rebuild structures, within the BACC as well as externally in our lives. Richard Clark in his Opinion piece explores a matrix of structural influences on our practices, using the treatment of heel pathologies as an example.

Meanwhile, Jonquil Westwood Pinto relates how she's been collaborating on the development of an e-structure in the form of a lifestyle app to engage patients in self-care to achieve long-term changes in their health. Health is an adaptive struggle, as in their separate ways Sandra Hill and Peter Firebrace demonstrate with a Chinese Lesson on the bones and marrow of structure, and the actions and influences of GB 20 Wind Pool respectively.

Resilience demonstrated in the opening up of new and old practices, reviews, recipes, advertising recommendations and regional round-ups – these are but a glimpse of the holding structures and information in these pages. On behalf of the editorial team, I hope you find something of interest in this issue as we pivot into autumn and stay reminded of the structural importance of the seasonal cycle.

Keynotes

The theme of this Acu. is structure. This can conjure images of restrictions and processes. The same repetitious process over and over again. However, structure also provides the framework, the guard-rails to support creativity and life. As members know, to provide the best treatments for patients a deep knowledge and understanding of acupuncture provides the structure to allow them to treat holistically. Without structure we have chaos, turmoil and upheaval. With it, we have rigour and resilience, it inspires confidence – in yourself and from others – in your knowledge and expertise.

All of us know what it means when those structures are lost. We know now – more so than in any other time in our collective history – what it means when everything we thought to be true is taken away overnight and we are left to rebuild and restructure, both professionally and personally.

Rebuilding a new structure to support us takes resilience. To be knocked down and stand back up again is hard – but in order to succeed you sometimes must do the hard thing. We must embrace change, as nothing stays the same and we are always in a state of flux. We are challenged daily by internal as well as external forces. To overcome them we must face them head on with determination and confidence.

That is not to say that we won't make mistakes – mistakes are wonderful opportunities to learn and grow. Sometimes painful mistakes provide us with the most valuable lessons. By reviewing negative situations or events, reframing them to change the way we think about them in a positive light enables each stumble and failure to open us up to learn something new and important about ourselves. Things go wrong, we must incorporate flexibility and be adaptable in the most difficult times.

Negative thoughts and that self-critic that resides in all of us often derails these good intentions. Negative thoughts lead us to deeper worry about negative outcomes. We get wrapped up in the rip tide of negative thoughts unable to see beyond it, leading to more stress, more worry. For me I have to catch myself in that moment. Stop, breathe and recentre myself. Remember that although the worst thing my self-critic has told me could happen and just might, the best outcome I can think of is equally feasible.

Resilience is about remembering the bigger picture and setting these thoughts both good and bad in this light. Has the impact of my actions had a significant impact on others? As the chief executive of BAcC, this is sometimes yes

To be knocked down and stand back up again is hard but you sometimes must do the hard thing

sometimes no, and sometimes the outcome is neutral. It is my role to assess the impact of my decisions on members. To give an example, the current interim website. In order to ensure members' data was protected and the pressure on staff to maintain a dysfunctional website was reduced, we decided that we would introduce an interim website. And while this short-term solution removed these pressures, we were conscious that maybe not all members would be satisfied.

These are hard decisions to make, and you must have resilience to understand why you have done the things you have done. To ensure your intentions are good and to acknowledge the critiques from others and always strive to improve. I am pleased to say that the vast majority of members understand these decisions and have supported our move to protect their data so that we could concentrate on our goal of building a larger, more inclusive, and appropriate website – for members and for the public.

To develop resilience you should always fully acknowledge your strengths and accomplishments. They might start small but over time you will add to them. Be proud of these things and never take them for granted. When times are tough these are the things that you fall back on, these are your guard-rails, your internal structure.

Finally, take care of yourself. A mantra that I have always had and have tried to impart to the staff is that you must take care of yourself before you can take care of others. This is especially important for all of you, our members in the healthcare profession – relax, sleep, bathe, walk, meditate, set aside time to acknowledge yourself and be grateful for your resilience.

Jennifer Norton | 020 8735 1206 | j.norton@acupuncture.org.uk



Jennifer Norton
Chief Executive

Acu.

By members, for members

Issue #32
Autumn 2021

News

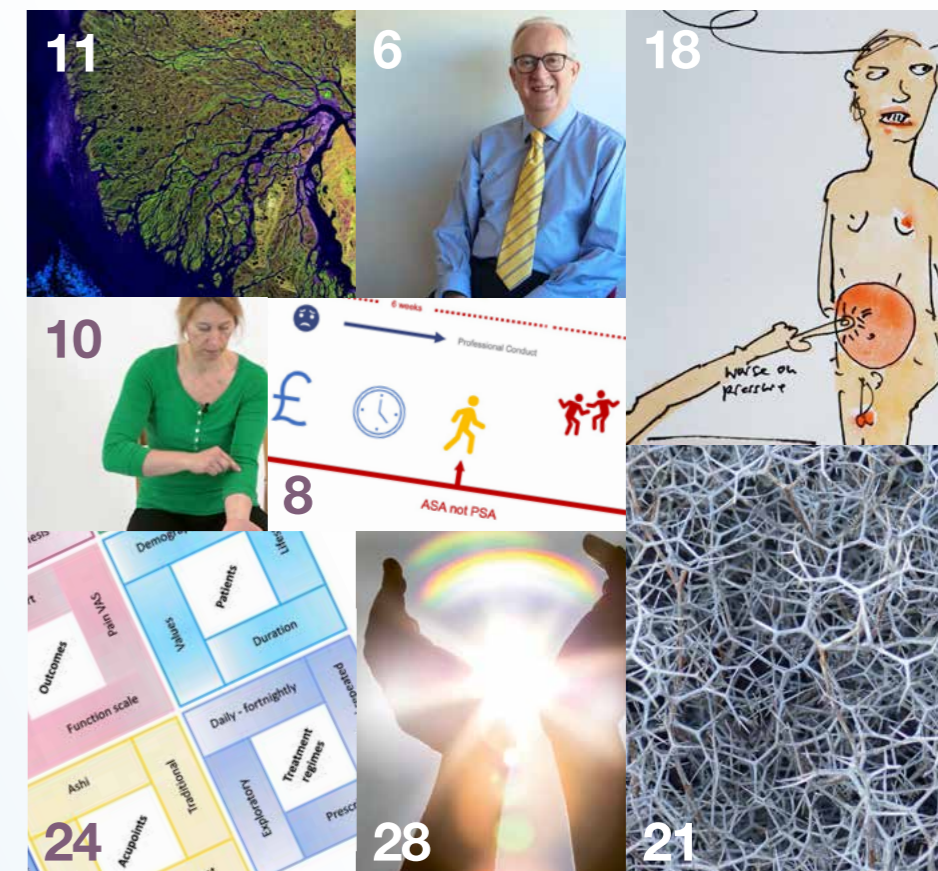
- 6 Rob Strange OBE: a huge thank you! Pia Huber
- 6 WebWatch
- 7 The value of your membership Montana Sheikh

Practice

- 8 The PSA, advertising & us: half-time talk Update from Ian Appleyard
- 9 Sardine fishcakes with poached egg Recipe from Jonquil Westwood Pinto
- 10 New resource for supporting patients' self-care Jonquil Westwood Pinto
- 11 Jing structure in Chinese medicine anatomy Caroline Strassberg
- 14 Just my point: GB 20 Peter Firebrace
- 15 Chinese lesson: gu & su Sandra Hill

Inspiration

- 16 My treatment room Joanna Wragg
- 17 Inner Pass Notes: Blood donation As reported by John Wheeler
- 18 Metal, listen to your soul! Jasmin Reif
- 20 The HypnoPuncture Method Online course review from Katy Bradshaw
- 21 The channel system & structure: a personal view Marek Urbanowicz



Opinion

- 24 Structural influences on practice, viewed from the heel Richard Clark
- 25 The classic of difficulties Charley Roux

Community

- 26 On reflection Pia Huber
- 27 Tribute to Ness Hamilton
- 28 Conference 2021: Celebrating our profession Preview from Helen Gibb
- 30 Meeting on Zoom: how was it for you? RGCs rate their online group meetings
- 31 Regional round-up
- 32 Committee overview
- 33 Office contacts
- 34 Classifieds & call for contributions



Acubites

A smörgåsbord of plant-based newbits prepared with members in mind

Your editorial team



Steve Wheeler



Houri Alavi



Jonquil Westwood Pinto



Sally Crowther



Scott Bridges



Tim Brown

Health campaigns coming up

National and local awareness events can be great hooks for your practice marketing or promotion, plus you'll be supporting everyone in the BAcC. Here are just a few suggestions to inspire you.

OCT 1 Stoptober | October | Public Health England (PHE) initiative to help smokers abstain from smoking for 28 days | thestoptober.co.uk

Back Care Awareness Week | 4-8 October | after the past two years, focus will be on spending more time at home, including for work and study | backcare.org.uk/event/2021

OCT 10 World Mental Health Day | 10 October | this year's theme: mental health for all | mentalhealth.org.uk/campaigns

OCT 18 World Menopause Awareness Day | 18 October | raising awareness for women feeling lost and in need of support going through menopause | imsociety.org/education/world-menopause-day

NOV 1 Movember | November | Men's Health Awareness Month: Responsible for thousands of moustaches on men's faces and raising funds and awareness for men's health | uk.movember.com

DEC 1 World Aids Day | 1 December | Rock the Ribbon: unite in the fight, show support for people living with HIV, and commemorate those who have died from an AIDS-related illness | worldaidsday.org

DEC 3 International Day of People with Disabilities | 3 December | United Nations annual celebration since 1992 promoting creation of diverse and accepting communities | idpwd.org

Cupping on show at the Olympics



Cupping treatment made the headlines this summer as several Olympic swimmers revealed the distinctive circular

marks across their incredibly well-defined muscles! British swimmer Adam Peaty told journalists that he uses acupuncture treatment weekly to soothe the muscle pain from his intensive training routine | tinyurl.com/aar75avr

A real eye-closer



Eye masks and the quiet chatter of voices – an interesting article about some of the different sleep

practices people find useful to help them get a good night's kip | tinyurl.com/5eyuzwzk

Mushroom benefits mushroom!



Blood sugar, immunity, cognition... we all know mushrooms are amazing and here's a simple summary from

Wholefoods Magazine of the researched health benefits | tinyurl.com/radbw94h

BMJ latest on long Covid



A medical review of the diagnosis and patterns of long Covid published in the British Medical Journal

(BMJ) shows a complex pattern which can include multiple organs and affect respiratory, cardiovascular, neurological, gastrointestinal and musculoskeletal systems. In the UK 12-week prevalence of Covid symptoms occurs in 9.9 per cent of infections. Pre-existence of asthma, severity of acute phase of Covid and hospitalisation are associated with development of long Covid. Some of the treatments currently being considered include breathing exercises, intravenous Vitamin C, and probiotics | tinyurl.com/5ycnnz3

Help with losing lockdown pounds



Back in July Public Health England (PHE) announced a summer campaign to help people get healthy as

more than 40 per cent of adults in England report putting on weight since lockdown started in March 2020. Next up comes the launch of the new Office for Health Promotion this autumn, aiming to level up the health of the nation by supporting people living with obesity, supporting mental health and promoting physical activity | tinyurl.com/4wx5jz65

Anatomy of Melancholy in Oxford



Coming up this September until March 2022, Bodleian Libraries is hosting a new free exhibition: Melancholy – A New Anatomy.

First published in 1621, Richard Burton's Anatomy of Melancholy is a huge and innovative encyclopaedia of mental and emotional disorder, as understood in the late Renaissance. Four hundred years later this exhibition revisits the Anatomy and shows how Burton's holistic and multifaceted conception of cure finds surprising echoes in contemporary psychiatry and prescriptions for mental health | tinyurl.com/22fzuj8f

And for anyone outside Oxford



Why not explore The New Anatomy of Melancholy, a new guide to what it is to suffer melancholy in the 21st century – broadcast on BBC Radio 4 last May. All

episodes still available | tinyurl.com/thhecuzn

CM based symposium on mental health



The International Integrative Mental Health Conference (IIMHC) – founded and organised by

Sohial Farzam, an Australian registered and practising 'Emotional Wellbeing Acupuncturist' – is lining up for the inaugural launch of their month-long online symposium on mental health and emotional empowerment this

October. This 'collaboration of the world's foremost clinicians, professionals, authors, speakers sharing their very best on mental health and emotional trauma' includes plenty of familiar faces | iimhc.com

International survey needs your help



The CM research team at the University of Technology Sydney (UTS) invite BAcC practitioner

members to take part in an international survey about the Chinese medicine profession and its workforce, comparing clinical practices and characteristics across Australia, New Zealand, the US and the UK.

The required study sample size for the UK arm is 335 responses. The Australian and US surveys are already complete and now closed for data analysis.

Although survey outcomes will be shared with the BAcC, any significant results or meaningful data are dependent on enough UK responses being collected.

The survey will take you about 10-15 minutes to complete, and all responses will be de-identified and kept strictly confidential.

A lucky draw of five £55 Visa gift cards will take place once the study closes – just submit your BAcC membership number at the end of the survey to be entered | tinyurl.com/p4hj4y4w

More survey news

We will very soon be able to share with you the outcomes from our latest and largest BAcC survey. Look out for an announcement of when, how and where in enews...

Moxi t-shirt win for member in Jersey!

Congratulations to Pamela White who spotted Wimbledon fan Moxi disputing a line call on page 38 of the summer Acu. Find autumn Moxi by 8 October and let us know where | editor@acupuncture.org.uk



Need to know

Pressed for time? Want to grab the essential info now and read the rest later? Here's where to start

Getting the best out of membership? make sure you know what's on offer | p7

PSA and advertising: take two how to create a good news story | p8

Lost the blood donation plot? John Wheeler gives the backstory | p17

Conference returns on 18/19 September Zoom in to see what's on | p28

Fact sheet revamp now in progress Ian Appleyard invites your help | p30

For exams at CCA...



... says student member Jasmin Reif, I created 85(!) disease-pattern drawings using ink and watercolour. I am a visual learner and embedded the symptoms in 'sketches' to memorise a disease and its manifestation in the body at the same time. You'll find more of Jasmin's drawings illustrating her article on page 18.

Rob Strange OBE: a HUGE thank you!



A few months ago Rob Strange advised the Governing Board (GB) that he would be stepping down as company secretary this autumn, in order to reduce his workload and enjoy his retirement more fully.

Rob Strange has had an incredible journey with many incarnations within the BAcC. He first joined the organisation as treasurer in 2013 and looked after our finances for five years until 2018. During this time there was very soon a rolling message at every AGM that the subscription would be held at the same level year on year. Of course this meant that although nominally the same amount was paid by the members, the value to the organisation continued to decrease – compounded by a decrease of membership numbers due to college closures – and the BAcC had to constantly streamline and lower expenditure. All of this was expertly managed by Rob Strange.

In 2016 Rob became interim chief executive for three months until a new appointment was made. Unfortunately, the next holder of the post departed early and in January 2018 Rob Strange was thus again called upon to hold the fort as chief executive, while still being treasurer, and he also took on the role of company secretary. When we appointed our present chief executive, Jennifer Norton, and a new treasurer, Richard Costella, Rob was able to concentrate his efforts on being company secretary.

In this capacity he was attending many meetings of subcommittees and all GB meetings. Through his vast experience of the inner workings of the BAcC he was able to expertly advise on all matters of governance and BAcC history, minute writing, preparing the AGM and so much more.

Eventually, Rob channelled all of this knowledge and information into pulling together a document now called the BAcC Governance Handbook. All new GB members are encouraged to study this document, in order to familiarise themselves with the BAcC structure and with their duties – and ultimately of course, as Board members and directors of the organisation, they are held accountable should the BAcC suffer financial difficulties.

From the very beginning of my election to the GB I knew that I could turn to Rob for advice especially on governance matters. He has this wonderful mix of knowledge, skill and great empathy and he was much loved by staff members for his support and advice.

On behalf of the GB, the staff and all members of the BAcC, I would like to give huge thanks to Rob for the excellent and steady support he has given over the years and wish him all the very best for a good and well deserved retirement.

Pia Huber
BAcC Chair

WebWatch

The Feldenkrais Guild UK)
feldenkrais.co.uk/index.php
The Feldenkrais Project)
feldenkraisproject.com

Movement Matters) varimoves.com
You can't talk about structure and function without mentioning the Feldenkrais Method – named after its originator, Moshe Feldenkrais (1904-84), an engineer, physicist and Judo teacher. By moving slowly, in gentle repetitive sequences, neuromuscular pathways are re-educated, strengthened or recovered to bring about improved movement and enhanced functioning. Find out more and try out sample or live free lessons at these three websites.

Anatomy On The Go)
anatomyonthego.com/podcast
Need to review some anatomy? Perhaps you want to remind yourself about a specific system or region? With 47 episodes no longer than 18 minutes each, this looks like a great resource for refreshing on structures and functions.

The Embodiment Podcast)
embodimentpodcast.libsyn.com
This podcast claims to be for 'anyone who is interested in the body as more than just a brain-taxi'. Speakers have expertise in diverse embodied areas from yoga, to martial arts, to body therapy, to dance, to theatre, to bodywork.

The Body Keeps the Score)
youtu.be/QSCXyYuT2rE
A growing body of research suggests that mental unwellness doesn't just take a toll on our minds; it affects our physical selves as well. Watch this introduction to Bessel Van Der Kolk's idea on YouTube produced by The School of Life.

Anatomy Trains)
anatomytrains.com/fascia
Everything is connected, as Thomas Myers explains in his writing on Anatomy Trains. Myers developed the Anatomy Trains during the 1990s when teaching fascial anatomy at the Rolf Institute. They give an understanding of how the muscles connect through the fascial fabric or connective tissue of the body that has applications for all types of bodywork and movement modalities.

Fascia & Fitness)
tinyurl.com/yuehtxk7
An interesting blog post from 2018 highlighting the effects of changes in fascial thickness with age, including comment from the appropriately named Joe Musculino.

Why not share your online favourite resources with other members by sending a link to WebWatch via editor@acupuncture.org.uk

The value of your membership

Montana Sheikh brings you all the latest on membership actions, plans and offerings



Montana Sheikh

Membership Engagement Officer

Over the past few of months, we have seen many members move back into Full membership as they return to practice. It is wonderful to see so many of you coming back into acupuncture clinics. It's our job to make sure that you are both supported and making the most of your BAcC membership and everything that comes with it.

There are many aspects to the value of BAcC membership, from professionalism to support, news, strength, and community. We would like to take this opportunity to highlight just a few of the extensive benefits, and hopefully point you towards some savings to be made.

Discounted services

Your BAcC membership gives you access to discounts for key elements of your practice.

You can benefit from a reduced rate with Initial Medical for **clinical waste and sharps collection**. If you don't already have an account with Initial, our contact can help you get one set up) **Initial Key Accounts Customer Support 0113 2042403**

You can also save money on needles with various suppliers like Phoenix Medical and Scarboroughs offering discounts.

To find out more about **regular offers** available to BAcC members, head over to the ad section in the back of Acu. where many suppliers are listed alongside CPD courses and other products that may be of interest to you.

For your **First Aid at Work** training, the BAcC has secured discounted rates for members for both online and in-person courses. Booking through these arranged courses, could save you between £20 to £40. For more information, please contact the suppliers directly:
British Red cross) 0344 412 9000)
keyaccounts@redcross.org.uk
Holos Healthcare) 0800 007 5248)
info@holoshealthcare.co.uk

Insurance

We know that for many of you acupuncture forms part of a wider practice and treatment for your patients, and our membership insurance policy can cover you for more than just your acupuncture service.

Where you are applying techniques

that you were trained in as part of your professional training in acupuncture then you are insured within the scope of practice for acupuncture. However, if you currently hold separate insurance with another broker for additional therapies, you may be able get cover for these through the BAcC membership insurance policy – and there is no charge for adding such therapies to your insurance.

To add an additional therapy to your insurance, we will need the following key information:

- details of qualification or training undertaken
- details of course provider
- details of any associated professional body
- further information on education level and/or programme duration
- your certificate of completion

To help simplify the process, you can supply hyperlinks to relevant course/programme websites. Please email all details above to) membership@acupuncture.org.uk

We should then be able to make a decision based on existing BAcC additional therapies listings and, if necessary, seek further professional judgement for items not already known to the BAcC.

Cover may also be available for teaching others where you are suitably qualified to do so.

If your application is successful, we will provide confirmation and, where appropriate, a revised certificate of insurance. If the additional therapy that you are looking to add is deemed by the insurers to be 'higher risk' than acupuncture, Lockton can look at the possibility of providing a separate quotation for cover. This would be considered on a case-by-case basis.

Support

All members have access to a **free legal helpline** whenever needed. This can also be used for matters outside your practice and is provided by) **ARAG legal advice helpline on 0344 571 7978**

Alongside the legal support, as a BAcC member you also have access to a **confidential counselling service** which,

once again, you can use for matters both inside and outside of practice.

We understand how important it is for a practitioner to have a fellow acupuncturist to talk to during difficult times in practice. That is why we also provide a practice support service available to all members against whom a complaint is made. You can find more information on this and any of the services mentioned here on the Member website) acupuncture.org.uk/membership/support

This is by no means an exhaustive list of your membership benefits – just a spotlight on a few we thought you might find useful. If there's any other benefits you particularly value we would love to hear which they are, so please do let us know. And you can find more information on benefits here) acupuncture.org.uk/join-us

Lastly, as you explore our interim website, please do take a moment to find your listing on the Member Register and make sure your clinic and contact information is up to date. For any changes, just reach out to your membership team – Stephen Rainbird or Montana Sheikh – with the correct information and we will update your listing immediately.

✉ Montana Sheikh or Stephen Rainbird) membership@acupuncture.org.uk

The PSA, advertising & us: half-time talk



Ian Appleyard

Member & Policy & Research Manager

The development of acupuncture in the West is an interesting story. Each stage brings new opportunities and challenges. A central theme has always been the degree of regulation. Who is allowed to practise acupuncture? Who can call themselves an acupuncturist? Probably, if acupuncture is ever to be well integrated into the mainstream healthcare system, in the UK, it will need to be statutorily regulated.

A double-edged sword

Regulation, however, is just that: regulation. It implies the rules and authority that potentially constrain what we can say and do. The BAcC is currently self-regulated but accredited by the Professional Standards Authority (PSA). Something of a halfway house, not statutorily regulated but not unregulated.

PSA accreditation brings some potential benefits. GPs are allowed to refer patients to practitioners who are on an accredited register. The NHS website page about acupuncture links to the PSA which in turn links to the BAcC. There is, of course, the regulation side.

The PSA have placed conditions on the BAcC at this year's annual accreditation review. These conditions boil down to one thing: ensure that the BAcC and its members comply with the Advertising Standards Authority (ASA) guidelines.

Risks and opportunities

Our 'Let's talk about... Advertising' campaign was established to inform the membership about the PSA/ASA issue and our proposed steps to move forward. So far, we have run two webinars, one Q&A session in August, plus my article on page 6 of the summer 2021 Acu.

The situation does present some risks for the BAcC. We are now required to monitor members' marketing material. This takes time and money. If we find ourselves conducting professional conduct hearings, then this will take even more time and money. If the PSA considers our response to their conditions insufficient there is a risk the BAcC loses its accredited status) see [webinar slide 1 opposite](#)

In addition, for members who are selected, the monitoring process might be stressful or annoying.

Alongside these risks, there are opportunities. We can improve the way we communicate the benefits of acupuncture to the public by utilising the evidence pyramid) see [webinar slide 2 opposite](#)

The evidence for acupuncture is stronger than many people realise. We can take this opportunity to work together to communicate key messages more effectively: acupuncture is effective for chronic pain (strong evidence); acupuncture is not a placebo; absence of evidence is not evidence of absence.

Useful resources

If you missed the webinars you can still access them on the website) [Membership](#)) [Campaigns](#)

We have also posted material from the ASA and its partner organisation the Committee for Advertising Practice (CAP). There is quite a lot of information, so we have produced [The Guide to Advertising: presenting the evidence](#). This document takes you through the CAP guidance and the BAcC acupuncture specific advice.

Along with the new guidelines please look at [The Advertising Codes: BAcC monitoring process \(Pilot\)](#). The process has been designed to be supportive. At present, it is a pilot, and we welcome any feedback as to how the process could be improved. Both of these documents can be found on the website) [Members](#)) [Campaigns](#)) [Let's talk about advertising](#)

Responding to complaints

The PSA have told us that they received a complaint from a member of the public regarding the advertising of BAcC members. We were given a spreadsheet containing links to some BAcC members' websites. The spreadsheet highlighted webpages that were deemed to possibly be in breach of ASA guidelines. Whilst we don't know, it is possible that this complaint came from one of the so-called sceptics organisations such as the Good Thinking Society.

We have been in touch with the members identified on the spreadsheet. For some it was simply a bit annoying, for others it has been

more stressful. However, everyone has taken steps to adjust their website where necessary and engaged in the process. This is really positive, and I would like to thank all of those who found themselves in the spotlight. One question that has stood out is: Why me? As far as we know, these members were selected at random.

What we have learnt

Through our contact with the Copy Advice Team and the feedback from members a couple of things have become clear. First the Copy Advice Team are only able to assess marketing material according to the CAP guidance. It is not their role to debate the evidence. This may give the impression that the Copy Advice Team take a tick box approach. To take account of this, we have adjusted the monitoring process to allow members to continue with marketing that the Copy Advice Team have evaluated a slight risk of breaching the CAP Codes.

Second, there is no standard formal mechanism for changing the CAP guidance unless a complaint has been made. The Copy Advice Team have suggested the BAcC request a special review, this was given to osteopathy and chiropractic. If a review is granted, we will need to select three or four conditions. If you have a view about which conditions we should select, and/or would like to be involved in putting together the submission to ASA CAP please get in touch with me, Ian Appleyard) see [webinar slide 3 opposite](#)

Working together

The ASA CAP Codes seek to ensure the public is not misled. I would argue at present the current advertising guidance relating to acupuncture is too restrictive. Therefore, it is somewhat misleading as it does not represent the existing evidence. Nevertheless, we need to find a constructive way forward, the first step being requesting a special review.

In the meantime, it is important that we do not give sceptic organisations the opportunity to portray the BAcC and its members as people who mislead the public. The evidence is on our side. By working together, we can do more to get



Sardine fishcakes with poached egg

Jonquil Westwood Pinto
Member: East Sussex

Sardines, eggs and goji berries are key ingredients in this quick simple blood building recipe. Sardines are a fantastic food with all the benefits of oily fish, edible bones for calcium and relatively sustainable for the environment.

Ingredients

2 x 120 g tin of sardines in olive oil
1 Tbsp goji (wolf) berries
1 small red onion
Olive oil
1 Tbsp pine nuts
50 g breadcrumbs
Zest of half a lemon
Handful chopped parsley
2 eggs
Salad leaves to serve

Method

Soak the dried goji berries in a bowl with a splash of just boiled water for 10 minutes, then drain and roughly chop.

Finely chop the onion and fry in a little olive oil until soft.

Mash up the tinned sardines, including the bones. Place in a blender together with the cooked onion, breadcrumbs, goji berries, pine nuts, lemon zest, chopped parsley, salt and pepper. Blend for a few seconds to produce a fairly course mixture. Alternatively, thoroughly mix all the ingredients together with a fork.

Form the mixture into four equal sized balls and flatten slightly.

Heat a little olive oil in a pan and cook the fishcakes for a 3-4 minutes on each side. Meanwhile bring a small saucepan of water to the boil and break in two eggs. Reduce the heat a little and poach for 3 minutes.

Arrange two fish cakes on each plate with some salad leaves and top with an egg.

Threats - Choices



Ian Appleyard - Webinar 17 June 2021

Slide 1

Evidence pyramid - 1

Use evidence reviews

- Have dedicated page(s) for the evidence
- Include an introductory section that highlights the different degrees of certainty regarding evidence - the evidence pyramid
- Present a balanced assessment of the evidence base
- Refer and provide links to independent sources eg the Cochrane Library



Ian Appleyard - Webinar 17 June 2021

Slide 2

What can I do?

Discuss research more



Help evaluate sham and verum acupuncture



Allergic rhinitis, back pain, shoulder pain, headache, knee pain, nausea and vomiting, neck pain, osteoarthritis

You don't have to be a researcher - it's the acupuncture

New section of research factsheets

Anxiety, asthma, cancer care, depression, elbow pain, infertility, fibromyalgia, insomnia, IBS, menopausal symptoms, obesity, premenstrual syndrome

Ian Appleyard - Webinar 17 June 2021

Slide 3

the key messages across and not let sceptic organisations frame the debate.

Start digging the well

Many of us will be familiar with the Chinese expression that you should not wait for war before sharpening your weapons and you should not wait till you are thirsty before digging the well.

Please take the time to review the new guidance and your own marketing material. It is not beyond the realms of possibility that sceptic organisations might start targeting BAcC members more in the near future. The better prepared we are the better we will handle the situation.

The evidence for acupuncture is better than many people realise. There is always room for improvements in communicating this good news story to members of the public.

Ian Appleyard) 07984 263436)
i.appleyard@acupuncture.org.uk

New resource for supporting patients' self-care



Jonquil Westwood Pinto

Member: East Sussex

Early in lockdown 2020 when life was turned upside down, I found I had a little time to look at my long-term to-do list – I'm sure you know the one, it probably includes 'learn to read Chinese' and 'build an organic herb garden'.

One project I had been pondering for several years was creating some really professional recipe cards for my patients, a set for each broad category of diagnosis – building qi, nourishing blood etc. I have worked as a chef in the past and cooking has become my form of relaxation over the years, so spending my lockdown days creating recipes, learning about food photography and design was a real pleasure in the surrounding turmoil. It's taken me a lot longer than I had thought, but I have now built a collection of recipe cards to use in my practice and to share with other acupuncturists.

I am passionate about the importance of lifestyle and self-care as fundamental components of the treatment package acupuncturists provide to patients. In 2017 I began working on my PhD at Southampton University which is exploring how patient health behaviour and lifestyle change is achieved in traditional acupuncture practice. My belief is that in order to get the best results acupuncture needs to be practised as part of a multi-component intervention, one which might include other modalities such as massage or herbs as well as assessment and support for lifestyle change.

The key areas of lifestyle we can look at include diet, physical activity, alcohol, smoking, sleep hygiene, emotional/mental regulation practices, rest/relaxation, work and social life. In addition we have many specific self-care techniques we can teach patients such as self-acupressure and qigong exercises. When acupuncture is practised in combination with these components we create a much more powerful therapy. I have a particular interest in

the psychological aspects of behaviour change, as we all know that simply telling a patient to change an area of lifestyle is rarely fruitful. To support change we need to prioritise the therapeutic alliance with our patients, agree together which changes can be achieved, then encourage, remind and reward every step patients make in the right direction.

Peter Deadman is one of my PhD supervisors, having written a book *Live Well Live Long* on the Chinese tradition of nourishing life (yangsheng). Through a serendipitous conversation with Peter, I made contact with fellow BACC member Tom Kennedy who had been mulling over an idea of his own; to create a mobile application that acupuncturists could use to prescribe self-care advice to patients. Within weeks, Peter, Tom and I had agreed to go into partnership to build an app which would include acupressure videos, recipes, qigong, self-massage and meditation.

Like all ventures, we had big plans but had no idea how much work it would be. In the strange digital existence of the last 18 months we worked virtually together, week in week out, creating content, dealing with technical issues, figuring out app stores,

international tax laws, insurance and a million other issues that go with starting a new business. To this day I have still not met Tom in person! We wanted Jing to include the very best content, to be an expertly curated library of resources produced by top experts in their field.

We have made some content ourselves – Peter and Tom have produced qigong and acupressure videos – and we have also been fortunate to be able to work with Daverick Leggett, Sarah Pritchard and Lisa Sherman. They have created videos, audio and text covering diet, self-massage, and meditation. Debra Betts has also kindly allowed us to include her excellent 'Acupressure for natural pain relief in labour' video series to the Jing material library. My



Stills from the app videos: Peter Deadman and Sarah Pritchard

own recipe cards have been included in the app too – and I am still making them as printed recipe cards for people who like to physically give the cards to patients, available via TCMFood.co.uk

As I write the Jing app is due to launch in September 2021, and we are keen to get feedback from BACC members in the first few weeks to help us improve. To sign-up or to find out about how the app works please go to www.jingselfcare.com

I really hope practitioners will find this to be a useful resource that makes it easier to engage patients in self-care, and that patients will be able to use Jing to help them achieve significant long-term changes in their health.

Jing 經 structure in Chinese medicine anatomy



Caroline Strassberg

Acupuncturist: New Jersey, USA

The concept of 經 jing, usually translated as 'channel' or 'meridian', is essential to understanding Chinese medicine anatomy. Today, it is often defined as the line connecting acupuncture points to each other, but it is actually a larger and multidimensional concept that transcends acupuncture points. The character is composed of the silk radical and the phonetic jin 涇, the old word for a network of rivers and streams or an underground watercourse. Therefore, 經 jing is the image of threads following a course like an underground river network. It is the character used to describe the warp of fabric, the concept of longitude, meridian in the context of Chinese medicine, but it is also the word for an important classic text – like the *Neijing*, *I Jing*, *Nan Jing* and the *Shen Nong Bencao Jing*. Like all Chinese texts these were written vertically but were distinguished by containing profound wisdom that was sometimes initially hidden.

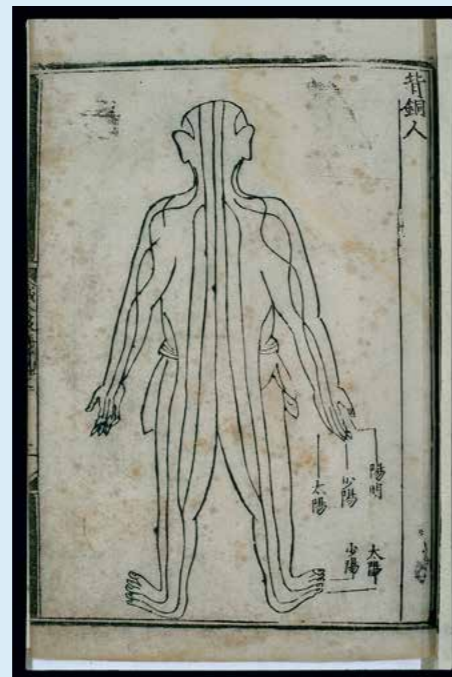
When trying to understand the idea of jing in English it is important to hold these different aspects in our awareness – there is a vertical shape or field for structural organisation, as seen in the context of weaving or the spatial organisation of longitude, as well as a patterning based on river networks and, perhaps, an association with vital knowledge that helps organise our thinking.

The Neijing explains the basic structure of the body as being composed of five primary tissue types – skin, fat, jin or tendon, blood vessels and bone; corresponding to the directional energies or rhythms of the west, centre, east, south and north, as well as the organs of lung, spleen, liver, heart and kidney. Of these five tissue planes, there are two that are organised into 經 jing, which tells us that these two tissue types have an architecture that is based on a vertical template, related to the organisational patterns of rivers. Perhaps these were the only jing because the skin, bones and fat do not have visible architecture that is vertically organised like the vessels and fascia.

Additionally, it is more difficult to experience and internally map these tissue layers in the same way as experiencing the movement of blood and qi through the vessels and sinews. It is important to remember that the origin of discovering these meridians in the first place was almost certainly through internal mapping. There were likely a few individuals with enough sensitivity to feel the internal connections described in the Lingshu, who wrote them down in order to teach this information to others who could not experience it themselves. This perceived structure was augmented with personal experiences of how illness impacts the body as well as through clinical experience.

The jingmai 經脈, also known as the primary meridian system, is a primarily vertical organisation of the body into 12 lines of connection that weave towards or away from the extremities. Each jingmai emphasises a different complex of physiological phenomena while maintaining a shared patterning along the axis of head to foot and head to hand. Chinese medicine is profound and elegant in its recognition that the body has a vertically oriented architecture such that places on the feet are linked to the head, while places on the shins are linked to the abdomen and that by using specific techniques with acupuncture, body work and movement the physiology of the system can be altered in these distal areas. Each of the 12 primary channels can be seen as physiological themes, organised into vertical-shaped fields, governed by specific principles and capable of being influenced or manipulated with specific treatment modalities.

In the Neijing there are descriptions of how physicians observed and palpated the jingmai to look for the beating of the vessel and assess its volume of blood,



Bronze Man acupuncture figurine, Chinese woodcut, 1537. Free to download from Wellcome Images: wellcomeimages.org



observe its colour, the temperature and the strength of qi in order to diagnose pathological factors and assess the vitality of the person. There is a clear connection and high level of overlap between the vascular system and the primary meridians, but it is important to not entirely equate one to the other. While the blood vessels resemble rivers in their appearance and the body, being made of almost entirely of water, functions like a giant water system, the jing and the points along it were linked to more complex physiological processes than just circulation in the blood vessels.

For example, the stomach channel has many areas that overlap with major blood vessels, like the carotid artery, the external iliac artery and the dorsal pedis artery. Palpating these areas is a diagnostic tool to understand aspects of the physiology and health of this channel, but it is important to bear in mind that the stomach channel itself is a composite of physiological functions that have anatomical and physiological unity and are organised under the heading of 'stomach channel'; the series of points along the channel have the capacity to influence this composite of physiological phenomena. The central points on the shin, for example – ST 36 zu san li, ST 37 shang ju xu and ST 39 xia ju xu – each influence different physiological functions of the stomach and intestines. ST 43 xian gu influences the upper part of the channel in the face that connects to the eyes, teeth and sinuses.

Thus we can say that the stomach meridian thematically connects the physiology of the vertically organised eyes, sinuses, teeth, throat and digestive system, using the concepts of qi and blood, along a somewhat linear pathway that was discovered through clinical experience and

self-observation. Neijing doctors documented their observations of this model of human architecture through the vehicle of the primary meridian channel system.

A similar thing can be seen in the 經筋 jingjin channel system, where its described anatomy is based as much on felt connections and functional relationships as on material tissue structures. Jingjin anatomy was definitively described in Lingshu chapter 13 and is still the reference we use today. While a few western practitioners have attempted to equate the channel descriptions in this chapter to osteopathic muscle chains or to see it as the ancient Chinese medicine version of Anatomy Trains, that would not be accurate. This perspective misses the fundamental point that anatomy was essentially a documentation of felt connections and clinical experience. There are places in the channel descriptions where the foot taiyang sinew channel lines up just perfectly with the superficial back line of Tom Myers' model, but then there are bits that don't fit – such as a branch that goes from the base of the skull to the root of the tongue (其支者別入結於舌本) or how the channel forms the web of the upper eyelid (其支者為目上網).

These are two examples where a multifaceted understanding of what anatomy was in Neijing times becomes essential. It is not indicative of a lack of understanding on the part of these classical doctors; that they didn't know there wasn't a muscle connecting the occiput to the base of the tongue. The authors were most likely describing either a clinical scenario where tension or injury at the occiput influences the root of the tongue or they saw that holding tension in either location influences the other. In the case of the



Cross section of the torso at REN 17 shan zhong

eye, they were encoding the knowledge that when you look up with the eyes it engages the foot taiyang sinew channel along the neck and spine. Holding this perspective when reading Lingshu chapter 13, or really any anatomical descriptions in the Neijing, puts the onus of understanding on the reader to work out what knowledge is being encoded and transmitted through the text.

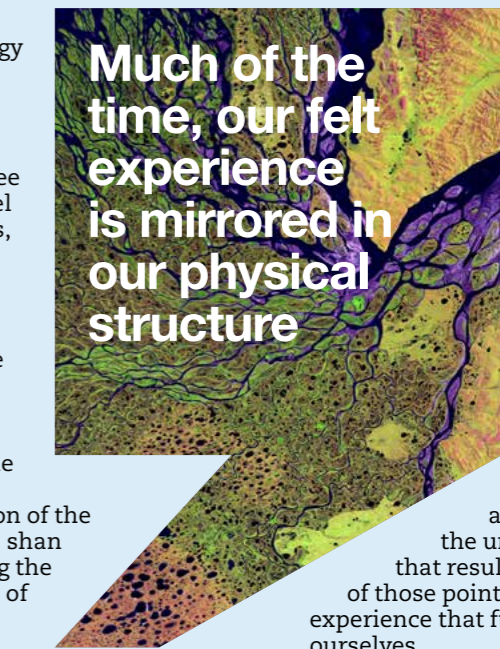
The sinews or jin are the tissue plane of the east, wind and the liver; they are the source of elasticity and motion in the body, so, of course physical, tendons, fascia and muscles are involved in their architecture. Much of the time, our felt experience is mirrored in our physical structure. Pressing the big toe into the floor and activating the arch, inner thighs and feeling it up to the pelvic floor activates a chain of sensation as well as physical structures like the flexor hallucis longus, the adductors and transverse perineal muscles. But if you are approaching the chapter looking exclusively for a chain of muscles that goes continuously from the toes to the head, you often don't find it because there are structural gaps in some places, while at the same time experienced continuity throughout. The point is to approach the chapter from the perspective of feeling the descriptions and what happens when you activate them and see how to link the various branches through movement.

The jingjin channel system consists of six channels with an upper and lower portion – taiyang, shaoyang, yangming, taiyin, jueyin, shaoyin. When studying this system of organising the 'tendon' or fascia layer of the body, it becomes clear that there are distinct anatomical and functional differences between the yin and yang channels; this is most clear in the descriptions of pathology. The yang channels are all superficial

muscular and neurological symptoms without visceral involvement.

In contrast, the yin channels go deeper into the body as they move in from the hands and feet; to the level of the pelvic floor, diaphragm and lung pleura. They are related to maintaining the structural integrity of the skeleton as well as to organ physiology – particularly breathing. Contrary to what many practitioners see in their channel anatomy books, the sinew channels exist at varying depths in the body and make different types of connections to the skeleton and viscera. The diagram above is a cross section of the torso at REN 17 shan zhong; showing the relative depths of the six sinew channels and how they relate to each other, the skeleton, and viscera. The three yin divisions of taiyin, jueyin and shaoyin have the primary motions of exhalation (compression towards axis), inhalation (expansion out from axis), and axial extension (how we adjust our centre of gravity).

The yin sinew channel system allows for the experience of maintaining an expanded state or lightness on our feet as we move and facilitates our felt experience of gravity while using it to



support our physiology. When there is a pathological factor, most often cold, impairing a yin channel, the pathology can show up in viscera pathology, such as in hand taiyin where severe obstruction results in tightness in the diaphragm, obstructed breathing and coughing up blood (其病當所過者支轉筋痛甚成息責脅急吐血). The yin channel system descriptions show a deep understanding on the part of Neijing doctors of how pathology that is seemingly visceral is actually the end result of something that started in the fascia layer and created progressively greater levels of stagnation and accumulation.

The Lingshu is a rich repository of clinical wisdom that gives detailed anatomical information in a way that explains not only what is there on a material level but describes what is felt and physiologically experienced. This most likely arose from their experience of their own physiology in health and in sickness, in youth and in old age, throughout the changing seasons and when experiencing the six climactic qi. The emphasis of their anatomical systems was on functional continuity rather than following a particular vascular pathway or muscle chain – although there was a lot of overlap. This is a result of the fact that human anatomy is an extension of organisational structures found in nature – the human body is subject to the same laws of heaven and earth.

As a result of this seamless continuity, it was evident to Neijing doctors that we would have jing patterns that organised us and could be used in the explanation of human physiology. As modern Chinese medicine practitioners, our task in learning anatomy and physiology is to not only understand the body in terms of points, but to

attempt to identify the underlying patterning that resulted in the existence of those points and attempt to experience that functional continuity ourselves.

Just my point GB 20



Peter Firebrace

BACc Fellow: Denmark

Every self-respecting detective, out in all weathers on investigative duty, needs a trench coat with a decent, high collar. It's part of the gear and no wonder. High enough to shield our super-sleuth from wind, cold and driving rain, it will also keep the delicate brain machinery of observation and deduction in top form.

Ancient Chinese acupuncturists, private investigators in their own field, named the three key points in this vulnerable area at the back of the head after the most dangerous assailant of them all: Wind, feng 風. GB 20 Wind Pool feng chi 風池 on either side of DU 16 Wind Storehouse feng fu 風付, a formidable trio against a formidable foe. So close to the du mai's powerful sea of yang, GB 20 further increases its yang credentials by meeting not only its shao yang partner, the triple heater, but also the yang-gathering yang wei mai and yang-descending yang qiao mai. No wonder it is such an effective connective hub to treat disordered yang.

Its name, feng chi 風池 Wind Pool, highlights the contrast between chi 池, the still yin pool, easily seen and felt in the hollow formed between the origins of the sternocleidomastoid and trapezius muscles, and feng 風, the turbulent, invisible yang energy of wind, well-named the spearhead of disease. Here is a place to calm that destructive wildness, a sheltered place out of the wind on this high, rocky outcrop of the head and neck.

The stronger the wind, the stronger the turbulence, the deeper it penetrates and the more devastating the symptoms. The points for exterior wind, BL 12 Wind Gate feng men 風門 and SI 12 Grasping the Wind bing feng 秉風, deal with attacks on the lungs and the local musculature of the upper back and shoulder respectively. GB 20 treats both exterior and interior wind, and with its woody connection to the muscles and tendons, is able to loosen the tight neck muscles that are the perfect breeding ground for so many headaches, making it the go-to point for headaches of all kinds. The tension, contraction, pain and stiffness are often so intense here that the patient is unable to turn their head to one side. I often combine GB 20 with GB 21 jian jing at the high point of the shoulder and either GB 34 yang ling quan at the knee or GB 40 qiu xu at the ankle and find it is even more effective when combined with its shao yang partner, the triple heater, for example with TH 4 wan gu or TH 6 yang lao at the wrist.

GB 20 had already been noted in the fourth century points text the Systematic Classic, the Jiayi Jing, for its particular action on the eyes (redness and pain in the inner canthus, tears coming out, blurred vision) and in modern times it is considered the major point for eye disorders and a specific for glaucoma. I have found it effective for reducing excessive pressure in the

eye, needled towards the opposite eye with local sensation around the needle and even more effective when there is a feeling of warmth in the eye itself. Treatment is two or three times a week at first until the pressure is reduced, then treatments can be spaced out further. I like to combine GB 20 with distal points on the hands and feet, such as TH 2 Fluid Gate ye men 夜門 and LIV 3 Great Rushing tai chong 太衝, as well as local points around the eye itself and GB 16 Eye Window mu chuang 目窗.

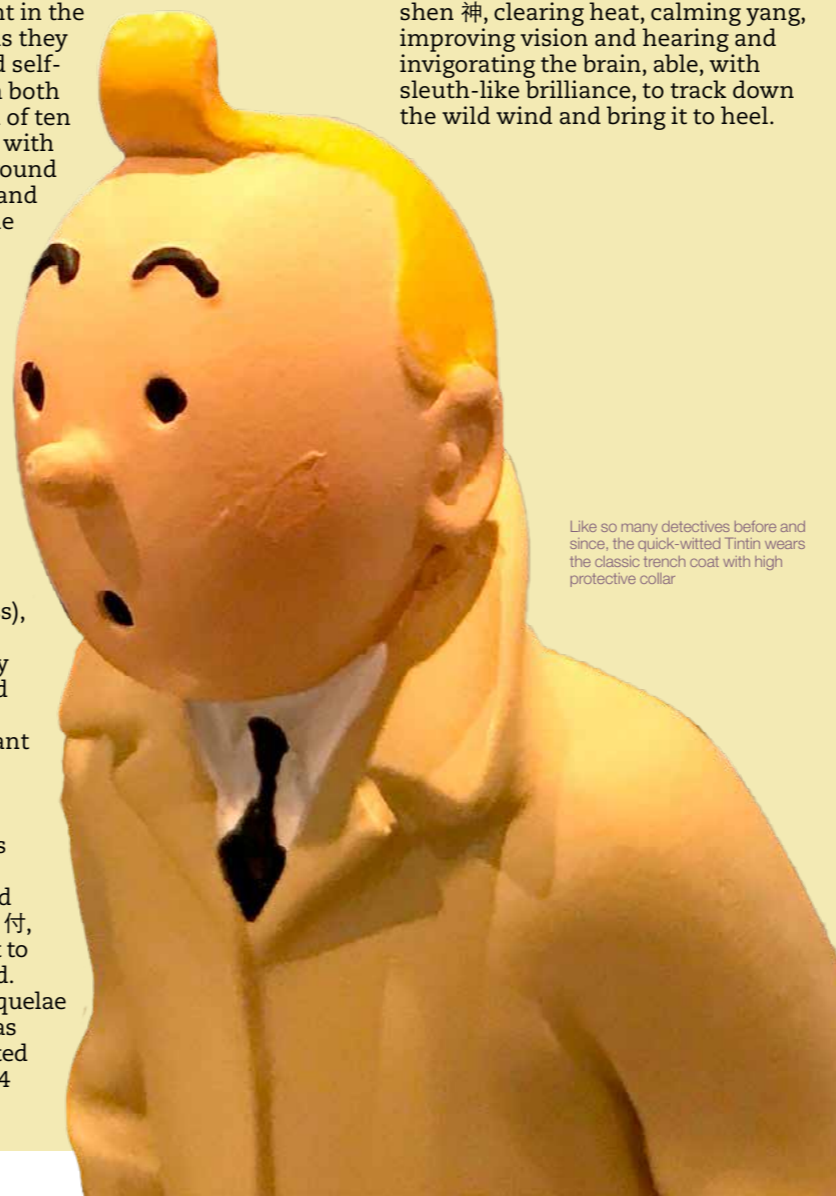
GB 20 is a wonderful point for the eyes. For those patients unable to come for treatment in the clinic as frequently as they should, I recommend self-massage on GB 20 on both sides for a minimum of ten minutes a day, along with massage of points around the orbit of the eyes and 'palming', holding the palms over the eyes to exclude all light and provide a warm, dark space that is both nourishing and restful to the eyes.

Interestingly the influence of GB 20 extends, not only to the ears as one might expect from the meridian pathway (dizziness, tinnitus and deafness), but also to both the nose (sinusitis, runny or bleeding nose) and mouth (deviated), making it an important point for the sense organs.

Returning to the link with wind, like its extremely powerful neighbour DU 16 Wind Storehouse feng fu 風付, GB 20 is a major point to regulate internal wind. Hence it treats the sequelae of wind-stroke, such as eye and mouth deviated (for example with ST 4

di cang), loss of speech (for example with REN 23 lian quan and HT 5 tong li, or for Sun Simiao with LI 20 ying xiang and DU 26 ren zhong) and loss of memory (for example with HT 7 shen men). It is also a very calming point when liver yang is agitated and the mind is unstable, for example laughing and crying, hysteria and insomnia.

From its pragmatic use for tight muscles, stiff neck and headaches, all the way to extreme mental and physical disorders, GB 20 is a deep-acting, wind-catching point. It is protective to the integrity of the shen 神, clearing heat, calming yang, improving vision and hearing and invigorating the brain, able, with sleuth-like brilliance, to track down the wild wind and bring it to heel.



Like so many detectives before and since, the quick-witted Tintin wears the classic trench coat with high protective collar

骨髓

Gu & sui

CHINESE LESSON



Sandra Hill

Acupuncturist & Author: London

As usual with systems associated with the kidneys, bones (gu 骨) and marrow (sui 髓) form a yin/yang pair – reminding us that structure always needs nourishment and flexibility. Both the strength of the bones, which gives stability and alignment, and the deep nourishment of the marrow depend on the essences and qi of the kidneys. The bones are hard, the marrow soft; the bones store the marrow, the marrow nourishes the bones. Like all yin/yang couples, they are both opposite and interdependent.

The character gu (骨) simply means bone, skeleton – but also a framework, and in the phrase ao gu (傲骨) it is to have character, spirit, or possibly, as we might say, backbone. The top part of the character is bone or skull, and can also mean to dislocate; the bottom (肉/月) represents the flesh or a part of the body – so gu is the boney structure of the living body. A similar character kua (髑) suggests a defect in the bone structure, and can be used to mean unbalanced or lopsided.

Sui (髓) – marrow – is made with the bone character on the left, and in the centre, a sign that is used for movement, and specifically, to follow. The marrow follows the structure given by the bones, in the same way that a river both follows and creates its banks. Sui can also be the innermost core of something. The brain is the 'sea of marrow' and brain, marrow and bones make up three of the six extraordinary and permanent fu (qi heng zhi fu 奇恆之腑). This group of not quite fu but not quite zang, are fu with the yin function of storage; they are considered to be close to the beginnings of life (like the extraordinary meridians, qi jing ba mai 奇經八脈) and are concerned with the storage and management of essences. They appear as a group in Suwen chapter 11, where they are said to follow the patterns of the earth, whereas the ordinary fu follow those of heaven – providing movement and circulation.

The double function of the kidneys – and the Nanjing makes a distinction between the left and right kidney and their association with yin and yang, fire and water, as well as their coupling with the bladder and triple heater – is seen in all its associations. The outward expression of the strength of the kidneys is seen in the yin/yang, hard/soft couple of teeth and hair. Suwen 5 tells us that the essences of the kidneys produce the marrow and bone; but it is the marrow, the yin, water aspect of the kidneys that nourishes wood and produces the liver – and which associates the marrow with the production and maintenance of liver blood.

The couple of bones and marrow give a clear example of the interdependence and interaction of yin and yang, hard and soft, strength and pliability at the deepest level of the body.

My treatment room



Joanna Wragg

Member: London

This pandemic changed so many people's perspective on work, health and freedom. There were times when life stood still – everything and nothing changed. During the many months of on-off isolation and periods of profound uncertainty, acupuncturists and other holistic therapists had to adapt their way of working. In the middle of this existential collective life-pause, the reasons behind why I wanted to start an acupuncture and holistic therapy clinic became much more vivid.

My journey into the complementary health sector started in 2015 as a massage therapist prior to acupuncture. Being a therapist mixes a desire to help others with so many skills aside from the therapy you love and trained in – social media, funding applications, finding somewhere to practise, writing reports, etc – the to-do list can sometimes feel endless. The additional financial and logistical pressures brought by coronavirus made me question how I could help others especially new practitioners, as they navigate the new challenges while building a business to be proud of, love and enjoy.

The ethos of caring not only for clients but also prioritising the health of the working practitioner was part of my initial business plan – so that we are able to best serve the mental and emotional ripples of the post Covid-19 world.

ACU.E8 is a clinic with a difference, based in Hackney within a small boutique shopping centre/event pop-up space called The Factory.

Simplicity is key at ACU.E8 – ease of booking and working as a practitioner, you receive your own set of keys to the self-contained clinic. Everything within the room – towels, linens and equipment – is yours to use. Or if you prefer to use your own towels – colour coding or to have a special theme or look to how you set out the space – there is also a laundry service. Towels are laundered at a small cost and brought back ready for the next time a practitioner is in the clinic.

There is also a clinic manager – me – on hand for help with the clinic, emergencies, business growth, etc.

ACU.E8 promotes ethical business values. We ask our resident therapists to offer a reduced rate treatment to the public who are struggling financially per week, if they feel able to. In return for a beautiful, spacious and affordable



place to work, we ask practitioners to pass the giving ethos onto someone who might not otherwise be able to afford treatment.

We are a green footprint company. We believe if you care for people, this conscious awareness must spread to our environment. The products we buy and use at the clinic are recyclable, refillable or reusable.

ACU.E8 is about building a collective of small businesses that grow together and give optimally to themselves and



the community of East London. Ours is a living, breathing environment and we pride ourselves that the clinic is welcoming, safe, inclusive and a diverse place to work.

We're not just a booking system, we are a community of practitioners, we were founded with others in mind and are always exploring ways to expand, learn and grow. We encourage the sharing of skills and treatments and collaboration on promotional events.

In the words of Maya Angelou: 'As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others.'

If we don't first care for ourselves, our profession and our peers, how do we authentically share this love of acupuncture and other holistic therapies with the wider public?

www.acue8.com

Inner Pass Notes

as reported by John Wheeler

Blood donation

Have I missed something? I thought our patients could donate blood. We used to issue certificates, didn't we?

Good grief, just how long have you been asleep? They disappeared over a decade ago when the NHSBT, the NHS Blood and Transplant, let's call them the Blood People, decided that the newly coined EU definition of 'qualified practitioner' meant 'regulated by statute'. For anyone who wasn't 'qualified', ie us, the patient had to wait four months to donate, the so-called 'deferral period'.

Wait a minute... that means a speech therapist with no training could buy some needles, have a go, and their patients could still donate – where we, with three years training and high standards of practice, have to tell our patients they can't. That's barmy!

You're catching on fast. So here's the deal: when did we stop reusing needles?

Wasn't it 1999? BSE was happening and the prions which carried the infection weren't killed by autoclaving?

Got it in one! No reusables, guide tubes only. Which means??

We can't cross infect anyone because the needle never goes from person to person, and we never touch the needle

Unless you were a criminal or criminally negligent, of course.

Fair point

I think not, my fine friend. You might as well argue that a surgeon could cut someone's heart out so shouldn't be allowed to practise with a scalpel. You don't legislate for outliers.

Didn't the BAcC put up a fight?

Not half, to the point where we were told 'this correspondence is now closed'. I don't think the Blood People liked being reminded of this enormous elephant complete with howdah (look it up!) in the room.

Have we made friends with them again?

Of course we have; it's what we do. Then, five years ago the Blood People commissioned a survey to establish that there weren't any cross infections. They have to have evidence, you see; it's how their system works. We even got the PSA along to support us.

Isn't that barmy too, trying to prove a negative?

You may say that but I couldn't possibly comment.

Did it work?

Obviously not. Just as we nearly reached our goal, the Blood People reviewed their approach to gay men giving blood, so we were swept up in another review.

But surely the rule on gay men donating blood changed a couple of years ago?

It did, but then the EU (remember them?) decided to review another anomalous situation with tattooing and skin piercing, and hey presto, that's us, so snakes and ladders, down we go... and off we go again.

But we've left the EU?

You noticed! But we still need to send blood and bone marrow backwards and forwards, so there's now another review to harmonise standards later this year.

Are you hopeful?

Hmmm, the last decade has seen some awful polarisation where reasoned argument doesn't work against positions held in the heart not the mind, felt but not thought. Like populism. You begin to wonder whether accepting us is just too rich an idea for some people to stomach.

Whoa, don't you go giving up!

WC Fields once said 'If at first you don't succeed, try, try – and then quit! No use being a fool about it'. It makes you wonder. Mind you, Stephen Wright also once said 'If at first you don't succeed, skydiving definitely isn't for you'. You have to laugh. That's an order, by the way.

You'll keep going then?

To the end of the road. It matters. We are rightly proud of our standards (cue stirring music and stern Churchillian pose).

Glossary for all blood types

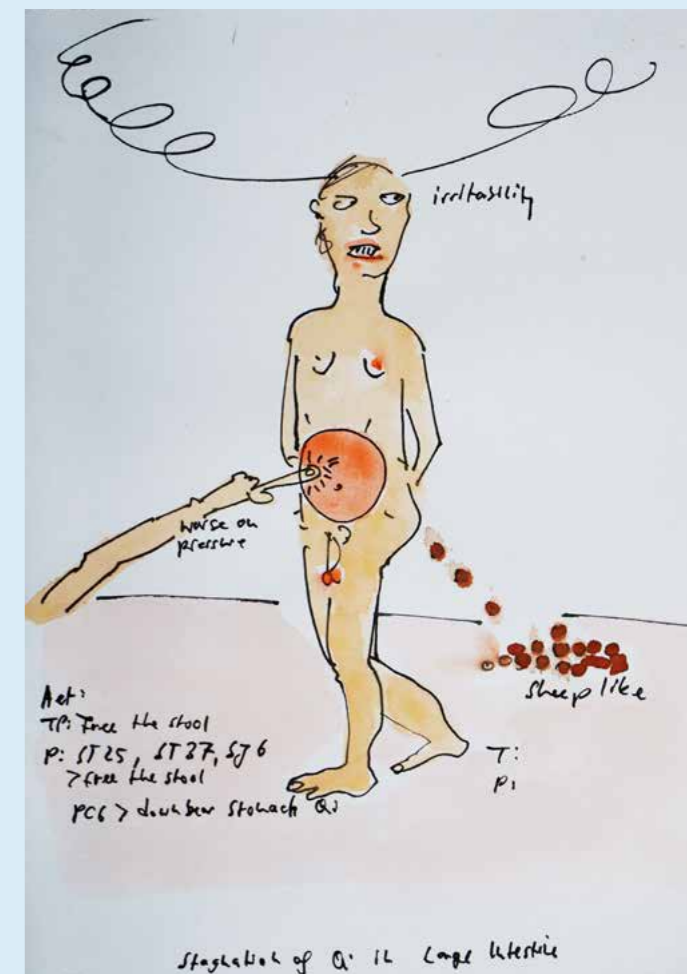
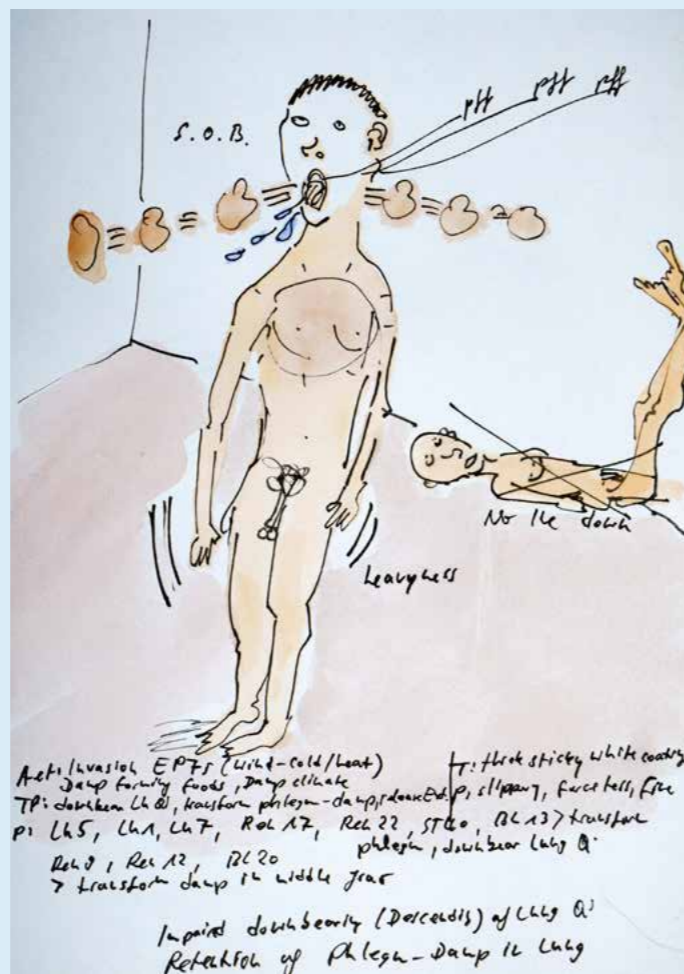
BACc	British Acupuncture Council
BSE	Bovine spongiform encephalopathy
EU	European Union
NHSBT	NHS Blood and Transplant
PSA	Professional Standards Authority
WC Fields	William Claude Dukenfield

Metal, listen to your soul!



Jasmin Reif

Student Member: London



In five element theory, the element metal is associated with pureness. Metal has the ability to systematically separate, organise and refine things, so that material becomes pure essence. Its season is autumn, when nature withdraws, stocks up and prepares for winter. Metal's emotion is sadness which is connected to letting go of things. The perfectionist and conceptual approach to life represents the metal aspect in a human being. Elegance, principle, discipline, method and ritual are attributed to Metal. In short – it provides the structural framework which enables a person to apply concept and theory to day-to-day life.

Yet, the metal type can get affected easily through interruption of rhythm and error in their schedule. When this happens, metal becomes rigid and inflexible, purposeful construction transforms into restriction.

A friend of mine told me a story which happened whilst she was in a period of heavy study. She was juggling many exams on top of her already busy life and maintaining her self-employed work schedule. In order to do so, she had meticulously structured her life with regards to being as efficient and productive as possible. She explained that she had paused the 'fun, relaxing and social' aspects of life in order to have more time to study. In her mind, it was a logical decision and to her it made perfect sense. After several

months of working this tight schedule, she became unsettled, progressively more dissatisfied, depressed, and aggressive, becoming easily irritated and rigid with herself.

She kept going, however, and only adjusted her schedule by cutting breaks shorter. One day, the day before a huge exam, she felt a sudden pain in her chest, further to the left side of her body. She had also realised an unusual breathlessness during the days before. Her inner voice began to speak to her quietly, telling her that it was the stress, that she had overworked, and this was the result of continuous pushing of her body as well as her mind. But she could not let go of her self-imposed rhythm. Specially not now!

Her usual reaction to physical alarm signals was to gain back control through logic and reason: Assess the danger first, she thought and went to Google chest pain, searching for key words like 'heart attack' and 'first signs: breathlessness', whilst still desperately trying to revise and prepare for exams. Panic set in and she got more and more restless, could not sit still, went from Googling symptoms to running outside, sometimes with the aim of getting help, the next moment calming herself down and reassuring herself that there was nothing wrong – Don't be ridiculous! It is just stress.

This went on until early evening, when she read another article that

stated that her symptoms can occur several days before a heart attack. That was enough – she drove to A&E! Full of uncertainty and shame, not knowing if her life was in acute danger, feeling over-dramatic yet horrified and anxious, she entered the hospital. Here, she could finally let go and hand over control to the doctors. An ECG and other examinations were made and after three hours of waiting, it turned out that indeed nothing was wrong with her. The nurse told her that she should take it easy and wished her luck with the exams.

What brought my friend to this situation? It was metal at its best – or worst? Metal in Chinese medicine stands for applying a system to life. Perfectionism and criticism are associated with the element. The metal type is well organised and rhythms are of huge importance. Their approach to life is methodical and they follow principles rather than impulses or inspirations. The metal-type person is effective, disciplined, logical and critical towards themselves and others.

When metal collapses, as it did with my friend, it can insult or overreact on other elements. At the same time, stress can trigger the wood element to overact on metal, causing chest obstruction and attacks of breathlessness. This particularly occurs in stressful situations. Metal's response to a failing system can be counterproductive:

rigidity turns into stiffness, perfection becomes compulsion, and the application of strict rules grows into an obsession – all this in order to regain control over body and mind. Ironically, control gets lost through over-controlling behaviour in the first place.

When my friend's 'body-mind-system' responded with an error to tell her that something is out of harmony, the machine broke down and her body responded with chest pain. Her body's reaction was to bring attention to the heart which is the element fire, connected to the lung via the 'insulting cycle' in five element theory. A panic attack, as her experience turned out to be, is also related to the fire. I could not help thinking that the body was taking back control.

It is no surprise that the metal type is prone to develop disharmonies which are related to the inability to let go. Apart from my friend's situation, common issues of the metal type are respiratory problems, shallow breathing, shortness of breath and asthma, which is the inability to breathe out. A stiffness in mind can present as stiffness in the body like the neck.

On the mental level, perfectionist behaviour can be seen as exaggerated structure. It causes rigidity and tight muscles, as well as constipation. Over-controlling behaviour can contribute to skin problems, cold extremities, depression and sadness.

On the spirit level, metal is related to the corporeal soul 'po' – the physical aspect of spirit. Its counterpart is the ethereal soul 'hun' – which broadly corresponds with the western concept of 'soul' and is associated with the element wood. Po gets affected by emotions like worry, sadness and grief. If grief is not expressed it can lead to disharmony patterns and stagnation of qi in the lungs. Maciocia states that the feelings we are not conscious of persist in the corporeal soul/po and express themselves through different spirits. Emotional stress can constrict the lungs and lead to shortness of breath, since breathing is seen as the pulsation of the corporeal soul. Furthermore, po relates to the individual's life as opposed to relationships and interaction with other people.

I suggested to my friend that she might create healthy rituals, which is a

I urged my friend to follow her passion in a flexible empathetic and maybe even chaotic way

way of structuring her life in a positive way. For the metal type, a framework is essential – not only to unfold their abilities to perform well, but also to relax, recover and restore the harmony of body and mind. A powerful technique to harmonise the metal is meditation, as it

creates a connection between the corporeal soul/po and breathing. Social activities nurture the element fire and spending time in nature benefits the element wood. All together, they take the pressure of the corporeal soul. I urged my friend to follow her passion in a flexible, empathetic and maybe even chaotic way. And most of all: I urged her to listen to her po!

The HypnoPuncture Method



Katy Bradshaw

Member: East Sussex

REVIEW

I first came across Sharleen Lawrence, creator of the HypnoPuncture Method, via a live Facebook interview with the 6-Figure Acupuncturist Alyssa Dazet. I was really interested to hear how she was using hypnosis techniques to enhance her acupuncture treatments and was having great success in clinic.

I have always been a big fan of hypnosis. It's a wonderful and gentle healing tool that I think very successfully helps people to resolve old emotional wounds and release unhelpful behaviours and limiting beliefs. I was really fascinated to learn how it could be used together with acupuncture.

Sharleen has discovered that by combining acupuncture with hypnosis patients require less treatment overall and need less frequent treatment but with the same great results. She's also had success with some really tricky conditions that acupuncture struggles to treat.

To quote her website: 'The HypnoPuncture Method is for licensed acupuncture professionals and students who are looking to up-level their treatment plans with their patients, get better patient compliance with nutrition and herbal suggestions, and provide better results with hard-to-treat conditions like tinnitus, weight loss and smoking cessation.'

Around this time I'd been thinking about how to better move my patients from 'chat' mode into 'right, time to relax mode' when switching from consultation to resting with needles in. This transition sometimes felt a little clunky and I needed a way to make it smoother. After watching the interview and reviewing the website I began to realise that some of the techniques being used in the HypnoPuncture Method could be the answer to my problem. In addition to the other benefits outlined.

There are three stages to the training offered. First up – the freebie! You can download a couple of quick guides from www.hypnopuncturemethod.com

There's a guide to using neuro-linguistic programming (NLP) to better communicate with your patients. NLP is a collection of techniques and strategies used to help us understand our thought process and behaviours, including how the language we use influences the way we think and the results we get. There's also a handy body-scan relaxation script

which takes five minutes to run through. I now use an adapted version of this with ALL of my patients.

To be honest, this bit alone solved my treatment room problem as it totally helps me to change gear and get patients – especially those chatty ones – into relaxation mode. What I've really noticed since using it is that far fewer patients now say, Oh I only just started to relax before the time was up. As a result I'm already seeing improved outcomes from this alone.

Next up – the weekend course – which actually consists of two two-hour live online sessions over a weekend. At the time of writing the cost is £358.

The group was nice and small and it was great to meet some fellow practitioners from around the world. During the sessions I learnt a lot of new information and got loads of opportunity to practise the techniques. The scripts you get here are quite general so can be applied to lots of conditions and include a really lovely one that patients can use to guide healing energy to any part of their body. Another one you can use for managing any difficult emotional situation such as anxiety, fear, anger.

After completing the weekend course you can apply for the next level – the HypnoPuncture Mastery course – which takes place over six weeks, includes a short pre-recorded session plus a ninety-minute interactive online session every week, and cost round £2,300 at time of writing.

During this extended course you'll learn the basics in much more detail: including treatment room flow, alternative hypnosis induction techniques, some NLP, information on ethics and legal obligations, and then specific scripts and protocols for weight loss, smoking cessation and tinnitus.

The last part of the course covers remote hypnosis with LifeWave patching. LifeWave patches are designed to elevate a copper peptide known to activate stem cells. When applied to the body they claim to improve energy, sleep and general wellness.

I was most interested to learn about treating tinnitus, which I have struggled to treat in the past, and to learn about remote treatments. And I like that there are different levels of commitment, depending on how far you intend to take it. Unfortunately, there wasn't any time

given for practising techniques in the advanced course.

I wasn't so keen on the hypno-patching element either. The company that sells the patches is a multilevel marketing company, so I didn't want to start promoting them to my clients. I've also not had any experience of whether they work or not.

Sharleen isn't the first person to combine acupuncture and hypnosis but she is the first to create an online course to learn the techniques.

My advice is to check out the freebies and sign up to the weekend if you're keen to learn some great techniques you can apply to lots of different patients – then only go on to do the longer course if you are particularly interested in treating the specific conditions listed and you intend to incorporate hypnosis into your business. Start off by offering it to those clients who you know will be receptive and go on from there.

Safe practice reminder: It remains each member's responsibility to ensure that they are sufficiently qualified and insured for any adjunctive therapy.



The channel system & structure: a personal view



Marek Urbanowicz

Member: East Sussex

Drawing on studies including Manaka style acupuncture, applied kinesiology, five element acupuncture, zero balancing, shiatsu and Feldenkrais, Marek Urbanowicz offers a range of lenses for viewing structural issues

As practitioners of traditional east Asian medicine (TEAM) the bulk of our client load may well be patients presenting with musculoskeletal problems. Western allopathic medicine is predicated on a biochemical model that, apart from good physiotherapy, is not always hugely successful in dealing with more biomechanical issues.

Even physiotherapy has changed over the last 20 years, becoming much less hands on and more a methodology whereby patients are given exercises to do. One of the problems with this approach is the non-compliance of patients to carry on with the exercises for more than a short period of

time. Not surprising therefore that many patients turn to other forms of structural intervention: osteopathy, chiropractic, craniosacral therapy, massage, the Alexander technique, Rolfing, the Feldenkrais method, and acupuncture.

So how do we as acupuncturists view structure? Do we see it through the lens of the channel system? Do we do distal acupuncture or treat locally and delight in hunting down ah shi points or use Travell's trigger point system. Do we have an overarching channel model or take ideas from outside the realm of TEAM and incorporate them into our practice? How do we approach problems that are primarily based in the psyche but manifest somatically?

The three dominant perspectives in my practice are: Dr Manaka's yin yang acupuncture model; applied kinesiology that uses manual muscle testing as its primary diagnostic tool; range of motion testing (ROM).

Dr Yoshio Manaka (1911-89) was an esteemed medical doctor and acupuncturist as well as a poet and sculptor, a genuine polymath. Manaka's yin yang model is an octahedral one and based on the pathways of the extraordinary vessels. The octahedron, as clearly demonstrated by Buckminster Fuller, is one of the most stable structures on the planet.

In Manaka's model the body is divided into quadrants: the conception vessel along the midline on the anterior surface and the governing vessel along the posterior one. The dai mai or gate vessel bisects the upper body from the lower part and acts as a pivot. This division gives us four quadrants front and back and is further divided by yin and yang wei mai plus yin qiao and yang qiao (see diagram over the below).

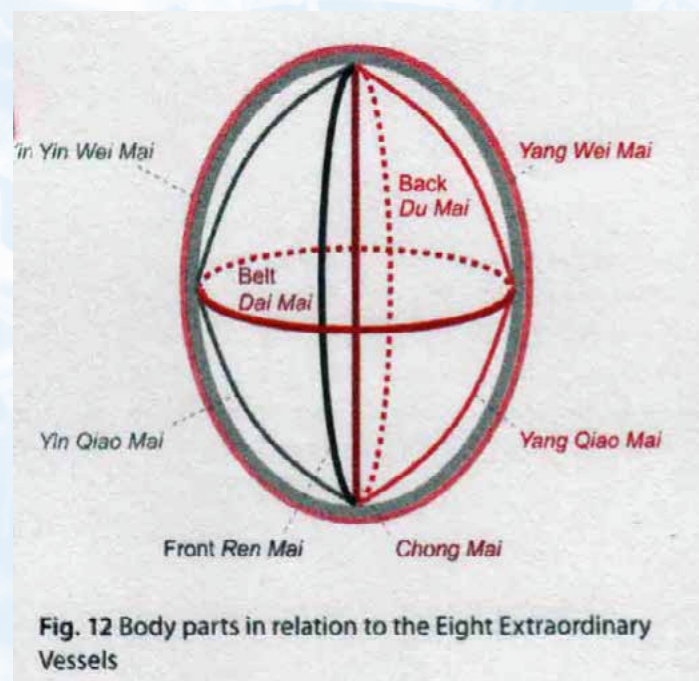


Fig. 12 Body parts in relation to the Eight Extraordinary Vessels

Manaka's treatment strategy is a five-stage protocol:

- 1 Treating the front aspect, the yin aspect, frequently using the master/couple points of the eight extraordinary vessels.
- 2 Treating the posterior surface, the yang aspect, particularly with the use of the back shu points with needle moxa (kyotoshin)
- 3 Adjusting any structural issues not addressed by stage 1 and 2, frequently using sotaï.
- 4 Treating the symptoms using appropriate points with direct moxa (okyu), leaving needle (chishin) or kyotoshin.
- 5 Homework for the patient such as sotaï exercises, self-moxibustion, etc.

A common diagnosis in the Manaka model is the X syndrome pattern. This is diagnosed by pressure pain at the right subcostal region, at the left anterior superior iliac spine (ASIS) and left ST 26 wai ling/ST 27 da ju which is said to be a liver reflex area in Japanese acupuncture and is called oketsu and can indicate liver stagnation. Manaka's theory was that the X syndrome was due to a stagnant liver arising from the portal vein in the descending colon. The accumulation of toxins absorbed by the rectal veins can cause the portal vein to become congested which in turn affects the liver.

In my experience if the patient is assessed while seated they often have a decreased range of motion (ROM) when twisted to the right as opposed to the left. Frequently the right shoulder is lower compared to the left and forward of the midline and the line of torsion goes across laterally from the left ASIS to the right side of the neck. This exactly correlates with areas of tenderness found in palpation indicating X syndrome. What can be astonishing are the postural changes that occur using

this treatment. There is often a much greater range of motion after treatment, specifically when twisting the torso to the right, the right shoulder becoming less dropped and with decreased anterior rotation.

Sotaï is a system developed by Kenzo Hashimoto (1897-1993) a Japanese neurologist. After ten years of research he concluded that when the human frame is properly aligned, patients healed more quickly.

He then discovered that distortions in the structure could be corrected by moving the body in the path of least resistance or in the direction of greatest ease. An example of this would be if the right hamstring had less ROM than the left one. Instead of trying to stretch the tighter muscle, the patient is asked to slowly lower the elevated leg towards the couch. At a certain point resistance is provided by the practitioner for three seconds and then released. This procedure is repeated three times but each time the point of resistance is lower towards the couch. Between each release 20 seconds is allowed for the nervous system to assimilate the changes in muscle tone. Remarkably the right hamstring may now have greater ROM than the left one. Yoshio Manaka knew Hashimoto and incorporated some of his techniques into his model.

A further development is seitai shinpo (structural acupuncture) as developed in the 1970s by the Japanese acupuncturist Daichii Sorimachi and influenced by the moxa tradition of Ken Sawada and Hashimoto's Sotaï. Sei means correct, proper, original; tsai means body, posture; shin means acupuncture and po method. It involves correcting distortions in skeletal structure by treating the soft tissues thus resolving disease through better alignment, increasing the body's natural immune response via moxa, harmonising the sympathetic and parasympathetic nervous systems, relieving pain and numbness through the stimulation of the vertebral nerves and the release of endorphins, serotonin, strengthening adrenal activity, and supporting the cardiovascular system.

The method of diagnosis is not unlike Manaka's model in that the body is viewed as having four quadrants. Is the right shoulder lower than the left? Is the left leg less able to rotate externally? A frequent

finding is that the lower left lumbar region is tight and the upper right thoracic has contracted muscles. The structural picture is very similar to Manaka's X syndrome pattern although the acupuncture points used are quite different.

Felip Caudet is a Spanish physiotherapist, acupuncture practitioner and moxibustionist whose studies included postural analysis. He studied moxa traditions extensively in Japan and from his training developed a technique that he calls kinseikyū. His method is to focus on where there is excessive muscular tone thereby causing postural imbalances. For instance, one of the first things to assess is which leg is dominant and tighter due to the bladder channel and the hamstrings.

Remarkable postural changes occur with kinseikyū, which has three stages:

- 1 Precise use of moxa at specific points, for instance, with a tight left leg, just below and above the popliteal crease and below the gluteal crease.
- 2 Use of rolling bamboo moxa (Ontake) as developed by Oran Kivity.
- 3 Gentle torquing of the leg in order to assist fascial release.

Applied kinesiology (AK) derives its origins from the work of Dr George Goodheart DC (1918-2008) an American chiropractor, whose syncretic approach to dealing with complex patients started with manual muscle testing as outlined by Kendall and Kendall. This was not a new approach but Goodheart's revolutionary idea was that hypo or hyper tonicity of a muscle indicated a more internal imbalance. His overarching model was that each muscle was part of a circuit that included what he called the five factors of the intervertebral foramina (IVF): nerve, blood and lymph supply plus the cerebrospinal fluid and the acupuncture channels.

Goodheart incorporated Chapman's lymphatic reflexes, Bennett's vascular reflexes and the concept that each muscle related to an organ and therefore an acupuncture channel. This muscle/meridian relationship can easily be demonstrated by manually testing a muscle and then lightly tapping the ipsilateral sedation point, for example SI 8 xiao hai, the sedation point for the small intestine channel, the primary related muscle being the quadriceps. After briefly tapping this point the quads should temporarily weaken. If this doesn't happen the muscle has some degree of hypertonicity and probably a decreased ROM.

A common finding in AK is very similar to Manaka's X syndrome. The left ASIS will be rotated either anterior or posterior, the latter being more common. The posterior rotation is often caused by weakness in the sartorius or gracilis muscles that in AK are related to the pericardium channel. The pelvic rotation will create a twist in the torso thereby causing a dural torque. The dura mater attaches to the upper three cervical vertebrae and then to

the sacrum. Any twist in the dura will pull on one or more of these vertebrae causing a subluxation or fixation. A subluxation is defined here as any bone that has become misaligned and a fixation is where two or more bones function as one unit rather than independently.

A frequent finding is that C3 has subluxated to the left, in turn affecting the phrenic nerve supply to the diaphragm. The tight diaphragm in turn affects the liver sitting below it on the right. When the diaphragm does not contract and relax properly then the viscera are not 'massaged' sufficiently. Since the diaphragm attaches to the xyphoid, the costal borders of the ribs and to L2 and L3, any contraction will cause flexing of the torso. Goodheart postulated that the diaphragm acted as a piston to energise the meridian system since so many channels pass through it. Consequently improving breathing would profoundly affect the way the body functioned, an idea I discussed at some length in a previous article in *Acu.* last year ('The Dynamic Diaphragm', summer 2020, page 12).

Another very useful procedure is range of motion testing (ROM). This is not a new way of looking at patients and is used by physiotherapists, osteopaths etc but as acupuncturists we can include it in the diagnosis of the channel system. Frequently if the hamstrings are assessed they will appear to be shortened with a limited ROM. This is particularly common in men who generally tend to be less flexible than women. Quite often the ROM is greater on one side than the other causing a difference in stride length and therefore the pelvis rotates more on one side, which will have an impact on how the torso twists and affect the gait mechanism.

As acupuncturists we could view this as a problem with the bladder channel. The yang channels are prone to being in an excess state thereby causing the muscles through which they travel to have hypertonicity. The bladder channel is the most yang one after the governing vessel and this can easily be demonstrated by looking at the ROM along its pathway. A frequent finding would be tight calf muscles, hamstring, gluteals, sacrospinalis and neck extensors all of which the bladder channel traverses through.

The renowned osteopath and author, Leon Chaitow DO (1937-2018) taught that the extensor muscles are prone to contraction under stress. Moshe

Feldenkrais (1904-84) called the extensors, along with the jaw muscles, anti-gravity muscles since they prevent us from falling over. It's interesting to note that as patients get older and yang declines there is a tendency to slump forward and flex. It's also worth noting that in Thomas Myers' Anatomy Trains model, he names the muscle chain that starts at the brow and then traverses over the head, along the spine, hamstring and calf muscles, as the back myofascial meridian. It is quite clearly the sinew channel of the bladder!

Another perspective with regards to a tight hamstring is the idea in AK that this muscle relates to the large intestine channel and specifically the rectum. The hamstrings can have limited ROM due to excess in the bladder channel, the large intestine channel or both. Merely stretching the muscle often only brings temporary lengthening and not until the underlying channel problem has been addressed will there a longer lasting effect. Applying several cones of moxa to BL 65 shu gu, the sedation point, will often increase the hamstrings' ROM.

ROM testing is also very much part of Dr Yoshito Mukaino's Meridian Test (M-Test) system. Dr Mukaino is a Japanese medic who specialised in sports therapy but also trained in acupuncture. He cleverly devised a system of 30 tests to evaluate and grade which movements have limited ROM. Once the most relevant meridian/muscle relationship has been determined then a treatment strategy is used incorporating the five phase model. It is a simple but elegant model and is very effective.

Yet another model to view structure is the one devised by the late Chinese acupuncturist Wan Ju-Yi. His channel theory model uses the six divisions as the predominant diagnostic criteria through which to assess patients. A very simplistic take on his model is that tai yang (bladder and small intestine) is

concerned with extension, shao yang (triple warmer and gall bladder) is to do with rotation and flexion and that yang ming is concerned with flexion. Unlike much of TCM a considerable amount of time is spent palpating the channels in order to come to a diagnosis. Once the primary channel pair or pairings has/have been determined specific points are chosen in order to treat the patient.

As is clear from the above, a number of different methods can be used in order to assess the patient's structure before any treatment is started. Initially how does the patient stand, which leg is dominant, is one foot turned out or in? Is one knee further forward; is one shoulder lower or rotated forward? Does that correspond to their hand dominance? How does

their torso twist? Is one leg appearing to be longer and, if so, is that a true or apparent difference? What ROM do they exhibit with the hamstrings, quadratus lumborum, piriformis, etc? What are the palpatory findings and is it possible to make a cogent and coherent diagnosis? Once a diagnosis has been made and

treatment strategies determined, is there any change in the patient's structure on the table? How does the patient feel, and more importantly can they integrate any changes that have occurred into their own somatic awareness?

There is clearly no one single way to diagnose and treat structural issues. But there are a number of modalities, especially in the Japanese traditions, that are relatively simple to use and yet can produce profound changes in the patient musculoskeletal system. As always, less is more.

As patients get older and yang declines there is a tendency to slump forward and flex

Marek's recommended reading

Stephen Birch:
Chasing the Dragon's Tail

Robert Frost:
Applied Kinesiology

Kenzo Hashimoto:
Sotaï Natural Exercise

Kenzo Hashimoto:
Sotaï Balance and Health through Natural Movement

Stanley Hoppenfield:
Physical Examination of the Spine and Extremities

Oran Kivity:
Moxa in Motion

Yoshito Mukaino:
Sports Acupuncture

Thomas W Myers:
Anatomy Trains

David Walther:
Applied Kinesiology Synopsis

Ju-Yi Wang:
Applied Channel Theory in Chinese Medicine

Structural influences on practice, viewed from the heel



Richard Clark

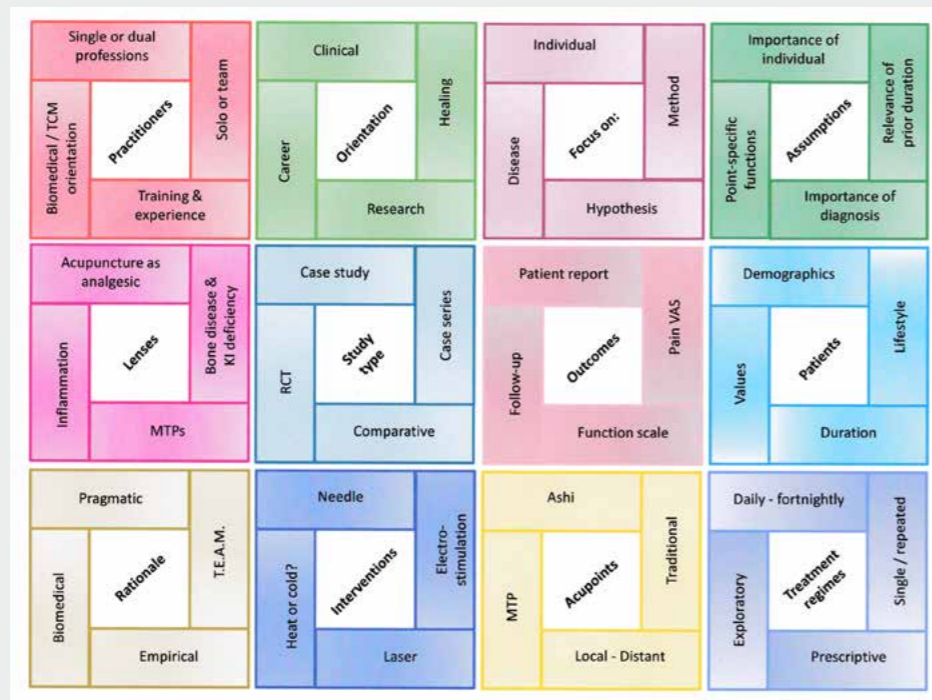
Non-Practising Member: Birmingham

During the past 20 years I've been considering the use of acupuncture for plantar heel pain syndrome (PHP). It may not be an exciting topic like cancer or subfertility but it does represent a large population of human suffering. I was drawn into it when I took on a commission to teach acupuncture to podiatrists. I had mixed feelings about doing so, knowing how upset some people get about short courses for medical professionals, but I took it on in order to encourage the recruits' positive awareness of broader aspects of acupuncture (beyond the 'Western Medical' perspective). If not me, who else might they have invited?

Being mostly NHS staff, the students needed to know the evidence base for what they would be doing, so I started reviewing the literature. There is not a lot published so I was able to collect nearly all of it, and to explore it in depth. The detailed findings are available in two co-published articles and my book, and you can find the sources, together with my blog and a discussion forum, on my dedicated website (details below).

Here, I'd like to explore some aspects related to 'structure', the theme of this issue. I learnt from one of my mentors, Joe Goodman, the osteopathic principle that 'Structure Governs Function'; meaning that the movement of energy through a system is determined by its structure. As Robert Fritz would say, flow takes The Path of Least Resistance, so you can influence the outcome by restructuring the path. Let's consider that at some different levels of complexity.

Firstly, the anatomical structure, the plantar fascia of the foot has been blamed for PHP. It was (wrongly) thought to be due to inflammation, so they called it plantar fasci-itis (PF) and injected steroids to fix it. Some still do, even though scans show that the pathology is degenerative rather than inflammatory (at least in chronic cases). Others reject the inflammation idea but continue to target the key structure with other interventions such as: shock waves, platelet injections or acupuncture at the ashi point. Others take a more holistic approach, considering the tensegrity of the



The 'Patchwork' model: summarising the disparate range of factors influencing practice, research and publication

myofascial web of the whole body instead of just the foot, which may lead to needling along (for example) the bladder meridian. Of course, transcending structure, those who focus on relationship, energy and change (as I imagine most readers do) may come up with more varied approaches, tailored to the individual.

Yet we found that a significant number of authors took a formulaic approach, using exactly the same treatment for large cohorts of patients. We pondered: why is it that practitioners of the same discipline work in such different ways? What are the factors (structures) that direct the flow of practitioners' thinking and actions? We considered this in our second publication in 2016: 'Rationales and treatment approaches underpinning the use of acupuncture and related techniques for plantar heel pain: a critical interpretive synthesis'. We found a disparate range of factors influencing practice, research and publication, which we summarised in

the 'Patchwork' model, shown above.

This raises all sorts of issues such as how the factors exert their effects and their multiple interrelationships. I can't cover all of this in a short article (the structure of the publication determines the flow of my ideas!) so please take a look at the website if you're interested to learn more. Here I will focus on just two levels – assumptions and institutions.

Many assumptions are implicit in the literature and some are questionable. A common one is that PHP is due to bone spurs, which leads to the following train of thought: Bone problem) kidney governs bone) treat kidney deficiency) needle KID 3 tai xi

However this assumption is not borne out by population studies – there is no correlation between the presence of spurs and the experience of pain. To my mind, this calls into question this particular approach to PHP, as it is constructed on such a shaky foundation. In view of the current prevailing understanding of PHP as due to myofascial problems, perhaps

we should restructure our approach around the construct that 'liver governs sinews'. Only a couple of authors have yet made this shift, so entrenched is the idea that PHP is a kidney problem.

Now let's consider institutional-level structures such as finances, regulations and protocols (another patch that could be added to our diagram). These impinge on practice in many ways, often unnoticed but shaping what we do. The prevailing culture of evidence based medicine (EBM) limits the activities of orthodox medics directly but its influence also percolates down to affect even independent acupuncturists, for example restricting funding by insurance companies to a small range of diagnosed conditions.

Further, those diagnostic categories are defined by criteria set by the Powers That Be. There has been a move recently to replace the misleading term PF by PHP. Some authors started using it, but others have eschewed its use, reverting to the old label so that their papers are more likely to be accepted for publication and more likely to show up in literature searches. They do have a point, as we found to our cost; the old jargon is embedded in systems such as the MeSH terms used for searching databases like PubMed. In 2012 we published 'The effectiveness of acupuncture for plantar heel pain: a systematic review'. This duly appeared in the PubMed database but it was not featured in a subsequent National Institute for Health and Care Excellence (NICE) review of the topic. Why? Because someone had failed

Perhaps by paying attention to our own context we can swim better with the flow

to include the term 'plantar fasciitis' in the MeSH terms, so our paper had failed to show up when the NICE reviewers did their search. Fortunately we spotted this and got it changed, but others may not.

I think this illustrates how the structures of the databases (which EBM relies on) perpetuate archaic concepts which, as I showed above, can lead to bad practice.

Furthermore, it seems as if the various institutional structures – funding bodies, research institutes, publishers, reviewers, databases, etc – are bound together by invisible threads, creating a meta-structure with its own tenacity, giving it resilience to resist distortion and maintain the status quo.

So there you have one person's perspective on how the structures we inhabit influence our practice. I've started from the vantage point of PHP but I am sure the same is true for all areas of practice. I hope I have given a glimpse of how disparate factors, unrelated to discipline or training, constrain how we practise. Perhaps by paying attention to our own context, by raising our awareness of the 'structures' we inhabit, we can swim better with the flow rather than being carried along by the current.

While I have been unable to go into depth, I hope I have piqued your curiosity. If so, please explore the resources on my website. I look forward to seeing your ideas in the discussion forum.

Acupuncture for heel pain)
podac.info

The classic of difficulties



Guiltiest pleasure

I reckon the guilt is worse for us than the pleasure. But, salami... the cheap kind. I know. And I'm vegetarian

Favourite song lyric

If we all die tomorrow then I'm planting a tree; And I hope there is a fairy who waters it for me; If we all die tomorrow then I'm p'ssing outside; Yeah there's this bush I've had my eye on for a really long time

Desert island disc

Paul Simon, Graceland
The whole album, if that's allowed

Desert island film

Amélie. For the pure joy and vibrancy

Desert island book

Man's Search For Meaning by Viktor Frankl... life-changing

Hero/heroine

I think I'm actually my own hero

If you weren't an acupuncturist what would you be doing?

Hmm, I'd probably be a calligrapher, antique dealer or nurse

Superpower of choice

Truth detection. Honesty is important to me, even if it isn't pretty

A one-way ticket to...

Portugal

Which word/phrase do you overuse?

I love you. Although, I'd definitely rather say it too much, than not enough

Fantasy dinner party guests

Brené Brown, Roxane Gay, Malala Yousafzai, Jameela Jamil and Margaret Atwood. A fierce girls' night in

What is your diagnosis?

You're listening to everyone else instead of yourself

Worst nightmare

Allowing insecurities and fear of what others think to get in the way of truly experiencing life

Favourite proverb

Dimming someone else's light doesn't make yours shine brighter

One bed or multibed?

One bed, definitely

What's your animal?

The cat life is the one for me, from kitten to lioness

What has life taught you?

It's impossible to go backwards, even when we feel like we are

Tell us a joke

Brexit.

Favourite poem?

Marianne Williamson, Our Deepest Fear

Charley Roux

Member: Bristol

On reflection



Pia Huber

BACc/GB Chair

Member and chair of the BACc and Governing Board, Pia Huber, offers her insider view on current matters of organisational business and governance

Structure influences function – function may influence structure.

In my acupuncture practice my function and indeed my main aim is to help my patients get better and I want to reach as many patients as possible with the incredible healing powers of acupuncture. This function can be helped (or hindered) by the structural support (or lack of it) of peers and a professional body.

From the very start of my acupuncture career I wanted to be embedded in a supportive structure. I learnt at my college that I was to adhere to an ethical code, to safety standards and to legal obligations governing my practice. My college was on the path to BAAB accreditation at the time I was taught and thus naturally used the BACc codes of ethics and safety in our teaching. The creation of this structure, praised nationally and internationally as being exemplary, was down to tremendous work by an army of dedicated acupuncturists years and decades before I even knew what acupuncture was, and indeed led to the BACc's foundation.

A very important public 'window' of the BACc is of course its website. This is where patients may want to find out more about traditional acupuncture. Or they check whether a practitioner in their area is registered and thus overseen to adhere to our ethical codes and safety standards. The BACc website is also where journalists may turn to when they research acupuncture, and of course it is the place to which other medical bodies including the NHS refer. It is the organisation's public face explaining its structure – it is however, not the face of a single practitioner, so the functionality differs from advertising a service in the way I do on my practice website. Instead, it is there to inform the public, and of course it is also where we members get lots of information.

Over the past few years the BACc website became a little bit like my flat: overburdened and creaking under the accumulation of many years' worth of documents. Not only practitioners but also the BACc staff team struggled to find what they wanted to know. It was high time for a clear out, so we could then reorganise and reassemble. A rigorous process of commissioning resulted in the appointment of www.kinocreative.co.uk to redevelop the whole site. Very soon they pointed to severe safety concerns about the old website. The decision was thus taken to move fairly quickly to an interim site in order to ensure data safety, with the added advantage that we can build up the structure slowly, learning as we go along what is liked (or disliked).

Our highly professional staff team and especially our communications team have worked very hard with Kino to produce a functional website, which is easily manageable and updateable. Of course, every house move has its problems – usually discovered only when we are on the way – and we are aware that there were initial hiccups and issues with updating some member data. However, I am very happy that this project is under way and look forward to it providing a fantastic go-to place for us practitioners, for journalists for other medical professionals and, of course, for our patients.

Speaking of moving house, the BACc is presently downsizing its offices at Jeddo Road to a much smaller space with hot desking. Staff are intermittently working at the office and at home, giving them more flexibility but also allowing the BACc to make considerable savings in rental payments. Next year the plan is to look for a more appropriate space elsewhere.

Lastly, I would like to express my sincere thanks to Naresh Rao, our non-practitioner director and vice chair, who has decided to complete his term at the AGM this year and not to stand for a further three years. Naresh joined the Governing Board in October 2018 and has provided stability at a time of major changes for the Board and BACc overall. He was instrumental in introducing a comprehensive risk management process, important for keeping a watchful eye on the health of an organisation. As a member of the Finance, Risk and Audit Committee he has been heavily involved in our financial management, which has been incredibly important for the survival of the BACc throughout the pandemic. Naresh also gave very helpful and important advice on our strategy – something he has much experience in from working in central government and the Environment Agency; and lastly he has been a great adviser on all sorts of matters of governance, keeping me and my predecessor, Sarah Attwell, on our toes. Thank you, Naresh, we wish you all the best in your future endeavours.

TRIBUTE

Vanessa Hamilton



It is with great sadness that I let members know of the death of my dear friend and fellow practitioner Vanessa Hamilton, known to her family and friends as Ness.

Ness died at her home in Worcester on 19 May, after a short illness.

Ness trained first in Leamington 1986-89. Her classmate Sandy remembers her vivacious presence in the classroom and at social occasions with their classmates.

She furthered her training at CICM in the early 1990s, where she met James Wilder (my classmate from a later cohort at Leamington).

James put us in touch, knowing I had just moved to Hereford and was looking for acupuncture connections. James rang me saying 'you and Ness have to meet. I know you're going to get on.' He was right.

Ness and I became close friends and acupuncture mates.

Ness worked at different places in Hereford. She practised at Kyrle House multidisciplinary clinic for many years, with DASH, a drug and alcohol service using NADA ear acupuncture, and at rooms she set up where she was living. She treated all comers, going to them if they couldn't get to her, giving of her time beyond the acupuncture room when someone was in need. She put her heart into everything she did.

I am so privileged to have shared the acupuncture journey for a while with Ness. She was my go-to person for a chat about spirits of points, as well as discussions on that

invaluable pulse-taking. I hold a deep respect for her as a practitioner. Dedication to patients, a truly compassionate nature, always with a wise light sense of humour – it's a rare mix. Ness had it.

I also got to know her family and what became a wider shared group of friends. She was a devoted mother to her three boys Fergus, Tom and Pete and a treasured friend to a great many folk in Hereford and beyond. We shared holidays, parties, growing our families, the good times and the bad.

In honour of Ness, I'd like to pay tribute to the power of good connections. Friendships formed and developed, the sense of those wider connections that sometimes turn out to be something you didn't expect, the connections to, from and through the next generation, and the acupuncture community that continues to make, keep and develop connections.

But most importantly, I want to pay tribute to Ness as a person. A beautiful soul, a compassionate, caring human being, and a brilliant acupuncturist. She will be missed terribly by family and friends, and by all the patients she helped.

Ness was buried at Humber Woodland of Remembrance June 16.

Bridget Scott
Member: Hereford

I first met Vanessa 35 years ago studying in the same group at the College of Traditional Chinese Acupuncture in Leamington Spa. She was a lovely, bright, sympathetic, and sensitive woman.

After studying together we stayed in touch and I used to visit her and her then husband Simon in Hereford, and Hank the dog, and as time moved along their boys Fergus, Tom and Pete.

There was always a welcome when I appeared, and they were a lovely family. Over the years we had talked a lot about acupuncture and many other things in life as one does.

When I left London in 2000 I moved to Hay-On-Wye near to Hereford and saw Ness on and off over the years and talked to her on the phone regularly.

Ness was a very good practitioner and had really good empathy, and I am very saddened by her passing. I am very glad that I met her, and spent time with her and had a long friendship with her. She will be sorely missed by many people.

Sandy Sandaver
Member: Hereford

Conference 2021: Celebrating our profession

18-19 September: 8.30am-2pm

Live on Zoom + post-session recordings

PREVIEW

I've had a wonderful few months so far stepping into the role of learning and events manager at the BAcC. It's been eye opening, challenging and inspiring – everything I was hoping the role would be and more!

With a background of organising conferences within membership organisations, I really enjoy creating a space for members to come together and learn from each other. So I'm especially thrilled that my first big contribution is to bring the BAcC conference back to life for members after its absence in 2020.

Despite the challenges we still face, hosting the event online means wherever you are in the country – and overseas – you can tap into all we have on offer to help you develop your skills and enrich your practice. It's also wonderful to think that this year's conference will provide the all-important foundations for getting our face-to-face events back in 2022, whilst at the same time keeping online accessibility.

I've been working closely both with the Governing Board and my colleague Ian Appleyard, to put together an interesting and varied programme for you all, outlined below. We hope we've managed to include something of interest for everyone. Thank you to GB members Pia Huber, Alan Longcroft, Susan Evans and Paul Blacker for their invaluable time, help and contributions.

We're all very excited to see the return of the BAcC conference – *Celebrating Our Profession* – so please do join us on 18 and 19 September, online via Zoom, from 8.30am-2pm.

Celebrating our profession: programme of events

After a difficult 18 months of extraordinary challenges and uncertainty, it was more important than ever to choose a theme that highlights, and celebrates, everything that is great about acupuncture!

As we look forward to future challenges and possibilities, we aim to inspire you all to continue rebuilding with strength and resilience.

Starting each day with an optional session – qigong and self-tuina – you can then choose from a variety of panel discussions, presentations and break-out sessions: from a panel discussion about the diversity of styles within acupuncture to networking with your peers on the diversity of clinical settings on Sunday. There's something for everyone and all good for CPD.

We'll also be looking at the future of the profession as we celebrate our colleges and future practitioners, as well as current research promoting the benefits of acupuncture to a wider audience.

On Saturday, why not take the time to invest in your professional development – as a practitioner and/or as a business – by attending one of two breakout sessions: Mentoring-Supervision or Developing Your Business Mindset.

Finally, we have numerous plenary sessions to provide you with valuable tools and information you can put straight into practice, such as Acupuncture: A Biomedical Perspective and Do More With Less: Use Your Intuition.

Our thanks in advance go to all of our wonderful speakers for giving up their time to prepare for, help and join us in Celebrating Our Profession.

Helen Gibb
Learning & Events Manager

Saturday

Celebrating movement

Sen Liew

30-minute qigong class (optional)

Celebrating acupuncture across the world

Ricardo Teixeira

PLENARY

An introduction to the European Traditional Chinese Medicine Association (ETCMA), its aims and objectives for acupuncture education, research and wider.

Celebrating tradition and diversity

Sarah Attwell, Stephen Birch, Conny Copper, Roisin Golding, Dr Felicity Moir & Julie Reynolds

PLENARY

Our panel of experts will provide a five-minute introduction and history on their style of acupuncture before discussing the importance of diversity in the profession, followed by Q&As.

Celebrating research

Ian Appleyard, Spod Dutton, Nick Lowe, Natalia Permyakova & Cinzia Scorzon

PLENARY & BREAKOUT

Like it or not the development of acupuncture will be affected by research. The evidence base for acupuncture is more positive than many realise. We can all play a part, great or small, in getting the message out. This session celebrates some of the work that has been done with the hope of inspiring future projects.

Developing your business mindset

Stacey Chapman & Ian Stones

BREAKOUT

Join this session to learn how to attract the right patients for you to build a sustainable, rewarding practice. We'll look at your business mindset around finances and charging appropriately for the value that you offer, plus how to demonstrate this through a professional website and social media in a way that feels friendly and effortless.

Mentoring-Supervision

Joseph Ogbonna, Cathy Chapman & Susannah Bentley

BREAKOUT

The tradition of acupuncture contained the master-pupil relationship: learning through discussion and example. Often one of the best ways to improve your understanding is to try and explain something to somebody else. Mentoring-supervision is not necessarily the same as master/pupil; however, it does offer benefits to both parties and reflects the traditional way of learning. This session celebrates what has been done and points the way to how to get involved.

Do more with less: use your intuition

John Hamwee

PLENARY

We all have the faculty of intuition but how can you use it to improve your diagnoses and treatments? And how do you call upon it when you need some help in the treatment room? This talk will answer both questions and enhance your intuitive skills.

Sunday

Celebrating movement

Alexander Evans

30-minute self-tuina class (optional)

Celebrating our education

Janice Booth, Andrea Dewhurst, Josh Barrow, Kate Ritchie, Sarah Christian, Chloe Chattington & Rich Bills

PLENARY AND BREAKOUT

Establishing and maintaining agreed educational standards is one of the major achievements of the BAcC and British Acupuncture Accreditation Board (BAAB). In celebration, these break-out sessions allow students from various colleges to present case studies. An opportunity for those in practice to see Chinese medicine through the eyes of those who have recently joined the profession.

Acupuncture: a biomedical perspective

Dr Mike Cummings

PLENARY

An overview of the broad mechanisms underlying the effects of acupuncture seen in clinical practice with some tips for maximising these effects and avoiding nocebo. In recent years there has been an increasing focus on anti-inflammatory effects of acupuncture, and particularly electroacupuncture at ST 36 zu san li. These will be discussed along with some clinic experiences of the British Medical Acupuncture Society (BMAS) London teaching clinic.

Celebrating different clinical settings

NB This session will not be recorded

BREAKOUT

Acupuncture is now being practised in a multitude of settings: multibeds, one-to-one, home visits, GP practices, charity projects, hospices. In these break-out sessions members will be able to share experiences about the challenges and benefits of the settings in which they practise. This will give others the chance to consider whether getting involved in a new practice location is for them. It will also give the opportunity to find out how to go about establishing or getting involved in a project.

Book your place today!

Member and student tickets now online – one- or two-day options available) [acupuncture.org.uk/conference](https://www.acupuncture.org.uk/conference)

Can't make the full weekend? Don't worry, you won't miss out. All sessions – aside from the clinical settings discussion – will be recorded and shared with all ticket holders, according to ticket type.

For full event details and to book your ticket) [acupuncture.org.uk/conference](https://www.acupuncture.org.uk/conference)
For any queries please email Helen Gibb) events@acupuncture.org.uk

We can't wait to welcome you to the BAcC online conference this September.

Celebrating integration: Acupuncture/ Chinese medicine & IVF

Liqin Zhao

PLENARY

The flexibility of acupuncture as an ancient therapy able to adapt to specifically modern problems is something to be celebrated. One of the clearest examples of this integration is with IVF treatments. As well as introducing commonly used IVF protocols and drugs, Liqin Zhao will discuss Chinese medicine treatment strategies according to IVF protocols and regime, including: acupuncture preparation before IVF; during IVF and after embryo transfer; during early pregnancy. Case studies will illustrate the integration of acupuncture/Chinese medicine with IVF. There will also be a brief overview of the research conducted in this area.

Long Covid: your questions discussed

Ian Appleyard, Michelle Aris, Tim Davis, Michelle Venter, Alex Jacobs & Meriin Young

PLENARY

Many of us will already be seeing cases of long Covid presenting in our clinics. All of those attending the conference will be invited to ask a question related to long Covid or raise an issue for discussion by the panel.

Meet with exhibitors and sponsors

BREAKOUT

A big thank you to our Platinum Sponsor Su Wen Press and Bronze Sponsor the Northern College of Acupuncture. We're pleased to offer you the opportunity to speak to our fantastic sponsors throughout the conference in their own breakout rooms. They will answer all your questions and give presentations in the breaks and at the end of the day. So make sure you take the time to drop in and say hello.

Meeting on Zoom: how was it for you?



Helen Gibb

Learning & Events Manager

The events industry in the past 18 months has been one of the hardest hit by the pandemic. Thankfully for us in the membership and conferencing world multiple online platforms such as Zoom – which most of us had never even heard of before lockdown began! – came to our rescue. These new platforms allowed us to still provide a place for our members to come together, hear from industry experts and continue learning. It also soon became apparent they can provide many other benefits that can only enrich our future events offering.

Members from far and wide have been able to communicate on a more regular basis, where previously circumstances might not have allowed. Online meetings have also helped continue and widen national connections – for example with the BACC campaign webinars and the upcoming conference in September – and also within our regional groups.

We asked three of our longstanding regional group coordinators (RGCs) – Robin Costello, Angela MacLean and Sarah Casbolt – to reflect on how Zoom has changed their role over the past year or so, how they've been able to capitalise on the upheaval and what the challenges have been.

Robin Costello: Devon & Cornwall

Zoom pros

- ♥ pulled in members too far away to come to normal meetings
- ♥ not locked into venue availability so can vary meeting night to accommodate as many as possible over the year
- ♥ no travelling time for people to factor in so can set up meetings at shorter notice
- ♥ had guest speakers to whom we'd normally have to pay travel expenses
- ♥ anyone still Covid-anxious about working or attending meetings can happily join in

Zoom cons

- ✘ art of conversation has to be relearned, so we don't interrupt others, give people space to speak, learn how to message and put a hand up
- ✘ acupuncturists are people-oriented and a number, me included, miss the face-to-face experience
- ✘ lack opportunity for free-running mingle afterwards over tea, where real gems can be exchanged
- ✘ practical topics more limited without opportunity to try out techniques in front of the presenter
- ✘ meetings generally more tiring: apologies for absence sometimes sent in from those who are 'Zoomed out'

Meeting content: First part of the last 12 months was spent on quite urgent topics, like how to obtain financial help as a self-employed practitioner. Meetings took on a less clinical focus, and attendees were more like survivors. Where was everyone else? Gradually more appeared, and things felt a little more normal. The camaraderie has never vanished luckily, and members have been superb at offering experiences, contacts, relevant research evidence, and other resources.

Robin's verdict: I'd like to return to face-to-face meetings this autumn. I'd prefer to avoid a combined Zoom and face-to-face, as it's even more to arrange and could be a bit clunky.

☎ Robin Costello | 01392 424276 | ancotello@yahoo.co.uk

Angela Maclean: Scotland, Edinburgh & South East

Zoom pros

- ♥ allowed members to stay in contact far easier to organise and less time consuming (although I did get house anxiety – where's a spot the cat can't jump in front of the laptop etc)
- ♥ people who normally wouldn't have been able to come can attend
- ♥ flexibility across groups: we had members from all over the UK – lovely as it allowed us to chat to colleagues we don't normally get to talk with
- ♥ flexibility in speakers – from as far away as the USA
- ♥ more cost effective as no venues and no travel expenses
- ♥ attendees could pop in and out as their time allowed
- ♥ recordings available for review afterwards
- ♥ meetings can be held in evenings

Zoom cons

- ✘ technical issues at times, can be stressful – a steep learning curve
- ✘ can be a bit daunting for people to ask questions at the end
- ✘ could feel a little like you were back at college being lectured
- ✘ interactions stilted until people learned the art of Zoom: much improved on the series of five element talks as attendees were quite often the same people and they got to know one another
- ✘ people started to get 'Zoom fatigue' after a few months
- ✘ harder to get speakers once everyone was back at work

Meeting content: Initially designed to keep people in touch and then morphed to more clinical aspects. This was a conscious decision as everyone was firmly focused on legislation, financial help, etc – I wanted to run Zooms that could allow people time away from these more stressful aspects and give a light towards when we could reopen.

It was lovely that so many experienced practitioners offered their time. We didn't cover any practical topics as I suspect these are better in person, but perhaps that could be something for a future Zoom talk.

Hour-long talks were the norm, but we often went over by 15 minutes or so when everyone started chatting afterwards – such a lovely part of the talks where you could feel the connection and support everyone had for each other.

Angela's verdict: I'm looking forward to returning to face-to-face meetings but will probably keep some Zoom meetings – it allows more interaction from a wider membership demographic. I'm currently trying to figure out if people would like – and how to set up – a quarterly 'pub quiz' for everyone. Any thoughts please do get in touch.

☎ Angela MacLean | 07956 363507 | info@limethistle.co.uk

Sarah Casbolt: Surrey

Zoom pros

- ♥ able to invite people from outside the area
- ♥ others able to attend because with shorter meetings and no travel time they are able to miss a much smaller block of clinic time
- ♥ no expenses – room hire, travel or refreshments
- ♥ could run extra meetings during lockdown when we had so much new information to process and discuss

Zoom cons

- ✘ face-to-face meetings were three hours – too long on Zoom so we've been running two-hour sessions
- ✘ no deliveries of homemade chocolate cake from Belinda!
- ✘ no informal chat over tea and snacks – it's amazing what comes up in these moments and can often lead to ideas for future meetings
- ✘ dodgy internet connections!

Meeting content: We've managed to keep our usual mix of speakers at some meetings and group sessions at others. With a speaker we usually keep their section to about one hour. We still have a quick hello/introduction at the beginning then some time at the end for questions and discussion about clinic matters.

We had very informal meetings at the beginning – anyone was free to bring up any questions or issues with the Covid guidelines and practicalities of closing then reopening our clinics. These were easy to run – whoever had issues was given time to speak and anyone who had answers would offer some advice.

I was worried about how sessions would work when members all bring something to discuss – either case histories or acupuncture points. However, we have managed to run these in the same way as in face-to-face meetings. I try to chair so everyone gets an equal time to speak and we go back to anyone who has extra issues to discuss. It can be a bit tricky when internet connections are dodgy but with good use of the mute button and lot of respect for each other it has worked very well. I've been very impressed with how well the group have embraced Zoom and worked so well together.

Sarah's verdict: Whilst I have missed face-to-face interaction with colleagues, I've been delighted with how successful the Zoom meetings have been. I have had nothing but positive feedback.

I'm sure people will get fed up with Zoom over time and I know there are a few members who are desperate to get back to the hall, but I think we will keep a mix. Perhaps two meetings on Zoom and two face-to-face per year, or all meetings on Zoom with one or two 'social events' – probably lunch at the pub.

I won't be running hybrid events with some people in the hall and some on Zoom – never very successful for either group. Our original hall has actually been knocked down and is currently being rebuilt so we will definitely stay on Zoom for the rest of 2021!

Helen's takeaway

Based on this brief survey, it's clear that for BACC members the power of networking and coming together face-to-face cannot be matched. However, it also seems that Zoom and other such platforms are a positive development and definitely here to stay, in some shape or form – expanding audience reach, communication, accessibility and inclusivity; providing space to be flexible and react quickly to the latest news and updates. And of course, a balance of the two will certainly help all of us in achieving our goals – individual and corporate – of contributing towards a more sustainable future.

And finally...

Huge thanks are due not only to Robin, Angela and Sarah, but to all of our RGCs who have adapted so quickly during these difficult times. Their work and groups are an integral part of the success of the BACC. We still currently have gaps in the network with more coming up soon – in particular Leicestershire & Rutland and Scotland: Edinburgh & South East. So if you're interested in learning more about the role of the regional group coordinator and how to get involved, please do get in touch.

☎ Helen Gibb | h.gibb@acupuncture.org.uk

You can always find a contact list for all RGCs together with news of upcoming events on the Member website | Membership | Regional Groups

Regional round-up

Devon & Cornwall

Our May meeting was an open one, but we actually had a discussion about treatment of long Covid. Most of us seemed to have had half a dozen cases, so we talked about symptoms and strategies, including the use of spirit points, harmonising the shao yang, and DU 14 da zhui. There was agreement we should devote a full meeting to this, which is why I'm asking everyone to make a note of all their long Covid cases, and bring some examples and successful strategies to our next gathering.

There was also an interesting debate on the Covid vaccines and their side effects. Should we be treating these side effects when patients ask, or are we working against what the vaccine is trying to achieve? Needless to say, we reached no conclusions. We also talked about those odd and wide-ranging side effects which only manifest a week or more after vaccine administration.

☎ Robin Costello | 01392 424276 | ancotello@yahoo.co.uk

Fact sheet overhaul

The PSA have asked the BACC to make sure members adhere to the advertising codes. For details, please watch our webinar | tinyurl.com/56aazrsw

- As part of our response we are updating the fact sheets. All of them will now have three sections:
- summary: an overview focused on systematic reviews
 - commentary: looking at acupuncture and sham procedures in detail
 - evidence: the reference list

The updated fact sheet on knee pain will be published shortly. Please have a look and let me know your thoughts.

It is a massive and ongoing task and we would value your help. If you would like to get involved, let me know. No research expertise required.

☎ Ian Appleyard | i.appleyard@acupuncture.org.uk

Committee briefing

A snapshot guide to your Governing Board, committees, and the BAAB. All are made up of practitioners and non-practitioners (according to expertise). To find out who does what, please email the contact address below the relevant committee.

Governing Board (GB)

Chair: Pia Huber

- ensures that the BAcC continues to flourish and aspire to 'a world in which traditional acupuncture is accepted as a valid healthcare choice'
- sets strategy and policy, in consultation with and advised by members
- appoints the chief executive and approves committee members
- oversees implementation of strategy and effective/efficient management of the BAcC through the chief executive and committees
- ensures compliance with the company's objects, governing documents and all relevant legislation and regulation
- ensures prudence in respect of managing the company's assets

GB meeting dates for 2021: 15 October, 17 December. Up to two observers welcome – please email for details)

✉ p.huber@acupuncture.org.uk

Finance, Risk and Audit Committee (FRAC)

Chair: Richard Costella (BAcC treasurer)

- responsible for reviewing and providing guidance on the BAcC's financial matters, including participation in overseeing the development of the BAcC
- gives assurance to the GB by: monitoring financial performance against budget, internal controls, accountability policies and financial planning, distribution of timely accurate and user-friendly financial reports

✉ j.zipperlin@acupuncture.org.uk

Membership Services Committee (MSC)

Chair: Joanna Brown

- oversight of the development and promotion of membership services, including professional development, regional support public relations and opportunities for businesses
- oversight of the recruitment and retention of members, ensuring that membership policies and procedures are fit for purpose

✉ s.rainbird@acupuncture.org.uk

Remuneration Committee (RC)

Chair: Pia Huber

- advises the GB and chief executive on pay and reward issues throughout the BAcC, with a particular focus on the pay of the chief executive and any reward, incentive or pensions issues
- reviews the level of attendance allowance payable to committee members across all committees

✉ s.scruton@acupuncture.org.uk

Professional Standards and Regulatory Committee (PSRC)

Acting chair: Alan Longcroft

- development and promotion of standards for the profession
- policy development for education and training and associated services
- oversight of policy and guidance concerning safe practice
- ensuring enhancement and maintenance of the BAcC's Professional Standards Authority accredited register status
- developing effective professional recognition activities

✉ a.longcroft@acupuncture.org.uk

Professional Recognition Working Group (PRWG)

Chair: Susan Evans

- improve the status of acupuncturists as healthcare professionals within local and national government
- work on gaining UK-wide exemption from local licensing
- work on gaining exemption for BAcC members for the blood donation referral period

✉ h.bowie-carlin@acupuncture.org.uk

Nominations Committee (NC)

Chair: Pia Huber

- ensure that key positions in the BAcC governance structure are filled with the most suitable candidates, recruited via open, fair and professional processes
- ensure that proper reviews and recommendations are carried out on behalf of the GB regarding six-monthly funding bids for community projects and annual nominations for fellowships

✉ p.huber@acupuncture.org.uk

British Acupuncture Accreditation Board

Chair: Professor Mike Saks

- independent body working closely with and on behalf of the BAcC
- fosters and monitors high educational and professional standards for accredited acupuncture course providers, so that the general public can be assured that graduates from BAAB-accredited programmes are knowledgeable, reflective, competent and safe acupuncture practitioners
- believes that it is through the accreditation and approval of teaching programmes, that our profession demonstrates its maturity, its capacity for effective self-regulation and its public accountability
- not-for-profit company focusing on acupuncture education in the UK

✉ baab@acupuncture.org.uk

WELCOME

Congratulations to the following graduate practitioners who are now eligible to register as BAcC members.

COLLEGE OF INTEGRATED CHINESE MEDICINE

Jacqueline Bartlett
Lyn Blythe
Josephine Bzheta
Asha Chong
Abbi Collard
Lindsay Day
Jesse De Freitas
Florence Diaz
Katherine Dukes
Krisztina Fazekas
Abigail Lemon
Panilla Marott
Joanna Nuttall
Georgia Patey
David Sher
Tracy Smith
Sona Waddy
Victoria Watts
Anna Wells

LINCOLN COLLEGE (OPEN UNIVERSITY)

Hailey Curd
Scarlett Lee
Kerry Webster

NORTHERN COLLEGE OF ACUPUNCTURE

Ami Micklethwaite

THE ACUPUNCTURE ACADEMY

Evi Achillea
Bruce Bell
Jenny Biggs
Nicola Blount
Cheryl Boston
Selena Chan
Sarah Christian
Danielle Davey
Jo Higgins
Tracey Holt Walkden
Mel Murrell
Julia Ugrinic
Donato del Vecchio

The copy deadline for this issue was 20 July 2021. We apologise to anyone who graduated on or after this date and so will have been missed off this list. Your name will appear in the next issue of Acu.

Please note: BAAB graduates have up to three years from date of graduation (ie successfully completing the course, not the ceremony) in which to automatically register with the BAcC. After three years, entry onto the register can only be gained via fast track application.

BACC OFFICE

CHIEF EXECUTIVE

1 Jennifer Norton
07876 443173
j.norton@acupuncture.org.uk

FINANCE MANAGER

2 Juliana Zipperlin
07876 443171
j.zipperlin@acupuncture.org.uk

LEARNING & EVENTS MANAGER

3 Helen Gibb
07984 263679
h.gibb@acupuncture.org.uk

MEMBERSHIP ENGAGEMENT OFFICER

4 Montana Sheikh
07903 827615
m.sheikh@acupuncture.org.uk

MEMBERSHIP MANAGER

5 Stephen Rainbird
07903 827987
s.rainbird@acupuncture.org.uk

POLICY & RESEARCH MANAGER

6 Ian Appleyard
07984 263436
a.appleyard@acupuncture.org.uk

PROFESSIONAL CONDUCT OFFICER

7 Caroline Jones
07984 263485
c.jones@acupuncture.org.uk

PUBLICATIONS MANAGER

8 Ann Gordon
07984 440780
a.gordon@acupuncture.org.uk

SAFE PRACTICE OFFICER

9 Hannah Bowie-Carlin
07808 764512
h.bowie-carlin@acupuncture.org.uk

SYSTEMS & OPERATIONS MANAGER

10 Gloria Jean-Baptiste Flament
07903 827880
gloria.jbf@acupuncture.org.uk



Anna Massey

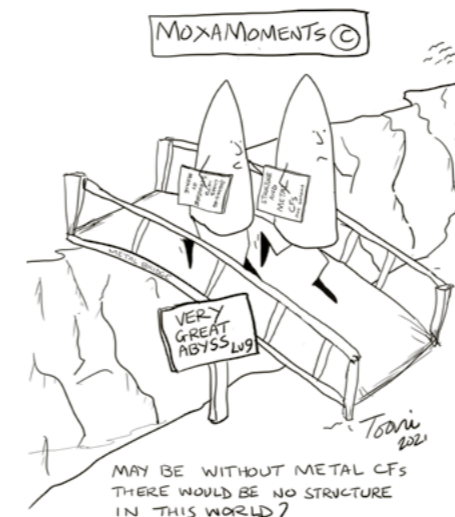
Sad to say, last month our communications officer Anna Massey left the BAcC, to seize a golden opportunity in public relations. We were reluctant all round to part company, given the short time we'd spent working together and getting to know each other – but, in Anna's own words, 'I got the job by accident', and I truly believe she did!

Anna is a modest soul at the beginning of her career and I'm not sure she quite realises the full extent of her talent – it's no surprise to me that she has flown the nest of the BAcC so soon. For the best part of a year though, we had the gift of Anna's creativity and thoughtful approach to what amounted to a huge range of responsibilities. She revitalised the social media channels, set up a new-look and brand-new system for our regular news bulletins, refreshed the BAcC brand, and helped launch the interim website and member survey.

Anna seemed undaunted by any challenge no matter how huge, taking a calm, philosophical approach to all her projects. However many tasks were piled up on her desk, she would treat each one with the consideration it deserved and steadily conquer them one after another. Her approach and ability will surely stand her in good stead for her future in PR – a career that will certainly demand the very best of her skills.

On behalf of everyone at the BAcC I should like to thank Anna wholeheartedly for her brief but significant contribution and I wish her the very best of luck in the future.

Ann Gordon
Publications Manager



Acu.

SUBMISSIONS

Acu. is for you and by you, so we invite you all to share your opinions, knowledge and images in these pages:

- articles can be up to 1,800 words, letters up to 500
- please use generic terms rather than brand names where applicable
- submissions are published subject to space
- we may edit for length or clarity with permission of the author

We reserve the right to edit or decline any submission in which the content:

- may be in breach of libel laws
- may damage the reputation of the BAcC or its members
- denigrates another individual or organisation
- is found to be inaccurate or misleading
- is considered to be inappropriate to the profession

And if you have something to say but you don't feel confident as a writer, the editorial team is here to help you work your thoughts into a finished piece.

Send your copy for the next issue of Acu. to editor@acupuncture.org.uk

ADVERTISING

For full details of our advertising policy, guidelines and rates, please contact editor@acupuncture.org.uk

NB Whenever we edit or decline a submission we keep full records of our decision and all relevant correspondence.

Classifieds

For up-to-date classified adverts and free posting for members go to the member website Community) Forum) Advertisements

EMPLOYMENT OPPORTUNITIES

London
Opportunity in a central London practice: we are recruiting for an acupuncturist to join our team. Clinical experience is essential. A good knowledge of fertility acupuncture is also helpful. To apply please send a CV to helenisobel2@gmail.com

Sheffield
Room available in a multidisciplinary therapy centre, Sheffield S5. Seeking experienced, self-motivated, professional acupuncturist. On a self-employed basis. Telephone clinic on 0114 242 6726 or Yvonne on 07791 886482 or email info@parkview-therapy.co.uk

FOR SALE

Sale due to retirement
Blackburn, multidiscipline practice, established 32 years. Suit traditional acupuncturist with remedial massage and manipulation skills, and chiropodist. Room to expand/double turnover for right people. Am happy to work through changeover. Accounts available from 2006. POA grogandiana4@gmail.com

Vinco disposable needles
30 boxes 0.5"/22x13 gauge; 30 boxes 1"/25x25; 30 boxes 1.5"/30x40. Expiry dates variously 2023/24. Current list price: £5.75 per box (£517)/sale price: £3.75 per box or £300 for all boxes. Collect, or buyer pays postage. Telephone Philip on 07525 969710.

New BAcC website now under way

The new website build has begun! As Acu. goes to print there is just time to let you know that we are now signing off the wireframes for the website. Assuming all goes according to plan, we should be ready for launch early next year. Your new BAcC website will include:

- improved search facility
- updated marketing materials
- full range of news, press releases, member updates and blogs
- online CPD
- fully digital online Acu.

All improvements have been developed in line with your feedback in the membership survey. Once again we'd like to thank all of you who helped with this project by sending us your views and comments. The next phase will involve testing, when a selection of BAcC members will work with us to help refine the user experience. There will also be scope for further refinements – look, functionality etc – once the site is properly launched.

In the meantime, do keep an eye on enews for regular updates. We also hope to bring you more website news in the winter issue of Acu.

MENTORING & SUPERVISION

Contact details listed below are for BAcC registered mentors/supervisors who charge for their service

BIRMINGHAM
Lucy Fox) 0121 449 9500
lucy.mannion2@icloud.com

BRIGHTON & HOVE, LONDON WEST
Sarah Matheson) 07808 633643
mathesonsa@gmail.com

BRISTOL
Jill Glover) 0117 377 1186
acupuncture@almavalecentre.co.uk

CAMBRIDGE
Frankie Luckock) 07717 285248
frankieluckock@me.com

DEVON, CORNWALL EAST, DORSET WEST
Sally Blades) 07896 369885
sallyeblades@hotmail.com
Sarah Horswell) 07981 141410
sarahhorswell@gmail.com

HAMPSHIRE SOUTH, DORSET, ISLE OF WIGHT
Carole Parker) 07594 586821
carole.acupuncture@hotmail.co.uk

HERTFORDSHIRE & SURROUNDING AREAS
Helen Thomas) 07790 363867
helenthomastcm@aol.com

HERTFORDSHIRE, ST ALBANS
Sarah Barnard) 07968 140516
s.h.barnard@btinternet.com

LANCASHIRE & NORTH WEST ENGLAND
Cathy Chapman) 01524 67707
castleviewclinic@hotmail.co.uk

LEEDS, WEST YORKSHIRE
Caitlin Allen) 07971 927675
acupuncture@caitlinallen.co.uk

LONDON
Jane Broughton) 07957 362180
jane@nottinghillacupuncture.com

LONDON CENTRAL & LONDON SOUTH EAST
Doug Foot) 07818 068262
dougfoot@gmail.com

LONDON GREATER
Pia Huber) 07719 987933
info@help2helpyourself.co.uk

LONDON NORTH EAST
Maggie Bavington) 07802 954490
maggiebavington@gmail.com

LONDON NORTH, FINCHLEY CENTRAL & HERTFORD
Angelika Strixner) 07791 516733
strixner_craniocranial@hotmail.com

LONDON NORTH & HERTFORDSHIRE
Mary Hurley) 01923 240793
mary@maryhurley.com

LONDON NORTH WEST
Naava Carman) 0345 310 5354
naava@fertilitysupport.co.uk

LONDON SOUTH, SOUTH WEST, WEST & EAST
Mina Haeri) 07957 726072
info@minahaeri acupuncture.co.uk

LONDON WEST & CENTRAL
Kim Chan) 07947 361021
kimsclinic@icloud.com

LOUGHBOROUGH, EAST MIDLANDS
Catherine Esworthy) 07547 054666
cath@catherineesworthy.co.uk

MIDLANDS & LEAMINGTON SPA
Debbie Collins) 07960 040985
info@debbiecollins.co.uk

MIDLANDS WEST & WORCESTERSHIRE
Holly Timmermans) 0121 449 9500
holly.net1@tiscali.co.uk

MIDLANDS & YORKSHIRE WEST, SOUTH & NORTH
Di Shimell) 07866 417830
di.shimell@gmail.com

NORTHERN IRELAND
Susan Evans) 07966 885894
sueacupuncture@gmail.com

OXFORD
Sue Pennington) 01865 776759
supipennington@gmail.com

OXFORDSHIRE SOUTH
Frances Turner) 07510 710245
francesturner.info@gmail.com

SOMERSET, DORSET & WILTSHIRE
Jane Robinson) 07968 182455
jane@ninespringsclinic.org

SUSSEX EAST, LONDON
Amanda Edward) 07703 561616
amanda@awakentoheal.com

YORKSHIRE WEST
Joanne Dyson) 07798 627037
acumedica@gmail.com

CANADA: REMOTE SERVICE
Lucy Griffiths) +1 902 329 3743
LGTCA@acupuncture.com

Staying connected

Whether you have been in practice a few months, years or decades, the aftermath of lockdown continues to present each and everyone of us with new challenges.

Staying connected to colleagues in the supervision network and register has provided light in the darker moments of the pandemic. In groups and one to one, on the phone and online, or FaceTime, we reach out and support each other.

We have shared laughter and tears, insights and fears. We have discovered new ways to stay working with patients, written blogs and had evening conference discussions. You name it, we have tried it.

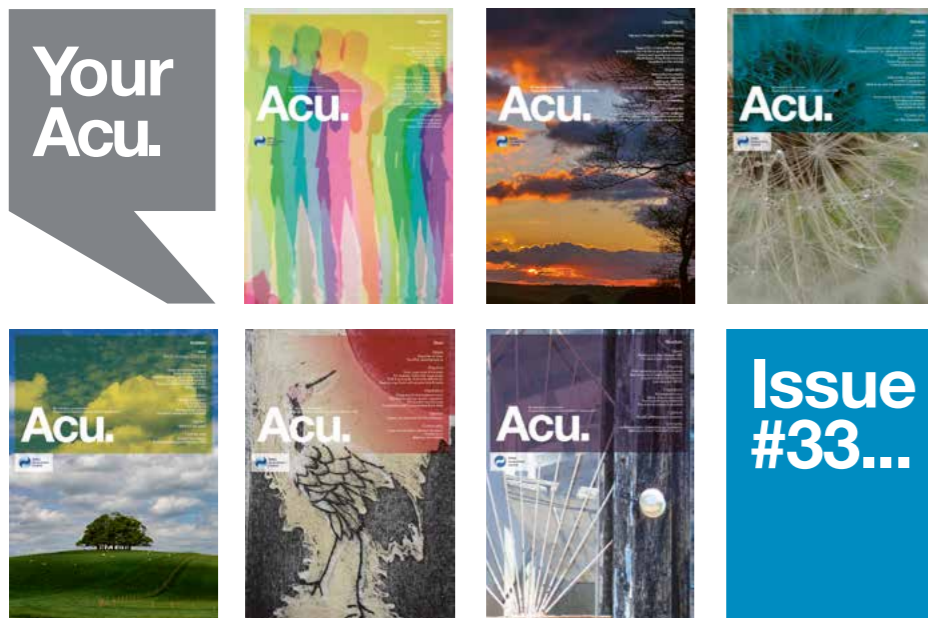
While acupuncture clinics were closed, all of us lost income. In response, supervisors we know have offered some free sessions to those very short of money. And most supervisors have made other sessions available at a fee the practitioner can afford. Just talk with one and see what you can arrange together.

Recent support offered has been mostly focused on how we can manage the professional and financial impact of lockdown. What has been most important, in contact between practitioners, is the sense of not being alone with these new challenges.

Staying in touch with colleagues, and hearing from each other about creative ways of moving forward and being in practice again, is both reassuring and inspiring.

So please reach out, online or on the phone, to a supervisor near you who has been fully trained to support you and listen to you. And very best wishes to you all in every next stage of our journeys together.

Isobel Cosgrove & Sally Blades



Contribute!

This winter, we will be cutting back to the bare bones to reveal the essence of things: exploring the dynamics of distillation and consolidation, storing energy and condensing matter.

Whether you want to talk about jing, wisdom, bones, being frugal, being focused, practices of resilience, or the essence of what it means to be an acupuncturist, drop us a line.

Send your ideas, submissions and pictures to editor@acupuncture.org.uk

Issue #33...



MENTORING/SUPERVISION

The following practitioners have all completed Postgraduate training in mentoring/supervision specifically for acupuncturists and are in ongoing supervision with senior members of the network.

Contact your nearest practitioner to join a group, or for individual sessions

Argyll, West Coast of Scotland

Emma Vaughan
01546 606611

Birmingham

Lucy Fox
0121 449 9500

Holly Timmermans
07790 205797

Bristol & North Somerset

Charlotte Brydon-Smith
07900 814100

Jackie Pamment
01934 876558

Cambridge

Frankie Luckock
07717 285248

Glasgow

Francesca Howell
07895 108473

Hertfordshire

Kate Henley
07887 565174

Gail Lazarus
07946 231075

Helen Thomas
07790 363867

Hertfordshire/ St Albans

Sarah Barnard
07968 140516

Herefordshire & Welsh Borders

Sandy Sandaver
01497 821625

Ireland

Susan Evans
07966 885894

Lancashire

Cathy Chapman
01524 67707

Leamington Spa & the Midlands

Debbie Collins
07960 040985

Leicestershire & East Midlands

Cath Esworthy
07547 054666

London

Kim Chan
07947 361021

Sarah Collison
07940 585133

Isobel Cosgrove
07791 581608

London cont.

Mina Haeri
07957 726072

Pia Huber
07719 987933

Angelika Strixner
07791 516733

London & Brighton

Sarah Matheson
07808 633643

London & Wales

Audley Parry Burnett
07980 986808

Manchester/Cheshire/ Lancashire

Joshua Enkin
0161 434 0195

Mid & West Norfolk

Kate Stewart
07899 953806

North Yorkshire

Julie Williams
07512 304444

Oxford

Sue Pennington
01865 776759

Oxfordshire & Berkshire

Frances Turner
07510 710245

Reading

Magda Koc
0118 996 8574

Sheffield & South Yorkshire

Di Shimell
07866 417830

Somerset & Dorset

Jane Robinson
01935 422488

South West England

Sally Blades
07896 369885

Sarah Horswell
07981 141410

Watford

Mary Hurley
01923 240793

West Yorkshire

Caitlin Allen
07971 927675

Caroline Haigh
07754 198764

Naomi Nash
07725 842979

Yorkshire Dales & Cumbria

Judith Blair
07553 266452

“As practitioners we offer our patients guidance, support and encouragement – it seems a good idea to offer it to ourselves” Isobel Cosgrove

www.mentoringsupervision.org

Reduce Your Acu-Trash Up To 99%



With Acufast there's no need to worry about plastic retainers, unused guide tubes, and leftover needle trays ending up in the landfill. You'll have peace of mind knowing you're taking care of both your patients and the planet when you make the simple swap to Acufast Earth Friendly Needles.

What makes Acufast earth friendly?

- Pouch packs contain 10 needles & are fully recyclable
- Optional guide tubes are made with 60% less plastic
- 100% recyclable & compostable box is made from sugar cane fibre

Two new accessories that will revolutionize how you needle:

- Stop dropping needles with the Acuclip, a magnetic accessory that keeps your needles secure in the pouch pack.
- Park your needles on the Acubase, a magnetic elevated platform that keeps your needles in a contamination-free space.

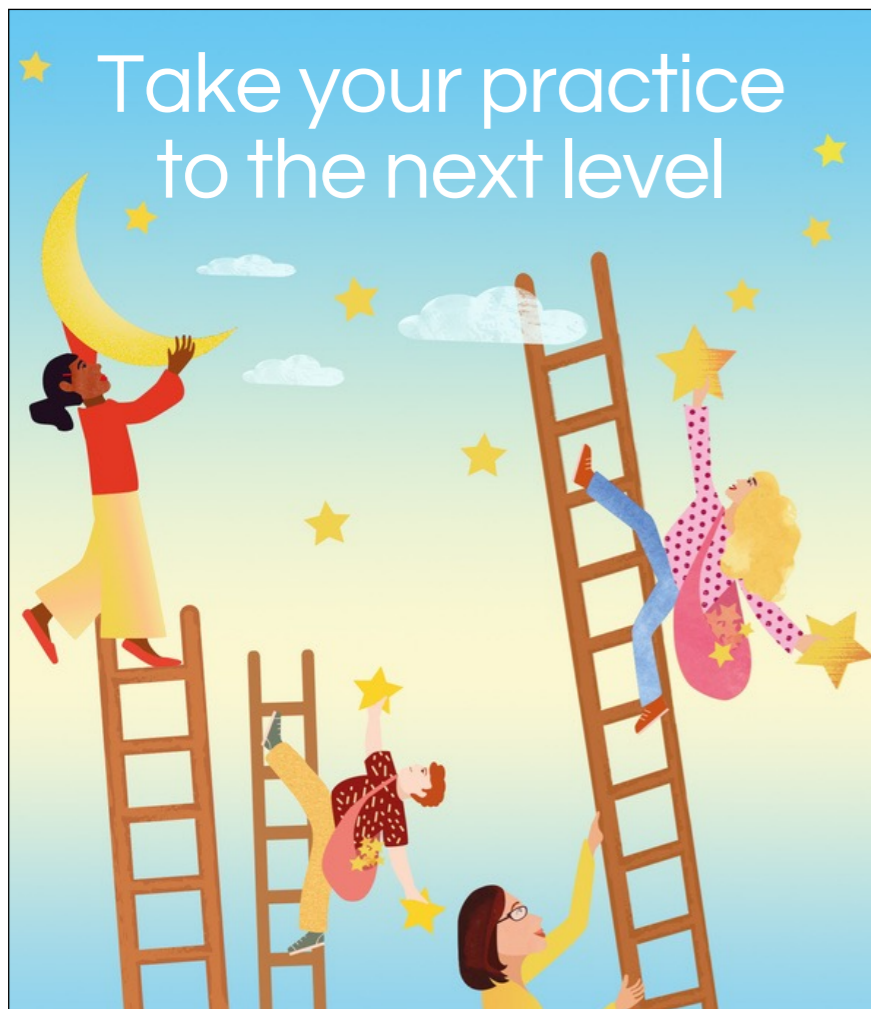


Now available in the UK & Europe at acupunctureworld.com

@Acufast

#AcufastEarthSteward

Join the Acufast Movement & plant a tree with every 2 boxes of Acufast. When you use Acufast in your clinic you are part of a global collective of practitioners who are reforesting the planet.



Take your practice to the next level

COME AND JOIN OUR COMMUNITY OF SPECIALIST FERTILITY ACUPUNCTURISTS

The Advanced Level Diploma in Fertility Acupuncture covers diagnosing with Western medicine and treating complex fertility, pregnancy and IVF issues with TCM.

This online course provides over 20 hours of teaching by Naava Carman, backed-up by research, handouts to use with clients, case studies, and treatment plans for acupuncture and herbs.

Once you have completed the course you can join the community Facebook Group for lots of benefits including free monthly CPD, mentoring and peer support.

Find out more at:
www.fertilitysupport.training



Treating Musculoskeletal (MSK) conditions by integrating Western and Traditional East Asian Medicine (TEAM).

東西健康



An integrated approach for Acupuncture & Tuina Practitioners and final year Acupuncture Students

- **Improve your patient diagnosis and treatment** through a systematic approach toward MSK conditions;
- **Understand how to integrate Channel Palpation and Applied Channel Theory** with Western Orthopaedic (OT) & Manual Muscle Testing (MMT) in your diagnosis;
- **Learn to 'Release the Brakes'** and to apply the principles of Muscle Energy Techniques (METs);
- **Introduce Gua Sha and 'pricking the vessels'** into your distal and local treatments.



This course is delivered by Alex Brazkiewicz: Acupuncturist; Osteopath; Tuina Practitioner and Paramedic.

For over 10 years, Alex has studied Applied Channel Theory extensively in China and Europe with Professor Wang Ju Yi and Jason Robertson. Following his last study trip to China in 2013, where he also undertook an internship at the Beijing Tuina Hospital, he studied Osteopathy in the UK. He currently practices in Malvern integrating Acupuncture, Tuina & Osteopathy.



This 3-day course is delivered in a blended format (1-day online and 2-day face-to-face) with a class limit of 12 to ensure practical feedback – combined course price of £250 per person. For dates, venues and course options go to www.eastwesthealth-hub.com or use the QR code to the right.



FIRST AID TRAINING COURSES

LEVEL 2 EMERGENCY FIRST AID AT WORK HOLOS HEALTHCARE & TRAINING Ltd



- www.holoshealthcare.com
- Blended learning ½ day online + ½ day practical;
- ONSITE and OPEN course options available
- **DISCOUNT for BAAC members** (Membership No. to be given on booking)



ONSITE EFAW COURSES

- **Held at your clinic / venue;**
- Cost £50 + VAT per person + travelling (minimum class size 7 people)



OPEN EFAW COURSES

- Courses regularly held at **London, Bristol, Malvern, Reading & Leamington** venues.
- Cost £80 + VAT per person

Alex BRAZKIEWICZ is a Paramedic, Acupuncturist and Osteopath
 He has been teaching First Aid for over 30 years, having over 25 years front-line Accident and Emergency experience
 He is supported by a hand-picked team of instructors, many with front-line experience
HIGH QUALITY training delivered in a **FUN & INFORMATIVE** way at a **FAIR PRICE**



School of Classical Chinese Herbalism

South Oxfordshire, OX10 9PT



Jing Fang Apprenticeship

A manageable and enjoyable way to learn Chinese herbal medicine



- Ongoing Monday clinical observation
- Bring your own cases for discussion
- Book by the day, by the term or by the year
- Build confidence in Chinese herbs
- SCCH has entered the EHTPA accreditation process

www.francesturner.org/jing-fang-apprenticeship

Telephone: 07510 710245

Offered by The Northern College of Acupuncture: Professional support & inspiration for practitioners of **ACUPUNCTURE, CHINESE HERBAL MEDICINE & NUTRITIONAL THERAPY**



Open to all BAAC members from 14/09/21 - 30/09/31 with a 20% discount on memberships for SEPT with code ACUINTRO

Monday 8th November 7:30 PM

THE INAUGURAL HUGH MACPHERSON MEMORIAL LECTURE

with **Doctor Mike Armour**, senior research fellow in reproductive health at Western Sydney University. Exploring the design of clinical trials and how this evidence to inform clinical practice.

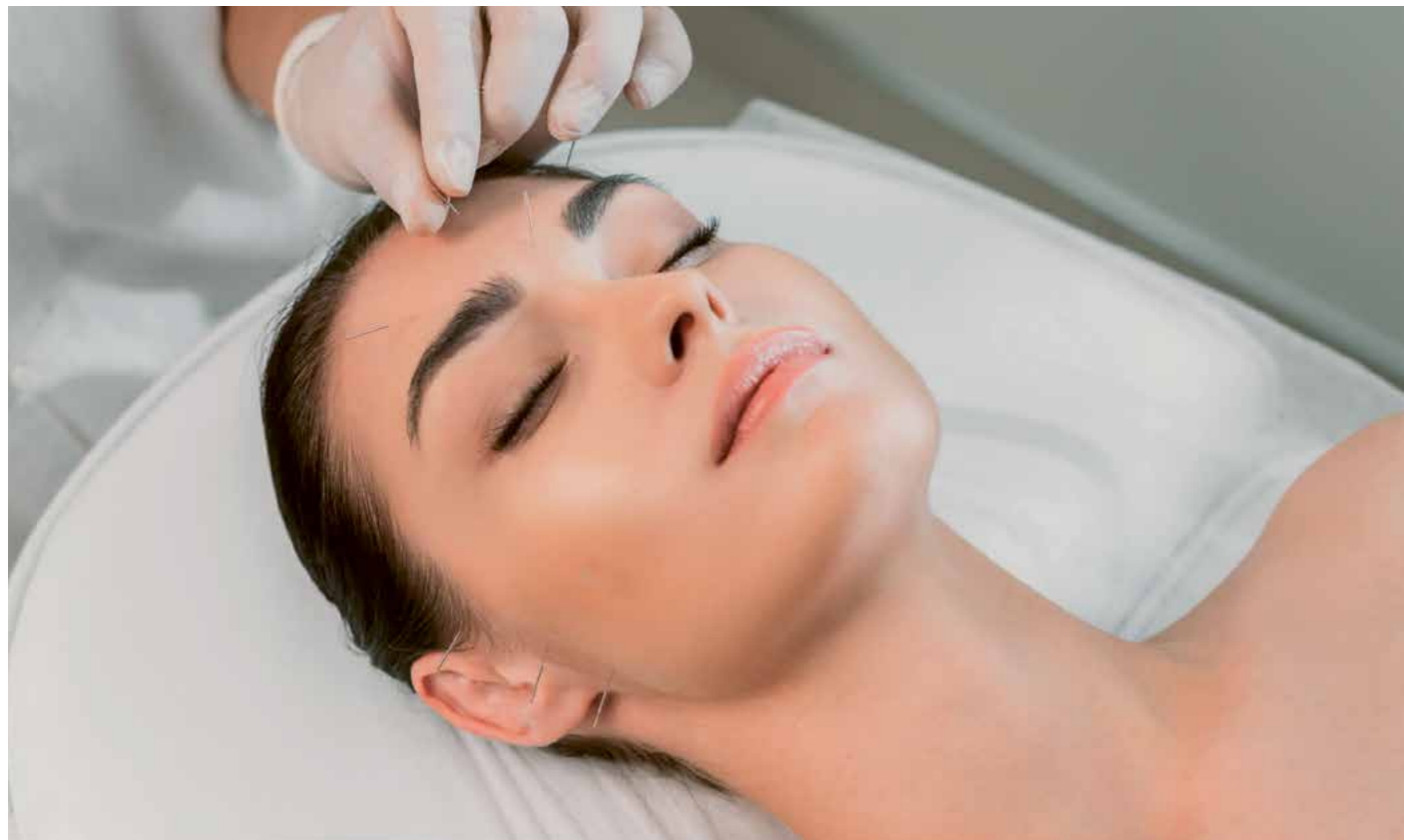


With memories of Hugh MacPherson from Rosa Schnyer & Richard Hammerschlag.



Free registration via our **EVENTS** page:

www.thepractitionerhub.co.uk



An Acupuncture Career at Sea

Embark on a life-changing journey

- Global provider and innovator in the fields of wellness, beauty, rejuvenation and transformation. Hiring Acupuncturists to work on board cruise ships worldwide.
- Develop marketing and management skills while earning income.
- Refine your skills and change lives while visiting exotic destinations.
- Be a part of this amazing and rewarding experience.
- Applicants must be professional, outgoing and passionate about Traditional Chinese Medicine.

For information please contact: interviews@londonwellnessacademy.com

APPLY ONLINE: LONDONWELLNESSACADEMY.COM



ONESPACORLD

AT SEA. ON LAND.

Northern College
of Acupuncture

Courses and
events for
practitioners

MSc/PGDip in Chinese Herbal Medicine
MOSTLY ONLINE - Places still available for this
course starting in October

- ✓ Much reduced travel - most classes & some clinics online
- ✓ Running for over 20 years
- ✓ Postgraduate loans available for MSc

FIND OUT MORE AND BOOK
AN ONLINE INTRODUCTORY EVENT

MSc in Advanced Oriental Medicine
(Research and Practice)

- ✓ Totally online master's
- ✓ Each module helps enhance your clinical practice
- ✓ Global cohort of like-minded practitioners
- ✓ Postgraduate loans available

FIND OUT MORE AND BOOK
AN ONLINE INTRODUCTORY EVENT



**NCA Online Research
Conference**
Friday 8th April 2022

FIND OUT MORE AND
REGISTER TO JOIN THE EVENT



FREE TO ALL

**The Hugh MacPherson Memorial
Lecture with Dr Mike Amour
and online networking event**
Monday 8th November at 7pm

FIND OUT MORE AND REGISTER TO JOIN THE EVENT

For more information call our enquires
desk on +44 (0) 1904 343309

www.nca.ac.uk



College of Integrated
Chinese Medicine
1 Year Courses



Tuina

Led by Alex Evans with Rebecca Avern, Mandy Barter, James Unsworth and Kevin Young.

Next course starts October 2021

This course will equip you to use tuina as a stand-alone therapy or as an adjunct to your practice. Learn the skills and techniques and how to apply them safely, effectively and with confidence.

Paediatrics

A comprehensive course led by Rebecca Avern with Danny Blyth, Lynn Diskin and Julian Scott.

Next course starts March 2022

Rebecca draws on her experience of running a clinic for the treatment of babies and young people using needling and non - insertive methods. The course is designed to enable you to support the physical and emotional wellbeing of babies, children and teenagers.

Gynaecology, Fertility & Obstetrics

A chance to benefit from the combined knowledge and skill of Jill Glover, Sarah Budd, Sharon Yelland, Kim Chan and Rebecca Avern.

Next course starts Spring 2022

Improve your understanding, diagnostic ability and treatment of a range of conditions including menopause, male and female infertility, PCOS, IVF, recurring miscarriage, morning sickness, induction and labour.



To find out more and book online go to
cicm.org.uk or call 0118 950 8880

PHOENIX
MEDICAL

Innovation | Production | Promotion

Exclusive discount for
BACc members

Use the code:

MERIDIANS25



Acupuncture supplies: www.phoenixmedical.com

Broaden your TCM knowledge: www.phoenixtcm.org.uk

Telephone: +44 (0) 1245 350822

Email: sales@phoenixmedical.com

Acupuncture Needles | Moxibustion | Dried Herbs | Concentrated Granules | Nutrition | Education

Terms and conditions: BAcC member discounts are exclusive to registered members only, please provide your registration number to gain access to discounts. These discounts cannot be used in conjunction with any other offer for the same products. For full terms and conditions, please visit www.phoenixmedical.com.



College of Integrated
Chinese Medicine
Current Vacancies



Research and Reflective Practice Programme Leader

£29.00 per hour | 6 - 10 hours per week

We are looking for an experienced and qualified individual to lead and develop our research and reflective practice module which is an integral part of our BSc Acupuncture course.

Programme Leader Areas:

- Clinical observations quality assurance
- Planning development in RRP
- Design, implementation & delivery of curriculum
- Responsibility of RRP reports
- Design and preparation of student assessments
- Setting, moderating and marking coursework
- Review feedback to improve programme
- Ensure RRP curriculum is adequately resourced
- Managing & advising RRP programme budget

Person Specification:

- Must have a particular interest & experience in RRP development
- Experience in teaching & assessment of higher education (preferably with experience of online assessment & VLEs)
- Knowledge of Chinese Medicine
- Proficient IT skills

How to apply:

Please send a covering letter and CV addressed to Jonathan at jpledger@cicm.org.uk

Deadline:

12pm 24th September

www.cicm.org.uk
0118 950 8880

Acu. print on demand

Last year, after much investigation, discussion and number crunching – and on the back of your feedback – we managed to find a viable way of delivering Acu. in both digital and print format.

Many of you have already taken us up on our offer and have been enjoying a print copy of Acu. on request – free of charge to UK members.

For anyone who hasn't yet but would like to: just click on the link below, fill in the online form and submit.

For Overseas members – please send us an email for details of cost and delivery) editor@acupuncture.org.uk

Benefits are threefold:

- members get a choice of print or digital
- the BAcC follows its greening strategy
- we get a clear picture of how many favour print over digital

We've also made a few design tweaks to help us:

- make Acu. more readable on screen while still working in print
- develop mobile-friendly articles for social media

Online or on paper: the choice is yours!

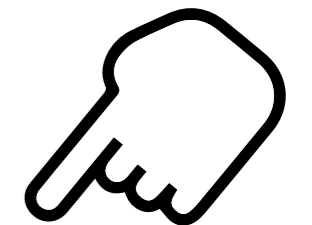
Just one other thing...

If you have already asked for Acu. in print, no need to reorder. You will automatically receive a print copy of the next issue – neat!

Alternatively...

If you wish to revert to digital only, just drop us a line and we'll take you off the print request list) editor@acupuncture.org.uk

So if it's your first time, order your Acu. print copy here



tinyurl.com/8dcx9ev2



British
Acupuncture
Council

Celebrating our profession

British Conference of Acupuncture
and Oriental Medicine

18 and 19 September 2021
Hosted on Zoom Webinar
8.30am-2.00pm

Book now!

For more details:
acupuncture.org.uk/conference

Proud sponsors of the
British Conference of Acupuncture
and Oriental Medicine 2021



Platinum Sponsor

Bronze Sponsor


The
Journal
of Chinese
Medicine

The greatest Chinese medicine resource in the English language



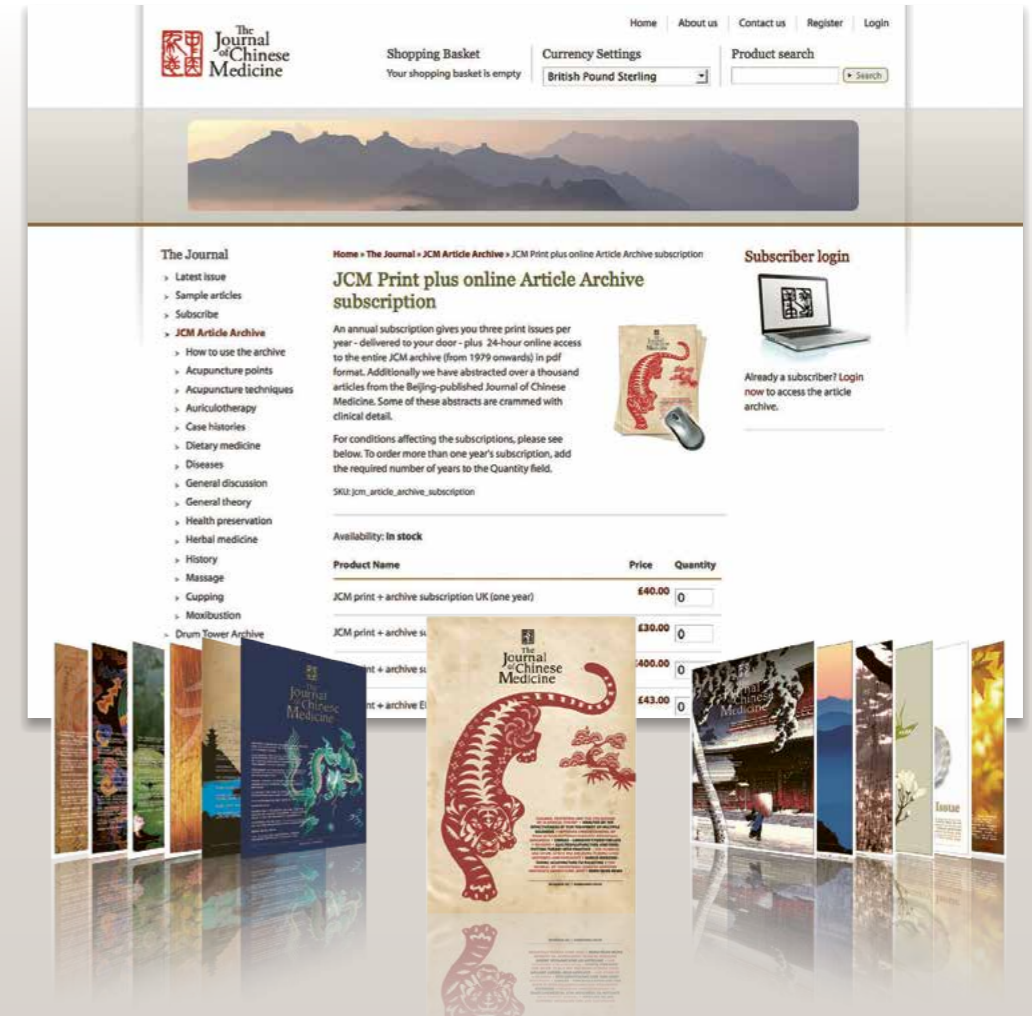
three print
issues a year



exclusive 24/7 online
access to over 2000
articles and abstracts



exclusive online
access to the full
JCM Research
Archive



**Our subscriptions are
getting better and better!**
Our new benefits include...

- Save 5% on all CPD Cert courses
- Save up to 25% on JCM On Demand courses, webinars and events
- Exclusive discounts on hundreds of products including acupuncture needles and supplies, and herbal products.

Prices per year	UK	Europe
Practitioner	£40	£43
Student	£30	£33

How to subscribe

Online at www.jcm.co.uk/subscribe

NEW Ecologically packaged needles with plastic-free guide tubes – the eco-friendliest needles on the market



Balance Healthcare
in association with JCM

Together we can make a difference

- **Guide Tube:** We have replaced the plastic guide tube with bamboo sourced from sustainably managed forests and 100% biodegradable. Our tubes are individually protected in Glassine paper which is 100% recyclable and will decompose into just CO₂ and water.
- **Packaging:** Our needle packaging is now 100% recyclable. We are using a combination of PE (polythene) and paper for the backing and PET (polyethylene terephthalate) for the front combined, with Glassine paper. This not only makes it recyclable but reduces the packaging weight by 80%.
- **Sterilisation:** We are using Gamma Ray sterilisation which is cleaner and safer than traditional E.O. gas and provides a 5 year shelf-life, reducing wastage of outdated needles.
- **Needles:** Using the highest grade surgical stainless steel and the latest automated production equipment ensures consistent high-quality sharpness of the needle tip. Our needles are coated in Dow Corning MDX4-4159 50% medical grade dispersion.

NEEDLE STYLES AVAILABLE:

Traditional Chinese style handle with loop

500 needles per box
5 needles per pouch
20 bamboo guide tubes

Korean style handle
1000 needles per box
10 needles per pouch
20 bamboo guide tubes

Japanese style plastic handle
Under development.
Availability estimated March 2020

Bamboo tubes can be purchased separately

Blister packages from 1,000 needles is equivalent to 18 plastic water bottles



We will donate 20p from each box sold to **Chinese Medicine Forestry Trust**
The Chinese Medicine Forestry Trust promotes planetary, human and species health and wellness by planting trees and protecting forests throughout the world.



Visit: www.jcm.co.uk/econeedlepackaging to be kept up to date with our ongoing eco developments

The solution is less pollution

