

THE CLINICIAN

Journal of the Association of Acupuncture Clinicians
& of the Japanese Acupuncture and Moxa Association

September 2024 Volume 2, Issue 2

www.aac-org.uk



Interview with Gerad Kite
Early Days in Acupuncture Practice
The Diaphragm and the Channel System

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Welcome to the September 2024 issue of *The Clinician*. In response to your feedback, we have expanded the range of topics covered in this issue. We hope that you find the articles both enjoyable and informative.

This month, we feature reflections from three AAC members at different stages of their careers: a newly qualified practitioner, a practitioner with a few years' experience and a seasoned professional. Their candid sharing of challenges and successes offers valuable insights and encouragement to our readers. In future issues, we invite you to share your own experiences in overcoming professional challenges, thus helping to build confidence and competence in our community. We would be delighted to consider your submissions.

We are also excited to introduce two new regular features. The first is a round-up of the latest evidence-based acupuncture research, providing clinically useful insights for practitioners. The second, The Savvy Practitioner, will offer practical advice on managing various aspects of your business. If there are specific business topics you'd like us to address, please let us know. We will strive to provide clear and practical guidance.

Mark your calendars for this year's AAC conference, which will be held at Mary Ward House, London on 16 November. The names of the guest speakers can be found on the back cover, and detailed information along with a booking form is available on the AAC website (www.aac-org.uk). The editorial team will have a stand at the conference. We look forward to meeting you, listening to your feedback and discussing your suggestions for the journal. To support the continued production of *The Clinician*, we will be selling a poster for practitioners' waiting rooms, featuring the AAC logo and listing the benefits of acupuncture. The poster will be available at the conference for £10.00 and, afterwards, through the AAC website for £15.00 to cover packing and postage costs.

Finally, we encourage you to consider advertising in the journal. Discounted rates are available for AAC and JAMA members. For more details, please refer to page 2. We also welcome article and review submissions and look forward to receiving your contributions.

Happy reading!

The Editors

THE EDITORIAL TEAM (All AAC Members)



John Littleton, Editor

John Littleton trained in classical five-element acupuncture at the College of Five Element Acupuncture (COFEA) in Dublin, Ireland, graduating with the LicAc. He has postgraduate diplomas in clinical education and clinical leadership, and is a member of the teaching faculty at COFEA. He is a member of the Acupuncture Council of Ireland (ACI), the Acupuncture Foundation Professional Association (AFPA) and the Association of Acupuncture Clinicians (AAC).



Damian Allegretti

Damian Allegretti is a licensed acupuncturist and herbalist, *TuiNa* practitioner and *QiGong* teacher. He currently runs his own clinic in London called MONON Wellness, works for 'The Disability Foundation' at the Royal National Orthopaedic Hospital and regularly teaches *QiGong* in the North London area.



Kirsty Arthur

Kirsty Arthur studied for her degree in acupuncture at the Northern College of Acupuncture (NCA) and graduated in 2021. On graduating, she opened her first clinic, Kirsty Arthur Acupuncture, which is based in a large health and fitness facility in Leeds. Kirsty has a busy practice treating a range of conditions and she incorporates a variety of treatments and health services for her patients. Kirsty is a member of the AAC and is also part of the AAC team helping with administrative duties and now part of the editorial team.



Sara Lucchetti

In the mid-1990s Sara Lucchetti qualified as a Shiatsu practitioner and had several clinics in Glasgow. Passionate about reaching the more disadvantaged groups in society she worked with the Glasgow Health Board and with vulnerable teenage units. She then trained at the School of Five Element Acupuncture (SOFEA), London and qualified in 2007. She furthered her postgraduate learning with Niki Bilton for many years. She works with her chiropractor brother in his large ever-expanding multidisciplinary clinic in Norfolk which attracts many difficult and complex cases. Sara has been involved with clinical-year teaching for the Acupuncture Academy.



Nicola Porter

Nicola Porter trained in acupuncture and Chinese medicine at Lincoln University graduating with a BSc (Hons) in 2014 and has been in private practice in Norfolk ever since. She is also a qualified massage therapist, aromatherapist, reflexologist and holistic practitioner offering many different treatments at her health and wellbeing clinic Point'z of Interest Therapie'z. Nicola's passion is promoting acupuncture, TCM and complementary therapies to the public and she specialises in musculoskeletal, neurodivergence, neurological and endocrine disorders.

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GUIDELINES FOR CONTRIBUTORS AND ADVERTISERS

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- Submissions cannot be guaranteed publication until they have been reviewed and accepted by the editorial team. If accepted, they are subjected to an editorial process which may include engaging with the contributor/s regarding queries, comments or suggested changes.
- Articles and reviews must be submitted as Microsoft Word documents. Times New Roman font, 12 point type is the preferred style and size. Documents should be typed, single-spaced and justified on the left side only. PDF files will not be accepted, except for advertisements.
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- Photographs (as JPEG files, ideally 300 dpi) and graphics (tables, charts and illustrations) for inclusion in articles must not be embedded within the text, but sent as separate attachments. However, author/s should indicate in the text where such attachments are to be inserted.
- All Chinese terms should be transcribed using the *pin yin* system. All *pin yin* terms should be in lower case and italicised.
- Acupuncture points should be referred to by their meridian/channel name using the following abbreviations: Ht (Heart); SI (Small Intestine); BL (Bladder); Ki (Kidney); P (Pericardium/Heart Protector); TH (Triple Heater); GB (Gall Bladder); Liv (Liver); Lu (Lung); LI (Large Intestine); St (Stomach); Sp (Spleen); Du (Governor Vessel); Ren (Conception Vessel).
- Citations and quotations in the text of an article should be formatted either as superscript numerals (that refer to their corresponding endnotes), or in the author-date style, which should be formatted as follows:
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- Contributions should include a brief biography (one or two sentences), which may include a contact e-mail address, and a high resolution photograph of the author/s.
- AAC and JAMA members may take out small advertisements in the classified section of the journal to buy and sell equipment and products (e.g. treatment couches, books, etc.), to rent rooms or premises, to recruit staff or to offer CPD/training opportunities. The cost of these short advertisements will be £20.00 and they will be limited to 25 words.
- AAC and JAMA members will be offered a **30%** discount on larger advertisements, e.g. quarter page, half page, full page.

COSMETIC ACUPUNCTURE IN PRACTICE

Chris Davies

I am often asked why, as an acupuncturist treating a wide range of serious diseases and health conditions, I also offer and teach cosmetic/aesthetic treatments. The answer to this question is twofold.

Firstly, it is important to note that many cosmetic issues are in fact caused by an underlying health condition, disease or constitutional deficiency and, in some cases, through accidents. For example, both Bell's Palsy and strokes are known to have an internal and external component. In these cases, aesthetic treatments can help to create change and transformation for the external component whilst also improving the emotional wellbeing of the patients' lives. The same can also be said for some cosmetic skin issues, which need to be treated to help balance and recover the skin to a 'normal' state. With these medical and healthcare applications in mind, it soon becomes clear that cosmetic acupuncture is not merely a 'cosmetic' treatment in nature.

Secondly, I am often reminded that cosmetic/aesthetic concerns are frequently synonymous with emotional and mental health concerns. As a practitioner, when a client walks into your clinic your instinct can be to allow your mind to fill with ideas of cosmetic/aesthetic change options for the client. Often though, the client will proceed to tell you that the only issue they have is a very specific spot or area, such as a low eyebrow or wrinkle. This can be a sobering reminder that it is the client's own perception of themselves that most greatly affects their emotional happiness. Of course, being healthy is hugely important but, equally, so is being happy and, as I'm sure you would agree, there is an undeniable link between the two.

This was highlighted to me whilst I was at Christie's cancer hospital when I asked why they were interested in using cosmetic acupuncture for their patients. In response, I was told that patients with a higher appreciation of themselves and their beauty correlated positively with cancer treatment results. Crucially, the simple act of offering treatments to these patients, thereby allowing them to feel more deserving of care and improving their self-worth, also produced a positive impact on treatment results.

This is not to say that healthcare acupuncture should be considered any less important in any treatment. I would never consider giving up these critical treatments which make up a large part of my practice. However, if your work can also

make someone feel amazing, feel valid and improve self-worth and everyday confidence, you must ask: What is that worth to them or to you as a practitioner? To this end, we must balance fixing the whole self to include issues of the cosmetic/aesthetic nature and emotions.

The three main terms used are: 'aesthetic acupuncture', 'cosmetic acupuncture' and 'facial acupuncture'. These are often used interchangeably but this can be misleading because they define the different treatment types of cosmetic and aesthetic issues. Most facial acupuncture courses concentrate on the facial acupuncture points, which are often used for cosmetic enhancement. However, these facial points can also be used for specific health functions and the treatment of a specific meridian. The face is a microsystem and so can be used locally to treat internal organs or disorders of the musculoskeletal system which are mapped onto areas of the face. When used for cosmetic enhancement, facial points are known to have a good local effect and increase oxygen and blood flow to the area. But you need more than just the traditional facial acupuncture points to be able to treat effectively the range of cosmetic based issues you encounter with clients.

Cosmetic acupuncture points cause a change in the facial skin and can help deal with a range of common skin complaints. However, there are also many distal body points which have specific facial and cosmetic results. These can deal with specific issues such as puffy eyes, etc. Furthermore, they can also help to deal with the five most common skin issues we see in clinic: blemishes/acne, ageing skin, dry skin, redness and pigmentation.

In contrast, aesthetic points deal predominantly with the beauty and shape of the face or area, these powerful techniques make changes to the deeper tissues and muscles. For example, they treat a deficient or excess muscle needing to be toned or relaxed. However, often these can be specific cosmetic issues, such as marionette lines, which are symptomatic of a deeper aesthetic issue. There is a wide range of techniques and specific protocols that can be used to change the person's appearance, giving an overall perception of increased beauty.

To effect the most change and benefit successfully with a client you need all three types of needling: aesthetic, cosmetic and facial acupuncture.

“...the following are deal breakers when it comes to a good product for the skin: Is it chirally correct? Is it the correct cosmeceutical grade? Is its pH correct for the skin?”

Often when we discuss cosmetic and aesthetic treatments, we primarily think about the face. Yet the terms ‘aesthetic’ and ‘cosmetic’, as defined above, can be applied to all areas of the body to change shape and help local skin conditions. Bum lifts, fat burning, toning, re-shaping, scar removal/reduction, collagen induction and cellulite are only a few of the ways we can provide a much wider range of benefits to balance the body.

It follows then that we should consider the definition of ‘beauty’ in cosmetic/aesthetic treatments. Despite the popular trend for over-accentuating certain features such as the lips, most models generally stand out due to the symmetry in their facial features. This deviation from the norm could define one idea of true ‘beauty’. Consequently, it is important to carry out a balance consultation with clients, utilising facial balancing techniques to restore symmetry to the facial features.

We can extend this idea of symmetry to the more nuanced facial features, balancing specific areas of complaint. For example, where a client’s lips may turn under before they reach the end of the mouth. This can hide the redness of the lip and make the mouth appear smaller more out of proportion with the head and face than it is. For this, we can use specialist aesthetic acupuncture techniques to lift the lip, twist and open the lip out and add volume to the lip to support this the change. This type of balancing for facial features allows us to make each aspect look beautiful, taking features to their full potential without becoming excessive, exaggerated or unnatural.

Cosmeceuticals are another key element to consider in cosmetic/aesthetic treatments. Understanding cosmeceuticals is essential to moving your client to products that will help treatments produce better results and moving them away from products that, in many cases, actually damage or cause issues. It is common for clients to utilise any number of products when they are not happy with their skin. However, if not of the right quality or if used incorrectly, these products may produce an adverse reaction with the skin. The client may not realise it is the product as this can happen over

time. For me, the following are deal breakers when it comes to a good product for the skin: Is it chirally correct? Is it the correct cosmeceutical grade? Is its pH correct for the skin?

Surprisingly, these three key essentials are seldom met by most cosmeceutical companies. Other essential products to consider would be vitamin C and vitamin A (retinol/retinal) serums for day and night respectively, as well as SPF (sun protection factor). There are, of course, other cosmeceuticals you can consider if the budget allows or for specific skin problems; but these basic products have huge effects and impacts on the skin locally.

Many of you will already be aware of the enhancements electricity can bring to acupuncture treatments. However, this technique can also be used to enhance the effect of cosmetic/aesthetic treatments. With the correct frequencies, you can speed up the removal of wrinkles, repair skin and soft tissue, as well as tone and lift structures. The required hertz are specific for each application but can bring about a huge change to the problems they address.

When thinking about cosmetic/aesthetic treatments we must also consider the inherent need to understand the skin and underlying issues. As acupuncturists, we often find ourselves frustrated by those who have only completed an acupuncture CPD and, yet, refer to themselves as acupuncturists (something we are working on changing). To provide quality cosmetic/aesthetic treatments we need an understanding of skin and local tissues before we can confidently say that we offer these treatments or step into the beauty and aesthetic industry. If we are able to understand the structures we are using, we can correctly apply our techniques for a positive result. As an example, threading needles through the deeper layers of the skin will cause bruising, as this is where the vascularity is. Without this knowledge, you will undoubtedly encounter a number of concerning issues. Likewise, wrinkles need to be needled at a very specific angle and layer of the skin; as such, an understanding of local anatomy and how to reach each layer becomes the key to needling with skill and accuracy.

In Chinese medicine we are taught always to look for an understanding of the cause. We need this foundational understanding of the biochemistry and structures involved in a wrinkle to recognise not only how to repair but, further, to understand the cause so that we can prevent reoccurrence. Ultimately, cosmetic, facial and aesthetic acupuncture is an extension of acupuncture itself. Therefore, why would we not seek to apply the same intellectual understanding and thought processes that we would apply to disease or other healthcare issues?



Chris Davies regularly teaches his transformative cosmetic and aesthetic treatments course designed from more than five years of research across the globe. You can attend his courses in Manchester or London by going to the ‘Shop’ on the AAC website. There you can save £150.00 on the course if you are an AAC member by using the discount code ‘aaccosmetic’ at the checkout. You can contact Chris at admin@aac-org.uk

INTERVIEW WITH GERAD KITE

Interviewed by Nicola Porter

Nicola: How did you find being a speaker at last year's AAC conference?

Gerad: I found it quite nerve-wracking because I wasn't necessarily speaking to the party faithful. I think this was the first time I'd spoken to a mixed group. Normally I'm only speaking to five-element people and they're all usually nodding their heads in agreement. It is different when it's a mixed group. The subject that I chose was 'Five-Element Acupuncture as a Spiritual Tradition'. I know that many people don't think of acupuncture as spiritual and certainly not in terms of diagnosis and treatment. So it can be a difficult subject to talk about. I know from my experience of talking to acupuncturists over the years that the five-element style is quite different: what we do and how we are, in how we work with patients. I never want to get into which modality is better; all modalities are different.

Nicola: Your passion for five-element acupuncture is obvious but how did your acupuncture career start?

Gerad: I was living in San Francisco in the 1980s. I had my own business in the travel industry which was fast-paced and stressful. Someone suggested that I have acupuncture treatment to reduce my stress and feel better. So, I went along to a practitioner around the corner. I didn't know anything about acupuncture. I was totally sceptical and thought it was a load of nonsense. He was a five-element practitioner and I had my first treatment which I imagined didn't do anything – I didn't feel any different that day. However, when I awoke the next morning I was feeling very different. It wasn't just seeing differently in a visual sense; I was seeing my whole life differently.



I realised very quickly that I did not want to do certain things. I no longer wanted to be around certain people. It was like a very fast-track inventory. Yet I had been raised to be cynical. So I thought that there must be something to this acupuncture. If someone had told me the story, I wouldn't have believed them, but because I'd had the experience I couldn't really deny it. Anyway, it didn't occur to me to train as an acupuncturist on the back of that experience but it made me realise that I liked working with people; that was indeed the best part of my work. Thus I trained to be a psychotherapist.

I moved back to London having been advised to study gestalt therapy – essentially looking at polarities, looking at the opposite of what someone reports and looking at the opposite side of working with that. It was the beginning of working with the whole idea of balance. Then, while doing my training, I was seeing an acupuncturist who was recommended by my practitioner

in San Francisco. I was saying to her how disillusioned I was with the psychotherapeutic model. She said: 'Why don't you do acupuncture then?' At first, I remember thinking 'How I can do that?' She had studied at Oxford University and must be very clever. My acupuncturist in the United States seemed very clever too. I hadn't gone to university, so I just assumed it was out of my reach.

Nicola: So, there were some shortcomings in psychotherapy for you. Were those shortcomings complemented by acupuncture?

Gerad: The drawback for me with psychotherapy was that it didn't allow me to be proactive in the process. I didn't like the idea that all I could do was listen when someone was coming in suffering or in pain. I remembered my acupuncture experience and how, unconsciously, my inner self was sorted quickly. I wanted to help other people to do that. On the advice of my acupuncturist, I enrolled the following week to study acupuncture at Leamington. I was a student there during the last few years of J.R. Worsley's teaching. Then I became a five-element acupuncturist.

Nicola: You mentioned at the conference that you were quite young when you trained with J.R. Worsley?

Gerad: Yes. I was 27, which was young at that time. The average age of my group was probably about 45.

Nicola: How did you find being half their age?

Gerad: I found it irritating because, for me, the reason for doing work in

this profession was to go out and help people and most of the others in my class didn't seem to want to do that. Also, it was after many of my friends had died from AIDS. I'd very much been used to considering pain, suffering and death and supporting people. That had become my norm. Most of the people on the course were much older and they saw it as a second career or a philosophical study. It felt strange to be around people who were looking mainly at acupuncture from a philosophical viewpoint or as ancient Chinese history instead of a way to help people. I remember one student finding it funny that I thought I was going to earn a proper living from doing acupuncture. So, when I qualified in 1993, I was full of determination and came at it hitting the road running.

I came straight from my training to working on the AIDS ward in Kings College Hospital, London and I established the first NHS funded practise there, while also working from home. My colleague Zita West and I quickly opened a clinic in Harley Street, London because we both needed to earn some money. Initially, I was doing voluntary work at the hospital; I was charging very little in South London; and I needed to pay off my debts from college.

Nicola: You had to earn a living?

Gerad: Yes. Different people will have different income levels. For a long time I was running three clinics. I was working at the hospital, my private practise from home and a couple of days in Harley Street.

Nicola: That must have been quite tiring?

Gerad: It wasn't. I really enjoyed it, and I was good at it. I got good results from my treatments. After six years I decided to move back to California. I did the entire TCM and herbal medicine training there because that was required in order to get my acupuncture license. I don't wish to negate TCM, but it was frustrating having to study and practise something to get my license when all I wanted was to treat patients according to how I had been taught in the UK.

Nicola: So TCM is just not a modality for you?

Gerad: It isn't. When I was required to practise in TCM and herbal medicine I noticed that I had to use a different part of myself – which is valid and it worked – but it was a completely different experience for me. How I felt was different; how I needed felt different. I realised that we use different parts of ourselves when we're using different traditions. I was always fascinated by the fundamental spiritual aspect of five-element acupuncture, particularly when people were dying of AIDS where it wasn't about saving their life but about them feeling OK on a much deeper level. I had a good experience and understanding of the importance of how we feel within ourselves versus just chasing symptoms.

Nicola: How did you go from there to being the 'Daddy of all fertility experts'?

Gerad: I stayed in the United States for two years and received my license to practice. But I knew that I didn't want to practice TCM or herbal medicine. I wanted, instead, to practice five-element acupuncture and felt drawn back to the UK. San Francisco had changed dramatically from the 1980s to the 1990s. I returned to the UK, starting my practise again in South London. Basically, three women came to me, all with different symptoms, all in their early 40s. Unbeknown to me they had all tried to get pregnant but couldn't or maybe already had one or two children but couldn't have more. They assumed it simply wasn't possible – this was before IVF was widespread. Within three to four treatments the three women conceived. They began to spread this urban myth about me being a 'magic baby maker'.

Nicola: You then wrote the books?

Gerad: Yes. But I wasn't treating the women for infertility and I was very vocal in saying that I have never treated infertility. I didn't want people to think that's what I do. Despite this, the word spread. Sarah Hall, a journalist who wrote for *Eve Magazine*, came for acupuncture because she had been

trying to conceive for years; she became pregnant after her first treatment. A journalist from the *Mail on Sunday* picked up on the story, and put me on its cover and did a six-page spread with some of the case studies. Things just went crazy after that. I wrote one book, then another. It's not that I capitalised on it, it just happened spontaneously.

Nicola: Did it become a different path for a little while?

Gerad: Exactly. What was important for me was that I used this as an opportunity to explain about the philosophy behind Chinese Medicine and the understanding that it's all about being at one with nature: the seasons, being in balance, being yourself, being authentic. That is the focus of treatment as a spiritual tradition. I wanted the books and articles to show what I love about the five-element model.

I remember that one of the women had dreadful hay fever. During her first few treatments the hay fever didn't change at all. Then she became pregnant and the hay fever disappeared. My understanding of the Law of Cure is that the process of healing deals with the deeper issues first and then the superficial issues as it tries to bring about a rebalance. The deeper problem of her fertility corrected first then the hay fever followed. I used all the talk at the time as an opportunity to emphasise the importance of just being in balance and what five-element acupuncture can do. When you're in balance your symptoms disappear. With five-element acupuncture you never treat symptoms, you only ever restore balance and harmony to the body; you have no idea what the outcome is going to be.

Nicola: At the conference, you stated that body, mind and spirit are connected. But is the problem often being disconnected from the spirit?

Gerad: Absolutely. Body, mind and spirit are one, but our attention often focuses on our body and our mind to the exclusion of our spirit. It's not the spirit that has a problem, it's simply that our attention hasn't been there and this can

“For me personally, the challenge is never to become complacent. I acknowledge that I’m starting afresh every single day so that I don’t become arrogant by thinking that I know it all, especially with diagnosis.”

cause imbalance. J.R. Worsley’s model teaches us that, by restoring balance and harmony – it’s like watering a seed that comes back to life – the spirit expresses itself through the growth of the plant. That’s pretty much the basis of how I practise and what we teach now.

Nicola: Who were your influences?

Gerad: J.R. Worsley was undoubtedly my most significant influence. The way that he conveyed simple concepts impressed me deeply. Watching him doing consultations with patients, noticing how skilful he was at getting rapport with someone within seconds, and getting straight to the heart of who they are: all this stayed with me. I aspire to be as good.

Nicola: Apart from J.R. Worsley, were there others?

Gerad: Yes: Judy Worsley, Nicky Bilton, Peter Mole and Peter Firebrace. I was also massively influenced by Claude Larre and Elizabeth Rochet de la Vallée who originally spiked my interest in the classical aspect of the teachings. It sounds a bit naff, but I would also say: Nature. In the classroom, I was annoying. I didn’t accept anything at face value. I was always questioning J.R. and his answer was always much the same: ‘If you have any questions go out into nature and you’ll get the answer.’ That may sound weird or abstract, but it’s absolutely true. Everything that I need to learn, I can learn from within myself and outside in nature. That is my greatest influence.

Nicola: Earlier you said you were cynical. Do you still come to acupuncture from a sceptical viewpoint?

Gerad: Always. I haven’t just blindly accepted J.R.’s teaching. I’ve questioned and tested it, concluding that there’s nothing wrong with the system he so skilfully taught. All that is wrong when it doesn’t work is me. If you have a sceptical mind, you are always having to check and not accept things blindly. I just couldn’t take things on blind faith. I’m not a good follower in that respect.

Nicola: You’ve been in practise a long time. What are the challenges in practise now?

Gerad: For me personally, the challenge is never to become complacent. I acknowledge that I’m starting afresh every single day so that I don’t become arrogant by thinking that I know it all, especially with diagnosis. I can honestly say that it’s only in the past five years that I really have a handle on making a correct diagnosis. As I teach more now, students come to me asking for the correct diagnosis. This challenges me and has put me on a fast learning curve. It’s forced me to draw on everything that I’ve gotten wrong and right over the past 30 years and to reflect deeply within myself to synthesise the sensory process of making a diagnosis. The challenge is not to shy away from that but, in the moment, to feel like I’ve just discovered something new.

Nicola: You’re always learning then?

Gerad: Always. Every day is a challenge and I love that.

Nicola: Do you prefer teaching to treating or do you prefer treating to teaching?

Gerad: I love doing both. On my working days, I treat patients from 8.00am until 2.00pm. Then I teach from 4.00pm until 7.00pm and at the weekends. The two definitely inform each other; I am a better practitioner since I’ve been teaching again regularly and vice versa. I love them both. What I love most about teaching is watching when the penny drops for the students.

Nicola: With such a busy schedule, how do you take care of yourself? How do you connect with nature?

Gerad: I travel frequently. That’s important for me because, living in central London, access to nature is vital. I’ve got two dogs that I walk every day – a golden retriever and a black labrador – and a ginger tom cat. For me nature can include watching people. It’s fascinating to observe other human beings and the natural world. I love travelling alone

because I'm happiest just sitting and watching people for hours. In January I went to Buenos Aires, and I've just come back from Costa Rica. I went there for ten days and I immersed myself in the middle of a jungle. I swam in the sea and reconnected with nature.

Nicola: At the conference, you referred to walking the path to greater understanding. Where do you see your path going from here?

Gerad: I want to pass this tradition on to the next generation in the purest way that is possible, i.e. to pass on what I was taught and what I have witnessed because it works in practice. If we're talking about my path going forward, I am committed to helping students master in ten years what took me 30 years; this is my pathway. That's how I see myself contributing to this tradition – to find a way to pass on my experience and help people to fast-track so they can help more people efficiently. In my own experience of the acupuncture profession, we tend to sit in our own camps and, as much as I have mutual respect, it is a shame that there is not more of a cross-over between practitioners who have trained in five-element acupuncture and TCM practitioners.

I remember when I was training, John and Angie Hicks, who have a college in Reading, said that Worsley's five element way of diagnosis was so difficult so why not add in TCM as well and put the two together in what was called at that time a conversion course. I personally was always against that approach because, instead of honouring the two different traditions individually, it was merging them. This, for me, is like mixing an Italian meal with a Chinese meal; they're both wonderful independently but I'm not sure about the fusion. What I would love though, is to make Worsley's teaching presentable in a way that is more accessible, understandable and useful to everyone. Without becoming political or controversial, what J.R. Worsley taught is quite phenomenal. Obviously it's a very subjective comment and I would love five-element acupuncture to

be available to anyone who might want to practice this style with their patients.

Nicola: Would you include five-element acupuncture in the training courses of the various colleges?

Gerad: The five-element community is generally a smaller one and, because there aren't many colleges teaching it, my fear is that it will die unless it is put back on the map as it was when I was training. I think there needs to be a more well-established and well-respected place that has a pure or Worsley five-element approach.

Nicola: You provide training at Yellow Path. What is Yellow Path?

Gerad: Originally, I had an accredited school, with a three-year programme, in central London around 2005. It closed after five years, and I moved to France and offered residential intensive training in Worsley five-element acupuncture there. We would live and breathe five-element theory and practice for six weeks. Then the Covid-19 pandemic arrived and students could no longer finish their training. Instead, we filmed the entire curriculum in the school in 45-minute videos, a total of 200. They're beautifully produced, putting the entire teaching online. What's good about the films is that everyone – it doesn't matter when they start their training – is getting the same core information and it's delivered in the way that I was taught, hopefully remaining true to and honouring J.R. Worsley's tradition.

Yellow Path is a name I created. 'Yellow' refers to the Yellow Emperor whose teachings have been transmitted in the five-element tradition. 'Path' refers to Tao and the idea that it is a lineage. I didn't want it to be called a school because it's not a school. It is a lineage model of training instead. Yellow Path Training is located in London. We have a training centre in Shoreditch where people can do a two-year intensive course in five-element acupuncture. The students receive six to seven films downloaded each month and, at the end of that month, they travel to the

centre for three days where we teach all the hands-on skills and bring to life the theory that they've learnt. The course lasts for 24 months: 18 months for all the theory and then six months of clinical supervision. It's an intensive fast-track, hands-on theoretical and philosophical training. It works well because students are required to submit monthly homework and they cannot fall behind. It's got a good momentum. There are ten faculty members, so students receive a variety of approaches to teaching and learning

Nicola: How do people wishing to join your course do so?

Gerad: Currently we accept students who are new to five-element acupuncture in general. But we will be providing training for those who are already licensed practitioners in other traditions in the Spring of 2025. If they visit our website (www.yellowpath.com) there is a post-graduate one-year course for those who are already qualified in five-element acupuncture. We also have some taster films on the website that can give a feel for the style of how the curriculum is taught – point location, theory and skills. We also have some films for any acupuncturist to purchase and some films are accessible free-of-charge.

Nicola: Finally, what advice would you give to new practitioners?

Gerad: Be 100% committed. Commit your life to acupuncture and, remember, you are being of great service to your fellow human beings!



Gerad Kite has been practicing five-element acupuncture for over 30 years and currently divides his time between practising and teaching. 'I see my work as a true vocation and feel blessed to have found such a profoundly rewarding way to spend my time and to witness how many people truly benefit from this wonderful and unique system of healing and way of life.'



Nicola Porter is a member of the editorial team of *The Clinician*. She trained in TCM acupuncture and has a practice in Norfolk offering health and wellbeing in her clinic Point'z of Interest Therapie'z.

INTEGRATING NUTRITIONAL MUSHROOMS INTO MY ACUPUNCTURE PRACTICE

Lucy Humphries

Mushrooms are a hot topic nowadays. If you chat to people about foraging for mushrooms in local woods or taking mushroom supplements, nine times out of ten it will pique interest. If you type 'mushroom supplements' into a search engine you will be inundated with options. I'm an acupuncturist and I own and run a private general practice clinic in a rural Wiltshire village just outside Marlborough. I have been practising acupuncture for almost three years and have a particular focus on mental well-being, hormone balance, menopausal transition and allergies. During the first 18 months of my practice I used needles, fire cupping and gua sha. I was curious about Chinese herbs but not ready to take that plunge of investing the time and money to train. I had heard that often the uptake of traditional herbal medicine was limited.

When I saw the Mycology Research Laboratory (MRL) mushroom course advertised in May 2023 I was excited and signed up right away. Could this be the extra I was looking for in my clinic? The two-day Zoom course was interesting and informative, describing how the use of mushrooms dated back to the seventh to tenth centuries BC. Mushrooms are mentioned in the *Classic of Poetry* (in Chinese, *Shijing*) and were well documented in the *Materia Medica of the Divine Farmer* (250 AD). The course was hosted by Professor Ana Varela and Wilfried Legein, both experts in the field with many years of experience.



The course covered the nutritional advantages of mushrooms, their characterisation according to both traditional Chinese medicine (TCM) and Western medicine, and the application of mushroom nutrition based on TCM differential diagnosis. It outlined important contraindications, for example, where people are taking an immunosuppressant and the mushrooms activates the immune system. The course

also included examples of mushroom prescriptions combined with acupuncture protocols, case studies and a Q&A session. I was fascinated and could immediately appreciate how adding mushroom nutrition could benefit many of my patients. I also began to understand that nutritional mushrooms could bridge the gap between pure acupuncture and herbal medicine.

On completion of the course, which included passing an assessment, I immediately began to integrate mushroom nutrition into my work and found that people very receptive. The addition of mushroom nutrition has allowed me to enhance my holistic approach to patient treatment, optimising patient outcomes and satisfying one of my core values: to help people feel better. I have also integrated mushrooms into my own daily routines to help me navigate the menopausal transition naturally.

Each new patient at my practice undergoes a comprehensive assessment, which includes a detailed medical history, lifestyle evaluation and specific health concerns. I make a Chinese medicine diagnosis and then design a treatment plan that includes the likely number of acupuncture appointments, the core acupuncture points I intend to utilise and an appropriate mushroom or mushroom combination matched to the patient's diagnosis. About 60% of my patients decide to incorporate these mushrooms into their treatment regimen. I discuss the options of taking the supplements as tablets versus powders, explaining the pros and cons of each. While powders are more economical, tablets may be more convenient depending on patients' lifestyles. For example, those who travel frequently prefer the tablets. This integrated approach of acupuncture with mushroom nutrition has led to significant improvements in my patients' health and wellness.

I have found that nutritional mushrooms are empowering patients because they give people something they can take away from the clinic and administer themselves. When patients cannot make appointments for a period of time, they feel supported by the ongoing use of specifically recommended mushrooms. I have invested in a selection of mushrooms I predict will be most frequently used by my typical patient portfolio. I keep a stock of Reishi, Triton (a combination of Reishi, Cordyceps and Shiitake), Maitake,

Poria and Hericium. I order on demand other less frequently used mushrooms such as Chaga or Pleurotus; they usually arrive within one to three days.

In my clinic room, I display the mushroom nutrition options and discuss the importance of knowing the source of mushroom supplements. I emphasise that MRL mushrooms are grown in controlled environments, allowing the full biomass to be harvested without damaging delicate woodland ecosystems. I also recommend the MRL website to my patients, and I have received feedback on numerous occasions about how impressed they are with the standards and quality of MRL products.



Case Study: Managing Stress and Headaches with Reishi

One illustrative case is that of a 45-year-old female patient suffering from chronic stress and stress-related headaches. She had been on antidepressant medication for more than ten years, with little relief from her symptoms. After an initial assessment, she was diagnosed with liver *Qi* stagnation along with underlying heart yin deficiency. I decided to complement her acupuncture sessions with Reishi mushroom (*Ganoderma lucidum*), known for its adaptogenic properties.

The patient received ten weekly acupuncture sessions, with specific points varying week-to-week but generally including Ht 7, P 6, Ren 15, Gb 34, Sp 6, Liv 13, Liv 14, Liv 3 and Ki 6. She was prescribed Reishi supplements to nourish the heart and calm the spirit, beginning with a low dose and building up over three weeks to the maximum therapeutic dose of 3,000mg/day. After two weeks at the maximum dose, the dosage was tapered to a maintenance level of 1,000mg/day (two tablets). This approach not only helped in managing her stress and headaches but also facilitated her gradual withdrawal from antidepressant medication under medical supervision.

The integration of Reishi into her treatment plan yielded remarkable results. The frequency and severity of her headaches diminished significantly, and she reported a marked improvement in her stress levels and overall mood. Today, she maintains her well-being with monthly acupuncture sessions and a consistent Reishi supplement regimen of 1,000mg/day.

Tailoring Mushroom Prescriptions

My approach to prescribing medicinal mushrooms varies based on individual patient needs. For acute conditions, such as invasion of wind-cold, I often prescribe mushrooms like Pleurotus for short-term periods. These mushrooms are known for their potent immune-boosting properties and natural antibiotic nature, making them particularly effective in addressing acute health issues where patients wish to avoid antibiotics. Conversely, for chronic conditions or long-term health maintenance, I utilise mushrooms like Reishi, Lion's Mane (*Hericium erinaceus*) and Cordyceps (*Cordyceps sinensis*). These mushrooms are well-suited for long-term use due to their adaptogenic qualities, which help the body manage stress and maintain homeostasis.

Clinical Observations and Patient Feedback

Feedback from patients has been overwhelmingly positive. Many have reported enhanced energy levels, improved sleep quality and better overall health. The dual approach of acupuncture and mushrooms seems to amplify the therapeutic effects of each modality, providing a more comprehensive treatment outcome. For instance, a patient with perimenopausal symptoms and fatigue found significant relief with a combination of acupuncture and Maitake and Lion's Mane. Over a six-month period, their energy levels improved and they experienced fewer fatigue episodes, leading to a better quality of life.

Conclusion

The integration of nutritional mushrooms into acupuncture practice offers a powerful, synergistic approach to health and wellness. By customising mushroom prescriptions to individual Chinese medicine diagnoses and adjusting dosages based on therapeutic needs, I have been able to enhance patient outcomes effectively. The products from MRL have proven to be a valuable asset in my practice, providing high-quality, potent mushrooms that support a wide range of health benefits. The holistic approach not only addresses immediate health concerns but also promotes long-term well-being, aligning with the core principles of traditional Chinese medicine. I encourage more practitioners to recognise the potential of mushrooms. I anticipate the trend of popularity and receptivity to these ancient holistic approaches to health delivered in a modern way will continue to grow.



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A GLIMPSE INTO NON-VETERINARY ANIMAL ACUPUNCTURE

Lindsay Rohrbaugh

My journey to become an acupuncturist began in the United States in January 2019. I had applied to the Virginia University of Integrative Medicine (VUIM) some months before, as the burnout of working for the District of Columbia government had charred my soul. Not even my lifelong passion of working with wildlife seemed to revive my ambitions for this current career any longer. After thinking about a career I could transition to in my late 30s, that would fuel my passion as wildlife biology did for all those years, I circled back to being an acupuncturist.

Acupuncture was something that had fascinated me ever since I had my first treatment in the early 2000s. That experience has stayed with me as my story of what made me fall in love with traditional Chinese medicine (TCM). So putting that experience together with my love for animals, animal acupuncture was where I decided to start endeavouring. If I am being honest, becoming an animal acupuncturist is what really drove me to acupuncture. Animals have always been the *Yin* to my *Yang*, speaking in TCM terms. But through my inquiry, I became aware that I needed to study human acupuncture before the animal phase. And thus began my three-year journey at VUIM.

To my understanding, there was really only one programme in order to become a certified non-veterinarian animal acupuncturist in the United States, and I was fortunate that it was in my state of Maryland. That was, it used to be. Unfortunately, like so many acupuncture schools, the programme was discontinued with the justification that there was just not enough interest. Still persevering, in early 2021 I connected with Noreen Javornich, the former instructor for the animal acupuncture programme. She set the record straight and explained that the programme was discontinued because the school did not want to pay for it anymore. However, there were in fact many eager students and acupuncturists such as myself who were looking for another programme.

She pointed me in the direction of Dr Gene Bruno, a traditional Chinese acupuncturist out in Oregon. She had heard rumblings about him initiating another non-veterinarian animal acupuncture programme, but she was not sure if the acupuncture boards formally recognised it. I reached out

to Dr Bruno and, after multiple e-mail correspondences, I was directed to the Phoenix Institute of Herbal Medicine and Acupuncture (PIHMA) in Phoenix, Arizona where his new animal acupuncture certification programme was to begin in November 2021. With an approval vote from the Maryland Board of Acupuncture and to the delight of myself, Noreen and other hopeful future animal acupuncturists, the PIHMA programme was approved as the country's only recognised animal acupuncture certification programme. I was going to be joining the first class!

Animal acupuncture has been traced back to China over 3,000 years ago, most prominently being used in horses because they were essential to the military (Bruno, 2021). There have been some surviving texts from the T'ang dynasty (600-900 AD) when veterinarian medicine emerged in China. These texts also reference acupuncture in animals (Amaro, 2005).

Fast-forward one thousand years to 1972 in the United States, at a time when acupuncture was only legal when performed in a medical research setting. Gene Bruno and fellow acupuncturist John Ottaviano had assistance from veterinarians with whom they were working and teaching at the time. This enabled them to gain permission from the California Veterinary Board to practice animal acupuncture without a veterinarian license (Bruno, 2021). As a give-and-take collaborative effort, the veterinarians mentored them in Western veterinary medicine and Bruno and Ottaviano taught them acupuncture (Bruno, 2021). In 1973, Bruno and Ottaviano gave shape to the National Acupuncture Veterinarian Association (NAVA), an organisation created for veterinarians wanting to learn animal acupuncture. By early 1975, another group of veterinarians wanting to learn animal acupuncture formed the International Veterinary Acupuncture Association (IVAS) which still teaches worldwide (Bruno, 2021).

Today, PIHMA in Phoenix, Arizona is the only animal acupuncture certification programme for acupuncturists in the United States. The programme focuses on horses, dogs and cats; it is completed over six months. The first two months are hands-on components for those new to the equine world and who need experience being around and handling horses. The other months are comprised of hybrid online learning

“Clinical portions dive into the acupuncture points and functions, several of which are only found on animals and have been discovered over the years.”

and clinical practice in Phoenix. Students are taught ethics, anatomy and physiology, western illnesses and treatments, as well as nutrition from veterinarians and other experts. Clinical portions dive into the acupuncture points and functions, several of which are only found on animals and have been discovered over the years.

Many of us remember our first patient we ever treated. While I recall my first human patient, the experience was nothing like my first animal patient. Into the classroom walks these two medium-sized bulldog mixes. One is clearly overweight with the owner stating that the dog has been having some skin issues. Crouching down on all fours to assess and introduce myself to my four-legged patient, I am received with a very unfriendly growl and some baring of teeth. Heeding the warning, I sit back on my feet to reassess my approach. A treat perhaps? It certainly looks like he enjoys enough of those. As I lean forward slightly, tasty morsel in hand, I place the treat in front of the dog, but still receive a snarl.

The owner proceeds to tell us more about the dog, and when asked about what he eats, she bursts into tears. ‘The dog belonged to my boyfriend’, she begins. ‘He just passed away from Covid-19 in November and I know I am overfeeding him in my own grief.’ Oh, be still my heart! Just as she is grieving, the dog is of course grieving the loss of his dad. My TCM wheels spun...grief is related to the lungs and lungs manifest in the skin...there we go! Without any hesitation from this news, my pet parent brain instinctively bent forward, patted the ground in front of the dog offering my sympathy. While I received a slightly less ferocious growl, I unexpectedly was handed a paw at the same time. As if to say: ‘I’m scared, but I need your help.’ While I held his paw, my partner quietly and gently placed Du20 in the dog’s head. We all exhaled at the same moment, and the dog laid down and allowed us to continue treatment.

I should mention that, although humans are given 20-30 minute treatments, animals require far less time and needles. I believe this is because, unlike humans, humans suppress everything, requiring much more time to access the *Qi*. Within five to ten minutes, you will see signs of release such as lip

licking, nose or eyes running, passing wind or, in our case, five minutes and the dog jumped up to poo! You cannot get much more of a release than that. Walking out of the classroom, the dog was unmistakably emotionally lighter (and after the poo maybe physically lighter as well). I saw him the next month of our clinical training and, while I did get greeted with a low growl, it was quickly abandoned to a tail wag and a lie down for treatment. I will never forget these feelings.

By the end of the six months, I and my fellow students had gone through 175 hours of training and developed proficiency in understanding our new patients from both an Eastern and Western medicine perspective, just as we had learned to do with our human counterparts. We had now become Diplomates in Animal Acupuncture as Fellows of the American Board of Animal Acupuncturists (FABBA). Currently, the American Board of Animal Acupuncture (ABAA), which is the national certification board for certifying acupuncturists in animal acupuncture, is working with different states on changing their laws to allow certified acupuncturists to treat animals (Bruno, 2021).

Today there are not many places in the world where animal acupuncture can be practiced without being a veterinarian; my hopes are that will change soon because I have missed my four-legged patients since moving to the United Kingdom. But, even in the United States, the practice of acupuncture on animals by licensed acupuncturists is only legal in some states and restricted in others. Like so many of us, I am an avid believer in integrative medicine, with both eastern and western medicine communicating and working together for the good of the patients. And I believe that pet parents are going to see the need for and seek alternative therapies, which need to be more readily (and affordably) available for their four-legged friends. With this growing demand, legislation can change and programmes for acupuncturists to be trained in animal acupuncture can evolve and flourish. Because it is we, as highly trained acupuncturists, who know our medicine better than anyone else; we are the best suited to provide paramount treatment for these animals.

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Lindsay Rohrbaugh, LAc, DiplAc, FABAA was trained and licensed for human and animal acupuncture in the United States. She now resides near Peterborough, UK where she has a small acupuncture clinic in her home in Warrington. She continues to be passionate about animal acupuncture, rides horses, and has three cats and a dog.

TERMINOLOGY THAT MAY BE CONFUSING IN CLASSICAL FIVE-ELEMENT ACUPUNCTURE

Seán O'Neill

The terminology COSE and CF will be familiar to those of us who practise classical five-element acupuncture (CF-EA). For those who do not, 'C' refers to Colour, 'O' refers to Odour, 'S' refers to Sound and, finally, 'E' refers to Emotion. These are the four primary diagnostics used in determining a patient's CF (Causative Factor). What I will be discussing in this brief article is a case for rearranging CSOE to OCSE and also whether it is more appropriate to refer to a patient 'having' a particular CF rather than 'is' that CF.

CSOE appears to be the order in which the four primary diagnostics are more commonly articulated and written. So why suggest a change of order to this common parlance? Well, my case is that 'Odour' presents itself as the first sign of imbalance we can detect through our senses. We can potentially notice an odour from a patient before we see them. 'Colour' is the sign of imbalance we can notice having come into the presence of the patient. We notice 'Sound' when the patient speaks to us and, finally, the 'Emotion' being expressed follows thereafter. I would suggest in particular for those who are learning this system of medicine, or indeed teaching it, that OCSE can help

create a more favourable imprint in our psyche as to the order in which we might awaken our senses and awareness in determining a patient's CF.

Now to the case for a patient 'having' a CF. Let me state an example. 'Patient John is a Fire CF' or 'Patient John has a Fire CF'. The former suggests to me that we might attribute a greater importance in how the CF (which is an underlying energetic imbalance) manifests in a patient. We don't for example say 'John is a cancer'; we typically say 'John has cancer'. A patient's CF is not an all-encompassing way for us to 'label' the totality of a patient as stating 'John is a Fire CF' would suggest. Indeed a room full of patients all having a Fire CF, whilst having some degree of commonality of presentation of OCSE can be as unlike each other in personality, careers, relationships, etc. So as per OCSE I would suggest that whether learning, teaching or practising CF-EA that saying a patient 'has' a CF is more appropriate.



Seán O'Neill is a classical five-element acupuncturist whose practice is in Dublin 5, Ireland. He graduated from the College of Traditional Acupuncture in 2008 with a LicAc and BA (Hons). He is a faculty member with the College of Five-Element Acupuncture (COFEA) in Dublin, Ireland.



THE DIAPHRAGM AND THE CHANNEL SYSTEM

Marek Urbanowicz

The diaphragm, the prime instigator for inspiration, is one of the most important muscles in the body. Yet practitioners from many different disciplines, not just acupuncturists, might spend little time either assessing or even treating it. Most are familiar with the importance of the diaphragm with regards to breathing, but its function can affect posture, digestion and much more. Breathing is very much influenced by our emotional state. How often, while under stress, do we have the unconscious tendency to hold our breath? If you ask a patient to breathe in, will the upper chest become activated but the lower abdominals remain relatively uninvolved?

This article draws on many sources due to the author's eclectic training; since 1975 that includes five-element and Japanese style acupuncture, voice coaching, applied kinesiology (AK) and the Feldenkrais Method.

Applied kinesiology had its inception in the 1960s with Dr George Goodheart DC. The basic premise is that each muscle relates to an organ, an acupuncture channel, nerve, lymph

and vascular supply, a specific vertebra and even a tooth, etc. Manually testing a muscle for weakness or strength can then determine the possible underlying cause of a symptom. Dr Goodheart theorised that the diaphragm was like a piston that energised the meridian system. He noted that patients with a tight diaphragm were often depleted and that by improving diaphragmatic function their energetic state considerably improved. This would be reflected in the pulses.

The diaphragm is important for acupuncturists for numerous reasons. The primary channels of the stomach, spleen, kidney and liver all travel through the diaphragm. The Ren and Chong extra vessels also pass through the diaphragm's fibres as do the internal pathways of the lung, large intestine, heart, small intestines, triple heater and gall bladder. The diaphragm acts as the physical barrier and interface between the upper and middle burners. It is the bridge between the spiritual and the more mechanical digestive organs. The heart, lungs and pericardium lie above it; below it are all the six fu and three of the Zang organs. Any 'blockage' here will affect the



function of these organs. This is particularly common since the diaphragm is one of the few muscles, along with the psoas and SCM (sternocleidomastoid), that traverse through the body rather than longitudinally.

The diaphragm is a double-domed muscle forming the floor of the chest and the ceiling of the abdomen. It is thin but extremely strong and divides the lungs and heart from the abdominal organs below and is both muscular and tendinous in nature. It has three origins: the sternal part arising from the posterior surface of the xiphoid process; the costal part arising from the deep surfaces of the lower six ribs and the vertebral part from the spine. The nerve supply comes from the phrenic nerve C3, C4 and C5 and it moves about 24,000 times per day, being responsible for at least 70% of inspiration.

As the diaphragm contracts downwards, it allows the lungs to expand like a concertina. The organs below are pushed down and sideways while the stomach and liver also descend. This provides a massage to the viscera. Breathing is mostly an unconscious activity and is part of one of the primary rhythms within our bodies. We breathe on average 12-15 times per minute, the cranio-sacral rhythm is said to be 12-14, the resting pulse ideally is 72.

In the case of a hypertonic or tight diaphragm, the muscle is in semi-contraction and sits too low thus pulling on its attachments. Thus, back pain results since the muscle attaches to the last thoracic vertebra, T12, and the first three lumbar vertebrae, L1-L3, often causing lordosis. Acid reflux and hiatus hernia are common too. The lowered diaphragm means that the sphincter muscles don't close properly and allow the stomach's content to ascend into the oesophagus. There may be other conditions such as abdominal hernia, inguinal hernias, disc prolapses (especially in men) and incontinence in women. There are numerous reasons for diaphragmatic constriction including cultural taboo, fight or flight syndrome, tight clothing, trauma to the abdomen, anaesthetic, etc.

“The primary channels of the stomach, spleen, kidney and liver all travel through the diaphragm. The Ren and Chong extra vessels also pass through the diaphragm's fibres.”

There are many other ways to assess diaphragm function. Check how long the patient can hold their breath after a normal inspiration? How much thoracic mobility is there? And what's the measurable difference? Visual observation can be very revealing too: How does the patient breathe? Is it slow or is it rapid? Are they chest or abdominal breathers? Palpation can confirm if there is not enough rib swing. Is there more involvement on one side compared to the other? It is very important not to rely on only one diagnostic approach.

When a tight diaphragm diagnosis is made, the next step is to improve its function. This can be achieved through several different treatments. There are a number of acupuncture points that can be useful, not just BL17 (Diaphragm Shu Ge Shu). It's important not to be formulaic about the choice of points. In my own practice I'm greatly guided by my training in Japanese approaches to acupuncture and moxibustion. Great emphasis is placed on palpation as a diagnostic indicator but also as a way to assess whether your treatment has made any changes to your original palpatory findings.

Points such as Ren14 (JU Que: Great Deficiency) and Ren15 (Jiu Wei: Dove Tail) can be particularly useful. Ren15 is often regarded as the Mu or Alarm point for the diaphragm, particularly if one thinks of its name Dove Tail. This image perfectly captures the nature of the diaphragm. It is also interesting to note that the first point of the Internal Dragon treatment is the master point below Ren15. Often the first noticeable sign that the Dragon treatment is working is the change in breathing.

In my own practice I palpate at least ten different acupuncture points including the trigger points discovered by Janet Travell. Applied kinesiology has a number of very useful techniques, particularly the stimulation of lymphatic reflexes on the breastbone as well as vascular ones on the cranium. There are often emotional and psychological reasons for a tight diaphragm. Consequently, merely treating the physical aspect of the condition may mean that it reoccurs. There are also many different exercises that can improve the function of the diaphragm and can be given to patients as homework. There are also many approaches to breath work; and schools of meditation often place great emphasis on observing the breath without attempting to control breathing.

It's worth bearing in mind that the diaphragm is not the only muscle involved in inspiration. The psoas is hugely important in diaphragmatic function as well as the quadratus lumborum, lower abdominals, the anterior serratus, the intercostals, the pelvic floor muscles, etc. These may need to be assessed too and treated accordingly.

In conclusion, acupuncturists and other practitioners might well benefit from assessing the function of the diaphragm in their practice and thereby assist their patients to achieve a better state of health. I have taught a one-day course on this subject many times to acupuncturists and other practitioners, with my next course starting at ICOM (International College of Oriental Medicine) in 2025. It's simple, easy to use and the results are often quite profound.

This is a modified version of an article that was published in Acu some years ago, although this iteration is an updated one.



Marek Urbanowicz trained in shiatsu, Swedish massage, reflexology and qualified as an acupuncturist in 1979 with J.R. Worsley. He began studying Japanese styles in the late 1990s. He has an MA in Voice Studies from Royal Central and is a Feldenkrais practitioner.

ESTABLISHING AN ACUPUNCTURE BUSINESS DURING COVID-19: THE JOURNEY OF A RECENTLY QUALIFIED ACUPUNCTURIST

Jacqueline Webster

I was embarking upon a journey that would redefine my career in the midst of uncertainty and economic chaos brought on by the Covid-19 pandemic. I was a recently qualified acupuncturist, having graduated from the Northern College of Acupuncture, York in 2021 with a passion for healing and wellness. I had a hunger to get my acupuncture clinic started, but I found myself faced with the challenge of navigating the choppy waters of starting a niche business in a small town, after a global crisis, with absolutely no business experience.

Although the lockdowns were now officially over in the UK, the aftermath was a difficult time to be setting up a business. There were a lot of people unable to afford additional expenditure, being out of pocket themselves due to loss of earnings. Many people were still very cautious about close proximity or had lost social skills and confidence. All of these things I had to consider. Was starting my business now worth the risk?

This true story begins with a stroke of luck, bumping into one of the school mums at the local park. We got on to

the subject of me wanting to set up my business but the issue was the expensive room rents and risks. Fate intervened and generosity shone through, and she offered me the use of her spare dining room, free-of-charge. Grateful for the opportunity to pursue my dream, without the burden of high overhead costs, I eagerly accepted her offer and the following month launched my acupuncture clinic Jacupuncture Massage.

I still found myself doubting that this could be real, and it took a few days, but eventually my first enquiry came through; this person became my first patient. I was absolutely buzzing inside but naturally had a sprinkle of nervousness. I needed to get this right, so I implemented all the correct procedures for mask-wearing, opening windows before and after the patient, cleaning every surface and ensuring no client had any symptoms of Covid-19 before arriving for treatment.

I didn't ever want to put offers on my acupuncture treatments, but I found myself doing just that. To make my

dream become a reality, I needed more patients coming through the door. Promoting through my Facebook and Instagram pages, I awaited the next enquiry. I made use of the precious time by perfecting the ambience of my clinic room, producing e-mail confirmation letters, updating initial consultation forms, aftercare notes, creating business cards and a pricing structure because I believe these small details helped increase the professionalism of my business. In those early days, the future seemed daunting. I was seeing only that patient for weeks. Slowly, with perseverance, commitment and after many different emotions, that one patient became two, which eventually increased to three. These became loyal clientele who believed in the power of acupuncture just as much as I do.

As my practice began to grow, so did my aspirations. I knew that, in order to reach my full potential, ideally I would need to expand beyond the confines of my friend's dining room and move on to a more professional setting. With this in mind, I took a leap of faith and began to rent a lovely room inside a tanning salon

“The journey of establishing my acupuncture business has been an ongoing learning curve and a testament to resilience.”

“...but great things come to those who put in the effort and believe in what they are doing.”

that was based in the middle of Belper town centre. Here the foot traffic was abundant, the salon had its own clientele, and advertising signs were visible to everyone for me to promote acupuncture. This leap of faith came with a monthly rental cost of £300.00, which meant I really had to make this work; things were definitely going in the right direction. Word of mouth became a big contributor as did engaging with strangers – people are curious about acupuncture.

All good things must come to an end; however, I never see it this way. I see it as the universe telling me to move onwards and upwards for bigger things. Due to falling client numbers since Covid-19 and increased overheads, the tanning salon closed, which meant my rental room was no longer available and I had to relocate. After a long thinking process, weighing up the pros and cons, I decided to move my baby, i.e. my business, to my own home. I took into consideration how the Covid-19 restrictions had completely passed, I had no extra overhead costs, I could work the hours I needed to and I was my own boss. This took away the stress of worrying; it was both an exciting and scary thought. Although I live in a small village, I had a really good gut feeling about this move.

The journey of establishing my acupuncture business has been an ongoing learning curve and a testament to resilience. Currently, almost one year after moving my practice to my home, I have reached my business goal of

the number of patients attending each week for the past four months; and, honestly, I could not be happier. The support from my family, friends and clientele made this much easier for me – with word of mouth, social media and positive reviews fuelling this expansion, underscoring the power of personalised care and genuine connection. I won't lie, it has definitely taken longer than I imagined it would, but great things come to those who put in the effort and believe in what they are doing.

This journey has not been without its challenges, but the determination to provide meaningful, personal and effective care can turn obstacles into opportunities for growth and transformation. The Covid-19 pandemic highlighted the importance of health and wellness, and acupuncture's focus on balance and healing is uniquely positioned to meet the new world. With the restrictions and obstacles acupuncturists faced, alongside the evolving needs of clients, we have demonstrated an impressive ability to pivot and innovate, demonstrating that we won't just survive; rather, we thrive in this new landscape.

May my journey inspire others to embrace change, forge new paths and achieve their dreams. Anything is possible.



Jacqueline Webster

set up Jacupuncture Massage, a TCM acupuncture practice, in Heage, Derbyshire in 2021. She can be contacted at jacupuncture@outlook.com

EARLY DAYS IN ACUPUNCTURE PRACTICE

Annie Astbury

I graduated from The Acupuncture Academy in October 2022. My studies had negotiated Covid-19 lockdowns and the birth of my second child. It wasn't an easy ride, but I did it, and was so happy to be in practice, finally!

I was very lucky to meet my supervisor Sara Lucchetti at Wymondham Chiropractic and Acupuncture Clinic who guided me through my clinical year, supporting me through the ups-and-downs of needling, point location, patient management and so much more.

I was invited to join the team at the clinic, taking on overflow patients from Sara's busy schedule. At first, I struggled to stick to my one-and-a-quarter-hour appointments, never believing that I could run by the hour. There was so much to remember and I was exhausted at the end of each day, struggling with headaches – my mental processing and concentration became so difficult. I managed some patients who were mentally quite vulnerable, finding it a challenge not to take them home with me.

One-and-a-half years into practice, my practice was busy, treating more patients than I could ever had imagined when I first started. This was amazing, but I got what I call 'the wobbles', a crisis of confidence. I had a few patients whom I just couldn't help; their pain persisted and their symptoms didn't get better. Some patients were cancelling. I blamed

myself for my lack of ability and I would beat myself up. I was starting to feel a bit burnt out. It affected everything and I felt overwhelmed with doubt.

Sara suggested a new supervision programme that the AAC were offering: six free group supervision sessions via Zoom. I signed up, and I am so glad I did. The support from Marianne Killick and the others in the group has been so helpful. I've implemented lots of changes into how I practice, giving me more confidence as a practitioner. We can bring any issue on the day; through tears or laughter we unpick the issue supportively together. This is an aspect of practice that I'll continue, and I'm so grateful to have had this opportunity at this stage. It's helped me remember that I love what I do, and what acupuncture can offer patients with both its wisdom and simplicity.

There is a constant negotiation to find the balance between giving energy to my patients and reserving energy for family when I get home. I'm learning to understand my boundaries, and making this wonderful career work best for me at this stage of my life. I continue to deepen my knowledge of this fascinating medicine, whilst simultaneously learning about myself.



Annie Astbury

trained as an acupuncturist at the Acupuncture Academy in Leamington Spa. She works at clinics in Norwich and Wymondham.

“One-and-a-half years into practice, my practice was busy, treating more patients than I could ever had imagined when I first started.”

“I've implemented lots of changes into how I practice, giving me more confidence as a practitioner.”

THE VARIOUS CHALLENGES I FACED DURING MY YEARS IN ACUPUNCTURE PRACTICE

Naomi Swain

The challenges I face in practice now are very different from those experienced at the beginning of my acupuncture and coaching career. Speaking from the heart, I can reflect on two main aspects that have presented to me after several years of being in practice.

I will openly admit that I am technologically challenged and social media inept. I know that, in many ways, improving these skills would make my life and business easier. I just don't hold sufficient interest to muster up the time to learn and implement it. I imagine others wincing at my words and yelling how I am missing a trick!

I know plenty of fellow acupuncturists who are super efficient with online clinic records and CRM (customer relationship management) systems. And those who have embraced social media and are doing great things to promote our profession and enhance their businesses. I'm just not well-versed with the TikTok and the threads of this world, and I struggle to donate the time to researching the myriad of electronic systems out there for my practice. There is almost too much choice nowadays – it can be overwhelming.

An interesting observation I have made, is how the areas of health in which I hold most interest have migrated with my own shifts through stages in life. For example, my passion and interest in menopausal transition and longevity practices has

really come to the fore. At the beginning of my practice these elements featured less; I wanted to take on everything to build my skills and began my love of fertility and pregnancy support. I was pregnant by the time I graduated!

This gives rise to my second challenge: a reflection I took to my own supervision group. I no longer feel able to relate well to younger generations. Not out of lack of interest or care, but that the stress and pressures that younger adults now live with are very different from my own experiences of that stage in life. Can I understand their current world and relate to how that impacts well-being? This, I think, is a natural thought process to have as we get older. I know we have so much to offer to those who are yet to follow, just as those before us brought value, wisdom and insight for us.

I very much enjoy supporting younger generations and all ages in clinic, with genuine interest in their life experiences. I still feel fortunate to hold curiosity and enjoyment in many aspects of health, but acknowledge how life's experiences have subtly shaped the direction of my practice over the years.

Being in practice for a number of years does not mean becoming set in our ways or becoming stagnant. This great medicine teaches us to remain in flow and to accept changing states. This, I feel, I mostly do. So as I reflect upon writing this, I will continue to adapt and

learn from my challenges to ensure my own longevity and happiness in practice. Supervision ensures that I regularly and effectively reflect, addressing issues and nurturing my practice. The discussions I have taken to supervision have subtly shifted from the earlier years of imposter syndrome and methods to build business to ensuring that I keep my passion and skillset lively, regularly assessing what is working well for me or is not – so that my practice continues to thrive and change as I do.

I swell with gratitude for my years as a practitioner and the wealth of experience those years have afforded me. For those starting out or relatively new to practice, be assured that it does keep getting better as you grow into the role and steer your practice to the path that is right for you.



Naomi Swain graduated with BSc (Hons) in Acupuncture from the National College of Acupuncture in 2012. Having participated in supervision since qualifying, Naomi trained as a mentor and supervisor in 2018. She is currently studying positive psychology and neuroscience. Naomi practices in Hampshire as an acupuncturist, supervisor and coach.

INTEGRATING DIAGNOSTIC TESTING IN ACUPUNCTURE PRACTICE: A PERSONAL JOURNEY

Samantha Gallier

My journey as an acupuncturist began eight years ago when I graduated from the College of Integrated Chinese Medicine (CICM). From the outset, I was drawn to acupuncture because of its holistic approach, focusing on treating the root cause of health issues and considering each individual as a unique case. The idea of accompanying patients throughout their health journey resonated deeply with me and it continues to drive my practice today.

In 2023, I completed a phlebotomy course in London with Chris Davies; a decision motivated by a desire to broaden my skill-set and offer my clients more comprehensive care. Many of my clients had expressed frustration with the difficulties of accessing their GPs and I saw an opportunity to fill this gap. The course was well-structured and, despite initial nervousness about performing venipuncture, I was quickly put at ease by Chris and my fellow trainees. The course opened my eyes to new dimensions of patient care and broadened my understanding of the human body. Upon completing this new-found skill, I was eager to incorporate into my clinic's various diagnostic tests, including microbiome and intolerance testing.

My clinic primarily focuses on fertility and hormone health, and the addition of diagnostic testing has been a game-changer. I utilise the blood tests through Forth Labs and microbiome tests with Invivo and Genova. These labs are not only highly professional but also provide excellent support. Invivo and Genova provide ongoing education, which has been invaluable in deepening my knowledge, ensuring that I can offer the best possible service to my clients.

The ability to offer various diagnostic tests has significantly enhanced my practice. In addition to in-person testing, I offer diagnostic testing to clients through remote testing services for those who prefer not to undergo acupuncture or who live outside my local area. This involves a remote consultation to discuss the client's symptoms, signs and expectations. Based on this, we select the appropriate test/s, which the client performs at home and mails back to the laboratory. After the results are ready, I compile a comprehensive report explaining the findings.

Clients have responded very positively to the diagnostic tests I offer. They appreciate the convenience and the depth of understanding these tests provide regarding their health concerns, which often cover areas not addressed by standard NHS tests. In an era where the NHS is under considerable strain, these diagnostic options allow us to play a crucial role in helping patients navigate their health journeys, thereby reducing the burden on the NHS.

One example of this is a case involving a client who had been plagued by recurrent UTIs and who had undergone numerous courses of antibiotics to no avail. We decided to perform a urinary microbiome test to identify the underlying cause of the persistent infections. The test revealed a significant depletion of protective bacteria – most likely a consequence of repeated antibiotic use. It also showed a high concentration of a specific pathogenic bacteria which was resistant to common treatments.

Armed with these results, I referred the client back to their GP, who prescribed a targeted antibiotic for the resistant bacteria strain. Concurrently, we initiated a regimen of prebiotics to restore the protective bacterial flora and supported the recovery with acupuncture. Since then, that person has been free from UTIs, UTI-related symptoms and is antibiotic free.

Looking ahead, I am keen to explore further combining the best of Western and Eastern medical methods, such as how the results of these diagnostic tests can be integrated further into our Chinese medicine diagnoses to enable even more tailored and effective treatments. For any acupuncturists considering expanding their practice with phlebotomy and diagnostic testing, I wholeheartedly recommend taking the plunge. It not only diversifies your skill-set but also significantly enhances the level of care you can provide for your clients.



Samantha Gallier

has been an acupuncturist for eight years. She trained at the College of Integrated Chinese Medicine (CICM) in Reading. Her clinic is based on Hilsea, Portsmouth. www.samanthagallieracupuncture.com



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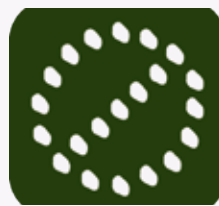
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UNDERSTANDING MICROBES AND THEIR IMPORTANCE FOR OUR GUT, HEALTH AND PLANET

An interview with Sue and Jeff Allen by Sara Luccetti

In the early 2000s, Sue and Jeff Allen set up Microbz, a company providing the UK's first soil-based microbial products. The company produces fermented microbial products with added micro dosage of different herbs for human, animal, agricultural and home cleaning ranges.

I first started using their products personally and, subsequently, integrated them into my own clinical practice with fantastic results. I was delighted when Microbz welcomed the offer to advertise and work with the AAC, offering our members a fantastic discount on their range (the discount code is in the advertisement on the opposite page) and meet me for a chat about their ethos, range of products and understanding more about the importance of our gut microbiome.

I asked Jeff and Sue what was the inspiration behind setting up the company. Jeff became inspired upon discovering the use of microbes in Europe and Australia. He and Sue, his wife, became so excited that they decided to develop a UK product too after realising there was no one producing full soil-based microbe products here. And so Microbz was born in their kitchen with a five-litre bucket!

Sue explained: 'Soil based micro-organisms are the fundamental essence of life and it's mind-blowing that they have created all the conditions for everything we see. Without them we wouldn't have been here. We've compromised their ability to help us thrive by using antibiotics and chemicals and all the cocktails for pollution we have developed particularly over the past 100 years.'

Asking how their range differs from the common acidophilus oral supplements with which most of us are familiar, Jeff explained that they harvest their microbes from a pure piece of ground. Therefore, their range include all the 'family' of microbes rather than extracting certain ones as in the case of the acidophilus supplements.

What I found interesting was Jeff's explanation that wherever one digs around the world there are pretty much the same microbes present. And yes, they have travelled all over the world and



tested this theory! 'We believe it's that "soup" that is close to the original soup [of life] that we just keep multiplying. And it seems to have an intelligence of its own. In agriculture it knows when to make something grow and when to break something down; the strength is the diversity. Our philosophy is to get the microbes and give them a tool kit; so we add the herbs, minerals, juices and then the microbes sort it out as that's what they do in the soil and I believe that's what they do in the human body as well.'

Microbes adapt to the environment they are in and, although Sue and Jeff work with the understanding of 15-20 strains of microbes that are present in differing proportions all over the world, they acknowledge there are possibly a trillion sub microbes present. We still don't understand fully how they work in harmony with each other.

Asked about their range for humans, Jeff and Sue explained that they created the variations based on family and friends who were suffering with different conditions. For example, a company worker who suffered from dreadful period pain helped to develop their women's product (which I have used myself to support me through the menopause).

Microbz' range offers great bio-availability through its fermentation process, using organic molasses or organic

malt, which brings the pH to about 3/3.2. This is the same pH as in a healthy stomach and enables it to go into the intestine. It is live (they have a 'mother') and in liquid format thus enabling the most poorly of our patients to be able to digest and absorb it. The sugars of the molasses and malt is what enables the microbes to multiply. Fermentation is one of the powerful tools used by Microbz to transform their products.

It is stored in a kitchen cupboard even after being opened because it remains in a stable format. Herbalists have helped with the added herbs in some of the range. However, regarding the fermentation process, they remain in micro amounts thus making them very user-friendly. There seems to be a symbiotic relationship with how the microbes use them, adapt and help the host.

Sue and Jeff are passionate about our soil's health and our plants' health. The understanding is that we are all interlinked with the health of our soil, our plants, our crops, what we ingest and our own health. Asking how microbes help to clean surfaces, Jeff explained that 0.5% of microbes are pathogenic and 0.5% are regenerative; the 99% in the middle are opportunistic and go to which ever one has the bigger gap.

There was a school of thought when Sue and Jeff started called microbial balancing technology. 'It's not our purpose to kill or eliminate or destroy pathogenic microbes. But it's about creating the environment whereby the regenerative microbes are in the majority and that creates all the safety - whether it's a surface or our gut.' The microbes seem to create a protective layer on the surface when used. Microbz' website cites a study done with bleach and microbe products if you want to look further into this. Jeff concluded by saying that there are three things that go on with microbes: the principle of dominance, the fermentation process and the creation of antioxidants.

I could have chatted for many more hours with Sue and Jeff and listened to them sharing their extensive knowledge and passion about creating a healthier environment whether it's in our gut, our homes or our planet. I shall end with a line from Sue which really resonated with me: 'They [the microbes] adapt and benefit any environment when they are in community. I think we have a lot to learn from them.' Katie is now taking over the reins from her parents in continuing to grow the knowledge about microbes and their products. She has included a trade account option for our members at the bottom of the advert and is always on hand if there are queries and to help with any aspect of the range.



Sara Lucchetti In the mid-1990s Sara Lucchetti qualified as a Shiatsu practitioner and had several clinics in Glasgow. Passionate about reaching the more disadvantaged groups in society she worked with the Glasgow Health Board and with vulnerable teenage units. She then trained at the School of Five Element Acupuncture (SOFEA), London and qualified in 2007. She furthered her postgraduate learning with Niki Bilton for many years. She works with her chiropractor brother in his large ever-expanding multidisciplinary clinic in Norfolk which attracts many difficult and complex cases. Sara has been involved with clinical-year teaching for the Acupuncture Academy.



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REVIEW OF THE ANATOMY AND ACUPUNCTURE CADAVERIC CPD COURSE PROVIDED BY THE ASSOCIATION OF ACUPUNCTURE CLINICIANS

Sarah Stamp

In July 2024, I was lucky enough to attend a training course at King's College London provided by the AAC. It was the anatomy and acupuncture cadaveric training. Now I know this wouldn't be everybody's cup of tea but, to me, it seemed fascinating and something I could not miss out on. I've been in acupuncture since 2017 and have worked as a massage therapist, reflexologist and beauty therapist since the late 1990s. I felt that my anatomy and physiology knowledge was pretty good; however, this was an opportunity to take it to the next level. As a visual learner, this was an opportunity to get away from the books and the two-dimensional aspect – and experience what it was all about in real-life terms.

Stepping foot in King's College is truly amazing. The grounds are stunning and there is history all around you. Realising that numerous brilliant doctors and surgeons have trained here is kind of epic and, on the day of our course, many of them were graduating.

After the initial greeting and registration, we were led upstairs to the dissection lab. Here we were informed about the rules and regulations and pointed in the direction of our lab coats. Well, we had to dress the part. Initially, I was a bit apprehensive about how I might feel or react around a human cadaver because it's not an everyday situation and is very different from what you see on TV. I need not have worried though; all the staff were great and everything was incredibly respectful and explained fully. On entering the lab you smell the formaldehyde in the air. But as the day goes on the smell becomes insignificant as your keenness to learn becomes fully fuelled and far more important.

To begin with, the group was split into two. Training for my group began with Kevin Young teaching us needle safety by demonstrating on a cadaver how deep the needle penetrates the body. As a group we discussed many different aspects of safe needling and anatomy including pneumothorax; and we could see how vast the actual pleural cavity is and how easily accessed it is. During

this time, we were given the opportunity to try safe needling on the cadaver for ourselves and this was encouraged. Listening to and observing Kevin was tremendous. He shared many pearls of wisdom from his vast experience, which we could take back to our clinics and patients and use straightaway.

After lunch, the groups swapped tutor and we did anatomy training with Dr Sultan Al-Zyoud, who is a font of knowledge. He used football mnemonics to help recall muscles and tendons which was a really amusing way to learn. Sultan demonstrated with a variety of cadaveric parts including the upper and lower limbs, explaining their functions into smaller bites of information. He located all of the muscles and tendons, showing us clearly where they began and ended and what actions they performed. This was something I had struggled to understand at college but, seeing it for myself, now it all makes perfect sense. Sultan also tested our knowledge by giving us pins to locate certain muscles and name them, keeping it engaging and informative throughout.

In conclusion, it was a truly amazing experience that put my knowledge of the human body into a completely different perspective. I would recommend to any acupuncturist or body therapist to take part because it fills the gaps that books or classroom learning may leave. At no point during the day did I feel grossed out, uncomfortable or strange about working on cadavers. Even if I did, the staff had already talked us through how to cope and they were always on hand to help us. At the end of the day, everybody looked truly inspired by this course and I'm glad I attended it. Thanks to Clare Ward, the AAC, Kevin Young, Dr Sultan and all the staff at King's College for this amazing opportunity.



Sarah Stamp,
from Olive Tree
Wellbeing in Brackley,
Northants, qualified as
an acupuncturist in 2017.

She is a home-based acupuncturist, reflexologist and massage therapist who has a home clinic for the past 15 years. She is a member of the AAC.
www.olivetreebeauty.co.uk

EBA RESEARCH ROUND-UP: AN INTRODUCTION TO IMPLEMENTATION

Lara McClure



At Evidence Based Acupuncture (EBA), we're always interested in new publications about all aspects of acupuncture research, from mechanisms to clinical trials, from systematic reviews to case studies.

We're delighted that the ACC has asked us to contribute a regular 'Research Round-Up' to this journal. In this issue, we're going to highlight three recent papers that relate to **implementation**. This is the process by which a healthcare intervention *actually gets delivered in real settings*, the practical proof of the theoretical pudding if you like.

As an acupuncturist, there are many ways to bring your awareness of recent research into your clinical work. At EBA we're always excited to get into conversations about this. In April this year I enjoyed speaking to a group of AAC members online about accessible ways of bringing research into clinical practice. As we noted in that conversation, acupuncture research has reached a certain place of maturity whereby some of the battles that were in place a generation ago have been won, and we can turn our attention elsewhere. We have robust evidence that acupuncture is **safe** in the hands of qualified professionals (MacPherson *et al.*, 2001; Bäumlner *et al.*, 2021); McDonald and Janz's work furnishes us with an overview of the areas in which acupuncture evidence is strongest and affords us valuable cues as to where future research efforts might be most efficiently placed (McDonald and Janz, 2017). Perhaps most notably, in the UK acupuncture has had a place in the NICE (National Institute for Health and Care Excellence) guidelines for the treatment of chronic pain for three years now (NICE, 2021); however, the inclusion of acupuncture in multiple such published guidelines the world over does not translate into the sort of mass availability of acupuncture services

that we might wish to see (Birch *et al.*, 2018). Arguably, our professional energy could now be best spent in efforts towards **implementation**.

In the first of our three featured articles, Mel Hopper Koppelman suggests that the acupuncture profession might learn from the implementation strategies employed by the pharmaceutical industry. This is eye-opening reading that might make you feel a bit political! Helpfully, too, Mel disambiguates the **dissemination** of research from its implementation; perhaps the gap between *reading about it* and *doing it* is one across which bridges might be built (Hopper Koppelman, 2024).

In our second recommended article, Sandro Graca and colleagues explore this gap between evidence-based recommendations and the implementation of acupuncture services within a series of mainstream healthcare systems in the UK, the USA and Austria. Here you can read first-hand accounts of the experiences of clinician-researchers who are proving their puddings! Transferable lessons might be discerned and taken wider; you might feel inspired by these individuals' narratives, but you might also share our frustration that such services remain few and essentially idiosyncratic (Graca *et al.*, 2024).

And thirdly, an immensely supportive new resource to dive into and share widely. Beverley de Valois has headed up a team producing guidelines on the use of acupuncture in cancer care. This is a ground-breaking document, and it is open access. You can download it here: <https://link.springer.com/article/10.1007/s00520-024-08386-6> - every download increases the profile of the work, so if you're sharing it, share the DOI rather than the PDF (De Valois *et al.*, 2024).

In approaching these three articles, we'd of course encourage you to be nimble and critical as always! Methodology-wise, all three are forms of **opinion piece**; to approach this sort of literature critically, you could use the Joanna Briggs Institute's Checklist for Text and Opinion which offers a structured approach to opinion-based material without being overly onerous to apply (JBI, 2024). To find a full range of tools like this one, a go-to resource is The Equator Network, where you'll find an all-you-can-eat buffet of Reporting Guidelines for many different types of published research. Familiarity with these resources allows you to comment on quality in an informed way as you read and incorporate research findings into your clinical practice (Equator Network, 2024).

We'll pop up with reminders of these three articles in your next few membership newsletters with the aim of embedding research-minded thinking into your clinical work. Please let us know what you think and reach out to us to engage in dialogue on all things acupuncture research. I'm excited to be speaking at the AAC conference in November where we will continue this conversation on integration of acupuncture in mainstream healthcare. See you there!



Lara McClure, BA (Cantab), MA (Cantab), PhD, PGHE is a research teacher at the Northern College of Acupuncture (NCA) in York since 2005. She is a director in the Evidence Based Acupuncture and a clinical hypnotherapist. Her passion lies in helping practitioners bring evidence to the care of their patients, integrating clinical practice scholarships and communicating research in a clinically relevant way.

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WHAT IS A SOLE TRADER?

Samantha Hayes

The Savvy Practitioner

The Journal begins a series of articles discussing various aspects of running a business and offering practical guidance. The aim is to encourage greater confidence and professionalism amongst practitioners.

I have always been interested in all things health and well-being. When my friend Sara, who is an acupuncturist and a member of the editorial team for this journal, asked me to write a regular 'The Savvy Practitioner' series, my first thought was: 'Oh no, totally out of my comfort zone.' But after some consideration, I changed my mind and proceeded to write a very serious article about whether you should remain a sole trader or become a limited company. However, on further reflection, I recognised that I had totally missed the brief.

After a conversation about that article, I realised that what I do day-to-day would be out of most of your comfort zones, and what is familiar to me in my everyday life may be alien to you in yours. So on that note I begin by briefly explaining in layman's terms, what a sole trader is - in a way that I hope will help your understanding. What, for example, what are the advantages and disadvantages of being a sole trader?

Most of you will be familiar with the term 'sole trader' because that is probably how you currently operate: tax returns, receipts, income, expenses, etc. The main advantage of trading this way is its simplicity. It's

a fairly easy method to manage; you freak out for about six months, then prepare your income and expenditure, drop it to your accountant or prepare a mini profit-and-loss account yourself, then do a tax return. This tax return is sent to HMRC (His Majesty's Revenue and Customs) and a tax calculation is sent. You make your payments, through payments-on-account in July. Then all is OK for another year.

A major disadvantage of this system, however, is the delay in sending information, i.e. you will send trading income for April 2024 to HMRC by January 2025, and the tax is then due following that. So, in effect, it can be more than 18 months after you earn money that you report it and have to pay it. This delay creates a tax debt that you owe in the future, which should be carefully planned for; and if you were my client, I would suggest that for every £1.00 you earn, you save at least 20% of this for the future tax bill that is coming down the line. If you are like me and the majority of the population, then you don't.

Something most of us don't think about is that if you stopped trading tomorrow, you would still owe future tax on today's income, and if you stopped earning for whatever reason, this could

be a future problem, which could create financial difficulty if not properly thought about and planned for. Legally, a sole trader is personally liable for all business debts and, should financial trouble be encountered, personal assets - including homes and savings - could be at risk.

In conclusion, a sole trader has fewer administrative duties and a simpler tax method because, tax-wise, you are taxed on your business profits and, as your profit rises, so do the tax rates. However, by doing this you can benefit from simpler tax calculations and the use of personal allowances to reduce taxable income. If you have various sources of income, you would still need to submit a tax return to ensure the correct tax is being paid, so this method would be best unless personal liability is a problem.

In the next issue, I will discuss becoming 'limited' and what this means in terms of liability, tax and administrative responsibilities. Until then...go well.



Samantha Hayes

is the Head of Finance for a large independent funeral director in Glasgow. Prior to that, she worked in accountancy practice.

THE LONG READ

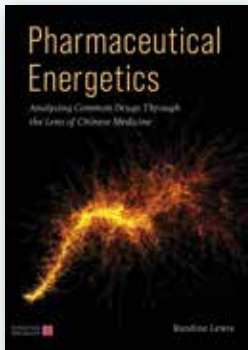
Book reviews

Pharmaceutical Energetics: Analyzing Common Drugs Through the Lens of Chinese Medicine

Randine Lewis

London: Singing Dragon, 2024, 272pp. RRP £38.99.

Reviewed by **Nicola Porter**



The realm of healthcare often finds itself at the intersection of various medicinal philosophies, and this book meticulously explores this confluence. Spanning 272 pages, the author, Randine Lewis, delves deeply into the juxtaposition of Western pharmaceutical practices and Traditional Chinese Medicine (TCM), presenting an integrative perspective that is both insightful and challenging.

Lewis, a seasoned expert in writing about Chinese medicine and health, brings a wealth of knowledge accumulated over two decades. Her prolific writing output includes notable works like *Techniques of Medical Litigation*, *The Spirit of the Blood*, *The Infertility Cure* and *Birthing the Tao*. Her

expertise in female health and fertility, particularly through the lens of TCM, has earned her international recognition. She also teaches integrative Chinese medicine and runs fertility-enhancing retreats, combining Taoist wisdom with modern medical practices.

From the onset, the book promises a comprehensive exploration of various pharmaceuticals, exploring their microbiology and the interfaces between Western medical pathophysiology and Eastern medicine theory in disease management. It covers pain relievers, antimicrobial agents, antihypertensives, anti-diabetic drugs, lipid-lowering pharmaceuticals, cardiovascular drugs, endocrine modulators, chemotherapeutic agents and drugs affecting the mind.

One of the book's strengths lies in its philosophical depth. However, this can also be a hurdle at times. The author's emphasis on Taoist philosophy and the fundamental differences between Western and Eastern perspectives might be challenging for some readers who prefer a straightforward approach to medical science. The early chapters, rich with discussions on the meaning of life, theories of death, health and economics and even multiverse concepts, could be off-putting for those seeking practical treatment protocols devoid of philosophical underpinnings especially with the author's apparent bias against Western medicine, particularly the American healthcare system. Her criticisms, often unsubstantiated, lean towards a conspiratorial tone that detracts

from the book's credibility. However, the inclusion of case studies, current medical statistics and quotes from historical texts enriches the narrative, offering practical examples that illustrate her theories for use in modern medicine.

Despite its dense beginning, as the book progresses it gains clarity and accessibility offering practical insights in understanding TCM pathology and its energetic relation to disease states. The author's strength is in breaking down complex concepts into understandable segments, making the information more relatable and useful for practitioners thereby helping to bridge the gap between Western medicine and Chinese philosophy. Her seamless integration of Western physiological changes with the Eastern energetic concepts showcases the author's profound understanding of both disciplines.

This book also delves into contemporary issues, such as the idea that symptoms and pain are messages from the body that need to be understood rather than merely masked by pharmaceuticals. This viewpoint challenges conventional Western approaches, promoting a more holistic understanding of health. While the author's bias against pharmaceutical companies is evident, the comprehensive information provided on a range of medications is both educational and well supported by evidence. Her ability to combine biochemistry with TCM philosophies to promote microbiome restoration is enlightening, particularly in areas

like mental health, pain management and cardiovascular diseases. The treatment protocols suggested lean heavily towards herbal remedies over acupuncture. But, despite its philosophical leanings and occasional biases, it offers a thorough examination of how pharmaceuticals interact with the body's energetic systems and provides practical advice for restoring balance and health which can enhance treatment plans for both Western and Eastern medical practitioners.

In conclusion, this book is a comprehensive guide that challenges conventional medical wisdom by integrating Western pharmaceuticals with Traditional Chinese Medicine. It is a must-read for practitioners and students of TCM, as well as for those interested in integrative medicine. While it may require patience and an open mind, the insights gained from this book are profound and transformative, offering a richer understanding of the complex interplay between different medical paradigms.



Nicola Porter

Nicola Porter trained in acupuncture and Chinese medicine at Lincoln University graduating with a BSc (Hons) in 2014 and has been in private practice in Norfolk ever since. She is also a qualified massage therapist, aromatherapist, reflexologist and holistic practitioner offering many different treatments at her health and wellbeing clinic Point'z of Interest Therapie'z. Nicola's passion is promoting acupuncture, TCM and complementary therapies to the public and she specialises in musculoskeletal, neurodivergence, neurological and endocrine disorders.

THE LONG READ

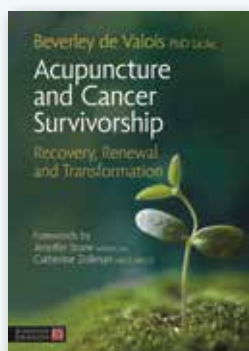
Book reviews

Acupuncture and Cancer Survivorship: Recovery, Renewal, and Transformation

Beverley de Valois

London: Singing Dragon, 2003,
464pp. RRP £45.00.

Reviewed by **John Littleton**



The topic of cancer survivorship deals with the effects of cancer on the health and wellbeing of a person from the time of diagnosis, through treatment and beyond, until the end of life. Because of the great advances in allopathic medicine, many more people with cancer are being treated successfully and they can look forward to a promising future. But increasingly, the various modalities of complementary medicine, including acupuncture and moxibustion whose impact is evidence-based, also contribute to enhanced wellbeing.

Beverley de Valois is an experienced acupuncture practitioner and an internationally recognised researcher. This excellently written and beautifully produced book epitomises the distillation of her decades of research and clinical work with cancer survivors.

Her fundamental message is well summarised in the opening chapter: 'Acupuncture can play an important role in helping cancer survivors towards improved wellbeing. It can support recovery after treatment, improve health and wellbeing, and facilitate a return to active living. It can be especially useful in supporting survivors to establish a "new normal" as they readjust to life with a chronic condition' (p.25). Significantly, although the book focuses on acupuncture – and should be required reading for all acupuncturists working with cancer patients – it will also benefit practitioners of other complementary therapies.

The book, which is both theoretical and practical, is divided into four parts. Part I provides a relatively short introduction to survivorship and the contribution of acupuncture. Part II, by far the longest, discusses in detail how acupuncture can be used to support cancer survivors. It deals with, for example, cancer-related fatigue, dry mouth, hot flushes, night sweats, pain and lymphoedema. Part III offers suggestions about how patients can reach the various milestones and beyond, especially by supporting the resilience of the immune system. Finally, Part IV, which is brief, discusses how acupuncture can be used to bring about transformation and renewal.

Relevant case studies are interspersed throughout the book and there is a helpful summary in addition to detailed references at the end of each chapter. Information is presented textually, diagrammatically, photographically and in tabular form; this facilitates a variety

of reading and learning styles. Thirty experts, whose names are listed, peer-reviewed the book prior to publication. Thus readers can be satisfied that the text has an authoritative status. A notable feature for me, as a five-element acupuncturist, is that de Valois discusses the five-element and the more widely known TCM traditions within acupuncture. This is important because each is based on a different underlying philosophy that, in turn, influences the practitioner's basic approach to treatment.

I enthusiastically recommend this book particularly to acupuncturists and, more generally, to other healthcare practitioners who work with cancer patients and survivors. There is much to be learned from de Valois' expertise and considerable clinical experience that have enabled her to write comprehensibly and masterfully this *magnum opus* about cancer survivorship and the benefits of acupuncture. The final sentence of the book declares that what acupuncture can add to the cancer experience is transformation. This is indeed good news.



John Littleton

John Littleton trained in classical five-element acupuncture at the College of Five Element Acupuncture (COFEA) in Dublin, Ireland, graduating with the LicAc. He has postgraduate diplomas in clinical education and clinical leadership, and is a member of the teaching faculty at COFEA. He is a member of the Acupuncture Council of Ireland (ACI), the Acupuncture Foundation Professional Association (AFPA) and the Association of Acupuncture Clinicians (AAC).

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