



JING SHEN

Issue 6 : January 2011 from the College of Integrated Chinese Medicine

Treating children

Elisa Rossi explains the benefits of treating Fire-Water imbalance

Mentoring and supervision

We should support and encourage ourselves, says Isobel Cosgrove

The power of presence

Angie Hicks on being human with another human being

Winter warmers

Danny Blyth's seasonal foods

Choosing the **right needles** is easier with the **right supplier**

Your patients deserve the best, so whichever brand of needles you choose you are guaranteed the **highest quality with balance@jcm**.

Affordable and reliable products, delivered to you promptly with the **balance@jcm** quality guarantee.



CARBO

The original and most trusted brand. Silicone and pyrogen free. Optimised needle tip for painless insertions.

SEIRIN

The leading brand of disposable needles. Made in Japan of special highly polished stainless steel and silicone coated, aiding ease of insertion.

NATURAL

With a classic Chinese style spiral handle these needles are highly reliable for general acupuncture.

SHARP

Highly polished for smooth insertion with lightweight pipe Japanese style handles and individual guide tubes.

Plus extensive ranges of acudetox, auriculotherapy, cosmetic and speciality needles

To find out more and to receive your **FREE** comprehensive Acupuncture Product Guide

FREEPHONE 0800 072 0202

or visit **www.jcm.co.uk**



balance@jcm

Your perfect partners

The 1-STOP-SHOP for all your clinical needs, TCM books & supplies

Comprehensive ranges in stock for immediate delivery

CARBO™ SEIRIN® Natural SHARP





Why *Jing Shen*?
Just as *jing*
and *shen* stand
alone but unite
as a combined



Mmmm, just what's needed; another vibrant copy of *Jing Shen* to enliven our winter cave. Recently I seem to have been spending an inordinate amount of time reassuring and encouraging my patients to find the positive aspects of the winter. Personally I am rather enjoying the blunt cold and harsh frost... it makes building fires and tipping

whisky down one's throat so much more justified somehow (thanks for the encouragement, Danny B!) – see page 37. Right, enough of all that eco-alco bashing, let's look at what *Jing Shen* has in store for you. In keeping with our utmost *yin* phase, we have a selection of internally focused material to invite deeper contemplation, namely articles from John on intuition, Isobel on the benefits of reflection on supervision, Angie's on presence and Gio's on meditation – plus much, much more. As ever, *Jing Shen* continues to flourish. Our thanks go to readers for your kind words and positive feedback. We also greatly appreciate the support of Balance Healthcare/JCM and as ever we are very grateful for the quality contributions our authors make.

新的开始 – new beginnings.

Inwards and onwards,
Love, Charlotte

Charlotte

Charlotte Brydon-Smith Lic Ac, BSc (Hons) Editor
charlottebrydonsmith@gmail.com

精神

power, so do TCM and Five Element theory come together to create the integrated style of acupuncture taught here at the College of Integrated Chinese Medicine. We aim to spark ideas, fuel discussion, and help nourish our professional community.



Balance Healthcare and the Journal of Chinese Medicine work in partnership to make Balance products available to acupuncture and Chinese herbal medicine practitioners via the JCM website, jcm.co.uk. We extend our thanks to them for sponsoring *Jing Shen*

Jing Shen is published by the College of Integrated Chinese Medicine, 19 Castle Street, Reading, Berkshire, RG1 7SB cicm.org.uk 0118 950 8880

The views of the writers in *Jing Shen* are not necessarily shared by the College. The contents of this magazine are fully protected by copyright and may not be reproduced without permission

We welcome correspondence – please email charlottebrydonsmith@gmail.com or write to her at the address above.

Editor Charlotte Brydon-Smith
Design The Design Works, Reading

Our grateful thanks to all contributors. Also to Lynden Swift for the cover image; Bea Hallas for illustrations on pp 10, 11, 32, 37 and 38; Elisa Rossi for photos on pp 5, 6 and 7; Charlotte Brydon-Smith for photo of Joaquin Llanso meditating on page 36.

Printed on recycled paper

4 **Water-Fire imbalance in children**
Elisa Rossi shares her experience

10 **Harnessing the web**
Research from Susie Griffiths

13 **Intuition in Chinese medicine**
John Hicks makes the case for developing this skill

19 **Fifteen treasures**
Charlie Buck shares his

22 **New year, new healing possibilities**
Ian McDermott on the potency of new beginnings

24 **Mentoring and supervision**
Isobel Cosgrove commends this form of self nourishment



27 **The power of presence with patients**
Being human with another human being, with Angie Hicks

32 **Growing a healthy business**
A step-by-step strategy from Katherine Berry

34 **Acusearch**
Brain cells at the ready

35 **Daoist meditative practice and the winter months**
Gio Maschio explains how meditation facilitates rest

37 **Winter warmers**
Danny Blyth on food energetics

39 **CPD events**
Expand your knowledge here in Reading

40 **About this College**
The facts, in a nutshell



Water-Fire imbalance in children

Treating children can be very rewarding and have big effects on their future, as **Elisa Rossi** explains



It is the old story of *kan* 坎 ☵ and *li* 离 ☲: if Water is not sufficient to control Fire, the flaring *qi* blazes up, scatters *shen qi* 神气 and consumes *jing qi* 精气. The *yin* will weaken more and more, the *yang* will get harmfully excessive. As Liu Wansu said, ‘What we intend when we say that *yang* is movement while *yin* is stillness is that if form-*xing* 形 and *shen* 神 are exhausted, then there is agitation-*zao* 躁 and lack of stillness, whereas with stillness there is purity and tranquillity. Therefore the superior good is like Water, while the inferior stupidity is like Fire¹ in that weak *jing* does not have the power to root *shen* properly. When *zhi* is not concentrated and stable, *shen* is agitated and disarranged; ‘When *zhi* is not united, it is irregular like flames, there is confusion and doubt, if Fire is in excess, Water is weakened, *zhi* is lost and there is confusion and disorder, *zhi* is the *shen* of Water-Kidney.’²

Zhi and shen in children

Constant excessive Fire energy is excessive *yang qi* and just as strong flames do, it overheats, moves too fast, and it scatters energy too violently.

Children with a Water-Fire imbalance keep waking up during the night, and can be impulsive, intractable, prone to furious fits of rage, or have many fears, be over anxious

and always clinging to their mother. Such behavioural patterns sometimes lie behind the conventional medicine diagnosis of attention deficit hyperactivity disorder (ADHD).

In children, Fire manifests physically mainly through hard stools, rashes, thirst, red tongue or red tip, and a rapid pulse. It agitates their movements; they throw off the bedcovers during the night, never keep still during the day, they run and jump, with a dangerous tendency to have accidents, touching everything and often breaking objects. They have impulsive reactions, often affecting the relationships they have with peers and adults. Their minds are scattered, they have a hard time maintaining attention, moving from one thing to another without completing any task – often breaking the flow of their activity.

If the *yin* quality of quiet and receptivity is lacking, the child's sleep is disturbed, there is no rest during the day, they are tense and intractable, and all their movements are impulsive. None of the child's physical, mental and emotional reactions will have the space of a *yin* pause before answering to a *yang* stimulus.

Excessive *yang* moves the emotions too fast and heats them too much. These children have a hot temper and build up intense rages. When the *zhi*, the root of the Kidney *qi* is very weak, the child can be emotionally fragile, fearful, easily frightened, always in great need of reassurance and support.

Roots and patterns

The imbalance between Water and Fire can have various origins. It may develop from a prolonged and deep deficiency, such as when *qi* is lacking and it must be drawn from the deeper source of Kidneys, thus leaving the Water energy dredged and weak. In the first phases of life, *qi* is still immature, therefore easily insufficient. When we come into the world, we are extremely fragile: the *qi* that constitutes our individuality has just begun its existence, but has not yet been consolidated. Children are therefore delicate. Paediatrics exists as a speciality in Chinese medicine, with definite diagnostic criteria and therapeutic interventions that pertain specifically to children. Classical texts clearly describe the relative immaturity of children's *qi*. It is said that the *zangfu* of children are 'soft and tender' (*zangfu jiao ruo* 脏腑娇弱), which means that the functions of the various internal organs have yet to fully develop and consolidate. The network of the *jingluo* 经络 is also in the process of building up, and the flow of *qi* has yet to stabilise – it is therefore said that the *qi* of children 'easily loses its way' (*qi yi chu dao* 气易出道). During the first phases of life, growth is rapid and a large amount of *qi* is needed for the digestive processes of transformation and transportation. A child's digestive system is often not adequate for such a task, and it is therefore said that 'the Spleen of children is insufficient' (*xiao er pi bu zu* 小儿脾不足).³



Spleen and Stomach are the root of post-heaven *qi* (*houtian qi* 后天气); they receive and transform food into *qi*, which then takes its different forms, such as *xue*, *zangfu*, body tissues, functions, emotions, and so on. If the middle *jiao* 焦 function is weak, all these transformations slow down and/or fail, manifesting as low energy, slow growth, with an impaired digestion that easily allows Damp to transform into Phlegm. The child is generally weak, easily tired, with a poor appetite, pale face, crying at night, vulnerable both to external pathogenic *qi* attacks and internal *qi* movements, i.e. emotions. This may present as either a mild or acute condition, but reinforcing Spleen *qi* is almost always our main task in paediatrics. A vigorous middle *jiao* makes *qi* available where necessary. For instance tonifying the Lung and Kidney allows for the strengthening of defensive *qi*, transformation of Phlegm, nourishing of *yin*, Blood and *shen*.

A Kidney *qi* deficiency may also be the result of a *jing* weakness, originating from pre-heaven *qi* (*xiantian qi* 先天气), which in turn impairs *yuangqi* and *zhi*. In these cases, the condition is most likely chronic and involves retardation in psycho-physical development, congenital or genetic pathologies. In such a case, *shen* has a poor rooting and sufficiently focused cognitive abilities, alongside an integration of emotions, cannot develop smoothly and strongly. The *Yijing* states 'Zhi in stillness is concentrated; in movement it is straight and true'.⁴



It helps to recall that *jing* does not come only from pre-heaven *qi*, but also from post-heaven sources such as rest, food and care. In order to make these changes, cooperation from the parents is essential, as treatment needs to take place over a long period of time.

In most cases excessive Fire is mostly due to children's *yang* nature, more so than to a deficiency in Water. 'Childhood corresponds to spring, dawn, the Wood phase, and *yang* that grows within *yin*; it is the phase at which *yang* is at its highest potential. This *yang* quality can easily become excessive in relation to *yin*, and thus it is said that "the *yin* of children is insufficient". (*xiao er yin bu zu* 小儿阴不足) The *qi* that corresponds to the Wood Element is powerful and can easily become excessive, causing disorders involving excessive Liver *qi*, and it is therefore said that in children "the Liver often has excess" (*gan chang you yu* 肝常有馀).¹⁵ This physiological tendency towards excessive Wood and full Fire explains how fever and febrile convulsions can advance quickly, or why the tongue or its tip are red, or how rashes, red spots, and eczema occur frequently within children. This tendency combined with the underlying *yang* nature of the child explains why excessive Heat patterns can occur so rapidly – in their body, in their behaviour and in their emotional movements.

In babies, Heat may already be present at birth due to foetal toxins (*taidu* 胎毒), while in older children, Fire often originates from external pathogenic factors that penetrate inside and persist at a deep level; lingering pathogenic factors easily cause hidden Heat (*fu re* 伏热).

However, in our consumerist society, there is an even more common cause of Heat in children; food accumulation (*shiji* 食积). Children are often over indulged in quantity ('the more, the better' is a dangerous attitude), in frequency (the *fu* organs must fill and empty), and in quality (in nature and tastes – which means junk food); all of these excesses jam up the middle *jiao* and in the long term damage its transforming functions.

Food accumulation leads to blockages and manifests in restlessness and discomfort, a swollen, hard abdomen, red spots on the cheeks, a thick yellow nasal discharge, greenish stools, foul smelling stools, skin or breath. The spreading harmonising function of the Liver is impaired and children become stubborn, intractable and angry.



Accumulation both transforms easily into Heat and facilitates the amassing of Phlegm-*tan* 痰, manifesting as catarrh, coughing and asthma.



The quiet project at the Xiaoxiao Children's Centre

In 2005, in Milan, Italy, we started Xiaoxiao, a paediatric centre that is open once a week and treats children with Chinese medicine, offering free treatments for two pilot studies supported by the Federation of Italian Schools of *Tui na* and *Qi gong* (FISTQ).

The subjects for the two pilot studies are: **cure and prevention of winter respiratory diseases** (such as cough, catarrh and fever) and the **quiet project**, for children who have difficulty in keeping their bodies and minds calm, in sleeping quietly, in staying still, and in maintaining their attention on something.

Treatments are based on a Chinese medical diagnosis (without following rigid protocols) and we use *tui na* as the main method, supported where appropriate with acupuncture, moxibustion, cupping, ear-seeds, *guasha*, and plum-blossom needle.

Our work is characterised by the importance placed on the cooperation of parents. Besides the suggestion of some modifications in diet and in daily habits, caregivers are taught a basic *tui na* sequence to be applied daily, along with some emergency sequences (in case of conditions such as common cold, cough, fever or constipation). By repeating the *tui na* sequences regularly at home, treatment is reinforced, the child's self-confidence is supported, and the child-parent relationship is improved. Of course, this is done without making parents feel guilty if they do not do it.

Considerations

No miracles happen, but some good changes take place. We find that results are very fast for babies and toddlers with sleeping troubles and hyperkinetic problems. Angry children (and their families!) get some peace, whilst fearful and insecure kids become stronger and more assertive. At this stage data is still too limited and the length of time too short to evaluate the treatment for children who received an ADHD diagnosis, but for the moment the quality of their life appears to be improved.

Regarding diagnosis and treatment, we can confirm what may be expected: Heat or Phlegm coming from food accumulation (*shiji* 食积) require a change in the eating habits; conditions of Spleen *qi* insufficiency respond faster than Kidney *qi* weakness; troubles originating from Phlegm that mists the Heart orifices (*xinqiao* 心窍) take longer than when deriving from Fire that agitates the *shen* 神.

Treating children with *tui na* and acupuncture is great for many reasons. Diagnosis is generally easier than in adults, given that there is less time for *qi* and patterns to become overly complex. Treating children is very rewarding, because a relatively small effort can have big effects on their future. Results are fast since their *qi* and organs are still 'clean' and respond promptly. As the Chinese say 'When the *zangfu* spirit is pure, health is easily and rapidly recovered (*zangfu qing ling, yi qu kang fu* 脏腑清灵, 易趋康复).'⁶

Marco's story – a case history

Marco⁷ was 19 months old when he presented for treatment at the Xiaoxiao clinic **quiet project**. He was very lively and active, moving non-stop, with the main trouble being that 'since his birth he has only slept quietly for approximately twenty nights'. He goes to sleep easily, but wakes up around midnight and then each hour after that. During his sleep, Marco moves, turns, kicks off the bed covers and sometimes has bad night frights (*pavor nocturnus*).

Marco is an only child, born by caesarean section at 37 weeks, after his mother spent the pregnancy in bed from the third month because of early contractions. He was breast fed on request (every 2 or 3 hours) and frequently suffered from infant colic.

He had a history of nosebleeds and had already taken antibiotics 5 or 6 times for recurrent colds and conjunctivitis. Between the ages of 6 and 18 months, Marco had suffered from eczema and at the time of his first consultation, he had small red spots on all four limbs (being treated with local antihistamine and cortisone).

Marco did not drink much, sweated easily from his head and ate voraciously – a large and varied diet with a lot of dairy products. He was rather pale with regular, sometimes hard stools, his belly was a bit tense, there were no enlarged cervical glands, the index vein was not visible, and the tongue had a thin white coating and some red dots.

Hyperactivity, nosebleeds, conjunctivitis, hard stools, and a tongue with red dots all indicate Heat, which in turn disturbs night *yin*, affecting *shen* and *zhi* leading to night frights and restless sleep. We might assume that the Heat in this case comes from a food accumulation-*ji* (frequent breastfeeding, actual voraciousness of food consumption).

The accumulation tends to consume *qi*, leading to a deficiency in defensive *qi* and consequently an invasion of external pathogens evident in his head sweating, and to collect Phlegm (catarrh in the Lung system). The treatment plan was therefore focused on releasing Heat, reinforcing the middle *jiao*, transforming Phlegm, and tonifying the Lungs.

The acupuncture point *yintang* EX-HN-3 was needled and a *tui na* sequence designed so that Marco's parents could continue his treatment at home. Acupuncture points massaged using *tui na* included: *Pijing, Banmen, Xiaotianxin, Shouyinyang, Tianheshui, Tianmen, Xinmen, Fuyinyang, Xielei, Jianjiagu, Jizhu, Zusanli, Qijiegu*.⁸

After the first treatment his sleep had markedly improved; 'Marco woke up just once, it is a miracle!'. This was followed by a brief period of worsening in which Marco exhibited constipation and nosebleeds. However after the third treatment Marco slept through the night until 6 am, sweated much less, ate less voraciously, had regular stools and clear skin with an absence of eczema. By the fifth treatment his mother said, 'We could not be any happier'.

Three months later, after summer, we saw Marco again and his mother reported him as sleeping well without night terrors. After a month's stay with his grandparents, where *tui na* was not used, he reverted to having some constipation, nosebleeds and rashes. In September 2010 he had a bad case of bronchitis. We recommended to the parents that they persisted with *tui na* and taught them a modified sequence to increase tonification of Lung *qi* and transformation of Phlegm, helping to treat full Heat (fever) in the presence of an invasion of an external pathogenic factor.



- ³ From Elisa Rossi, *Pediatria in Medicina Cinese*, 2010, to be published in English by Donica, 2011
- ⁴ *Yijing* (The Classic of Changes), *Xici* (added sentences), part 1
- ⁵ From Elisa Rossi, *Pediatria in Medicina Cinese*, 2010
- ⁶ Ibid
- ⁷ The child (name changed) came to the Xiaoxiao Centre for six free treatments at the **quiet project**, April 2010
- ⁸ Locations specific to children – for further details see articles by the author in the *Journal of Chinese Medicine* issues 85 and 94 (on which parts of this article are based) now accessible via the *JCM* online article archive

Notes

- ¹ Liu Wansu, *Suwen Xuanji Yuanbingshi*, (Examination of the original patterns of the illness of the mysterious mechanisms of the Suwen, 1182), ch. *Bei* (Sadness). Liu Wansu developed the *wuzhi huare* theory, 'the five emotions transform into/produce Heat', and deeply influenced Li Dongyuan and Zhu Danxi. See Elisa Rossi, *Shen*, Churchill Livingstone, 2007
- ² Zhang Yuansu, *Yixue Qiyuan* (The Origins of Medical Science, 1186), ch. *Huo* (Confusion). Zhang Yuansu – to whom the first diagnostic systemising of the five organs with syndromes of deficit and excess goes back – was the direct teacher of Li Dongyuan

Elisa Rossi is a doctor of conventional medicine, acupuncturist, holds a PhD in clinical psychology, a BA in philosophy, and is a Jungian psychotherapist. She is also the author of *Shen – Psycho-Emotional Aspects of Chinese Medicine*, Churchill Livingstone, 2007. Elisa founded Xiaoxiao in 2002 – a free acupuncture and *tui na* children's centre in Milan.

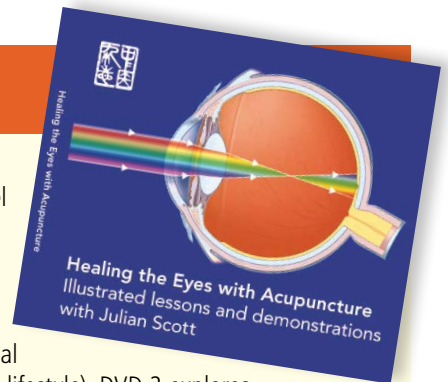
See Elisa's two forthcoming CPD events, page 39

Healing the Eyes with Acupuncture: Illustrated lessons and demonstrations

Julian Scott, 3-DVD set, JCM/Boatyard Productions

There is something difficult about the eyes, but now at least I feel prepared to be bold and discover more. Julian Scott's three-DVD resource describes a holistic approach to healing them. Although he concentrates on acupuncture as his main tool, a number of options provide the student with alternatives. He takes us back to basics, covering traditional theory, integration with conventional medicine and the aetiology of disease (nutrition, constitution and lifestyle). DVD 2 explores the principles of treatment and the diagnostic process. His skillful use of cases captures the imagination and enhances learning. The most common diagnoses are covered in DVD 3. Julian has chosen diagnoses commonly seen in the clinic (dry eyes, cataract and conjunctivitis) alongside more specialist areas such as diabetic retinopathy. Finally, he covers technique – needling and moxa, along with a fascinating 'eyebright massage' (a form of *qi gong*). Suddenly the use of a 50mm needle in ST1 (*Chengqi*) or *Qiuhuo* is not so terrifying. The DVDs are clearly referenced and the conclusion is clear. This is a really enthralling resource which, despite its length (4hrs 22mins), will bring you back to refresh both general and specialist knowledge. It is a superb teaching and educational resource. I now have four hours of CPD and am off to buy Julian's DVD on needle technique! Well worth a look, especially if your patients are of a certain age!

Annie Elliot is the College's clinical advisor for conventional medical sciences To buy this DVD set for £39/€46.14 inc VAT+p&p (normally £45.83/€54.14) call 00 44 (0)1608 658862 quoting code JS6



Harnessing the web

Susie Griffiths asks why, in the internet age, more BAcC acupuncturists don't promote themselves via a website



Back in the 1980s when I undertook my first degree in business studies, marketing was still a fairly new concept. There was definitely no internet

or world-wide web. Since then of course, website use has exploded and the resulting internet age has transformed our ability to communicate freely and share knowledge. It has also revolutionised the way people do business and market themselves. The figure is bound to be higher now, but even back in 2005 70% of UK businesses had websites.¹

So when, as a second year acupuncture student at the College of Integrated Chinese Medicine, I began to contemplate the shape and form of my own future practice, I automatically imagined that I would have a website too. But then the economic climate worsened dramatically and I realised that a more informed marketing decision was called for. And that meant I had to do two things – research and ask questions.

My research

I started with the 'how to start/run a business' books, e-books and advice for alternative health practices and small businesses generally. Most of these outlined fairly obvious lists of potential benefits and concluded in favour of websites. But, what *I* wanted to know was what *acupuncturists* thought about websites and what *their* experiences were.

Then, one day, I found an article on the BAcC website which made me realise that I wasn't the only one with website uncertainties.² Increasingly curious, I then conducted an unscientific, but revealing analysis of the 2008/9 BAcC register from which it transpired that only 41% of members seemed to have websites (which implied that 59% did not). Which led to yet another question... why?

Answering all these questions became the focus of my third-year research dissertation. My goals were to obtain information about website adoption and decision making, and possibly even to identify areas in which the BAcC, teaching institutions or private sector might offer practitioners improved advice or support.

After further preliminary research (including an informal interview with Elaine Aldred³ and a literature review) I mailed 250 UK BAcC-registered members (10% colour-coded, but otherwise identical questionnaires. The colours identified whether respondents did/did not list web address(es) in the register. The questionnaire comprised 12 closed/forced questions and 16 provocative (Likert Scale) type statements. Each question was designed to yield information about something specific, for instance the respondents themselves, their practice 'type', their marketing, their current and anticipated internet/website use and their attitudes to website use and adoption.



Results and recommendations

The overall response rate was 45% and cross-tabulation of the resulting data enabled comparison between those **with websites (WWs)** and those **without (WOWs)**. Here is a brief summary of my results.

- 92% of (all) respondents used the internet in conjunction with their practice(s) and 67% had website(s). 64% of the remainder intended to. Thus, the (2008/9) BACC register was *not* a true statement of 'website reality', which meant that 35% of the WWs' sites were not listed. A key promotional opportunity afforded by BACC membership was being wasted. Furthermore, without greater awareness of this issue I concluded that similar proportions of future WWs would do likewise, which led to a recommendation that, in furtherance of its goals to represent the interests of acupuncturists, expand awareness of Chinese medicine and promote integrated healthcare, the BACC should raise member awareness of the issue (maybe this article will help).
- Members clearly said they *would* welcome trustworthy website advice/support. As a result, I then concluded that there would be synergy and mutual benefit if the BACC were able to fulfil this need, e.g. by introducing some kind of 'off-the-peg', linked and branded/themed web service.
- Despite the 'explosion' of website use, it would seem that website adoption was *not* essential, as over 80% of WOWs reported having 'enough' patients.
- Amongst the WWs, 80% reported positive 'cost experiences'.
- However, those WWs were less certain:
 - about their 'time experiences' (only 62% reporting positively)
 - whether website benefits *would* extend to all practices (60% reporting positively), or
 - whether websites gave a firm a competitive 'edge' (51% reporting positively).

- **Drivers** for website adoption appeared to be:
 - ✓ Youth – being under 30 years old (being between 31–60 years old was neither a driver nor a barrier)
 - ✓ Confidence with IT/computers
 - ✓ Lack of business training
 - ✓ Lack of marketing confidence
 - ✓ Practice inexperience
 - ✓ Beliefs about patient expectations
 - ✓ Beliefs about professional image
 - ✓ Beliefs about competitive 'edge'
 - ✓ Multiple location working
 - ✓ Sense of acupuncture as a career
 - ✓ Belief in appropriateness of websites
 - ✓ Environmental concerns
- **Barriers** to website adoption appeared to be:
 - ✗ Older age (61+)
 - ✗ Lack of IT confidence
 - ✗ Perceived costs
 - ✗ Perceived time
 - ✗ Practice experience
 - ✗ Having 'enough' patients
 - ✗ Sense of acupuncture as a vocation
 - ✗ Belief in inappropriateness of websites
 - ✗ Electro-pollution concerns

Conclusion

For me, this was an interesting topic and I hope my work helps others as much as it has helped me. In particular, as this has been the first piece of research to consider website experiences, drivers and barriers within our own 'industry specific' framework, I hope that it will allow practitioners to:

- Benefit from the experiences of others
- 'Map' personal positions/situations

- Reduce website uncertainty
- Go on to make well-informed situation-specific decisions regarding issues such as website adoption/non-adoption, design, content and accessibility

Thanks to respondents and Mark Bovey, my supervisor

References

- ¹ Office for National Statistics (2007) e-Commerce Survey <http://www.statistics.gov.uk/CCI/nugget.asp?ID=1713&Pos=2&ColRank=2&Rank=192> (accessed 20.12.08)
- ² Kingscote, J (2007) *Websites – Are they Worth It?* BACc Student Services Practice Advice available from www.acupuncture.org.uk (accessed 2.11.08)
- ³ Aldred, E (2007), *A Guide to Starting Your Own Complementary Therapy Practice*, Oxford, Churchill Livingstone

Susie Griffiths practises in Nottingham and built her own site acupunctureinthepark.co.uk using a Mr Site website kit.

Update from Caroline Lane at the BACc



We are currently working on a project called the **Business Support Programme** which if approved will comprise 11 modules covering a variety of topics to become a successful practitioner, including finances, marketing, personal development, technology, websites and PR. Part of this plan is to supply BACc members with a low-cost option for building a website with a design and website production agency. They will offer brand identities, as well as website and flyer designs all at reduced prices to support practitioners with their marketing. For further details please feel free to contact me caroline@acupuncture.org.uk

Trigger Point Needling for Myofascial Pain

Jennie Longbottom, DVD, JCM/Boatyard Productions

This DVD is a comprehensive account of how to apply trigger point needling, featuring an experienced physiotherapist who has trained subsequently in traditional acupuncture.

There are clear descriptions of how to needle trigger points using a simulated clinical situation. Each muscle group and its treatment is described in turn. Safety of needling is discussed as well as important points made about stretching and exercises. I personally found Jennie's background in physiotherapy to be the most interesting aspect, as it is

useful at times for acupuncturists to benefit their patients by thinking about how to advise on post-treatment exercises and stretching techniques. At the end of the DVD, there is an interview with Jennie where she discusses her approach and how her traditional training in acupuncture has informed and modified her clinical approach. As a former GP, it was interesting watching the DVD as it reminded me of courses I did in medical acupuncture. This DVD presents the information in a similar way and is clearly targeted at conventionally trained healthcare professionals. Jennie does mention *qi* in the interview, however, there is no reference to traditional theories or practice in the main body of the DVD. Personally, I see this as a disadvantage. My own experience of subsequently training in TCM has clearly shown me the sublime effectiveness of traditional methods of diagnosis and treatment and these should not be forgotten. **Steve Gascoigne practises acupuncture and Chinese herbal medicine**

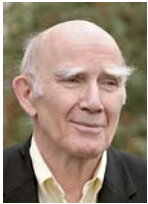
Both Jennie and Steve contribute to our CPD events programme – see page 39 To buy this DVD for £35/€41.41 inc VAT+p&p (normally £41.13/€48.66) call 00 44 (0)1608 658862 quoting code JS6



Intuition in Chinese medicine

Developing this skill brings its own rewards, says **John Hicks**

‘The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honours the servant and has forgotten the gift.’ Albert Einstein



What is intuition?

‘An experienced nurse is on night shift in a neonatal intensive care unit. The children are constantly monitored by a bewildering array of tests. The nurse’s job is to observe the monitors looking for abnormal results. The tests are reading normal, but the nurse notices that one child seems “off colour”, lethargic in some unspecified way. She believes the child is seriously ill, but the “tests” don’t back her up. Reluctantly, she wakes the duty physician who immediately gives antibiotics and takes a blood sample, the results of which will take two hours. The antibiotics probably saved the baby’s life. None of the tests was abnormal, but the nurse picked up the sepsis before the blood tests. She couldn’t say with any certainty what made her call the doctor – “maybe just experience”.’²

Intuition is about patterns

The example above illustrates ‘knowing *without* conscious evidence’ which can be contrasted with ‘knowing *through* evidence’.

Knowing *through* evidence could be a practitioner diagnosing ‘Liver Blood deficiency’ because the patient has a dull pale face, sees floaters, has scanty periods, has muscle cramps, postural dizziness, and so on. Patterns, described by signs and symptoms, are the basis and the genius of Chinese medicine.

In the process of learning patterns, knowing *through* evidence is primary. Learning Chinese medicine means learning patterns and then, as practitioners, using them to diagnose. Once we are using the patterns, however, the process is slightly less clear than the textbooks suggest.

Textbook patterns have an *almost* algorithmic feel about them. But they vary from patterns based mainly on symptoms (e.g. Damp-Heat in the Large Intestine) to patterns based mainly or totally on signs (e.g. constitutional types). The more a pattern is sign based, the more it is open to the senses and to intuition.

Like Einstein, I think we sell intuition short. Our unconscious, the vehicle of intuition, is excellent at processing large numbers of

intuition works best when situations are complicated

impressions/patterns, especially sensory ones, but we often regard intuition as unreliable.

Can we use patterns and make a deliberate choice to develop our intuition?

Let's first define intuition. Definitions range from a magical direct perception of the truth, like extrasensory perception, to a more practical 'knowing instinctively without reasoning'.³

The kind of intuition I am thinking of is **getting knowledge or insight** that is:

- almost always connected with a context familiar to the intuiter, e.g. Chinese medicine, people's motives, flower arranging, the stock market
- quick in arriving, often surprising us
- usually involves some internal body response and some *unconscious* noticing of patterns or clues, especially sensory ones
- *not* infallible, but needs to be checked where possible.

So **intuition applies when:**

- a clinical supervisor picks up the patient's arm and before taking pulses says to him/herself 'this patient is *very* Blood deficient'
- a practitioner, just about to needle, based on some vague feeling/perception, just 'knows' that the person's constitutional Element is not what he/she consciously worked out
- a practitioner approaches a new patient in the waiting room and as he/she gets closer to the patient to shake hands, he/she just knows from the non-verbal behaviour that the patient is Heart Blood deficient and *shen* disturbed

- the practitioner, based on some perception not consciously experienced, just 'knows' that a patient is holding back information
- the practitioner, when a patient four times in a row answers a different question from the one asked, just 'knows' that the patient has a good chance of having chronic Liver *qi* stagnation.

What is the case for using intuition more?

Why bother with intuition at all? Why not just collect the signs and symptoms and 'calculate' patterns? There are various reasons:

- The more a pattern manifests non-verbally, the more appropriate the use of intuition. Research has shown that our *conscious* minds are limited in their capacity to process information. Intuition works best when situations are complicated, beyond the 5 (+ or - 2) bits of information we can handle *consciously* at one time.⁴
- Intuition is often quicker, a shortening of the process of asking questions, recording signs and synthesising these into a pattern. Experienced practitioners gain speed, not from learning more about patterns but from getting practical experience of *using* the patterns.
- The relative *intensity* of a pattern can be important, e.g. between Heart and Liver Blood deficiency. But there is no easy mechanical way to make that judgement. Because one pattern can come from the other, knowing 'intensity' *without* conscious evidence is relevant.

guessing somehow stimulates the intuiting process

- Whoever first recorded the patterns was not 'knowing *through* evidence'. Their unconscious and ultimately their conscious minds were working together. Should we not explore in the same way?
- In addition, our success with patients is only partly due to our ability to use the patterns of Chinese medicine. We also need to understand the patterns of 'people being patients'. Patients can tell us the truth, they can lie, they can get emotionally involved with us, and so on. Compared with the patterns of Chinese medicine, the patterns of 'people being patients' are not recorded in a textbook and are poorly articulated. Intuition of patient patterns has an important role to play in practice (as with the patient mentioned earlier who did not answer the questions asked).
- One way of developing as a practitioner is to read more, go to lectures and increase your repertoire of patterns. Another is to develop your 'intuition' capabilities. One does not exclude the other. I am suggesting that, because of the way we learn patterns, in many cases the development of intuition lags behind.

How can we increase our intuition?

There are several ways we can increase our use of intuition. Just like reading more books, these all require time and effort. Developing intuition is not the lazy person's way out, but it will have its own rewards.

The ways to increase intuition involve practice and developing new habits. The new habits involve:

- guessing and checking
- using records
- increasing external sensory awareness
- clearing our mind
- increasing body awareness.

You might want to consider these suggestions and pick one or two that appeal to you. For some of these suggestions there is not enough room to explain everything in detail. If any reader wants a fuller, practical account, email me at john.hicks@cicm.org.uk and ask for the **intuition list**.

Guess and check

Guessing somehow stimulates the intuiting process. Many years ago, when I was mainly diagnosing a patient's constitutional type, I began to wonder whether collecting information was really useful. Over 7 months, within 4 or 5 minutes of meeting a new patient, I would write down my diagnosis. Over time, I found I was as accurate doing this as taking the whole case history. I asked myself what it was that was telling me to choose the Element I did. This is one example of 'guess and check'.

What else can we 'guess and check'? Make a list of your most useful/frequently diagnosed patterns. Then, with patients or people on the street or at work or at the sports club, guess whether they have these patterns. Do this a few minutes into seeing a new patient and you later have a feedback check. Do this elsewhere and you only get the practice.

we are a mix of internal and external awareness

Using case histories where the answer is not given or can be hidden is useful because it makes the reader consider what she/he would do were they confronted by such a case.⁵

Another 'guess and check' is to take the patient's pulses and guess at the tongue before you see it. Or do the reverse: look at the tongue and guess the pulses and then take them. This helps us to see new patterns or connections.

When you first sit down with a patient, after a few minutes ask yourself how this person makes you feel. Do you like them, dislike them, would you like to spend time with them? Capture the feeling that they generate in you. Write this down and then later see if how they made you feel was relevant to your diagnosis.

Another process that comes under 'guessing' is called in NLP **going to second position**. This is a very useful habit. 'Position' refers to a *perceptual position* which would be defined as the place from which you are perceiving things – by analogy, for example, you could look at a house from the front, the back, the inside, and so on. The positions are defined in the table below left.

As you mainly use intuition with people, the practice of going to second position will always be helpful. Some comparable phrases would be: 'seeing it from their point of view', 'walking in their shoes'. There are many ways to go to second position and it is important to be flexible.

Points of view	Nature	Access to
First position	Through my own eyes, from my own point of view, values, concerns, mental filters	Myself
Second position	As if through another's eyes, from his/her point of view, values, concerns, mental filters	Another
Third position	Seeing myself (and maybe another) from an outside, neutral position – and maybe asking what is happening, what should I do that would be resourceful, and so on	Internal wisdom or understanding

Using records of some diagnostic patterns

Keep records, maybe along with a photo, of patients of various diagnostic categories, e.g. Liver-Blood deficiency, Water constitutional type, and every once in a while, ask 'What do these people have in common?'. There are many types of answers, some aetiological⁶, some sensory, some defined by symptoms. By having many to consider, you will often recognise subtle commonalities. The more a pattern affects the whole person, the more likely it will affect a person's non-verbal behaviour.

Increasing sensory awareness

We are a mix of internal and external awareness. We can be too internal – dialoguing with ourselves, trying to remember patterns and

pay more attention to the patient... set an uptime anchor

points, having feelings – and missing signs from the patient.

One way of paying more attention to the patient is to **set an uptime anchor**. ‘Uptime’ is contrasted with ‘downtime’ and means our senses are externally oriented. ‘Downtime’ means we are internal, maybe talking to ourselves, daydreaming or even sleeping. This NLP technique orients our consciousness to what we can see, hear, feel and smell *on the outside*. It consists of using an anchor (a one-off signal like the bell was to Pavlov’s dogs) to orient our attention externally and diminish internal dialogue. This is explained in more detail in my **intuition list**.⁷

A simpler but less effective way is to leave the **tip of your tongue on the roof of your mouth**, just behind your front teeth. Because of the position of the tongue, internal dialogue is reduced, thus eliminating one of the main distractions to being fully external.

A fun game that requires your visual attention to go external is **guessing which hand the coin is in**. Have a friend with a coin put their hands behind their back, lodge the coin in one hand and bring both hands to the front. You guess which hand the coin is in using, of course, anything you can see from their face or hands. To include their voice, ask them to say ‘I won’t tell which hand the coin is in’. Make five guesses and keep score.

Then change roles and begin to notice how *you* reveal where the coin is. Gradually, as you begin to know what to look for, you should begin to improve on a 50% accuracy rate.

Clearing the mind

Most forms of **meditation** help to develop internal concentration so that the mind can focus and not be taken wherever the wind blows. If you do not already meditate, there are many available books and teachers.⁸

Increasing body awareness

Many of the various *qi gong* practices can help you to become more aware of your body. As the message of intuition often involves some internal bodily movement or signal, however subtle, the more aware you are of your body, the more you are able to pick up messages from your unconscious. Breathing practices are one of the best methods, as is **focusing** which does exactly this.⁹

I believe all the above methods help. My personal preference is ‘going to second position’ and setting an ‘uptime anchor’. ‘Guessing and checking’ may be easy to apply and definitely helps. Do what feels right for you.

Bibliography

- Frantzis B, *Tao of Letting Go*, Fairfax California, Energy Arts, 2009
- Frantzis B, *Relaxing into Your Being*, Fairfax California, Energy Arts, 1998
- Frantzis B, *Opening the Energy Gates of Your Body*, Fairfax California, Energy Arts, 2009
- Gendlin E, *Focusing*, London, Rider, 2003
- Klein G, *The Power of Intuition*, New York, Random House, 2003
- Salem M, *Mind Games*, London, Rodale, 2007
- Thich Nhat Hanh, *The Art of Power*, New York, HarperCollins, 2007

Notes

- ¹ From the internet and Salem M, 2007, p 124.
- ² Klein, G 2003 pp 13–18.
- ³ Check various dictionaries or Google 'intuition' on the internet.
- ⁴ See Klein G, 2003, p 87 and Salem M, 2006, pp 121–124.
- ⁵ See Klein G, 2006, the whole of chapter 4. Klein has helped many people in different knowledge areas to develop intuition. He uses case histories frequently and suggests lots of feedback and repetition.
- ⁶ There are a variety of aetiological patterns not discussed anywhere. For example, there are some Fire constitutional types, who through prolonged sadness, comfort eat and present in the clinic with digestive problems. Treating the digestive problems gets temporary results, dietary advice often fails and the real cause is the sadness that requires treatment of the Fire Element.
- ⁷ To request a copy of my intuition list email john.hicks@cicm.org.uk.

- ⁸ Frantzis B, 2009 and Thich Nhat Hanh, 2007.
- ⁹ Frantzis B, 1998 contains a set of breathing exercises which can increase body awareness and Gendlin E, 2003 is the original book on focusing.

John Hicks is co-founder and joint principal of the College of Integrated Chinese Medicine where he teaches and supervises students. He has been an acupuncturist since 1975 and is also a Chinese herbalist. John has written or co-written three books: *Five Element Constitutional Acupuncture*, *Healing your Emotions* and *The Principles of Chinese Herbal Medicine*. He has a special interest in NLP (neuro-linguistic programming) used therapeutically, and also practises *qi gong*.

Explore these ideas with John at his forthcoming CPD event on the subject of **intuition** – see page 39

New JCM article archive subscription

At last, an invaluable source of information, online! The *Journal of Chinese Medicine* has just made its entire back archive available via its website. With 700+ instantly downloadable pdfs covering the whole field – acupuncture, herbal medicine, theory, case histories, history and so on – this must be one of the most substantial resources on the web. The material is organised according to subject, including forty diseases from addiction to urinary disorders. What's more, subscribers can access 1200+ often detailed abstracts of articles published in the *Journal of Traditional Chinese Medicine* (Beijing). The archive can be used to enhance treatment skills, provide material for researchers from students to MSc candidates, satisfy curiosity or CPD requirements, or act as a handout for interested clients. Given the quality and quantity of information the subscription seems very reasonable (**£40 per annum for practitioners and £20 for students**). So next time you just cannot sleep for want of knowing how to treat allergic rhinitis or how the names of the *yin* channels were derived, you know where to start looking! jcm.co.uk/subscribe **Amanda Hair practises in Bristol**



fifteen treasures

Charlie Buck



What is your favourite kind of needle?

I think what we do is less about needles and more about knowing the most *appropriate* stimulation for each clinical encounter. In acupuncturists I value appropriateness, patient orientation and a sharp, clear and shiny mind.

What do you like most about being an acupuncturist?

Job satisfaction and the sense of belonging I get from being a part of our professional community. I cannot imagine any other group of people I would prefer to be associated with.

How would you edit your past?

Less ill-considered remarks blurted out; more fluency in Mandarin.

Tell us a joke

In place of a joke, a philosophical question from *New Scientist*, 'What if the hokey-cokey really is what it's all about?'

Describe yourself in the treatment room today in five words?

Silly, serious, bawdy, overbearing and occasionally inspirational.

What is your dream meal?

The Tibetan hotpot cooked by Jjia, my Chinese daughter-in-law last night.

What we don't know about you is...

I once had a 'Judge Judy' addiction.

Which Chinese medicine book would you rescue?

Applied Channel Theory in Chinese Medicine (Wang, Robertson) – I haven't read it yet!

What is the worst thing a patient has ever said to you?

There are lots! How about a well-to-do lady whose itchy eczema cleared after treatment with Chinese herbs who refused to pay my modest fee and demanded a petrol refund.

If you could be a fly on the wall of anyone's clinic, whose would it be?

The luminous Tang dynasty physician Sun Si-miao.

I love my practice, but I don't really enjoy...

The dilemmas posed by *mission impossible* patients – or *mission rather difficult* patients.

Name a favourite point

No contest – *ah shi*. OK – contest: ear *shen men*, Du 20, Kid 9, GB 43, SJ 4, SI 7...

What condition do you find hardest to treat?

Any condition where the problem has become part of the person's identity.

Best memory of your recent practice?

Patients burdened by pain, suffering or unavoidable premature mortality who remain serene, kind, with no trace of fear or self pity.

What single thing would most improve the quality of your life?

An hour of profound and total peace every day would be good – maybe in a flotation tank.

Charlie Buck was among the first handful of UK Chinese herbal medicine pioneers, and has been in practice since 1984. A skilled and lucid teacher and communicator, he holds an RCHM Fellowship in recognition of his contribution to Chinese herbal medicine training in the UK.



TCM KONGRESS

Rothenburg o.d.T.

The finalised
programme 2011 will go
online mid-December on
www.tcm-kongress.de

42nd International TCM Kongress

IN ROTHENBURG O. D. T., GERMANY

May 31st – June 05th 2011

HOLISTIC PAIN TREATMENT | DERMATOLOGY | DEPRESSION

Speakers include

Mazin AlKhafaji (GB)
Simon Becker (CH)
Lillian Pearl Bridges (USA)
Charles Chace (USA)
Tae Cheong Choo (USA)
Claude Diolosa (F)
Gustav Dobos (D)
Stefan Englert (D)
Heiner Frühauf (USA)
Peter Gigante (AUS)
Don Halfkenny (D)
Jiang Juanyun (CN)
Barbara Kirschbaum (D)
Livia Kohen (USA)
Jie Li (NL)
Li Xiang Liang (CN)

Liu Lihong (CN)
Kiko Matsumoto (USA)
Alexander Meng (A)
Gunter Neeb (D)
Helmut Nissel (A)
Thomas Rampp (D)
Domo Geshe Rinpoche (USA)
Volker Scheid (GB)
Julian Scott (GB)
Yutaka Shinoda (J)
Peilin Sun (B)
Radha Thambirajah (GB)
Michitaka Tokunaga (J)
Arnaud Versluys (USA)
Heping Yuan (D)
Jeffrey Yuen (USA)

Theme Days

- Fertility Symposium 2011
- TCM Science Day
- Paediatric Day

Forums

- 3rd TCM-Social Forum
- DWGTCM: Western Herbs
- Fire School – Renaissance and return to classical values

European Meetings

- of International Tuina Experts
- of Midwifery Lecturers
- of five element acupuncturists
- 5th TCM-School Leaders Day

TCM Kongress

2011

supported by

presented by



Chinese medicine at its best

The **TCM Kongress** held each year in Rothenburg, southern Germany has grown exceptionally over the last two decades from a small symposium to a six-day international event which attracted 1,250 participants from 30 countries in 2010



First held in 1968, **TCM Kongress Rothenburg** appeals to a broad range of people, from the highly experienced to beginners. From the outset, it has attracted leading practitioners, writers, speakers and pioneers from across the spectrum of Chinese medicine and from each of its different schools.

The organisers (**AGTCM** – founded 1954) place particular emphasis on open-mindedness, freedom from dogma, a friendly attitude, and willingness to share experiences and views, fostering direct contact between participants and speakers. The setting – in an ancient park speckled with old trees at the banks of the Tauber River, inside the art deco building called ‘Wildbad’ dating from 1920 – enables participants to concentrate on serious listening, thought-provoking discussion and deep reflection, as well as enabling them to relax, socialise, and participate in the networking that is a fundamental part of the Rothenburg experience.

Rothenburg 2011 – key elements

The general themes for this year’s congress are: **Holistic pain treatment, Dermatology** and **Depression**. On each congress day, there will be

contributions from renowned speakers. More than half of the courses are in English, some of which are translated into German.

The two-day **Fertility symposium** is for experienced practitioners and will have speakers from all over Europe – it will also offer one day for beginners. There is a scientific part and ample time will be given to the Chinese medicine side.

There will be several **theme days for specialists** in:

- **Dietetics**
- **TCM oncology**
- **TCM paediatrics**

We have invited some distinguished speakers to this year’s event. It is a great honour to announce that Toyohari grandmaster **Yutaka Shinoda** (Japan) will teach on the following themes: Wakari Yasui – Toyohari introductory workshops and **Jeffrey Yuen** (USA) will speak on: **1** Yu – Depression and its treatment within Chinese medicine, and **2** Shen and its manifestations.

Gerd Ohmstede
Chairman of the Congress

Please note TCM Kongress Rothenburg special rate – BAcC members eligible for the reduced ETCMA fee



New year, new healing possibilities

Whether you make new year's resolutions or not, for most people there is something powerful and symbolic about this time of year. It's about new beginnings and for any practitioner this is potentially a great gift.

I remember meeting with a woman in early January who had had a tough year and just wanted to leave some bad memories behind her. So we devised a countdown to living differently, which meant that by the end of the month she would have structures in place that would make for a very different new year. You can do this any time in January and you'll still be able to harness the emotional momentum that the new year offers.

Ask yourself:

- Are there any of my patients for whom a new start could have special significance?
- How can this symbolic new start be harnessed for healing?

Certainly our culture will be full of talk about new beginnings. However, though 'new year, new you' articles will abound in January, the most striking thing about most people's new year's resolutions is how temporary they turn out to be.

'May all your troubles last as long as your new year's resolutions!' are wise words from American comedian Joey Adams. Why wise? Because most people find that though they are quite genuine in wanting to make a change, their new year's resolutions don't seem to last past the first weeks of January.

I know sometimes practitioners can get frustrated and disheartened by patients who don't seem to follow through or just don't seem to understand how a few simple changes would make a huge difference. I think it's important for practitioners to be aware of the larger cultural mindset that they and their patients live within. Ours is a culture that wants instant results, that thinks health is the absence of illness and frequently just wants symptomatic relief. That's where harnessing the power of the new year comes in – because that's also part of our culture.

Whether our new year intentions succeed or fall by the wayside doesn't have much to do with the subject matter of our resolutions. It has *everything* to do with whether we have supporting structures in place to sustain the change over time.

Here's the thing: in the moment that we commit to doing something and make that resolution, we genuinely have a *feeling* that that's what we want to do. But feelings are transient and forever changing. As long as you feel the way you did when you made that resolution, you stand a chance of making that change. But actually in any given day you experience a whole variety of feelings, only some of which are likely to be supportive of your new year's resolution.

If you want to ensure your patients' success in making any changes that support their health you'll need to create structures that can

support them when their feelings and internal state may not. If this doesn't happen it can be hard to sustain momentum. The structures that work invariably ensure that any new behaviour or regime can be *regular, consistent and ongoing*.

Routines would be an obvious example of such a supportive structure. For over 25 years now I've had acupuncture, once a fortnight. It's just part of my routine and I take it for granted that it will figure in my diary when I'm planning future events.

Involving others in your routines is often essential for success. In my case I know that while I want the benefits of going to the gym, that doesn't mean I will actually do it! So ten years ago I decided to delegate motivation – ever since I've had a trainer who turns up twice a week, whether I feel like working out or not. Being held accountable is amazingly effective and I'm always glad to have done it afterwards, therefore it's self-reinforcing.

So what structures and strategies do your patients need to put in place to be successful with positive change? Have you asked them?

Next, consider what would render the desired changes manageable for this particular patient? In NLP terms, this takes us into the area of chunking. It's so easy for people to feel overwhelmed by what needs to be done; chunk it down and they won't.

Ask yourself:

- What needs to happen so that the changes can be broken down into bite-sized chunks?
- What might those bite-sized chunks be for this *particular* patient?
- What is the best sequence of steps for them?
- What structures would need to be in place to ensure consistent success?
- So what do you – and they – need to do next?

The most effective practitioners don't so much hand out advice as address these questions

in discussions with their patients. What you're really doing here is designing an alliance with the patient that they can work to.

You can do this: you might even want to make it a new year's resolution of your own to do this with your patients; less advice, more conversation.

However, the best practitioners do something else too. They always demonstrate what they want their patients to emulate. So as a practitioner, let's start with you. What kind of new year do *you* want? And what structures will *you* put in place to support you in a regular, consistent, and ongoing way?



Ian McDermott is an acknowledged authority on the application of NLP to health. Over the past 25 years he has created special NLP trainings around the world at the request of various professional bodies for health professionals. A prolific writer, he has co-authored some of the most widely read and respected books in the field, including *NLP and Health*, *The Art of Systems Thinking*, *Way of NLP*, *The NLP Coach*, *Your Inner Coach* and *The Coaching Bible*. He is the founder of International Teaching Seminars (ITS) which celebrated its twentieth anniversary in 2008. What has made ITS the most consistently successful NLP organisation in the world is its emphasis on the practical applications of NLP and the importance of personal congruence in implementing NLP. Ian spends much of his time training the next generation – of coaches and NLP practitioners. If you'd like to learn more about ITS Health Coaching or NLP training with Ian contact ITS direct via their website itsnlp.com.

Mentoring and supervision

Isobel Cosgrove reflects on the emergence of the role of mentoring in the acupuncture profession



It is now commonplace for people in senior management positions in both the commercial and public sectors to engage in regular mentoring.

For many years mentoring and supervision have been part of nursing, social work and psychiatry – and post-Shipman there is now supervisory network in place for GPs. In this context, there is also a noticeable turning of the tide towards reflective practice and the role of the mentor in our own profession.

At present we have a good service on offer from the BAcC's Ethics and Professional Conduct Department, headed by Mandy Foster. They are able to provide practitioners with advice and guidance. They can also refer practitioners who might be dealing with a complaint against them, or who have a difficult situation with a patient to the **confidential practitioner support service**.

If we all have time at the end of a day/week/month to review and reflect on our own practice, and if we then take questions, thorny issues and difficult cases to a mentor every 4/6/8 weeks, such sessions should act as a preventative measure, catching difficult situations early on and enabling us to stop a crisis developing. Working with a mentor can also build and maintain self esteem. This is vital in the acupuncture community, where

many of us work in relative isolation.

Not only can we talk about difficulties within our practice in a safe and confidential setting, we can also talk of our small victories and greater achievements. We can find encouragement, acknowledgement and straight, honest, level feedback and this will inform the way we work with patients every day.

As practitioners of preventative medicine who often avert health crises by identifying patterns of illness in clients at an early stage, surely we should also believe in monitoring the health of our own practice? Mentoring and supervision provides this essential feedback.

Mentoring and supervision address these questions ...

- Do you enjoy your working life?
- Are you in charge of your working days, and the direction you wish to take?
- Are you attracting the size and type of practice you want?
- Do you have regular contact with a supportive network?
- What are your main resources?
- Do you feel that your work is good enough and how do you maintain standards?
- Where are your strengths and weaknesses, and how do you build and maintain self esteem?

- What aspects of your work do you want to develop and how can you make space and time for this?
- What input do you need in order to make this next transition, and how can you find this?

By addressing these issues with a mentor you can prevent any areas of ‘dis-ease’ slipping unnoticed into your working life.

Burnout, isolation, the breaking of contractual agreements and boundaries, lowering of standards, and a decline in patient numbers – among others – are examples of dis-ease in our practice.

Mentoring is NOT

- a session in which someone who knows more about acupuncture than you do steps in, tells you how to fix a problem, how to treat a patient, what points to use, and what diagnosis you should make
- a hierarchical relationship in which you are told how to improve, or where you are going wrong, or that you are not good enough
- about giving critical feedback – it is **not** an opportunity for one practitioner to hold a more powerful position over another; it is **not** a teaching situation.

Mentoring is

- an opportunity to explore ways in which you can realise your full potential as a practitioner
- an enabling environment where you can identify, in a level relationship, areas of practice which need your attention
- a place to meet and work with a group of peers who provide a continuing network of support in a facilitated setting. This ensures fair and clear feedback; avoids prescriptive criticism and negative contracts.

Regional groups, conferences, research symposia and CPD activities provide opportunities for input and contact, a chance to meet, discuss, hear about the Royal Charter. They also provide specialist training in first aid, fertility, paediatrics and other areas of work. Such events update and enlarge our knowledge base and develop our expertise. They all have similar ingredients – an expert gives us information, inspiration, research results, pointers to new work. They impart knowledge; we receive it. After we leave college, and as our careers progress, this is invaluable input. It helps us to continuously educate ourselves, and become more substantial and confident as practitioners. However, we are looking outside our own experience as clinicians; outside our own work with patients. This experience is different from mentoring and supervision.

The experience of mentoring

The other part of becoming confident in practice is about learning from what we do every day in our own treatment rooms. In mentoring we talk about our own work, and we listen to our peers talking about theirs. Before we talk, we review, reflect and pick up emerging patterns in our own work. After thousands of treatments, those of us who have been practitioners for many years still need to stand back and assess the impact of working with clients who are terminally ill, for instance. We need to re-examine our responses when a patient puts us on a pedestal, and has unrealistic expectations of a treatment process. We also need to check on how we behave when George Clooney or Angelina Jolie walks into our treatment room.

Mentoring puts the focus firmly on our own work, and not out there on a lecture platform. Every day of our working lives we are faced with the suffering of another human being.

‘As practitioners we offer our patients guidance, support and encouragement – it seems a good idea to offer it to ourselves.’

The most obvious pitfalls are...

- becoming a manic rescuer, out to save the world, while slowly burning out
- jumping into the well of suffering with a client, being profoundly affected by their pain, and for this to begin to get in the way of reaching a clear diagnosis and treatment plan
- feeling pushed around by the needs of patients, feeling like a victim, oppressed by their demands for help
- feeling that we are expected to find solutions, make things better, and then to become persecuting in our efforts to get the client to join in, asking them to make changes in lifestyle which are unrealistic.

Mentoring is time set aside to work out how to avoid such pitfalls.

If you do not have thousands of treatments under your belt, and if you are relatively new in practice, mentoring can help you crystallise your thinking on issues such as how you want to build your practice, and whether you want to work at home or in a clinic.

You can either have time one to one, or join a group where you can have the support of the mentor and a group of peers. Again the focus is on how to develop yourself as a clinician and how to take your work into your community.

Business support and mentoring

Next year the BACc will be launching a **Business Support Programme**. This will provide all members, especially new graduates, with help to design a website, draw up a business plan and build a successful practice. As well

as being a resource for kick starting your practice, the project will offer you the chance to develop yourself as a practitioner in the many ways I have described in this article. And develop as practitioners we must. We can only take our clients as far in their journey towards health – in all its many aspects – as we have travelled ourselves.

There is now a network of mentors and supervisors throughout the acupuncture profession, and it is continually expanding. A group of acupuncturists recently completed my sixth consecutive training in mentoring and supervision, and they join a growing network of well over fifty.

If you are interested in finding a mentor, or joining a group, look at the advert for the **mentoring and supervision network** in the latest copy of *The Acupuncturist* and call the contact who is nearest to your practice. Alternatively contact me on **01792 366115**, call or text my mobile **07791 581608** or email **info@isobelcosgrove.com**.

Isobel Cosgrove taught human sciences in the US and UK in the 60s and 70s. In 1978 she studied yoga and Tibetan medicine in Canada, then Chinese medicine in the UK and has been practising acupuncture since 1981. She has taught and directed acupuncture programmes here and abroad and served on the UK profession's national executive. Always committed to maintaining high standards of practice and codes of ethics, she has run **mentoring and supervision training** for acupuncturists in the UK for the last ten years. The result is a national network of supervisors supporting practitioners in their professional lives.

The power of presence with patients

Angie Hicks on being human with another human being

‘The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But what matters is not that. What matters is being human with another human being.’¹



So what do we mean by being present and being ‘human with another human being’ – and how do we do it?

Being present

Imagine that you are with someone who unconditionally accepts you *exactly* as you are. This person doesn’t judge you, gives you space to be yourself and is attentive and listens to what you have to say. You might even know this person. If you do you are very lucky.

Carl Rogers discovered the importance of presence in his research at the University of Chicago in the 1950s.² He found three simple ‘core conditions’ that practitioners need to enable their patients/clients to change during a therapeutic interaction. They are:

- Non-judgemental acceptance
- Empathy
- Being genuinely present

These qualities amount to us ‘being there’ for our patients. In this article I’ll refer to these three qualities as ‘presence’.

Why is presence important?

You may be thinking, ‘but I don’t always accept what people do’. Of course not. What we’re talking about is acceptance of the *person*, even though their *behaviour* might not seem acceptable to you.

Presence is important because it:

- allows a patient to **accept themselves** in order to **open up** and express their real problems
- enables practitioners to listen to **patients’ fundamental issues**
- helps practitioners to **choose which acupuncture points** to use for deeper level treatments
- enables practitioners to **stay centred** when in challenging situations.

Let’s look at these four aspects in more depth:

Acceptance and opening up

Presence is possibly one of the greatest gifts we can give our patients. Most people don’t expect to be accepted by others. When they are given acceptance it creates something very

Presence and acceptance means our attention broadens

special between practitioners and patients. Trust develops. Patients can start to relax and open up from the inside, enabling them to talk about aspects of themselves such as their fears, guilt, insecurities and their previously unspoken shame. In certain cases this can allow a profound level of healing to take place from inside the patient.

Research shows that doctors who listen to their patients, whatever the treatment given, have the most satisfied patients. For example, an early study looked at the interactions between doctors and mothers in a paediatric emergency room.³ The results revealed that when mothers were not given as much information as they wanted from their doctors they were disappointed and became reticent about asking questions. The result was that they frequently (one-quarter of the subjects) did not mention their most important concern to the doctor.

Patients' fundamental issues

If we aren't present with our patients the patient-practitioner interaction diminishes or it can become negative. It then becomes more difficult for the practitioner to build a strong relationship with the patient.

Interesting research has looked at why patients sue their doctors for malpractice. Problematic relationship issues were identified in a huge 71% of the statements. Four themes emerged from the review: deserting the patient (32%), devaluing patient and/or family views (29%), delivering information poorly (26%), and failing to understand the patient and/or family perspective (13%).⁴

Other studies led to the discovery that doctors and patients often have conflicting agendas. Doctors would concentrate on their medical evaluation while patients wanted to concentrate on their personal fears, anxieties, and other everyday circumstances.⁵ It was found that by implementing the medical agenda and only asking about the patient's symptoms, physicians recurrently suppressed the patient's concerns, even though these could be important resources for understanding medical problems.⁶

As we can see, not truly listening to our patients can cause many problems. It can also narrow our focus when we are with patients. We are then more likely to concentrate on specifics and try to 'fix' things for the patient. Presence and acceptance means our attention broadens. For example, with a narrow focus we might know the patient has a bowel problem that we should 'fix'. Presence gives us a wider focus allowing patients to tell us about the difficulties that are causing the bowel problem. The underlying cause of the problem is more likely to be addressed.

Choosing points

When patients feel able to open up and talk about past traumas, sorrows and other areas of suffering, deep parts of themselves become available to be supported and healed. Presence literally puts us in the present. We can understand our patients in fresh and new ways, which can lead us to recognise more about what they need. This, in turn, can enable the practitioner to choose the ideal points to support the patient's mind and spirit.

Ask yourself 'do I fully accept myself exactly as I am?'

Everything seemed to become still as a patient in her thirties told her practitioner about being coerced into an abortion in her teens. She had been depressed ever since. The practitioner's accepting presence enabled her to talk about it. The practitioner had not known about the trauma and now realised the depth of her patient's distress and the effect on her health. Consequently she chose Kid 24, Spirit Burial Ground, to 'revive' her spirit. Other spirit points were also used. Over time the depression lifted and the patient was able to move on.

Cultivating presence

Four useful ways to cultivate presence are:

- **Self-acceptance**
- **Staying present in our body**
- **Acknowledging our patients' words**
- **Modifying our physical environment**

Self-acceptance

In order to fully accept and be present with our patients we need to accept and be present with ourselves. Being present is not controlling, it allows patients to be exactly as they are. But do we allow ourselves to be exactly as we are? Or do we criticise ourselves when we are not 'perfect'?

Self-acceptance ensures we take care of our own needs, which in turn reduces stress and enables us to relax and look after our patients' needs better. So how can we work on cultivating greater presence and self-acceptance? There are many ways we can do this but the following exercise may be useful.

Ask yourself 'do I fully accept myself exactly as I am?' It is a rare person who answers 'yes' to this question. Everyone's answer will be different of course, but might be something like, 'no, because I feel tense and I want to loosen up. The next question you can then ask yourself is 'can I accept that I'm not accepting my tension right now?' Usually the answer to this is 'yes'.

Regularly practising the above exercise can enable us to stay present and accept our feelings whatever they are.

As we turn towards how we truly feel we can even learn to be relaxed with difficult feelings.

Staying centred

We all have times when we feel challenged in the treatment room and sometimes a patient 'pushes our buttons'. Invariably when we react strongly we have an issue we haven't dealt with and don't want to look at.

Our reaction can get in the way of clear diagnosis or treatment. We may quickly try to get the patient's 'problem' out of the way and fix it or at times ignore it. Remaining present can be helpful. If we allow ourselves to accept, and not disconnect from those areas in our patients, we can ultimately increase the depth of our contact. This might also encourage us to be curious about our strong reactions and work with these issues in ourselves.

A colleague had difficulty whenever her patients cried. She always changed the subject rather than allow them to let their sadness out. In time she realised that she had enormous grief and sadness within herself. Dealing with her own feelings enabled her to handle her tearful patients better.

Take time each day to strengthen your sense of embodiment

This exercise can help us to develop a greater sense of kindness and compassion towards ourselves that we can extend to our patients.

Self-acceptance results in an ability to 'just be' and slow down. Slowing down increases our ability to use our eyes and ears. It widens the focus we have on our patients and our practice becomes a tool for self-development.

Staying present in our body

We live in our body. They are a container for our thoughts, sensations and emotions. The more we are relaxed in our body the more chance we have of being present with ourselves and other people. There are many ways to develop an increased sense of our body. Two useful ways are feeling our extremities and breathing into our belly.

Feeling our extremities Our five extremities are our two hands, two feet and our head/face. These five areas are easy to feel as they contain more sensory nerves than other parts of the body. By sensing into them we release and loosen constricted places. This, in turn, relaxes the whole of the body and allows us to be more in touch and present to ourselves.

Breathing into the belly or the lower dantien, just below the navel Chest breathing indicates that we are tense. We breathe lower in the body when we relax. Practising breathing into the belly can become an instant way to relax and put ourselves in the here and now.

Being able to feel into and be present to ourselves via our body takes practice. Taking a small amount of time every day (even if it is only five minutes) to feel the

body can gradually strengthen our sense of 'embodiment'. We can do this by sitting feeling the whole body part by part or practising in a more structured way by doing *qi gong*, *yoga*, *tai chi* or another kind of body-based meditation.

Acknowledging our patients' words

To ensure our patients really feel heard we can clarify and then summarise what they say. This is not mimicking them or being a parrot. Rather it can be repeating back some of their words or paraphrasing what they have said. This shows a patient that they have been accurately understood and allows them to feel cared for. Sometimes an 'mmm' or a nod of the head is enough to ensure we get this message across.

Often when clients speak highly of a practitioner they are not talking about the practitioner's ability to diagnose and treat – these are already assumed. Most patients judge a practitioner on their bedside manner and willingness to hear them. Patients will recommend a practitioner because, 'he really understands me' or 'she is willing to be there for me'. Summarising and repeating the patient's words ensures that they know they have been heard and acknowledged.

Modifying our physical environment

Finally, a simple way to cultivate presence is via our physical environment. For example, we can ensure that we sit at the same height and a 'right' distance from our patients. We can also make sure that we don't put a block, such as a table or desk, between our patients and us. Ensuring we aren't continually interrupted

Presence with our patients enables them to feel accepted

and distracted lets our patients know they are important to us and we want to give them time and attention. Appropriate eye contact and touch is also important.

Caring for ourselves

GK Chesterton once wrote, 'Acceptance is the truest kinship with humanity'. Presence with our patients enables them to feel accepted. Our own self-presence helps us to accept ourselves. This allows us to relax and not put too many unrealistic expectations on ourselves when we practise and thus increases our enjoyment of what we are doing.

In summary

- Non-judgemental acceptance, empathy and being genuinely present allow patients to change during a therapeutic process.
- Presence is important because it enables patients to accept themselves. It also allows practitioners to understand a patient's fundamental issues, choose acupuncture points and stay centred in challenging situations.
- We can't truly accept our patients unless we accept ourselves.
- Four useful ways to cultivate presence are: self-acceptance, staying present in our body, acknowledging a patient's words and modifying our physical environment.
- Presence allows us to enjoy our practice even more.

Notes

- ¹ Gendlin, Eugene, 'The Small Steps of the Therapy Process: How They Come and How They Help Them to Come' *Client Centred and Experiential Psychotherapy in the Nineties*, eds G Lietaer et al, Leuven, Belgium, Leuven University Press, 1990
- ² Carl Rogers was the originator of 'Person Centred Therapy'. More about this can be found in Mearns and Thorne, *Person Centred Therapy in Action*, London, Sage, 2007
- ³ Korsch BM, Gozzi EK, Francis V, 'Gaps in doctor-patient communication. 1. Doctor-patient interaction and patient satisfaction', *Pediatrics*, 1968 Nov;42(5):855-71
- ⁴ Howard B Beckman MD, Kathryn M Markakis MD, Anthony L Suchman MD, Richard M Frankel PhD, *The Doctor-Patient Relationship and Malpractice, Lessons From Plaintiff Depositions Archives of Internal Medicine*, 1994;154(12):1365-1370
- ⁵ Mishler, Elliot *The Discourse of Medicine, Dialectics of medical interviews*, Ablex Publishing Corporation, Norwood NJ, 1984
- ⁶ *Communication in Medical Care: Interaction between Primary Care Physicians and Patients*, edited by John Heritage and Douglas W Maynard, Cambridge University Press

Angie Hicks is a focusing teacher as well as being an acupuncturist, Chinese herbalist, and co-founder and joint principal of the College of Integrated Chinese Medicine. Focusing teaches a specific way of being present with ourselves so that we can comfortably turn towards our internal discomforts and in time allow them to resolve themselves. Angie is also author/co-author of books including *Five Element Constitutional Acupuncture*, *88 Chinese Medicine Secrets* and *The Acupuncture Handbook*.

See Angie and John's upcoming CPD event, page 39

Growing a healthy business

Katherine Berry outlines five steps to nurturing your practice



As acupuncturists we sometimes find it challenging to see ourselves as business people. This is particularly true when it comes to marketing and promoting our services. One way to overcome this is to liken our practice to a garden and determine ways to make it grow the way we want it to.

A thriving garden takes time to plan, requires a lot of consistent work and ultimately relies on patience. These are the founding principles of building a successful practice.

Winter is the ideal time to reflect on past successes and challenges, and plan for the year ahead. So with that in mind, let's us look at how we might begin to achieve our goals.

Step 1 Contemplation

Start by looking at **where you are now**.

- Consider the following questions and jot down your responses.
- How would you define your business?
- How many patients are you treating weekly?
- What marketing activities are you currently engaged in?
- How well is this working?
- What do patients like about what you do?

Now allow yourself time to daydream about **where you want to be**... Paint a mental picture of what your future looks like, imagining all of the people, places and activities you love. Then focus your thoughts on your practice:

- What are you passionate about?
- What patients/conditions do you like treating?
- How many patients would you like to be seeing each week?
- Where do you see yourself in 12 months, 3 years and 5 years?
- What is your **business vision**?

Your business vision is what you would like to achieve in your practice. Consider how your business will help you to do the things you are passionate about, such as travelling, spending time with family or sporting pursuits.

Step 2 Bridging the gaps

Having identified where you are now and your goals, **what do you need to make this happen**? Examples from other practitioners include:

- Needing to set time aside each month to review the number of treatments delivered, total expenses and resulting profit.

- Working out ways to measure the total amount spent on promotion and marketing activities and whether this has resulted in an increase in appointments.
- Exploring the possibility of working in a different location with longer/more flexible opening hours, more treatment rooms or greater 'foot fall' (people passing through).
- Finding ways to attract patients at off-peak times e.g. discounted lunchtime sessions.
- Establishing an electronic database (such as typing initial consultation forms into an Excel spreadsheet).
- Rewarding word-of-mouth referrals by writing thank you letters to patients who've referred two or more new people recently.
- Offering a complimentary gift voucher to the patient who has referred you the most new people recently. A voucher is preferable to offering a free treatment as it gives them an opportunity to pass it on to a friend.
- Emailing a monthly newsletter with topical information such as links to recommended websites, seasonal recipe ideas, new product or book reviews, answers to common questions or local community health updates.
- Putting up signs in your clinic with health tips that encourage people to ask you for more information or advice. For example seasonal issues such as 'health tips for surviving the winter blues'.
- Publicising gift vouchers (especially good for Christmas and Valentine's) are available.
- Sending birthday or Christmas cards to long-term patients.

Step 3 Planning

Once the missing links have been established, it is important to map out what you are going to do. A plan can be as simple as a list of monthly, quarterly and annual activities. All should be SMART (specific, measurable, achievable, relevant and time bound).

Planning is an important step and one that many people overlook. Did you know that most people spend more time planning a holiday than planning their business?¹

Having a plan helps you set realistic goals and gives you a timetable to work towards. Without one, activity can be ad hoc and seeing what's working and what isn't can be hard.

Step 4 Action

Examples of **promotional activity** targeted to patients may include:

Current patients

- Offering packages of appointments (for example discounted blocks of 3, 6, 8 and 12 appointments if paid in advance).
- Running regular education events (you may want to find out what topics patients are interested in by having surveys in your waiting room).

Dormant patients

- Informing them of a routine check to make sure your database is up to date – could they please let you know if there have been any changes to details (such as email address).
- Sending out a general client satisfaction survey² to find out whether their needs and expectations were met.
- Posting an invitation to your education evenings (as above).
- Sending them an annual check-up reminder (you may want to incentivise this by offering a 90-minute full assessment for the same price as a regular appointment).
- If you are interested in publishing articles or case studies, you may want to contact patients with a common condition (for example low back pain) and ask if you can do a follow-up review for your article.

New patients

- Offering a discounted rate, reciprocal exchange or free treatments to people who have direct contact with your target group – personal trainers, hairdressers, yoga, pilates or martial arts instructors, practice reception staff, sports coaches and other health service providers.
- Identifying other places your potential new patients might go and exploring ways to put up posters or leave fliers, such as gyms, cafes, swimming pools or yoga studios.
- Donating gift vouchers to community groups, sports clubs' award nights and school raffles.
- Finding out what community events are on in your area and exploring whether there are trade tables or stalls available – or other ways to promote your practice.
- Contacting community groups (for example the Women's Institute) and offering to do a brief presentation about topics that may interest their members.
- Logging on to local community forums and responding to questions people have about health issues – or posting threads with topical information, links to recommended websites, seasonal recipe ideas, new product or book reviews or answers to common questions (as per your monthly newsletter).
- Contacting local publishing groups and enquiring about topics for articles they may be interested in. Exploring whether there are opportunities for writing a health column or contributing on a regular basis.

Step 5 Review

By keeping a log of this activity you can monitor the responses and decipher key information such as who is referring you the most new patients. Set aside one hour each month to go through your marketing plan

and match this to the data collected in your initial treatment consultation form (noting that some strategies may take several months).

These strategies are all low cost and require an input of your time and energy. Invest in your practice, do what you love, do it well and success will follow.

Notes

1 Morris MJ, *Starting a Successful Business: start up and grow your own company*, sixth edition, Kogan Page, London and Philadelphia (2008)

2 To request a free electronic copy of a client satisfaction survey email katherine.berry@acupuncture.net.au

Katherine Berry trained in Australia and specialises in acupuncture for drug dependency. Founder of the Acupuncture Network, she is passionate about promoting acupuncture in the community. acupuncturenetwork.org

acusearch

Can you find 29 words that acupuncturists use? They may be vertical, horizontal, diagonal or reversed. Solution listed on page 39

M	E	T	A	L	D	N	I	W	Q	P
T	O	E	N	M	E	A	R	Y	I	R
T	R	X	I	E	U	N	P	A	G	A
N	U	A	I	C	H	P	N	N	E	C
E	E	I	E	B	O	S	A	A	L	T
M	S	F	N	H	U	Y	G	I	H	I
T	O	U	C	A	I	S	T	N	N	C
A	N	U	D	A	M	P	T	A	I	E
E	N	I	T	S	E	T	N	I	E	J
R	Y	O	J	H	I	P	A	I	O	H
T	R	E	D	D	A	L	B	O	Y	N



Daoist meditative practice and the winter months

There are two related but distinctive traditions in Daoism: **pre-** and **post-Buddhist Daoism**.

The first, perceiving a perfect natural balance in the world and universe as a whole, emphasised the release of internal tension to return to this perfect, natural balance. Anything more is unnecessary and artificial. The metaphor of a baby is often used. A healthy baby's energy is balanced and full. As it grows, it accumulates tensions in its body, energy and spirit, which pull it out of balance, often resulting in a weak, ill, agitated adult. To return to our natural state of balance and health, all we have to do is discover and release our tensions; a dual process of developing awareness and releasing internal tension. As we see ever deeper inside our being and release ever deeper and more hidden tensions, not only does our physical body and energy naturally become more balanced and fully functional but so too does our mind and spirit. A Daoist immortal has completed this task by returning not just to his personal natural state, but all the way to the *Dao*.

Post-Buddhist Daoism was strongly influenced by the Buddhist tradition of enlightenment. Here the process of perfection is not viewed as a return to naturalness, but as the intentional and creative transformation of a limited being into an enlightened one. The emphasis is on the creation of enlightened qualities through physical movement, prayer, internal and external visualisation, and mantra recitation, rather than the jettisoning of tension to the very core of one's being. This

can be done in a relaxed way, but it is inherently goal-oriented and prescriptive, you are re-writing your programming towards perfection (enlightenment). The emphasis on observing one's state and simply letting go of tension – discovering and releasing/deleting faulty programming – thereby automatically returning to a perfect natural balance, lost its primacy. So practices emphasising naturalness and simply letting go were replaced by practices based on control, as perfection was to be created, rather than let go into. In this way, in China the Buddhist enlightenment project mixed with the physical and energetic techniques of Daoism and created a new tradition.

The winter months

In the depths of winter we are drawn towards rest, reflection and even resolution, such as new year's resolutions. The strong expansive energies of spring and summer reverse and turn inwards in autumn, naturally awakening the body's core energies, especially the brain and spinal cord, exposing the depths of one's being to heightened clarity. As this energy becomes quiet and goes to ground in winter, if one's clarity and energy can also remain steady and not be dragged down, it naturally becomes more evident what needs to be let go of and allowed to 'die off', so that change and new growth can occur in turn. Hence reflection naturally becomes resolution.

If during our winter practice we notice we are tired, then it is probably best not to be too ambitious but to follow our body's counsel.



Breathing smoothly and deeply (see *Jing Shen 2*) and allowing our movements, energy and interactions to become as simple and centred as possible, facilitating rest and

storing the energy we need for spring. By allowing ourselves to rest as much as possible, we store the energy we need for spring.

If we are not tired but have little clarity, then it's helpful to catch up on some of our autumnal practice. We can very steadily breathe into the upper lungs and spine in order to move blood and energy through the brain and spine to develop our clarity – as well as any other practice that steadily strengthens and clarifies the *qi* of the spine and brain.

If we are rested and our core is integrated and awake, then our awareness will naturally be drawn to what feels unnatural inside us so that we may let go of it. To help this process we can sit upright with body and energy aligned, breathe smoothly and deeply, slowly scan down through the body with our relaxed awareness and allow everything we feel inside to become smooth, fluid and quiet until it naturally releases. We can also become aware of and release four general conditions the Daoists speak of:

- any sense of **strength**, where we are pushing or forcefully controlling our energy and mind
- any sense of **internal tension**, where two or more forces inside are in opposition
- any sense of **contraction**
- Anything that **does not feel quite right**, which we usually prefer to ignore but is there.

Beginning methods of Daoist meditation allow tense energy to release downwards and outwards through the extremities and orifices

and into the energetic field. More advanced methods release tension into the limitless space which naturally exists inside our mind and spirit.

If you are drawn towards the old Water methods of Daoism then, whatever your stage of practice, being clear about the simple philosophy of the old school can bring greater clarity, depth and naturalness to your practice and being.

Gio Maschio has taught Daoist internal arts for over a decade, and practised them for almost 20 years. He designed and teaches the College's *qi gong* for acupuncturists course, has conducted seminars for the BAcC, and is one of Master BK Frantzis' most experienced instructors in Europe. He also studies Buddhism and *dzogchen* meditation. He practises and teaches internal arts full time, including classes, workshops and retreats – visit oxinar.com for more information.



Safeguarding your health and protecting your qi

Daoist Lineage Master Bruce Frantzis offers a unique course utilising the healing techniques of *qi gong tui na*

Learn how to find and release pain • Protect yourself from absorbing unhealthy energy • Feel and regenerate your *qi* • Maintain compassion for others • *Everyone welcome – healthcare workers will find this course especially helpful*

Rivermead, Reading 19–20 October 2011

For full details visit energyarts.com

Local contact Silvia Hovancova **0118 950 8880**



Winter warmers

Wrap up warm, sip some miso soup and read our latest on Chinese food energetics from **Danny Blyth**



Dig out your casserole pot, your thermals and your snow chains, and prepare for the slow withdrawal into winter. Build up your reserves, and fortify yourselves so that you can battle against the dark, the cold, and the X Factor final. Arm yourself with a hot toddy, and get the chestnuts roasting on an open fire – I feel a song coming on!

Nuts have a dense sinking energy and a rich oily nature well suited to this time of the year – it's so clever that the supermarkets understand the principles of healthy eating and provide them now. Because of their heavy oily nature, they can aggravate Damp and Phlegm if overeaten, or if they start to go rancid, so get them in their shells if you can, or lightly toast or roast them before eating.

Chestnuts and **pistachios** both tonify Kidney *yang* (very important at this time of year), but the king of the nuts must be **walnuts**. Their sweet/warm/oily nature strengthens Kidney *yang*, and is said to strengthen the back and knees and help the Kidneys to 'grasp the *qi*' for asthma and chronic cough. Their shape makes it easy to remember that they both boost the brain (the inner nut looks like a little brain) and increase male fertility and sexual functioning (use your imagination). They are high in the 'omega 3 oils' that people seem to be taking for everything from increasing concentration in children to boosting the immune system for cancer patients, and

reducing inflammation in arthritis.

The taste associated with winter is salty – it has a downward, inward and stabilising nature resonating with what is happening both in nature and in our body at this time of year.

Salt is a great appetite stimulant and flavour enhancer, and is severely overused. In small amounts it helps to moisten and increase fluids, and clear Phlegm (like seaweed), but an excess can have a detrimental effect on the body leading to a build up of water, increased



blood pressure and hardened arteries! If you do add salt to your food, select a natural sea salt whose crystals have a greyish hue (hence containing more minerals).

A great salty food is **miso** (soya beans fermented with rice or barley). It is highly nutritious, high in protein so useful for vegetarians, and a natural probiotic – great for the digestive system. It is a natural tonic, promotes good health, and has a gentle detoxifying nature (reputedly good for clearing

‘Get the chestnuts roasting on an open fire (I feel a song coming on)!’

out environmental toxins). Start with a mild paler one and work your way through them all – perfect in dips, sauces and of course miso soup. What could be easier than throwing chopped **tomatoes**, **peppers** and **mushrooms** into stock and adding a bit of fresh **ginger** and **soy sauce**. Cook for a few minutes, then as it starts to cool down add a good dollop of **miso** and some chopped **spring onions** (you don’t want to kill the miso). And there you go – a healthy, nourishing and nutritious soup in the time it takes to open a tin of beans. If you are brave add some salty **seaweed** to the mix too – my Japanese friends wolf this down while the Western guests prod it with their forks suspiciously!

What about some warming spices? **Black pepper** is great for warming the digestive system, and keeping the cold at bay. It is spicy and hot, and many Chinese herbal medicine books recommend placing it in the navel for treating chronic diarrhoea from a weak/Cold digestive system. I tried it but find putting it in leek and potato soup much less messy.

Basil is another great warming herb for the digestive system. It helps to clear Phlegm from the chest and sinus, and is great for stimulating the appetite – especially in children. It is said to ‘open the channels’ and help alleviate pain in the joints. Like all aromatic ingredients it is best added at the end of cooking, and picked fresh. So don’t buy a jar of pesto – just get a good handful of **basil**, add **pinenuts** and a little grated **parmesan** in roughly equal parts, and a clove of **garlic** toasted in its skin on a gas hob for a couple of minutes, then squeezed out of its skin when



cool. Blend all this up with a little olive oil and there you have it. Not only is it good on pasta, but it is great floating on a tomato soup, or as a topping for jacket potatoes or pizza. If you want to impress your friends add sun-blushed tomatoes, rocket, or fresh coriander, and use Parmigiano Reggiano parmesan (that’s Italian for ‘middle class’).

Cloves are another great winter warmer. You can stick them in **oranges** and hang them around the house (why do people do that?). Alternatively stick a couple in a mug of boiling water with a little **honey**, some **lemon**, and half a **cinnamon stick**. After five minutes you have a delicious drink. Of course, you could always add a good nip of **whisky** to it too. Your very good health!

Danny Blyth and Greg Lampert’s concise and useful book **Chinese Dietary Wisdom** is available from cicm.org.uk price £3

Danny Blyth studied acupuncture and Chinese herbal medicine at this College and has a postgraduate diploma in Chinese language. He practises in Cheltenham and the Cotswolds as well as teaching *tai chi* and *qi gong*. He also teaches here at the College.



Gain useful insights into how to incorporate dietary guidance into your practice with **Daverick Leggett** who joins our latest CPD programme – see page 39

CPD events for practitioners



Elisa Rossi
22 Jan 2011

Shen: emotional disorders and our clinical practice

23–24 Jan 2011

Paediatric tui na

Angie and John Hicks

4 Feb 2011

Getting better at getting the CF

Radha Thambirajah

9–10 Feb 2011

Diseases in the over 40s: advanced differentiations

Bill Ryan

28 Feb and 1 Mar 2011

The art of feeling qi: point location and feeling qi in the channels

3 Mar 2011

The art of projecting qi

4 Mar 2011

The art of using qi to sense qi in others

Jennie Longbottom

29–30 Mar 2011

Trigger point acupuncture for myofascial pain

Barbara Kirschbaum

8 Apr 2011

Tongue diagnosis in clinical practice: digestive problems

Michael Pringle 14 Apr 2011

Fire cupping

Sandra Hill 12 May 2011

Fertility, pregnancy and the Eight Extraordinary meridians

Steve Gascoigne

19 May 2011

Prescribed drugs and Chinese medicine

Rachel Peckham and

Jacqueline Mangold

1–2 Jun 2011

Substance misuse

John Hicks 16 Jun 2011

Developing intuition in Chinese medicine

Beverley de Valois

1 Jul 2011

'Getting my life back': supporting people living with and beyond cancer

Radha

Thambirajah

12–13 Jul 2011

Cosmetic acupuncture

6–7 Sep 2011

Treating musculo-skeletal pain

Clare Stephenson 22 Sep 2011

Red flags of serious disease

Jill Glover 8 Oct 2011

Understanding IVF: Chinese medicine and assisted conception

Bruce Frantzis 19–20 Oct 2011

Safeguarding your health and protecting your qi

Daverick Leggett 8 Nov 2011

Nutrition in action

Jill Glover and Mick

Tomlinson 17 Nov 2011

Create your ideal acupuncture practice

Meet fellow practitioners and develop your knowledge – keep your eyes open for our next CPD events mailer being sent out end of April 2011

Book and pay online at cicm.org.uk or call Silvia Hovancova on **0118 950 8880**



Diploma in tui na Our next one-year *tui na* (Chinese therapeutic massage) course starts 14 Jan 2011 • For details or to apply please email the course registrar silvia.hovancova@cicm.org.uk

Acupuncture solution (page 34) Bladder Channel Choppy Damp Ear Fu Heart Heat Hip Intestine Joy Jingshen Leg Metal Mouth Moxibustion Mu Pain Practice Qi Taiyang Tao Tear Toe Treatment Tui na Wind Xie Yin

The College of Integrated Chinese Medicine offers training in the art and science of Chinese medicine



There are two main styles of acupuncture practised in the UK, **Five Element** acupuncture and **TCM**. What makes our BSc degree course special is the combining, in one training, of both styles of treatment – by teachers experienced in their **integration**.

We also offer a one-year diploma in **tui na**.

And we keep in touch with our graduates and others when they come to the College to take advantage of our innovative and diverse programme of **continuing professional development** workshops and seminars.



We are committed to training competent, confident practitioners in a supportive and friendly environment where learning is made as natural and enjoyable as possible.

And we place strong emphasis on the quality and practical experience of our teaching staff, many of whom have been involved since the College was created in 1993.



Two elegant Georgian buildings in the centre of Reading, Berkshire provide ample space for teaching and learning as well as a **public clinic** which has seventeen treatment rooms staffed by students during their clinical training, and by qualified practitioners at other times.

To find out more about the training we offer, or about using the College clinic call **0118 950 8880** or go to **cicm.org.uk**



College of Integrated Chinese Medicine

19 Castle Street Reading Berkshire RG1 7SB
t 0118 950 8880 e info@cicm.org.uk

in collaboration with
Kingston University London