

Reviews

Acupuncture in Practice: Beyond Points and Meridians

Anthony Campbell

Paperback, Pages: 178, Price: £15.99
Butterworth-Heinemann, Oxford 2001
ISBN 0-7506-5242-X

I wish that this book had been published when I finished my basic course in acupuncture. It would have answered so many questions when I first started using acupuncture in clinical practice. It is a practical manual supported with logical explanations from which all acupuncturists will benefit.

The author pays tribute to the traditional school of acupuncture with great respect, but quickly moves on from the didactic Eastern theories to reasoned modern acupuncture, expounding on the theories of action. The risks, principles of treatment, and choosing where to needle, form a general introduction to the second half of the book, which deals with the anatomical regions of the body. This is no cookbook, but instead properly describes the core principles of patient examination and positioning for treatment, needling sites and techniques. Some favourite techniques such as periosteal pecking and

needling the cervical articular column are well explained by the author with personal examples.

You can almost imagine that Anthony Campbell is with you when you read his book. His personal account and examples almost defines the limits of his own knowledge: If he finds something does not work (bearing in mind his long career in acupuncture practice and teaching) – he says so with frank honesty. He is not keen on auriculotherapy, electrotherapy, lasers or point detectors, and explains why. Acupuncture point LR3 is still a great favourite for generalised stimulation.

A new book is also a good platform to introduce a new concept: the acupuncture treatment area (ATA) – ‘a site anywhere in the body at which needles may be inserted to produce a therapeutic effect...’. Why didn’t I think of that? Another nail in the coffin for meridians and acupuncture points! The concept of the ATA is actually quite sensible, and not surprisingly forms a substantial component of the book.

Written in a very relaxed style, you can easily read this book cover to cover. The old cliché – essential for your practice bookshelf – is never truer for this slim volume, which comes highly recommended.

Colin Lewis

Agopuntura: Evidenze cliniche e sperimentali aspetti; legislativi e diffusione in Italia.

Edited by GB Allais, CM Giovanardi, R Pulcri, PE Quirico, M Romoli, L Sotte.

FISA (Federazione Italiana delle Società di Agopuntura)

Hardback, Pages: xiv + 169, Price: €21.30
Casa Editrice Ambrosiana, Milano 2000
ISBN 88-408-1029-3

Probably few British medical acupuncture practitioners know much about the acupuncture scene in Italy; this book remedies that deficiency.

It has two aims. It provides an overview of acupuncture for Italian doctors who are unfamiliar with the subject, and it summarizes the present legal and educational position of acupuncture in Italy. Its relevance is primarily to Italian doctors but it has interest for British readers too, since we, like the Italians, may soon need to adapt to new acupuncture legislation. Both the similarities and the differences between our respective situations are instructive.

The first part of the book describes the historical origins of acupuncture; acupuncture techniques, effects and mechanisms; and reviews clinical evidence for use of the technique in

various classes of disorder (musculo-skeletal, bronchopulmonary, gastroenterological, and so on). Fairly extensive reference sections are provided for these topics. The second part is concerned with the status of acupuncture in Italy today.

The legal position of acupuncture in Italy is evidently in a state of flux, much as it is in Britain. FISA takes the view that acupuncture should be practised by doctors only, which seems to be the case at present, but definitive regulation is still awaited; some cases that came to court are discussed in this connection. But if doctors are to practise acupuncture they require training, since the technique does not figure in the ordinary medical curriculum. Acupuncture training schools began to be established in Italy in the 1970s and were initially purely traditional in character, though in the last ten years other schools have appeared which are more eclectic and include training in (presumably Chinese) pharmacology, massage, and "Chinese medical gymnastics". There is a distinction between traditional and modern versions of acupuncture, but the difference between the two approaches seems to be a little blurred, and to complicate matters still further there are two types of traditional acupuncture in Italy. One is described as "European traditional" and derives from the importation of Chinese and Indochinese ideas shortly after the second world war; this version was later supplemented by

Chinese influences arriving in the wake of the Cultural Revolution. The other type, more recently introduced into Italy, derives directly or indirectly from the Chinese University of Traditional Chinese Medicine.

The older courses in Italy mostly lasted 3 years; more recent courses are generally 4 years in duration and "are structured in accordance with European norms". These courses are approved by FISA and provide at least 360 hours' instruction; they appear to include a good deal of traditional acupuncture. There is an examination at the end of each year which students must pass in order to proceed to the following year. At the end of the course students present a thesis before an examination board consisting of two representatives from their own college plus an external assessor from another college that adheres to the FISA requirements. Perhaps not surprisingly, other organizations have set up some shorter training courses for doctors.

Continuing professional education is also receiving attention. Many acupuncture colleges have instituted programmes to update the qualifications of students who trained under the old 3-year scheme and now require to complete or deepen their knowledge.

The book concludes with a review of acupuncture sites on the Internet; the BMAS site is listed.

Anthony Campbell

The Homeopathic Conversation

The art of taking the case

Brian Kaplan

Paperback, Pages: 223, Price: £14.99
Natural Medicine Press, London 2002
ISBN 1-903952-00-X

Why is a book about the art of taking relevant histories from patients with a view to homeopathic treatment, featured in a journal dedicated to acupuncture? Many of the journal's readers also practice homeopathy, but the skills of good history taking apply to all branches of medicine both orthodox and complementary. I am

no homeopathic practitioner, but Kaplan's voyage of personal discovery has led him from a classical orthodox medical training to a very fulfilled holistic practitioner. The book has wide appeal for any practitioner who consults with patients. Kaplan is a 'people's person' and draws instant rapport in his writing.

As a medical student and young doctor, Kaplan was appalled by the lack of teaching about communication. In his view, the general emphasis was on mechanistic diagnosis rather than acquiring skills in talking to patients. Having qualified without counselling skills or knowledge of holistic medicine, inspiration and a future career path was sparked off by reading Gordon

Ross's *Homeopathy: An Introductory Guide*. Kaplan then left Africa and joined the Faculty of homeopathy in London, where he discovered fabulous teachers and the classic writings on homeopathy. Enthused by the rush of taking the case, his horizons are further widened by sitting in with the gurus, and studying psychology, psychoanalysis and psychotherapy as part of the understanding and involvement with his patients. There is a sense of detective work with his rapport with patients: Tempted to prescribe *Natrum muriaticum*, but not quite sure? Then ask your male patient – 'At a urinal are you able to pass urine if there are several other men present or do you sometimes have to use a cubicle?' If the answer is yes, then your patient will certainly benefit from the above homeopathic remedy. Effective communication will result in the prescription of the most appropriate homeopathic remedy. Kaplan's mantra for inspiration is to remember: *Physician heal thyself* (Biblical), *Know yourself* (Hahnemann), and *Be yourself* (Rogers).

I am envious of the time Kaplan had to devote to reading the classic tomes, attend lectures and sit in with so many experts in different disciplines. The fact that the book centres on homeopathic approaches does not matter (you will not learn much about the art of homeopathy), but a brief reference to acupuncture suggests that the author thinks there is far more objectivity in acupuncture diagnosis compared with homeopathy.

There are plenty of examples and quotes, and chapters cover special groups of patients such as children and even doctors, and homeopaths!

The real test of course is to see how readily the concepts translate into clinical practice, and I was pleased to see developing, in my rushed consultations of general medicine and acupuncture, a better bond of understanding between my patients and myself. There are plenty of tips on how to obtain the right information from patients and how to get to know them better. Read the book – you will be a better medical acupuncturist as a result.

Colin Lewis

The Neurochemical Basis of Pain Relief by Acupuncture 2

Jisheng Han

Hardback, Pages: 783, Price: \$60.00
Hubei Science and Technology Press, China 1998
ISBN 7-5352-2199-8

Available from:
<http://redwingbooks.com/products/books/NeuBasPaiRelAcu2.cfm>

Early on in treatment, my patients often ask two questions: 'How did you get involved in acupuncture originally?' and 'How does acupuncture work?' My response varies, depending on the patient, but I generally answer the first by saying that I was doing massage before, and wanted to find something that exercised my mind as well as my hands and intuition. The second question I find more difficult, because of course we do not know how anything works, only how we think it works. And so I usually give them two versions – the TCM and

the neurophysiological or neurochemical.

For anyone who wants both to exercise their minds and find out 'how acupuncture works' (particularly electroacupuncture, EA) according to the foremost Chinese neuroscientist currently engaged in acupuncture research, this book is an extraordinary gift. Most acupuncture books are derivative, based on generations of clinical experience and a long lineage of canonical texts. This one, heftier than most clinical textbooks, is original and altogether unique (except for the first volume with the same title, published in 1987 by Beijing Medical University).

This volume contains English language reprints or abstracts of over 140 studies charting the development of Professor Han's work since 1987, in many areas. As such, it is not a memoir, a précis, or a popularisation, but allows us the privilege of sharing in the richness, excitement and frustration of scientific exploration, right at the cutting edge.

The book is divided into nine main sections: (1) frequency dependence of EA-induced opioid analgesia, (2) the CNS pathways for low- and

high-frequency EA-induced analgesia, (3) the meso-limbic loop of analgesia, (4) central CCK-8 and its role in determining the efficacy of EA analgesia (EAA), (5) anti-opioid peptides other than CCK-8, (6) dynorphin: analgesic versus paralytic effect, (7) Han's acupoint nerve stimulator (HANS) for pain control and for the treatment of heroin addiction, (8) opioid modulation of cardiovascular activities, and (9) summary.

Nowhere else will you find such a vast collection of high quality research papers on acupuncture in one place, whether clinical or experimental, from the West or the Far East. The only other one that comes to mind is Chifuyu Takeshige's *Synaptic Transmission in Acupuncture Analgesia*.¹ In the western acupuncture community, it has become a comfortable cliché that Chinese research is poorly conducted, poorly reported, and poorly translated. This book shows us how very wrong we are, at least where experimental acupuncture research is concerned.

Whether you love science or hate it, whether

you know little or think you know everything there is to know about acupuncture, whether you abhor or condone animal experimentation, this is a book that will broaden your horizons. It is readable by anyone with a modicum of scientific background and motivation, and will nourish not only the mind but clinical practice as well.

Professor Han's group at Beijing Medical University's Neuroscience Research Institute has been investigating the mechanisms of acupuncture tirelessly for nearly fifty years. I wish him long life and good health, and look forward in a few years time to a third volume in this monumental contribution to the integration of Oriental medicine with Western science.

David Mayor

Reference

1. Takeshige C. *Synaptic Transmission in Acupuncture Analgesia*. Tokyo: Showa University School of Medicine Department of Physiology; 1992.

Natural Eye Care - A comprehensive Manual for Practitioners of Oriental Medicine

Marc Grossman and Michael Edson

Paperback, Pages: 230, Price: \$39.95

Vision Works, New York 2002

www.visionworksusa.com

Sensibly, and early in the book, the authors make it clear that the book is not intended as medical advice, but for information and education aimed at traditional Chinese acupuncturists. It has the appearance of a practical spiral-bound service-manual with lots of chapters and appendices relating to about twenty eye conditions. Both authors are experienced traditional acupuncturists: one is an optician (actually a behavioural optometrist) and the other is a martial arts buff.

Oriental practitioners with no knowledge of eye disease will be pleased with the basic account of eye anatomy, the problems of visual disturbances and descriptions of some specific

diseases. Treatment is recommended for each condition in terms of orthodox and complementary approaches that include eye exercises, diet, nutrients, herbs, and acupuncture. Such a holistic approach does open a wide range of treatment options for some 'difficult to treat' eye problems. There is an excellent chapter on visual hygiene and looking after the eyes.

As a medical practitioner I am wary of treating eye disease, and have a low threshold for referral to a specialist. Isolated infective conjunctivitis demands antibiotic ointment (having excluded a dendritic ulcer), and so I felt a little uneasy about being advised to apply yoghurt to the eye, with camomile eye washes. In the section on chronic open angle glaucoma, advice is given: "Patients must be told to evaluate how they feel after beginning any medication or herbal formula and report any changes. These changes will give the practitioner information on how to adjust the medication or formula if necessary." I would suggest that only a specialist with knowledge of ophthalmology and equipment to measure

intraocular pressure should be allowed to tinker with ophthalmic medical treatment. It worries me that this book may give too much confidence to Oriental medicine practitioners by suggesting recipes of treatment without thoroughly understanding the clinical basis of the problem. The scientific evidence base for treating the conditions described in the book such as refractive disorders, macular degeneration, defective colour vision, amblyopia, ptosis, floaters, chalazion, retinitis pigmentosa, and cataracts with complementary techniques is virtually non-existent, yet each of these diagnoses is supported by recipes and treatment protocols. Appendix 11 of the book summarises 10 weak studies, and appendix 18 lists 17 journal titles but no abstracts or critiques. Appendix 14 – miscellaneous information – says that “When we sleep, the eyes

close, the blood enters the liver (which governs the eyes) and this is why when we wake up we can see clearly again. The blood has been renewed.” An eastern interpretation maybe, but totally meaningless in western terms, which makes it difficult to bring together East and West.

Because of the simplistic medical descriptions and the lack of scientific evidence to justify the treatment regimes listed this book will disappoint doctors practising acupuncture, but to be fair, the book is not targeted at them. The protocols may be worth a try particularly when conventional medicine has little to offer. For traditional Chinese practitioners however, the book represents a wealth of well-organised material, but care must be taken to realise limitations in their ability to assess and monitor eye disease.

Colin Lewis

Qpuncture II

CD-ROM, Price: \$199

Qpuncture, Los Angeles 2001

www.qpuncture.com

info@qpuncture.com

Content:

Acupuncture, auriculotherapy and herb reference guide, covering acupuncture principles in traditional terms, point location, and clinical use.

The former version of this software was reviewed in January 2001 as *Acupuncture made simple* - I was impressed by the clever use of multimedia with animated 3D graphics. This version (QP2) contains a number of significant improvements.

I was unable to load the program onto my AMD Athlon 1.33MHz computer because of a clash between my existing Nero CD-burning program and the QP2 security cd-key system. Although the installation program copies most of the CD into a folder of 521mB, you cannot run the QP2 program without the QP2 CD in the disk drive. Installation on my Celeron 600 laptop did work although it took 15 minutes to copy all the files over, but at least entering the long serial number did work without program conflict. The

accompanying user's guide is very brief at 15 pages, but the program is so intuitive and easy to navigate, that it is hardly necessary, and there is no help facility once the program is running.

The opening screen shows a handsome acupuncture needle graphic, and the navigation title bar has the following labels: **File** (to exit the program), **Principle** (covering fundamental concepts of oriental medicine, tongue (100 pictures) and pulse diagnosis (28 pulses), needling techniques (rather scant), and measuring methods), **Acupuncture** (Channel theory and meridian description, detailed descriptions of 361 acupuncture points-see below), **Pain Clinic** (covering clinical descriptions in western terms of a number of illnesses, with a TCM interpretation and suggested points for treatment). **Auriculo-therapy** is a new addition to the program showing the ear points superimposed over graphics of the representative body parts within the ear (Nogier would be very proud!). Again, the anatomy of point location is complemented by clinical disorders with suggested treatment points for a wide variety of conditions (86). The **Herb** section is also new, with 800 pictures of 200 herbs, and in the same style that correlates the herbs to clinical applications.

Navigation is very simple and allows you to jump from topic to topic, using any menu. The

200 3D animations are delightful, showing where the needle is placed for most points. The 2D graphics for each point shows the clear location with an option to highlight the surface, muscle, bone, artery and nerve relationships to that point. At anytime it is possible to print out the screen information. To complete the easy navigation there is a search function. Entering 'fatigue' returned a list of over 50 pages where the word was displayed highlighted in green. This edition allows the program to be minimised, so that you can keep it running in the background whilst other tasks are carried out.

There were only a few dislikes about the program. The initial security checks (copy protection) are over the top, and increase the chances of program malfunction. The title 'pain clinic' is a misnomer, and should be labelled just 'clinic'. If your sound is enabled, you will quickly tire of the 'boop' sound each time you click over an acupuncture point. The 3D animations last only 5 seconds, and it is difficult at times to see how far the needle penetrates the skin. There is very little reference, as in the previous edition, to western acupuncture such as trigger points or segmental theory. This software is very much for traditional

acupuncturists.

QP2 is a significant advance over *Acupuncture made simple* in terms of increased content, stylish displays, and no-nonsense navigation. A version aimed at scientific, western or medical acupuncturists, detailing trigger points, segmental approaches, neuropharmacology and functional MRI scanning, would be very welcome.

Rating:

Presentation 10/10

Content (traditional Chinese acupuncture) 9.5/10

Content (medical acupuncture) 3/10

Ease of use 10/10

System requirements:

Pentium II 300MHz CPU, Windows 95, 32mb RAM, 600mb Hard Disk space, CD-ROM drive, mouse or pointing device, monitor display 800x600 (16 bit colour) and 1024x768 recommended for Q-Chart.

Also available for the MAC (OS 8, 9, X)

Reviewed:

21st May 2002

Colin Lewis

Cefar Acus 4

Electroacupuncture stimulator by Cefar

Price: £350 approx

Available from:

Scarborough's

Tel: 01460 72072

<http://www.cefar.se/default.htm>

I acquired my first electroacupuncture stimulator just three months after my first acupuncture course. This is a reflection perhaps of my affinity for gadgets, but also of the availability of funding and an RAF station commander with chronic rotator cuff pain as a patient. That first stimulator was relatively expensive, and had a digital display of frequency that appealed to the technophile in me. It was not long before I started to work in an established acupuncture clinic, where the gadgetry was what I like to describe as more

'authentic'! The machines were older with oriental script, they rattled and often delivered an output at odds with what was indicated on the dials, but they seemed to work just as well. I noted that with all the stimulators I tried, it was the high frequency of the dense dispersed mode that limited the maximum stimulus intensity. This probably did not matter for most patients, but with the more sensitive individuals I noticed that they could often barely feel the low frequency phase. I worried that this would not give the optimal sustained effect, so with these patients I reverted to a single or mixed low frequency mode. I often thought to myself that it would be good if a manufacturer produced a stimulator that allowed separate alteration of intensity with the individual frequencies.

Some years later, during a social evening with a Swedish researcher, I had the opportunity to test the Cefar Acus II. This was the first machine to

Equipment Review

allow a dense dispersed output with different amplitudes at the two frequencies. I tested the tolerance of my left tibialis anterior at both high and low frequencies, blinded to the output, and was surprised to find that the display read the same figure each time for each frequency setting. Eventually it dawned on me. This stimulator controlled the output current precisely, and the display gave a reading in milliamperes. Every other stimulator I had tested had an output dial that controlled voltage rather than current. As the impedance of the human body varies with frequency, being lowest at about 50Hz, the same voltage output would result in more current flowing at high frequency than at low frequency. Ironically, the first stimulator to allow different amplitudes to be set at two frequencies (dense dispersed mode), by virtue of controlling current output rather than voltage, negated the requirement for this flexibility.

The latest stimulator from the Cefar stable is the Acus 4. It is nearly half the price of its fully programmable older brother the Acus II. It has nine preset modes, four outputs, a thirty-minute timer and large digital display. Like the Acus II,

the output is controlled in 0.1mA steps by push button controls. In dense dispersed modes the output is controlled individually for each frequency, starting with the higher frequency. After setting the high frequency output the display drops to zero, the mA icon flashes, and the low frequency output can be set. Both settings can be altered at any time during the treatment.

I have used the Acus 4 on several clinic days. The patients find it easy to use and very comfortable. I have been able to use electroacupuncture on several 'sensitive' patients, on whom I would normally only use gentle manual needling, and they have 'enjoyed the experience'.

The Acus 4 is a fantastic stimulator. It probably will not result in greater efficacy than any other stimulator, but it will certainly allow patients to be treated who would not normally be considered as candidates for electroacupuncture. After using the Cefar stimulators, I will be very reluctant to return to stimulators with dials that adjust output voltage. At around £350, the Acus 4 is undoubtedly, in this reviewer's opinion, the best buy on the market.

Mike Cummings



The neurochemical basis of pain relief by acupuncture 2

David Mayor

Acupunct Med 2002 20: 144-145
doi: 10.1136/aim.20.2-3.144

Updated information and services can be found at:
<http://aim.bmj.com/content/20/2-3/144.citation>

Email alerting service

These include:

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Acupuncture in Practice book. Read reviews from world's largest community for readers. A practical manual describing the principles and practice of modern acupuncture. This book frees the practitioner from dependence on rule of thumb and builds on existing clinical knowledge. Demystifying the needling process, this book demonstrates quick but effective treatment of those disorders for which acupuncture is suitable. Contents 1. HOW TO LEARN ACUPUNCTURE: Learning acupuncture; The thinking practitioner's version of acupuncture; 2. THE TRADITIONAL VERSION: The basic concepts; Treatment according to the traditional system; Traditional acupuncture in the light of modern knowledge. Five Elements Poster 24 X 36 Acupuncture Points Poster. Home | Contact Us | SiteMap. Company.

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