MERIDIAN WORLDWIDE

April 2013

Newsletter of the

International Acupuncture Association

of Physical Therapists

Editors:

Charles Liggins

Val Hopwood

Contents:

Letter from the Chair,

Acting Secretary / Treasurer, Lucy Ireland, & I recently attended the WCPT Leadership Forum in London. There were representatives from all sub-groups. The 2-day meeting was very busy with brainstorming & information sharing. Among the topics for discussion were strategic planning, membership engagement & growth, communication strategies, developing our sub-group identity & brand, website improvements, financial planning for sustainability, policy development & implementation, updating the constitution & WCPT Congress 2015 in Singapore. We left the forum full of enthusiasm with the support from the other sub-groups.

As you will read elsewhere in the newsletter, 4 members of the executive committee met in London and have decided to keep the membership paid until June 30, 2014. We currently have 12 paid country members and 2 private members.

I would like to remind all member country representatives that a short summary of activities is requested for each newsletter. The newsletter is intended to be a sharing & collaborative effort of all members, informing the others of activities in each country. Please consider sending an update to either Charles or Val for the next newsletter.

WCPT Congress 2015 is in the planning stages. The committee has submitted a request for a formal IAAPT education session (about 1 hour), a breakfast meeting to include a short education session (about ½ hour) and our AGM. The committee is requesting that anyone interested in presenting an interesting acupuncture topic at either of these sessions to contact me directly. Let's make attending WCPT 2015 in Singapore interesting for all acupuncture members.

Respectfully submitted,
Susan Putney
Chair IAAPT

EXECUTIVE COMMITTEE VACANCY:

We are currently looking for someone to step into the position of Secretary / Treasurer as Lucy Ireland has already extended her term twice. AT WCPT 2007, we combined the roles of Secretary & Treasurer as there is not a great deal of work in either role. The main banking is centralized in London UK, so it does not matter where you live. The term is generally 4 years, ending at the next WCPT Congress. However, it would be nice if someone would agree to a 6 year term ending at WCPT 2019.

If you would be interested in participating on the committee in either of these roles or have any questions, please contact me directly.

Susan Putney
Chair IAAPT

IAAPT Executive Committee

Chair: Susan Putney susanputney@saintelizabeth.com

Secretary/Treasurer: Lucy Ireland lucyflo@xtra.co.nz

Education Rep: Karen Keith karen.keith@gmail.com

Newsletter Editor: Charles Liggins charles.liggins5@gmail.com

Newsletter Sub-Editor: Val Hopwood val.hopwood@btinternet.com

Education Rep: Karen Keith karen.keith@gmail.com

Members-at-Large:

Mary Pender mary.pender@ucd.ie

Sheelagh McNeill Sheemac@eircom.net

Apostolos G Kairis apostolos@kairis.gr

George Georgoudis gg@hol.gr

MERIDIAN WORLDWIDE

EDITORIAL (Charles Liggins)

It appears such a long time since the last edition of Meridian Worldwide was sent out to member countries. This has been mainly due to lack of material from members countries to put an interesting newsletter together. However , recently, I received some interesting case studies from one of the member countries and one of our South African members submitted an article on Woman's Health so these contributions formed a firm basis for compilation of this edition. However I am still appealing to member countries to send any topics of interest related to acupuncture so we can make Meridian Worldwide an interesting read.

News from South Africa

Members of IAAPT will be aware of the need to enhance knowledge and keep up to date hence the requirement for Continuing Professional Development (CPD) courses. For quite a long time the South African Physiotherapists Acupuncture Group did not have their parent Society's permission to run such courses However permission has now been granted. We have plans to start these courses later in the year and we are appealing to members to let us know what subjects they would like so that we can compile a programme.

We are constantly receiving enquiries from physiotherapists who wish to do an acupuncture course, however, at present, the only recognised acupuncture course in South Africa is run at the University of the Western Cape, it is of five years duration and study is full time. It is obvious that physiotherapists will not want to go back to such a long period of study so our group (APGSASP) approached our society (SASP) to initiate an 80 hour Foundation Course for physiotherapists in South Africa. This type of course is well established in the United Kingdom and several other countries. A motivation and detailed programme for the course was submitted to the SASP for consideration at their meeting held in November (2012). Unfortunately the Society turned down our request because of its Chinese Medicine content. I subsequently explained to the Consultant of the Society that the course would concentrate on modern developments (the scientific explanations on how acupuncture works) though it was necessary, in parts of the course, to include the historical aspects of acupuncture and how it had developed into a very useful form of therapy, the physiological mechanisms of which can now be explained scientifically due to the vast amount of research that has been carried out on the subject in recent years. The Foundation Course we envisage will concentrate on the modern scientific explanations of how acupuncture works. The most recent development with regard to our request is that

the SASP has sent the details of our requested course to Susan Putney (Chairperson) for the opinion of IAAPT. To date no further information has been received, however IAAPT is having a meeting in the UK during March so we hope that IAAPT will give their support to our request.

A while ago I attended a Women's Health Group meeting here in Durban (why, you might say, did Charles attend such a meeting?) – Well the lecture was presented by one of our committee members Colleen McGrath , who did her acupuncture training in the UK under the tutelage of Valerie Hopwood of Coventry University and the subject was acupuncture! The title being: The Role of Acupuncture in Women's Health. Colleen has kindly given me the details of her lecture and her permission to include it in our own newsletter and also in Meridian Worldwide. It is long and very detailed but is full of very important information with regard to various aspects of women's health.

THE ROLE OF ACUPUNCTURE IN WOMEN'S HEALTH

(Notes by Colleen McGrath)

WHEN IS ACUPUNCTURE USEFUL?

MENSTRUAL PROBLEMS

Menorrhagia (heavy periods)
Dysmenorrhoea (painful) periods
PMS (pre-menstrual syndrome)
Abnormal uterine bleeding
Thrush infections
Headaches and migraines
Amenorrhoea (absence of periods)
Oligomenorrhoea (irregular periods)

GYNAECOLOGICAL PROBLEMS

PCOS (polycystic ovarian syndrome)
PID (Pelvic inflammatory disorder)
Endometriosis
Vaginitis
Thrush infections

PREGNANCY

Sacro-iliac joint dysfunction
Heartburn
Low back pain
Sciatica
Haemorrhoids
Carpal tunnel symptoms
Constipation
Morning sickness
Leg cramps

LABOUR

Wellbeing and preparation
(during last month)
Breech presentation
Pain relief

POST NATAL

Breast feeding issues
Post Natal Depression
Prolonged bleeding

MENOPAUSE

Hot flushes
Sleep disturbances
Urinary incontinence
Cystitis
Dizziness
Palpitations
Headaches
Fatigue
Mood changes

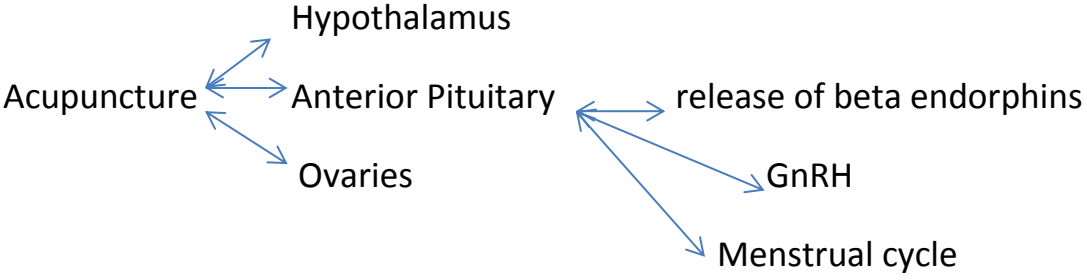
INFERTILITY

Unexplained Primary or Secondary
Irregular ovulation
Anovulation
High FSH
Luteal Phase Defect
Assistance in IVF, GIFT etc
(Male infertility)

OTHER

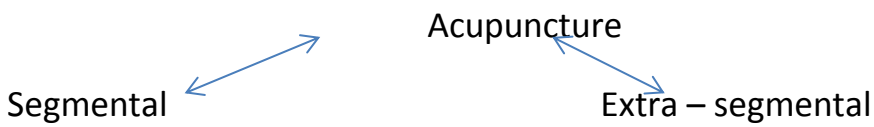
Urinary tract infections and cystitis
Urinary and stress incontinence
Pelvic pain

THE ENDOCRINE SYSTEM



Therefore it is logical to hypothesise that acupuncture may influence ovulation and fertility.

THE PHYSIOLOGICAL MECHANISMS



Central Control

- Nociceptive
- Autonomic
- Endocrine
- Immune

Needle Insertion produces:

Neuropeptide release

Vasodilatory effect

Increased blood flow

All of which have a potential effect on the heart, ovaries and the uterus.

STRESS

Adversely affects immune and endocrine systems

HPA axis activity

Adrenals overworked

Disruption of menstrual regularity

Adrenalin levels

Inhibits progesterone utilisation

Bloodflow is diverted from Uterus and ovaries

Acupuncture stimulates oxytocin which has an Anti-stress effect and Induces long term elevation of pain threshold

The ovary is a highly vascularised organ. Maintenance of a high blood flow is necessary for normal ovulatory function. Sympathetic nerves appear to be distinctly involved in control of ovulation

These factors are important in conditions like PCOS and infertility

ELECTRO ACUPUNCTURE

Recent research has shown that treatment with electro-acupuncture EA of low frequency is successful with inducing regular ovulation in women with PCOS anovulation.

Other studies have shown that EA is effective in improving ovarian blood flow as a reflex via the ovarian sympathetic nerves.

With unexplained infertility it has been found that these women often present with a high ovarian and uterine artery blood flow impedance.

Numerous studies have found that EA can reduce this impedance thus improving uterine blood flow and increasing endometrial thickening and receptivity.

It is suggested that this effect of acupuncture is due to a central inhibition of the sympathetic activity.

CHINESE MEDICINE

WESTERN MODEL	TRADITIONAL MODEL
Egg and embryo	Jing or essence
Influence of sex hormones	Kidney Yin and Kidney Yang
Influence of Hypothalamus and Pituitary	Heart
Uterus, ovaries and fallopian tubes, Endometrium	Uterus
Blood	Spleen and Liver

The Meridians pertinent to Women's Health

Kidney	Conception Vessel
Liver	Governing Vessel

Spleen	Penetrating Vessel
Heart	Directing Vessel

With the exception of the Heart, the pathways of all these meridians pass through the pelvis.

The Kidney

*Origin of the menstrual blood

*Influences puberty, fertility, conception, pregnancy and menopause

*Influences hormone and endocrine

*Nourishment of egg and embryo

*Influences Bone therefore important with Low Back Pain, arthritis, osteoporosis.

*Governs Water and influences the flow of urine and Bladder function eg cystitis, incontinence.

*Water balance accounts for oedema in legs during pregnancy or during menstrual cycle

The Liver

*Stores blood and moves it to the uterus

*Prime role in menstruation and fertility

*Deficiency of Liver Blood leads to amenorrhoea and oligomenorrhoea

*Ensures free flow of Blood and Qi and a prime role in menstruation, especially premenstrual therefore important in PMS and headaches

*If stasis leads to stagnation then causes clots and cysts therefore important in Dysmenorrhoea, Fibroids, Cysts, painful breasts, endometriosis and PCOS

*Governs the genitals

The Spleen

*Makes and moves Blood which is then stored in the Liver

*Needs good digestion therefore diet is important

*Has an ascending function and holds the Blood

*Failure to hold blood causes spotting during period or miscarriage during pregnancy

*Spleen sinking causes heavy and irregular periods

*Sinking Qi causes prolapse of the uterus and bladder

*Prone to damp (slow digestion/diarrhoea/weight gain/thyroid problems)

*Retention of dampness causes bleeding problems and haemorrhoids as well as susceptibility to bruising.

The Heart

*Governs Blood

*Is connected to the Uterus

*Connection between the Heart, Uterus and menstruation explains the strong influence of emotional stress on menstruation and fertility

*The Heart houses the Mind and mental-emotional links influence the central control of the Hypothalamus and hormone mechanisms

*Deficiency of blood in the Uterus after childbirth can affect the heart and cause depression

The Extra-Ordinary Meridians

CV Conception Vessel (Ren Mai)

GV Governor Vessel (Du Mai)

PV Penetrating Vessel (Chong Mai)

DV Directing Vessel

These meridians control, regulate and join the 12 main meridians, therefore strengthen their connection

They are not associated with an organ like the 12 main meridians are but they have a relationship to BODY FUNCTIONS

Associated with the brain and spinal cord, hormonal control, the genitalia, the circulatory system and the musculoskeletal system

They are useful in the treatment of internal visceral dysfunction and systemic intervention

Research and Clinical Evidence

Treatment of Incontinence, scientific research and Acupuncture practice

Chronic pelvic pain treated with Dry Needling and Western Medical Acupuncture

Low frequency EA and physical exercise decrease HMSNA In PCOS

Research and Clinical Evidence

Treatment of incontinence, scientific research and Acupuncture practice

Incontinence; The Bladder receives:

1. Sympathetic innervation from L1 and L2

2. Parasympathetic from S2-4

Emptying the bladder happens when Acetylcholine is released from the preganglionic nerves of S2-4 which stimulates contraction of the detrusor muscle.**Stimulation of the sacral nerves** involved in urination has been frequently explored in research aimed at alleviating incontinence.

Butler Lee (2011) 'The Treatment of Urinary Incontinence and Frequency of Urination: How modern scientific research can inform Traditional Acupuncture Practice – J. Chinese Medicine 95 52-57

*Kegel Exercises

*TENS over S3 continuous over a 24 hour period (Hasan 1996; Moore 1005)

*Interferential (IF) over the third sacral foramen and the seated buttock (low frequency and low amplitude) for 6-12 sessions (Laycock and Green 1988)

*Implants embedded into the skin at S1-3 for 6 months (Schmidt et al 1999)

Results

Kegel exercises

Poor patient compliance and in a number of cases patients we practising a form of Kegels that might actually promote incontinence. However with the correct technique and

compliance, Kegels can be effective, are easy to implement and are low cost and the least invasive intervention

TENS

Studies produced mixed results, limitation being attributed to the severity of the symptoms.

Interferential

It was found to be safe and effective but that once the treatment was discontinued the symptoms returned.

Implants

Significant improvement was maintained for 18 months.

PTNS (Percutaneous Tibial Nerve Stimulation)

Several studies have found that stimulation of the tibial nerve can improve Bladder function and alleviate incontinence with long term relief experienced (Zinkgraf et al 2009; Peters et al 2009; Van Balken et al 2004).

Needle inserted 3-4 cms superior to the medial malleolus between the posterior margin of the tibia and soleus. A stick on electrode was placed on the same leg near the arch of the foot. The needle and electrode were connected to a low voltage stimulator of low frequency setting and the amplitude increased until the big toe started to curl or the toes fan.

A Comparison with Traditional Acupuncture

It is worth noting that commonly selected acupuncture points for Urinary incontinence are located over the sacral region and over the tibial nerve of the lower leg.

Traditional points used in acupuncture are:

- Bl31 S1 sacral foramen
- Bl 32 S2 sacral foramen
- Bl33 S3 sacral foramen

Ki2 and Ki7 are two commonly used acupuncture points used for urinary incontinence together with electrical stimulation of low frequency and low intensity.

Interestingly, both these points lie over the tibial nerve path and locations used in the percutaneous tibial nerve stimulation, Ki2 is located on the medial side of the foot just below the navicular on the border between the red and white flesh. Ki7 is located 3-4 cms above the prominent point of the medial malleolus on the edge of the Achilles tendon.

A comparison with Chinese Medicine

The Bladder meridian is paired with the Kidney meridian and these paired meridians comprise the Water element. In Chinese Medicine urinary incontinence is seen as a deficiency of the Kidney and of the Spleen. If the Yang or Qi of the Kidney is weak, the control of the Yin orifice may be compromised leading to a leakage of urine or incontinence (McLean and Lyttleton 1998).

Ki7 is one of the most important points to strengthen the Kidney, it dominates the body fluids and regulates urination. In addition Ki7 stimulation has a stronger and more lasting effect if a low frequency/low intensity current is applied to the needle. Low intensity stimulation gives rise to reduced secretion of adrenalin, nor-adrenaline, ACTH and cortisol (Carlson et al 2002)

Ki2 regulates the Kidney and, as the Ying Spring point on the meridian, it has the primary role of draining deficient heat, the latter being associated with urinary incontinence.

Chronic Pelvic pain treated with Dry Needling and Western Medical Acupuncture.

Treatment of Pelvic Pain (Longbottom 2010)

Part 1 – Focussed on the use of trigger point needling (Dry Needling) in the management of chronic myofascial pelvic pain (CMPP).

Part 2 – Incorporates the use of Acupuncture Analgesia for the management of Chronic Pelvic Pain (CPP) through the use of the spinal segmental gate inhibitory mechanisms (local points) combined with supraspinal descending inhibitory pathways (distal points).

Part 1 CMPP treated with Dry Needling/Trigger Point Acupuncture

Myofascial pain (MP) arises from hyperirritable foci in muscle or related fascia which are referred to as myofascial trigger points (MTrPts). MP arises as a result of muscle injury,

overuse, repetitive strain or somatic influences on the sympathetic nervous system. If pain persists without relief it is referred to as the Myofascial Pain Syndrome (MPS).

For the successful management of MPS it is essential to identify all active TrPts from which pain is emanating and to de-activate these systematically. Whether using a Western approach – with focus on TrPts and neurophysiology – or a Traditional approach – using Ah Shi points and channels, it is essential to needle these points appropriately.

Many studies have shown that Ah Shi acupuncture or Dry Needling has been beneficial (Travell and Simons, Jarrel, Gerwin, Doggweiler etc)

A 2005 Cochrane review that assessed the effects of Ah Shi acupuncture for the treatment of non-specific low back pain, and dry needling for CMPP concluded that dry needling might be a useful adjunct to other therapies. However the authors did not find many high quality studies and called for more research of higher quality involving greater sample sizes.

Muscle	**Pain Referral Pattern**	**Other Diagnosis**
Rectus abdominus (upper)	Epigastric pain, quadrant pain on side of TP	Cholecystitis Gynaecological dysfunction
Rectus abdominus	Lower pelvic pain. SIJ	Dysmenorrhoea, Diverticulitis, Appendicitis Renal colic Stress incontinence
Pyramidalis	SPD	Hernia, Groin strain or Diastasis
External oblique	Heartburn, groin and Testicular pain	Hernia, Appendicitis
Levetor Ani Coccygeus	Coccyx pain, sacral pain genital pain	Coccydynia Interstitial cystitis
Adductor Magnus	Groin pain below inguinal ligament, anteromedial	Osteitis pubis, SPD Groin strain

	aspect of thigh, internal pelvic pain	
Piriformis	LBP, perineal pain during defaecation, dyspareunia, Impotence	S1 nerve root compression, SIj. hamstring, Pudendal Nerve

It is very important to differentiate the various potential causes of pain which may or may not have a myofascial component.

These could be:

Visceral pain	Adhesions
Endometriosis	Pelvic congestion
Dysmenorrhoea	Gastro-enterological
Urological	Psychological

Chronic Pelvic Pain Treated with Dry Needling and Western Medical Acupuncture

Complex pain presentations involve multiple structures, often extending beyond the site of injury which adds further dysfunctional feedback to the CNS.

Pain enhances psychological stress causing excitation of the Sensory Nervous System.

The use of acupuncture to treat mind as well as body may constitute a useful intervention in the management of such functional pain states.

The pelvis receives innervations from the ANS sympathetic branch T10 – L2 and parasympathetic branch S2 – 4.

Needling the appropriate segmental level will result in stimulation of inhibitory neurotransmitters from the dorsal horn.

A full understanding of the dermatome and myotome supply of the pelvis and pelvic floor is important when selecting acupuncture points.

Spinal	Bladder Points	GV Governor Vessel	CV Conception Vessel
T10	Bl19 Gallbladder	GV7	

T11	Bl20 Spleen	GV6	CV8 T10-T12
T12	Bl21 Stomach		
L1	Bl22 Sanjiao	GV5	CV7 L1-2
L2	Bl23 Kidney	GV4	
L3	Bl24	GV3	CV6
L4	Bl25 Large Int.	GV3	CV5
L5	Bl26		CV4
S1	Bl27 Small Int		CV3
S2	Bl28 Bladder		CV2
S3	Bl29		CV1
T10 – S3	Huatuojiaji	GV1	

Adding more points along the same dermatome that shares innervation with the pain tissue – but which are further away from the injury site (Bradnam 2001) – produces enhanced pain gate inhibition without aggravating the damaged tissue.

Thus Bl40 and Bl60 influence the dermatome, myotome and spinal nerve arising fromL5/S1

Front Mu Point	**Dermatome**	**Related Viscera**	**Sympathetic Innervation**
Liv14	T8	Liver	T8 - T11
GB24	T9	Gall Bladder	T8 – T11
Liv13	T11	Spleen	T8 –T11
Ren12	T8	Stomach	T5 – T11
St25	T10	Large Intestine	T8 – L2
GB25	T12	Kidney	T10 –L2
Ren4	L1	Small Intestine	T10 – L2
Ren3	L1- S4	Bladder	T11 L2, S2-4

Acupuncture achieved gradual pain relief and with the addition of traditional points produced improvement in sleep, anxiety and depression over a period of sessions.

Chronic Pelvic Pain is more common in women, and, although not well documented amongst men, it is seen in clinical practice.

RESEARCH AND CLINICAL EVIDENCE

Low frequency electro-acupuncture and physical exercise decreases HMSNA in PCOS (Polycystic Ovary Syndrome)

PCOS is an endocrine disorder associated with hyper-androgenism and ovulatory dysfunction.

This condition has an increased risk of metabolic disturbances eg:

hyperinsulinaemia and this insulin resistance can lead to diabetes.

Also associated with increased risk of hypertension and cardiovascular disease.

Research and Clinical Evidence

Stener-Victorin et al (2009) Low frequency electro-acupuncture and physical exercise decrease high muscle sympathetic nerve activity in PCOS – Am.J

Physiol Regul Intergr Comp Physiol 297: R387-395.

It has been shown PCOS is a condition associated with increased SNA sympathetic nerve activity and women with PCOS have a greater density of ovarian catecholaminergic nerve fibres and abnormal heart rate recovery after exercise.

It has been found that androgens were the strongest predictive factor for MSNA muscle sympathetic activity in women with PCOS. Also it has been suggested that abdominal mass (but not percentage body fat) has a correlation with MSNA.

There were three study groups – 1. Low frequency EA, 2. Physical exercise,

3, Untreated control group. Common core of measurements taken at the start and after 16 weeks of treatment were:

Anthropometric measurements, Biochemical Assays, Microneurography and Menstrual bleeding patterns.

Electro-Acupuncture Group – Acupuncture points selected were located bilaterally in the abdomen and below the knee in somatic segments according to innervations of the ovaries (T12 – L2, S2-4) with the aim of stimulation to modify both segmental and central SNA.

Additionally, points were selected bilaterally extra – segmental to the ovaries, below the elbow to strengthen and lengthen the effect on the CNS.

Electro-acupuncture at frequency of 2 Hz.

Physical Exercise Group – 30-45 minutes aerobic exercise 3 times a week with heart rate above 120.

Results

Low frequency EA and physical exercise significantly reduced MSNA.

Low frequency EA reduced saggital abdominal diameter, while physical exercise reduced BMI and body weight compared to the untreated group.

While there were no differences between the groups in haemodynamic, endocrine and metabolic variables, interestingly, analysis revealed that free testosterone was significantly reduced in the EA group but not in the exercise and control groups.

The EA group also reported a more regular bleeding pattern, which the other 2 groups did not experience.

Acupuncture Guidelines and Safety Protocol

Following medical assessment, and, if acupuncture is considered to be an appropriate treatment, the following steps should be taken:

*Clear explanation, consent, safety, patient and personal hygiene

*Single disposable needles – needle disposal

*Safe needling technique

*Careful accurate recording of points used – WHO selection guidelines

*Audit procedure

*Consideration of concurrent medications

Pregnancy

Extra care should be taken with selection of points at all times during pregnancy, particularly in the first and third trimester.

Care should be taken with regard to the intensity of the stimulation and strong DeQi and EA should be avoided.

Some protocols state certain points should be avoided at all times – including Liv 3, LI 4, Bl60 and Bl67.

In the first three months of pregnancy avoid lumbar-sacral points like UB31 – 34.

After three months avoid abdominal points like CV2,3 and St25.

Care should be taken at all times with the positioning of the patient.

Conclusion

There is a growing scientific evidence base supporting the use of acupuncture for the treatment of women's health problems and many women are turning to acupuncture as a stand-alone treatment or in conjunction with Western medicine management.

Acupuncture is a safe intervention and can have short and long term benefits.

NATIONAL CASE STUDY DAY, Dublin 2012

The following items were sent in by Mary Pender, they are taken from the Acupuncture Study Day which took place in Dublin and the following items presented by Chartered Physiotherapists were included in the session:

Case presentation by: Kari Hignett

Condition: BLEPHAROSPASM

History: 67 year old lady diagnosed with blepharospam in 2010. Saw an ophthalmologist in February 2011 and a neurologist who did Botox around the eyes in August 2011 and October 2011. She had previous treatment with a TCM practitioner and prior physiotherapy treatment through the cervical and thoracic spine (3 sessions) which were beneficial.

She presented with complaint/main findings: Tightness and involuntary muscle spasms bilaterally around the face, temporo-mandibular joint and throat. Ther was weight loss

secondary to difficulty in eating. X-ray of the neck revealed osteo-arthritic changes in the cervical spine (right C4-5, foraminal encroachment and left C5, 6, 7 foraminal encroachment) clinically causing loss of rotation to the left.

Principle of treatment: Western – the aim of acupuncture was to attempt to relax muscles of the face/head/throat.

Acupuncture Treatment

First treatment: GB20/20, HGJ C4 (right), HCJ C5 (left): needles retained for 20 minutes, qi elicited, X1 stimulation.

Second treatment: as above – immediate improvement in symptoms post session.

Third treatment: GB 20/20, GB 21/21, Bl10/10, HGJ C4,5.

Fourth treatment: as above plus HGJ's T1 and T2, needles retained for 25 – 35 minutes, needles stimulated 3 times (for sympathetic outflow to head/neck). Plus auricular press needles (Betadine) for trigeminal nerve and motor point for face, warnings given.

Fifth – tenth treatments: as above - on the tenth treatment dry needled through SCM (L), ache elicited but no palpable twitch. Treatment was weekly initially, then every two weeks for the last three sessions.

Progress/Outcome: No objective score or assessment tool used, however subjectively patient much better overall, with improved eating ability, improved relaxation of muscles and patient feels that acupuncture was incredibly helpful.

Summary/discussion: This was a very unusual condition to present for physiotherapy/acupuncture. However there was evidence to suggest that acupuncture could be useful in cervical dystonia and blepharospam, and thus in discussion on the subject with the patient she was willing to try the treatment and there was a good outcome for her.

On reflection and after further discussion the following could also be used: intradermal needles, cranial scalp points and auricular points for the thalamus. TCM interpretation/variations include: GV20, PC6, HT7, yin tang, ST40 (wind), TH5 (wind dispersal) or GB31 (wind). I am hoping to continue monthly follow ups and will increase my sympathetic points through C8-T4 stimulation +++, 30 minutes, to have a longer lasting 'bigger hit'.

TCM practitioners also suggested 4 gates – LR3/3, LR14/14, BL18/18 for the first treatment, followed by BL18/18, TE5/TE5, GB20/20 or BL 10/10 plus HGJ C/s.

I also feel quality of life measures (maybe discussion with speech and language therapist to find one of relevance) would be useful in providing an objective measure.

Case presentation by: Andrea Moses.

Condition/Diagnosis: Openvolar dislocation of left index and middle finger MCP joints, CRPS, Head injury.

History: On July 18th 2011 a 54 year old right hand dominant woman slipped and fell onto her outstretched hand, catching the edge of a slippery concrete

deck. The fulcrum of the fall was her metacarpo-phalangeal joints of her left hand and this resulted in the unusual hand injury of open volar dislocations of her index and middle finger MCP joints. She was ambulanced to North Shore Hospital for acute surgical management.

General Health: Two month old head injury from fall off a horse, undergoing TBI management on out-patient basis. She has ongoing problems with headaches, fatigue, memory lapse, high blood pressure and mild depression.

Social Situation: Caring for paraplegic husband. He became paraplegic 2 years ago due to motor-bike accident. At the time he had moved out and was living in a relationship with another woman. The patient has chosen to care for her husband in her home as the other woman has refused to be involved since the accident. She is the manager of the family stationery business. She has two daughters and their respective partners, each with babies living with her in the house

Main findings: Presents 11 day post operatively with healing palmar surgical wound with stitches in situ. Grossly oedematous hand with loss of wrist, MCP, PIP and DIP joint movements of all fingers, with index and middle fingers the greatest loss. She is developing CRPS with cold, shiny and motley skin with 10/10 on Visual Analogue Pain Scale on any movement of index and middle fingers, and allodynia on the volar aspect of the hand. Tearful, exhausted and feeling overwhelmed due to both head injury fatigue and the enormity of responsibility of her social situation.

Principle of Treatment: Western local with some influential points. The main aims of the treatment were for pain control to prevent escalation of CRPS and to optimise conditions for early AROM, and reduction of oedema. As the treatment progressed scar management became a key focus to prevent further loss of active and passive range of movement and the affected fingers and MCP joints.

Acupuncture Treatment: First visit: LI4, LI11, St36, GB34 – needle retention 10 minutes, no stimulation.

Acute phase (10 days) aimed at reducing post-surgical pain and swelling: above mentioned points increasing needle retention time to 20 minutes.

Middle phase (10 days to 2 months) - aimed at halting escalation of CRPS and promoting active and passive range of movement. Points used included LI4 bilaterally, LI11, Baxie 2 and 3, BL11, GB34, St36, Sp9, HJ C6/7 bilaterally, LR3. Needle retention was 20-25 minutes with mild stimulation.

Late phase (3-5 months) aimed at reducing scar tissue in the hand during the re-modelling phase. Points used included loc ah shi points into volar scar with electro-acupuncture, BL11, GB34, HJ points C6/7 left. Needle retention varied according to tolerance in the scar between 10 – 20 minutes. The treatment was combined with mirror therapy, gabapentin and amytriptiline for CRPS management.

Progress/Outcome: Slow progress over the first 2 months with a significant challenge of developing CRPS. Acupuncture combined with other therapies seemed to slowly settle her oedema so that the active and passive ROM could progress. She developed a full closed fist after 3 months. Grip strength was hampered by the volar scar. After one month of scar acupuncture she could tolerate touch to the volar hand. After two of scar acupuncture she could grip objects such as a hair brush or fork without discomfort.

Summary/Discussion: Acupuncture offered an additional modality aside from medication to reduce significant symptoms of pain and swelling, which ultimately would have cost this patient full hand function. Every avenue of medical and hand therapy treatment was used. The treatment was offered in three distinct stages - viz: acute pain phase, CRPS development phase and scarring phase. The outcome was a left hand full grip of 8 kg, enabling activities of daily living such as driving, lifting and home care of her husband. The patient was a keen consumer of acupuncture and I would have liked to have been able to offer her a comprehensive TCM approach – given her head injury, and the anxiety and worry she suffered due to being the key caregiver of her paraplegic husband.

Case Study Presentation by: Greg Brien.

Condition/Diagnosis: Lt Hip Femoro-acetabular Impingement (FAI)

History: 43 year old female presented with left hip pain of insidious onset over previous six months. Aggravating factors included: prolonged sitting, gardening and tramping. She was treated by my associate initially with left hip mobilisation, MWM's, stability and stretching exercises and soft tissue release – with some symptomatic relief.

Main Findings: Loss of left hip internal rotation and flexion. Positive FABERS – left groin pain. Left groin pain with anterior impingement and quadrant testing. Positive trigger points: Left gluteus medius and minimus, piriformis, tensor fascia lata, iliopsoas, obturator externus and adductors. X-rays (including FAI views) showed extra bone on femoral neck suggesting Cam type impingement.

Principle of Treatment: Dry Needling: To release myofascial trigger points that may have been contributing to L FAI and subsequent reduced L hip ROM

Treatment: Dry needled: L gluteus medius and minimus, piriformis, tensor fascia lata, obturator externus (R side lying), (L) ilio-psoas and adductor longus and brevis (supine)

Progress/Outcome: L hip internal rotation and flexion increased and were less painful following treatment. Quadrant and anterior impingement still reproduced groin pain but the intensity was markedly reduced and and occurred later in the range.

I completed the third treatment session with dry needling on 23 September 2011 and her left hip was largely pain free for nearly all activities of daily living and recreational activities.

Summary/Discussion: The patient was referred for an orthopaedic opinion following her last treatment in September 2011. Any surgical intervention was not an option as she had two young children. She returned to physiotherapy on 18/2/12 as her left hip pain had deteriorated over the previous two weeks. I repeated the dry needling treatment which resulted in good relief and will follow up next week. She tells me that she remains diligent with her stability and stretching exercises and if dry needling can keep her left hip pain under control and keep her way from the surgeon's knife then she will be happy!

Case Study presented by: Maria Ryan.

Condition/Diagnosis: Sinusitis

History: Brad, 25 year old father of two attended for treatment of his sinus problem. There was a yellow discharge occurring on most days, which can become infected. He also felt 'sneezy' and had a runny nose. He had had two surgeries two years ago which made no difference to his condition.

He has asthma and develops hay fever every year. He suffers with 'crusty' eyes in the morning as a result of taking his anti allergy medications. He also complains of the sensation of food getting stuck in his throat and takes Losac for this. Tonsils not removed. He sleeps well but wakes up tired in the morning. He suffers from fatigue. Digestion: not regular - every couple of days. He works in an office, however does not have to move around and drive a little. He takes little exercise – only occasional walks. His medications are flixtide and ventolin for asthma, losac for indigestion and lortidine for allergies.

Main Findings: Pale, swollen face, mouth breather, colour in cheeks only. Skin over maxillary sinuses quite tender. Spider veins at the base of the nose. Tongue pale, coated, white and sticky.

Impression: Damp Heat in the system and Qi deficiency

Principle of Treatment –TCM

Treatment Plan – Resolve dampness, Tonify system and move Qi.

Acupuncture Treatment: Day 1: Bleed spider veins – about 5 punctures – good blood flow achieved; dark in colour. Then LI4 - Yuan primary/source point: main point to influence the face and to relieve nasal congestion and sneezing. Distal point for nose/mouth, stimulates lung dispersing activity and tonifies Qi.

LI 11/11 – Ho Point, Earth Point: Resolves dampness and heat. St36/36- Ho point, Earth Point: Strongly tonifies Stomach and Spleen Qi, regulates the intestines; reduces Dampness. SP6/6 – Meeting Point of the three Yin of the leg – tonify Qi, helps relieve chronic tiredness, resolves Dampness; promotes smooth flow of Qi. LR3/3 – Source Point, Earth Point – promotes smooth flow of Qi, calming. GV23 – Opens the nose to resolve Phlegm; for

chronic nose disorders. LI20/20 – meeting point of the Large Intestine and Stomach – local point for any nose disorders.

Retention of needles – needles were retained for 15 minutes and were stimulated once in this period. Frequency of visits – fortnightly.

Brief changes/progression of treatment: after the first treatment Brad returned and reported feeling very good, sleeping well and feeling refreshed – less nasal mucous/congestion, also less redness in the area of the nose, better all over facial colour. The second treatment was the same as above but without the bleeding of the spider veins. It was suggested that he carry out gentle exercise regularly.

Progress/Outcome: He attended for three sessions and reported feeling better each time – he said he was making lifestyle changes too. He had stopped using the nasal spray, though I suggested that he should continue with it if there was need and that he should contact me for further review, however there was no further contact – and I have been unable to contact him recently to get an update of his condition.

Summary: This young man attended three times for treatment of sinusitis. The main emphasis was on treating the symptoms of nasal discharge and congestion. TCM was based around eliminating Damp Heat and moving Qi.

NB: At the Case Study day no real changes were suggested except that if using LI4, I should consider also using LU4 (moxa or needle) to balance the treatment and support the Lung.

Case Study presented by Jane Lissaman

Condition/Diagnosis: Shingles affecting the S2, 3 and 4 nerve roots

History: A 40 year old male, self employed builder, developed shingles affecting the S2,3,4 nerve roots in August 2011. He developed the shingles 1 week prior to seeing me. He had been diagnosed by his GP and was on anti-viral medication.

He phoned me out of desperation as he had not had any relief from his medication – he was in constant pain - measured at VAS 9/10 and was unable to work. He had had shingles a few years ago around his chest wall but the condition had settled reasonably well. His general health was good.

Main Findings: The shingles vesicles were around the anus so I did not feel that I needed to look at them as they had already been diagnosed by his GP. There were no vesicles or change in skin texture or colour on either side of his sacrum at the S2,3 or 4 levels. He was in constant pain – VAS 9/10. He was unable to sit, had difficulty sleeping and walking and was finding it difficult to run his building business.

Principles of Treatment: Western/local and a touch of TCM. The main aim was in controlling his pain and decreasing the inflammatory reaction of the sacral nerves.

Acupuncture Treatment: First visit (using gloves for each treatment), BL32/BL32, BL33/BL33, BL34/BL34, BL62 (R), SI3(L) and ST36(R) – needle retention 10 minutes, no stimulation.

Second visit: The above points were used as well as LI4® - needle retention 15 minutes – no stimulation.

Progress/Outcome: Following the first treatment he felt a lot e3asier and by that night most of his pain had gone. He was able to sit, sleep and walk with very little discomfort for about three days and then the pain gradually returned back to about VAS9. The vesicles around the anus had also started to weep. He had been prescribed a cream to apply to these. The second visit was about a week later when he rang me for some more treatment. Following this visit he became pain free, the weeping vesicles settled and he did not require any further treatment.

Summary/Discussion: I was sure to which sacral nerve roots were involved so decided to treat S2, 3 and 4 on the right and left sides as they supply the dermatome around the onus which is where the vesicles were situated.

I used the sacral points and combination of BL62 and SI3 as confluent points for pain along the bladder channel. This seemed to work well for his pain relief.

St36 was used for its tonification / autonomic and strong immune enhancing properties. In the second treatment I included LI4 as it is a strong analgesic point, however it can also be used for skin problems hence its use for the weeping vesicles.

Further points recommended during discussion were the use of LI4 and LI11 as part of the first treatment for shingles. Using KI10 bilaterally rather than Du Mia as it is very good for coccygeal and anal pain.

Case study presented by Sarah Oscar

Condition: Dry throat and cough.

History: A 48 year old male multi-sporter presented with 3/12 history of dry and tickly throat with a cough since travelling on an aeroplane. It had worsened gradually and he could not talk without coughing. He had a history of multiple soft tissue injuries especially affecting the lower limbs. He was being treated concurrently by another therapist for medial hamstring strain. He was a multi-sporter training for long hours in preparation for the Taupo Ironman, competing in the hot dry climate of central Otago – he complained of general fatigue.

Main Findings: Facial appearance of dry and wrinkled skin on upper cheeks and around the eyes. His voice was slight raspy and he had a weak dry cough. The tongue was thin and pointy, with a red tip and a yellow coating over the lung area. The pulse was superficial, thread (LR), rapid, weak, Empty ki yin, lu yin.

Diagnosis: BEN – Lung dryness/lung deficiency with empty heat; body fluid and blood deficiency (Yin fluids), Liver blood deficiency (muscles and tendons), Qi deficiency. BIAO – KI yin deficiency/LU yin deficiency.

Principles of treatment: Reverse LU qi. Tonify LU yin, Nourish Body Fluids and yin. Nourish LR blood. Clear LU heat.

Acupuncture Treatment: First visit – LU 9/9, LU7/7 (to tonify Lung and reverse LU qi). KI3/3, K6/6 (to nourish KI yin). SP6/6 (to nourish yin. ST36/36 (make blood). LI4/4, LI11/11 (to remove heat from channel). LI17/17 (local point) – twenty minutes even technique. Ear press studs LU, KI, Throat. Advice was given to increase fluid intake and to schedule training to avoid hottest part of the day.

He returned three days later and reported 2 days free of cough and just gradual return of throat niggle and cough – overall he had improved.

Subsequent treatments used same points as above plus GB20 as affected by wind when training, LR8 to nourish LR blood for muscles and tendons. Ren 4 to nourish KI yin.

At the third treatment session he also reported hay fever (lung qi deficiency) leading to reduction in wei qi, invasion of pathogens) Local points added – ST2/2, and Bitong bilateral. LU7/7 dermal needle retained to promote wei qi.

Progress/Outcome: After six treatments, training ramped down prior to event. Able to hold a conversation without coughing – hay fever settled. Energy levels good and he reported he was 90% better.

Summary/Discussion: The TCM approach seemed to work well with this patient. He has a long history of this type of sporting activity and although he attends the clinic often for musculo-skeletal problems, this is the first time his deficiencies have manifested in other areas.

I have recommended a course of acupuncture once he has finished the event to boost yin levels.

The discussion is of how to manage these multi-sporting patients in the 40/50 age group, where yin/yang deficiencies and imbalances are more common and whose numbers are increasing in our area.

A message from Nicos Zenios in Cyprus:

The news from Cyprus is not good at all, regarding the economic crisis.
Nevertheless there are some other priorities at the moment, but our Cyprus physiotherapy Acupuncture Society is active and running.
Last November we hosted a Dry needling course for the members of the Cyprus Physiotherapy Association.
We are planning a full Acupuncture course from scratch. Our aim is to educate Acupuncture physiotherapists on a single training programme of 200 hours duration (basic + intermediate + advanced) leading to a diploma accredited from our Cyprus Physiotherapy Acupuncture Society so it will be comparable first to our needs, and second to our society requirements as a full member. This requirement is the basis on which we believe that the future legislation to practice legally acupuncture in our state will be based.
At the moment we have been negotiating for over a year with the legislation authorities and other stakeholders, and on the other side we are in the a process where our application is under examination on behalf of the Cyprus Government authorities to accept the society as legal organisation representing the interests of the its members. It is a long legal and burocratic process.

There have been questions on where it is mentioned that among the scope of the society is the right to practice acupuncture. You can imagine that this obstacle is mainly on behalf of the medical profession. Actually they don't mention it clearly that the medical profession is behind that but it takes time before they accept it officially. Our position is that the scope of practice of our society to "fight for the right of practicing acupuncture " is not against the constitution of the republic, so I believe sooner or later we will have the official acceptance.
I know it takes time with these issues, similarly in UK where there is no legislation or regulation of Acupuncture.
This is our news for the time being. I know you are hearing various stories recently about the Cyprus economy but I encourage you and all the British people to visit Cyprus as they did until now.
The sun is shining here every day, the beaches are beautiful, Summer is here, and nothing reminds you of any sort of problems except the fact that being in the Eurozone is a traumatic

experience for us, not for our visitors. So get the plane and spend some holidays with us.

My email is nzenios@spidernet.com.cy and my postal address is
Nicos Zeniou
FILIAS AND ANTHROPINON DIKEOMATON CORNER
TSOULOFAS MANSIONS
2nd FLOOR
3110 Limassol, Cyprus

Important Note from Lucy Ireland: Acting Secretary of IAAPT

Denmark	*Canada*	*Holland*
New Zealand	*Finland*	*Zimbabwe*
Ireland	*Israel*	*Australia*
Cyprus	*Hong Kong*	
Greece	*South Africa*	

I can report that as of 31 March 2013 most of the above groups are financial members of IAAPT for the following term: Current members until **30 JUNE 2014.**

At the recent meeting of four of our committee in London it was decided to carry over the Subscriptions as paid to date until this time. Please inform the paying authority of your group of this.

We hope to have a Meridian Worldwide Newsletter published within the next month. This will be available through the website at WCPT which as representatives and committee members, you will have access to. I will inform you when this has been published.

Once again may I remind you to send anything for inclusion in the Meridian directly to the Editor Charles Liggins or Sub-editor Val Hopwood.

The Meridian is only as good as the copy provided.
At any time throughout the year you may also send a report on any interesting meeting/conference/study day that you are aware of in your country.
This could also be sent to the Editors.

Please help the committee to keep our Sub Group alive. We want to be well represented at the World Congress in Singapore 1-4 May 2015.
Thank you for your support,
Lucy Ireland
IAAPT Secretary/Treasurer.
31 March 2013.

And finally:

Many thanks for all the contributions to this edition of Meridian from Charles and Val.