



Second International Fascia Research Congress: Amsterdam

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At the end of October last year I attended the Second International Fascia Research Congress at Vrije Universiteit in Amsterdam. I write to inform you of what was presented that is relevant to acupuncture.

There was a wide range of subjects covered from cell biology to motor co-ordination and pain in rehabilitation so most was more relevant to manual therapy. Delegates included surgeons, neurologists, osteopaths, research scientists and a lot of structural integration practitioners, with acupuncturists rather under-represented. (I believe I was the only BAAC member there.)

The first directly relevant presentation was by Byung-Cheon Lee of the biomedical physics laboratory in Seoul. His team had located 'bonghan' vessels held in the 'loose' (areolar) connective tissue morphologically like hollow muscle fibres which follow the course of the channels of acupuncture. In the hollow centre there is fluid, along which certain cells and chemical markers flow. He also found smaller vessels he labels as 'primo vessels' connecting to the bonghan network, which are also held in the fascia and are like a net, corresponding more to the Luo network of traditional theory.

On the next day a poster and a presentation were given by Yuan and Bai, one was a study on fascia and acupuncture channels using human cadavers and digital imaging on live humans to examine and correlate fascial planes, with the channels described traditionally. They found a high correlation throughout the body, which expands the scope of previous studies which only focus on the arm. This research is not yet published in English language journals, though I was provided with a copy produced by Southern medical university in Guangzhou. The work was well received in China.

It may be that some readers have already come to this conclusion, but the evidence supporting the hypothesis is incomplete.

There are also others who think the anatomical reality of the channels is a red herring; that they are purely functional and energetic. A discussion on these issues would be welcome, but I think if anatomical channels were to be found it would add plausibility to the view of acupuncture and classical channel theory by the biomedical establishment. It may also improve our understanding of mechanisms, and therefore research and practice.

Which brings us to the presentations on Thursday morning; 'tool assisted manual therapies' which included sections on both 'dry needling', Graston technique (which was like Gua Sha with active movement, but using an array of expensive looking metal equipment) and acupuncture. The speakers were intended to inform the research scientists what it is different therapists do, and to share information among clinicians. The acupuncture presentation was by Dominik Irnich of the department on anaesthesiology at the University of Munich, announced as 'leading acupuncture research'. He referred to ancient books talking of putting the needle wherever pain is (ahshi), the differences in diagnostic reasoning, and the use of distal points setting it apart from 'dry needling'. He stressed that acupuncture is a wide ranging, plural group of practices and is multidisciplinary, also employing moxa and cupping.

Comment on this from scientists included a Professor Mense suggesting that dry needling and acupuncture be considered a kind of surgical intervention for destroying trigger points. Helene Langevin, MD, neurologist, and acupuncturist who has done some very

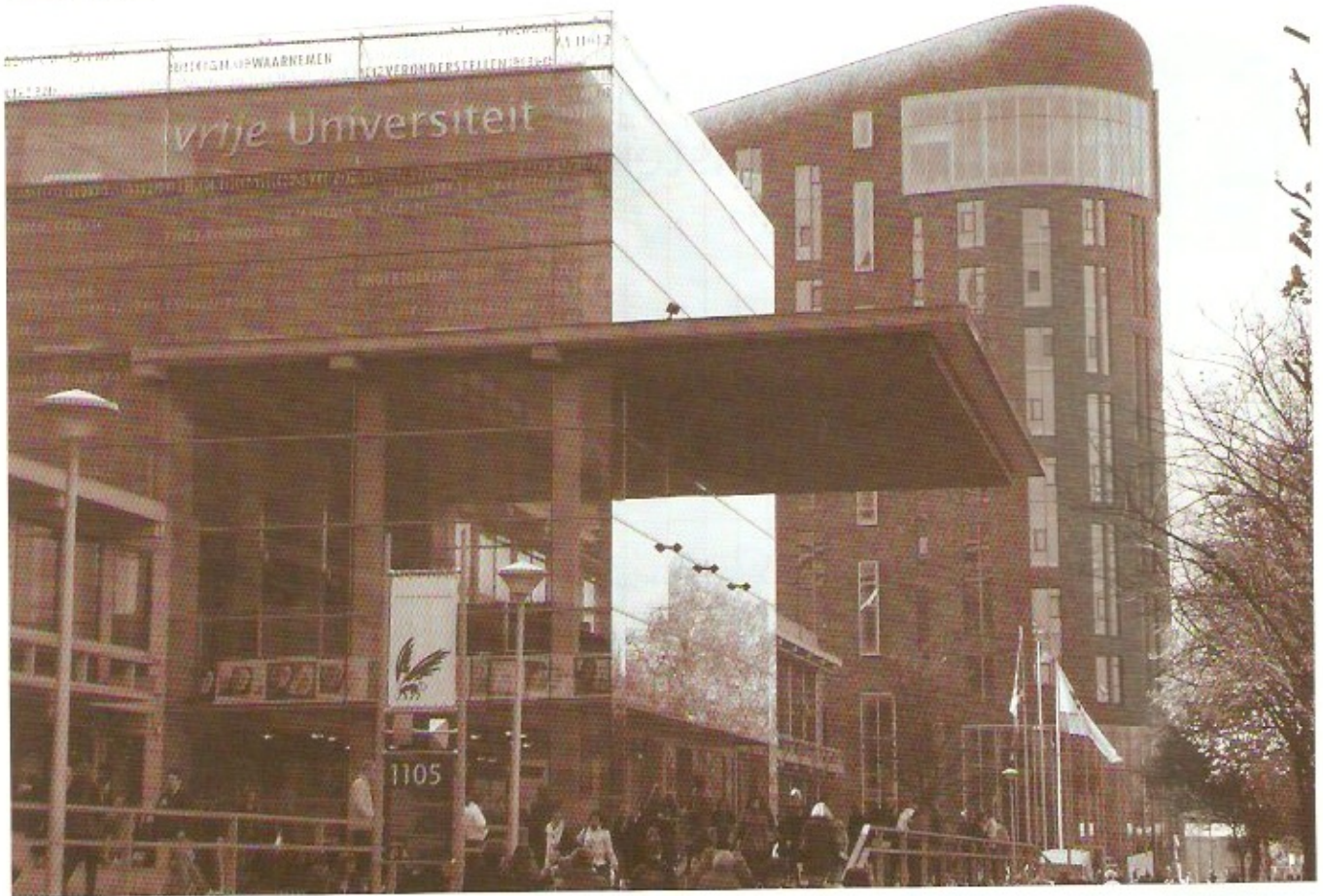
interesting well designed research, made the comment that although acupuncture has well represented physiological effects in the research literature, we have to accept that in hundreds of randomised controlled trials overall the real acupuncture performs similarly to sham, implying that it doesn't matter where the needles are inserted. But, she said, before concluding a simple placebo effect we should look at other options since there is clearly a strong effect. She advocated translational research to understand how research and practice relate and to determine which functions are epiphenomena.

The implications of this gave me a lot to think about. I spoke to Mr Irnich afterwards and asked him what he made of the statement. He answered, 'This is not right, I am not sure why Helene said this... I think the point she was trying to make is that there are a large amount of non-specific effects in the treatment; this is also true for osteopathy and Rolfing. You have a large amount of non-specific effects that are very hard to examine, very complex; and some specific effects. It is very important in the treatment that you know what you are doing.'

I also thankfully had the opportunity to ask Langevin herself to clarify her statements: 'All I was saying was that currently there are just as many well designed placebo controlled trials that show no difference (from sham control) as show differences. We need to accept that and move on to ways of examining the effects to determine how we work and what to look at.' Langevin's physiological studies are showing definite measurable physiological changes in the connective tissues. 'These changes are broader than just acupuncture and are also applicable to manual therapies, and possibly yoga. It is possible that these physiological effects are unrelated to therapeutic effects...' More food for thought.

The other part of the conference of primary relevance to acupuncturists was a

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post-conference workshop on 31 October on the clinical and research implications of the fascial mediation of acupuncture effects. This was led by Steven and Donna Finnando, acupuncturists and teachers from New York who did a lot of work with Janet Travell on trigger point therapy. They attributed reality to the concept that fascial planes and acupuncture channels are the same, putting forward an argument that descriptions of the channels in the *Neijing Suwen* and *Nan Jing* imply that the ancient Chinese understood the importance of connective tissue. They also correlated definitions and functions of qi with the role of fascia as understood today. The key idea, which also sheds another angle of light on the above discussion, was that the channel system was not formalised until the state started examining medical practitioners (early Song Dynasty, 1026). In the thousand or so years before that the channels were described in guidelines and found through palpation and personal instruction.

The point made is that, by and large we do not palpate enough, especially in the TCM model, and that therefore the

points used may not be the most effective. The channels are a map, not the landscape. They stated that if research done was strictly on needles by the book, the 'real' treatment may also be considered a sham treatment. By extension the recommendation would be for researchers to ensure that 'real' acupuncture points were on the lines of fascial planes and that 'sham' ones were not.

Another observation was that in their practice and research with Travell they frequently released trigger points using needles not inserted nearly deep enough in to contact the intramuscular trigger point beneath. Their conclusion is that stimulation of the connective tissue above a point reflexively releases it, which contradicts the 'surgical' explanation of Professor Mense.

Overall it was a highly stimulating week. The other acupuncturists I met were usually also physiotherapists or osteopaths. I was inspired by the coming together of so many different professionals and the sharing of knowledge and experience, but also disappointed by the attitudes of a few who were dismissive of acupuncture.

Especially after Langevin's comments which seemed to have been misinterpreted by quite a few delegates I spoke with as saying 'acupuncture doesn't work', which was not the case at all.

You can contact Duncan via www.acupuncturebodywork.co.uk if this has sparked your interest and you want to learn more. Alternatively go to www.fasciaresearch.com and for congress details, the next one to be held in Vancouver in 2011, visit www.fasciacongress.org