

the acupuncturist

The *Acupuncturist* is the BAAC's in-house publication. Primarily written by members, for members, it combines content relevant to the clinical practice of acupuncture with communications from BAAC staff and the Governing Board.

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The **British Acupuncture Council (BAAC)** is a not-for-profit organisation representing and providing guidance to fully qualified professional acupuncturists. The BAAC's purpose is to:

- pursue excellence in acupuncture by establishing the highest standards and values of education and practice
- promote the benefits of traditional acupuncture
- contribute to the development of healthcare policy, both now and in the future
- represent members' interests.

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Guest editorial

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The emergent theme of this issue is 'acupuncture plus ...'
Plus what? What other strings do we have to our therapeutic bow?

I was taught that there are traditionally five strands to Chinese medicine: diet, exercise, tuina, acupuncture and herbal medicine, and thus aspired towards accomplishment in these skills. Now having learned more about the history and development of Chinese medicine I understand that there is not just one ideal way to practise, and further study of this field enriches my understanding of what I do, and brings clinical benefits.

Learning other skills helps our patients; the more skills the more scope you may have and the more patients' problems you can address. My studies have shown me that the plurality and diversity of Chinese medicine practice is a strength, and in fact very 'traditional'. There are many styles and interesting ways of practising acupuncture, for example see Dave Shipsey on abdominal acupuncture (page 12). Then there's the 'acupuncture plus ...' research we can do in practice to generate evidence of what we do, just like Marian Fixler (page 22), and ways of using biomedical evidence in our practice, as Naava Carman explains in her ovarian reserve testing Clinical Pearl (page 15).

We should not be concerned with 'authenticity' if we learn new skills and different ways to communicate about what is going on to patients or other health professionals. When I studied tuina in Chengdu the doctors there discussed all bodywork as tuina, including what we would call physiotherapy. I see my own personal study of myofascial and neuromuscular techniques, Swedish and sports massage in a similar way, as part of my continuing study of the tuina strand of Chinese medicine, as does Phil Trubshaw (page 6).

Acupuncture is now being used as an adjunctive technique by physiotherapists, osteopaths, chiropractors and doctors, and there is an issue around what our role is and how to avoid acupuncture being co-opted and our practices marginalised. How about we 'skill up', and offer, for example, more manual therapy, core stability or rotator cuff exercises? Improve our palpation and assessment skills? Why shouldn't we train more widely so we can offer more to our patients?

We can draw on traditions historically aligned with Chinese medicine like qigong or yoga, for example Robin Saraswati Markus incorporates yoga into fertility treatment (page 14). Daoist Confucian or Buddhist meditation practices can also enrich patients' experience and recovery, covered in this issue on pages 8 & 9. I would argue that the current psychotherapeutic trend in 'mindfulness' is clearly taken from the Buddhist practice of the same name, although some deny it.

Chinese herbal medicine is an obvious 'Acupuncture plus ...', opening up treatment options while at the same time deepening knowledge and understanding of Chinese medicine theory. Do it, you won't regret it, even in these uncertain times of increased legislation. Read Sarah Price on page 4 for inspiration.

In essence this is all about CPD, maybe even touching on specialisation, and you'll find plenty in the Education section of this late summer issue to fuel the discussion.

Debate encouraged!