



# JING SHEN

Issue 5 : April 2010

from the College of Integrated Chinese Medicine

## **The shen**

Peter Firebrace delves right down to the root, or *ben*

## **Humanitarian disasters**

Danny Maxwell explains how our skills can help and calls for support

## **Nourishing the Spirit**

John Hicks encourages us not to neglect the inner

## **Good morning!**

Danny Blyth's breakfast menu



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



The wait is over! Emerging from winter, we harness the energy of the tiger to inject new life and vigour into our practice of Chinese medicine. This issue will reach those attending the Rothenburg conference, so we extend a warm welcome to all new readers. What has *Jing Shen* in store for you? Peter Firebrace explores the

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.

# 精神

omnipotence of the *shen* and how we can invite its resonance into our treatments via specific acupuncture points. Mindful of recent events in Haiti, Chile and the Pacific islands, Danny Maxwell of World Medicine and Jo Bond look at the contribution we can make, as practitioners of such a versatile medicine. Angie Hicks discusses how to identify the level of our treatments and John Hicks guides us through how acupuncture treatment can clear 'clouds' making way for inner change in our patients. Plus we have our usual tasty morsels from Danny Blyth, *qi* exercises from Gio Maschio, and focused coaching from Ian McDermot. Not forgetting my favorite fun stuff – Angie's crossword and 15 treasures from Lillian Bridges. *Jing Shen* continues to thrive with the support of our new sponsors Balance and the *Journal of Chinese Medicine*, and we extend our gratitude to them. Now I'm off to read this issue with a hot cup of *chai* in the company of my daffodils. Grrrrrrreat! Enjoy.

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*Charlotte*



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# World Medicine

Danny Maxwell reports on five years of humanitarian acupuncture... and counting



For many physicians – Chinese and Western alike – the harrowing suffering recently witnessed in Haiti and Chile elicit a powerful natural desire to help.

As acupuncturists, not only are many of us motivated by the urge to be of service, we are also trained in a unique system of medicine that can offer huge benefits to survivors of traumatic global events.

## In the beginning...

**World Medicine** was conceived in the months following the Asian tsunami of December 2004. Initially it was just an idea – so big, scary and inspiring it would set you physically shaking. Back then we were called Acupuncture sans Frontières, and with the backing of the Sri Lankan Buddhist community 24 practitioners of acupuncture, herbal medicine, massage and homeopathy travelled to the south coast of Sri Lanka to offer their skills to survivors. This initial three-week project was followed by two others in Sri Lanka, during which time we provided thousands of treatments. The work was challenging but deeply rewarding, carried along as we were on a swell of compassion, camaraderie and commitment to our chosen healing arts.

## The vision

The vision of this work has always been in line with the holistic perspective of Chinese medicine: imagine the earth as a huge being –

Gaia if you like. Just as human beings develop points of friction and constraint that produce heat, so does the earth – like global *ashi* points. World Medicine's vision entails groups of skilled CAM practitioners travelling to places in the world where their skills are needed to relieve suffering. It seems to me that no matter what these practitioners do in terms of specific medical interventions, the introduction of a group of energetically balanced people with



**The pioneering Acupuncture sans Frontières team with the Venerable Makure Mangala prior to the first project in Sri Lanka**

compassionate intentions into an energetically deranged place is potentially revolutionary – like needling a global *ashi* point to disperse and transform its *qi*. Although our practitioners include osteopaths, massage therapists and homeopaths (amongst others), I like to think that through their connection to

Chinese medicine acupuncturists have an earthy and robust approach to healing that provides access to something eminently useful for the aftermath of acute trauma.

The time for our services is not, of course, in the acute stages of disaster relief; we do not wish to become part of the problem or to place our volunteers in any danger. World Medicine comes into the picture once the dust has settled and people have food and shelter – when they are needed again by their community to be part of the solution. We all know how difficult life can become when a person is sick or out of balance – the internal chaos frequently manifests outwardly into the world around them. In the same way, those affected by global disasters may not only suffer physical impediment, but can be damaged by the psycho-emotional trauma. As acupuncturists we witness daily the transformative effects of acupuncture on physical and emotional pain. Whilst the literature is scanty, anecdotal evidence suggests acupuncture can be very effective in the treatment of post-traumatic stress disorder. That said, as volunteers we frequently find ourselves treating people with the same chronic ailments seen in our clinics at home; patients who have lived through devastating trauma do not necessarily express their pain openly, although the clinical signs are there for the attentive practitioner.

It is, of course, not just the patients who receive benefit. The rewards for volunteers are immense – and not just in terms of personal fulfillment. The clinical experience gained

from working in such situations cannot be overemphasised. As a volunteer one is called to treat people suffering from the whole gamut of diseases to which human beings are prey – people dying of cancer, children with severe learning disabilities, patients with severe epilepsy – to name but a few. I recall my silent terror when a translator cheerfully informed me that the patient in front of me suffered from leprosy. In such situations the immense value of the Western biomedical knowledge base is brought sharply into focus. Symptoms and disease states that in the West are either to be moderated with drugs or confined within hospitals are witnessed in their raw, untreated state by a visiting physician (often with equally spectacular clinical results). A volunteer's clinical skills and emotional stability are thus frequently pushed to the limit.

This kind of work thus performs a valuable function: it matches those people fortunate enough to be healthy, happy and skilled with their counterparts elsewhere in the world who temporarily find themselves vulnerable and in need. Volunteering thus provides a valuable opportunity for practitioners to give something back to a world that has treated them well.

### The acupuncture

The practicalities of this work – treating many patients in limited space with limited communication – mean that practitioners have to find creative ways of applying their art; these frequently include the use of microsystems, point protocols, and the



**Sean Cleere defining 'multibed' treatment at the World Medicine project in Mysore, India**

honing of visual and palpatory diagnosis. It is a rich environment in which to work, in which sectarian politics of schools and styles pale into insignificance in relation to the task in hand. Such humanitarian work seems also to have had an effect on the practice of acupuncture itself; many volunteers have returned from work overseas to become staunch advocates of multibed acupuncture.

### **Passing it on**

Some people suggested initially that it would be pointless travelling abroad to treat patients for just a couple of weeks. Whilst the results of the projects so far suggest this is not the case, it is of course better to provide sustainable projects where patients can receive ongoing treatment. The concept of proverbially 'teaching a man to fish' is high on World Medicine's agenda. In both Sri Lanka and more recently in Gaza, World Medicine volunteers have taught auricular

acupuncture to local physicians – who can then use it to treat both their patients, and themselves.

### **Into the future...**

Like most charities no doubt, the greatest challenge currently facing World Medicine is funding. Thus far our work has involved volunteers raising funds to cover their own flight, accommodation and in-country costs. We are currently restructuring World Medicine in order to make this work sustainable. To support the imminent return of another team to Gaza we are holding a fundraising party in London; in the longer term we intend to recruit professional fundraisers to procure larger sums of money from Trusts. For the moment, however, fundraising necessarily remains part of the overall experience of volunteers' involvement with this work.

Another major challenge is finding project leaders of suitable skills and experience. In the



**World Medicine volunteer Gisela Norman treating a patient in Gaza**

past we have had to shelve projects due to the lack of suitable project leaders. It takes a broad pair of shoulders to head up projects of this kind. Not only is there the preparatory work involved in setting up a project and dealing with overseas authorities, once out in the field it can be equally testing to manage a group of practitioners who find themselves well out of their comfort zone.

World Medicine currently runs an ongoing project in Mysore, India, which provides acupuncture and other therapies to child victims of human trafficking. We also intend to continue our work in the Middle East, following previous well-received projects in the area (returning to Gaza in March and August 2010 and Nablus in October 2010). New projects are possible in Haiti or Africa. Our vision is eventually to be able to provide ongoing treatment and instruction to multiple communities around the world.

## How you can help

World Medicine needs you. We need project leaders, committee members, fundraisers and volunteers to join us in our work. If you are as inspired as we are about this work and wish to get involved email us at

[info@worldmedicine.org.uk](mailto:info@worldmedicine.org.uk). To find out more about our work or to donate go to [www.worldmedicine.org.uk](http://www.worldmedicine.org.uk). World Medicine is organising a workshop in conjunction with ACMAC (the Association of Community and Multibed Acupuncture Clinics) and Balance Healthcare for practitioners interested in humanitarian acupuncture – see the events section at [jcm.co.uk](http://jcm.co.uk) for details.

## Acknowledgements

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## Notes and references

- 1 Maxwell, D, Cassidy, M, Kivity, O (2006) 'Acupuncture sans Frontières', *Journal of Chinese Medicine* 80, 34–39
- 2 World Medicine is running a joint training day with ACMAC (the Association of Community and Multibed Acupuncture Clinics) in July 2010

**Danny Maxwell** gained an MA at Cambridge University before going on to train in acupuncture at the College of Integrated Chinese Medicine. He has since trained in *tui na* and is currently completing an MSc in Chinese herbal medicine. Danny is co-editor of the *Journal of Chinese Medicine* and chairs the British Acupuncture Council Editorial Committee. He founded World Medicine ([www.worldmedicine.org.uk](http://www.worldmedicine.org.uk)) in response to the Asian tsunami of December 2004. Danny lectures in Chinese medicine, and is an enthusiastic practitioner of *tai chi*, *qi gong* and meditation, which form the foundation of his understanding of Chinese medicine.