

ACUPUNCTURE  
PROFESSIONAL



# AcuPro IMPACT

Live Event Booklet

October 2014



Giovanni



Peter



Debra



Matthew



Josh



Kath

## WELCOME TO IMPACT

Hello and thank you for taking part in this historic event – the world’s largest, free, online symposium Acupuncture Professional IMPACT.

We trust you will enjoy hearing from this expert panel, and being part of a unique international learning experience that is beyond geo-political boundaries.



New technologies are offering an unprecedented opportunity to provide healthcare professionals with targeted, immediate and cost-effective education. Online seminars, or ‘webinars’, offer a convenient and effective means of delivering and sharing information to audiences in the comfort of their home, office or clinic.

Acupuncture Professional is a new and innovative company with a team of people skilled at delivering webinars to practitioners all around the world. It is founded by Acupuncturists and educators specifically for the provision of quality education and professional information to support acupuncturists and oriental medicine practitioners in their delivery of health care to the community and compliance with professional requirements.

This symposium booklet contains information about our expert panel and provides pages for you to take notes for future reference and to demonstrate professional development and ongoing learning. We’d also like to introduce ourselves and share with you our vision and plans for future acupuncture and oriental medicine education.

As part of our IMPACT campaign, we have several more accredited CEUs/PDA/ CPD events including an exclusive interview with Peter Deadman and a two-hour webinar with Matthew Bauer talking about What Acupuncture Can and Cannot Do – And Why?

***Katherine Berry***

Acupuncture Professional

## WHO WE ARE

AcupunctureProfessional is an online education organisation that co-ordinates and hosts continuing professional development (CPD) events for acupuncture and oriental medicine practitioners and students. We have an annual program of webinar presentations with expert acupuncturists from around the world and an international membership.

United States, United Kingdom, Australia, Ireland, Canada, New Zealand, Netherlands, Spain, Brazil, Norway, Israel, France, Portugal, Mexico, Bulgaria, Germany, Poland, Sweden, Italy, Chile, Finland, Switzerland, Czech Republic, Serbia, South Africa, Denmark, India, Cyprus, Belgium, Austria, Romania, China, Argentina, Greece, Turkey, Thailand, Colombia, Hungary, Iceland, Peru, Slovenia, United Arab Emirates, Panama, Venezuela, Philippines, Bangladesh, New Caledonia, Japan, Malaysia, Taiwan, South Korea, Uruguay, Belarus, Indonesia, Iran, Jersey, Russia, Singapore, Senegal, Armenia, Bermuda, Estonia, Georgia, Isle of Man, Kuwait, Slovakia, Guatemala, Hong Kong, Honduras, Croatia, Cambodia, Laos, Nicaragua, Nepal, Ukraine, Vietnam



## HOW DOES A WEBINAR WORK?

A webinar is very similar to a 'face to face' presentation where a group of practitioners assemble in a venue and listen to a presentation. The only significant differences between a webinar and a face-to-face presentation is that webinar participants don't share the same physical location as the presenter.

This 'virtual' attendance is particularly advantageous for practitioners who live in provincial towns or in semi-isolated locations and other circumstances where attending face to face events is challenging. The online arena also facilitates experts from other countries sharing their expertise internationally, without geographical barriers.

## SUPPORTERS OF ACUPUNCTURE PROFESSIONAL IMPACT





## PETER DEADMAN



Peter Deadman is the founder of [Infinity Foods](#), a natural healthfood store in the 1970s. He authored '[Nature's Foods](#)' – a simple natural foods cookbook before discovering Chinese Medicine.

Peter studied acupuncture at The International College of Oriental Medicine in East Grinstead, England, graduating as a Bachelor of Acupuncture in 1978. Since 1979 he has lectured on Chinese medicine and acupuncture throughout the world.

Peter Deadman is the founder, editor and publisher of "The Journal of Chinese Medicine" which has been published continuously since 1979. The JCM has played a vital role in raising the standards of education and practice in Chinese medicine throughout the English-speaking world. In 1998 Peter co-authored of "A Manual of Acupuncture" a textbook that is a compulsory requirement for nearly all acupuncture schools in the English-speaking world.

He has lectured internationally on Chinese medicine and related topics for the last thirty years. Moreover, Peter has practiced qigong for the last seventeen years. Peter's interest in traditional health preservation practices is complemented by his study of more than fifteen years of modern lifestyle research.

### Key messages and notes:

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## DR DEBRA BETTS (PHD)



With a background in nursing Debra graduated with a Diploma in Acupuncture from the London College of Acupuncture in 1989. Returning to New Zealand in 1991 she established a private practice specialising in pregnancy and women's health care.

She began specifically developing and teaching acupuncture courses to midwives in 1997. This led to the publication of articles on the subject of the use of acupuncture in obstetric practice in 1999, the publication of her book "The Essential Guide to Acupuncture in Pregnancy &

Childbirth" in 2006 and the opportunity to lecture internationally on the use of obstetric acupuncture.

Having completed a PhD examining the effect of acupuncture on threatened miscarriage in 2014, Debra is the Director of Postgraduate Programmes at the New Zealand School Acupuncture and Traditional Chinese Medicine. She oversees a new online MSc program that aims to help acupuncturists understand research methodology and believes that by understanding how to read and write effective research publications, acupuncturists can better communicate with western health professionals. Debra is passionate about acupuncturists succeeding in practice through greater referrals from Medical Doctors and other health professionals. She believes that good quality research, and an understanding of how to interpret research findings will lead to better integration between paradigms.

Key messages and notes:

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## JOSHUA SAUL



Joshua graduated in 2012 from AOMA: Graduate School of Integrative Medicine in Austin, Texas where he was recognized as a top student of acupuncture and herbal medicine. He has served as executive member of the American Association of Acupuncture and Oriental Medicine Student Organization since 2010. As president of the AAAOM SO he also sits on the professional board of directors. He is licensed to practice in both Texas and Georgia.

Joshua completed additional training in Applied Clinical Nutrition, Advanced Acupuncture studies in Master Tung's acupuncture and continues training in modern biomedicine, allowing him to work together with physicians across medicine to address varying health issues. He is a 2nd generation acupuncturist and comes from a family of holistic practitioners bringing with him a life-long experience of natural medicine.

Joshua joins the panel as a former student and new practitioner to discuss the challenges faced when graduates join the work force.

### Key messages and notes:

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## Acupuncture Professional IMPACT Symposium

Authors Katherine Berry, Peter Deadman, Giovanni Maciocia, Matthew Bauer, Debra Betts and Joshua Saul

Note: a video of this discussion is freely available at [acupunctureprofessional.com/jcm-impact](http://acupunctureprofessional.com/jcm-impact)

**Katherine Berry:** Welcome to Acupuncture Professional IMPACT. The world's largest free online symposium. My name is Kath Berry and I'll be facilitating this very special panel discussion today.

Thanks for taking part in this ground breaking event. You're joining with over 3,500 acupuncturists from all over the world. In fact we've got people from 95 different countries today. We're bringing this to you because we believe that the profession is at a pivotal point, and we need to work together and learn from the pioneers who forged this profession for us.

We've recently conducted a large survey of acupuncturists and learned from all over the world about what your concerns and challenges are. You kept saying the same things.

1. Recognition of acupuncture as practice by traditional acupuncturists.
2. Relationship building. How to better communicate with patients, other health providers and policy makers.
3. Practice success and longevity. Evolving the profession, establishing our roll in the preventative and wellness system.

And ongoing skills development and learning.

We are privileged to have our expert panel share their insights and experience with us today. I would like to thank our sponsors, we have had a lot of support from Acuneeds of Australia, and we have also had support from the National Certification Commission for Acupuncture and Oriental Medicine.

We are accredited within the USA and are also accredited with the California board. The British Acupuncture Council, the BAoC has also been very supportive, along with Three Treasures, the Acupuncture Now foundation which you will hear more about, and the Journal of Chinese Medicine.

I am going to give a brief introduction.

Giovanni who you know is based in Santa Barbara, California. He has authored many of the textbooks that we have studied. Including one called "The Foundation of Chinese Medicine."

I do think that it is fair to say that he laid the foundations of our profession in the west.

What you may not know about Giovanni is that he is a passionate Salsa Dancer.

He is joined by Peter Deadman who is based in Brighton on the south coast of England. He is best known for his publication "The Manual of Acupuncture," and the founder of the JCM which celebrates 35 years.

Peter has offered a prize for a member today so we will be announcing that at the end of the session.

Debra is joining us today from Wellington, New Zealand. I would like to take an opportunity to congratulate Debra on her recent PhD for the research that she conducted on acupuncture for miscarriage prevention.

As, you all know she is the author of "A Clinical Guide to Acupuncture during Pregnancy and Childbirth" and is the director of the post graduate program at the New Zealand school of Acupuncture and Traditional Chinese medicine. Here she oversees the new online MSC program.

Matthew is the founder of the Acupuncture Now Foundation. He currently is a full time acupuncturist, seeing over a hundred patients a week for 28 years.

In addition to managing a successful practice, he has authored two books. One to educate the general public about acupuncture, the other to support practitioners to structure their business, actually called, "*Making Acupuncture Pay. Real-World Advice for Successful Private Practice.*" In the very little spare time that Matthew has, he enjoys fishing by the ocean.

Joshua Saul graduated from the Graduate School of Integrative Medicine of Austin Texas in 2012. He's a second-generation acupuncturist. He comes from a family of holistic practitioners, which bring to him a lifelong experience in natural medicine.

Joshua joins our panel today as president of the AAAOM student organization. He is here to discuss the challenges faced when you're a new graduate and when new graduates start to join the workforce. What you might not know about Joshua is that he is a former tennis pro.

I am an acupuncturist and education director and acupuncture professional. I did a TCM degree at Victoria University and a master's degree in research at the UTS in Sydney. I've always been interested in acupuncture as a treatment for drug and alcohol addictions and in particular alcohol, cannabis and heroin.

What I often said to people at the time was, "I treat patients that nobody really wants to treat, with a system of medicine that no one believes in."

A little bit of ground rules for today. We're going to be talking for an hour and 20 minutes. My role is to make sure that we finish on time. I'm going to ask our panelist to be brief and I will be cutting them off after two minutes, which they've given me permission for.

I mentioned earlier about being at a pivotal point. One of the biggest challenges seems to be recognition of our profession. In some instances this means ensuring continuing public recognition of acupuncture as a safe and effective treatment.

In other cases we're having to argue why we as acupuncturists should be the ones performing acupuncture, with the encroachment of other health professionals incorporating needle insertion into their treatment techniques.

In this case, acupuncture has actually become a victim of its own success, we're not having to establish that it works, we are having to maintain why WE are the ones who should be licensed to do it.

Given that these are our current challenges, I'm going to start by asking Giovanni...

Giovanni, what were the challenges you faced when you first started out in practice?

**Giovanni Maciocia:** When I first started, the 1970s were very different. It was the very beginning of acupuncture in England and actually in Europe. At that time acupuncture was only practiced actually in England and France and basically in no other country. We didn't have all the challenges we have today of proving evidence-based medicine.

We didn't have to prove anything. Everyone ignored us more or less. It was very different at that time.

**Katherine Berry:** Peter, do you have anything to say, in addition? From your history, working around the same time, setting up the courses?

**Peter Deadman:** Absolutely. The problem, as Giovanni said, is acupuncture was little known, and there was very little information. When we started, there were, perhaps, two or three books. The advantage of it, I think, for our generation, is it made us immensely hungry for information, and knowledge. I think, nowadays, perhaps the problem is overload. Too much information. Too many books.

**Katherine Berry:** I'm going to hand over to Josh. From your experience as a new student, are you finding that there's just so much information available out there, and of course, with the addition of the Internet?

**Joshua Saul:** Yeah, absolutely. Actually, when I started looking at schools, one of the things that really took me to AOMA was we had this huge library, full of like just every acupuncture book there ever was. When I started, I thought that was a great thing, and then, as I spent more and more time in the library, I thought, "There's no way I'm going to ever be able to read all of these books."

Definitely, there's a lot of information out there, and I think one of the challenges as a

student and a new practitioner is how to hone clinical skills. We could learn pulse diagnosis, or we could learn other forms of diagnosis, or physical assessment. There's just so much to do, and a limited amount of time.

One of the questions that I really wanted to bring to the panel was, what clinical skills are absolutely necessary to have, upon graduation, so that new practitioners will have the greatest chance of success? Not only with their patients, but more toward the business side of things, as well.

**Katherine Berry:** Great. I'm going to direct that question to Matt. Being the question of, "What business skills might somebody need to have?" I'm going to carve the question up, and I'm going to have Giovanni, perhaps, to answer, what the clinic skills are.

Starting with Matthew, what are the business skills that people need to know when they first start out in practice?

**Matthew Bauer:** Thank you, Katherine. Thank you, everybody, for being here. This is just a fabulous, incredible thing. One of the great things about this technology is trying to gather together with practitioners from other countries, I just love this idea.

What I like to try to focus on is to say that I believe there is a set of skills for an acupuncturist Chinese medicine practitioner, practicing in the West, and especially in a private practice, that really bridges the more traditional business skills with the more technical Chinese medicine clinical skills. In other words, it's kind of like, between yin and yang. There are some skills that are not just business, and not just clinical, but they both influence each other.

That's something I've tried to focus on. Especially one of the most important things is how to space treatments: proper spacing of treatments, but also how to charge for treatments. How can you make it affordable, so people can afford to have the number of treatments that they need?

One of the other skills I like to focus on is how can you do things to squeeze more benefit out of a fewer number of treatments, so that you can make it more affordable and help people to get in as often as they need to. This, to me, is really unique to being an acupuncturist in the West.

Explaining acupuncture in a simple fashion, that's another huge skill that, really, more work needs to be done on.

**Katherine Berry:** That's something we're certainly going to come back to, today, because communication has obviously been one of the biggest things that underpins:

- communicating to patients
- communicating to health professionals
- and also communicating to policy makers

I'd like to come back to you on that communication issue.

Handing over to Giovanni, the other part of Josh's question, Giovanni, what sort of skills do you think are sort of essential, at the outset, when a new graduate starts joining the workforce?

**Giovanni Maciocia:** Very briefly, the four ways of diagnosing -- palpation, observation, interrogation, et cetera. I was actually reading a chapter of the "Nan Jing" this morning, in which it says that the highest type of doctor is the one that diagnoses by *observation*, and the lowest one is the one that diagnoses by palpation, which would include the pulse.

I would totally disagree with this chapter of the Nan Jing. I think the pulse diagnosis is the most difficult and the most amazing part of our diagnosis. I would definitely say that should be at the forefront of our clinical skills, because it's important in so many ways.

**Katherine Berry:** Do you think the current level of clinical diagnosis, using the pulse and the tongue -- I often put them together -- is high enough at the moment?

**Giovanni Maciocia:** I don't think it's a matter of standard. It's probably more a matter that students have a lecture on pulse diagnosis, and then that's it. They don't have another lecture. I think that pulse diagnosis is something they should be taught all the time, every year, and with a lot of clinical training for it. I would say that's probably one of the weakest areas of our diagnosis.

I think it's one of the most amazing parts in our diagnosis in many, many clinical ways.

**Katherine Berry:** Peter, from your years of clinical experience and working in practice, and, of course, your knowledge through editing all articles from the JCM, what are your thoughts on the clinical skills that students or new graduates need when first starting out?

**Peter Deadman:** For anybody practicing medicine, the key skill is experience.

You have to have lots and lots of clinical experience. As students, you have to see and observe hundreds and hundreds of patients. That's probably the most vital part of education, and probably neglected in comparison to teaching theory.

When you start practicing, you have to have the possibility of seeing large numbers of patients. That is going to be affected by the kind of practice model you use. I imagine in this conversation we might talk about practice model, we might talk about the possibility of having multi-bed and community acupuncture clinics, and also apprenticeships.

**Katherine Berry:** Yes, indeed. That's an excellent subject to touch on, as well. In fact, Debra, I know that, having just done your master's degree, an element of that was interviewing acupuncturist. You, in fact, went through the whole process of speaking to people about clinical treatment. I'd love to hear some of your thoughts there on how pulse diagnosis fits in, and whether that was discussed, in terms of your miscarriage research.

**Debra Betts:** OK, hi to everyone. I chose to interview experienced acupuncturists. I was

interested in how experienced acupuncturists treat in clinics, versus what the textbooks says. That's a whole other field of...perhaps here we're talking about people gaining experience in starting off.

For experienced acupuncturists, TCM diagnosis was very much part of what they were talking about and how they diagnosed. It wasn't just using Western medical tests in early pregnancies, like scans and blood tests. It was about the kidney and heart connections, and all the things that...To them, the theory was totally fundamental to how they treated.

**Katherine Berry:** It's interesting you say that. Obviously, from the moment that somebody starts graduating in Joshua's position, to perhaps the practitioners you're speaking to, there's obviously a lot of learning that's taken place. It's then thinking about what helps somebody acquire that, other than a long time in clinic.

Matt, as a full-time practitioner here, do you think there's a formula as to how many people do you need to see before you can end up with that volume of knowledge and skills?

**Matthew Bauer:** I had written something about how I went through my apprenticeship in the construction trade before I got into Acupuncture. I talked about how I had a two year apprenticeship, and it started at 40 percent of full pay scale, and every four months it went up by 10 percent, so you had a 40 percent apprentice or 50 percent apprentice, or 60 percent and so on, until you turned out as a Journeyman.

I think it takes a good two to three years of seeing at least 30 to 40 plus patients a week, before you start to produce what I would call a "Journeyman Acupuncturist." When I say a Journeyman Acupuncturist, that's pretty darn good.

In the construction trade, a Journeyman is somebody that may not be a master of all skills, but they are competent. If you give them enough time and resources, they can figure out how to take care of a job.

In my training, I actually went through two different construction apprenticeships, but things happened to me that I was never able to get the training I should have had when I turned out as Journeyman. I was collecting Journeyman pay and I really wasn't skilled enough to be collecting that pay. I had to work extra hard, and make up for my lack of experience.

**Katherine Berry:** Your point being that there's a system in place, and of course that with Acupuncture private practice there aren't systems in place.

I'm curious Josh, from everything you're hearing from the panel here, and the idea of Matt saying that you need to see sort of 40 patients a week. How logically is that you may gradually achieve that?

**Joshua Saul:** That's a great question. I started to practice in Texas and after about seven months I still was only seeing about five people a week. I think at that rate, there was really no way I could stay in business, and I actually moved to Atlanta to be closer to my

family because they're all healthcare practitioners. I could have the opportunity to see more patients.

What I'm really kind of concerned about, is that on some level I feel like there is a disconnect between what we're taught in academia - in school - and what is actually useful for us in practice.

I agree that pulse diagnosis is incredible and we need to learn these other things. There's also this reality of the fact that, if a patient comes in and they don't make some progress on their situation that they are not going to come back, if they don't see results.

What I tend to find when I have these conversations is that folks in academia turn more towards the classics of what we learn in school. When folks get out into practice, they go immediately and take a balance method course like Dr. Tan's type of technique and also like Master Tung's technique.

Because these things allow the practitioner to feel a little bit more confident even though they may not have excellent pulse diagnosis skills or tongue diagnosis skills but still create an immediate or very quick result for their patients.

I think it's a skill that we actually don't get enough of in school. I think it's one of those skills that new graduates would find beneficial because they could go into any kind of situation and be able to actually see that what they are doing is making a difference.

**Katherine Berry:** Indeed. Debra, I was just wondering whether you've got any comment there about this...?

Again, so much of what we're talking about is this idea that you're building a business and you're not getting results, therefore patients are not coming back. But I am also wondering whether part of what we need to be doing more is communicating with other healthcare providers. I was just wondering where the...

**Debra Betts:** Yeah, OK, some things. I can put my hand up here. I would just like to bring a little bit from a woman's perspective to this because I am sitting here, thinking about this.

My journey was a little bit different because I was pregnant when I finished Acupuncture College and within a year and half, two years I was pregnant again. I never went and started straight off with this magical 40 to 50 people. I just want to give a little bit of hope to practitioners out there who maybe because of lifestyle or family or whatever, are working part-time, because that's certainly how I built my practice up.

I could only work couple of evenings and on a Saturday for years while I had my young children and really to me, my success looking back on it, was being able to communicate with western health practitioners and get referrals. Then the second layer of that, possibly the grounding of that, was the results that got delivered in clinic.

It wasn't to me a numbers thing, but an application, a sort of really working with something that I had a passion for, that I was really motivated for, that I was seeking out

as much knowledge as I could about this and widely reading. Not just the TCM approaches but also looking at western medicine approaches and how to adapt that to clinical medicine and getting lots of feedback from midwives and women.

One of the things I did was I followed up people and asked them what had happened and how they were. I keep little records as I went along about what was actually happening and to me that was really empowering. Just wanted to add that.

**Katherine Berry:** How do you feel then, about there seems to be a little duality between people, should people, do you think specialize or gravitate to a certain area or should they remain like Matthew, general practitioners?

**Debra Betts:** I think specialization is a little bit different from how it's referred to in western medicine.

At the moment I only treat pregnant women and I have done so since 2006 and a lot of those are through a hospital clinic. So there is specific type of presentation.

However, I am treating back pain, I am treating emotional stuff. I am treating people who have depression. I am treating people with urinary tract infections.

I mean I am treating a wide range of people even though they are pregnant.... Headaches etc.

Specialization to me in western medicine means you get narrower, and narrower... narrower until you are sort of are completely focused on treating one specific type of condition.

To me everything can walk in through the door, a wide variety of problems, perhaps not what people think.

So I think it's really about treating something that you have a special interest in and something that motivates you, that keeps Chinese medicine really alive for you. I think that's something that's useful for practitioners to focus in on.

**Katherine Berry:** You talked, about your early days of practice, these just slowly built over time. What sort of things were you doing at that time to help it?

**Debra Betts:** I was just going out and giving talks to midwives. This was when I had just been out in practice for two years (only qualified for two years).

I was just saying to midwives "Look, I am really interested in treating pregnant woman" and going along, and giving little talks and answering their questions and giving them literature to show - what literature that was around at the time, - that we had research to show that it was safe...

And just really being able to talk to western medicine practitioners so that they would refer. That's what I was doing as part of my background.

**Katherine Berry:** Again this idea of communication being key.

Matthew, I have got a question for you and this is based on the idea that the language of Chinese medicine can sometimes be quite foreign. What's your advice either when you are communicating to patients or to other health providers?

Do you talk about Qi, do you talk about meridians, how might you use the acupuncture vernacular or virtually translate it for people and Debra I would like to hear your views on this as well once Matthew has made comment?

**Matthew Bauer:** I speak mainly to patients. I don't have a lot of opportunity to speak to physicians, but I actually think it's so simple and maybe so simple that we look past it and not see the simple reality that what acupuncture does is to facilitate or boost the body's own self-healing resources.

I like to say like even when it comes to specialization one of the things we have a problem with in trying to market ourselves or to educate patients about what we can treat is, I used to see a lot of telephone advertisement, yellow page advertisement where there are acupuncturists, and it would say, "We specialize in..." and then they would list 30 or 40 things.

That's different than what western people think of specialization, and it seems like the saying that says, when something sounds too good to be true it probably is too good to be true. That's a problem that we have in helping to educate people about, like Debra says, you can be a specialist in treating one kind of patient but virtually all acupuncturists are generalists and being able to treat so many things.

What I like to say is we are specialist. We are specialist in one thing. We are specialist in boosting the way the body manages itself and that has application in all those 30, 40 different things.

**Katherine Berry:** That's a great conversation to be having with patients but then Debra, a lot of what you have described is actually conversations that you have with other health professionals, which is a different type of language again. Debra, I would really like to hear perhaps how you would advise people to start having those conversations when they go out in to their local community health centers or to GPs.

**Debra Betts:** For me it's a good question. But for me, it's having different explanations that you are comfortable with. Different levels that you can switch to depending on how people look when you start talking

And if their body language changes switch to a different level of communication. I personally don't feel I have to prove the acupuncture works to medical practitioners. I am not out there to convert them. I am just there so they can refer their difficult patients to me.

That's probably how I approach it and I use various different ways of explaining from trying to make the body work better, to help healing so that people can relax and relieve

stress in their body, through to discussing MRI studies that show that when put a needle in a specific point, you get a different reaction than if you just put a needle somewhere else in the body. That putting a needle into someone of course causes different areas of the brain to fire but actually if you put them in different points you will get different reactions.

I offer to send people studies. I will often say “look if you are interested I can email you a few acupuncture studies” and leave it like that and follow through. It seems to be an approach that works well for me. Sometimes I have sent people studies that actually don't show a huge benefit for the acupuncture response, but in western terms it's a well-designed study.

I am able to justify what I might do in practice and also just perhaps just to show that it's safe, that acupuncture did not cause any problems. Especially in pregnancy, that's an important area, and also just to show that I know a little bit about some of the concepts that western medicine think is important and that their paradigm of evidence, is important.

Whether I believe it or whether that western-based evidence is important to me I just have to accept that to them it is important. I need to discuss it with them in their language to make them feel comfortable.

**Katherine Berry:** You made a comment there about going in and offering to take their difficult patients away. Why would that be one of the approaches that you take?

**Debra Betts:** Because I believe that everybody, just about everybody, involved wants to help their patients. Therefore they do have these difficult patients that they don't have all the answers for. I am coming in and saying “look, this is what I am interested, this is what I can contribute , and if you like to refer, this is what you can do”.

In areas like fertility and pregnancy, that's good for people who are not wanting to use medication. It opens a door and lets people refer even though many of the specialists will say to me, "Look, I don't even know, whether I believe this works."

I am saying, "Well, look that's OK," because I am not there to convert them and they believe in what they do.

**Katherine Berry:** That ties back in to what Matt was saying about, if we put ourselves out there to say we treat absolutely everything, it appears that we don't treat anything. But if you say, "Look, I treat the difficult patients and the complex ones and the ones that they have given you a headache I can take those and therefore, you know, clear your load." If you can get good results with those patients and of course that's again another great advertisement for acupuncture itself.

Peter, I am going to ask you a question here, from your experience and obviously having been involved in the profession for so long is, do you think you have seen a change in the medical perception or the medical practitioner's perception of acupuncture?

**Peter Deadman:** First of all just to comment in this discussion, topics go by so fast. My head is thinking to reply to some of that and suddenly we are on a new topic.

**Katherine Berry:** Please jump in at any time.

**Peter Deadman:** So many things I would have liked to say.

**Katherine Berry:** Oh please, you are on stage. Go ahead.

**Peter Deadman:** OK. Just in relation to this particular question. I guess that when we are really being attacked, we know that we are bothering them. Biomedicine is a business. Doctors are a trade union, they have vested interests. If they feel that their hegemony is being threatened, then they will attack.

Nowadays there are definitely stronger attacks on acupuncture. As Giovanni said, 30 or 40 years ago nobody bothered to attack acupuncture because they'd never heard of it.

I think that we have a wonderful form of medicine. We have to be absolutely confident in the strength of our medicine, and we have to promote it in every way possible.

We have to promote good research, we have to announce it, we have to be very strong in what we do to counter the forces that threaten our practice of forces that threaten our practice of trying this medicine.

Ask me another question.

**Katherine Berry:** Right. I was waiting for the comments that you wanted to make if there are other things that you wanted to share?

**Peter Deadman:** Oh, well, briefly, first one I think is specialization is a great idea. Look, we have a problem. All over the world and certainly in the western world people are running schools and every year they are turning out dozens and dozens of new students.

The great majority of these either don't continue to practice after a few years or they hang on with not 50 patients a week, or 40 patients a week but 10 patients a week. That's really common. Let's say probably only about 30 percent of practitioners ever get to the point of having really successful practice and making a really good living.

There are loads of reasons for that. You could blame the schools for training too many acupuncturists and not warning them about the reality of acupuncture practice. You could point to the fact that not who everybody wants to study acupuncture knows how to run a successful business, it's a different skill and they may not be suited for that. But there are ways that people can increase their chances of having a good practice and one of them is specialization.

If you become a specialist, eventually, people will come from far and wide to see you. In China, they call it having an iron rice bowl. Your rice bowl will always be full. I don't dismiss specialization, especially in a world where patients are increasingly well

informed. If a patient comes to you with a problem, they expect you to know more about it than they do.

That's very difficult to manage if you're treating everything, if you're treating gynecology and respiratory diseases and digestive diseases and autoimmune diseases and so on.

That's my opinion.

**Katherine Berry:** That's good.

In fact, Peter, I was on the telephone with a practitioner today. I said, "If you were given the opportunity to talk to Peter Deadman, what would you ask him?"

Her response was, "What do you do when a patient walks into your clinic, and you've never heard of the condition that they have?"

Do you duck out of the room and quickly Google it? Do you declare your ignorance? How would you approach the situation where, exactly what you're saying, you can't know everything. What do you do when that happens?

**Peter Deadman:** When I was a novice practitioner, I used to bullshit. I used to say things like, "Tell me how that condition affects you personally." After a few years, I discovered the best answer is, "Wow. What the hell is that?" More often than not, they love it. They go, "Oh, there's only 20 of us in Europe who have this condition."

Generally speaking, honesty is the best policy. If they're not happy, they'll leave.

**Katherine Berry:** Josh, I have a question. I saw you laughing there about having to *blag* your way through those first few years. How do you feel about that in terms of, you're now a practitioner, do you feel you have to pretend to be a practitioner and pretend to know a lot more than what you do?

**Joshua Saul:** It's good to hear Peter actually say this, because I think I have definitely gotten really good at going, "Hmm," and waiting until they start to talk about something else. [laughs] I think from now on, I'll go, "What the hell is that?" and hope they go, "It's only one of 20 people." I think he's right.

Most recently, I had a patient come in with something similar to rheumatoid arthritis, but it wasn't, and she was very clear about that. I was like, "To be honest, I've never treated this, but this is how acupuncture works. This is how I think it will be able to help you."

Another thing that Peter just mentioned that I think is interesting to talk about, and I don't want to gloss over too much, is this idea of what schools are training us for, specifically, this may also be a question for Matt. Are schools responsible for teaching us the business side of things? I have a family of chiropractors. They didn't get any business training, either.

I'm curious what your opinion is on if schools are responsible for teaching us this, and if they are, how much of the curriculum should be devoted to this?

**Matthew Bauer:** I'll go ahead and jump in, if I could. I think it varies. First of all, I think most schools take the opinion that their main responsibility is to turn out graduates who have the knowledge and ability to pass whatever exams there may be to become licensed in the US or in places where you have to have those examinations, to have that licensing to be able to practice.

I don't necessarily think it's the responsibility of schools to turn out people that are ready to hit the ground running and make livings in private practice, although I think it would be very smart for some school to actually try to distinguish themselves in that way. I've offered to work with anybody that wants to do that, to say, "Hey, in the US, we have over 60 acupuncture approved colleges and there's a lot of competition."

I think if one or two of those schools were to really take the success rate of their graduates within the first few years after graduating as importantly as they take and advertise their exam pass rates, they might turn out to be one of the most popular schools around.

**Katherine Berry:** Giovanni, I've got a question for you, then. Given that we're talking about this business side, you've already mentioned you're very keen on seeing people continue their clinical side. From your experience when you set out, what was the business training you got, but what actually worked for you personally?

**Giovanni Maciocia:** When I set out, absolutely nothing. [laughs] Zero.

We finished our school and we just went home, sitting by the phone, hoping for the phone to ring. It was absolutely nothing. In my personal experience, I was very lucky. As soon as I graduated, I started working for Van Buren, for my teacher. I was thrown in at the deep end, seeing probably 10 or 12 patients a day with him in the other room.

I was very lucky. Generally, colleges did not give any guideline for successful practice-building at all. Nevertheless, we did get on, like Peter and I, for example, we built successful practices. I know other people who did.

I think a successful practice depends a lot on your attitude, your personal beliefs, your integrity, rather than purely business management, in my opinion.

I want to say something about specialization. I personally did not specialize. I found it more interesting that way, to treat a variety of things. I'm definitely not against specialization at all.

For example, if I lived in the same town as Debra and I had a pregnant woman consulting me, I would refer to her, because she would know much more than I do about it. Also, if I have to read about benign prostatic hyperplasia I can do that in Chinese journals and I'm very glad that in China, they do specialize, even in a very narrow way. In other words, in China there are doctors who treat only prostate problems.

There are some doctors in China who treat only that. I wouldn't like to do it, but I'm glad they do. When I'm preparing a lecture and I'm treating a patient, I always consult all the

Chinese journals I can. I'm very glad that there are Chinese doctors who have such a narrow specialization. They know which herb works better for that, for example. I think there is room for both.

**Katherine Berry:** Giovanni, when you're consulting those journals, are you looking for evidence-based research? Is that what's informing you to make those decisions? What sort of information are you looking for in those journals?

**Giovanni Maciocia:** Not at all. As Debra probably very well knows, the standard of the clinical thrust in China is very low. The results are always 90 percent positive, or something like that. I don't read them in order to find an evidence based medicine, but I read them to read about their experience, which herbs work better for the prostate and which don't.... Which prescription will work better.

I found them very interesting, not so much because of the clinical trials associated with them, which I said, are always very low standard, but to read about their experience, the experience of these doctors, who, as I said, are sometimes in a very narrow specialization. [laughs] It could be only benign prostatic hyperplasia, which is quite amazing.

**Katherine Berry:** I'm going to come back to Debra when we talk about standard of research. In the meantime, Peter, you have a comment?

**Peter Deadman:** I just remembered a Japanese martial arts quote.

It said, "I'm more frightened of the kick you've practiced 10,000 times than the 10,000 kicks you've practiced once."

That's the thing about specialization. You have an immense depth of clinical experience, which becomes very powerful. Your knowledge becomes powerful and your treatments become powerful. It's not for everybody, but there's room for specialization and generalization in the medicine practice.

**Katherine Berry:** Debra, I think that's an excellent point, very salient indeed.

In fact, between Giovanni and Matt, representing working in general practice to apply to a whole skill set, versus focusing on one area, so that you become incredibly knowledgeable at it.

I'm going to pick up on something Giovanni said in his passing about the standards of research being low, and a success rate of 90% might be dubious. Debra, I was wondering if you could talk us through some of the language around research.

**Debra Betts:** Hi, thanks. To me, I think Giovanni's absolutely right about how we want to use research can be completely different to how western medicine wants to use research.

To me, research is a big term. It's really just a tool for us to try and use in this way. My take on this is, western medicine really is evidence based. To be properly evidenced for them, you have all these little rules you follow.

You have to crunch the numbers in a certain way and have these nice methodology concepts about bias and randomization and other concepts. That's fine, however, I think acupuncture is really experience based. We like experience from history. We see that as valuable. We see experiences out of teachers as valuable, experiences of other practitioners.

Personally for me that's really valuable at conferences, to talk about other people's practice. We like experiences from China and we like to know what other experienced practitioners are doing, as Giovanni said, what do they find useful.

It's just using the research in a different way. A paper from China is not something that I would give to somebody who was a GP or a fertility specialist, or even a midwife and say, "Look at this, isn't this interesting?"

However it's something that I may take really useful information for myself. It's really just being able put on those different hats and use these different types of research in ways that benefits us.

My big driving force as researcher is:

1. How to talk to western practitioners, so they'll talk to you, can refer you to.
2. How to use it so they don't put us in a little box, where they think that we belong, so that we don't have to buy in and accept exactly what they think is correct and proper, and only conformed to that status.
3. That we should be creating our own ideas about what we think is valuable and the kinds of research that we want to, and how we want to conduct our research.

It's got to be effective for us, as a profession, not just to prove anything to Western medicine, to tick their little boxes. To do that, I think we have to engage in their paradigm but not necessarily accept that that's our paradigm as well.

Paradigm is just a word for worldview. That's just the way I see the world, which is fine...

**Katherine Berry:** Debra, you're just breaking up a little at the end there, so I'm going to hand over to Matt while you re-buffer. Matt, my question for you is then, I know that in a previous conversation you described acupuncture research as trying to fit a square peg into a round hole, that we have been forced to try and conform to a system which actually doesn't apply to us.

It's interesting, Debra is saying let's pick and choose the best that we can, and to do the best we can with what we've got. What are your views on that, when it comes to research, and how it actually applies within your practice, perhaps?

**Matthew Bauer:** I'm reminded of the ancient Chinese saying that says, "When you use your finger to point out the beauty of the moon, you look at the moon, not the finger."

I think that a lot of research is paying way too much attention to the finger, about the method, the means to the end, instead of looking at, "Oh my gosh, look what happened in the end."

I'm reminded when I was going to acupuncture school, about 30-some years ago. I hadn't thought about this in a long time, but I was looking in our library and there was a paper that was written in Chinese journal or somewhere in the Chinese publication. It got translated into English, kind of unusual way back then.

But it was about research that had been done on treating children with deaf-mutism, children that lost their hearing at a young age and then ended up being mute too. I was fascinated by this research, thinking, "Oh my gosh, they were having success with treating these deaf-mute children with acupuncture."

But the research started off saying, "Chairman Mao's proud army of red doctor soldiers marched into this village to conduct this research," and I thought no wonder it was ignored in the west. Not only that, but they didn't have the audiology equipment, so what they were doing was they were seeing whether children could hear hands clapping from how many paces behind their back.

We would look at that and say that's a very dirty finger, an ugly finger, and we would just toss it out instead of saying, "OK, yes there was methodological problems with that research, but, my goodness, they were actually having some success in treating deaf-mute children with acupuncture." I looked at it from a practical sense.

**Katherine Berry:** Debra made the point about even bad research can work in our favor, also even research that doesn't point favorably to acupuncture, you might still use those papers. How would you do that within those conversations?

**Debra Betts:** To me, if I just take issue with the bad research, I think it's about that...Research can be done for a whole lot of reasons, so it's about using it in a way that reflects something that's going to be useful for you.

Again, coming back to that research from China, it's about what does that tells you as a practitioner, and perhaps not using it to illustrate to western medicine practitioners, but still gaining use from it, that you might have in your own practice.

I think it's really just been clear to be able to say things to practitioners like, "Look I realize this isn't a randomized controlled study. The women got to choose which group they wanted to be in. There's some bias issues with this, but look, isn't it interesting that these women reported the improvement in their sleep?"

Or to be able to just say, "Look, I realize this study has a really wide confidence interval, but, look, isn't this interesting that in this study, this is what happens."

Also, using studies where they explore perspectives. That's qualitative research, where you actually are saying, it can be very powerful for people to hear stories, and to think, "Oh, I've got patients like that, I've got patients who are constantly ringing me and feeling really stressed, and there's a nice little quote that says, 'As soon as the needle went in I felt my stress slipping away.'"

It's about making connections the Western medicine practitioners can understand, on our

terms. I would like for us to be able to do this.

**Katherine Berry:** Peter, I'm just curious, we're talking a lot about research, and obviously I'm now asking you as the editor of the Journal of Chinese Medicine, is how big an influence has that had, do you think, on the profession in the last 35 years since you've been responsible for publishing those articles?

**Peter Deadman:** Certainly, in the early days there wasn't a lot of research, it didn't exist. We've hardly ever published research articles. It's not because we don't like research, but frankly, unless you're a researcher, they're pretty boring to read, pages and pages of methodology stuff.

I quite like research, and we do make a big thing of abstracting all the research we see and putting it on our news pages. I don't think it's the be-all and end-all of our efforts to promote acupuncture, but I think it's very valuable. Actually a lot of the acupuncture research is incredibly positive, we should be doing our best to put it out there.

**Katherine Berry:** You just said it's not putting our best foot forward in promoting acupuncture. What would be?

**Peter Deadman:** I didn't quite say that, but I said it's not the be-all and end-all of it. What is your question, how do we promote acupuncture?

**Katherine Berry:** Yeah, what would be the best way for us, as a professional group, to get recognition for acupuncture as a viable medicine? If the research isn't necessarily solid enough, and there aren't enough people engaging in it.

And so now putting research aside, moving on to looking at other strategies that we can be doing to further engage the general public.

Also I'd like to reflect, too, how far, as you mentioned, how far acupuncture has come in the last 40 years. How do we keep it on that trajectory of continuing to be accepted?

**Peter Deadman:** Probably the most practical way is for us to all put our hands in our pockets and employ PR companies all over the world to do it, because that's their job. We have an incredible medicine, we have hundreds of thousands of patients that have benefited from acupuncture. We have an incredible range of problems we're able to help, so really the question is how do we get that information out there.

I play my part, [laughs] through the journal website we try to promote all the good news there is about acupuncture. We just need to multiply that activity.

**Katherine Berry:** Indeed. Giovanni, again I'm turning to you as one of the pioneers of the profession. In that process, what do you bestow to us as acupuncturists in terms of how you'd like to see your hard work that you put in to getting us to where we are today, in terms of how we continue to promote that...?

Again, I think that a lot of the concerns that we heard from our members was around recognition of acupuncture as a viable treatment, it's putting it in a good standing in

public healthcare and integrative medicine.

**Giovanni Maciocia:** I don't know, maybe I'm too optimistic, but I think we've reached a point of no return. As I said, in the earlier times nobody attacked us because we were completely unknown. Whereas nowadays, in England there's a group of doctors called the Quack Busters, who dedicate their lives to attacking complementary medicine. Not only acupuncture, including my book, for example, they mentioned in their website.

But it doesn't seem to have any effect, does it? Patients still come to us, patients still love Chinese medicine. Chinese medicine is great. I don't know, maybe I'm too optimistic, but I do think we've reached a point of no return and all these attacks don't really have any effect, do they? The Quack Busters and all that.

I think the most important thing is our attitude, our integrity, and learn.

Always learn, learn, learn.

Learn as doctor Shen used to say, with his amazing experience he had. He said he always asked when he saw a patient, he always wanted to know why they were ill. He said, "I always ask myself, 'Why? Why? Why?'"

We have to constantly learn, learn and learn...

**Katherine Berry:** I'm going to come back to that continual learning, because I just wanted to pick up on something you said there, where acupuncture has always existed, and it's a perhaps a perceived threat as to whether western medicine is...whether it values us or not. One of the things that I think is fairly new, that we're seeing is the encroachment of other health professionals now doing acupuncture.

It's a little bit of the flip that I mentioned in the beginning. It's a victim of its own success.

It's not it doesn't work or how it works. It's like, "Wow, it works so well, I'm now going to do it even if I've only done a weekend's course."

My question then is, while I understand your optimism, there is in fact a concern about this encroachment from other health professionals and how we position ourselves as traditional acupuncturists.

**Giovanni Maciocia:** To tell you the truth I don't know, Katherine, about this question. This question is very much alive here now in the United States, with this question of dry needling. I think probably, Joshua knows a lot more about this than I do.

But I still think the best response is for us to be as good as we can, really and that's my view. But maybe Joshua has more about this issue than me, there's a lot of talk in United States about dry needling and who's allowed to do it, and who's not allowed to do it.

**Katherine Berry:** I'm going to head over to Josh, but Giovanni, just before if you could pop your camera just slightly because we're just sort of missing the bottom of you this. If you just re-adjust your computer screen that would be great.

Josh, what's your commenting on that; I will call it dry needling, because that's the term that Giovanni used. Thanks Giovanni.

**Joshua Saul:** I think dry needling is really just one of the many issues that we're facing, at least I know here in the States. I think really the problem is that we're playing a different game than one everyone else is playing.

We're playing checkers and they're playing - or maybe we're playing Chinese checkers and everybody else is playing checkers. But in any case, there are certain ways to play this game that would help to legitimize our profession and we just haven't either woken up to that or really embraced that yet.

As we said Katherine, they haven't rejected the idea of acupuncture. Medical doctors, chiropractors, physical therapists, they're all using acupuncture needles on acupuncture points, and they're calling it dry needling.

The issue I think is that, when many acupuncturists try to step into that western world, they don't have the language that they need to reach these other practitioners, to create these referral situations.

I know a lot of physicians who have said, "We would like to refer to you but we need to understand how it works." Explaining how acupuncture works to a patient is much different than explaining the mechanism of action to a medical doctor.

I would always ask my teachers about this and they say in general terms that "we stimulate the body's ability to heal itself". That's great but doesn't help us explain acupuncture a medical doctor. , Recently, I read an article by an acupuncturist here in the states named Chris Kresser whose article was called "Demystifying Chinese Medicine."

In this article he gives a western explanation about one of the possibilities of how acupuncture works. Since then, I've been able to actually have conversations with physicians. They go..."Oh. That makes sense."

**Katherine Berry:** Could you share that with us, Josh? Could you give us an example? Assuming I am now a General Practitioner in your local area and you've got two minutes of my time. How might you communicate with me about your new service that you're just setting up there in Atlanta?

**Joshua Saul:** Sure. About service or about how acupuncture works?

**Katherine Berry:** About how acupuncture works.

**Joshua Saul:** Yeah. If you were a physician and assuming we're not going to get entirely technical about delta fibers and that stuff. Essentially, what I say is, with regards to pain, there are two classes of fibers in the body. There is your sensory fibers that tell you temperature or pain and there are locational fibers that tell your body "Oh. My arm is over here."

First of all, both classes of fibers respond with different levels of stimulation. The one

that realizes the sensory perception has a very low threshold and you feel pain very easily. If you put your hand in a fire, you're going to pull it back really quickly.

The thought is that when there's an injury, the locational fibers don't fire correctly. When a needle is inserted it tells the brain, "Right here." A lot of times people come in, they have this thing they feel, "Shoulder is somewhere back here. I know It hurts, but I'm not quite sure where". What the acupuncture needle does is it actually causes a little micro trauma that heals over one or two days but it is helping restore function to the nerve pathway.

When we put that needle right there, we actually release blood flow locally, but the brain also releases enkephalin and you get an immediate pain response and the pain relief.

This kind of explanation to a Western doctor is a step towards reaching out to them, whether or not this is how acupuncture works. This at least is a step in that direction where we can tell them, "Yes, we're confident, we understand that there are sensory fibers, but we're doing something physically not just manipulating Qi," which when you say that their eyes glaze over and the conversation is over.

It's important for us to train students to be able to have these kinds of conversations so that when they come out of school, we're able to build a referral network. We could specialize or we could do whatever, but we have more of a chance of success. That is really important.

**Katherine Berry:** How does that resonate with you, Debra? Josh has said succinctly that the idea, you're using a language which is familiar to western medical practitioners.

**Debra Betts:** That's absolutely correct. It's about finding your own way that you're comfortable, so you come across as sincere. It's about doing the research and the reading so that you feel comfortable having those conversations.

There's clearly information out there, , you now have to find information that's good quality so that you can present yourself well. To me, the big thing is people use integration a lot. There's different theories on that, and, to me, the reality is acupuncture is so useful that people will want to claim it and use it.

I personally train midwives, so I'm guilty of running those short courses for midwives.

To me, it's about staying within the scope of practice. Yes, they can use it, but they're very much aware they're only using a tiny bit of what Chinese medicine actually is.

To me, there's the idea that unless we fail to actually claim what we do and why we are the people that should have these referrals, and why people should be referring to us and not a midwife or a physio who does some acupuncture, they will cherry-pick.

They will cherry-pick the parts that in their mind that work because of the rationale of why it works, and they'll say, "Right. We can do this, we're the experts." They'll cherry-pick bits and integrate it into their medicine and then it would just be medicine.

It would be part of their discipline. Or they'll take us over and they'll do like a business-merger-takeover, come in and just completely use the clinics and hospitals that are western medicine clinics to deliver acupuncture their way, their style.

Or, we have an option, which I like, the Trojan horse idea. Where we are changing their thinking through being able to interact, so that actually it's on our terms. We move in and treat people within hospitals, with strong referral clinics.

Just coming back to the fact we think we have to find some way to work with western medicine because it is the dominant paradigm. If we fail to do that, we do run some risk of losing our place and staying slightly on the edge.

Will they take our medicine, or what they think of it as useful, into western medicine, claim as their own? You can already see that with the dry needling people who say they're not using Chinese medicine, and they make a big claim about how their techniques work using their western explanations to understand what they're doing.

**Katherine Berry:** Indeed. Today, you've made a very salient point there about us, as a profession, then having to evolve and having to continual learning. Giovanni, I've never heard anybody say in one sentence, "Well, this morning, when I was reading the Neijing..." so casually as if it was the morning newspaper.

[laughter]

**Katherine Berry:** Please don't tell me it was actually in Chinese. You're reading the Neijing in its original language? [Giovanni nods and all laugh]

In my introduction and you'll see in Giovanni's biography, he speaks multiple languages and he taught himself to read Chinese. Which comes in handy when you want to read the Neijing for breakfast.

Giovanni, obviously you have been dedicated throughout your life to ongoing learning and in sharing that with the rest of the profession through your textbooks, I'd really like to hear about what your view is on the responsibility of the practitioner themselves to take on that role of continuing to learn, as Josh was mentioning, the language of western medicine, the research which is coming out of places.

**Giovanni Maciocia:** Practitioners are lucky now compared to years ago that there are so many books around and so many of the Chinese classics which have been translated.

That's a huge bonus for practitioners these days.

There's the Shanghan Lun, the Jin Gui Yao Lue, half of the Neijing, so that's a huge bonus for present-day practitioners.

Of course, there is always the thorny issue of translation, and there are disagreements. I don't find that a very big issue, the translation.

I was more concerned about what I found out years ago when I was reading these books

in French. I found the Neijing in French, and I was devouring it. It was only years later when I started reading the Chinese Neijing that I realized there were entire paragraphs which the French had added to the Neijing without saying so.

Entire paragraphs, I was glad that I was able to read the Chinese. This is not the problem we have nowadays because there are excellent translations of very many of the classics.

**Katherine Berry:** I've got a question for you about the classics. It actually stems from a previous conversation that we have had privately when you revealed something to me which I think is going to shock the Chinese medicine world.

I was wondering if you feel like sharing that today because I think it is a fundamental shift when you were talking about legalism, Confucianism, and Daoism, how perhaps we're being misled into thinking that that's the foundations of Chinese medicine and what that means for a clinical practice with regards to the heart being the emperor.

**Giovanni Maciocia:** That was only an example that I gave you. The last seven-eight years, I've been completely absorbed by the history of Chinese medicine and the philosophy behind Chinese medicine.

I have come to the conclusion, that's not only my conclusion, Unschuld has this conclusion too that Chinese medicine, especially the Neijing, is influenced very much by Confucianism and Legalism, not so much by Daoism as everybody thinks it is.

The view of the heart as the ruler is very much Confucian. I have no doubt about that whatsoever. I personally dislike Confucian philosophy for reasons which would take too long to explain; as the idea of the Heart as the Ruler is primarily Confucian, we do not necessarily have to accept that. [laughs]

Chapter 44 of the Su Wen says that the lungs are the ruler. Chapter 78 says that the liver is the ruler.

**Katherine Berry:** What are the implications for a clinical practice if that's the case, if the heart is no longer the emperor?

**Giovanni Maciocia:** Huge, you could make a very strong argument for the kidneys being the ruler.

I remember Peter years ago he probably won't remember, years ago Peter said I'm a "kidney freak".

I confess, that's true, [laughs] I'm a kidney freak.

The heart is the ruler because it houses the Shen of course. The Shen is your mind, the consciousness/ the self, it is the ruler from that point of view. From the physiology point of view, you can make a very strong argument for the kidneys being the ruler.

Li Dong-Yuan, the famous doctor of the stomach and spleen school will argue that the stomach and spleen are the ruler. In other words I'm saying that many of the Chinese

medicine ideas are influenced by the philosophy behind it.

We don't necessarily have to accept it. Another example is the hugely prominent role given to anger in Chinese medicine. That's very Confucian because anger leads you to rebel and that's the worst thing you can do in the Confucian view of the family and society where everybody has to obey someone else.

The wife obeys the husband. The younger brother obeys the older brother. Everyone obeys the emperor. That's one reason why anger is such a prominent emotion in Chinese medicine. In my experience, in the patients we see, grief, worry and sadness are much more predominant and important emotions than anger.

That's all. I just find it fascinating how many of the things we take for granted as being TCM or Chinese medicine, the philosophical background, it's fascinating.

**Katherine Berry:** Do you know what I find really fascinating as well? We've taken it for granted as a profession for a very long time, and I took comfort in this as a practitioner, that once you learn the body of Chinese medicine, it will never change, unlike Western medicine.

Which, of course, if you read the British Medical Journal and you read from 10 years ago, all the publications from then have been totally disputed now. There's this constant evolution of the Western medicine paradigm.

Acupuncturists, we call it a paradigm. It's really not. It's a very moveable feast and there's not one homogenous group.

Given that Western medicine itself is constantly updating itself, do you think it's time that we as acupuncturists update the way we think, the way we do things? We're relying on things texts, as you say, from thousands of years. How do we modernize?

**Giovanni Maciocia:** I think yes, but not in the same way as they update Western medicine. The liver controls the eyes and it always will control the eyes and the tendons.

It's not so much updating for me as more like a kind of archeology. Seeing what is behind some of the ideas of Chinese medicine, and whether they really apply to us, or not. That's how I see it, more than updating.

Dr Shen used to say about Chinese medicine. He used to say Western medicine is very difficult to learn, and very easy to practice because you just sit behind the desk prescribing a drug. He said Chinese medicine is very easy to learn. The theory of Chinese medicine is not difficult, but very difficult to practice. That's what Dr. Shen used to say.

**Katherine Berry:** Peter, I've got a question for you then, given that I know that the classics of Chinese medicine is a passionate area for you. Thinking, in the time that you started out, did your views on Chinese medicine theory change?

My thoughts here are around the evolution of our information body.

**Peter Deadman:** I was just actually thinking as Giovanni was speaking and your question, I think it's the nature of Western science to always have one truth at a time about a given subject. That truth is then abandoned in light of new evidence.

I think in Chinese medicine, there are multiple truths and there always have been.

The way Chinese medicine evolves is it revisits ideas of the past. If you take, for example, the last 20 or 30 years, it seems to me a whole range of chronic diseases that were previously viewed in a particular way, for example deficiency, are now being viewed in terms of stagnation.

If you take dementia or Alzheimer's disease, previously it was thought that this was a sign of decline of Jing that is normal with aging. It's now very much emphasized that it's due to blood stasis or blood stasis and phlegm. The treatments are completely different. But these ideas always existed in Chinese medicine.

They're not exactly new ideas. They just come round again or the great repertory of ideas and theories are dipped into to experiment with new treatments.

**Katherine Berry:** Matt, you've got a comment about that?

**Matthew Bauer:** Yeah, I don't want to miss this opportunity because there's a couple few thousand plus people from all over nations here and, as Giovanni says about the background of the philosophy, just want to throw out that before I decided to try to get real practical and help people about how to manage a practice and to get into the nitty-gritty of clinical detail, I spent 20 years with my head in the question of, "How did Huangdi Neijing, this great classic, how did it come to be in the first place?"

Because it's not an introduction to a new practice, it's an attempt to establish some high standards for something that was already practiced. Nobody in that book bothers to explain how it was they got to that knowledge.

That's been a big passion of mine. Actually, the subject of my first book is, I should have called it, somebody told me you should have called it "Before the Yellow Emperor." I believe that Daoist philosophy, Lao Tzu Chung Tzu really hold tremendous keys to the issue of the prewritten evolution or the prehistory, written history evolution of Chinese medicine.

I think all of it is important, but in a way, I would even throw out there that by the time we have written records that the really interesting gestational period had already passed. That's a special subject to study of mine. I just throw it out there for anybody that might have an interest in that subject.

The prehistoric evolution of Chinese medicine, how not only how were the points discovered, but how did the idea of Wu Xing the five phases, the 12 bilateral, and two central pathways with 360 some points, why those numbers exactly?

My belief is the single biggest influence on all of this before Confucian school of thought or legalism school of thought, the single biggest influence on a book like "The Yellow

Emperor's Classic" was ancient astronomy.

That's a very highly specialized subject but if you look at the way the ancient people came to organize the sky so they could better understand the movements of the celestial spheres, you'll see it's the same methodology that ended up being used...

**Katherine Berry:** It's interesting that a lot of what you're saying there, Matt, is in fact you're encouraging people to start looking backwards in order to understand where we're at, whereas Debra and Joshua really focused on where are we going with all this.

I love that Giovanni and his optimism is reflected exactly where we are right now. I am just looking at doing a wrap up of all the things that we have talked about and the time has flown by.

There are so many more questions that I have. Peter, I'm very sorry we didn't have the chance to talk about community acupuncture because I know it's a passionate area of yours. Certainly, it's a way that new graduates can see high volume of patients.

That's something we can take to the chat below the video. I just wanted to put it to the panel, if there's anything pressing that you really wanted to share with the audience if you just suggested to me so that I know that we don't close without you feeling that there is something else you'd like to add.

Peter, I'll hand it back over then to you.

**Peter Deadman:** Just a quick one, there was discussion earlier on about how we communicate with doctors and how we communicate with people who set health policy.

In terms of our work and also in terms of the success of our practice, one of the best ways we can communicate is communicate well with our patients.

In my experience, patients love Chinese medicine. They love the explanations. If we make a diagnosis and we make a differentiation of Yin deficiency, of Qi stagnation, of dampness or damp heat and then find a way to explain that meaningfully to a patient, that can be a really significant event for them.

It can be the first time anybody has given them any kind of really meaningful insight into the kind of problem that they have. If we communicate well with our patients, they trust us.

If you have patients who trust you, then they recommend other patients. Communicating with patients is at least as important for our practice as communicating with doctors and so on.

**Katherine Berry:** Peter, while we're talking about it, how do you get those patients? I'm sort of jumping back to that previous discussion about attracting new business, but you have to have attracted them in order to be able to engage them. How do you scoop them out there, out of the community?

**Peter Deadman:** In some ways, I am not qualified to comment. When I started I was the second acupuncturist in the town. I had a completely different experience. You just deal with everybody as best you can.

As Debra said, I went out, I gave dozens and dozens of talks. I wrote letters, you just put everything out there you can, and deal with the patients that you have as authentically, sincerely, as connectedly as possible.

**Katherine Berry:** Matt, you've got something to add?

**Matthew Bauer:** Yeah, just quickly, when Peter brought this up. I was so happy to hear him say this, when he talked about the way to really reach people is maybe to dig into the pockets and hire PR companies because as you know, Kath, that's exactly what we are trying to do right now with the Acupuncture Now Foundation.

We are very seriously trying to gather resources and get support for attacking the communication gap, to hire experts that can help with our messaging to get across to people what acupuncture especially is all about.

If anybody needed a PR company, if any medical system, ever devised on this planet, needed a PR company, it's acupuncture because it just seems so bizarre to people and the truth is on our side. We don't have to come up with unethical campaign but we do need professional help to help us get out and to get the right messaging to the right people in the right way.

Anybody interested in that, please follow up with us on it because that is what I am looking for in my next phase in my career to be about.

**Katherine Berry:** It makes sense. I would like to invite everyone in our audience to liaise with Matt Bauer in our chat session which is going to follow shortly after. We are just about to close down now.

Josh, I'm just going to hand over to you. You do represent all the new graduates and people out there or perhaps those who have been in practice for a long time and want to go to the next level. Are there any more questions you have for the panel before I do a little wrap up?

**Joshua Saul:** I really want to thank these experts, these teachers, these folks who have really shared their knowledge in this panel. I think that we have some serious issues we face as a profession and as long as we keep at it and keep working towards a solution, we will get there.

It's going to take some work, and I think it's going to take looking at things from a different perspective than what acupuncture has been from the modern time to now and even more as it grows. I think Matt's idea (the Acupuncture Now Foundation) is a great idea.

I think it is our responsibility to produce more effective practitioners right out of school so as to create a professional who has the financial means to contribute to a PR campaign

and whatever ways we use to teach people what acupuncture actually does why it's so wonderful. Thank you everyone, I really appreciate it.

**Katherine Berry:** You have heard it here today that Giovanni Maciocia says that he is optimistic and the future is bright.

Using Matthew Bauer's communication skills to see if we can get this fantastic PR campaign going internationally, we can really communicate to patients specifically.

As Peter said, our responsibility is to communicate directly with our patients, every single person you see is one person that can change and grow our profession.

I hand it over to you as an acupuncturist. That's our responsibility. What we are going to do is hear from Debra in the coming months about how we can all use research effectively. I think there is a bit of sense that *research* is a geek in a corner, and it's like we are not using it as a tool as it could be.

We are really looking to hearing more from Debra shortly and we certainly look forward to using everything we possibly have from PR to direct relationship with patients to the research we have got available.

Now I am going to do a wrap up very quickly. We did say that there was an opportunity to win a year's subscription to the Journal of Chinese Medicine just by participating. Luke, my business partner has chatted me through and said that the winner of this price, in fact I am going to tell you what the price is just before I announce it.

The JCM has roughly 900 full text journal articles and 2,000 often detailed abstracts from the Beijing Published Journal of Traditional Chinese medicine, and 20 years' worth research news about acupuncture, herbal medicine, Tai Chi, Chi Gong and lifestyle. It's with great pleasure that I hand over the price to Elena van der Hall from the Netherlands.

You will be hearing from Peter in a private interview very soon about how the Journal of Chinese Medicine started. I think it was in his bedroom or lounge room, that Peter started copying and sticking bits of the journal together back in 1979.

Elena, that prize is going to come to in the next couple of days.

The next thing I would like to ask you as practitioners is to participate in acupuncture professional work by becoming a guest blogger. We are going to send you a link so that if you have got anything that you want to say and share, we can help be your voice. We are going to send you that link to the guest blog application form.

We would also love it if you could help us out by liking us on Facebook. That will also give you an opportunity to hear from us when we have got some news and updates. If you are already on Facebook, you know that we do like to just share a joke there as well.

As I mentioned earlier, there are a couple of things to come, so do stay tuned. IMPACT is in fact, a whole series of events. We have launched it today with its fantastic panel of experts, and if any of you dropped out or you have just tuned it, our video replay will be

available within an hour or two.

To my guest panelists, I really want to thank you all for coming along tonight. In recognition of our thanks to you, we would like to gift you all a one year subscription to Acupuncture Professional, our way of saying thank you for being such wonderful panel members.

You have been listening to Giovanni Maciocia, Peter Deadman, Matthew Bauer, Debra Betts and Joshua Saul. Thank you so much for your time and we certainly look forward to Impact happening again so that we answer more of these questions for you.

Thanks again. Bye, bye.

**Joshua:** Thanks everybody.

**Peter:** Bye, Kath.

**Giovanni:** Thank you, Katherine.

**Matthew:** Thank you, Kath.

**Katherine:** Bye.

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