

Conference Reports

Australasian Acupuncture and Chinese Medicine Annual Conference (AACMAC)

Adelaide, Australia
21–23 May 2010

Peter Ferrigno

This year AACMA held its twelfth annual conference in Adelaide. In welcoming participants, the AACMA president, John Deare, noted that more than two hundred delegates would be attending the conference. A small contingent of overseas participants also attended: from Germany, Korea and New Zealand. As in previous years, the main conference was preceded by the cocktail party on Friday evening, which allowed most participants the opportunity to catch up with colleagues from past conferences and to make new friends as well. Friday was also the time to attend one of the many scheduled practical workshops (in distinction to the short presentations on Saturday and Sunday), where practitioners could listen and learn some new techniques or different treatment approaches to some difficult-to-treat conditions from their colleagues.

We witnessed around fifty offerings at the conference, covering a broad range of interesting topics: techniques in clinical practice, research findings (both quantitative and qualitative), professional issues and implications for the future of Chinese medicine (CM) practice. Of significance is that the AJACM is intending to publish some of the conference offerings in the foreseeable future, which will add to a more global profile of CM as it is practised in Australia. Zhen Zheng reported on the National Pain Strategy, a project on which the Chinese medicine

profession has collaborated with other healthcare providers with a view to situating acupuncture in particular as part of primary healthcare provision for people with pain. It is worth noting that the nexus between acupuncture and pain has been receiving increasing media attention.

One of the keynote speakers this year was Gunter Neeb, well known for his translation of the text *Blood Stasis* (reviewed in AJACM Vol 3, issue 1). Dr Neeb presented on the topic of *Huo Shen Pai* (the fire-sprit school), a Chinese herbal tradition of using very hot natured herbs to treat hot symptoms due to the flaring of ministerial fire. Another interesting presentation (Judy James) was on the Traditional Chinese Medicine Endangered Species Certification Scheme (ESCS), which is an innovative program funded by the Commonwealth Department of the Environment, Water, Heritage and the Arts (DEWHA) and administered by AACMA. Ms James outlined the practitioner benefits of being accredited by such a scheme as well as the need for the TCM profession to raise the profile of the initiative by informing the public of the responsible role AACMA members take in dealing with this serious threat to endangered species.

Saturday evening saw the gala dinner, which was held at the Adelaide Wine Centre. This gave all participants and their partners an opportunity to sample

fine South Australian wine and food, and dance the night away. A highlight on the evening was the launch of the third and final volume of Will Maclean and Jane Lyttleton's *Clinical Handbook of Internal Medicine, Volume 3: Qi Blood Fluid Channels*.

Repeated again this year was a panel discussion where several well-known practitioner and academics were asked to give a short presentation and then respond to audience questions. Of particular interest was the discussion among practitioners of significant changes occurring in the profession, which will quite likely have profound effects on the future practice of CM Australia-wide. Foremost among these changes is the move to a national licensing system for practitioners of Chinese medicine and acupuncture. As an organisation that has been in existence from the very beginnings of acupuncture practice in Australia, AACMA (and its forebear Acupuncture Ethics and Standards Organisation Limited) has essentially taken on a dual role: accrediting/registering practitioners and functioning as a professional association, hosting such activities as conferences, workshops, seminars, etc. For AACMA in particular, given that its accrediting role will be formally taken over by a national authority, a significant challenge will be how it (re)defines its role as an association representing its members and profession.

Paralleling this challenge is what we could refer to as 'boundary disputes' and 'ownership' of ideas and practices. Specifically, this challenge refers to the controversial practice now identified as 'dry needling': a way of practising acupuncture without using the word itself, a term proscribed, at least in Victoria, by the CMRB. Presumably, when the national registration comes into existence the new registration board will take a similar view and proscribe the term. The new board's attitude and action on the practice of dry needling will indeed be watched with interest. AACMA's presence and influence in this boundary dispute is likely to be a crucial one.

The other area of continuing debate alluded to by some conference presenters was similar in nature to the question which Heiner Fruehauf has posed: where is Chinese medicine going? To what extent are its medical ideas, especially those relating to its classical origins, being weakened and will Chinese medicine become 'biomedicalised' in research approaches and in its theoretical bases? As John Deare cogently argues, one response would be to increase publications with a more classical Chinese medicine perspective. Similarly, in a recent interview Volker Scheid

argued that we should resist the structural and cultural pull towards what he refers to as 'technique and standardisation' and more importantly we should take a firm hold of the ideals implicit in the scholarly Chinese medical tradition. The possible consequence is if we do not, Chinese medicine may become so transformed that its theoretical foundations will be lost or made unrecognisable. Again, as a professional association, AACMA's role will be a critical one. At the same time, individual practitioners are being exhorted to contribute more and become published. Participants at the 2011 conference to be held in Perth may provide us with further responses to these questions.

Participants also had the opportunity to view academic posters across the two days and as in past years presenters were awarded prizes across several categories. The prize for over-all best paper went to two joint winners this year. These were Stephen Janz for his paper 'Plantar fasciitis: an update on acupuncture and conventional treatment methods', and Paul Movsessian for his paper 'Abdominal diagnosis and point selection: bridging TCM with Japanese style acupuncture'. The best research/scientific paper was awarded to Byeong Sang Oh for his

paper on a 'Randomised, controlled pilot trial of electroacupuncture for nausea, vomiting and myelosuppression in women receiving adjuvant chemotherapy for early breast cancer'. Clare Pyers was awarded the best paper on clinical practice for 'Disambiguating psoriasis: a closer look at the role of the heart, small intestine and kidneys'. The best poster prize was presented to Johannah Shergis for her poster on 'The role of Chinese herbal medicine in the management of chronic obstructive pulmonary disease (COPD)' and an honourable mention for first presentation at a conference was given to Dan Hall for his paper 'Acupuncture point injection therapy in Australia'.

The TCM industry was also well represented with suppliers and manufacturers making up a diverse trade display incorporating acupuncture needles, herbs, lasers and other clinical supplies.

Again the conference gave the opportunity to promote academic exchange and to encourage debate and dialogue within the profession but also for the renewal of friendships and networks between individual practitioners, academics and researchers.

International Congress on Complementary Medicine Research: Complementary Medicine for the Chronically Ill

Tromsø, Norway
18–21 May 2010

Ben Colaguri and Suzanne Grant

The fifth International Congress on Complementary Medicine Research (ICCMR) was hosted by the National Institute of Complementary Medicine, University of Tromsø, Norway. Tromsø lies a mere 2000 kilometres from the North Pole, with a latitude of 70 degrees north: luckily for the delegates it was summer! Tromsø was an absolutely beautiful setting for the conference. Although the constant daylight took a little adjusting to, it created a somewhat mystical atmosphere to explore the polar museum, eat delicious seafood and hear about the latest in complementary and alternative medicine (CAM) research.

The Congress is organised annually by the International Society for Complementary Medicine Research, ISCMR. ISCMR is an international scientific organisation of researchers, practitioners and policy makers that fosters complementary and integrative medicine research and provides a platform for knowledge and information exchange to enhance international communication and collaboration.

Around 400 researchers from 35 countries gathered for ICCMR 2010. The conference was an exciting blend of the latest research findings (both clinical and basic research) in CAM and a forum for discussing basic evaluative concepts, methodologies, and strategies appropriate to CAM. This year's Congress focused on exploring research on complementary medicine for the chronically ill. Topics covered many different CAM modalities, including Chinese herbal medicine, acupuncture, homoeopathy, meditation, osteopathy, yoga and integrated care

programs. With four to five sessions running at any one time, it was often a challenge to decide which one to attend. Parallel sessions that ran over the course of the conference were thematically grouped to cover areas including paediatrics, cardiovascular disease, diabetes, fibromyalgia, and economic issues.

Several papers were presented examining the use of acupuncture in the treatment of fibromyalgia (FM). In a systematic review presented by Huijuan Cao (Beijing University of Chinese Medicine), it was reported that TCM therapies appear to be effective in treating FM, especially when combined with conventional medications. The conclusion, however, echoes many systematic reviews of acupuncture interventions, that is, that due to the methodological flaws in the included trials, further large, rigorous trials are required to strengthen the evidence.

A number of papers were delivered on clinical research in diabetes, including my (SG) own paper. This paper reported on a randomised controlled trial (RCT) of a Chinese herbal medicine (CHM) in the treatment of impaired glucose tolerance (IGT) and insulin resistance. This trial found that CHM increases insulin sensitivity compared with placebo. In another RCT, Nerida Klupp (University of Western Sydney) reported on *Ganoderma lucidum* for the treatment of hyperglycaemia in persons with type II diabetes and metabolic syndrome. The study failed to find any significant difference between placebo and active interventions.

While not strictly within the realm of 'chronic disease', several papers reported on research on hot flashes in menopause. Results from a trial of 267 postmenopausal women in the Norwegian ACUFLASH study showed that individualised acupuncture treatment and self-care contributed to a clinically significant reduction of hot flashes at 12 weeks, but that there was no difference after treatment ceased at 6 months or 12 months.

Another paper of interest to fellow acupuncturists was 'Does needling sensation (*deqi*) affect treatment outcome in pain?' presented by Peter White (University of Southampton, UK). This question about acupuncture seems to be about as old as acupuncture itself. In this study the importance of the strength of *deqi* was assessed in relation to the clinical outcome in osteoarthritic pain. Interestingly, there were no significant correlations between strength of *deqi* and improvement in pain. There was also no significant difference between those who felt *deqi* and those who felt no *deqi* in relation to pain relief. This led researchers to conclude that the presence and intensity of *deqi* has no effect on the amount of pain relief experienced by patients with OA. This robust result would appear to have implications for acupuncture treatment or at least will spark further debate over this controversial topic.

There were two sessions dedicated to complementary medicine in cancer. Marja Verhoef (University of Calgary, Canada) presented a pilot study aiming to better understand cancer patient's pathways of care using both qualitative

and quantitative methods. Shea Buckman (National Cancer Institute/Office of Cancer Complementary and Alternative Medicine, USA) discussed the limited number of evidence-based patient education materials available to cancer patients on CAM and highlighted the need for developing and evaluating both print and online publications to facilitate cancer patients making informed decisions. Puladan-Müller (Danish Cancer Society) presented a systematic review of reviews and meta-analyses of biologically based complementary medicine practices for cancer patients and raised some interesting question regarding how best to communicate evidence to cancer and other patients considering using complementary medicine.

There was a very interesting session on trial design for complementary medicine research with some alternatives to the traditional parallel randomised placebo-controlled trial being presented. Reiner Kaschel (Centre for Neuropsychology, Germany) and Sunita Vohra (Children's Hospital of Eastern Ontario, Canada)

discussed the relative advantages and disadvantages of N-of-1 trials, in which only one patient is recruited and studied. Clare Renton (University of Leeds, UK) also presented a new approach to pragmatic RCTs in which patients are recruited to an observational study with random samples being taken from this cohort to form intervention groups, thereby providing a more naturalistic control group than either waitlist controls or no treatment controls groups. It was great to see a large audience in this session and an enthusiastic discussion about such an important issue facing not just complementary medicine but also medical research in general.

One of the most interesting general themes that emerged over the three-day conference was the dialogue on appropriate models for CAM research. An example is the aptly title paper presented by Claire Cassidy from the United States on 'How acupuncture is actually practised and why this matters to clinical research design'. CAM researchers often find conducting research within a biomedical framework

leads to disparities between how CAM is delivered in practice and how it is delivered in a clinical trial. Several sessions (including a full-day workshop) explored whole-system research models so as to establish models for evaluating complex CAM interventions, both qualitatively and quantitatively, and develop program theory to assess integrated CAM treatments. This exploration of alternative methods of assessment to standard RCTs is important for evaluating CAM as it is delivered in practice.

Next year's ICCMR will be held in Chengdu in the beautiful Sichuan province, 7–9 May 2011. The theme is evidence-based medicine in CAM, a topic that is bound to stimulate further debate on what are appropriate models for researching CAM that accurately reflect clinical practice.

If readers wish to learn more about some of the papers that were presented, the book of abstracts is freely available from the conference website: <http://www.iccmr2010.com>.