JING SHEN

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from the College of Integrated Chinese Medicine

A manifold Will
Elisabeth Rochat de la Vallée on the *zhi* that drives our desires

The internal causes of disease
Emotions are key, says John Hicks

It's fungi time…
Tony Booker shares his passion for mushrooms

Pumpkins and squash
Chinese food energetics of autumn

"Li Gan Jian Ying"

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Why *Jing Shen*? Just as *jing* and *shen* stand alone but unite as a combined power, so do TCM and Five Element theory come together to create the integrated style of acupuncture taught here at the College of Integrated Chinese Medicine. Our magazine is intended to spark ideas, fuel discussion, and help nourish our professional community.

精神

Having spent most of August watching the Olympics, it occurs to me that many of the qualities athletes need to succeed such as endurance, sustenance, inspiration and focus are also required of us as practitioners in terms of our development and growth. And with the BAcC conference just behind us, it strikes me that this coming together also shares the qualities of the Olympic spirit, inspiring us to pursue a chosen path in order to promote wellbeing. So in the spirit of the recent Olympics, *Jing Shen* brings you an article by Elisabeth Rochat de la Vallée on the *zhi* for endurance, advice on feeding your *qi* from Danny Blyth for sustenance, Isobel Cosgrove's 15 treasures for inspiration, and Ian McDermott's bedside manner article and Angie Hicks' top tips for focus. These along with our other features are sure to keep you at the top of your game!

Peaceful return and much love Charlotte

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Editor Charlotte Brydon-Smith
Design The Design Works, Reading

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A manifold Will

志

Elisabeth Rochat de la Vallée explores the Will, or *zhi*, which gives orientation to a person's wishes, desires and activities

In Chinese medicine, the Will (*zhi* 志) is first perceived as one of the Five Spiritual Powers (*wu shen* 五神).* Linked to the Kidneys, the Will is the involvement of the Water *qi* in the building and functioning of awareness and of the mind. But the Chinese medical texts also speak of the five Wills (*wu zhi* 五志) and present them, for instance in *Suwen* chapter 5, as anger, elation, obsessive thinking, grief and fear. Are these five Wills different from what are usually called **emotions**? What is the relationship with the Will of the Kidneys ?

By careful reading of the Chinese classical texts, philosophical as well as medical, it is possible to explain the meaning and the use of Will (*zhi* 志).

Expression of the Kidneys in the mind

In these classical texts, Will is the determination of the mind, it bends the mindset in a certain direction and controls its activity. The Will aims at a goal, whether personal ambition or noble ideal. By means of the Will, one is disposed to do or not to do something, inclined to like or dislike something. The Will is a deep and strong aspiration of the whole being.

If what one aspires to is aligned with what is beneficial for life, the Will serves the development and achievement of the being. If what one aspires to is opposed to the natural order, the Will turns its power against life, exhausting vitality with the passions and debasing it with inappropriate desires.

If what we aspire to is in keeping with our original nature, the Will is a constant reminder of what is right and drives us toward the fulfilment of our destiny. Thus we keep the way of harmony. But if the Will consists of inclinations generated by the passions coming from the desires of the senses and from selfish purposes, it prompts us to deviate, to turn out of our way, through desires that multiply and ever increase, since they cannot nourish life.

* The Five Spirits are: the Spirits (*shen*) linked to the Heart, the *hun* linked to the Liver, the *po* linked to the Lung, the intent (*yi*) linked to the Spleen and the Will (*zhi*) linked to the Kidneys.

For the Will, the relationship with the origin is crucial. Like the thrust sending the sap from the root up to the top of the tree and to the tip of the furthermost leaves in order to allow its growth, the Will rooted in the original nature drives everything within us to its blooming expansion.

The relationship with the fulfilment of destiny is also crucial. To live according to the way heaven or nature made us, is what is called destiny. The perfect Will moves us toward the fulfilment of heavenly or natural endowment in everyday life as well as in the course of a whole life.

This explains the association made, in medicine, between the Will and the Kidneys, representative of the Water Element. Water is linked to the origin and beginnings of life, as are the Kidneys within a being, the constant relationship with the origin, the root of pre-heaven. They are also the solid basis for the interplay of *yin* and *yang* in all the Organs; as long as the *yin* and the *yang* of the Kidneys are strong and balanced, the Organs can function fully and well. They ensure the continuous flowing of life and maintain the identity within each human being – which is to remain faithful to one's original endowment and to live one's original potentiality in one's personal life. That is to accomplish one's destiny, to build and renew the post-heaven on the model of the pre-heaven.

The Spirit linked to an Organ may be used to represent the functioning of this Organ, without implying a more mental or spiritual level of the activity. For instance, in the *Suwen* chapter 62, the Spirits (*shen*) represent the functioning of the Heart and the Will (*zhi*) of the Kidneys. It is then possible to speak of excess and deficiency of the **Spirits** and of the **Will**. But Spirits and Will are not taken in this context as the mind or part of the mind; they are taken as the usual functioning of the Heart or of the Kidneys. In that case, the symptoms mentioned correspond to a dysfunction of the Organs and not to a dysfunction of the mind.

Orientation of the Heart-mind

The ideal that one chooses to have in one's Heart-mind determines one's mental and physical life.

An ideal starts with an idea, a feeling, an emotion, a thought... which is what one tolerates, accepts or keeps in one's mind. As is said in *Lingshu* chapter 8:

> 'When intent (yi 意) becomes permanent, we speak of Will (zhi 志).'

What is in one's mind cannot be dissociated from what is in the body; what is in the Heart is also in the flesh. The Will is not an idea, a purpose present only in the thought, it also impacts on the Blood and *qi* (*xue qi* 血氣) and their functions in the body. The Blood flows from the Heart and pervades even the most remote or tiniest parts of the body, from the innermost part of the Organs to the tip of the hair. The Heart pulses the Blood regularly and is present wherever the Blood is. So, emotions and passions, propensities and reflections, as well as ability to perceive and to know are present in the Blood and therefore inform

the limbs and the Organs, the conscious and unconscious activities and reactions of the body.

The Heart shows its double aspect: it is one of the five *zang* representative of the Fire Element and in charge of mastering the Blood circulation (*xue mai* 血脈) and it is the great master of the five *zang*, their merging into a unity – the mind, which is awareness and discernment, cleverness and affective life. On a fundamental level, the mind is the result of the merging of the spiritual expressions of the five *zang*, each with its proper movement and specificity. The Will is the contribution of the Kidneys in the making of the mind. The Spirits (*shen* 神) of the Heart are the light, the spiritual brightness (*shen ming* 神明) allowing a clear and accurate awareness. It behoves the Heart to recognise what fits with the natural movement of life, to keep it, to cultivate it and to transform the intent (*yi*) into a suitable Will. In a way, the Will is the unflinching strength which enables one to keep the orientation initiated by the intent.

If a Heart is filled with desires and passions, these desires and passions mould the mind, alter the awareness that is in the Heart, the Blood, the Organs and the body. The general direction of life, the big decisions as well as the everyday responses to a situation are determined by the Will firmly set in the Heart-mind. The Will guides the qi which are the movements and force behind these attitudes.

'By tastes one guides (*xing* 行) the *qi*, by the *qi* makes intent (*zhi* 志) solid, by intent fixes speech.'

(*Yin-Yang and the Nature of Correlative Thinking,* Chunqiu zhuozhuan, Duke Zhao, 9th year, translated by A Graham, p72)

'The Will (*zhi* 志) is commander over the *qi* (*qi zhi shi* 氣之師) while the *qi* is that which fills the body (*ti zhi chong* 體之充). Where the Will arrives there the *qi* halts. Hence it is said, "take hold of your Will and do not abuse your *qi*".'

(*Mencius II A*, translated by DC Lau, Chinese University Press)

Lingshu, chapter 27, says that when the perception of a pain due to cold is felt in the mind, the awareness focuses on where the pain is, which is enough sometimes to direct the *qi* towards that spot and to dissipate the pain through a warming effect. The same idea is found in physical exercises (*tai ji*, also known as *tai chi*, and *qi gong*): the *qi* is guided not only by the body movements but also by the image and thought formed in the mind. Even more in the Daoist practices in which the *qi* are guided internally by the mind only.

The **art of the Heart** is to empty one's Heart of desires and passions, of tendencies which are not recognised as inherent to the original nature, in order to let the spiritual brightness develop and make the mind balanced and harmonious. The communication between what masters life – the Heart – and what is the interface with the origin – the Kidneys – is essential. In modern Chinese, the expression formed with the Spirits of the Heart and the Will of the Kidneys *shen zhi* (神志) means the mind, consciousness, the ability to know and to reflect on what is known.

The five Wills

The Will of the Kidneys, seen as one of the Five Spirits (*wu shen* 五神), is the orientation in the mind directing all the *qi*. At its best, it is the natural propensity, recognised, accepted and cultivated of each human being. According to the theory of the Five Elements, life is analysed through five movements of the *qi*, five modes to act and react. Each of these five *qi*, which are the representatives of the Five Elements, has its own natural propensity. For instance, the Wood *qi*, which are the Liver *qi* in a human being, spring naturally and forcefully upward and outward, giving impetus to the circulation and allowing them to proceed without hindrance to the end of their paths; they project physically and mentally. They give the impulse to go forward, to make plans and to have courage. When these *qi* are not counterbalanced by the others, it is anger. It is thus possible to say that anger is the Will of the Liver. It is the expression of the nature of the Wood or Liver *qi*.

The same can be said of the other Organs. Usually, elation is associated with the Heart, obsessive thinking with the Spleen, grief (or sadness) with the Lung and fear with the Kidneys. They are the five Wills (*wu zhi* 五志). When they merge harmoniously, the mindset is well balanced. When one is in excess, the emotion disturbs the well-ordered movements of the *qi*.

Where does the difference lie between the seven emotions and the five Wills, considering that the five Wills are five of the seven emotions? Most probably, the expression

five Wills indicates, with the number five, the basic organisation of all the exchanges and interplays of the *qi*. The mindset cannot exist and function without them. Failing to respect their natural pattern transfoms the five Wills into five emotions, because the lack of the spiritual brightness makes the mind unaware of the correct Will, leading to disorder and damage. The expression **seven emotions** (*qi qing* 七情) insists, with the number seven, on the danger of potential disorder induced by passions.

Seasonal Wills

The authentic man does not waver from his determination; he remains firmly in his ideal of virtue and uses all the means to attain it. However, he changes and adapts according to the situation, not only in his body but also in his mind. He bends his Will without being unfaithful to his nature.

Such a variability is often found as one of the main features of the sage. For example, in *Zhuangzi*, chapter 6:

'[The true man (*zhen ren* 真人)]... his mind (*xin* 心) forgets; his face is calm; his forehead is broad. He is chilly like autumn, balmy like spring, and his joy and anger (*xi nu* 喜怒) prevail through the four seasons. He goes along with what is right for things and no one knows his limit.'

(*The Complete Works of Chuang Tzu*, transl B Watson, p78)

To remain steadfast, unshakable does not mean not to change; on the contrary, it allows full and real appreciation of the circumstances in order to adapt exactly to them. It is the foundation of opportunism, the art of acting and feeing according to the quality of the moment, the *qi*, the season and so on.

Suwen chapter 2 presents the four seasons, showing for each of them the appropriate inner disposition, the accurate tendency of the sensitivity, the suitable Will. Thus, during the **spring**,

'one exerts the Will (*shi zhi* 使志) for life: letting live, not killing; giving, not taking away; rewarding, not punishing'.

In **summer**,

'one exerts the Will, but without violence, assisting the brilliance of beauty and strength which thus fulfil their promise. One must assist the flow of *qi* which likes to go to the exterior'.

During the **autumn**,

'one exerts the Will peacefully and calmly, to soften the repressive effects of autumn'.

In **winter**,

'one exerts the Will as if buried, as if hidden, and taking care only of oneself, as if fixed on oneself, in possession of oneself'.

To be too severe during the spring – or at any moment of time analogous to the spring *qi* – goes against the natural order of life,

inside as well as outside oneself. But not to be strict in autumn is also to go against the natural movement of life. An individual life always evolves amid changing circumstances, amid varying *qi*.

It is to be like the water of the river. From its source, the river never changes its destination... or its mind: it heads to the sea. Yet no river goes straight; it reaches its goal after many turns and curves. The water never departs from its nature which is to descend, to flow downward. For this reason, the river always reaches the sea through hills and plains, changing its course according to what the surrounding terrain demands. The turns and curves do not oppose its objective, they help to achieve it.

To fulfill one's destiny, one has to maintain the purpose coming from one's original nature, and never abandon the determinations of this original nature. But each situation, each moment of one's life, each part of one's body requires a specific orientation, a desire which has to participate in the accomplishment of the whole.

In order to start a business, it is necessary to have an idea and an ideal, to want to do something in a given way. In the process of developing, departments and divisions are constituted, different and complementary ones, each with its own purpose. Each of them is correct if it works in keeping with its own purpose and in that regard participates in the harmonious progress of the whole. At each level, strategy and tactics can change, depending on changing circumstances and opportunities, but without being opposed to the original goal and aspiration of the business, without altering the Spirit behind the enterprise.

Thus, the *Lingshu* chapter 8 accurately says:

'When the persevering Will changes, we speak of thought (si 思).'

In a human being, the Will is one, the unique impulse coming from the origin – the Kidneys, going through the Heart-mind to become a firm Will able to give the right orientation to the whole being, in his wishes, desires and activities. Such a Will guides the *qi* and is the basis for the thought. It has many expressions such as the natural propensity of the five *zang* or all the variations according the seasons, circumstances, ages.... But all these expressions of the Will may participate in the better fulfilling the destiny of this being, only if his or her Heart is oriented toward heaven and then receives the spiritual light.

Elisabeth Rochat de la Vallée studied literature, philosophy, and Chinese in Paris and Taiwan, collaborating from 1970 with the late Fr Claude Larre and Dr Jean Schatz on classical Chinese thinking and medical texts. She worked for 30 years with Fr Larre at the Ricci Institut, Paris where she was secretary general until 2005. She teaches at the Jesuit University in Paris and is senior lecturer at the European School of Acupuncture. For 12 years she worked on the Grand Ricci (a Chinese-French encyclopedic dictionary) and was chief editor 1998–2001. She teaches Chinese philosophy, classical language, and traditional medicine at universities and schools in more than 14 countries. Her work is published in French, English, Italian and other languages.

How clean are your hands?

In the first of two articles drawn from undergraduate research by students at this College **Roslyn Gibbs** weighs up the effectiveness of soap and alcohol gel

We are taught that hand cleanliness is a vital component of clean needle technique. Its purpose is to reduce the risk of contaminating our patients with any microorganisms that may be present on our hands which could cause an infection after needling. To clean our hands (and also maintain cleanliness during an acupuncture treatment) we are advised to use a combination of hand washing (with **antibacterial soap**) and waterless **alcohol gel**, as recommended in the BAcC's Guide to Safe Practice. Briefly, the BAcC recommends that the practitioner should wash their hands 'thoroughly with liquid soap and warm water', drying with a clean paper towel, before the acupuncture procedure, recleanse their hands (by washing or using alcohol gel) if they become 'contaminated' after washing by touching clothing, furniture or palpating an acupuncture point between needle insertions and, again, hand wash prior to removing needles and at the end of the treatment. Although I appreciate that we have to maintain good hand hygiene and I am a great advocate of hand cleanliness, for me

these recommendations often translated into a considerable amount of hand washing which made me wonder – is this all really necessary? And, is there such a thing as too much hand washing? I realised that in order to answer these questions I would first need answers to a number of other questions such as: Do we use soap and water or alcohol gel to clean our hands, or do we use both? Do soap and water and alcohol gel do the same thing or different things? Which is better? Exactly how dirty are our hands? What is on our hands and where does it come from? So, needing a topic for my third year dissertation and having access to a fully equipped microbiology lab in my 'day job' (at the University of Portsmouth), I decided to take advantage of the facilities available to me and revisit microbiology (a subject I had not touched in 20 years!) to try to resolve some of these issues. This article offers an overview of some of the findings I made and how they impact on hand cleanliness.

Please note As not all individuals carry *S aureus* it is sometimes classified as a transient species. However, for the purpose of this report I will consider it as one of the resident species of the skin.

What is on our hands and where does it come from?

Human beings are not germ-free and we co-exist with a range of microorganisms that cover (or colonise) the external and internal surfaces of our body, forming what is called our **normal microflora**. The normal microflora consists of bacteria, viruses, fungi and protozoa, however, in this article I will focus on the **bacteria** as these are the most abundant. In order for a bacterium to colonise a body surface, it must first adhere to that surface and then multiply to form a community and this will only occur if it is suited to the unique environment of that surface. Thus, the bacteria found in our gut are different from those found on our skin. The bacterial microflora of the skin consists of both so-called **resident** and **transient** organisms. The resident organisms grow readily on the skin and establish long-lasting communities while the transient organisms survive for only a limited time as they are unable to colonise the skin successfully. These transient bacteria are usually acquired from other body sites (nose, throat, gut), the environment or through direct person-to-person contact and, as a result, are usually found on the hands. With regard to species, the resident bacteria are largely species of **Staphylococcus** (primarily **S epidermidis** but also **S aureus**) and *Micrococcus*, with fewer numbers of *Corynebacterium*, *Propionibacterium* and *Acinetobacter*. Transient bacteria include species of *Streptococcus*, *Pseudomonas*, *Enterobacteriaceae* and *Lactobacillus*.

The potential for infection

The normal microflora are generally beneficial to us and do not cause disease, however, should they cross the internal or external surfaces and enter the underlying tissues, they can become pathogenic and cause infection. In healthy individuals, such infections are generally only minor as the bacteria are rapidly killed by the immune system. However, if a person has a weakened (or compromised) immune system, the bacteria may flourish leading to a severe and potentially life-threatening infection. Individuals at such risk include those with inherited defects of the immune system, organ transplant recipients, cancer patients, HIV and AIDS patients, diabetics, the elderly, the very young and those suffering from chronic illness. Although bacterial infections arising from acupuncture treatment are extremely rare, case reports in the literature note incidents of auricular chondroitis, endocarditis, meningitis, spinal infections, septicaemia, necrotising faciitis, septic arthritis, cellulitis and abscesses arising following acupuncture treatment. The bacteria primarily responsible for these infections included *S aureus*, *Bifidobacterium longus*, *Pseudomonas aeruginosa* and species of *Streptococcus* and *Mycobacterium*, in other words, with the exception of *S aureus*, all transient species. Furthermore, infections with *Staphylococcal* species, in particular *S aureus*, have been the focus of much attention recently due to the emergence of the antibiotic resistant strain Methicillin-resistant *S aureus* (MRSA), which has been the cause of numerous life-threatening hospital borne

infections. In fact, the emergence of antibiotic resistant bacteria is increasing rapidly so it is important that rigorous standards of hygiene are in place, adhered to and regularly reviewed in order to reduce the risk of infections secondary to acupuncture.

Hand cleanliness – the theory

The main aim of hand cleansing is to prevent the spread of pathogenic bacteria through touch by reducing the total number of bacteria on the hands and removing all transient organisms. However, there is much controversy in the literature regarding the effectiveness of different hand cleansing procedures. For example, some argue that, although hand washing reduces the transmission of infections, frequent hand washing damages the skin, causes increased skin shedding and hence transmission of bacteria and alters the composition of the normal hand microflora, increasing the numbers of pathogenic species. The different skin cleansing agents also vary in their effectiveness in promoting hand hygiene. Hand washing with non-antibacterial soap mechanically removes bacteria but does not kill them whereas hand washing with an antibacterial soap should both mechanically remove and kill microbes. However, other studies have shown that vigorous hand washing can disrupt and spread bacterial colonies on the skin leading to the contamination of more surface epithelial cells. In contrast to hand washing, waterless alcohol gels maintain the integrity of the skin as they are less drying and kill bacteria but do not remove them. Their effectiveness, however, depends on the entire surface of the hand contacting the gel, as any bacterium that does not come into contact will the alcohol will remain viable.

Evaluating hand cleansing – the study

In order to try and make some sense of all of this, part of my dissertation involved estimating the number and species of bacteria on the hands of volunteers (friends and co-workers) before cleansing and then again after cleansing using either soap and water or a commercial alcohol gel or both. To do this, volunteers were asked to lightly press down on an agar plate using the fingertips of their dominant hand. I then also took a swab of the front and back of their hands and transferred this to the agar. The volunteers then cleansed their hands with either antibacterial soap and water, or alcohol gel, or both and then the fingerprinting procedure and swabbing procedure was repeated. Agar is a solid medium that supports the growth of a range of bacteria, which, after incubation at 37°C, form 'colonies' on the plate surface. These colonies are round, slightly raised 'spots' which are clearly visible with the naked eye. The exact appearance of the colony can vary according to the type of bacterium of which it is composed. So, identifying the different species of bacteria involves examining the appearance of the colony as well as carrying out a series of microscopic and biochemical tests.

What I found was that **before hand cleaning**, the organisms present on the fingertips and hands consisted – unsurprisingly – of both

resident and transient species. The resident species were mainly *S epidermidis* and species of *Micrococcus*, with some *S aureus* colonies identified. I did not determine whether any of the *S aureus* colonies were in fact MRSA bacteria, but the possibility exists that they were. The small number of transient organisms included those of environmental origin (e.g. *Bacillus sp*) and also those usually found in other body sites e.g. Enterobacteria from the gut. This tells us that the unwashed hand does harbour bacteria that could cause infections in susceptible patients.

Washing with anti-bacterial soap

After the volunteers washed their hands with an antibacterial soap (Cussons Carex Original Handwash in this case), what was surprising was that the overall bacterial load on the fingertips increased and, in some individuals it also increased on the palmar and dorsal surfaces of the hand. Despite this effect, hand washing was effective at removing the transient species, which are the ones implicated in most hospital acquired infections, but it did not always remove *S aureus*. This suggests that the mechanical action of hand washing removes non-established bacteria but can disperse resident bacterial colonies on the skin with the result that neighbouring skin cells become infected which increases the overall distribution of bacteria on the skin surface. Although, with the exception of *S aureus* these resident bacteria are not thought to be the cause of serious infection, reports of infections caused by *S epidermidis*, in addition to the identification of antibiotic resistant strains of this bacterium, are increasing in the literature so this may be a concern in the future. A typical agar plate showing bacteria cultured from the fingertips and hand before and after handwashing with Carex handwash is shown in **Figure 1**. This overall increase in resident bacteria was seen with other standard and antibacterial agents available from high street shops, but not with washing agents such as Hibiscrub™ and Videne®. These agents contain active anti-bacterial agents (chlorhexidine gluconate and povidone-iodine, respectively) and significantly reduce the total bacterial load of the hands, hence their use in surgical settings. However, continued and prolonged use of these agents is likely to dry the hands which could affect skin integrity and the balance of the normal flora.

Using alcohol gel

Cleansing the hand with waterless alcohol gel was found to be effective at reducing the bacterial load on the fingertips and surfaces of the hand. This reduction was seen for both resident and transient bacteria but, as with the soap and water, alcohol gel did not always remove *S aureus* colonies. A typical agar plate showing this reduction in bacterial load is shown in **Figure 2**. When both cleansing techniques were combined, i.e. washing with soap and water followed by alcohol gel, again an initial increase in the total bacterial load was seen and, to reduce this load to almost undetectable levels two successive 'doses' of alcohol gel were required.

Figure 1 **Cleansing with antibacterial soap**

Agar plates showing bacterial growth before and after hand washing with a liquid antibacterial soap. The top half of the plates show the fingertips and the lower half the hand swab.

Figure 2 **Cleansing with alcohol gel**

Agar plates showing microbial growth before and after hand cleansing with waterless alcohol gel. The top half of the plates show the fingertips and the lower half the hand swab.

So what does this mean for clean needle technique?

Both hand washing and alcohol gels remove transient bacteria but, with the exception of Hibiscrub™ and Videne®, only alcohol gel appears to significantly reduce the overall bacterial load. In addition, excessive hand washing can lead to skin drying and damage.

So it is my suggestion that at the beginning of every treatment the hands are washed with liquid soap and water to remove dirt from the hands, followed by a waterless alcohol gel to 'degerm'. For the alcohol gel to be effective, a sufficient quantity must be used and all surfaces of the hand and fingers must be covered.

During the course of a treatment, if the hands become 'contaminated' it would be sufficient to recleanse using only alcohol gel which not only effectively removes bacteria from the hands, but also helps to keep them in good condition and prevent skin damage.

Alcohol gel could also be used instead of soap and water prior to removing needles and at the end of treatment. This practice should, therefore, reduce the overall amount of hand washing required (thereby reducing drying and skin damage) whilst still maintaining good hand hygiene.

Roslyn Gibbs studied acupuncture at the College of Integrated Chinese Medicine, graduating in October 2007. She practises acupuncture in clinics in Southsea and Fareham, Hampshire, and still works part-time in the Biomedical Science department at the University of Portsmouth, where she is currently conducting biomedical-based research into the effects of acupuncture and Chinese medicinal herbs.

A good bedside manner

Drawing on his extensive experience of neuro-linguistic programming (NLP), Ian shares his insights with us

A professor of dentistry once gave me a tip about the best time to visit the dentist. 'Ideally you should go soon after your dentist has just seen their dentist. That's when they are going to be most aware of what it's like being a patient – and what a patient needs.'

The secret of having a good bedside manner is just this – to put yourself in your clients' shoes. In this way almost anyone can enhance their bedside manner.

First though imagine this scene. Let's say you go to see your health professional. You arrive at their practice premises. The support staff don't pay you much attention because they're all very occupied with other business. When you do get their attention they are curt and you feel like you're trying their patience. So the way you feel will already have been affected – and you haven't even seen the practitioner yet. In the NHS it's no coincidence that a doctor's key frontline staff who mediate between patients and doctors are sometimes referred to by both patients and staff as 'dragons'!

Bedside manner then begins with the **practice ambience**. Whether you work on your own or with others there *will be* a practice ambience. So what is it? The best way to find out is to ask your clients/patients what it's like for them.

So often when clients speak in glowing terms of a practitioner they speak not of the person's professional skills – these are presupposed – but of how they felt with this person. 'He really understood me... It seemed like she had all the time in the world for me... I didn't feel hurried... She always looks me in the eye... He advised me and then allowed *me* to decide.' In a nutshell, **feeling acknowledged** and that **someone cares and has time for you** lies at the heart – and I do mean the *heart* – of the best bedside manner.

So consider for a moment, how would you describe your own bedside manner? Would you like to be on the receiving end of it? Who do you know who does it really well? If in doubt ask colleagues and clients. Consider, who is most popular with patients? I often ask practitioners to find three such role models of excellence and to really get to know how they do what they do. There are so many styles to choose from.

Bedside manner isn't time consuming. It can be achieved quickly even with a busy schedule. First impressions are critical. It only takes a moment to be put off someone and for that impression to then colour what ensues. Equally you can set the tone in those first few moments by coming across as real, caring and available. How you do this varies from one person to another. The good news about bedside manner is that patients are

extraordinarily flexible and are happy for you to do it in your own way. It is not the case that one size has to fit all. If you think of colleagues you either know or have heard of who have this rapport with their clients it's clear that they don't all do it the same way because they are very different kinds of people.

Ultimately bedside manner is about relationship – and this holds true whether you meet a client once only for ten minutes or every week for years.

At the heart of a good bedside manner is a living, breathing human being; a person who is able to be present with another human being who is probably anxious, uncertain and vulnerable. So a really useful point to start from is to ask yourself the following questions.

1 What enables me to be present?

2 What prevents me from being present?

If you want to enhance your bedside manner ensure you do and get more of what enables you to be present and change what prevents this. Your bedside manner is in part a function of your state. If you feel rushed and harassed, say, that's probably going to affect how you come across to clients. The key question I often ask practitioners in workshops is, what do *you* need so that you can be at your best? Taking care of *your* needs will serve your clients well.

Paying attention to your bedside manner is worth doing not just for your client's sake but for yours too. The capacity to be present and engage with another human being reduces the stress that the practitioner experiences. And, if that wasn't enough, interesting work in the US makes clear that when patients have

good rapport with their doctors there is a much lower incidence of litigation even when mistakes have occurred.

Your bedside manner is an intervention in its own right. You cannot *not* have a bedside manner. The only question is whether it's effective in promoting healing.

Ian McDermott is an acknowledged authority on the application of NLP to health. Over the past 25 years he has created special NLP trainings around the world at the request of various professional bodies for health professionals. A prolific writer, he has co-authored some of the most widely read and respected books in the field, including *NLP and Health*, *The Art of Systems Thinking*, *Way of NLP*, *The NLP Coach*, *Your Inner Coach* and *The Coaching Bible*. He is the founder of International Teaching Seminars (ITS) which celebrates its twentieth anniversary this year. What has made ITS the most consistently successful NLP organisation in the world is its emphasis on the practical applications of NLP and the importance of personal congruence in implementing NLP. Ian spends much of his time training the next generation – of coaches and NLP practitioners. If you'd like to learn more about ITS Health Coaching or NLP training with Ian contact ITS direct via their website **itsnlp.com**.

The internal causes of disease

John Hicks asks what kind of emotions cause disease, and offers a way of responding

Emotions are one of the main causes of illness and some people have speculated that over 90% of all illnesses have some emotional component. Not all emotions cause disease. So what kinds do?

What kind of emotions cause disease?

Often we know intuitively if patients' emotional patterns are contributing to their illness. They worry incessantly, they seem angry all the time, they look miserable and down every time you see them, or they are constantly frightened in circumstances that don't seem frightening to others. Telling them to give these habits up doesn't seem to work.

These emotions are usually internally generated, repetitive and in some sense unpleasant. The emotional pattern may have been initially caused by a one-off external event, often in early life, or a series of repetitive external events, for example, rejection by a friend or parent. Eventually the emotional pattern becomes internally generated and has no obvious external stimulus. Alternatively, it occurs in a variety of situations that would *not* evoke those emotions in most other people, at least not to the same degree. The emotion repeats and is unpleasant in the sense that people do not want to have these feelings over and over again. They may get used to them, possibly even get identified with them, but they don't, in the clear light of day, want them.

With respect to the 'repetition' of the feelings, there is a distinction between what initiates them from the outside (for example, rejection by a parent) and the behaviour they generate (frequent sadness and frequently feeling rejected). Even though the external stimulus may be one-off or repeated; the pattern taken on will certainly be repetitive. This distinction is also made in the syndromes where, for example, anxiety can cause Heart-Blood deficiency and then appear later as a symptom.

These emotions often have a negative knock-on effect

Such emotions often lead to further patterns causing illness. For example, someone who frequently (and inappropriately) feels rejected may 'comfort eat', drink excessively or use some other unhealthy deflecting activity. Someone who is repetitively angry may exercise too much or smoke or drink excessively. Someone who feels 'unloveable' may leave a relationship because of such feelings. Feeling inadequate or worthless can lead to an excessive drive to overcompensate

that may lead to overwork and *yin* deficiency. In the short term, we often try to move away from our discomfort and this can cause further disease.

Does a repeated negative emotion really cause disease?

During the **acupuncture skills programme**, acupuncture degree students at the College of Integrated Chinese Medicine are asked to fulfil an exercise that was originally intended to help them develop their expressiveness when interacting with patients. It turned out to produce another result.

The exercise

Students are asked to remember a time when they became frustrated or angry. They are then asked to go back to the experience by remembering it in a certain way: seeing what they saw, hearing what they heard and then feeling what they were feeling at the time, i.e. anger. They dip into it for roughly 20 seconds and the only goal at this first stage is to feel some anger.

Anyone who hasn't revisited some anger may need to find another incident from their past. The second stage is repeated four or five times. Students go back to the same exercise, entering into anger, but keeping a little bit of awareness aside in order to experience the bodily sensations aroused by the anger.* We write on a flipchart the sensations that occur.

The results are interesting. The sensations recorded on the flipchart over the four to five twenty-second visits into anger are a record of some of the symptoms that appear in the various Liver syndromes – not an exact record, but close.

Take a look at one class's description of body sensations occurring when feeling anger. The words shown in the box (shown right) are exactly the words they used.

These are not all the symptoms described in the Liver patterns/syndromes. There are some symptoms that are obviously not going to arise from a brief dip into the sensations of anger, for example, irregular periods, pre-menstrual tension or breast distension.

Many of the above signs and symptoms are, however, explained by various aspects of Liver physiology or pathology. For instance, they occur along the Liver pathway, affect Liver functions and the associated sense organ or are signs and symptoms occurring in Liver patterns such as Liver *qi* stagnation, the rising up of Liver *yang* energy or Wind (involuntary movements). It is enough to make me clear that chronic anger is a cause of many Liver patterns and why they continue.

It follows that if we reduce repetitive anger, we reduce the strength of the Liver patterns

* Why is this done? Usually when we are angry, our attention is fixated on the object of our anger whether it is something on the outside or some internal mental event. For that reason we often don't notice the bodily sensations it evokes. It seems sufficient to simply say 'keep part of your consciousness for noticing what sensations appear in your body' in order to make the requested observations. Observation of the body sensations also ensures that the student is safe from becoming immersed in, or overwhelmed by, the feeling of anger.

One class's description of body sensations occurring when feeling anger

- Grinding teeth
- Arms wanted to flail
- Need to release
- Body trembling
- Heat going to my head
- Nostrils opening
- Head moving forward
- Something flowing up the back of neck
- Pain in the forehead
- Clenching fists
- Leg shaking
- Tension in the forehead
- Breathing faster
- Eyes open and then tight
- Conscious of heart beat
- Everything, perception sharper
- Pressure around ears
- Burning/warm sensation under rib cage
- Constriction in the throat
- Breath held
- Tightening in the testicles
- Pounding in the heart – ready for action
- Pressure in the chest
- A feeling of redness
- Body trembling
- Diaphragm pushing down on stomach
- Tunnel vision
- Stomach knotted up
- Face forward like a vee
- Tightening of the jaw
- Breath laboured and forced
- Breath irregular
- Rising up feeling that drops after
- Hardening of the eyes

and become healthier. We know that eating less Damp and Phlegm forming foods can reduce the symptoms of Damp and Phlegm. So wouldn't it be good if we could say 'Stop being so angry and your symptoms will reduce?'.

As we treat the relevant Organ, in this case the Liver/Gall Bladder, we expect the symptoms to reduce. Fortunately they often do reduce. But are we missing an opportunity to help patients to achieve an even longer lasting reduction and to be more in charge of their own health?

What about the other emotions?

You can apply the exercise described above to any of the emotions. In doing so you are likely to reach the same conclusion as you did with anger – emotions, albeit, different ones, can make us ill.

There are several relevant emotions to explore. Understanding these will help you to find ways of changing them. I will describe a way to do this later. These are not necessarily one-word emotions like anger. The vocabulary

Element	Emotion
Fire	*Bu le* is translated lack of joy. Probably the most useful translation is 'feeling miserable'. Another word is *xi* which when out of balance is over-elation or excessive happiness. I believe they are often linked: the *bu le* leads to the unbalanced *xi* and in some sense they coexist.
Earth	Excessive worry or feeling needy and confused, leading to serving others while neglecting oneself or to selfish behaviour where others are neglected. The former is more common.
Metal	Feeling of loss although not knowing what is missing. Feeling in some sense 'not right'. Criticising oneself and also others and being desperate to improve oneself.
Water	Feeling excessive fear and anxiety and responding either with excessive fearful emotion or excessive behaviour to make oneself safe, with a following inappropriate absence of fear (viewed from the outside).
Wood	Feeling frustrated, unable to decide how to respond and going into excessive anger, passive aggression or depression.

of many emotions is less specific and even anger has many 'anger' words. These emotions accompany long-term and chronic Elemental imbalances and are often attached to compulsive behaviour or behaviours.

So what can we do?

The overall process

For me this process was initially very intuitive. I have distilled it down as follows:

1 Generate sufficient rapport, and therefore trust, that you will be able to ask a patient to carry out a task, something they would not normally have done. You may need, through rapport or even ingenuity, to get them to do the task without first asking questions about it (some examples follow).

2 Based on your interaction with the patient and your knowledge of her/his Element type, get a sense of the inner feelings of your patient. The above-mentioned exercise will help.

3 Know the outer behaviours that the feelings above are attached to. For instance, if the inner feeling is 'feeling unsupported and needy', these may result in excessive helping behaviour or excessively selfish behaviour.

4 Devise a task whereby the patient behaves in a new way such that the overall gestalt of feeling and behaviour referred to in **2** and **3** above is changed. This step often involves paradoxical or non-typical behaviour. The trick is to get at the feelings (involuntary) by going to the attached behaviour (voluntary).

Explaining the process to the patient will probably be counter-productive. The essential need is to help the patient to 'do something different'.

It is easiest to explain through examples.

An Earth type – more self than other

One of my first attempts at giving tasks was with a patient we will call George. George was married and had three teenage sons, 11, 13 and 16. His physical symptoms had mostly improved, but treatment after treatment he complained that his sons didn't appreciate him and just took him for granted. After all, he had put a lot of effort into bringing them up. I had thought about George a lot, but my 'task-setting' occurred almost spontaneously. At the end of one treatment I said to him:

'I want you to do a short exercise. Every day until I see you again, I want you to give brief appreciation or support to each of your sons twice a day. Keep the support or appreciation short, simple and direct.'

George looked puzzled and obviously wanted to ask questions. I responded by saying that I had another patient and I would really appreciate his just doing what I asked and we could talk about it later.

The next time I saw George he looked well, less burdened and less sluggish. His pulses were better and I believe he responded better to treatment. He didn't complain about his sons and, indeed, didn't even mention them. Treatments continued for another four weeks and he was well enough to extend the gap between treatments. No mention of the sons. About nine months later, on a seasonal treatment, I could not resist asking him how his sons were doing. He said they were doing well. He then smiled and said: 'That exercise you gave me was good.' I got no more details and, with difficulty, managed not to ask any more questions.

A Metal type – disconnection

Oliver had come for shoulder pain and was also interested in what acupuncture might do for him spiritually. He was definitely a 'seeker' and had an interest in Buddhism, but was not someone to join groups. He was, in colloquial terms, 'cut off', had no close friends and did not seem to engage with the world. My 'read' on his internal state was that he felt he was, in some sense, 'not right', although he did not discuss this openly and maybe was not even conscious of it. His shoulder got 90% better in two treatments. I gave him an exercise that is recorded in *Healing Your Emotions* (pp 164–165, 'Giving Gifts'). My words were:

'Every day this week I want you to give at least four people a "gift". The gift is not to be physical, but should consist of an indication of your respect for them, especially for some internal quality you've noticed.'

I had over prescribed. Oliver came back very frustrated and said he didn't know what I wanted him to do. He gave a couple examples of what he had tried and, in effect, he did seem to know what to do. We had a discussion about the nature of 'gifts'. He hovered between 'that's silly' and 'I'm curious'. I insisted that it was just an experiment to see how much he could learn. The following week he returned having done much better. He had actually enjoyed what he'd done, even though it was difficult. He said he felt more connected to his mother and father. I was surprised to hear that he even had a mother and father! We progressed to further exercises with more benefit (see *Healing Your Emotions*, pp 166–174).

A Wood type – exploring what's important

Jeremy is a constitutional Wood type. He came for headaches and pains in his shoulders and neck. His headaches were better, but his internal state was still frequently one of frustration, gritting his teeth and internally railing against various people in his life who seemed to him to be 'stupid'. As the result of treatment, he was somewhat more tolerant of these people and this change gave me enough authority to ask him to do an exercise. I made a choice between 'The Other's Point of View' and 'Finding What I *Really* Want' in *Healing Your Emotions* (pp 46–47 and pp 49–52). I chose 'Finding What I *Really* Want' as I had frequently identified with Jeremy's state and found that I would also get angry and feel frustrated. He had too many specific requirements for others' behaviour to ever feel satisfied when working in the real world. I thought to myself 'no wonder he gets frustrated'.

The task is to take one area of your life – relationships, work, children, friends, leisure time – and to ask:

'In this area of my life… what is important to me?'

You can easily choose life itself, but it is often better to start with a smaller area. Usually to answer such a question people have to slow down and go inside. It is useful to write down each phrase or word that arises. Generally people get seven or eight of these. Their job is to then put them in order of importance. This is not always easy, but worth the effort. I asked him to choose the context of work where many of his problems lay.

When Jeremy did this exercise, he was very detailed. So I suggested he took the five most important values and to ask with respect to each:

'What will getting this do for me?'

The question is designed to take someone further inside. So if someone had written down 'getting the jobs done', they would have to ask themselves:

'What is important about getting jobs done?'

You might need to try this yourself to understand what the exercise does. By doing this exercise Jeremy realised that he had only considered his own needs at work and had not included other peoples' or that they might have different values driving them.

He discovered that he valued their cooperation but had not felt obliged to cooperate with them. Having worked through several of these areas, he realised he was part of the team and not the boss. He was also more closely in touch with what was important to him. I think of this as a way to get closer to your *hun* and sometimes describe it as the Bl 47 exercise.

A Water type – somatised fear

Benson is a Water constitutional type who denied ever being fearful. He had occasional pains in his chest and was taking his blood pressure four or five times a day as he had been told that his blood pressure was high for his age. He could be called a 'lack of fear' type. He could easily have said: 'Me, frightened? No way!' He had somatised his fear. He stood very upright with a tight body.

I knew Benson's wife as well and asked him to ask her to put her hands on his chest for five minutes every night, stroking the area where he had the occasional pain. I asked him to then write down how his chest felt. I requested him to do this for three weeks. He was cool about it. He smiled, shrugged and said that it couldn't hurt to try. Touching someone's body will increase physical sensation in that area. This helps a person to make a connection between the physical sensation and the feeling of fear, bringing the fear into consciousness.

Gradually he described some feelings and ultimately he said he thought maybe there was some apprehension there. I then talked to him about Water and its resonance with fear. He had benefited from treatment in other ways, but noticing his fear was a big change for him. He looked much more relaxed and came in and joked about how frightened he was, but he was beginning to feel fear more appropriately and was less tight. He went back to his doctor who said that his blood pressure was fine.

Summary

The aim or this article is to remind us of the importance of the internal causes of disease – both as causes and because of the further behaviour that comes from them which in turn becomes another cause. Acupuncture treatment itself often helps our patients emotionally, but sometimes when a patient has recurring and long-term behaviour patterns we may have had no obvious ways of dealing with them. I hope that the examples above show that on some occasions, if a task is well selected, the resulting changes in behaviour will impact the patient's feelings. This can reduce the internal causes of disease and in turn lead to a healthier lifestyle and better overall health.

Healing Your Emotions by Angela and John Hicks, Thorsons, 1999 is available from the publications section of the College website, price £12+£1.80 p&p

John Hicks is co-founder and joint principal of the College of Integrated Chinese Medicine where he teaches and supervises students. He has been an acupuncturist since 1975 and is also a Chinese herbalist. John has written or co-written three books: *Five Element Constitutional Acupuncture*, *Healing your Emotions* and *The Principles of Chinese Herbal Medicine*. He has a special interest in NLP (neuro-linguistic programming) used therapeutically, and also practises *qi gong*.

fifteen treasures

Isobel Cosgrove

What is your idea of happiness?
Sitting within yards of the sea with friends and family.

What is your greatest fear?
Losing my nearest and dearest.

How do you relax?
Walking with my husband Tim and my collie.

What is the trait you most deplore in yourself?
Being late.

What is the trait you deplore in others?
Lack of commitment.

What is your favourite smell?
Daphne in early spring.

What is your favourite fantasy?
India and China joining the G8 in reversing climate change.

For what cause would you die?
My children, grandchildren – all of our futures.

Which words or phrases do you most overuse?
'You must be joking'.

What is your greatest regret?
Je ne regrette rien.

When and where were you happiest?
Here and now.

What single thing would improve the quality of your life?
More sunshine.

What keeps you awake at night?
Excitement.

How would you like to die?
Loved.

What is the most important lesson that life has taught you?
To be fully myself.

Isobel Cosgrove taught human sciences in the United States and the UK in the 60s and 70s. In 1978 she studied yoga and Tibetan medicine in Canada, then Chinese medicine in the UK and has been practising acupuncture since 1981. She has taught and directed acupuncture programmes here and abroad and served on the UK profession's national executive. One focus of her professional interest is supporting her patients during times of transition: adolescence, leaving home, pregnancy and childbirth, return to work, menopause, retirement, ageing and bereavement. She finds that illness often accompanies times of change, and acupuncture can help us move forward. Always committed to maintaining high standards of practice and codes of ethics, she has run **supervision and mentoring training** for acupuncturists in the UK for the last ten years. The result is a national network of supervisors supporting practitioners in their professional lives.

Next course starts **Feb 2009** (five weekends in Bristol; accommodation available). Training team: Isobel, Sally Blades and Tim Davis, who brings a formative and somatic perspective into clinical supervision work. info@acuherbsouthwales.com

Autumn thoughts

Barbara Robinson chose the treatment of terminally ill patients as her acupuncture degree research topic, and shares the essence here

Having experienced the loss of several friends and family members – not unusual at my age – I have had plenty of opportunity to reflect on what acupuncture might have offered those loved ones, the difference it might have made during their last days, the difference it could make for others. And as an emerging practitioner, am I ready to treat those terminally ill patients destined to knock on my clinic door?

Five Element acupuncture seems uniquely placed to help dying patients cope emotionally and psychologically, but it was the more practical stuff I was concerned about – what were patients' expectations, the range of problems likely to arise, the practical aspects of treating, possible emotional impact? Attempts at informal reading around the subject were hampered by the scarcity of relevant literature. There is precious little published material on acupuncture and dying specifically, and generalist texts do not mention it either. Why is this – is there nothing to say?

I was sure there was plenty to say, and that acupuncturists were providing this care every day, treating dying patients and reflecting on the problems, but with our western taboo on discussion of death their work was not celebrated. It's a tricky one – because no one really knows when death will occur for a particular patient – the end stage can only be understood retrospectively and so perhaps it is unreasonable, in a culture which is dominated by youth, health and vitality, to expect practitioners to advertise an aspect which may be deemed unsuccessful.

> 'Always remember that a dying person is a living person in a crucial stage of their existence. Respect their individuality, their experience and their autonomy.'
>
> **Richard Reoch (1997)**

Using structured questions flexible enough to allow anecdotal flow, I interviewed four practitioners on their experiences of treating

> ‘To age and to die is a cohort of the Dao. To assist in doing so with grace, compassion and strength is likewise one of our unique gifts to each other as human beings.’
>
> **Skya Abbate (2000)**

dying patients. The questions ranged from how patients ‘found’ their acupuncturist, presenting complaints, what the patients requested and whether their expectations were realistic, other issues that emerged as treatment progressed, and outcomes. Finally, they were asked for their reflections on treating patients at the end of their lives, and to offer advice to students.

Presenting complaints were wide ranging: pain, nausea, dyspnoea, insomnia, fatigue, constipation, either from the manifestation of disease or iatrogenic effects of previous treatment, to emotional distress brought about by shock, grief and coming to terms with unresolved mental baggage. It could be said these are complaints faced by individuals everywhere, every day, so how is treating these patterns at end of life different to any other time? The difference appeared to be in the agonising intensity for patient and practitioner: both felt the contraction of time – for the patient the realisation that there was so much left to do – for the practitioner, effecting some relief to enable the patient to do it. The patients’ requirements generally correlated with the main complaints, but I was struck by the overall ‘towards’ mental pattern of their comments:

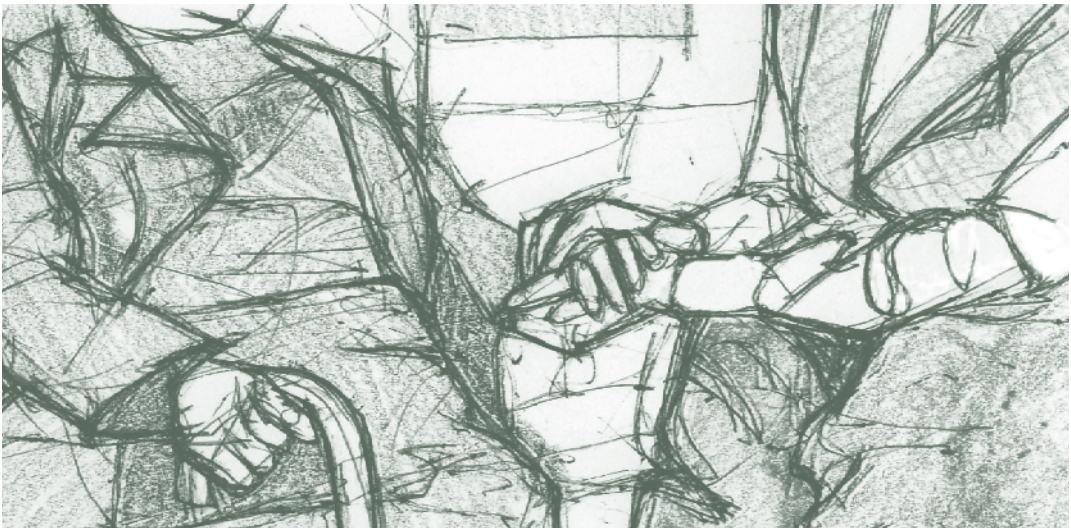
‘have strength and enthusiasm’, ‘retain control and decision making’, ‘more energy’, ‘as normal a life as possible’, ‘to feel like myself again’.

The patients all presented with clinically complex conditions, whether from the original disease or side effects no longer mattered. Some felt helpless and bewildered with emotions they did not understand: the need to settle long-standing difficulties with loved ones, coming to terms with asking for help, anger, resentment, grief at the loss of their own lives and unarticulated fear. They were given respite from their symptoms, practical advice and emotional support which enabled them to cope, a last gift of energy and a safe place to talk.

The key was to respond to the patient at each presentation and adapt to his differing needs.

‘Be guided by the patient as much as possible. With some it’s just to be there, might not even say much, just being…’ ‘Respect that person’s wishes; follow their agenda and not your own.’

Treat the symptoms and rebalance the elements when they show distress, particularly Water (fear) and Metal (letting go). Using spirit points such as SI 11, TB 7, Du 20, and



upper *jiao* Kidney points allows the patient to connect with his sense of universal continuity. Treat the Heart: Ren 14, He 1 and He 7 – moxa then tonify, remembering that the patient's perception of pain may be either heightened or reduced so care is required. (Puhky 2000).

All the acupuncturists perceived a 'good death' as a positive outcome, where:

'people can disengage without fear, let go of life with no regrets and know that they are able to put closure on their life'.

They advised anyone considering this work to understand where their strengths lie and that emotional resilience and support are important. If you are not motivated to treat end-of-life patients, then that is fine, it's not for everyone; however it is important to recognise this and ensure that – in the patient's interest – you enable them to find a practitioner who is.

As one acupuncturist put it:

'it gets raw, it gets intimate and some people might find it unpleasant, but if you have no fear it can be of immense value to assist and support at a very vulnerable time… don't be scared of getting involved, it can be deeply satisfying'.

I am indebted to Moya Wike, Michael Phoenix, George Cooper and Martin Harvey for their great insight and willingness to share such moving personal experiences with me. And the patients won't need to knock; the clinic door will be standing open.

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Barbara Robinson worked as a business analyst in the generation and IT side of a multi-national utility company. She trained as an acupuncturist at the College of Integrated Chinese Medicine, and now practises in Chippenham and Fairford. Barbara is currently developing her interest in the treatment of children and adolescents.

Feeding our *qi*: pumpkins and squash

In this article in his series on Chinese food energetics **Danny Blyth** suggests items for the autumn larder

Can it really be autumn already? Fruit hanging, leaves changing, Halloween just around the corner – must be time to pull it all together in preparation for the winter ahead. Sour astringent flavours literally help to pull our energy inward and tighten everything up, so a small amount of these foods such as vinegar, apples, and tomatoes are useful at this time of the year. Sounds like time for a little autumnal chutney making! Having carved your scariest pumpkin face, there are lots of things you can do with the **pumpkin** afterwards. The flesh is sweet, warm and nourishing, but also slightly bitter and hence dries Damp and Phlegm. As well as making pumpkin pie (delicious!) the roasted flesh makes fantastic soup with butter and cinnamon, or a little grated nutmeg. Small ones have a better flavour, but big ones are much more fun! And don't forget to roast the seeds. They too are sweet and bitter, and help to strengthen the Spleen and drain Damp. They also kill off worms, and their high zinc content is said to boost fertility (being a seed) and help prostate problems. I like to dry-roast them in a heavy frying pan until they start to crack and pop, then cover them in soy sauce. Mmmm. Look out for **acorn squash** too. They have, in my opinion the best flavour – delicious steamed in halves and coated with butter. Canadians coat them with maple syrup – but then they coat everything in maple syrup! **Spaghetti squash** (as their name suggests) have the most amazing texture. The sweet, dense nature of these foods makes them perfect ingredients to strengthen our *qi* in preparation for the winter ahead.

The taste associated with autumn is pungent/spicy (or acrid – horrible translation). Think of the slight spiciness common to **onions**, **rosemary** and coriander and you will get the idea. This flavour is not related to temperature – these foods can also be hot (like chilli), cool (like radish) or aromatic (like mint). All have an expansive, dispersing nature, circulating the *qi* and Blood and moving upward and outward in all directions (just like the Lung *qi*). Aromatics, like **mint** and **basil**, are also said to 'open the orifices', 'cut through Phlegm' and 'awaken the Spleen'. Crush a leaf and you can feel the aroma cutting through. That's why mints

taste so good after a seven-course meal! The essential oils contained in aromatics serve to protect the plants from the moulds and other Damp diseases common in their hot humid environments. As with all things Metal, a small amount of pungent/spicy foods goes a long way. They should be used sparingly to season, purify and aid digestion, and are the easiest way to change the energetic nature of a meal. As well as moving *qi*, reducing Wind, and clearing Phlegm, these foods also promote sweating and release the exterior. A small amount can help to protect the exterior (if combined with plenty of *qi* tonics), hence the use of herbs like **garlic**, **thyme** and **ginger** in aiding the immune system and warding off colds. Mint and **elderflowers** are cooling, and more suited to Wind-Heat invasions, whereas **cinnamon**, garlic and fresh ginger are warming and more suited to Wind-Cold.We all know that pungent/spicy herbs are useful as digestives. Just think of the **cardamom** and cinnamon used to aid the digestion of milky drinks and rich sauces in Indian culture (like chai tea), or the aromatic basil and **oregano** used to aid the digestion of rich sauces and carbohydrates in Mediterranean cooking. The digestion of pulses is often aided by these foods – like garlic in hummous and ginger in dahl. I guess the nearest English equivalent is **black pepper** and **horseradish**! Horseradish is spicy and hot, and helps to boost the *yang*, move the *qi*, and clear stagnant fluids of any kind. It blends very well with **beetroot** to make a great pie or blood-nourishing soup (Greg Lampert and I made some for the last 'Feed your *qi*' day at College in February). The

horseradish not only gives it a bit of zip, but also acts as a digestive – great for people who are Blood deficient and tend towards cold, and poor circulation. Here's the **soup recipe**, from memory: One onion and clove of garlic browned in a little oil, add 3 chopped beetroot and 3 carrots, season with salt, pepper and 1/5 teaspoon of wasabe (or a little more horseradish), cover with stock and simmer for 20–30 minutes. When cooked, blend and add a splash of cream (if you dare).

Finally, the pungent taste can kill off parasites. This might be small parasites (like the fungus *candida*) or the great big ones! A hearty dose of garlic has long been used to ward off worms, and this may be one of the reasons why foods – especially meat – have often been heavily seasoned, historically.

There is certainly no shortage of seasonal fruit and veg at this time of the year, with autumn providing many treasures to feed your *qi*. Make sure you get your **berries** picked, and be sure to use the word 'bioflavenoids' at the next dinner party you go to!

Danny Blyth studied acupuncture and Chinese herbal medicine at this College and has a postgraduate diploma in Chinese language. He practises in Cheltenham and the Cotswolds as well as teaching *tai chi* and *qi gong*. He also teaches here at the College.

It's fungi time...

Tony Booker looks at mushrooms from a Chinese herbal medicine perspective

Autumn, the time of the fall. We sit in quiet solitude in the woods watching withered leaves tumble from the skies and are flooded with a sense of loss. Well, *you* can if you want to but the rest of us with a treasure hunt mind and the senses of a truffle pig know this is the most exciting time of the year! It's the time of the one-footed wonder, the best breakfast you could imagine, the most marvellous of all harvests – the wild and occasionally livid mushroom.

When you mention the word mushroom most people immediately think of the small white tasteless objects you can buy in any supermarket. Far from it! As a herbalist and Hobbit in the making you have just opened the door to a Brave New World. So if you have never joined in with the 'quiet hunt' before then there is no time like the present to change your outlook on life.

Mushrooms have been eaten and used for medicinal purposes by man since we made our first pretence at being a civilised animal. There are over 70,000 species of fungi (the family to which mushrooms belong) but unfortunately only about 20,000 are edible. The *Herbal Classic* (*Shen nung Pen ts'ao king*) written in the Wei dynasty (221–264 AD) made detailed references to several mushrooms including the wonderful *ganoderma lucidum* (*ling zhi* in China, *reishi* to the Japanese or to the more esoteric – the spiritual mushroom). Widespread on broadleaf tree woods and favouring warmer sites *ling zhi* deserves respect. In Chinese medicine it is considered to be in the highest class of tonics. It enters via the Heart, Liver and Lung meridians tonifying *qi* and nourishing Blood. It's antiviral, antioxidant, antitumoral, lowers blood pressure, anti inflammatory, has Liver protective and detoxifying effects and has even been used to treat *E coli* and frostbite with success, a veritable mushroom superstar. So don't sit on him – show him due deference.

Mu er (*auricularia auricula*, wood ear or jew's ear) is a jelly fungus very common in a wood near you. It grows mostly on wood – either alive or dead it's not fussy – often in broadleaf tree groves. It's been used for thousands of years in China, frequently to treat haemorrhoids and as a stomach tonic but over here we have tended to boil it either in milk or beer and use it for throat inflammations. Personally I prefer it in an omelette.

No foray into the world of mushrooms would be complete without mentioning a rather special Chinese herb: *dong chong xia cao* (winter bug, summer herb) or if you just happen to be a Roman *cordyceps sinensis*.

‘Every good Chinese granny knows that when you have been seriously ill and are laid up in bed a good soup of beef, lamb or duck made with *dong chong xia cao* can save you.’

Now I admit you will not find this one in Epping forest but it’s worthy of a mention. It grows on a dead caterpillar in China, or to be more precise on the larvae of moths, and is one of the most expensive and highly prized herbs we use. *Dong chong xia cao* is very special. It tonifies Kidney *yang* and the Lung, it stops bleeding and dissolves Phlegm, and as if that wasn’t enough it even augments *jing*. Every good Chinese granny knows that when you have been seriously ill and are laid up in bed a good soup of beef, lamb or duck made with *dong chong xia cao* can save you.

The edible varieties of wild fungi coming to a wood near you are many, however caution **must** be exercised because although all mushrooms are edible many of them are only edible once – and none of us wish to die emitting agonising tones amongst the leaf litter. You **must** get yourself a good book, unless you are hunting in France where every respectable pharmacist can tell you what you can eat and what will make you sick, and even the ones not to eat with alcohol.

If you do find yourself a nice little crop like the ones shown above right I strongly suggest either a risotto (a good stock and real Parmesan make a big difference) alternatively with just a hint of garlic and a sprinkle of walnuts wild mushroom paté on toast goes down very well! Bon appétit!

For advice on where to find edible fungi, drying, bottling, pickling and recipes see the bibliography below.

If you’re interested in how mushrooms and other herbs are used in Traditional Chinese Medicine, you can find out a lot more by joining the postgraduate Chinese herbal medicine MSc here at the College of Integrated Chinese Medicine in Reading.

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Mushrooms of Britain and Europe, Regis Courtecuisse, Collins

The New Guide to Mushrooms, Peter Jordan, Anness Publishing

Tony is director of our new Chinese herbal medicine MSc study programme. If you’d like to discuss any aspect of this training, and what it can offer, you can arrange to speak to him by ringing **0118 950 8880** or emailing **tony.booker@cicm.org.uk**

Relaxing and opening the *kwa*

More from Gio on Daoist *qi gong* and energy practices

Late summer, the 'fifth season' in Daoist tradition, is the suspension point where the great *yang* energy of spring and summer and the great *yin* energy of autumn and winter mix, and the body and its energy is very open. It is therefore seen as the easiest time to integrate all the energies inside you so they work together as one. Indeed, there is an old Daoist motto: 'There is only one *qi*'. The whole of Daoist practice can be seen as a process of gradually integrating the body, energy, mind and all that there is.

The value of working with the kwa

Other than learning how to relax and breathe well, working with the *kwa* is the key technique in Daoism to promote general physical and energetic health. The *kwa*, inside the pelvis, can be seen as the central hub linking the upper and lower body. Its relaxed, open mobility has a determining effect on the health of the deep muscles of the body, the joints and spine, the intestines, elimination system, kidneys and major blood vessels, the movement of all fluids and therefore *qi* around the body, sexual function and prostate health, and a person's overall energy levels.

By enabling the energy of the upper body to integrate with the lower body, the health of the *kwa* is also fundamental to a person being able to develop their *yin* energy and fluids, thus their ability to relax, store energy, sleep, and develop their *jing*.

So work with the *kwa* is of fundamental importance, and since it affects and can integrate all the energy inside you, it's especially important to pay attention to it in late summer. In the words of Homer Simpson: 'Is there anything it can't do?'.

Conversely, when the *kwa* is tight and shut, it causes the entire body and energy to downgrade: insufficient *yin*, and a whole host of individual problems! For example, 15 years ago doing *tai chi* with incorrect *kwa* work led to *tai chi* becoming the second biggest cause of knee problems in the US after aerobics!

As with all Daoist practices, it is always best to learn under the guidance of qualified teacher. However a number of things can usefully be said about opening the *kwa*.

Folding in the kwa

Unless we fold correctly in the *kwa*, leaning over or bending down can put strain on the spine, resulting in lower back pain, and not stimulating all the important *kwa* functions.

To access your *kwa* run a finger down each of your hip folds (inguinal folds) from top to bottom. First you will feel bone, then about half way along there is a soft hollow. This is where you fold to lean over. Make sure your knees remain unlocked, the back of your occiput remains

open, and your body weight transfers through the arches of your feet (not the heels) as you lean over. Don't allow the spine to fold – it must remain straight.

To come back up, gently push from deep inside your pelvis (behind the centre of your hip folds) against your feet and the ground. You will return upright without putting strain on your spine. Only lean over as far as creates no strain inside you. Repeat 5 or 10 times.

Sitting in the kwa

In life, and in Daoist practices, we not only fold, but also 'sit' down towards the ground, bending our legs (as throughout the *tai chi* form). Again, this can be done in a way that damages your body and energy, or greatly benefits it. Once you can fold comfortably in the *kwa*, try also sitting, which activates the *kwa* and your whole system more completely than just folding.

Begin to fold, and then also sit towards the ground. To do this correctly, as you fold and sit there should be absolutely no pressure against the front of the knees and they must not move forward. Your body weight should transfer through the back of the knees and through the arches of your feet. Again, only fold and sit as far as creates no strain inside you, and keep the back of the occiput open.

To return up, gently push from deep inside your pelvis against the arches of your feet and the ground, with no pressure on the front of the knees. You may keep your arms forward to help you balance.

A famous *tai chi* master Ma Yue Liang recommended his students build up to doing 300 of these **kwa squats** a day for three months to make a major upgrade to their system. Building up to 20 or 30 a day is very useful too!

Turning in the kwa

In everyday life, and especially in practices such as *tai chi* and *qi gong*, it is essential to turn in harmony with your body's design in a way that benefits, not damages it. To do this you should turn your pelvis – not your shoulders – into your hip folds, without twisting your knees or spine:

1 Feel your pelvis and gently turn it. Notice that your spine will remain relaxed and untwisted. If instead you turn your shoulders in order to turn, your spine will twist, which may lead to damage over time.

2 Check your leg alignments as you turn. If you transfer your weight, as in *tai chi*, check this especially in the weight bearing leg. Your body weight should transfer through your hip fold, then through the centre of your knee and centre of the arch of your foot as you turn. In particular, do not allow your knee to twist in or out as you turn, as this is likely to lead to knee, spine and hip problems.

3 As you turn, tap your hip fold, let it relax and loosen, and turn into it – rather than turn or twist the spine and/or knees.

4 Try not to let your non-weight-bearing leg collapse inwards as you transfer your weight into the other leg and turn. It wants to feel as though it grows and opens out of your belly and pelvis, and the alignments through hip fold, knee, ankle and arch are maintained.

Observing these four principles as you turn, especially in *qi gong* or *tai chi* practice, will greatly benefit your overall health.

Integrating the body and its energy

Kwa squats, whether done whilst turning as in the *tai chi* form, or simply as detailed above can do wonders to help integrate the body and its energy.

You can also add the shoulder blade movements and breathing techniques described in previous articles in *Jing Shen* 1 and 2, adding techniques useful for the Heart, Lungs and Kidneys. So as you fold and sit, bend your arms, and your shoulder blades move towards the spine; as the *kwa* open and legs straighten, your shoulder blades open and arms straighten. Be careful never to allow the joints to lock! Make sure your breathing is relaxed, flowing and continuous, without timing it to your movements, thus leaving your emotional energy free.

In all cases, do not force your body and energy to integrate. Rather relax your mind, let all your actions be fluid and continuous, and notice when the techniques you are paying gentle attention to come together naturally. Then rest there and let that integration soak into you until your energy eventually disunites and watch and see if it comes together again.

As your experience builds, your body, energy and mind will integrate easily and seamlessly for longer and longer periods of time.

Gio Maschio has taught Daoist internal arts for over a decade, and practised them for more than 18 years. He designed and teaches the College's *qi gong* for acupuncturists course, has conducted seminars for the BAcC, and is one of Master BK Frantzis' most experienced instructors in Europe. He also studies buddhism and *dzogchen* meditation. He practices and teaches internal arts full time, including classes, workshops and retreats – visit **oxinar.com** for information.

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Local contact **College of Integrated Chinese Medicine 0118 950 8880 cicm.org.uk**

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Brighton, 26 March – 8 April 2009
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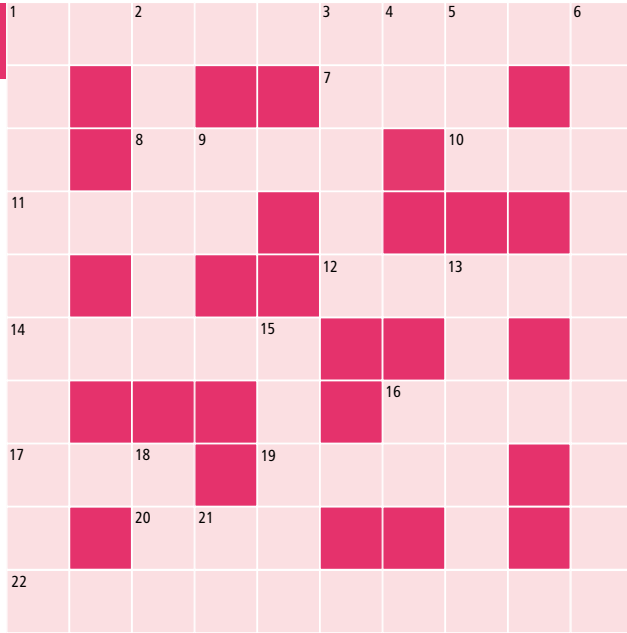
Local contact **Inside Tai Chi 01273 506833 taoarts.co.uk**

Full details of both events at **energyarts.com**

Energy Arts

crossword



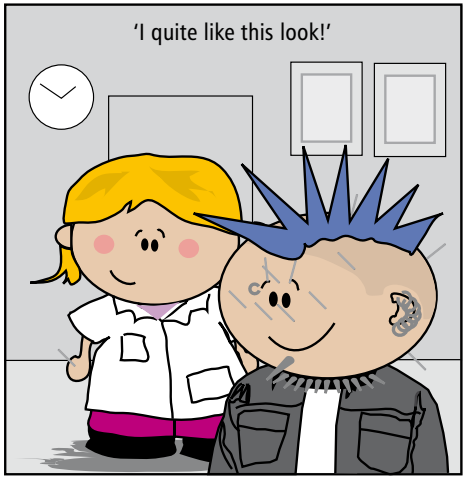
Across

1 Sp 6 (*pin yin*)
7 Used when giving a massage
8 The direction for Wood
10 A body part connected with the Spleen
11 The GB channel runs along this area of the body
12 Caused by injury and can stop the *qi* flow
14 A good feeling to have after treatment
16 Too much can give you vivid dreams
17 What we do when we express grief
19 Staple diet of Chinese people, scrambled
20 When our Liver is imbalanced we may feel this
22 The eyes, ears and nose are all one of these

Down

1 Blood, *qi* and *jing* are some of these
2 A tool of our trade
3 We write these when we see a patient
4 *Hua tuo jia* _ _ points
5 Patients come for acupuncture when they are _ _ _
6 One of four well known aspects of *yin* and *yang*
9 Aggressive energy (abbrev)
13 Can cosmetic acupuncture stop this?
15 How many *jiaos* have we got?
16 Abbreviation for the Heart
18 This has moist, downwards and cold qualities
21 _ _ I – Repetitive Strain Injury (abbrev)

Puzzle solutions See page 38



acudoku

This is a form of sudoku – but it uses letters rather than numbers. Fit the six letters of the word POINTS into the grid – each letter should appear only once in each row down, each row across and in each mini-grid.

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				T	
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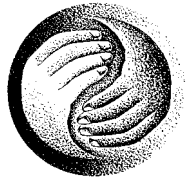
CPD events for practitioners



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Scott Tower
17–19 Sep, 22–24 Oct, 18–21 Nov 2008
Contemporary pulse diagnosis
This ten-day course offers a rare opportunity to study the Shen-Hammer System.

Charlotte Stone, Calum Thomson and Nik Tilling
25 Sep 2008
Multi-bed clinics

Sarah Budd 2 Oct 2008
Obstetric complications in pregnancy
Focusing on obstetric red flags

Day Post 16 Oct 2008
Scalp acupuncture

Shelle Rose Charvet
22 Oct 2008
The language of healing: words that change minds

Charlie Buck 27 Nov 2008
Helping cancer patients using acupuncture

Charlie Buck 28 Nov 2008
Needling skills

Bill Ryan 8–9 Dec 2008
The art of feeling qi

Marek Urbanowicz 15 Jan 2009
Kinesiology and food intolerance testing

Kevin Young 28–29 Jan 2009
Sports medicine

Radha Thambirajah
17–18 Feb 2009
Cosmetic acupuncture

Bruce Frantzis
23 Mar 2009
The Earth Element and the Stomach and Spleen

Peter Firebrace 27 Apr 2009
Luo points

With so many events to tell you about, our old-style mailings were bursting at the seams so we've introduced a new-format calendar (below). It reduces our environmental impact, and gives you the essence of each course – full details on our website. Next issue due out in November.

Jeffrey Yuen CPD events Both filmed April 2008 – available on DVD from the College

Booking now at **cicm.org.uk** or call Silvia Hovancova on **0118 950 8880**

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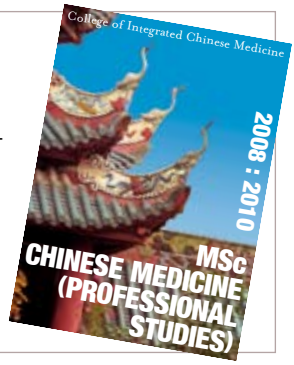

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top tips collected by Angie Hicks

Pulse taking

Angie asks some skilful pulse takers to share their wisdom

Pulse diagnosis is one of the most intriguing, penetrating, and yet elusive areas of diagnosis. It can be hugely frustrating grasping its intricate depths and yet magic to feel pulses harmonise and change during treatment. From early on in practice we can feel pulses changing – giving us invaluable information on patients' progress. At the same time pulse taking is a lifetime's study.

Regular practice enables us to steadily develop. What else can help us to improve? And what do others find important about pulse taking? I asked this of a number of practitioners, especially those who are specialists in the field. Their answers point to many areas including: our inner state, the need to set aside expectations, the position of the patient and how we differentiate pulses and gain meaning from them. Perhaps this adds up to looking at how we use our body, mind and spirit when taking pulses. So here are top tips from some very skilled practitioners.

Scott Tower who teaches a ten-day Shen-Hammer pulse diagnosis CPD course here at the College, emphasises the practitioner's internal state. He says, 'For me taking the pulse requires a depth of stillness which engenders a profound contact with the patient. When the stillness is combined with the wealth of diagnostic detail provided by the pulse, both head and heart are integrated within the healing process'.

Jacqui McCann, our acupuncture BSc programme leader for practical skills reiterates this by stressing, 'It is important to keep **centred** with my brain in neutral and allow the pulse to come to the fingertips. In this way I can feel what the pulse is actually telling me. I can more easily tune in to the qualities and subtle variations and avoid the trap of preconceptions'.

Giovanni Maciocia author of many of the College textbooks, talks about two important aspects of pulse taking. First, the position of the patient. 'The hand of the patient must be level, that is, either on the couch if lying down or on the table if sitting down. The patient's hand must not be higher than his or her heart. Very many times I see people holding the patient's hand above the couch.'

Giovanni's second comment is on how we take pulses. 'I would say that it is important to get an overall assessment of the pulse as a whole, in terms of general strength in the levels. It is essential to do this before assessing individual qualities in specific positions.'

Going back to our inner state **Stella King**, a teacher here, notes that it is useful, 'to **engage** energetically with my patient through the hand holding, to still my mind and bring my awareness to my fingertips, and especially to let go of any thought of what I might be expecting to feel (given what I know already

about my patient). To pay attention to each aspect of the pulse, and then focus on describing what is most clear.'

Peter Firebrace gives us more insight via an interesting translation, 'The area of the radial artery where we take the pulse is referred to as *qi kou*, the mouth of the *qi*. The best thing about it is it speaks in **qi speak**, not in words!'

Stella King also says 'it is hard to hear what the pulse says without listening, and it is hard to listen without being quiet inside'. Maybe we need to find that still and quiet space to listen to this 'language' of the pulses.

Finally, **Charlie Buck** has a slightly controversial viewpoint, 'For me, pulse diagnosis is emblematic of Chinese medicine as a whole. It is very simple and pragmatic at one level, it is easy to learn to spot the basic qualities but these cover unfathomable subtlety. It is easy to learn the moves of chess but it takes great effort and experience to win an international tournament!' He also warns, 'Pulses allow endless scope for self-delusion by the overconfident and grandiose neophyte'. He suggests, 'My view, for what it's worth, is that for the first few decades of practice it is better to emphasise the other diagnostic methods to reach a diagnosis and then take the pulse to see if it is in accord or if it inspires further thought. Done thousands of times this way we then train our subconscious to associate the appearance, symptoms and patterns shown by patients with the corresponding pulse'.

And is this worth it? Well maybe. Charlie says, 'Eventually, as we get lazy and semi-senile, we may start to reverse the process, taking the pulse first so as to associate the presentations that go with them. Now well into my third decade of TCM practice, much of that time spent regularly seeing over 70 patients per week, I am still waiting to feel confident enough to put the pulse first'.

Like Charlie and others, I keep working on improving my skills. I find that comparing pulses before and after treatment is a really useful way to refine those skills... and finding that quiet space inside is also important. As the Japanese acupuncturist Yanagiya said:

> 'Focus your attention on your fingertips, do not speak, do not listen, do not smell and do not think. This is the key principle of pulse diagnosis'.

The intricacy of pulse taking is one of the many reasons why acupuncture remains so fascinating. So here's to lifelong learning!

Angie Hicks is co-founder and joint principal of the College of Integrated Chinese Medicine. She has been an acupuncturist since 1976, is a Chinese herbalist and has written/co-written six books including *Five Element Constitutional Acupuncture*, *Healing your Emotions* and *The Acupuncture Handbook*. She is especially interested in body-based therapies, *qi gong*, meditation and Focusing.

Crossword solution Across 1 *san yin jiao* 7 oil 8 east 10 lip 11 side 12 scars 14 alert 16 heat 17 cry 19 rcei 20 ire 22 sense organ
Down 1 substances 2 needle 3 notes 4 *ji* 5 ill 6 opposition 9 AE 13 ageing 15 three 16 He 18 *yin* 21 RS

P	I	N	T	S	O
T	O	S	I	P	N
N	P	I	S	O	T
O	S	T	N	I	P
S	N	O	P	T	I
I	T	P	O	N	S

Akudoku solution >>
These puzzles are on page 35

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