



# NEDERLANDS TIJDSCHRIFT VOOR ACUPUNCTUUR

OFFICIEEL ORGAAN VAN DE NEDERLANDSE ARTSEN ACUPUNCTUUR VERENIGING



## JUBILEUMCONGRES 40 JAAR NAAV

DEN HAAG - 20 APRIL 2013 - HOTEL BEL AIR



*Met o.a.: Chinese kruiden in de cardiologie en oncologie •  
Acupunctuur in pijnbestrijding en post-traumatische stress  
disorder • Voedingsleer • Taiji • Onderwijs en onderzoek in  
Duitsland • CAM in Zwitserland en EU*

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## PROGRAMME

- Chairmen** Dr. Jean Pierre Fossion and Dr. Tjebbe Kok
- 9.30 – 10.20** **OPENING**  
Dr. Chun Lee Oei-Tan, President of the NAAV  
Mr. Henk Kool, Deputy Mayor for Social Affairs, Employment and Economy, Municipality of The Hague  
Drs. Iris van Bennekom, Chairwoman Advisory Board of the NAAV Education & Research Foundation (NERF)  
Prof. Dr Carl-Hermann Hempen, Professor of TCM Faculty at the TU Munich
- 10.20 – 10.30** **Fantasy for Violin and Harp, Composed by C.Saint- Saëns**  
Letizia Sciarone of the Rotterdam Philharmonic Orchestra en Anton Sie of the Brabant Orchestra
- 10.30 – 11.00** **ICMART in the European Union**  
Prof. Dr. Walburg Marić-Oehler, Secretary General of ICMART; Lecturer of Acupuncture, University of Mainz;  
Honorary Professor of Fujian University of TCM; Honorary President of the DAEGfA
- 11.00 – 11.30** **An Overview on Treating Coronary Heart Disease by Integrated Chinese and Western Medicine in China**  
Prof. Dr. Lixin Chen, Professor of Cardiology, Beijing University of Chinese Medicine; Vice Secretary General of WFCMS; Member of Executive Council of the Chinese Association of Integrative Medicine
- 11.30 – 12.00** **PAUSE**
- 12.00 – 12.30** **The Addition of TCM to Western Medicine in Cancer**  
Dr. Tjebbe Kok, oncologist, Secretary of the NAAV Education & Research Foundation
- 12.30 – 13.00** **Acupuncture in General Practice in Belgium**  
Dr. Jean Pierre Fossion, general practitioner, Principal of the Dutch School of Acupuncture in Belgium,  
Chairman Scientific Commission Brussels, Chairman of Homologation Commission of BVGA
- 13.00 – 13.30** **Principles of Chinese Dietetics in Western Breakfast, Lunch and Dinner**  
Dr. Ute Engelhardt, sinologist, Vice President of Societas Medicinae Sinensis (SMS); Editor-in-chief of the journal  
Chinesische Medizin; Lecturer at the Institute of Sinology, University of Munich
- 13.30 – 14.30** **LUNCH** according to the Chinese dietetics principle compounded by Dr. Bie Eng Sciarone, Dr. Anneke Lindwer and  
Dr. Mayke Khoe
- 14.30 – 15.00** **Combination of Segmental, Classical Acupuncture and Triggerpoint Acupuncture in the Treatment of Pain**  
PD Dr. Dominik Irnich, anesthesiologist, Head of the Interdisciplinary Pain Centre at the University of Munich,  
Vice President of DAEGfA, Head of the Educational Center of DAEGfA
- 15.00 – 15.30** **Acupuncture and Psychotherapy in the Treatment of Posttraumatic Stress Disorder (PTSD)**  
Prof. Dr. Walburg Marić-Oehler
- 15.30 – 16.00** **PAUSE**
- 16.00 – 16.30** **Acupuncture Research in Germany**  
PD Dr. Dominik Irnich
- 16.30 – 17.00** **Taichi – Art of Moving and Therapeutical Method**  
Dr. Ute Engelhardt
- 17.00 – 17.15** **Demonstration Taichi**  
Dr. Kiok Sie, acupuncturist and master in Taichi  
Lelie Oei, Msc., teacher in Taichi
- 17.15 – 18.30** **RECEPTION**
- 19.00 – 22.00** **DINNER AND MUSIC**

## 40 JAAR NAAV

### Dr. Chun Lee Oei-Tan

In den beginne waren er in 1973 de echtparen Hoekstra, Van der Molen, Hoogenkamp en Van den Burg. De eerste drie waren van origine homeopathische huisartsen, de vierde was tandarts en filosoof. Deze homeopathische huisartsen zijn met de acupunctuur in aanraking gekomen via de Electroacupunctuur van Voll (EAV). De filosoof Alfons van den Burg had zich aan de Universiteit Sorbonne in Parijs jarenlang verdiept in de Chinese filosofie en geneeskunst.

In 1974 waren we met 125 collegae in het koude en vochtige gebouwtje de Volooptee in Santpoort om de NAAV-acupunctuurlessen te volgen. Coen van der Molen heeft vooral de segmentale, medische acupunctuur gedoceerd, maar ook de EAV en Alfons van den Burg leerde ons voornamelijk de Chinese geneeskunde, maar ook de Auriculomedicinae volgens Nogier. Na drie jaren studie waren we de meest veelzijdige en allround geroemde "NAAV-acupuncteurs" in Europa. Daarna kwam er een periode waarin de NAAV-opleiding voorzag in aparte modules EAV, Auriculo en TCM. Men hoefde toen niet in alle drie de richtingen af te studeren. Zo zijn er dus leden, die acupunctuur toepasten als Auriculo, EAV of TCM. Later is die leergang bijgesteld en werden de modules afgeschaft. De afgestudeerden waren wederom "allround" gevormd. De NAAV is daarom de enige niet-homogene acupunctuurvereniging ter wereld; de leden zijn afgestudeerde acupunctuurartsen en tandartsen met een speciale deskundigheid in medische, segmentale acupunctuur, TCM, EAV en/of Auriculo: eigenlijk een ware koepel van acupunctuur

#### 8 jaar na oprichting

Nederland liep voor wat betreft de acupunctuurvergoeding. Nog nergens ter wereld werd acupunctuur vergoed, toen in 1981 de lijst van Nederlandse zorgverzekeraars verscheen, die acupunctuur vergoeden aan uitsluitend NAAV-artsen en tandartsen. Daarmee werd voldaan aan de wens van de vele tevreden patienten van NAAV-leden.

In 1981 heeft de NAAS, dat is de onderwijsstichting van de NAAV, zich afgescheiden. Oprichter Alfons van den Burg, tandarts en filosoof, ging daarna zijn eigen weg tot aan 2008.

In 1982 werd een nieuwe onderwijsstichting opgericht door de NAAV: de SNO. Nadat in 1997 NAAV-secretaris Ong en voorzitter Bekkering zich uit het SNO-bestuur hadden teruggetrokken, bleef penningmeester Koomans over. Tandarts Koomans is samen met zijn vrouw Ineke 15 jaren manager geweest van hun SNO tot in 2012. Ze zijn gestopt met aannemen van eerste jaars in 2010 omdat er niet genoeg aanmeldingen waren. Vanaf 2011 zorgen de vrijwilligers van de onderwijscommissie van de NAAV voor de continuïteit van opleiding en nascholing.

#### 13 jaar na oprichting

In 1986 zorgde Hong Yoe Oei ervoor, dat de NAAV het Postacademiale Onderwijs Geneeskunde Acupunctuur mocht houden aan de universiteit Utrecht. Deze PAOG's hebben tot aan zijn vertrek in 1993 naar de universiteitskliniek Rotterdam gezorgd voor een hele generatie huisartsen met verwijfsdeskundigheid voor acupunctuur alsook zijn er velen de NAAVopleiding gaan volgen, zoals o.a. onze voormalige secretaris en verzekeringsgangmaker Heng Ong. Paralel daaraan werd mij gevraagd om getentamineerde colleges aan vierde jaars medische studenten te geven. Dat was toen niet in het kader van een keuzevak, maar als algemene gezondheidsleer.

#### 20 jaar na oprichting

De NAAV heeft twintig jaar na haar oprichting weten te bewerkstelligen dat er internationaal belangstelling werd gewekt voor modern klinisch kosten-effectiviteitsonderzoek naar acupunctuur! Op internationale congressen kwam door de jaren heen, Nederland als eerste overall mee. Zo is het eerste grootschalige RCT-onderzoeksdesign Acupunctuur bij tennis-elleboog al in 1993 door mij gepresenteerd op een ICMART-congres. Na de toewijzing van de 2,7 miljoen guldens onderzoekssubsidie door de toenmalige Ziekenfondsraad



Cie Ontwikkelingsgeneeskunde in 1995, is ook het Amerikaanse National Institute of Health er toe overgegaan om jaarlijks subsidie te verstrekken voor acupunctuuronderzoek. In het daarop volgende decennium zijn de Duitse zorgverzekeraars ertoe overgegaan om samen met de Acupunctuurartsenvereniging DÄGfA de grote GERAC effectiviteitsstudie te bekostigen.

De NAAV had nauwe banden met de DÄGfA, daar de oprichters Ton en Miep Hoekstra prominente leden waren van de DÄGfA: de NAAV (1973) is als het ware uit die DÄGfA (1951) ontstaan.

Ton was redacteur van hun wetenschappelijke tijdschrift. Hij heeft mij als zijn opvolger aangewezen en daarom is die speciale band met de DÄGfA blijven bestaan. De eerste NAAV-voorzitters Ton Hoekstra en Liem Khe Siang hadden het moeilijk met het besturen van onze heterogene beroepsvereniging. In Duitsland had uitvinder dr. Voll immers zijn eigen vereniging voor EAV en de DÄGfA was en is uitsluitend voor de medische acupunctuur.

Het is de DÄGfA gelukt om medische erkenning te verkrijgen voor acupunctuur. De Ärztekammer, dat is de Duitse KNMG, examineert de acupunctuur waarna de aantekening acupunctuurdeskundige gevoerd mag worden in het Duitse artsenregister. In Duitsland is er 27 jaar na de DÄGfA ook een vereniging opgericht voor TCM-artsen, de SMS, Societas Medicinae Sinensis (1978). Die hebben dit jaar voor het eerst een driejarige TCM leergang voor artsen aan de Universiteit in München

met de kersvers aangestelde Hoogleraar in TCM, Prof. dr. med. C.-H. Hempen. Hij zal op ons congres spreken over de in september op te starten eerste Europese universitaire opleiding voor medisch specialisten in de Chinese geneeskunde.

### 33 jaar na oprichting

Als oudste beroepsvereniging voor acupunctuur en nog steeds landelijk de enige acupunctuurvereniging voor uitsluitend artsen en tandartsen, heeft de NAAV veel goodwill kunnen kweken bij medische faculteiten. Sinds 2006 wordt aan de medische faculteiten van Utrecht, Leiden, Amsterdam, Nijmegen en Groningen acupunctuur gedoceerd en getentamineerd aan tweede, resp. derde jaars medische studenten in het keuzevak Complementaire Zienwijzen in de Zorg. Ze volgen in de maand, dat het keuzevak gegeven wordt, stage in de praktijk van de docent, maar ook in de praktijken van andere NAAV-leden. Op het UMC Utrecht hebben we steeds gescoord met het hoge waarderingscijfer 8!

### 39 jaar na oprichting

Er wordt heden ten dage de noodzaak ingezien om net zoals op de universiteitskliniek de drie pijlers Patientenzorg, Opleiding en Onderzoek te waarborgen. Daar de NAAV vooral uit eerstelijns-zorgverleners bestond is aan patientenzorg altijd al veel aandacht besteed. Nu er meer leden zijn bijgekomen uit de tweedelijnszorg en de universitaire wereld,

zal ook aandacht besteed gaan worden aan de pijlers onderzoek en onderwijs. Zo is er vorig jaar in februari de NAAV Education Research Foundation (NERF) opgericht en in mei was alreeds de eerste overeenkomst getekend met de Stichting Katholieke Universiteit Nijmegen voor een samenwerking in hun TCM-research project. Zie in het Decemбернаummer de studie naar de cardiovasculaire effecten van Salvia miltiorrhiza extract Danshen. Het onderwerp staat internationaal in de belangstelling want de cardioloog uit Beijing, Prof. dr. Chen Lixin gaat het ook hebben over zijn research met o.a. het Chinese kruid Danshen.

Dit jaar zal ons NERF-onderzoeksproject Acupunctuur bij COPD starten in samenwerking met het onderzoeksinstituut Louis Bolk. In deze tijd van recessie kunnen we helaas niet meer rekenen op zulke grote subsidies als in 1995 en we zullen het dan ook vooral moeten hebben van het vrijwilligerswerk en idealisme van onze leden, die het belang ervan inzien.

De toekomst visie van de NAAV is die van opkomen voor de patiënt en daarmee voor hun normale vergoeding door zorgverzekeraars. We zullen bovendien zowel het politieke lobby traject alsook het juridische traject bewandelen om onze patienten te vrijwaren voor de luxe 21% BTW toeslag, die ze bij overige reguliere hulpverleners niet hoeven betalen. De NAAV komt op voor haar

leden en daarmee voor de erkenning van hun specialisme door de Nederlandse artsenbond KNMG en de tandartsenbond KNMT. De KNMG en KNMT worden geacht alle artsen en tandartsen in Nederland te vertegenwoordigen. Voor de BIGherregistratie ziet het er naar uit, dat we één dag per week in een reguliere setting zullen moeten werken of anders één dag intake-spreekuur of second opinion spreekuur moeten houden. Via het bestuursnetwerk van de internationale artsenkoepel ICMART/ International Council Medical Acupuncture Related Techniques zal ik als NAAV-afgevaardigde ervoor moeten zorgen dat eventuele rechtsongelijkheid kan worden aangekaart op Europees niveau.

Daarbij zal ik de assistentie missen van onze niet te evenaren bestuurssecretaris tevens secretaresse Frederike Moeken. Ze heeft van de zes jaren dat ze bestuurssecretaris was, de laatste twee jaren het secretariaat willen doen na twee opéénvolgende secretariaten onder zich gehad te hebben. Het ging daarna sneller dan ooit, want bellers kregen nooit eerder meteen antwoord op hun vraag. Onze Frederike was intussen ook in bijna alle commissies zitting gaan nemen en ze zorgde voor de kortsluiting over en weer. We hebben twee hele drukke en vruchtbare jaren mogen beleven en begrijpen dat ze nu afstand wil nemen. We zullen een episode van weer een gewoon secretariaat tegemoet treden.



*Bezoek van twee Chinese medical doctors aan ons Onderzoeksproject Kosteneffectiviteit Acupunctuur bij Tenniselleboog in de Rotterdamse Universiteitskliniek Afdeling Pijnbestrijding; anno 1996*

*(foto: Tine Rombout)*

## 40 JAAR, SLECHTS EEN BEGIN

### Drs. Iris van Bennekom

De NAAV viert een mooi jubileum, 40 jaar! Jaren waarin professionals met elkaar inwerken aan de toepassing van acupunctuur in de Nederlandse gezondheidszorg. Een streven naar vakmanschap, maar ook naar acceptatie. Het is geen makkelijke weg. De Nederlandse gezondheidszorg en geneeskundige state of the art kan buigen op een internationaal erkende goede positie. Wetenschappelijk onderzoek en de toepassing van de resultaten binnen de gezondheidszorg heeft ons veel gebracht en daar kunnen we trots op zijn. Maar we weten ook veel nog niet en staan nog vaak met lege handen en zelfs voor raadselen. Het is een kunde en ook vaak een kunst, gebaseerd op onze cultuur, historie en visie op leven. De medische professie bewaakt alles wat we bereiken hebben goed en verdedigt de patiënt tegen onterechte twijfels aan effectiviteit en kwaliteit. Dat is een nobel streven wat meer waardering zou verdienen dan het heden ten dagen in de media krijgt. Toch zou het ons sieren om meer ruimte te geven aan een breder perspectief. Onze westers perspectief op medische wetenschap en het wonder van leven is ook maar een kijk op de werkelijkheid, ook al is deze van hoge standaard en waarde!

Acupunctuur is een geneeswijze die zich kan beroepen op een zeer oude cultuur en historie. Geen primitieve cultuur, maar een eeuwenoude en hoogstaande cultuur die zich ver weg van de westerse wereld heeft afgespeeld en waar wij eeuwenlang geen enkel besef van hadden. En zelfs nu kunnen we er nog maar weinig van begrijpen. Het overbruggen van taal, gewoonten en zichten vergt veel inspanning en tijd. Het is geen kwestie van wederzijds overtuigen van gelijk of ongelijk, maar een kwestie van wederzijds begrip. Het vinden van de elkaars gemeenschappelijke toegevoegde waarde aan de geneeskunde is een lange weg. De NAAV verenigt artsen die dit doel na streven. De bereidheid om de kennis en inzichten te vertalen naar de westerse standaarden is groot. Evidence en wetenschappelijke onderzoek wordt niet vermeden doch actief opgezocht. Dit siert de professionals in de vereniging en zij verdienen volgens de adviescommissie ook ruimte in de discussie over verantwoorde zorg voor de patiënten in ons land. Eeuwenoude kennis vanuit een andere cultuur vertaal je niet in 40 jaar naar Nederland. Maar het is een begin!



### CV

#### DRS. IRIS VAN BENNEKOM

*Iris van Bennekom (1962) is sinds 2011 directeur strategie bij de REAKTgroep; een organisatie voor begeleiding, activering en arbeidstoeleiding voor (ex) GGZ cliënten. En vervult daarnaast diverse toezichtfuncties. Zij beschikt over jarenlange ervaring binnen de gezondheidszorg. Vanuit verschillende perspectieven heeft zij bestuurlijke - en managementfuncties vervuld. Dit betrof het zorgaanbod, de zorgverzekeraar en het patiënten/consumentperspectief. Ook was zij plaatsvervangend directeur generaal bij het ministerie van VWS. De mens achter de systemen is haar drijfveer. Het gaat om kwaliteit van leven!*

### UIT HET VERLEDEN

### 40 JAAR



*De oprichters, wijlen Miep Hoekstra, wijlen Coen van der Molen en wijlen Piet Hoogenkamp, met hoofdredactrice Chun Lee Oei-Tan tijdens het Tijdschrift-jubileum "Qigong kracht-oefeningen met Jeremy Ross" in 1992*

*(foto: Tine Rombout)*

## 40 YEARS ANNIVERSARY OF THE NAAV IN THE HAGUE

### Prof. Dr. med. Carl-Hermann Hempen, Munich

Als langjährige deutsche Freunde möchten wir auch im Namen der SMS der NAAV und besonders Ihrer Vorsitzenden Frau Dr. Chun Lee Oei-Tan von Herzen zu diesem großartigen Jubiläum gratulieren.

Die Verbundenheit der NAAV mit der SMS reicht schon über 25 Jahre zurück und stets wurde die Verbindung wie ein Pflänzchen von Frau Dr. Chun Lee Oei-Tan gehegt und gepflegt. Ich denke da vor allem an die frühen SMS-Kurse in der Schweiz vom den 90-iger Jahren zurück, die Frau Dr. Oei-Tan regelmäßig besuchte.

Durch Einladung von der Vizepräsidentin der SMS Frau Dr. Ute Engelhardt und mir zu diesem Jubiläumstag wollen wir unsere Verbundenheit ein weiteres Mal unterstreichen und mit unseren kleinen Beiträgen hoffen wir die Veranstaltung zu bereichern. Voller Freude denken wir an die zurückliegenden Veranstaltungen zurück wie zuletzt den 7th World Kongress of

Chinese Medicine im Oktober 2010. Ganz wunderbar hattet Ihr dieses Ereignis organisiert und gestaltet und wir waren einmal mehr froh Eure Gäste sein zu dürfen.

Die TCM entwickelt sich, wie man an solchen Schritten sieht, deutlich sichtbar immer weiter und wird zunehmend von der Öffentlichkeit und der Politik in den Niederlanden, in Deutschland und darüber hinaus in ganz Europa wahrgenommen.

Die Ärztekammern und die Krankenkassen haben in den vergangenen Jahren die Akupunktur als eine wichtige Therapiemethode der Chinesischen Medizin anerkannt und als Bereicherung zur westlichen Medizin verstanden.

Und jetzt ist uns in Deutschland ein einmaliger Schritt in der hochschulpolitischen Anerkennung gelungen, der auf der über dreißigjährigen Arbeit der SMS aufbaut.



Dieses Ereignis dürfen wir wohl einen Durchbruch nennen. Wir beginnen endlich, nach jahrzehntelanger Vorarbeit, mit der *Akademisierung der Traditionellen Chinesischen Medizin*.

Es ist auf Universitäts-Ebene erstmals ein Master-Studiengang zu diesem Thema anerkannt worden, auf einer Stufe mit anderen Master-Studiengängen. Es handelt sich um den *Weiterbildenden Masterstudiengang TCM an der TU München*.

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## ICMART IN THE EUROPEAN UNION

### Prof. Dr. Walburg Marić-Oehler, Bad Homburg

*Dr. Walburg Marić-Oehler, MD, Bad Homburg, Germany, General Secretary of the International Council of Medical Acupuncture and Related Techniques ICMART, Lecturer of Acupuncture University of Mainz, Honorary Professor of Fujian University of TCM, Honorary President of the German Medical Acupuncture Association DAEGfA*

ICMART, the International Council of Medical Acupuncture and Related Techniques, was founded 1983 in the heart of Europe. Over the past three decades, ICMART has become a global influence disseminating information about physician practicing acupuncture (Medical Acupuncture) and promoting it throughout the world. ICMART now comprises a network of 90 international medical acupuncture associations with about 35,000 members. This network of cooperation strives to fulfill shared goals and create solid relationships.

ICMART has three chapters, each with a specific focus: Education Chapter, Scientific Chapter and European Chapter.

The European Chapter gained additional prominence during the last decade as changes and innovations in public health policy rose to prominence in the European Union (EU). The goal of the European Chapter was to promote Medical Acupuncture as an important and integral element to improve public health of EU citizens. The integration into western medicine and healthcare has been the unifying strategy of CAM Complementary and Alternative Medicine as a whole, using one voice to achieve common goals. As a consequence, ICMART became an active participant with other stakeholders of CAM. Two platforms have been established: CAMDOC Alliance and EUROCAM.



### CAMDOC Alliance

The European and international medical umbrella organizations of various CAM systems and methods work together in the CAMDOC Alliance. The four organizations are: International Council of Medical Acupuncture and Related Techniques (ICMART), European Committee for Homeopathy (ECH), International Federation of Anthroposophic Medical Associations (IVAA), European Council of Doctors for Plurality in Medicine (ECPM).

## CV DR. MED. WALBURG MARIĆ-OEHLER

Dr. Walburg Marić-Oehler studied medicine and Asian cultures / languages in Germany at the universities of Leipzig, Berlin and Frankfurt/M. Further education in general medicine, psychotherapy, complementary medicine, acupuncture, traditional Chinese medicine, Tibetan medicine, other Asian medical systems. Since 1981 leading own medical practice in Bad Homburg near Frankfurt/M, becoming part of an East-West Medical Institute and Training Centre for Tibetan Medicine.

Since 1987 teaching, lecturing on national and international congresses and publishing in acupuncture. Since 1993 lecturing classical acupuncture at Johannes Gutenberg University, Mainz, organizing the annual symposium 'Acupuncture and University' 1991-2010 President of the German Medical

Acupuncture Association / DAEGfA, since 2010 Honorary President of DAEGfA 1996-2010 Vice-president of International Council of Medical Acupuncture and Related Techniques / ICMART, 2001 congress president of International ICMART Symposium-Anniversary Congress DAEGfA / DGfAN in Berlin, 2000 – 2002 President of ICMART, since 2010 General Secretary of ICMART

Further functions: since 1998 honorary professor of Fujian University of TCM, Fuzhou / China, since 2005 representation of ICMART in CAMDOC Alliance - European Commission - Brussels, since 2006 member of the organizing committee of the AAMA annual symposium / American Academy of Medical Acupuncture, contact office of European Initiative for Traditional Asian Medicine / EITAM, since 2007

member of the board of association for plurality in medicine / GPM (Gesellschaft für Pluralismus in der Medizin), since 2008 member of the management board of the European Information Centre of CAM / EICCAM and representative of ICMART in Advisory Board of CAMbrella EU Research Project (2010-2012)

In October 2010 she received 'Prof. Peseschian International Award of Excellence in Teaching and Research in Positive and Transcultural Psychotherapy - Prize of Honor'

Their common aims are:

1. Integration of well established and respectable CAM systems and methods into EU Health Policies,
2. Providing EU citizens with the added value of CAM by medical doctors,
3. Contributions of medical acupuncture and other CAM systems and methods to Public Health in the EU,
4. Joint responses to public consultations by DG SANCO (Directorate General for Health and Consumers),
5. Establishing CAM Interest Group (CAMIG),
6. Publication of documents related to CAM in general and the practice of CAM by medical doctors in particular.

### EUROCAM

It is the common goal of the CAMDOC Alliance to make the CAM contribution to European public health more visible. As such, CAMDOC is joining the European CAM stakeholder group's common platform EUROCAM. EUROCAM stands for political collaboration with other European CAM associations, i.e. associations of patients (EFHPA, European Federation of Homeopathic Patient's Associations, and EFPAM, Europeans Federation of Patient's Associations for Anthroposophic Medicine), doctors (CAMDOC Alliance), practitioners (EFCAM, European Federation for Complementary and Alternative Medicine) and partly shared by manufacturers (ECHAMP, European Coalition on Homeopathic and Anthroposophic Medicinal Products).

#### 1. Common Actions

Meetings with DG SANCO (Health and Consumer) in 2009 and 2010, mapping CAM 2009, EU Health Portal 2009, publishing of documents, planning of a CAM Conference in Brussels, joint lobby in the European Parliament for inclusion of CAM into Public Health Programme 2008-2013, inclusion of CAM in the EU 7th Research Frame Work Programme, EU CAM Interest Group (CAMIG) in Brussels 2010/11, CAM Conference 2012 in Brussels, Advisory Board in the CAMbrella Research Project 2010-2012.

#### 2. Meetings with DG SANCO (Health and Consumer)

Meetings with Director-General at DG SANCO, Robert Madelin and his staff in March 2009 in Brussels, and in March 2010 in Luxemburg, and also with the Director-General of DG SANCO Ms Paola Testori-Coggi, December 2010 in Brussels. The subjects of the discussions were: mapping the regulatory status of CAM in

Europe, CAM conference, EU Health-Portal, CAM Interest Group, participation in platforms, e.g. cancer, pharmaceutical legislation, priorities of DG SANCO

#### 3. Documents published

1. Model Guidelines for the Practice of Complementary Therapies (CAM) by medical doctors in the European Union (2008)
2. Complementary Medicine (CAM) - Its current position and its potential for European healthcare (2008)
3. The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe (2010)
4. Complementary and Alternative Medicine - current status and potential in European healthcare, EUROCAM 2012

#### 4. CAM Interest Group (CAMIG)

Interest Groups are platforms initiated by Members of European Parliament (MEPs) to promote their political focus of interest. They organize meetings with experts on the topic they have chosen, such as CAM Complementary and Alternative Medicine. In this way the CAM Interest Group (CAMIG) has been established. Each meeting is chaired by the initiating MEP, with three introductory and informative short lectures, one by a representative of DG SANCO, two by experts on the topic, in this case by representatives of EUROCAM, and concluding with time for discussion. The CAM Interest Group (CAMIG) repeatedly demonstrated the ability of Medical Acupuncture to be of service in the prevention and treatment of chronic physical and mental illnesses as well as in rehabilitation.

#### CAMIG meetings

1. Kick-off meeting March 2010
2. First 'real' meeting on 16 November 2010  
Topic: Availability of CAM Medicinal Products in the EU
3. Second meeting on 12 April 2011  
Topic: Healthy ageing, chronic disease management and potential contribution of CAM
4. Third meeting on 27 March 2012 - Meeting of the European Parliament Interest Groups MEPs Against Cancer - MACIG and MEPs for CAM - CAMIG – together MACCAM  
Topic: Cancer and the contribution of CAM

#### 5. CAM Conference and CAM Exhibition

The theme of this meeting on 9 October 2012 in Brussels in the EU Parliament was 'Complementary and Alternative Medicine

– Innovation and Added Value for European Healthcare'

The CAM Conference, which was prepared and organized by EUROCAM, was a politically influential, high level informative and interactive conference. Its target audience was informed about the added value of CAM and the objective of integrated healthcare for the EU Public Health Agenda. The goal of the conference was to present CAM as an essential part of a more integrated approach to the public health agenda throughout the EU in the future. The conference will highlight the added value of the holistic approach of the various CAM modalities as part of integrated healthcare. The conference is supported by DG SANCO, sponsored by European Public Health Alliance (EPHA) and by the Robert Bosch Foundation, Germany.

The conference was very successful and became a milestone in the representation of CAM at the EU level in Brussels. The programme was customized to address the important issues in the EU Public Health agenda. The lectures, presented by CAM scientists and presenters of clinical issues, were outstanding and of the highest level. The audience of 150 participants including a high percentage of parliamentarians and their assistants took active part in the process of dialogue and exchange. The accompanying CAM exhibition with posters gave information about the various CAM systems and methods and was positively received. The goal of making an inroad into EU Health policy has been met. One specific goal of the conference, the Charter for Action, has also been announced. This effort was roundly greeted with applause and encouragement. We will continue our efforts to use this partly opened door in the near future.

#### CAMBrella

The EU 7th Frame Work Research Programme CAMbrella (2010 – 2012) was the first and until now unique EU CAM research programme. The goal of this project was the creation of a roadmap detailing the situation of CAM in the various EU countries, its use, practice, education, research, legal situation and the regulation of CAM medicinal products, etc. This roadmap should become the basis for future CAM research. CAM researchers and scientists from 16 European universities were included in its development. Because CAM is primarily based on experience, an Advisory Board has been established with representatives

of the most important CAM systems and methods. The purpose of this Board was to contribute and advise. ICMART was a member of this Board. The cooperation was very intense and successful. CAMbrella was concluded at the end of last year. The results were presented at the CAMbrella Final Conference in Brussels, 29

November 2012, another highlight conference on CAM in 2012.

**Summary**

After many slow, but successful initiatives and actions the door for CAM, inclusive acupuncture, is now opening. Our objective remains to become a vital, positive and

innovative influence on European Public Health. In order to continue strengthening the position of CAM, it will be necessary to continue on our present path, alone and in cooperation with others.

For more information: [www.camdoc.eu](http://www.camdoc.eu), [www.icmart.org](http://www.icmart.org), [www.cambrella.eu](http://www.cambrella.eu)

**UIT HET VERLEDEN**

**40 JAAR**



**Foto 1** Huisarts Rubin Einhorn, cursist uit de eerste lichting Nederlandse artsen en tand-artsen, die zich in 1973 gingen verdiepen in de acupunctuur.

**Foto 2** Instructie puntzoeker bij de Stand van Otto Vlot, wijlen Tan Soei Siang van de lichting 1973.



**Foto 3** Onderonsje bij de NAAV-vlag: Bram Doorgeest, wijlen Heng Ong, Alex Loncq de Jongh

**Foto 4** Voorzitster Granullandelijke studenten vereniging Lioe Fee Oei helpt bij de "inschrijvingenbalie" van het 3e lustrumcongres van het NAAV-tijdschrift in 1992.

(foto's: Tine Rombout)

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# AN OVERVIEW ON TREATING CORONARY HEART DISEASE BY INTEGRATED CHINESE AND WESTERN MEDICINE IN CHINA

**Prof. Chen Lixin, MD., Ph.D., EMBA, Beijing**

This paper divides China's development history on treating CHD by integrated Chinese and Western medicine into three periods.

**1. Age Prior to Reperfusion Therapy (before 1980s).** During this period, the integrated Chinese and Western medicine for treating CHD mainly aimed to improve the clinical symptoms and myocardial ischemia reflected by electrocardiogram, focused on research on the theory of blood stasis and the syndrome of blood stasis due to qi deficiency, used Chinese materia medica for treating patients, under the guidance of CM theories, while applying conventional therapy of Western medicine. In this period, compared with that of Western medicine alone, treatment with blood-activating and stasis-resolving of Chinese Medicine, integrated with Western medicine, reduced the mortality rate of AMI of CHD to 50%.

**2. Age of Reperfusion/Interventional Therapy (1980s - the beginning of 21st century).** During this period, the key work of integrated Chinese and Western medicine was, aiming at new problems after revascularization of thrombolysis and PCI, to find effective CM treatment methods and means, and meanwhile to do actively research on change of CM syndrome after PCI, so as to explore the adjuvant therapeutic effect by CM during the perioperative period of PCI. The treating method of integrated Chinese and Western medicine gains a certain advantage in alleviating in-stent thrombosis, reducing post-PCI restenosis, heart dysfunction and arrhythmia of reperfusion, and in improving the survival quality of the post-PCI patients.

**3. Age of Integrated Interventional and Optimal Medical Therapy (the beginning of 21st century).** With further understanding of long-term efficacy of PCI, the main tasks of integrated Chinese and Western

medicine are to reassess and further research CM therapies for patients who already have had PCI and who reject or don't suit for PCI. Upon increasing the patients CM treatment compliance, a serial of multi-center research has initiated under the guidance of evidence-based medicine. A great amount of Chinese patent drugs which can stabilize atherosclerotic plaque, prevent thrombosis, protect vascular endothelial and facilitate angiogenesis play a good role in reducing the morbidity of angina and other clinical events, reducing the dosage of western medicine as well as improving the patients life quality and long-term prognosis. This paper suggests that, in this new age of integrated therapy, the integrated Chinese and Western medicine can not only provide with the most advanced techniques for alleviating angina, rescuing life rapidly, but also compensate the shortcomings of interventional therapy. Needless to say, by making full use of the advantages of Western medicine as well as Chinese medicine, it will actually improve the prognosis and life quality of a CHD patient in the long run.

The integrated Chinese and western medicine is an inter-discipline resulting from communicating and complementing of Chinese medicine (CM) and western medicine, a combination of two different thinking modes in understanding human health and diseases by CM and western medicine, and a medical guideline followed by the government for a long time since the foundation of the People's Republic of China. It comes into being from China's actual condition and clinical practice. Since Chairman Mao Zedong put forward and advocated the integration of Chinese and western medicine in 1956, the Chinese and western medicine has developed for about 60 years in China, with great achievements in many aspects.



Now an overall situation on treating coronary heart disease (CHD) by integrated Chinese and western medicine is hereby summarized as follows.

## **Age Prior to Reperfusion Therapy (before 1980s)**

Before 1980s, the integrated Chinese and western medicine for treating CHD mainly aimed to improve the clinical symptoms and myocardial ischemia reflected by electrocardiogram, focused on research on the theory of blood stasis of CHD and syndrome of blood stasis due to qi deficiency, used the blood-activating and stasis-resolving prescription represented by Guanxin 2 (danshen, paeoniae radix, safflower, chuanxiong and dalbergiae odoriferae) and drugs for supplementing qi and activating blood circulation represented by radix codonopsis, radix astragali and salvia miltiorrhiza, and used Chinese materia medica for treating under the guidance of CM theories while applying conventional therapy of western medicine. As there was not any big breakthrough in the field of western medicine (sedating, relieving pain and symptomatic treatment) during this period, the integrated Chinese and western medicine developed well in China for treating CHD, and especially on the basis of the primary treatment of western medicine, to combine with comprehensive therapy of CM, including Chinese materia medica, acupuncture and moxibustion, etc., was acknowledged by many patients in alleviating clinical symptoms of CHD. During this period, the most outstanding achievement on research of integrated Chinese and western medicine was to reduce the mor-

tality rate of acute myocardial infarction (AMI) of CHD, and treating CHD mainly by blood-activating and stasis-resolving made the mortality rate of AMI reduce from 30% by expectant treatment of western internal medicine alone to 13%-16%<sup>[1]</sup>. Its dominant mechanism was to prevent and treat main fatal complication of AMI: cardiac pump failure and heart failure. Before the age of reperfusion therapy, the overall advantage of treating CHD by integrated Chinese and western medicine especially stood out.

#### Age of Reperfusion/Interventional Therapy (1980s - the beginning of 21st century)

In 1980s, treatment of coronary revascularization such as thrombolysis and percutaneous coronary intervention (PCI) developed widely, especially the PCI technology on the basis of PTCA and coronary stent implantation stepped forward rapidly, which made PCI be an important mean for treating CHD, and at one time the advantage of treating CHD by integrated Chinese and western medicine disappeared. Nevertheless, new problems of no-reflow phenomenon, reperfusion injury, acute thrombosis, restenosis, aggravation of heart function injury caused by left ventricular remodeling, etc. after coronary reperfusion occurred, which again gave direction for integrated Chinese and western medicine in China. During this period, the key work of integrated Chinese and western medicine was to, aiming at new problems after revascularization of thrombolysis and PCI, find effective CM treatment methods and means, and

meanwhile actively research on change of CM syndrome after PCI, so as to explore the adjuvant therapeutic effect by CM during the perioperative period of PCI.

The first case of PCI was completed in China in 1984, and then 6213 cases of PCI were completed by 51 hospitals of western medicine in total in 1984-1996, and 95912 cases of PCI had been completed by 754 hospitals of western medicine in China by 2005<sup>[2]</sup>. There-among, 37 hospitals of CM and hospitals of integrated Chinese and western medicine in total in China had conducted treatment for PCI by May of 2009, and 12670 cases altogether for interventional therapy of CHD had been completed<sup>[3]</sup>. So far, the hospitals of CM and hospitals of integrated Chinese and western medicine which can carry out PCI have already conducted clinical and fundamental researches, in various degrees, on applying CM for preventing and treating reperfusion injury after coronary recanalization, preventing in-stent restenosis (ISR), etc.

In respect of clinical research for applying the method of integrated Chinese and western medicine to alleviate in-stent thrombosis and improve post-PCI restenosis, a forward-looking, random, double-blind, placebo-controlled clinical observation of 6 months for preventing ISR on using Xiongshao Capsule (active ingredient of chuanxiong, chishao) based on treatment of western medicine showed that, Xiongshao Capsule all gained an advantage over the control group in

improving the rate of restenosis, scope of stenosis of coronary artery with pathological changes, lumen diameter, rate of recurrence of angina, incidence rate of clinical endpoint events, etc., and no adverse reactions had been found<sup>[4]</sup>. Xiongshao Capsule worked in many pathological links of post-PCI restenosis by regulating related gene and protein expression of proliferation of vascular smooth muscle cells (VSMC), inducing cell apoptosis, affecting transmembrane signal transmission, etc.<sup>[5,6]</sup>

To carry out research by surrounding CM syndrome before and after PCI is the basis for treatment of integrated Chinese and western medicine. By observing correlation of pathological change of coronary artery reflected by CM syndrome and coronary angiography, it was found that the more numbers of coronary artery with pathological change, the more serious of coronary artery stenosis, and the higher score of syndrome of blood stasis of CM, the more serious of blood stasis. It showed there existed a good correlation between the two<sup>[7]</sup>. Another study on CM syndrome of unstable angina pectoris suggested that the syndrome of blood stasis and phlegm syndrome related to the numbers of coronary artery with pathological changes and scope of coronary artery stenosis. The phlegm, blood stasis and injury of channels and collaterals were the basis of morbidity of the unstable angina pectoris. And with the increasing severity of pathological changes of coronary artery, the scope of

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He has been engaged in clinical practice, education and scientific research of Chinese medicine and integrated Chinese with Western medicine, especially in the field of cardiology and hospital management.

Chen Lixin undertook over 10 research projects supported by the National Natural Science Foundation of China (NSFC), the Ministry of Science and Technology, the Ministry of Health and the State of Administration of Traditional Chinese Medicine. He has issued about 30 academic papers so far. In addition, he also served as a claims examiner designated by the Department

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myocardial ischemia and hypoxia became higher and heart function further hurt, which showed that the patient's internal deficiency syndrome develops from deficiency of yin and qi to deficiency of yang<sup>[8]</sup>. The study also found that PCI therapy had certain improving functions for patient's syndrome of blood stasis, but no improving functions for syndrome of deficiency of qi; on the contrary, the interventional therapy aggravated the syndrome of deficiency of qi in some degrees<sup>[9]</sup>. Combining Tongguan Capsule (radix astragali, salvia miltiorrhiza, leech, etc.) for supplementing qi and activating blood circulation with PCI could obviously improve the symptoms of qi deficiency and blood stasis of a post-PCI patient<sup>[10]</sup>, and in contrast with conventional treatment, it could improve the cardiac systolic function of left ventricle and the life quality of a post-PCI patient<sup>[11,12]</sup>.

The integrated Chinese and western medicine as well had better advantage in post-PCI arrhythmia of reperfusion. Wenxin Granule (radix codonopsisit, rhizoma polygonati, panax pseudo-ginseng, amber, spikenard) had better treating and preventing functions for reperfusion arrhythmias, especially for ventricular arrhythmia, in direct PCI of AMI<sup>[13]</sup>. A study suggested that Wenxin Granule had the same therapeutic effect as propafenone, but obviously gained an advantage over propafenone in improving myocardial oxygen consumption, myocardial ischemia, heart blood-pumping function and hemorheology indexes<sup>[14]</sup>.

A large amount of clinical and fundamental researches indicated that many injections (such as shengmai injection, radix astragali injection, danshen injection, chuanxiong injection, etc.), monomers (such as danshen, safflower, chuanxiong, panax pseudo-ginseng, leech, radix astragali, ginseng, etc.) or their active components which could activate blood circulation and replenish qi, as well as some compound preparations which were produced according to the principles of Chinese medicine syndrome differentiation could inhibit myocardial ischemia reperfusion injury, decrease the rate of post-PCI restenosis of CHD and improve patients' survival quality by scavenging oxygen free radicals, decreasing platelet aggregation, improving microcirculation of coronary artery, inhibiting cardiac apoptosis and

proliferation of VSMC and protecting endothelial cells and so on.

Since 1980's, we have been doing the research about radix astragali and its effective components in treating CHD. Based on the clinical studies of radix astragali<sup>[15]</sup>, we have done a series of studies of astragalus polysaccharide on preventing the myocardial ischemia reperfusion injury. A research of cells cultivation in vitro confirmed that astragalus polysaccharide could decrease inflammatory reaction of reperfusion injury in human cardiac microvascular endothelial cells (HCMEC) and leukocytes by adjusting signal pathway of NF-κB and P38, reduce the expression of adhesion molecules (ICAM-1, VCAM-1, P-selectin, E-selectin), decrease the adhesion between HCMEC and leukocytes. As a result, it could inhibit the cascade effect of inflammatory reaction caused by leukocyte activation<sup>[16-18]</sup>. Another research also indicated that astragalus polysaccharide could reinforce the effects of inflammatory signal pathway inhibitors in rats in vivo. It is believed that astragalus polysaccharide can inhibit myocardial ischemia reperfusion injury<sup>[19]</sup>, which are worthy of advanced study in the future.

#### **Ages of Integrated Interventional and Optimal Medical Therapy (the beginning of 21st century)**

In 21st century, with the published research of occluded artery trial (OAT<sup>[20]</sup> and clinical outcomes utilizing revascularization and aggressive drug evaluation (COURADE<sup>[21]</sup>, people are more aware of PCI and medication. The research showed, although PCI could relieve angina in the early stage, further effects are not better than simple medication. The more important was that PCI couldn't reduce the long-term cardiovascular events more effectively than simple optimal medical therapy<sup>[22]</sup>. As a result, medical therapy is still the major method for treating CHD. Patients are still advised to have intensive medication after PCI. So the therapy of integrated Chinese and western medicine is more suitable for individualized treatment and prevention. At present, the main tasks of integrated Chinese and western medicine are to reassess and further research CM therapies for patients who already have had PCI and who reject or don't suit for PCI. Upon increasing the patient's CM treatment compliance, a serial of

multi-center research has initiated under the guidance of evidence-based medicine. A great amount of Chinese patent drugs which can stabilize atherosclerotic plaque, prevent thrombosis, protect vascular endothelial and facilitate angiogenesis play a good role in reducing the morbidity of angina and other clinical events, reducing the dosage of western medicine as well as improving the patient's life quality and long-term prognosis.

In China, Chinese patent medicines are used widely, and the most representative medicines are Suxiaojiuxin Pill, Compound Danshen Dropping Pills, Tongxinluo Capsule, Shexiangbaixin Pill. Suxiaojiuxin Pill (chuanxiong, borneol) is the earliest Chinese patent medicine for treating CHD angina in China, and it is a first-aid medicine which can be quickly dissolved and works by sublingual administration. Its pharmacological actions are dilatation of coronary artery, increasing myocardial oxygen supply, reducing myocardial oxygen consumption, reducing platelet aggregation, promoting angiogenesis in acute myocardial infarction<sup>[23]</sup>, etc. Recent research showed Suxiaojiuxin Pill could improve coronary blood flow of acute coronary syndrome (ACS) both before and after stenting. It also could increase collateral circulation and reduce the incidence of myocardial infarction during perioperative period<sup>[24]</sup>. Compound Danshen Dropping Pill (danshen, notoginseng, borneol) can both be used as a first-aid medicine and daily therapy, which can improve coronary blood flow, increase myocardial hypoxia tolerance, protect ischemic myocardium, prevent platelet aggregation, preventing thrombosis, reduces in-stent restenosis in patients with CHD<sup>[25]</sup>. It can also reduce myocardial ischemia, improve myocardial blood supply and microcirculation and reduce post-PCI arrhythmia<sup>[26]</sup>. The Compound Danshen Dropping Pill is currently the only Chinese patent medicine which has been approved to carry on phase II clinical trials by the US Food and Drug Administration (FDA). And now it is getting ready for the global phase III clinical trial studies. Tongxinluo Capsule (ginseng, leech, scorpion, cockroach, centipede, cicada slough, paeoniae radix, borneol) could stabilize vulnerable plaque of high fat diet rabbit, was dose-dependent reducing rate of plaque rupture. High doses of Tongxinluo and Simvastatin group had the same effects on stabilizing plaque<sup>[27]</sup>. Tongxinluo Capsule also could decrease the

area of acute myocardial infarction when patients had PCI or thrombolytic therapy, promote the recovery of abnormal wall motion and cardiac function<sup>[28]</sup>, meanwhile, it could prevent and treat coronary artery thrombosis of ACS patients after PCI, protect vascular endothelial function, and improve the prognosis<sup>[29]</sup>. Shexiangbaoxin pills (muscone, ginseng, artificial bezoar, cassia, storax, arenobufagin, borneol) could dilate coronary artery, protect vascular endothelial, inhibit atherosclerosis, promote angiogenesis in myocardial infarction fringe, increase cardiac function, in the meantime, it could inhibit angiogenesis in atherosclerosis plaque<sup>[30]</sup>. Long term administration of Shexiangbaoxin pills (at least 6 months) could obviously decrease angina pectoris and some other clinical events, and reduce the dosage of Nitrate<sup>[31]</sup>. In particular, the side effects of those Chinese patent medicines are much less than western medicine in long-term use, and those Chinese medicines can decrease the dosage or even replace the western medicine partially, they are very suitable

for a long-term maintenance treatment of CHD.

In addition, some other CM therapy such as acupuncture, massage, point catgut embedding, acupoint injection can also alleviate angina pectoris and decrease complications of CHD, which shows the advantages of comprehensive interventions by integrated Chinese and western medicine. But we must soberly realize that, many researches concerning the integrated Chinese and western medicine therapy are only for individual case or in small scale, and evidence-based clinical studies are extremely lacking.

The good news is that in China mainland the western medical institution and Chinese medical institution are working together more and more effectively. Under the guidance of evidence-based medicine, the system of integrated Chinese and western medicine is improving continuously. Clinical Study of Chinese Medicine Comprehensive Intervention on CHD Coronary Revascularization and Evidence-based Medicine Clinical Trials of Tongxinluo

Capsule on Myocardial No-reflow Phenomenon after Percutaneous Coronary Intervention of Acute Myocardial Infarction are respectively assembling 20 and 9 research institutions. The multi-center, prospective, random, double blind placebo parallel control researches are now in progress, and the results are worth waiting.

#### Summary

Development of the international cardiology represents the most advanced medical technology, development of integrated Chinese and western medicine in China represents the collision and integration of the most outstanding Chinese and western medical culture. The integrated Chinese and western Medicine therapy of CHD represents the highest level of medical technology in treating CHD in China. The integrated Chinese and western medicine reflects characteristics of the times in advancing with the times and complementing each other. While seeking the bonding point of the two, we shall make full use of each other's advantages



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for working out the best therapy method so as to better service the patients. In this new age of integrated therapy, the integrated Chinese and western medicine can not only provide with the most advanced techniques for alleviating angina and rescuing life rapidly, but also compensate the shortcomings of interventional therapy. In clinical practice, it makes full use of the advantages of western medicine with fast-acting effects as well as lays stress on the advantages of CM in overall prevention, little side effects, being suitable for long-term use and acting in multi-targets and multi-levels, and it combines prevention with treatment to increase efficacy for actually improving the long-term prognosis and the life quality of a CHD patient.

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Meihua Shangbiao



Plumblossom Brand

三焦

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## THE ADDITION OF TCM TO WESTERN MEDICINE IN CANCER

Dr. Tjebbe C. Kok, Rotterdam

### Inleiding

Hoewel het merendeel der kankerpatiënten zich in de loop van hun ziekte oriënteert op complementaire geneeswijzen, zijn data over bewezen effectiviteit ervan schaars. In China heeft Traditional Chinese Medicine (TCM) al eeuwen een vaste plaats in de behandeling van kanker, ook tegenwoordig nog, vooral als ondersteuning van de reguliere therapieën zoals chirurgie, chemo- en immunotherapie, en radiotherapie. Ofschoon het ontstaan van kanker als een chronische ziekte goed naar een TCM model kan worden vertaald, en de ziekte aldus therapeutisch beïnvloedbaar zou kunnen zijn, wordt vooral de terugkeer naar een gebalanceerde ordening, harmonie en energiestatus nagestreefd, met name tijdens toxische behandelingen. Hierbij zouden de bestaande disharmoniën, die in de loop van een anti-tumor behandeling kunnen veranderen, een leidraad kunnen zijn.

### Toepassing tijdens Chirurgie

Chirurgie (resectie) is vaak de main-step bij het vroege-stadium kanker, en wordt in veel gevallen met curatieve intentie opgezet. Een juiste voedings- en energiestatus, en een zo goed mogelijke conditie

vóór de operatie is van belang om de nadelige gevolgen van chirurgie zo snel mogelijk te boven te komen: verzwakking door anesthesie, antibiotica gebruik, en vermindering van afweer. Met name op het gebied van kruidengeneeskunde volgens TCM lijken mogelijkheden te liggen om anorexie en cachexie tegen te gaan. Acupunctuur lijkt van waarde bij postoperatieve misselijkheid, braken en pijn (Cochrane meta-analyse), en bij peroperatieve pijnbehandeling (auriculo).

### Toepassing tijdens Radiotherapie

Bij radiotherapie is de mate van oxygenatie van het bestraalde weefsel van belang voor het uiteindelijk resultaat. Verstoorde microcirculatie en secundaire angiogenese zijn ook in TCM bekende verschijnselen: Bloed- en Qi-stagnatie. Bestraling is toxisch in termen van Hitte, die ook kan leiden tot ondermijning van Qi. Kruidenformules gericht tegen stagnatie, zouden mogelijk de oxygenatie van tumoren kunnen verbeteren met een groter effect van radiotherapie (radio-sensitizer). Data van een fase 3 studie van A(cupuncture)L(ike)-TENS stimulatie bij xerostomie na radiotherapie van de speekselklieren worden verwacht.



### Overige toepassingen

Vele traditionele kruidenformules vertonen in-vitro een groeiremmende werking op tumoren, en werken synergistisch met chemotherapie (paclitaxel, doxorubicine). Bijwerkingen van chemotherapie kunnen leiden tot milt leegte (diarree), hartvuur excess (stomatitis), deficient Qi (infectie). Kruidentherapie richt zich op ondersteuning van de milt (adsorptie en transformatie voeding) en nier (Bloed aanmaak): ginseng, ganoderma lucidum (med.paddo), cordyceps (schimmel). Deze kruiden hebben mogelijk ook een stimulerende werking op de afweer. In de adjuvante setting kan ondersteuning met TCM kruiden leiden tot een betere patient compliance t.a.v. chemotherapie.

## CV DR. TJEBBE C. KOK

Tjebbe C. Kok heeft de studie geneeskunde aan de Rijksuniversiteit Groningen in 1977 voltooid.

Hij is opgeleid tot internist met aandachtsgebied medische oncologie in het Academisch Ziekenhuis Rotterdam. Zijn proefschrift in 1997 is getiteld "Chemotherapy in Cancer of the Esophagus".

Vervolgens als internist-oncoloog werkzaam op de Afdeling Interne Oncologie van het Academisch Ziekenhuis Rotterdam Dijkzigt. Hij was hoofd van de afdeling Medische Zorg van het Integraal Kanker Centrum Rotterdam. Vanaf 2001 werkzaam in de vakgroep inwendige specialismen van het Maasstad Ziekenhuis te Rotterdam.

De opleiding tot arts-acupuncturist is gevolgd bij SNO in 2007-2010. Hij heeft meer dan 50 publicaties op zijn naam staan.

Chemotherapie geïnduceerde perifere polyneuropathie (PPN) is soms niet-reversibel en leidt tot verslechterde kwaliteit van leven en mogelijk voortijdig staken van de behandeling (platinum, vincalcaloïden, taxanen). In TCM is er een Qi- en Bloed leegte, en een onvermogen om de ledematen voldoende te voorzien. Zowel bij PPN door chemotherapie als door diabetes zou acupunctuur gunstig kunnen werken.

Van Qigong en Tuina zijn gunstige effecten gerapporteerd, helaas niet evidence-

based. Deze benaderingen zijn zonder bijwerkingen, en door bewerking van op TCM gebaseerde punten is steeds een geïndividualiseerde behandeling mogelijk. Er bestaat een toenemend besef dat toepassing van TCM kan bijdragen aan een succesvollere behandeling van kanker, en tot een betere kwaliteit van leven. Voor een bredere acceptatie lijkt het van groot belang dat in een goede samenwerking tussen de reguliere geneeskunde en TCM nieuwe studie-designs worden ontwikkeld.

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UIT HET VERLEDEN

40 JAAR



**foto 1** Band van cardioloog Tan Pao Han in het Kurhaus in Scheveningen, NAAV-lustrum 1993

**foto 2** Wijlen Ton van Gelder, docent Ooracupunctuur en zijn Fiona op ons diner dansant.

**foto 3** NAAV-docent Fred Neelissen, docent Electroacupunctuur volgens Voll, op de dansvloer met zijn Corrie.

(foto's: Tine Rombout)

## ACUPUNCTUUR IN DE BELGISCHE HUISARTSGENEESKUNDE

**Dr. Jean Pierre J. Fossion, Brugge**

*Principal of the Dutch School of Acupuncture in Belgium (BVGA)  
Chairman Scientific Commission Brussels  
Chairman Homologation Commission*

### Huisartsgeneeskunde

De huisarts heeft een klinische opdracht die de patiënt centraal stelt als persoon met een fysieke integriteit, een psychisch welbevinden en sociaal functioneren. De Master-degree huisartsgeneeskunde in België wordt afgerond met een begeleiding aan een interuniversitair centrum voor huisartsopleiding (ICHO) van twee jaar onder leiding van een praktijkopleider. De huisarts heeft een coördinerende rol als doorverwijzer naar de onderscheiden specialismen. Zijn behandelingsterreinen zijn psychisch, medisch, sociaal en met aandacht voor preventie. De huisarts draagt zorg voor de continuïteit van en binnen de zorgverlening.

### Holistisch concept in de huisartsgeneeskunde

Voor de acupuncturist blijkt het merkwaardig dat in de eindtermen van de ICHO-opleiding<sup>(1)</sup> het begrip 'holistisch' verrassend genoeg niet alleen gehanteerd wordt, maar zelfs bijna breder is gedefinieerd dan

in de Traditionele Chinese Geneeskunde (TCG).

In TCG wordt de onverbreekbaarheid van somatische zowel als psychische klachten geduid in een geïntegreerde visie van de persoon in de context waarin hij leeft. Dit is een psychosomatiek avant la lettre. Maar het ICHO beschrijft eveneens een huisarts-kerncompetentie als een holistisch concept met een 'biopsychosociale benadering met culturele- en existentiële dimensies'. Het verschil zit in het feit dat voor de klassieke geneesheer het 'holistisch' begrip verwijst naar een multi-disciplinaire uitwisseling van gegevens waarbij de huisartsgeneeskunde een specialisme is naast vele andere. De specialismen binnen TCG hanteren echter dezelfde diagnostische criteria voor de behandeling en de selectie van acupuncten.

### Is er zoiets als een holistisch concept in de neurofysiologie?

In de neurofysiologie worden convergente neuronen beschreven die door verschillende modaliteiten geactiveerd worden (tast, diep druk, pijn, temperatuur, visuele- en auditieve prikkels etc.). Dit type van neu-



ronen komen zeer geconcentreerd voor in de formatio reticularis van de hersenstam. Dit reticulair weefsel is onderverdeeld als functioneel raster met premotorische efferentie. De preselectie maar tevens convergentie van afferente prikkels enerzijds, de efferente pre-motoriek anderzijds maken tezamen gedifferentieerde- en geïntegreerde responsen mogelijk. Wij geloven dat er geen holistische TCG zou kunnen bestaan zonder deze convergente premotorische neuronen ook al worden deze niet holistisch genoemd. Indien aangetoond zou kunnen worden dat deze rasters (her-) calibreerbaar zijn, dan maken deze neuronen holistische effecten mogelijk voor naaldbehandeling. Het zou ook de heterogeniteit van de indicaties per acupunct kunnen verklaren.

## CV DR. JEAN PIERRE J. FOSSION

Jean Pierre J. Fossion studeerde huisartsgeneeskunde aan de Katholieke Universiteit van Leuven en trad gedurende meer dan twintig jaar op als medisch expert in de evaluatie van menselijke schade voor de correctionele- en politierechtbank van Brugge.

Hij is lid van de beheerraad van de Belgische Vereniging van Geneesheren Acupuncturisten (BVGA) sinds 1986, en is docent neurowetenschappen. Hij is coördinator van de Nederlandstalige cursus. Hij is voorzitter van de Wetenschappelijke

Commissie en Homologatie Commissie. Hij vertegenwoordigt België met voordrachten aan de International Council of Acupuncture and Related Technics (ICMART) en is lid van het Erecomité.

Hij won de tweede prijs free oral presentation in Boedapest 2008 en Riga 2010, trad op als secretaris van het wetenschappelijk congres comité Den Haag 2011 en is houder van de trofee meest actieve deelnemer Athene 2012. Hij publiceert in de Revue française d'acupuncture et de moxibustion en in het Deutsche Zeitschrift

für Akupunktur op onderwerpen voor acupunctuuronderzoek.

Meest recente publicatie:  
5e artikel Deutsche Zeitschrift für Akupunktur: 'Cracking the Zang Fu code: Ming Men revisited'

### Meerwaarde van de acupunctuur

De meerwaarde van acupunctuur is gelegen in het feit dat met éénzelfde behandeling een holistische aanpak wordt aangeboden waarbij de patiënt psychisch tot rust kan komen en medisch functionele klachten gelenigd kunnen worden. De terreinbehandeling is eveneens gericht op preventie van recidieven. De verenigingen van acupunctuur zijn van mening dat acupunctuur maatschappelijk kostenbesparend kan uitwerken voor de sociale zekerheid van de staat en de mutualiteiten als zorgverzekeraars. De huisarts blijft echter noodzakelijk om de patiënt sociaal te begeleiden in een contextuele duiding, zowel in klassieke geneeskunde als in TCG. Binnen de visie dat convergente premotorische neuronen verschillende weefseltypen tegelijkertijd kunnen beïnvloeden, bestaan er wel degelijk niet-objectiveerbare klachten zonder dat deze noodzakelijkerwijze louter psychologisch moeten geduid worden. De Belgische arts is de grootste voorschrijver van benzodiazepines en psychofarmaca ter wereld. Met TCG kan dat anders, dit is eveneens een meerwaarde.

### Het organisch letsel versus de functionele niet-objectiveerbare klacht

De klassieke geneeskunde is zeer sterk orgaangericht en bijzonder adequaat voor klachten gebaseerd op organische aantasting die door beeldvorming en andere technologische metingen objectiveerbaar zijn. De duiding van klachten, die niet, of nog niet, in de fase van een organische aantasting verkeren, is dan weer veel moeilijker. Acupunctuur is voor niet-objectiveerbare klachten ongetwijfeld in het voordeel van functieherstel, zowel somatisch als psychisch. Een bijkomend voordeel is een effectief herstel van klachten op gebied van thermoregulatie.

### Doorsneepopulatie in TCG

De belangrijkste klachten, die meest frequent op het spreekuur van acupunctuur gezien worden, betreffen chroniciteit, pijnsyndromen, polysymptomatologie en polyfarmacie.

a. Pijn is de belangrijkste drijfveer voor de patiënt om een alternatieve therapeut op te zoeken, voornamelijk indien de pijn chronisch en medicatieresistent

geworden is. Niet alleen de subjectieve betekenis van pijn kan weergegeven worden door een inschatting op een schaal van 10, de visuele analoge schaal (VAS). Ook het resultaat en de vordering van de behandeling kan geëvalueerd worden.

- b. Het presenteren van verscheidene klachten tegelijkertijd past bijzonder goed in een TCG gerichte anamnese zonder dat een multidisciplinair advies vereist is. Voor zover geen organische aantastingen verwacht worden, is een kostenbesparing realiseerbaar. Indien weliswaar TCG niet als Evidence Based Medicine gepercipieerd wordt, dan is een psychosomatische duiding toch inherent aan de ervaringsgerichte TCG.
- c. Het optreden van veelvoudige klachten tegelijkertijd gaat gepaard met een cumulatie van geneesmiddelen, die zich per specialisme aandienen. Zeer dikwijls dient er zich in de Westerse orgaangerichte specialismen, zoals cardiologie, zelfs een meervoudig gebruik van medicatie aan per gestoorde parameter (hartritm, bloeddruk, cholesterol)

## SUMMARY ACUPUNCTURE NEEDLING IN GENERAL PRACTICE IN BELGIUM

### Jean Pierre J.Fossion, MD

The general practitioner has a coordinating role in referring the patient to the various specialisms in medicine. His treatment concerns psychological, medical and social aspects with sensitivity to prevention. The general practitioner integrates the continuity of and within caring systems. The added value of acupuncture consists of a holistic approach whereby the mind relaxes and functional complaints subside. The treatment of background specificity is involved in the prevention of recidive. The associations of acupuncture are convinced that their treatment realizes savings for the social security in terms health assurance(s). The general practitioner remains essential to counsel the patient with relevance of his social context.

Classical medicine is strongly focused on organ specificity and acts most adequately on complaints with organic damage which can be evaluated with imaging technics and other technological measurements. The definition of ailments that are not,

or not yet, in a state of organic injury are much more difficult to diagnose. Acupuncture constitutes undeniably an advantage to balance these non-objective functional complaints, both psychologically and medically. A supplementary advantage is the recovery of complaints about thermoregulation.

The most important complaints, seen most frequently in practice, concern chronicity, pain syndromes and use of multiple medication. Pain is the most important motive to consult an alternative therapist, mainly if the complaints became medication resistant and chronic. Not only the subjective significance of pain can be evaluated on a scale of ten, the visual analogue scale, but also the result of the improvement of the treatment. The involvement of multiple complaints at the same time induces the cumulation of medication. Polypharmacia is perceived as threatening if the complaints reappear as soon as the medication(s) are discontinued and a life long dependence becomes obvious.

The ministry of public health and social security in Belgium erected a Chamber of Acupuncture with the representatives of doctor-acupuncturists, paramedical-acupuncturists and representatives of the universities. Within this ministerial cabinet there is, or was till now, a tendency for a positive advice for the practice of acupuncture. However recent developments show an unexpected fulminating resurgent campaign, against acupuncture, through a joined declaration of the deans of all the faculties of medicine, the students of these same faculties and most recently by the largest professional union in classical medicine. However the parliament will no longer intervene in the decision making proces concerning alternative medicine. (Present state by february 2013)



binnen één specialiteit. Polypharmacie wordt als bedreigend ervaren door de patiënt indien de klachten opnieuw verschijnen van zodra de medicatie afgebouwd wordt en zich een levenslange afhankelijkheid aandient.

**Acupunctuur niet alternatief maar als complementaire en integrale geneeskunde: geïntegreerd in klassieke geneeskunde?**

Voorname arts- acupuncturisten, in heel Europa, vertonen een vergelijkbare consensus. Zij zien acupunctuur niet als een alternatieve geneeswijze op hetzelfde niveau als homeopathie, gebedsgeneeswijze en handoplegging. Zij verdedigen de klassieke geneeskunde als onvervangbaar maar wel complementair toegankelijk voor niet-objectiveerbare klachten. Het is niet omdat een klacht niet objectiveerbaar is, of omdat het klachtenpatroon geen of nog geen verklaringmodel bezit dat de klinische opdracht van de therapeut zou wegvallen in de zorgverstrekking. Psychosomatiek is een integrale vorm van geneeskunde, waaraan voornamelijk de huisartsgeneeskunde, grote nood heeft. Zolang de selectie tussen acupunctuur onderling niet door een wetenschappelijke keuze kan bepaald worden, zal de integratie van needling in de klassieke geneeskunde echter wishful thinking blijven. Maar de Europese arts is ervan overtuigd dat de acupunctuur het best door artsen uitgevoerd wordt om beroepsmatig verzuim te vermijden op basis van medische kennis.

**De identiteit van de beoefenaar van naaldbehandeling: wetenschappelijke grond?**

Anderzijds spreekt de wetenschap zich niet uit over de identiteit van diegene die naaldbehandeling zou moeten uitvoeren. Indien de efficiëntie van acupunctuur bewezen kan worden dan is deze wetenschap neutraal ten aanzien van de beoefenaar. Er zijn wel studies over de tevredenheid van patiënten over naaldbehandeling, waarbij de persoonlijkheid van de beoefenaar wel een rol speelt. Er werd een Belgische Nationale enquête gepubliceerd in 2004<sup>(2)</sup>. In het jaar dat voorafging aan de enquête, had 12% van de Belgische bevolking een contact had met een alternatieve of niet-conventionele therapeut. Terwijl voor 6% van de bevolking het contact met een niet-conventionele therapie plaats vond bij een arts, was dit

in 4,6% van de bevolking een paramedisch therapeut. Deze contacten betroffen onder meer homeopathie (5,8% van de Belgische bevolking), osteopathie (3,8%), chiropractie (1,7%) en tenslotte acupunctuur (1,6%). Vrouwen hadden iets vaker contact met alternatieve geneeskunde dan mannen (13 versus 10%). Alternatieve geneeskunde wordt verder het vaakst gebruikt door personen uit de middelste leeftijdsgroepen en met een hoger opleidingsniveau.

**Wetenschappelijk dossier: een silver lining?**

2012 was bijzonder rijk aan Cochrane systematic reviews (CSR) over randomized controlled studies (RCT). De teneur zijn we reeds gewoon. De meeste CSR's stellen vast dat acupunctuur niet beter is dan placebo, of hooguit inconclusief is. Alle reviews besluiten met de vaststelling over de nood aan hoog-kwalitatieve studies, en dat is ongetwijfeld te wijten aan een gebrek aan sponsoring of subsidies. Slechts enkele CSR's zijn significant in het voordeel van acupunctuur, maar zoals in de Cochrane review (2011) over 24 RCT's aangaande endometriosis, is er één RCT met significant aantal resultaat door auriculotherapie versus 23 andere die negatief zijn<sup>(3)</sup>. A Golden sun we do not strike, but perhaps there is a silver lining across the sky?

**Postulaat van het derde afferent neuron**

Persoonlijk ben ik de overtuiging toegedaan dat drie kwart van alle indicaties van de acupunctuur zoals beschreven in het standaardwerk van Peter Deadman<sup>(4)</sup> verklaarbaar zijn door afferentie ter hoogte van het derde neuron in de onderscheiden compartmentalisatie van de formatio reticularis in de hersenstam. Dit neuron beantwoordt aan de vereisten van 'holistiek', namelijk convergente afferentie, premotorische efferentie en een systeem van calibreerbaarheid. Ik verwijs naar mijn 5e artikel dat dit jaar zal verschijnen in DZA: 'Cracking the code of Zang Fu: Ming Men revisited'. Er zijn Chinese studies over de eindarborisaties van de secundaire afferent van enkele acupunctuur. Enkel worden alle Chinese studies door de klassieke geneeskunde verticaal geklasseerd op verdenking van bias. In mijn opinie is dit niet altijd terecht: waarom zouden histologische kleurcouples van eindarborisaties in transsynaptische tracing experimenten in de hersenstam

vooringenomen zijn? Volgens een Japanse review over Cochrane reviews maakt het geen verschil qua conclusies of Chinese studies ingesloten waren of niet<sup>(5)</sup>.

**Oprichting van een Kamer van Acupunctuur door het Belgisch ministerie van gezondheid en sociale voorzorg**

Het ministerie van volksgezondheid en sociale voorzorg in België heeft zelf een Kamer van Acupunctuur opgericht<sup>(6)</sup> met vertegenwoordigers van artsen-acupuncturisten, paramedische acupuncturisten en representanten van de universiteiten. Patientengroepen, mutualiteiten en de arts niet-acupuncturist als voorschrijver, waren niet vertegenwoordigd. Binnen het ministerieel kernkabinet was er tot nog toe een tendens tot positief advies voor de uitoefening van acupunctuur. Evenwel dienden zich onverwacht (januari 2013) nog fulminerende campagnes aan vanwege de dekens van alle faculteiten geneeskunde in een gemeenschappelijke verklaring<sup>(7)</sup>, door protest vanwege de studenten van dezelfde faculteiten<sup>(8)</sup>, de Nationale Raad van de Orde der Geneesheren<sup>(9)</sup> en meest recent door de grootste vakbond van klassieke geneeskunde (ASGB). Het Belgisch parlement komt echter niet meer tussen in de besluitvorming omtrent alternatieve geneeskunde<sup>(10)</sup>. De definitieve beslissing vanwege het ministerie bij monde van de betrokken minister, Mevr. Onkelinx, zal binnen deze legislatuur genomen worden, die eindigt eerste helft 2014. (Status presens februari 2013).

**Future prospects voor acupunctuur in België**

Normalerwijze mogen er een aantal maatregelen, of moeten we spreken van sequelen?, verwacht worden. Een mutatie dient zich aan voor of ten laatste tijdens de eerste helft van 2014, tenminste indien de huidige federale legislatuur aanblijft om een reglementering door te voeren.

- a. Het monopolie van de arts in de uitoefening van de geneeskunde met betrekking tot de uitoefening van de acupunctuur werd in 1999 reeds doorbroken door de kaderwet Colla. Een wet voor de oprichting van beroepsverenigingen, met betrekking tot alternatieve geneeswijzen, werd bekrachtigd in 2003. Hiermee was een 'de facto' erkenning van niet-artsen reeds een feit geworden.
- b. De identiteit en de vakbekwaamheden die vereist zullen worden, zijn derhalve op heden nog ter discussie. Het gaat

- naast de artsen, om kinesitherapeuten, verpleegkundigen en vroedvrouwen. Het ministerieel kabinet inzake heeft nog niets beslist en wacht op de adviezen van de respectievelijke Kamers. Deze zijn wel in hun eindfase ingetreden.
- c. De kwalitatieve opleidingscriteria van de opleiding zullen waarschijnlijk benaderd worden vanuit de officiële ervaring met de visitatiecommissies voor de bestaande Bachelor- en Masterdegrees aan Universiteit en Universitaire colleges, in België Hogescholen genaamd. Er is echter geen sprake van dat acupunctuur als Bachelor of Masteropleiding in aanmerking zal komen. Er werd door de paramedici een postgraduaat gerealiseerd aan de Katholieke Hogescholen (KHBO-Brugge, Karel de Grote-Antwerpen, KH-Kempen). Vraag is of dit zal behouden kunnen blijven.
  - d. Nascholing zal worden verplicht tot het behalen van 20 kredieturen per jaar en per alternatieve geneeswijze. Voor een arts-homeopaat-acupuncturist bv, zou dit gecumuleerd oplopen tot 3 x 20 kredieturen per jaar.
  - e. De universiteiten hebben een externe cursus voorgesteld verplicht voor de nieuwe cursisten acupunctuur, door hen georganiseerd. Dit zal wel als ontradingseffect zijn bedoeld, voornamelijk voor niet-artsen.
  - f. België volgt een prestatiegerichte solidariteit waaraan een attestatie-nomenclatuur

verbonden is: de patiënt betaalt de arts en de mutualiteit als zorgverzekeraar stort een deel terug met behoud van het 'remgeld' als ontrading. De meeste mutualiteiten organiseren echter ook een solidariteitsterugbetaling voor alternatieve geneeswijzen op heden. Het is zeer de vraag of deze tussenkomst zou kunnen worden behouden. Een mogelijke bijzondere attestatie-nomenclatuur voor de individuele verstrekingen acupunctuur bestaat op heden (nog) niet, maar zullen waarschijnlijk enkel een statistische of epidemiologische registratiebedoeling hebben.

#### Maatschappelijke mutatie

Onze Nederlandse collegae hebben een aantal mutaties reeds met glans doorworsteld. De maatschappelijke veranderingen in België zullen gelijkaardig zijn. De inspanningen die zullen opgelegd worden aan de opleiding binnen onze scholen zullen zich aandienen binnen het jaar. Het verlichte pad van de BTW heeft zich evenwel in België (nog?) niet uitgetekend.

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## UIT HET VERLEDEN

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Drukbezochte stands op NAAV-Symposia. Natuurapotheek Gouka, onze trouwe sponsor door de jaren heen. (foto: Tine Rombout)

# PRINCIPLES OF CHINESE DIETETICS IN WESTERN BREAKFAST, LUNCH AND DINNER

Dr. Ute Engelhardt, Munich

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## Abstracts

Proverbs like 'food and medicine have the same origin' (*yi shi tongyuan* 醫食同源) or 'a good cook is the best doctor' are relevant both in Western and in Chinese culture. They illustrate the close relationship between food and health. But how can we integrate the approach of Chinese dietetics into the eating habits of our Western culture?

In this presentation I would like to explain first of all what a healthy diet means in terms of Chinese dietetics and Chinese Medicine. How can we ensure that the 'middle' (spleen and stomach systems) suffers no harm and how can we fulfil the recommendation that food has to be prepared in a 'clear/pure' (*qing* 清) and 'neutral' (*dan* 淡) way.

In addition to this, I shall give several guidelines concerning breakfast, lunch and dinner. In this context I would also like to analyse and explain some Chinese sayings like 'in the morning ginger, in the evening radish'.

My presentation will conclude with a tabular comparison of the pros and cons of Western nutritional therapy and Chinese dietetics.

## Characteristics of Chinese Dietetics

The range of the effectiveness of Chinese dietetics is very closely associated with the concept of life-energy encapsulated in the

'vital force' called Qi 氣. If the balance of Qi in the human body is disturbed, then we talk of an illness. The specially tailored use of specific foods can re-establish this balance. So, foods of different kinds are mild, therapeutic remedies. Chinese dietetics makes use of the Qi force contained in a particular foodstuff to exert a correcting influence on the Qi in the human body. As is also the case for Chinese phytotherapy/herbs, the effect of each foodstuff is described with reference to three main criteria:

1. Temperature characteristics (*qi* 氣 or *xing* 性) which range from hot (*re* 熱) to cool (*han* 寒). This gives an indication of the energetic dynamism of a particular foodstuff. It shows whether the food gives a slight or a substantial boost to the Qi or whether it slows it down or curbs it. In principle, this information about the food's characteristics applies to the food in its raw state. It can be changed by different preparation methods.
2. Taste/sapor, (*wèi* 味) provides information about the level at which the foodstuff has an effect. In contrast to the temperature characteristics, the taste of a foodstuff is stable and hardly changes regardless of the way it is prepared. As a consequence of this stable and specified character, the taste is considered to be a Yin feature. While it relates very substantially to the human sense of taste, in Chinese dietetics taste really gives an indication of the level at which the foodstuff is effective. For this reason, the cucumber, for example, is described as having a sweet taste (sapor, *wei*) although it does not taste sweet in the human mouth; what is being expressed here is its effect: that it provides juices (*jinye*) and it has a supplementing effect on the Qi.
3. The relationship of the foodstuff to the functional system or the main channel indicates the functional system or main channel in which the food has an effect. This relationship is indicated in one way through the temperature characteristics (*natura*, *xing*): warm and hot foods tend to have an effect on the Yang aspects,



that is to say, on the Yang of the heart, kidney, liver and spleen functional systems as well as on the Qi of the lung functional system. Cool to warm foods have a greater effect on the 'middle' (spleen and stomach functional system, *oo. lienalis et stomachi*, *pi wei*), and the cool and cold, and the neutral foods have an effect above all on the Yin areas such as the Yin of the lung, liver, kidney and stomach functional systems. (Engelhardt/Hempfen 1997, Eyssalet 1984)

Chinese dietetics is, naturally, based on the same conceptual structure as lies at the heart of Chinese diagnostics and the other therapeutic methods in Chinese medicine and, in particular, its therapeutic system using Chinese herbs. One additional advantage of Chinese dietetics is the fact that a great many of our Western foodstuffs, despite minor differences to the Chinese ones, are suitable for use within the same paradigm. What is more, the straightforward ways of preparing foods required by Chinese 'nutritional therapy' (*shiliao*) (such as cereal pulps or porridges, fried rice or vegetable dishes) can be performed without any trouble in our kitchens and our cooking culture. No one would be required to change to purely Chinese cooking from one day to the next.

## The importance of supporting the 'middle'

Chinese dietetics is suitable, above all, as a constant and gentle support for the entire human body. The theory of Chinese medicine says that it primarily influences the 'middle' functional systems (the spleen and stomach functional systems, *oo. lienalis et stomachi*, *pi wei*) and in this way

it provides sustainable strength to the 'acquired constitutional energy' (*houtian zhi qi* 後天之氣). The 'middle' functional systems are the pivotal point of the all the functional systems and are the place where the Qi and Xue ('Blood') originate. In Chinese nutritional therapy, treatment focuses primarily on these 'middle' systems by ensuring that their active aspect (the Yang of the spleen system, *yang lienale, piyang*) and their Yin aspect in the form of the juices (Yin of the stomach system, *yin stomachi, weiyin*) are always sufficiently supplemented. To achieve this, it is necessary to have at least one, or better two or three, warm meals a day (to support the Yang of the spleen system) containing sufficient fluid (to moisturise the Yin of the stomach functional system). The most suitable foods for this are the different kinds of cereals in the form of pulp/porridge or as steamed or cooked cereals. (Engelhardt/Nögel 2008)

In Chinese dietetics therefore, even more so than in other fields of Chinese medicine, the classic principle applies: 'someone who is able to understand how to treat the 'middle' functional systems, is also able to co-ordinate all the other functional systems with each other.' Indeed, foodstuffs can be used to exert specific influences on each of the other functional systems and on any energy deviations. What is more, Chinese 'nutritional therapy' is one of the most sustainable therapeutic methods. After all, as a rule we eat food three times a day and we do that our whole life long. Thus, along with breathing, eating food is one of the most fundamental and important natural activities.

### Main recommendations for a dietary regimen: 'Clarity/Purity' (*qing* 清) and 'Neutrality' (*dan* 淡)

In Chinese dietetics, ingredients should be combined and prepared with 'Clarity/Purity' (*qing* 清) and 'Neutrality' (*dan* 淡). What is meant by 'Clarity/Purity' (*qing* 清) is that the food should be as fresh and untreated as possible. The food should also be prepared in its 'clear/pure' form. This means that the methods of preparation to be used, such as steaming or cooking, should be as simple and gentle as possible, and methods using intense heat and sticky oils, such as grilling or deep frying, ought to be avoided. For this reason, soups and sauces should be as 'clear/pure'

(*qing* 清) as possible (e.g. broths), whereas 'thick, sticky' cream sauces and soups are not recommended.

The term 'Neutrality' (*dan* 淡) refers to both balanced, neutral temperature characteristics (*natura, xing*) and to a neutral taste (*sapor, wei*). Extremes such as particularly hot or spicy foods, as well as cold or salty foods, should thus be avoided in most cases.

These two criteria can also be satisfied and deployed in practice in Western cooking. (Engelhardt/Nögel 2008, Liu/Peck 1995)

### The right amount and the right rhythm

Irregular and excessive eating can have a weakening effect on the 'middle' or it can also lead to nutritional stagnation. What is important is that mealtimes are regular, and that the person eats slowly and chews the food thoroughly. Prepared foods, i.e. foods that have been simmered, cooked or steamed, are healthy for the 'middle' whereas raw foods are not so good. And with regard to drinking, the person should find the amount that is appropriate for him and be guided by his own subjective feeling of thirst.

Eating too quickly or too hurriedly in a tense atmosphere should be avoided, just as should foods that are too fatty, too hot or too cold. Nor should meals be eaten too late in the evening. Furthermore, a person should establish his own rhythm for mealtimes and should not try, for example, to eat nothing until lunchtime or to repress his constant feeling of hunger by taking little snacks throughout the day. Nor is it considered healthy to eat at the same time as you are working, or reading, or watching television.

### Guidelines concerning breakfast, lunch and dinner

The common Chinese proverb 'in the morning ginger, in the evening radish' illustrates very clearly that it is important, in one's daily routine, to warm, to strengthen and to mobilise the Yang forces in the morning, as can be done with the warm sharp properties of ginger. By contrast, in the evening it is important for the Yang forces to be calmed, and for this purpose cool, moist foods are recommended, such as the cool, pungent and sweet radish. (Fang 2000, 2004)

### Mornings

During the night, the Yang calms down

and its force declines and instead there is a thickening of the Yin. This is why, in the morning, symptoms are often experienced, such as:

- tiredness
- slight swellings
- bloatedness or light facial oedema
- feelings of fullness
- increased coating on the tongue

In such cases, in the morning the Yang should be mobilised and invigorated. The foods best suited for this are warm, enlivening foods which are not too much of a burden to the 'middle' and the juices (*jinye*), for example, cereal pulp or porridge which can be variously adapted depending on the symptoms. The kinds of things to be avoided here are cold foods, and ones that are too moistening and too heavy (such as cold muesli, cold juices, fruit juices) because they can produce 'Dampness' (*humor, shi*).

Different varieties of tea are the most suitable drinks for the morning, but these should not be too strong. Black tea drunk at this time can have the effect of removing 'Dampness' processes and mobilising the Yang. Coffee too is permissible, in moderation (except among people who are particularly susceptible to 'heat' (*calor, re*) and those suffering from ascendant Yang of the liver system (*yang hepatici, gangyang*)). There is nothing to be said against eating bread, as long as it is made of wholegrain flour. In principle, however, cereal pulps/porridge should be preferred to bread; they also keep better.

### Midday

At midday, too, the main concern is to support the 'middle'. For this reason the midday meal should be ample and warm, but without being too heavy. In addition to cereals, soups are to be particularly recommended. Vegetables (depending on the season) and, in small quantities, lean meats, poultry or fish can be eaten, too. Cold foods (such as salads, yoghurt) as well as fatty, heavy and sweet foods (e.g. fatty meat, cake), which generate 'Dampness'/'Phlegm' (*humor/pituita, shitan*) and thus lead to tiredness, are to be avoided.

### Evenings

In the evening, the Yang forces should be prepared for the night time and gradually become calmer. It is also necessary to give



<p><b>Approach of Western Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>- Health is defined as the absence of pathological disturbances and dietetics as the input of nutrients which keep the organism alive.</li> <li>- Mainly oriented towards parameters provided by modern natural science and nutritional science: input of nutrients, blood-test levels, measurable changes, body weight, body-fat values,</li> <li>- Quantitative orientation</li> <li>- Foodstuffs are seen as suppliers of nutrients with favourable and unfavourable additional ingredients (cholesterol, trans-fatty acids, etc.).</li> </ul>	<p><b>Approach of Chinese Dietetics</b></p> <ul style="list-style-type: none"> <li>- Health is defined as an active process for the refinement of the body essences and one which serves to nurture the vital forces: Concept of 'Nourishing Life' (<i>yangsheng</i>)</li> <li>- Primarily oriented towards traditional parameters such as taste (<i>sapor, wei</i>), temperature characteristics (<i>natura, xing</i>), Yin/Yang, etc.; the subjective feeling of the patient has a major role to play.</li> <li>- Qualitative orientation</li> <li>- Foodstuffs are regarded as mild therapeutic remedies.</li> </ul>
<p><b>Advantages of Western Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>- Avoidance of malnutrition and nutritional deficits</li> <li>- Targeted strategy for the therapy of severe metabolic disorders (e.g. diabetes etc.)</li> <li>- Precisely standardised details of quantities</li> </ul>	<p><b>Advantages of Chinese Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>- Individually co-ordinated selection of foods taking the patient's preferences into account</li> <li>- Unprejudiced approach towards meat, alcohol, coffee, sugar; individual decisions rather than dogmatism</li> <li>- Climate, seasons and age are taken into consideration</li> <li>- Prophylaxis / maintenance of health</li> <li>- Possibility to transfer Western diagnoses into a Chinese therapy approach (e.g. in the case of anaemia, lipo-metabolic disorders)</li> </ul>
<p><b>Disadvantages of Western Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>- Few therapy possibilities in the event of non-specific complaints</li> <li>- Little consideration of external influences</li> <li>- Strong standardisation, tendency to be dogmatic</li> </ul>	<p><b>Disadvantages of Chinese Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>- Hardly any standardised details of quantity (nutrient deficits)</li> <li>- Limited efficacy in the case of severe metabolic disorders</li> <li>- No description of effects for many Western foods</li> </ul>

a little support to the Yin and this is why no strongly stimulating (too hot or too spicy) foods should be eaten. Since the Yang forces become exhausted towards the end of the day, one should avoid eating meals that are too cold and too heavy in the evenings. And in order not to strain the physiology of the 'middle' too much, evening meals should be only moderate amounts and should not be eaten too late. Here once again, warm meals of cereals and vegetables are recommended, possibly with moderate amounts of meat. As a drink, various kinds of warm tea (e.g. fruit tea) are particularly suitable, whereas strongly stimulating drinks, such as black tea or coffee, should be avoided. (Engelhardt/Nögel 2008)

**Comparison of Western nutritional therapy and Chinese dietetics**

To conclude these explanations, I would like to examine briefly the advantages and disadvantages of Western nutritional therapy and of Chinese dietetics.

In the light of these facts, it would seem desirable to combine both concepts sensibly, an approach that is already being practised in many places. And for this reason, on the one hand, we should keep an eye on the development of Chinese dietetics in its Chinese homeland and, on the other hand, we should integrate it into our Western eating regime and examine its effectiveness on the basis of clinical studies.

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UIT HET VERLEDEN

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**foto 1** buffet op een lustrumcongres van de NAAV met Rina van der Molen op de voorgrond.



**foto 2** diner dansant met wijlen Coen van der Molen, Rina, Chun Lee en Robert van Bussel.



**foto 3** De eerste NAAV-China reis in 1979 naar Peking, Shanghai, Hangzhou, Kanton en Hongkong, georganiseerd door wijlen NAAV-voorzitter Liem Khe Siang, wijlen Gerard Sackers en wijlen Kho uit Magelang. Links op de foto mevrouw Sackers. (foto's: Tine Rombout)

## COMBINATION OF SEGMENTAL, CLASSICAL ACUPUNCTURE AND TRIGGERPOINT ACUPUNCTURE IN THE TREATMENT OF PAIN

PD. Dr. Dominik Irnich, Munich

### The importance of segmental acupuncture

According to standard textbooks most acupuncture concepts include the choice of local, segmental and distant points e.g. Meridian-based treatment in locomotor disease or the treatment of Zang Fu Syndromes in internal syndromes. TCM offers different classes of segmental points. These are points on the governor vessel and the conception vessel, on the two branches of bladder meridian and the 17 pairs of points attributed to Hua Tuo (Hua Tuo Jiaji Points). Also frontal mu points can have a segmental situation depending on the affected structure. It seems clear that segmental points have additional treatments effects compared to local or distant, heterosegmental points.

All classes of points, local or distant, share similar local effects, when an acupuncture needle is placed e.g. excitation of fibrocytes leading to a reaction of fascia or changes in microcirculation causing beneficial effects.

Local release of neurotransmitter excites A and/or C-fiber afferents, which transmit the needle impulse to the spinal level. The dorsal horn neuron, site of the first synaptic transmission of the nociceptive afferents is the link to three efferent systems of the spinal cord: the motor reflex, sympathetic reflexes and ascending pathways. Afferent input may stimulate different anatomical and functional neurons. Nociceptive A $\delta$ - and C-fibres terminate at the substantia gelatinosa at specifically nociceptive neurons (Class III Neurons), but some afferents converge with low-threshold cutaneous mechano-receptors at wide dynamic range neurons (WDR). This is the first site, where pain related information may be modulated by inhibitory controls.

First of all, diffuse noxious inhibitory control (DNIC) may be activated by needling, but it seems that this is true for all kind of stimulation sites: local, segmental and distant.



In addition, segmental input may modulate nociceptive input at the level of WDR Neurons. This may be an explanation why segmental needle stimulation has stronger antinociceptive effects than non-segmental stimulation. This strong segmental inhibition can also be achieved by contralateral needling.

Therefore it seems essential for optimum treatment effects to identify the segmental level of symptoms.

From a practical point of view the kiber-fold (skin rolling test) may help to

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Since 1996 he published more than 60 scientific papers as principal author or co-author. The latest come out in 2013 is the English version of his successful 'Leitfaden Triggerpunkte' by Elsevier. It is a comprehensive manual on trigger point called: 'Myofascial Trigger Points: Comprehensive Diagnosis and Treatment' by Churchill Livingstone.

localize the affected segment. To optimize segmental pain control mechanism, the identification of the most sensitive segmental spot by very-point technique according to Gleditsch can be helpful. Both clinical procedures have to be validated by basic and clinical research. However, in clinical experience these are helpful tools to optimize acupuncture treatment.

To summarise, segmental needling optimised by the use of kibler fold and very point technique may decrease the effects of classical choice of points.

### Myofascial pain and the conditions of the locomotor system

However, there is another aspect, when treating conditions of the locomotor system.

Pain and limited function of the locomotor system are one of the most common reasons for consulting a doctor or therapist. The muscle has a key position in this, because of its anatomical and functional properties. The importance of the muscles is frequently underestimated in practice, however, although muscular dysbalance, muscle tension and painful disorders of muscle function play a large part in both acute and chronic locomotor system symptoms, according to current knowledge. The clinical correlate is the myofascial trigger point (mTrP).

The clinical significance in individual cases relies on the subjective description from the patient, and the exact diagnosis can only be assessed by means of a unified, i.e. bio-psycho-social, patient-centred approach. Psychosocial factors should be considered at an early stage.

We understand the mTrP to be a site or band, which is hypersensitive and palpably tense compared to the surrounding area in a muscle that is often shortened and demonstrates changes in tone and consistency ('taut band'), which is painful when palpated and from which pain and autonomic disorders may be caused in an area that cannot usually be attributed to a particular segment ('referred pain'). We describe the resulting muscle pain as myofascial pain syndrome (MPS).

Diagnostic criteria are:

- A localised, dull, pressing, dragging, occasionally burning spontaneous pain associated with acute or chronic muscular strain.

- Tenderness with typical pain reproduction within a palpable 'taut band' of muscle,
- A pain which predominantly radiates in a distal direction after mechanical stimulation.,
- Painful limitation of movement.
- Muscular weakness without atrophy

Various therapeutic procedures for the treatment of myofascial pain have been described: In the treatment of acute muscle pain (e.g. following trauma, acute strain, etc.) analgesics, physical therapies, manual techniques, acupuncture and therapeutic local anaesthetic frequently bring sufficient pain relief, either individually or in combination. The main aim of treatment of acute muscle pain is the rapid and effective relief of pain, as there is evidence that insufficient pain relief for an acute event can be a factor in the pain becoming chronic.

### Triggerpoint Acupuncture

Triggerpoint acupuncture, also called dry needling, is one of the most effective treatment modalities of myofascial pain, especially if it is combined with classical and segmental acupuncture.

Dry needling is a functional anatomical locoregional needling technique for the treatment of myofascial symptoms. The aim of needling is to find the exact site of the mTrP and cause a local muscle twitch reaction.

There are various forms of this technique:

- Direct dry needling of the mTrP
- Dry needling of the affected muscle fascia
- Superficial dry needling

The use of dry needling requires intuition and experience. First experiences with needling should be gained with superficial mTrP, e.g. in the area of the wrist extensors. With needling in the area of the thoracic aperture and the deep trunk muscles, special techniques must be applied in order to avoid complications such as pneumothorax and nerve injuries.

The aim of dry needling is to trigger the local muscle twitch reaction. Through manual contact the therapist should try to note this reaction and regard it as a sign of the efficacy of his needling. Techniques similar to dry needling have already been described in traditional Chinese acupuncture texts. It is only with recent research

that the associations with function and anatomy have become known.

It is advantageous to have knowledge and practical experience of traditional acupuncture for dry needling. An experienced acupuncturist has usually mastered quick pain-free needle penetration and can distinguish different structures in the tissue with the needle. In view of the high correlation of traditional acupuncture points and mTrP the finding of mTrP is routine. The effect of mTrP acupuncture can be optimised by additional needling in accordance with the criteria of traditional Chinese acupuncture and needling of microsystem points (e.g. points on the ear). In this case, the distant points, chosen according to meridian theory, should be treated first. This can relieve local pain during the following trigger point needling. This effect can also be achieved by prior needling of microsystem points. Under favourable conditions distant point needling alone can lead to the disappearance of the mTrP and make local treatment superfluous. For anxious patients or those with very strong local sensitivity, relief can be achieved initially through contralateral needling.

### Short course of treatment

#### History

Differentiate the pain according to

- Quality: Usually dull and oppressive
- Intensity: From mild to the most severe pain, measurement using VAS
- Modulating factors: e.g. increase in stress (extension or contraction of affected muscles)
- Careful questioning about painful movements or limited function

#### Examination

- Instruction to the patient to report any pain provocation during the mobility examination
- Detailed functional anatomical or manual therapy examination to identify the affected muscles
- Careful palpation of the painful or movement-restricted muscles to locate active mTrP
- Initially crosswise palpation to locate the taut band
- If a taut band has been located, palpation along the taut band until mTrP can be identified
- Examination for pain on pressure, extension and contraction
- Compression of the TrP for 10 seconds to cause referred pain symptoms

**Implementation**

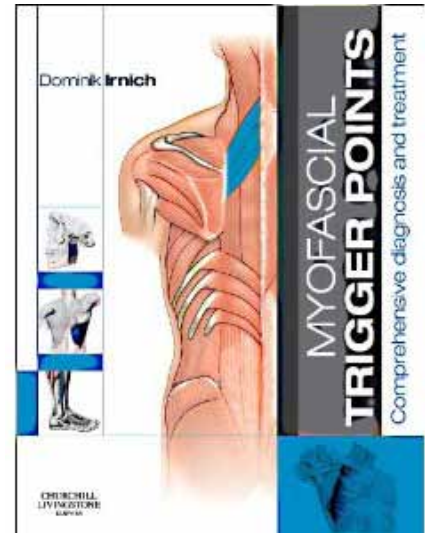
- Explain to the patient and allow time to think about it if necessary
- Make sure the treatment atmosphere is relaxed, place the patient and muscles in relaxed position (so that patient, therapist and muscles are relaxed!)
- Before local treatment, needle the far points, as local treatment is then less painful
- Choose sterile acupuncture needles with a length corresponding to the depth of the mTrP; with long and very thin needles, a guide tube is helpful
- Locate the mTrP in the tissue (enclose the mTrP with a pinch grip between thumb and index finger or with two fingers)
- Quick insertion as for traditional needling
- Probing the mTrP and causing a local twitch response when it meets the mTrP exactly Warning: Muscle twitches can be painful and lead to muscle pain which lasts for several hours, so should be used intermittently and be adjusted to the patient's reaction

- Discontinue if there is any burning pain
- Remove the needles after sufficient stimulation or leave in place for 30 minutes as for acupuncture. As the muscle can continue to work, especially after an LTR has been caused, intramuscular needles should be withdrawn as far as the subcutaneous tissue.
- Checking the findings and treat any residual findings if necessary
- After treatment stretch the relevant muscles, e.g. with post-isometric relaxation (tense, relax, stretch)

**Summary**

Classical acupuncture concepts remain the basic of a successful acupuncture treatment. However, recent knowledge on the importance of segmental body reactions offers additional treatment options and they may optimise effects. As many diseases, especially conditions of the locomotor system, are maintained by myofascial triggerpoints modern acupuncture requires knowledge of their nature and their treatment. Sophisticated triggerpoint acupuncture can be an invaluable tool in

these cases. Characteristics of the most important muscles developing myofascial triggerpoints and their optimum treatment technics are described.



*Myofascial Trigger Points: Comprehensive Diagnosis and Treatment by D. Irnich, Churchill Livingstone, April 2013*



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- Tijden:** Vanaf september 8 weekenden per jaar, 1 weekend per maand; de lessen worden gegeven op vrijdag en zaterdag van 10.00 tot 17.00 uur
- Kosten:** € 2080 per jaar, voor co-assistenten € 980, inclusief koffie, thee, uitgebreide lunch, handouts en examens. De betaling kan in twee termijnen geschieden.
- Accreditatie:** Deze dagen zijn voor NAAV-leden ook als nascholingsdagen toegankelijk, geaccrediteerd voor 6 punten Acupunctuur (kosten per dag: € 130)
- Voertaal:** Nederlands en Engels
- Aanmelden:** Online via [www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl) of per email: [info@opleidingacupunctuur.nl](mailto:info@opleidingacupunctuur.nl)

### IEDER JAAR START EEN NIEUWE TWEE-JARIGE OPLEIDING TOT ACUPUNCTUURARTS

De acupunctuuropleiding wordt georganiseerd door de Onderwijscommissie van de Nederlandse Artsen Acupunctuur Vereniging (NAAV) en de NAAV Education & Research Foundation (NERF). Elk studiejaar bestaat uit 8 weekenden; 1 weekend per maand; de lessen worden gegeven op vrijdag en zaterdag van 10.00 tot 17.00 uur. Elk jaar wordt afgesloten met een examen. De opleiding hoeft niet meer afgesloten te worden met een scriptie. Toegelaten tot deze opleiding zijn artsen, co-assistenten en tandartsen.

#### Docenten:

Maarten Holsheimer, Toine Korthout, Gilbert Lambrechts, Peilin Sun, Aaitje Tan, Erik de Wilde, Fengli Yao, Yifan Yang, en Shaomin Xue.

#### Studiemateriaal:

Als studiemateriaal zal gebruik worden gemaakt van de boeken: 'The Foundation of Chinese Medicine' van G. Maciocia en 'Atlas van de Acupunctuur' van C. H. Hempfen uit de serie SESAM; beide in het Nederlands vertaald.

#### Cursusinhoud:

Op de site [www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl) treft u het curriculum van de acupunctuuropleiding aan, en wordt de cursusinhoud omschreven. Voorts wordt relevante achtergrond van de docenten gegeven.

#### Stages:

Op elke lesdag worden praktijkvoorbeelden gegeven en met acupunctuurnaalden geprikt. Bovendien is een stage bij een NAAV-acupunctuurarts van minimaal 2 dagdelen in het eerste jaar en 4 dagdelen in het tweede jaar vereist.

Bij het cursusgeld zijn de stagekosten zoals gebruikelijk niet inbegrepen.

Wanneer u daarvoor kiest, zijn er na de opleiding ook stage mogelijkheden in Peking of Nanking. Het bestuur heeft een convenant afgesloten met deze grote TCM-universiteiten.

Een andere mogelijkheid is in het TCM-ziekenhuis in Bad Kötzing, Duitsland; deze berekent € 250 per werkweek.

#### Praktijkenlijst:

Wie aan het einde van het tweede jaar slaagt voor het examen, ontvangt het diploma van de NAAV en NERF. Hierna kan men aanvragen als lid van de NAAV te worden toegelaten en bijgeschreven te worden in de Praktijkenlijst. Deze NAAV-praktijkenlijst wordt door de ziektekostenverzekeraars gehanteerd voor vergoedingen.







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# ACUPUNCTURE AND PSYCHOTHERAPY IN THE TREATMENT OF POST-TRAUMATIC STRESS DISORDER (PTSD)

**Prof. Dr. Walburg Marić-Oehler, Bad Homburg**

*General Secretary of the International Council of Medical Acupuncture and Related Techniques ICMART, Lecturer of Acupuncture University of Mainz, Honorary Professor of Fujian University of TCM, Honorary President of the German Medical Acupuncture Association DAEGfA*

## Introduction

Post-Traumatic Stress Disorder PTSD has been diagnosed with increased frequency in medical and psychotherapeutic practice since it was recognized and defined as a separate and distinct disorder. PTSD was first used during the seventies for soldiers suffering from severe mental problems during and after military deployments. Recently, the diagnosis of PTSD has also been used for psychological conditions experienced after clearly defined psychic shock and/or trauma such as child abuse, rape, severe physical and psychological violence, severe accident or life threatening disorder, among others. According to the definition in the DSM-IV-TR and ICD 10 the PTSD precipitating trauma is a 'short-or-long-lasting event of an exceptional threat of catastrophic proportions that would cause almost to every person deep despair'.

## PTSD the Western Approach

Case histories of acupuncture patients frequently indicate life threatening events which are at least partly responsible for their current or chronic problem. These events may have occurred far in the past and are often reactivated by acute triggering events. As we know, only a small percentage of persons who have experienced a severe trauma develop classic PTSD. Most of the others develop good resilience and are able to adapt, accept and recover. However, in some cases, problems re-surface even decades later. Getting PTSD is dependent on various factors. Having a good resilience and a strong sense of coherence is one condition. Time is another very important factor, as is overall health, warding off current and future conditions

which could result in a multimodal disturbance pattern with attendant organic, psychic and mental problems.

The classic PTSD symptoms occurring after a trauma experience, with effects lasting for more than one month include: disturbances/intrusions in the form of pictures, flashbacks and/or nightmares, sense of threat, general emotional stagnation, avoidance behavior and/or lasting physiological hyper arousal. Exhibited symptoms can include irritability, outbursts of anger, sleeping and concentration problems, hyper vigilance, increased sense of alarm, palpitations and many others. Most of acupuncture patients have similar symptoms.

The classic definition of PTSD is focused on one instance of severe trauma, the repetition of the same trauma or multiple severe traumas. The role of micro-traumas has not frequently been mentioned until now. These can manifest as daily anger, usually about the same thing. For example, what another would categorize as a minor or non-major, but repetitive hurt, can, in others, reach a tortuous, accumulative point of unbearable, like 'steady drops are caving the stone'.

Nowadays PTSD is a very common topic not only in the scientific and general medical journals but even in general circulation magazines, the national and international press. This has led to greater recognition of the problem in the general public as well as a broadening of scientific interpretation. This requires physicians to address problems identified as caused by traumas more and more in their general practice. The results of increased awareness will produce wider and deeper understanding of these issues in those suffering from prenatal trauma and even traumas experienced by mother and father before conception, traumatic life events, daily micro traumatic events and finally to the classic scientifically defined severe trauma.



As PTSD receives greater recognition and acceptance, the number of people with this diagnosis will increase.

Because of this wider understanding and acceptance, the importance of research in neuroscience on this subject has become more and more focused. It has been determined, for example, that the main battlefield of PTSD is the central nervous system, concentrated on substances and hormones such as cortisol, noradrenalin, oxytocin and thyroid hormones on one side and anatomic alterations on the other. In addition parts of the limbic system such as hippocampi, amygdale and additional neuronal networks are suspect. All these mechanisms are under discussion. One question not yet solved is whether these are risk factors or the result of the PTSD.

As we know neurotransmitter, hormones and the limbic system also play an important role in the effectiveness of acupuncture ..... and also in psychotherapeutic procedures.

## PTSD the Chinese Medicine's Approach

The Chinese medical understanding of (psychic) shock, injury and traumatic experience is psycho-somatic and represents the unique approach of this medical system.

In Chinese medicine CM all organ systems *Zang Fu* have three levels: organic, energetic and mental. Using this concept, the most important treatment focal 'point' can be found easily.

The organ system, kidney, plays an important role in the formation of PTSD. Shock and trauma create injuries to the kidney. Similarly, in western medicine, a severe physical trauma can cause acute kidney failure. In CM, kidney governs the marrow which is closely related to the brain being the main PTSD trauma battlefield. Even the deepest energetic kidney level *jing* - the essence - is frequently affected.

The inner emotional factor associated with the kidney is fear. Fear is essential for preserving life, to realizing life-threatening situations, acting and reacting in an adequate way. There are three action possibilities: fight, flight and blockade. In shock and trauma situations fear is amplified. If fight or flight is not possible, only blockade remains. Extreme fear can block all physical, emotional and mental life functions including the kidney's mental factor - the will to live. Qi descends and will close. This can precipitate dissociation, one of the main problems of PTSD. The continued increasing fear will produce a more negative influence on kidney Qi. With the resulting kidney Qi deficiency, the base of the organism eventually will be disturbed or even damaged.

Following the *sheng* cycle – the generating cycle - of the five phases, the next organ system, liver, also will be affected. Liver yin/ blood deficiency with increasing wind or uprising liver yang will result. Symptoms of PTSD can include alteration of affect regulation, excitability, agitation and finally outbursts of rage which could culminate in terrible violence.

In such situations, kidney is not able to control the organ system, heart, and *shen* – mind, spirit. Two main symptoms of PTSD can appear. The first is emotional blockade: dead hearted, deadening, relations blockade, mistrust, estrangement, alteration of self-perception and perception of the actor, feeling of constricted future, and, most particularly impressive can be the alteration of the system of values. The second symptom is hyper arousal which is very similar to the Chinese syndrome heart fire: hyper vigilance, jumpiness, nervousness, restlessness, sleeping disturbance, confusion. Fear is rising up. Fear syndrome and panic attacks come to the foreground. Accordingly, the interactions between the organ systems *Zang Fu* can also be disturbed, and a complex disturbance

pattern will result. The longer in the past the traumatic event has happened the less specific the symptoms and diseases can be. In cases of pseudo resilience, where the traumatic event is very well 'hidden' somewhere in the depth of the human being, in cases of dissociation there can also be produced severe organic illnesses. The progress of the illness is not always linear. It can cross and combine in varying different levels.

Having patients with complex disturbance pattern, which is the usual situation in an acupuncture practice, it is always helpful to ask about traumas and life threatening events and, in addition, about chronic conflicts and stressful situations.

#### Psychotherapeutically Aspects in PTSD Treatment

Conventional wisdom holds that the treatment of PTSD belongs first and foremost, in the hands of psychotherapists. After using typical diagnostic strategies, various schools of psychotherapy offer numerous treatment strategies. The most important include 'talk' therapy, analytic and systemic therapies, biographic working on one and cognitive behavioral treatment on the other side, and those expanded by psychotherapists who have developed many and varying combinations. Each patient requires his own individual therapy. Psychotherapy is concentrated on the psychic and mental level. If the therapeutic process is successful, disturbed physiological functions also improve.

Newer, very effective therapies strive clearly to show the connection between body and mind. EMDR Eye Movement Desensitization Reprocessing (developed by *Francine Shapiro*) uses eye movements to help remember 'forgotten' or dissociated traumas and to integrate them in the consciousness. One must constantly understand that awareness of what has happened does not always help relieve symptoms.

From the CM point of view it is not difficult to understand why EMRD can be very helpful. As we know, the organ system liver can be disturbed by trauma and shock in various ways. Improving the flow of liver Qi and, respectively the flow of emotions, and balancing it by using the opener eye and movements from one side to the other by sinewy muscles and fascia (eye muscles),

is very close to the liver concept of CM. The eye has direct connections to the ethereal soul *hun* and indirect to the body soul *po*.

#### Acupuncture Treatment of PTSD

Western medicine has always been interested in using acupuncture for psychic problems. This development is closely connected to the history of medical acupuncture in the west. For more than thirty years, ear acupuncture has been used in addition problems on a large scale. The NADA National Acupuncture Detoxification Association program is well known and currently used all over the world. From this program came the understanding that other mental illnesses can be positively influenced by similar points on the auricle. Acupuncture is of special help when the patient is 'speechless'. Using ear acupuncture in the treatment of PTSD has been successful, not only in single cases, but also in large-scale operations, in crisis areas, during natural disasters and even officially in the US army. Many reports and practical advice are readily available.

Classical body acupuncture, including extraordinary vessels and in combination with ear acupuncture, is also very helpful in the treatment of PTSD. Depending on the individual condition of the patient, it is principally the kidney, liver and heart which have to be strengthened and balanced. Special attention should be paid to the back and bladder channel. There are treatment programs which treat this channel with tapping, acupressure, special massage techniques, needling, moxibustion, cupping and electro stimulation. Another combination therapy of foot reflex zone treatment combined with massage can be added to bring the person 'back to earth' again. YNSA Yamamoto New Scalp Acupuncture in combination or alone provides a valuable clue about the organ system which is most injured and has to be treated. Using the abdominal and neck diagnostics to find and to use the correct Y-points is the central approach of this acupuncture microsystem. Other microsystems also can be integrated in the therapeutic concept. In addition, Chinese herbal medicine and dietetics are important supplements.

#### Combination Therapy East-West – an integrative approach

Until now, psychotherapy has been primary in the treatment of PTSD. Obviously, it would be advantageous to employ a

combination of various therapeutic approaches. Acupuncture should be an important basic component in a multimodal integrative therapeutic concept.

A first step to combine acupuncture with psychotherapeutic approaches is the integration of relaxation therapies, including *qigong*. Practicing *qigong* is an important component to understanding the entire Chinese medical system. The *qigong* exercises represent a key training program to understand and harmonize the three levels, the organic, energetic and mental. Western relaxation therapies like Autogenic Training according to *Johannes Heinrich Schultz* or Progressive Relaxation PR according to *Edmund Jacobsen* are already successful and have been used for decades. A further possibility which is very popular is the Mindfulness-Based Stress Reduction MBSR method according to *Jon Kabat-Zinn*, which has a strong connection to Buddhism using its essential concepts adapted to western culture.

In patients having very complex disturbance pattern with PTSD, with or without other (severe) functional or (severe) organic illnesses, an advanced case history can be used to explore and explain the biography according to the Chinese medicine's five

phases with their organic, energetic, psychic and mental aspects. Being educated and experienced in classic psychotherapy and being focused on one of the schools e.g. cognitive behavioral therapy can be helpful in the treatment of PTSD when combined with acupuncture. This could multiply the effect, done by the same therapist or in cooperation with others.

Also eastern schools of psychotherapy can be included, Morita (*Shoma Morita*), Neo-Morita or Naikan Therapy (*Ishin Yoshimoto*).

PTSD can create a combat zone or battlefield, not only in the central nervous system, but also in the whole body. Effective and successful therapy has to follow the principle of the inseparability of body and mind to create a multimodal body-mind therapy combining several therapeutic approaches in which acupuncture with all its variations should play a central role. Following this path, an Integrative Trauma Therapy can be developed.

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UIT HET VERLEDEN

40 JAAR



*Stands als sfeermaker op NAAV-symposia, zoals deze Remedium travel service-stand van onze vml. secretaris wijlen Heng Ong. (foto: Tine Rombout)*

UIT HET VERLEDEN

40 JAAR



**foto 1** De lustrum-organisatie-commissie krijgt een waarderingpenning omgehangen: administrateur Dick Kasper, bestuurslid Chun Lee Oei en NAAV-idealist/vrijwilliger Bram Doorgeest en Alex Loncq de Jong, anno 1993.



**foto 2** Het verenigings-lustrumcongres in congreszaal Krasnapolski met buitenlandse sprekers.



**foto 3** Aansluitend aan de lezingen het diner dansant in de balzaal met NAAV-leden, congresgangers, gasten, sprekers en studenten, waaronder Granulla voorzitter Lioe Fee.

(foto's: Tine Rombout)



# ACUPUNCTURE RESEARCH IN GERMANY, A LONG WAY TO REACH SCIENTIFIC APPROVAL

**PD. Dr. Dominik Irnich, Munich**

Acupuncture research in Germany has a long history from gaining experience in the second half of the 19th century to high quality research and practice within the last ten years leading to scientific approval and recognition by the German health system.

Acupuncture has been used in Germany since the 19th century, inspired from travel reports and French experience. However, in these times acupuncture was a rather clandestine dealing without public recognition, and sometimes the quality of the treatments was questionable.

In the sixties of the last century, acupuncture knowledge became more reliable. In 1951 the German Medical Acupuncture Association (DÄGfA) was founded aiming to spread knowledge and assure the quality of acupuncture as a medical treatment. From then on the 'Deutsche Zeitschrift für Akupunktur (DZA)' was published, which nowadays is the Acupuncture Journal with the highest circulation outside of China. A landmark of acupuncture progress was the first systematic description of ear acupuncture by Paul Nogier, published first in the DZA in 1957 (Nogier, DZA)

Acupuncture achieved worldwide attention in July 1971. James Reston, an American journalist, suffered from appendicitis while

visiting China with his wife. After his appendix was removed through conventional surgery at the Anti-Imperialist Hospital in Beijing, his post-operative pain was treated with acupuncture by Li Chang-Yuan. The article he wrote for the Times describing his experience was for many Americans the first thing they ever heard of this traditional Chinese medical practice (Reston, 1971). Consequently, physicians from all over the world visited China to experience acupuncture and brought their acquired knowledge back home.

Since then research efforts have been made in order to understand the effects of acupuncture more deeply. Mainly the analgesic effect of acupuncture has been subject of the first studies in this field published in American scientific journals. In Germany in 1976, the first investigations on analgesic and gastrointestinal effects of acupuncture were published by Doenicke and Kampik (Doenicke et al. 1976) and by Herget et al. (Herget et al. 1976).

After 10 years of growing research interest, but still inconclusive data, the German Ministry of Research offered research grants in complementary and alternative medicine from 1986 to 1996 with a total package of 15 Mio Euros. Three of these grants were assigned to acupuncture trials on cervical

syndrome, headache and low back pain. These first large scale and rigorous clinical trials showed clinically relevant effects of acupuncture when compared to standard treatments in conditions of the locomotor system. These trials were the first accepted for publication in high ranked scientific journals (Irnich et al., 2001, Molsberger et al., 2002).

Meanwhile the NIH consensus conference in 1997 stated that results in acupuncture research are promising and that acupuncture should be subject to further research (NIH 1997).

In Germany, throughout the 1990s the costs of acupuncture provided by physicians were reimbursed by health insurances on an informal basis. Then, in the year 2000, the German Federal Committee of Physicians and Health Insurers, stated that the scientific evidence supporting acupuncture was insufficient to justify routine reimbursement. However, the committee defined one exception: Reimbursement was possible within the framework of Model Projects (Modellvorhaben).

The committee defined the following criteria for these Model Projects in Acupuncture:

- Patients with headache, low back pain and osteoarthritis
- Body acupuncture (no acupressure, no electrical stimulation)
- Duration of disease > 6 months
- Randomised controlled trial with sham control
- Optional third arm with standard treatment or waiting-list
- Blinding
- 6 months pretreatment without success
- 6 months follow-up
- Qualification of acupuncturists
- Approval by 'Bundesaufsichtsamt' and regional ethics committees

Some of the most important health insurers funded large scale acupuncture trials with up to 400 participants. Two different groups of trials have been nominated. ART Acupuncture Randomized Trials, GERAC

	ART	GERAC
Migraine	Acu = MA > WL (Linde et al, 2005)	Acu = MA = ST (Diener et al, 2007)
Low back pain	Acu = MA > WL (Brinkhaus et al, 2006)	Acu = MA Acu > ST MA > ST (Haake et al, 2007)
Osteoarthritis	Acu > MA Acu > WL (Witt et al. 2005)	Acu = MA Acu > ST MA > ST (Scharf et al., 2006)

*Table 1: Results of the model projects: Acu acupuncture, MA minimal acupuncture, ST standard treatment, WL waiting list,*

German Acupuncture Trials. Each group contained RCTs on the three conditions. The results, depicted in table 1, have been surprising as both verum acupuncture and minimal acupuncture at non-classical points achieved clinically relevant effects. In some of these trials verum acupuncture was not significantly superior to minimal acupuncture (low back pain, migraine). However, both of them were superior to standard treatment.

This was the beginning of a rather controversial discussion about placebo effects of acupuncture.

Large observational trials, which have also been performed within the framework of model projects with up to 200,000 patients showed that acupuncture exhibits clinically relevant effects in migraine, tension-type headache, low back pain, cervical syndrome, allergy and dysmenorrhea in routine care. Additionally, cost effectiveness analyses indicate a good cost-benefit ratio of acupuncture in certain indications.

Nowadays, three main institutions of acupuncture research at the universities of Berlin, Duisburg-Essen and Munich continue to research on acupuncture.

For the last years, the NIH department of Complementary and Integrative Medicine at Maryland, USA, has supported acupuncture research intensively and has funded basic and clinical acupuncture research in a large scale.

These days research efforts from all over the world result in a huge body of scientific literature providing evidence for its clinical effect in different indications and explaining at least some of the physiological mechanisms of acupuncture.

The latest evidence for acupuncture being effective in the treatment of chronic pain is provided by the Acupuncture Trialist Collaboration (Vickers et al, 2012). Individual patient data meta-analyses were conducted by using data from 29 RCTs including 17 922 patients. Significant differences between true and sham acupuncture indicate that acupuncture is more than placebo.

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## CONGRES ASA-TCM KONGRESS IN SOLOTHURN, ZWITSERLAND

ASA-TCM Kongress op het landgoed Solothurn in Zwitserland op 5 en 6 december 2013.  
7. Fortbildungstage für TCM

NAAV-bijdrage door Chun Lee Oei-Tan:  
"Nackenprobleme und ihre Behandlung in der zweiten Lebenshälfte."

Meer informatie: [brigitte.ausfeld@bluewin.ch](mailto:brigitte.ausfeld@bluewin.ch) en [claudia.frehner@healthworld.ch](mailto:claudia.frehner@healthworld.ch) / [www.congress-info.ch](http://www.congress-info.ch)

## CURSUS CHINESE KRUIDENGENEESKUNDE

- Plaats:** Postillion Hotel, Kosterijland 8, Bunnik
- Tijden:** Start in september 2013, 8 weekenden per jaar, 1 weekend per maand; de lessen worden gegeven op vrijdag en zaterdag van 10.00 tot 17.00 uur
- Kosten:** € 2080 per jaar (voor coassistenten € 980), inclusief koffie, thee, uitgebreide lunch en handouts  
Betaling kan in twee termijnen geschieden
- Toelating:** Toegelaten tot deze cursus zijn acupunctuurartsen.
- Accreditatie:** Deze dagen zijn voor NAAV-leden ook als nascholingsdagen toegankelijk, geaccrediteerd voor 6 punten Acupunctuur (kosten per dag: € 130)
- Voertaal:** Nederlands en Engels
- Aanmelden:** Online via [www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl) of per email: [info@opleidingacupunctuur.nl](mailto:info@opleidingacupunctuur.nl)
- Organisatie:** Onderwijscommissie van de Nederlandse Artsen Acupunctuur Vereniging (NAAV) en NAAV Education & Research Foundation (NERF)

### Cursusinhoud

Op de site [www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl) treft u het curriculum van deze cursus aan, en wordt de cursusinhoud nader omschreven. De docenten zijn: Peilin Sun, Fengli Yao en Yifan Yang. Hun achtergrond zijn ook te vinden op de bovengenoemde website.

### Lesmateriaal

Als studiemateriaal zal gebruik worden gemaakt van de boeken:  
A Materia Medica for Chinese Medicine, C.-H. Hempen, ISBN-13:978-0443100949  
Formulas & Strategies, Dan Bensky & Randall Barolet, ISBN 0939616106

### Stage

Op elke lesdag worden praktijkvoorbeelden gegeven; een stage is niet vereist; echter indien u daarvoor kiest, zijn er na de opleiding ook stagemogelijkheden in Beijing of Nanjing. Het bestuur heeft een convenant gesloten met deze grote TCM-universiteiten.

Een andere mogelijkheid is in het TCM-ziekenhuis in Bad Kötzting, Duitsland; deze berekent € 250 per werkweek, of in de praktijk van Prof. Dr. C.-H. Hempen in Munchen. Bij het cursusgeld zijn de stagekosten zoals gebruikelijk niet inbegrepen.

## UIT HET VERLEDEN

40 JAAR



*Jubileumcongres 20 jaar NAAV. Voormalig NAAV-voorzitter Robert van Bussel met de gastsprekers van de ochtendsessie (foto: Tine Rombout)*

## NASCHOLING

### SCHEDELACUPUNCTUUR VOLGENS YAMAMOTO (YNSA)

**Datum:** 15 juni 2013  
**Plaats:** Postillion Hotel, Kosterijland 8, Bunnik  
**Tijd:** 10.00 uur tot 17.00 uur, registratie vanaf 9.00 uur  
**Kosten:** € 110 inclusief koffie, thee en lunch voor NAAV-leden; € 145 voor niet NAAV-leden  
Na 12 mei 2013 € 135 voor NAAV-leden;  
€ 170 voor niet NAAV-leden  
**Accreditatie:** Geaccrediteerd voor 6 punten Acupunctuur bij de NAAV, geaccrediteerd door NVA en ZHONG  
**Voertaal:** Nederlands  
**Aanmelden:** Online via [www.naav.nl](http://www.naav.nl) en [www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl)

#### Docent

Gilbert Lambrechts studeerde geneeskunde aan de Katholieke Universiteit Leuven (1974-1981), richting huisartsgeneeskunde. Hij behaalde in 1985 het diploma acupunctuur Belgische Vereniging voor Oosterse Geneeskunde (BVOG) en Auriculotherapie bij Dr P. Nogier en Dr F. Bahr, in 1986 het diploma Acupunctuur van Belgische Vereniging der Geneesheren Acupuncturisten (BVGA) en volgde tevens de vervolmakingscyclus TCM BVGA. In 1993 volgde hij een stage Acupunctuur in Shanghai bij International Acupuncture Training Centre, in 1998 Seminar YNSA gevolgd door een stage in het Yamamoto Rehabilitation Center in Miyazaki (Japan). Hij is werkzaam als Huisarts-Acupuncturist in een privé-praktijk in Beringen en docent van de Belgische School voor Acupunctuur (BVGA). Gilbert Lambrechts is bestuurslid van de BVGA en was van 2004 tot 2008 voorzitter. Hij geeft lezingen over acupunctuur voor patiënten en artsen in binnen- en buitenland.

#### Cursusinhoud

Eerst zal er een korte herhaling van de theorie zijn met alle punten en zones (Basispunten, Zintuigpunten, Hersenpunten en Y-punten), waarbij we meer zullen stilstaan bij de manier van opsporing en het praktische gebruik. Daarna wordt er uitgebreider ingegaan op de YNSA-Halsdiagnose en het praktisch aanleren hiervan. Tot slot kunnen patiënten behandeld worden. Dit kan gaan van eenvoudige pijnbeelden allerlei (gewrichts- en spierpijnen, tendinitis, posttraumatische pijn, ...) tot de moeilijkere pijnen (neuropathie, ischialgie, ...). Daarbuiten zijn neurologische ziektebeelden (paresthesien, paralyse, dropvoet, Parkinson, evenwichtstoornissen ...) maar ook andere pathologieën welkom.

## NASCHOLING

### DERMATOLOGY IN CHINESE MEDICINE

**Datum:** 28 september 2013  
**Plaats:** Postillion Hotel, Kosterijland 8, Bunnik  
**Tijd:** 10.00 uur tot 17.00 uur, registratie vanaf 9.00 uur  
**Kosten:** € 110 inclusief koffie, thee en lunch voor NAAV-leden; € 145 voor niet NAAV-leden  
Na 12 mei 2013 € 135 voor NAAV-leden;  
€ 170 voor niet NAAV-leden  
**Accreditatie:** Geaccrediteerd voor 6 punten Acupunctuur bij de NAAV, geaccrediteerd door NVA en ZHONG  
**Voertaal:** Engels  
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#### Docent

Mazin Al-Khafaji graduated as 'Doctor of Chinese Medicine' from the Shanghai College of Traditional Chinese Medicine in 1987 and has been in practice in the UK ever since. He is the founder member of the 'Avicenna Centre for Chinese Medicine' ([www.avicenna.co.uk](http://www.avicenna.co.uk)) based in the South of England, where he is in full time practice, specialising in the treatment of dermatological, allergic and autoimmune disease, as well as treating general conditions. He lectures widely on these subjects at post-graduate level throughout Europe, North America & Australia. He is the co-author of the acupuncture textbook 'A Manual of Acupuncture', runs a diploma course on dermatology in Chinese medicine in London and is currently compiling a book on the treatment of skin disease with Chinese herbal medicine.

#### Cursusinhoud

Skin disorders in their various forms are amongst the most common diseases offered by mankind, accounting for no less than 1 in 5 of all visits to outpatients departments in the Western world. Despite this prevalence and the resources put into this field, many patients are dissatisfied with the conventional treatments available to them, and look elsewhere for solutions. Chinese herbal medicine has a very real and enduring answer for a significant number of sufferers of many diseases of the skin. It can induce spectacular and lasting change in a whole range of intractable conditions such as eczema, acne and psoriasis, and yet due to a lack of specialist training and clinical experience, numerous practitioners of Chinese medicine fail to achieve optimal results that are well within their grasp. In this introductory one day lecture, the fundamental principles of treating the commonest skin diseases will be presented using many case examples with photographic slides from Mazin's own practice. Throughout the emphasis is put on practical and clinically relevant information, which will serve as a foundation to enable doctors to understand the essential concepts required to construct effective formulae to suit the vagaries of clinical reality.

# T'AI CHI (TAIJQUAN) ART OF MOVEMENT AND THERAPEUTICAL METHOD

Dr. Ute Engelhardt, Munich

## Introduction

Taijiquan 太極, often shortened to Taiji 太極 or T'ai Chi in English usage, means literally 'fist fighting according to (the philosophical principle of) *tàijí*' (or 'boxing of the Great Ultimate') and is a common art of movement in China, which has been gaining in popularity in Western countries over almost forty years. During that time, Taijiquan has become more and more well-known in the West and besides being an art of movement, Taijiquan can also be considered to be a therapeutical method.

Since 1990s, Taijiquan (as well as Qigong) has been integrated into the scheme of preventive medicine supported by the statutory health insurance service in Germany. It has become part of what is known as Mind/Body Medicine (MBM) and during recent years there have been many clinical studies in China as well as in Western countries designed to provide evidence of the effectiveness of Taijiquan.

In my presentation, I begin with a survey of the special characteristics of Taijiquan in the light of its background and of its roots in the history of *yǎngshēng* 養生 (nourishing life), Chinese Medicine and martial arts. After that, I shall try to elucidate its integration in health systems as well as in Mind/Body Medicine (MBM) and finally I shall mention some recent clinical trials on Taijiquan.

## The term Taijiquan 太極拳

First, I would like to have a closer look at the term *tàijíquán* 太極拳.

In *Yijing* 易經 (Book of Changes, Zhou-Dynasty 11. – 3. Century BC) *tàijí* 太極 represents the principle of oneness (*yī* 一), which is inherent in all the processes of change in the world. At the same time, it also forms the ontological basis of empirical things (*wù* 物). This notion of oneness gives birth to the principle of 'two-ness', which is characterised by the interaction

of the two principles *yīn* 陰 und *yáng* 陽. The next step provides the Four Symbols (*sìxiàng* 四象) and, originating from this, the Eight Trigrams (*bāguà* 八卦). Thus, the *Yijing* (Book of Changes) provides a picture of a cosmogonic process of the changes which takes us from the essential oneness *tàijí* to the phenomenal variety of the empirical world.

How can it be possible to represent this complex cosmogonic process in an art of movement?

In *Tàijíquán túshuō* 太極拳圖說 (Explanations of Diagrams of *tàijí*-fist fighting), the earliest handbook on Taijiquan, the author Chén Pǐnsān 陳品三 (1849-1929) shows in precise detail the connection between the principle of *tàijí* 太極 and the movements of Taijiquan: '*tàijí* corresponds to the two instruments, Heaven and Earth, *yīn* und *yáng*, opening and closing, movement and calm, softness and hardness, suppleness and rigidity, coming and going, advancing and yielding, abiding and fading away' (*Tàijíquán túshuō*, 145).

This brings us to the final Chinese character *quán* 拳 'a fist or to fight with an empty fist', which should not be misunderstood to mean that Taijiquan exclusively involves the use of fists for fighting. In this context 'fighting with empty fists' first of all stands for fighting with bare hands in contrast to *tàijí*-sword fighting (*tàijíjiàn* 太極劍) or *tàijí*-sabre fighting (*tàijídāo* 太極刀). But the Chinese character *quán* can also mean 'to close the hand into a fist', which evokes associations with a gathering of the vital forces within the body, as is the case in the *yǎngshēng* 養生-technique of clenched fists (*wògù* 握固).

der Fall ist (Despeux 1976, Engelhardt 1981).

According to the view of modern TCM, Taijiquan belongs on the one hand to the exercises in movement of Qigong (*dònggōng* 動功) and on the other to



martial arts (*wǔshù* 武術), because of its tradition based on self-defence.

## The physical practise of

The basic practice of Taijiquan consists in performing a series of movements or postures in an upright position, which can be performed alone or in a group. The particularity of this form (of movements) lies in the fact, that the starting point of one's steps is theoretically the same as the finishing point. Taijiquan shares this feature and the cardinal direction of the steps with the Taoist cosmic dances and step movement rituals. The number of movements or postures varies according to the different schools: with only 24 or 36 for the modern shortened forms and with 72, 105, 108, 172 or even 200 movements for the traditional ones.

Each movement or posture carries a name, that evokes the imitation of an animal movement (for example 'the white crane spreads its wings' *báihè liàngchì* 白鶴亮翅 or 'golden cock stands on one leg' *jīnjī dùlì* 金雞獨立), or it evokes its martial application (for example 'step forward and strike with fist' *jīnbù bānlánchuí* 進步搬攔捶) or its symbolism (for example, 'wave hands in clouds' *yúnshǒu* 雲手). In this context clouds are symbols for lightness and changeability.

## Various stages of exercise practice

The movement series (or form) are completed by exercises with a partner using fixed steps, the so-called *tuīshǒu* 推手 (pushing hands), in which the participant learns how to 'understand' and to respond to the *qì* 氣 of his or her counterpart. Each

participant tries to adjust to the partner in such a way that, like the polarity of *yin* and *yang*, the two of them interact with each other in a process of dynamic change. If one of them attacks, the other defends, and vice versa. The next stage *dàlǚ* 大履 (the Great Pulling/Traction) goes beyond the circling motions of the pushing hands because both partners learn, using further movements of the form, how to react to the other and make use of the other's motion. Advancing then to the subsequent stage of the exercises, *sànshǒu* 散手 (dispersing hands/Sparring) the partners perform free steps while using their arms to maintain contact with each other. Each of the partners uses a specific pattern of movements to respond to the actions of the other in the way he or she feels most suitable (Despeux 2008, Engelhardt 1981:34-37).

#### Classification into different traditions

Taijiquan is classified as 'inner boxing' or *nèijiāquán* 內家拳 (fist-fighting of the inner school), which was originally developed in the Taoist monasteries of the Wūdāngshān 武當山 (Wūdāng-mountains). It is opposed to 'outer boxing' *wàijiāquán* 外家拳 (fist-fighting of the

outer school), whose most famous martial art is Shàolín-boxing (*shàolínquán* 少林拳).

The martial force used is not muscular force (*lì* 力), but a special inner force ('Essential inner energy') (*jīng* 勁), which can be regarded as the dynamic manifestation of the 'real *qi*' (*zhēnqì* 真氣) inside the body. By virtue of this concept and also of the emphasis on the circulation and transformation of the *qi* in the human body, the Taijiquan comes very close to the practices of *nèidān* 內丹 (Inner Alchemy). The adept's body is one with the *tàiji* 太極 of the universe and functions according to the same principles (Despeux 1975, 2008). Similarly, in Taijiquan a connection is sought between the two main channels *dūmài* 督脈 (Governing Vessel) and *rènmài* 任脈 (Controlling Vessel), in order to 'complete the Heavenly Cycle' (*zhōutiān* 周天). This is described by Chén Pǐnsān in his previously mentioned handbook of Taijiquan in the following way: 'The real *qi* (*zhēnqì*) (circulates) in both the *dūmài* and *rènmài* channels in a wheel-like motion starting from the feet; (in this way) the four limbs (achieve) a stability similar to the mountains; (distracting) thoughts no longer arise; the heavenly machine moves

as if of its own accord' (*Tàijiquán túshuō*, 139).

#### Origins of Taijiquan

The legendary origins of Taijiquan can be traced back to the Taoist master Zhāng Sānfēng 張三丰, an immortal said to have lived in the 14th century. The story goes that while he was outside his house in Wūdāngshān he was inspired by observing a fight between a snake and a magpie. As the winner by using suppleness and circular movements, Zhāng Sānfēng was apparently inspired to develop a martial art which relied on such suppleness and circular motion. Thus the Wūdāngshān and its fist fighting of the Internal School (*nèijiāquán*) is seen as one of the cradles of Taijiquan.

#### Taijiquan as a family tradition

As far as the rare documents allow us to reconstruct the history of this martial technique, it was developed from the 17th century onward within the Chén 陳 family of Chénjiāgōu in Hénán province. Chén Wángtíng 陳王庭 (1600-1680), famous for his military arts, was the first known member of this family to be associated

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with Taijiquan. Later the Chén family tradition was disrupted by a certain Yáng Lùchán 楊露禪 (1799-1872), who brought Taijiquan to Běijīng, where he was recommended to the Qīng court as a teacher of the art. He created the Yáng style of Taijiquan which became famous thanks to his three sons and his grandson Yáng Chéngfǔ 楊澄甫 (1883-1936), and which later spread throughout China. In a similar way, further schools of Taijiquan also came into existence such as the Wú-School (Wúpài 吳派) created by Wú Jiànquán 吳鑒泉 (1870-1942) or the Hǎo-School created by Hǎo Wéizhēn 郝為真 (1849-1920), and from which, in turn, developed another, better known branch: the Sūn-School, which was established by Sūn Lùtáng 孫祿堂 (1861-1932). Accordingly, nowadays there are still a large number of different styles of Taijiquan. (Despeux 1975, 2008, Engelhardt 1981, Wile 1983, 1996).

In the People's Republic of China in the 1950s the popular Yang style was standardised and simplified. It was the so-called Peking (Běijīng)-Style with 88 patterns of movement orchestrated into a long sequence and with 24 patterns of movement in a short sequence.

In Western countries the Yáng-school and the original Chén-school are very popular. The focus of Taijiquan as a part of martial arts (wǔshù 武術) has gradually shifted from the combative aspect towards those concentrating on health preservation and therapeutic measures.

### Taijiquan as a preventive measure

The idea of prevention has been integrated into German health insurance system since 1980. Since 1989, the financing of preventive measures has been officially incorporated into social law (§ 20). The main aims of this primary prevention were to promote health and well being and to reduce social injustice. Since 1990s Taijiquan and Qigong have been part of the preventive scheme of statutory health insurance in Germany. In 2006 guidelines were established which designated four fields of activities for preventive measures:

- movement
- nutrition
- drug prevention
- relaxation / stress reduction.

Taijiquan belongs to the last category,

'relaxation', which includes autogenic training, progressive muscular relaxation and other so-called 'far-eastern methods' such as Qigong and Yoga, etc (Böls 1998:254-257).

Therefore, since 2006 courses of Taijiquan have been provided by all German public health insurance services but not by the private health insurances (Almost 10 percent of the German population are members of a private health insurance scheme). These courses are partly reimbursed (up to 75 euro per year and member) if the institution offering Taijiquan courses is accredited by the insurance companies. Moreover, the Taijiquan teacher must have a well-founded education, which comprises at least 300 hours to be completed in more than two years. Furthermore, the teacher must have a medical, health or social profession which is recognized by the government.

The reasons for the integration of Taijiquan into these preventive measures can be briefly analysed as follows:

- 1 Since the 1990s there has been a strong demand for Taijiquan, Qigong, and Yoga among German patients.
- 2 In the beginning of 1990s and in 2003 the German Stiftung Warentest, which is a respected independent **foundation** for testing consumer goods, has validated Qigong and Taijiquan and found them to be very beneficial (Stiftung Warentest 2005).

Because of this, and with the help of a number of clinical trials, it was possible to prove what is called 'evidence-based plausibility', which was a necessary step to the integration of into the preventive system of German health care (Engelhardt et al. 2007).

Moreover, Taijiquan and Qigong represent an important link to the newly propagated ideas in preventive medicine, namely that patients should do more for their health themselves, and that they should develop more individual initiative.

In the context just mentioned, Taijiquan has become part of the so-called Mind/Body Medicine (MBM), a term coined in the US. It encompasses a holistic therapeutic approach aimed at the integration of physical and psychological, as well as social and spiritual, aspects of human existence. By applying various techniques,

the interaction between mind, body and behaviour is utilized to strengthen the individual's self-healing properties. The most fundamental approach incorporates and cultivates the patients individual abilities and resources. The main focus is placed on the promotion of health and on changes in the way the patient leads his life in order to deliberately and quite consciously reduce stress. In this system, the role of the therapist is to encourage and to empower, rather than to 'treat' (Lange, Paul 2010:20).

The different forms and styles of Taijiquan have become more and more part of the Mind/Body Medicine (MBM) in Western countries, because of the following reasons:

- Taijiquan integrates physical and psychological aspects of human existence as well as social and spiritual ones.
- In Taijiquan exercises the interaction between mind, body and behaviour is utilized to strengthen the individual's own self-healing properties.
- In promoting health and changes of lifestyle, Taijiquan offers the patient an opportunity to deliberately and consciously reduce stress levels.

### Taijiquan in clinical trials

During the last years there have been many clinical studies in China as well as in Western countries attempting to prove the effectiveness of Taijiquan and Qigong. This can also be seen in the context of Mind/Body Medicine (MBM). Researchers have investigated Taijiquan and Qigong as an intervention for a variety of health issues, including balance impairments, knee osteoarthritis, essential hypertension, type 2 diabetes mellitus, asthmatic diseases, and cardio-vascular diseases.

In August of 2010 the highly respected *New England Journal of Medicine* has published a randomized trial of Taiji for fibromyalgia (Wang, Schmid et al 2010) and in 2012 a randomized, controlled trial was published in the same journal to determine whether a Taijiquan program could improve postural stability in patients with Parkinson's disease (Fuzhong Li, Harmer Peter et al 2012). Both trials showed positive results. In most of the studies, patients in the Taijiquan or Qigong groups reported reductions of pain as well as improvements in mood, quality of life, sleep, self-efficacy and exercise capacity.

All these data suggest that Taijiquan and Qigong may be effective. However rigorous studies with appropriate sample sizes, on a larger scale over longer periods of time have not yet been performed. Moreover comparisons with similar therapies such as Yoga and an assessment of cost-effectiveness are desirable. Even so, the potential efficacy of these exercises and the lack of adverse effects make it reasonable for physicians and hospitals to support patients' interest in exploring these types of exercises.

### Summary

At the end of my short overview, we can summarize: Taijiquan was developed in China and bears mainly traits of Chinese culture. Experience of its application in Germany has shown that there are amazingly few problems regarding the acceptance of these exercises. They certainly have the advantage of being somewhat exotic for Europeans and thus many people are curious to learn more about them. But even if Taijiquan is taught without its theoretical background, these exercises seem to work even on a merely functional level. This was successfully demonstrated in a recent survey on Taijiquan as a Group Treatment for Back-Pain Patients, where the group of patients who were

not introduced into the holistic thinking showed a higher level of benefit than the other treatment group. (Kleinert et al 2010) Nevertheless, it is recommendable that Taijiquan or Qigong should be taught together with their special theoretical background and their roots in TCM and Chinese Culture. Furthermore, it would seem to be desirable that cross-cultural studies should be carried out, too.

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## UIT HET VERLEDEN

## 40 JAAR



*Internationale sprekers op het "NAAV-lustrumcongres 20 jaar NAAV" in 1993  
De Weense Ingrid Wancura, Münchner Jochen Gleditsch en Meng Chao Lai met Miep Hoekstra (foto: Tine Rombout)*

## A STORY OF SUCCESS: COMPLEMENTARY AND ALTERNATIVE MEDICINE IN SWITZERLAND

**Brigitte Ausfeld-Hafter, MD, Aarau**

Since the nineties the field of complementary and alternative medicine (CAM) in Switzerland has markedly developed. Purpose of this review is to provide an overview about the past and the present status of CAM in Switzerland.

The purpose of this article is to provide an overview of the past 20 years of CAM in Switzerland provided by medical doctors.

### **University of Bern and the first Institute for TCM in Switzerland: KIKOM**

The Institute of Complementary Medicine KIKOM (Kollegiale Instanz für Komplementärmedizin) at the University of Bern was founded in 1995 ([www.kikom.unibe.ch](http://www.kikom.unibe.ch)). The chair was subdivided into the four most common complementary methods: 25% were assigned to TCM, Classical Homeopathy, Anthroposophic Medicine, and Neural Therapy respectively. Martin Frei-Erb, MD, holds the chair of Classical Homeopathy, Ursula Wolf, PD, the one for Anthroposophical Medicine and Lorenz Fischer, MD, for Neural Therapy. Brigitte Ausfeld-Hafter worked since June 1995 as chief of the department of Traditional Chinese Medicine. Since summer 2013 she

is emerita and her successor is Johannes Fleckenstein, MD.

Each discipline is provided with a part time (50%) scientific research resident. The responsibilities are medical education, research, and patient care. Since the foundation of KIKOM, university research in CAM has been established and fostered mainly by the support of third-party funds. The homepage of KIKOM lists under 'publications' the articles by the year. The Institute actively contributes to medical education by providing mandatory and elective CAM courses for medical students. The lectures given enjoy large acceptance by students and medical doctors.

### **[5x1] Swiss sponsor award for research in CAM**

Since 2008 every year there is an award of CHF 11,111 spent for research with the following topics: Traditional Chinese Medicine, Auriculomedicine or Homeopathy. The celebration for this prize (Schweizerischer Förderpreis für Komplementärmedizin) is held during the annual ASA TCM-Congress (<http://de.asa-tcm-kongress.ch>).



### **Swiss Medical TCM / Acupuncture Association ASA**

The association was founded in 1996 being in charge of TCM related education and certification of medical doctors ([www.akupunktur-tcm.ch](http://www.akupunktur-tcm.ch)).

At the moment about 800 medical doctors (the total of doctors in Switzerland counts about 25,000) own this certificate of competence in TCM / Acupuncture. The recertification is due every 2 years. Interesting to note that acupuncture is covered by basic health insurances since 1984 when provided by medical doctors. It is important to know that every person living in Switzerland is insured by obligation.

## CV BRIGITTE AUSFELD-HAFTER, MD

Brigitte Ausfeld-Hafter studied of Medicine at Lausanne University and Zurich University, in 1976 Thesis at Zurich University. Since 1977 studied TCM at different schools in Europe and China. Received Diploma of TCM Ärzte-Interessengemeinschaft zur Förderung der Akupunktur (AIFA) in 1984, A-Diploma of TCM (SÄGAA) in 1986, A-Diploma of Aurikulomedizin (SÄGAA) in 1990, B-Diploma of TCM (SÄGAA) in 1993, C-Diploma of TCM (SÄGAA) in 1995, Certificate of competence in Traditional Chinese Medicine / Acupuncture (ASA) in

1999, Diploma of Deutsche Akademie für Akupunktur und Aurikulomedizin (DAA) Störherddiagnostik und -therapie nach Bahr und Nogier in 2003, Meister der Akupunktur DÄGfA in 2012

Her past function: 1995 – 2008 Member of the Board of Schweizerische Ärztesgesellschaft für Akupunktur und Aurikulomedizin (SÄGAA). 1995 – 2012 Lectureship in Traditional Chinese Medicine (TCM) at Bern University. 1998 – 2007 Member of Eidgenössische Kommission für allgemeine

Leistungen (ELK) of Swiss Federal Department of Home Affairs (FDHA). 2008 – 2011 Member of Eidgenössische Kommission für Analysen, Mittel und Gegenstände (EAMGK) of FDHA.

She has private practice in Aarau, Switzerland since 1984, is since 2007 Member of the Board of Annual ASA TCM-Congress ([www.congress-info.ch/asa-tcm](http://www.congress-info.ch/asa-tcm)) and since 2008 Member of the Board of Swiss Medical TCM / Acupuncture Association ASA.

### Distribution of doctors working with CAM in Switzerland

Back in 2009 there was a study done about the distribution of doctors working with CAM. The result was puzzling: 75% of doctors do work with CAM-therapies and / or refer their patients to other doctors working with CAM.

(Déglon-Fischer A, Barth J, Ausfeld-Hafter B: *Komplementärmedizin in Schweizer Praxen der Grundversorgung*. *Forsch Komplementmed* 2009;16:252-5)

### Politics and the initiative 'Yes to complementary medicine'

A Popular initiative in May 2009 gathered 67% YES votes by Swiss people! Switzerland is a direct democracy meaning that 100,000 citizen can force by subscribing a new article into the federal constitution. This procedure is called initiative on which everybody is sensed to vote. A quote of 67% is rarely achieved and high in meaning.

The new law reads as following:

#### Federal constitution of Swiss confederation (Bundesverfassung)

Art. 118 a (new) Complementary Medicine CAM

- The Confederation and the Cantons within the limits of their respective competences provide for consideration of CAM.

The Central points of the initiative are

- Promoting integration of integrative medicine (COM and CAM)

- Reintegration of medical CAM in mandatory basic health insurance
- Quality control and guarantees for non-physician therapists
- Promoting education and research in CAM

Based on this initiative Swiss Federal Authorities decided on January 12th, 2011 to temporarily reintegrate the five medical CAM-branches (Chinese Herbal Medicine, Classical Homeopathy, Anthroposophic Medicine, Neural Therapy and Western Phytotherapy) into the mandatory basic health insurance by January 1st, 2012, until on to the end of 2017.

During this period, CAM related facilitating the access to national funding sources such as the Swiss National Science Foundation should enhance research projects. In addition, financial support for the establishment of further CAM chairs in universities has been granted.

#### Conclusion

The people of Switzerland considerably contributed to the acceptance of CAM in the Swiss health care system, resulting in anchoring CAM in the Federal Constitution (article 118a) and in primary medical care as well as in promoting CAM related medical education and research. Eventually, knowing the history is a good position to explore the future.

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## UIT HET VERLEDEN

## 40 JAAR



Jeremy Ross in 1992 op het landgoed Woudschoten bij Zeist voor de viering van het derde lustrum van het NAAV-tijdschrift met meditatieve en krachtoefeningen volgens de TCM-leer.

(foto: Tine Rombout)

# WEITERBILDENDEN MASTERSTUDIENGANG TCM AN DER TU MÜNCHEN

**Prof. Dr. med. Carl-Hermann Hempen, Munich**

Die TCM entwickelt sich, wie man an solchen Schritten sieht, deutlich sichtbar immer weiter und wird zunehmend von der Öffentlichkeit und der Politik in den Niederlanden, in Deutschland und darüber hinaus in ganz Europa wahrgenommen. Die Ärztekammern und die Krankenkassen haben in den vergangenen Jahren die Akupunktur als eine wichtige Therapiemethode der Chinesischen Medizin anerkannt und als Bereicherung zur westlichen Medizin verstanden.

Und jetzt ist uns in Deutschland ein einmaliger Schritt in der hochschulpolitischen Anerkennung gelungen, der auf der über dreißigjährigen Arbeit der SMS aufbaut. Dieses Ereignis dürfen wir wohl einen Durchbruch nennen.

Wir beginnen endlich, nach jahrzehntelanger Vorarbeit, mit der Akademisierung der Traditionellen Chinesischen Medizin. Es ist auf Universitäts-Ebene erstmals ein Master-Studiengang zu diesem Thema anerkannt worden, auf einer Stufe mit anderen Master-Studiengängen. Es handelt sich um den Weiterbildenden Masterstudiengang TCM an der TU München. Unterzeichneter ist für den Studiengang verantwortlich.

Im WS 2013/2014 beginnt an der Fakultät für Sport- und Gesundheitswissenschaft dieser 6-semestrige berufsbegleitende Masterstudiengang für Traditionelle Chinesische Medizin (M.Sc.). Dieses ist der erste Bologna-konforme Studiengang für

TCM in Europa (120 Credits in 6 Semestern). Das Studium ist kostenpflichtig. Zulassungsvoraussetzung ist ein abgeschlossenes Medizinstudium. Die Zielgruppe sind Ärzte mit Berufserfahrung. Wegen des Seminarcharakters soll die Gruppengröße ca. 30 - 40 Studierende

### Aufbau des Studiengangs

#### 1. Semester

- Modul: Einführung in die TCM, Diagnostik und Physiologie*
- 12 Credits (360 Std.)
  - 180 Präsenzstunden, 180 Std. Eigenstudium
  - Prüfung: mündlich
- Modul: Grundlagen der Akupunktur*
- 7 Credits (210 Std.)

## Modulstruktur Masterstudiengang TCM

1. Semester	Einführung in die TCM Diagnostik und Physiologie 12 CP	Akupunktur I Grundlagen der Akupunktur 7 CP	Chinesische manuelle Therapie, Tuina, Bewegungstherapien, Qigong, Taiji 6 CP	
	2. Semester	Grundlagen der chinesischen Arzneitherapie Einzelarzneimittel und Rezepturen 12 CP		Akupunktur II Praxis der Akupunktur 7 CP
3. Semester	Praktische chinesische Arzneitherapie Moderne wissenschaftliche Aufarbeitung 12 CP	Grundlagen der chinesischen Diätetik Einzellebensmittel und Rezepturen 3 CP		Klinik und Praxis der chinesischen Medizin I Bewegungsapparat und Schmerz 12 CP
4. Semester	Klinik und Praxis der chinesischen Medizin II Dermatologische-, HNO-, Magen-Darm-, pädiatrische Erkrankungen 11 CP			
5. Semester	Klinik und Praxis der chinesischen Medizin III Herz-Kreislauf, Gynäkologie, Urologie, Onkologie, Anti-Aging 8 CP	Praktikum 5 CP		
6. Semester	Master's Thesis 25 CP			

- 96 Präsenzstunden, 114 Std. Eigenstudium
- Prüfung: schriftlich
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)

## 2. Semester

- Modul: Grundlagen der chinesischen Arzneitherapie*
- 12 Credits (360 Std.)
- 140 Präsenzstunden, 200 Std. Eigenstudium
- 20 Std. Exkursionen , Prüfung: schriftlich

*Modul: Praxis der Akupunktur*

- 7 Credits (210 Std.)
- 112 Präsenzstunden, 98 Std. Eigenstudium
- Prüfung: mündlich / praktisch
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)

## 3. Semester

- Modul: Praktische chinesische Arzneitherapie*
- 12 Credits (360 Std.)
- 160 Präsenzstunden, 200 Std. Eigenstudium
- 20 Std. Exkursionen , Prüfung: mündlich

*Modul: Klinik und Praxis der chinesischen Medizin I (Bewegungsapparat, Schmerz)*

- 4 Credits (120 Std.)
- 56 Präsenzstunden, 64 Std. Eigenstudium
- Prüfung: mündlich / praktisch
- Modul: Chinesische Diätetik*

- 3 Credits (90 Std.)
- 60 Präsenzstunden, 30 Std. Eigenstudium
- Prüfung: schriftlich
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)

## 4. Semester

- Modul: Klinik und Praxis der chinesischen Medizin I*
- 8 Credits (240 Std.)
- 104 Präsenzstunden, 136 Std. Eigenstudium
- Prüfung: mündlich / praktisch
- Modul: Klinik und Praxis der chinesischen Medizin II (Dermatologie, HNO, Magen-Darm, Pädiatrie)*

- 11 Credits (330 Std.)
- 160 Präsenzstunden, 170 Std. Eigenstudium
- Prüfung: mündlich / praktisch
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)

## 5. Semester

- Modul: Klinik und Praxis der chinesischen Medizin III (Herz-Kreislauf, Gynäkologie, Urologie, Onkologie)*
- 8 Credits (240 Std.)
- 104 Präsenzstunden, 136 Std. Eigenstudium
- Prüfung: mündlich / praktisch
- Modul: Praktikum*
- 5 Credits (150 Std.)
- Teilnahmebescheinigung am Praktikum
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)
- Modul: Master's Thesis*
- 6 Credits (210 Std.)

## 6. Semester

- Modul: Master's Thesis*
- 19 Credits (570 Std.)
- Masterarbeit und Vortrag
- Modul: Manuelle Therapie / Bewegungstherapien / Taiji / Qigong / Tuina*
- pro Semester 1 Credit (30 Std.)

Mit Bestehen des Masterstudiengangs ist der Erhalt eines akademischen Abschlusses verbunden (M.Sc. Traditionelle Chinesische Medizin, TU München).

Weitere Informationen und Hinweise zur Bewerbung unter [www.sp.tum.de](http://www.sp.tum.de).

## UIT HET VERLEDEN

## 40 JAAR



*Meditatieve Qigong tijdens het derde lustrum van ons NAAV-tijdschrift in 1992: op de foto J. Ross, echt paar Wijmans, Lioe Fee Oei, wijlen Liem Khe Siang, Hay Liem en wijlen Piet Hoogenkamp.*

*(foto: Tine Rombout)*



## PRIKKELBAAR OF GEPRIKKELD

*Column Radio op Recept (27 maart 2013)*

**Robbert Coops**

Public affairs adviseur bij Schinkelshoek & Verhoog

In deze Siberische omstandigheden is het wat vreemd om te constateren dat we massaal worden uitgekleeft. Alleen al kijkend naar de plannen van dit kabinet om de kosten van de zorg te beteugelen – onder het mom van Systemen naar Mensen – dringt de kilte hard binnen. De ene zorgwekkende nota na de andere verschijnt daarover. Het Centraal Planbureau onlangs nog met “Gezondheid loont: tussen keuze en solidariteit”. Mooie titel, dat wel. Het rapport stelt vast dat we gezonder worden en langer leven. Dat is goed nieuws. Gezondheidszorg levert grote welvaartswinst op maar vergt ook hoge kosten. Dat is al minder goed nieuws. En redelijk dramatisch wordt het wanneer blijkt dat de uitgaven aan zorg snel toenemen tot wel 13% van het nationaal inkomen. En wanneer er niets gebeurt stijgt dat percentage tot 22 en zelfs 40% in 2040. Niet voor niets heeft verantwoordelijk minister Schippers alarm geslagen en iedereen uit de zorgketen opgeroepen om met bezuinigingsplannen te komen. Of dat helpt zal blijken. Ik vrees dat iedereen vooral het eigen straatje eerst grondig schoonveegt en zich dan pas bekommert om het totaal. Dat geldt misschien ook wel voor de acupunctuurartsen die opkomen voor hun eigen positie en trouwens ook die

van hun patiënten. Erkenning en bewijsovervoering van de kwaliteit en effectiviteit van hun werk spelen daarbij een belangrijke rol. Acupunctuur lijkt – in tegenstelling tot dure medische technologische behandelingen – goedkoop maar is dat ook echt zo? Kan dat wetenschappelijk bewezen worden? En als dat allemaal zo positief is waarom gaan dan niet veel meer patiënten – die toch mondiger zijn dan ooit – naar een acupunctuurarts? Of komt dat omdat acupunctuur niet in het basispakket van de ziektekostenverzekering zit en voor een belangrijk deel door patiënten zelf betaald moet worden? Of komt het omdat het imago van acupunctuur nog steeds niet in de haak is?

Het SCP denkt dat in de toekomst differentiatie moet plaatsvinden in de zorg. Bijvoorbeeld door onderscheid te gaan maken in goedkopere en duurdere verzekeringspakketten. Als de een graag een vrije artskeuze wil dan betaalt hij wat meer aan de verzekering. En iemand die dat niet wil betaalt minder. En om het nog even over acupunctuur te hebben zou dat betekenen dat dergelijke complementaire zorg verschoven wordt naar de aanvullende verzekeringen en de vrije beslissingsruimte van burgers. Dat klinkt logisch, maar soli-

dariteit is dan wel ver te zoeken. Daarom pleit ik – en vele anderen – voor het in tact houden van een breed uniform basispakket voor iedereen. Dat is pas zorgsolidariteit. Dat is pas een echte maatschappelijke prikkel om op een zorgvuldige manier met zorg om te gaan. Een vorm van interpersoonlijke toetsing of e-learning via internet die veel verder gaan dan de vraag of er in de buurt nog een goede apotheker huist? Of je een bepaalde chirurg voor een heupoperatie ook kan aanbevelen? En vooruit of acupunctuur helpt? Nee, het gaat dan echt om zorgvuldige en transparante keuzes en afwegingen die iedereen – en dan vooral met elkaar – zullen maken. Dat lijkt hoogdravend, ingewikkeld en geweldig gesimplificeerd. En misschien is dat allemaal waar. Maar ik begrijp niet het principiële onderscheid tussen warenhuizen, supermarkten, marktplaatsen of zorginstellingen waar het gaat om het zoeken van de juiste, passende en economisch optimale oplossing of aanbieder. Ondanks het nog ontbreken van echte markwerking in de zorg. De wisdom of the crowd – de regulerende invloed van de samenleving – dat moet toch wat opleveren. Ook als het vriest. En als het stervenskoud is.

### NAAV AGENDA 2013 [WWW.OPLEIDINGACUPUNCTUUR.NL](http://WWW.OPLEIDINGACUPUNCTUUR.NL)

**15 juni 2013**

Nascholing Schedelacupunctuur volgens Yamamoto door Gilbert Lambrechts (België)

**9 november 2013**

Nascholing TCM in de Oncologie door Tjebbe C. Kok (NAAV)

**28 september 2013**

Nascholing Dermatology in Chinese Medicine door Mazin Al-Khafaji (Engeland)

**29 november - 1 december 2013**

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[www.naav.nl](http://www.naav.nl)  
[www.opleidingacupunctuur.nl](http://www.opleidingacupunctuur.nl)**DOELSTELLING VAN DE NAAV**

De Nederlandse Artsen Acupunctuur Vereniging streeft naar integratie van acupunctuur in de gezondheidszorg, in overeenstemming met de wens van de patiënt. De NAAV stimuleert en sponsort zoveel mogelijk wetenschappelijk onderzoek, binnen de kaders van ZonMW en in samenwerking met de epidemiologen en statistici van universitaire centra en hogescholen.





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# WAAROM uw natuurlijke geneesmiddelen, voedingssupplementen en magistrale receptuur in één bestellen bij de NatuurApotheek?

## Wij zijn een échte apotheek (AGB10040)

Wij leveren uitsluitend gecontroleerde veilige magistrale bereidingen en spécialités (ons gamma is immens, vraag gerust).

## Een deskundig klaargemaakt voorschrift

Verzending in één pakket, veilig voor kind en dier. Met handtekening voor ontvangst.

## De NatuurApotheek heeft kennis van 2 werelden

Allopatisch (regulier) en Natuurgeneeskundig (ortho-moleculaire, natuurgeneeskunde oosters en westers). Wij geven advies over het gebruik van uw voorschriften samen met medicijnen.

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AOV, ORTHICA, VITALS, MRL, FAHRENHEIT & GEMMA-producten. Verkrijgbaar op voorschrift met aanzienlijke kortingen (tot 25%) voor uw patiënt.

## Wij leveren ook dierenproducten

KAN HERBALS, PHYTOTREAT, NML-HEALTH PRODUCTEN, ECOPETS en BIOLIFE naast MAGISTRALE voorschriften en ondersteuning door ELN-onderzoek. De toedieningsvorm kan aangepast worden aan wensen van de patiënt.

## We huldigen onze filosofie

*'Eerst een goede diagnose, dan een behandelplan'*

Daar willen wij uw praktijk in ondersteunen en voorkomen dat patiënten via webwinkels kopen. Therapietrouw en controle zijn daarbij noodzakelijk. Gezondheidszorg is het beste en het goedkoopste uit, als het gebeurt door deskundigen met kennis van zaken.

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Magistraal kunnen allerlei preparaten worden gemaakt die een meerwaarde vormen voor uw praktijk en patiënten. U krijgt controle op het effect. U dient niet meer in te nemen dan nodig, u schrijft voor; voor 1 week, voor 2 weken, voor een maand, dit is vaak goedkoper.

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Ook beschikken wij over de kennis van orthomoleculaire recepten. We zijn in staat deze werelden te verbinden in pluriformiteit.

## U kunt áltijd terecht met uw vragen

## Belangrijke kennis via nieuwsbrief

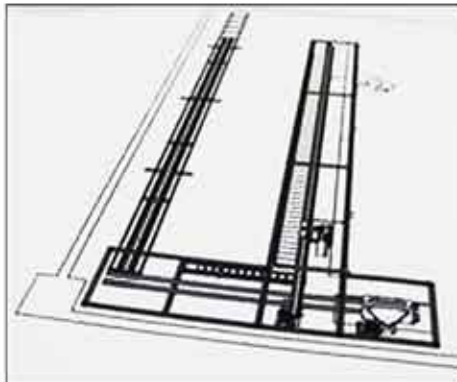
We proberen als pioniers te zoeken en te volgen wat uw patiënten ten goede kan komen en communiceren deze belangrijke kennis via onze nieuwsbrief.

## Essentiële farmacie

We denken na over wat de burger in de huidige gezondheidszorg steeds meer nodig heeft:

- Steun met informatie, zodat die zelf kan kiezen wat die echt nodig heeft;
- Preventie, additieve en curatieve behandelingen 'op maat', 'personalized';
- Duurzame keuze om chronische ziekten te reduceren;
- Bijwerkingen van reguliere medicijnen verminderen;
- Kennis en steun bieden om een toestand van homeostase te bereiken en zo erger te voorkomen.

**Kortom : Wij willen uw praktijk deskundig en veilig ondersteunen**



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