

MORNINGTON COMPLEMENTARY MEDICINE

SEPTEMBER NEWSLETTER 2014

Spring is in the air! September always brings a renewed sense of energy and optimism as the grey winter skies make way for the warmer spring sunshine. Spring is a time of expansion and growth, so now is the time to explore your creativity and pursue new endeavours.

This month's newsletter gives you a run-down on the much debated issue of acupuncture vs dry needling—do you know the difference? Plus we run through some handy tips for a springtime detox, and some delicious recipes to use the fantastic foods coming into season.

HEALTH TIP TO AVOID THE CHANGE-OF-SEASON VIRUSES:

Remember to avoid exposure to the winds of spring, which can still carry the chill of winter. While our bodies are craving the feel of the sun, resist the temptation to expose too much skin until the weather truly warms up, and keep your neck and chest protected from the wind.

THIS MONTH

- 1 SPRING IS IN THE AIR!
- 2-3 SPRING DETOX YOUR BODY
- 4-6 ACUPUNCTURE VS DRY NEEDLING
- 7 RECIPE-ANYTIME MEGA SALAD



SPRING DETOX YOUR BODY

It seems everyone is talking about detoxing or cleansing this spring—but what does this really mean? In the course of our everyday lives, we are exposed to toxins from a variety of sources—and in addition to this, our bodies are constantly producing toxins as part of normal metabolic processes. Generally our bodies can manage this toxic load without stress, but over time or if we have been unwell, or have some body systems functioning sub-optimally, sometimes toxins can accumulate beyond the body’s capacity to manage.

So what we mean when we talk about “detoxing” is twofold—we aim to support the body’s natural detoxification processes both by reducing the toxic load we are exposed to, and by supporting the organs of detoxification (liver, lungs, skin, digestive system, kidneys, lymphatic system). Here are 7 simple tips to help give your body a break and support detoxification and elimination this spring!

DETOX YOUR BODY
www.herbs-info.com

Cayenne Pepper	Red Grapes	Sea Vegetables	Asparagus
Wheatgrass	Moringa	Garlic	Carrots
Leafy Greens	Kale	Beans	Guava
BLOOD		Strawberries	Lettuce
Oregano	Coconut Water	Lemon Water	
LYMPH		Fruits & Vegetable Juices	
Bitter Gourd	Leafy Greens	Cucumber	Lentils
Grapefruit	Barley Grass	Watermelon	Beans
Avocado	Lemon	Spinach	Tomatoes
Walnuts	LIVER	Arugula	Whole Grains
Apples	Dandelion Greens	Garlic	Beets
GALLBLADDER		Legumes	
Spinach	Cabbage	Cranberries	Tomatoes
Cherries	Broccoli	Turmeric	Cauliflower
Red Reishi Mushroom	Red Bell Pepper	Onion	Flax Seed
Sweet Potatoes	Cabbage	Raspberries	Pineapple
PANCREAS		KIDNEYS	
Blueberries	Olive Oil	Eggplant	Dragonfruit
INTESTINES		Papaya	Chill Pepper
		Lentils	

*If, like me, you’re wondering what a Cherimoya is—it is apparently known as the Queen of Fruit, similar to a custard apple but with flavours combining banana, coconut, mango and pawpaw. Sounds delicious! *

1. DRINK TONS OF WATER.

Start every day with a glass of room temperature water with lemon. This will help clean out the liver, prepare your system for digestion, and hydrate your body. Continue drinking lots of water throughout the day.

2. EAT THREE SIMPLE, FRESH MEALS A DAY.

Include liver-supporting foods such as dandelion greens, raw garlic, grapefruit, avocado, beets, carrots, artichokes, etc. You can also add spices such as turmeric, cumin, cayenne and coriander as they assist with digestion and detoxing.

3. AVOID GLUTEN, DAIRY, SUGAR AND OTHER PROCESSED FOODS.

These foods are hard to digest and will take the attention of your immune system and other systems needed for detoxing. Skip coffee and alcohol, too.

4. EAT A LIGHT AND EARLY DINNER.

Dinner should be the smallest meal of the day. It can be some lightly cooked veggies or a small soup. And, I know it sounds like the early bird special, but try not to eat past 7-



5. GET SWEATY!

Now that jacket season is behind us, go outside and move. Walk, bike, dance, do yoga, run, or skip. You should also hit the sauna or take hot baths with Epsom salt. A good sweat is a great way to rid the body of toxins.

6. BREATHE DEEPLY.

Do some deep breathing exercises to detox the mind and lungs. Try breathing in for four seconds, holding for seven seconds and exhaling for eight. Repeat four times in the morning and four times at night.

7. GO TO SLEEP EARLY.

During a detox, it's very important to get proper rest. Our body rests and repairs itself over night. So, it's crucial to provide it with sufficient down time.

ACUPUNCTURE, DRY NEEDLING & MEDICAL ACUPUNCTURE – WHAT IS THE DIFFERENCE?

<http://www.robinmarchment.com.au/acupuncture-dry-needling-medical-acupuncture-what-is-the-difference/>

Many people are initially confused by the term “dry needling”. I certainly was when I heard it for the first time many years ago – I thought, “Dry needling?” “What could this be?” “*Acupuncturists* don’t wet the needles before insertion – so what on earth does this term refer to?” And what is “medical acupuncture” – since “medical” refers to treatment and healing, isn’t that what traditional acupuncture does? The facts as best as I have been able to ascertain are:

Acupuncture, as most people know, is the insertion of acupuncture needles at specific sites in order influence the flow of Qi (energy) in pathways called meridians which, for the main part, may be seen to parallel the pathways of nerves and blood vessels. (This is described in greater detail in the main pages of this website.) To practise acupuncture effectively and safely, acupuncturists are required to undertake a **minimum of 4 years full-time study**. Those who undertake a course combining acupuncture with herbal medicine generally study for 5 years full-time.

The course is thorough and comprehensive, incorporating the theory of Chinese medicine, the study of its core texts and also incorporating Western medical sciences such as biochemistry, anatomy, physiology, and clinical medicine. In addition, hundreds of hours are spent learning accurate point location and on refining a range of therapeutic techniques which are both safe and effective. **Students must satisfactorily complete up to 600 hours of supervised clinical practice before graduating.**

Most importantly, registered acupuncturists study differential diagnosis. This means, for instance, that they do not treat all headaches in the same way, but assess each individual in order to treat the underlying cause of the headaches in that particular person. Incorrect diagnosis and treatment can be ineffective or, more seriously, can make the headaches worse. Differential diagnosis is essential for satisfactory results but is not studied in short courses.

“**Dry needling**” is a term coined about 10 years ago to refer to superficial needling of the myofascial (connective tissue covering the muscles) lying just below the skin, including trigger points, and also deeper needling of the thin tissue covering bone (periosteum). The term was coined because the principles of “dry needling”, the location of points, and the needling method, bear little resemblance to true acupuncture, which nevertheless incorporates the needling of trigger points and myofascial tissue as just one small part of its broad methodology.

Practitioners of “dry needling” are mainly chiropractors, myotherapists and physiotherapists who needle mainly the superficial layers of myofascia as an adjunct to the therapy in which they are undertook professional level training. “Dry needling” courses are limited – **16 hours is considered sufficient, and many courses offered on the internet have only 1 day of practical needling instruction**. One very simple technique is taught, and these short courses lack the theoretical background needed to be a registered acupuncturist.

http://combinedhealth.com.au/webfiles/ASAP_Guidelines_2013.pdf

“**Medical acupuncture**” is the term chosen by Western medical practitioners such as your local GP to describe what they do when using acupuncture needles. Although they undertake a short course in what is called “medical acupuncture”, it is not sufficient to meet acupuncture registration standards and is simply “endorsed” by Medical Board of Australia (MBA). And so, the term “medical acupuncture” is also a newly invented term, used by the Western medical profession to refer to a limited form

In the past, a course could be completed in a weekend. It appears that those practitioners are still able to practise, and GPs may still complete a short “dry-needling” course. Monash University now offers GPs a graduate certificate in “medical acupuncture” in a 1 year off-campus course. Only four subjects are covered, it appears that lecturers are not selected from those with knowledge of Chinese medicine and traditional acupuncture, and the clinical component is limited and assessed by a mentor who is a “medical acupuncturist”. The Monash website acknowledges the limitations of the “medical acupuncture” course by stating: “many of the more difficult patients in the western sense do in fact fit more simply into the TCM patterns and that it is in these patients that TCM is of immense value.”

The Monash website also states: “a lot of good simple acupuncture therapy can be practised without an in-depth knowledge of TCM, using a western medical approach. As a fully trained and registered acupuncturist with extensive clinical experience, I must disagree. It’s a bit like putting a hypodermic syringe loaded with an antibiotic into a layman’s hands and saying “even a lay person can treat many infections without any knowledge of medicine”. This could be accepted as true if the layman with the loaded syringe used it on 10 people, and 1 of them got better. But what about the other nine people? What about the potential for adverse effect on their health?

<http://www.med.monash.edu.au/general-practice/teaching/acupuncture.html>

OPINION

Re “dry needling: Local undifferentiated needling into a few knots, tight spots and trigger points can be helpful in relaxing the muscles however: 1) Research has shown that achieving the qi sensation improves outcomes; 2) The accumulated clinical observation of centuries of acupuncture shows that understanding the channel system improves clinical outcomes; 3) Lack of knowledge of needle manipulation as it relates to the condition of the individual patient can lead to the patient feeling drained, and raises the risk of fainting and vasovagal episodes otherwise known as neurocardiogenic syncope; 4) The “dry needling” demonstrations easily found online leave a lot to be desired in the area of asepsis.

Re “medical acupuncture”: Over my years of clinical practice, many patients have come to see me who have first had ‘acupuncture treatment’ performed by a GP. They have then sought my help because the so-called acupuncture treatment was either ineffective or, worse, had adverse effects, causing the patient’s condition to deteriorate. This continues to occur today, precisely because of the absence of sound knowledge and thorough training in differential diagnosis and in appropriate therapeutic techniques.

One young woman reported to me that in order to seek help for her dizzy spells, she made an appointment to see a GP who advertised that he did acupuncture. He told her “acupuncture can’t help with that”. She remonstrated, with him as to why, in that case, did he advertise that he practised acupuncture, telling him that she had specifically come for acupuncture treatment. He then said “wait while I check my book”, which he did before returning to insert some needles. Her condition worsened, and she sought my help. When she told me the location of the points he needled, it was easy to see why her condition had worsened.

I have no idea how many people have been discouraged by incorrect ‘acupuncture treatment’ performed by someone “without an in-depth knowledge of TCM” – in other words by a person not adequately trained in acupuncture therapeutics and its underpinning Chinese Medicine theory. As Confucius said, “Knowledge is not only knowing what you know, but also knowing what you don’t know”. Unfortunately, those with little knowledge believe that what they know is all there is to know. Just like the frog who thought the well he sat in constituted the whole universe.

The Chinese Medicine Registration Board (CMBA) was set up to regulate the profession and to ensure that high standards are met in order to protect the public. Chiropractors, physiotherapists, myotherapists and Western medical practitioners (ie your local GP or medical specialist) chose not to be regulated by the Chinese Medicine Registration Board (CMBA) in the practice of acupuncture, and also chose not to apply the same high standards of the CMBA in the recognition or endorsement of their own practitioners. For this reason it is important to see an acupuncturist who is registered with the Chinese Medicine Board of Australia (CMBA).

Whilst a small number of physiotherapists, chiropractors and GPs (Western medical practitioners) may have done sufficient training to be registered, the vast majority does not meet registration standards because their training is inadequate and they are unable to demonstrate competence. Those who are adequately trained are, in fact granted registration by the CMBA and their names may be found on the Practitioner Registration site of the CMBA.

However, as can be seen from the information above, the vast majority is not adequately trained to be registered as an acupuncturist with the CMBA, and they are therefore not entitled to call themselves acupuncturists. This means too, that any suggestion that they are practising acupuncture could lead people to believe that they are a properly trained, registered acupuncturist. It is for this reason that the terms “dry needling” and “medical acupuncture” were created. However, the mere fact that acupuncture needles are used is confusing and misleads many people.

To put it simply, only acupuncturists who have been granted registration by the CMBA on the basis of competent and comprehensive training are considered to practise true acupuncture and are therefore entitled to be called an acupuncturist. For this reason it is important to see an acupuncturist who is registered with the Chinese Medicine Board of Australia (CMBA).

A detailed, academic, well-referenced article by Janz and Adams on this issue can be found at:

<http://www.ajacm.com.au/Portals/0/AJACMFiles/PDFs/Vol1%206%20Iss%202/AJACM%202011%206%202%20Acupuncture%20By%20Another%20Name%20-%20Janz%20&%20Adams.pdf>

Please note: The article by Janz and Adams above was published in 2011, when Victoria was the only state with registration. Since July 2012, registration has been implemented nationally across all states and territories.



SEPTEMBER SPRING RECIPE

ANYTIME MEGA SALAD

PREPARATION TIME: About 30 minutes

Ingredients

- 1 bunch of broccolini
- ½ bunch of curly leaf kale
- ½ bunch spring onion
- ½ bunch dill
- ½ cup white quinoa, rinsed in cold water
- 1 handful of pitted olives
- 1 lemon
- 2 tsp wholegrain mustard
- 50g toasted almonds
- Extra virgin olive oil
- Sea salt and freshly cracked pepper



METHOD

Put the quinoa in a pot with a cup of cold water, bring to the boil, stir with a fork and then reduce to a simmer. Place the lid on and simmer for 30 minutes.

Meanwhile, wash the broccolini and the kale. Trim the stalks off the kale and trim the ends and tops off the spring onions.

Pre-heat a grill pan or BBQ over a medium heat. Grill the spring onions and the broccolini until slightly blackened on both sides, simultaneously cook the lemon, flesh side down until it is also slightly blackened. Once done, transfer everything to a plate and set aside.

Bring together the wholegrain mustard as well as the juice and pulp of the grilled lemon and drizzle about 2-3 tablespoons of extra virgin olive oil in to the mix. Stir to combine and season with sea salt and cracked pepper to taste.

Roughly chop the grilled spring onion and the broccolini, and place in the bowl with the dressing. Add the cooked quinoa, and toss to combine. Now add the pitted olives, the kale, dill and almonds and use your hands to mix thoroughly, really squashing all the ingredients together.

Have a final taste and adjust the seasoning as needed.

<http://www.tobieputtock.com/new-page/>