

NEWSLETTER

Acupuncture hits the big time!

There is a continuing interest in the technique and its application.

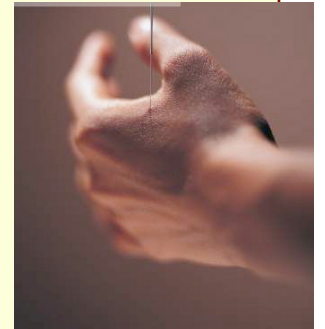


The annual autumn meeting of the society was held in at the Novartis Foundation, in October 2006. This was once again a very successful meeting, looking at the contrast between the traditional and western research approaches to acupuncture, yet finding common ground in the management for patients an their problems.

Re-enforcing the increasing interest in acupuncture, members may have seen the front page of the BDA news was taken by acupuncture, with a short piece by David Johnson inside to compliment his presentation at the BDA conference. This appears to have gone down so well, that he's been asked to speak next year too!

In this issue

- *Autumn meeting*
- *Regulation update*
- *Headaches & Trigger Points*
- *AGM report*



REGULATION OF ACUPUNCTURE

The regulatory process is still going around in circles at present. Recent meetings have exposed a significant gap between the Western Medical and the Traditional acupuncturists, with different emphases appearing on different issues. The major issue seems to be the potential for a single list with or without supplementary lists for various groups. There are also significant differences around equivalence, and a number of traditionalists feel that a western medical training does not equate with their training. Needless to say, such a view is unhelpful,



and fortunately senior members of the profession, and the DoH, have a much more realistic view of matters. The Department's line is pragmatic, and it seems that they are sticking to the "just get on with it" approach. Opinions seem to wax and wane on the principles of single or multiple lists.

However one interesting feature that has come to light over the last few months is that most of the efforts of the stakeholder's negotiating group are aimed towards protection of title...rather than protection of the right to use acupuncture (one might cynically say the rather

than the protection of the public). The upshot of this is that the use of acupuncture *per se* will not be regulated, but those who can call themselves acupuncturists will be. In the long term, it will become increasingly difficult to practice acupuncture if you are not an acupuncturist.

For members of the BDAS this *probably* means that there should not be any problems with continuing to practice acupuncture for the foreseeable future. The society will negotiate for the benefits for the use of the title, if possible. The biggest problem is to know quite where to place dentists, as our range of acupuncture use is limited.

A further area of potential concern is the use of acupuncture by DCPs. There are presently a few hygienists & therapists who have taken basic courses, but numbers are limited. The BMAS are very reluctant to include DCPs, as they do not know the range of practice. However it is likely that DCPs will probably equate with dentists in the eyes of the regulator. There will, however, continue to be a slight difference reflecting the roles of the groups.

BDAS AUTUMN MEETING AT NOVARTIS FOUNDATION

The society's autumn scientific meeting was held at the Novartis Foundation on 7th October 2006, a venue familiar to many in the society. The Novartis looked after us well as often before.

The day took the theme of western vs traditional approaches, and our guest speaker was Kim Maidment, a traditionally trained acupuncturist from Paignton in Devon who has an interest in the application of acupuncture in dentistry. The western side of the meeting looked at research in acupuncture, with several different speakers looking at various aspects of the research side of acupuncture.

David Johnson took up the task of assessing the range of trials and their credibility for a range of dental conditions, looking at the range of papers on such areas as TMD, Burning Mouth Syndrome, and His overall view was that there is a real

paucity of adequate material to substantiate claims for acupuncture. That's not to say the whole therapy is bunkum...far from it! It means that there are lots of opportunities for enthusiastic colleagues to start researching, and these opportunities exist in practice as well as in the academic system.

Tom Thayer outlined the process needed to go through for ethical approval for research projects. This is not easy, simply identifying your local ethics committee takes time & effort. Online applications are required, along with a formal methodology. The whole business is quite complex, but manageable. Top tip seems to be...don't expect quick decisions!

Kim Maidment took up the not inconsiderable challenge of demonstrating to a group of dentists the traditional take on the treatment of dental problems with a Yin & Yang approach to treatment; he particularly looked at the treatment of TMD, considering where imbalances in the Yin & Yang existed, without necessarily considering trigger points. It is, however, interesting to note that the traditional prescriptions were very similar to western prescriptions, involving a lot of Stomach points! Kim also discussed the use of such approaches as moxa burning for treatments.

Some practical sessions followed during the afternoon, with all participants showing great enthusiasm. The session allowed peer assessed practice, and improved needling, along with discussions around problem patients.

Overall the meeting was a resounding success, with very positive feedback.

BDA ANNUAL CONFERENCE HARROGATE

This year acupuncture took a prominent place in the BDA conference, with David Johnson taking a star turn on the rostrum. Acupuncture as a treatment in dentistry still seems to amaze and intrigue colleagues. Never the less, the two core problems of TMD and Gaggling remain the most

well demonstrated and accessible indications for colleagues. The conference has once again produced a surge in interest, and this autumn, the society will run introductory courses in Manchester and London independent of the BMAS.

HEADACHE

Headache is a common problem that causes significant distress to patients, and a significant amount of time loss from work. There is a considerable amount of evidence gradually appearing that acupuncture may form a core treatment for headache. Vickers et al demonstrated a significant benefit for patients in a large scale community based trial.

Of course headache may be multifactorial in nature, and a clear diagnosis from the patient's GP or neurologist is important. However members will be aware of the important role of TMD, and cervicofacial myoarthralgia in headache. Identification and elimination of trigger points, in some cases in combination with Occlusal Splint therapy can bring marked improvement in the patient's symptoms. A useful diagnostic guide is revealed in questioning the patient: patients tend to report headache symptoms that tend to localise to the anterior, or posterior part of the head. Those reporting anterior symptoms will show trigger points in the muscles of mastication. Those with posterior symptoms will tend to show more TPs in the cervical structures, esp in Splenius and Trapezius muscles. Careful palpation will reveal sensitised TPs at sites such as BL10, BL11, and a site in between, that might be termed BL 10 1/2. Other sites that appear to be persistently troublesome are GB20 & 21.

However TPs in the Sterocleidmastoid muscle are important to consider, and referral patterns from the muscle is remarkably consistent. Pain will be referred to the facial structures, and misdiagnosis is very possible.

Whilst we tend to treat TPs with acupuncture needles, it should be remembered that other techniques exist to desensitise the TPs. A well known, and frequently used technique is the use of a counter-irritant. Over the counter preparations

are widely available, such as "Deep Heat", and a newer product "Biofreeze". Biofreeze is presented as a green gel that is applied topically to the muscular tissues. This can be used on masseter, due to its gel presentation, but care must be exercised to prevent any contact with the eye as it would be extremely irritant. However other approaches are to spray Ethyl Chloride onto the site, and this can be very effective with masseteric spasm that may be very painful to needle.

Another alternative is the injection of the TP. Local Anaesthetic, or saline may be used, although of course the former will be more useful for immediate analgesia. Never the less both are effective, probably because they flood the area of the TP with a fluid that dilutes the effect of local agents of inflammation, and set up an acute response in a similar fashion to acupuncture, leading to dilation of blood vessels, and improved oxygenation of the trigger point, thus inducing normal function again.

Trigger points - what are they?

One of the problems with managing problems such as TMD and chronic headache is that muscular Trigger Points (TrP) are not pathologies as such. Unlike a tumour, or abscess, these cannot be easily identified with a CT or MR scan, and thus are not diagnosed. According to Bradley¹, in an active TrP the motor neurone end plate malfunctions, with increased acetyl choline release to stimulate an increase in muscle fibre tone. This leads to shortening of the muscle fibres, and production of contraction knots. This is compounded by the sensitisation of nociceptors that then reduces the thresholds for painful stimulus. Matters are compounded by ischaemia, as this impairs removal of Bradykinn and other inflammatory mediators that sensitise the nociceptors, and typically there will be areas of ischaemia around TrPs. Neurovascular bundles are always present in the area of the faulty motor end plate, and this combination of factors leads to the finding that TrPs are very sensitive to stimulus, and as many of us will have found, patients can sometimes respond quite vigorously when TrPs are very sensitive!

A further area of interest is that of the patterns of referral. As we know these tend to follow the

paths of acupuncture meridians, but these are not structures. It seems likely that these referral paths are centrally mediated, a concept re-enforced with descriptions of De Qui sensations felt in phantom limbs.

ANNUAL GENERAL MEETING

The AGM of the Society was held at the Novartis Foundation on 7th October 2006.

The Chairman Tom Thayer reported that the society continued to grow slowly, and work well with other organisations. The major role for the society has been the negotiations relating to the regulation of acupuncture. Tom reported that the regulatory process seemed to be swinging from one approach to another, and two separate lists of registrants appeared to be the presently favoured model. (but see above)

Tom also reported that there has been an offer from the BMAS for integration of BDAS into the BMAS. Whilst closer working might be desirable, this was felt to be unhelpful to the BDAS. There was general agreement that closer working between the two societies was desirable, and the expertise of the BMAS may well be helpful over the period of the development of the regulation process.

At the present time the BDAS continues to take the line that dentists will be adequately regulated by the GDC.

Shabir Pandor, the treasurer, reported that the society was still on a sound financial footing, and there was no need for any increase in subscriptions.

Open discussion then revolved around topics for promoting the society, and improving access. A number of ideas were aired. Discussion followed around the suitability of the website followed. In view of the sound financial footing of the society, it was suggested that the development and maintenance of a website be placed with a professional. This was agreed, and it was suggested that a website provider be approached.

The committee was re-elected for a further term.

New website

The society has now launched a new website. This retains the same address at www.bdas.org.uk

The site will grow with time, and should shortly have links to member materials such as the newsletter, and portfolio material. Check in from time to time.

Reference:

1. Baldry PE. Acupuncture, Trigger Points, & Musculoskeletal Pain. 3rd Ed. Elsevier. London

Produced by the British Dental Acupuncture Society

Contact: Dr T Thayer

Trafalgar House

14 Barker Street

Nantwich CW5 5SY

thayer@madasafish.com