

Conference Reports

iSAMS – International Scientific Acupuncture and Meridian Symposium

Sydney, Australia
5–7 October 2012

Zhen Zheng

The fourth International Scientific Acupuncture and Meridian Symposium (iSAMS) was held on 5–7 October 2012 at the University of Technology, Sydney with a theme of 'Moving Acupuncture Research Forward – Issues and Solutions'.

As its title suggests, the symposium focused on research. Forty nine keynote and invited speakers came from 11 countries and districts. All speakers are active researchers themselves with diverse backgrounds, including Chinese medicine, Western medicine, public health and social science.

Yet the conference was not just for researchers. Most speakers gave excellent presentations making their complicated research easily understood by non-researchers, so the significance of the research results could be fully appreciated. More than half of the conference attendees were practitioners and who enjoyed the mental stimulation and shared the moments of excitement.

Who would not be excited by the potential role of acupuncture in normalising blood pressure for patients with high or low blood pressure? We were told the effects were specific to PC6 and ST36, but not for GB39. Who would not be excited when Prof.

John Longhurst, a cardiologist and physiologist from the United States of America (USA), said that he challenged anyone to come up with some Western medication that could perform the similar bi-directional function as acupuncture does?!

Dr Hugh MacPherson from the United Kingdom, one of the co-authors of a recent much-discussed paper analysing data of more than 18000 patients, confidently told us that the study showed that real acupuncture is better than sham acupuncture in relieving chronic pain. He also elegantly demonstrated how research could influence health policy making. Then Dr Richard Harris from USA demonstrated how brain image research found that real and sham acupuncture had distinct effects on human brain. He concluded that acupuncture is not sham.

Prof. Charlie Xue from RMIT University encouraged us to consider translational research and to implement evidence into practice. He also shared his eight-year experience of introducing acupuncture into emergency departments in Victorian hospitals.

In addition to clinical and laboratory evidence of, if and how, acupuncture works, a number of presentations

discussed how best to study concepts and techniques utilised in Chinese medicine. Dr Karen Bilton from Sydney taught us it was possible to teach pulse diagnosis accurately and reliably. Prof. Sheng-Xing Ma from the USA studied gene expression and its application in studying meridian pathways.

Social science and public health researchers at the conference demonstrated how qualitative and public health research methods could be incorporated into Chinese medicine and to enrich the understanding of this ancient yet modern medicine. Dr Elizabeth Sommers from the USA showed us how a community Chinese medicine clinic not only provided services to people in needs, but also built a platform for training and primary care research.

In my opinion, this three-day conference fulfilled its purpose. Many solutions for moving forward were tested, discussed and proposed. I came home feeling full of ideas and hope. Over the past 10 years, I have been to many conferences about Chinese medicine and acupuncture. I will rank this year's ISAMS among the top five. Congratulations to UTS for an excellent job!

AIMA 18th International Integrative Medicine Conference 'Bridging the Gap'

Melbourne, Australia

31 August – 2 September 2012

Richard Li

In August this year, the 18th International Integrative Medicine Conference was held in Melbourne, hosted by the Australasian Integrative Medicine Association (AIMA) with the conference theme of 'Bridging the Gap'.

As agreed in an AIMA Networking proposal 2012, AIMA and the Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) agreed to exchange support and attend each other's conferences. Two AACMA Board members attended, AACMA Secretary Adj. A/Prof. Hong Xu, and myself, as AACMA President. AACMA Board member and AJACM Editor-in-Chief, Dr Zhen Zheng, was an invited speaker.

As the first AIMA conference that AACMA representatives attended, it was a good opportunity for us to show the new face of the Chinese medicine profession as a registered health profession. We were also able to put forward our views to other mainstream health practitioners about Chinese

medicine practice in this country, as well as hearing the views of, and learning from, other health professions.

While topics and speakers for the conference of program covered a wide range of approaches to the fundamental practice of integrative medicine, the considerable growth of evidence in complementary and alternative medicine was recognised. The conference addressed an important issue: the need to bridge the gap between the various disciplines to deliver a better health service to our patients.

This conference theme 'Bridging the Gap' was the topic of the keynote panel at the conference, which provided a chance for real dialogue between Western medicine and other health professions. The panel consisted of Prof. Kerry Phelps AM, President of Australasian Integrative Medicine Association (AIMA); Ms Eta Brand, President of Australian Naturopathic Practitioners Association (ANPA);

Dr Stuart Glastonbury, Board Member of National Herbalists Association of Australia (NHAA); and myself as the representative of AACMA.

A range of views and opinions were expressed relating to using common language, barriers and cost of integration and the future of integrative medicine. From AACMA's point of view, while supporting integrative approaches to health care, it should be stressed that we need to be mindful that 'Bridging the Gap' will most importantly result in benefits for patients.

From my perspective, TCM Integration means recognising and bringing Chinese medicine services (provided by qualified registered Chinese medicine practitioners) into mainstream health programs and services. I also raised the issue that Medicare should cover acupuncture services provided by registered acupuncturists, as is the case with medical doctors.