Training in acupuncture: a participant’s view

Tonia C Onyeka

INTRODUCTION

The People’s Republic of China is a developing nation with several aid-related activities in Africa, Latin America and Southeast Asia. It has acquired international goodwill through its provision of financing or loans for infrastructure projects, trade agreements and major economic investments in these countries.1 Within this structure is the Human Resources Development Cooperation Program, sponsored by the Ministry of Commerce, China, from which multiple programmes related to several sectors of the Chinese economy (eg, the health sector) are offered.2 Under the auspices of the Ministry of Commerce, the International Training Course on Clinical Application of Acupuncture, Moxibustion and Tuina towards Developing Countries is organised by the International Center for Health and Education Development (ICHED) in China and its developing country allies. It is structured in the form of seminars, demonstration classes, field trips and clinical attachments in hospitals. Apart from studies on acupuncture conducted by notable Nigerian anaesthetists like Professor Beatrice Umeh, the practice of acupuncture in Nigeria is yet to gain significant momentum. This article presents the author’s bird’s eye-view as a participant in the 2010 training module.

On 13 April 2010, the Nigerian delegation, led by me, embraced the chilly-cold spring weather at the Beijing International Airport from Abuja, Nigeria, en-route Taiyuan city, to participate in the 12th International Training on Clinical Application of Acupuncture, Moxibustion and Tuina towards Developing Countries. Taiyuan, literally translated, ‘Great plains’, is a prefectural-level city and the capital of Shanxi province in Northern China, with its origins from 500BC when it was known as ‘Jinyang’.3 It is presently a prominent industrial base of China, noted for its coal, iron, cement, engineering machinery and steel industries but unfortunately termed one of the world’s most polluted cities for the same reason,4 a fact I observed by seeing many smog-filled mornings. With a semi-arid, continental climate, Taiyuan is also known for its noodles and vinegar.

We were warmly received by officials and organisers of the training programme at the Yin Yuan Hotel where the opening ceremony and a reception banquet were held in our honour. There were 32 participants (21 males and 11 females) from 14 developing countries namely Benin, Burundi, Eritrea, Ghana, Mali, Nepal, Nigeria, Pakistan, Palestine, Seychelles, Sierra Leone, Tanzania, Thailand and Uganda. They represented an array of medical disciplines such as anaesthesia, obstetrics and gynaecology, general practice, nursing, occupational therapy and physiotherapy. Several speeches were given, including a speech delivered by me on behalf of the participants at the programme, and a group photograph was taken.

On my first day in class, the introductory lecture was on the origin, evolution and development of TCM and later that day, each participating nation was given 10 min to make a presentation. The entire course spanned over 3 months and consisted of a 15-unit lecture module, demonstration classes and clinical experience at affiliated TCM hospitals in Taiyuan. Each day, I received a total of 8 h of lectures daily given morning and evening except for Fridays when we received morning lectures only. The lecture units were as follows: the Yín-Yáng theory, the Wúxíng (five elements) theory, the Zàng-xiāng (viscera) and their manifestations, Qi, blood and body fluids, the causes of disease and four main diagnostic methods. Others were the meridians, the acupuncture points, Ashi or tender points, acupuncture and moxibustion techniques, basic knowledge of Chinese tuina, adult tuina and child tuina. Treatment of adult diseases, treatment of common infantile diseases and healthcare applications were also included in the curriculum. A typical morning consisted of breakfast by 7:30 at the Yin Yuan hotel where I was lodged and the trip to the college at 8:30, where all participants gathered in a classroom on the third floor. The first lesson was always for us to learn some Chinese words before the lecture proper commenced. Our lecturers were either assistant professors or professors in different TCM subspecialties at the Shanxi TCM College, Taiyuan and had varying levels of proficiency in the English language. For this reason, we had language interpreters assigned to attend some lectures and clinics with us, armed with either pocket or electronic Chinese-English dictionaries for their use.

After 10 weeks of classroom work and demonstration classes, I commenced clinical rotations at the Shanxi TCM Research Institute and the Provincial TCM Hospital of Shanxi, both in Taiyuan. I had the opportunity to visit the Shanxi Provincial Peoples Hospital, a 2000-beded facility which is a western medicine hospital with a TCM department. Although TCM was largely practiced, western medicine was prescribed for some patients in addition, at the discretion of the doctor. At both hospitals I observed the treatment of several different clinical conditions with the commonest ones being facial palsy, cervical spondylosis, lower back pain, osteoarthritis of the knee (figure 1) and sciatica. Others included obesity,
cough, chloasma, thrombo-embolic cerebrovascular accident and chronic bronchitis. Many times I encountered patients being treated for ailments such as bone pain in metastatic breast disease, insomnia, depression, haemorrhoids, alopecia and dysmenorrhoea. Adults and children, the young and the old alike were seen. In one instance, a young woman who did not have breakfast before receiving acupuncture treatments that morning collapsed during the procedure and was quickly revived by having finger pressure applied on shuigou, Hegu and Neiguan acupoints.

I observed procedures like Tie er xue, a technique of using Sheng wang bu liu xing zi (Vaccaria segetalis seeds) for auricular acupuncture; Gua sha, a Tuina technique using rhinoceros horn comb and lubricant during massage and saw Tian jiu, a mixture of dried, raw herbs mixed with ginger juice and applied to specific acupoints. Aside from acupuncture using filiform needles, I observed cupping (figure 2) and moxibustion techniques and some doctors allowed me to have hands-on experience. Other fascinating acupuncture techniques I was taught included use of the fire needle, cat-gut embedding technique, use of the hook needle and the various applications of the new nine-needle set (figure 3), a novel innovation by acupuncture clinicians at the Shanxi TCM Research Institute. Although we were taught about acupuncture anaesthesia, we were unable to actually witness any such procedures, probably because of the tight schedule. During my training, I was able to acquire the skills of locating relevant acupoints, needling them and eliciting the arrival of Qi sensation that signified point precision. I was excited to see that many of the pain syndromes were responsive to acupuncture as this has significant bearing in my areas of interest and specialties: anaesthesia, pain management and palliative care. I am also glad to have attended the training as it enabled me to ask several questions about acupuncture for which I hitherto had no answers.

As soon as we familiarised ourselves with the city upon our arrival, the popular wholesale clothes market dubbed, ‘Clothes city’ by locals quickly became one of our favourites, in addition to ‘Computer city’, ‘Phone city’, the Meet-All supermarket chain of stores, McDonald’s fast-food and KFC. For our leisure, we visited several sites within and outside Taiyuan city. My first trip was to the ancient city of Pingyao. I also saw the twin Pagoda temples, ancient and modern cultural works of art at the Shanxi museum. On one occasion, we visited Beijing, touring its historical sites such as the Great wall, Tiananmen Square, the famous Lao She teahouse and the Pearl and Silk markets. I was also privileged to tour Xinzhou city, with its serene rural atmosphere and its warm springs. All participants received a special treat of foot and body massages at one of the upscale beauty parlours in town. These activities helped to some degree to reduce the homesickness that persisted from being so far away from home. There were several occasions for us to enjoy Chinese dishes from the various ethnic groups in the country by having buffets and it afforded us the opportunity to understand the very
Travel report

friendly Chinese people better, even though a great majority are unable to speak English.

On 5 June 2010, at 21:58, a 4.6 magnitude earthquake struck Yangqu County (latitude 38.2 north, longitude 112.7), located a distance of 20 min by road from Taiyuan city. It lasted roughly 30 s and was strongly felt in Taiyuan city. The 11-floor Yin Yuan hotel also rocked at the impact of the quake as we were in our rooms at the time of its occurrence. It was very traumatic for many, especially those of us not used to living in earthquake-prone zones. We quickly mobilised ourselves and went downstairs to the open parking lot where organisers of the training programme met with us to allay our anxiety and ensure our safety too.

The closing ceremony for the training course was held on 12 July 2010 at the multipurpose hall of the Yin Yuan Hotel, Taiyuan city, where we were encouraged to become friendship ambassadors and to apply the knowledge we have gathered in our various medical duties in order to save lives. Our lecturers, represented by Mr David Wang, encouraged us to keep in touch with them, especially when we faced difficulties in our practice of acupuncture. A participant from Benin Republic, Guy Monde gave the thank you speech on behalf of all the participants, while Abdulkarim Boakye-Yiadom (a participant from Ghana) read a poem he wrote to honour the organisers. Participants were asked to fill a questionnaire evaluating the training programme; this was a follow-up to the individual report each participant had submitted the previous day. Shortly after, a group photograph was taken and the reception commenced. Our Nigerian delegation was the second team to leave Taiyuan on 13 July 2010, after the Nepalese group. On arrival at the Nnamdi Azikiwe International Airport, the cool moisture-laden Abuja air of my homeland, Nigeria reminded me of my loved ones eagerly and happily awaiting my arrival and the many memories of sights, sounds, encounters and friendships made far away in China.

Figure 3 New nine-needle set.
Training in acupuncture: a participant's view

Tonia C Onyeka

*Acupunct Med* 2011 29: 76-78 originally published online January 30, 2011
doi: 10.1136/aim.2010.003368

Updated information and services can be found at:
[http://aim.bmj.com/content/29/1/76](http://aim.bmj.com/content/29/1/76)

*These include:*

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)