

# **Acupuncture in Humanitarian Work**

**Research and Reflective Practice Programme AC3203**

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### **Abstract**

This paper looks at acupuncture as practiced by humanitarian organisations working internationally, with the aim of forming an overview of this work, and using qualitative information from acupuncture practitioners engaged in this work to identify key themes and issues, and consider how these contribute to initial thoughts on whether acupuncture is an appropriate therapy for this kind of work.

A literature review found very little research on the theme of acupuncture in humanitarian work and primary sources such as websites and project reports were used to supplement research reviewed on subjects pertinent to the topic, such as humanitarian medical aid, the philosophical roots of acupuncture, and the practical application.

Qualitative interviews with practitioners brought depth of understanding and highlighted key issues for practitioners engaged in humanitarian acupuncture, while further reading around the subject suggests some possible routes to exploring these issues further. Future research needs were identified, but initial thoughts on the appropriateness of acupuncture for humanitarian work were expanded and the conclusions were generally positive with key points of awareness identified that might improve the contribution humanitarian acupuncture projects are able to make.

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## 1.0 Introduction

Organisations that provide a service to help relieve the suffering of disadvantaged areas of the global community, as a result of disasters (human-induced and natural), or extreme poverty, are a well known part of International society. Examples range from the United Nations (UN) and World Health Organisation, to international non-governmental organisations like Oxfam covering all aspects of aid and development, to specifically medical and nursing organisations like Medicine Sans Frontiers.

Humanitarian Aid and Development are areas that have been widely researched, with much discussion on the politics, ethics and efficacy of organisations, movements, and trends (discussion of which are beyond the scope of this paper). Less well known is the part that Acupuncture plays in humanitarian efforts - this is an area that has not had a great deal of attention from either researchers or the media and there is a complete lack of explorative, or analytical work to look at the spread and growth of this work, the reasons why and how it emerges, who is doing it and with what success. There also appears to be no opportunities for shared learning for these organisations and charities using Acupuncture for humanitarian means, such as a website where information can be posted and a forum for discussion, and no publications dedicated to looking at this kind of humanitarian work.

Given the lack of available literature, it could be assumed that the involvement of Acupuncture in humanitarian efforts must be a very new phenomenon, but there have been organised groups of people working in the humanitarian field specifically with Acupuncture since at least the 1990's, with what appears to be an expansion in more recent years much of which has been a reaction to 'disasters' e.g. World Medicine

formed in 2005 in response to the South East Asian Tsunami in 2004 (World Medicine, 2009); and also as a result of longer running problems, for example the PanAfrican Acupuncture Project (PAAP) started work in Uganda in 2003 in response to the well publicised AIDs epidemic (PAAP, 2009). As these organisations grow and develop it is necessary to start to collate information, and provide opportunities for shared learning, which could raise the profile of Acupuncture internationally and perhaps bring further understanding of how it is used and what it can achieve.

Setting humanitarian work aimed at health and healing in context, there is a long running tradition of Medical Aid from western countries, e.g. the International Red Cross Movement and Medicines Sans Frontiers; as well as public responses to famines in Africa and the AIDS epidemic in response to media campaigns and public fundraising. Aid and assistance from Western countries has generally been seen as richer countries, in terms of money, skills and resources, exporting these to countries that are disadvantaged in these areas. Organised efforts to provide medical aid started as a response to the horrors of war (e.g. The Red Cross), but with the expansion of the media and the quickness with which information is disseminated to the world and individuals sitting at home as well as governments, every kind of disaster human-induced or natural, is beamed around the world, provoking a response, and among a section of the world a desire to help – to do something with either the skills or resources they have.

Acupuncture has been steadily growing in popularity in Western countries since the 1970s and as Acupuncture has become more part of regular healthcare in Western countries, or at least a recognisable alternative or complementary method of

healthcare in Western societies, and more and more practitioners trained and qualified, a similar response has been provoked in acupuncturists as it has been in medical and healthcare practitioners to respond to crises where healthcare and healing are needed. The holistic approach of acupuncture with the focus on mind and spirit as well as body, also perhaps make it an obvious choice when faced with disaster-type situations, with the growing knowledge about how psychological effects can damage communities and how people somatise their experiences.

Looking back into the history of the practice of Acupuncture in the East, there is scant evidence of Acupuncture being provided on a charitable basis to those in crisis situations. However, the philosophical roots of Acupuncture and Chinese Medicine provide some 'justification' if we consider the principles of Daoism and the aim to balance the yin and yang of the world (Cooper 1971, 1982).

### **1.1 Aims & Objectives**

**Aims:** To obtain an overview of the ways in which Acupuncture is provided along Humanitarian lines and form some initial impressions about whether Acupuncture is an appropriate therapy for this use.

**Objectives:**

- To form an idea of what Humanitarian Acupuncture is.
- To provide qualitative data from Acupuncture practitioners engaged in (or previously engaged in) humanitarian work and identify key themes and issues that

contribute to initial thoughts on whether Acupuncture is an appropriate therapy for international humanitarian work.

- To identify future research needs

### **1.1 Scope & Methodology**

This paper looks at organisations that volunteer the services of Acupuncturists internationally to communities suffering from poverty, or the effects of disaster (human-induced or natural), either of which may have impacted on the community's ability to access healthcare. From research conducted, most of these organisations originate in the UK and USA, and so it is possible to look at them in the context of how acupuncture has grown in popularity and as a recognised profession in these countries and against the background of the tradition of aid from Western countries to more disadvantaged nations.

Qualitative research brings the opportunity for a depth of understanding that quantitative survey work may not. As research into humanitarian acupuncture is so scarce, it is important to gain a feel for the people doing this work, to understand their motivation and experiences, as well as getting a good idea of what organisations are out there, where they work and how. With this in mind, along with a literature review semi-structured interviews were an appropriate method of gaining this information.

Initial searches revealed that there were a small number of organisations to target, and it was considered important to speak to people involved in coordinating projects and

decision-making, therefore my approach was to the organisation founders and project coordinators.

## **1.2 Rationale & Significance of this research**

- There has been a rise in the emergence and popularity of Western humanitarian organisations that provide Acupuncture abroad, but an initial search of journals and internet based resources has shown that there is little currently available on this subject, so it is an area that will benefit from further investigation.
- Research into this area could have a role in raising the profile of acupuncture, and could provide opportunities for shared learning and knowledge. This is particularly important in light of the hopes of many that Acupuncture will become better integrated into the healthcare systems of all countries. The World Health Organisation (WHO) published a paper in 2002 advocating the integration of Complementary and Alternative Medicines, and Traditional Medicines, into mainstream healthcare systems (WHO, 2002), but this is yet to happen in the UK.

## **1.3 Research questions**

- How is Acupuncture being provided internationally along humanitarian lines?
- What are the main ideas and issues identified by Acupuncturists engaged in this work and how does this contribute to initial thoughts on how appropriate Acupuncture is as a therapy for international humanitarian work?

#### 1.4 Personal Motives

- To deepen and expand my knowledge and understanding – both from the point of view of a student learning, and as a future practitioner considering how to be able to use my skills for the wider benefit.
- Experience of travelling and experiencing different cultures, but often being saddened by the disparities in standards of living, and lack of access to even simple healthcare, and a desire to explore a possible way of giving back to communities I visit, to contribute to wellness on a more global scale, and wondering if working in a humanitarian role with acupuncture is a way to do this.

## 2.0 Literature Review

### 2.1 Definitions

The definition of Humanitarian Assistance used by The World Health Organisation and the United Nations is “Humanitarian Assistance: Aid that seeks to save lives and alleviate suffering of a crisis affected population” (Relief Web, 2008). Similarly the Global Humanitarian Assistance Organization states “Humanitarian assistance is the aid and action designed to save lives, alleviate suffering and maintain and protect human dignity during and in the aftermath of emergencies”. Aid or assistance is delivered in material or logistical terms in a variety of different forms, such as food aid, medical aid, etc, and from a variety of different sources, such as charities and both government and non-government organisations (Global Humanitarian Assistance Organisation, 2008).

What is a crisis-affected population? A Humanitarian Crisis or Disaster can be defined as “a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources” (Relief Web, 2008). Armed conflicts, epidemics, famine, and natural disasters are all examples that may involve or lead to a humanitarian crisis. Long standing poverty of a community or a country can also affect the ability of a community or a society to cope using its own resources, and lead to a lack of access to healthcare, which may be relieved by humanitarian assistance.

## 2.2 Recent history of Medical Aid from Western to developing countries

There are of course a plethora of small organisations – mostly Non-Government Organisations (NGOs) and charities – that respond to disaster situations, or who work on a small scale improving the health and welfare of people all over the world.

Perhaps two of the best known examples of large organisations that provide medical aid from western countries internationally are the International Red Cross and Red Crescent Movement (Red Cross, 2009) and Medicines Sans Frontiers (MSF, 2009).

The International Red Cross and Red Crescent movement started more than 135 years ago as a response to the suffering of men on the battlefields on both sides, and a feeling of moral duty to care for the wounded. Since then the movement has progressed to treating refugees and displaced people and victims of international conflicts and disasters, as well as national Red Cross organisations providing services within their own countries for victims of disasters or ill health (Red Cross, 2009).

Medicins Sans Frontieres (MSF) describes itself as “an international humanitarian aid organisation that provides emergency medical assistance” (MSF, 2009). MSF formed in 1971 by doctors and journalists who saw first hand a need for medical aid and had relevant skills to offer. Those that work for MSF are guided by the medical ethics of impartiality and neutrality. Doctors of the World formed in 1980 out of a split within MSF, however both are “premised on the conviction that the provision of medical care, service, and relief is a humane form of moral action” (Fox p.1609). The thought that the care they provide is “moral action” takes their work beyond the direct practical medical care given to a moral statement about the provision of this care. Fox

(1995) mentions in connection with MSF the use of the phrase “the duty to interfere” to “alleviate suffering ...wherever that suffering exists, particularly when it is a consequence of violence, torture, persecution..” etc (Bernard Kouchner quoted in Fox, 1995, p.1609) to help explain the root of this moral statement.

Humanitarian organisations such as these tend to adhere to a strict code of neutrality in conflicts, their only intention being to provide immediate medical aid to anyone that requires it.

### **2.3 Birth & Development of Humanitarian Acupuncture organisations**

Aside from the general articles written about specific organisations (e.g. Maxwell, Kivity & Cassidy, 2006; Porter & Sommers, 2005; Wolfe, 2008), it is very difficult to find any literature about the history of humanitarian work focussing on Acupuncture, or the development of this work over the years. Keyword searches were carried out on google scholar, ScienceDirect, Acupuncture Network, the Journal of Chinese Medicine and PubMed. Acupuncture Today has produced a variety of short articles (such as the above), which served as a useful starting point to look at specific organisations. Most of the other information reviewed was accessed directly from organisation websites, and project reports.

Acupuncturists have been involved in humanitarian efforts for a number of years. Some emergent examples of organisations using Acupuncture as their main modality in the early 1990's are Acupuncture Sans Frontieres (ASF), which has been in place since 1992 (ASF, 2009), and the Guatemala Acupuncture and Medical Aid Project

(GUAMPA) which has been working since 1994 (GUAMAP, 2009). It is of course possible that acupuncture has been used in smaller ad hoc ways in humanitarian work prior to this, but it was very difficult to access any information on this.

From the literature reviewed, approximately 10 organisations or projects that use Acupuncture as one of their main modalities for treatment and offer their services for free to disadvantaged communities internationally were identified (See Appendix 1). For about half of these organisations, projects are focussed purely on the provision of either Acupuncture treatment or training (e.g. Acupuncture Relief Project (ARP); PAAP), with the other half using Acupuncture as part of a wider project encompassing other healthcare, or other aid/development initiatives e.g. education, sanitation etc (e.g. Yayasan Bumi Sehat; The MettaDana Project). This is by no means an exhaustive list, but demonstrates some of the main areas of the world that are currently served by humanitarian organisations using Acupuncture, and the usual place of the origin of these organisations being the USA, with 1 in the UK, and 1 based in Switzerland. Acupuncture has also been used in some UN projects e.g. A project for “Post-traumatic rehabilitation of crisis-affected children and their family members in Beslan” (UNICEF, 2007), but is not generally a therapy that is offered.

These organisations have generally formed through practitioners seeing a need, and believing that Acupuncture has something to offer to people suffering as a result of disaster or poverty, and a lack of access to healthcare. In line with the holistic nature of Acupuncture, there is an emphasis on improving people’s overall health and well-being, for example the Acupuncture Sans Frontieres website talks of the export of “some spectacular techniques for survival. Life at all costs, or even at any cost, is this

not the model of Western society? Yet this same society frequently fails to provide the means towards a decent quality of life for those whose existence it prolongs” (ASF, 2009).

Alongside this is a concern for the sustainable improvement of health and well being of a community and the ownership of this by the community. ASF provide training rather than treatment and cite a Chinese proverb as justification, "Better to teach a hungry man to fish than to give him a fish already caught", one of the reasons being that this will foster self-reliance, which is better for the community and more sustainable and cost effective (ASF, 2009). PAAP echoes this concern to train local people so that they can provide treatment themselves, the focus of this project being to enhance treatment for people with HIV/AIDS (PAAP, 2009). Both are concerned with quality of life over simply maintenance of life itself. This is reflective of Acupuncture’s role as a holistic healthcare system concerned with balancing the whole person and improving health generally as well as with regard to specific symptoms. Similarly, GUAMAP train local health promoters in Acupuncture techniques so that they can integrate this into an ongoing health care programme (GUAMAP, 2009).

Other organisations focus on providing treatment to people who have no other access to healthcare, and where the need is great due to the instability of society as a result of internal struggles, external wars, or natural disasters. In these circumstances providing for immediate needs is paramount. For example, World Medicine is a registered charity in the UK that “provides complementary and alternative healthcare to people around the world suffering the effects of trauma, disaster and poverty”

(World Medicine, 2009), and the Acupuncture Relief Project: Nepal 2008 states as a reason for providing Acupuncture to Nepalese communities, “Nepal remains one of the poorest countries in the world and has been plagued with political unrest and military conflict for the past decade” (ARP, 2009).

These organisations emphasise the ability of acupuncture to address both physical and mental and emotional problems (ARP, 2009), its cost effectiveness compared with expensive medication (ASF, 2009), and the holistic nature of acupuncture which make it possible to improve general health and wellbeing as well as specific symptoms, and carry lasting effects after treatment has stopped (ARP, 2009), and have a preventative action (ASF, 2009).

Like MSF, World Medicine and ASF state their non-political, non-religious, non-profit-making intentions. As these organisations are non-profit, they rely mostly on practitioners giving their time and skills voluntarily. Some rely on altruism, others such as ARP point out “Our project will give our practitioners an opportunity to gain valuable field experience while making a positive impact on the local community” (ARP, 2009) and in this way promise both benefits to the community and an opportunity for practitioners.

#### **2.4 From a Philosophical standpoint**

Acupuncture and Chinese Medicine as a whole have their roots in Taoism and its principles of Yin and Yang. The basic aim of the Taoist is to attain balance and harmony between Yin and Yang – this must be “achieved in oneself and in the world”

(Cooper, 1981, p.8). In terms of whether there is an ethical or moral obligation for people to provide for those less advantaged than them, it is thought that “an ethical life is assumed as a precondition for normal life. There is not thought to be any alternative, for a manner of life which ignored the moral obligations of man to his fellow man and himself would disturb the balance of both his own character and the world about him”(sic) (Cooper, 1972, p.22).

Assuming that an Acupuncturist, as a practitioner of Chinese Medicine, understands and agrees with these principles, there is an argument that humanitarian work is a 21<sup>st</sup> century extension of the principles of the profession. The idea that humanitarian work is a natural extension of the skills of an acupuncturist and the reasons why someone becomes an Acupuncturist came up as a theme from the interviews I conducted – as will be discussed later. This links back to the idea of the “duty to interfere” but rather than a duty that can be accepted or not, it is an intrinsic part of living an ethical life and attaining balance both within yourself and the world, and so essential in leading a Taoist way of life.

## **2.5 Appropriateness of Acupuncture used in this way - Effectiveness**

The holistic nature of acupuncture means that it is able to address a wide range of complaints, as well as benefiting peoples’ general wellbeing and having a preventative role in health. Acupuncture is also uniquely positioned to address the types of complaints that are seen in situations of extreme poverty and in the aftermath of disasters or crises.

A review of papers detailing 225 samples and 132 events, showed that the health effects after disasters worked out as 74% Post Traumatic Stress Disorder (PTSD), 39% depression, 35% distress, 20% anxiety, 27% somatic concerns – which included as well as physical problems, poor quality sleep and an increase in the use of drugs and alcohol (Norris, 2005). The incidence of PTSD is sometimes delayed for months or even years. Acupuncture has been shown to be successful in treating PTSD (Hollifield, 2007), as well as depression and anxiety (BAcC, 2002), which could make Acupuncture an appropriate therapy for people suffering the psychological effects of disasters.

Physical ailments, such as pain and musculo-skeletal disorders are also common in all societies, and are likely to have a high incidence in developing countries where there is a low standard of living, and in all societies under duress. Acupuncture has been widely recognised as having a positive effect on pain and musculo-skeletal problems, for example an audit by Kam et al in 2002 showed that with musculo-skeletal pain 69% of patients being treated with Acupuncture had a good or excellent response (Kam et al, 2002). Tension headaches have also been shown to respond positively to treatment (Linde et al, 2009). These are just two examples, and an overview of modern research studies showing the positive effects of Acupuncture treatment for specific conditions has been provided in Appendix 2.

Furthermore, studies have shown that high volume clinics (i.e. several people treated together) for chronic knee pain have good results and are cost effective (Berkovitz, et al, 2008). This model could be applied to other complaints in developing countries where the need is great and the resources limited. Benefits of community style

acupuncture, or multi-bed clinics as a way of bringing costs down, have also been shown to have further benefits to those treated this way, such as a positive group dynamic, a sense of shared problems and not feeling alone in having condition, and a feeling of safety (Stone, 2008), all of which might be relevant and applicable to the communities where acupuncture is offered as humanitarian aid.

## **2.6 Appropriateness of Acupuncture used in this way – Cultural**

Critical appraisal of whether an intervention is culturally and ethnically appropriate for the communities to which it is offered should apply to acupuncture as much as any other intervention. Cultural competence is a concept that has been discussed in recent years in an attempt to address this. In a US Department of Health paper “Cultural Competence Works”, some promising examples are given that indicate Acupuncture might be an appropriate therapy for different cultures whether or not it is traditional to the communities that it is offered to. An example is given of acupuncture treatment for HIV/AIDS sufferers from the Caribbean, who are accustomed to traditional folk medicine, e.g. herbs, “the enthusiastic reaction to acupuncture seems to resonate with clients yearning for something old fashioned and a reminder of home. Ironically, acupuncture is not something they grew up with, however, it is a non-western philosophy and therefore consistent with their indigenous, holistic approaches to health care. Moreover, acupuncture seems to help people heal from the ‘inside out,’ in a way that is similar to herbal medicine” (HRSA, 2001, p.19).

Furthermore, Marisa Pease, working with refugees, noted that “the immigrants’ experience with traditional medicine in their own countries made the acupuncture seem less intimidating” (Porter & Sommers, 2008).

Acupuncture offered to communities in humanitarian work tends to be to the poorest sections of society, as they cannot afford mainstream healthcare. In Africa up to 80% of the population use Traditional Medicine (TM) to meet their healthcare needs, and in Latin America and Asia the use of Traditional Medicine is also high, with 40% using TM in China (WHO, 2002). They are much more likely to be used to traditional medicine (WHO, 2002) and therapies, making acupuncture more acceptable sometimes than Western medicine.

Siddharth Ashvin Shah however considers that cultural competence falls short and we should be looking to achieve “Ethnomedical Competence” (Shah, 2007), which he describes as the “capacity of individuals and organizations to discern, utilize, and preserve culturally embedded self-concepts and effective healing practices” (Shah, 2007, page 51). “Ethnomedically competent treatment modalities”, Shah says, “are pluralistic, mixing Western and non-Western treatments synergistically into “best practices” ”(Shah 2007, p.51). Shah states that Cultural Competence involves using western methods with their presentation adapted to the recipients, whereas Ethnomedical Competence is more about preserving “culturally embedded self-concepts and effective healing practices” and mixing them with effective western ones for best practice (Shah 2007, p.52). He asserts that all organizations should critique themselves for ethnomedical competence. This would include organizations that offer Acupuncture to communities that are ethnically and culturally different to their own. Acupuncture is of course not a “western” model in this way, but it is rarely the traditional mode of healthcare for the countries that humanitarian organisations work in and so there will be other cultural healing practices present in that community, which should be taken into account.

## 2.8 Conclusion of Literature Review

There is a lack of available literature looking specifically at international humanitarian organisations using Acupuncture, aside from introductory articles detailing particular organisations. There is interesting literature around humanitarian work in general, and about what makes interventions culturally appropriate. There is also a body of research about which conditions acupuncture works effectively for, and separately about which symptoms are seen in communities suffering from disasters and poverty, which could be supportive to the idea the acupuncture will work well in crisis affected communities. Missing is any literature that looks collectively at humanitarian organisations that provide acupuncture, and exploring issues and problems that might be relevant to their work, and importantly, looking at whether and in what ways Acupuncture is an appropriate therapy for humanitarian work.

### **3.0 Methodology**

#### **3.1 Research design and rationale**

**Literature review** – this has set my research in context, making explicit the body of knowledge that it will contribute to, highlighting gaps in current research, and linking to other connected areas of research.

**Semi-structured interviews** provided qualitative information about the practitioners engaged in humanitarian work involving acupuncture, and allowed the freedom for issues and ideas to come up that had not yet been considered and could then be included in my research to enrich understanding of the subject.

#### **3.2 Participants**

After conducting several Internet based searches for “humanitarian aid and acupuncture”, and “voluntary acupuncture projects”, 10 organisations were identified, which cover several countries – both in terms of where the organisation is based and where they carry out their humanitarian work. Targeting the founders and chairs from each organisation provided contacts that would have a good overview of the work and decision making aspects. I also approached a practitioner that I knew had participated in humanitarian acupuncture work, and she provided several contact names of people currently engaged in humanitarian work with Acupuncture.

In total 12 people were approached for interview, and 6 people from 4 different organisations agreed. 5 participants consequently took part in a telephone based interview, and 1 participant in a face-to-face interview. See Appendix 3 for interview schedule.

### **3.3 Participant Inclusion & Exclusion**

The main contacts (usually Founder, Project Coordinator or Team Leader) from all the organisations identified that practice Acupuncture in a developing country along humanitarian lines were included.

It was originally planned to include 1 or 2 people from each organisation. However, a response was not received from all organisations approached, and where there was a response it was not always possible to speak to more than one person. From one charity, 3 people agreed to an interview, and it was decided to interview all 3 because they had either worked in different countries or had different roles within the organisation, so it was felt that an interesting variety of information and views would be obtained, without creating a bias in information.

### **3.4 Data Collection – Interviews & Reports**

To conduct the qualitative interviews, contact was first made via email, and an arrangement made to call at a set time to speak to the appropriate person.

An internet based system called Skype was used so that 1) calls could easily be recorded to transcribe afterwards (permission was obtained for this each time) and 2) to keep costs low when calling internationally. It was found that this method worked well. Brief notes were made during the calls, in case there were any technical difficulties with the recordings. It was however necessary to fully transcribe the calls, to achieve a complete record of the conversation and ensure all the details were recorded. One participant lived close by, and so it was decided to interview this person face to face, and detailed notes were taken during the interview.

Questions for the interviews were based on ideas that arose from the literature review so far. Conversely, within the interviews, ideas came up that took the literature review in new directions. In preparation for the interviews a table of questions was created, which was followed as much as possible, whilst still allowing the freedom to for either interviewer or interviewee to introduce new topics (See Appendix 4).

### **3.5 Data Analysis – Coding & Theming**

After completing the interviews and transcribing them, the responses were collated in a table to be able to compare answers to the main questions asked. As the interviews were semi-structured the questions were not all worded exactly the same, but it was found that the flow of conversation mostly followed the same lines and it was easy to compare answers.

After the responses were collated, similar responses in terms of words or themes were highlighted in one colour, and in another colour different responses that were

particular to one person and not repeated elsewhere. Different folders were then used to collate information on the themes identified.

Themes that came out of the interviews were used to provide a focus for further research and to look at literature from organisations that it had not been possible to interview anyone from to see if these themes were replicated and to put them into a wider context.

### **3.6 Strengths & Weaknesses**

The main weakness is the size of the sample. The sample is small and this is a reflection of my time and resources, but also the lack of response received from 3 organisations when approached for interview. I would have liked to have spoken to at least one representative from each organisation identified, but this was not possible.

It is a strength that I did speak to people from different backgrounds, schools of acupuncture, resident countries, countries the projects are in, and different roles in their organisations and so achieved some variety and coverage this way.

A further strength of using my method is the rich variety and interesting ideas that I was able to access through qualitative interviews.

## **4.0 Results of semi-structured interviews**

### **4.1 The Participants**

The names of all the participants have been anonymised and a pseudonym given to each. Information about the participants e.g. which country they are from, which country they have worked in, the type of organisation worked for and their role within this has been displayed in a table below to provide a context for each participant.

<b>Participant pseudonym</b>	<b>Year qualified</b>	<b>Type of Acupuncture practiced</b>	<b>Role in organisation</b>	<b>Country resident in</b>	<b>Country worked in &amp; date</b>
<b>Sally</b>	2006	Integrated TCM / 5 Element	Project Co-ordinator	UK	Palestine 2008
<b>Anna</b>	2003	Integrated TCM / 5 Element	Project Volunteer & Team Leader	UK	Sri Lanka 2005
<b>Lydia</b>	1989	5 element type, + 8 wondrous vessels, the 8 principles, 6 climates	Project Coordinator	China	China ongoing (officially) since 2008
<b>Chris</b>	2008	TCM (& influence of various other styles)	Organisation founder	USA	Nepal 2008
<b>Mark</b>	2000	Integrated TCM / 5 Element	Charity Founder	UK	Sri Lanka 2005
<b>Paul</b>	1993	TCM	Charity Founder	USA	Uganda Ongoing since 2003

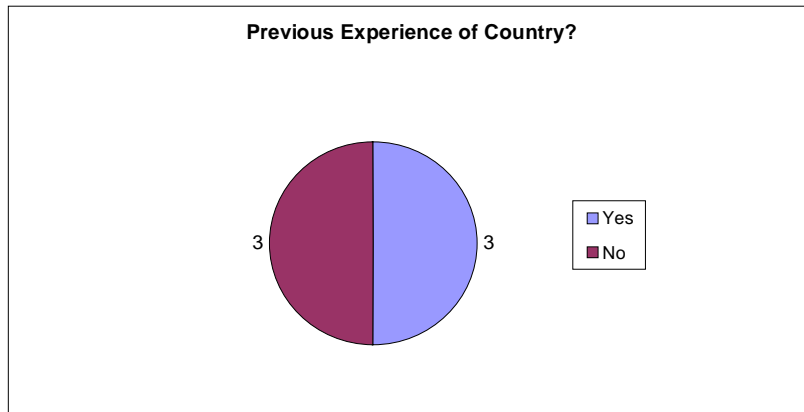
**Fig. 1 Demographic information**

#### 4.2 What were your Aims & Objectives?

Sally	“free treatment for those in need due to the effects of the war with Israel in Palestine”
Anna	“to provide free care to those in need after the Tsunami”
Lydia	“to provide free training due to the lack of access to medical care in rural China”
Chris	“to provide free treatment to people in Nepal who don’t have access to medical care”
Mark	“to give free treatment after the devastation caused by the Tsunami in Sri Lanka”
Paul	“to provide free training to health workers and where there is limited access to medical care enhance treatment given to people with HIV/AIDS in Uganda”

**Fig. 2** All participants reported their main aims as being to provide free treatment or training to treat to those that needed it, and reported different reasons for this, as detailed above.

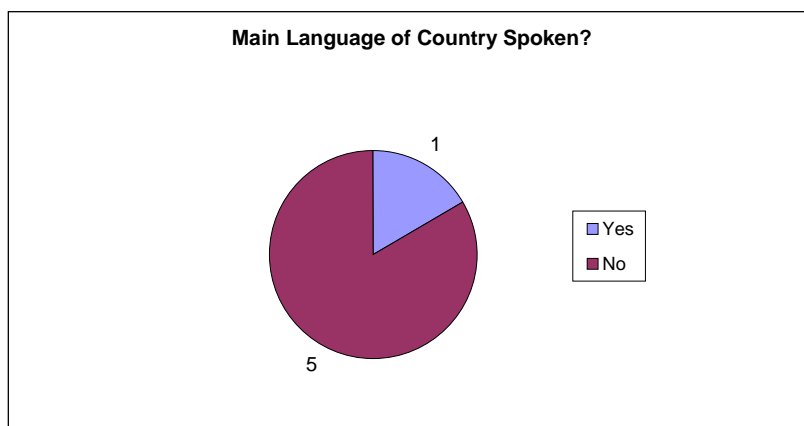
### 4.3 Did you have previous experience of country that project was in?



**Fig 3.** 3 participants had previous experience of the country they worked in – either through previous work (Sally) or tourism / travel (Chris) or through living there (Lydia).

The other 3 participants had no prior experience of the country they went to work in.

### 4.4 Was the main language of country spoken by practitioners?



**Fig 4.** Only Lydia spoke the main language of the country worked in.

The other 5 participants did not speak to language of the country at all.

#### **4.5 Did you use of translators?**

All participants reported using translators, mostly volunteers native to the country and resident in the community where the acupuncture project was based.

#### **4.6 Community awareness of acupuncture?**

5 participants reported that as far as they were aware people treated did not have previous experience of acupuncture or an awareness of what it is and how it work.

The one exception to this was in Lydia in China.

Sally tackled the issue by writing out a brief explanation to be given to translators to read to people in the waiting room.

Mark conceded that he didn't know whether the patients understood about acupuncture, but felt that translators would have explained briefly, and consent was assumed from their being there.

#### **4.7 What were the main Conditions Treated?**

Percentages and figures were not available during the interviews, but some were accessed later and have been included in the discussion. In the interviews the participants gave their general impression of the main conditions treated:

*“a lot of Musculo-skeletal, but also....diabetes, old wounds from bullets, headaches, chronic pain, all things expect to see from stress” (Sally)*

*“everything really, but lots of Musculo-skeletal problems and pain” (Anna)*

*“digestive disorders e.g. diarrhoea, stomach cramps, gynae, no period, painful period, rheumatism, gall bladder issues” (Lydia)*

*“Lots of chronic pain.....lots of gastritis, gastric ulcers, paralysis from stroke or fever, lot of tuberculosis and sequelae, fevers..” (Chris)*

#### **4.8 Did you use local facilitation?**

Sally	British NGO based in Palestine (Medical Aid for Palestinians).
Anna and Mark	Buddhist Community in Sri Lanka (links made in London to chief Buddhist in area in Sri Lanka)
Lydia	Local Chinese Doctor in China
Chris	Local Foundation in Nepal
Paul	Local woman & Ministry of Health in Uganda

**Fig 5.** All participants reported using local facilitation for their projects.

#### **4.10 Was there integration or collaboration with local healers or healing traditions?**

There was a mixed response to this question, with none of the participants saying that integration and collaboration were not a planned part of their projects, but reporting the following:

*“We taught Auyverda students ear acupuncture” (Mark)*

*“as much as possible, we work with local Tibetan healers” (Lydia)*

*“Traditional healers have participated in the training...they understood Qi, and a lot of what was talked about, a lot of traditional forms of healing has commonality” (Paul)*

*“No, we tried to speak to local herbalists but couldn’t find common names for plants” (Chris)*

#### 4.11 Length of project & Individual involvement

<b>Participant</b>	<b>Length of Project</b>	<b>Length of Individual Involvement</b>
<b>Sally</b>	2 projects of 10 days so far in Palestine and 2 more planned – hope to make it a rolling programme.	2 weeks x 2
<b>Anna</b>	6 weeks in total	3 weeks
<b>Lydia</b>	Rolling programme of 3 weeks 3 times a year for each one	3 years - ongoing
<b>Chris</b>	Initial project was 8 months, and now becoming rolling programme.	14 weeks
<b>Mark</b>	Have been 3 projects in Sri Lanka of 3-6 weeks each	3 weeks
<b>Paul</b>	rolling programme since 2003	Each time 1 weeks x 3

**Fig. 6**

#### 4.12 Number of people treated or trained

All practitioners who worked on projects providing treatment (Sally, Anna, Chris, Mark) reported practitioners treating between 30 – 90 patients a day, the variance being due mainly to complaints treated, and individual speed of practitioners on any one day.

Practitioners who worked on projects providing training, reported having between 15 – 50 trainees per class

#### **4.13 Was the project successful? How did you measure this?**

All participants felt their projects had been a success and gave similar reasons – people were seen to get better and feedback from patients and the community was very good.

*“they told us they wanted us there” (Sally)*

*“With pain overall, people generally got better....and I personally had a lot of success with paralysis cases” (Chris)*

3 participants used some kind of patient audit (Sally, Mark, Paul).

Sally & Mark recorded a 70% + improvement reported by patients.

Chris did not audit the treatments – he did try to use a pain scale, but couldn't find a way to get people to understand and use it.

#### 4.14 What did you learn personally?

Participant	Personal learning
Sally	“I learnt I can treat a lot of people in a very short space of time and make a difference. Improvement personally as a therapist”.
Anna	“Treating so many people...meant I got to really practice needle technique.  The psychology about the tsunami was so different from the West. It felt like there wasn't so much sense of injustice or anger...people were very sad and grieving...but it didn't seem as overwhelming somehow as it does in the west”.
Lydia	“better understanding of the way that herbs work, which is also giving me a new view of the way that the energy flows and works in the body”
Chris	“I learn from every set of trainees. It has changed who I am – I've learnt to go where my heart has led me”.  “Patients have been very open – their Qi is less complicated and more available, so response is quicker and better”.
Mark	“Different cultures respond differently to disaster situations”.
Paul	“Learned about capacity to treat and importance of maintaining self at same time as treating others”.  “Learnt to be more patient with treatment – I don't worry if it doesn't appear to be working straight away – things tended to get a lot better between 5 & 8 treatments”.

**Fig 7. Personal Learning**

#### 4.15 What is your understanding of “Humanitarian Aid”?

Participant	Understanding of “Humanitarian Aid”
Sally	<p>“It’s the safest way to describe work we do, but really it’s an extension of our professional capabilities”.</p> <p>“Not one sided – opportunity as well as ‘aid’ – practitioners’ benefit too, stretches you professionally, it’s humbling”.</p>
Anna	<p>“It’s about supporting people. We went to work for free, to contribute with the skills we have for free”.</p> <p>“I think our work was aid. We achieved what we set out to do – which was to provide free treatment and contribute in whatever way we could with the skills we have. Think it’s important that the haves give to the have nots”.</p>
Lydia	<p>“Working with respect. Helping them to help themselves and not have to rely on outside world...giving them their autonomy. It is restoring their pride and also working with confidence.</p> <p>In china where we are working with ethnic minorities and they go in with the Hun Chinese (the majority Chinese) and they really develop a great relationship, based on mutual respect. I find that is really very important”.</p>
Chris	<p>“Most human work I’ve ever done”.</p> <p>“Increases access to healthcare when access is very limited.</p> <p>Model of seeing a need and deciding to do something about it”.</p>
Mark	<p>“It’s a public phrase...I see the work as a very pure manifestation of why people get into acupuncture as a profession.... People reaching out with the best and most useful thing they know for people in</p>

	difficult situations”.
Paul	“It’s about compassion and service to others, and the project factors into this....hope and intention to contribute to making the world a more united place....share wealth & wisdom and try to lend aid where it’s needed. It’s a 2 way street – big benefit to practitioners – learn to be more well rounded practitioners and carry that forward to other people too”.

Fig 8.

#### 4.16 Is it important for Acupuncture as a profession to engage with Humanitarian Aid?

Participant	
Sally	“A great concern and interest to me is Integrated healthcare. Working alongside other healthcare / therapies – all have role to play, different strengths, cooperation necessary to make contributions to societies under duress”
Anna	“It’s important to have a presence in Aid because acupuncture has a deeper understanding of how people are and energetic medicine as a thing in situations where there has been dramatic energetic changes and problems is very useful. Acupuncture recognises things like shock and how people somatise their experience. It works with people. It is also very good at empowering people back into their bodies”.
Lydia	“a lot of people have this notion that if you go to a place where there is no medical care at all, western medicine would be more efficient,

	<p>but...there was a survey which found out that with just Acupuncture they were able to treat about 60% of all the people that just walked in a clinic”.</p> <p>“When we go to rural areas in china we’re faced with rheumatisms, diarrhoea, stomach cramps, gynae stuff - typical Acupuncture stuff”</p>
<b>Chris</b>	“Yes, Acupuncture has a lot to offer”.
<b>Mark</b>	<p>“I have an understanding of the world / systems holistically – part affects the whole....”</p> <p>“Yang situations need the soothing yin healing aspect to balance, part of the world balancing itself”.</p>
<b>Paul</b>	<p>“Any healthcare practitioner needs to try to engage with the world and get some perspective of what a higher level of health is and what we’re trying to help people achieve. To get a broader viewpoint about what life on the planet is...and that there are more people living a Nepal type of life than living one like you or I”.</p>

**Fig 9.**

## **5.0 Discussion**

The aims of this project were to form an idea of what humanitarian acupuncture is, and to use qualitative data from acupuncturists engaged in this work to identify key themes and issues that contribute to initial thoughts on whether acupuncture is an appropriate therapy for international humanitarian work.

### **5.1 A picture of Humanitarian Acupuncture and some key issues**

From the practitioners I interviewed, there was a mix of both newly qualified and experienced acupuncturists. I did not get the impression that the length of time someone has been qualified has any bearing on becoming involved in this work (however much wider research would be necessary to look at this) – but that it was more to do with life experience, and a concept of what someone does when they use acupuncture and why someone chooses the profession. For example Paul talked of the need for a wider perspective on health; Mark discussed the idea that it is part of helping to balance of the world and is important for the balance of everyone in it, while Anna stated simply “it is important that the haves give to the have nots”.

#### **Aims & Objectives**

Broadly stated the aims of the practitioners were very similar - all stated the intention to provide their services completely for free to communities that were facing difficulties e.g. from Disaster, or Poverty, and did not have access to healthcare. The ways in which the organisation wanted to do this differed mainly depending on whether the project focussed on providing treatment or training.

Looking back to the definition of Humanitarian Assistance - “Aid that seeks to save lives and alleviate suffering of a crisis affected population”, this certainly fits in with their aims, given that crisis can be interpreted widely to include chronic poverty and lack of access to healthcare, and Aid to include anything given freely – whether treatment or training.

### **Treating and Training**

Those that provide trained practitioners to treat everyone that needed treating, usually targeted communities that had experienced a disaster-type situation or conflict; and those organisations that go to communities suffering chronic poverty and lack of access to healthcare, in the absence of a defined disaster event, more usually went with the purpose of training members of the community to treat their own communities. There was some blurring of the lines in that the organisations that provided treatment, also had provided some basic ear acupuncture training to local people involved in healthcare and medicine (e.g. World Medicine), or were planning some aspect of training as part of their longer term aims but had not yet achieved this (e.g. ARP). Which is preferable for humanitarian work, treating or training, is a complex question, and not one that there is the capacity to answer here. It forms part of a bigger debate around aid and development, broadly speaking aid being about immediate need and development about building capacity, and one or the other might be more appropriate for different situations,

### **Community Style Acupuncture**

Different types of acupuncture were practiced by the participants, with most practicing a form of TCM or 5 Elements or an integrated method of both. It would be interesting to see studies of different types of Acupuncture used and results gained, or to look at if practitioners of one type are more drawn to humanitarian work than others, but that is beyond the scope of this dissertation. What did become obvious, however, was the importance of Community style acupuncture.

*“The volume of patients meant there was no way we could see everyone individually so...we treated groups” (KT, 2009).*

This was often echoed throughout the organisations reviewed and practitioners interviewed. It is a departure from the way many people practice in the West – Acupuncturists tend to treat individually in separate rooms. However, this bears no resemblance to the way Acupuncture is practiced in China – which is mostly the community model of several people being treated in one room. The norm of individual treatments is being challenged within the UK and USA, and initial research so far suggests that community style acupuncture has benefits for the patients.

Affordable Acupuncture, a forum made up of an association of practitioners wishing to make Acupuncture more accessible, states “an amazing community spirit emerges in multi-bed acupuncture clinics. Patients consistently report that they like the sense of togetherness and humanity they find there.....soon it has the effect of reminding us all that we aren’t the only ones with troubles” (Affordable Acupuncture, 2009). Sean Cleere, working with support from World Medicine at a centre for the rehabilitation of victims of human trafficking in India, appears to have had a similar experience,

stating in an interview with the BAcC that treating in a group “creates an incredible group dynamic” (Fedina, 2008).

For Acupuncturists working in communities where there has been a major disturbance, bringing people together and creating a healing atmosphere is an important part of treatment, and community acupuncture appears to be an appropriate method for use in humanitarian acupuncture projects. On a practical level it also means that more people can be treated more quickly, and as figures of treating 80-90 patients a day suggest, keeping up with demand for treatment is one of the challenges for humanitarian acupuncture projects.

### **Where & Why?**

The places where humanitarian acupuncture organisations locate projects has been determined by either a response to a disaster; and / or a perception of poverty and lack of access to healthcare, usually coupled with previous experience of the country, or a response to media publicity of a problem a practitioner has experience with e.g. PAAP AIDs Africa. The specific place or community appears to be determined largely by local facilitation available, for example one project used the clinic rooms of an NGO based in the country; another training project linked in with the Ministry of Health of the country and collaborated with them about where to train healthcare workers. As well as organisations choosing a place to start a project, ASF allows people to contact them to invite the organisation to start a training project in their community.

**Experience of the country and language & use of translators**

Half of the participants had previous experience of the country they went to work in and half did not. This previous experience was either through work or travel. The participants did not indicate that they felt previous experience of the country was a necessity, in part due to the belief that acupuncture is a holistic therapy and well placed to tackle any complaint, and the universality of Acupuncture in that diagnosis is made on principles common to all people e.g. damp, cold, heat etc. Most practitioners who had participated in this work in various countries did not speak the main language of the country (with the exception of Lydia. Further reading also identified that GUAMAP send Spanish speaking acupuncturists to their project in Guatemala) and all used translators. The belief expressed was that as long as a simple diagnosis could be made, treatment could be offered.

Although part of acupuncture diagnosis is based on signs (including touch), for which a common language may not be essential, it is possible that there is still a risk of important information being “lost in translation”. There does need to be an appreciation that humanitarian work is a difficult job often carried out at difficult times, so this is not necessarily a criticism, more an acknowledgement of the need to think of ways to ensure as much essential information can be included as possible. There could also be questions about the patient / practitioner relationship and how rapport is maintained, and it would be an interesting piece of work to look at how practitioners felt about this aspect, how it differed from how they practice in their home country, and whether they felt it had any impact on the efficacy of the treatments.

**Local facilitation**

As mentioned, most organisations use a degree of local facilitation for their projects, establishing local links prior to arrival and this came through as an important factor. All the people I spoke to confirmed they had some kind of local facilitation for their projects, and further reading of other organisations also backed this up. As well as the need for good translators, local facilitation is needed to instil a sense of trust in the community, and to manage the process in a culturally appropriate way, such as explaining that men and women need to be treated separately in a Muslim country (Thick, 2006), and finding ways to manage the waiting room when the British art of queuing just isn't the done thing! It seemed to be the belief that this translated into therefore making their approach appropriate to the community and misunderstandings or assumptions ironed out by facilitators and translators, but I think this can be questioned.

**Cultural & Ethnomedical Competence**

Using local facilitation doesn't mean that methods are necessarily culturally appropriate or that this removes from the organisation and individual practitioners a responsibility to learn and understand about the people, country and culture. This is especially important if projects are short term and have a rolling programme of volunteers who are each present for a short time. The presence of practitioners that have an in-depth knowledge and understanding of the culture can help ensure treatment is carried out in a culturally sensitive manner. Mark went some way to recognising this, explaining that his organisation hoped to achieve more sustainable funding so that they could support practitioners on return trips and build a skill base of experienced practitioners.

Collaboration with local, traditional healing practices might help western practitioners to understand some of the concepts of self and healing that are present in a community. Some training took place with local healing traditions / practitioners, e.g. teaching ayurveda students ear acupuncture, and traditional healers involvement with PAAP, but it was unclear how much shared learning there was and if there was an openness to further collaboration to possibly achieve better and more appropriate treatments for the communities, taking into account ideas of cultural competence to adapt presentation to the recipients, or ethnomedical competence to mix treatments for best practice and to preserve culturally embedded self concepts and effective traditional healing practices.

Acupuncture has been adapted and developed for a western market according to the different understandings and general culture, so why not take into this into account in different countries? It's something that needs further exploration to be able to discuss further, but it is clear that there could be some good opportunities for learning for the Acupuncturists themselves, and this was recognised by some of the participants, for example Paul stated "from traditional healers, I learned how to be a healer. Their sense of Spirit – breaking out into song and dance...it is part of who they are and how they do things". Paul went on to say "Traditional healers have participated in the training...they understood Qi, and a lot of what was talked about, a lot of traditional forms of healing has commonality". This idea that there is commonality links back to the ideas discussed in the literature review that Acupuncture can appeal to people who use traditional medicine as it seems less intimidating and more familiar somehow than some western medicines.

An example of when more knowledge and understanding might have been useful came from Chris, “we spoke to local herbalists but couldn’t find common names for plants”. He also explained how they had tried to use a so-called universal pain scale, only to find it wasn’t so universal and the community didn’t understand - more experience and understanding of the culture and language may have led to culturally appropriate methods of measuring. Some of these projects are relatively young and to some extent still in a fairly experimental stage, and there is opportunity still to learn and find some common ways of understanding, and it is a recognised part of international aid work that people will face the unknown and differences in culture that may take time to learn and understand. Shared learning from similar acupuncture organisations engaged in humanitarian work would be useful, for example a web-based forum could be useful aid to this.

What could be taken from this is that it is not enough to be offering a non-western therapy as though this makes it culturally acceptable; all western organisations when working internationally need to be aware of and to reflect on their own methods and approach, and find ways to learn from and integrate with the communities they work with.

### **Main conditions treated**

The reported main conditions treated ties in with conditions that would be expected and conditions that acupuncture has been shown to work well for. Practitioners I spoke to did say that things like PTSD and associated psychological effects were not really reported as complaints but were found to be present with more questioning, and there was a recognition that to an extent people somatise their experiences, and this

may contribute to the incident of physical symptoms. A lot of musculoskeletal problems and pain were reported, but the overall feeling was that, as in the UK and USA, in clinic you could be faced with just about any complaint you could think of, and probably some that you couldn't. This was found to be acceptable, and there was emphasis on Acupuncture's holistic approach, and its ability to treat the person not the disease, and so being an appropriate therapy for the problems encountered. As in clinics in the practitioners home countries, there were conditions that they didn't feel they could help much with, for example, heart failure and advanced forms of cancer, and they referred on where possible, and where they couldn't due to lack of facilities or the patients inability to pay for western care, they did what they could to make the person more comfortable.

The practitioners treating the victims of the Tsunami often found themselves treating long standing health complaints related to the lifestyle of the communities, such as diabetes, and also congenital defects. It became apparent that there were healthcare needs before the Tsunami struck, and that would be present after the crisis had apparently ended, "the surprise in Sri Lanka was the amount of things like basic musculo-skeletal and diabetes related problems, chronic health conditions were much more common than people coming along and saying "I feel traumatised" but I think that's the nature of a culture rather than anything else" (Mark).

What this shows is that Acupuncture has a lot of potential as a therapy for healing in crisis type situations including chronic poverty and the health impact this has, although there remain some areas of serious health concern that will remain

underserved without access to other appropriate forms of healthcare such as surgery, or medications.

### **Measuring success**

Success can mean any number of things. Fulfilment of the aims of a project can be seen as success – if the aim is to go and provide free care to anyone that needs it, and this is what you do, then it is a success. It can be about the experience – Mark stated that one of his aims with the project was to “export compassion and good intention as well as skills”, and Sally explained the fact that people from an unrelated country went in to Palestine at a difficult time and cared enough to be there and wanted to do something to help, made a big difference to the people there. Individual successes can be equally important – helping a young person to walk again after being affected by paralysis is a success even if it never happens with another patient again.

Measuring success is equally difficult. One way could be to ask “do the treatments work for the people in their setting?” and “if not why not? Is there something that can be changed to make treatment better for those people?” This is one of the purposes of patients audits, although finding audits that are globally applicable can be challenging – as Chris found, universal pain scales aren’t always universal. The participants I spoke to did not appear to have particularly robust ways to measure success or to have methods to reflect clearly on what was working well and what might benefit from a change of approach. One exception was Sally, who explained that they used the NGO they worked with to audit the patients, to remain objective, and a report was written up at the end of each project with recommendations to implement. Methods such as

this would be ideal to share on a forum to provide other organisations with ideas they could potentially utilise.

It is not to say that other practitioners are not reflecting on practice and making changes as and when necessary, but I found it difficult to find information on this. Furthermore, as Mark identified, research and auditing to show what is working, is important in order to attract funding, which will help ensure projects are sustainable and allow organisations to plan more into the future. It could also benefit the profile of Acupuncture as a whole if successes from these projects could be shared with the wider healthcare community, and bring forward further ideas for collaboration with and integration of Acupuncture into mainstream healthcare, and thereby increasing access to Acupuncture.

## **5.2 Emerging Themes: Understandings of Humanitarian Aid and how Acupuncture fits into this.**

### **A global view of the extension of the unique skills we have as Acupuncturists.**

Sally mentioned she felt that acupuncture was uniquely qualified for this type of humanitarian work as it is “an extension of our professional capabilities”, and Mark expressed the opinion that it is “a very pure manifestation of why people get into Acupuncture as a profession”. By this I think they mean the fact that Acupuncturists are trained to heal people, to find the source of the imbalance that is causing the problem and to find a way to achieve balance again, and this links back to the ideas discussed in the literature review about Acupuncture’s roots in Taoism and the aim of balancing Yin and Yang. There is a desire to balance all things with the skills to do

this, and the moral attitude that comes with a caring role and desire to help people achieve a higher level of health. Mark made a strong link to a global view of Yin and Yang and how the part affects the whole. He saw the disaster and post disaster situations that they went out to as being “Yang situations, which need the soothing Yin healing aspect to balance them - part of the world balancing itself”. In this respect the acupuncturists are the yin healing aspect. He further stated that it had been part of his aims “to export good intentions, compassion and skills, and the effectiveness of acupuncture in treating trauma and emotional blockage”. Empathy and a desire and intention for your patient to get better are also part of being an acupuncturist (and indeed therapist), and are part of what makes acupuncture an appropriate therapy for treating globally.

### **A Uniquely appropriate way of understanding of the world, people and illness**

The holistic nature of Acupuncture, treating the mind, body and spirit on an individual basis makes it a uniquely appropriate therapy to be used in communities that have been through traumatic events, or live in a state of anxiety due to constant poverty or uncertain futures. The ability to tap in to the person and touch all parts of them when treating is highly valuable. This was well illustrated by Anna when she said “acupuncture (as an energetic therapy) has a deeper understanding of how people are...in situations where there has been dramatic energetic changes”. This is particularly important as people tend to somatise their experiences, especially if they are not from a culture where it is normal and acceptable to seek help for mental and emotional disturbance or distress. Acupuncture treats the person and not the symptom, bringing balance, so where there is thought to be no cause in western medical terms and therefore no cure, acupuncture works on a different level, working

with the person and working to the root of the imbalance that is manifesting in signs and symptoms of ill health.

As has been shown, there are thoughts on cultural competence and ethnomedical competence that may be relevant to the practice of acupuncture in developing countries by western or other practitioners and that it is important to understand your community as well as their manifestations of ill health.

### **Aid or Opportunity?**

The participants that I spoke to were all keen to point out that they understood that although their work could be called aid work and is done along humanitarian lines, there are great benefits also to the practitioners that do this work. The main benefits have been summarised below.

#### **Aid - The benefits to the Communities**

- **Free Treatment & Training** from qualified professionals, when treatment of any kind is lacking or inadequate, or not accessible e.g. financially.
- **Export of good intentions and compassion.** Intention and a desire for someone to get better are key concerns in Acupuncture, and the presence of people that care, especially in difficult times e.g. Palestine; Sri Lanka, can contribute to the healing process.

- **People get better**

Audits from WM Palestine projects recorded around 76% of people reporting some improvement to complete improvement. Similarly, the Sri Lanka project recorded a 77% reported positive benefit (Maxwell, Kivity, Cassidy, 2006, p.34).

With PAAP, pain and musculo-skeletal were the most commonly treated complaints and only 1% of patients reported no improvement. Significant improvement accounted for 37% and completed improvement 29% (PAAP, Intake Forms, 2007).

This corresponds to research already discussed showing Acupuncture has a good result rate e.g. Kam et al (2002) audit on musculo-skeletal pain showed that 69% of patients had a good or excellent response.

### **Opportunity for practitioners?**

#### **Practical Learning**

- newly qualified people are able to treat a lot of people in a short space of time and therefore gain a lot of first hand experience
- all practitioners can gain experience of different diseases and complaints and the way they affect different people, and have the opportunity to try out different methods or protocols.
- Practical skills can be improved – e.g. Anna mentioned that seeing so many people each day gave her a good chance to perfect her needling technique.

#### **Personal learning**

- Learning from the communities, e.g. Paul mentioned that he felt he learnt from the healers he worked with – their exuberance and their natural touch.
- The opportunities for self development, e.g. Anna and Mark both felt it had been a humbling experience which stayed with them as practitioners, and Chris felt his experience had given him a wider sense of perspective, which made him more patient with his own treatments back in his home country.

**Opportunity for Acupuncture as a Profession?**

- **Profile of acupuncture** – there is potential for the profile of acupuncture to be raised by a more global presence as acupuncture is introduced to new areas of the world and shown to be a gentle, cost effective, healing therapy. This could also attract the attention of international agencies such as WHO and further promote and expand their support for Acupuncture as beneficial therapy.
- **Research** – this may be necessary for charities to apply for grants and funding, and an expansion in humanitarian acupuncture could see an increase in research and so further shared learning among practitioners. Research in this area could also show areas in which acupuncture is successful and culturally applicable.
- **Integration** – with healthcare projects, and medicine generally. Both the above points about raising the profile and more research contribute to the possibility of better integration. There is potential then for Acupuncture to be considered for more UN and WHO projects and to progress the integration WHO discusses in their 2002 paper on Traditional Medicine (WHO, 2002). Sally emphasised the importance of integration and that different therapies and models of healing all have a place, and that it is about finding that place and working together on the parts Acupuncture does best.

This shows that Acupuncture has benefits for both the communities it is offered to and the practitioners that carry out the work, and may also have further reaching benefits for the profession as a whole.

## **6.0 Conclusion**

### **6.1 Strengths and Weaknesses – reflection on research methods**

The literature review put the idea of humanitarian acupuncture into context – the history of similar non-acupuncture organisations, the emergence of acupuncture ones and possible reasons, and the philosophical roots of acupuncture that may contribute to this. Reviewing the areas that acupuncture has been shown to have success, and thinking about cultural issues in international work, provided opportunities for thinking about ways in which acupuncture might be uniquely applicable to the kinds of problems encountered.

The interviews gave the opportunity for understanding more about who is engaging in humanitarian acupuncture, their experiences and motivations, and what are the main areas that might need further exploration to identify issues and potential solutions.

The main problem with my research was that I would have liked to have spoken to further people from a few more organisations. This was not possible, but could provide a wider range of information and further depth of understanding of humanitarian acupuncture and the practitioners that engage in this work.

## **6.2 Conclusion**

### **Existing knowledge and research**

Although there is a wealth of research around international humanitarian aid and development there is very scant research and knowledge around how Acupuncturists are currently working in this field, and the potential acupuncture has to contribute positively to humanitarian work globally. Looking at the philosophical roots of Acupuncture from Daoism and the balance of yin and yang, and also the practical benefits that Acupuncture has in terms of what and how acupuncture can treat and how this might fit in with global, and culturally different communities, provided some initial thoughts on how appropriate acupuncture might be for international humanitarian work.

### **Contribution to the current body of knowledge**

This study has provided an interesting overview of humanitarian acupuncture and how this work is currently being carried out. Qualitative interviews helped identify the motivations and intentions of acupuncturists engaged in this work, and also the main issues and ideas that impact on the work of humanitarian acupuncturists and the projects they carry out.

One of the main ideas raised was the realisation of the importance of global consciousness and concern for global wellbeing, and an appreciation for how this impacts on ourselves and our own society. A key issue is how acupuncture can fit with different cultural approaches to health. It appears that Acupuncture as a therapy may naturally have a good start on this, but further mindfulness of the community,

and practically how organisations work and reflect on their own practice to ensure the best possible treatment and experience of their patients, is needed so as not to compromise all the good intentions and skills being offered.

**Conclusion:** If acupuncturists can bring an holistic awareness to their practice (as they do with their treatment) and apply this to looking at the whole situation when treating globally within culturally different communities, then acupuncture can make very positive and appropriate contributions when used along humanitarian lines to bring health benefits and healing to communities suffering from the effects of disasters and chronic poverty.

### **6.3 Future research needs**

There is a wealth of future research needs around the subject of humanitarian acupuncture. Some of the most pertinent to my research were:

- How to measure success in international humanitarian acupuncture projects? - and how to apply this in a culturally appropriate way.
- How much do different humanitarian acupuncture organisations know about each other and what are the possibilities for shared learning?
- What is the wider volunteer practitioner experience? And how might this impact on projects and the development of an organisation?

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**Appendix 1 - Key to Humanitarian Organisations using Acupuncture**

**Acupuncture Relief Project** – USA based, formed in 2008 to work in Nepal to provide some form of healthcare to poor communities affected by internal struggles and poverty. Now in the process of establishing an on-going rolling programme of volunteer practitioners.

[www.acupuncturereliefproject.com](http://www.acupuncturereliefproject.com)

**ASF – Acupuncture San Frontiers.** Originated in Switzerland in 1992. Now has offices in Belgium, France, Spain and Canada. Works training people in disadvantaged communities that don't have much access to healthcare, globally across the developing world, e.g. Africa, Central America, China.

[http://www.cornelius-celsus.ch/en/5\\_0\\_human/index\\_5.html](http://www.cornelius-celsus.ch/en/5_0_human/index_5.html)

**CARE - Burmese refugees in Thailand** – NADA acupuncturists working to educate and train local health care specialists to use acupuncture since 2004.

**GAHP – Global Alternative Healthcare Project** (USA based NGO) have provided Acupuncture / Chinese medicine / bodywork in Bali, but potentially anywhere in the developing world where access to healthcare is inadequate. Work both in clinics they set up and for others e.g. Yayasan Bumi Sehat.

<http://www.youcanchangetheworldnow.com/participate.html>

**GUAMAP** – USA, Guatemalan Acupuncture and Medical Project – since 1994 providing training to healthcare workers in Guatemala in disadvantaged communities.

[www.guamap.net](http://www.guamap.net)

**MettaDana project** – USA based, working in Burma – teaching traditional Burmese healers Acupuncture techniques since 1998. Part of wider project of healthcare, education and infrastructure work.

<http://www.vipassanahawaii.org/mettadana>

**PAAP - PanAfrican Acupuncture Project** – USA based, since 2003 training healthcare workers in Uganda in Acupuncture techniques to enhance care of people with HIV/AIDS.

<http://www.panafricanacupuncture.org>

**World Medicine** – UK, formed in 2005 in response to Tsunami in South East Asia, to provide acupuncture in Sri Lanka. Also has worked in Palestine, Indonesia and has a rolling programme in an orphanage in India.

<http://www.worldmedicine.org.uk>

**Tibetan Refugee Health Care Project** (USA based) part of wider healthcare project in India (NADA worker).

[www.tibetanrefugeehealth.org](http://www.tibetanrefugeehealth.org)

**Yayasan Bumi Sehat** (Healthy Earth Nonprofit) – USA residents of Bali. Acupuncture used as part of wider programme of healthcare in Bali, mainly a birthing clinic, but work has expanded to include general health.

[www.bumisehatbali.org](http://www.bumisehatbali.org)

## Appendix 2 – Overview of modern research studies.

Provided by Richard Mandell, founder of the PanAfrican Acupuncture Project.

**Acupuncture & Fertility** A study published in the journal *Fertility & Sterility* found that acupuncture improves pregnancy success rate by 50% in women undergoing in-vitro fertilization. Paulus W, et. al., Influence of acupuncture on the pregnancy rate in patients who undergo assisted reproductive therapy. *J Fertility and Sterility*, 2002 April;77(4):721-4.

**Acupuncture & Insomnia** In the treatment of insomnia, acupuncture yields significant results with a total effective rate of 90.44%, improves the quality of sleep, and overcomes complications induced by sleep medication. Sok, SR et. al., The effects of acupuncture therapy on insomnia. *J Adv Nurs.*, 2003 Nov;44(4):375-84. *J Traditional Chinese Medicine*, 2002 Dec.;22(4):276-77.

**Acupuncture & Gastritis** A study from the Guangxi College of Traditional Chinese Medicine concluded that acupuncture was effective in the treatment of chronic gastritis, resulting in a 95% effective rate. *J Traditional Chinese Medicine*, 2003 Dec.;23(4):278-79.

**Acupuncture & Shoulder Periarthritis** Acupuncture is effective in the treatment of shoulder periarthritis. Of the 210 subjects studied, 158 were cured, 40 improved, and 12 showed no significant improvement. *J Traditional Chinese Medicine*, 2003 Sept.;23(3):201-02.

**Acupuncture & Fibromyalgia** A study conducted by the University of Washington and the Center for Health Studies at Group Health Hospital suggests that more than half of all participants had clinically meaningful improvements in pain (46%), fatigue (51%), sleep (47%), and general well-being (45%). Another study suggests that acupuncture demonstrates positive change in the Visual Analogue Scale, myalgic index, number of tender points and improvement in quality of life based on the SF-36 questionnaire. Soc. for Acupuncture Research - Tenth Ann. Symposium 2003; 29. Targino, RA., et. al., *Curr Pain Headache Rep.* 2002 Oct. (5):379-83.

**Acupuncture & Blood Pressure** Patients treated with acupuncture had an overall decrease in the level of systolic pressure during and after treatment. *J Traditional Chinese Medicine* 2003 Mar. 23(1):49-0.

**Electro-Acupuncture & Immune Function During Chemotherapy** Electro-acupuncture can strengthen immune function, hematopoietic function, and improve appetite, sleep, alleviate pain, and digestive distress. Another study suggests acupuncture is able to normalize the pattern of leukocytes. *J Traditional Chinese Medicine*, 2002 Mar.;22(1):21-3. Mori, H., et. al., Unique modulation by electro-acupuncture in humans possibly via stimulation of the autonomic nervous system. *Neurosci Lett.*, 2002 March 1; 320(1-2):21-4.

**Acupuncture & Chronic Migraine** Patients who received acupuncture to treat chronic headaches, particularly migraines, experienced the equivalent of 22 fewer days of headaches per year, used 15% less medication, and missed 15% fewer days of work. Another study systematically renewed 22 randomized controlled trials, concluding that acupuncture “has a role in the treatment of recurrent headaches” and can lead to other various clinical benefits for patients with chronic headaches. Vickers AJ, et al. *BMJ*, 2004 March 27;328(7442). *Cephalgia*, Nov. 1999.

**Acupuncture & Depression** All subjects receiving acupuncture for major depression significantly improved to a greater extent than those not receiving treatment. Another study suggests that electro-acupuncture can produce the same therapeutic results as tetracyclic drugs but with fewer side effects and better symptomatic improvement. Acupuncture Treatment for Major Depression, The Tenth Annual Symposium of the Soc. for Acupuncture Research, 2003. *J Traditional Chinese Medicine*, 2004 Sep. 24(3):172-6.

**Acupuncture & Allergies** Acupuncture had an extensive action against type I allergic reaction, and the curative effect of the patients receiving acupuncture was higher than in the desensitization group in allergic asthma, allergic rhinitis, and chronic urticaria. *J Traditional Chinese Medicine*, 1993 Dec. 13(4):243-8.

**Acupuncture & Morning Sickness** Acupuncture administered to pregnant women before opioid premedication significantly reduced postoperative sickness up to 6-8 hours, and acupressure applied to specific acupoints reduced morning sickness. In the 2002 issue of the *Journal of Birth*, a study found that acupuncture is an effective treatment option for women experiencing nausea and other pregnancy-related discomfort—without adverse side effects. *Aca. and Electro-Therapeutics Research*, 1990;15(3-4):211-5.

**Acupuncture & Asthma** Symptoms of bronchial asthma were Markedly improved after acupuncture treatments, and the dosage of patients' medication was gradually reduced. Another study suggests improvement of the quality of life for patients with clinically stable, chronic obstructive asthma when conventional care is combined with acupuncture. *J Traditional Chinese Medicine*, 1998 Mar.;18 (1):27-0. *J Altern. Comp. Med.*, 2003 Oct.;9(5):659-0.

**Acupuncture & Arthritis** A randomized, controlled trial conducted by the University of Maryland School Of Medicine suggests that acupuncture can provide effective pain relief and improve function for osteoarthritis of the knee. Berman, BM., et al., Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial. *Annals of Internal Medicine*, Dec.21, 2004;141 (12)901-910.

**Acupuncture is recognized by the National Institute of Health (NIH) and the World Health Organization (WHO) to be effective in the treatment of:**

- Addiction: alcohol, drugs
- Anxiety
- Arthritis
- Asthma
- Bronchitis
- Carpal tunnel syndrome
- Chronic fatigue
- Colitis
- Common cold
- Constipation
- Dental pain
- Depression
- Diarrhea
- Digestive trouble
- Dizziness
- Dysentery
- Emotional problems
- Eye problems
- Facial palsy/tics
- Fatigue
- Fibromyalgia
- Gingivitis
- Headache
- Hiccough
- Incontinence
- Indigestion
- Infertility
- Irritable bowel syndrome
- Low back pain
- Menopause
- Menstrual irregularities
- Migraine
- Morning sickness
- Nausea
- Osteoarthritis
- Pain
- Pneumonia
- Premenstrual Syndrome
- Reproductive problems
- Rhinitis
- Sciatica
- Seasonal affective disorder
- Shoulder pain
- Sinusitis
- Sleep disturbances
- Smoking cessation
- Sore throat
- Stress
- Tennis elbow
- Tonsillitis
- Tooth pain
- Trigeminal neuralgia
- Urinary tract infection
- Vomiting
- Wrist pain

[www.who.int](http://www.who.int)

**Appendix 3 - Interview Schedule**

	<b>Date</b>	<b>Completed?</b>	<b>Follow up needed?</b>
“Sally” (World Medicine)	4 <sup>th</sup> March 9am	yes	Yes - reports received.
“Anna” (World Medicine)	4 <sup>th</sup> March 11am	yes	No
“Lydia” (AWB Switzerland)	4 <sup>th</sup> March 1pm	yes	No
“Mark” (World Medicine)	17 <sup>th</sup> March 10.30am	yes	
“Paul” (PAAP)	17 <sup>th</sup> March 2pm	yes	Yes Audit - received
“Chris” (Nepal Project)	17 <sup>th</sup> March 5pm	yes	No

**Appendix 4 - Interview Template**

	<b>Questions</b>	<b>Sub-Questions</b>	<b>Answers</b>
1	About yourself	Qualified? In what? Kind of acupuncture? Where trained? How long ago? What doing before?	
2	Which organisation do you work for?		
3	What is your role?		
4	Where does the org work?	In which Country? In an existing clinic / healthcare facility? In a temporary clinic set up for the project? Part of a wider effort?	
5	How long for?	How long was the project? How long was your involvement?	
6	How was it funded?	Is project work sustainable? E.g. funding, training	
7	What type of acupuncture?		
8	How many patients did you see?	A day? Week? Total?	
9	What were the main conditions you treated?		
10	What were the difficulties you faced?		
11	How successful did you feel the project was?		
12	Have success rates been recorded?	Documents available?	
13	What do you feel you learned and gained personally (and professionally)?		
14	Were you involved in the planning and execution of the trip? If so - How was the decision made		

	where to go? Was the community involved in this decision? If so, how?		
15	What would you say the project was hoping to achieve? Short term? Long term?		
16	Was the community aware of acupuncture before the project? To what extent? How? (was there a tradition of acupuncture in the country? Or used as 'alternative' medicine?)		
17	How many people had had acupuncture before?		
18	How was the practice of acupuncture explained?		
19	How were you received? Any negative reactions?		
20	Did you / the project / organisation have involvement with local medical / healthcare provision? Conventional or not, western or traditional or alternative		
22	Did anyone on the project have knowledge of or experience of the local culture, language, etc?		

23	Did you use translators? If so where from? Professional? Local members of community?		
24	Did you train anyone in acupuncture techniques? Which ones? How?	Has there been / will there be any follow up?	
25	Is there anything you would have liked to have done differently which you feel would improve the service?		
26	What do you understand by Humanitarian Aid?		
27	How do you think Acupuncture in general and your project in particular fits in with this?		
28	Is it important for acupuncture as a profession to engage with voluntary work – and why?		