

# 北美東洋医学誌

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**Originator of the Acupuncture**  
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# XL Heart for Africa: An Interview with Jenny Craig

by Ton van Huffelen

*Among Toyohari practitioners she is a well-known figure: Jenny Craig of the Moxafrica project. And not surprisingly perhaps, it turns out she has a personal relationship with “her” continent. Jenny grew up in Africa, and she regularly visits her family there. Behind her modest, British exterior there is a dedicated acupuncturist with a deep interest in moxibustion and a big heart. The idea of Yi je yi zhe (medicine is intention) is familiar from Chinese medical texts from the past. So who is the woman behind the Moxafrica project and what makes her tick?*

## Building My Own Hut

“My dad was a town engineer. He was offered a job in Zambia in 1966. So my parents, my sister and I moved to Africa. You can imagine how exciting that was for the 11-year-old girl I was then! Everything was so new, so unknown, so adventurous... I had always been fascinated by nature, plants and animals. We lived on a small farm on the countryside in the north of Zambia. Often at weekends we went out exploring in the bush in our small jeep and saw locals who lived very traditionally in grass huts. I wanted to build a hut of my own and live in it. It took many, many days to construct my little home. People were very surprised, but I managed to make it. But my parents didn't let me sleep in it, there were lots of snakes, you know.

## In My Blood

“When I was 18, I went back alone to England to study Biology at Birmingham University. My parents, sister, and little brother stayed in Zambia. In Birmingham my aunt and uncle kept an eye on me. I was so homesick for Africa! Sadly I never returned to Zambia as my father moved to a job in Cape Town, South Africa. But about 30 years later, when I went to Uganda with Moxafrica, it was so good to be in tropical Africa again: the weather, the smell, things which are difficult to explain, but which you immediately understand when you are there again. And the people, despite their poverty, are so proud, so strong, and so positive. Africa really had got into my blood.”

## Going Alternative

After attaining a BSc and PhD, Jenny did research in various areas of biology and medical science for several years. Then a growing interest in alterna-

tive therapies and in working with people led her to a new career. In 2000, she graduated from the College of Traditional Acupuncture, Leamington Spa. After that she did postgraduate training and specialised in Toyohari acupuncture (2003).

She started her practice in northern England and took part in voluntary work with other acupuncturists in southern India (2003) and, after the tsunami, in Sri Lanka (2005). “These trips provided me with great clinical experience, as well as an insight into the overwhelming health problems in developing countries. But what I really wanted was to go and work in Africa.”

## Moxafrica

Jenny followed the postgraduate Toyohari course in Amsterdam together with her friend and colleague Merlin Young. They were both fascinated by the power of moxa. They learnt that during the 1930s in Japan tuberculosis (TB) was treated and cured with moxa. Merlin became particularly interested in the subject of drug resistance in TB and its connections to the politics of global medicine. TB is becoming a worldwide problem, especially in Africa. The disease really is out of control on the continent, and incidence rates have risen fivefold in the last 15 years. Besides that, the highest rates of co-infection of TB with HIV/AIDS are in Africa. In 2008 Merlin and Jenny founded Moxafrica, a charitable organization set up to investigate the use of moxibustion therapy for the treatment of tuberculosis, particularly in resource-poor environments in the 21st century.

## Into the Unknown

Looking for more information about TB, Merlin was inspired by reading about Paul Farmer from Harvard University, an expert on Multi-Drug Resistant TB. Besides that, Paul Farmer is founding director of Partners In Health (PIH), an international non-profit organization that provides direct healthcare services and undertakes research and advocacy activities on behalf of those who are sick and living in poverty.

After two years of researching, fundraising, and looking for collaborators, Jenny and Merlin at last found a way to start work in Africa. An American acupuncturist Richard Mandell, who runs a charity called Panafrican Acupuncture, invited them to join him on one of his training trips to Uganda. Jenny remembers: “We arrived in Kampala at night, and were driven to a really grim hotel in the dark, having to travel the next day for five hours on a bumpy bus to Lyantonde which seemed like in the middle of nowhere! It was all so new, so unknown, so adventurous...”

## Buddy System

“That was in December 2009. After working with Richard for a week in a very poor hospital, he introduced us to a clinic in Kampala where a large number of TB patients were being treated. The clinic promptly invited us to come and train their staff in moxa use. They were really desperate for something extra to help with the TB problem. Suddenly things were moving fast, and three months later we were back there again to set up a pilot study. We had many worries about whether moxa would be accepted by Africans, and whether it would help at all, but the results with patients were amazing, and the nurses started enthusiastically teaching patients and their families to work with moxa in a buddy system.”

## A Drop in the Ocean?

Helping people to boost their immune system with moxa is a very concrete act of doing. But the problem of TB is so big, with enormous political and economic aspects. The WHO knows this very well. In developing new medicines for TB, the pharmaceutical industries need a return on their investments. And there is no money for Africa. The medicines that do exist were developed in the 1960s; they are expensive and TB is becoming increasingly resistant to them. Those who need the most get the least.

Can moxa help? Jenny explains: “Moxibustion is an extremely low-tech type of treatment, which is easy to learn. Moxa is cheap and cannot be patented for profit. Cynics would say: ‘Why bother? The problem is so big and so far away. Forget about it.’ Perhaps moxibustion is a drop in the ocean. But we have to start somewhere, you know. We can share something that people in Africa can do themselves. In fact, we have found that our trainees are trying out moxa for many other complaints and making up their own treatments to help themselves and their families.” Moxafrica is also investigating whether the moxa plant, *artemisia*, can be grown and processed in South Africa to provide a local source of moxa.

## Establishing the Benefits

Jenny's African connections have proved very helpful for Moxafrica's progress.

“While I was staying with some friends of my parents in a beautiful place on the South African coast in 2010, they introduced me to a highly respected professor of immunology from Capetown, Peter Folb. He had worked for the WHO in Uganda and had many contacts at Makerere University there. Makerere is one of Africa's oldest universities with a renowned school of medicine, and its Professor of Pharmacology, Paul Waako has a particular

interest in the use of traditional medicines for the treatment of tropical disease.

“Waako became very interested in our project, and has collaborated with us in setting up a Phase II Randomised Control Trial. He wants to investigate what the cure rates are of standard first line drug treatment in combination with moxibustion. And he wants to find out if the addition of moxibustion to standard TB treatment improves lives and decreases morbidity and the suffering of the TB patient during and after treatment.

“This research is so important for us. With what we’ve already learnt in Uganda and South Africa, we are convinced that TB patients can benefit from moxa, but we really need medical evidence of how it affects the immune system and the healing process.”

## Root and Branch

“When my father was dying of cancer five years ago in South Africa, the local hospice was really wonderful and sent lovely doctors and carers to look after him. I developed quite a friendship with some of them and that’s how we came to set up one of our pilot studies in the small town of Robertson, 100 miles east of Cape Town, where my brother lives. The carers we trained were from the hospice. So step by step this is how moxa very naturally combined with my African roots.”

Moxafrica is a small charity that Jenny described as being like a family. She and Merlin have done all the research and training, but the other trustees are very important. “Merlin’s wife, Jo, is wonderfully patient and supportive, and she takes care of the finances. Our other UK trustees are a retired priest and a nun, both of whom give us lots of moral support and wisdom. And with our activities going around the world by Internet, two youngsters from the USA have now joined the family. Jokingly we say we are three generations now – good enough to secure our work!”

## Aunty

Jenny loves to visit her family and to be in Africa. “Getting out of the plane, the smells and sounds already make me feel at home. My brother has two boys of nine and eleven. We have so much fun together! Last summer they asked aunty Jenny to help them build a hut in their garden. For me, I was reliving my childhood, but together we had a new adventure!”

**More information about Moxafrica, go to [www.moxafrica.org](http://www.moxafrica.org).**

**Ton van Huffelen** (1965) has operated a clinic since 2002. He has specialised in Toyohari since 2004 and is president of the Dutch Toyohari Association (Nederlandse Toyohari Vereniging).