

Moxafrica: Fall 2018 Update

by Merlin Young

We have more developments to report which we hope will be of interest to NAJOM subscribers (and once again we are so grateful to NAJOM's editorial team for being so supportive).

To briefly recap: Moxafrica's fundamental mission is to establish whether small cone moxa might help in the developing public health crisis that is drug-resistant TB – and, if so, how best it might do so.

We first got real scientific evidence of this in the RCT funded by Moxafrica and managed by Uganda's Makerere University that a low self-administered daily moxa dose at ST-36 seems to promote a measurable improved immune response and recovery in TB patients when they respond to the available TB drugs (i.e. in cases of so-called drug-susceptible TB). The way that these patients responded has been reported in the *European Journal of Integrative Medicine*¹ (and last time we checked, it was the journal's most frequently downloaded article).

But frustratingly this still told us nothing about how patients with *drug-resistant* TB might respond – in fact, the paper's bottom line was what is standard for so many research papers: that *more research is necessary, but looking now at MDR-TB*. Certainly, we failed to impress several of the clinicians we first shared the data with who told us: 'how do you know that there will be the same response in MDR-TB cases?' And we had to accept that we still had no evidence of this as much as we're pretty certain their logic is flawed because they're not thinking immunotherapeutically.

But then, the Ministry of Public Health of North Korea (and particularly the Korean Red Cross Foundation) stepped in to help us answer this question by inviting us to their country to introduce our findings and our methods. And, following this, they set up a moxa study of their own. On our advice, they raised the moxa dosage to the full 'Dr Hara' protocol (i.e. not just ST-36) and then looked at how some of their MDR-TB patients responded to it. We have previously reported on this in NAJOM (and we still see their results as being very exciting indeed), but sadly they *still* make little impression on bioscientists and clinicians (it's a hard-nosed world up on Biomedicine Street!). This isn't just because of where this data comes from – it's also because, for technical reasons, it can't be published in a peer-review journal as a clinical study (although we've been advised that the results may still be

publishable retrospectively – it will be difficult, we think, but we're working on it).

Nevertheless, the North Koreans have helped take us a huge step forward – not least because we can certainly approach academics more confidently than previously. But we've still been struggling to make the necessary progress with developing further research – and at the same time we know too well that the problems of MDR-TB are growing inexorably – very slowly and largely invisibly which is the nature of the disease (but please be in no doubt: the drug-resistant part of the TB pandemic is unquestionably well ahead already of the efforts to control it).

The first country that really saw MDR-TB at any scale was Russia along with its former Soviet states (almost all of them¹) – and now, 20 years later, the Russian Federation is reporting 27% of its new cases as MDR-TB (seven times what is estimated to be the current global average). Could this be the future for TB the world over in the next 20 years? Sadly, there's every reason to believe it is. And, just as terrifying, an economic study commissioned by the UK governments two years ago predicted that 75 million lives could be lost to MDR-TB by 2050 if rapid progress isn't made in confronting the problem.²

But the sorry truth is still that far too little progress is being made by biomedicine in the world of TB research, or perhaps (more accurately) what progress that is being made is largely unaffordable where it's most needed. Affordability remains the biggest challenge of all for the global authorities, because around 98% of those two million who die from this ancient disease each year are from the ranks of the world's poor.

So, what's new for us to report now?

Well we're currently helping to develop some new research with Dr Ogawa Keiko of Kanazawa University Medical School in Japan. This research won't be on TB or MDR-TB at all, but it could still add a vital new dimension to the current findings on the human immune response to moxa in TB infections – especially if we can keep the research as coherent as possible (in terms of dosages, techniques and points used). In this Kanazawa research, the intention is to look at the immune response in cancer patients (which was one of the many reasons why we found the topic of NAJOM's last edition so exciting). And this time any results will most certainly be publishable in a peer-reviewed journal given the quality of Dr Ogawa and her team (we are so immensely appreciative of her interest).

What we hope is that we will see some more moxa-provoked positive responses recorded in

this research to add to the mix. We already know that they still won't convince a TB specialist because the TB mycobacterium provokes its own special response in the human immune system (sometimes to its own advantage) in a way that cancer doesn't. In fact, as we get deeper into this disease we realise that we need to be looking for key immune markers in TB patients that could tell us that moxa might just be doing something very specific and helpful in a TB infection. The cancer research certainly won't do this, but it will still add to the wider picture of immune response from moxa, and maybe even help us understand better how moxa might support cancer therapy as well which certainly shouldn't be sniffed at.

But back to MDR-TB for a minute. By the time that this article is published, some of NAJOM's Japanese readers will hopefully have watched a programme broadcast by NHK on Moxafrica and TB in Uganda.³ We've been told that it's due to be broadcast nationally in a couple of weeks (this article is being written in early September). Assuming that it is actually aired, we are really hoping that what's shown will increase awareness in Japan of what a national treasure this beguilingly simple therapy really is – and maybe also provoke some excitement of its potentials as a tool to protect people anywhere in the event of increasing levels of anti-microbial resistant disease which we're already hearing some dire predictions about.⁴

But the NHK film crew gave us something really special – they gave us a whole new opportunity in Uganda. For the first time ever, senior clinicians (and even politicians) became focused on what the results of their research might really mean in a way we've never been able to get them to (because every politician likes to be on TV, don't they?). For nearly three years we have been quietly pushing for more research to be conducted in Uganda specifically looking at MDR-TB – and for three years we've been struggling. But then the friendly film crew appears and everything instantly changes!

Our hope was that we'd be able to get the Minister of Health herself to commit her department to fresh research on camera (the filmmaker himself was happy to try to do this for us) – but at the last minute she got camera shy and pulled out (apparently fearing what she was about to be asked!). But off camera we got more support in the highest academic places for this idea than we ever have previously managed – in fact in the last two months a team of senior clinicians has even come together to undertake the research.

Please don't get too excited though: we're still not there yet. It's very hard indeed to maintain motivation from thousands of miles away when those



Uganda: A mother and son; doing moxa on ST-36 involved face so many other day-to-day problems, and it's very easy for momentum to dissipate. But we're miles nearer than we were before NHK got interested in us (and we're so grateful for that interest – arigato gozaimashita, Yamamoto san!).

In the meantime, it seems that word is spreading about Japanese moxa. As I write this I'm in Kunming in China, scheduled to speak this afternoon at the World Federation of Chinese Medicine Society's International Conference on Moxibustion (so my mouth is already getting dry!). But the fact that I'm here at all tells us that there is growing interest and respect for Japanese moxa therapy in China, and I'm hoping I will be helping this grow further this afternoon.

Meanwhile, in November, we present in Paris at a special UNESCO conference on acupuncture which is specifically focused on the subject of its humanitarian potentials. We suspect that quite a few at the event will never have even heard about moxa let alone Japanese moxa therapy – but again we hope to make an impression in our presentation and hopefully raise a few eyebrows.

So there's a lot going on – but an awful lot still to do. Hopefully we will be able to report more soon. Meanwhile, thank you to all for your interest and support.

Notes

1. Ibanda H A, et al. 2018. "Adjunctive moxibustion treatment for tuberculosis: A randomised clinical trial investigating potential efficacy and comparative safety." *European Journal of Integrative Medicine*. 20:90-97. <https://www.sciencedirect.com/science/article/pii/S1876382018301690>



Teaching moxibustion to TB patient

2. Farmer, P. 2005. *Pathologies of Power*. University of California Press.

3. The programme was broadcast September 24th, 2018 at 7:30 pm on NHK. Some 2-3 million Japanese now know Merlin Young and Moxafrica.

<https://www.youtube.com/watch?v=YlkaOv5cFvo&t=>

4. O'Neil J, Chair. 2016. *Review on Antimicrobial Resistance*. "Tackling drug-resistant infections globally: final report and recommendations." https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf

Merlin Young graduated from the College of Traditional Acupuncture (UK) in 1999 and since then has been intensively studying Japanese acupuncture and moxibustion. Following his exposure to the work of Dr Paul Farmer in Haiti and Peru, he became particularly interested in the subject of drug resistance in tuberculosis and its connections to the politics of global medicine. In 2008, he co-founded the Moxafrica charity to systematically investigate whether Japanese-style direct moxa techniques might be able to combat TB, drug-resistant TB, and even TB in combination with HIV/AIDS in the developing world.

MOXAFRICA

UK registered charity researching the potential of direct moxa to treat TB

YOU CAN HELP US!




Moxafrica has completed the only scientific study looking at the effects of moxa on TB and HIV today.

We are now developing further research into the effects of moxa on the immune system in North Korea.

We aim to empower people to help themselves with home therapy that helps recovery.

- * Someone somewhere dies of TB every 15 seconds.
- * Drug resistance is on the rise.
- * Moxa really could help save lives.



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