

Moxafrica in Mumbai, India

by Ulick Burke

A key part of Moxafrica's work is to spread Hara Shimetaro's protocol, or a modified version of it. The RCT (Randomised Clinical Trial) is the star of the show and its results will, hopefully, give us the means to talk to large NGOs that can bring moxibustion out of the margins of global health.

However, being both impatient and unwilling to sit and wait for the results we decided to have another go at spreading direct moxibustion. The pilot studies in South Africa and Uganda were created only after herculean efforts on the part of Merlin and Jenny so we changed tack and went looking for prospective partners. As well as looking for new partners, this venture marked the start of what we have loosely termed "moxa field medicine" which has been outlined in *NAJOM*, March 2015, p. 12.

Of course we wanted to email Doctors Without Borders, The Red Cross and the South African, Indian and Chinese ministries of health, but that would have to wait until all the data come through. Instead we decided to maximize our chances of getting a reply by looking for small health organizations with a similar ethos to our own, that might have heard of moxibustion, and were working in high TB-incidence areas. As you can imagine, there are not many organizations that fit the bill. However, Barefoot Acupuncturists of Mumbai, India did.

Barefoot is a wonderful organization that is dedicated to bringing quality healthcare to the slums in Mumbai. I strongly urge you to visit their website (<http://www.barefootacupuncturists.com/en/the-project.html>) to learn more about their work.

India has a huge TB and MDR (Multiple Drug Resistant) -TB problem. A quarter of all new TB cases per year, over two million, are from India alone. Sewri Hospital in Mumbai is the largest pulmonary TB center in Asia and since 1999, nearly 190 employees there have been infected with TB, of which 83 have died.

After a discussion with Walter Fischer (co-founder of Barefoot) and Shashi Rawat MD, (a member of Barefoot), we decided that Dr. Mukaino's M-Test would also be a very valuable tool for the Barefoot staff. The M-Test combines the best of two contrasting forces, standardization and personalization. The diagnosis protocol of 30 primary movements is standardized but gives out individualized data, which coupled with active point testing allows for personalized, low-stimulation treatment. This is in contrast to earlier

attempts at making acupuncture more accessible by standardizing treatment (point prescriptions) for Western diseases, where it is clear any notion of the individual is absent.

One rainy weekend we sat in front of a computer and trained six Barefoot acupuncturists the M-Test basics over Skype. While we lacked a fast internet connection we made up for it in repetition and hard work! The good thing about the M-Test is that there is no theory to hide behind. Points are only selected for treatment if they demonstrate immediate efficacy in improving quality of movement. This of course meant that there was nothing for us to hide behind either. Should the acupuncturists in Mumbai not be able to treat patients we would know right there and then that we had failed. Fortunately, for all involved, this was not the case and we have continued to receive positive reports of M-Test being used in the clinic.

Moxa has also been sent and, Skype willing, we will soon go over small cone direct moxibustion with the Mumbai team.

We are always looking for more prospective partners and would love to hear your suggestions on this and any other aspects of our work. Thank you for reading and for your support.



Ulick Burke, acupuncturist, was an apprentice of Dr Lee Zheng Yu, Taipei, 2008-12 and student of Professor Mukaino Yoshito MD, Fukuoka M-Test instructor. A Moxafrica trustee, his interests include movement, pleasure as a feedback mechanism and exploring different modes of standardization.

2,000 Africans die every day from TB

Medication is often unavailable or ineffective



Drug resistance is increasing

Moxa's immunological effects could prove hugely beneficial.

Moxafrica

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

We are training African healthworkers in a simple moxa protocol for daily use on TB patients to monitor outcomes.

Moxafrica is now working in Uganda and South Africa with further developments planned this year.



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