



**FOUNDATION FOR TRADITIONAL CHINESE MEDICINE**

**ANNUAL REPORT**

**JULY 2003 TO JUNE 2004**

**November 2004**

**Foundation for Traditional Chinese Medicine  
296 Tadcaster Road  
York  
YO24 1ET  
Tel: 44+(0)1904 709688  
Fax: 44+(0)1904 630154  
[email@ftcm.org.uk](mailto:email@ftcm.org.uk)  
[www.ftcm.org.uk](http://www.ftcm.org.uk)**



	<b>Page</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Research Projects</b>	
□ York Acupuncture for Back Pain Project (YacBac)	<b>4</b>
□ Acupuncture Safety Project	<b>5</b>
□ Acupuncture for Menorrhagia Project (ACUMEN)	<b>6</b>
□ Chinese Herbal Medicines Safety Project	<b>7</b>
□ Standards for Reporting Controlled Trials of Acupuncture: the STRICTA Project	<b>7</b>
□ Acupuncture for Depression Project	<b>8</b>
<b>3. List of Publications</b>	<b>9</b>
<b>4. Who's Who in the Foundation (Appendix 1)</b>	<b>12</b>



## Introduction

The Foundation is a small yet dynamic organisation committed to promoting high quality research into our understanding of acupuncture as well as evaluating acupuncture's benefits, cost effectiveness and safety. Established in 1991, the Foundation provides an organisational base for promoting research into acupuncture. In essence our primary goal then and now is: *"... through research and education, to bring the traditional Chinese system of acupuncture more centrally into the national health care system"*

The Foundation is involved in a number of research activities and projects. The largest project is a pragmatic randomised controlled trial evaluating the cost effectiveness of acupuncture in the treatment of low back pain. The evidence on the safety of acupuncture has also been an important area of research for the Foundation, and a survey of practitioners' and patients' reports of adverse events has been published in leading medical journals. An exploratory randomised controlled trial of acupuncture for menorrhagia is also a key project. Based at the University of York, we have new projects exploring acupuncture as a treatment for depression, for non-cardiac chest pain and for chronic neck pain.

The Foundation for Traditional Chinese Medicine is a research charity (no: 702083) with a Patron, Lord Colwyn, a Board of Trustees and a Board of Advisors (see Appendix 1 for details of who's who). In 2003, the Research Director, Hugh MacPherson, took up a joint appointment with the Department of Health Sciences at University of York where he is working closely with Pro Vice Chancellor Professor Trevor Sheldon. Several projects of the Foundation continue to be undertaken in close collaboration with Kate Thomas, Deputy Director of the Medical Care Research Unit in the Faculty of Medicine at Sheffield University.

Funding has come from a combination of core funding from grant-making trusts and project funding from statutory and other sources. Donations from individuals and grant-making trusts have been a valued source of funding for the work of the Foundation.



## Research Projects

### **York Acupuncture for Low Back Pain Trial (YacBac): a pragmatic randomised controlled trial**

Back pain is a major cause of ill health and time lost from work. The conventional medical treatments often have limited success and the NHS has identified back pain as a priority condition for research. In preparation for a randomised controlled trial, we carried out a feasibility study (Fitter & MacPherson, 1995) followed by a larger pilot study (MacPherson et al 1999), which together provided a platform for an application for funding a large-scale trial. With Kate Thomas of the Medical Care Research Unit at Sheffield University as principal investigator, and funded by the Department of Health R & D Health Technology Assessment Programme, we have conducted a pragmatic randomised controlled trial to evaluate the clinical impact and cost effectiveness of acupuncture for chronic low back pain (Thomas et al 1999).

In the trial, a total of 43 general practitioners referred 241 patients for up to 10 acupuncture treatments provided by six local acupuncturists. Patients were randomised in a ratio of two to an acupuncture group or to a control group. Both groups continued to receive conventional primary care from their general practitioner. The key outcome measure was bodily pain, as measured by the SF-36, at 12 and 24 months after randomisation. The results were in favour of the acupuncture group at 12 months and became significant 24 months: analysis of covariance, adjusting for baseline score, found an effect of 5.6 points on the SF-36 Pain dimension (95% CI -1.3 to 12.5,  $p=0.11$ ) in favour of the acupuncture group at 12 months, and 8 points (95% CI 0.7 to 15.3,  $p=0.03$ ) at 24 months. Acupuncture patients also reported a significantly greater reduction in worry about their back pain. In addition the acupuncture service was found to be cost-effective. It is hoped that these results will be published soon in a major medical journal.

A sub-study explored diagnostic concordance among the six acupuncturists. The acupuncture diagnosis was based on up to three pre-defined low back pain syndromes, for which inter-rater reliability was assessed. The most commonly diagnosed syndrome was Qi and Blood Stagnation (88% of patients), followed by Kidney Deficiency (53%) and then Bi Syndrome (28%). Where patients were rated twice, 47% to 80% of classifications were congruent, and Cohen's Kappa was between 0 ("same as chance") and 0.67 ("good"). These results along with a full description of treatment has recently been published (MacPherson et al 2004).



## **Acupuncture Safety Project:** **two surveys of adverse events associated with acupuncture**

The safety of acupuncture has come under scrutiny in the UK over the past five years. As part of establishing the evidence on safety, the Foundation researched the medical literature and published a series of review articles each one written for a different audience (MacPherson & Gould 1998, MacPherson 1998, MacPherson 1999a, MacPherson 1999c, MacPherson & Lewith 2000). These papers sifted the evidence, examined the quality of reporting and made proposals for prospective studies to evaluate risks and safety for acupuncture patients.

In 1999 the British Acupuncture Council commissioned the Foundation to undertake a nation-wide prospective survey of practitioner reports on adverse events. The survey involved 574 practitioners who reported for four weeks during May 2000 on all the significant events as well as any minor transient reactions that took place as a result of the treatment they provided. Between them the practitioners reported events covering over 34,000 acupuncture treatments. There were no serious adverse events and 43 significant minor adverse events. A short report was published in the British Medical Journal (MacPherson et al 2001a), followed by longer versions targeted at different audiences (MacPherson et al 2001b, MacPherson et al 2002a, MacPherson et al 2002b).

As an extension of this work, the British Acupuncture Council funded a follow-up survey of adverse events as experienced by patients. One third of all BAC members helped us recruit 9,408 patients, of whom 6,348 (67%) completed three-month questionnaires. At three months, 682 patients reported adverse events caused directly by the needling process. The most common was severe tiredness and exhaustion. Three events were serious defined as requiring hospitalisation, causing permanent disability or being life threatening. There was no evidence that patients not funded by the National Health Service or not in contact with their general practitioner or hospital specialist were at greater risk. Six patients reported a worsening of symptoms after taking advice on medication and two patients reported delayed conventional treatment. Our recently published conclusion was that acupuncture is a relatively safe intervention when practised by qualified and regulated practitioners (MacPherson et al 2004). In two sub-studies, further details on the profiles of these patients and the short-term reactions to treatment that they experienced will be published soon.



### **Acupuncture for Menorrhagia Project (ACUMEN)**

With over 40,000 hysterectomies being performed every year in the UK, the need for women to have a less invasive and more supportive treatment for heavy menstrual periods continues to be an important issue. Because women can be on a waiting list for a hysterectomy for between one and two years, and many would rather not have one, there is an opportunity to evaluate acupuncture as an alternative treatment. Research in China suggests that around two-thirds of women with heavy menstrual periods can be significantly helped with acupuncture. Based on these findings, and the experiences of patients and practitioners in the West, the ACUMEN Project was designed by Alison Gamon, a PhD student at the Department of Health Sciences at the University of York, in collaboration with the Foundation and Kate Thomas the Medical Care Research Unit, University of Sheffield. Funding has come from an independent grant-making trust and the Department of Health Sciences, York University.

The initial phase of this project involves an exploratory trial designed to explore a possible role for acupuncture in the treatment of menorrhagia, as a preparation for a full scale randomised controlled trial. In the exploratory trial, 40 patients were randomised to the offer of acupuncture in conjunction with normal GP care while the other half received normal GP care only. The acupuncture group received up to 20 acupuncture sessions on a weekly basis. This trial is now being written up and will be published in 2005. This research has established the acceptability of such a trial for patients, as well as testing referral and other procedures, assessing outcome measures, and monitoring costs and safety. After publication of the results, the next stage will be to apply for funding for a large-scale randomised controlled trial to evaluate the clinical impact and cost-effectiveness of acupuncture for menorrhagia.

### **Chinese Herbs Safety Project**

With the aim of providing information about adverse events associated with Chinese herbal medicine, we have designed a project to assess the level of safety for patients receiving treatment with Chinese herbs. Our wider goal is to help patients make informed choices about treatment and provide policy makers with robust evidence on safety as a contribution to decision-making on widening access within the NHS,

MSc student Bin Liu has worked with the Research Director in conducting a pilot of a prospective survey where we invited practitioner members of the Register of Chinese Herbal Medicine to participate. 72 practitioners helped us recruit 170 patients, of whom 126 (74%) have provided us with details of adverse events that they associated with taking Chinese herbal medicine over a one-month period. In this project we have been advised by Kate Thomas and Stephen Walters of the



University of Sheffield. We hope to use the published results of this pilot as a platform for a bid for major funding of a project in which we will be working closely with the Natural Medicines Society.

### **STandards for Reporting Interventions in Controlled Trials of Acupuncture (STRICTA)**

The need for better standards of reporting of controlled trials of acupuncture is evident from the difficulties associated with their interpretation and analysis. Hugh MacPherson has worked with an international group of acupuncture researchers and the editors of several leading journals in the field to address this issue. As a result a set of recommendations for better reporting of trials was developed, called the STRICTA recommendations: STAndards for Reporting Interventions in Controlled Trials of Acupuncture. The guiding principle was a commitment to achieving a broad enough set of recommendations that would cover the most common approaches to both acupuncture and research design.

These recommendations were published in parallel by the key journals in the field (MacPherson et al 2001 and 2002). Participating journals are Acupuncture in Medicine, Clinical Acupuncture and Oriental Medicine, Complementary Therapies in Medicine, Journal of Alternative and Complementary Medicine and Medical Acupuncture. These journals are committed to adding the STRICTA recommendations to their instructions for authors. These recommendations are now being taken up internationally, involving ongoing projects in the USA and Germany, and translations into Japanese, Korean and Chinese.

### **Acupuncture for Depression Programme**

This programme of research is being conducted jointly between the Foundation for Traditional Chinese Medicine and the Department of Health Sciences at the University of York where the Research Director holds a Department of Health post-doctoral fellowship. The aim of the research is to determine acupuncture's potential role as a treatment modality in primary care.

Depression is the second most common cause of disability in the world and in the UK it is the third most common reason for consulting in primary care. The limited evidence from the medical literature suggests acupuncture may be effective in the treatment of depression, and some patients see it as an attractive non-drug option. However the evidence on the clinical effects of acupuncture is weak, in contrast to its increasing popularity. Studies of acupuncture under experimental conditions are not always easily generalised to the real world, while clinical research of routine practice has often lacked scientific rigour. For credibility among policy-makers, practitioners and the public, research must be scientifically rigorous, respectful of



the integrity of acupuncture as a system of medicine, and take into account what patients experience and value about acupuncture.

This programme will initially tackle a series of methodological challenges associated with design and implementation of a trial of acupuncture for depression (phase 1), leading to the implementation of an exploratory randomised controlled trial (phase 2), followed by an optimally designed multi-centre trial (phase 3) to evaluate the clinical and economic impact of offering acupuncture for primary care patients with depression. We hope to develop specific methodological tools for the evaluation of acupuncture in real life settings, thereby generating meaningful and credible evidence that can inform decision-making.

The five methodological challenges in phase 1 are:

- ❖ Investigating acupuncture's potential therapeutic niche in primary care.
- ❖ Identifying and testing a measure of the therapeutic relationship
- ❖ Identifying outcome measures sensitive to acupuncture's broader effects
- ❖ Establishing by consensus a protocol for the treatment of depression
- ❖ Exploring how trial evidence may influence GP referral for acupuncture .

This programme includes funding for two PhD students, Sylvia Schroer who is a Department of Health award-holder, and Beverly Lawton who has a Departmental scholarship.

### **Acupuncture for Non-cardiac Chest Pain**

Patients with chest pain commonly present in primary care, followed by referral to cardiac clinics in secondary care. However as many as 50% of patients who are referred to such cardiac clinics are found to have non cardiac-related pain. The causes of non-cardiac chest pain are not always clear, however there is evidence that they could be musculo-skeletal, gastro-intestinal, respiratory or psychiatric, the commonest cause being musculo-skeletal. Non-cardiac patients are usually referred back to primary care, where they often continue to experience chest pain, with as many as three-quarters experiencing limitations in activities, concern about the cause of their symptoms and dissatisfaction with medical care. Acupuncture is increasingly being used to treat non-cardiac chest pain despite an absence of research into effectiveness.

We are undertaking this research in two phases, in the first phase we will survey patients with diagnosed non-cardiac chest pain. The survey will capture vital information about this population following their visit to York Hospital's Rapid Access Chest Pain Unit, including their diagnosis and treatment to date, their current treatment needs and quality of life information. This phase will inform our design for the second phase which will be a pilot for a pragmatic randomised



controlled trial. This pilot will provide the information we need to design a larger and “definitive” randomised, controlled study to determine acupuncture’s potential as a treatment for non-cardiac chest pain.

### **Acupuncture for Chronic Neck Pain**

Chronic neck pain is a prevalent problem in general practice and conventional treatments have limited success. Patients are seeking acupuncture outside the NHS in increasing numbers, yet the current evidence on acupuncture for neck pain is inconclusive. As a result, there is a growing public and scientific imperative to know whether acupuncture is worth offering as a referral option in primary care. In this project, we plan to conduct an open pragmatic randomised controlled trial of acupuncture for patients with neck pain, evaluating the clinical and economic impact when it is provided as an adjunct to normal GP management. As well as informing decisions made by patients and general practitioners, the knowledge gained on cost-effectiveness will contribute to policy decisions on widening access to acupuncture within primary care.



## List of publications since 1993

Blackwell, R. (1993). Acupuncture research for the 1990s. *European Journal of Oriental Medicine*, 1 (1), 47-52.

Fitter, M. & Blackwell R. (1993). Are acupuncturists interested in research? *European Journal of Oriental Medicine*, 1 (2), 44-47.

MacPherson, H. & Blackwell, R. (1994). Rheumatoid arthritis and Chinese medicine: a review. *European Journal of Oriental Medicine*, 1 (3), 17-29.

Fitter M, MacPherson H, 1995 An audit of case studies of low back pain: a feasibility study for a controlled trial. *European Journal of Oriental Medicine*, 1 (5), 46-55.

Blackwell, R. (1996) Adverse events involving certain Chinese herbal medicines and the response of the profession. *Journal of Chinese Medicine*, 50, 12-22.

Blackwell, R. & Sutton, S. (1996). A report on research into glycyrrhiza (gan cao), paeonia (bai shao) and rehmannia (di huang). *European Journal of Oriental Medicine*, 2 (1), 28-34.

Gould, A. (1996a). The Society for Acupuncture Research, 3rd Annual Symposium, Washington DC, 16-17 September 1995. *Complementary Therapies in Medicine*, 4, 69-71.

Gould, A. (1996b). Acupuncture research : emerging priorities for the profession. Report on the first Acupuncture Research Symposium. *European Journal of Oriental Medicine*, 2 (1), 54-58.

MacPherson, H. & Fitter, M. (1996). An agenda for acupuncture research: the work of the Foundation for Traditional Chinese Medicine. *Complementary Therapies in Medicine*, 4, 124-126.

Fitter, M. (1997). Research in Holistic Medicine. A chapter in "Medical Marriage", edited by C. Fellner Featherstone, Findhorn Press.

Fitter, M. & Thomas, K. (1997). Evaluating Complementary Therapies for use in the NHS: "Horses for Courses". Part 1: the design challenge. *Complementary Therapies in Medicine*, 5, 90-93.

Gould, A. (1997a). Shaping the debate: developing our agenda. Report on the second Acupuncture Research Symposium. *European Journal of Oriental Medicine* 2(3):46-52.

Gould, A. (1997b). An introduction to the work of the Acupuncture Research Resources Centre and ARRCBASE: a bibliographic database of acupuncture practice and research. *Complementary Therapies in Medicine*, 5(3), 168-71.



MacPherson H & Kaptchuk TJ, Eds. (1997). *Acupuncture in practice: case history insights from the West*. Churchill Livingstone, Edinburgh pp482.

Thomas K, Fitter M. (1997). Evaluating Complementary Therapies for use in the NHS: "Horses for Courses". Part 2: alternative research strategies. *Complementary Therapies in Medicine*, 5, 94-98.

MacPherson H (1998) How safe is acupuncture? Setting the record straight. *Caduceus* 42:37-39.

MacPherson H, Fitter M, (1998). Factors that influence outcome: an evaluation of change with acupuncture. *Acupuncture in Medicine*, 16(1):33-39.

MacPherson H, Gould AJ, (1998) Grasping the nettle: a response to reports of adverse events from acupuncture. *European Journal of Oriental Medicine*, 2(5):19-26.

Fitter M, (1999) Medicine as signification, a response. *European Journal of Oriental Medicine* 3(2):32-40.

Gould AJ (1999) Report on the Third Annual Symposium, March 14th 1998: Inspiration to action, debating the opportunities. *British Acupuncture Council Newsletter* 4(2):8-11.

MacPherson H, (1999a) Fatal and adverse events from acupuncture: allegation, evidence and the implications." *Journal of Alternative & Complementary Medicine (USA)* 5(1):47-56.

MacPherson H, (1999b) Evidence-based traditional Chinese medicine: acupuncture and asthma. *Proceedings of Moving With The Sun Conference, Chinese University of Hong Kong, Hong Kong*.

MacPherson H, Gould AJ, Fitter M (1999) Acupuncture for low back pain: results of a pilot study for a randomised controlled trial. *Complementary Therapies in Medicine*, 7(2):83-90.

Thomas KJ, Fitter M, Brazier J, MacPherson H, Campbell M, Nicholl JP, Roman M. (1999) Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain assessed as suitable for primary care management. *Complementary Therapies in Medicine*, 7(2):91-100.

MacPherson H (1999c) How safe is acupuncture? Developing the evidence on risk. *Journal of Alternative & Complementary Medicine (USA)* 5(3):223-224.

MacPherson H (1999d) The York Back Pain Trial: should GPs offer patients with back pain the option of a referral to a traditional acupuncturist? *British Acupuncture Council Newsletter*, 4(3):6-8.

Wheeler J, MacPherson H, (2000) "Towards a research strategy for the acupuncture profession: a discussion document." *British Acupuncture Council Newsletter*, 5(2):8-14.



- MacPherson H, (2000a) "Out of the laboratory and into the clinic: acupuncture research in the real world." *International Journal of Clinical Acupuncture and Oriental Medicine*, 1(2):97-100.
- MacPherson H, (2000b) "Pragmatic research: with a focus on low back pain." *Acupuncture Association of Chartered Physiotherapists Journal*, October, 29-32.
- MacPherson H, Lewith GT, (2001) "On the reporting of adverse events following acupuncture." *Physiotherapy Journal* 87(1):21-24.
- MacPherson H. 2001 "Making research our own: positive steps in a challenging environment." *British Acupuncture News* 5(6):16-18.
- Gould AJ, MacPherson H, 2001 "Patient perspectives on outcomes following treatment with acupuncture." *Journal of Alternative & Complementary Medicine*, 7(3):261-8.
- Riviere K, MacPherson H, 2001 "The acupuncture and science debate: highlights of the joint British Acupuncture Council and Exeter University workshop." *British Acupuncture Council News* 6(2):10-11.
- MacPherson H, Thomas K, Walters S, Fitter M, 2001a "The York acupuncture safety study: prospective survey of 34 000 treatments by traditional acupuncturists" *British Medical Journal* 2001;323:486-487.
- Thorpe L, Thomas K, Fitter M, Brazier J, MacPherson H, Campbell M, Nicholl J, Morgan A, Roman M. 2001 Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain assessed as suitable for primary care management. *Journal of Epidemiology and Community Health* 55 (Supp. 1):A53.
- Fitter M, 2001, "The upward research trend in acupuncture colleges", *British Acupuncture Council News*, 6 (4).
- Thomas KJ, Fitter M, 2002 Possible research strategies for evaluating complementary and alternative medicine interventions. Chapter in Lewith, Walach & Jonas (eds). "Clinical Research Methodology for Complementary Therapies" Churchill Livingstone.
- MacPherson H, 2001 "Workshop report: acupuncture and science – fundamental contradiction or creative tension." *Complementary Therapies in Medicine* 9(2):122.
- MacPherson H, Thomas KJ, Walters S, Fitter M, 2001 "A prospective survey of adverse events and treatment reactions following 34,000 consultations with professional acupuncturists." *Acupuncture in Medicine* 19(2):93-102.
- MacPherson H 2001 "A mandate for a suitable route for statutory self-regulation, but where do we go from here?" *British Acupuncture Council News* 6(5):2.



White A, Cummings M, Hopwood, V, MacPherson H. 2001 “Informed consent for acupuncture – an information leaflet developed by consensus.” *Acupuncture in Medicine*. 19(2):123-129.

MacPherson H, White A, Cummings M, Jobst K, Rose K, Niemtow, R. “Standards for reporting interventions in controlled trials of acupuncture – the STRICTA recommendations.” *Complementary Therapies in Medicine* 2001 9(4):246-9. [Also co-published in: *Journal Alternative & Complementary Medicine* 2002 8(1):85-9; *Acupuncture in Medicine* 2002 20(1):22-5; *Clinical Acupuncture and Oriental Medicine* 2002 3(1) 6-9, and *Medical Acupuncture* 2002 13(3):9-11.]

MacPherson H, Hougham P. 2002 “What should we say to our patients about the safety of acupuncture?” *British Acupuncture Council News* 7(1):15-16.

MacPherson H, Thomas KJ, Walters S, Fitter M, 2002a “Safety in numbers. What practitioners reported about adverse events and treatment reactions following 34,000 acupuncture sessions” *European Journal of Oriental Medicine* 3(6):13-22.

MacPherson H, Thomas KJ, Walters S, Fitter M, 2002b “How safe is acupuncture?” *CAM* 7:14-22.

MacPherson H, Sherman K, Hammerschlag R, Birch S, Lao L, Zaslawski C, 2002 “The clinical evaluation of traditional East Asian systems of medicine.” *Clinical Acupuncture and Oriental Medicine* 3(1):16-19.

Sherman K, Lao L, Hopwood V, Kawahita K, MacPherson H 2002 “Matching acupuncture clinical study designs to research questions.” *Clinical Acupuncture and Oriental Medicine* 3(1):12-15.(Thomas KJ et al. 2004)

Lipman L, Dale J, MacPherson H. 2003 “Attitudes of GPs towards the provision of acupuncture on the NHS.” *Complementary Therapies in Medicine* 11(2):110-4.

MacPherson H, Thorpe L, Thomas KJ, Campbell M. Acupuncture for low back pain: traditional diagnosis and treatment of 148 patients in a clinical trial. *Complementary Therapies in Medicine*, 2004; 12(1): 38-44.

MacPherson H, Scullion T, Thomas K, Walters S. Patient reports of adverse events associated with acupuncture: a large scale prospective survey. 2004 *Quality and Safety in Health Care* 2004; 13: 349-355.

Thomas KJ, MacPherson H, Thorpe L, Ratcliffe J, Brazier J, Campbell M, Nicholl J, Fitter M, Roman M, Morgan A, & Walters S. Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain. Final report to NCC HTA October 2004



## **Appendix 1: Who's who at the Foundation for Traditional Chinese Medicine**

### **Patron**

**Rt. Hon. Lord Colwyn** CBE, BDS, LDS, RCS is President of the Parliamentary Group for Alternative and Complementary Medicine and President of the Natural Medicines Society.

### **Board Of Trustees**

**Jennifer Dale** is an acupuncturist with the British Acupuncture Council and a member of the Management Committee of the Acupuncture Research Resources Centre.

**Dr. Mike Fitter** (Chair of the Trustees) worked for the Medical Research Council for 19 years and more recently has been Research Director first at the Foundation from 1993 to 1997 and then at the Northern College of Acupuncture from 1997 to 2003.

**Fenella Jeffers** represents the voice of the patient, and she has a Masters degree in Women's Studies from the University of York.

**Charles Ristic** is a General Practitioner with a long-term interest in complementary medicine.

**Mark Tempest** is a solicitor based in York with a speciality of medical litigation.

### **Consultants**

**Richard Blackwell**, currently Principal of the Northern College of Acupuncture, worked for the Foundation for Traditional Chinese Medicine as its first Research Director 1992 to 1993 and since then has been a consultant.

**Sato Liu** is Executive Director of the Natural Medicines Society, the largest consumer group representing users of complementary medicine.

**Kate Thomas** is Deputy Director of the Department of Health funded Medical Care Research Unit at the University of Sheffield. She collaborates with the Foundation on a number of projects.



## Board Of Advisers

**Dr Stephen Birch** is a practising acupuncturist based in Amsterdam where he heads the Stichting (Foundation) for Traditional East Asian Medicine, an independent institute with a particular interest in acupuncture research.

**Prof. Roy Carr Hill** works at the Centre for Health Economics at the University of York and is also expert advisor to the UK Clearing House on Health Outcomes at Leeds.

**Dr. Peter Davies** Deputy Director of the Centre for Care And Primary Health at the University of Westminster, Research Director of Marylebone Centre Trust and a trustee of the Research Council for Complementary Medicine.

**Dr. Kim Jobst** is a physician working at the Glasgow Homeopathic Hospital and University Department of Medicine and Therapeutics and he is editor of the Journal of Alternative and Complementary Medicine.

**Dr. Julian Kenyon** is a physician and researcher who has worked as Co-Director of the Centre of Complementary Medicine, Southampton and is Director of The Dove Healing Trust.

**Dr George Lewith** is Honorary Senior Research Fellow and Honorary Consultant Physician at the University of Southampton.

**Dr. David Reilly** is Consultant Physician, Glasgow Homeopathic Hospital and Honorary Senior Lecturer in Medicine, Glasgow Royal Infirmary.

**Dr. David St. George** is Senior Lecturer in Clinical Epidemiology and Consultant in Public Health Medicine at the Royal Free Hospital in London.

## Foundation Staff

**Dr Hugh MacPherson** has been Research Director of the Foundation for Traditional Chinese Medicine since 1997. He founded and has been Principal and Honorary and President of the Northern College of Acupuncture. Since June 2003, he has a joint appointment as a Senior Research Fellow with the Department of Health Sciences, University of York.