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Turning Points:

Clearing Blocks to Treatment in Women with Early Breast Cancer

Beverley de Valois

Abstract

In a research study to investigate the use of acupuncture to manage hot flushes and night sweats in women taking tamoxifen for early breast cancer, the author explored the use of clearing blocks to treatment. Blocks to treatment are phenomena in the Five Elements theoretical framework of acupuncture practice, and are not often explored in research studies. The author presents five case studies, discussing the application of treatment protocols for blocks to treatment and showing how they precipitated significant 'turning points' in the patients' progress. She also discusses how these cases shaped and developed her own interpretation of the significance of clearing blocks to treatment, contributing to a 'turning point' in her understanding of Five Elements Constitutional Acupuncture to encompass these approaches in her research and in clinical practice.

Key Words

Breast cancer, Five Elements Constitutional Acupuncture, blocks to treatment, tamoxifen, hot flushes

Introduction

Blocks to treatment are phenomena in Five Elements acupuncture associated with blockages in the patient's *qi*. They may have profound negative affects on the patient's physical and psychological health, and are often associated with a patient's inability to progress during treatment, or even with a worsening of symptoms. There are four blocks: Aggressive Energy (AE), Possession (which is treated using the Internal Dragons (IDs) and External Dragons (EDs)), Husband-Wife Imbalance (H-WI), and Entry-Exit blocks (Hicks *et al.*, 2004). The introduction of these ideas to the practice of acupuncture in Britain and America is attributed to J R Worsley, the founder of 'Leamington Acupuncture'; however, the concepts of blocks to treatment are believed to have their roots in ancient Oriental beliefs about the nature of disease (Eckman, 1996; Flaws, 1989).

This paper focuses on the author's experience of treating the first three of these blocks, in a research study that explored the use of traditional acupuncture to manage hot flushes and night sweats that are a side effect of tamoxifen in women with early breast cancer. It presents five case studies of women who participated in the research study, and whose symptoms suggested that blocks to treatment were present. Four of these cases show how applying these treatments precipitated positive changes in the patients' progress, and appear to have been responsible for significant 'turning points' in the patients' responses to treatment and in their wellbeing. The paper also explores the author's own learning process in identifying blocks to treatment, and discusses how each of the cases contributed to a 'turning point' in her understanding of the importance of using these treatments in her own practice, particularly for women with breast cancer.

The importance of clearing blocks to treatment

In the theoretical framework of Five Elements acupuncture, it is essential to clear blocks to treatment when they appear in order to help the patient progress. Indeed, Aggressive Energy (AE), Possession, and Husband-Wife Imbalance are considered to be so potentially damaging that they may be life-threatening if not cleared (Hicks *et al.*, 2004, p 227). Once cleared, the patient may experience dramatic or gradual changes in their wellbeing.

While each of the blocks has its own distinctive characteristics, indications, and treatment protocols, they share a number of common features. They may pre-exist in a patient's energetic make-up (in which case the practitioner will seek to clear them before treating other aspects of the patient's health) or they may arise during the course of treatment, in which case the patient may stop making progress or even regress until the block is cleared. Each block has a particular set of indicators that suggest its presence, however, common indications for all three include a history of life-threatening illness, a history of intensive drug therapy (either therapeutic or recreational), and a history of trauma (either physical or emotional) that affects the patient deeply on a physical, emotional, or spiritual level (Hicks *et al.*, 2004). These particular indicators suggested to me that clearing blocks to treatment could be particularly relevant when treating women with breast cancer. The majority of these women will have experienced the shock of the breast cancer diagnosis and its disfiguring treatments, they are all likely to have undergone intensive drug therapy (including chemotherapy, anti-emetics, pain-killers, anti-depressants, hormonal treatments to prevent recurrence in addition to other pharmaceutical products to manage a range of symptoms), and they will have experienced the anxiety and deep-rooted fear associated with the possibility of death from cancer.

For further discussion of the indications for these blocks to treatment as well as the points and procedures used in their application, I refer the reader to the excellent discussions in Chapter 6 of J R Worsley's text on traditional diagnosis (1990) and to Section 4 of *Five Elements Constitutional Acupuncture* (Hicks *et al.*, 2004). Before going on to describe the context in which I applied these treatments, I would like to make the following points which are relevant to the case studies presented below:

- in Five Elements acupuncture, an Aggressive Energy (AE) Drain is often the first treatment administered to a patient, and I followed this practice in my research study. The presence of AE is indicated by erythema (reddening of the skin) around the inserted needles, which clears or 'drains' as the treatment progresses;
- Internal Dragons (IDs) and External Dragons (EDs) are two types of treatment for Possession; they have slightly different indications, and involve the use of different points¹. As a general rule, IDs are used if the Possession appears to be from "an internal cause, such as emotional shocks, instability, or poor psychological health", whilst EDs are administered if the cause is external (for example, recreational or prescribed drugs) (Hicks *et al.*, 2004, p 241). In practice, treating both types of Possession may be necessary. Obsessive behaviour patterns and terrifying dreams are two indicators that Possession may be present (Hicks *et al.*, 2004, p 240);
- one indication of a Husband-Wife Imbalance (H-WI) is a characteristic pulse picture that is much stronger on the right (*yin*) side than on the left (*yang*) side. After treatment, the pulses should be more harmonious and even across both sides.

The research study

My research was an exploratory study to investigate whether traditional acupuncture could be used to manage the hot flushes and night sweats that are a common side effect of tamoxifen treatment for breast cancer. Tamoxifen is a hormonal treatment used to prevent recurrence in women with primary breast cancer, and it reduces the risk of recurrence by 40 per cent (Neal & Hoskin, 2003, p 79). At the time of my research, it was the gold standard treatment for preventing recurrence (Buzdar, 2003), and was prescribed to the majority of women with a breast cancer diagnosis as part of their treatment, usually for five years (Joint Formulary Committee, 2003; Neal & Hoskin, 2003). Hot flushes and night sweats are the most frequently occurring side effect of the drug (Carpenter *et al.*, 2002; Langer, 1996; Love *et al.*, 1991), and whilst not life threatening, these side effects cause much discomfort and distress (Carpenter *et al.*, 2002).

I treated 50 women, giving them a course of weekly acupuncture treatments for a total of eight sessions. The research took place in a

support and information centre attached to a major National Health Service (NHS) cancer treatment centre in north-west London. In this environment, there was a strong expectation that I would deliver a standardised treatment to all the participants. I resisted this pressure, compromising with a standardised core protocol, but ensured that I had the freedom to individualise treatments using 'points for the patient'. Thus, my protocol comprised:

- an Aggressive Energy (AE) Drain for the first treatment
- a combination of points to address the hot flushes and night sweats for the subsequent treatments. These were to nourish kidney *yin* (Lu 7 *lie que*, Ki 6 *zhao hai*, Ren 4 *guan yuan*, Sp 6 *san yin jiao*) and treat night sweats (Ht 6 *yin xi*, Ki 7 *fu liu*). Points were needled unilaterally and the needles retained for 20 minutes
- points for the patient. These were chosen according to the theories underlying the 'integrated' style of acupuncture in which I was trained, and which is described below

Participants were monitored for 30 weeks from the time they consented to the study, and they completed hot flush diaries and validated questionnaires to measure changes at five points during that period. They also filled in questionnaires at the end of treatment (EOT), four weeks after EOT, and at 18 weeks after EOT, on which they provided written answers to questions asking them about their perceptions and experience of having acupuncture. The quotations used in the case studies presented below are taken from these questionnaires, as well as from the case histories and treatment notes. The approach and the results are detailed elsewhere (see de Valois, 2006).

My background and approach

The style of acupuncture I practise is 'integrated' acupuncture, which is taught extensively in the UK, and which brings together two different frameworks of acupuncture theory and practice: Eight Principles² (sometimes called *yin/yang* theory) and Five Elements Constitutional Acupuncture (FECA). Both theoretical frameworks have distinctive models for the aetiology, diagnosis, and treatment of disease, as well as their own interpretations of the functions of the acupuncture points. It is not the purpose of this paper to discuss the characteristics of these styles extensively. What follows is a very brief summary of some of their characteristics: for more detailed discussions, I refer the reader to the discussions in Eckman (1996), Birch and Felt (1999), and Hicks *et al.* (2004, particularly Section 8: Integration).

Eight Principles acupuncture identifies imbalances in the flow of *qi* according to four pairs of opposing principles (*yin/yang*, interior/exterior, hot/cold, and full/empty); relies on patterns of signs and symptoms associated with the organs and substances to diagnose disease; and the practitioner reads the pulses and tongue

1 The points used for IDs are the Master point 0.25 cun below Ren 15 *jiu wei*, St 25 *tian shu*, St 32 *fu tu*, St 41 *jie xi*. The points used for EDs are Du 20 *bai hui*, Bl 11 *da zhu*, Bl 23 *shen shu*, Bl 61 *pu can*.

2 I refrain from labelling this approach Traditional Chinese Medicine (TCM), and concur with Birch and Felt (1999) who define TCM as "the synthesis of internal medicine and biomedicine currently taught in Chinese medical schools to which modern Chinese acupuncture has conformed."

to confirm the pattern diagnosis (Birch & Felt, 1999; Kaptchuk, 2000; Maciocia, 1989). FECA focuses on the interaction of the five elements or phases (fire, earth, metal, water and wood); is underpinned by the concept of the 'constitutional imbalance' whereby an imbalance in one of the five elements (the 'constitutional factor' or 'CF') leads to symptoms of ill health on the level of the body, mind, and/or spirit; and the practitioner focuses on colour, sound, emotion, and odour (CSEO) as well as the pulses to diagnose and to monitor change (Birch & Felt, 1999; Hicks et al., 2004). Furthermore, it includes the concept of blocks to treatment and the significance of clearing them. The FECA style emphasises the importance of establishing rapport with the patient. It is a distinctly western adaptation of acupuncture, and is seen as particularly appropriate for the treatment of "longer-term chronic problems with a mixture of physical and spirit-level issues" which exist widely in modern western culture (Hicks et al., 2004, p xi).

However, since the "second treatment on her back" (the EDs) she felt "remarkably different and much better... I feel alive now!"

These summaries are vastly simplified in order to give the reader a brief insight into two very complex theoretical frameworks. Integration of these two styles gives the practitioner a wider range of options with which to treat patients (Hicks et al., 2004; Mole, 2007). Although I was trained in this integrated method, at the time of setting up my research I drew heavily on the Eight Principles style and felt less comfortable using FECA. This paper presents case studies in which I began to apply and observe the power of the protocols for clearing blocks to treatment. Just as each of the case studies below discusses a turning point for each woman, this paper explores turning points in my style of practice in which I began to draw more upon the FECA theoretical framework.

Case 1: Heather – my turning point

Background

Heather, age 46, had been treated with surgery, chemotherapy and radiotherapy, and the last of these treatments had been 16 months prior to joining the hot flush study. Hot flushes started soon after she began taking tamoxifen 16 months previously. On joining the study, Heather was experiencing an average of nine flushing incidents per 24-hour period, with a range from five to 13 per day. In the early stages, these were accompanied by panic attacks. Now, she felt like "a jacket potato cooked from the inside out", experienced profuse sweating, and needed to change her bedding at night.

During the initial consultation, Heather recounted a history of very disturbing physical, emotional and sexual abuse. Anxiety and frustration were her key emotions; with regard to her cancer she said she was afraid to say she was feeling well "in case it all goes wrong". She felt she would be "tempting fate".

Progress through treatment

Heather attended for three treatments before dropping out of the study. After the initial AE Drain, she reported that she had a lovely week, had been able to sleep well, and felt "really a lot calmer, not so wound up... or fidgety" to the point that her family and friends noticed she was not so "uptight". After the second treatment, she reported that although her sleep was less good, the hot flushes and night sweats had reduced, and she was still feeling relaxed. During these treatments, Heather disclosed some of her fears. In particular, she was afraid of change. With her family grown up, her partner was keen to move to a smaller house, but Heather was locked into a belief system that dictated that if she changed anything in her daily life, her cancer would return. This was clearly a debilitating belief system, and was causing tensions at home. This was my signal that profound action was called for, and in my notes I have recorded the need for treating Possession. At her third treatment, however, Heather noted that she was feeling more positive about change, and said she was talking to her partner about moving house.

The patient's turning point

From this, I judged that treatment was having an effect on her belief system about change. I was therefore surprised to receive a letter from Heather stating that she was unable to attend further sessions due to "transportation problems". She wrote that she regretted this, as she found the treatment "valuable and most effective with my hot flushes and sweats". As Heather had not previously mentioned transportation as a potential issue, and as she was unwilling to discuss leaving the study with me over the phone, I reasoned that Heather might have retreated back to her beliefs about change. A change in the nature of her hot flushes may have been enough to trigger her belief that this would result in the cancer returning, so it was safer to discontinue treatment.

My turning point

Of course, I will never know her true reasons. However, my assessment of Heather's response and her possible motives was a powerful influence on my assessment and treatment of future study participants, and convinced me of the necessity of adapting my study protocol to address blocks to treatment where appropriate.

Case 2: Lily – A case of using EDs when IDs are not possible

Background

Lily, age 51, had been treated with surgery, chemotherapy and radiotherapy, and the last of these treatments had been seven

months prior to joining the hot flush study. Hot flushes came on gradually about three to four months after starting tamoxifen eleven months previously. On joining the study, Lily was experiencing an average of 17 flushing incidents per 24-hour period, with a range from ten to 25 per day. She was acutely embarrassed in social situations by the redness of her face and the accompanying sweating. Lily also felt the flushes were affecting her memory, and she was unable to remember things.

During the initial consultation, Lily also spoke of the poor quality of her sleep. Currently, she managed only two hours of sleep a night, and stayed up reading or watching TV. The poor sleep pattern had started about 16 years previously, when a house fire destroyed the garage and two cars. Since the blaze, she had wakened at 2.30 am every night (the time when the fire started) and had to “go on patrol” to check the whole house. She was “frightened to relax and go into a deep sleep”. She also reported having nightmares and horrid dreams. She had become accustomed to going without sleep.

Progress through treatment

Although this obsessive need to check the house every night suggested Possession, Lily initially did well on the standard protocol for the study. Her hot flushes reduced in frequency and intensity and her sleep began to improve. However, she was still waking at 2.30 a.m. to go on patrol, and her dreams were still disturbing. After her fourth treatment, she seemed to get worse: the hot flushes became more severe and nosebleeds (which had plagued her for most of her life, but which had not occurred for the past year) began to return. I decided to treat Possession at the next treatment if there was no significant change in the intervening week.

The patient’s turning point

Given the obsessive nature of Lily’s night-time behaviour, and the nature of her dreams, my preference would have been to use Internal Dragons. However, she had had a breast reconstruction shortly before joining the study, and I was reluctant to needle into the tender scarred area on the front of her torso. So I opted for External Dragons. Lily relaxed visibly during the treatment, although at the end she felt “absolutely wiped out”. When I saw her the next week, she was in good spirits: the hot flushes had reduced again, and she was “definitely sleeping better”. She was now going to sleep at 10 p.m., waking at 3 a.m. but staying in bed, and dozing until 5 a.m. The nose bleeds had stopped. At her next and final treatment, she enthused that she had had the best week ever, with only four flushes during the entire week! She was able to sleep for five hours at a time, and hadn’t patrolled the house for two weeks. Her energy had improved remarkably. When asked if she had found being involved in the study beneficial, she replied that during the first weeks, she wasn’t sure if it was worth it. However, since the “second treatment on her back” (the EDs) she felt “remarkably different and much better... I feel alive now!”

My turning point

Lily’s dramatic change after administering ED’s increased my confidence, and I resolved to seek to identify blocks to treatment and treat them when appropriate as a normal course of my research.

Case 3: Iris – using IDs

Background

Iris, age 53, had been treated with surgery and radiotherapy, and the last of these treatments had been 21 months prior to joining the hot flush study. She had been taking tamoxifen for two years. She had previously experienced mild hot flushes with the onset of menopause, but six months after starting tamoxifen they became more intense and were progressively getting worse. On joining the study, Iris was experiencing an average of five flushing incidents per 24-hour period, with a range from none to nine per day. Night flushes were accompanied by sweating, headache, and flu-like feelings, whilst day flushes were dry but socially embarrassing.

During the initial consultation, Iris talked about her depression related to the death of her mother 19 years previously. She was tearful when she spoke about this. Nightmares frequently plagued her sleep, which was poor, and she often awoke upset because her mother was not there.

Progress through treatment

Iris was one of the last participants to join the study, so I was more confident about clearing blocks to treatment at this stage. At her second treatment, I administered IDs, hoping this would address the extremely distressing dreams that Iris described. At her next treatment, she was astounded at the difference in her energy, and was delighted to report “I feel normal!” However, the disturbing dreams continued, and although the hot flushes were less severe, they were no more infrequent. For the next two treatments, I focused on the hot flushes with minimal success. Iris’s energy remained good, her quality of sleep improved somewhat, but the dreams remained frequent and distressing.

The patient’s turning point

At her fifth treatment, I repeated the IDs treatment. The next week she reported that she had not had any dreams, and over the next three weeks her hot flushes and quality of sleep continuously improved. At 18 weeks after the end of treatment, Iris reported that one of the long-term benefits of the acupuncture treatment was that her upsetting dreams had stopped and had not returned.

My turning point

Iris was one of the last participants to be recruited to the study, so her case served to confirm my increasing sense that clearing Possession is a valuable treatment. I now use these treatments often in my private practice.

Case 4: Poppy – the power of the AE Drain

Background

Poppy, age 44, had been treated with surgery, chemotherapy and radiotherapy, and the last of these treatments had been ten months prior to joining the hot flush study. Hot flushes started “with a bang” soon after starting tamoxifen 15 months previously. On joining the study, Poppy was experiencing an average of ten flushing incidents per 24-hour period, with a range from eight to 13 per day. The worst incidents occurred at night, and she often found it difficult to get back to sleep after a night sweat, so was awake “for hours”.

During the initial consultation, Poppy discussed the aches and pains that her GP said were tamoxifen-related. Aches occurred under both armpits and around her back, and she felt as if someone was “squeezing” or “gripping” her. These aches were worse when she got out of bed, or got up from a sitting position, when they were accompanied by a sharp spasm of pain. Although her doctor was not worried by these pains, Poppy found them even more uncomfortable than her hot flushes and night sweats.

Progress through treatment

As was my standard procedure in this research, Poppy’s first treatment was an AE Drain. There was considerable erythema around the needles, which almost completely diminished during the 25 minutes that the needles were retained.

The patient’s turning point

When I saw her for her second session, Poppy delightedly reported that she had woken up the day after treatment with no pain, and the pain had not returned until four or five days later. Even then, the level was tolerable and did not need attention until her seventh treatment, when Poppy specifically asked for “that back treatment” to be repeated.

In all her written feedback about the benefits of treatment, Poppy stressed that acupuncture had “instantly unblocked the awful aches and pains I’d been suffering from since chemo and radiotherapy” the previous year.

My turning point

In this study, I valued AE Drains as a first treatment. Research participants were often nervous about having acupuncture. This simple treatment administered without attempting to achieve needle sensation (*de qi*) was an invaluable introduction, serving to reassure the women that having acupuncture would not be painful. However, in spite of administering many AE Drains, I had yet to observe substantial patient reactions. Poppy’s reaction made me re-evaluate the potential of clearing this block, and I have since had many patients who experienced noticeable beneficial effects after an AE Drain.

Case 5: Rose – A Husband-Wife Imbalance

Background

Rose, age 58, had been treated with surgery and radiotherapy, and the last of these treatments had been eight months prior to joining the hot flush study. Hot flushes began immediately after she started taking tamoxifen eleven months previously. On joining the study, Rose was experiencing an average of eight flushing incidents per 24-hour period, with a range from seven to 11 per day.

During the initial consultation, Rose spoke about getting the “miseries”, which she described as periodic bouts of introversion and lack of confidence, accompanied by a sense of bleakness. Her mother had a breakdown when Rose was 12, and Rose was always conscious of this. Although Rose described herself as “normally outgoing”, she struck me as being quite subdued. She also felt her energy was very low. As well as reducing her hot flushes, her aims for treatment were to improve her energy and gain a feeling of well-being, which she described as resolving her mood swings and her lack of confidence.

Progress through treatment

Rose’s pulses were much stronger on the right hand side than the left, one of the indications of H-WI (Hicks *et al.*, 2004, p 228). However, I administered an AE Drain in the first session, and focused on treating her hot flushes in the two subsequent sessions. Many of her symptoms improved, but her energy levels remained capricious, and the imbalance on the pulses remained. At her fourth session I treated the H-WI. After this, the pulses appeared to even out somewhat from right to left.

At the following session, Rose reported that she had felt light-headed after the treatment. She was sleeping well, but still feeling very tired. At her sixth session, she reported that she had been less tired during the week, and that her moods had been even. The right hand pulses were still much stronger than those on the left, and I administered a second treatment to clear the H-WI.

The patient’s turning point

At her seventh session, Rose reported that although she had been tired after the previous treatment, her energy had improved throughout the week and her moods were stable. This continued through to her eighth and final treatment. In her follow-up questionnaires, Rose wrote about the reduction of her hot flushes “by about a half”, as well as the improvements in her energy. She also wrote that she had “less feelings of anxiety and a general feeling of wellbeing”. At 18 weeks following the end of treatment, in response to the question asking what did the experience of acupuncture affect most in your life, Rose wrote “it increased my confidence in my own ability to be ‘positive’ in my attitude”.

My turning point

I was encouraged by Rose's response, as this was the first time I had ever attempted to treat a H-WI. Even so, I still find this one of the most challenging of the blocks to diagnose and to treat.

Discussion

Hicks *et al* write that clearing blocks to treatment may have dramatic or subtle effects that "may not seem possible until the practitioner has repeatedly observed them on many patients" (2004, p 228). The cases presented here represent my first faltering steps at identifying the need for these treatments, applying them, and observing the results. It has taken several years of reflection and observation of treatment results on other patients to help me understand the significance of these treatments, and their beneficial effects.

As a researcher, a number of questions are raised. Would these women have experienced improvement if I had continued treatment with my standard protocol? It may also have been possible to treat the symptoms they experienced using approaches from the Eight Principles theoretical framework (see Flaws's discussion of the relationship of blocks and TCM (1989)).

Was it really clearing the block to treatment that made the difference, or had the patient simply arrived at the state of readiness for change? The cases that I have presented here are the most striking of the 50 women I treated. Each of these women had an AE Drain at their first session, but only Poppy reported such dramatic changes after this treatment. Furthermore, there were several women in the study to whom I administered block-clearing treatments (mostly for Possession), and they showed no perceptible change. Is that an argument against the effectiveness of clearing blocks to treatment, or was that simply the result of my inexperience – did I administer an inappropriate treatment, or administer it incorrectly, or simply fail to have the patience to observe a subtle, longer-term effect?

These are questions I cannot answer. However, the further development of my understanding and practice of clearing blocks to treatment, along with my clinical observation suggests to me that these are important treatments in the acupuncturist's repertoire.

Conclusion

These cases were instrumental in changing my perception of FECA acupuncture, and since this research I have been studying to increase my understanding of the Five Element theoretical framework. Further research in this under-studied area would be beneficial to the acupuncture community. I trust that these cases will encourage practitioners and researchers alike to consider the potential benefit of clearing blocks to treatment, which are particularly indicated in patients with a history of life-threatening illness such as cancer.

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