

Medicine at the sharp end



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Always a straightforward and orthodox chap, in this article Mike describes how his interest in muscle pain led him into the world of Complementary and Alternative Medicine (CAM).*

I remember first starting regular anaerobic exercise at the age of ten in an attempt to reduce the ‘discomfort’ of circuit training – an unfamiliar form of entertainment for young lads, introduced by the manager of the football team I had just joined with my brother.

My interest in the soma grew from there, and the many hours I spent pushing myself to physical limits were always followed by an analysis of the parts that had failed or were aching. I discovered post-isometric relaxation for myself whilst training in martial arts, and experienced a variety of different types of musculoskeletal pain. An interest in trying to determine the source of the latter naturally led me to medicine.

I was fascinated by anatomy and physiology, but somewhat disappointed by the lack of coverage of my particular area of interest – muscle pain – in clinical training. I spent my medical school elective in sports rehabilitation and orthopaedics in

the UK which was an excellent experience.

During my houseman year I went on a sports medicine course during my annual leave and began to consider the best career move to get me into my area of interest. Would it be orthopaedics, rheumatology or cardiology? None of these would have led clearly to skeletal muscle problems. In the end I joined the RAF as a general duties medical officer which turned out to be a sound choice, as about half of the clinical presentations were related to sport or physical activity related injuries.

Whilst in the RAF, and completely by chance, I was introduced to acupuncture. I attended an introductory course run by the British Medical Acupuncture Society (BMAS) and was astounded at how useful the technique was in practice. I had been predominantly using injection techniques, and found that in the vast majority of cases, I could achieve the same results with dry needling – another term used for this style

of ‘trigger point’ acupuncture. Mostly I was treating muscle pain, which is still an under-researched and poorly recognised problem.

On leaving the RAF I took over a private acupuncture practice, and worked as a GP locum and clinical assistant. Whilst I thought that I could slowly steer the clinic in a more orthodox direction, what actually happened was that I slid insidiously into the CAM field – there was nowhere else to go for someone with an interest in muscle pain in the UK.

A few short years later I find myself immersed in the field of medical acupuncture. Medical acupuncture is more than just a technique, but less than an entire specialty; neither yet fully at home within orthodox medicine in the West, nor within CAM.

As medical director of the BMAS I spend my time teaching, writing, editing *Acupuncture In Medicine*, running a clinic, and in a variety of institutional and political meetings. I enjoy the challenges of education, but my greatest enthusiasm is still in the search for the source of a patient’s musculoskeletal pain.

Now in my forties, I am still intrigued by the origins of my own somatic pains, though these days, I am afraid to say, they are more the result of degeneration than abuse.