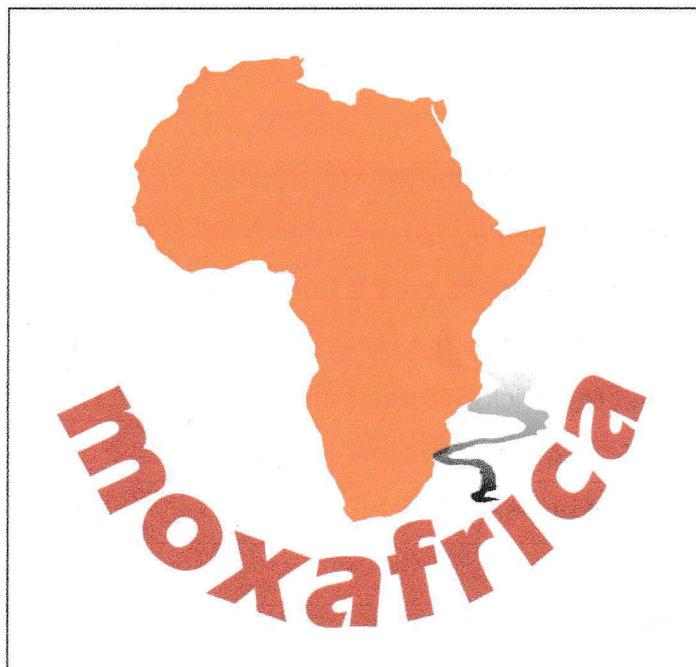


MOXAFRICA TRAINING MANUAL

Instructions on the use of direct moxibustion
for the treatment of Tuberculosis in the Phase II RCT
conducted by Makerere School of Health Sciences at
Kiswa Health Centre, Kampala, Uganda



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This manual has been prepared specifically for training patients and health workers involved in a research trial conducted by Makerere University Medical School, Kampala, in collaboration with Moxafrica, during 2012. The information and methods described here are specific for the adjunctive treatment of patients with TB, who are also taking prescribed anti-TB medication, some of whom will also be co-infected by HIV/AIDS.

WHAT IS MOXA?

Moxa is a herbal preparation made from the leaves of a plant called Mugwort, which grows in Europe and in Japan & China.

To prepare pure moxa, the leaves are dried and ground up to remove large fibres. What remains is a soft, fluffy yellowish material which contains many plant oils.

HOW IS MOXA USED?

When tiny pieces of moxa (called cones) are burnt on the skin, the heat and plant oils that penetrate the tissues can be very beneficial to health.

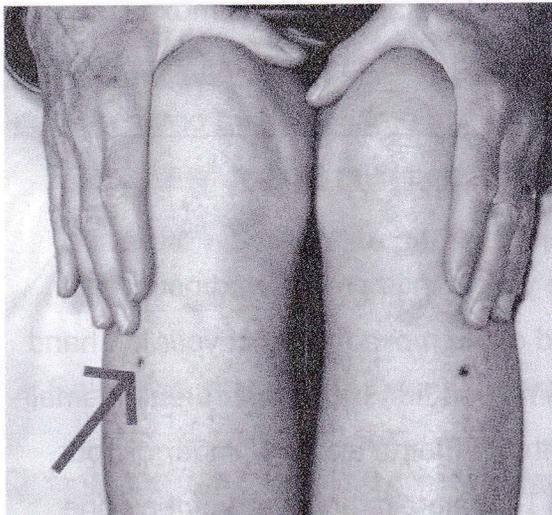
Cones are placed on specific points on the body and burnt down to the skin. Usually this is repeated with 3 or more cones on the same place.

The patient will feel a sharp prick like a needle when the moxa burns. It is important that they feel the heat each time, in order for the treatment to be effective, but it should not be really painful.

To benefit the immune system and treat sicknesses such as TB and HIV/AIDS, moxa needs to be applied on the same points every day for a long period (many months). It should be explained to patients that this treatment does not have rapid results, but gradually there should be an improvement to the blood and immune system and the patient should start to feel better with more energy.

WHERE TO APPLY MOXA

In this research study patients will receive moxa only on two points (the same position on each leg). This point, known as St36, is a commonly used acupuncture point and is particularly useful with moxa. It is best located with the knee of the patient bent at a right angle



If the patient can place their hand over the patella (kneecap) so that their thumb and index finger wrap around its top, ask them to stretch their fingers downwards towards their ankles with their hand in this position. The point will be below the tip of the middle finger, on the outside of the leg but **nearer to the front than to the side.**

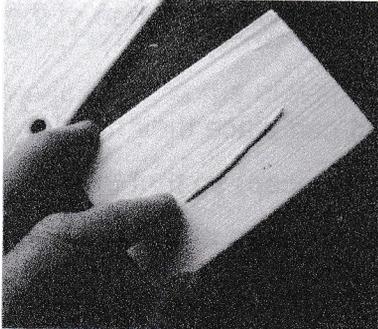


Another way of finding it is: on the **front** of the leg, one hand width (four fingers) below the kneecap, on the **outside**, in the depression between the shinbone and the leg muscle.

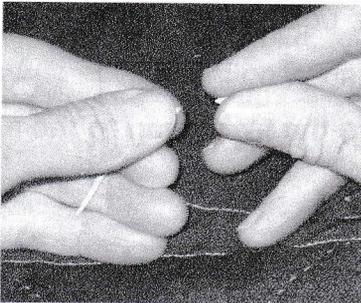
Once the general area for the point is found, press with your finger to find a sore point. This is the best place to apply moxa. It is useful to recheck this on a weekly basis because the sore point can move slightly, **but the location should never move by more than one centimetre.**

PREPARATION OF MOXA CONES

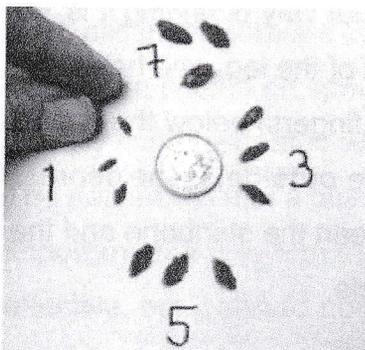
It is important to prepare cones of reproducible size and density. The best way to do this is to roll some moxa into a thin thread.



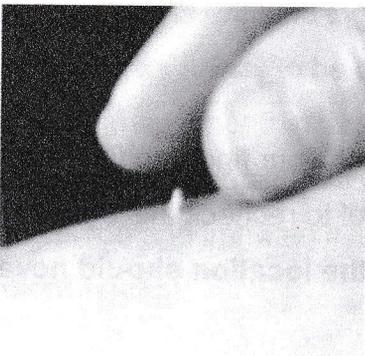
Place a small amount between two flat pieces of wood or board, and rub the boards gently together from side to side until the moxa is formed into a long thin shape about 2mm wide. It is important not to press too hard or the moxa will be too dense and burn too hot.



Making sure your hands are dry and not greasy, hold one end of the moxa thread in your left hand between thumb and first finger, and break a small length off with the thumb and first finger of your other hand. To maintain the shape of the cone you may roll it a little between your fingers.



This picture shows the size of four weights of moxa cones (mg). Patients should **always aim for the smallest 1mg size, or even smaller (the size of half a grain of dry rice)**. Patients may find this technique difficult at first but with practise they should soon be able to make cones of equal size and shape.



The cone should be placed upright so that only one end is touching the skin and it is not bent over.

Moisten the skin first with a little water to help it to stick (but not too much water or the cone will not burn).

TREATMENT PROCEDURE

Equipment needed:

Bowl of water

Incense sticks/tapers (a dried grass has been very successfully used for this)

Lighter/matches

Pen for marking the points

Moxa

1. Locate the points on the patient either in sitting or lying position. Mark a circle round each point with a pen.
2. Roll moxa into a long thread 2-3 mm thick.
3. Light the taper and hold it as you would a cigarette between your right 1st & 2nd fingers of your right hand.
4. Hold the moxa between left thumb/finger. Break off a small length with your right hand. Moisten the skin very slightly using a fingertip that is not holding moxa. Stand the moxa upright on the point, so that only a small tip of the moxa is in contact with the skin.



5. Light the top of the moxa by gently touching it with the incense stick and twisting slightly. Rest your right hand on the skin to keep it steady. Allow the moxa to burn down to the skin.
6. If you are doing repeated cones, leave the ash on the skin and put the next cone on top. Repeat with 3, 5, or 7 cones.
7. When you have finished, wipe off the ash.

REPEATED TREATMENT

The same points must be treated again every day dependant upon the stage of the protocol.

A brown stain and probably a blister will form but this will soon heal and form a hard layer. This becomes less painful as you keep on treating it so you can use slightly bigger cones if appropriate or make the cones a little denser.

SAFETY

Moxa treatment is very simple and quite safe if used properly. It does not cause side effects like those from medical drugs. The only side effect (from direct moxa) will be a small scar. However, if the treatment is too strong the patient may show signs of over-treatment such as feverishness, dizziness, hot flushes, nausea and these should all be avoided. Sometimes symptoms such as joint pains can worsen for a few days but they have then been seen to resolve. If these occur due to moxa, they will only last a day or less, but reduce treatment if you are at all concerned.

Patients should always be started on a low dosage and this can be increased gradually as long as the patient is not showing any adverse reactions.

Blisters.

Always check for signs of infection at the moxa points. Immune compromised patients need careful monitoring, but the potential benefit for them is great if care is taken.

It is very important for patients to understand that bigger cones are not more effective. Sometimes patients believe that this will be the case. As long as the cones are kept small, any blisters that develop will be tiny, and should not cause any risk to the patient. Small scabs will form over small blisters, and this is a good sign. They should not be scratched or removed and should be

allowed to heal and to drop off naturally – this shows that moxa treatment is helping the body's powers of healing. This may not happen so rapidly in the earlier stages of treatment, however, and if you are worried that the skin is not healing or there is any sign of infection, treatment should be stopped and the blistering should be allowed to heal.

Once a scab has formed and fallen off a couple of times at any point, some positive effects will probably have already been noticed by the patient, and treatment should be continued. When the scab comes off by itself it is a sign that the tissue beneath has recovered. On black skin, it is almost certain that some tiny scarring will remain.

Never use moxa on broken skin or oedema.

Due to possibility of blisters becoming infected we advise against treating diabetic patients.

Pregnant women – special care should be taken not to over-treat.

DOSAGE

At first every patient must be evaluated individually to assess the dosage they will need - the more advanced the illness, the lower the starting dosage.

Always start with a low dosage (one or 3 cones per point), and increase this gradually as long as the patient is not showing any adverse reactions.

Treatment with moxa should be built up carefully and gradually, particularly in weaker patients and also those with more advanced illness. Diseases like tuberculosis take a long time to cure. The records from Japan before the development of TB drugs show that (with moxa on its own) daily treatment could be required for up to two years. Alongside TB drugs it is possible that the overall general recovery rates will significantly shorten but patience, persistence and compliance are still vital. The patient should quickly realise that the treatment only takes a few minutes if done by someone familiar with the technique, and that the benefits are well worth the small effort required.

The heat of the moxa and therefore the dosage can be adjusted in several ways:

1. Varying the number of cones repeated on each point.
2. Varying the density of the moxa (more tightly rolled cones burn hotter)
3. Changing the size of the cones.
4. Leaving the ash on the skin and burning repeated cones on top of this will be cooler.
5. Removing the cone or snuffing it out before it burns down to the skin.

For the purposes of this research it is very important that the size and density of cones should be the same for all patients and all treatments. Dosage should only be controlled by varying the number of cones used each time.

IN ALL CASES, WHERE MEDICATION IS AVAILABLE IT MUST BE CONTINUED. DAILY MOXA TREATMENT MAY WELL MAKE THE MEDICATION MORE EFFECTIVE AS THE PATIENT'S OWN SYSTEM STRENGTHENS, AND SHOULD ALSO HELP REDUCE SIDE-EFFECTS

Traditionally, moxa is burnt in quantities of odd numbers. So start with one or three cones on each points (equal numbers on both sides) carefully locating the most painful point. This should be repeated daily. If no ill-effects are observed, and the patient has become accustomed to the treatment and accepts it, only then increase the dosage up to seven cones on each point per day.

Important: this program is designed to start with a low dosage and increase it to maximum over about a 3 week period. In extremely weak patients, the increase will need to be more gradual.

If any sudden rapid deterioration is observed (increased loss of appetite, diarrhoea etc), immediately reduce the dosage or stop the treatment altogether and start again from the beginning. Reactions like this could be due to overdose, which is why building up the dosage is so important. Restarting and continuing treatment at a lower dosage should be both safe and potentially effective.

SOME TIPS WHEN DEALING WITH NEW PATIENTS

People are not used to moxa and may be frightened of being burnt. Reassure them by demonstrating first on your own skin.

Try to assess how sensitive a person is and start with a very low heat. This should feel quite pleasant and they will be relieved and reassured. Later you can increase the dose when they are not afraid any more. If individual patients appear to be extremely sensitive to heat, the cone can be stubbed out immediately heat is felt – but it **MUST** still be felt by the patient.

The points will get a scab on them after a few times, and this will reduce the sensitivity. If there is any sign of blistering or a scab and the sensitivity increases stop moxa treatment immediately at this point.

This manual is designed to be used as part of the Moxafrica training plan. The information contained here has been gathered from a comprehensive review of the recorded treatment protocols used in Japan in the 1930's and 1940's for the treatment of tuberculosis, as well as on the informed opinions and experiences of various experts in the field of Traditional East Asian Medicine and moxibustion.

The protocols described here are designed to be used alongside conventional pharmaceuticals, wherever or whenever they are available. Only in cases where such medication is unavailable or deemed inappropriate by a qualified medical practitioner should moxibustion be used on its own – which is not expected in this RCT.

Moxibustion, when used carefully, is an extremely safe treatment, but as with every medical intervention occasional unexpected responses occur. We ask anyone who has been trained in these protocols to inform Moxafrica **IMMEDIATELY** in the event that they observe any changes in a patient which they consider might be an adverse response to any treatment described in this manual.

MOXAFRICA 2012