



# Acupuncture Points for **CHALLENGING TIMES**

By **PROFESSOR NEIL R. GUMENICK**

**I**n the midst of the current pandemic, isolation, economic, social, and political turmoil, we are facing unprecedented stress at the levels of the mind and spirit. Stress on these levels invariably take their toll on the physical body as well. I offer the following points as among the most useful I have incorporated in my treatments to support patients during these times of crisis.

## **HEART 1—UTMOST SOURCE**

Belonging to the element Fire, the Heart Official is associated with warmth, laughter and enthusiasm. Isolation and the inability to interact physically with friends and family has placed a huge strain on the Fire element in vast numbers of us. Just as the summer season, associated with the Fire element, brings blossoming and

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## **“The Body Remembers”: Alleviating the Long-Term Impact of Injury with Japanese Scar Therapy**

By **MARY ELIZABETH WAKEFIELD, LAc, MS, MM, DiplAc (NCCAOM)**

### **INTRODUCTION**

**S**cars are the causes of prolonged effects that an injury continues to have on the body. Despite the outward appearance of healing, patients continue to suffer from the residual impact of scar tissue formation long after the initial trauma, and experience chronic pain and disability, both physical and psychological. They find little relief from conventional treatments.

Western medicine is particularly effective when addressing the impact of acute trauma, but medical orthodoxy regards the formation of a scar as the end result of the process, rather than an interim phase on the road to a more complete recovery from the injury. Consequently, there are few strategies in place for alleviating the long-term effects of these disturbances of the skin and underlying tissues.

Japanese scar therapy has a well-established tradition of effectively treating scars; it lessens pain, regenerates the nerves and tissues, and dissolves the adhesions that encroach upon organs, tissues and muscles. Acupuncture needling increases circulation and facilitates greater nutrition and oxygenation of the cells in the affected area.

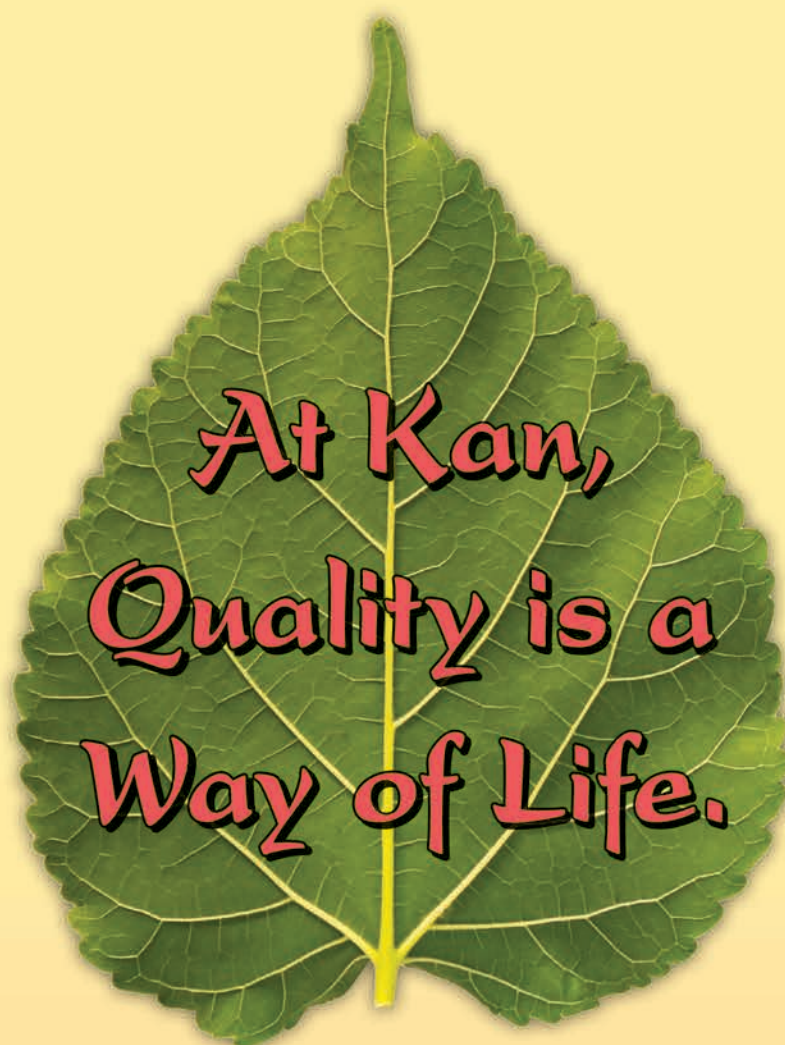
The English word *scar* is originally derived from the ancient Greek root “eskharā”, which means “hearth” or “fireplace”. Medically, the scar (escher) arises in the aftermath of a wound caused by burning or other injuries. Scars develop during the natural biological processes of wound repair; they are composed of collagen, but the constituents of the fibers that form within the scar

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# Do These Things Turn You On?

By DR. EAST PHILLIPS, DAOM, LAc

Cold showers, intermittent fasting, running, nootropics, music, surfing, dancing to EDM, high-intensity sports, creative outlets such as painting or starting new companies, kittens, funny movies, having fun with my kids, weekend getaways with my husband, laughing with family and friends, girls' weekends and Marie Kondo-like organizing the heck out of my office and home.

**What? You don't consider cold showers to be a turn-on?**

Perhaps I should clarify what I meant by that. I was referring to things that turn on my flow state. Now that you understand what I meant with the title of this article, what are your turn-ons? In other words, what puts you into a flow state? Maybe you're asking yourself something along the lines of *"why would I even want to pursue this?"*

Perhaps it is because of what might be possible:

- Feeling that you are at your best physically, mentally, and spiritually
- Feeling a sense of purpose in life
- Having a genuine passion for everything you do
- Loving, supportive, and deeply connected relationships
- Prosperity and financial abundance
- Acceptance of what is and stronger love of self
- Experiencing a deeper connection to source, spirit, God, and your higher self
- Clarity regarding what you want and where you are going in life
- Feeling like you make a positive impact on the world

If you want any or all of the above, tapping into your flow state will get you there.

In this article, I'd like to share some strategies for getting you into the flow state (also known as "the zone") and keeping you there. Some of these may be obvious, or activities in which you already engage, but other might be entirely new for you and could potentially be your new "turn-on".

**Where to start if you are unsure.** The turn-ons for flow state are similar to the sexual context of turn-on in that they are different for everyone. Some people enter a flow state while engaging in group activities, while other people enter "the zone" by sitting in silence. Where do you fall within this range? If you aren't sure, the folks at the Flow Genome Project may be able to help you. This company, founded by a group of peak performers, is dedicated to assisting people in reaching their peak potential. They have created a simple

10-question survey to determine how you enter the flow state and offer different training and educational programs. It might be worth checking out as a place to start: [www.flow-genomeproject.com](http://www.flow-genomeproject.com).

**Variety.** Remember the first time you had coffee, espresso, tea, or something caffeinated? What a buzz, huh? Then, over time, you became immune to the effects of caffeine and needed more of it to achieve the buzz.

Flow state inducing activities are similar in that we need to mix them up in order to sustain our peak performance. Otherwise, we can build up immunities to the same routines and activities. As with caffeine, we can find that over time we will either need to add more intensity to our activity or an entirely new actively altogether. Therefore, this strategy is two-fold: (1) Make sure to mix it up and engage in a variety of activities; and (2) try new things.

Every mentor I've had throughout my life has encouraged me to try something new at least once per year and make sure that that something new scares the crap out of me. That's because they understand that by doing so, I have an opportunity to expand myself through a new flow state activity.

Are you engaging in the same flow state activities, over and over? Is it time to try something new? Some activities and strategies that could put you into a flow state:

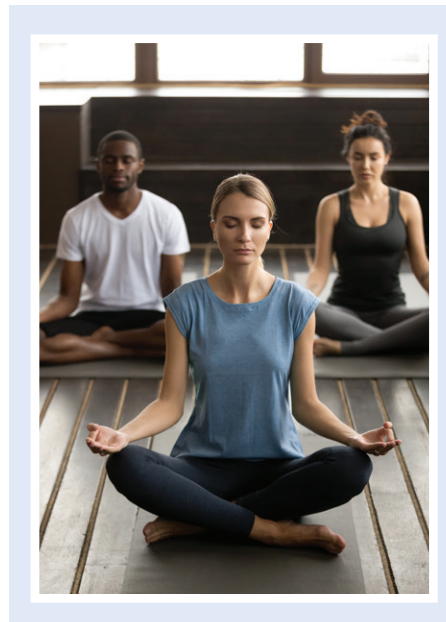
## BREATHWORK

There are so many breathing techniques and methods out there. Here are a few that I've come across and tried for myself:

- Wim Hof Method
- Box Breathing
- Holotropic Breathwork
- Shamanic Breathwork
- Pranayama
- Rebirthing
- Pineal Gland Activation by Joe Dispenza
- Transformational Breathwork

You can experiment with most of these methods by searching for them on YouTube, where the creators offer guided samples of their techniques. A few, like rebirthing and shamanic breathwork, require a coach. I've tried all of the above methods and found them helpful during different periods of my life.

**The many benefits of breathwork are varied and far-reaching.** They include reduced blood pressure, stress management, strengthening of intestinal and abdominal muscles, pain reduction, improved sleep, improved circulation, and assistance with the body's detoxification process.



Lately, my favorite is the Wim Hof Method. I was especially intrigued by his technique when I read about a study conducted in 2014 in which twelve participants injected with botulism experienced *zero* adverse reactions after performing the Wim Hof breathing method, meditation, and exposure to cold (2014, Kox et al.) If breathwork can fight off botulism in your body, imagine what other beneficial physiological effects it can have.

The key with breathwork is to find which one works best for you at this time in your life and make sure to include it in your self-care routine.

## COLD SHOWERS AND ICE BATHS

Trust me. I am a baby when it comes to cold. I downright can't stand it. However, after reading the many benefits of cold showers, and the Wim Hof research results, I tried it for myself. I have to say that I honestly have a surge of energy for at least 4 hours after ending my hot shower with a cold shower. Ben Greenfield has a great YouTube video where he provides instructions on how to take a cold shower. It's one of his most-watched videos.

With the following benefits of cold showers/ice baths, perhaps it's worth a try: Increased circulation, detoxification, improved exercise recovery, improved sex drive, improved stress response, reduced muscle inflammation, boosted happiness levels – sign me up!

## NOOTROPICS

This morning I had a big ole cup of nootropics. Yup, coffee. Coffee is considered a nootropic because it can enhance brain function. However, coffee is just the tip of a huge and growing iceberg in the field of nootropics. A variety of nootropics, both synthetic and plant-based, are readily available.

A word of caution: less is more. Have you ever had too much caffeine?

Remember how horrible you felt? Jitters, anxiety, nausea. These are all possible side effects of too much of a good thing, with that good thing being nootropics. Therefore, start small and work your way up to more advanced supplements.

Examples of some commonly used nootropics include Bacopa Monnieri, Nicotine, Cat's Claw, Oat Straw, Huperzia Serrata, fish oils, B vitamins, Ashwagandha, Ginkgo Biloba, Macuna, Bacopa Monnieri, Tyrosine, Theanine, Leucine, Acetyl-L-Carnitine, Resveratrol/Pterostilbene, Synthetic Ketones, Rhodiola Rosea, Lion's Mane Mushroom, and Cacao. Thought leaders in the field include Aubrey Marcus, Joe Rogan, Tim Ferris, Dr. Molly Maloof, and Dave Asprey.

If you want to experiment with nootropics, I recommend you try a blend – one that has a combination of nootropic substances to enhance mental function. There are several companies who have already done the research to determine which nootropics are synergistic and blend well together. My favorites as of late include MindCare by Himalaya, Alpha Brain by Onnit, and Qualia by Neurohacker.

**Exercise & Movement.** Everyone is drawn to different physical activities, so it's up to you to determine which one(s) brings you a genuine sense of joy, rather than a feeling of *"ugh, I have to go exercise."*

Ideas from which to draw when choosing a movement or physical exercise modality: aerobics, circuit training, indoor cycling, HIIT workouts, stretching, yoga, taiji, qigong, martial arts, racquet sports like tennis, racquetball, and pickleball, swimming, surfing, snow skiing, snowboarding, rebounding (trampoline), running, hiking, mountain biking, dancing, weight-lifting, horseback riding, skating, roller blading, and walking.

**Acupuncture/acupressure and reiki.** These modalities can help to release blocked energy and blood flow in the body and therefore initiate flow states. I recently listened to a podcast in which Zach Bush, MD, shared with the listeners that the first time he received acupuncture, he had an incredible experience of timelessness and connectedness—common sensations when in a flow state.

**Creative expression.** Remember when you were a kid, and you would draw, sculpt play dough, make crafts, create forts, play make-believe and time wasn't even part of your awareness?

As a child, you were most likely fully engaged at the moment and entirely present for the experience. You

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maturing—the flowering of all the seeds planted in the spring—love is the blossoming of a human being. It is indeed who we are in full “bloom”. Nowhere is such love felt more deeply than the Heart. Love is the current that connects us to each other as one, reaching the furthest corners of the kingdom of the body/mind/spirit with each heartbeat.

When the Supreme Controller falls sick, is jarred from the throne, or is deprived of the warmth of human interaction, there is little joy to be found. Without the Heart securely on its throne, there is no one to guide, or to love, or lead. There is no one to give the orders or to set boundaries. There is little or no warmth, enthusiasm or happiness. Life seems to have no purpose or meaning. Indeed, with the unforeseen and abrupt changes to all our lives since March of 2020, many of us have been severely jarred. Without a wise and enlightened leader, every Official (organ/function) will cry out in distress and symptoms can arise anywhere. Fear and panic may ensue. Rebellion and eventual resignation may result.

The love we receive from the Fire element bathes every part of our lives. It warms our spirit and gives us an inner communion with the love of the Divine. It allows us to share in the spirit that pervades and sustains everything, to feel the warmth of relationships and to feel at one with others. When we are connected to that source, we feel that love: the love of self and the love of others. This point restores the Heart’s resilience and reconnects us to that source when the connection is broken. It aligns the Supreme Controller, the Divine within, to the Divine without—one and the same. Thus, even in the midst of challenge, there can be hope; there can be love and compassion that is not dependent on outer events. We can use this point, applicable to patients of any elemental imbalance, when supreme control needs to be restored to the Heart, when this Official has lost its connection. Typically, the patient in need of this point may feel internal chaos, uncertainty, panic, isolation, abandonment, depression, inability to love him/herself or others, and is struggling to survive.

**KIDNEY 25: SPIRIT STOREHOUSE**

This point is a reservoir of nourishment specifically for the spirit. It is a deep spiritual spring: a reserve on which to call in hard times. Protracted illness, anxiety, pain, loss of safety and security on which one had come to depend, financial stress—discomfort at any level tends to wear down one’s spiritual reserves. Though there is a flicker of spirit remaining, the patient needing this point will be nearly empty—lacking the will, drive, or determination to carry on. Spirit fu-



✿ THE LOVE WE RECEIVE FROM THE FIRE ELEMENT BATHES EVERY PART OF OUR LIVES. *It warms our spirit and gives us an inner communion with the love of the Divine.*

els the body and animates the mind. This point can fill the storehouse. Many times, what a patient describes as “fatigue” for which there is no physical explanation, is a call for this storehouse to be filled.

**Urinary Bladder 38 Rich for the Vitals Correspondence** (in some texts, this point corresponds to UB 43)

This point directly enhances the richness, quality, and vitality of the blood. Associated with the heart protector (or pericardium), it brings joy, warmth, vitality, and richness to every level. It is considered for any

long-term chronic disease, blood deficiency, poor circulation, sluggishness in body or mind; lacking of joy, warmth, passion, and love. It is akin to putting high-octane fuel into the body, mind, and spirit. It is used for anemia at any level: physical sluggishness, mental fatigue, and coldness of the spirit. The fears and anxiety that so many face in these challenging times drains the richness and warmth that is needed to meet and thrive during this crisis. Every organ and function, deprived of this source of fuel will ultimately suffer. Rich red blood brings strength, power, and vibrancy to every cell, organ,

function, and level. Thus, we consider it for patients who need enthusiasm, passion, vitality, and warmth.

This point can receive more moxa than any other on the whole of the body. In severe cases of depletion such as with cancers, chemotherapy, immune system diseases, chronic fatigue, chronic depression, and weaknesses of old age (to name a few), we can begin with 5-7 small direct moxa cones, bilaterally, and increase on each visit. For example, we may begin with 5-7, do 15 on the next visit, then 21, 31, 41, etc., until we reach the upper limit, followed by needle tonification. In keeping with the practice of using odd numbers of moxas, this writer uses 49 as the upper limit. Then, if still warranted, we could start at 5-7 again and continue building up to 49. However, once the pulses and other diagnostic indicators showed a strong and successful response, there would be no need to further increase.

**GV (DU) 12 BODY PILLAR**

A pillar is a tall vertical structure that provides essential support. We can observe that in ruins, such as those of ancient Greece and Rome, the walls and ceilings are gone, yet the pillars endure. We can liken a pillar to the central pole that holds up a tent. It must be firmly rooted in the earth, straight, and without cracks in order to withstand winds or bumps lest the entire structure collapse. In our bodies, the vertebral column is akin to such a pillar. We have a physical body, a mental body, and a spiritual body, all of which need strength and support to remain upright in the face of the challenges we currently face. Thus, we tend to use this point for a patient who easily crumbles or collapses at any level, who is unable to take feedback, who is overly vulnerable, who too easily gives in to temptations and needs straightening up. This point confers the ability to stand tall and endure.

**AIM**

(English translations of point names are those taught by Professor J.R. Worsley and published in *Traditional Chinese Acupuncture Volume 1 Meridians and Points*, J.R. Worsley, Published by Element Books 1982.)

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are different. Instead of the basket-weave formation of normal, soluble fibrinogen, scar tissue contains insoluble strands of fibrin that are less functional. As a result, the skin becomes inflexible and often sweat glands and hair follicles do not reappear in that area.

Scars have a variety of different manifestations: they can be raised, flat, short, round, pink, purple, flesh-toned, or brown in color. Scar formation depends upon the color and type of skin, health, genetics and age of the patient.

Types of Scars

HYPERTROPHIC

Over-expression of, or excess, collagen is characteristic of hypertrophic and keloid scars. Both of these scar types are comprised of excessively stiff collagen bundles that inhibit the regeneration of healthy tissue.

A hypertrophic scar is elevated above the surface of the skin, and forms in direct proportion to the size of the wound. The excessive collagen gives rise to a raised scar. This type of scar develops at the site of pimples, piercings, cuts, and burns, and often contains nerves and blood vessels.

Hypertrophic scars generally are seen after a burn, surgery or other traumatic injury that impacts the dermal layer of the skin. A keloid scar is similar to a hypertrophic scar, but it extends beyond the boundaries of the original wound.

ATROPHIC

Atrophic scarring occurs due to the under-expression of collagen, and generally manifests as a sunken area, which can be characterized as “kyo”, a Japanese shiatsu term meaning an empty, deficient space in the tissue. I would describe it as a “valley” – recessed and yin.

Conversely, hypertrophic and keloid scars are “jitsu”, referring to the overproduction of collagen in the tissues. They are excess and yang, mirroring the “mountains” which surround the valley.

Let us examine in more detail these types of scars:

Hypertrophic scars are hereditary in nature, and present as red, raised lumps on the skin, and generally appear about 4 to 8 weeks after the injury. Japanese scar therapy can help to alleviate the condition of the scar, flattening it out, and causing it to appear less red and inflamed.

Keloid scars are composed of Type III collagen, which is more inflexible than Type I. Keloids are firm, rubbery lesions or shiny, fibrous nodules, which vary in color from pink to red or dark brown in color. While they may have the appearance of tumors, they are nevertheless benign and non-contagious.

Keloids may also be itchy and



Figure 1. Ankle surgery: scar needling increased circulation and oxygenation of the tissues

painful, and impede movement of the skin; they are 15 times more prevalent in individuals with dark skin. If they become infected, they can form ulcerations; the collagen overgrows the wound area and produces lumps.

Atrophic, “sunken” scarring is characterized by depressions in the skin, the result of collagen bundles that do not overextend the tissue. For example, stretch marks, *striae*, can be regarded as atrophic, and occur when the skin is stretched in a comparatively short period of time, as during pregnancy, periods of excess weight gain or loss, or adolescent growth spurts.

A pitted appearance in the skin is due to the atrophy of underlying structures like fat or muscle; this phenomenon is associated with acne, chicken pox, surgery, accidents, or stretch marks.

CELLULAR MEMORY

Scar therapy is effective in ameliorating chronic pain, and it additionally addresses the psychospiritual dimension of the wound – the memory of the trauma, surgery or accident. While the conscious mind may not necessarily have access to the actual details of the event, particularly under general anesthetic, the body has experienced the trauma or invasion on a deep level, and cannot feel itself to be balanced and healed because of the loss of its integrity. Thus, the scar which eventually forms is a constant irritant, a perpetual reminder of the violation and organic damage.

Physiological factors affecting healing:

- Prolonged trauma
- Age

- Nutrition
- Clotting tendencies
- Tissue regeneration

- Strength of immune system;
- Emotional and environmental stress

Constitutional imbalances:

- A combination of non-elastic tissue, insufficient blood supply, & oxygen/nutrient deprivation to the affected area can cause adhesions;
- Localized adhesions pull on the surrounding tissues and can affect digestion, circulation and respiration;
- The functioning of muscles and organs in the area can become impaired; the scar serves as an ongoing source of irritation to the body, and a reminder of the initial damage;
- By needling the scar, one can break up scar tissue, increase circulation, oxygenate and improve cell nutrition;
- Scar adhesions pull on muscles and organs, compromising the body’s functioning;
- Adhesions cause stress and make the body aware of previous traumas, surgery, accidents or damage;
- Scars do not change after 10 days; begin with treatments after 10

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# Supportive Care for Cancer Patients During and After Chemotherapy Treatments

By BUTCH LEVY, MD, LAc

## INTRODUCTION

In my clinical practice as an integrative primary care provider, I often diagnosed cancer in my patients and referred them to local oncologists. As they started conventional treatment, I quickly began to recognise the toll that chemotherapy, surgery, and radiation took upon them. Having trained in Chinese medicine, and specifically working with my mentor Dr. Miki Shima<sup>1</sup> in supportive cancer care, I began treating those of my patients that were open to my integrative ideas of care. In my experience, these treatments sparked small but important movements toward a reduction of the side effects of chemotherapy such as improved appetite and reduced digestive symptoms, better sleep and energy, and weight gain. The benefits became apparent when I compared this patient group to those of my patients who were receiving allopathic treatments only. In time, I developed a four-phase approach based on the stages cancer patients typically go through during and after chemotherapy. This structure helped me categorise the most common health problems patients face and identify treatment priorities. I believe it can be of use to other practitioners working with the same client group. The present article is intended as an introduction to this approach.

## ADVANCES IN BIOMEDICAL APPROACHES TO CANCER TREATMENT

Current oncology research has applied many remarkable discoveries in molecular biology to the production of cutting-edge drugs for cancer treatment, leading to the development of a vast array of personalised drug therapies. One example is the use of monoclonal antibodies (MAB), which are an essential part of our immune system. In our adaptive immune system, antigens or foreign materials—which are recognized as “on-self”—can stimulate a T cell immune response, which in turn induces a B cell response. B cells then produce antibodies against the recognised antigen, leading to an immune cascade to destroy it. Since cancers originate from our own cells, they are often considered “self” and go unnoticed by our immune surveillance. They do have protein receptors on their cell surface, which identify them as non-self, but the immune system is not recognising them as foreign—and therefore not attacking them. In the 1970s George Kohler and Cesar

Milstein were able to take a specific myeloma cell line, or cell subspecies, and combine it with B cells in a way that produced specific antibodies to that specific myeloma antigen.<sup>2</sup> This opened the road to the creation of the designer MABs currently used in cancer treatment. These uniquely created MABs attach to the specific non-self receptor on the cancer cell surface, making the cell recognisable as foreign, and therefore subject to immune attack. Examples include MABs that target the CD20 cell in non-Hodgkin's lymphoma and the HER2 (human epidermal growth factor receptor 2) seen in breast cancer.<sup>3</sup>

Another strategy cancer cells use for survival takes advantage of an immune response called “checkpoint blockade”. Under normal circumstances, this response allows the immune system to control the amplitude of its response to a perceived threat, so that its reaction is gauged to the need. If there were no such control, autoimmunity could easily ensue. Cancer cells use this regulation to their advantage, as they co-opt the pathways that prevent the immune system from up-regulating its response to the increased replication of the cancer cells.<sup>4</sup> Recently introduced drugs have the ability to override these natural inhibitory signals. They act by taking the brakes off the inhibited immune system, activating our T cells' ability to seek out and destroy the malignant cells. Opdivo (nivolumab), an anti-PD-1 MAB, is an example of such new drugs, and is often used when other therapies for non-small cell lung cancer have failed. Human T cells carry cell surface receptor proteins (PDL-1), which regulate the extent of their immune response. Nivolumab is designed to unblock this receptor, thereby removing the inhibition on T cells and unleashing them to fight the cancer cells. Another MAB, called Vervoy (ipilimumab), activates the immune system by removing the blockade on the CTLA-4 receptor, another checkpoint inhibitor. By unblocking this checkpoint protein, which down-regulates the immune response, it allows cytotoxic T cells to destroy foreign appearing antigens. Other MABs work by improving immune recognition of cancer cells.

## THE FIRST ASSESSMENT

Most of my cancer patients belong to one of two groups: those who are undergoing active chemotherapy, who are often referred to me by their oncologist; and those

who come to me after the conclusion of their conventional treatment. The goal of the former is often simply to feel better, while the latter hope to build their energy and vitality and return to the quality of life they remember having prior to their illness. In either case, at the first meeting I explain my perspective on integrative cancer care. This is to allay possible concerns that I might recommend they steer away from biomedical treatment and to explain how I plan to help them feel better throughout the course of their therapies. Patients who have been cancer-free for more than 30 days are considered “in remission”. They need support to seek a status as “cured”, which is defined as being cancer-free for five years, during which time patients are under continued surveillance by their oncologists.

During the first meeting, I try to assess the patient's emotional state. I used to be more forthright in asking how someone is coping. With experience I came to see that the expression of emotions becomes easier with the development of a trusting professional relationship. Now I wait and just offer a quiet focused time for patients to express their concerns. Talking with the patient's significant other and/or caregiver can also be helpful to gain insights into a patient's mood and demeanour. Caregivers appreciate knowing how much we recognise and respect the work they do, in some cases managing virtually everything going on at home. In newly-diagnosed patients, it is not uncommon to recognise emerging patterns of PTSD (post-traumatic stress disorder), requiring referral to a psychologist and in some cases short-term medication.

In this first meeting, I explain the basic concepts of acupuncture treatment, including the meridian system and how accessing its points can create changes in symptoms. I also discuss the complementary effect of the specific herbal formulas I use. To those undergoing chemotherapy, I mention the long-term and post-treatment goals of nourishing the body and returning to vitality from the depletion and toxicity of treatments. At some point during the course of chemotherapy, many patients express the overwhelming doubt, “is this therapy worth it?” They feel so unwell that they find it hard to believe their health will ever improve. When I recognise this attitude, my role is to remind them that the potential benefits of chemotherapy

do make it worth it, and to support them to get through to the end, with the least amount of negative impact to their lives.

If the patient resonates with my approach and is ready to begin supportive care, I request records, including laboratory testing, imaging, physical exam findings, and biopsies. Many patients arrive at my clinic after their workup and with a diagnosis, and most will have had surgery or have started chemotherapy or radiation. Sometimes people will bring all the relevant documentation with them, but oncology clinics usually require a written request before they issue it. By studying a case, I can see its chronology and how it has unfolded, and the thought process of the treating oncologist. Each case is unique. It is certainly possible to start just with the information the patients themselves can give you; however, studying their medical records can bring many insights that would be otherwise unattainable. For example, the oncologist's notes might contain their strategy for further care, or an honest appraisal of the challenges ahead, when the seriousness of the disease hasn't been conveyed to the patient verbally.

Finally, medical records also contain details of the current drug therapy. Reviewing its possible side effects can bring light to the patterns of imbalance to be expected from a Chinese medicine perspective, which allows us to prevent them or treat them in time. Take for example, the side effect profile of a common chemotherapy agent, paclitaxel (Taxol), which includes a 60% risk of neuropathy,<sup>5</sup> which can be increased by the simultaneous use of other chemotherapy agents. As the condition is very difficult to treat, prevention is key. Neuropathy is not discussed in the English language literature on the treatment of cancer with Chinese medicine. However, my mentor Dr. Shima understands peripheral neuropathy and chronic nerve pain in terms of kidney deficiency on the background of combined spleen and stomach weakness (from digestive issues) and toxic heat in the liver (from chemotherapy). Toxic heat damages the yin of liver and kidney, while a deficient spleen and stomach fail to nourish the kidney, leading to neuropathy. If pain is the only symptom, Dr. Shima sees this as kidney yin deficiency. If pain is accompanied by signs of internal cold and cold extremities, the pattern

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# Trauma 2020: Where We Wear It and How We Treat It

By SHELLIE GOLDSTEIN, DACM, AP (FL), LAc (NY)

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As we round the corner into 2021, the consequences of 2020 still linger. Last year’s public health, political, and cultural incidents have left scars of trauma on many of our patients. A recent 2020 Global Wellness Institute poll stated that, for more than 50% of American adults, COVID-19 has significantly affected mental health and psychological wellbeing.<sup>1</sup> On behalf of the American Psychological Association a Harris Poll found that, regardless of political affiliation, the 2020 election was a significant source of stress.<sup>2</sup>

According to Sandro Galea, Dean of Boston University School of Public Health, a traumatic event is generally defined as “an experience that causes

TABLE 1

ORGAN	EMOTIONS	FACIAL CHANGES
Heart	Anxiety, restlessness, agitation, excessive joy	Fine lines, skin dryness/redness
Kidneys	Fear, depression	Skin puffiness, darkness/puffiness around and under the eyes
Spleen	Worry, pensiveness	Decreased muscle tone, skin laxity
Lungs	Grief, sadness	Creasing in the cheek area, dry/dull/ lifeless complexion, skin congestion/problems
Liver	Anger, frustration	Wrinkles across the forehead/ between the eyebrows, skin discoloration

physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one’s safety or to the stability of one’s world.”<sup>3</sup> These same traumatic events are linked to a broad range of psychological consequences including post-traumatic stress disorder, depression, anxiety, and increased use of substances.

The human brain’s capacity to interpret emotional signaling is an integrative component of neuroscience and clinical research. Complex brain systems dedicated to the detection of emotional experiences of ones surroundings as well as the emotional recognition in others are core characteristics of human behavior. On the face, the ability to express emotions

resides within the contraction and relaxation of the superficial mimetic muscles. Repressed or prolonged emotions are expressed in static mimetic muscle markings, notably lines and wrinkles, and as irritation, inflammation, and discoloration on surface skin tissue. These embedded expressions reflect both the symptoms and causes of physical illness. It is postulated that consciously altering one’s facial expression, as in intentionally smiling, can alter one’s emotional state.<sup>4</sup> Interestingly, a 2010 report by Havas, Glenberg, Gutowski, Lucarelli, and Davidson claims that depressed individuals after paralysis of their frowning muscles with Botox injections reported less depression.<sup>5</sup>

Neuropsychiatric disorders, including trauma related depression and anxiety have long been treated by acupuncture and Chinese medicine.

continued on page 11



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"The Body Remembers" continued from page 5



Figure 2. Old scalp injury: the hair follicles have not grown back

- days. Do not treat them if they are infected or ulcerated;
- Cellular memory: in treating adhesions, the patient may remember the trauma associated with the formation of the scar;
- This remembrance may cause an emotional release;
- According to Kiiko Matsumoto and her senseis, If the scar or old injury has not completely healed, the adhesions will contribute to the appearance of secondary symptoms, ones that would seem unrelated to the original injury or area of surgical intervention; for example, see table on page 13.

### SCAR TREATMENT:

- Note the color of the scar; (See Figure 1 on page 5)
- Palpate cross-fiber over the scar; feel for both raised areas (jitsu) and indented areas (kyo) within the scar;
- Palpate and find the edges or terminators of the scar;
- Please ask your patients for feedback regarding the following: is the scar, numb, tingly, painful, or uncomfortable to the touch?;
- First, needle the two terminations of the scar, horizontally and superficially, from each end toward the center. Needle just under the scar to break up the adhesions;
- Then, needle directly under the scar, cross-fiber, where you detected the raised (jitsu) or indented (kyo) areas;
- Needle only in the location where the adhesions seemed the most prominent;
- Continue these scar treatments every week, integrating them into your patient's treatment protocol;
- The time required for scar therapy treatments depends upon the age of the scar:

- Old scars will respond gradually to the acupuncture needling; for example, with a 25-year old hysterectomy scar, you may have to wait 6 months to a year to observe noticeable results;
  - You will know that the treatments are working because the adhesions will smooth out. The residual numbness, and the secondary symptoms, such as incontinence, will be relieved or lessened;
- A new scar, 11 days old, caused by the removal of a skin cancer, melanoma, from the face, should respond within one month, if the patient is healthy;
- Use longer and thicker gauge needles for abdominal scars and smaller, thinner gauge, needles for the face;
  - Note that upper lip lines can relate to abdominal scarring.

I have found that horizontal lines on the upper lip are often associated with a hysterectomy performed during the child-bearing years, due to the presence of fibroids, endometriosis or uterine cancer.

This line can also indicate a Caesarian section, sterility in both men and women, a head trauma, or scarring of the uterus by an intrauterine device (IUD).

Since, according to Chinese physiognomy, the upper lip relates to the sexual organs, and the philtrum of the upper lip, to longevity, I usually ask to examine the abdominal scar that has resulted from the Caesarian section or hysterectomy. I then use Japanese scar

continued on page 13



According to the principles of traditional Chinese medicine (TCM), there is no dualism between the body and mind and, therefore, no hierarchy of somatic and psychological symptoms. In essence, TCM views the body, mind, emotions, and spirit as one. Numerous clinical reports from various sources attest to the efficacy of acupuncture for depression, anxiety disorders, schizophrenia, and Alzheimer's disease.<sup>6</sup>

As acupuncturists, we are trained to treat the root cause of trauma related to life's turmoil, as it is imbedded in the pattern recognition, diagnosis, and treatment of qi, blood, and fluids as they influence and are influenced by the elements, organs, and meridians. Cosmetic facial acupuncturists are additionally trained to recognize the visible effects of unresolved emotions as they appear on the face and use their findings in pattern recognition, diagnosis, and treatment. (See Table 1 on page 9.)

In TCM, the heart and kidneys are commonly associated with emotional wellbeing. According to classic texts, when the heart is strong and healthy, the mind is calm, focused, and relaxed. When out of balance, restlessness and agitation cause nervousness, anxiety, or panic. The mind (shen) is also housed in the heart and is dependent upon its proper functioning. Inability to concentrate, mental fog-giness or confusion, is an indication of a deficiency of heart qi or blood. In concert with the heart, TCM relates anxiety to a loss of balance between the heart and kidney. When there is too much heat in the heart, it will affect the water aspect of kidney. When kidney water is unable to contain heart fire, heat rises to the mind and anxiety ensues.

Additionally, confusion, worry, and lack of stability can be addressed by treating the spleen. If there are signs of desolation, sadness and grief, treating the lungs is beneficial. Anger and frustration turned inward (self-loathing) or outward (jealousy, resentment) can be addressed by harmonizing the liver.

In a 2019 observational study, Moiraghi, et al, observed adult patients with earthquake-related post-traumatic stress. According to the results;

*“Of the patients, 68.3% reported had both pain and psychological symptoms. The most frequently used meridian points were kidney (13.17%), followed by large intestine (12.46%), spleen (12.04%) and gall bladder (10.34%). After 3 treatments performed in daily sessions, 54.05% and 60.6% of patients reported marked improvements in psychological and pain symptoms, respectively.”<sup>7</sup>*

When treating trauma, adding ear acupuncture points can be extremely beneficial. The practice of auricular acupuncture is referenced in one of

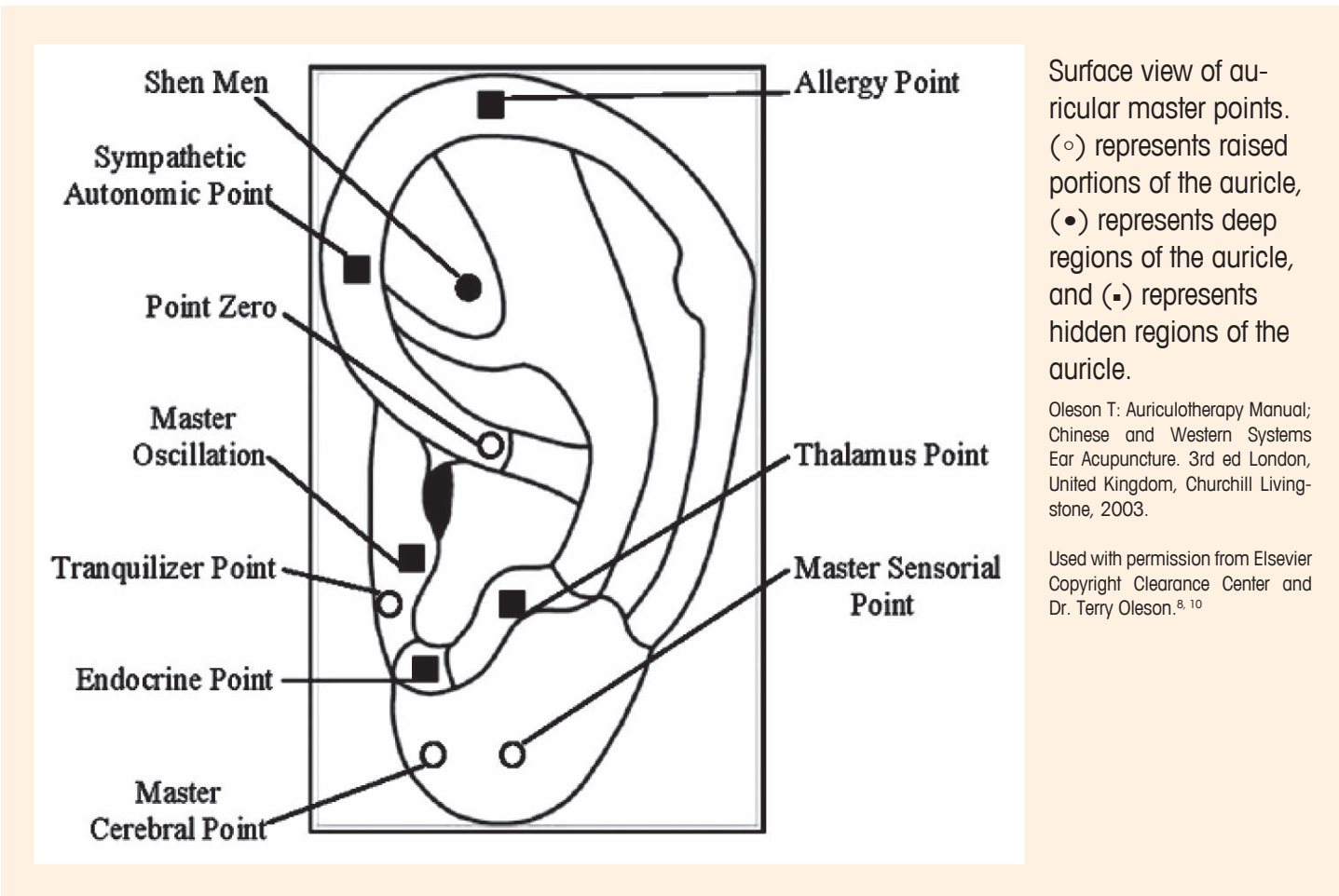


TABLE 2

Shen Men	Tranquilizes the mind and to allow a harmonious connection to ones spirit. This master point alleviates stress, pain, tension, anxiety, depression, insomnia, restlessness, and excessive sensitivity. One of the first points emphasized for the detoxification from drugs and the treatment of alcoholism and substance abuse, it is generally added into most treatment plans, including auricular acupuncture analgesia for surgery.
Master Cerebral	The part of the cerebral cortex that makes decisions and initiates conscious action. Stimulation of this auricular point diminishes nervous anxiety, fear, worry, lassitude, dream-disturbed sleep, poor memory, obsessive-compulsive disorders, psychosomatic disorders, and the negative pessimistic thinking.

the oldest Chinese medical texts, the “Yellow Emperor’s Classics of Internal Medicine”. In the 1950s, French physician Paul Nogier spread the benefits of auriculotherapy throughout Europe.

Ear acupuncture points are divided into three categories: master, functional, and body. Master points can be used to complement other auricular acupuncture points or can be used as a sole treatment. Master points have been described as the most active and useful points on the ear.<sup>8</sup> Adding the two master points, shen men and the cerebral point, into clinical treatment facilitates both immediate and long-term results.<sup>9</sup> (See Table 2.)

As emotional wellbeing (feeling good internally) and medical wellbeing (being free from illness) take center stage, TCM has the potential to play a significant role in today’s healthcare climate. Studies show that acupuncture therapy is effective in improving emotional and mental well-being and easing symptoms associated with specific mental health

disorders such as anxiety and depression. TCM principles integrate well with other systems, including Western medicine, and are often included among integrative medicine. TCM modalities offer an effective theoretical basis for assessing and clinically managing patients presenting with mental health issues. **AIM**

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TABLE 1

TYPE OF SCAR	SECONDARY SYMPTOMS
Face lift surgery; SCM injury causes autoimmune and nerve disturbances.	autonomic nerve imbalances stiff shoulders palpitations depression heightening of distress associated with PMS hyperdiaphragm; difficulties with inspiration of breath
Hysterectomy; Dantien disturbance, Ren/Chong Mai, plus Kidney meridian disturbances	sciatica gas spasms of the ileocecal valve constipation sensation of constant bladder infection incontinence ache in the lower back (quadratus lumborum muscle)

RECOMMENDED TREATMENT MODALITIES:

- Acupuncture
- Myofascial release
- Qigong
- Tuning forks (vibrated on the scar to break up adhesions)
- Cupping
- Moxa: pole moxa, Tiger warmer; thread moxa for old scars
- Mustard and castor oil packs; for old scars
- Internal scarring: nattokinase (fermented soybean), and silkworm extract
- Topicals: vitamin E, scar oil, Biosil for scars and stretch marks; silicon sheeting over large scars
- Homeopathic: Silica 30C; tissue salts: Calc P
- Visualization

TABLE 2

Lavender (*Lavandula augustifolia*)

Nature:	Cooling
Meridian:	Lung/Liver/Pericardium
Qualities:	Reduces scars, treats insect bites, burns and sun damage

Carrot seed (*Daucus corota*)

Nature:	Sweet
Meridian:	Liver/Kidney
Qualities:	Treats scars and hyperpigmentation

Helichrysum (*Immortelle*) (*Helichrysum augustifolia*)

Nature:	Cooling
Meridian:	Lung/Liver
Qualities:	Cellular regenerator; heals scars

therapy distally to release the adhesions, instead of needling the sensitive area on the upper lip. In needling the abdominal scar, the upper lip line becomes very red and full of fresh blood and qi circulation. There are several benefits that can be achieved in treating the abdominal scar:

1. The upper lip is sensitive, and needling it locally will cause the patient some discomfort.
2. Needling the abdomen affects the upper lip and sexual organs, and treats the cause, rather than the symptom.
3. Some scars are horizontal, just above the pubic bone, and others are vertical, lying along the ren mai meridian, which disturbs its flow. Needling these abdominal scars breaks up adhesions, and will help to reestablish the free flow of qi in the meridians. For example, a horizontal scar above the pubic bone blocks not only the ren mai, but also the kidney, stomach, and spleen meridians, and will cause constitutional imbalances.

4. An untreated scar in this area will cause secondary problems because the adhesions pull on the organs, muscles and tissues. For example, a horizontal scar can pull on the bladder, causing frequent urination, a constant feeling of fullness, and incontinence. By needling this area, the symptoms will cease in time.

It is important to note that by treating an abdominal scar distally, you can evoke constitutional shifts, and that the associated horizontal upper lip line should fade within the course of treatments.

When teaching a seminar some years ago, I noticed a small circle above the right side of a student’s upper lip. When I asked her if she had an abdominal scar, she showed me a circular incision on the same side, from a recent tubal ligation. When I treated the scar by Surrounding the Dragon with small intradermal needles, the circle on the upper lip turned bright red, mirroring the increased circulation in

the abdominal area. Several months later, the scar had vanished.

TOPICAL APPLICATIONS

After you’ve needled the scar, apply vitamin E, or the essential oil blend for scars that I have provided below, to the skin. Use a cotton ball or cotton bud to apply the scar oil. It will be readily absorbed into the skin and dissolve adhesions. Have your patient use the scar oil at home, twice daily.

Scar Oil: for scars, acne scars, burns, sun damage, mature skin, and dry skin

- 20 drops lavender essential oil
- 10 drops carrot seed essential oil
- 15 drops helichrysum essential oil
- 6 tablespoons rosehip seed oil
- 2 tablespoons calendula oil
- 2 tablespoons jojoba oil
- 1 teaspoon vitamin E oil

Combine lavender, carrot seed, and helichrysum in a cobalt blue bottle with the carrier oils – rosehip seed, calendula and jojoba oils. Then, add vitamin E to the essential oil mixture, and shake the bottle. Apply to scar tissue 2 times daily. (See Table 2)

CONCLUSION

Our skin is a vulnerable, surprisingly resilient organ, and yet it retains the memory of the wounds that we have suffered, both on a physical and psychospiritual level.

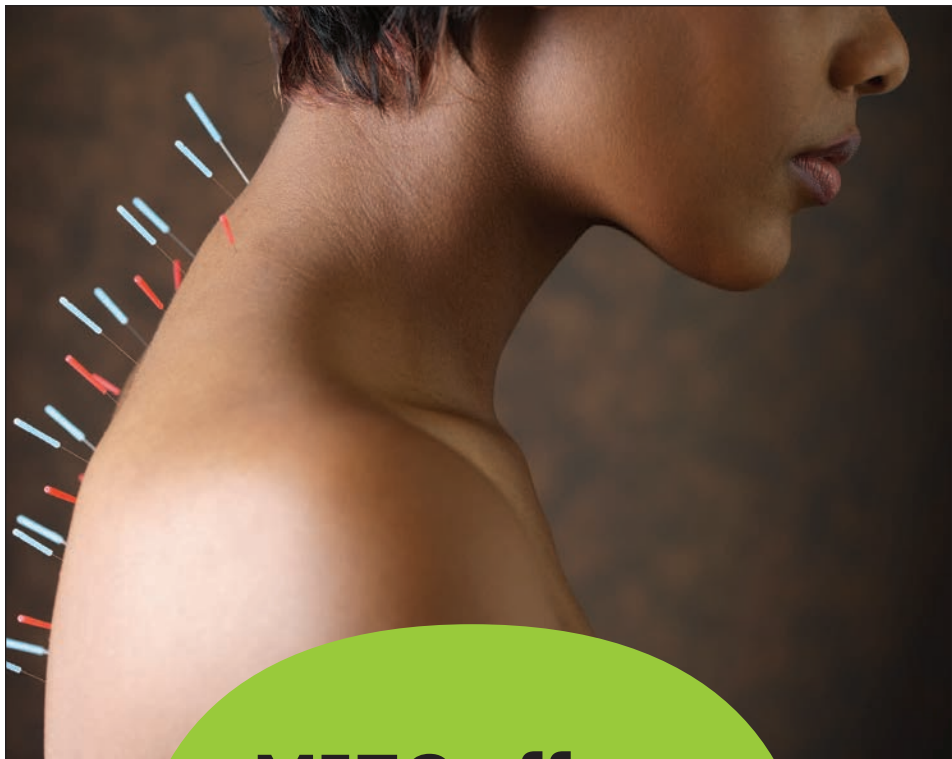
It plays many roles in our lives and is remarkably intelligent and versatile. This permeable sheath selectively keeps some things in and some things out of the body. For example, it protects us from the environment and shields the internal organs from external pathogenic influences such as ultraviolet rays and attacks from chemical, microbial, or other physical agents. It also regulates blood pressure and cools body temperature while detoxifying the system via the evaporation of sweat.

Our skin is constantly evolving as new cells die and others form. It telegraphs information about us to others: our state of health, age, ancestry, genetics, sex, habits, our balances and imbalances. With each line etched on our face, we communicate to other skins what emotions we hold within us, how we express ourselves, think, and live our lives.

The skin ages, scars, has birthmarks, piercings, wrinkles, warts, moles – and yet it rarely fails us. It is a brilliantly designed organ that is constantly being renewed and transformed. **AIM**

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# Answering Clinical Questions by Investigating the Research Evidence: *An Acupuncture/ Atrial Fibrillation- Based Example*

By **LESLIE McCOY**, DAOM and **ANNA SMITH**, DACM

## INTRODUCTION

Atrial fibrillation (AF) has emerged as a nascent global epidemic that poses a growing global disease burden.<sup>1,2</sup> In the United States, AF affects approximately 9% of those aged 65 years or older.<sup>3</sup> It is the most common clinically significant arrhythmia and is acknowledged as one of the most difficult to treat.<sup>4</sup> As the most common heart rhythm disorder worldwide, AF requires our attention in general, and as a cause of increased rates of stroke and systemic embolic events when left untreated, it demands our consideration regarding treatment possibilities. The need to answer clinical questions about treating AF with acupuncture grows along with our awareness of this expanding patient population.

As with many other clinical questions, whether and how to treat AF using acupuncture remains relatively unexplored by clinicians. This is likely due to the fact that researching clinical questions can be a daunting task, particularly when one has not mastered the requisite skills to accomplish it. The purpose of this article is two-fold: first, it elucidates a process for gathering research evidence to answer clinical questions by exploring current research on acupuncture and AF; second, this article summarizes the research to create evidence-based treatment recommendations for AF. In line with accepted convention regarding quality of research evidence, the process gives preference to systematic reviews, followed by narrative reviews and RCTs published in peer-reviewed journals.

## GETTING STARTED

To research clinical questions, a way to start is by making a list of information needed. Researching the following will help us learn about AF and acupuncture:

- What is AF and how widespread is it?
- What is the biomedical treatment for AF?
- Is there evidence that acupuncture can successfully treat AF?

If so, how do treatment results compare with those of biomedical treatments?

- Can the evidence guide treatment of AF with acupuncture?

There are both narrative and systematic reviews on AF. To research a disease process about which one knows relatively little, a narrative review is an ideal starting place. Although narrative reviews are not as comprehensive as systematic reviews and reflect only the information the authors choose to include, they are generally written by subject matter experts—and good reviews provide reader-friendly background information. In the case of AF, a narrative review is a desirable starting place in order to learn more about risk factors, clinical presentation, and standard medical treatments. The article by Staerk, et al., *Atrial Fibrillation: Epidemiology, pathophysiology, and clinical outcomes*<sup>5</sup>, does this and more.

## PATHOPHYSIOLOGY AND EPIDEMIOLOGY

### What is AF and who develops it?

AF is a cardiac rhythm disturbance in which the atrium receives electrical signals at a faster than normal rate, resulting in uncoordinated atrial contractions coupled with irregular ventricular stimulation.<sup>5</sup> AF is caused by mis-coordination of the sympathetic and parasympathetic branches of the autonomic nervous system (ANS). When both branches of the cardiac ANS fire simultaneously, the rhythm of the heart is disrupted, leading to atrial fibrillation.<sup>6</sup> Ultimately, this leads to reduced myocardial and systemic perfusion as well as an increased risk of emboli from pooling of blood.

AF has long been known to be associated with mitral stenosis, and more recently non-valvular links have been discovered. Staerk, et al's article, focusing on non-valvular AF, presents the current thinking that, due to any of several possible causes, some portion of atrial tissue becomes

continued on **NEXT PAGE**



vulnerable. This vulnerable tissue is called AF substrate or atrial cardiomyopathy and has a number of characteristics that render it subject to the continual rapid firing that characterizes AF.<sup>5</sup>

Risk factors for developing AF include many considered modifiable: sedentary lifestyle, hypertension, obesity, diabetes, and obstructive sleep apnea. In addition, non-modifiable risk factors are family history, increased age, European ancestry, and being male. Once a person has AF, they are at higher risk for stroke, thrombosis, dementia, congestive heart failure, and myocardial infarction.<sup>5</sup>

### CLINICAL PRESENTATION AND DIAGNOSIS

Although some patients with AF are asymptomatic, most present with complaints of one or more symptoms including fatigue, dizziness, abnormal heartbeats (rapid, skipping, fluttering), shortness of breath, chest or abdominal pain, or exercise intolerance. Symptoms result from reduced systemic and coronary blood flow due to limited atrial output. Blood pools in the atrium, leading to thrombus formation. Consequently, patients with AF must take anticoagulants in order to avoid strokes caused by emboli.<sup>7</sup>

Diagnosis of AF is generally straightforward: the patient's history and clinical picture are confirmed by EKG. In some cases, additional follow-up studies are needed. There are several types of AF, based on duration. Paroxysmal AF stops either spontaneously or with intervention within 7 days of onset; Persistent AF is continuous and sustained for longer than 7 days, and AF that is continuous for longer than 12 months is termed Long-Standing Persistent AF. When AF does not improve despite several trials of medical treatment, it is considered Permanent AF.<sup>7</sup>

### BIOMEDICAL TREATMENT

Long-term biomedical treatment for AF includes drug therapy and a procedure known as cardiac ablation, described below. The optimal treatment for AF is far from a settled matter; ongoing and future clinical trials will attempt to determine how best to manage various types of AF. One long-awaited clinical trial has just begun to generate published results. The CABANA trial (Catheter Ablation Versus Anti-Arrhythmic Drug Therapy for Atrial Fibrillation), with two results papers published in March, 2019,<sup>4,8</sup> is an example of the large clinical trials being undertaken in our current era of 'Big Data'. CABANA is an international RCT involving 2204 subjects in 126 centers spread over 10 countries. During the 6.5-year-long trial, patients were randomized to either catheter ablation

or drug therapy. While it must be pointed out that current AF literature presents opposing opinions regarding the significance and interpretation of the study, published results indicate that catheter ablation did not significantly reduce the incidence of death, disabling stroke, serious bleeding, or cardiac arrest when compared to drug therapy,<sup>4</sup> although there were significant improvements in quality of life.<sup>8</sup>

### Catheter Ablation Therapy: Using an expert consensus statement to understand complex procedures

In addition to examining review articles and clinical trials, when investigating research on biomedical treatment efficacy one may find consensus statements. These papers are written by large panels of experts representing several institutions and are elicited in searches for review articles. Useful for their reliably accurate background information, these articles generally give more detail than needed for answering clinical questions. However, they provide a thorough understanding of the procedure or treatment in question—which is often useful when trying to explain procedures to patients. One such article on atrial fibrillation and catheter ablation was authored by 60 experts representing 11 organizations and published in 2017.<sup>9</sup> This 40-page consensus statement provides deep background information about ablation procedures including rationale, indications, techniques, technology, outcomes and complications.

Cardiac ablation is a procedure in which tiny electrodes are placed inside the heart in order to map cardiac electrical impulses and locate the source of the extra beats. These areas are then treated in order to render them inactive. Ablation is done both surgically and via a catheter inserted distally. Surgical ablation is performed concomitantly with other cardiac procedures such as valve replacement or coronary artery bypass graft (CABG). Once the cardiac tissue is accessed, the procedure is similar, regardless of approach. Catheter ablation, being more common,<sup>9</sup> is considered in this paper.

Complications, when they occur, are often quite serious, but their incidence is low—less than 1% for the vast majority of complications. The two complications with the highest incidence (2-15% and 0-17%, respectively), are of a less serious nature: asymptomatic cerebral emboli and gastric hypomotility.<sup>9</sup>

### DRUG THERAPY

Another reliable source of information regarding clinical questions is clinical practice guidelines. Issued by professional associations, practice

guidelines resemble review articles in that they are systematically developed by subject matter experts and comprise a synthesis of current research findings. In this case, the product is evidence-based treatment recommendations. Some practice guidelines give detailed background information on a condition's pathophysiology, epidemiology, diagnosis, etc., while others are more succinct. Guideline summaries are also published and can be quite helpful.

To learn about drug therapy for AF, the authors of this paper turned to the American Academy of Family Physicians' (AAFP) guideline, Pharmacologic Management of Newly Detected Atrial Fibrillation, published in 2017. The AAFP recommends that first-line therapy be limited to rate control using calcium channel blockers or beta blockers.<sup>10</sup> Both calcium channel blockers and beta blockers inhibit sympathetic nerve signals, causing a decrease in heart rate. These drugs have been in widespread use for a number of years and are generally safe and well-tolerated.

If rate control is insufficient to manage the AF, then rhythm control with antiarrhythmic drugs may be employed. This is second-line therapy due to the significant risks and side effects associated with these drugs, which include amiodarone, sotalol, deslanoside and others. One risk, for example, is that of proarrhythmia—drug-induced exacerbation of existing arrhythmias. Management of the AF as a whole includes risk assessment for stroke and anticoagulants to prevent embolic strokes unless the patient is at low risk.<sup>10</sup>

### CAN ACUPUNCTURE TREAT AF?

Exploring evidence about treating AF with acupuncture is similar to answering the broader questions about biomedical evidence, and again, a narrative review is a good choice. The Journal of Thoracic Disease's 2015 review presents evidence for complementary interventions in AF, including yoga, nutritional supplements, and acupuncture. According to the authors, acupuncture appears to outperform amiodarone in stabilizing AF: 85% of patients in the acupuncture group experienced a return to normal heart rhythm compared to 67.5% of amiodarone group patients.<sup>11</sup> In addition, acupuncture may decrease recurrences of AF. In one study, patients receiving acupuncture were 2.766 times less likely to experience AF recurrence than patients in the control group, and the lower risk persisted for one year after the course of treatment.<sup>12</sup> While this is encouraging information, keep in mind that narrative reviews can have a type of selection bias due to author choice of particular studies for inclusion. As systematic reviews are intended to

include *all* the relevant research on a topic, they avoid this problem.

Fortunately for this investigation into acupuncture and AF, a systematic review was published in 2018.<sup>13</sup> A search of 9 different databases, including Chinese language databases, yielded 9 original research articles on acupuncture and heart rhythm that met the inclusion criteria. The systematic review offered similar conclusions to the narrative review: acupuncture appeared to be as effective as anti-arrhythmic drugs, including amiodarone, and the AF recurrence rate was lower in patients who received acupuncture. Meta-analysis results showed response rates to acupuncture and amiodarone to be virtually identical (RR, 1.09, CI: 0.79-1.49). When compared to the antiarrhythmic deslanoside, patients who received acupuncture intervention had a lower AF recurrence rate for 3 months after treatment. In addition, patients who received acupuncture intervention suffered fewer adverse events than those in the drug intervention groups.<sup>13</sup>

### CAN EVIDENCE GUIDE THE ACUPUNCTURE TREATMENT OF AF?

When formulating a clinical course of treatment for AF patients, research should be thoughtfully combined with classical acupuncture theory to ensure the best possible outcome for the patient. Acupuncture and AF review articles guide the clinician in AF treatment in three areas: point selection, needle stimulation, and course of treatment.

#### Point selection for AF

While most traditionally trained acupuncturists value the individuality of treatments specific to their patient's pattern, consideration should be given to a few points that stand out as having clinical efficacy in the treatment of AF.

#### Points near the vagus nerve vs. points on the sympathetic chain

Since AF is caused by a dysfunction between the sympathetic and parasympathetic branches of the ANS, a review of the acupuncture points adjacent to the sympathetic and parasympathetic pathways could inform point selection for the treatment of AF. To affect the **sympathetic branch**, it is helpful to know that most of the sympathetic signals to the heart travel in the ganglia of the cervical-thoracic region. This includes points near T4-T5, which may explain why UB14 and UB15 are known as the back shu points of the pericardium and heart. Both points are indicated for palpitations and chest pain,<sup>14</sup> and are commonly found in study protocols for AF.<sup>13</sup>

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is kidney yang deficiency. The two commonly occur simultaneously. To prevent the occurrence of neuropathy, I also use supplements according to a specific protocol, which is introduced in the case example at the end of this article.

#### FOUR-PHASE SUPPORTIVE TREATMENT FOR CANCER PATIENTS USING CHINESE MEDICINE

As a result of the progress in the biomedical treatment of cancer, many patients now experience extended periods of remission, living with what is now starting to be regarded as a chronic disease. Not unlike coronary artery disease, or autoimmune diseases, cancer, while not curable, can in many cases be treated and managed so as to allow patients a high quality of life, with minimal symptoms. This paradigm shift has opened the door to Chinese medicine as supportive treatment, first to help cancer patients through the intensity of conventional treatment, then to help them recover, rejuvenate, and manage their condition in the long term.

Acupuncture is a mainstay for supportive care, and its role in controlling symptoms and improving quality of life in cancer patients has been widely recognised.<sup>6</sup> In my clinic I regularly combine it with Chinese herbal formulas for increased effectiveness. This article offers a brief outline of the supportive treatment plan I use for my cancer patients, which is divided into four stages, corresponding to the four phases cancer patients undergoing chemotherapy typically go through, each being characterised by a specific constellation of symptoms and concerns. Phase-specific acupuncture and herbal treatment is discussed, as well as lifestyle advice. As there can be an overlap between phases, in the clinic it is not possible to draw absolute lines, so flexibility and creativity in treatment are imperative.

##### *Phase One*

The administration of chemotherapy, usually in the form of intravenous (IV) infusion, directly affects transportation and transformation of the spleen and stomach. Phase one formulas are therefore designed to relieve the ensuing acute symptoms of nausea, vomiting and, less commonly, diarrhea. Such symptoms typically re-occur cyclically with each infusion, in which case herbal formulas are used immediately after each treatment.

##### *Phase Two*

Repeated cycles of chemotherapy inevitably weaken spleen and stomach function; hence supportive treatment between cycles of chemotherapy focuses on strengthening the digestive system, rather than controlling acute symptoms. This involves tonifying stomach and/or spleen qi,

yin, and yang deficiency. Phase two formulas are usually introduced when acute reactions to drug treatment, as seen in phase one, have subsided, and are stopped just before the next chemotherapy infusion.

Some patients tolerate their infusions with minimal acute gastrointestinal symptoms. If there are no acute symptoms after an infusion, these phase two formulas can be used from the start, instead of phase one formulas.

##### *Phase Three*

With the conclusion of the chemotherapy protocol, which is usually a three to six month cycle on the same drugs, the patient is normally given a break from drug treatment, in order to assess its effect and determine the next step forward. For the patient, this is a time of recovery, and our goal in phase three is to begin to rebuild qi and blood. For those being treated for relapsing, recurrent, or progressive disease, chemotherapy is often ongoing, in which case I continue to apply phase one and two principles, while attempting to introduce qi and blood tonics in small amounts.<sup>7</sup>

##### *Phase Four*

When remission is achieved, supportive treatment shifts to address the deeper, underlying deficiencies caused by protracted chemotherapy, and to support qi and blood through tonification of kidney yin and yang. Phase three and four are often difficult to separate as they address the same imbalance at different levels of complexity and depth. As a rule of thumb, as kidney tonics can be difficult to digest, first supporting the spleen and stomach by rebuilding qi and blood allows them to be better tolerated. Phase four formulas are used long term, as kidney tonification is slow and gradual.

Although I have presented these as distinct and clearly marked phases, they sometimes overlap. Treatment is always adapting to the constant changes in the patient's symptom presentation and is therefore not linear. Whenever one pattern clearly predominates, choosing a formula is relatively simple. If, however, the patient presents with a combination of distinct patterns, multiple formulas might be needed simultaneously. In this case Kampo recommends that the formulas are given separately, each at an appropriate time: qi and blood tonics before or during meals, kidney tonics after meals, and qi/blood movers or pain formulas between meals. This separation is designed to allow each formula to be correctly 'read' by the body, while taking formulas simultaneously would be confusing to the body. It is also important to not over-treat fragile patients, so when there are multiple concurrent issues, choosing

a focus and correctly gauging the intensity of treatment becomes key.

Below we will look at each of the four phases in detail, including common symptoms, treatment with herbs and acupuncture, and advice given to the patient.

#### PHASE ONE

Treatment in this phase commonly addresses digestive symptoms that immediately ensue from chemotherapy but also radiation. These might include loss of appetite, queasiness (a churning feeling in the stomach), nausea (a feeling of impending vomiting), vomiting, indigestion and heartburn.

Spleen and stomach functions are a key area in cancer support and detailed questions to assess their excess and deficiency should be asked. A strong digestive system that ensures adequate nutrition and hydration is necessary to absorb the vital nutrients required for tissue repair and immune protection. Severe vomiting or diarrhea can cause life-threatening dehydration and electrolyte imbalances. As Chinese medicine practitioners, we are aware of the impact of spleen and stomach dysfunction on organ and meridian qi, as well as wei qi (defensive qi), ying qi (construction qi), and their relationship—and how the health of the middle burner affects immunity and the risk of developing infections. Many chemotherapy agents may compromise immunity; the ensuing frequent infections, besides being a health threat in and of themselves, also require chemotherapy treatment to be modified, as to not result in immune suppression and the development of complications.

##### *Herbal Medicine in Phase One*

The formulas used in this phase address stomach dysfunction, which normally stems from damp, cold, or heat accumulation. I prescribe herbal medicine exclusively in capsule form, which I find to be the best solution when working with North American patients. Each capsule is 500 milligrams and dosage spans between two and four capsules three times daily, depending on severity of symptoms, tolerability of the formula and weight of the patient. For all of the formulas discussed here, I start with a test dosage of one 500-milligram capsule three times per day. If no ill effects are noted, I raise the dosage to two capsules, three times daily. All being well, depending on patient size and symptoms, I further raise the dosage to three or four capsules, three times a day, for a specific time frame, based on what I am trying to accomplish. During chemotherapy this higher dosage may last for one to two weeks. For post-chemotherapy patients it may be one to two months. In this time, I keep checking the patients to reassess their

symptoms and any changes in the abdominal pattern.<sup>8</sup> Here below are the formulas I most frequently use and the criteria of their application.

Xiao Ban Xia Jia Fu Ling Tang works well for nausea accompanied by tachycardia with an abdominal conformation of fullness in the epigastrium and water stagnation in the stomach. I learned from Dr. Shima that the Japanese Kampo practitioner Dr. Mori, OMD,<sup>9</sup> chairman of the pediatric division of the Osaka College of Acupuncture and Moxibustion, recommended this formula particularly for children, saying that it has little interaction with standard chemotherapy and has the advantage of being palatable.

Xuan Fu Hua Dai Zhe Tang works well for nausea at night, queasiness, tightness in the epigastrium, and frequent belching. Its associated conformation is abdominal weakness; the pulse is weak.

Xiang Sha Liu Jun Zi Tang is indicated for an abdominal conformation characterised by epigastric distension and a feeling of water movement in the upper abdomen;<sup>10</sup> it works well for people in whom nausea is accompanied by emotional upset; it clears the head and improves the mood.

Ban Xia Xie Xin Tang is used for queasiness and dry heaves accompanied by an abdominal pattern of epigastric fullness with fluids detected on palpation. If the symptoms suggest a prevalence of heat rather than cold, I often have people mix this formula with ice water and sip it throughout the day. Sipping involves swallowing small quantities, not drinking mouthfuls of it, which could damage the yang.

Huo Xiang Zheng Qi San is stronger than Xiang Sha Liu Jun Zi Tang in reducing nausea, and is used for people suffering from abdominal distension and pain, with palpation revealing a tight and hard epigastric area.

#### KAMPO MEDICINE AND ABDOMINAL PALPATION

I practise in the Japanese tradition of herbal medicine known as Kampo, which has its roots in ancient China (Han dynasty) and developed in Japan. In 1976, physicians began training in this style, and many Kampo formulas were included in the Japanese National Health Insurance programme. Currently more than 140 formulas are available under physician's prescription and paid for by the government.

Fukushin, the examination of the abdomen through palpation, is a key diagnostic tool used in Kampo medicine, and one many traditional Chinese medicine (TCM) practitioners are not familiar with. It is based on the principle that the

continued on **NEXT PAGE**



physical, emotional, mental, and spiritual condition of a person is reflected in their hara (abdomen). Kampo posits that connecting with the hara through touch allows the understanding of the patient's condition that is necessary for the practice of superior acupuncture and herbal medicine. In Fukushima the practitioner examines the entire abdomen of the patient with soft and light touch, following a specific sequence:

- First the practitioner checks the overall strength and weakness of the abdomen. Each abdomen will be somewhere on the continuum between the two extremes of tension and flaccidity. This finding reflects the general constitution of the patient. At the same time, any temperature variations and feelings of dryness, dampness or stickiness of the skin are also noted.
- The area under the left breast, over the rib cage, is palpated for the presence of pulsation or abnormal movement; this reflects the condition of the heart.
- The subcostal region is palpated for tightness of the muscles. This can be either on both sides and indicates liver qi stagnation. The associated herb is Chai Hu.
- The area below the sternum (the epigastrium) is palpated for tightness, which is indicative of qi stagnation of the liver, stomach, or heart, and is associated with Ban Xia formulas.
- The rectus abdominis muscle is palpated for tightness, which is common in children and is understood as stemming from liver and spleen deficiency resulting in liver wind. The associated medicinal is Bai Shao Yao.
- The midline between the umbilicus and sternum is palpated with very light touch to spot abnormal aortic movements, which is a pulsation that is felt at a very superficial level. This indicates either heart heat excess or deficiency of yin or blood, and shen disturbance; it needs to be differentiated from abnormal aortic movements in the midline between the umbilicus and pubic area (indicating kidney yin deficiency). Pulsations of the aorta on deep palpation are considered a normal finding.
- The side of the hand is used to tap lightly on the abdomen, checking for a sound of splashing water, which indicates fluid in the stomach or intestines. This is interpreted as cold damp in the middle jiao and Fu Ling is the representative herb to treat it.
- The area approximately two inches around the umbilicus is palpated with deep pressure for soreness, which indicates cold toxins in the abdomen.

- The lateral and lower abdomen, from the anterior superior iliac spine (ASIS) to the groin, is where the lower segments of the ascending and descending colon are located. Tightness and spasm here suggest accumulation in the intestines; the associated herb is Da Huang.
- Feeling a mass in the lower abdomen, on the diagonal line between the umbilicus and the ASIS, points to blood stagnation. In Kampo this is called Oketsu, defined as local or generalised stagnation of blood, especially in the hara. Its manifestations could be for example varicose veins, hematomas, uterine fibroid, Raynaud's disease, menstrual clotting or headaches. Herbal formulas are prescribed along a continuum depending on the patient's strength, from Si Wu Tang and Dang Gui Shao Yao San for weak constitutions to Tong Dao San and Zhe Chong Yin for people of medium strength, to Di Dang Tang and Tao He Cheng Qi Tang for those of strong constitutions marked by excess.
- The area located between two to three inches below the navel and the pubic bone (the lower linea alba) is the kidney area. Deficiency is recognised when the fingers sink into this area finding little or no resistance. It is not uncommon for this sign to be accompanied by weakness of the lower back. The herb associated with this pattern is Shu Di Huang.

The patient's symptoms are then combined with the results of the abdominal palpation to determine the pattern of illness, referred to as the Shoh. The abdominal findings point to the key herb to be used in the treatment and to a family of formulas built around this herb, while the symptoms direct the practitioner to the most appropriate herbal formula within that family. There is no disease diagnosis, only what is observed in a given patient, at that specific point in time: the Shoh, which is subject to change.

For example, if a patient has mild bilateral subcostal tightness this would point to Chai Hu; if the abdominal examination also revealed tightness in the epigastric region, and the patient reported headaches, side rib pain, alternating chills and fever, Xiao Chai Hu Tang would be the appropriate formula. If the subcostal tightness was accompanied by mild epigastric tightness and tension in the rectus abdominis, along with symptoms of headaches, alternating fever and chills, arthralgia and facial flushing, the Shoh would point to Chai Hu Gui Zhi Tang. If, on the other hand, the subcostal tightness was accompanied by mild epigas-

tric and rectus muscle tensions with symptoms of cough, fever that comes and goes, tenesmus and cold limbs, the Shoh would point to Sin Ni San.

To take a different key herb, if the patient's abdominal exam reveals weakness of the lower linea alba, which feels soft and spongy, this points to Shu Di Huang. If the accompanying symptoms are urinary difficulty, lumbar pain and memory issues, the Shoh calls for Liu Wei Di Huang Wan. If the weakness along the lower the linea alba is accompanied by numbness in the lateral lower abdomen and muscle spasm of the lower rectus abdominis muscles, the Shoh suggests a more severe deficiency of the kidney; Shu Di Huang is still the principal herb, but it is here used in different proportions or combinations. This abdominal pattern only points to kidney deficiency; together with symptoms of cold, it indicates kidney yang deficiency, the appropriate formula for which is Ba Wei Di Huang Wan.

#### *Frequency of Treatment*

During active chemotherapy treatment, I recommend that my patients come in weekly. However, if they have bothersome symptoms after their IV infusion, I suggest that they schedule their appointment within 24-36 hours after the infusion to lessen the symptoms. I also recommend that patients schedule appointments on the same day of the week and at the same time of the day, if possible, which in my experience clearly reduces missed appointments.

Oral chemotherapy has only been introduced in the last few years and is now becoming increasingly available. Based on my limited experience with only a couple drugs, it seems to impact white blood cell counts and cardiac function and, early on in treatment, digestion, which then tends to improve over time. Like those on IV treatments, I recommend that these patients also come on a weekly basis, if financially affordable, as frequent visits help maintain the body's balance. I use symptoms along with abdominal findings to determine whether formulas from phase one or phase two are appropriate.

#### *Diet in Phase One and Two*

During phase one and two, I encourage patients to eat cooked and easily digestible soups and stews. I often recommend they supplement their diet with protein shakes and smoothies, which provide basic nutrients in a form that allows for easy assimilation. My preference goes to a combination of rice and pea protein, or whey protein, as soy proteins can encourage angiogenesis (the formation of new blood vessels)

due to the copper they contain.

Rather than recommending a specific diet, I suggest that my patients focus on foods that are appealing to them. Often few things are, as the appetite wanes and the sense of taste and smell diminish. However, I do recommend that they avoid refined sugars and processed foods, which often contain chemicals, preservatives, and high amounts of sugar.<sup>11</sup> High sugar intake combined with impaired mitochondrial function (from treatment) results in raised insulin levels. Insulin is a growth-promoting factor and a highly pro-inflammatory hormone, which can negatively impact the effectiveness of the chemotherapy. The effects of high insulin levels are also to be avoided post-treatment.

#### *Acupuncture in Phase One and Two*

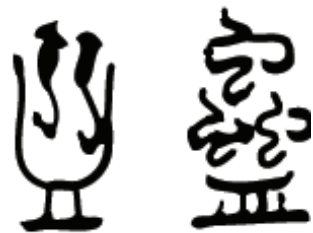
In addition to reducing the digestive symptoms, I find frequent acupuncture treatments also help to improve sleep, reduce anxiety, and boost energy and mood.

During the first sessions, I use a minimal number of points. My goals are to bolster and balance the system, reduce side effects of therapy, and calm the shen, without over-stimulating or depleting the patient; these goals can be achieved through meridian acupuncture. For those that are extremely debilitated, or older than 75 years of age, I often use gold-plated needles, which provide a gentler treatment. Gold is considered very tonifying and requires less manipulation to create an effect, whereas silver is sedating. During the first few days after chemotherapy treatment, many patients are at a low energy point, and meridian needling is very helpful. The following meridian points are empirically used: BL-11 (sea of blood, supports the bone marrow), BL-17 (tonifies blood), BL-18 (supports the liver and reduces tension), BL-23 (supports kidney energy), BL-40 (supports the yang), LIV-2 (for anxiety and insomnia), KID-7 (warms kidney yang), SP-6 (supports the spleen and regulates the stomach), ST-36 (regulates and supports spleen and addresses all digestive disorders), REN-12 (for stomach disorders; it regulates and tonifies spleen, stomach and liver), P-6 (regulates heart and blood, calms the mind) and L.I.-4 (tonifies wei qi). These points can be used throughout active chemotherapy. **AIM**

**EDITOR'S NOTE:** The complete article can be found online at <https://www.pacificcollege.edu/news/blog/2020/07/21/supportive-care-for-cancer-patients-during-and-after-chemotherapy-treatments>.



# Report of Findings of a Clinical Case on Lyme Disease



By DEIDRE CHUPALIO, CMT

## CURRENT RESEARCH ON LYME DISEASE (PTLDS)

Acupuncture has been around and able to treat a multitude of mysterious symptoms and illnesses over its 3000-year history, including the most common vector-borne disease in North America, Lyme Disease (LD). LD is transmitted by ticks infected with the spirochete *Borrelia burgdorferi*. The course of the disease varies among individuals, with the majority experiencing mild symptoms; however, in some cases of untreated Lyme, the infection can spread to the heart, joints, nervous system, and other organs. According to the CDC, although most cases of Lyme disease can be cured with a two to four-week course of oral antibiotics, many patients can experience pain, fatigue, or difficulty thinking for more

than six months after treatment (Post-Treatment Lyme Disease Syndrome, 2019). This condition is called persistent Lyme disease or Post-Treatment Lyme Disease Syndrome (PTLDS). According to research by Palmieri et al. (2013), current research on the diagnosis of early LD can be made on the clinical presentation of the classical bulls-eye rash or erythema migrans (EM) and on a history of known tick bite or probable exposure, as serologic testing is insufficiently sensitive in the early acute phase of LD. Supporting serologic evidence is necessary to secure the diagnosis for disseminated stages. The CDC (2019) recommends a two-tier approach for detection of *B. burgdorferi*-specific antibodies: IgM antibodies, produced during early weeks of LD, can help identify

recent infections of *B. burgdorferi*; IgG antibodies, present >6 weeks after the onset of illness, rise to higher concentrations than IgM antibodies, and can persist for months or years. First-generation ELISA testing for the detection of anti-*Borrelia* antibodies lack specificity. The inclusion of a second, more specific serological method (Western blotting) is used to exclude false-positive ELISA samples (Palmieri et. al, 2013). Patients suffering from early LD and EM are treated with antibiotics on an outpatient basis. Palmieri et al. (2013) suggests doxycycline (100 mg twice daily by mouth), amoxicillin (500 mg twice a day by mouth), or cefuroxime (250 mg twice a day by mouth) for 10–14 days, each equally efficacious. Doxycycline is often the drug of choice because it is

also considered the treatment for the Gram-negative bacterium *Anaplasma phagocytophilum*, a potential tick-borne coinfection. According to Flaws & Sionneau (2011), approximately 10-20% of patients treated for LD with a recommended 2-week course of antibiotics will have lingering symptoms of fatigue, headache, musculoskeletal pain, arthritis, and lethargy, as mentioned previously, or PTLDS.

## RESEARCHERS

Recent research on Lyme was performed by Yale University (2020) researchers, who expressed more than 1,000 human genes in yeast and analyzed their interactions with 36 samples of *B. burgdorferi*. They found that one protein, Peptidoglycan

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## DO THESE THINGS TURN YOU ON? continued from page 3

were in a flow state.

What type of creative activities do that for you now? Here are some ideas in case your inner child has forgotten: painting, singing, song-writing, playing an instrument, pottery and ceramics, woodworking, crafting, sewing, knitting, starting a business venture (lemonade stands), baking, cooking, photography, gardening, jewelry making, and DIY projects.

**Meditation.** It goes without saying that meditation is powerful medicine and can get you into the flow state. Just as with many of the activities described above, it's best to try various styles and methods and find the one that works for you at this time in your life. Before I had children, I could easily meditate for 45 minutes to an hour. I even did a 10-day vipassana! These days, I'm lucky to squeeze in a 15-minute power meditation into my day.

Over the years, I've tried all types of meditation, including guided meditation, walking meditation, gazing meditation, breathing meditation, mindfulness meditation, and affirmation/mantra-based meditation. Again, the key here is to find a technique that works for you and to schedule it into your life.

**Intermittent Fasting.** When we eat, much of our blood and body's energy goes to our gut for digestion. When our body isn't digesting food, blood and energy are available for other bodily functions and processes (like going up into your brain).

When I'm explaining the benefits of intermittent fasting to people, sometimes referred to as time-restricted feeding, I use the analogy of a rainy day. Have you ever been home on a rainy day, unable to go outside and play and think to yourself, "*Hmm, since I can't go outside, what can I do inside?*" You might look around, recognize that you've already binge-watched everything decent on Netflix, and decide to clean out that junk closet that you've ignored for years.

So, you pull out all the broken pens, throw away the old wrappers thrown in there by mistake, the twisted, unusable paperclips, the Halloween candy from three years ago, and organize the closet. Ahhh! Feels good, doesn't it?

Your body is the same way. When it doesn't have food to digest, it will go to work on the "junk closets" of your body – repairing old tissue injuries, detoxification, cellular repair, and even increasing the level of brain-derived neurotrophic factor (BDNF) in your system, which thereby increases the production of stem cells. From my fasting experience, whether it is intermittent, 1-day fast or even a 3-day juice fast, it is amazing how clear-headed and highly functional I feel.

A word of caution: fasting is not for everyone. Some medical conditions, such as diabetes, pregnancy, and cancer, may not be candidates for this eating strategy. Also, most

of the clinical trials proving efficacy were performed on rats or men. Therefore, women need to be mindful that this technique might not be appropriate, given the different hormones at play in womens' bodies.

If you do not have an underlying medical condition, simply trying intermittent fasting is the best way to discover if it will help put you into a flow state. If this technique is one that will work for you, I suspect that you will experience the clear-headedness and clarity that I'm describing here. Many people have reported that intermittent fasting enhances a flow state that may have been created by other activities. That leads us to our next strategy: stacking.

## STACKING

The term stacking here refers to engaging in multiple flow state activities simultaneously or within the same day. By doing so, you can enhance the effects and benefits exponentially.

- Some examples of stacking include:
- Working out first thing in the morning before eating and thereby stacking intermittent fasting with exercise
  - Micro-dosing and exercising together
  - Breathwork and ice baths
  - Music and movement
  - Intense exercise followed by acupuncture treatment
  - Nootropics and exercise

- HIIT workout while fasting, cold shower, and meditation (trifecta)
- Music and creative projects
- Trying something new while engaging in a familiar flow state activity

Sitting down to write this article, I realized this could easily be a book due to the amount of information surrounding this topic. I hope that what I've offered here somehow assists you in getting into, and sustaining, a flow state. I've dropped several breadcrumbs in this article for future exploration.

My genuine desire is for everyone to experience their highest potential, and in my experience, the flow state is a direct path. **AIM**

With a commitment to helping others actualize their greatest potential and well-being, DR. EAST HARADIN, LAc, DACM, has been a licensed acupuncturist since 1999 and professor of Chinese Medicine at the Pacific College of Health Sciences since 2004. Specializing in MIE: Motivation Inspiration and Encouragement, Dr. East helps practitioners of alternative medicine align with their three P's: Purpose, Passion and Prosperity. In 2019 she published the book *More Than a Treatment* which held the Amazon best-seller's list in Practice Management for several weeks. She currently resides in Del Mar, CA with her husband and two kids and continues to help patients, students, other practitioners and the general public with her lectures, workshops, books, events, coaching programs, and wellness related products.



# On the Shoulders of Giants: *Gleaning Clinical Pearls from Unknown Clinicians*

By DR. TOM INGEGNO, DACM

Isaac Newton is credited with having said: “If I have seen further it is by standing on the shoulders of giants.” Several of my teachers have used the Chinese adage “when drinking water, remember the source.” These statements ring true in traditional East Asian medicine, as all practitioners have gained knowledge from those who came before us. We have heard stories of practitioners with godlike abilities, performance of double heart transplants, possession of transparent abdomens, and receiving manuscripts from practitioners long since deceased.

While there may be little truth to these claims, it does speak to these physicians’ clinical greatness. Modern-day practitioners may not reach deity status, but one humorous story I learned did yield an impressive yet informal case study. This gem came from a more contemporary master, Yoshio Manaka O-Sensei (1911-1989), but the giant to whom I refer to is not known to me by name.

Manaka O-Sensei was an acupuncturist and surgeon who not only pioneered techniques such as ion pumping cords and the Manaka hammer but was also a poet, artist, and in every sense of the term a modern-day Renaissance man. I suggest all practitioners read his book *Chasing the Dragon’s Tail*, but please keep in mind that it’s a lot to chew on. Even the foreword, written by

Stephen Birch, a brilliant practitioner and contributor to the field, made my jaw sore from chewing on the information. The pearl of which I speak comes from Manaka’s skeptical introduction into the world of East Asian medicine: one of his first interactions with an acupuncture clinic.

As the story goes, Manaka was a surgeon at the time. Often, patients would come in to see him about abscesses on their faces. When he diagnosed them as carbuncles, they would not stay for treatment or surgery, but instead go to the acupuncturist. After this had happened several times, Manaka reached out to the acupuncture clinic to ask what exactly they were doing. The acupuncturist stated that they performed direct moxibustion on LI 4 (He Gu). Manaka, a very skeptical surgeon, expressed his disbelief: “If burning patients can cure disease, have them burnt in a crematorium.”<sup>1</sup> Clearly, his own research and skill led Manaka to become one of the most prominent Japanese acupuncturists in the modern era, but in the situation, I would like to sing the praises of the practitioner who dropped this clinical pearl.

### THE CASE STUDY

AL is a relatively healthy 33-year-old female. I have been treating AL for several years to help deal with occasional acne outbreaks that are worse with her cycle. Twice she has suffered from a patch of painful

cystic acne approximately 1.5cm in diameter, located below the mouth near ST5. The first time she presented, it took weekly treatments with surrounding the dragon and draining stomach heat to resolve this stubborn patch. The second time she presented, she had come into the office mere minutes after I was telling an acupuncture student who had just started working for me about Manaka O-Sensei’s contributions to the field. That conversation turned out to be serendipitous as, during my consultation with AL minutes later, she moved her facemask to the side to show me a new patch of acne in the same spot. I immediately remember the tale of Manaka’s introduction to moxibustion. Even though it was not a carbuncle, the presentation seemed close enough. While I performed a “regular” acupuncture treatment on her, I took a few moments to burn a dozen or so rice grain cones on LI 4 (He Gu) on the same side as the patch. Channeling Manaka, I even joked, “watch this, you’re going to call me on your walk home to tell me it’s all gone.” I was only off by a few hours. The patient reported that the area started draining an hour and a half later, with her skin returning to normal within three days.

### FINAL THOUGHTS

As we advance in our clinical experience, we must be willing to look everywhere to improve our

skills and knowledge, whether in modern studies, studying the classics, conferring with colleagues, observing related fields, or listening to “tall tales” of previous clinicians. Clinical inspiration and growth come from everywhere and everyone who has contributed to the field in ways both large and small. If we can continue to absorb knowledge and train our clinical skills, maybe we too can be raised to saintly status. **AIM**

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## ANSWERING CLINICAL QUESTIONS BY INVESTIGATING THE RESEARCH EVIDENCE continued from page 15

The vagus nerve transmits most of the parasympathetic signals to the heart, therefore points along the vagus nerve may be employed to affect the **parasympathetic branch** of the ANS. In 2014, da Silva and Dorsher wrote a narrative review on the relationship between acupuncture point indications and vagus nerve stimulation. These authors point out that acupoints along the vagus nerve in the head and neck include points along the skull base, auricular points in the conchae of the ear, and lateral neck points.<sup>15</sup> The skull base points GV16, GB12 and Anmian (M-HN-54) all carry traditional indications for palpitations or heart agitation.<sup>14</sup> The auricular point for the heart (found within the cavum conchae) also is indicated for palpitations and heart disease.<sup>16</sup> Da Silva and Dorsher point out that the right vagus nerve “pro-

vides more parasympathetic innervation to the cardiac atria than does left vagus nerve”.<sup>15</sup> Therefore, a consideration when formulating treatments for patients with AF may be a focus on right-sided points along the vagus nerve pathway in the hope that this will enhance the clinical effect.

Unsurprisingly, points along the pericardium meridian are among the most frequently studied in cardiac arrhythmias.<sup>12</sup> In particular, **PC6** (nei guan) appears in 25% of the point combinations studied for AF.<sup>13</sup> In 2012, the journal *Acupuncture Medicine* published a review article devoted exclusively to the acupoint PC6 and its mechanisms for affecting cardiovascular disorders.<sup>17</sup> Interestingly, PC6, while not located near the sympathetic pathway, appears to reduce the activity of sympathetic neurons. This point’s influence on

the cardiovascular system includes lowering blood pressure, increasing heart rate variability, and moderating heart rhythm.<sup>17</sup>

### Points near deep nerves vs. cutaneous nerves

A narrative review by Longhurst<sup>18</sup> discussed how different types of acupuncture points influence the cardiovascular ANS. In his research, Longhurst found that acupuncture points near deep somatic nerves (PC6, PC5–median nerve, ST36, ST37–deep peroneal nerve) impacted the cardiovascular portion of the ANS, while nearby acupuncture points at superficial cutaneous nerves (LI6, LI7) did not.<sup>18</sup> Sensory fibers of the deep nerves appear to carry the “acupuncture effect” to the heart. The cardiovascular response to acupuncture can be blocked by applying local anes-

thesia to the acupoint prior to point stimulation.<sup>18</sup>

### NEEDLE STIMULATION FOR AF

Since the cardiovascular action of acupuncture is carried via the sensory nerves, some type of needle stimulation that can be felt by the patient may be needed for optimal results.<sup>18</sup> Both manual needle stimulation and electroacupuncture (EA) stimulation have been used to study the acupuncture effect on AF. **AIM**

**EDITOR’S NOTE:** The complete article can be found online at <https://www.pacificcollege.edu/news/blog/2021/02/03/answering-clinical-questions-by-investigating-the-research-evidence-an-acupuncture-atrial-fibrillation-based-example>.



Recognition Protein 1 (PGLYRP1), acts like an early warning signal to the immune system when exposed to the bacteria. They found that, when exposed to the Lyme spirochete, mice lacking PGLYRP1 had much higher levels of *B. burgdorferi* than mice with the protein and showed signs of immune system dysfunction. Researchers reported that “stimulating the ability of people who make more of this protein could help fight infection and could explain why people with higher levels of PGLYRP1 may be less susceptible to infection by *B. burgdorferi*” (Yale University, 2020).

New research conducted by a Stanford Medicine study in 2020 also shows great promise for Azlocillin, a drug which is not on the market yet, but was tested in mouse models of Lyme disease at 7-day, 14-day, and 21-day intervals and was found to eliminate the infection. According to research by Pothineni and Rajadas (2020) for the first time, Azlocillin was also shown to be effective in killing drug-tolerant forms of *B. burgdorferi* in lab dishes, indicating that it may work as a therapy for PTLDS. Pothineni and Rajadas have patented the compound for the treatment of LD and are working with a company to develop an oral form of the drug. Researchers plan to conduct a clinical trial in the near future.

Professor Monica Embers (Lymedisease.org, 2020) discusses the current treatment on LD and talked a great deal about how *Borrelia* spirochetes activate immune suppression, allowing it to evade eradication by the immune system. Her team has studied variable antibody responses among infected non-human primates and human Lyme patients. They noted a pattern in which an early robust immune (B-cell) response predicts better clinical outcomes, whereas more patients with persistent Lyme have indications of an impaired immune response. Given the current research on LD and PTLDS, it still mainly focuses on the Western pharmaceutical approach instead of whether traditional Chinese medicine using acupuncture and herbs can help manage these patients’ pain. The case study discussed in this paper will examine a 44-year-old female who was diagnosed with Lyme eight years ago and still struggles with the lingering symptoms of PTLDS.

CHINESE MEDICAL THEORY

Despite *Borrelia burgdorferi*’s recent classification from Lyme and Old Lyme, Connecticut 1975, as the bacterium causing the disease, ticks, and Lyme disease has been around for thousands of years (Lyme Disease Facts and Statistics, 2020). The concept of a pathogen that can penetrate the body’s defenses and then persist, causing chronic illness without nec-

essarily killing the host, is ancient, with roots stretching back to the Shang dynasty, some 4,000 years ago (Maclean & Lyttleton, 2013). From the Han dynasty (206 BCE- 220 CE), the reference to lurking pathogens from the *Huang Di Nei Jing Su Wen* is well known. There are references scattered throughout the classical literature to persistent pathogenic phenomena, called *Gu* worms, or parasites of antiquity, sections of the *Shang Han Lun* and *Wen Re Lun*, and more recently Qing dynasty developments by Lei Feng and Liu Bao-Yi.

These lingering pathogens, as seen in PTLDS patients, are described as *Gu* toxins or *Gu zheng*, which can be translated as “possession syndrome” (Maclean & Lyttleton, 2013). This is how Chinese medicine diagnoses a person’s body when it is overcome by one or many parasitic-type organisms. The character *Gu* reflects “the idea of worms in a vessel, hinting at rottenness and decay, with the suggestion of the body being consumed from within, ... where the vessel of the human body was inhabited by parasites and influences from the environment” (p. 502). This can be seen in the pictogram of one of the oldest characters, *Gu*, which in written language depicts worms breeding in a pot as seen here:



According to Dr. Heiner Fruehauf, an acupuncturist who has been working with patients with LD for over 20 years, whether initiated by man-made *Gu* poisoning or by natural infection, a parasitic situation labeled as *Gu* syndrome traditionally indicates the presence of particularly vicious parasites, or a superinfection of many different kinds of parasites that combine their toxic potential to gradually putrefy the patient’s body and mind (ClassicalChineseMedicine.org, 2020). From a modern perspective this definition of *Gu* syndrome points to aggressive helminthic, protozoan, fungal, spirochete, or viral afflictions that have become systemic and inflammatory in an immune-compromised patient.

TREATMENT PLANS

The clinical case study presented here is a patient who suffered with LD years ago, and still struggles with recurring symptoms to this day despite treatment with rounds of antibiotics years ago. Patient S.M. is a 44-year-old female who is currently suffering from fatigue, anxiety, and whole body musculoskeletal pain She is 5’2”, 104 pounds, and after her initial Lyme diagnosis in 2012, she was on high levels of antibiotics, 3-4 different types thrice daily. This is when she felt her body begin to “shut down.” She states that she switched to essential oils for her pain and symptom relief, instead of antibiotics, taking them internally,

and began using cupping to alleviate pain. Prior to her diagnosis at age 36, S.M. states that she had given birth to a daughter. S.M. started getting extremely sick after the birth, which is when she was diagnosed with LD, and says she has “been in remittance” for a few years.

She has hiked all over the country and Canada and does not know when she picked it up or from where; she did not recall ever seeing a tick bite or bulls-eye rash. Prior to her Lyme diagnosis, she had had a history of lower leg problems including the foot, knee and big toes, which were operated upon and took longer to heal than expected. After her diagnosis, she developed arthritic pain and joint pain which persists to this day. Her current medications and supplements include vitamin D (10,000 IU/day), methylfolate plus, and glycine (due to methylation issues), and her allergies include Bactrim (sulfa meds), gluten, dairy, and nightshades. She also complains of night sweats and trouble sleeping—originally she had trouble staying asleep, but she now has trouble falling asleep as well. She is still experiencing menstrual cycles, but she has noticed them reduced to every other month and with slower flow, so she thinks she may be experiencing peri-menopausal symptoms in addition to PTLDS.

The treatment plan for this patient would include a treatment frequency of 2-3x/week for a minimum of 3-6 months. There would be a re-assessment every eight treatments and herbal formula adjustments every 2-3 weeks, depending on the patient’s reaction. The objective measurements to track the progress would include an increase in energy, or a reduction in anxiety, body pain, night sweats, and arthritic or joint pain. The following two treatment plans are what I would suggest for Patient S.M., including acupuncture, cupping and herbs. The etiology of her condition is: Taxation, Miscellaneous (tick bite), and 7 Emotions. The treatment principle for this patient is to: detoxify and move stagnant LV qi and blood, eliminate parasites, calm the spirit by nourishing qi and yin, and tonify qi and blood.

TREATMENT #1: ACUPUNCTURE POINTS AND RATIONALE (BILATERAL):

- GB 34 – soothe the LV qi and tonify tendon and sinews
- SP 21 – Great Luo - whole body pain
- PC 6 – Luo - harmonizes the qi and blood in whole body
- Ren 17 – Mu of PC – descends qi in chest – helps lessen anxiety
- LV 3/LI 4 – 4 Gates – regulates the LV and spreads qi to stop whole body pain
- SP 6 – Luo – tonify 3 yin meridians
- ST 36 with needlehead moxa – tonify

qi in body for fatigue  
HT 7 with KD 6 – for night sweats (yin xu heat)  
\*Cupping would be performed on the inner and outer UB lines to help with the back, neck and shoulder pain.

Herbal Formula: Jia Jian Su He Tang (Modified Perilla and Mentha Decoction)

Ingredients and Administration:

- Zi Su Ye (Folium Perillae Frutescentis) 15g
- Bo He (Herba Menthae) 15g
- Dang Gui (Radix Angelicae Sinensis) 21g
- Chuan Xiong (Radix Ligustici Wallichii) 15g
- Gan Cao (Radix Glycyrrhizae Uralensis) 15g
- Ze Lan (Herba Lycopi Lucidi) 6g
- Bai Zhi (Radix Angelicae) 15g
- He Shou Wu (Radix Polygoni Multiflori) 15g
- Huang Qi (Radix Astragali) 15g
- Bai He (Bulbus Lilii) 15g
- Chen Pi (Pericarpium Citri Reticulatae) 6g
- San Leng (Rhizoma Sparganii) 6g
- E Zhu (Rhizoma Curcumae Zedoariae) 6g
- Yu Jin (Tuber Curcumae) 3g
- Mu Xiang (Radix Saussureae seu Vladimirae) 3g
- Ding Xiang (Flos Caryophylli) 3g
- Wu Jia Pi (Cortex Acanthopanax Radicis) 15g
- Add 3 slices of Sheng Jiang (Rhizoma Zingiberis Officinalis Recens).
- If patient becomes constipated after taking Jia Jian Su He Tang, switch to Su He Tang.

TREATMENT #2: ACUPUNCTURE POINTS AND RATIONALE (ALL BILATERAL):

- LI 11 – draining technique – clear heat
- LI 4 – draining technique – Master command point for pain
- UB 43 and UB 13 – garlic moxibustion – Back Shu of LU – tonify back
- UB 23 and DU 4 – tonify KD and alleviate back pain
- PC 8 – clear heat to help with anxiety
- DU 16 – calm spirit and to eliminate sweating, headache and heaviness in body
- SJ 5 and PC 6 – strongly move qi to alleviate pain

Herbal Formulas:

Su He Tang (if needed to change from Jia Jian Su He Tang) + Zhi Bai Di Huang Wan (for Yin Xu Night Sweats) + Modified Chai Hu Shu Gan Tang (With Duan Mu Li, Duan Long Gu and Zhen Zhu Mu) to spread LV qi, promote qi circulation, harmonize the blood and alleviate pain.

continued on NEXT PAGE



Instructions for Herbal Formula: Take Su He Tang if Jia Jian Su He Tang is not working after 2-3 weeks, but the patient must come back into the office and discuss how they are feeling after taking daily for a week to two weeks. Zhi Bai Di Huang Wan is to be taken for a week to see if it helps with the yin deficiency, while stopping the Jia Jian Su He Tang to address the Gu symptoms, and then possibly switched to a Modified Chai Hu Shu Gan Tang over the course of weeks or months after initial treatment. All must be managed and modified accordingly.

Food therapy would be discussed, as well as, supplement suggestions for S.M. She is advised to avoid the following: chicken, duck, fish, and shrimp, and all forms of sugar, honey, jujube dates, and other sweet substances. This is discussed in Chinese texts including *Zhigu Xin-fang* (New Approaches to *Gu* Therapy) from 1823, in which the patient is advised to increase amounts of the following: tofu, celery, cabbage, spinach, lotus root, shiso (perilla) leaves, peppermint, garlic, horseradish, ginger, bitter melon, black mu'er fungus, lychee, longan, oranges, tangerines, grapefruit, plums, pomegranates, watermelon, vinegar and green tea (Quinn, 2016). However, if any of these items should further aggravate the condition, it should also be avoided. Supplement suggestions for this patient would include: 5HTP, CBD, magnesium glycinate, vitamin B6 and vitamin B12.

ALTERNATIVE APPROACHES TO TREATING LYME DISEASE

There are alternative and new approaches that are available in treating LD. According to Lymedisease.org (2020), Professor Tim Haystead and a team of researchers from Duke University are currently working on identifying *B. burgdorferi* infection using a “small molecule imaging probe” similar to imaging techniques. They are working on developing targeted therapy comparable to cancer treatments. As Haystead explains, similar to the way the HER2 gene is identified, the “Hsp90” protein is found in all mammalian cells. The bacterial equivalent of Hsp90, called “HtpG” protein, is found in most bacteria. This Hsp90 protein enables our genes to multiply and Haystead and the Duke researchers discovered that *Borrelia* uses the HtpG proteins in a similar manner. Haystead described the concept of molecular targeted therapies, which includes one method of using drugs to selectively target the *Borrelia* protein (HtpG) while avoiding normal human tissue and other healthy bacteria. The other method will use a fluorescent biomarker, meaning that it is activated by light, which can be used both as

a direct diagnostic tool and to selectively deliver targeted drugs. The most promising drugs identified by Duke researchers are being sent to Johns Hopkins to be tested for effectiveness against *Borrelia*. The researchers at Johns Hopkins will then select the most effective drug candidates and send them to Embers’ team at Tulane, to be tested on animals, with human trials as the final phase. Haystead says he and his team have identified three different targeted therapies and plan to start testing them in January 2021.

BIOMEDICAL CONSIDERATIONS

There are a few newly identified biomedical markers to measure progress for LD, according to Professor Mark Soloski of Johns Hopkins University, who presented research being done at the JHU Lyme Disease Research Center (Lymedisease.org, 2020). The research center has been conducting a years-long “Study of Lyme disease Immunology and Clinical Events (SLICE)” on a set of clearly defined patients diagnosed with early Lyme and treated with a standard course of antibiotics. The SLICE study looks at how the immune system (mostly T-cells) responds to LD and has compiled a comprehensive serum profile of two types of Lyme patients—those who get better and those who do not.

Soloski (Science Daily, 2020) says there are patterns of immune response, but that it is still not known how or why T-cells vary from one patient to another for those with PTLDS. In general, the patients with milder symptoms appear to have normal white blood cell and liver levels, while the patients with more symptoms show low lymphocytes and higher liver levels (Lymedisease.org, 2020). In addition, the JHU researchers have found that a signaling protein (chemokine), specifically the T-cell chemokine known as CCL19, remains elevated in the group of patients who do not improve following standard treatment for LD. In the 70-90% of patients who do return to normal function after treatment, the CCL19 levels began returning to normal at 3-4 weeks post-treatment. In the PTLDS patients, the CCL19 remains elevated at one year post-treatment. Soloski is also interested in studying how microglial cells and dendritic cells impact the disease process.

COMMUNITY RESOURCES

There are many useful community resources at www.lymedisease.org (2020). The website focuses on providing free resources for both members and non-members. For an additional cost, the website grants members access to a multitude of research and informative articles. It fea-

tures resources regarding LD prevention, a patient resource guide to tick testing, symptoms of LD, the patient’s guide and co-infections chart, and a community resource network called MyLymeData. This network allows thousands of LD patients to share their symptoms and stories to create a supportive community. There is also a feature on the website called Lyme Action Network that provides information and statistics for families and those suffering with PTLDS.

PROGNOSIS

According to Flaws and Sionneau (2011), most patients respond to appropriate therapy with prompt resolution of symptoms within 4 weeks—if treated and diagnosed within the short and proper timeframe. Prolonged courses of antibiotic therapy for nonspecific symptoms that persist after completion of appropriate assessment and treatment of LD are not recommended (Palmieri et al., 2013). The long-term outcome of adult patients with LD is generally favorable, but some patients have chronic complaints, as in the clinical case discussed and presented, for which many other patients may walk into our offices seeking treatment. Joint pain, memory impairment, and poor functional status secondary to pain are common subjective complaints in patients with LD, but physical examination and neurocognitive testing fail to document the presence of these symptoms as objective sequelae (Fruehauf, 2020). Similarly, in highly endemic areas, patients with a diagnosis of LD commonly complain of pain, fatigue, and an inability to perform certain physical activities when followed for several years (CDC, 2019).

SUMMARY OF KEY LEARNINGS

Lyme disease is a single infection that can turn into a lifetime of debilitating pain. Over the years we have discovered that this one-time event can have longstanding effects on the body in the form of arthritis and joint pain, degeneration of the muscles, spine, and brain, and even heart conditions. Over the course of my research for this project, I found that there are options and many more discoveries coming in this field. There are alternative approaches and future possibilities for prevention, whether through targeted therapies or a vaccine. I also discovered is that, in the clinic, the patient often does not perfectly fit a simple diagnosis. These patients suffering with LD or Gu syndrome must be treated with a unique multi-disciplinary approach with acupuncture, herbs, food therapy and other modalities if applicable. I’ve learned to be even more patient with whoever walks in my door, because at the end of the day we have no idea what some people

are dealing with and suffering from in silence. **AIM**

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