

Oriental Medicine

SUMMER 2013

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October, 2013 marks the 25th anniversary of Pacific Symposium. Join us in celebrating a quarter century of Oriental medicine history at our silver anniversary conference!

Pacific Symposium has been an annual meeting of minds, uniting Eastern medical professionals from across the world since 1989. This world-class conference brings acupuncturists, massage therapists, professors, and other luminaries in the field together to exchange industry information in a beautiful retreat setting at the Catamaran Resort and Spa in San Diego, California. This year's Symposium line-up



is guaranteed to inspire, with cutting-edge speakers at the forefront of the integrative health community, along with fun-filled festivities to celebrate this anniversary milestone. Miki Shima, Giovanni Maciocia, Ted Kaptchuck, Jeffrey Yuen, Lillian Bridges, and Kiiko Matsmoto are just some of the widely respected experts who will present seminars and lead interactive workshops covering a myriad of timely Oriental medicine topics. From pregnancy acupuncture and facial reading and diagnosis to qi gong and traditional Thai massage, there will be something for everyone. **OM**

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The Fulcrum of the TCM Formula: Heat Clearing Therapies

By **SUBHUTI DHARMANANDA**, Ph.D. Institute for Traditional Medicine, Portland, OR

Note: This article, prepared for the 25th Anniversary Pacific College Symposium 2013, is part of a new series I am writing on methods of making Chinese herbal formulas more effective through thoughtful design and by relying on a key component, the fulcrum, of the complex formula. By presenting these ideas, it is hoped that practitioners will be able to organize their efforts at writing a new prescription, modifying a traditional formula, or selecting from prepared herbal combinations.

The American Oriental medicine (OM) scholar Andrew Ellis relayed to me a thought from his teacher about a means to enhance the effect of formulations designed for heat-clearing therapy (1). His insight was that for any combination of herbs used to clear heat, there should be included an herb that functions to drain dampness, because the pathological heat would then be drawn out through urinary excretion, with the evil accompanying the fluid. This concept, aside from its potential contribution to

hastening recovery of patients who will receive heat-clearing therapy, is a useful teaching tool regarding the way to utilize key elements in herbal formulations and in elucidating basic concepts about OM terminology and dogma. Classic texts and modern depictions of Chinese medicine do not display a standard approach of removing heat through urination. The damp-draining herbs are predominantly used in those instances when there are explicit symptoms

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Creative Thinking May Lead to Clinical Treasures

By KIIKO MATSUMOTO

Creativity is a very useful component to an acupuncture practice. When a patient presents with commonly seen symptoms but doesn't respond to the treatment right away, we have to get creative or think of out-of-the-box treatment approaches to help the patient.

One example of this creative exploration of a point is the use of Stomach-9 for problems in the hands. This point produces very good clinical results for patients with diminished function in the fingers or hands following a stroke or as a result of neurological conditions such as Parkinson's disease. It also works very well in patients who complain about arthritis taking away their ability to complete detailed tasks using their hands. In addition, Stomach-9 is an important point in Kiiko Matsumoto Style (KMS) acupuncture to balance conditions that involve a shift of the Ren Mai.

WHY IT WORKS

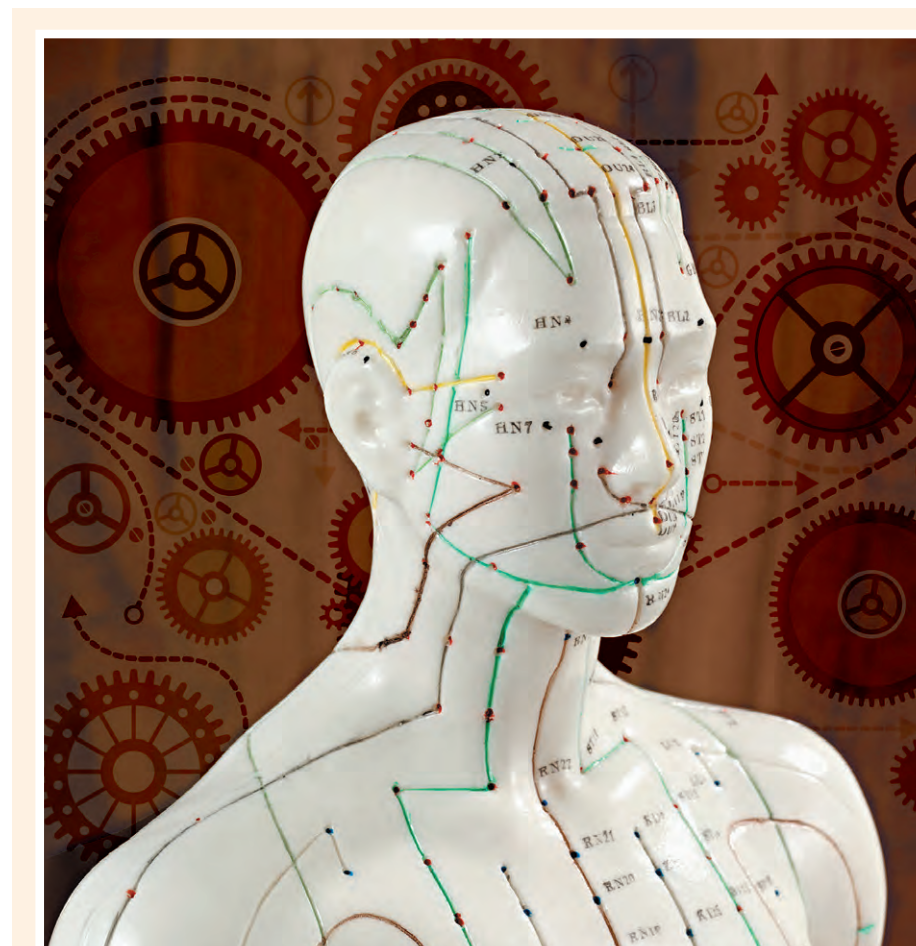
The Chinese character used for Stomach-9 can be translated "welcome to being an adult", or more specifically, "welcome to being human". In KMS acupuncture, this point has often been used as a diagnostic area for the thyroid gland¹ but, the ancient Chinese practitioners were rarely satisfied by just a single use or application of any concept. Creatively exploring the meaning of this and other points can lead to new clinical applications. In the case of Stomach-9, exploring what it means to be human and what makes us unique from other species seems appropriate given the point's name. Our ability to perform very intricate and detailed tasks with our fingers and hands is one of the most human of features that we possess, and one that makes us very different from other species.

Exploring this theory in clinic produced very exciting results and yet again demonstrated the very thoughtful and careful consideration the ancient practitioners gave when picking characters to describe specific acupuncture points.

HOW IT WORKS IN THE CLINIC

A common pattern in patients who present with problems with their hands and/or fingers is pressure pain at the 4th or 5th cervical vertebrae. This is an important pattern to recognize because it also serves as a reflex area that can help you identify the best location and needling angle for Stomach-9.

Upon finding pressure pain at C4, mark the area or keep one hand



on the surface so that while pressing Stomach-9, you can recheck the neck to see if it responds. If your location and angle on Stomach-9 is correct, you will notice (and so will the patient) a significant reduction in pressure pain at the cervical vertebrae.

It helps to palpate Stomach-9 by starting on the lateral side of the neck, at the belly of the SCM, and moving medial toward Stomach-9. This is much more comfortable for the patient versus starting at the laryngeal prominence, also known as the Adam's apple region.

To needle, tap a number one gauge, 30mm needle perpendicularly. Then, withdraw the needle slightly, just enough to change the angle a tiny bit and point the needle toward C6 while needling along the SCM. The depth should remain shallow. If the point is needled correctly, the pressure pain at the cervical vertebrae will diminish and the patient will report a change in his or her symptoms.

PATIENT FEEDBACK

One of the more dramatic clinical examples when using this point was on a patient presenting with post-stroke symptoms in his hand. Overall, the patient was doing well and had made significant progress in his recovery since the stroke about two years prior, but was still struggling with writing and small movements in his hands. He had been seen in the clinic a number of times and each time, at the end of the session he

would spend time (with visible difficulty) writing a check. Starting with the very first time Stomach-9 was included in the treatment, he noticed it took him less time and less effort to complete this task.

REN MAI SPOOL

Stomach-9 is also an important point for the Ren Mai in KMS acupuncture. The character used for Ren represents the idea of a spool.² Think of a spool of thread with two horizontal ends that are necessary to contain the material between them. In KMS acupuncture the two horizontal portions of the Ren Mai, the spool is two horizontal bones – the hyoid bone and the pubic bone. These two structures are at the two opposite ends of the Ren Mai as described by Su Wen chapter 59 and Nan Ching chapter 28. More specifically, Stomach-9 can represent the upper portion of the Ren Mai spool, while Kidney-11 (the character used to describe this point means horizontal bone) is the lower end.

Clinical presentations of Ren Mai Spool shift:

- Pressure pain along multiple Ren Mai line points (many front Mu points are located on the Ren line – these are very important to keep healthy)
- Pressure pain or symptoms at Kid-11 area
- Pressure pain or symptoms at Stomach-9 area (this may include thyroid reflex)
- Patients who have multiple sur-

geries on the Ren line; multiple organs or parts removed, i.e. appendectomy and gall bladder removed or large portions of colon removed

Thinking of the Ren Mai as a spool leads us to consider treating Stomach-9 in order to release pain on the opposite side (Kidney-11) and vice versa. This provides a way to balance the vertical structure and correct the Ren Mai "spool shift". Exploring this idea further leads us to use Spleen-15 as a balance and support point for this treatment. If we think of the Ren Mai as a vertical structure, it immediately implies that there has to be a horizontal one as well. Yin doesn't exist without Yang, North without South, etc. The character for Spleen-15 is translated as the great horizontal and, therefore, serves as a logical choice to balance a vertical structure.

Clinically, Ren Mai spool treatments and the application of Spleen-15 as a support point work really well in patients who have had numerous surgeries involving incisions on the Ren Mai line as well as those who have had portions of their bowels or other organs removed.

CONCLUSION

Delving into the ancient Chinese characters that are used to represent specific points is one of the most useful ways that KMS acupuncture explores new treatment strategies. In the case of Stomach-9, it beautifully demonstrates how a little creativity can lead to discovering clinical treasures. **OM**

ENDNOTES

- 1 Kiiko Matsumoto's Clinical Strategies, Vol. 1 p. 296
- 2 Kiiko Matsumoto's Clinical Strategies, Vol. 2 p.1

KIIKO MATSUMOTO is internationally known for her scholarly work on acupuncture and the interpretation of Chinese classic texts. She is best known for her ability to integrate the work of very important Japanese Masters including Master Nagano, Master Kawaii and Dr. Manaka. Ms. Matsumoto practices in Newton Highlands, MA and teaches all over the world. She is currently collaborating with **Monika Kobylecka**, L.Ac. on a clinical textbook that describes Ms. Matsumoto's latest work. In addition to her collaboration with Ms. Matsumoto, Ms. Kobylecka practices Kiiko Matsumoto style of acupuncture in Los Angeles at the Akasha Center for Integrative Medicine and at Children's Hospital Los Angeles (CHLA).

Pacific College of Oriental Medicine-NY Celebrates 20 Year Anniversary

2013 is time to celebrate at Pacific College of Oriental Medicine's New York campus, which is marking 20 years in the acupuncture and Oriental medicine profession this year.

Pacific College (PCOM), which originated at the San Diego campus in 1986, and now includes the New York campus, which opened in 1993 and the Chicago campus, which opened in 2000, has grown over the past 20 years to encompass programs in massage therapy and holistic nursing, in addition to its well known acupuncture and Oriental medicine programs. Graduates from the New York campus number over 1,500, in over thirty states as well as internationally. The New York campus currently has over 550 students enrolled in all of its programs, with over 100 faculty members.

"The growth that we've seen in the acupuncture and Oriental medicine field over the past 20 years

has been phenomenal, and that has been reflected in the increased opportunities available to our students and grads," reports Malcolm Youngren, PCOM NY campus director.

"We posted over 200 jobs for alumni in 2012, which is a significant increase from even several years ago. We've witnessed a significant increase in alumni working in hospital and other integrative medical settings, and also have more and more recent graduates being hired by alumni whose private practices have grown so busy that they need to hire associate practitioners to handle the volume of patients."

The Pacific College Acupuncture and Massage Center, open six days and five evenings per week, currently treats an average of 600 patients each week. In addition, students provide services at over half a dozen off-site internship locations that offer integrative medicine at area hospitals and health clinics including NYU

Langone Hospital for Joint Diseases, the Veterans Administration Hospital, Kamwo Herb & Tea Company in Chinatown, Beth Israel Comprehensive Cancer Care Center, Lutheran Hospital Labor & Delivery, St John's Riverside Hospital short term chemical dependency detoxification unit, HousingWorks program for HIV/AIDS, and the Fortune Society program for post incarceration and alternative to incarceration clients, among others. Beyond the 25,000 or more treatments provided each year by the Acupuncture and Massage Center and the off-site internships, PCOM New York organizes dozens of outreach events for students and graduates in the community. Over 1,700 free treatments were provided by PCOM NY outreach in 2012, including events coordinated by the college to treat local populations affected by Hurricane Sandy. "The college's relationships with NYC medical schools (including Columbia, NYU, and Cornell) and our educational exchange programs with medical students, interns, and residents from Albert Einstein College of Medicine and Beth Israel Medical Center reflect the growing inclusion of acupuncture and Oriental medicine into integrative medical education," according to Pacific College, New York Academic Dean and Research Director Belinda Anderson, PhD, LAc.

The college commemorated its 20-year history in New York with a recent 20th Anniversary Celebration day featuring a screening of the acclaimed documentary ESCAPE FIRE, The Fight to Rescue American Healthcare, acupuncture and Oriental medicine panel and seminar updates on the state of the profession, and a Chinatown alumni reunion gala banquet of Dim Sum and traditional Chinese cuisine, enjoyed with industry awards.

Medical Librarian Svetlana Oziransky offered a hands-on workshop on Conducting Online Research in Chinese Medicine to update LAc's regarding how they can obtain information about the latest research and publications in the field. Academic Dean and Research Director Belinda Anderson delivered an acupuncture

and integrative medicine update presentation, detailing the most recent developments in acupuncture research and the understanding of the biomedical mechanisms of acupuncture, as well as the integration of acupuncture into mainstream healthcare in the U.S. A recording of her talk is available at www.youtube.com (Acupuncture and Integrative Medicine – PCOM NY 5/4/13).

Panel discussions focused on community acupuncture (with founders of several of the most successful community acupuncture clinics in the NYC area), international holistic healing service work (with tales of acupuncture service work in Central and South America, Bali, Nepal, and more), and serving underserved populations, including addicts, the homeless, and those living with HIV and AIDS. A private practice success panel included practitioner graduates, from recent alumni who built their dream practices within a few years out of school to more established practitioners with some of the most well known Oriental medicine practices in the U.S. sharing their experience regarding how to overcome challenges to achieve the most satisfying, thriving practices.

At the evening gala banquet, Kamwo Herb & Tea Company was honored for their contribution to PCOM and to the profession. "More than an herb supplier, Kamwo and CEO Tom Leung have been our partners in educating both Oriental medicine students and the greater community about the benefits of Chinese herbal medicine through "Herb of the Day" on Facebook and other innovative programming," said Mr. Youngren. Faculty Member Peter Panken received an award for inspiring students to care about under-served populations and challenging them to find their authenticity and compassion as healers. A popular supervisor at the college, Panken helps students build their confidence and commitment at the Fortune Society with post-incarceration and alternative to incarceration clients and at St. John's Riverside

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PCOM-NY Campus Director Malcolm Youngren and Master of Ceremonies Alumni Association President Jeremy Pulsifer present an award to faculty member and graduate Peter Panken.



Award recipient and long time faculty member Roger Tsao entertained the crowd with his musical rendition of "The Gambler," a song for which he is famous with generations of students for its application to patient treatment ("You gotta know when to hold 'em; Know when to fold 'em; Know when to walk away; Know when to run...").



Campus Director Malcolm Youngren, Academic Dean and Research Director Beau Anderson, Techniques Instructor Kathleen Greenough, and BioMedicine Department Head Olga Reznikova.



Private Practice Success Panel Members Adele Reising, Kathy Casey (moderator), Erin Telford, Jill Blakeway, and Andy Rosenfarb.

Hospital with addicts. His leadership in the community through the monthly free clinics he helped establish for recovering addicts in Brooklyn and his work with international acupuncture service organizations have inspired generations of PCOM students.

PCOM Alumna Jill Blakeway was honored with an award for service to the profession as an ambassador to the world of integrative medicine. Featured on just about every major

news outlet, from appearances on *Dr. Oz*, to *Good Morning America* and *ABC News Katie's Take* with Katie Couric, to *The Talk*, among others, Jill has been the face of Chinese medicine this past year for much of America. Jill has hired close to a dozen Pacific College graduates and helped them to launch their careers. Robbie Benhuri was honored for his contributions to the profession through his passion for community acupuncture, which lit a

fire at PCOM even when he was a student, when there were no community clinics in New York City. He has hired close to a dozen PCOM acupuncture and massage grads, generously sharing his knowledge and passion and giving others the courage to grow the movement to provide affordable acupuncture to the community, a movement which is thriving in the many community acupuncture clinics that now serve the New York area.

PCOM is in the process of applying for regional accreditation with the Western Association of School and Colleges (WASC). PCOM was granted candidacy status in May 2013 and hopes to achieve full accreditation by 2015. PCOM NY was approved to offer the Doctor of Acupuncture and Oriental Medicine (DAOM) degree by the NY State Education Department. **OM**

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Treating the Root and Branch: *A Detailed Look at a Pacific College San Diego Clinic Diagnosis*

By **GREGORY LANE**, LAc. Dipl. Ac. MTOM, Director of Clinical Services at PCOM San Diego, with **ELIZABETH TALCOTT**, L.Ac., DAOM, PCOM Clinic Supervisor

In my role as director of clinical services in San Diego, I have the good fortune of working closely with many talented interns, associate interns, observers, and, of course, staff supervisors. The unique blend of teaching and practice styles fosters academic growth and technical mastery in students in ways well beyond didactic classroom studies. There truly is no substitute for practice, and that's exactly what the clinic shifts allow us to do. One supervisor, who I have observed, has not only a unique teaching style in the clinic, but also has a technical and theoretical acumen, which is clearly expressed to students. She teaches and practices Japanese style acupuncture, along with K.C. Conover in our San Diego clinic. I wanted to take the opportunity to explore a little deeper what drew Elizabeth Talcott to the Japanese style of acupuncture and

ask her to share some of her clinical wisdom with us.

GL Elizabeth, thank you for your willingness to share your insights with the community. What makes our clinic unique is that in addition to our foundation in Chinese medicine, we also offer students different styles and ways to approach patients. What interested you in acupuncture in the first place and how did you find your way to studying in Japan?

ET I was drawn to acupuncture during my second pregnancy. During this time Alex (Tiberi) was treating me for pain in my legs. From his influence, I became interested in health care and went on to learn massage and began to practice massage. With massage, there were things that I couldn't understand and I wasn't able to fully address client's deeper needs the way I wanted to.

I would take my kids in to see Alex for treatments as well. That experience really drew me in and led me to study Oriental Medicine. The leap from massage to OM seemed natural to me.

GL How were you introduced to Japanese style acupuncture?

ET Before I graduated, I was introduced to the Japanese style. I had previously received a bachelor's degree in physics and always had a strong desire to know why things worked. I had a deep desire to understand reasoning behind point prescriptions and patterns of disharmony. I was encouraged by K.C. Conover to attend a workshop in Hawaii with Shudo Denmai and Ikeda Masakazu. I clearly observed intricate theory and was drawn to it. During the workshop, Ikeda Sensei invited anyone who was interested to observe him in his clinic in Imabari, Japan, which I did for three weeks. I then observed Shudo Denmai for one week in Oita, Japan. This experience gave me a different understanding of the medicine and reinforced OM theory for me.

GL I observed you treating a patient in our clinic recently as part of a student demonstration. The patient came in complaining of knee pain, irritability, and insomnia. Would you please describe the case, specifically how you viewed the patient, and what treatment protocol you formulated?

ET In this case, diagnosis of the underlying Root treatment was determined by intake questions, abdominal palpation, and pulse diagnosis. The pulse reflected a deficiency in the Guan and Chi position on the left (Liver and Kidney at the deeper levels), and an excess in the superficial Guan position on the right side indicating excess heat in the Stomach meridian.

Treatment: The first thing I focused on was the underlying Root deficiency, which in this case was Liver, (Blood) deficiency. Secondly, the Branch or the chief complaint was addressed. For me, it's important to have a cohesive story. There's an entire understanding here of how the Branch is being generated from the Root deficiency. When treating the underlying Root deficiency, both the Mother and Child are tonified. In this case, I used Kidney 7 and Liver 4 bilaterally to treat the Liver. I chose

* Typically, frontal knee pain is due to Spleen deficiency with Yin deficient Heat going into the Stomach channel. *In knee problems that are due to Kidney deficiency, we would typically see weakness in the joint along with difficulty standing and stabilizing.*

Metal points on Water and Wood meridians to pull heat out of the chest, which is where the insomnia was coming from, and promote circulation. Additionally, in this case these points were chosen with consideration of the patient's Lung constitution and existing Blood stasis to create a very invigorating, moving and tonifying treatment. Increasing the Blood into the Liver addressed the irritability, the insomnia and the Root deficiency, by addressing the cause of the Liver deficient Heat, which had gone into the chest. The Blood deficiency was also an etiological factor in the knee pain due to lack of nourishment to the tendons and ligaments affecting the knee. In addition, the heat from Liver deficiency was appearing in the Stomach channel. With these four points we addressed the etiology of all presenting symptoms.

The Branch treatment focused directly on the knee. Acupuncture points were selected to open the knee with additional points chosen for direct moxa. The three moxa points were Ashi points selected close to the ligamentous attachments surrounding the knee. The acupuncture points that were selected for the knee were retained at St-35, Hedong, Xiyan, St 36 and an Ashi point on the Stomach meridian in the vicinity of St 40. The needles were retained at a depth of 1-2 mm. Five rice grain sized moxa cones were burned at the Ashi points in succession without removing the previous cone, in order to add yang qi and move yin excess, (i.e., Blood stasis) in the meridians traversing the knee. In this case, the pain and stasis were along the Stomach meridian. This is a rather complicated case

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The Advancement of Acupuncture

A DAOM's perspective

By **DANIEL HSU**, D.A.O.M., L.Ac.

I never wanted fame. What I did want was to let the world know about the wonderful benefits of Oriental medicine. I wanted not just my patients, but patients everywhere to learn about how they could be healed using natural methods such as acupuncture. I wanted to “spread the good word”, so to speak. I thought that perhaps getting more education was the way to go. After all, being from a Chinese family, that was what my father had always advocated. I figured that going for an advanced degree would help further my objective of educating people about the benefits of acupuncture.

So, about a decade ago, I enrolled in the fledgling Doctor of Acupuncture and Oriental Medicine (DAOM) program. During the application process, Jack Miller, the president of Pacific College of Oriental Medicine (PCOM) asked me a poi-

gnant question. He wanted to know why I wanted to enter the program. After all, it was unaccredited at the time and the degree was also entirely unnecessary in order to practice. On top of it all, I would need to fly to San Diego from New York City for four days every month for two and a half years. I gave him two reasons. The first one was to be able to better serve my patients by giving them a practitioner with a higher level of training. The next reason was to have a solid research background in order to be able to communicate with Western medical practitioners. I told him that my ultimate goal behind this second reason was to build a solid foundation for a platform to deliver the message to as large an audience as possible, that acupuncturists have a lot to offer. I expected to be able to do all of this after graduation. What I did not expect was that simply being

in the PCOM doctoral program itself and having the support of Jack Miller and the school contributed a large part in my ability to play the role of a national spokesperson for acupuncture and Oriental medicine.

I have appeared on the *Oprah Winfrey Show*, the *Today Show*, the *CBS Early Show*, and the *Dr. Oz* show six times, and have shot for new upcoming shows like the *Lisa Oz Show* and *Dueling Doctors*. I have also done many radio talk shows as well as contributed to magazines and online publications. But, believe it or not, none of this was for my own personal gain. Yes, my office might have received a few more emails or calls. But not as many of those calls turned out to be actual patients as you might think. My hope for appearing in all of these media outlets was for the general population to gain awareness of Oriental medicine.

My wish was for people to understand that acupuncture and traditional medicine techniques are a viable alternative or collaborative form of treatment for many of their ailments. I felt that if this mindset existed in the populace, then every acupuncturist's practice could benefit.

Certainly, many wonderful practitioners such as Maoshing and Daoshing Ni, Janet Tsai, Jill Blakeway, and others have eloquently spoken on the benefits of alternative medicine through the national media. More acupuncturists need to join us to extoll the virtues of Oriental medicine. A unified and cogent message from the OM community needs to be expressed. We need to speak a language that not only MDs, but also their patients will understand

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Pacific College and Integrative Medicine

An East Meets Wests Approach to Health

A recent issue of *Acupuncture Today* reported big news for one of the largest medical schools in the United States. The University of California Los Angeles (UCLA) Health System has begun to introduce methods of Eastern medicine into their medical curriculum. Journalist Daniel Ramirez reports, "By meshing a 3,000-year-old medicine with cutting-edge medical science, one of the largest medical institutions in California is hoping to lead the way by proving there are effective ways to deal with disease with a new type of care that incorporates both East and West." This was an exciting development for proponents of integrative health who believe that the more options available for patients, the better.

Now, over 500 UCLA physicians refer outpatients with chronic illnesses including rheumatology, neurology, and oncology to the East-West Clinic, where patients can be treated with acupuncture, Asian bodywork, and Chinese herbology. "We are trying to move away from the disease-

based model, and look at how Chinese medicine treats the whole patient," said East-West founder Ka-Kit Hui, M.D.

On the reverse side, Eastern medical institution Pacific College of Oriental Medicine (PCOM) has implemented an integrative approach for years. With three campuses across the United States (San Diego, Chicago, and New York), PCOM has incorporated core classes that provide students a working knowledge of Western biomedicine. Each campus has also collaborated with local hospitals and health centers in its respective city to offer students hands-on externship opportunities as they earn their degrees. According to PCOM San Diego Academic Dean Bob Damone, "We firmly believe that to meet the needs of patients, all physicians of East Asian medicine must not only be armed with the best tools this ancient tradition has to offer, but must also have a working knowledge of modern biomedicine." Thus, Pacific College strives to retain the integrity of Chinese medicine while

also enabling its students to effectively communicate and practice Chinese medicine in the Western world.

The benefits of having Western knowledge in addition to a thorough Chinese medicine education are numerous for both acupuncturists and massage therapists.

"Our grads are going into integrative medical environments in which patient care will be shared with biomedicine practitioners. Therefore, inter-professional education, especially a solid foundation in biomedicine, is a very important aspect of our Chinese medicine programs," says Dr. Belinda Anderson, academic dean and research director at PCOM New York, PhD, LAc. Oriental medicine practitioners specialize in Eastern holistic care, but their patients live in a Western world. Modern acupuncturists in the West will encounter many daily examples in which a knowledge of biomedicine and Western healthcare is crucial to maintaining an efficient, communicative practice.

Gretchen Seitz, LAc, MSTOM is an alumna of PCOM as well as a

faculty member and actively practicing acupuncturist. "I feel the value of the Western portion of my education the most in my clinical practice," Seitz says. "The patients that come in, most already have a Western diagnosis. Understanding that and how to communicate with them about their existing diagnosis is significant," Seitz explains. Essentially, Seitz says that the background she has in Western medicine allows her to not only understand her patients' medical history more clearly, but also enables her to effectively talk to the patient in the terms he or she best understands.

"Not to mention being able to communicate with my patients' doctors and insurance carriers in the language they use...When I can write a report for an insurance company or an attorney on a personal injury case, and I can write it in a way that demonstrates a strong Western background, it immediately establishes

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An Artistic Wave Comes to the Pacific College San Diego Campus

"I believe art is a healing force and I'd love to inspire a wave of Asian healing art."

— Laurie Morse, LAc

Pacific College San Diego expanded its campus this spring semester with a new building. The new Pacific College building has an artsy Asian vibe, created in large part by the artwork of Pacific College Alumna Laurie Morse, LAc, which the school hopes will bring out creativity and mindfulness in students.

We're excited about our new space, so let us give you a tour! To start off, when you enter the new building you will notice right away the unique art pieces, created by Laurie, hanging on the walls.

Laurie believes that healing can come from all different avenues. "I'd love to infuse our culture with Asian art to inspire healing from yet another angle (other than acupuncture, herbs, nutrition, etc.)," Laurie said.

The inspiration for her work is simple: "First and foremost, Chinese medicine. Also I love the characters, they evoke something ancient in me. Using an ancient character in a mixed-media style reminds me of an "ancient wisdom in modern times" idea," Laurie said, and isn't that idea exactly what Pacific College is all about?

Moving on, the artistic wave continues into the "mindful meditation" room. Here, students, faculty, and staff will be welcomed to come and enjoy a few moments of respite in the midst of their likely chaotic day. Peace, rest, and mindfulness are what this room is centered around. This room will also be available as a massage practice room.

If you come out of the mindful meditation room, you'll pass a classroom, and come to our "comfy commons" room. Complete with oversized, cushy chairs, high tables and bar stools, students can relax and read, or plug in their laptops and study in a "comfy commons" environment (not a classroom...).

You'll see that our new classrooms are not just ordinary classrooms, however, two are equipped as science labs for our biomedicine and nutrition hands-on learning classes.

Pacific College SD Campus Director Jaime Kornswieg says, "We are really excited about the new building. With its proximity to Main Building 1, it allows us to have more of a traditional campus feeling. Community is really a big underlying theme, with our new study space, break room, and massage room open to the whole community. It's not just a relocation, it's

an improvement and expansion of our community. The layout of Main Building 1 is more intuitive with all of the departments having a sense of togetherness within the greater PCOM family. We're also excited about our improvements to the clinic and Campus Information Center coming in August!" **OM**



Welcome to the new "comfy commons" study room.



The "mindful meditation"/massage therapy room is meant for peaceful relaxation.



A new lab room.



The Main Building 2 lobby welcomes students in with a bright artistic feel.



Artwork by Laurie Morse, LAc.

Pacific College Wins CCAOM Clinic Video Contest!

This spring, Pacific College competed for the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) “Best School Clinic Video” award and won. Pacific College was voted as best representing “acupuncture in action” at its San Diego clinic. The video featured Pacific College faculty, staff, students, and alumni performing acupuncture, cupping,

gua sha, moxa, massage therapy, and herbal preparation. In addition to featuring the San Diego clinic, the Pacific College off-site clinics such as Rady Children’s Hospital, the UCSD Owen Clinic, and the Senior’s Clinic in downtown San Diego were also featured. Check out the winning video on the Pacific College YouTube channel at: www.youtube.com/pacificcollege. OM



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The Healing Potential of Sound

By RICHARD GOLD, PhD, LAc

*“Biology gives you a brain.
Life turns it into a mind.”*

– Jeffrey Eugenides,
Pulitzer Prize-winning author

Our senses and their connections to our brain are all remarkable phenomena and create the self-aware context of our existence as human beings. Each of our senses influences and sends signals to our brains in different ways. In this article, I will focus on the auditory sense -- our hearing. To date, science knows much more about how we see than how we hear. However, with new advances in neuroscience and the ability to observe the brain in real time, the results of sound on the brain are becoming much better understood and documented.

Music and sounds have a unique way of impacting the frequencies of the brain, and, therefore, an individual’s state of consciousness and awareness. There is also a profound effect from sound on the body’s physiology, psychology and energetics.

BRAIN WAVES

General scientific awareness and charting of distinct brain wave patterns dates only from the 1970s. Western science has established four primary brain wave phenomena, brain wave patterns or frequencies as seen in **Chart 1**.

The experience of the higher states of brain function and the ‘psycho-technologies’ (i.e., techniques that purposefully affect brain function and consciousness such as: prayer, meditation, drumming, movement, etc.) designed to achieving heightened brain states have been known to humanity for millennia. All cultures and religions have devised ways to achieve these heightened states. What was not known scientifically until quite recently was the measurable specifics of different brain waves and the implications of the varied states on the mind, body, and spirit of the listener.

We know now definitively, through scientific observation, that sound and music actually change our brain waves. This is an involuntary response of the listener’s brain. This specific knowledge can be utilized to alter our mental and physical performance states with a very specific laser-like accuracy.

BRAINWAVE ENTRAINMENT

Science uses the term ‘brain-wave entrainment’ to describe the intentional use of sound to affect

the brain. Brainwave entrainment is any method that causes brainwave frequencies to fall into step with a specific frequency that is created outside of the individual. It is based on the concept that the human brain has a tendency to change its dominant EEG frequency towards the frequency of a dominant external stimulus (such as music or sound). This capacity to directly and specifically affect the brain frequency cycles has profound implications for health, learning, and consciousness. Sounds are constantly affecting our brains and our emotional and physiologic states. Often, we have no choice in this matter: sounds happen! An important aspect of our evolution and advancement as a species can be the purposeful use of sound to enhance consciousness and physical and emotional health.

TCM PERSPECTIVE ON SOUND AND HEALTH

In Chinese medicine, the effect of sound on the body’s qi and consciousness has been established for centuries. The concept of the Six Healing Sounds known as Liu Zi Jue first appears in a book called *On Caring for the Health of the Mind and Prolonging the Life Span* written by Tao Hongjing of the Southern and Northern Dynasties (420 – 589 A.D.). A leading figure of the Maoshan School of Taoism, Tao Hongjing was renowned for his profound knowledge of Chinese medicine. He writes in his book: “One has only one way for inhalation but six for exhalation.” According to the theory of Liu Zi Jue, each of the five elements has its own exhalation or its own sound. The sixth sound is the sound of the triple warmer, which integrates the vibrations and potential of the other five sounds of the five elements.

Zou Pu’an of the Song Dynasty (960 - 1279) was a major contributor in terms of theory and practice to the transmission of the exercise through his book, *The Supreme Knack for Health Preservation - Six-Character Approach to Breathing Exercises*.

The original practice of the Six Healing Sounds involved only breath and sound. Later, in the Ming Dynasty (1368–1644), both Hu Wen-huan and Gao Lian wrote books that added physical exercises to the practice. The combination of qi gong exercises with healing sounds enhances the beneficial effects of both.

According to the Chinese medical theory, the Six Healing Sounds work to transform the stagnant energy stored in the organs and meridian

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Breast Cancer Prevention: The Advice I Give My Patients

By JILL BLAKEWAY, MSc, LAc

Earlier this year, Angelina Jolie revealed that she had undergone a double mastectomy to cut her risk of breast cancer. She certainly got everyone talking and for that, I think she should be commended.

However, the well-known actress and activist is in a somewhat rare category when it comes to breast cancer risk, in that she has the BRCA1 gene mutation. This is an inherited mutation that prevents the body from making essential repairs to DNA that is damaged in replication, leading to an accumulation of genetic defects and a greater risk of breast and ovarian cancer. Some acupuncturists on Facebook were quick to condemn Ms. Jolie, but in my practice, I've seen quite a number of people with this gene mutation, which has left me with a great deal of empathy for women in her position.

Ms. Jolie was told she had an 87 percent chance of developing breast cancer, which prompted her decision to have a prophylactic mastectomy. Personally, I don't blame her. If I got on a plane and was told there was an almost 90 percent chance it would crash, I'd get right off immediately. This is effectively what Ms. Jolie has done, reducing her risk of breast cancer to 5 percent in the process. This kind of surgery is a very personal decision and there are no right or wrong answers about what to do. However, I admire Ms. Jolie for being proactive and taking steps to minimize her risk so that she maximizes the chance that she'll be around to take care of her children as they grow up.

My patients who have tested positive for one of the BRCA gene mutations have been understandably scared. One woman who visited our center had watched almost all her female relatives die of breast cancer in their fifties. That included her mother, two aunts, and her grandmother. When she found out that she had the same genetic defect, she was traumatized. She decided on a prophylactic mastectomy and I felt that, as her acupuncturist, my role was to support that decision and not second-guess it. Conversely, I've also treated patients who, upon finding out they have the gene mutation have decided to minimize their risk with careful monitoring combined with diet and lifestyle changes. I have absolutely no problem supporting that decision too and have been happy to use Chinese medicine to help these women stay strong and healthy.

My own mother died of breast cancer at 54, so, like Angelina Jolie, I took the decision to have genetic testing. I was not sure what I was

going to do with the information quite honestly, but I felt that knowing my risks would help me make informed decisions about my health. Fortunately, I do not have the BRCA gene mutation, so I was spared the immensely difficult decision Ms. Jolie had to take. However my conscientious doctor looked a little deeper and found out that I do have a mild genetic defect that means that my liver does not process estrogen well, which can lead to estrogen dominance. In all probability, my mother had the same defect. If her doctor had known that, she might not have been given hormone replacement therapy when she went through menopause and would quite possibly be alive today. I feel lucky to have this information, because it means that I get my estrogen levels measured regularly and use Chinese medicine to keep my hormones balanced. To me this is a perfect marriage of cutting edge information and ancient wisdom in the service of the emerging field of epigenetics.

is the way my colleagues and I at the YinOva Center support our patients who are looking to do as much as they can to prevent this disease.

In Chinese medicine, there are four factors which are said to contribute to breast cancer (genetic predisposition notwithstanding):

- **Stagnation** – lack of flow of qi and blood, which over time leads to denser and denser tissue
- **Heat and Toxicity** – the presence of external toxins, for example - cigarette smoke, environmental toxins or chemical estrogens or heat from stagnation or yin deficiency.
- **Qi Deficiency** – a failure of the body's immune system to clean up abnormal cells
- **Damp Accumulation** – I usually describe this to patients as a propensity for excess fat cells, which are estrogenic.

Consequently, cancer prevention focuses on moving qi and blood, protecting the body from toxicity,

environmental toxins and clear heat where necessary, especially stomach heat.

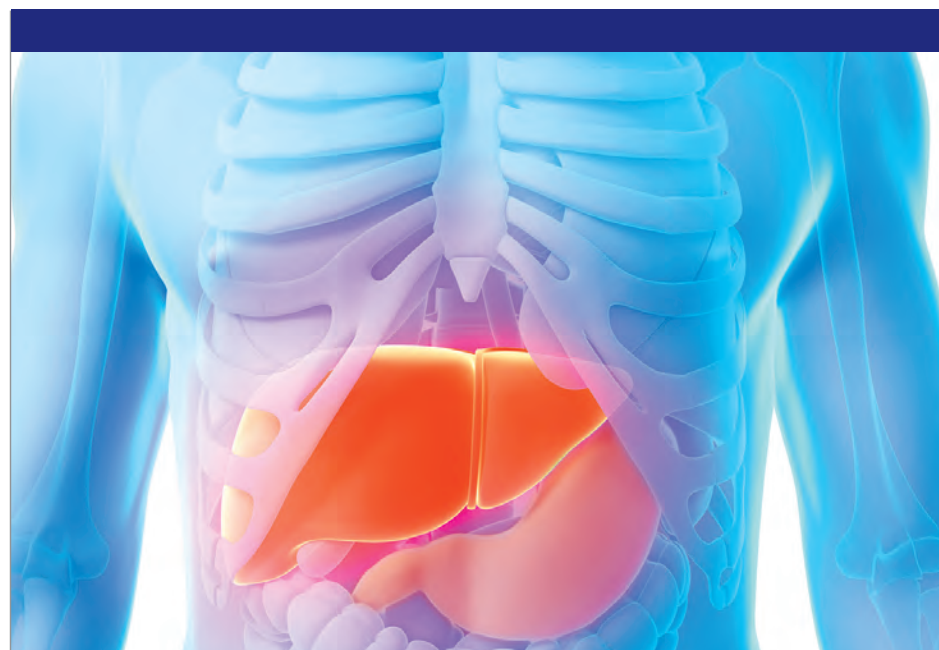
3. Support the patient's general health, and, in particular, reinforce the Earth element.
4. Move qi and blood in the breast.
5. Explore the emotions associated with breast lumps.

1. SUPPORT THE LIVER TO HELP IT PROCESS ESTROGENS

Some breast cancers grow in response to excess estrogen in the system, which means that it is helpful to support the liver whose job it is to process estrogen. A liver that is otherwise occupied by processing alcohol, for example, may not be able to process estrogen in the same way. I find it interesting that in Chinese medicine, breast cancer is often related to liver qi stagnation (and stomach heat), which is another way of describing an over-taxed liver, leading to lack of flow of qi and blood and a consequent buildup of heat and toxicity.

Here is what my colleagues and I tell our patients:

- **Limit Alcohol** -There is a strong link between breast cancer risk and alcohol consumption. In fact scientists have shown that drinking as little as one unit of alcohol a day raises your breast cancer risk by 5%. At the YinOva Center, we suggest that our patients limit their alcohol intake to 3 – 4 drinks a week.
- To stimulate the liver you can drink lemon juice in water first thing in the morning, or put bitter greens such as dandelion greens, endive and radicchio in your salad.
- You can take liver-supporting herbs including dandelion root, milk thistle, burdock, artichoke and turmeric. I also periodically prescribe an herbal formula based on pattern differentiation for liver heat, liver qi stagnation or liver blood/yin deficiency with stagnation. My root formula is usually aimed at strengthening the spleen and I intersperse this with qi moving and heat clearing as needed.
- B vitamins also aid the liver and are recommended. They can be added in the form of whole foods (such as lentils, rice bran, and blackstrap molasses) or supplements. Vitamin B6, in particular, enhances the breakdown and removal of estrogen from the body.
- I sometimes suggest my patients use a product called OptiCleanse GHI from Xymogen for six weeks to clear the liver of fatty deposits, reduce inflammation and support healthy liver/GI function.



✳ I find it interesting that in Chinese medicine, breast cancer is often related to liver qi stagnation (and stomach heat), *which is another way of describing an over-taxed liver, leading to lack of flow of qi and blood and a consequent buildup of heat and toxicity.*

Most women who develop breast cancer have no genetic risk at all (that we know of). Some women, like me, have less serious genetic issues that slightly increase their risk of breast cancer, a risk that can be managed and offset by adopting some lifestyle changes. And only very few women (one in 400-800) carry one of the BRCA gene mutations and are significantly predisposed to breast and ovarian cancers. So for most of us, there is plenty we can do to lower our risk of breast cancer and here

draining damp, and supporting the body's natural defenses. Western and Eastern medicine may come from a different frame of reference, but we are, of course, observing the same phenomena so the advice we give is therefore very similar.

It can be grouped into the following areas:

1. Support the patient's liver in order to help their body process estrogen.
2. Limit their exposure to external sources of estrogen and envi-

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If you would like to join this esteemed group, enroll in Pacific College's Doctoral Program

DAOM Capstone Projects



The list below is of those who have successfully defended their dissertations:

Validation of Point Prescription for Radiation Prostatitis, by *Pierre Aurelien*

Invitro Effect of 350 Chinese Herbs on the P450 CYP3AA Enzyme, by *Lily Chang*

Dr Jiao's Herbal Medicine for Rheumatoid Arthritis, by *Ay-ying Chen*

The Efficacy of Simultaneous Use of Massage Therapy and Acupuncture Treatment (SUMTA)
for Patients Undergoing Pain Management, by *Mei Chou*

The Efficacy of Electro-Acupuncture in Treatment of Schiatica Due to Intervertebral Disc Herniation, by *Michael Corradino*

The Critical Review of Acupuncture's Effects on Relieving Symptoms Due to Prostatitis Radiation, by *Elisebete DeSouza*

Comparisons of CD4 Count and HIV Viral Load in Patient Treated with Point Injection Therapy,
Acupuncture and Glycyrrhizin Tablets, by *Uchenna Egwuonwu*

Evaluation of Required Elements of Fully Integrated Pocket Clinic Manual, by *Daniel Hsu*

Precision Using Chinese Herbal Medicine for Optimal Efficacy in the Treatment of Various
Microbial Pathogens, by *Steve Jarsky*

Systematic Review of the Effectiveness of Traditional Chinese Medicine Treatment on Alzheimer's Disease, by *Brian Kouo*

The Effects of Acupuncture on Weight Loss in Overweight Adults Over 40 Years Old, by *Ed LaMadrid*

An Evaluation Study Designed to Improve the Evaluation Process of Clinical Supervisor Skills, by *Gina Lepore*

Evaluation of Miriam Lee's Rotation Method as a Primary Needle Manipulation in the Treatment of Pain, by *Leslie McCoy*

A Critical Review of Etiology, Pathology and Treatment of Pediatric Attention Deficit Hyperactivity
Disorder in Oriental Medicine, by *Karen Pan*

Response of Blood Glucose Levels to Acupuncture in Type II Diabetes, by *Don Snow*

Systematic Analysis of Electronic Health Record Software for the Oriental Medical Clinic, by *Greg Sperber*

The Effect of Traditional Chinese Medicinal Herbs on Reducing the Vasomotor Symptoms of
Climacteric Women in the United States, by *Robin Tiberi*

The Effectiveness of Anatomical Acupuncture vs. Anatomical Plus Scalp Acupuncture on the Voluntary Movement of the
Flexion and Extension of the Dysfunctional Arm in Post-Stroke Patients, by *Toan Truong*

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Primordial Qi Gong: Restoring the Essence

By BILL HELM, Bs.ABT, Tao Shih

The practice of qi gong is very old in China. Discoveries in the Ma Huang Tui gravesite excavations have placed qi gong exercises back to at least 1300 BCE. Drawings in ancient texts have been found that depict the varied postures of what were then called Dao Yin or “guiding qi” exercises that were practiced seasonally to help maintain health and protect against the imbalances that can accompany the change of seasons. Tui na, or breathing exercises known as “exhaling the

old qi, drawing in the new”, were also a part of Taoist practices for refining the qi (our innate life force/energy) and developing longevity and wellbeing.

The fundamental aspect of these practices was the use of physical movement, postural positions, and breathing methods to regulate qi and blood flow through the channels and collaterals of the human body for the purpose of health and spiritual development. They were divided between quiescent, or static, exercises and dynamic or moving exercises and were done while sitting, standing, and lying down.

For the Chinese, the concepts of health and spiritual development are closely related. In Oriental medical theory, the organs not only have physiological functions but also have psychological and spiritual attributes. When the functions of the organs are out of balance, there are physical symptoms as well as emotional and mental imbalances. When the organs and vital substances are in balance

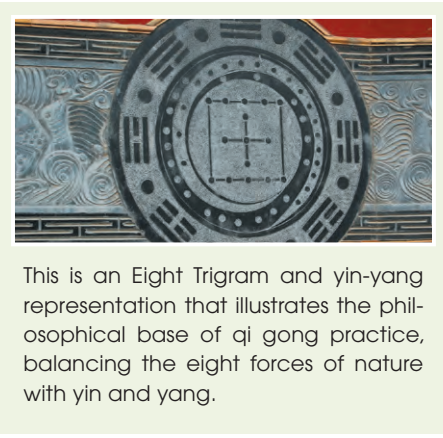
and in harmony, the physical symptoms disappear, the emotions are regulated properly, and spiritual attributes are manifested. In this tradition, true health is the result of natural qualities in our bodies and souls and has a spiritual dimension.

Qi gong has roots in both shamanic practices and Taoist methods. Shamanic rituals used dance-like movements to mimic the qualities of certain animals from which power was accessed in order to heal disease or acquire information for resolving conflicts with ancestral spirits. Feathered costumes were used, as well as animal skins, to facilitate the effect of the trance dancing. Early cave art shows bird-like people who were thought to be shamanic practitioners or “wu”. It is thought that some of these dance movements became systematized as early qi gong or dao yin exercises.

The practice of qi gong, in general, has focused upon two primary concerns: the preservation of health and recovery from illness. The central focus in these issues is how to

maintain the correct balance of qi and blood and to supplement the essence, or jing, underlying these substances in order to remain disease-free. This is usually addressed by strengthening the kidney and spleen in order to facilitate the generation of post-natal qi and blood. A common theory is that if there is abundant qi and blood, the surplus will be converted into essence, or jing. Ideally, this would slow, or, in some ways, reverse the aging process. This would be manifested as increased vitality, stronger sexual desire, slower graying of hair and a more lustrous skin tone and color. However, in order for this to occur, the individual would also need to change lifestyle and dietary habits that contribute to the loss of jing and the weakening of the generation of qi and blood. In addition, the qi gong exercises must be practiced consistently and with mindful focus. It is not enough to simply do exercises in a haphazard way and expect dramatic results.

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This is an Eight Trigram and yin-yang representation that illustrates the philosophical base of qi gong practice, balancing the eight forces of nature with yin and yang.



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This is a bronze statue with the representations of the flow of qi energies that occur during qi gong and meditation practice.

As is often the case, results come from work and effort, and the more quality of practice, the better the results.

The Hun Yuan qi gong system or 'primordial qi gong' is a Taoist system that was taught openly by Grandmaster Feng Zi Qian, who was a Chen Taijiquan master as well. The series of exercises in this form of qi gong emphasizes clearing stagnant or blocked qi from the body, replenishing and storing righteous qi, and regulating and harmonizing the flow of qi through the channels and collaterals of the body.

The primordial qi gong uses a different location for the three dan tians-elixir fields from many systems of qi gong and martial arts. The dan tians are commonly translated as elixir fields and refer back to Taoist alchemical practices that were aimed at producing the dan or elixir that conveyed immortality on those who had taken it. Originally, this elixir was considered to be the result of a complex process of chemical refinements and syntheses using cinnabar and other substances as the base. In his classic series, 'Science and Civilization', Joseph Needham describes these practices as the forerunner of modern chemistry. Unfortunately, these substances were often poisonous and resulted in death for the user. This led to the new idea of generating the elixir internally as a result of refining the internal elixir of the qi.

These practices commonly used a progression of different meditations and breathing exercises that utilized the elixir fields or dan tians as locations for these processes.

Speculation regarding the actions of the body surround concepts of activating different endocrine functions that help maintain health and rejuvenate physiological activity. These would be the physical link to the jing, or essence, associated with the kidney functions of reproduction,

growth, and healing.

In most systems, the three dan tians are located in the forehead at the Yintang acupoint, Shanzhong-Ren 17, in the chest between the breasts, and Qihai-Ren 6 in the lower abdomen. It is important to remember that these areas are used as a focus for mental and physical concentration and are not anatomical structures. They also structurally encompass more than the area of the specific acupoint. In the primordial qi gong, they are located slightly differently. The upper dan tian is also located at the Yintang acupoint, but the middle dan tian is located at the umbilicus at the Shenque-Ren 8 acupoint, and the lower dan tian is located at Huiyin-Ren 1.

This is quite different functionally from the other locations in that the middle dan tian at the umbilicus is often used in Oriental medicine to restore the yang qi. Its name is translated as "spirit gate" from the Chinese characters. This implies a greater function of being an opening for the spirit to pass into the body. The umbilicus is also used to strengthen the intestines, which improves digestion and the creation of the vital substances qi and blood.

The lower dan tian is at the huiyin, or 'meeting point of yin' at the base of the genitals. This area increases sexual vitality and function and improves the movement of the qi in the yin channels through to the torso. By increasing the functional level of these areas, it is thought possible to increase and restore the jing essence. These exercises are being taught in great detail by Taoist Master Ken Cohen to whom I am indebted for this information.

The exercises are listed as follows:
The number of repetitions can be increased up to 36 times per exercise,

that is a result of aging and lifestyle. Typically, frontal knee pain is due to Spleen deficiency with Yin deficient Heat going into the Stomach channel. In knee problems that are due to Kidney deficiency, we would typically see weakness in the joint along with difficulty standing and stabilizing.

The Japanese style uses the generating (Sheng) and control (K'O) cycles of the Five Phases as well as working with the Five Elemental points in choosing a treatment strategy. Additionally, constitutional assessment is used as predictive of disease pattern migration and prognosis. For example, Lung constitutions may come into Kidney deficiency earlier in life than expected, or if a disharmony shows up outside of a person's birth constitution, this will require a more extensive approach to treatment and may never fully recover completely. In the case above, the original constitution of the patient has permanently shifted outside the Lung constitution and makes it a more complicated case.

GL I really appreciated observing your treatment and this explanation of the rationale behind your diagnosis,

and treatment strategy is very helpful. I always find it interesting to watch and learn from other practitioners as their approach is often unique and different from what I would do. What would you suggest to students about studying a variety of different practice styles?

ET Learn everything you can about as much as possible. Practice is a synthesis of everything one has learned and everyone does it differently. The bottom line is that if your qi can move your patient's qi appropriately, then you are not over treating or under treating. **OM**

GREG LANE, Director of Clinical Services and Clinical Co-Chair at PCOM, San Diego, is licensed by the California Acupuncture Board and certified through NCCAOM. He received his Master of Science Degree from PCOM in 1993. In his private practice, Greg focuses on women's health, orthopedics, pain management and drug and alcohol detox. Greg received his Bachelor of Fine Arts from California Institute of the Arts in 1985, and was a professional dancer for many years, maintaining a rehearsal and performance schedule while studying and practicing Chinese medicine.

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and accept. During my service as an ACAOM site visitor and chair, I have observed current DAOM programs integrate Eastern and Western medicine very well. The graduates of these programs are formally taught to speak in the language of mainstream Western medicine. MDs will be much more accepting of acupuncture if they understand that our Asian medical language that speaks of qi and channels is mainly using a language of metaphors for human metabolic functions. If we use the word 'qi' sparingly, and, when we do, simultaneously refer to its corresponding metabolic functions while speaking to MDs and to the general populace, then the gap of understanding between Western and Eastern practitioners can be narrowed. Western practitioners all over the country will warm to acupuncturists as colleagues, and, therefore, be more willing to refer their patients to us.

Before any of you start penning letters attacking my qi-downplay concept, I implore you to consider the realities our profession is facing. Practitioners in other disciplines are recognizing acupuncture



* My wish was for people to understand that acupuncture and traditional medicine techniques are a viable alternative or collaborative form of treatment for many of their ailments.

as a safe and effective form of treatment. This increasing use of acupuncture is evidenced by the ever-growing number of "medical acupuncturists", chiropractors, physical therapists, "dry needling" specialists, and other types of practitioners who are using acupuncture. Many of these practitioners distance themselves from the language of our medicine. In fact, they often purposely exclude the use of the words "qi", "channels", "yin and yang", and the elements in favor of words and phrases such as "trigger points", "neurotransmitter release", and "nervous system modulation". They know they do not have our

level of understanding and knowledge of the classics and of the intricacies of acupuncture itself. So instead of even trying to speak our language, they purposefully use the language of Western biomedicine to distinguish themselves from acupuncturists. If this trend continues, then the question the general public and insurance carriers will ask is: As long as patients are receiving acupuncture and getting acceptable effects, then does it really matter who is performing it? In fact, I have had patients walk into my office with insurance plans that will pay for acupuncture only if it is performed by a medical doctor.

While pursuing my goal to educate the public about acupuncture, I have learned a couple of very important truths. Advanced educational programs such as the DAOM programs offered by colleges of acupuncture must emphasize complete integration of acupuncture into the modern model of medical services. This will promote the acceptance of acupuncturists by medical doctors as their peers. We acupuncturists can further our cause by educating the public with a unified voice. We must project an image of professionalism and use a universally recognizable medical language that can be understood by Western practitioners, as well as by the general public. This will increase the likelihood of medical doctors referring patients to us as well as the likelihood of patients themselves turning to us on their own. These steps can help safeguard our profession and insure a high quality of service for our patients. **OM**

DANIEL HSU is a licensed acupuncturist and graduate of Pacific College's DAOM program. He is a teacher of Chinese Medical Language and also chairs ACAOM site visits. His two offices are based in New York City.



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Ginseng Endurance Formula (Ren Shen Pian) A vitalizing formula consisting of powerful adaptogens. Use it to enhance daily energy, athletic performance, or to help you keep up on that strenuous hike.

Andrographis Formula (Chuan Xin Lian Kang Yan Pian) An all-in-one anti-toxin formula that eliminates heat and damp-heat toxin in the upper, middle, or lower warmers.

Persica and Cistanches Formula (Tao Ren Cong Rong Wan) For some of us, changing our normal daily routine can lead to blockage and discomfort in the LI fu. **Persica and Cistanches Formula** moistens and unblocks the LI fu and promotes the smooth flow of qi downward and outward.

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A Guide To Pacific Symposium 25th 2013

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Learn From the Best:

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Jeffrey Yuen
Giovanni Maciocia
Misha Cohen
Jake Fratkin
Debra Betts
Subhuti Dharmananda
Lillian Bridges
Felice Dunas
Rick Gold
Bill Helm
Osi Livni

Keynote Address:

Ted Kaptchuck - October 26

Plus Pre- and Post-Symposium
Workshops with:

Jeffrey Yuen, October 23

Kiiko Matsumoto, October 28

Giovanni Maciocia, October 28-29

Miki Shima, October 28-29

Pacific Symposium 2013 Schedule at a Glance

Wednesday 10/23		Thursday 10/24		Friday 10/25		Saturday 10/26	
Early Morning Qi Gong (1 CEU per session)							
7-7:50 am	One-Day Session: Nourishing the Womb (Yang Tai): Prenatal Care of the Fetus <i>Jeffrey Yuen</i>	Primordial Qi Gong <i>Bill Helm</i>		Primordial Qi Gong <i>Bill Helm</i>		Primordial Qi Gong <i>Bill Helm</i>	
		Morning Workshop: Alternative to General Session Lectures (3 CEUs)					
9 am-12 pm		Chinese Medicine Orthopedics <i>Mark Kastner</i>		The “Abdominal Brain”: The Wonders of Gut Feeling and Healing <i>Osnat Livni</i>		The Ren Mai and Du Mai, Part 1 <i>Kiiko Matsumoto</i>	
		General Sessions (1 CEU per speaker/3 per morning)					
9-9:50 am		Posture-Pain-Performance <i>Brian Bradley</i>		Four Extraordinary Chinese Herbal Patent Medicines <i>Jake Fratkin</i>		Integral, Evolutionary, and Spiritual Perspectives on Medicine <i>Lonny Jarrett</i>	
9:55-10:45 am		Shen: Its Implications and Confusions, Part 1 <i>Jeffrey Yuen</i>		Facial Diagnosis for Disease Prevention <i>Lillian Bridges</i>		Gua Sha in the Treatment of Inflammation: Lung and Liver/Biliary <i>Arya Nielsen</i>	
11:10 am-12 pm		Shen: Its Implications and Confusions, Part 2 <i>Jeffrey Yuen</i>		Extraordinary Results in an Adjunct Cancer Therapies Program <i>Subhuti Dharmanada</i>		The Issue of “Phelgm in Zhang Ji’s Medicine” <i>Miki Shima</i>	
		Afternoon Qi Gong (1 CEU per session)					
12:15-1:05 pm		Primordial Qi Gong <i>Robert Nations</i>		Primordial Qi Gong <i>Robert Nations</i>		Primordial Qi Gong <i>Robert Nations</i>	
		Afternoon Workshops (3 CEUs per workshop)					
2-5 pm		Traditional Thai Bodywork Treatment for Sciatic Pain <i>Rick Gold</i>		Stop Pain from Migraines, Shingles, and Bone Injury <i>Holly Guzman</i>		The Ren Mai and Du Mai, Part 2 <i>Kiiko Matsumoto</i>	
	Understanding Shen as the Essence of Healing <i>Jeffrey Yuen</i>		Clinical Application of Facial Diagnosis <i>Lillian Bridges</i>		Gua Sha for Inflammatory Conditions: Organ Pathology and Pain <i>Arya Nielsen</i>		
	Treatment Protocols in Pregnancy: Nausea, Miscarriage, and Induction <i>Debra Betts</i>		Extraordinary Results Through Key Ingredients of Herbal Formulas <i>Subhuti Dharmanada</i>		Six Stages of Cold Damage and Their Symptoms and Formulas <i>Miki Shima</i>		
	Constitution and Illness in the Clinic - a Kampo Perspective <i>Nigel Dawes</i>		The Most Important Herbal Formulas in My Clinical Practice <i>Jake Fratkin</i>		Who Am I? Know the Patient, Know One’s Self <i>Lonny Jarrett</i>		
	A Comprehensive Approach to Dysfunctional Movement Patterns <i>Brian Bradley</i>		Setting the Stage for Extraordinary Patient Relationships <i>Felice Dunas</i>		Bo’s Abdominal Acupuncture <i>Magnolia Goh</i>		
Evening Events							
7-9 pm		Oriental Medicine In Mainstream Medical Settings: Challenges and Opportunities	25 th Anniversary Party		Keynote Address: Ted Kaptchuck <i>Acupuncture and Placebo Acupuncture: Talking Science and/or East Asian Medicine</i>		

2013 Package Prices	EARLY (by Aug. 1)		REGULAR (Aug. 2 - Oct. 1)		LATE AND ONSITE (After Oct. 12)	
	Online	Mail/Phone	Online	Mail/Phone	Online	Mail/Phone
Pre/Full/Post - All Pass Event (Wed-Tues) 57 CEUs	\$835	\$850	\$885	\$900	\$940	\$955
Full plus 1-Day Pre AND 1-Day Post with Matsumoto (Wed-Mon) 50 CEUs	\$730	\$745	\$785	\$800	\$835	\$850
Full plus 2-Days Post 50 CEUs	\$730	\$745	\$785	\$800	\$835	\$850
Full plus 1-Day Pre OR 1-Day Post (Wed-Sun) OR (Thurs-Mon) 43 CEUs	\$655	\$670	\$705	\$720	\$730	\$745
Full (Thurs-Sun) 36 CEUs	\$520	\$535	\$575	\$590	\$630	\$645
3 Day General Pass	\$435	\$450	\$475	\$490	\$515	\$530
2 Day General Pass	\$330	\$345	\$385	\$400	\$435	\$450
1 Day General Pass (Thurs or Fri)	\$180	\$195	\$215	\$230	\$250	\$265
1 Day General Pass (Sat or Sun)	\$170	\$185	\$205	\$220	\$240	\$255
1 Day Pre with Yuen or 1 Day Post with Matsumoto 7 CEUs	\$195	\$210	\$225	\$240	\$260	\$275
2-Days Post with Maciocia or Shima 14 CEUs	\$320	\$345	\$360	\$385	\$390	\$415

57 CEUs/PDAs

Sunday 10/27	Monday/Tuesday 10/28-10/29
Primordial Qi Gong <i>Bill Helm</i>	One-Day Session, 10/28: Kiiko Matsumoto Style Intensive: Low Back and Knee Pain <i>Kiiko Matsumoto</i>
The Ren Mai and Du Mai, Part 3 <i>Kiiko Matsumoto</i>	
Clinical Application of the Chong Mai <i>Giovanni Maciocia</i>	Two-Day Sessions: The Treatment of Auto-Immune Disease with Chinese Medicine <i>Giovanni Maciocia</i>
The Spirit of Chinese Medicine: 15 Years Later <i>Misha Cohen</i>	
The Aging Athlete <i>Matt Callison</i>	Secrets of Zhang Ji's Medicine <i>Miki Shima</i>
Primordial Qi Gong <i>Robert Nations</i>	
Excess and Deficient Pain Patterns in the Upper Extremity <i>Matt Callison</i>	
The Treatment of Multiple Sclerosis <i>Giovanni Maciocia</i>	
Cancer Support: Practical Ways to Help People Facing Cancer Using Chinese Medicine Protocols <i>Misha Cohen</i>	
Working Within Biomedical Institutions <i>Ted Kaptchuck</i>	


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Pre- and Post-Symposium
Workshops

Pre-Symposium Workshop


**Nourishing the Womb (Yang Tai):
Prenatal Care of the Fetus**
by Jeffrey Yuen

7
CEU/PDA


Wednesday, October 23, 9 am-5 pm

Yang Tai, or nourishing the fetus, involves the management of the pregnant woman’s health during the each of the three gestational trimesters. Crucial to this is an understanding of how different energetic levels evolve and how the channel systems develop. The seminar will explore the dynamics of the shen in utero. It will also focus on the energetic and physical dynamics of each gestational month, along with dietary guidelines and treatment of common conditions during pregnancy.


Post-Symposium Workshops

**Kiiko Matsumoto Style Intensive: Low Back and
Knee Pain**
by Kiiko Matsumoto


7
CEU/PDA

Monday, October 28, 9 am-5 pm


Kiiko Matsumoto’s style of acupuncture (KMS) combines classical Chinese medical principles with modern western pathophysiology. KMS is oriented towards using palpation for diagnosis, and re-checking with palpation to quickly evaluate the efficacy of each treatment point candidate. This approach received its influence from early Japanese acupuncture, when it was a profession practiced largely by the blind, who depend on palpation skills. KMS chooses points that have the highest potential for long term pain resolution, through addressing underlying and constitutional patterns. Learn how to carefully evaluate and treat low back pain and knee pain. As always, this workshop will include live treatment demonstrations.

**Secrets of Zhang Ji’s Medicine**
by Miki Shima


14
CEU/PDA

Monday and Tuesday, October 28-29, 9 am-5 pm

Dr. Shima will explain the new, expanded concepts in Shang Han Lun, not for Cold Damage, but for chronic disorders with plenty of case histories by Shang Han Lun masters. This workshop will be a powerful way for students to see how major formulas by Zhang Ji are actually used by both historical and contemporary masters.

**The Treatment of Auto-Immune Diseases
with Chinese Medicine**
by Giovanni Maciocia







14
CEU/PDA

Monday and Tuesday, October 28-29, 9 am-5 pm

Auto-immune diseases cause a huge variety of other diseases affecting all parts of the body and practically all organs. They present a difficult challenge in practice as they’re clinical presentations lack a consistent Chinese perspective. For the purpose of this discussion, the workshop will describe in detail the pathology and treatment of Latent Heat and Yin Fire.

After a discussion of auto-immune disease in general, the workshop will also outline the detailed diagnosis and treatment of the following diseases: Hashimoto thyroiditis, Graves’ disease, rheumatoid arthritis, ulcerative colitis, and asthma (although not an auto-immune disease, allergic asthma is also due to a dysfunction of the immune system).

Look for These Symbols

-  Hands-On
-  Core Knowledge,
Skill, Ability
-  Biomedicine
-  Lecture
-  Adjunctive
Therapy
-  Qi Gong

Daily Exercise



Primordial Qi Gong by Bill Helm and Robert Nations

1
CEU/PDA

Daily, 7-7:50 am and 12:15-1:05 pm



Primordial qi gong is a series of standing qi gong exercises from the Hun Yuan Taoist System. Their emphasis is on gently clearing obstructed and stagnant qi from the organs and pathways of the body and absorbing and circulating fresh, vital qi. The exercises are suitable for patients as well as practitioners.

Thursday, October 24, 2013



Chinese Medicine Orthopedics by Mark Kastner

3
CEU/PDA

Thursday, October 24, 9 am -12 pm



This workshop will focus on treating common soft tissue injuries of all the major joints of the body, using a very simple needle technique based on the traditional philosophy of local, distal, and adjacent point selection. This is a hands-on workshop, which will demonstrate specific needling, cupping, massage, and electro-stimulation protocols for efficient healing of tendonitis, sprains/strains, and tears of connective tissue. There will also be a discussion on effective ways to communicate with Western doctors, and how to become part of their referral network.



Posture-Pain-Performance by Brian Bradley

1
CEU/PDA

Thursday, October 24, 9 -9:50 am



This interactive lecture will focus on how posture is directly related to pain and how both are related to performance. The participant will learn to recognize postural deviations and if they are “compensated movement patterns” for the pain, or if they are the cause of the pain.

You will learn effective movements to evaluate your patient’s pelvic and thoracic spine function in relation to each other. This course is a must for any practitioner dealing with the chronic pain population.



Shen: Its Implications and Confusions by Jeffrey Yuen

2
CEU/PDA

Thursday, October 24, 9:55 -12 pm



Intrinsic in the study of Chinese medicine is the description of the shen. Its translation has too often been abstract and confusing in the West due to its religious and philosophical implications. This presentation will attempt to clarify the philosophical roots of shen and its significance to Chinese medicine.



Understanding Shen As the Essence of Healing by Jeffrey Yuen

3
CEU/PDA

Thursday, October 24, 2-5 pm



Healing is a multi-faceted activity, which entails the participation of the patient on all levels – rather than simply their compliance to specific modalities of healthcare. Crucial to this process is the shen, which in this case can be interpreted as the patient’s commitment beyond the “tangible” aspects of their healing. As such, attributes like dedication, trust, faith, forgiveness, and others are essential to the progress of wellness. This workshop will explore these features of healing and the role of the clinician in invoking these qualities.



Constitution and Illness in the Clinic - a Kampo Perspective by Nigel Dawes

3
CEU/PDA

Thursday, October 24, 2-5 pm



This workshop will help clinical practitioners of any discipline recognize and differentiate three basic constitutional types according to the Japanese Kampo tradition. It will also encourage participants to think critically about the clinical significance of patient constitution and disease pattern. Combining individual patient constitutional tendencies with pattern analysis provides a far more specific individual diagnostic picture that promises a more positive clinical result.



The Interrupt: Human Body Mischief and a Comprehensive Approach to Addressing Dysfunctional Movement Patterns by Brian Bradley

3
CEU/PDA

Thursday, October 24, 2-5 pm



This interactive lecture focuses on common, predictable pain sites around the human body. These pain sites are affected by multiple factors, but usually begin with some type of musculoskeletal imbalance. Posture types will be discussed

and attendees will learn therapeutic posture “exercises” appropriate for each. This therapy is complementary to all hands-on treatment modalities. It will make your treatments more effective and long-lasting as the patient begins to play an integral role in their own healing process.



Traditional Thai Bodywork Treatment for Sciatic Pain by Rick Gold

3
CEU/PDA

Thursday, October 24, 2-5 pm



This will be a practical and hands-on (or should we say hands-, elbows- and knees-on) seminar in traditional Thai bodywork for the treatment of sciatic pain. Participants will learn to apply and experience the techniques. Please wear loose fitting clothing and plan on having a therapeutic and relaxing experience.



Treatment Protocols in Pregnancy: Nausea, Miscarriage, and Induction by Debra Betts

3
CEU/PDA

Thursday, November 8, 2-5 pm



This workshop will present the treatment of three common complications of pregnancy: nausea, threatened miscarriage, and the need to induce labor. Ms. Betts will convey clinical strategies she developed by teaching midwives and supervising a hospital antenatal clinic.



Oriental Medicine In Mainstream Medical Settings: Challenges And Opportunities By Various Presenters

2
CEU/PDA

Thursday, October 24, 7-9 pm



Friday, October 25, 2013



The “Abdominal Brain”: The Wonders of Gut Feeling and Healing by Osnat Livni

3
CEU/PDA

Friday, October 25, 9 am -12 pm



Have you ever had a gut feeling, intuition, or “butterflies” in your stomach? These are familiar expressions of a common phenomena: the presence of a strong sensation along with an emotional experience. The “Abdominal Brain” workshop explores the wonders of the gut as a “thinking” and feeling aspect of the body. We will explore how the intestines play a significant roll in our physical and emotional health, as well as how we may use the wisdom of the gut to provide healing and overall wellbeing to patients.



Four Extraordinary Chinese Herbal Patent Medicines by Jake Fratkan

1
CEU/PDA

Friday, October 25, 9 -9:50 am



We will focus on four remarkable products that every practitioner should have in their clinic and first aid kit: Yunnan Bai Yao, plaster for bruises, Ching Wan Hong, and Huang Lian Su. In addition to clinical applications, we will discuss product ingredients and some interesting clinical applications from Jake Fratkan’s own practice.



Facial Diagnosis for Disease Prevention by Lillian Bridges

1
CEU/PDA

Friday, October 25, 9:55 -10:45 am



Many illnesses and diseases have early warning signs that are easy to identify on the face. In this lecture, some of the most important, subtle signs of organ dysfunction that show cancer, heart disease, and chronic obstructive pulmonary disease (COPD) will be shown, and case histories will be discussed. The ability to treat a patient at the onset of symptoms allows practitioners to help patients alter the progression of disease.



Extraordinary Results in an Adjunct Cancer Therapies Program by Subhuti Dharmanada

1
CEU/PDA

Friday, October 25, 11:10 am -12 pm



In China, one of the post-revolutionary goals was to utilize Chinese medicine in new and effective ways. An early challenge was countering the adverse consequences of the relatively crude chemotherapy and radiation methods employed at the time for cancer patients. The concept of supporting normality (fuzheng) was promoted, relying heavily on herbal tonification therapy and supported by the use of acupuncture techniques to alleviate symptoms as they arose. The key measure of success has been the prevention of medical treatment interruption, consequent to therapy-induced immune suppression, as well as other benefits, which will be discussed in this workshop.

Ready to Register? Go to www.PacificSymposium.org



The Most Important Herbal Formulas in My Clinical Practice *by Jake Fratkin*

3
CEU/PDA

Friday, October 25, 2-5 pm



After 35 years in Chinese medicine clinical practice (with 31 in herbal medicine), there are certain formulas that are used, again and again. These formulas fall into two groups: either the foundation formulas that can be used for a wide variety of applications, or formulas with focused applications that are particularly relevant in a modern, clinical practice. Unlike other classes where Jake Fratkins analyzes herbal formulas to explain why the formula works, in this class he will talk more about the broad (or unusual) applications of a number of formulas. This class is for practitioners and students who already know the formulas, and are interested in seeing how common formulas are very successfully used.



Clinical Application of Facial Diagnosis *by Lillian Bridges*

3
CEU/PDA

Friday, October 25, 2-5 pm



Emotions are fiery by nature, as they require both shen and the strength of the heart to express them. So, when emotions are repressed and/or become toxic, they can be considered causative factors of internal inflammation, e.g. trapped fire that is hard to treat if the emotions are not also addressed. This means that the presenting symptom or apparent organ deficiency may not be the real problem. The root of disease may be found in the emotions that underlie the symptoms. The psychological and emotional underpinning of disease can be understood from the facial map of the emotions. Case histories from the clinical application of facial diagnosis will be presented.



Working Toward Extraordinary Results Through Key Ingredients of Herbal Formulas *by Subhuti Dharmanada*

3
CEU/PDA

Friday, October 25, 2-5 pm



The design of an herbal formula to meet the unique needs of a patient is a daunting task for many Chinese medicine practitioners trained outside of China. The basics found in most standard Chinese medicine texts are taught with knowledge of commonly used herbs and numerous ancient formulas, but the effective combination of herbs is rarely conveyed. As a result, many students turn to published formulas or choosing from convenient preparations designed by someone else, rather than designing formulas for their patients. Whether you're selecting or designing formulas, it is important to understand what contributes to making an especially effective therapy. This presentation will focus upon some important examples of how one herb, or a small number of herbs, can transform a formula from yielding a moderate to an excellent outcome.



Setting the Stage for an Extraordinary Practice *by Felice Dunas*

3
CEU/PDA

Friday, October 25, 2-5 pm



Everyone has something they don't like about their practice. In this workshop, we will use Zang Fu, Five Elements, Yin Yang and business theory to take what is "wrong" with your practice and make it right while conserving and optimizing the use of your energy. You will learn how to: create the kind of practice you want; build a support team so you can focus on quality patient interaction; establish proper boundaries and compassion with difficult patients; utilize business practices that support exceptional patient interaction; keep your energy level high even if you are working with difficult patients or working long hours. Our goal is to help you get extraordinary results with your patients and extraordinary rewards from your practice.



Stop Pain From Migraines, Shingles, and Bone Injury *by Holly Guzman*

3
CEU/PDA

Friday, October 25, 2-5 pm



This workshop will cover how to stop three different types of acute pain, with three different techniques. Technique 1: Holly Guzman has used a patchi-patchi, with a three-way ion chord, to stop a migraine within seven seconds of stimulation. This device is one that Kiiko Matsumoto uses to address difficult conditions like diabetic neuropathy, disc problems, hyperthyroid, and more. Technique 2: Magnets are successful tools for acute bone pain. Learn to use them in this workshop. Technique 3: Shingles pain is difficult to control with usual pain medications, as nerve pain is generally less responsive to intervention. Moxa will not only significantly reduce the pain, but it can also be applied to stop shingles from spreading.

Saturday, October 26, 2013



The Ren Mai and Du Mai, Part 1 *by Kiiko Matsumoto*

3
CEU/PDA

Saturday, October 26, 9 am -12 pm



Kiiko Matsumoto will show how the Ren is the origin of the organs, and the Du is the source of the meridians. She will discuss how to apply these ideas to treat patients with many different conditions including autoimmune problems. She will also demonstrate how to use the Ren and Du to help structural and neurological problems including Parkinson's disease. Kiiko Matsumoto will demonstrate how to apply the acupuncture techniques in case demonstrations. Each hour will include a volunteer case with a unique presentation.



Context is Everything: Integral, Evolutionary, and Spiritual Perspectives on Medicine *by Lonny Jarrett*

1
CEU/PDA

Saturday, October 26, 9-9:50 am



Chinese medicine has evolved over the millenia because of its ability to adapt and meet the challenges that have faced successive generations. The times in which we live, the challenges that we face, and the cultural context in which medicine is practiced differ substantially compared to when Chinese medicine was originally being formed. From a certain perspective, the type of human being we treat in the West didn't exist when the classic texts were written. A developmental perspective is imperative if our medicine is to offer more than palliative care.



Gua Sha in the Treatment of Inflammation: Lung and Liver/Biliary Disease *by Arya Nielsen*

1
CEU/PDA

Saturday, October 26, 9:55-10:45 am



Gua sha is an East Asian medicine technique, defined as the unidirectional press-stroking of a lubricated area of body surface to intentionally produce 'transitory therapeutic petechiae'. Modern hepatic research aims to target modulation of HO-1 to produce immune and anti-inflammatory effects. Research done at Harvard Medical School shows that through this 'ferroheme metabolism', gua sha up-regulates anti-inflammatory and immune protecting HO-1 with the effect of, for example, reducing liver inflammation and liver enzymes in active hepatitis, including B and C. Together, this research accounts for the extraordinary clinical results experienced with gua sha for acute infectious illness and internal organ problems that are relevant to all organ pathology.

25th Anniversary Symposium Party

Friday, October 25, 7-11 pm

**Registration is required.*

Be sure to join our 25th Anniversary Symposium Party in the Aviary Ballroom on Friday, October 25th from 7-11 pm. You'll enjoy music performed by members of our Pacific College community, the Blues Doctors and the All-Star Acupuncture Jam Band. If you play an instrument, bring it and join the fun. Make sure you bring your business card to enter the raffle sponsored by our generous Symposium exhibitors. We give away amazing prizes! With music, food, prizes, and more, this is an anniversary to celebrate!



The Blues Doctors

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The Issue of “Phelgm in Zhang Ji’s Medicine” by Miki Shima

1
CEU/PDA

Saturday, October 10, 11:10 -12:00 pm



Although the issue of phlegm in Chinese medicine is unique in clinical practice, it is usually not properly addressed. In this lecture, based on Zhang Ji’s medicine (Jin Gui Yao Lue), the problem of phlegm will be discussed in terms of etiology, symptomatology, and treatment methods. Students will learn how to recognize phlegm problems and learn how to treat them.



The Ren Mai and Du Mai, Part 2 by Kiiko Matsumoto

3
CEU/PDA

Saturday, October 26, 2-5 pm



Kiiko Matsumoto will discuss how to apply the Ren and Du Mai to treat patients with autoimmune problems such as Rheumatoid Arthritis, Crohn’s, etc. She will also demonstrate how to use the Ren and Du to help structural and neurological problems.



Who Am I? Know the Patient, Know One’s Self by Lonny Jarrett

3
CEU/PDA

Saturday, October 26, 2-5 pm



“One who knows the enemy and knows himself will not be in danger in a hundred battles.”- Sunzi

Chinese medicine is filled with distinctions regarding the interior dimension of the self that arose in the context of animism (Daoism) and absolutism (Confucianism), and for most of us, these concepts remain intellectual abstractions. In this class, Lonny Jarret will examine the inner dimension of the self within a context that makes sense in the 21st century. He will draw distinctions between consciousness, the mind, the soul, conscience, spirit, the ego, and the authentic self. He will discuss the mechanism by which the self becomes conditioned in the context of the Five Element system.



Gua Sha for Inflammatory Conditions: Organ Pathology and Pain by Arya Nielsen

3
CEU/PDA

Saturday, October 26, 2-5 pm



Gua Sha has an immediate and sustained therapeutic effect that is essential in inflammatory conditions. The science of Gua Sha also explains its anti-inflammatory effect in organ pathology that makes it useful when dealing with any internal organ problems including but not limited to lung and hepatic and biliary disease. The practitioner will see first-hand how Gua Sha is applied for various conditions: acute and chronic organ pathologies and musculoskeletal problems including sprains and fractures.



Six Stages of Cold Damage and Their Symptoms and Formulas by Miki Shima

3
CEU/PDA

Saturday, October 26, 2-5 pm



Zhang Ji’s six-stage pathophysiology will be explained in a new approach by Dr. Shima. Case histories for each stage will be used to illustrate the major characteristics of each stage with formulas. The objective of this talk is to teach all six stages’ symptoms and treatment methods [Taiyang, Yangming, Shaoyang, Taiyin, Shaoyin and Jueyin and Huoluan]. Participants will learn a systematic structure of Zhang Ji’s medicine so that they can apply formulas with new level of understanding.

Keynote Address



Acupuncture and Placebo Acupuncture: Talking Science and/or Asian Medicine by Ted Kaptchuck

2
CEU/PDA

Saturday, October 26, 7-9 pm



This talk will examine the following questions:

1) What was the idea of evidence in the Tang dynasty? 2) What would Sun Si-miao have considered “valuable evidence?” 3) What is the current status of biomedical, clinical trial evidence concerning acupuncture? 4) What is the current status of biomedical clinical and neurobiological research into placebo acupuncture? 5) How does placebo acupuncture compare to placebo pills? 6) What is the role of placebo effects when potent medications are prescribed? 7) What is the relationship of “de qi” and “treat spirit” in the Nei Jing? 8) What is an East Asian perspective on placebo effects?

Finally, the talk will look at how such a discussion reflects on the professional responsibility of the acupuncture profession.



Bo’s Abdominal Acupuncture by Magnolia Goh

3
CEU/PDA

Saturday, October 26, 2-5 pm



Bo’s Abdominal Acupuncture (AA) is a comparatively new and powerful microsystem of acupuncture. This system was created and developed in 1992, by Dr. Bo, after years of clinical practice. In this workshop, practitioners will learn simple needling techniques, along with effective treatment protocols for dizziness, obesity, nocturia, and amenorrhea through abdominal points.

Sunday, October 27, 2013



The Ren Mai and Du Mai, Part 3 by Kiiko Matsumoto

3
CEU/PDA

Sunday, October 27, 9 am -12 pm



Part three will continue the presentation begun in Parts one and two.



Clinical Application of the Chong Mai by Giovanni Maciocia

1
CEU/PDA

Sunday, October 27, 9:00 -9:55 am



The Chong Mai is the “centre” of the Eight Extraordinary Vessels’ vortex of qi. Its pathway is complex and its clinical applications numerous. This talk will describe treatment strategies and point combinations for various clinical applications in gynecology, andrology, heart patterns, and anxiety.



The Spirit of Chinese Medicine: 15 Years Later by Misha Cohen

1
CEU/PDA

Sunday, October 27, 9:55 -10:45 am



How we work with a client is as important as what we do. In this lecture, we will explore the issues and concerns of spirit that we walk through each day as we face the issues of life and death in our practice of Chinese medicine. What do we do to facilitate the healing process within our clients and ourselves? The participant will have a chance to examine the internal space of healing that allows each one of us to detach and allow the healing to happen. Examples from a longtime healing practice will be shared, which exemplify the internalization of the teachings of Chinese philosophy and its manifestations of the spirit on a daily basis.



The Aging Athlete by Matt Callison

1
CEU/PDA

Sunday, October 27, 11:10 am -12 pm



The impact of the decline of kidney qi, yang and jing on the bones, joints and ligaments, particularly of the spine, must be understood for assessing and treating musculoskeletal injuries in the aging athlete. The decline of kidney energy hinders the du mai’s ability to circulate ying and wei qi, which increases the body’s susceptibility to invasion by external pathogenic factors. Thus, in terms of musculoskeletal health, the primary concern is the development of painful obstruction syndromes (bi zheng). This presentation will discuss successful treatment strategies for the aging athlete whose sport performance has been compromised due to bi zheng.



Excess (Shi) and Deficient (Xu) Pain Patterns in the Upper Extremity: Nerve Entrapment Syndromes by Matt Callison

3
CEU/PDA

Sunday, October 27, 2-5 pm



This workshop will discuss nerve entrapment syndromes that cause radicular or paresthesia pain patterns that affect the shoulder and upper extremity. The practitioner will learn to locate the nerve entrapment sites and differentiate between excess and deficient pain patterns in the shoulder and upper extremity. Common nerve entrapment syndromes that will be discussed include cervical spine degeneration, thoracic outlet syndrome, ulnar nerve entrapment at the elbow and wrist, supinator syndrome, pronator teres syndrome, carpal tunnel syndrome, and more. The practitioner will learn how to balance the somatic system using innovative treatment protocols that include traditional acupuncture points and motor points in a combination of Chinese medicine and Western biomedical principles.

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The Treatment of Multiple Sclerosis

by Giovanni Maciocia

3
CEU/PDA

Sunday, October 27, 2-5 pm



Multiple Sclerosis is a disease (of auto-immune nature) causing serious motor impairment symptoms and death. The talk will, for the first time, identify clear stages in the progression of the disease from a Chinese medical perspective and strategies and point combinations for the treatment of this disease.



Cancer Support: Practical Ways to Help People Facing Cancer Using Chinese Medicine Protocols

by Misha Cohen

3
CEU/PDA

Sunday, October 27, 2-5 pm



People who have been diagnosed with cancer need a tremendous amount of support from many different realms. Chinese medicine can be one such support system. There is a full set of tools to help these patients who are embarking on the most difficult journey of their lives. In this workshop, we will explore the theory and practice of supportive treatment with Chinese medicine. We will focus on practical protocols, treatment plans, and safety issues.



Working Within Biomedical Institutions

by Ted Kaptchuck

3
CEU/PDA

Sunday, October 27, 2-5 pm



Ted Kaptchuk will lead a group of panelists who have extensive experiences working in hospitals, biomedical clinics, and research institutions. Each panelist will describe their experience in a biomedical environment and the strategies they've employed that were worthwhile or counterproductive. The audience will be invited to share their own experiences or ask questions for the benefit of all attendees.

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This Year's Speakers

Debra Betts, PhD Candidate, BHSc (Acu), RN

With a background in nursing, Debra graduated with a diploma in acupuncture from the British College of Acupuncture in 1989. Returning to New Zealand in 1991, she established a private practice specializing in pregnancy and women's health care. She began specifically developing and teaching acupuncture courses to midwives in 1997. Her book, *The Essential Guide to Acupuncture in Pregnancy & Childbirth* was published in 2006. Information on her booklet for the use of acupressure for pain relief during childbirth can be found at <http://www.acupuncture.rhizome.net.nz>. Debra is currently a PhD candidate at the University of Western Sydney Australia. She also supervises a hospital-based acupuncture antenatal clinic through the New School of Acupuncture and lectures internationally on the use of obstetric acupuncture.

Brian Bradley, Exercise Science & Athletic Training AET, PAS, CSCS

Brian Bradley is the Vice President of Therapy Protocol at the Egoscue Method world headquarters in San Diego, CA. He is educated as an Athletic Trainer/Exercise Physiologist and considers himself a Posture Therapist. Brian has authored multiple best selling DVDs on posture and pain, including *Pain Free Workouts* (Volume 1&2), *East-West Breathing*, and *Posture Solutions*. Touted as Pete Egoscue's protégé, he has consulted on numerous books by Pete on chronic pain and posture, including the best seller, *Pain Free: A Revolutionary Method For Stopping Chronic Pain*. With over two decades in rehabilitation, fitness, and strength/conditioning fields, Brian is recognized as a dedicated expert on posture, pain, and performance. He has been featured on NBC's Today Show, The Golf Channel, and Good Morning Texas. Brian currently writes for PEAK Running Performance, TPI-Titliest Performance Institute, MAXOUT Golf, World Team Tennis, PTontheNet.com, Thorlo, SSC and AFPA.

Lillian Pearl Bridges

Lillian Pearl Bridges is considered the world's leading authority on Face Reading and Diagnosis, and she is credited for introducing this ancient knowledge to Western medicine. For over 25 years, her wisdom, warmth, and humor have captivated audiences around the world as she has taught both complementary and allopathic health practitioners how to utilize Facial Diagnosis in their practices. Lillian learned her skills from a long line of master Chinese practitioners in her family. She received her formal education at UCLA, where she earned her degree in psychology. Lillian is the founder of The Lotus Institute, Inc. and trains students in her apprenticeship program, at continuing education courses at universities and colleges, and is a featured speaker at conferences around the world. She has been on numerous television shows and radio stations and has been featured in many newspapers and magazines internationally. Her book, *Face Reading in Chinese Medicine*, is available from Churchill Livingstone.

Matt Callison, BS, LAc

Matt Callison earned his bachelor's degree in Sports Medicine from San Diego State University in 1985. Callison worked at the Alvarado Sports Medicine clinic and Scripps Hospital, La Jolla for 8 years. In 1991, he earned his master's degree from PCOM in San Diego, and later developed the acupuncture externship for Pacific College, which is located at the University of California San Diego's Sports Medicine RIMAC Center. Callison has been teaching internationally for many years and more recently developed the Sports Medicine Acupuncture Certification Program. He has published a clinical study on acupuncture for tibial stress syndromes (shin splints), as well as an article on Sports Related Muscle Tension Headaches in the *Journal of Chinese Medicine*. Callison is the creator of the Motor Point and Acupuncture Meridian Chart, as well as the author of four other publications. Callison is well known for his work with professional athletes in the United States and New Zealand.

Misha Ruth Cohen, OMD, LAc

Misha Cohen is recognized internationally as a practitioner, lecturer, researcher, and leader in the field of traditional Chinese medicine. She has practiced Asian medicine for more than 32 years. She is the author of *The Chinese Way to Healing: Many Paths to Wholeness*, *The HIV Wellness Sourcebook*, and *The Hepatitis C Help Book*. She is Clinical Director of Chicken Soup Chinese Medicine, Research and Education Chair of Quan Yin Healing Arts Center, Research Specialist at the UCSF Institute for Health and Aging, and Research Consultant to the UCSF School of Medicine Cancer Research Institute, all in San Francisco. She is a principle investigator in herbal studies for viral-related cancers and cancer prevention in HPV, HIV, and hepatitis C.

Nigel Dawes, MA, LAc

Nigel Dawes has been involved in the field of East Asian Medicine for over 25 years. He is known for his work in the field of Zen Shiatsu, founding and directing the London College of Shiatsu, lecturing internationally and publishing two books on the subject. Recently, Dawes dedicated his teaching and practice to Kanpo, Sino-Japanese Herbal Medicine, and has lectured widely on the subject, publishing numerous journal articles and a translation of a modern Kampo classic. Nigel lives in Brooklyn, NY with his wife and daughter.

Subhuti Dharmananda, PhD

Subhuti Dharmananda received his PhD in biology from the University of California in 1980. He traveled to China several times and has collected a large library of traditional medicine books and journals. In addition to ITM, Subhuti helped initiate People's Herbs Incorporated, All-The-Tea Company, and Dharma Consulting International, and has been a consultant to several major herb companies, including Fmali Herbs (maker of Good Earth Teas), Health Concerns (maker of Chinese Traditionals), and Sen (maker of Sen traditional herbal formulae and other products). He has been an editor, reviewer, and contributor to several journals involved with traditional Chinese medicine, including the *International Journal of Oriental Medicine*, the *Protocol Journal of Botanical Medicine*, and *Herbalgram*.

Felice Dunas, PhD, LAc

An international lecturer and educator, Felice Dunas was among the first non-Asian acupuncturists in the United States. She holds a doctorate degree in clinical Chinese medicine and pharmacology and recently won the coveted "Acupuncturist of the Year" award for her clinical and teaching skills. Felice is the author of *Passion Play: Ancient Secrets For A Lifetime Of Health And Happiness Through Sensational Sex*, now published in five languages. Her work has appeared in many periodicals including: *Ladies Home Journal*, *Brides*, *Cosmopolitan*, *Men's Health*, *Glamour*, *Prevention*, *Marie Clair*, *Women's World*, *Living Fit*, *New Age Journal*, *Los Angeles Times* and the *Chicago Tribune*. She also serves as a consultant to corporations and hospitals seeking to lower health care costs with acupuncture and alternative medicine.

Jake Paul Fratkin, OMD, LAc, Dipl CH (NCCAOM)

Jake Paul Fratkin has trained in Korean and Japanese acupuncture since 1975, and Chinese herbal medicine since 1982, including one year advanced training in Beijing. He is the author of *Chinese Herbal Patent Medicines*, *The Clinical Desk Reference*, a compendium of 1,250 Chinese herbal products available in the United States, and the editor-organizer of *Wu and Fischer's Practical Therapeutics of Traditional Chinese Medicine*. He has just published *TCM Case Studies in Autoimmune Disease* with Dr. Zeng Sheng-ping for People's Medical Publishing House, Beijing, and is finishing *225 Clinically Important Chinese Herbal Formulas and Products*. Jake is the recipient of Acupuncturist of the Year, 1999, by the AAAOM and Teacher of the Year, 2006, by the American Association of Teachers of Acupuncture and Oriental Medicine (AATAOM).

Magnolia Goh, LAc

Before coming to the United States in 1985, Dr. Goh graduated from medical school in China, where she worked as a physician and acupuncturist. In 1987, she received her U.S. license, and has worked as an acupuncturist in New York ever since. Magnolia pioneered acupuncture programs in mainstream medical facilities such as Cabrini Hospital and North Shore Hospital, Elmhurst Hospital, and Queens Hospital. Over the past 25 years, she has served on the boards of directors for The National Acupuncture Detoxification Association, New York Licensed Acupuncture Association, The Acupuncture Society of New York, and Acupuncture Society of TCM. In 1995, as one of two members, Magnolia was seated on the Advisory Board for the Pacific College of Oriental Medicine, New York campus.

Richard Gold, LAc, PhD

Richard Gold is a 1978 graduate of the New England School of Acupuncture (NESA). He earned his California License in 1983 and has done advanced studies in China (1980), Japan (1986), and Thailand (1988, 1989, 1992). Gold is a founder of Pacific College of Oriental Medicine (PCOM) and served on the Board of PCOM from 1987 until 2008. A published author and teacher, Gold currently maintains a private practice at the Pacific Center of Health in San Diego and is the President of the International Professional School of Bodywork (IPSB), where he also teaches.

Holly Guzman, LAc

Holly Guzman began her acupuncture studies in 1972 at age 13 in Afghanistan. At age 17, in 1977, she traveled to mainland China to study, observing acupuncture anesthesia, herbal formulas, community health systems, and a deaf mute school’s daily acupuncture treatment program for student recovery. By her early 20s, Holly completed clinical apprenticeships under the directions of Ted Kapchuk, Efrem Korngold, Yat Ki Lai, Miriam Lee, and Kiiko Matsumoto. She has been teaching at Five Branches University since 1984, and completed her doctorate in TCM in China in 1988.

Bill Helm

Bill Helm is an ordained Taoist priest, and has been studying Chinese martial and healing arts since 1973. Bill has been traveling to China and studying since 1986. Helm is founding Faculty Chair of the Bodywork Department at Pacific College of Oriental Medicine, San Diego, and is also the director of the Taoist Sanctuary of San Diego.

Lonny S. Jarrett, MAc, MS, FNAAOM

Lonny Jarrett is an internationally recognized author, practitioner, and teacher of Chinese medicine. He has been active in the field of Chinese medicine since 1980, teaching and publishing in leading professional journals. He holds master’s degrees in both acupuncture and neurobiology. A founding board member of the Acupuncture Society of Massachusetts, in 1993 he was elected as a Fellow of the National Academy of Acupuncture and Oriental Medicine. Lonny is a graduate of the Traditional Acupuncture Institute and studied pulse diagnosis intensively with Dr. Leon Hammer from 1987 through 1995. Additionally, Lonny has achieved the rank of fourth degree black belt in the Korean martial art, Tae Kwon Do. His work in the field of neuroscience and cell biology has been published in leading scientific journals, and in 1993 one of his electron micrographs of DNA was published in the Proceedings of the National Academy of Sciences. Lonny maintains his full-time practice of acupuncture and herbal medicine in Stockbridge, Massachusetts.

Ted Kaptchuk

Ted Kaptchuck is an associate professor of medicine at Harvard Medical School. He is serving his sixth year as a member of the National Advisory Council for NCCAM and has just completed a four-year position as an expert panelist at the FDA. He is a long time associate of Pacific College of Oriental Medicine.

Mark Kastner, LAc

Kastner studied alternative healing arts with Ram Dass and Dr. Bernard Jensen, attended California Acupuncture College, and completed his internship at Guan An Min Hospital, Beijing, China. Specializing in sports medicine, Kastner has worked with numerous professional athletes in Major League Baseball, the NFL, and the NBA. In 1993, Kastner wrote the ground-breaking Guide to Alternative Medicine, which is academically acclaimed. Kastner is currently in practice at the Circle of Living Healing Center. Kastner has recently published his first novel, Closing the Circle.

Osnat (Osi) Livni, HHP, AOBTA, NCBTMB

Osi Livni is a graduate of the Bio-Energetic School of massage in Israel, The Clayton School of Natural Healing, and the Mueller College of Holistic Studies in the U.S. She was trained in Oriental medicine, acupressure and chi nei tsang through San Francisco State University and the Healing Tao Center of Mantak Chia in New York. Osi is an AOBTA certified instructor and NCBTMB Provider. She is currently teaching at Pacific College of Oriental Medicine (PCOM), Mueller College, and IPSB College, as well as independent workshops and private sessions. Osi brings a unique body-mind-spirit awareness to her work, based on her qi gong practices and experience as a professional modern dancer for many years.

Giovanni Maciocia, OMD

Giovanni Maciocia has practiced acupuncture in England since 1974, and has presented at numerous workshops at the post-graduate level for colleges of Chinese medicine in the U.S., England, Australia, and Europe. He is also a practicing Chinese herbalist, having studied with Dr. Ted Kaptchuk. Giovanni has been a regular contributor to the Journal of Chinese Medicine, and has authored several Chinese medicine textbooks. In 2006, the Nanjing University of Traditional Chinese Medicine in China appointed Giovanni as honorary professor.

Kiiko Matsumoto, LAc

Kiiko Matsumoto is internationally known for her scholarly work on acupuncture, and the interpretation of Chinese classic texts. She has published three fundamental texts on acupuncture in the United States, and has another in press. Kiiko regularly publishes articles in the Ido-No-Nippon acupuncture magazine in Japan, and has made two video series for the company. She is best known for her ability to integrate the work of very important Japanese Masters such as Master Nagano, Master Kawai, and Dr. Manaka, into a coherent and clinically effective style. Kiiko routinely teaches acupuncturists around the world, including the United States.

Robert Nations, LAc

Robert Nations began his study of self-cultivation, herbs, and energetic healing in 1983 under the tutelage of Warren Gold. He furthered his education at the Taoist Sanctuary of San Diego, where he earned his tui na massage certificate, and was trained in the philosophy and practices of Taoism. This included learning from Grand Master Abraham Liu (Yang Style Tai ji quan), Grand Master Chen Xiao Want (Chen Family Tai ji quan), Taoist Priest Sifu Share K Lew (Taoist Elixir System), and Ted Kardash, Ph.D., MFT. In 1995, Nations received the honorable title of Tao Shi. He currently teaches at Pacific College, is a member of the National Qi Gong Association, and maintains a private practice in San Diego.

Arya Nielsen, PhD

Arya Nielsen has a research doctorate in philosophies of medicine with specialization in integrative clinical science and healthcare. She holds National Board Certification in Acupuncture and Chinese Herbal Medicine and is a past chair of the New York State Board for Acupuncture. Arya has been in private practice for over 35 years and teaches traditional East Asian medicine in the U.S. and Europe with a focus in classical Chinese practice, and Gua Sha. She has a faculty appointment at Beth Israel Medical Center in New York and sees patients at their Department of Integrative Medicine. Arya developed and directs the Acupuncture Fellowship for Inpatient Care, a post graduate opportunity where licensed acupuncturists round with physicians and treat patients in Departments of General Surgery, Orthopedic Surgery, Internal Medicine, Family Medicine, OB, Pediatrics and Oncology. Arya is the author of Gua Sha, A Traditional Technique for Modern Practice.

Miki Shima, OMD

Miki Shima has been practicing acupuncture and Oriental medicine for over 30 years, specializing in immune disorders and infertility. Miki became interested in acupuncture when he was 21 and studied acupuncture with such masters as Dr. Tadashi Ire, herbal medicine with Dr. Terutane Yamada, and the Medical I Ching with Dr. Sango Kobayashi. He passed the California State Board Examination in 1979. Miki is a speaker at most major Oriental medical conventions and is one of the most popular teachers in Oriental medicine today. His bright personality and brilliant intellect combine to create stimulating presentations of unique Japanese acupuncture and herbal techniques. In 2004, Dr. Miki Shima became an honored recipient of the AAAOM “Lifetime Achievement Award.”

Jeffrey C. Yuen

Jeffrey Yuen comes from two Daoist backgrounds and views it as his mission to revive Daoist and classical roots in the practice of Chinese medicine. Jeffrey was the first recipient of the “Educator of the Year” award conferred by AAAOM. He lectures frequently, nationally and abroad. He serves as academic dean for the Swedish Institute’s School of Acupuncture and Oriental Studies, and as president of the International Tai Chi Institute, both in New York City. In addition to teaching and directing the acupuncture master’s degree program at the Swedish Institute of Health Sciences, Jeffrey regularly provides continuing education lectures for licensed acupuncturists in Italy, California, and New York.

The “Abdominal Brain”

Utilizing the 5 Elements Map of Emotions in the Small Intestine

By OSI (OSNAT) LIVNI, HHP.AOBTA - CI

Have you ever felt a “gut feeling”, or “butterflies” in your belly? These are familiar expressions of common, yet perplexing, phenomena that many people share.

“Vacation G.I disorder” is another common and puzzling condition. We accept when people experience abdominal discomfort such as Irritable Bowel Syndrome as a chronic condition when under stress, or as a response to medication, or during illness. But why would someone develop such stagnation when his or her body and mind are healthy and fully relaxed?

As one of my clients said to me:

“I don’t get it... I’m finally on vacation, I’m relaxed as can be. So why do I get so blocked? What’s going on with my gut? It’s supposed to work better when I’m relaxed, but it doesn’t... as if it has a mind of its own...”

Well... It actually does! Our gut has a mind of its own. Our gut affiliates with the presence of feelings and our somatic response to emotional experiences. We are often not aware that an emotional experience is taking place, and yet the gut knows. It then reacts by expressing various bodily sensations and disorders.

The Taoist and ancient Chinese healers associate these peculiar occurrences with the activity of the small intestine. They named this organ “The Abdominal Brain”, and they refer to it as a thinking and feeling component of the human body.

According to the wisdom of Chinese medicine, the internal organs are containers of our essence: our physical, emotional, and spiritual life force. Each organ holds a portion of the body’s physical energy. Our essence performs multi-biological tasks in order to maintain life. Each organ also contains a portion of each individual’s emotional and spiritual vibrations. Therefore, our organs fulfill emotional functions, cultivating the quality of our inner life.

THE SMALL INTESTINE AND THE BRAIN IN ORIENTAL MEDICINE AND MODERN MEDICINE

Chinese medicine describes the main role of the small intestine as “separating the pure from the impure.” This is a slightly different view from Western science, which defines the main job of the small intestine as “absorbing nutrients.”

Off course, Oriental medicine (OM) also includes the absorption of nutrients as a very important task. Yet, it focuses on the complex

process that is taking place in the gut prior to absorption. This is the process by which the small intestine isolates the toxins from the nutrients, making sure only pure nourishment will penetrate into the blood stream, and toxins will be eliminated out of the body via the large intestine.

THE SMALL INTESTINE EMBODIES AN INNER MECHANISM OF KNOWING

The small intestine can discriminate which parts of food are beneficial for the body and which parts are harmful. On some level, the small intestine actually makes decisions. It knows the difference between what is constructive to us and what is destructive.

As a container of qi (our innate life force), the small intestine performs its tasks on all levels: physically as well as emotionally and spiritually. It “digests” life’s experiences in the same way it ingests food. It decides what part of the occurrence should be assimilated and utilized as wisdom and what part should be eliminated as waste. This process is very similar to the thinking action of the cranial brain.

In fact, the two brains, our cranial brain and our small intestine, collaborate with each other to provide a full spectrum of survival wisdom.

- **The cranial brain** contributes an intellectual wisdom of logic, reason and acquired knowledge, which comes from our mental intelligence as well as our understanding of life’s experiences.
- **The abdominal brain** offers the natural organic wisdom of instincts, intuition and inner guidance, which generates from our emotional intelligence, as well as our authentic connection to the ever present life force in the body.

Modern science is now confirming the ancient knowledge of OM. Biomedicine provides anatomical and chemical interpretations of the energetic concepts of Chinese medicine. Scientists state that the root of mysterious gut sensations is in a network of neurons lining our alimentary canal known as gut. It is such a complex and extensive system that some scientists have nicknamed it the “second brain.”

Michael Gershon, the chairman of the Department of Anatomy and Cell Biology at New York Presbyterian Hospital/Columbia University

Medical Center, is an expert in the growing field of neuro-gastroenterology. He is the author of the book *The Second Brain*.

In his book, Gershon explains that the enteric nervous system (ENS) is like a second brain. It is a unique part of the autonomic nerves system, along with the sympathetic and parasympathetic divisions. The ENS consists of neurons embedded in the walls of our gut. The second brain contains about one hundred million neurons, more than are found in either the spinal cord or the peripheral nervous system. This multitude of neurons in the ENS enables us to “feel” the inner space of our gut, its activity and contents.

Different then the sympathetic and parasympathetic systems, the ENS of the gut works independently of the CNS of the brain and spinal cord. Yet, there is a constant communication between the cranial brain and each of these components of the nervous system.

THE INTERACTION BETWEEN THE CRANIAL BRAIN AND THE ABDOMINAL BRAIN

Both brains originate during fetal development from tissues called the ‘neural crest’. In the womb, these tissues divide to form the two brains and are connected by a group of nerve fibers called the vagus (also vagal) nerve.

The brain/gut connection through the vagus nerve creates a complex relationship between the CNS and the ENS. They communicate with one another as the vagus nerve sends a steady stream of messages between the cranial brain and the abdominal brain.

Together, they form a very important mechanism for survival. When the small intestine detects a harmful substance in the food we insert, it immediately sends survival warning signs to the cranial brain, so together they may fight off and expel the invasion.

A similar process is taking place emotionally. When the gut identifies a harmful situation, it starts transmitting alarming messages to the brain, calling attention to the perceived risk.

THE “SHEN” FORMS A CONNECTION BETWEEN THE THINKING BRAIN AND THE INSTINCTIVE BRAIN

Oriental medicine does not mention the two nervous systems and their connection through the vagus nerve. Yet, OM suggests a parallel concept by looking at the link

between the small intestine and the heart, as yin and yang pair organs of the fire element.

The small intestine embodies the abdominal brain, and the heart houses the “shen” (spirit). This subtle ethereal aspect of our being governs our mind, consciousness, emotions, thoughts, creativity, and memory. It also rules the state of relaxation that occurs during sleep. It, therefore, allows the life-giving systems of the body to fulfill their tasks. In a sense, the shen, like the vagus nerve, forms a connection between the thinking brain and the instinctive brain. It relaxes the cranial brain and the CNS, allowing the abdominal brain and the ENS to govern the functions of the internal organs in maintaining life.

The function of the shen in providing relaxation and restful sleep is fundamental to our health and well-being. Modern medicine describes this concept as “rest and digest.”

The meridian (line of energy) of the small intestine creates another interesting bond between the head and the gut. This meridian begins in the depth of the abdomen. It generates from the small intestine and flows superficially through the exterior portion of the arm and ends at the jaw. It provides an important link between the jaw and the small intestine. The act of chewing initiates the activity of the ileocecal valve. As the valve opens, digested content moves from the small intestine into the large intestine, clearing space for the new meal to enter the gut.

Stress and tension play significant roles in many digestive disharmonies and illnesses. A stressful mind prevents restful sleep. Chinese medicine refers to sleep disorders as “disturbed shen”, which interferes with the functions of the organs and the abdominal brain.

Tension can block the circulation and constrain various muscles in the body, including the jaw and the muscular tissues of the organs. Jaw tightness and the habit of grinding teeth may interfere with the natural rhythm of the ileocecal valve, as well as the qi flow in the small intestine meridian. Stress disturbs the delicate interaction between the various nerve systems and the communication between the cranial and the abdominal brains, creating physical and emotional obstructions.

continued on page 29

a level of credibility,” Seitz says. She adds that getting paid by insurance companies demands effective communication in Western medical language as well. Angela Yvonne, LAc, MSTOM practices acupuncture in La Jolla, California and works closely with Western endocrinologists for her patients with fertility issues. Yvonne says, “When working with fertility patients, you work with a lot of different medications—especially when helping with in vitro fertilization (IVF). Your patients are coming to you for complementary care for a Western treatment that may involve many medications. It’s essential that I understand what each of those medications is, as well as hormone levels, etc.” As an acupuncturist, Yvonne may see things in a different light than a patients’ specialist, but with her knowledge of Western medicine, she can effectively communicate and act on her suggestions. “A lot of times I’m the one to recommend a blood test. Being able to read and understand results like that is integral to my practice,” Yvonne says.

Jason Rogers, LAc, MSTOM is an acupuncture practitioner in San Diego. Rogers views Western medical terminology as a bridge for OM practitioners to help Western minds better understand Eastern medicine. “We do grow up in a Western world,” Rogers notes. “A lot of times, the terms we use for organs and diseases are foreign to our patients. It’s nice to be able to relate it to something they know. I’ve found it helpful to start from a Western perspective when explaining a health issue to a client.”

Patients aren’t the only Western minds who benefit from an acupuncturist having a command of contemporary medical language. “When I’ve worked with people from a Western point of view, like pharmacists or nurses, I can explain to them my end goal in a way they understand,” Rogers says. A good example of this is when Rogers was working with a pharmacist on behalf of a patient and needed to explain that the core issue he wanted to improve was the patient’s blood circulation. He used familiar terms like this to explain his goal, rather than referring to it as “moving qi and blood”, which is the OM phrase.

Yvonne agrees with the importance of collaborating with her patients’ other healthcare providers, whether they are doctors, nurses, pharmacists, or insurance carriers. She takes this a step further and points out how Western medical research can help narrow down which OM treatment plan to implement for a specific patient. Yvonne says, “You can have an OM diagnosis that has five different treatment paths, perhaps it’s different herbal formulas or acupuncture points to target.

Western research can sometimes help determine which OM treatment is the strongest option for that particular patient’s case.” An example of this is recent research on the strength of various herbs used frequently in Chinese herbology.

When combined with Yvonne’s knowledge of what kind of medications her patient may already be taking, she can most effectively pinpoint which treatment plan to suggest. Brendan Mattson, Assistant Dean at the Chicago campus, works mainly with cancer patients in his practice and, therefore, also works closely with biomedicine and medical doctors on his patients’ cases. Mattson says, “We have a responsibility to our patients to help them understand the wide range of health advice they receive from various sources, including their own personal research on the internet. People are inundated with information about supplements and natural therapies when they are diagnosed with an illness. We see it as part of our mission to help them separate the fads from the well-researched treatment options. Pacific grads are exceptionally well prepared to do this for their patients, and they incorporate acupuncture, herbs, and bodywork with a strong understanding of how this fits in to an overall treatment plan with multiple practitioners.”

Acupuncturists aren’t the only East Asian medical practitioners to benefit from an understanding of their Western counterparts. Massage therapists who have mastered Asian bodywork are in a prime position to give quality care when they are versed in Western medicine basics as well. Deb Reuss, the dean of Asian holistic health and massage at Pacific College, San Diego puts it clearly when she says, “You need to understand your sciences in order to know what you’re touching and working on.” From a massage perspective, there is more opportunity to offer truly therapeutic work when you understand the body on a deeper, more scientific level. Reuss provides some specific examples of when involved education of the body is absolutely necessary for a massage, “Perinatal Massage is an excellent example of this. This is a class we offer that focuses exclusively on how to work on pregnant women between the first term through delivery, and how to safely give them a massage.” Other examples include the areas of orthopedic massage and traumatology.

A massage therapist must have an understanding of the Western diagnosis of muscle injury and how to treat it in order to perform a massage on a patient recovering from a serious injury. Damone adds,

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of urinary heat syndrome, such as burning urination or passing blood in the urine, or when there is an evident accumulation of dampness accompanying heat, classified then as a damp-heat syndrome. Nonetheless, the basic idea of guiding out the pathological force with fluid through an orifice has been a consideration traced to the earliest Chinese medical texts. In the *Neijing Suwen* chapter on evil qi (pathogens), the subject of acupuncture therapy is being addressed rather than herbs, but it says: “When a pathogen invades the body, it does not initially have a direction. One can nudge it along, lure it to a place where it can be stopped, attack and confront it. When these techniques are properly employed, the disease can be immediately remedied.” (2; p.109). Thinking in a parallel manner in the realm of herbal therapy rather than acupuncture, the pathogen can be nudged and lured by the herbal actions to a place where it can be drained out; it is there confronted by the process of fluid excretion from the body.

The idea of having a pathway by which to conduct out the heat rather than simply *cancelling* heat with coldness helps to counter the image of Chinese herbs acting on the body along the lines of the way a heating and air conditioning system works on the interior of a building. A number of American herb teachers and practitioners had earlier gotten into the habit of describing the nature (Chinese: *xing*) of herbs, that is, the properties depicted in the classic categories of cold, cool, neutral, warm, and hot, as indicating the herbs’ “temperature.” Temperature, in common parlance, refers to a measurement of a particular characteristic of a physical substance: the quantity of heat it contains. “Nature” refers to the manner in which an herb will impact the body, and this is not a simple gradient of quantity. Thus, one should not think that of mineral *shigao* (gypsum) or the herb *huanglian* (coptis) as acting on a feverish condition in the manner of adding ice to hot water to bring the heated water down to room temperature. Similarly, when making an herbal formula, one should not think of the cooling and warming herbs combined together as simply yielding a safe lukewarm combination; the cold nature of one ingredient does not vanish because of the warm nature of another ingredient even when one or more ingredients ameliorate an extreme action of others. While the “coldness” attributed to *shigao* or *huanglian* might, when the substance is administered in large enough quantity or with unnecessarily prolonged use, impair the “fire” of digestion, it would not be expected to cause a person to become



✱ Combinations of herbs reputed to have a cooling nature were administered to counter the heat-type disease process, *and there was not necessarily an accompanying thought about carrying the heat out of the body through an orifice.*

chilly, as though adding a substantial amount of ice to the warm water, at least not without inappropriate administration.

The thought of herbs having a “temperature” causes some practitioners to be worried about administering the heat-clearing herbs in situations where such a concern would not normally apply. The interpretation of herb nature as temperature is not entirely out of touch with the classic approach; in the *Neijing Suwen* it is said that “Treatment principles consist of warming to dispel cold, cooling to clear heat, dispersing to removing congestion, purging to eliminate build-up...” (3, p. 282). Unschuld has called this type of approach to treatment as expressing the “confrontation model,” but depicted it as an earlier and unsophisticated model, one which when applied occasionally achieved the opposite results of what was anticipated: for example, administering cold herbs might make a warm syndrome hotter, for example (3, p. 306-309). We should avoid an unsophisticated analysis of the nature of herbs.

Also, the idea of conducting out a pathogenic influence carried by a fluid and exiting through an orifice is consistent with the ancient concepts of traditional Chinese medicine that have been subject to ongoing refinement over the centuries. In the *Shang Han Lun*, the initial treatment for the type of disease described in that text—which typically starts as a feverish reaction to a pathogen that, left alone, eventually causes a cold syndrome—is to induce sweating, a fluid exiting through many individual orifices of one type: the skin pore. Most practitioners of Chinese medicine have had the two basic formulas for this sweating induction as their starting point for learning Chinese herbs: *Guizhi Tang* (Cinnamon Combination) and *Mahuang*

Tang (Ma-huang Combination). An underlying concept is that the pathogen has entered into the surface of the body via the pores and has become, at this early stage, trapped in the flesh. The therapeutic aim is to flush out this pathological influence through those same pores, by opening them up sufficiently that the adverse influence is carried out with the sweat, leaving the body with significantly reduced burden of pathogen, which allows successful defeat of the pathogen—which has suffered a dilution of its force—and allowing quick and full recovery. The *Shang Han Lun* includes passing mention that carrying out of the evil qi via the sweat serves as one of a set of three therapies of similar consequence, the other two being laxative and emetic, with the evil eliminated through the upper and lower orifices of the gastrointestinal system. These other two therapies are also used primarily for an early stage of disease treatment, while the evil has not yet altered the primary functions of internal organs. The three eliminative therapies of the *Shang Han Lun* were championed by Zhang Congzheng (1156-1228), who was the leader of the school of purgation, one of four schools of therapeutics that developed during the Jin-Yuan medical reforms. According to Unschuld (4, p. 174), “Zhang stressed the distinction between those influences normal to the body and those that must be considered pathogenic, which he therefore designated with the classical term *xie* (“evil”) or *keqi* (“guest”) influences... Zhang therefore directed his therapeutic efforts not to the establishment of a state of equilibrium, but to the decisive expulsion of harmful influences....” Zhang considered that all kinds of elimination would fit into the three groupings of diaphoresis, emesis, and laxation, and put diuresis in the latter category.

With acupuncture, the idea of opening up a “gate” by which evil influences are let out is common in ancient times and in modern practice, though the dominant model in modern times is harmonizing, balancing, and removing obstruction rather than letting out a pathogen. Still, it is worth remembering that acupuncture was initially developed as bloodletting to permit the release of “bad blood” that contained the disease entity (using large needles to puncture discolored veins), and to this day we retain the practice of releasing small drops of blood from “ting points,” while some practitioners use cupping to release evil through blood drawn out of the vessels (either remaining below the skin or released through puncturing the area).

Elaboration of heat clearing therapies, including lists of numerous formulas, became prominent with the introduction of the “warm disease school” at the end of the Ming Dynasty. The conceptual framework for the four stages of heat disease then evolved during the early decades of the Qing Dynasty; these disease stages were seen as being more or less parallel to the six stages of cold disease found in the *Shang Han Lun*. Combinations of herbs reputed to have a cooling nature were administered to counter the heat-type disease process, and there was not necessarily an accompanying thought about carrying the heat out of the body through an orifice. Still, with lingering influence of the *Shang Han Lun*, many of the formulas would be aligned with the concept of opening the pores, turning to a variety of herbs other than *guizhi* and *mahuang*, such as *fangfeng* (siler), *bohe* (mentha), *niubangzi* (arctium), and *jingjie* (schizonepeta). We tend to think of these formulations as being more suited to treating heat in the surface, such as with inflammation of the skin, because of the inclusion of these surface relieving herbs, and that is a reasonable interpretation. Heat syndromes may impact other parts of the body, parts deeper than the surface level, such as heart, liver, intestine, lungs, and kidneys, and in those cases, following a course of draining the heat through the surface is replaced, often promoting urination.

The two primary routes for draining internal heat are through a laxative effect, such as using *dahuang* (rhubarb), and via urine, using herbs such as *juling* (hoelen) and *zexie* (alisma) or the mineral *huashi* (talc). The laxative method is routinely used in those patients who report constipation either as a result of the disease process (the OM concept being that the heat syndrome damages the fluids

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The small intestine embodies the abdominal brain, and the heart houses the "shen" (spirit). This subtle ethereal aspect of our being governs our mind, consciousness, emotions, thoughts, creativity, and memory.

THE EMOTIONAL IMPACT ON THE ABDOMINAL BRAIN

The emotions are the bridge between the subtle energy of the body and the more dense vibrations of the physical tissues.

Emotions have two components:

1. The energetic component of emotion = energy in motion. The flowing waves of subtle vibrations expressed in the electromagnetic field of qi.
2. The physical component of feelings. As the refined energy of the emotions accumulate more density, it produces chemical changes and physical sensations.

When our emotional energy flows freely, we enjoy the pleasure of circulating qi. We experience supportive feelings of well-being, a sense of openness, vitality, creativity, and balance.

When we are unable to fully process and resolve stressful situations, the "un-digested" emotional impact may stay in the gut, forming blocked emotions.

Similar to its reaction when trying to process un-digested food, the gut may become overwhelmed.

Stagnation and physical toxins may build up causing chemical conversions as well as contractions in the muscular tissue of the intestinal walls.

The small intestine, as a container of qi, will hold blocked emotional vibrations in its energetic layers. It will wait for another chance to surface them in order to "re-digest", process and transform the stagnant emotions. The experience of physical and emotional discomfort is often referred to as "negative" or "unsupportive" emotions.

Blocked emotions are often the expression of survival tension. The abdominal brain, as the autonomic nervous system, is in charge of survival and the "fight or flight" response. The abdominal brain may perceive a survival risk when external circumstances present a true survival danger, as well as when past emotional blocks get triggered and surface to awareness.

Survival tension from either a current experience, or a past one, may cause agitation in the small intestine. The abdominal brain attempts to connect with the cranial brain and

call our attention to the perceived danger. The alarming signals may produce numerous symptoms such as buzzing "butterflies" and other peculiar sensations and chemical changes. These could lead to even more severe syndromes of tightness, inflammation, pain, nausea, vomiting, diarrhea, constipation, and even irritable bowel syndrome.

This may explain why many travelers may think in their cranial brain that they are relaxed while enjoying their vacation. Yet, in the unfamiliar environment, the change of routine and activities may trigger survival tension in their abdominal brain. Also, sometimes when we allow relaxation to take place, the blocked emotions from the past re-surface. They call for resolution by producing alarming signals such as tightness, knots, and some of the above-mentioned symptoms in the gut.

Conscious and/or unconscious stress may create a discrepancy in the communication between the two brains. That causes an additional tension, which may lead to constant constriction in the intestine, disturbances of the peristaltic flow and may produce chronic conditions in the digestive and elimination systems.

THE FIVE ELEMENTS EMOTIONAL MAP OF THE ABDOMINAL BRAIN

According to the Healing Tao, there is a system in which stress and blocked emotions form specific knots and tangles in the small intestine.

Knots are in the surface layers of the body. They appear as thickened lumpy flesh, which affects the fascia, lymph nodes, superficial nerves, and muscles.

Tangles are found in deeper areas affecting nerves, blood vessels and connective tissues. As they become twisted together, fatty tissue and lymph nodes may get stuck inside.

Both are the cause of toxicity, contractions, and spasm in certain regions of the abdominal brain. The locations of these blocks correspond to specific "un-digested" emotions. This method follows the Five Elements wisdom of Chinese medicine in relation to the emotional energy of the internal organs.

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THE FULCRUM OF THE TCM FORMULA: HEAT CLEARING THERAPIES

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and thus dries the intestines) or because of a chronic condition of subdued intestinal elimination, which is often the result of modern lifestyle rather than inherent defect. For urinary elimination, the herbs mentioned thus far had been widely used in part because every pharmacy had them. Another such ingredient is *mutong* (akebia), but because the herb was most often obtained from plants of the *Aristolochia* genus, with content of aristolochic acid, they are no longer routinely used. Other herbs for draining damp while clearing heat include *shanzhizi* (gardenia), *tengxincao* (juncus), *loulou* (echinops), *shiwei* (pyrrosia), *tongcao* (tetrapanax), and *cheqianzi* (plantago seed), the last having the greatest versatility in terms of helping alleviate heat from many parts of the body. *Cheqianzi* is best used in the form of decoctions (or dried decoctions) because it is necessary to utilize a relatively high dose.

There are examples from classical formulations that utilize the principle of draining heat from the internal organs by using diuretic herbs to guide out the heat. An example of a formula that is designed to drain heat from the liver is *Longdan Xiegan Tang* (Gentiana Combination). A combination of *zhizi* (gardenia), *mutong* (akebia), *cheqianzi* (plantago seed), and *zexie* (alisma), opens the urination and carries out the heat, while other herbs of the formula, such as *longdancao* (gentiana), *huangqin* (scute), and *shengdihuang* (raw rehmannia) have a potent cooling nature. Because of the presence of so many dampness eliminating herbs, the formula itself may be aimed at treating a damp-heat syndrome, but the initial and primary description of formula application is for strong signs of heat in the upper body due to pathological heat of the liver and gallbladder. Another example is *Xiexin Daochi Tang*, to clear the evil from the heart and guide out the “red” (*chi*), the pathological fire, with the cooling herbs *shengdihuang* (raw rehmannia) and *huanglian* (coptis) and the damp-draining herbs *mutong* (akebia) and *dengxincao* (juncus).

In the traditional medicine literature of China, there is a commonly expressed aversion to using diuretic herbs for heat syndromes, but I believe the concern is largely irrelevant in modern conditions. Since heat syndromes have a tendency to parch the fluids, and since one can lose fluid through sweating when there is accompanying fever (a symptom not always present in heat syndromes), protection of the fluids has been deemed a major concern, and the idea of purposefully purging out some of the precious fluids under these circumstances is daunting. The

reasons why I think this caution is largely irrelevant (though not to be totally ignored) is that under modern conditions of nutrition, protection from environmental extremes, reduced exposure to several pathogenic organisms, and availability of effective drug therapies, few people suffer the high fevers and prolonged feverish conditions that plagued the people of earlier times. Further, the ready availability of pure water and numerous other beverages that keep a person well hydrated helps avoid the problem of fluid depletion even in situations that many people experience with the use of vigorous diuretic drugs for treating hypertension, edema, and other serious disorders. By contrast, the herbs considered here are mild in nature. When a heat clearing therapy is effective, its duration of use is short, and the chances of harming limited fluids or the essential yin is minimized.

Still, it is important to emphasize adequate consumption of fluids during the experience of a heat syndrome, especially when relying on the method of promoting diuresis to help eliminate the heat pathogen. One of the favored fluids for this purpose is ordinary tea, especially green tea, which is itself slightly cooling and mildly diuretic. In cases where there might be concern about excessive fluid loss, such as in persons who are of deficiency constitution, who tend to yin deficiency, or who normally have frequent or excess urination, an astringent may be utilized to accompany the diuretic herbs (in much the way *baishao* is used to moderate the diaphoretic effect of *guizhi*); common choices are *shan-zhuyu* (cornus) and *wumei* (mume). Also, to protect the kidney/bladder system from heat in persons who tend to get heat syndromes affecting those organs, moist, cooling herbs may be incorporated in the formulation, such as *tianhuafen* (trichosanthes root) or *dongkueizi* (abutilon). By utilizing protective measures, it is rarely necessary to avoid using herbs to draw the pathogen out with the urine, so the method of therapy described here can be broadly applied.

OM

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Anger contracts the upper right side of the intestine in the area close to the liver and gall bladder (associated with the element of Wood). Opening this region helps transforming anger to forgiveness and compassion.

Anxiety and Depression affect the upper part of the intestine in the area of the heart (Fire). Opening this area helps to transform anxiety to excitement, love, and gratitude.

Worry tightens the upper left side of the intestine in the area of the stomach and spleen (Earth). Opening this part helps transform worries to fulfillment, contentment and calmness.

Grief and Sadness blocks the lower left part of the intestine in the area of the descending colon of the large intestine (Metal). Opening this region helps transform grief to joy and courage to flow with life's changes.

Fears contract the lower part and side portion of the intestine in the area of the kidneys, bladder, and reproductive system (Water). Opening these locations helps transform fears to inner peace, confidence and trust.

We can utilize the Five Elements emotional map of the abdominal brain for both evaluation as well as the treatment of digestive disorders and emotional stress.

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SUMMARY

- Our gut has a mind of its own.
- The intestines play a significant role in our physical, emotional and mental health. We may use the wisdom of the gut to provide healing and overall well-being.
- Chinese medicine names the gut "the abdominal brain" and refers to it as a thinking and feeling entity in the human body.
- The small intestine embodies an inner mechanism of knowing. It isolates constructive nutrient and supportive emotions, from distractive toxins to unsupportive emotions.

- Modern scientists are now confirming the ancient knowledge of OM. They state that the root of the mysterious "gut" sensations is in a network of neurons lining our alimentary canal (gut). They call it "the second brain" and refer to the Enteric Nervous System (ENS).
- Michael Gershon explains that the ENS is a unique part of the autonomic nerves system along with the sympathetic and parasympathetic divisions.
- Both the cranial brain and the abdominal brain originate during fetal development from tissues called the neural crest. They are connected by a group of nerve fibers called the vagus (also vagal) nerve.
- The two brains collaborate with each other providing a full spectrum of survival wisdom. Cranial brain contributes intellectual wisdom and mental intelligence. The abdominal brain offers instinctive wisdom and emotional intelligence.
- The "shen" of the heart, like the vagus nerve, forms a connection between the thinking brain and the instinctive brain.
- The meridian of the S.I. creates another interaction between the head and the gut as it coordinates the activity of the jaw with the ileocecal valve.
- According to the Healing Tao, stress and blocked emotions form physical knots in the small intestine. Their location follows the Five Elements wisdom of Chinese medicine in relation to the emotional energy of the internal organs.
- We can utilize this Five Element map for both evaluation as well as treatment of digestive disorder and emotional imbalances.
- The Taoist Internal Organ Massage provides healing of body/gut, mind /brain & spirit/shen. **OM**

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Simple Techniques For Treating *Numbness* and *Tingling In The Arm and Hand*

By MARK KASTNER, LAc

A week never goes by that I don't have a patient present with symptoms of numbness and tingling (also called paresthesia), or in some cases, extreme pain radiating down their arm into their hands and fingers. The severity can range from mild discomfort, to pain so severe that they have lost function of their arm. Hopefully, they have already seen a Western doctor for diagnosis, which, with MRI imaging can help detect the problem.

This diagnosis can be tricky at times, as the two major causes for pain and paresthesia in the arm can be hard to differentiate. They are a cervical disk bulge or a muscle impingement of the brachial plexus nerve ganglion.

During your initial exam, there will be some very important questions, that when answered, will help you determine the etiology of the problem. Physical exam is also very important in helping you come up with a working diagnoses.

First is causation: have the symptoms gradually gotten worse over time, or was there a specific trauma that occurred that suddenly caused the symptoms, such as a head or neck injury? This is important, as any type of compression of the neck can cause a cervical disk bulge. You see this in martial arts competitors, as it's not uncommon for them to be dropped on their head. If there have been no specific injuries and the symptoms have gradually gotten worse, inquire about the nature of the pain. Is it constant or does it come and go? This is important, because a disk protrusion that is pressing on the nerve root of the cervical vertebrae will create steady, unrelenting symptoms down the arm.

Brachial plexus impingement, however, is different. Because it is usually caused by muscle entrapment, the pain or paresthesia can vary in intensity throughout the day. However, there are cases where if the muscles never relax, brachial plexus impingement can also cause unrelenting pain and parathesia mimicking a disk bulge. The muscles involved in brachial impingement are the upper trapezius, scalenes, and the levator scapulae. These are exactly the muscles we overuse when we work on computers for long periods of time, as these are the muscles that help raise our arms.

A physical exam will usually give you some clues in differentiating these two problems. Have the patient

show you the location of the pain. When a disc is bulged, pain and the resulting parathesia are very specific in following dermatome mapping. The patient can usually trace where their symptoms refer down into their arm and hand. This is generally a straight line from their medial forearm to their thumb for a C-6 disk protrusion, or maybe into their middle fingers for a C-7 protrusion. Interestingly, they will not usually have a lot of pain in the neck area.

In contrast, a brachial impingement patient will have pain in the upper trapezium, rhomboid, or neck area. They will invariably wrap their hand around their elbow or shoulder, and at times hold their whole hand when showing you where the pain refers to. There is no one dermatome area that this will relate to and this is a very important sign. This can be explained by looking at the anatomy of the brachial plexus. Its origin is in the C 5, 6, 7, and T-1 vertebral segments. This explains why, when it is impinged, the symptoms will encompass more than one dermatome area.

At this point, begin an orthopedic exam of the patient. Performing a cervical compression test, coupled with a distraction test of cervical vertebrae, will help you determine if a cervical disc is involved. If compression duplicates or intensifies symptoms, then you know a cervical disc is the causation. This will also be confirmed if distraction lessens the symptoms. There is no specific orthopedic test for brachial impingement, so by confirming or eliminating disc involvement, you will be able to make a diagnosis of the symptoms presented. A word of warning here: some patients are in such extreme pain that you can't do any orthopedic testing. These are very tough cases and should raise red flags in your mind...we will address these cases in a moment.

Treatment of a cervical disc protrusion is not easy with either Western or Oriental medicine. The disc has been squeezed, which makes it act like a balloon, protruding until it touches the vertebral nerve root. This also creates local inflammation in the area, which can exacerbate the problem. Western protocol usually begins with an oral anti-inflammatory and moves to direct injection of steroids into the vertebral joint if the symptoms don't improve. This is called an epidural injection. They may also refer the patient to a physical therapist.

From an Oriental medicine point of view, this syndrome can be considered a channel problem, as the large intestine, small intestine, or san jiao meridians follow exactly the dermatome that relate with the pathway of pain referring down the arm and into the hand. However, I believe that the problem is actually coming from the du mai channel. More specifically, there is a local excess in the vertebral space causing qi and blood stagnation. There are, of course, numerous treatments that could be implemented using acupuncture and Oriental medicine to move the qi and xue. As I stated, we know the problem is in the vertebral space. Dermatome mapping will give you the spinal segment associated with the symptoms. Once determined, I use huatuoji points hooked up to an e-stim machine to try and move the local excess. In addition, I try to relax and lengthen the muscles of the neck that contribute to the compression. These include the trapezius, rhomboids, and levator scapula. With deep insertion of the huatuoji points we are also affecting the deep paraspinal muscles that pull on the vertebrae. Interestingly, recent studies have shown that the tissue surrounding an inserted acupuncture needle is flooded by adenosine (a natural anti-inflammatory). So, by treating the local area, we are also relieving inflammation.

To relieve the major muscles of the neck, I use a simple technique using electro-stimulation between GB 21 and the rhomboid ashi point, which affects all three of the muscles mentioned above. You can certainly incorporate any distal points along the effected meridians in the hand or arm area where the most pain or parathesia is felt. This would follow in line with the traditional orthopedic technique of utilizing local, distal, and adjacent point selection. If you want to stimulate the du mai, you can also add SI 3 and UB 62 to the treatment. Incorporating moxibustion is also very important, as it relaxes the neck muscles. Moist hot packs are added as they are excellent in helping muscles to relax. I also always use myofascial stimulation, such as cross fiber massage, cupping, or gua sha to release the trapezius and levator scapulae close to SI 15. Apply treatment at the most fibrous part of the muscle. Finally, I add some subtle manual traction to the neck, gently separating the vertebrae to release the compression

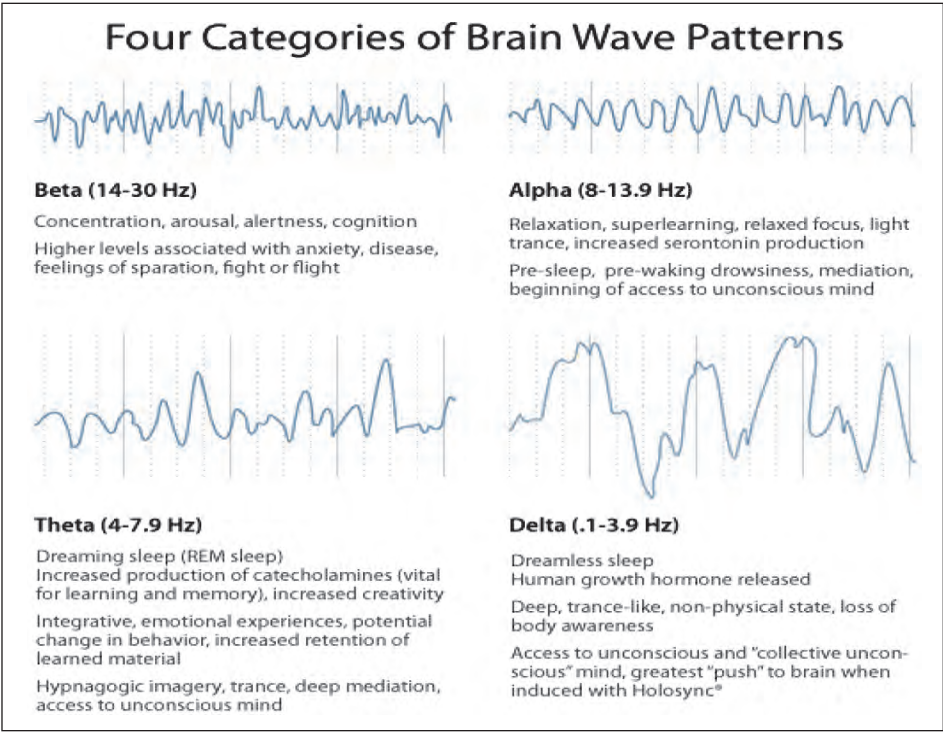
that has caused the problem in the first place. This technique is accomplished by cradling the head, then by putting gentle pressure on GB 20 with my middle fingers, causing the chin to slowly move toward their chest as they take slow deep breaths distracting their vertebrae. Usually, I'll treat the patient twice a week for three to six weeks to get the disc to move back into its normal position.

Treating brachial plexus syndrome caused from a muscle impingement is easier than dealing with a cervical disc protrusion. Interestingly, Western medicine finds brachial plexus syndrome to be a tough problem to deal with. Their treatment protocol is to usually use muscle relaxers to try and stop the impingement of muscles on the brachial plexus, sometimes combining them with narcotic pain relievers. Physical therapy is also commonly prescribed. It has been my experience that acupuncture and myofascial therapy work much better in relieving the problem with only a few weeks of treatment. Let's take a closer look at the anatomy of the brachial ganglion to better understand the problem. As we stated earlier, this large nerve ganglion originates in the C-5 to T-1 vertebrae, and moves down toward the arm and hand. It is very in the muscles of the neck and upper shoulder, moving anterior and under the middle scalene. It is large and extensive, and enervates all the muscles and tendons of the shoulder, scapula, even the pectoralis muscles in the front of the shoulder.

Treatment with acupuncture is fairly straightforward. The goal is to relax and lengthen the levator scapulae, upper trapezius, and rhomboids. There are, of course, numerous treatments that can accomplish this. My treatment protocol focuses on these three muscles. I use four points hooked up with electrical stimulation as a foundation to move the qi and xue in this area. GB 21 and SI 14 are very important points as they lie over the upper trapezius and levator scapula. I needle GB21 and couple it with the rhomboid ashi point close to UB 42. I then choose an ashi point close to SI 14, just superior to the medial border of the scapula and couple it with an ashi point 2 cun lateral to the first thoracic vertebrae. If you were to draw lines between these four points you would see

continued on **NEXT PAGE**

CHART 1



pathways into healing light and vitality. In addition to the specific sounds of each element, Chinese medicine theory also designates specific tonals (tonics) for each of the five elements and the triple warmer. The word Tonic refers to the most important note in a piece or section of a piece. All of the notes of a composition (i.e. one of the five elements in reference to Chinese medicine theory) tend to gravitate toward the tonic. In a musical piece, returning to the prescribed tonic will resolve any dissonance.

In music theory, a consonance is a harmony, chord, or interval considered stable (at rest), as opposed to a dissonance, which is considered to be unstable (or temporary, transitional). More generally, a consonance is a combination of notes that sound pleasant to most people when played together; on the other hand, dissonance is a combination of notes that sound harsh or unpleasant to most people. There is a tension in dissonance that demands an onward motion to a stable chord. (It must be noted that some cultures and some individuals do prefer dissonant sounds. Some artists purposefully compose dissonant pieces.)

Here are the tonic designations and healing sounds from Chinese medicine theory:

- Metal**
Musical Tonic: D
Healing sound: SSSSSSSSSSS
- Water**
Musical Tonic: A
Healing sound: WOOOOOOOO
- Wood**
Musical Tonic: E
Healing sound: SHHHHHHHHHH
- Fire**
Musical Tonic: G
Healing sound: HAWWWWWWW
- Earth**
Musical Tonic: C
Healing sound: WHOOOOOOOOO
- Triple Warmer**
Musical Tonic: Tonic G
Healing sound: HEEEEEEEEEE

THE METTA MINDFULNESS MUSIC PROJECT

In the 35 years that I have been in clinical practice, I most often play

music during treatments. The purpose of the music is to help create a calm atmosphere and also to shield the patient from random sounds from adjacent treatment rooms and the hallway. In general, I would describe the music as pleasant, mostly electronic and non-offensive. In recent years, I have become increasingly aware of and participated in the purposeful use of sounds to affect brain function, enhance the experience of meditation and expand consciousness. I have experienced very positive effects in these pursuits. One important limitation in this activity, has been that the musical quality of the sounds is very limited and in some instances, simply unpleasant after repeated listening. I began to conceptualize the possibility of having beautiful music that also impacted the brain and vital qi in a positive and purposeful manner.

A CHANCE MEETING BECOMES A LIFE CHANGING EXPERIENCE

In the summer of 2011, I had the fortuitous occasion to meet Yuval Ron, an internationally acclaimed and award-winning composer, performer, teacher and peace activist. At the time, we were both teaching at the Esalen Institute in Big Sur, California. While we only had a few cursory encounters (we were both very busy teaching our separate intensive seminars: Yuval was teaching a seminar in sound and neuroscience and I was teaching traditional Thai bodywork), we both recognized a potential creative spark in our meeting. And although we lived in different cities, there was sufficient energy to pursue further communication and to have subsequent face-to-face meetings. During these discussions, our mutual interests in sound, music, health, Chinese medicine, meditation, neuroscience and consciousness began to become a dominant focus.

During the Thanksgiving weekend of 2012, I asked Yuval if he would be interested and willing to compose original music that would

incorporate the ancient wisdom of Chinese medical theory along with the most current theories of neuroscience and brain entrainment. Yuval eagerly accepted the challenge. We agreed on three basic guiding principles for what has become Metta Mindfulness Music:

1. To create beautiful original music that enhances health, mental equanimity and the daily expression of loving kindness.
2. To create original music that is informed by ancient wisdom traditions and the most current advances in neuroscience.
3. To produce original music that is performed by renowned performing artists.

ANCIENT WISDOM & MODERN SOUNDS

In the spring of 2013, all our efforts became realized in the release of a seven-CD box set of original music that fulfilled the criteria we set for ourselves. Each of the Five Elements and the Triple Warmer has its own designated 45-minute CD. The seventh CD is an hour-long journey through all six healing sounds. The purpose of these compositions is to provide a delightful musical experience that enhances health, facilitates the smooth flow of bio-energy in the body and mind, relieves stress, and contributes to a general sense of well-being and relaxation.

It is our hope that this music can serve the well-being and creativity of the population in general and more specifically, can be utilized by practitioners and healers to enhancement and leverage their treatments and in their treatment environments. OM

RICHARD GOLD, Ph.D., L.Ac. is the President and Executive Producer of Metta Mindfulness Music. He is a 1978 graduate of NESA and has been in clinical practice for 35 years. Dr. Gold is one of the four founders of the Pacific College of Oriental Medicine (PCOM) and served on the Board and faculty of PCOM for many years.

SIMPLE TECHNIQUES FOR TREATING NUMBNESS AND TINGLING IN THE ARM AND HAND continued from page 10

they cross each other. The most important element of this point selection is palpating for the tightness in the muscles close to these points. I normally use electrical stimulation for 15 to 20 minutes with low to moderate frequency to disperse the local stagnation. In traditional acupuncture teaching, this would be considered a “surround the dragon” technique. Last, but not least, I always use some type of myofascial therapy such as cross friction massage, gua sha, or cupping to relax

these key muscles. Moxibustion is also applicable.

There are a few other important points to consider when treating both of these pain syndromes. First, positioning the patient so they can relax for the entire treatment is essential. If the patient is in extreme pain, you can treat him on his side with lots of pillow supporting. Treating patients sitting in a chair with their heads supported in front of them is also an option. Second, if the patient is in extreme pain,

and you don’t see any changes within six to eight treatments, don’t hesitate to refer them for further diagnosis, as there are numerous other etiologies other than disc protrusions and muscle impingement of the brachial plexus that can replicate these extreme pain symptoms such as neuromas, osteophytes, and tumors. And last, but not least, we have to consider stress. This can be a large part of the problem as patients tend to tense their shoulders under the weight of our 24/7 “go,

go, go” world. Sedating the liver, while prescribing calming herbs is always an option. I also always teach patients some breathing exercises to help them combat their daily stress and keep their shoulders down. OM

MARK KASTNER has been in practice for the past 26 years and specializes in orthopedics. He teaches in the Pacific College of Oriental Medicine DAOM program and is a speaker at Pacific Symposium.

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“The orthopedic and neurology classes are Western, and one reason behind this is to make sure our students are really good at treating pain from an integrative approach.” Students at Pacific College also have the opportunity to be introduced to kinesiology and biomechanics (how one walks, body structure, etc.) in the massage program.

Often, Western classes at Pacific College are paired with an OM class that mirrors the subject. For example, the Orthopedic Assessment class focuses on Western muscle and structure study, and is an excellent pairing with the Sports Tui Na class, which explores Asian bodywork modalities for those same kinds of muscle issues. Reuss feels that the more Western background a massage alumnus has, the more opportunity there is to secure competitive positions in the industry. She is looking to expand to create a lymphatic drainage class at Pacific College, San Diego, which she says, “would open doors for massage therapists to work with more cancer patients and post-surgery and trauma patients in hospitals and private practices.” This class would introduce ways to help

✿ The benefits of having Western knowledge in addition to a thorough TCM education *are numerous for both acupuncturists and massage therapists.*

reduce inflammation and increase healing in these kinds of patients. The proposed lymphatic drainage class would serve as the Western mirror to the current Eastern perspective class, Tui Na Treatment of Internal Disharmonies.

Perhaps one of the most exciting aspects of the growing interest in Eastern medicine at Western schools such as UCLA, and at Western health centers like Scripps and the UCSD clinic in San Diego, is the prospect of Western physicians becoming open to referrals. Referring their patients to acupuncturists and massage therapists can lead to a true integration of Eastern and Western medicine. And it’s something that acupuncturists want to be able to do as well.

Damone states, “There have been patients I’ve had to convince that they needed more than my treatments. I had to know my limita-

tions. The Hippocratic Oath states ‘do no harm’.” When most people hear this mantra, they think it relates to doing harm by action, but it can also mean inflicting harm by inaction. Damone adds, “If you need to refer out, it does not make you a bad practitioner. It can make you a stronger one.” For example, if you have a patient with stage one melanoma, no practitioner would recommend the patient stick to only using one method of treatment. Their best path to health may involve surgery or chemotherapy in addition to acupuncture and herbology.

Students and alumni of Pacific College are able to build their connections to other types of health-care providers by attending PCOM networking events such as “Business & Bagels” and the “Integrative Medical Discussion Group,” both of which include practitioners from all walks of medicine. Damone puts it

best, “You need to know what your patients need, and having a solid foundation in Western care will enable you to give them the best care possible.”

Acupuncturists and massage therapists are passionate about healing. Pacific College is honored to train and introduce holistic healers into a growing industry that is fast becoming more open to integrative care. Seitz embraces her path and the background that has enabled her to help so many, “I love everything about what I do and it’s important for everyone to communicate on the same level about it. We are very educated people and I think the general public is increasingly beginning to be able to understand that.” With a foundation in Western medicine and terminology, the mind, body, and spirit healing of East Asian medicine has never before been so present in the West. **OM**

SOURCES

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PCOM Launches Bachelor’s in Holistic Nursing at *New York Campus*

In January 2012, Pacific College of Oriental Medicine, New York launched its Bachelor of Science Completion Program in Holistic Nursing. With this program, registered nurses (RNs) can advance their careers and earn a degree that prepares them for the future of healthcare. A leader in developing highly skilled and licensed practitioners of East Asian medicine, including acupuncture, herbal medicine, massage and Asian bodywork, PCOM has developed the first nursing bachelor degree program of its kind within a complementary/alternative medicine (CAM) school. Designed specifically for licensed registered nurses who already have their associate’s degree, students can attend day or evening classes. Classes began in spring 2012, and students can complete their bachelor’s degree in as little as four semesters full-time or seven to nine semesters part-time.

The program launched at a critical time in the nursing field, as New York and many other states considered a proposal requiring all regis-

tered nurses to achieve a bachelor’s degree or higher within the next 10 years. Indeed, in light of rapidly expanding clinical knowledge and mounting complexities in healthcare, the Institute of Medicine report on the *Future of Nursing* and a number of national nursing associations, including the American Nurses Association (ANA) and the American Association of Colleges of Nursing (AACN) recommend the baccalaureate degree as the minimum educational requirement for professional nursing practice.

“PCOM’s unique new program offers RNs the opportunity to earn the increasingly important bachelor’s degree, with a focus on integrative care that is fast becoming the standard for healthcare today,” said Dr. Carla Mariano, past-president of the American Holistic Nurses Association (AHNA) and a leader in developing national standards for holistic nursing education, practice and certification.

Dr. Mariano, who developed the curriculum for PCOM’s holistic

nursing program and serves on the program’s advisory committee, also initiated the country’s first master’s nurse practitioner program in holistic nursing at New York University. Holistic nursing was recently recognized by the ANA as a distinct specialty in nursing at the bachelor’s and master’s degree levels.

Consistent with the standards set forth by the AHNA, the PCOM program in holistic nursing takes an integrative relationship-centered approach, emphasizing the interconnectedness of self, others, and the environment; the promotion and maintenance of health and well-being, not simply the absence of disease; and a commitment to professional self-reflection and self-care. The holistic nurse is educated as an advocate, collaborator and partner with the patient, his/or her family, the community, and other health disciplines, striving to identify and treat the root cause of illness. Classes include core courses such as nursing leadership, research, health assessment, issues and trends

in healthcare, as well as courses in theories of holism and holistic integrative modalities. Electives are offered in Chinese medicine, nutrition, herbology, essential oils, and Asian bodywork.

“PCOM has a history of excellence in educating outstanding professionals in traditional Chinese medicine through our unique approach to integrating Western and Eastern approaches to healthcare,” said Malcolm Youngren, campus director at PCOM’s New York campus. “Our deep experience in CAM and ability to offer some of our current courses as curricular and co-curricular options make PCOM a perfect venue for a bachelor completion program in holistic nursing.”

The PCOM Bachelor of Science Completion Program in Holistic Nursing is approved by the New York State Education Department Office of the Professions (NYSED) and is accredited by the Accrediting Commission for Career Schools and Colleges (ACCSC). **OM**

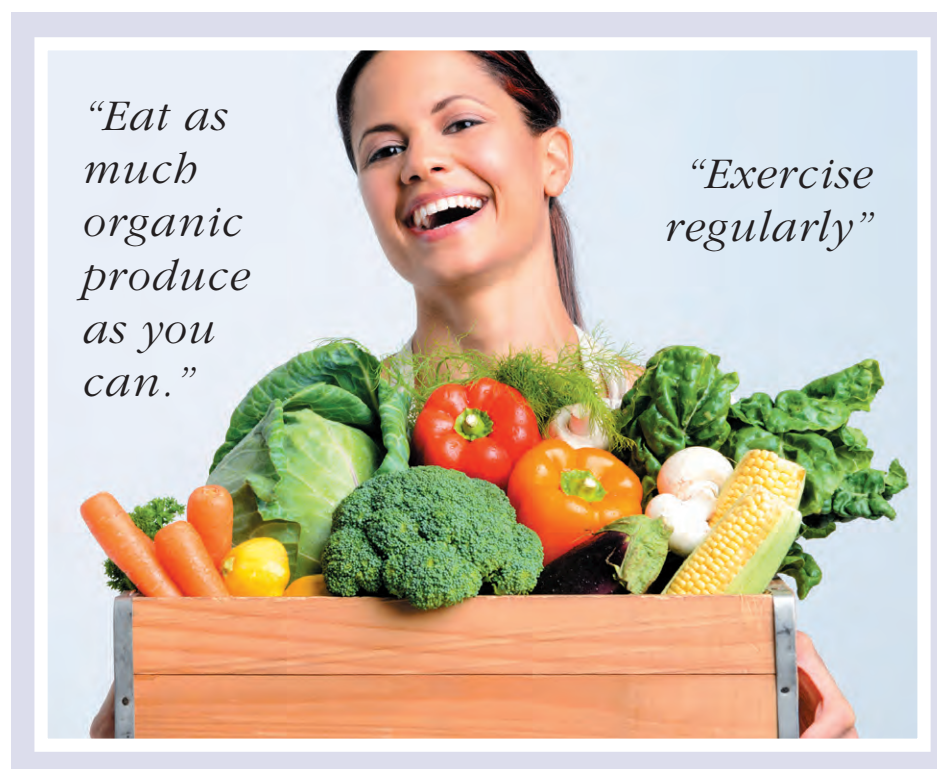
- Flax seed oil improves liver function. Flax seeds are particularly high in lignans, phytoestrogens, which appear to attach to estrogen receptor sites in a protective way and may inhibit the growth of some breast cancers. To get the full benefit of the flax seeds you need to grind them up. I do not recommend tofu or soy milk to my patients, even though they too are high in phytoestrogens, because they are considered cold and therefore can be congealing. I usually advise patients who do like tofu or soy milk, to find a supply that is GMO-free and to consume them somewhat sparingly.

2. LIMIT THEIR EXPOSURE TO EXTERNAL SOURCES OF ESTROGEN AND ENVIRONMENTAL TOXINS AND CLEAR HEAT WHERE NECESSARY, ESPECIALLY STOMACH HEAT

Controlling how much estrogen we take in is difficult in our estrogen-laden environment. Despite our best efforts chemical estrogens have ways of entering our food and water supply. Agricultural chemicals and pesticides mimic the activity of estrogen, making estrogen receptor sites more sensitive. Urine, contaminated with high levels of residual estrogen from birth control pills, can seep back into water supplies through inadequate sewage treatment procedures. Plastic wrap and plastic food containers can leach estrogen-like compounds into our food. In Western terms, these are known as xenoestrogens and in Eastern medicine they are considered to be environmental toxins, which can contribute to cancer.

Here's what my colleagues and I tell our patients:

- Unless your doctor considers it imperative, it is wise to avoid estrogen replacement therapy as a means of addressing menopausal symptoms.
- Avoid exposure to pesticides. Research has shown that the molecular structure of some pesticides closely resembles that of estrogen. This means they may attach to estrogen receptor sites in your body making them more sensitive. One study found that women with breast cancer had elevated levels of pesticide residue in their breast tissue.
- Avoid hormonally treated meat and dairy.
- Eat as much organic produce as you can.
- Avoid refined and hydrogenated oils also called trans-fats. A study found that women with the highest levels of trans-fats in their blood had twice the risk of breast cancer than women with the lowest levels.
- Eat cruciferous vegetables, such as broccoli, cabbage, cauliflower,



kale and Brussels sprouts. These contain a phytonutrient called diindolylmethane (DIM), which supports the activity of enzymes that improve estrogen metabolism. Scientific research shows diindolylmethane helps your body process estrogen so that less is free floating in your blood stream. In fact, Chicago scientists are working on a broccoli-based pill that would prevent breast cancer.

3. SUPPORT THE PATIENT'S GENERAL HEALTH AND IN PARTICULAR, TONIFY THE EARTH ELEMENT

In Chinese medicine, we believe that cancers grow when the body is depleted and no longer able to clean up. This is supported by Western medical research that shows that cancerous cells are normally rectified by the body's immune system. Consequently, they proliferate when the body is overwhelmed and not able to mount a good defense. This is why current cancer research is focusing on supporting the body's immune system as a way of combating cancer.

Here's what my colleagues and I tell our patients:

- Exercise regularly – Research has shown that women who exercise regularly can reduce their risk of breast cancer by 20%. In Eastern medicine exercise is considered to be the best way of moving qi and blood.
- Adopting a low fat, high-fiber, plant-based (though not necessarily vegetarian) diet is a helpful way of reducing the amount of free-floating estrogen in your bloodstream.
- Maintain a healthy weight – The link between obesity and breast cancer is clear. Researchers have found that if you are 22 lbs over weight you increase your breast cancer risk by 18 percent. This

is particularly true if you gain weight after menopause. The reason for this is that excess fatty tissue causes an increase in the amount of circulating estrogen and breast cancer risk increases in relation to the amount of estrogen you are exposed to during your lifetime. In Eastern medicine, this weight gain is related to damp accumulation, which is one way of describing excess fat cells.

- Include sea vegetables in your diet. In research, kelp has been shown to lower excess estrogen levels in rats and seems to have a protective effect. In Chinese medicine, most seaweeds enter the liver, stomach and kidney channels and clear phlegm and accumulations. As breast cancer affects the liver and stomach channels, has its roots in stagnation and is prevalent when kidney qi is weak, the protective effect of seaweed makes sense.
- Try to give up unhealthy habits such as smoking.
- As well as making lifestyle and dietary changes, you should be vigilant about early detection of breast cancer. Start having mammograms or using thermography after the age of 40 and examine your breasts once a month, preferably in the week after your period.
- Take a vitamin D supplement – It seems to have a protective effect and research shows that breast cancer incidence is higher in women with low vitamin D levels.
- Take an herbal formula designed to support the Earth element, drain damp, clear heat and move qi. I'm particularly fond of Alembic Herbs Qing Shu designed by Pacific College's own Z'ev Rosenberg and based on a formula for summer-heat by Li Dong Yuan.

4. MOVE QI AND BLOOD IN THE BREAST

Fibrocystic breasts are the result of stagnation in breast tissue. Western clinical research seems to suggest that having fibrocystic breasts does not increase the risk of breast cancer unless some of the cells are already atypical. This fits with the Chinese medical idea that stagnation needs to be combined with other factors such as toxicity and weak qi in order for cancer to develop. However, I still recommend moving qi and blood in the breast as a way of taking preventative action against breast cancer.

Here's what my colleagues and I tell our patients:

- The best way of systemically moving qi and blood is to exercise regularly. We recommend 30 minutes of aerobic exercise three times a week to our patients.
- Regular acupuncture can move qi and blood and gently balance hormones.
- If you suffer from fibrocystic breasts or even breasts that are tender premenstrually I suggest adding qing pi (green tangerine peel) to your herbal formula.
- Regular breast massage helps prevent disease, giving resiliency and suppleness to breast tissue and breaking up fibrocystic and scar tissue, and circulating healthy lymph throughout the body. You can find suggestions for self-breast massage in my book, *Sex Again*.
- If you suffer from tender breasts or have benign breast lumps, apply a castor oil pack to the breast once a week. The pack invigorates the blood and helps the lymphatic system move debris.

5. EXPLORE THE EMOTIONS ASSOCIATED WITH BREAST LUMPS

In Chinese medicine, both benign and malignant breast lumps are associated with liver qi stagnation, which in turn is associated with repressed anger. In my practice, I have noticed that my breast cancer patients have often experienced a situation, about which they are still angry. Often they have been thwarted in some way or treated badly and been unable to give voice to their grievance. It is worth exploring these areas either by journaling or with a therapist. **OM**

JILL BLAKEWAY is the founder of the YinOva Center in New York City and an alumna of Pacific College of Oriental Medicine. Jill makes regular TV appearances to talk about alternative medicine. A licensed and board certified acupuncturist and herbalist, Jill is the author of two books on women's health, *Making Babies: A Proven 3-Month Program for Maximum Fertility* (2009) and *Sex Again: Recharging Your Libido* (2013). She is currently writing her third book.

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Alumni Award Application

It's time for the fourth edition of our annual Alumni Awards! Alumni are increasing the recognition of acupuncture and Oriental medicine and we want to award you for it! One of the advancements we are seeing in both Western medicine and acupuncture and Oriental medicine is the movement towards **TEAMWORK IN PATIENT CARE.**

We want to hear your story! See below how you can submit your real life examples of TEAMWORK in the practice of acupuncture and Oriental medicine and win a free Symposium registration for 2013!

HOW TO APPLY:

What do we mean by TEAM-

WORK? How are we working with patients, their families, other health-care providers and the community at large to improve the quality of care we provide to patients? How are we supporting quality health care with our interaction with Western medicine professionals? How are we supporting each other as practitioners?

You can apply for this award by doing ONE of the following to share your innovative ways of creating teamwork in the industry:

- Write a 1-2 page description of how you promote TEAMWORK in your small business or your clinical work relating to the above questions
- OR
- Create a 3-5 minute video showing

how TEAMWORK is a part of your clinical practice and how it relates to the questions above (must be submitted on youtube or vimeo)

Pacific College of Oriental Medicine is working with the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) to inform our community of the trends and advancements in healthcare. TEAMWORK is one of the six competencies that have been identified as key components to moving our medicine forward. For more information on these competencies, visit www.accahc.org.

We encourage creativity! This award is meant to bring new, innovative ideas to the table to inspire each

of us to grow in the area of Teamwork, so think outside the box with your submissions!

All entries must be submitted to Angela Yvonne at ayvonne@pacificcollege.edu by August 15th 2013 and winners will be chosen by September 1st 2013. One winner from each campus (SD,CH,NY) will be awarded complimentary registration to Symposium along with an honorary plaque. If you have already purchased a symposium pass, you will receive a refund or a complementary pass for 2014.

Apply today by submitting your materials to our Director of Alumni Services, Angela Yvonne at ayvonne@pacificcollege.edu. **OM**

Chinese Medicine in the 21st Century: Integral and Evolutionary Perspectives

By **LONNY JARRETT, LAc, FNAAOM**

**As originally published in the California Journal of Oriental Medicine, volume 22 no. 1 SPRING/SUMMER 2011*

"If you wish to bring about real healing, you must first and foremost treat a person's heart. You must bring the heart on the right path, so that it can be filled and sustained by a universal sense of truth. You must get it to a place where it can safely abandon all doubting and worrying and obsessing in senselessly looping patterns, where it can let go of any anxiety provoking imbalances, and where it is willing to surrender all "me, me, me" and all "this is his/her fault!" Try and awaken the heart to acknowledge and regret all the wrong that one has done, to lay down all selfish attachments, and to transform one's small and self-centered world for the glorious universe wherein we are all one, and wherein there is nothing to do but praise its existence. This is the master method of the enlightened physician—healing through the heart."

— 16th century Korean physician Hur Jun (Chinese: Xu Jun) in Dongyi baojian (Precious Reflections by an Eastern Physician)¹

It is clear that the times in which we live, the challenges that we face, and the cultural context in which medicine is practiced differ substantially compared to when Chinese medicine was originally formulated. From a certain perspective, the type of human being that we treat in the West didn't even exist when the classic texts were written. The typical practitioner and patient in the West today may be counted among the most fortunate group of people to have ever lived in terms of material wealth, freedom, and comfort.

A developmental perspective is imperative if our medicine is to offer more than palliative care. A foundational principle of both holistic and

integral medicine is the recognition that the higher potentials of the medicine are only available to practitioners whose lives are characterized by an uncommon and remarkable integrity. Integrity is at once both absolute (either one has it or one doesn't), and developmental, because one could always have more. Integrity is in evidence at any level of development when one is wholeheartedly striving to live up to those values that one professes to believe in. We demonstrate integrity when our lives are the living expression of whatever we have discovered to be true of a higher nature. Integrity must manifest across all aspects of assessable functioning and of chief importance

among these aspects is the ethical line of development. Willed integrity through the disembedding of consciousness from conditioning is the foundation of all authentic healing.

Chinese medicine derives a significant part of its potency by considering the patient in the context of his environment. Historically the medicine encompassed a view, potentially large enough to embrace a patient's condition in a cosmological perspective. Between the individual and the cosmos lies culture. We can look at an individual's health as the cultural expression of the relationships between organ systems or "officials." So too, is human culture, a collective expression of the relative health of individuals. A significant cultural distortion of the last 50 years in the West has been the excessive emphasis placed on the "uniqueness" of the individual. This is the value that has shaped the psychological perspective and its resultant culture of narcissism. To the degree that we are unconscious, culture is an expression of biological conditioning as opposed to being shaped consciously by our highest values. Treating the individual is treating culture, if the practitioner's clinical perspective is large enough. Given the global world we live in today and the nature of the challenges that we face, one's medical perspective is not sufficiently large until it grows to embrace the treatment of the individual in the context of creating a cultural integrity that is synonymous with health. The

first step toward such an increased perspective is taken when the practitioner implicates his or her own integrity as being foundational in the practice of medicine.

PERSPECTIVE

Chinese medicine has evolved over 4000 years because of its ability to adapt and meet the challenges that have faced each successive generation. For most of the medicine's development, survival pressures were exerted by events outside of the individual. In a pre-modern agrarian culture, the weather largely determined who lived and who died. Therefore, the external syndrome patterns were of great importance in medical practice. Today, the average middle class citizen has more options and better healthcare, nutrition, housing, education, political and social freedom, and more information, than the pharaohs, emperors, or kings of old could have dreamed of. In a very real sense, these are the best of times, with more people living in favorable conditions than at any other time in history....(Read the rest of this article by visiting: <http://www.pacificcollege.edu/acupuncture-massage-news/articles.html>) **OM**

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but please note that this makes each practice much longer in duration.

Primordial Qi Gong

Hun Yuan Qi Gong Nei Gong

- Wuji Standing
- Closing: 3 times after each exercise “internal sink”
- Preparation: 3 clockwise circles, 3 counterclockwise circles

HY 1. Drop Qi, Wash Organs

- 9 times inhale: top of head—eyes wide/expand exhale —bladder—eyes inside, combine —“fog & dew”
- Hands store at navel continue down legs
- 3 closings: #3 store at navel, hands rest over navel, right hand for males, left hand for females
- Wuji Standing

HY 2. Gather Qi to 3 Dan Tians

- 9 times: Upper dan tian—inhale—exhale as you drop hands down front, store at navel
- 9 times: Middle dan tian to navel
- 9 times: Lower dan tian —pull up from earth to lower dan tian perineum—hands to Du4-B23 and back to navel
- 3 closings
- Wuji Standing

HY 3. Two Palms Roll Ball

- 9 times: Rotate sphere at chest level forward 9 times and back 9 times
- 3 closings
- Wuji Standing

HY 4. Open –Close 3 Dan Tians

- 9 times: each open, qi to skin close, qi to bone, sphere inside “Ball” outside--back straight
 - Upper
 - Middle
 - Lower
 - 3 closings
 - Wuji Standing

HY 5. Sun – Moon Revolving

- 3 times: Hands on chest—absorb stagnant qi--shake off—rub palms 2 times
- 9 times: Open chest—arms/palms circle out
- 9 times: Close chest – arms/palms circle in
- 3 times: Middle fingers rub down Ren 17-Ren 6

HY 6. Circular Extension and Withdrawal

- Bow stance – Small Orbit -Xiao —hands up and out to eyebrow—palms down to rear hip
- Each leg, 9 times: Forward –up du, down ren
- Each leg, 9 times: Reverse- hands other way--qi reverse orbit
- Big Orbit-Da – up spine – down



Taoist Temple in China

- inside arms and up outside join at yin tang
- Down Ren – split at abdomen--down outside leg--up inside leg join at perineum
- Tai ji practice – peng—ju-lu-an-kao-hua
- 3 closings
- Wuji Standing

HY7. Single Leg Raising and Falling

- 9 times: Hands from navel to outer hip--down outside up inside. Cross to other leg same figure “8” side-to-side weight to other side
- 3 closings
- Wuji Standing

HY8. Double Leg Raising and Falling

- 2 legs at same time
- 2 legs – hands over each leg
- 9 times: Down outside—up inside to navel
- 3 closings
- Wuji standing

HY9. Dan Tian Turning Millstone

- Small circle Xiao--hands at navel—turn one way-9x then other way--small circle both ways inner sphere same direction.
- Large Circle-Da—Hands one way—sphere opposite sphere inside large circle/ Bigger waist circle
- 3 closings
- Wuji Standing

HY10. Heaven and Earth Opening & Closings

- 9 times each: Open--lift palms up--“5 hearts” K1 – P9, DU20
- Closing: Palms down
- Heaven closes – Earth opens (reverse) (out to in)
- Palms down
- 3 closings
- Wuji standing

HY11. Return Qi to Dan Tian

- 9 times: Reach out, gather qi, pull to navel, then other side
- 3 closings
- Wuji Standing

HY12. Self Massage

1. Face--palms up--rear of head, down face 9 times
2. Ears--close flap and eyes--open rapidly 3 times
3. Nose rub Ying Xiang--LI20 use thumbs to rub nose
4. Hit shoulders Jian Jing--GB 21 on back near shoulder junction of trapezius and deltoid
5. Hit HeGu--LI4
6. Hit Nei guan P.6, 2 inches from line of wrist
7. Hit Shou San—approx. 2 inches from elbow
8. Press/grasp-JiQuan--HT 1--center of armpit
9. Hit rear waist--B 23 bottom of rib cage on erector spinae
10. Hit Huan Tiao--GB 30 near hip joint below femur on gluteus
11. Hit Feng Shi--GB 31 7” above knee cap, just below middle finger when arm extended along thigh
12. Hit Zu San Li--St36--four finger widths below knee
13. Hit Wei3 Zhong1--B40 back of knee

14. Hit Dan Tian, then Sou Gong Closing

Disperse Stagnation

1. Rise—drop—shake knees—shake body
 2. Golden “chicken fists” (fists in front). Golden chicken shakes the forest ---3 Closings
 3. Turn Qi--Belly rubs circling navel: men use right hand on body, the left covers women use left hand on body, the right covers
- Men: 36 times down right up left gradually larger then 24 times reverse gradually smaller
- Women: down left, up right
4. Inhale and bring qi from navel to ming men, pulling abdomen in. Hold briefly and exhale bring qi from ming men to navel release abdomen. **OM**

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