

Oriental Medicine

SUMMER 2014

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Pacific Symposium 2014

See Inside For More Details

Since 1987, Pacific Symposium has served as an interactive environment for brilliant minds of the East Asian medical profession to come together and study. A renowned conference with worldwide recognition, this annual event unites acupuncturists, massage therapists, students, nurses, medical doctors, and professors by opening the gates to the exchange of industry information. Set in a beautiful retreat setting at the Catamaran Resort and Spa in San Diego, California, Pacific Symposium not only promises a vacation environment, but guarantees cutting edge speakers at the forefront of the integrative health community. At this year's conference, a number of experts including regulars, Giovanni Maciocia, Kiiko Matsumoto, Janet Zand, Jake Fratkin, Arya Nielsen, Lillian Bridges, and newcomers, Jill Blakeway, East Haradin, and Ken Koles will present seminars and lead interactive workshops covering a myriad of timely Oriental medicine topics. With such an impressive lineup of speakers, there will be something to satisfy everyone's interests. The conference's keynote speakers, Drs. George Pratt and Peter Lambrou will present a synthesis of acupuncture energetics and contemporary psychology to address phobias and inhibitions that are limiting your patients' health and happiness. **OM**

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Are You The Marrying Kind of Acupuncturist?

By **PETER LAMBROU, PhD** and **GEORGE PRATT, PhD**

What is a marriage? Two people joining together to be more than either one alone. Of course, that's just one aspect of a marriage. In addition to the union of two people, we use the term "marriage" to describe other types of joining, such as a marriage of form and function, marriage of words and art, or the provocative William Blake title of *The Marriage of Heaven and Hell*. This article discusses the marriage of acupuncture and psychology.

A relatively new branch of psychology has emerged in the past few decades, generically known as Energy Psychology. This specific psychology utilizes some of the understandings and principles of acupuncture married to some concepts and processes of psychology. As psychologists and authors of this article, we are certainly limited in our understanding and application of the processes and nuances of acupuncture, yet sufficiently versed in psychological processes to utilize certain aspects of acupoints and meridians

to boost the effects of psychological interventions.

THREE MAIN WAVES IN PSYCHOLOGY

Clinical psychology is primarily focused on understanding and treating patterns of thought, emotions, and behaviors that are either maladaptive or limiting a person's life. Over more than a century, the field of psychology has experienced the flow and ebb of different approaches to helping people overcome problems in those areas. There have been three main evolutions in the field of psychology as well as many subsets and offshoots, but below is a brief description of the three great movements.

WHAT IS PSYCHOANALYSIS?

Psychoanalysis, one of the earliest forms of psychotherapy, aims to bring basic human drives into conscious awareness and to resolve conflicts between conscious and

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Treating *Low Stomach Acid*

By **KIIKO MATSUMOTO, LAc** and **MONIKA KOBYLECKA, LAc**

Have you noticed the large number of TV advertisements for stomach acid medication? The high rate of stomach problems is not surprising, especially considering that these ads are sandwiched in between the 30-second spots enticing us to consume fast food. Poor diet and, even worse, poor stress management supports a common complaint: an acidic stomach.

Patients may present in your clinic with symptoms of stomach pain, acid regurgitation, loss of appetite, and overall poor digestions when stressed. In addition to specific stomach complaints, intestinal problems such as irritable bowel syndrome could also accompany these patterns.

Kiiko Matsumoto Style (KMS) acupuncture identifies the most common reflex pattern in these cases as having pressure pain on the following reflexes:

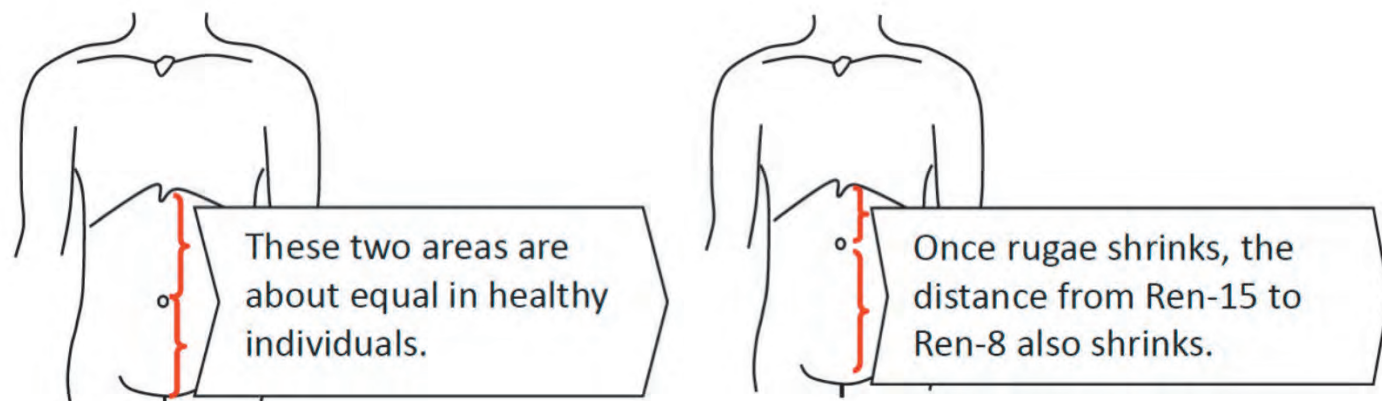


- Stomach-11 – most commonly found on the left side
- Ren-12
- Stomach-21 – most commonly found on the left side

An interesting aspect of this pattern is the fact that it occurs in patients with insufficient, not excessive, acid production - specifically, with a lack of adequate hydrochloric acid (HCl). People may develop low stomach acidity following pernicious anemia, chronic H. pylori infections, long term use of antacids and PPI medications, and autoimmune gastritis, as well as other less severe causes.

A normal stomach acid level creates a pH of 1.5 to 2.5. HCl is secreted by the parietal cells in the stomach lining (rugae). In a healthy person, the lining of the stomach is soft, flexible, and full of little wrinkles that flex around as the stomach expands and contracts. With age, poor diet, and even poor posture (more on that in a minute), the stomach lining (rugae) begins to

FIGURE 1



lose its flexibility and hardens as a result. The hardening of the stomach lining is uncomfortable. You may find that patients who have this problem present in your clinic with poor posture. Slouching provides some relief since trying to straighten out a tight, hardened stomach doesn't feel good for them.

This is commonly observed in elderly patients. They not only have poor posture, they also have the following abdominal finding. (See Fig. 1)

Rugae hardening over time can be a bidirectional issue. The hardening of the rugae leads to poor posture and poor posture squeezes the rugae, causing it to harden. Regardless of the etiology, it leads to insufficient HCl production which can result in the following conditions:

- Poor digestion of protein (which leads to indigestion, which is often wrongly medicated with ant-acid medication)
- Poor absorption of minerals and B12 vitamins
- Poor protection against food poisoning, H. pylori bacteria, parasites and infections (including Small Intestine Bacteria Overgrowth SIBO)
- Weakened immune defense (80% of immunity comes from the intestines)

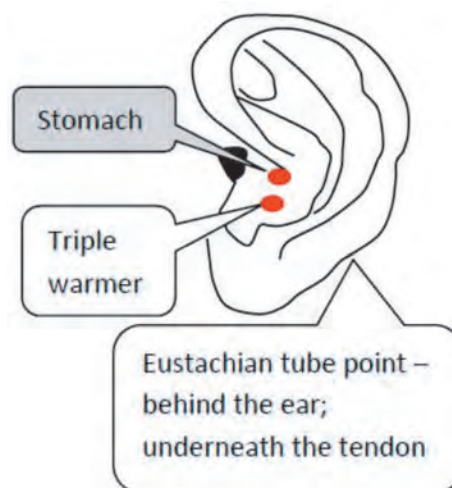
Numerous symptoms can arise as a result. These are not limited to the digestive track and can include symptoms such as the following:

- Digestive: bloating and a burning feeling after eating, feeling overly full, constipation, diarrhea, food allergies, iron deficiency, etc.
- Skin: rosacea, itching, rashes, acne, weak and peeling fingernails, etc.
- Other associated diseases include: asthma, celiac disease, autoimmune disorders, diabetes, GB disease, osteoporosis, etc.

TREATMENT POINTS:

- Ear Triple Warmer
- Ear Stomach
- Ear – Eustachian tube point (the connection between the ear and the head)

- Stomach-11 (if painful, release with two ear points mentioned above)
- Immune points
- Stomach-36 area



WHEN TO CONSIDER THIS TREATMENT

The presenting symptoms for this pattern are not limited to the stomach and, therefore, can be overlooked. Abdominal palpation and pressure pain on Ren12, left Stomach-21, and left Stomach-11 are good indicators that this treatment may be appropriate for the patient.

CASE EXAMPLE

A 16-year old patient presented with constant pain on the abdomen, which had persisted for many years and increasingly got worse. The patient described her pain at a 7 or 8 out of 10 level most of the time. Occasionally the pain fluctuated with some days worse than others. Her overall medical and family history did not include any surgeries, major illnesses, or accidents. In school she was a straight A student and overall a high achiever. The progressing abdominal pain did, however, lead to her having to drop out from after-school sports and performance activities. She was in too much pain to complete a lot of physical activity.

In clinic, based on KMS acupuncture abdominal palpation, she had positive reflexes on the

Ren4-6 line; Ren-9 pulsing along with Spleen-20 pressure pain on the left side; both adrenal reflexes; and lung/immune reflexes. The most sensitive reflex at the time of examination was Ren12 and the general area between Ren12 and Stomach-21 on the left side. Stomach-11 on the left was more sensitive than the right side.

Gently pressing on left Stomach-11 while reexamining Ren12 produced some change, therefore suggesting that the rest of the above mentioned “low stomach acid treatment” might be worth testing. Palpating and then needling the ear points (TW and ST) reduced pressure pain on Stomach-11 and allowed this point to be used. Needling Stomach-11 along with Master Nagano's immune points further reduced pressure pain on Ren12 reflex. Adding a point in the area of Stomach-36 on the left side cleared the remaining pain on Ren12 and reduced the patient's pain from 7/10 level to about 1/10. At this point the rest of the positive abdominal reflexes were re-examined and the only remaining pressure pain was on the left adrenal reflex at the Kidney-16 area. Adding Kidney-7 and Kidney-27 on the left reduced the adrenal reflex and reduced the patient's symptomatic presentation a little bit more. **OM**

KIIKO MATSUMOTO, LAc 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, LAc** 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).

PCOM Receives Approval from WASC to Offer FPD

Pacific College of Oriental Medicine (PCOM) is well into the process of developing and offering what has become known as the first professional doctorate (FPD) degree in acupuncture and/or Oriental medicine. The College has received approval from the Western Association of Schools and Colleges (WASC) to offer the program. At the same time, the College's academic leadership team is using this as an opportunity to review its master's of science programs with the goal of reducing repetition, increasing efficiency, and creating better articulation with the College's post-graduate doctorate (DAOM).

WHAT IS THE FPD?

PCOM's current doctoral degree, the Doctorate of Acupuncture and Oriental Medicine (DAOM), is a post-graduate degree. It requires students to first complete a master's degree in acupuncture and/or Oriental medicine. The post-graduate DAOM does not provide entry-level training. Pacific's DAOM is designed for existing practitioners to become leaders through specialization; language skills; research; advanced, integrative clinical training; and the study of Chinese Classics. On the other hand, students can enter FPDs directly from undergraduate programs without prior acupuncture and/or Oriental medicine training and receive a doctoral degree upon graduation.

The FPD should be distinguished from the common term "first professional or entry level degree," which is the first professional degree leading to entry into a profession. Pacific College already has that. It is the master's degree. There is currently no movement to alter the minimum entry-level degree requirement on a nationwide basis and it is



not expected to change in California, New York, or Illinois.

What is presently proposed for the FPD is a degree that expands on the minimum ACAOM standards for master's programs. For some schools that will be quite an expansion. However, Pacific College's MSTOM exceeds ACAOM's minimum master's training standards by approximately 900 hours and exceeds the FPD standards by approximately 500 hours.

The ACAOM FPD standards allow for separate Oriental medicine and acupuncture degrees, paralleling the MSTOM and MSAc degrees currently offered by Pacific College (the MSAc is offered in NY only at this time).

Will the professional doctorate (FPD) require a bachelor's degree?

No. The proposed admissions standards require three years (90 semester credits) of undergraduate education, which must include courses in biology, psychology, and chemistry. This is in contrast to the current two-year prerequisite for the master's programs.

Will the FPD graduates receive a different license to practice than those

who graduate from MSTOM program?

No. Graduates of the Pacific College's MSTOM and MSAc programs would be eligible to sit for the same state and national licensing exams as they are now, and it is expected that FPD graduates will have the same right. However, the NCCAOM has no public statement yet regarding FPD graduates. There are no state initiatives to change the entry-level degree requirements or change the scope of practice for someone holding an FPD.

How will I earn a doctorate if I'm already in a master's program or have already graduated?

PCOM has developed a principle, "No Master's Left Behind", which it will advocate to ACAOM. Given the nearly identical content of the College's comprehensive master's degree and the FPD, Pacific College believes that 100% transfer credit should be awarded to master's students and graduates and that they should be required to take only those credits that are different.

Will the professional doctorate (FPD) replace the post-graduate

doctorate (DAOM)?

No. Even if the FPD is widely adopted, which is uncertain and may take a generation, the DAOM will serve the vital function of training advanced clinicians, specialists, researchers, and teachers for our profession.

What does this mean for the profession and what other professions have undergone a standard degree title change?

Many professions have gone through what has been commonly referred to as "degree creep," an increase in degree titles without significant changes to curriculum. Usually graduates who earned the earlier degree titles do not change their degrees. Examples of this include our own profession. Some of your more experienced teachers graduated from non-degree programs in the 1980s or 90s and do not have a master's degree, yet have all the rights and privileges to practice acupuncture. Another is the field of pharmacy, where students used to earn a Bachelor of Science in Pharmacy, while current students earn a Doctor of Pharmacy, with added time largely making room for general education. Both have the same right to practice. The entry-level education for physical therapists used to be a Master's of Physical Therapy. It is now a Doctorate of Physical Therapy (DPT). The physical therapy profession designed a transitional doctorate that enabled those with master's degrees to easily earn a doctorate. Our profession is exploring the option as well since many practitioners did not graduate from a master's program as comprehensive as PCOM's and may need significantly more courses to bridge the difference between the degrees.

OM

Pacific College of Oriental Medicine Obtains Grant Funding from the *National Institute of Health (NIH)*

Pacific College is proud to announce another step in furthering Chinese medicine research and accessibility! The National Institute of Health (NIH), National Center for Complementary and Alternative Medicine (NCCAM) granted the Pacific College of Oriental Medicine (PCOM) New York campus \$670,000 dollars for the project entitled, "Evidence Informed Practice: Faculty and Curriculum Development" last fall. The grant focuses on training acupuncture faculty and students to utilize research so that

clinical acupuncture practice can be informed by evidence—optimizing the quality of patient care. We are proud to join a small and elite group of Oriental medicine colleges that have been successful in receiving NIH funding.

The grant went into effect on September, 2013 and will span five years. This project is a collaboration with Northwestern Health Sciences University (NWHHSU), as well as the Albert Einstein College of Medicine (Yeshiva University), where principal investigator Dr. Belinda Anderson is an Assistant Clinical Professor.

PCOM-NY and Albert Einstein College of Medicine (Einstein) have collaborated before and are currently in their 6th year of an inter-professional student education exchange program.

The grant's principal investigator, our very own Dr. Belinda Anderson, is Academic Dean and Research Director at PCOM's New York campus. Dr. Anderson has a rich history as a researcher. She holds a PhD from the University of Sydney (Australia) and her earlier work in the field of molecular biology resulted in the first genetically engineered veterinary vaccine.

Dr. Anderson holds a Master's degree in acupuncture and Chinese herbal medicine and specializes in fertility and women's health. Dr. Roni Evans (Dean of Research) at NWHHSU, an internationally recognized expert in Evidence Informed Practice, and Dr. Paul Marantz (Associate Dean for Research Clinical Education) at Einstein will assist Dr. Anderson with undertaking the grant.

We could not be more excited about this grant and the opportunity it offers us to participate in the progress of Chinese medicine research and efficacy! **OM**

PCOM New York Bachelor of Science in *Nursing Program Advances to Candidacy for ACEN Accreditation*

We are thrilled to announce that the Pacific College of Oriental Medicine (PCOM) Bachelor of Science in Nursing (RN to BS Completion Program) is now a candidate for accreditation by the Accreditation Commission for Education in Nursing (ACEN). The ACEN is responsible for accrediting nursing education programs, and achieving ACEN candidacy is a significant milestone in the evolution of the Nursing Program and PCOM.

PCOM New York Campus Director Malcolm Youngren says, "I'm very excited about this candidacy, which recognizes the quality of the program, teaching, and clinical experiences that PCOM New York works so hard to achieve." Not only is accreditation candidacy a reflection of the quality of the program, accreditation can also assist in the further improvement of the program

as related to resources invested, processes followed, and results achieved.

"The PCOM holistic nursing program provides a unique focus on holistic nursing and patient-centered care. This accreditation process validates the importance of holistic nurses caring for the whole person," says PCOM NY Holistic Nursing Program Director, David Rabinowitsch, RN DNP CHTP/I CNE. The nursing program emphasizes theory, research and evidence informed practice focusing on holistic health, wellness, disease prevention and leadership.

Achieving candidacy will help PCOM students in their careers. "Increasingly hospitals and other healthcare agencies today require nurses to be well rounded, to protect and promote health and wellness and to have their bachelor's degree. Candidacy from ACEN

affirms the quality of the PCOM Holistic Nursing Program and more than ever, NYULMC looks forward to hiring PCOM nursing graduates at our institution," says Senior Vice President, Patient Care Services and Chief Nursing Officer at NYU Langone Medical Center, Kimberly S. Glassman, Ph.D., RN.

The PCOM holistic nursing program provides the philosophical, professional, educational, and clinical groundwork necessary for nurses of the future.

Pacific College is one of the leading schools in the nation for acupuncture, Chinese herbal medicine, massage, and holistic nursing where students earn a range of degrees, from a certificate to a doctoral degree. We have campuses in San Diego, New York, and Chicago, and host the annual Pacific Symposium conference. **OM**

Alumni Award 2014

It's time for the fifth edition of our annual Alumni Awards and applications are currently under review! Our alumni work hard to increase awareness of acupuncture and Oriental medicine and we want to award them. One of the advancements we are seeing in both Western and Eastern medicine is the movement towards **EVIDENCE-BASED HEALTHCARE AND EVIDENCE-INFORMED PRACTICE**.

For this year's Alumni Award application process we asked alumni to submit their real life examples of **EVIDENCE-BASED HEALTHCARE AND EVIDENCE-INFORMED PRACTICE** within the field of East Asian medicine. One winner from each PCOM campus (SD, CHI, NY) will be awarded a free pass for the 2014 Pacific Symposium as well as an honorary plaque.

The application deadline has passed and all applicants are under consideration. The winners will be announced and honored at Pacific Symposium 2014! Good luck to all! **OM**

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Meet Some of Our Faculty



Jeffrey Yuen

Jake Fratkin

Misha Cohen



Lillian Bridges

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Combining Aromatherapy with Acupuncture: *It makes Science and Scents*

By EAST HARADIN, LAc

Acupuncture and aromatherapy are two individual modalities that have been used for thousands of years to successfully treat a gamut of conditions and diseases. But what happens when they are combined together in one treatment? Is the treatment session more effective? Is there no difference at all? Does it increase patient satisfaction and comfort? I set out to answer these questions in 2011 while obtaining a doctoral degree in acupuncture and Oriental medicine. Here I will share with you what I discovered and suggest that yes, combining aromatherapy with acupuncture can make a treatment more effective.

Let's begin this discussion the same way I began my research by asking the question: "What is something that nearly all patients complain about?" The answer: Stress. Stress is something that affects every one of us one way or another, especially our patients. Some may even take it fur-

ther and suggest that stress is the underlying cause or root of the majority of the conditions we treat.

Many of us know from personal experience that we can effectively reduce stress with acupuncture treatments. In fact, this notion has been proven through multiple studies and a great deal of clinical research. But what if we add aromatherapy to an acupuncture treatment, which is aimed at reducing stress levels? Will the addition of aromatherapy reduce stress even more? To determine this, I ran a clinical trial comparing the efficacy of reducing stress levels from an acupuncture treatment alone to a treatment session where acupuncture was combined with aromatherapy.

In the early days of gathering research for my clinical trial, I was immediately surprised that I could not find a single published study or clinical trial on the combination of aromatherapy with acupuncture. I found three trials wherein *acupressure* was

combined with aromatherapy, but none where *acupuncture* was combined with aromatherapy. Here was an opportunity to enter uncharted territories.

The next step was to select a study design for my trial. I chose to perform a randomized, double blind, placebo controlled pilot study. At the time I remember several people asking me, "How can you have a placebo when performing a trial on aromatherapy?" "You either smell something or you don't, right?" Well, it turns out that many of the previously performed trials on aromatherapy that elected placebo controlled trial designs simply utilized spring water or alcohol as a placebo. In many of these studies, saturated cotton balls were placed on the chest area near the study participant's nose. The cotton balls either contained aromatherapy (the intervention) or spring water (the placebo). Therefore, I decided to adopt the same deliver method and

water-based placebo for my trial.

For the acupuncture portion of the trial, I created a point protocol that was made up of acupuncture points that had all been previously proven to reduce stress. The protocol included Liver 3 *Tai Chong*, Large Intestine 4 *He Gu*, Stomach 36 *Zu San Li*, and Yin Tang *M-HN-3*. This protocol provides a simple and effective stress reducing treatment. Next, I formulated an aromatherapy blend of essential oils, each of which had also been proven to reduce stress levels. The blend included Ylang-ylang, rose, grapefruit, and lavender all-natural essential oils. From here I had to select study participants, preferably a demographic with inherently high stress levels. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1365-combining-aromatherapy-with-acupuncture-it-makes-science-and-scents.html

The Science of Acupuncture Safety: *Risks, Harms, and Ancient Goodness*

By ARYA NIELSEN, PhD

It is true that acupuncture has a relative risk that is low. The reporting of adverse events in clinical trials as well as safety surveys has helped establish a positive safety record in the West (White 2004; MacPherson et al. 2001), China (Birch et al. 2013; He et al. 2012), and Japan (Yamashita et al. 2001); in the treatment of children (Adams et al. 2011; Jindal et al. 2008) as well as for pregnant women (Park et al. 2014). Patients may experience minor side effects such as feeling relaxed, elated, tired, or having point sensation or itching etc. (MacPherson and Thomas 2005) or slight bleeding and hematoma on needle withdrawal (Witt et al. 2009).

There are rare serious complications associated with acupuncture. Reviewers point out that injuries relate directly to insufficient training (White 2004; Yamashita et al. 2001). White (2004) surveyed 12 prospective studies of more than a million treatments reporting 'the risk of a serious adverse event with acupuncture is estimated to be 0.05 per 10,000 treat-

ments, and 0.55 per 10,000 individual patients. The conclusion was that the risk of serious events occurring in association with acupuncture is very low, and below that of many common medical treatments.

And yet there are deaths that have resulted from acupuncture treatment as well as serious infections, organ punctures, and other complications. Published cases of adverse events clarify that acupuncture carries a risk of harm. Many acupuncture professionals are, in fact, not aware of the published cases of acupuncture harms because they may not read the medical literature in general and because cases of harm are not necessarily reported by or back to the practitioner who caused them. They appear in medical journals often as emergency department cases and acupuncture therapy is represented as risky and irresponsible.

To be clear, accurate reporting of adverse effects, events, reactions, and complications collectively known as 'harms' is a challenge in every aspect of medical research (Pitrou et

al. 2009). Primary research studies fail to adequately report harms data and systematic reviews compound poor reporting by failing to report on whether harms data was even collected (Zorzela et al. 2014). While adoption of the Consolidated Standards of Reporting Trials (CONSORT) by medical journals may beneficially influence completeness of reporting, general inadequacies of reporting harms in randomized controlled trials (RCTs) remains a problem (Hodkinson et al. 2013; Turner et al. 2012) and confounds efforts to weigh the risk and benefit of an any intervention. An extension to the CONSORT checklist was adopted in 2004 to include specific reporting of harms in all trials (Ioannidis et al. 2004). To their credit, acupuncture researchers further extended the CONSORT statement by adopting the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) to improve reporting of both intervention and adverse events (MacPherson et al. 2010).

As practitioners, it is possible that we rely on our safety record

and the "ancient goodness" of our medicine and think that the cases of harm are rare enough and happen somewhere else. But mitigating even one chance for harm is worth a review. Here is an overview of case reports of harms attributed to acupuncture, categorized with practical recommendations:

MEDICAL REPORTS

The medical literature uses many terms to denote side effects, which can be unwanted (adverse) or even beneficial. The relationship of an adverse effect to an intervention must be considered: is a side effect a direct result of an intervention, and is it expected, common, or rare? Is a reaction the result of negligence or misapplication of an intervention?

Unfortunately, current medical literature fails to distinguish between negligent medical errors associated with acupuncture, rare complications that are unanticipated, and adverse reactions that may be expected as

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Using the *Gall Bladder Divergent Channel* to Calm an Irritated Vagus Nerve

By JILL BLAKEWAY, MSc, LAc

Katy visited our center with a seemingly disparate collection of symptoms that were causing her distress. She described a pattern that was episodic in nature and involved abdominal bloating, belching, acid reflux, loose stools, shallow breathing, and palpitations. A cardiologist had ruled out serious heart disease and she'd been offered beta-blockers for what had been diagnosed as pre-ventricular contractions (PVCs) and occasional tachycardia. A gastroenterologist had found nothing remarkable on endoscopy, apart from a small hiatal hernia, and Katy had been given a prescription for antacids for the acid reflux. Her internist had diagnosed her with panic attacks and suggested a combination of talk therapy and medication. Katy was grateful for each intervention, but remained convinced that all her symptoms had one root and so, looking for a deeper solution, she decided to try Chinese medicine.

** Regular acupuncture reduces the inflammation that is often at the root of this disorder and calms the irritated nerve.*

Her symptoms could be the result of any number of patterns in Chinese medicine, ranging from the Five Element diagnosis of Wood invading the Earth and not generating Fire, to the zang fu pattern of spleen qi deficiency with liver qi stagnation leading to heat in the upper jiao harassing the heart. Counter-flow in the chong meridian was also a possibility. Like Katy, I was keen to get to the root of her problem rather than simply treat her symptoms.

Bio-medically, I felt as if her pattern could be explained by looking closely at the vagus nerve. One of the 12 pairs of cranial nerves, the vagus nerve is also called the wandering nerve because it meanders

in a zigzag pattern from the brain and its fibers spread to the tongue, pharynx, vocal chords, lungs, heart, stomach, and intestines. As a major nerve of the parasympathetic system, it slows the heart rate and stimulates bowel activity.

It plays a key role in the mind-body connection and, in particular, the way that the heart responds to emotions. It is also one of the mechanisms by which the stomach and intestines are affected by stress. Many of the patients I treat for IB who have the classic symptoms of *Wood invading Earth* have a vagus nerve that is either under or over performing. Likewise, the Five Element pattern of *Wood not generating Fire* correlates

to the way the vagus nerve links the heart and gallbladder anatomically. The chong meridian links the heart and stomach in a way that is also similar to the path of the vagus nerve.

Because the vagus nerve supplies motor parasympathetic fibers to every organ from the neck down to the second segment of the transverse colon (except the adrenal glands), its effect can be far reaching. Stress can raise the body's level of epinephrine and norepinephrine, which stimulates the sympathetic nervous system to over-ride the parasympathetic nervous system, of which the vagus nerve is the main component. When the vagus nerve is affected in this way, people can experience palpitations, tachycardia, or premature ventricular contractions (PVCs). These are extra, abnormal heartbeats that begin in one of the heart's two ventricles. Patients describe vagus nerve

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Using Classical Thinking from the *Shang Han Lun* to Treat Fever

By DR. SUZANNE ROBIDOUX, PhD, CM, DOM, LAc

The classical Chinese medical system views health and disease through the “eight-principle and six-syndrome” differentiation methods. In ancient times, Chinese medical experts identified groups of symptoms as patterns, and associated them with specific formulas. Eventually, with repeated clinical success, they recorded these patterns as “formula patterns”. Later, during the Eastern Han Dynasty between 40 to 200 A.D., Zhang Zhong Jing recorded all of this clinical experience handed down from generations in the *Shang Han Za Bing Lun* (*Treatise on Cold Damage and Miscellaneous Diseases*), which was later edited and separated into the *Shang Han Lun* (*Treatise on Cold Damage*) and the *Jin Gui Yao Lue* (*Essentials from the Golden Cabinet*). These classics illustrate the appropriate clinical application for a group of symptoms with a corresponding formula as well as suggest modifications according to

the change of the disease. This medical legacy from Zhang Zhong Jing is clearly a gem for Chinese medicine clinicians. The only two major issues we’ve had since then are maintaining these classics, keeping them intact while understanding them correctly and using them effectively in clinic.

To begin to understand the philosophy and clinical approach of classical thinking, we must open our minds to a different way of viewing health and diseases. In China, there is a clear difference between the Chinese medical practitioners that use the traditional Chinese medicine (TCM) *zang fu* approach in their practice, and the ones that use “pure” classical thinking. Both Dr. Hu Xi Shu and Professor Feng Shi Lun, like many other classical masters, have spent their lives researching and developing the understanding of the *Shang Han Lun* (*Treatise on Cold Damage*) and *Jin Gui Yao Lue* (*Essentials from the Golden*



Zhang Zhong Jing

Cabinet) and have been praised for clinical success.

Classical Chinese physicians who treat diseases according to classical thinking must identify which syndrome or syndromes have been affected by the pathogens within the “six-syndrome identification system”. Knowing the affected syndrome, or combination of syndromes, will lead directly to a group of classical formulas. Practitioners then need to identify the appropriate “formula pattern”,

while making the necessary modifications to the ingredients and dosages according to the symptoms.

The six syndromes have been mentioned many times within the Chinese medical system. However, historically, the six syndromes of the *Shang Han Lun* (*Treatise on Cold Damage*) have been directly linked and associated to the meridian system. This is an incorrect understanding of the classical medical system of Jing Fang (classical medicine). It has also created deep confusion and misguided uses of the classical formulas. Here is a short summary of the main symptoms related to the six syndromes according to the classical system. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1363-using-classical-thinking-from-the-shang-han-lun-to-treat-fever.html

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Push-Hands and the Root of Healing

By JOSH EHA, LAc, CSMA

This is written out of appreciation for a *living treasure*. Master Herman Kaus has been teaching martial arts for over 60 years. A former world competitor in Judo and Karate, Master Herman shifted his focus to Tai Chi and push-hands to reap the benefits of martial arts with less distraction. I was blessed to be his push-hands student at Pacific College of Oriental Medicine (PCOM) and around the San Diego area from 2002 to 2005. Now, a decade later, the essence of what he teaches remains at the core of my clinical work and my life.

As I entered the room on my first day, I still remember how foreign it all seemed. Students moved desks, clearing a space around a bent old man with a stick leaning against a table. A student turned to say, “Bow to the room. Then bow to Master Herman before joining us.” So I bowed.

After a few stories, questions, and words of wisdom, Master Herman exclaimed, “Words are cheap. We are not going to learn push-hands by talking about it.”

And so it began. I was placed with a senior student to learn the simple form before actually pushing with a partner. Stance was corrected. Shoulders positioned. Kinks ironed out. It was a sort of dance. Qi moved like a hydraulic machine: extend, accept, extend, accept. Again and again I was reminded by my partner and by Master Herman to relax, relax, relax.

After ten minutes or so, I began pushing with my partner. Start with defense. Just get out of the way. Make sure you are not there when the attack comes.

I was having a hard time being “not there”. A well-placed attack makes one seize up like a deer in headlights. The whole body goes rigid or mortis and one falls off the center like a chopped down tree. For an instant we feel as a small child would: petrified. *Relax, relax, relax.*

A certain phrase was repeated over and over, “four ounces can move 1,000 pounds.” Use less strength. Instead, cultivate timing and position.

Any gains I made over those years had the risk of pride attached to them. Master Herman was an expert at noticing this and would choose me as his partner during times of elation. There is nothing more humbling than getting pushed around repeatedly by a bent, 75 year old man. Never once in three years did I ever uproot him. He was the embodiment of his lessons. He was almost super-human and definitely super frustrating. So I



would push a little harder. And I was reminded, “relax”.

So it continued with small triumphs in the beginning and random blips of clarity as the months and years rolled on. I saw things changing underneath the surface: a certain *meaningful easing*. I could not describe it at the time, but I was *relaxing*.

RESULTS ARE MEANINGLESS

We attach so readily to results. Getting good grades, a good job, successfully managing patients and a business—even being “goal-oriented” is a goal in and of itself.

Meaning, on the other hand, is derived from the *process* and our relationship to it. It is through the process that we discover essential truths and ourselves. Push-hands is a good process and a great teacher because the results really are silly. Big deal if you can push someone over a foot away from you. You are left to deeply experience the process, free of the distraction of potential outcome.

The core process for dealing with adversity, as I have come to understand it, can be stated as follows: Become *aware* of internal conflict, *accept* life by dropping resistance to it, and finally, *surrender*.

AWARENESS

To experience push-hands is to experience an essential awareness of energy. Energy is our life force and, through awareness, is the root of our experience of life itself. As acupuncturists, we conduct this *qi* within our patients. When we practice “energy techniques”, such as push-hands, Tai Chi, Qi Gong, and meditation, these core experiences transfer to other areas of our lives

through abstraction. Push harder. Fall. Over-extend. Fall. Resist. Fall. Overbear. Fall. Get angry. Fall. Lose focus. Fall. Disconnect from everything and figure it out myself. Fall. I have done all of these things countless times in push-hands and, as a consequence, I recognize these tendencies more readily as an indication of how I deal with adversity.

Life becomes very *telling* as awareness is increased.

ACCEPTANCE

At the exact instant of attack, be ready to defend. Defense is simply a redirection of the flow of attack to another position on the attacker. Everything is instantaneous. Once timing falters, once you *resist*, even the tiniest bit, an adept student will upend you. Cleverness and learnedness do not enter into it. If you have to think about it, it is already too late. Instead, be instinctual and fully connected to the flow.

Acceptance is being in the flow. We fall out of flow with resistance. Resistance responds to perceived threat by countering with force. It is rooted in fear: the petrified child within us, or the ‘shadow’, according to Jung. It is our identification with a threatening idea, our rationalization for all kinds of sabotage. It leads to fragmenting and dis-integration. In the instant of resistance, we believe we have been cut off from the source and are fending for ourselves. We will consequently assume a compensating position of power and attack or take the insult and assume victimhood.

We have already lost at this point. The loss was the resistance. Everything happening afterwards is merely the natural course of our programming.

When we accept everything for what it is, we prevent conflict.

SURRENDER

Once we experience failure past our threshold, we learn to change our way of thinking. It takes a lot of energy to hold onto resistance. Trying to win, outdoing someone, outwitting someone, protecting oneself from harm, protecting the herd, justice for wrongdoing, punishment, sacrifice, victimization, and the face of innocence must all be continually surrendered.

There is no loss in surrender, except the false idea that we are separate and on our own, dis-integrated, and special. To let it go is exhilarating because we not only regain the energy used to keep us fragmented, but we gain the universe by reconnecting. This is the stuff of miracles, near-death experiences, hitting rock bottom, and transcendence.

Surrender is also a very natural phenomenon and can be nurtured through repetition. We learn to let go of results and focus on the process. We let go of everyone’s opinions and trust our instincts. In his book *Push-Hands: The Handbook for Non-Competitive Tai Chi Practice with a Partner*, Master Herman describes this process as “unlearning.” In push-hands, we unlearn somatically. The mind itself is put aside and the body learns that conflict is an illusion carrying with it resistance and fragmentation.

Practicing push-hands lets these concepts sink into the very fabric of our energy system where they can harmonize and integrate our being.

TEN YEARS A CLINICIAN

One of our main tasks as acupuncturists is to treat the root of any condition. My process in the discovery and integration of root pathology is forever tied to the wisdom of Master Herman’s push-hands. When I see resistance in patients, I bring it into awareness, assimilate it through acceptance, and release it with an attitude of surrender. What is left is free flow, fully integrated. In a sense, this is the root of all healing.

With gratitude, I bow to Master Herman, a *living treasure*. OM

JOSH EHA, LAc, CSMA is a graduate of PCOM, a licensed acupuncturist and is certified in sports medicine acupuncture. He practices acupuncture and Chinese medicine at Midwest Specialty Acupuncture near Minneapolis, MN. He is also an instructor at AAAOM. He can be reached through his website for comments or questions at specialtyacupuncture.com.

Sensory Processing Disorder in the Pediatric Acupuncture Clinic

By MELANIE KATIN, MSTOM, LAc

Pediatrics is one of the oldest topics discovered in the Chinese medical literature. Sabine Wilms discusses that as early as the Han Dynasty (206 BC-220 AD), and there is mention of pediatric treatments in at least 19 volumes within the Imperial Library, (*Venerating the Root, Part 1, 2013*). Sun Simiao was a notable author in the early Tang Dynasty (618-907 AD) who emphasized the treatment of children and women above any other medical issue. Qian Yi (1032-1113, Song Dyn.), who is credited as the “Sage of Pediatrics”, recognized that there are unique characteristics of children that distinguish them not as small adults, but as having distinct physiology and pathophysiology that require modified treatments. The earliest documentation of using acumoxa therapy on children was described by Dr. Wan Quan (1495-1585) in the Ming dynasty. He discussed the reality that children can be difficult to needle,

making pediatric massage more sufficient to rectify their diseases.

From these early moments in history forward, the movement towards non-needling children was recognized as beneficial, resulting in the creation of new techniques. The method of *shonishin* (sho=little, ni=children, shin=needle) started in Japan in the 1700s, and has been popularized by Western practitioners. Shonishin involves gentle scraping and tapping with small copper, brass or stainless steel instruments along the acupuncture channels of the limbs, abdomen, and back of young patients. The act of tapping and scraping ensures a healthy directional flow of qi in a child. Since their body systems are immature, and they are in the most yang phase of life, a rapidly moving, superficial technique is extremely useful. In modern Japan, it is common for Traditional Chinese Medicine (TCM) hospitals to raise brightly colored flags with animals

on them during each month on the emergence of the full moon. The flag raising signals to local parents that it is time to bring their children in for shonishin treatments. This practice acclimates children to treatment when they are healthy, so that when they do fall ill, they are already familiar with the protocol, and are comfortable with the procedure.

The actual practice of treating children in a pediatric clinic is rewarding yet challenging. The job requires the herculean ability of juggling parental input and opinion, apprehension about their child's illness, the child's initial fear, distrust, and curiosity about the novel methods of treatment, and of course, accurate diagnosis. Don't forget somehow managing to successfully treat a wiggling, small person. Choosing the necessary instruments for treatment is unique to each situation. In my clinic, various techniques are used for treatment in addition to or in lieu of needling, including Tui Na massage, tuning forks, Manaka hammers, magnets, and shonishin. Most kids are delighted by the variety of tools, and have a great time exploring them while trying to treat their parents during their treatments. However, it's been recognized that children with the condition of Sensory Processing Disorder (SPD, also called Sensory Integration Disorder-SID), do not always respond favorably to the shonishin *specifically*, which can be a useful tool for helping determine both the TCM pattern, and also the type of SPD.

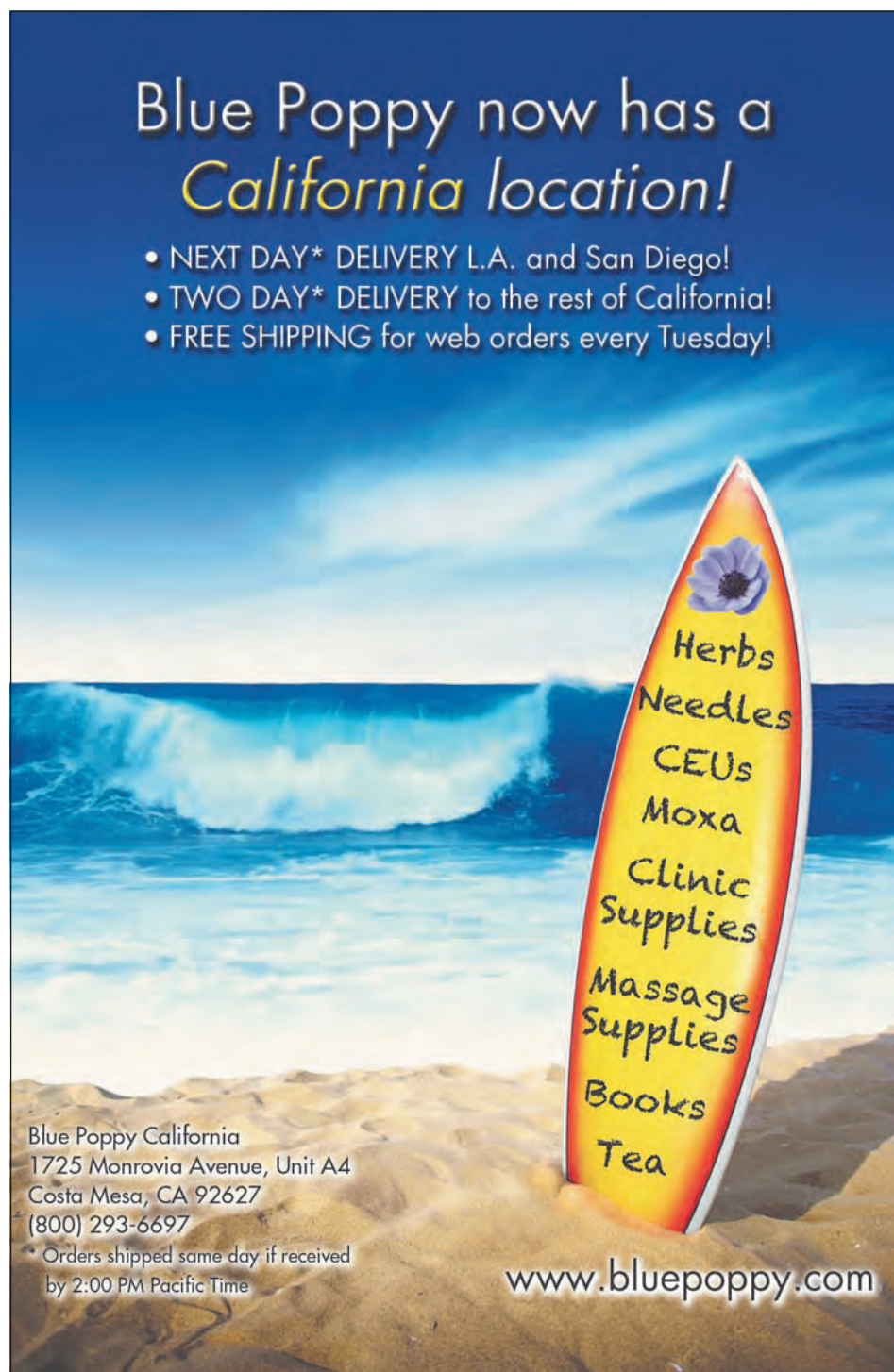
SPD/SID is a comorbid condition that may present with any of the autism spectrum disorders. In 2009, a study by Ben-Hasson, Carter, & Briggs-Gowan suggested that possible risk factors for developing SPD were premature gestational age (less than 36 weeks), low birth weight, maternal stress, illness or medication use during pregnancy, lower socioeconomic status, and living with a single parent. The general presentation of SPD deals with external sensory input. The input is overwhelming and disorganized to the child, who is unable to clarify what information is essential for their attention and response, and what is irrelevant background information or noise. For example, when you are listening to a teacher lecture, the normal response is to ignore the sound from the air vents above and listen to her voice. A child with SPD cannot isolate the imperative input; the result of this internal chaos can manifest as adversity to touch, sounds, smells, tastes, textures, and vigilance to maintaining an orderly space around her/himself, all of which are reflective of *hyperactive* response.

The opposite, or *hypoactive* response presents with craving strong, stimulatory sensations, textures, and movement. Additionally, it has been found that children with SPD have a range of mental-emotional concerns, from anxiety (hyperactive, or hyper-sensitive to everything) to aggression (hypoactive, because they are trying to elicit strong reactions from those around them).

This disorder also falls under the categorization of ADD/ADHD, although this is a slight misrepresentation according to Carol Kranowitz, in her seminal book, “The Out of Sync Child” (2006). There are overlapping elements of the two conditions that are suggestive of *either* SPD/SID *or* ADD/ADHD, but there is too much reductionist interpretation of these coinciding signs and symptoms to make an accurate diagnosis. This lack of accuracy results in medicating the child for ADD/ADHD, perhaps in lieu of receiving appropriate therapy for SPD.

Dr. Jean Ayres, an occupational therapist, first discussed SPD about 40 years ago. Within the treatment paradigm of occupational therapy, the strategy is to always offer sensory information that is steady, consistent, and firm, depending on whether the child's tendencies are hyperactive or hypoactive. In the *hyperactive* case, the child is overwhelmed with sensory information, indicating that treatment needs to be done with firm pressure, in a darker room, and small space. These conditions reduce the amount of concurrent sensory distraction, allowing the neurological system an opportunity to quiet and calm down. The specific types of treatment in the TCM clinic would include firm Tui Na techniques, Manaka hammer on specific acupoints that correspond to diagnosis (as long as the sound is not distressing), and use of tuning forks on acupoints. In contrast, the *hypo*responsive child needs much more sensory input, so quick, rapid and lighter techniques would be appropriate, along with movement of both patient and practitioner around the treatment room (i.e. sitting on the floor during treatment). In the hypoactive case, shonishin would be a well tolerated technique to add, but since it is performed with gentle, surface techniques on the skin, it is tremendously uncomfortable for the hyperactive presentation, as these children are almost uniformly averse to light pressure and touch. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1370-sensory-processing-disorder-in-the-pediatric-acupuncture-clinic.html



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Feng Shui and Chinese Medicine

By AMANDA COLLINS

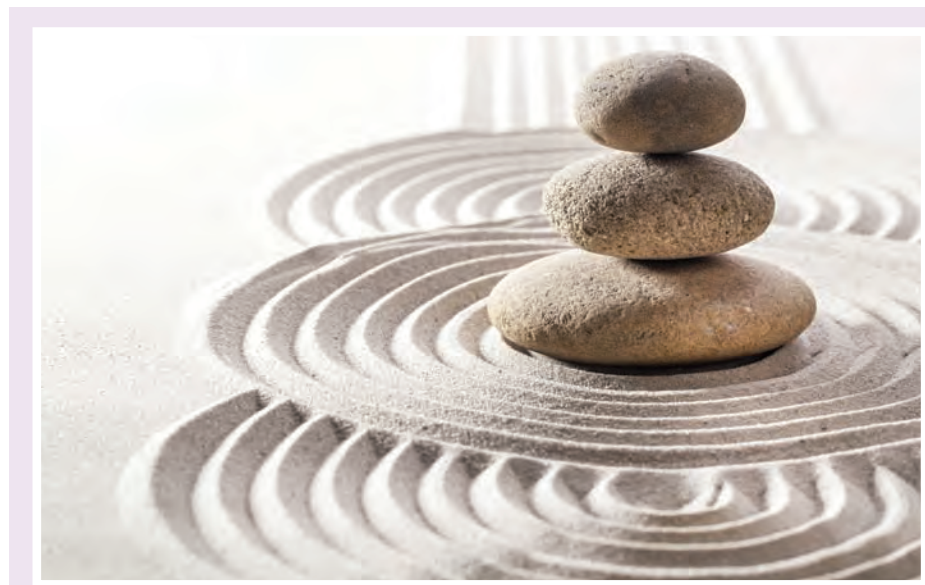
Classical Feng Shui is an ancient art and science developed in China more than 4,000 years ago. It shares philosophical roots with acupuncture. Both are complex bodies of knowledge dealing with the movement of energy. Feng Shui reveals how to balance the energies of any given space to assure health and good fortune for the people inhabiting it. Just as needles are used in acupuncture to treat the energy patterns of the body and improve the flow of energy and, therefore, health, classical Feng Shui uses items made of the Five Elements (earth, metal, water, wood, and fire) to balance the invisible energies of the environment. Bringing the elements into our space also helps us reconnect with the natural order of things.

Feng Shui creates harmony by connecting the seen and the unseen. It is a tool to examine the cycles of the stars, sun, and seasons, using these explorations to support the vital connection of body, mind, and soul to its environment. Feng Shui can be applied to any microcosm or macrocosm of our lives. These principles can be applied to a small space, such as a bedroom, or an entire city.

“Feng” means “wind” and “Shui” means “water”. In its simplest form, Feng Shui aids in choosing the best placement for a home. Picking the proper site will ensure happiness by alleviating practical problems such as excessive drafts or floods. The ideal site for a home is like an armchair. The back and sides of the chair protect us from the wind, though a breeze on a warm day can feel wonderful and cooling. However, when wind is powerful it can blow an entire village down. Being close to water has been historically essential for survival: we drink it, clean with it, and being far from it can make life difficult, if not impossible. However, when water is too strong, it can create destruction. Living in a space with easy access to water, yet protection from it, will make a home less susceptible to disasters and provide an easier, more graceful life.

As we know in both Western science and Eastern philosophy, everything is made up of energy. The theory behind Chinese medicine is that a living human body is imbued with qi (energy), which is fundamental for its healthy functioning. Feng Shui is based on the same belief.

Qi is the animating life force that is everywhere: it permeates all people, our homes, and physical surroundings. Feng Shui illuminates this hidden force of qi and how



the environment can affect us, both positively and negatively.

On average, we spend eighty percent of our time indoors. When we walk into an environment that has good Feng Shui, we feel embraced and at peace. We feel connected with our self, our body, our surroundings, and the people within that environment. We feel connected with the natural elements, supported in all that we do. We feel that no matter what is happening in the outside world, when we step inside our front door, everything is okay. We are home. We are safe. And we are free to feel our emotions. How a place feels will deeply affect people's responses at both conscious and unconscious levels.

A home with good Feng Shui feels in balance. Life flows more smoothly, easily, and brings you more peace. It raises the vibration by balancing the energy. It serves you and is organized exactly in the best way for you and your family to thrive—not just how you think it should be set up and decorated, but in a way that makes you love how it feels and puts a smile on your face. Feng Shui is only used for the highest good in all situations.

For example, a house that has been in multiple modern design magazines and photographs very well, may feel cold and austere in person, like a hospital or jail that does not support the owner in feeling relaxed or welcome in their own home.

Chinese medicine has served its people well for thousands of years, succeeding in maintaining health and preventing and reducing illness. Traditionally, a Chinese doctor was paid to maintain their clients' overall health and to prevent illness. It was expected that all clients of traditional Chinese doctors would incorporate all eight limbs of Chinese medicine into their lives: acupuncture, herbology,

bodywork, nutrition, the I-Ching, astrology, Feng Shui, exercise, and meditation. The principles governing all eight limbs are considered to be universal and have an intimate connection. These principles are based on the interactive nature of yin and yang, the dynamism of the five elements of water, wood, fire, earth and metal, and perceiving and accessing qi quality and flow.

The *Tao Te Ching* also suggests using Feng Shui to maintain balance and wellbeing in your life. Interestingly enough, Feng Shui is the only one of the eight limbs of Chinese medicine that is not of the physical body, but of the environment. The truth is that if we experience balance in our physical body with acupuncture and herbs, yet step into homes that are chaotic or messy, this will throw us back out of balance. Instead, having a home that is calm and peaceful will help us to rest, relax, and restore our vital energies.

When analyzing the energy blueprint of a home using Feng Shui principles, we examine time and space. We read the building from the year it was built, to the direction and the exact degrees it sits and faces. We look at the surrounding areas such as the location of mountains and water, the proximity of freeways, graveyards, and so on. We then use calculations to arrive at a detailed analysis of the quality of qi, yin/yang, and the five elements. From this analysis we decide how to bring the building and residents back into harmony. In Chinese medicine, the analysis of the physical body involves checking the pulse, looking at the tongue, and reading the energy of the person. Again using the principles of qi, yin/yang, and the five elements.

The intention of Chinese medicine and Feng Shui is the same: to bring good qi flow through the

person's home and body. Feng Shui teaches that your home is merely an outward reflection of what is happening on the inside. It then uses the same principles of adjusting the quality and quantity of qi, balancing yin and yang, and using the five elements to bring the person and home back into health and harmony.

The following are examples of how the home is an external manifestation of what is going on in the inside of the home:

- Leaking faucets waste energy, and suggest abundance is flowing out of the home
- Loose door handles suggest not having a firm grip on your health and life
- Burnt-out bulbs signal burning yourself out
- Blocked drains reflect blocked emotions
- Masks on all the walls usually mean someone is hiding something or who they truly are
- A cluttered home usually reflects being stuck in your life, and maybe having extra weight on your body, along with allergies and low energy

When examining the home to bring it into balance, we look at what's called the “trigram” map. These trigrams are associated with magnetic directions, the five elements and their corresponding colors, human personality types, body parts, related illnesses, and numbers.

The Northwest Trigram is related to the main father/ husband in the home. It also has to do with the physical body parts of the head and lungs, large intestines, and the element of metal. If the person who lives in this house is experiencing breathing problems, we would immediately find out what is going on in this location of the home. Is there clutter? Is that direction or location of the building missing? Are there sharply pointed items in this location? Do the five elements need to be balanced here? All these things are blocking the qi flow or creating a negative energy and causing toxicity.

The Southwest location is related to the main woman of the home and pertains to the reproductive organs and fertility. If a couple was trying to conceive and could not, we would rebalance the energies and elements, and create a positive qi flow to this area. We can also do things according to the couple's dates of birth, such as put them in their best directions to

continued on page 30

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Unwinding The Meridians For *Health Vitality* and *Clarity*

By KENNETH R. KOLES, PhD, DSc, LAc

Unwinding the Meridians of Acupuncture (UMAC) is the confluence of Oriental medicine and CranioSacral Therapy. UMAC uses the Cranial Rhythm with the points and meridians to resolve imbalances on many levels (physically, mentally, emotionally, spiritually, ancestrally, DNA, etc.). The Cranial Rhythm is the movement of the Cerebrospinal Fluid as it pulsates around the brain and up and down the spine. The Cranial Rhythm is felt all throughout and around the body. This rhythm is a monitor of physical, mental, emotional, and spiritual levels of wellness and wisdom. This system of utilizing the Cranial Rhythm and the wisdom of the body with the meridians, points, chakras and the Po, Zhi, Yi, Hun, and Shen has been referred to as the Cranial Sea by MichelAngelo, Mary Elizabeth Wakefield, and Kenneth Koles in The Facial Landscape and The Cranial Sea workshop.

In Oriental medicine, we have many descriptions of the pulse qualities such as excess, deficient, full, empty, knotted, choppy and many more. There are similarities to feeling the meridian itself. By feeling the Cranial Rhythm at the entry and exit points or the first and last points of a meridian, we can feel the state of that meridian, similar to feeling the pulse. Just as we untangle twisted muscles, bones, organs, nerves or vessels, we can unwind the meridians to give them the energy and space to release blocks and imbalances for optimal health, wellbeing, and vitality. We can also carry on a conversation with the points and meridians by using the Cranial Rhythm as a yes/no mechanism to find out at which level (physical, mental, emotional, Po, Zhi, Yi, Hun, Shen) the meridian or point needs to be balanced. This helps uncover hidden imbalances on other levels that may not present themselves in the initial

evaluations. These imbalances may include psychological imbalances, psychic influences, planetary energies, issues with geomancy, ancestral imbalances, astrology, past lives, DNA, RNA, telomere, telomerase and epigenome issues, and more. Communicating and balancing with the Cranial Rhythm is done with a fingertip just making contact on or as much as a centimeter above a point. You will notice heat, electricity, and a wave like motion that is both a physical fluid movement and an electrical or qi sensation. To enhance your sensitivity to the points, you can send your roots down into the center of the Earth and to the planets below to root into Earth energy. The next step is to expand the sides of your being out to the edge of the Cosmos to bring in Cosmic energy. Next, open the top of your head energetically to bring in Heavenly energy to enlighten your senses. Perceive the flow of the point with your fingertip; the flow can be a wave, a

pulse, circular, or a start and stop motion, among others. As you set your intention to merge and balance with the energies and wisdom of the point, you can gently follow the flow and bring it into more perfect movement with your intention and your qi. The sensations may go back and forth, circle, increase or decrease. They may even come to a stop for a while as the point builds up the qi to rebalance and open itself. The point is balanced when you sense a more harmonious rhythm there. To Unwind a Meridian simply use the entry and exit or first and last points, first individually then together. You will notice the flow of the meridian between your fingers. As you put your intention and qi into Unwinding the meridian on all levels, you may sense it wiggle about like a meandering brook or roar like a mighty river, writhe like a snake, stop completely, or beat

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Moods In the Clinic

By GREG BANTICK, BAc, MTOM

There is a rise in the incidence of mood disorders. Depression, anxiety, panic attacks, rage, eating disorders, substance abuse, and many more are becoming common. There are also moods secondary to complaints, such as the fear and anxiety that may accompany a diagnosis like cancer or infertility; the disappointment of training for an event, only to get an injury; the difficulty of living with conditions like pain, insomnia, and trauma. There are also everyday concerns for our finances, reputation, relationships, family and friends, the environment, and more. Practitioners are not immune from difficult moods. In addition to their own concerns, they are also seeing, hearing, and feeling their patients' and co-workers' as well. While we are making interesting progress on many fronts to a better understanding of moods through modern medicine and psychology, the incidence of mood disorders continues to rise.

Can we learn anything helpful by going back over our literature and looking into the ways our ancestors dealt with moods? In the *Huang Di Nei Jing*, *Shang Han Lun*, and other early texts, we read many passages around the theme that if we fail to follow certain things in one season, we are likely to develop problems in the following. Or, if exposed to certain harmful climatic or dietary influences, we will more likely experience unpleasant symptoms in the future. This year at Pacific Symposium, in my workshop, we will examine some representative passages and explore the views inherent in them. The above examples suggest a view that symptoms and moods arise out of certain causes and conditions. If we can better understand the relevant causes and conditions, we can learn to cultivate those that lead to more positive mood states and avoid the conditions that lead to negative states. This leads to not just treating the arising moods, but also their sources. There are many other interesting and clinically helpful views inherent in our early texts.

By using my own case histories, we will cover what practitioners need to know to be more effective with patients who are deeply distressed. We will cover how to interview; key points in diagnosis; some old formulas revisited; some favorite point combinations and their uses; moxa and other techniques, and self help practices. For example, Bai He Tang is the core formula of the four classic bai he decoctions mentioned in the *Jin Gui Yao Lue*, or the *Essentials from the Golden Cabinet* chapter on 'Lily disease'. This is one of the most enigmatic syndromes. The text is



brief, offering little explanation, but describes a patient who is depressed, does not like to talk, and is confused about what they want. They complain of feeling cold, then not cold, feeling hot and then not hot, craves food at one moment and then doesn't want to eat, and they are taciturn and vague. I have found that many patients with chronic fatigue and post-viral chronic fatigue present this vagueness when trying to describe what they are feeling. This formula has helped.

We will cover several cases, each describing some commonly seen clinical conditions, anxiety, anger, rage, depression, PTSD, abuse, and eating disorders. Through the cases we can see how to modify interviewing and examination, possible formulas and points to use, and other techniques that helped. We will cover how to create the conditions for your patients to safely explore what contributed to their moods and to cultivate other conditions more likely to lead to positive moods.

From each of the cases we can also learn something of how we are affected by our patients and ways to take care of ourselves. We may find some of the same treatment strategies useful for ourselves. Knowing our own moods and the role we play in the therapeutic relationship is also important for our own health and our effectiveness as practitioners.

As practitioners we are also experiencing moods. Just as our patients are subject to conditions that influence their moods, so are we. It can be helpful to know the conditions that influence our own moods and shape how we practice. Some of the conditions include the following:

- our medicine is not widely understood and often misunderstood, even by our colleagues
- busy assembly line practices can undermine the patient-practitioner relationship
- many practitioners are burned out, overworked, underworked, or exhausted
- workaholics are admired

- often our medicine values competition over nurturing
- practitioners are not supposed to make mistakes
- our education often dissociates mind from body and spirit
- some students believe they graduate with PTSD
- seeing too much pain and not enough joy is unhealthy
- for a practitioner, a cry for help is weakness
- we are part of the nation's social safety net with few resources to help patients

As helpful professionals we listen to patients' stories of difficult diagnoses, depression, anger, fear, pain, trauma, or other issues and we may absorb some of this emotional residue. If we do not have ways to digest or process these stories, we may develop secondary trauma and/or compassion fatigue.

Secondary trauma and compassion fatigue are not burnout. Burnout is more related to the daily stressors of the job. Secondary trauma and compassion fatigue are directly related to what we absorb of our patients' stories and experiences.

Secondary trauma may occur when issues that patients bring to us are similar to issues we may have encountered in our lives.

Compassion fatigue may occur when issues patients bring to us begin to exhaust our ability to work effectively. We reach the limit of what we can tolerate.

Signs of secondary trauma and compassion fatigue may include any of the following:

- flashbacks (about our own issues/experiences)
- hyper-sensitivity, triggers / buttons that a patient may push
- beliefs that are challenged by our clients
- old wounds re-opened
- intense dreams, perhaps about something a patient has shared or how we haven't been able to help
- a lack of separation between professional work and personal life

- becoming fearful of a patient or our personal safety
- feeling overly sad when patients leave
- avoidance /denial /isolation, you may begin to blame the 'victim'
- zoning out, particularly during client-contact time
- sleepiness / trance-like behavior

In the workshop we cover more signs and symptoms and explain each one.

In order to maintain ourselves, it can be useful to know some of the interpersonal and intrapersonal mechanisms we engage in with patients. We will explore the therapeutic relationship looking at ways of relating that confuse us and cause us to misunderstand or be drawn in to unproductive exchanges.

From our own tradition, we know that cultivating reflection and self-awareness can help practitioners to listen attentively and better be able to accomplish the following:

- realize their own distress
- identify causes and conditions to refine their technical skills
- make effective lifestyle and clinical decisions
- recognize their own errors
- clarify their values so they can act with compassion, technical competence, presence, and insight

We can develop the conditions that lead to a "not taking up" state of mind. "Not taking up" is learnt from reflecting on how we fuel our experiences. What we are seeing is not a self, but a way of perceiving and structuring our experience as if there is a self. We can see the way we structure our experience as belonging to us, identifying us, as defining us. All of our relationships are colored in this way. Not taking up is not taking up a way of self-structuring. Our medicine teaches that we are an aggregate of five phases in flux, not something fixed. We can establish the conditions for ourselves of gentleness, curiosity, and permission, which leads to unlearning fixed notions. We see into the patterns and forces that have shaped us. We are freeing ourselves from them. **OM**

GREG BANTICK, BAc, MTOM originally began training and practicing in 1975. He helped found one of Australia's first teaching colleges. He has studied in England, Japan, China, and the U.S. where he spent 20 years teaching and in senior academic positions at Pacific College of Oriental Medicine (PCOM) and the Seattle Institute of Oriental Medicine (SIOM). He is now practicing in Brisbane, Australia. Find out more about Greg at www.menla.com.au.

like a bass drum, among many other sensations. Your mind, qi, and patience will bring the meridian into a higher state of wellness.

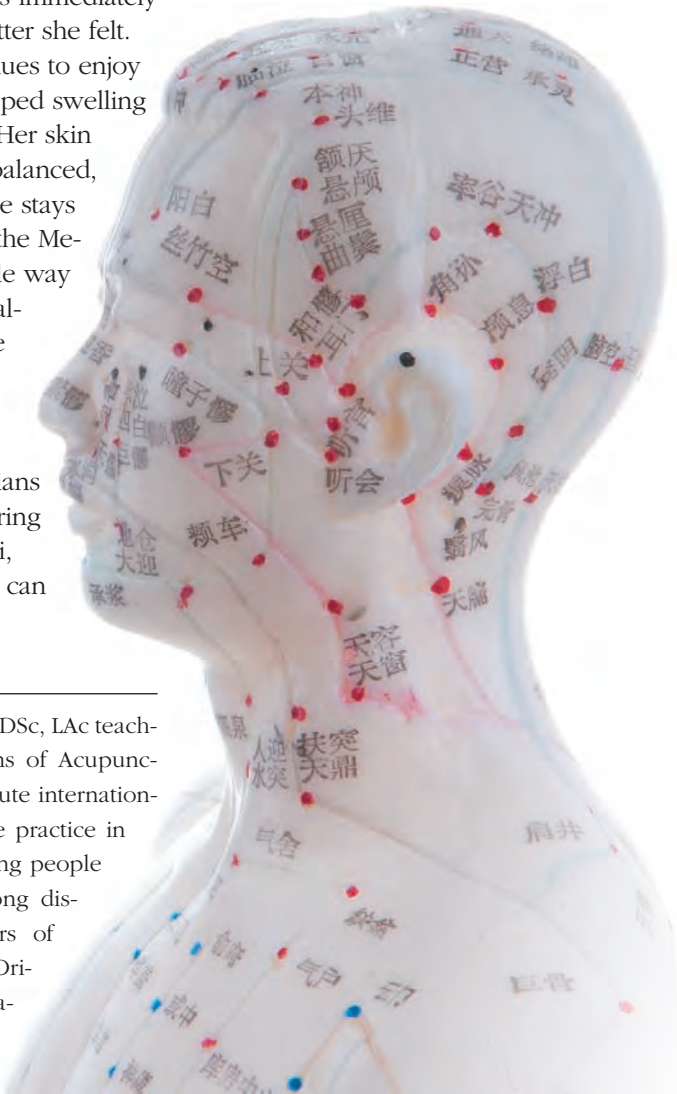
As you become more familiar with Unwinding the Meridians, you can ask the point to indicate a yes/no response as you ask questions either verbally or silently with your thoughts. The answer can come as a stop of the Cranial Rhythm, a jump in the rhythm, a twist or a circle in a different direction than previously felt, or other experiences. You can ask questions to which you know the answer (name, age, etc.) to calibrate the responses. Some of the questions you might ask could be: are all the meridians flowing and harmonious, does any meridian need any more or less qi, are the elemental pairs in balance, or is there an issue on another level or dimension. The most impressive reason to talk to the body is that the wisdom of the body can let you know where it needs help and most importantly, the body has the power to heal itself. You can ask the body to access the best DNA to regenerate an organ, system, bone, and more. You can ask the body to put ancestral patterns of imbalance to sleep and to wake up

ancestral patterns or optimal health, balance, creativity, and vitality.

A recent example involves a 22 year old woman who came to my office complaining of facial swelling, sores over her body, bloating and constipation, hot flashes, erratic energy, cold extremities, scoliosis, and kyphosis. We began the treatment with her standing. First, I unwound Yaoshu Du 2 for grounding and balance, lower burner issues, and to create a base to work from. Then Baihui Du 20 to lift fallen yang Qi, clear the mind, benefit digestion and to balance the Cranial Sea. Then the Du was unwound with these two points to create the pillar between Heaven and Earth to support her systems on many levels. Next she reclined on the table, and by asking the wisdom of the body, we nourished the Kidneys and refilled the Ming Men fire. This was done by unwinding Yongquan K 1 to refill the qi and then Shufu K 27 to invigorate the Heart and Shen, benefit digestion, and balance the energies of the body. Next was unwinding the Kidney meridian with the same points simultaneously and bilaterally. Finishing with Renying ST 9 bilaterally to balance above and below, a Sea of qi point and to

beautify the face. She was immediately amazed at how much better she felt. A month later, she continues to enjoy vital health; her face stopped swelling and that continues well. Her skin is clear, her digestion is balanced, and her body temperature stays appropriate. Unwinding the Meridians is a fast and simple way to tap into the body's healing abilities as well as the wisdom to access other levels and dimensions of healing. By simply feeling the points and meridians while consciously partnering with the patient's inner qi, ultimate levels of healing can be achieved. **OM**

KENNETH R. KOLES, PhD, DSc, LAc teaches Unwinding the Meridians of Acupuncture for The Upledger Institute internationally. He maintains a private practice in Shaker Heights, Ohio treating people and animals locally and long distance. From over 40 years of practice, the confluence of Oriental medicine and CranioSacral Therapy has been the polestar of his work.



THE SCIENCE OF ACUPUNCTURE SAFETY: RISKS, HARMS, AND ANCIENT GOODNESS
continued from page 6

part of normal practice but can be mitigated with attention. That is, these are conflated as adverse events from acupuncture. It is important that our professional community distinguish medical errors from risks of adverse events for acupuncture.

HARMS

Harms associated with acupuncture can be listed as risks of the following:

- Infection
- Lesions including organ, vascular, and nerve puncture injury
- Bleeding
- Broken and migrating needle

Negligence is involved in almost all cases of infection, organ or vascular puncture, bleeding and broken or migrating needle. Some infections and lesions are rare unexpected complications that might be avoided in the future.

NEGLIGENCE

Infection from negligent acupuncture has been associated with transmission of the following diseases:

- Hepatitis (in the U.S., Vietnam, Korea and China) (Stryker 1986; Nguyen et al. 2010, Seong et al.2013; Birch et al. 2013)
- Tuberculosis (Kim et al. 2010)
- Mycobacterium (Woo et al. 2002; Kim et al. 2011)
- Methicillin-resistant Staphylococcus aureus (MRSA) infection

An MRSA infection related to acupuncture negligence caused a severe case of septic arthritis in Hong Kong (Woo et al. 2009) and necrotizing aortitis with infected pseudoaneurysm in Korea (Lee et al. 2008). A medical practitioner in Perth, Western Australia who was colonized with MRSA was responsible for transmission to eight patients using acupuncture and joint injections (Murray et al. 2008).

A woman being treated for low back pain developed bilateral psoas abscesses (MRSA) and polyarticular septic arthritis two days following an acupuncture treatment (Japan) (Ogasawara et al. 2009).

Finally, a 15 year-old boy in the U.K. was treated with acupuncture for eczema. Two days after his fifth treatment he suffered bilateral knee swelling, fever, and subsequent endocarditis from Staphylococcus aureus (Buckley 2011). He was admitted to a hospital for weeks and was left with permanent cardiac damage. Four months prior to the initiation of acupuncture, nasal and skin swabs isolated Staphylococcus aureus. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1359-the-science-of-acupuncture-safety-risks-harms-and-ancient-goodness.html

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induced palpitations as a thud, a fluttery sensation, or a skipped beat. The sensation varies depending on the point during the heart's normal rhythm that the vagus nerve fires. In many cases, this becomes a vicious cycle where the anxiety caused by the missed heartbeat further exacerbates the fight between the sympathetic nervous system and the parasympathetic nervous system, leading to more palpitations.

Gastrointestinal bloating, indigestion, loose stools, shortness of breath, and hiccups can also be caused by an overstimulation of the vagus nerve, because branches of the nerve innervate the GI tract, diaphragm, and lungs.

So how does the vagus nerve get irritated in the first place? Any kind of GI distress can put pressure on the nerve and irritate it, with a hiatal hernia being a frequent culprit. Poor posture along with muscular imbalances can also cause the vagus nerve to misfire, as can excess alcohol or spicy foods. Stress can inflame the nerve, along with fatigue and anxiety.

So what is the best way to get the nerve to calm down? In my practice, one of the best solutions I've found for patients suffering this combination of gastrointestinal distress

and heart palpitations is the Gallbladder Divergent Channel. It separates from the regular Gall Bladder Channel at the greater trochanter, then curves around the hip joint, then goes to the external genitalia, where it joins the Liver Divergent Channel. It then travels up the flank to enter deeper into the body at just below the ribs where it connects the Gall Bladder to the Liver and then travels up to connect with the Heart. It then flows from the esophagus to the mandible, near the mouth. From here it disperses over the face, connecting to the eyes before joining the regular channel again at the outer canthus.

In this way, the Gall Bladder Divergent Channel further cements the Gall Bladder's relationship with both the Heart and the Liver. Many of the patients who present with symptoms of an irritated vagus nerve have what could be described as a Gall Bladder and Heart Complex in Chinese medicine. This traditionally has been a diagnosis used to describe a collection of symptoms such as esophagitis, hiatal hernia, gastritis, insomnia, palpitations, fearfulness, being easily startled, chest fullness, and a bitter taste in the mouth. In these patients I've found that accessing the Gall

Bladder Divergent Channel can bring almost immediate relief. I usually use the separating and convergent points of the channel GB 30 and GB 1, along with GB 34, LIV 3, PC6, SP 4, LIV 14, and UB 19.

How can patients suffering from an irritated vagus nerve help themselves? Here's the advice I give my patients, with one caveat: Because these symptoms can be caused by so many disorders, I always refer my patients to their MD to rule out more serious pathologies before giving self-help suggestions.

- Regular acupuncture reduces the inflammation that is often at the root of this disorder and calms the irritated nerve.
- During an attack, patients often find that moving, stretching and/or burping can relieve the pressure and calm the heart.
- During an episode of tachycardia, vagal maneuvers can be used to slow the heart rate. These simple maneuvers stimulate the vagus nerve to slow down the electrical impulses through the atrioventricular (AV) node of the heart. Vagal maneuvers that you can try to slow a speedy heart rate include:

- Gagging
- Holding your breath and bearing down (Valsalva maneuver)
- Immersing your face in ice-cold water (diving reflex)
- Coughing

- Herbal formulas that support digestion (and calm the heart) along with probiotics and digestive enzymes can really help remove the GI inflammation that is part of this syndrome.
- Likewise, diaphragmatic breathing, yoga, and meditation help the parasympathetic nervous system over-ride the sympathetic nervous system and calm the vagus nerve.

As for Katy? She felt better after her first two treatments. With some lifestyle adjustments, she was able to maintain her good health, having finally found an explanation in both Eastern and Western medicine for what had been a confusing symptom pattern. **OM**

JILL BLAKEWAY, MSc, LAc is the Clinic Director of the YinOva Center in New York City. She makes frequent appearances on national television and in the print media and is the author of two books on women's health.



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An Mien Formula (An Mien Pian) is a popular Chinese herbal formula used to treat disturbed *shen*, and to regulate the qi of the heart and stomach.

Neck Formula (Bai Zhi Ge Gen Wan) One of the most common modern uses for the *Shang Han Lun* formula, *Ge Gen Tang* (Pueraria/Kudzu Formula) is to "release the muscle layer" in the *taiyang* zone behind the head, but we lost this formula in the USA when ephedra (*ma huang*) was banned. Golden Flower's **Neck Formula** was designed to replace and augment this popular application of the classical formula.

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Twin Shields Formula (Shuang Dun Fang) is a formula that has been found to balance thyroid function and relieve localized congestion in the thyroid.

Peony & Atractylodes Formula (Tong Xie Yao Fang) is one of the most commonly used formulas in China for IBS. It supplements the spleen, relaxes the liver, expels dampness, arrests diarrhea, and reduces pain.

Rejuvenation Formula (Huan Shao Dan) is a traditional formula, commonly used as a longevity tonic. It is used to compensate for the decline of functions that can lead to premature aging. The creator of the formula, Master Hong, of the 12th century, stated that **Rejuvenation Formula** "greatly supplements root qi . . . [for] timid weakness of the heart . . . confusion and clouding of the essence/spirit. . ." In addition to the list provided by Master Hong, the formula is commonly used today to support male sexual function.



A Guide To Pacific Symposium 2014

November 4-11, 2014



San Diego, CA • 64 CEUs Possible

Giovanni Maciocia • Kiiko Matsumoto
Janet Zand • Jake Fratkin • Arya Nielsen
Lillian Bridges • Mary Elizabeth Wakefield
Felice Dunas • Jill Blakeway • Amanda Collins
Mark Kastner • Suzanne Robidoux
Cathy Margolin • Esther Gokhale
Ken Koles • Robert Peng • Holly Guzman
Yefim Gamgoneishvili • East Haradin
Greg Bantick • Robert Nations
Bill Helm • Rick Gold

**Keynote Address: Dr. George Pratt
and Dr. Peter Lambrou - November 7**

Pre-Symposium Workshop:

Giovanni Maciocia - November 4-5

Arya Nielsen - November 4-5

Post-Symposium Workshops with:

Kiiko Matsumoto - November 10

Mary Elizabeth Wakefield - November 10-11

Robert Peng - November 10-11

TCM • Acupuncture • Massage

Pacific Symposium 2014 Schedule at a Glance

Tuesday/Wednesday 11/4-11/5		Thursday 11/6	Friday 11/7	Saturday 11/8	
Early Morning Qi Gong (1 CEU per session)					
7-7:50 am	Two-Day Sessions: Part 1: Diagnosis and Treatment of Benign Prostatic Hypertrophy and Erectile Dysfunction Part 2: The Pathophysiology and Energetics of the Vertex, Face, and Occiput <i>Giovanni Maciocia</i> 9:55-10:45 am Gua Sha: Science, Evidence, and Skill for Clinical Practice <i>Arya Nielsen</i>	Everyday Primordial Qi Gong <i>Bill Helm</i>	Everyday Primordial Qi Gong <i>Bill Helm</i>	Everyday Primordial Qi Gong <i>Bill Helm</i>	
9 am-12 pm		Morning Workshop: Alternative to General Session Lectures (3 CEUs)			
			Incorporating Aromatherapy Into Your Practice and Life <i>East Haradin</i>	Cold Feet: Sacroiliac and Lower Lumbar Treatments <i>Kiiko Matsumoto</i>	
9-9:50 am		General Sessions (1 CEU per speaker/3 per morning)			
		Tongue Diagnosis of Breast Disorders <i>Giovanni Maciocia</i>	Integrating Functional Medicine with a TCM Practice <i>Jake Fratkin</i>	Finding the Origins of PTSD with Facial Diagnosis <i>Lillian Bridges</i>	
9:55-10:45 am		Acupuncture Risk and Harm: Medical Literature Reality, Part 1 <i>Arya Nielsen</i>	The Connection Between Estrogen, Metabolism, Gut Bacteria, and Health <i>Cathy Margolin</i>	The Structure of Channels Within the Environment of San Jiao According to Dr. Wang Ju Yi <i>Yefim Gamgoneishvili</i>	
11:10 am-12 pm		The Many Facets of Fatigue: An Introduction <i>Janet Zand</i>	The Gokhale Method® - Chinese Medicine Connection <i>Esther Gokhale</i>	Embryo Implantation: The Interplay of Yin and Yang <i>Jill Blakeway</i>	
12:15-1:05 pm		Afternoon Qi Gong (1 CEU per session)			
		Everyday Primordial Qi Gong <i>Robert Nations</i>	Everyday Primordial Qi Gong <i>Robert Nations</i>	Everyday Primordial Qi Gong <i>Robert Nations</i>	
2-5 pm		Afternoon Workshops (3 CEUs per workshop)			
		The Pathology and Treatment of Ulcerative Colitis <i>Giovanni Maciocia</i>	More Important Herbal Formulas in My Clinical Practice <i>Jake Fratkin</i>	Shen Diagnosis and Treatment for PTSD <i>Lillian Bridges</i>	
		Acupuncture Risk and Harm: Medical Literature Reality, Part 2 <i>Arya Nielsen</i>	Learn How to Balance Female Hormones at Every Life Stage <i>Cathy Margolin</i>	Hot Headed: A Sign of Imbalance <i>Kiiko Matsumoto</i>	
	The Many Facets of Fatigue: A Working Session <i>Janet Zand</i>	Gokhale Method® - Posture Solutions for Deficient Kidney, Spleen, and Lung Qi <i>Esther Gokhale</i>	Tai Yin Physiology, Diagnosis, and Clinical Application According to Dr. Wang Ju Yi <i>Yefim Gamgoneishvili</i>		
	Unwinding the Meridians for Health, Vitality, and Clarity <i>Kenneth Koles</i>	Traditional Thai Medical Massage for Upper Leg and Pelvic/Inguinal Region Pain <i>Rick Gold</i>	Preventing Miscarriage: Recurrent Pregnancy Loss and How to Devise a Treatment <i>Jill Blakeway</i>		
	Trimester Cooking <i>Holly Guzman</i>	When Sex Goes Bad <i>Felice Dunas</i>	Qi Gong Ecstasy and Energy Protection <i>Robert Peng</i>		
Evening Events					
7-9 pm		The Healing Power of Sound <i>Rick Gold, Yuval Ron, and Ken Goff</i>	Keynote Address: Dr. George Pratt and Dr. Peter Lambrou <i>The Intersection of Acupuncture and Psychology</i>	Symposium Party	

2014 Package Prices	EARLY (by Aug. 21)		REGULAR (Aug. 22 - Oct. 9)		LATE AND ONSITE (After Oct. 10)	
	Online	Mail/Phone	Online	Mail/Phone	Online	Mail/Phone
Pre/Full/Post - All Pass Event (Tues-Tues) 64 CEUs	\$900	\$990	\$940	\$1,034	\$980	\$1,078
Full plus 2-Day Pre AND 1-Day Post (Tues-Mon) 57 CEUs	\$835	\$919	\$870	\$957	\$915	\$1,007
Full plus 2-Days Pre 50 CEUs	\$730	\$803	\$785	\$864	\$835	\$919
Full plus 2-Day Post (Thurs-Tues) 50 CEUs	\$730	\$803	\$785	\$864	\$835	\$919
Full plus 1-Day Post (Thurs-Mon) 43 CEUs	\$655	\$721	\$705	\$776	\$730	\$803
Full (Thurs-Sun) 36 CEUs	\$520	\$572	\$575	\$633	\$630	\$693
3 Day General Pass	\$435	\$479	\$475	\$523	\$515	\$567
2 Day General Pass	\$330	\$363	\$385	\$424	\$435	\$479
1 Day General Pass (Thurs or Fri)	\$180	\$198	\$215	\$237	\$250	\$275
1 Day General Pass (Sat or Sun)	\$170	\$187	\$205	\$226	\$240	\$264
1 Day Post 7 CEUs	\$195	\$215	\$225	\$248	\$260	\$286
2-Days Post 14 CEUs	\$320	\$352	\$360	\$396	\$390	\$429

64 CEUs/PDAs

Sunday 11/9	Monday/Tuesday 11/10-11/11
Everyday Primordial Qi Gong <i>Bill Helm</i>	One-Day Session, 11/10:
The Significance and Treatment of Prenatal and Natal Medical History <i>Kiiko Matsumoto</i>	Two-Day Sessions:
Developing The Doctor Patient Relationship With Mindfulness <i>Greg Bantick</i>	
Clinical Understanding of TCM Zang Fu and Classical Medicine Differentiation, Part 1 <i>Suzanne Robidoux</i>	
Four-Point Needling for Soft Tissue Injuries <i>Mark Kastner</i>	Constitutional Facial Acupuncture: The New Protocols <i>Mary Elizabeth Wakefield</i>
Everyday Primordial Qi Gong <i>Robert Nations</i>	Qi Gong Healing and Four Golden Wheels Exercise <i>Robert Peng</i>
Feng Shui for Healing <i>Amanda Collins</i>	
Clinical Understanding of TCM Zang Fu and Classical Medicine Differentiation, Part 2 <i>Suzanne Robidoux</i>	
Diagnosis and Treatment Techniques for Injury Recovery <i>Mark Kastner</i>	
Moods in the Clinic <i>Greg Bantick</i>	

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Pre-Symposium Workshops

Part 1: Diagnosis and Treatment of Benign Prostatic Hypertrophy and Erectile Dysfunction
Part 2: The Pathophysiology and Energetics of the Vertex, Face, and Occiput *by Giovanni Maciocia*

14 CEU/PDA Tuesday and Wednesday, November 4-5, 9:00 am-5:00 pm

The workshop will discuss the pathology and treatment of male disorders such as benign prostatic hyperplasia and erectile dysfunction. Participants will derive an understanding of the physiology and pathology of the male genital system together with the main patterns of disharmony involved in benign prostatic hyperplasia and erectile dysfunction. In Part 2, Maciocia will look at the body and mind as vortexes of qi in different areas of the body and will discuss each area separately. In this workshop, participants will start from a given area (which may be the vertex or face) and explore all the diagnostic aspects of the area. The physiology, pathology, diagnosis, and treatment of each area will be explored. Maciocia and participants will also explore the flow of channels and points energetics of a particular area, as well as the pathology and common disorders of the area.

Gua Sha: Science, Evidence, and Skill for Clinical Practice *by Arya Nielsen*

14 CEU/PDA Tuesday and Wednesday, November 4-5, 9:00 am-5:00 pm

Attendees will explore the science of Gua sha’s anti inflammatory and immune protective effect and applications for internal organ disease such as COPD, cardiovascular, renal and liver disease. With this two day course, you will gain an overview of the clinical evidence from trials published in the Chinese and English medical database and learn protocols for the safe use of Gua sha and Baguan. Participants will deepen their expertise in ways that are immediately applicable to daily clinical practice. Learn to assess and palpate for sha and how to introduce and apply Gua sha.

Post-Symposium Workshops

The Stomach: A Key Factor in Diagnosis and Overall Health *by Kiiko Matsumoto*

7 CEU/PDA Monday, November 10, 9:00 am-5:00 pm

In this class, the practitioner will learn to view the stomach as central to the overall health of their patient. Often, even acute conditions will arise because of an underlying weakness in the stomach. The course will present information based on the Chinese classics, specifically Nei Jing and Su Wen. Participants will learn the benefits of treating the stomach as part of the root of the problem. Attendees will discover the benefits of adding CV12 to treatments. Leave this course knowing the best ways to palpate the stomach as part of the diagnostic system.

Qi Gong Healing and Four Golden Wheels Exercise
by Robert Peng

14 CEU/PDA Monday and Tuesday, November 10-11, 9:00 am-5:00 pm

In this two-day workshop, Robert Peng will introduce the different types of energy and how we can apply Qi Gong to our own lives and treatments with patients. Peng will teach a special technique called ‘Dian Xue’, which will strongly increase each practitioner’s energy communication with clients and, thus, the effectiveness of treatments. Discover first-hand how to use different Qi Gong healing techniques such as Sword Finger, Magic Palm, and Ying Yang press. Learn the Wogu technique to avoid invasion of sick qi. Master the ‘S’ pattern that can reorganize an energy field. Peng will also teach a Qi Gong practice called the ‘Four Golden Wheels Exercise’ that can balance energy physically and spiritually. Don’t miss the powerful group healing that Peng will conduct in this workshop.

Constitutional Facial Acupuncture: The New Protocols
by Mary Elizabeth Wakefield

14 CEU/PDA Monday and Tuesday, November 10-11, 9:00 am-5:00 pm

Constitutional facial acupuncture has begun to make an impact on popular culture and perceptions about authentic beauty and the aging process. This hands-on seminar will include “new” facial protocols based upon origin/insertion muscle techniques that are gentle and effective. Wakefield will provide demonstrations and the participants will give and receive treatments. Participants will learn how to successfully treat 12 problematic areas of the face with origin and insertion muscle techniques. Discover how to incorporate Shen scalp points and essential oils into treatments. Identify and use facial acupuncture treatment protocols based upon muscle structure, which are effective for lifting and toning the facial muscles (i.e. saggy neck, droopy eyes, etc.). Don’t miss this hands-on experience to explore the many benefits of facial acupuncture.

Daily Exercise

Everyday Primordial Qi Gong *by Bill Helm and Robert Nations*

1

CEU/PDA

Daily, 7:00-7:50 am and 12:15-1:05 pm

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

Thursday, November 6, 2014

Tongue Diagnosis of Breast Disorders

by Giovanni Maciocia

1

CEU/PDA

Thursday, November 6, 9:00-9:50 am

This workshop will discuss little-known aspects of tongue diagnosis. The talk will concentrate on the area of the tongue that reflects the condition of heart and lungs as well as the breasts. Patterns of disharmony related to this area will be discussed including qi stagnation, Blood stasis, Phlegm, Toxic Heat and Yin deficiency. Many tongue photographs will be shared in this presentation.

Acupuncture Risk and Harm: Medical Literature

Reality, Part 1 *by Arya Nielsen*

1

CEU/PDA

Thursday, November 6, 9:55-10:45 am

This talk will focus on risk, complications, serious side effects, medical errors, and mild but unwanted side effects from acupuncture that are reported in medical literature. Most often, a practitioner is unaware of side effects because any they may have caused are not reported to them. Equally important and profound is that the acupuncture community itself is unaware of the reporting of complications from practice. This talk outlines areas of practice safety that are essential for a practitioner.

The Many Facets of Fatigue *by Janet Zand*

1

CEU/PDA

Thursday, November 6, 11:10 am-12:00 pm

According to the National Institute of Health (NIH), fatigue is one of the most common causes for a visit to the doctor. This hour, substantiated by clinical efficacy and recent research, will be an introduction to addressing fatigue in association with a variety of conditions. Discover some of the many complexities of the clinical presentations of fatigue. This is an introduction to the concept of enhancing common Chinese medicine protocols substantiated by contemporary research and clinical results. Some of the conditions (and their relation to fatigue) discussed will include persistent pain, sleep disorders, type 2 diabetes, hypothyroidism, anemia, depression, and autoimmune disease.

The Pathology and Treatment of Ulcerative Colitis

by Giovanni Maciocia

3

CEU/PDA

Thursday, November 6, 2:00-5:00 pm

Ulcerative colitis is a serious autoimmune disease of the colon that is challenging to treat. Participants in this workshop will learn how to confidently identify the patterns of disharmony of this disease and a treatment approach with acupuncture and herbs. Maciocia will discuss the acupuncture treatment for Damp-Heat, Blood stasis, Toxic Heat, and Stomach and Spleen deficiency as well as how to identify patterns of disharmony with tongue diagnosis.

Acupuncture Risk and Harm: Medical Literature Reality,

Part 2 *by Arya Nielsen*

3

CEU/PDA

Thursday, November 6, 2:00-5:00 pm

After completing this course, participants will be able to identify areas of risk in practice and be informed on how to practice safely. This talk will focus on risk, complications, serious side effects, medical errors and mild but unwanted side effects for acupuncture that are reported in medical literature. Most often, a practitioner is unaware of side effects because any they may have caused are not reported to them. Equally important and profound is that the acupuncture community itself is unaware of the reporting of complications from practice. This talk outlines areas of practice safety that are essential for every practitioner.

The Many Facets of Fatigue: A Working Session *by Janet Zand*

3

CEU/PDA

Thursday, November 6, 2:00-5:00 pm

This is a working session including challenging case studies, clinical pearls, common biomarker recognition, and the resolution of fatigue associated with the following conditions: depression, fibromyalgia, sleep disorders, essential hypertension, type 2 diabetes, hypothyroidism, adrenal exhaustion, anemia and cold and flu. With this course, practitioners will develop improved critical thinking and better problem-solving when addressing fatigue.

Unwinding the Meridians for Health, Vitality, and Clarity

by Kenneth Koles

3

CEU/PDA

Thursday, November 6, 2:00-5:00 pm

The “Unwinding the Meridians of Acupuncture” technique is the confluence of Oriental medicine and CranioSacral Therapy. Koles will explain and demonstrate how the Cranial Rhythm influences the entire brain and nervous system, hence the acupuncture points, meridians, and energies of the body. Participants will experience the Cranial Rhythm method first-hand to balance points and meridians on themselves and others. Participants will be able to experience a yes/no response from the Cranial Rhythm and hence communicate with the points, meridians, and wisdom of the body to balance the entire being. After completing this course, participants will be able to feel the Cranial Rhythm of the points and meridians in themselves and others and will be able to ‘Unwind the Meridians’ to release blocks and enhance qi flow for optimal health vitality and clarity.

Trimester Cooking *by Holly Guzman*

3

CEU/PDA

Thursday, November 6, 2:00-5:00 pm

This course is an overview of treating pregnant women in each of the critical trimesters that contributes to that all-important prenatal qi. For example, embryos the size of a pea don’t need the same dose of iron and calcium that they will when they weigh several pounds. Taking the same doses of supplements in early pregnancy and late pregnancy is standard in prenatal teachings. However, the dose of minerals is excess for the first trimester, contributing to vomiting and constipation, and inadequate to build the baby’s blood and bones in the third trimester. It makes sense to offer distinctly different support for each trimester. In this course, the most clinically supportive advice regarding acupuncture, nutrition, and herbs for each trimester will be clearly laid out.

The Healing Power of Sound

By Rick Gold, Yuval Ron, and Kenneth Goff

2

CEU/PDA

Thursday, November 6, 7:00-9:00 pm

Practitioners will learn about the Six Healing Sounds (Liu Zi Jue) aspect of Five Element theory and basic Qi Gong breathing exercises that are part of this theory and practice. In addition, practitioners will learn about applied neuroscience and brain entrainment achieved through specific sounds. All participants will be able to practice both the sound and Qi Gong exercises while listening to original music produced to enhance this practice. In addition, participants will experience the live music of Yuval and Kenneth.

Friday, November 7, 2014

Incorporating Aromatherapy Into Your Practice and Life

by East Haradin

3

CEU/PDA

Friday, November 7, 9:00 am-12:00 pm

This course is appropriate for all levels. Participants will gain a basic understanding of aromatherapy history and how to use this ancient technique. Learn the top ten essential oils used in aromatherapy, understand the risks, contra-indications, and potential side effects of this healing modality, and obtain recommendations for aromatherapy that addresses major Chinese medicine patterns. Students will be able to ask questions, share experiences, and practice the methods and techniques taught in the class.

Integrating Functional Medicine with a TCM Practice

by Jake Fratkin

1

CEU/PDA

Friday, November 7, 9:00-9:50 am

Functional Medicine describes an approach to modern illnesses that includes newer understandings based on physiology, etiology and biochemistry, as well as the availability of recently developed laboratory tests (blood, stool, saliva) and the application of specific nutritional supplements. Combining this approach with Chinese medicine allows a more effective approach to the treatment of modern diseases including food allergies, chemical sensitivities, autoimmune diseases, diabetes, obesity, infertility and miscarriage, chronic fatigue, irritable bowel syndrome, leaky gut syndrome, hypothyroid, and adrenal fatigue.

What Does Our Gut Have to Do With It? The Connection Between Estrogen, Metabolism, Gut Bacteria, and Health *by Cathy Margolin*

1

CEU/PDA

Friday, November 7, 9:55 -10:45 am

New research from the human micro-biome project suggests gut bacteria has a previously unknown effect on our ability to eliminate estrogen, the dominate hormone affecting our moods, body weight, stress, and genetic expression. With this course, you will get a new perspective on your gut and learn how you can optimize Chinese medicine modalities using the spleen and stomach channels, diet, lifestyle, herbs, and more.

Ready to Register?

The Gokhale Method® - Chinese Medicine Connection
by Esther Gokhale

1 Friday, November 7, 11:10 am -12:00 pm
CEU/PDA

The Gokhale Method helps people restore natural posture as observed in our ancestors, indigenous populations, and young children. This approach to restoring harmony and balance in the body is parallel to the approach of Chinese medicine in restoring the harmonious flow of qi and blood through the body. Whereas Chinese medicine might be viewed as an “electrical” approach to the problem of disorganized qi, the Gokhale Method could be described as a “hardware” approach to the same problem. Using images, examples, and volunteers from the audience, Gokhale will invite you to revisit the roots of acupuncture in Tai Chi, Qi Gong, and movement through a modern, anthropological, historical, and technological lens.

More Important Herbal Formulas in My Clinical Practice
by Jake Fratkin

3 Friday, November 7, 2:00-5:00 pm
CEU/PDA

In this course, students will learn the classical and modern formulas that Dr. Fratkin considers the most important, based on frequency used and efficacy. After his 36 years in Chinese medicine clinical practice (with 32 years in herbal medicine), Dr. Fratkin has noticed certain formulas that come up over and over again. These formulas fall into two groups: the foundation formulas that can be used for a wide variety of applications, or modern formulas that have been developed for focused applications. Unlike other classes where students analyze herbal formulas to explain why the formula works, this class will focus on the broad (or unusual) applications of a number of formulas. This class is for practitioners and students who already know the Material Medica well and are interested in seeing how common formulas are successfully used.

Learn How to Balance Female Hormones at Every Life Stage: A TCM and Functional Medicine Approach to Estrogen Dominance, Menopause, and Progesterone Deficiency
by Cathy Margolin

3 Friday, November 7, 2:00-5:00 pm
CEU/PDA

Discover how xeno-estrogens are affecting your patients’ depression, thyroid, stress, energy, digestion, and emotional wellbeing. Estrogen mimicking chemicals are abundant. Learn where to find them and how they cause nearly every woman some degree of estrogen dominance resulting in endometrioses, dysmenorrhea, infertility, early menopause, and life-threatening diseases such as breast cancer. Recent research will be presented on artificial hormones and studies linking them to everyday diseases. Participants will learn how to treat hormonal imbalances with functional medicine approaches such as dietary supplements, lifestyle modifications, and more. This lecture will expand your toolbox beyond acupuncture with healing modalities to fit all your patients’ needs. Gain fresh insight and an advanced perspective on women’s health.

Gokhale Method®: Posture Solutions for Deficient Kidney, Spleen, and Lung Qi
by Esther Gokhale

3 Friday, November 7, 2:00-5:00 pm
CEU/PDA

In this workshop, with the use images, examples, and volunteers from the audience, students will examine some postural roots of deficient Kidney, Spleen and Lung qi. We will focus on common modern postural distortions, including an overly-arched (swayed) upper lumbar area and a diminished L5-S1 angle. Participants will learn to use techniques such as ‘stretchsitting’ and ‘stretchlying’ to reset these postural distortions. Learn how to empower your patients to reestablish their qi. This course will help you to increase the efficacy of each treatment.

Traditional Thai Medical Massage for Upper Leg and Pelvic/Inguinal Region Pain
by Rick Gold

3 Friday, November 7, 2:00-5:00 pm
CEU/PDA

Upper leg and inguinal region tightness with limited range of motion is a common complaint for many individuals, especially those involved in vigorous exercise. Students will be taught a specific protocol of techniques to therapeutically address these areas of pain and tension. Students will learn to utilize their palms, fingers, forearms, elbows, knees, and feet in the application of this style of therapeutic Thai bodywork. Special emphasis will be placed on proper body mechanics and client positioning. Contra-indications to practice will be taught. This course will also benefit the participants’ own flexibility and health. Learning to utilize other parts of the body (e.g. feet) as tools for treating enhances practitioners’ work as healers and helps preserve the hands and wrists. Please plan to wear loose fitting clothing made of natural fibers.

When Sex Goes Bad: The Health Damaging Effects of Pornography and Sexual Exposure During Childhood, Adolescence, and Adulthood as Defined by Oriental Medicine
by Felice Dunas

3 Friday, November 7, 2:00-5:00 pm
CEU/PDA

Sex is the force that life uses to recreate itself. While it can bring joy and the next generation, it can also cause pain and destruction. Inappropriate exposure to sex, no matter one’s age or circumstance, damages health. Dr. Dunas will define “healthy gender/sexual development” from an Oriental medicine perspective. Childhood and adolescent exposure to promiscuity, sexual violence, and internet pornography is on the rise. Many patients are affected by this trend. This course will explore how violent expressions of sexuality and domestic violence can affect patients and their health conditions. Treatment protocols for addressing problems that arise from inappropriate sexual exposure will be provided. This practical class will address an important topic never before presented on the national stage of the Oriental medicine profession.

Saturday, November 8, 2014

Cold Feet: Sacroiliac and Lower Lumbar Treatments
by Kiiko Matsumoto

3 Saturday, November 8, 9:00 am-12:00 pm
CEU/PDA

Properly treating the LS/S1 area can significantly improve many common conditions such as persistent orthopedic problems and poor circulation in the legs and feet. In this class, students will explore the human structure, evolution, and why this LS/L1 area is so easily damaged. Find out how to diagnose and treat this area. This course will cover techniques for palpation and distal points. Class will include a lecture, demonstration, and time for questions and discussions.

Finding the Origins of Post-Traumatic Stress Disorder with Facial Diagnosis
by Lillian Bridges

1 Saturday, November 8, 9:00-9:50 am
CEU/PDA

Post-Traumatic Stress Disorder (PTSD) is an increasingly common diagnosis and a challenging condition to treat. What appears to be the most significant trauma, such as participating in a war, experiencing an act of violence, or being involved in a disaster, may actually have been preceded by even earlier traumas in childhood that also need to be addressed in order to treat patients with PTSD most effectively. Therefore, uncovering original traumatic events and knowing how to read the severity of the presenting trauma is essential. The Facial Map, like rings of a tree, can reveal the origins and depth of PTSD. This course will also cover specific treatments involving effective facial point combinations for PTSD.

Keynote Address

The Intersection of Acupuncture and Psychology
by Dr. George Pratt and Dr. Peter Lambrou

2 Friday, November 7, 7:00-9:00 pm
CEU/PDA

This presentation will inform attendees how acupuncture and the meridian systems can be used to help the emotional and psychological lives of patients. The speakers will discuss how practitioners of acupuncture and psychology overlap in helping patients overcome trauma of both physical and emotional sources. Over the past 20 years, the field of Energy Psychology has evolved to provide an innovative approach to resolving a wide range of emotional distresses. In a pilot study, the speakers’ method was shown effective for

claustrophobia (see Subtle Energies & Energy Medicine Vol. 14. No.3, p. 239) and other researchers have found significant treatment effects using similar procedures, particularly for trauma. Attendees will learn about a system from this emerging field of Energy Psychology that incorporates acupressure, focused thought, and structured breathing to rapidly desensitize patients from emotions that persistently cause distress and limitations in their lives.

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The Structure of Channels Within the Environment of San Jiao
According to the Teachings of Dr. Wang Ju Yi *by Yefim Gamgoneishvili*

1 CEU/PDA Saturday, November 8, 9:55-10:45 am

One of the fundamental principles of Applied Channel Theory is that the body's channels (and acupuncture points) have a physical structure and exist within the larger environment of the San Jiao. This concept lays the foundation for channel examination, a technique that can help hone diagnostic skills. This is a practice developed by Dr. Wang Ju Yi over 50 years of clinical practice. This course will help bridge classical theories of physiology and anatomy with modern clinical findings. Students will receive an introduction to Dr. Wang's approach to the channels as a living system.

Embryo Implantation: The Interplay of Yin and Yang
by Jill Blakeway

1 CEU/PDA Saturday, November 8, 11:10 am-12:00 pm

One of the most common and overlooked causes of unexplained infertility is the failure of a fertilized embryo to implant. In this course, Jill will talk about the complex interplay of hormones and blood flow that supports the implantation of a fertilized embryo. She will examine this from a biomedical perspective and then look at how Chinese medicine views this crucial phase of the menstrual cycle. Jill will discuss the impediments to successful embryo implantation. Participants will learn acupuncture and herbal approaches that increase the chances for a fertilized embryo to implant.

Shen Diagnosis and Treatment for Post-Traumatic Stress Disorder *by Lillian Bridges*

3 CEU/PDA Saturday, November 8, 2:00-5:00 pm

'Shen' in Chinese medicine refers to the quality of light behind the eyes and beneath the skin that reveals the psychological and emotional state of a patient. When patients are suffering from Post-Traumatic Stress Disorder (PTSD), the Shen will change dramatically when patients are questioned about the event. The Shen will also reveal the success of treatments by becoming clearer after Shen-based protocols are used. Evaluating the changes in a patient's Shen can, therefore, be used diagnostically. Treating the Shen can give immediate results in clinical practice. Participants will be given case studies of effective treatment protocols based on applied Shen diagnosis and Shen treatments involving the extraordinary meridian points. Students will be taught how to release repressed emotions to increase emotional and psychological resilience in their patients.

Hot Headed: A Sign of Imbalance *by Kiiko Matsumoto*

3 CEU/PDA Saturday, November 8, 2:00-5:00 pm

According to classic teachings, a cool head is a sign that the patient is in overall good health. What is the significance of a warm or "oven hot" head? Palpating GV20 is a good diagnostic tool to provide an overall prognosis for your patient. Often, it can seem hard to gauge the length of a treatment plan. Knowing more about general conditions can help you increase patient retention. In this class, students will discuss the significance of a "hot head" and a palpation-based diagnostic tool to discover underlying pathology as well as treatment options.

Tai Yin Physiology, Diagnosis, and Clinical Application
According to Dr. Wang Ju Yi *by Yefim Gamgoneishvili*

3 CEU/PDA Saturday, November 8, 2:00-5:00 pm

Tai Yin is the source of the body's postnatal qi. It creates and maintains proper levels of fluids and regulates the qi mechanism. Because of its broad scope of functions, Tai Yin plays a great role in the body's physiology. This seminar will focus on the physiology and disease process of the Tai Yin. There will be a discussion of diagnosis and treatment utilizing channel examination. This seminar is based on teachings of Dr. Wang Ju Yi, the founder of Applied Channel Theory. After completing this course, participants will be able to have a better understanding of the Tai Yin channel/organ system and utilize information gained from channel palpation to refine and simplify diagnosis.

Symposium Party

Saturday, November 8, 7:00-11:00 pm

Be sure to join our 26th Anniversary Symposium Party in the Aviary Ballroom on Saturday, November 8th from 7–11 pm. You'll enjoy music performed by members of our Pacific College community, the Blues Doctors. If you want to join the jam, bring your voice or your instrument. Make sure you bring your business card to enter the raffle sponsored by our generous Symposium exhibitors. We give away amazing prizes!

Preventing Miscarriage: The Chinese Medicine Perspective on Recurrent Pregnancy Loss and How to Devise a Treatment *by Jill Blakeway*

3 CEU/PDA Saturday, November 8, 2:00-5:00 pm

This course will focus on repeated miscarriages and the prevention of further pregnancy loss using Chinese medicine. The course will cover the main biomedical reasons that women miscarry and the ways Chinese medicine can be applied to each of them. Jill will draw on ancient texts as well as modern research to show how Chinese medicine has treated pregnancy loss both historically and in the modern clinic. Participants will learn how to diagnose each patient correctly and apply precisely tailored treatments to each case. Although the focus of this course is on preventing miscarriage, Jill will also cover managing an ongoing miscarriage and treating the grief and loss associated with miscarriage.

Qi Gong Ecstasy and Energy Protection *by Robert Peng*

3 CEU/PDA Saturday, November 8, 2:00-5:00 pm

In this workshop, Robert Peng will introduce different energy types and how to apply Qi Gong to everyday life as well as treatments. He will present step by step direction for a special technique called Dian Xue, which can strongly increase energy communication with clients and the effectiveness of treatments for any kind of bodywork. Robert will lead students in a Qi Gong practice called 'Qi Gong Ecstasy' and will conduct a powerful group healing.

Sunday, November 9, 2014

The Significance and Treatment of Prenatal and Natal Medical History *by Kiiko Matsumoto*

3 CEU/PDA Sunday, November 9, 9:00 am-12:00 pm

Most practitioners forget to ask patients about medical history that includes their gestation and birth. However, this is vital information that can provide deep insight into the patient's condition and improve treatment outcomes. In this course, Matsumoto will discuss the significance of those early life events, such as premature birth, epidural use, C-sections, and the health of the mother. Participants will also address how this information can help diagnosis and development of a treatment plan.

Developing The Doctor Patient Relationship With Mindfulness *by Greg Bantick*

1 CEU/PDA Sunday, November 9, 9:00-9:50 am

We all find certain patients difficult to be with. As practitioners we can sometimes feel drawn into ways of relating where we are left feeling uncomfortable, frustrated, and tired. Utilizing some of the views in our earliest literature and mindfulness, we can listen into the views behind the words patients use to describe their conditions. With mindfulness of the views and their choice of words, we can better understand both the way they are suffering, and the role they want us to play as their practitioner.

Clinical Understanding of TCM Zang Fu and Classical Medicine Differentiation, Part 1 *by Suzanne Robidoux*

1 CEU/PDA Sunday, November 9, 9:55-10:45 am

Participants of this seminar will review over 20 different clinical cases and analyze treatment approaches from a traditional Chinese medicine (TCM) perspective and compare them to a Classical medicine approach. While going over the Six Syndrome approach, participants will review over 25 discrepancies between TCM and Classical medicine, which can make a world of difference in clinical treatments. After this seminar, practitioners will have a deeper understanding of the differences between these two Chinese medical systems and how this is useful in professional practice.

Four-Point Needling for Soft Tissue Injuries *by Mark Kastner*

1 CEU/PDA Sunday, Novemer 9, 11:10 am-12:00 pm

This course will provide students with up-to-date information on current Western medical studies pertaining to the pathological changes found in soft tissue traumas such as tendons, ligaments, and muscles. These findings will then be related to the traditional Chinese medicine (TCM) diagnosis of "Stagnation of Qi and Xue". Learn how TCM can play a major role in the treatment of soft tissue disorders. A specific four-point needle technique will be profiled as a treatment for soft tissue injuries using the age-old protocol of "local, distal, and adjacent points".

Feng Shui for Healing *by Amanda Collins*

3 CEU/PDA Sunday, November 9, 2:00-5:00 pm **NCCAOM CEUs ONLY**

Feng Shui is an ancient art based on the Yin/Yang and Five Element Chinese medicine theories. With this course, practitioners will be able to identify what changes to make in a space (from a patient's home to the practitioner's own treatment room or office) for optimal health. Discover how to make treatments

Ready to Register? Go to

more effective by combining the Five Element Theory and Yin Yang Theory with Feng Shui to improve the flow of qi in the physical body as well as the patient's environment. Learn what environmental causes may be contributing to a patient's poor health. Case studies of various diseases and environmental remedies to improve symptoms will be discussed. Attendees will learn how to provide a treatment that goes beyond the table.

Clinical Understanding of TCM Zang Fu and Classical Medicine Differentiation, Part 2 by Suzanne Robidoux

3
CEU/PDA

Sunday, November 9, 2:00-5:00 pm

Participants of this seminar will review over 20 different clinical cases and analyze treatment approaches from a traditional Chinese medicine (TCM) perspective and compare them to a Classical medicine approach. While going over the Six Syndrome approach, participants will review over 25 discrepancies between TCM and Classical medicine, which can make a world of difference in clinical treatments. After this seminar, practitioners will have a deeper understanding of the differences between the two Chinese medical systems and how this is useful in professional practice. Participants will be able to understand symptoms from a different perspective and how to treat them according to the classical understanding of Zhang Zhong Jing.

Diagnosis and Treatment Techniques for Injury Recovery by Mark Kastner

3
CEU/PDA

Sunday, November 9, 2:00-5:00 pm

Students will leave this workshop with the ability to immediately use a simple needle technique to treat soft tissue injuries of all the major joints within the body. Students will also be given information for creating treatment protocols and tips on educating their patients to assist in recovery efforts. Complementary suggestions such as rest, heat and ice, electro-stimulation, and frequency of treatment to accelerate healing will be discussed. Students will be shown how to needle tendons, ligaments, and muscles to accelerate the healing of specific fibers in all the major joints. Myofascial techniques that assist in healing soft tissues will also be demonstrated, such as cross fiber massage, Tui Na, and cupping.

Moods in the Clinic by Greg Bantick

3
CEU/PDA

Sunday, November 9, 2:00-5:00 pm

All of us are affected by moods. The Huang Di Nei Jing, Shang Han Lun, and other texts teach that the body and mind are conditioned by outside factors such as weather, food, family, upbringing, and more. Physical symptoms can shape and condition our moods, and they can shape the experience of our diseases. At times, the moods that seem to accompany some diseases or life difficulties can seem too intense to tolerate. Participants of this course will learn how to interview those in distress and arrive at a clear diagnosis. Discover how to choose the best formulas, point combinations, and relevant adjunctive therapies to effectively treat a wide variety of common mood disorders. Chinese medicine is very effective both in alleviating and in developing resilience, stability, and tolerance of difficult moods. Additionally, find out strategies for self care.

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A confirmation postcard will be mailed to you. Please contact the Pacific Symposium office if your information is incorrect. Bring the postcard to Symposium for a smooth registration.

CANCELLATION/ REFUND POLICY:

All cancellations must be in writing via email to symposium@pacificcollege.edu. An administrative fee of \$50 is assessed on ALL cancellations, postmarked or email dated prior to Thursday, October 16, 2014. After Friday, October 17, 2014 a 50% cancellation fee will apply. NO refunds will be granted after Saturday, November 1, 2014, including no-shows. Refunds will be processed within 3 weeks of your request. Your refund will either be credited back to your credit card or mailed by check.

Schedule is subject to change. No audio or video recording will be permitted by cellphone or any other equipment. Violators will be asked to leave, and will be subject to badge confiscation with no refund opportunity.

Meeting Space and Seating

All seating is 'first come, first served' seating. All meeting spaces are locked, while not in session, and no items can be left in rooms to reserve a seat. The doors will open and seats become available 15 Minutes prior to the 2 pm workshop start time. Please arrive 15 minutes early to lectures and workshops to secure a seat. Once a room is full and there are no seats remaining, please plan to go to another workshop location. No refunds will be granted based on no seats available to preferred courses.

Conference Details

Hotel Accommodations

The Catamaran Hotel (Symposium site)
3999 Mission Blvd., San Diego, CA 92109
1-800-422-8386
www.catamaranresort.com
\$169 Single, Double/ \$189 Triple/ \$209 Quad

Questions Regarding Hotels and Airlines

Contact Barbara Weber, (619) 334-3180 or Confcoord@aol.com, for information regarding room sharing options.

Parking

Please note the following rates if you are planning to park at the Catamaran Hotel.
Hotel Guest: \$13.00/ \$17.00 Valet
Non-Catamaran Hotel Guest: \$8.00 for the first hour/ \$1.50 each additional hour, Day Maximum \$25.00. Hotel Parking validation stickers (all day parking for non-Catamaran guests) are available at the Symposium Registration desk after 11 am – rate \$13 per day.

*Street parking is available. If you choose street parking, please note the street sweeping signs posted in the Pacific Beach area.

Airport shuttle service to and from the hotel. The Catamaran Resort Hotel uses Cloud 9 Shuttle.

CEU/PDA Hours Pending

Pacific Symposium provides up to 64 Continuing Education hours total.

* You must pay the professional rate to receive CEU credit. Pacific College of Oriental Medicine Alumni receives 10% off the professional rate.

Recording

By registering for the Symposium, you understand that lectures and presentations held within the Symposium venues may be video and/or audio recorded for internal, broadcast, non-broadcast and promotional purposes. As an audience member, some of these recordings may contain your likeness and/or your voice. By your registration, you grant Pacific Symposium and its affiliates the irrevocable right to record and use any recordings containing your likeness and/or your voice for internal, broadcast, non-broadcast and promotional purposes.

No personal audio or video recording will be permitted, dismissal from the conference will be enforced. High quality CD recordings will be made of most sessions and available for purchase during and after the Symposium.

This Year's Speakers

Greg Bantick, MS, LAc received his early education in Chinese medicine in Sydney, in 1975. He holds a bachelor of acupuncture from Brisbane College of Traditional Acupuncture and a master's of traditional Oriental medicine from Pacific College of Oriental Medicine. While in San Diego, he served in curriculum advisory roles and as a senior faculty member and clinical supervisor for over 15 years. Bantick returned to Brisbane in early 2005 where he has a clinical practice and continues to teach at Chinese medical schools and to the profession.

Jill Blakeway, MS, LAc is a practitioner, author and speaker who appears regularly in the media to talk about Chinese medicine. Blakeway graduated from Pacific College of Oriental Medicine, San Diego in 1999 and is the founder and Clinic Director of the YinOva Center, which is a large multi-disciplinary complementary medical center in New York City. She co-authored her first book, *Making Babies* (Little, Brown, 2009), with a reproductive endocrinologist. Blakeway's second book, *Sex Again* (Workman Press, 2013), is about Chinese medicine for low libido. Blakeway is a former Associate Professor of Chinese Medicine at Mercy College in New York and currently teaches obstetrics and gynecology in the doctoral program at Pacific College of Oriental Medicine, San Diego. She has given a TED Talk and has appeared regularly on Dr. Oz. She's given Katie Couric acupuncture on TV and has talked about libido on The Talk and Fox News.

Lillian Pearl Bridges is the world's leading authority on face reading and facial diagnosis. In addition, she is a recognized expert on Five Element Feng Shui. Bridges lectures and teaches internationally to doctors, acupuncturists and other health professionals at conferences, colleges, and universities. She is the author of *Face Reading in Chinese Medicine*. She has also been a contributor to several other books on Chinese medicine published by Elsevier and for the Thieme Almanac and was a columnist writing about face reading and Feng Shui for several natural health magazines. Bridges was featured on the Dr. Oz Show in 2013 in the episode, "What Your Face Reveals About Your Health".

Amanda Collins is a Feng Shui expert, yoga teacher, and the owner and founder of the International Feng Shui School, a certification-training program. She has studied with leading Feng Shui masters in China, Australia, Europe, and South America. Collins' clients include companies like Dream Works, Bloomingdales, Morgan Stanley, Hewlett Packard, Bank of America, and Hyundai cars. She regularly shares her Feng Shui wisdom through the media and has appeared on FOX News, WB, and a host of TV stations, as well as in many publications. She trained with renowned masters in China at the Classical School of Feng Shui.

Felice Dunas, PhD, LAc is an international lecturer and educator. Dunas 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. Dunas 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.

Jake Paul Fratkin, OMD, LAc has trained in Korean and Japanese acupuncture since 1975, and Chinese herbal medicine since 1982, including one year of advanced training in Beijing. He is the author of *Essential Chinese Formulas* (2014), a new revision of *Chinese Herbal Patent Medicines: The Clinical Desk Reference* (2001). Dr. Fratkin has just published *TCM Case Studies in Autoimmune Disease with Dr. Zeng Sheng-ping* for People's Medical Publishing House, Beijing. He is the recipient of the Acupuncturist of the Year award, given by the AAAOM, as well as the Teacher of the Year award from the American Association of Teachers of Acupuncture and Oriental Medicine (AATAOM)

Yefim Gamgoneishvili, LAc co-founded his first clinic in 1992 working extensively with HIV/AIDS patients in San Francisco. Gamgoneishvili also concentrated on treating athletes and orthopedic issues, which led to the development to his unique approach of treating musculoskeletal related disorders. In 1997, he began teaching at American College of Traditional Chinese Medicine and has continued to serve as core faculty at ACTCM, Pacific College of Oriental Medicine (PCOM), and Daoist Traditions. As one of Dr. Wang Ju Yi's officially recognized apprentices, Gamgoneishvili teaches seminars on the subject of Applied Channel Theory in the United States and abroad.

Kenneth Goff is an accomplished Kirtan percussionist, drummer, vocalist, meditation guide, and gong master. Goff's path to sound healing and healing touch includes earning his Yoga Alliance RYT-200 yoga teacher certification, as well as a degree in Asian bodywork from Pacific College of Oriental Medicine (PCOM). His work in the field of energy healing includes Reiki Master credentials and courses in Healing Touch. With the use of fundamental notes aligned to the spiritual eye, throat, and sacral chakras, his three Chinese Feng (wind) gongs offer the listener an opportunity to align and calibrate their etheric energy.

Esther Gokhale, LAc is the creator of the Gokhale Method® now taught worldwide by over 20 teachers. Her book, *8 Steps to a Pain-Free Back*, has sold over 100,000 copies and is available in 11 languages. Gokhale has been the host of the public television program Back Pain: The Primal Posture Solution and has appeared in numerous programs and publications including the New York Times, which dubbed her "the Posture Guru of Silicon Valley". Gokhale has been a speaker at Google, IDEO, Mimosa Systems, and Varian Medical Systems. She also speaks with medical physician groups including Stanford, PAMF, UCSF and sports teams such as the trainers of the SF 49ers and several Stanford teams. Her method has been featured in publications including The San Francisco Chronicle, Toronto Sun, Chicago-Sun Times, Prevention Magazine, and AAOS.

Richard Gold, PhD, LAc has been practicing Chinese medicine continuously since his 1978 graduation from New England School of Acupuncture (NESA). Dr. Gold is one of the founders of Pacific College of Oriental Medicine (PCOM) and served on the PCOM Board and faculty for many years. Dr. Gold is the author of *Thai Massage: A Traditional Medical Technique*, now in its 2nd edition. In recent years, Dr. Gold has turned his interests to the study of neuroscience and the practical effects of sound on the brain and bio-energy. This led to the founding of Metta Mindfulness Music in partnership with world-renowned composer and performance artist, Yuval Ron and the creation of the CD box set of 'Ancient Wisdom & Modern Sounds' that combines the wisdom of the Six Healing Sounds from Chinese medicine with modern neuroscience theories of brain entrainment.

Holly Guzman OMD, LAc began her acupuncture studies in 1972 at age 13 in Afghanistan. At age 17, she traveled to mainland China to study, observing acupuncture anesthesia, herbal formulas, community health systems, and a school's daily acupuncture treatment program for student recovery. By her early 20s, Dr. Guzman completed clinical apprenticeships under the directions of Ted Kaptchuk, 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 traditional Chinese medicine in China in 1988.

East Haradin, DAOM, MTOM, LAc is a graduate from the Pacific College of Oriental Medicine (PCOM) where she received her MTOM in 1999 and DAOM in 2013. In 2004, she joined the faculty of PCOM as a professor and clinical supervisor. In 2010, she founded Gem Elixirz(TM) a company providing unique health related and intentional-based aromatherapy products. In 2013, Dr. Haradin conducted a clinical trial that proved that combining aromatherapy with acupuncture was more effective in reducing stress than acupuncture alone. Her private practice is currently in Newport Beach, California and she is the acupuncture specialist at the Mind Body Medical Group at the Chopra Center in Carlsbad, California.

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

Mark Kastner, LAc is an acupuncturist and has been in private practice since 1987. He is the author of *Alternative Healing* (Henry Holt, 1996). He has also published a novel *Closing the Circle* (Lotus Publishing, 2008), which delves into healing interpersonal relationships. He has made guest appearances on KNSD TV news (local affiliate of NBC). Over the last five years he has been teaching orthopedics and sports medicine at the Pacific College of Oriental Medicines graduate program. Mark has worked with numerous major sports teams including the Los Angeles Lakers, San Diego Padres, and San Diego Chargers.

Kenneth R. Koles, PhD, DSc, LAc has been a practitioner and instructor of the healing, martial, and esoteric arts for over 40 years. His focus has been the confluence of Oriental medicine and CranioSacral Therapy, which led to his development of the “Unwinding the Meridians of Acupuncture” curriculum. From years of working with various “Bone Doctors” and Dr. John E. Upledger D.O., Dr. Koles created Unwinding the Meridians as an energetic, kinesthetic approach to interact with the points and meridians of acupuncture. Dr. Koles teaches internationally for the Upledger Institute while maintaining a private practice in Shaker Heights, Ohio.

Peter Lambrou, PhD is a licensed psychologist with a private practice. He is the former Chairman of Psychology at Scripps Memorial Hospital in La Jolla California, where he continues to serve on the Psychology Executive Committee. Dr. Lambrou is a clinical member of the Association for Psychological Science, and he is a Diplomate in Behavioral Medicine. He has written and published books and articles for both the professional and trade markets, including his book *Self-Hypnosis: The Complete Manual for Health and Self-Change*, which has been translated into 14 languages, and *Stop Your Panic Attacks Now*. He also co-authored *Hyper-Performance: The A.I.M. Strategy for Improving Your Business Potential* with Dr. George Pratt as well as the award-winning book *Instant Emotional Healing: Acupressure for the Emotions*, published (Random House). Their most recent book is *Code to Joy: The 4-Step Solution to Unlocking Your Natural State of Happiness* (Harper Collins).

Giovanni Maciocia, OMD, LAc 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. Dr. Maciocia has been a regular contributor to the Journal of Chinese Medicine, and has also authored several Chinese medicine textbooks. In 2006, the Nanjing University of Traditional Chinese Medicine in China appointed Dr. Maciocia as honorary professor.

Cathy Margolin, LAc is a licensed acupuncturist and Diplomate of Oriental Medicine practicing in Los Angeles, California. Margolin founded her dream company, Pacific Herbs in 2010. Pacific Herbs brings innovative technology to Chinese herbal medicine for Western audiences. In addition to her herbal business, Cathy has written three books including *Stop Your Bitching...Naturally*. Her newest book *Rock Your Hormones! 30 Days of Tips for the Menopausal Woman* has recently been released. Margolin has a private Oriental medicine practice in Los Angeles. She is a health writer for The Huffington Post and a frequent guest on radio shows and health blogs and is committed to teaching preventative medicine.

Kiiko Matsumoto, LAc 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. Matsumoto 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. Matsumoto routinely teaches acupuncturists around the world, including the United States.

Robert Nations, LAc, MSTOM, Dipl. OM began his study of self-cultivation, herbs, and energetic healing in 1983 under the tutelage of Warren Gold. Nations 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), as well as Ted Kardash, Ph.D., MFT. In 1995, Nations received the honorable title of Tao Shi. He currently teaches at Pacific College of Oriental Medicine (PCOM), is a member of the National Qi Gong Association, and maintains a private practice in San Diego.

Arya Nielsen, PhD, LAc studied under the classical lineage of Dr. James Tin Yau So. Dr. Nielsen is also a teacher, author, researcher, and advocate for integrating East Asian medicine to conventional practice and discourse. She works at Mount Sinai Beth Israel, a New York teaching hospital where she also directs the Acupuncture Fellowship for

Inpatient Care. Dr. Nielsen is considered the Western authority on Gua sha: she authored the Gua sha definitive text and developed the Gua sha Certification Course. She recently consulted with the Joint Commission (the group who credentials every hospital and clinic in the US) on the inclusion of non-pharmacological therapies as strategies for pain.

Robert Peng is an internationally renowned Qi Gong master and teacher. Peng began an intensive apprenticeship at the age of eight under the guidance of legendary Buddhist monk Xiao Yao, an enlightened master known for his profound healing ability. At age fifteen, Peng performed a water-fast for 100 days in a dark room at the secluded mountain monastery in the Hunan province. Peng underwent a radical spiritual transformation and awakened his own amazing healing powers. He has now trained more than 150,000 students all around the world. His profound training techniques are reflected in his workshop and retreat: *The Master Key: Qigong Secrets for Vitality, Love, and Wisdom* BOOK/CD/DVD series.

George Pratt, PhD has been a clinical and consulting psychologist in private practice in La Jolla, California for over 30 years. Dr. Pratt specializes in mind/body techniques, psychotherapy, hypnotherapy, and performance enhancement. He is on staff and Past-Chairman of Psychology at Scripps Memorial Hospital, La Jolla. Dr. Pratt is the co-author of four books including *Instant Emotional Healing: Acupressure for the Emotions*; *Code to Joy Hyper-Performance: Release your Business Potential*; and the *Clinical Hypnosis Primer*. He has been a frequent guest of Larry King Live and has guest co-hosted Loveline for Dr. Drew.

Suzanne Robidoux, DOM, LAc is a Chinese medicine doctor, researcher, international professor, and author. After completing her master’s degree in Chinese medicine in the U.S., Dr. Robidoux moved to Taiwan to dig deeper in the knowledge of the Chinese classics. In 2004, Dr. Robidoux moved to Nanjing to complete her doctorate degree, where she focused her research on treating debilitating neurological diseases such as post-stroke paralysis, multiple sclerosis, anxiety disorders, and PTSD. At the time, she also practiced in a private hospital with a specialist in moxibustion for gynecological diseases such as infertility, PID, and uterine fibroid.

Yuval Ron is an internationally renowned World Music artist, composer, educator, peace activist, and record producer. Among his many honors, Ron composed the songs and score for the Oscar winning film West Bank Story. Under his leadership, the internationally renowned music and dance group, The Yuval Ron Ensemble, has been actively involved in creating musical bridges between people of the Jewish, Muslim, and Christian faiths and has been featured on CNN and National Geographic. Ron has also collaborated with neuroscientists Mark Waldman, Andrew Newburg, and others to explore the connection between sound and the brain and has received commissions from Metta Mindfulness Music to create music for healing use in clinics. He has been on the faculty of Esalen Institute since 2009, is an affiliated artist with the Center for Jewish Culture and Creativity, and a “Guiding Voice” for Seven Pillars - House of Wisdom.

Mary Elizabeth Wakefield, LAc, MS, MM is a licensed acupuncturist, herbalist, Zen Shiatsu practitioner and CranioSacral therapist. Wakefield is the author of *Constitutional Facial Acupuncture* (Churchill Livingstone Elsevier, 2014). For nine years, she was the facial acupuncture columnist for Acupuncture Today and has contributed articles on facial acupuncture and related topics to journals and spa periodicals worldwide. Wakefield recently created a two-year International Gold Standard Facial Acupuncture Certification Program and a master’s level program consisting of eight separate training modules. The first such program was held at Northwestern Health Sciences University and drew practitioners from eight countries and 11 U.S. states. A second program is now in the works for 2015-2016. Wakefield maintains a practice on the Upper East Side of Manhattan, in New York City.

Janet Zand, OMD, LAc has over 25 years of clinical experience in acupuncture, botanical medicine, nutrition, and homeopathy. Dr. Zand served as Chairman of the Board and Co-Founder and Formulator for Zand Herbal Formulas. She is the co-author of several books: *A Parent’s Guide to Medical Emergencies* (Avery, 1997), *Smart Medicine for Healthier Living* (Avery, 1999), and *Smart Medicine for a Healthier Child* (Avery, 2003). She holds a doctorate of Oriental medicine and is a practicing herbologist, naturopath, and certified acupuncturist.

An Interview with Music Composer *Yuval Ron*

INTRODUCTION

Pacific Symposium is happy to welcome and present to our Oriental medicine community the award winning and world-renowned composer, performance artist, lecturer, and peace activist, Yuval Ron.

Oriental Medicine Newspaper: What brought you to America and when was this?

Yuval Ron: I came to America in 1985, directly from Israel. I came to study music at Berklee College of Music in Boston where I majored in Film Scoring.

OM: How did you decide to attend Berklee? Did they find you or did you find them?

YR: No, I found them. I was into jazz when I was in high school in Israel. I found a great jazz guitarist who just came from Boston back to Israel. He was the best jazz guitarist in Israel and he was an alumni of Berklee. He was the first jazz guitarist from Israel who graduated from Berklee and then returned to Israel. I was so impressed with his level. I studied with him privately for several years and he recommended that I go to the school where he went; that led me to the school in Boston.

OM: What drew you to majoring in Film Scoring?

YR: When I was nineteen, I was in the military band in Israel. I met theater people in that troupe. I became really fascinated with the theater and they asked me to compose music for a play. It was a Beckett play that was very successful and the music was very well received. Then, I was asked to compose for another play and then another play, and I really fell in love with composing for theater. And that's what I did in Israel for three years, from age of nineteen to twenty-two. From these experiences, I changed my direction from being focused on jazz performance to being interested in composing music. By the time I came to Boston, I focused on writing music for film.

OM: How'd you end up in L.A.

YR: Well, the film music business brought me to L.A. I got a job while I was still in Boston; I was contacted by Fox Kids TV channel, and they asked me to come to L.A. to replace a friend of mine that had gone with me to school in Berklee and had recommended me for the job. Fox TV listened to my compositions and after a couple of weeks they called me and said we want you to move to L.A. in one week and start working on that series. Fox Kids TV brought me to L.A. in 1994.

OM: So, it was a children's show you first worked on?



Yuval Ron in action

YR: Yeah, I started my career in TV scoring a lot of the cartoons, Saturday morning cartoons, some live-action shows...I've done a lot of shows for kids.

OM: What is some of the other work you have done?

YR: Well, I started in theater and modern dance scoring productions such as Shakespeare's "The Tempest" in Boston. I've also done Beckett and Yeats in theater. I've done music for musicals like "Masada: The Musical Saga," which was a Broadway musical. I've worked on a lot of TV shows such as C.S.I., Two and a Half Men, Late Show with David Letterman, 60 Minutes, Grey's Anatomy, Oprah Winfrey, amongst many others. In 1998, I got into the record business thanks to Omar Faruk Tekbilek, a great Turkish Sufi musician who asked me to produce his album. This got me into producing albums and recording and working with record companies. And that led me to performing again, to go back to the stage, which I had not done for about sixteen years. I had become a full-time composer and I didn't even play my instruments. I wouldn't practice. I didn't even dream that I would ever play again, much less perform on stage. Since 2000, I have returned to performing in addition to composing and producing.

OM: So, when did you first work with sound and the brain function?

YR: Okay, that's interesting. In 1989, after I graduated from music school, I saw an ad in a Boston

music magazine from the Monroe Institute. They commissioned me to create works for getting the listener to go through a half hour trance, an emotional journey that would be accompanied by aural beats that they had created. So, they created a map of those frequencies of tones that they would play to the listener through headphones. One frequency in one ear, another frequency in another ear, and a third frequency would occur in the brain (this is known as binaural beats). They claimed, and still claim that by creating the third frequency in the brain, they can affect the emotions and the state of mind of the listener.

OM: So this was quite early on in what has become a rather big creative category of applied neuroscience through sound.

YR: Yes, the Monroe Institute was an early and important place where sound and brain science developed and has continued to be refined.

OM: What is your personal experience with acupuncture and Chinese medicine?

YR: I've been receiving treatments of Chinese medicine for many years since 1996. I used to get sick every winter with bronchitis, flu and colds, no matter what I did. I would lose a lot of workdays because, as a musician, if my ears were congested and I couldn't hear, I just couldn't work. And so, I had very strong experiences with the needles and I came to acupuncture to improve my immune

system. I went to Dr. Ilan Migdali and he put me on a protocol and he really boosted my immune system and taught me a lot about myself, my system, and my body. And since then, you know, I've been in really good, strong and stable health. So, that was my first encounter of Chinese medicine and I've gone to, I think four or five different doctors over the years.

OM: Did practitioners play music during your treatments at the different offices?

YR: Yes, they always played music and I always had problems with the music they played. I always had a problem. That was an issue. I couldn't relax. Because I would analyze the structure of the music and I would have critique and I would be annoyed by the fake instruments, fake synthesizer sounds and things that were really not sophisticated. And this bothered my relaxation. Eventually, I requested to receive my treatments in silence.

OM: What interested you in the six healing sounds in Chinese medicine?

YR: My various practitioners learned that I'm a musician and composer and they started telling me about the five elements and they said, you know, we wish we could have music for the elements. And one of them, Dr. Moshe Barkan started giving me material and information and he was really hoping

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Constitutional Facial Acupuncture: The New Protocols

By MARY ELIZABETH WAKEFIELD, LAc, MS, MM

We are presently experiencing a quantum evolution in our perceptions of the aging process, which involves the elimination of outmoded ideas about what it means to be elderly. This paradigm shift has been facilitated by half a billion Baby Boomers¹ worldwide who have provided a powerful stimulus for a collective change to the 'face of aging'. This is not the previous silent generation, but an outspoken, entitled demographic, which, by force of their sheer numbers, is amending existing conscious and unconscious social contracts.

Around the globe, there are unprecedented numbers of people who regard themselves as middle-aged; in fact, the population of individuals over 50 years of age is the largest in recorded history. With dramatic advances in Western medical technology and a parallel expansion of consciousness about the effectiveness of alternative strategies to promote and maintain optimum health, these high functioning people expect to live longer than their parents, with a level of vitality and enjoyment that would have been considered unrealistic by previous generations.

The impact of this revolution is also beneficial to younger generations, who are observing the Boomers as they actively reject pre-existing beliefs about health, beauty, creativity and vitality being the exclusive property of the young. These trailblazers are pursuing natural, holistic, and less invasive approaches to maintain a youthful appearance without sacrificing their wisdom and integrity. They adhere to a concept of beauty that embraces the totality of their experience, keeps them productive, and authentically transforms body and spirit.

As acupuncturists, we stand poised to address the concerns of all our patients, both the elder ones *and* the young, who, already primed by popular consensus, fear old age as a time of decline and illness. Metaphorically, we can function as a bridge, straddling both worlds of Western medicine and other complementary disciplines.

The Three Levels of Constitutional Treatment

THE JING

This level targets the Eight Extraordinary meridians, hereditary factors and their relationship to the endocrine system.



Needle placements for forehead lines

For example, Dai Mai, GB 41 Zulinqi and SJ 5 Waiguan, regulates migraines caused by menstrual imbalances. The *Yang Wei Mai* affects the nervous system via the Gallbladder and Liver meridians, and the points on the cranium, while the *Dai Mai* affects the hormonal system. Liv 13 Zhangmen, the front *Mu* of the spleen, and influential point of *Zang*, is important because 'unemployed sex hormones are neutralized in the Liver.'² Severe migraines often occur as a result of excess gonadotrophic hormones.

The Eight Extraordinary Meridians are considered to encode fundamental hereditary aspects of the individual, what Oriental medicine terms the *Jing*; thus, employing them in the context of a facial acupuncture treatment can have profound impact upon both the visible and implicit symptoms of the aging process, promoting healthy aging, greater quality of life and harmony.

THE YING

The Ying level, which targets post natal Qi and utilizes the Twelve Regular Meridians, is the second constituent of Constitutional Facial Acupuncture's three pronged constitutional approach.

While traditional Chinese medicine (TCM) diagnostics focus on qi, blood and fluids to address this level, I also integrate it with the Five Elements and their interaction with the pathology of the Twelve Regulars.

This particular constitutional treatment is based upon Japanese acupuncture:

The Liver and Gall Bladder signs and symptoms usually are more pronounced on the right side of the body. The patient may have weight issues, hepatitis, cirrhosis, or a fatty liver, and additionally manifest addictions to alcohol and drugs, including prescription drugs.

Hormonal headaches involving the pituitary gland originate at UB 2

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unconscious, or repressed material in the form of mental or emotional disturbances, such as anxiety and depression. Psychoanalysis and psychodynamic therapies seek to help patients understand their defense mechanisms such as repression, denial, and projection. In addition to fostering insight, they use therapeutic interventions such as dream analysis and free association to words and images.

WHAT IS BEHAVIORAL THERAPY?

Another evolution of psychology is Behavioral Therapy movement, which is based on the belief that behaviors can be measured, trained, and changed. Behavioral Therapy considers that all behaviors are acquired through conditioning. Conditioning develops through a person's interaction with their environment, including observing the behavior of others. One of the key interventions of behavioral therapists is **Operant Conditioning**, which is a method of learning or changing behaviors which uses rewards and punishments for targeted behaviors.

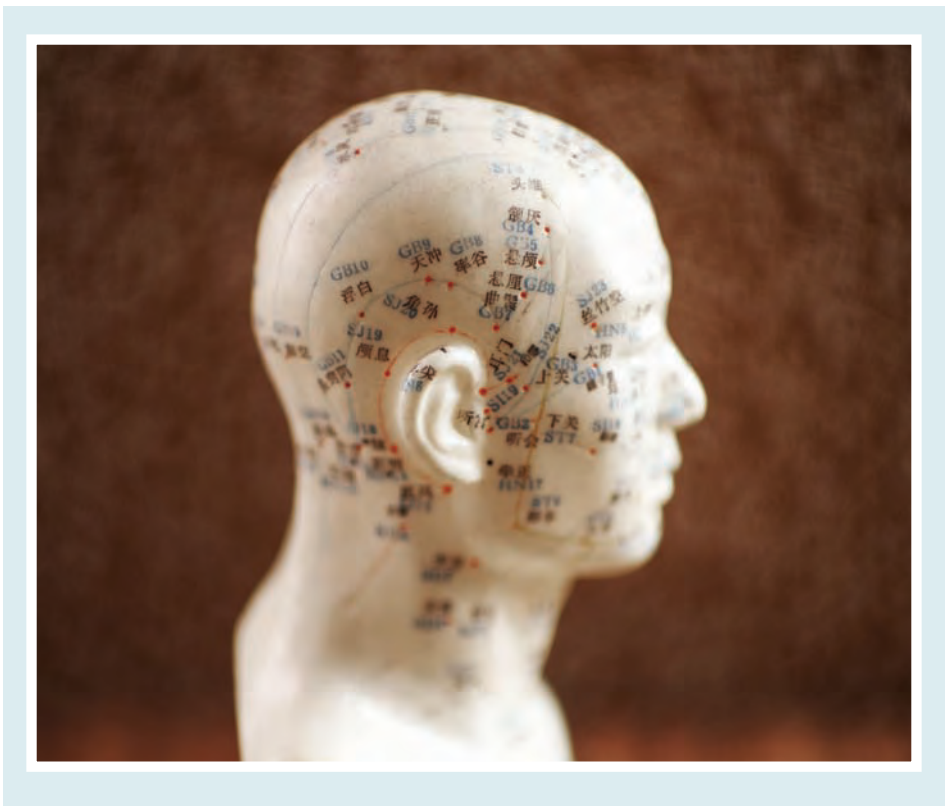
WHAT IS COGNITIVE THERAPY?

Cognitive psychology is concerned primarily with a person's thought processes. Cognitive therapists examine how thought processes influence how a person understands, interprets, and interacts with the world around them and the future. It's in sharp contrast with behavioral theory, yet many psychologists merge the two theories to form what is called cognitive-behavioral theory or CBT. CBT has become a standard of practice for many psychological conditions including anxiety and depression and posits that behaviors are the direct result of internal thoughts and core beliefs, which can be controlled and changed. For example, a person who perceives a small setback in an exaggerated way may see the loss of a job as catastrophic, and will feel and behave according to that perception. They may shut down and not even look for another job, believing that their prospects are dismal. A shift in thought about that job loss to being a minor life event will allow the person to recognize their own strengths and resources and act accordingly (such as search for a new job).

While this is not a comprehensive overview of the evolution of modern psychology, we offer this "fly-by" to set the stage for another evolution that is Energy Psychology.

A NEW WAVE HAS FORMED: ENERGY PSYCHOLOGY

Around the mid 1980's, a prominent psychologist, Roger Callahan, had contact with several colleagues including chiropractor, George Goodheart and psychiatrist, John Diamond



as well as acupuncturists whose names are lost to this history. Over the course of a decade, these innovators discovered a process that incorporated elements from kinesiology, acupuncture, and psychology that provided a remarkable method for rapidly resolving fears and phobias.

Dr. Callahan had an employee, Mary, who worked at his home in the desert town of Indian Wells, California. Mary was visibly frightened of water and gave wide berth to the swimming pool in Callahan's back yard. One day, as an experiment, Callahan asked Mary to tap on an acupuncture point directly beneath her eye on the high cheekbone while she viewed the pool from a distance. This point was Stomach 1 and Callahan theorized that because her symptom of fear was largely experienced as distress in the gastrointestinal area that it might provide some relief.

In fact, it did provide Mary with some relief. Gradually, self-applying pressure to that specific acupoint by way of continual tapping, Mary was able to move closer and closer to the pool, something she'd never done before. Finally, after many days and many applications of this process, she was able to touch the water and thus functionally overcome her morbid fears of water. This led Callahan to further explore the possibilities of combining self-applied acupressure with a psychological process of exposure, either directly or in imagination.

PSYCHOLOGY AND TRADITIONAL CHINESE MEDICINE MEET

Psychiatrist John Diamond, who authored several books including, *Life Energy*, and *Your Body Doesn't Lie*, described his exploration of the connection between the meridians and specific emotions. He posits that the stomach meridian is associated with contentment and calm on one end of

a continuum and disappointment and disgust on the other. Diamond does not address medical issues with the meridians and focuses primarily on emotions, temperaments, and personality factors associated with specific meridians. For example, he associates the kidney meridian with sexual indecision and the large intestine meridian with guilt and self-worth. He used processes of testing muscle strength while pressing or touching certain acupoints to determine, in his words; "...the effects of nearly all stimuli, physical or psychological, internal or external, on the human body...most importantly for our purposes, each meridian is also associated with a specific negative and a specific positive emotional state."

The point is that Diamond, who influenced Callahan, along with others, began to codify a system of using meridians and their beginning and end acupoints for treating emotional distresses across a wide spectrum, from anger and anxiety to regret and shame. This system represents a significant departure from CBT. A variety of treatment protocols emerged from Diamond and Callahan's explorations and formulations, including our own, which we call Emotional Self-Management (ESM). ESM is detailed in our book, *Instant Emotional Healing: Acupressure for the Emotions*, published by Random House.

AN ALPHABET SOUP OF TECHNIQUES

Over the past 20 years, a number of clinical studies and anecdotal evidence has accumulated for the effectiveness of a number of what has come to be broadly called Energy Psychology (EP) methods. These appear as an alphabet soup of acronyms such as TFT, EFT, ESM, TAT, HBLU, and many others. Thought Field Therapy (TFT), Callahan's iteration, was one

of the first to gain clinical traction and was streamlined by a non-clinician, Gary Craig, who first used TFT for himself then modified the system Callahan developed so as to be more user-friendly. Craig disseminated his method dubbed, Emotional Freedom Techniques (EFT) and made it available to clinicians as well as the general public at low or no cost. Thus, EFT became the most widely recognized version of EP. Over the past two decades, refinements have been made in some cases, as with our ESM, to include energy corrective processes called Reversal Corrections.

ACUPUNCTURISTS ENTER ENERGY PSYCHOLOGY

Tapas Fleming, one of the earliest acupuncturists to enter the EP arena, developed her own version called Tapas Acupressure Technique (TAT). The Association for Comprehensive Energy Psychology (ACEP) currently has about half a dozen acupuncturists as members. ACEP has become the trade group for therapists, coaches, and clinicians of all disciplines who are interested in or currently using one or another EP method.

All of the various forms of Energy Psychology (EP) methods and their taxonomy are too vast to explain here, but the research has largely been on Emotional Freedom Technique in one or another form. Psychologist, David Feinstein, has been the most prolific published writer on the theory and mechanisms of action of all EP methods. In his 2012 article in the *Review of General Psychology*, a peer-reviewed American Psychological Association journal, he found 51 published articles on some aspect that would qualify as EP with 36 of those studies systematically measuring outcomes of multiple treatments while using some form of tapping on acupoints. We conducted one of those published studies, which focused on claustrophobia. In our study, we measured psychological factors of state vs. trait anxiety, physiological measures of EEG, EMG, heart and respiration rates, and a measure of electro-conductance within the meridians using Motoyama's Apparatus for Meridian Identification (AMI). We compared a treatment group of claustrophobic individuals with a group of non-claustrophobic individuals and found both clinical improvement (less fear) as well as changes in several physiological measures after a single 30-minute treatment (*Subtle Energies & Energy Medicine*, Vol. 14, No.3).

HOW DO ENERGY PSYCHOLOGY METHODS WORK?

The marriage of psychology and acupuncture continues to evolve and

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that I would compose something. Dr. Barkan revealed that to me because he was hoping that I would compose music for those elements because he felt that they didn't have anything good to play that would invoke those elements. But he never followed up with me and I didn't have time to get into it without support. I researched it a little bit and put it aside and moved on because I was very busy with other projects.

OM: So, how did you meet Dr. Rick Gold and what initiated the Metta Mindfulness Music project?

YR: I met Dr. Rick Gold at Esalen Institute three years ago in 2011. We were both on faculty that summer. He was teaching his course on traditional Thai Bodywork and I was teaching my course on sound and mysticism and the impact on the brain.

OM: So by this time, you're deeply into neuroscience and sound?

YR: Yes, because I've been teaching already for three years with Dr. Mark Robert Waldman who wrote the book *How God Changes Your Brain* that is all about the neuroscience of the brain and music and chanting and spiritual work. I met Rick briefly on the grounds of Esalen and I heard about him from a friend who took his course. And she said, "oh you have to meet Rick, you have to meet Rick Gold." We didn't get to connect at Esalen and then I 'bumped' into him on the way back to L.A. in a restaurant between Esalen and Los Angeles in Morro Bay. His family stopped in one restaurant and my family happened to stop in that very same restaurant at the same time. We ended up right at the same table at the same restaurant, without planning it; but it was planned by greater powers. Rick and I started to have a dialogue about music, about art, about medicine and then after awhile, Rick told me that he has a project he wanted to talk to me about, the Six Healing Sounds. And then we started talking about sound and the impact of sound on healing and the brain and we started shaping what would become the Metta Mindfulness Music project.

OM: In the Chinese medicine theory of the five elements and six healing sounds, each of these elements is assigned a musical tone. So, as a composer, what did that mean to you as you began to create the music?

YR: The first clue about what to do with the elements was that I found that the ancient Chinese indicated that there's a certain tonal center, a certain tone that is the home, that is the center for that element. And I followed their ancient guidance on that. I didn't deviate from it at all. And they indicated that a certain musical note is the one for Earth, so I centered my whole

composition for Earth around that tone. And actually, that tone is holding on throughout the whole music composition, through the whole CD, that one tone is there. And around that tone, there are musical developments that always come back to that home, that one, that center that is the one tone that the Chinese indicated that is the natural vibration, natural frequency for that specific element. Each tone is a different vibration. It's a different resonance on our body. And it makes us feel differently, it vibrates us in a different way. So, if you have a tone that is slightly higher, it may resonate in a different chamber in our body, in a different chakra, in a different center. And so it was very important to choose the right tonal centers for each of the elements. I didn't experiment with that. I trusted the ancient Chinese. I stayed with that.

OM: At a certain point, Rick Gold commissioned you with a task of creating music that affected each of the elements and all the emotions and vibrations associated with each of those elements.

YR: Yes, exactly, he tasked me with creating music that would invoke the elements.

OM: And part of that creation was he wanted to utilize your skill with sound and neuroscience. So while you were building it with the vibrations of the elements and the tones, you were also shaping the music for particular effects on the brain?

YR: Yes, what I wanted to do is to consult Western science literature on what has been proven through neuroscience and music therapy studies. I wanted to find what was proven to work in specific ways on humans in clinical trials, in studies. I wanted to find out which musical modes promoted healing, which music was used to reduce blood pressure, to increase relaxation, to increase the rate of recovery after stroke and surgery. And I looked at all those studies and I gathered all the materials that were out there and I used that for each of the elements whenever I wanted to invoke something specific. What we have created for Metta Mindfulness Music utilizes both the ancient Chinese observations on what works, plus the Western scientists and neuroscientists that are researching what works and how it works on the brain.

OM: You chose, in the Metta Mindfulness Music production to use live musicians and not synthesized music. Why?

YR: Right, that's very important for this project because first of all, there's a lot of music in the marketplace that is solely synthesized and I believe the

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ARE YOU THE MARRYING KIND OF ACUPUNCTURIST? continued from page 28

one of the most likely explanations for the mechanism of action for the reduction of emotional distress has been put forth by Feinstein. He offers that "Imaging studies showed that the stimulation of certain points with needles reliably produced prominent decreases of activity in the amygdala, hippocampus, and other brain areas associated with fear. In almost all EP acupoint stimulation protocols, the physical procedure is done simultaneously with the mental activation of a psychological problem or desired state. In this sense, energy psychology with PTSD and other anxiety disorders is an exposure technique" (*Review of General Psychology*, Vol. 16).

WHAT DOES THE EP FUTURE LOOK LIKE?

In a not too distant future, we envision that more acupuncturists will blend their skill-sets with psychological principles to address uncomplicated cases of phobias, anxiety, and depressive disorders, just as they already assist patients in quitting smoking, weight loss, and other quasi-psychological problems. Some licensed acupuncturists have already pursued counseling and advanced psychology degrees to marry what they know about the body with what they've learned about the mind to create elegant mind-body healings. This is a trend that we hope will continue. **OM**

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specializing in anxiety, work stress, and emotional management. He is the author of *Self-Hypnosis: The Complete Manual for Health and Self-Change*, which has been translated into 14 languages, and *Stop Your Panic Attacks Now*. He is also co-author, along with Dr. George Pratt, of the books *Hyper-Performance: The A.I.M. Strategy for Improving Your Business Potential*, the award-winning book, *Instant Emotional Healing: Acupressure for the Emotions*, published by Random House and their most recent book, *Code to Joy: The 4-Step Solution to Unlocking Your Natural State of Happiness*, from Harper Collins. Dr. Lambrou is past Chairman of Psychology at Scripps Memorial Hospital in La Jolla California, where he continues on the Psychology Executive Committee. Dr. Lambrou is a clinical member of the Association for Psychological Science, and he is a Diplomate in Behavioral Medicine.

GEORGE J. PRATT, PhD is a licensed clinical psychologist with a private practice in La Jolla, California where he specializes in psychotherapy, hypnotherapy, behavioral medicine, performance enhancement, and corporate consulting. In addition to co-authoring books with Dr. Lambrou, he is also co-author of *A Clinical Hypnosis Primer, Expanded and Updated*. Dr. Pratt is past Chairman of Psychology at Scripps Memorial Hospital, La Jolla, a Diplomate of the American Board of Medical Psychotherapists; the American Academy of Pain Management; and the American College of Forensic Examiners. He is also a member of numerous professional organizations including the American Psychological Association and is in Who's Who in America.

FENG SHUI AND CHINESE MEDICINE continued from page 11

sleep, eat, and work. We would bring in elements, colors, and symbolic items that will support fertility and energy flow to start a family.

Like the body, buildings also have meridian lines running through them. In Feng Shui, we call these *Earth Meridians* and we use Earth's acupuncture to bring about balance in the environment. Again we would use the same remedies with the five elements and three cycles of creative, reductive, and destructive phases to create energy flow. In acupuncture, practitioners often burn moxa to get energy flowing, and in Feng Shui we use sage or palo santo.

In both acupuncture and Feng Shui, we view the flow of energy as we view the flow of water to promote a healthy circulation in both home and body. A practitioner of Chinese medicine might recommend a cleanse with herbs and certain foods to bring the body into balance, while in Feng Shui the same suggestions are made to de-clutter the rooms, drawers, cupboards, and to

perform a cleansing on the space.

Chinese medicine's goal is to release Sha energy blockages in the human body because such blockages create disease or dis-ease. Feng Shui also releases Sha energy, but in this practice it's released from the home to support sleep, digestion, and peace—qualities in the home environment that promote health in the human body as well. **OM**

AMANDA COLLINS is the founder of the International Feng Shui School, a certification-training program. Amanda was born and raised in Ireland. She has studied with leading Feng Shui masters in China, Australia, Europe, and South America. Amanda's clients include companies like Dream Works, Bloomingdales, Morgan Stanley, Hewlett Packard, Bank of America, and Hyundai cars. Amanda regularly shares her Feng Shui wisdom through the media and has appeared on FOX News, WB, and a host of TV stations, as well as in many publications. Find out more about Amanda at www.AmandaCollins.com

The Misdiagnosis Of Tendonitis

By MARK KASTNER, LAc

Tendonitis is the single most diagnosed chronic connective tissue disease in Western medicine. It affects every major joint within the body and can make the most well conditioned athlete limp to the sidelines, as the pain can be overwhelming. Whether it afflicts a professional golfer or weekend tennis player, tendon pain is a huge problem affecting all sports.

In our everyday lives, tendon pain also creates major problems. According to statistics of Workers Compensation injuries in California, repetitive motion disease (aka tendonitis) is the leading diagnosis for claims and disability in the state. Over the years, studies have begun to shed new light on this age-old problem, and it is my belief that acupuncture is positioned to play a major part in helping to solve this pattern of chronic pain.

When I began my practice 27 years ago, Cortisone use for tendon pain was a no-brainer for most Western doctors. They didn't think twice about using it over and over again to alleviate the pain associated with their diagnosis of tendonitis. However, this slowly began to change as some interesting studies began to poke holes in the fundamental understanding of what was really creating that pain. By the mid-eighties, there was indisputable evidence that the paradigm for diagnosing and treating tendon pain had been completely wrong. Histological studies (study of cells) showed that in chronic tendon pain there was a minimal amount of inflammation. (2)

How could this be? Tendonitis is, by definition, "inflammation of the tendon". But that's not what they found. It was discovered that there were no inflammatory cells, while the inner tendon fibers had degenerated and were disorganized. (Fig. 2) Many fibers, in fact, had micro tears exhibiting long-term load stress that had caused trauma to the fiber itself. This can be seen clinically as patients with chronic tendon pain will commonly lose strength and function in the associated joint.

You would think this information was so groundbreaking that treatment protocols would have changed to reflect it. However, that's not what happened. Yes, the amount and frequency of Cortisone therapy has declined, but to this day it continues to be used to treat inflammation that is simply not there in chronic cases. And, in fact, the evidence shows that corticosteroids can contribute to further injury of the tendons fibers. (2)

Let's go back and take a more detailed look at the studies and see

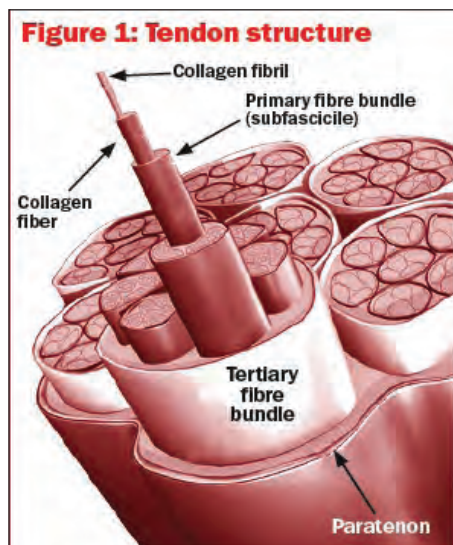
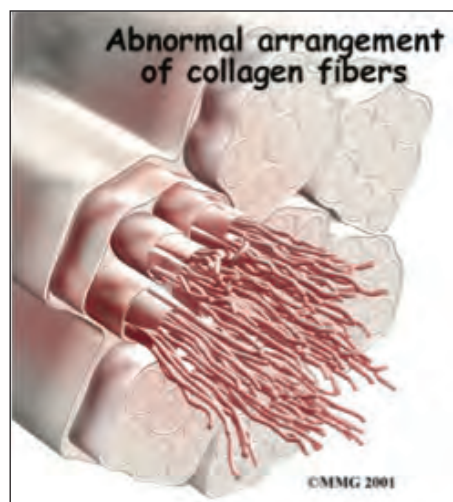


Figure 2



why acupuncture with electro-stimulation can play an important part in helping patients reduce their tendon pain. First, let's review the basic function and structure of tendons to understand the causation of tendon pathology. Tendons, as we all know, attach muscles to bones. There are two important areas in this connection; they are the tendon muscular junction, and the osteotendinous junction. The muscular tendon junction is where muscle tissue morphs to become tendon fibers and the osteotendinous junction is the area in which the tendon literally grows into the bone called the condyle. These tendon junctions are where the majority of tendon fiber injuries occur.

All connective tissue is made out of collagen fibers, however, tendon fibers are specialized to be able to handle the enormous loads our muscles put on them. Biomechanics studies have shown tendons can handle up to 10 times our own body weight during stress tests. They are able to accomplish this because of a number of interesting characteristics of the tendon itself. Tendon structure is based, as you can see by Fig. 1, on a pattern of fiber bundles that becomes smaller and smaller throughout the tendon. These fibers are made up

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When Sex Goes Bad: *How Sexual History and Abuse Can Affect a Patient's Health*

By FELICE DUNAS, PhD, LAc

The pendulum swings wide when it comes to sexual experience. On one end is the most loving and intimate act between two people, an expression of deep affection and respect resulting in new life. On the other is an act of war that can be heinous, vicious, heartbreaking, and even murderous. Certainly you have seen the benefits of healthy intimacy and eroticism in the lives of your patients. But have you recognized the ramifications of unhealthy intimacy?

The erotic healing arts and practices of our medicine have been used for thousands of years to correct health and personality problems, and are even older than acupuncture. Given this history of Chinese medicine viewing sex as closely linked with health, it is important to understand the health impact of negative sexual experiences.

As practitioners, we must recognize that the aspect of self that is sexual and gender related is closely related to health. You cannot separate your patients' sexuality from the rest of who they are. Sexual and romantic behavior and sensation are direct expressions of the energetic profile, the Oriental medicine (OM) diagnosis, and condition of qi and Blood that makes up the health, outlook, and personality of every individual. Here are a few statistics to show you the epidemic numbers of "sex gone bad" experiences that your patient base is living through.

A female, over age twelve, is raped in the United States every two minutes. **One of every six women** has experienced or will experience attempted or completed rape in their lifetime. There are over four million female rape victims in the U.S. **One in thirty-three men** have or will experience an attempted or completed rape in their lifetime. In 2003, one in every ten rape victims were male with over 2.8 million men in the U.S. having been victims of sexual assault or rape.

Thirteen thousand abortions are performed each year on female children/adolescents involved in incest. This is considered to be equivalent to **less than one percent** of incest victims. Most incest victims who become pregnant do not have family permission to abort and must carry the child to term.

- **Over a quarter** of the children in the U.S. are sexual assault victims and, as a result, they are more susceptible to the following conditions:
- **3 times** more likely to suffer from depression
- **6 times** more likely to suffer from post-traumatic stress disorder
- **13 times** more likely to abuse alcohol

- **26 times** more likely to abuse drugs

Are you seeing anyone with these disorders in your practice?

Sex goes bad in other, less obvious ways as well. Some examples of which, though subtle on the outside, can have long-term negative physical, emotional, and energetic effects on your patient base.



Some examples are:

- Jarred was 12 when he found a dating website that featured nude photos. Old enough to know what he was looking at and young enough to have never seen it before, he was "hooked" until after 11pm, even though it was a Tuesday night and his bedtime had long passed. The next day, and for several days thereafter, he was not quite himself. Quick to anger at school, irritable with his younger sister, this studious, introverted boy ended up violently pushing the girl whose locker was next to his because he says she "made me mad". A meeting with the school principal ensued, followed by a call to his parents. It took another 36 hours for Jarred to have the courage, clarity, or whatever it took, to tell his folks what he had seen online earlier in the week. He didn't connect the two events and, even with the telling, didn't understand that they might have been related. He was fortunate that his parents understood and could teach him.
- Jenna wasn't sure how it happened on her first date with Dave. Though she hadn't intended to, she had sex with him. She didn't enjoy it and felt pushed into it, sort of. He didn't pay much attention to what she might have liked. But she found him attractive and his desire validated that he wanted her, so she went with it. Afterwards, she was surprised when she didn't hear from him again. Then she hated herself for having liked him in the first place and decided that she was a "slut". From that time on, her social behavior dramatically changed. She began throwing herself at almost any boy who showed interest, as her self-esteem spiraled downwards.
- Is Thomas' girlfriend a sex addict because she can't be monogamous no matter how many times she promises to be and no matter how badly her promiscuity hurts him?
- Is Erin's husband right when he says she had better stay with him because she's so unattractive that no one else will want her?
- Is Josh reasonable in considering suicide and murder because, as a college-age virgin, no girls will want him?
- Is Susan unworthy of erotic love because she has gone through menopause and has lost the ability to lubricate? Are her wrinkles a reason to discredit her sexual value?
- Is David's fear of sex appropriate? If his erections don't work as they used to, is he right to avoid his wife's invitations for fear of facing this change?

Sex is the force that brings us into life, the essence that links us to those who came before and to those who will descend from us. It

is the drive for reproduction and the method by which we quench our desperate need to recreate our species. It is at the root of our identities as individuals and, in Oriental medicine, it is the aspect of life that symbolizes all of life. According to the oldest teachings in our medicine, when the power to have erections, generate lubrication, and experience orgasm leaves the body, life itself has left the body. In short, if you do not include a rich understanding of how human sexuality, identity, and health are linked, you minimize your effectiveness as a practitioner.

The effects of sexual injuries travel deep down to the Kidney where sex lives, to the deep ocean of Jing, the power of our inheritance. Five Element Theory tells us that the Ko cycle carries qi from our ancestral chain and genetics (Kidney) to our personal identity, worldview, and self-understanding (Heart). It is sex that controls our perception of reality, not the other way around. The Water element controls Fire. And yet, as important an understanding as this is, most of us are unclear as to how negative sexual experiences affect our patients and what we can do about it.

Many in your practice have "bad sex" stories that would make you cringe if you knew them. And though they may be too ashamed, wounded into silence, or discrediting of their own trauma to tell you, the energetic results of those stories can be found in their pulses, their smells, their tongues, bodies, and their views of themselves.

In my Friday afternoon class at Pacific Symposium, 2014, I shall be discussing the effects of negative sexual attitudes and experiences on your patient base. We will have a dialogue about your specific patients with a unique perspective--that of our professional ancestors, and explore their deep wisdom and understanding of human sexuality. You will learn how to approach this sensitive topic effectively and "safely" with patients and will be given simple and practical tools for addressing the energetic ramifications of negative gender related and sexual events.

All practitioners should have exposure to these ideas as they are among the oldest and most consistently used in our profession's history. If you don't come to this class, make an effort to learn these ideas some place else! Our professional ancestors knew what they were doing and with the tools they developed you will bring far-reaching benefits to those who seek your guidance. **OM**

New TCM Tools to *Replenish* and *Repair* Our Gut

By CATHY MARGOLIN, LAc, Dipl OM

Our health landscape is changing rapidly and we find ourselves in a new era. An era of degrading food supply, systemic inflammation, and overuse of drugs, including antibiotics. Living in our modern world takes its toll and we see it in our practices everyday. Antibiotics are failing, superbugs are on the rise, and digestive health is compromised by food and lifestyle choices. Society is at a new crossroads. On one side, antibiotic-resistant bacteria are currently killing approximately 23,000 people every year and the number of antibiotic resistant superbugs is climbing.¹ On the contrary, long-standing and pervasive over-prescribing of antibiotics is at an all time high. Additionally, we are exposed to antibiotic effects by eating many meats and using antibacterial soaps. Never before in history have we had to overcome the effects of man-made drugs in the quantities we are seeing today. By having a well stocked tool box and the ability to talk about Traditional Chinese Medicine (TCM) with Western medicine friendly language, we may be able to lead a worldwide resurgence of healthy modalities to combat super bugs and promote long-term digestive health. I strongly believe we have tremendous healing opportunities in this new era.

Chinese medicine has always been a deeply holistic healing approach. We know acupuncture and herbs have far reaching effects to heal even the most difficult pathologies. But the focus here is the importance of digestion. Whole schools of

thought were developed in the 12th century stressing “the importance of Preserving Stomach-Qi” as the most important treatment method. Digestion is a corner stone of TCM with a full range of modalities including: healing cuisine, herbs, acupuncture, and Qi Nei Tang, to name a few. Zhang Jie Bin, one of the four great masters from the Ming Dynasty and one of the most important doctors in the history of TCM wrote, “The doctor who wants to nourish life has to tonify stomach and spleen.”³

Could simply treating the spleen and stomach with acupuncture along with treating the chief complaint be enough? Although this is an easy approach to include into just about every treatment protocol, I believe there is much more we can do that already falls into our scope of practice. Our place is at the forefront of the “healthy gut” movement. What Western science is “discovering,” we have known for thousands of years and what Western science is giving us are tools that can help convince our patients of the critical importance of their digestive health.

Emerging science is proving our gut is acting as our “second brain”.⁴ Its ability to constantly transform us is being unraveled by trail-blazing scientists studying human bacteria worldwide. The project, known as the Human Microbiome Project may have something to teach us about the way we practice TCM and Eastern/Integrative medicine today. The Microbiome Project is confirming microscopic bacterial colonies living in our digestive tract have important jobs for both our physical and mental well being. They are confirming what we have always known: If we nourish them, we simultaneously nourish ourselves. Because, *“for hundreds of thousands of years bacterial and human cells have existed in a peaceful symbiosis that is responsible for the health and equilibrium of our body. Now, this invisible Eden is being irrevocably damaged by some of our most revered medical advances—antibiotics—threatening the extinction of our irreplaceable microbes with terrible health consequences.”*⁵

Trillions of tiny microbes living on our skin, mucosal membranes, and in our intestines are helping us extract nutrients from our food. Others are exerting enormous influence over our metabolism, hormones, cravings, and even our genes. The Microbiome Project is proving healthy gut bacteria is the secret to dramatic weight loss, significant improvements in overall health, mood, energy, and mental

function. The dysbiosis of our guts is contributing to systemic inflammation, leading to the rise of obesity, asthma, diabetes, autoimmune diseases, and certain forms of cancer. In addition, The Human Microbiome Research Project is also inadvertently proving what Chinese medicine has understood and has practiced for centuries: maintain the health of the spleen and stomach and lower jiao, and you have the basis for good health.

When we nourish the spleen/ stomach we indirectly tonify all the other organs.⁶

The good news is that unlike our inherited genes, which are more or less fixed, we can exert a huge influence over our gut bacteria genetics. “We can repair some of the damage to your gut bacteria simply by changing your dietary habits,” remarked Oluf Pedersen who co-headed the Danish portion of the Metagenomics of the Human Intestinal project.⁵ When we counsel our patients on their dietary habits, we can be successful at preventing and reversing the top three pathologies of our time. These three include:

1. **Obesity** - Gut bacteria appear to help food processing functions by producing signaling chemicals that regulate our appetite, satiety, and digestion. People with low bacterial richness are significantly more likely to be obese.⁷
2. **Insulin Resistant / Diabetes** Those with less bacteria diversity are more likely to be insulin resistant and at greater risk for diabetes or heart disease.⁸
3. **Cancer** - The Microbiome Project is providing insights into new ways in which our bacteria, viruses, and fungi interact with our bodies and increase cancer risks.⁹

Help Your Patients Restore and Repair Gut Flora by Integrating New Tools into Your Practice.

Research has shown that we can reshape, repopulate, and even cultivate beneficial bacteria. As health practitioners, we are the gardeners able to help change the landscape for our patients. So, where do we start? In regard to acupuncture treatments, Giovanni says “The stomach and spleen could be tonified at the end of each season, particularly at the end of winter, to regenerate the energy.”¹⁰

In addition to acupuncture, we can prescribe dietary supplements such as probiotics. However, I do **not** believe probiotics supplements (alone) are the answer. Consuming higher and

higher dosages of probiotics with one, two, or ten probiotic Colony Forming Units (CFU's) can cause dysbiosis. Research shows no single probiotic is specific for every individual's microorganism makeup. Although there may be a benefit to taking a certain strain(s), we have no current tools to decipher which strain is most beneficial for which patient. Long term benefits are also unproven. Failure to change dietary habits or prescription drug use will prevent healthy bacterial colonies from thriving and will disable them from becoming longterm beneficial communities.

As a health practitioner, I believe the answers for our patients can be found within a variety of modalities including acupuncture, patient education, dietary changes, practitioner tools and herbs to cultivate healthy bacteria. We have a huge opportunity to alter our patients' gut flora with these tools.

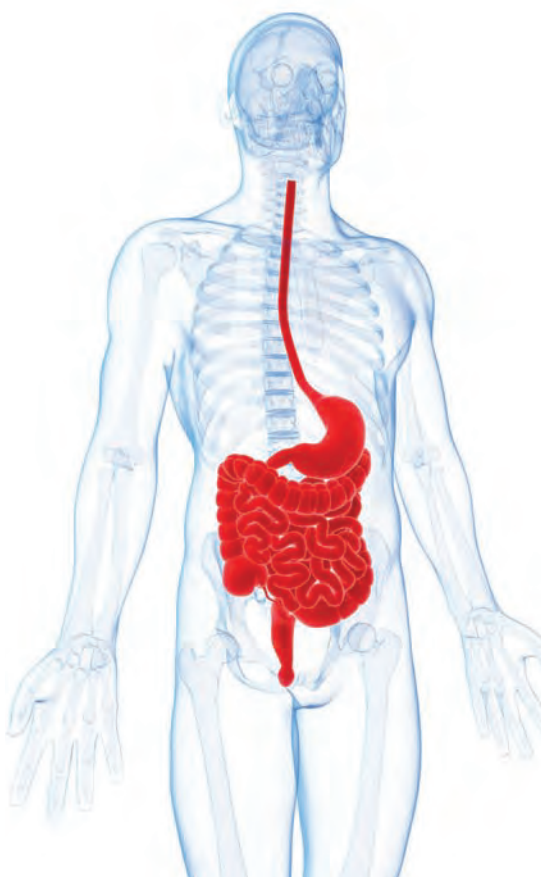
ACUPUNCTURE

Support the spleen and stomach in all your treatments. At the very least, add Zusanli St 36 to every treatment protocol or a variety of Sp/St tonifying points. Miriam Lee, the first Licensed Acupuncturist in the state of California, used St 36 in every treatment with every patient.

PATIENT EDUCATION

- Ask patients to keep a food diary and go over it with them. For example, have them write about a two-day food “cleanse” where they remove sugar. Instruct patients to observe how their body reacts when they revert back to their normal diet and get patients to commit to a plan.
- Give each patient a calendar that includes times of the year to get an acupuncture tune up. Tell them you will send them an email to remind them. Give them a list of results they will see and feel as they heal. Get them involved in the project. Celebrate the good results.
- Limit processed foods and supplements containing emulsifiers. Ingredients commonly called lecithin derived from soy (likely GMO), Datem, (found in commercial breads) Calcium propionate, Cmc and polysorbate 80 are creating a host of new absorption problems in our digestive tracts.¹¹ **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1360-new-chinese-medicine-tools-to-replenish-and-repair-our-gut.html





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Zanzhu, with complaints of intense pain behind the eyeballs. With the involvement of the Gall Bladder, one sided migraine headaches may ensue. There may also be tendino-muscular spasms, tics and temporo-mandibular joint dysfunction (TMJ). Shoulder pain is reported at UB 43 Gaohuangshu, which is the outer Pericardium Shu.

NAGANO SENSEI'S OBESITY TREATMENT

Treatment Points: Liv 14 Qimen, St 27 Daju, Ren 6 Qihai and GB 26 Daimai

Locations: Liv 14 Qimen is 4 cun lateral to the midline in the 6th intercostal space.

St 27 Daju is located 2 cun below the navel, 2 cun lateral to Ren 5 Shi-men Stone Gate

Ren 6 Qihai is on the abdominal mid-line, 1.5 cun below the navel

GB 26 Daimai is located directly below the end of the 11th rib where Liv 13 Zhongmen is located, at the level of the navel

Needling Protocol: All points are needled bilaterally except for GB 26 Daimai, and Liv 14 Qimen. Needle Liv 14 Qimen on the right side, pointed laterally between the ribs, with a 10-15 degree insertion, and GB 26 Daimai on the left side, angled toward the back. St 27 Daju and Ren 6 Qihai are needled at a 90 degree angle. Use direct moxa after needling.

Indications: Abdominal obesity;

- High cholesterol;
- Fat metabolism imbalances;
- Abdominal and hypochondriac distention and pain;
- Damp heat;
- Constitutional toxins in the Dai Mai

Comments: This Japanese acupuncture protocol indicates that only the left GB 26 Daimai is to be treated. This is most likely due to the Wood Element hara reflex, which is palpated only on the left side of the abdomen. Only the right Liv 14 Qimen is indicated because the Liver organ is on the right side of the body.

In Sensei Nagano's experience, patients lost weight after they were treated with direct moxa every day. Patients with a fast pulse lost 10 pounds a month without regaining the original weight.

THE WEI LEVEL

The Wei Level releases the exterior and is within the purview of the tendino-muscular meridians (TMM). These particular vessels are referred to as tendino-muscular because they travel in the depressions and planes between the muscles and the tendons.

Tight tender, trigger, motor or 'ashi' points are identified through



Diamond Acupuncture Facial (created for 2005 Academy Awards)

an assessment of the patient's symptoms, and through palpation. It is possible to release a tight waist with tension localized around the GB 26 Daimai area.

"WANDERING SKIRT" SYNDROME

This syndrome relates to the Belt Meridian, the internal oblique muscles and issues of bloat, obesity and other imbalances, manifesting around the waist. The patient has the attendant Shaoyang emotions of frustration, and anger, with an inability to make a decision, and a tendency to stuff these damp viscous feelings under their belt. Since one of the TCM indications for the Dai Mai is a subjective feeling of sitting in cold water, the patient may also have a Kidney imbalance, and will lack courage.

"Wandering Skirt" Syndrome can be used with patients who have been in an automobile accident and complain of low back pain, with difficulty rotating their spine to one side of the body. This technique also temporarily ameliorates lower back pain due to kidney stones.

Muscle: The internal obliques are a fan shaped abdominal muscle, whose fibers range from vertical to diagonal to horizontal. All the muscle fibers meet at the inguinal ligament, and the iliac crest of the lower spine. They flex and rotate the spine and trunk to the same side of the body.

Treatment point: GB 26 Daimai is directly below the free end of the 11th rib where Liv 13 Zhangmen is located, at the level of the navel.

Indications:

- It regulates the uterus; irregular menses, dysmenorrhea, uterine prolapse and cramps;
- Resolves damp heat issues, such as leucorrhea;
- Treats abdominal pain and hernia;
- Pain in the lumbar area and hypochondria

Signs and symptoms: The indications for both trigger and motor points are similar. Imbalances

include fibrocystic nodules or tightness near GB 26 Daimai and the pubic bone, difficulty flexing and bending the spine to the same side, lower back pain, an imbalance of the right and left sides of the body when standing for long periods of time or walking for hours. It also increases the intra-abdominal pressure for urination and defecation.

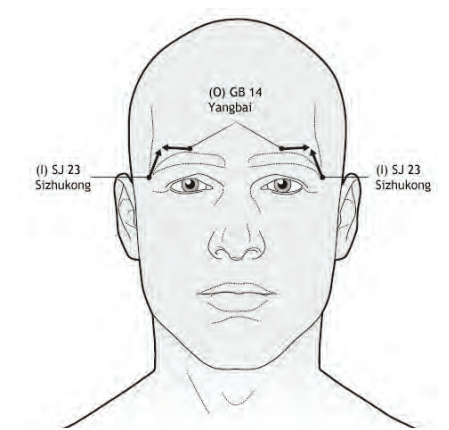
Trigger point palpation:

- The trigger point, when needled with the pecking technique, may elicit a jump or twitch within the muscle.
- Pincer grasp the waist at GB 26 Daimai, between your thumb and fingers, with your non dominant hand;
- Locate the internal obliques muscle, which feels like a tight band next to the waist area;
- Palpate it by rolling the bands between your fingers. This will make your patient aware of the tightness of this long, fan like muscle. They may feel a local twitch, or a jump referring up the muscle, but not necessarily.

Trigger point needling technique:

- Continue to hold the internal oblique muscle and needle transversely downward, 0.5-1 cun, toward the massage table, with a 36 34 gauge, 40 mm or longer, needle. Needling in this fashion will not puncture the peritoneum. Do not needle toward the waist, but downward through the muscle;
- When the trigger point releases, the patient usually experiences a wave like sensation, flowing up and down the entire muscle;
- If the muscle is very tight on one side of the body, first needle the other side; this will release the tense side;
- Massage arnica gel or cream into the area, and inform your patient that they may experience muscle soreness, such as they would after a strenuous workout.

Needling diagram for forehead lines



FRONTALIS:

Raises the eyebrows in fright or surprise and wrinkles the forehead

EMOTIONS:

Fright, shock, surprise; disturbed Shen

ORIGIN:

In the epicranial aponeurosis, at the level of the coronal suture

INSERTION:

In the skin of the frontal region above the eyebrows

NEEDLING:

15 mm; 40 or 38 gauge (#1 or #2 Japanese), 0.2 0.3 cun

FACIAL NEEDLING: THE EXPRESSIVE MUSCLES

After the constitution has been addressed, the face can be treated with the origin and insertion of the muscles.

THE ORIGIN AND INSERTION OF MUSCLES

The origin of the muscle is the beginning of the muscle, because it is usually attached to the bone. This origin anchors the muscle, and it is needled first in Constitutional Facial Acupuncture treatments. This fixed attachment permits the insertion of the muscle to move and make facial expressions.

The insertion of the muscle attaches to the skin or muscle fibers, and is needled after the muscle origin. The insertion attachment supports muscle movement in making facial expressions, and allows the face to be mobile and flexible.

The expressive movement of the facial muscles is an interplay between the origin and insertion of the muscles, which pulls the skin in the direction of a facial expression when a person laughs, smiles or frowns. This interplay is similar to the balance between yin and yang in Oriental medicine. Wrinkles are formed cross fiber or transversely to the fiber direction of the muscle involved.

Each muscle has a specific function, range and direction of motion, associated emotion, and specific wrinkles formed by repetitive and habitual movements. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1368-constitutional-facial-acupuncture-the-new-protocols.html

The Gokhale Method® as a Supplement for Treatment of Qi Deficiency

By ESTHER GOKHALE, LAc and DIANA MOLL, LAc

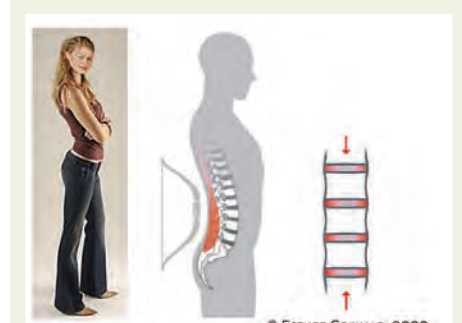
One of the four categories of examination in Chinese medicine is the “looking diagnosis”. Observing the patient’s skin tone, the Shen in the eyes, and checking the tongue are all elements of creating a clear, effective diagnosis. Observing posture can add a layer to the examination that is insightful, especially given the frequent occurrence of postural distortion in modern times.

We can start looking at our patients as soon as we greet them in the waiting room. How do they sit, stand, and walk? What kind of posture do they have? Instinctively, many of us sense that a slouching or hunching patient has a qi deficiency. There is not sufficient qi to be truly upright. The opposite can be true as well: poor posture can *cause* qi deficiency. Both can be simultaneously true, giving rise to a vicious cycle—but it’s a vicious cycle that can be broken.

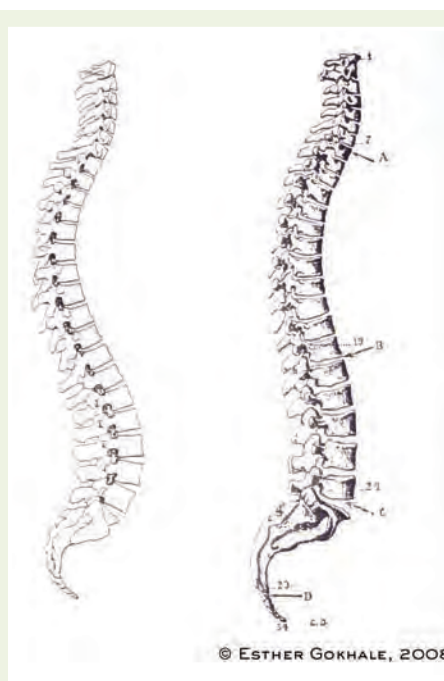
Treating a low energy patient can produce results, but not always lasting ones if poor posture is involved. Needling, stretching, or movement on the channel path invigorates the qi, removing stasis and opening energetic blockages. However, a static distortion of the yin, the hard part of the body and the bones, creates a deeper blockage. In ancient China, the branch of Chinese medicine we call ‘Tui Na’ included bone medicine, the manipulation of the skeleton. Aligning the bones is important to the qi flow. Every skeletal muscle originates and inserts on bone. A bone that is out of healthy alignment will stress the muscles and accompanying channels. Additionally, qi tends to stagnate in the joints; a poorly articulated skeletal structure is one that is at risk. The Gokhale Method



The most common modern postural distortion results in a C-spine.



Attempts to “stand up straight” or “sit up straight” generally result in an unhealthy S-shaped spine.



Whereas modern anatomy books portray an S-shaped spine (left), the illustration on the right from an anatomy book published in 1911 portrays an older and more truly natural J-shaped spine.

restores the correct alignment of the bones in ways based on anthropological, historic, and anatomical findings, as well as empirical experience.

Slouching and hunching deform the spine into a C shape (see image). When a person attempts to correct the slouching C incorrectly, the result is an S shaped spine (see image). Both these postures are inefficient. The muscles of the neck, shoulders, and upper back are continuously engaged to keep the poorly balanced head from falling forward. All the channels that traverse the torso, front, and back, will also be somewhat compromised because of the stress on the muscular and skeletal systems. An I-shaped spine, common in older people, also compromises the channels. Here, there is a loss of height with chronic compression, which shows up as long-term stagnation, degeneration, and calcification.

Taking into consideration the symptoms and channel pathways, the Du and the Ren channels are the most relevant. These two Extraordinary Meridians serve as reservoirs of the qi and regulate the flow of energy for the twelve regular meridians. Judged by some to be branches of the same Extraordinary Meridian, the Du and the Ren share a common origin: the Kidneys. In both the C spine and the S spine,

the area of the Kidney Shu, UB23, is distorted. In the C spine there is tense convexity and in the S spine there is concavity. It is reasonable to conjecture that the Kidneys are weakened or inaccessible due to the hindrance of UB23. Although there are many powerful and interesting points on the Du and the Ren Channels, two are most associated with low energy and are paired closely anatomically front and back: Du 4 and Ren 6.

Du 4 is located between the 2nd and 3rd lumbar vertebrae. The lumbar vertebrae at their points of articulation are flat and their corresponding disc is flat too. A chronic bend in the lumbar spine posteriorly (C spine) or anteriorly (S spine) compromises the L2-L3 disc and distorts the space between the vertebrae. Any physical anomaly along the path of the channel can be a problem—a scar or even a tattoo can cause a significant disruption. A constantly compromised bone space where a major acupuncture point lies will surely undermine the function of that point. Du 4 (Mingmen, “The Gate of Life”) has many actions and uses depending on the source consulted. In brief, Du 4 can be used to strengthen Yuan Qi and Kidney Yang Qi for chronic physical and mental weakness. Likewise, its impairment can contribute to these conditions.

The impairment of Ren 6 (Qihai, “Sea of Qi”) by posture, though not as direct as in the case of Mingmen, is still noteworthy. Located 1.5 cun below the navel on the midline, Qihai, like Mingmen, is closely associated with the Kidneys. In the case of

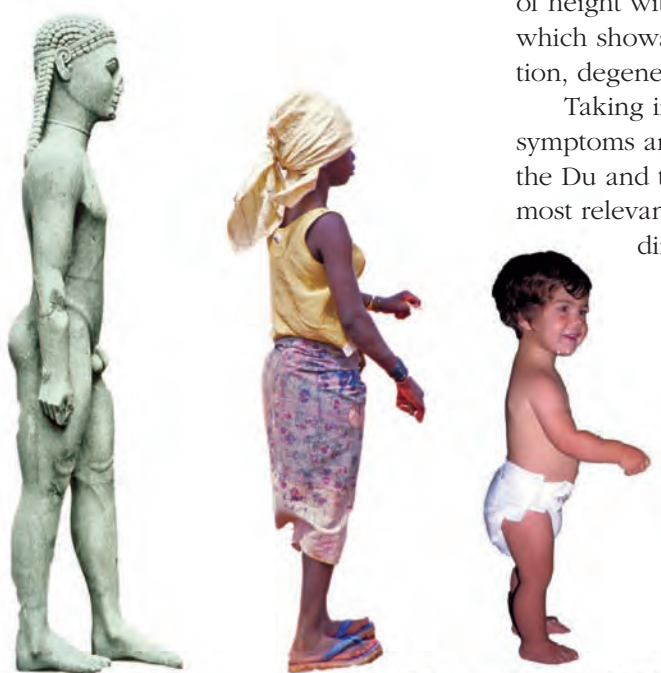
a C spine, the area around Qihai in the lower abdomen is compressed as well as constricted by the ribs curving inward. The qi pools in the belly, unable to circulate and rise, and Dampness accumulates. When the spine has an S shape, the lumbar vertebrae sway, the abdomen is stretched tight, and circulation of blood and qi are compromised. Association compromises Qihai. Optimally, the belly is relaxed, facilitating free flow. Clinically, Qihai, especially through the use of moxa, powerfully tonifies qi and yang for physical and mental exhaustion. It lifts qi and relieves stagnation. In low energy patients with impairment at Qihai, these attributes are clearly lacking.

If the C and S spine shapes compromise meridians, points, and the energy system as a whole, what is the solution? The Gokhale Method proposes the J spine. This functional shape is found in our ancestors, very young children and pre-industrial peoples (see image). The Gokhale Method describes the J spine being characterized by an anteverted pelvis, elongated and not very curved lumbar, thoracic and cervical contours, chin angled slightly down, and shoulders aligned along the posterior part of the torso. It has some similar criteria to Qi Gong and Tai Chi postures.

The lifting of the Jade Pillow also angles the chin and elongates the neck. Hanging the spine “like a string of pearls” straightens and lengthens the spine. Some styles teach a tucked or retroverted pelvis, which straightens the lumbar vertebrae and opens the Mingmen area, both criteria of the J spine. However, due to the wedge-shaped nature of the L5/S1 disc, tucking is not a realistic long-term solution that can be used throughout the day without damage to the disc.

Moreover, tucking is not seen in the demographic of naturally healthy backs (see bibliography of Esther Gokhale’s *8 Steps to a Pain-Free Back*). An overly tucked pelvis inhibits gluteus action, leaving movement up to the quadriceps and the psoas. The Gokhale Method does emphasize straightening the lumbar, but this is achieved by rotating the ribcage forward to lengthen and stack the lumbar. The shoulders are then migrated back along the torso with a shoulder roll to correct any hunching that the forward rotation of the ribcage reveals. **OM**

The complete article can be found online at www.pacificcollege.edu/acupuncture-massage-news/articles/1364-the-gokhale-method-as-a-supplement-for-treatment-of-qi-deficiency.html



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The J-spine described as normal in the Gokhale Method is found in our ancestors, pre-industrial cultures, and young children.

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sound waves that are originated from electronic instruments are different than the sound wave that is being generated by acoustic instruments. It's a measurable difference if you look at the vibrations. When we look at the amount of vibrations in the synthesized sound, we see a reduction in the complexity and the dynamics. What I mean by dynamics is that a live instrument is ever changing. When a live musician holds a note on a woodwind or a violin or a guitar, the note is ever changing. It's like life. It's like a river. A river is never the same. It's never the same when you walk into a river, it's never going to be the same river. It's always ever changing and that's the nature of life. That's the nature of our body. The problem with electronic, synthesized music is that it's based on a small sampled little chunk of music that has been looped to trick your mind, to trick your brain that it's the real thing. It's an excerpt of the real thing that is being looped again and again and again and again and again and again. When we listen to synthesized sound, we are experiencing impoverished sound on two levels. One, it's a small segment that loops and it's not ever changing dynamics. And the other thing is that the amount of vibration within the sound, even within the little segment, the amount of vibration is less rich than the live instrument sound. I wanted to feature live musicians and live instruments and just the background, the layered background involves electronic sounds and live sounds. The electronic sounds are the background layers, which create richness, but they are in the background. They are not the main solo musical theme that vibrates the listener and really leads the listener. I chose instruments according to the advice of the ancient Chinese who preferred certain instruments for

✱ I wanted to find out which musical modes promoted healing, which music was used to *reduce blood pressure, to increase relaxation, to increase the rate of recovery after stroke and surgery.*

certain elements, to invoke the particular elements.

OM: Please describe the layering that you put into the Six Healing Sounds?

YR: One important layer of the music of the six healing sounds is the voice of Dr. Richard Gold actually performing in my studio the six healing breathing sounds. Each element has a breathing routine, a breathing meditation that has a specific sound. I layered them as the initial layer throughout the whole piece, and then I layered sounds that created the backdrop that are holding the tonic, the tonal center that associates with that instrument. Then I layered sound effects of the elements. For example, for the element of Water, I recorded six different kinds of sounds of water from bubbling brook to the waves of the sea to raindrops to river sounds and I embedded those sounds in order to invoke the quality of water. And I did the same thing with each element. So we have the actual vibrations of these elements in real life, the sounds of wood, the sound of fire, the sounds of water, etc. This is all embedded in the background layers of the music. And then, on top of that, I composed themes for each solo instrument to invoke the elements. And that is in the forefront, the solo acoustic instrument playing the theme. There's one other layer, a bottom layer of affirmations. Dr. Rick Gold also recorded affirmations that are associated with each element.

I recorded his voice saying those affirmations and we embedded it throughout the whole piece. It's subliminal, meaning the computer screen shows me that it is there but my ear doesn't hear it. It vibrates on my body, on my bones. It's being perceived subliminally. It's there, but it's not registered by the conscious mind. Unconsciously, we perceive it and on vibration level, we observe it, but we are not hearing the words.

OM: You kept that simple, correct?
YR: Yes, there are only three affirmations for each element. So it's not a whole lot of information, just repeating a few words.

OM: Finally, you've created something that's musically beautiful that even a discerning listener in a treatment will like the music. It's not repetitive like synthesized music. It's not your typical ambient music. What were your biggest challenges in accomplishing this?

YR: That was another important goal and another challenge, to create an aesthetic experience that people would enjoy putting it on in the background when they work and when they have friends over or when they write poetry or when they just relax or sleep while receiving treatment would not get bored and irritated by when receiving a treatment. It would be a pleasant experience to promote the relaxation while invoking the elements. And that was very challenging, especially with the

element of Fire. Because how do you invoke fire and at the same time relax the listener? That was very challenging. So, some of those challenges I really looked at them for a while and researched various approaches and I did find a way to do it. I can say gladly that I know that I managed to create the aspect of relaxation in all the six healing sounds in order to promote healing. So the composition works as a healing enforcement and it also works as music

OM: Yuval, we know that you've won many awards, you're recognized very highly in your field as a composer and lecturer and you also perform. Please share with us a few of the highlights of your performance career.

YR: Well, one of the highlights was playing the Gala concert as the featured artist for the Dalai Lama's Seeds of Compassion conference, which he held in 2008 in Seattle. I was invited to play that concert with my ensemble and we played in the Seattle opera hall: Fabulous sound, fabulous setting, esteemed audience. Another memorable experience was playing at the International Sacred Music Festival in Fez with an invitation from the King of Morocco. To be there in the botanical gardens of the King of Morocco, which is part of the royal palace, and to be invited there to play a concert and to speak to the audience in Hebrew and Arabic and in English, it was very special for me, especially having being born in Israel. That was a very special highlight.

OM: Yuval, thank you so much for this interview and we look forward to your participation at our Pacific Symposium.

YR: My pleasure. I am excited to be in the company of hundreds of TCM practitioners and to share my music and the Six Healing Sounds. OM

THE MISDIAGNOSIS OF TENDONITIS continued from page 31

of collagen down to the molecular level. This structure, alignment, and number of bundles give tendons their unusual tensile strength. This feature of bundles within bundles is no different than the pattern seen in support cables for suspension bridges. Interestingly, there is not a lot of vascularity (blood supply) in the tendon itself. As you can see in Fig. 1, all of these bundles are encased in an outer sheath that has synovial cells that help lubricate the tendon as it moves to and fro within the sheath. There are a number of other cells within the tendon that also help contribute to tendon structure and health called the extracellular matrix, along with mucoid and lipid cells.

Now that we have the basic structure, let's take a look at why the tendon begins to break down. When stress is repeatedly applied to a tendon, interesting biochemical reactions begin to occur. These reactions are very complex in nature, and for this article I will not detail all of them. What we need to know is that healthy connective tissue is made up of Type 1 collagen cells. With repeated stress, they begin to change into a different form called Type 3 collagen. This form is not as strong or as linear, and under a microscope looks much more disorganized. The mucoid and lipid cells begin to morph and these reactions begin to thicken the tendon itself. (2)

Another very important event that takes place is called neovascularization. Small blood vessels begin to grow perpendicular to the good collagen, yet, strangely, they do not nourish the surrounding tissue. Some scientists believe they may play an important part in the pain response of tendon injury. Interstitial fluid also begins to enter the tissue causing localized edema in the tendon. Over time, these processes begin to weaken the good collagen, causing degeneration of the fibers. Scientists have given this pathology a new diagnosis...it is now called "tendonosis", which literally means "tendon cellular injury". (2)
With microscopic observation, one other important facet of tendon

healing was also noted. It was found that the fibers go through three very distinct phases during the healing process. In the first 24 to 48 hours, an Inflammatory Phase corresponding to the initial micro-tearing of the fibers occurs. During this time, immune cells flood the area to initiate the inflammatory response that is needed for all cell healing in the body. These cells perform many functions; one of the most important is phagocytosis, which is the cleaning of the area of necrotic material by lymphatic cells. OM

The complete article can be found online at <http://www.pacificcollege.edu/acupuncture-massage-news/articles/1362-the-misdiagnosis-of-tendonitis.html>

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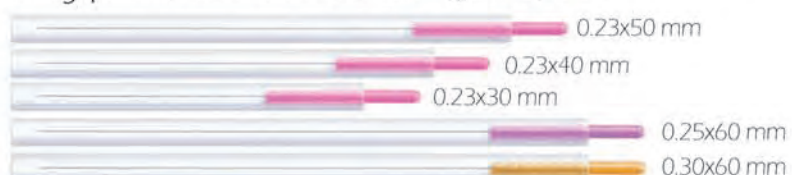
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