

Oriental Medicine

SUMMER 2016

www.pacificcollege.edu



Pacific Symposium 2016

The world-renowned Pacific Symposium has been an interactive environment for almost 30 years, bringing brilliant minds of the Chinese medical profession together to learn from innovators in the field. This annual event unites students, professors, acupuncture practitioners, and massage therapists, opening the way for the exchange of industry information.

Returning to the gorgeous Catamaran Resort and Spa in San Diego, California, Pacific Symposium promises a range of speakers on the cutting edge of the integrative health community. This year's conference will feature authorities on Oriental medicine topics from immune function to heart-brain harmonics, with Jill Blakeway, Wendy Goldman, Jake Fratkin, Janet Zand, Matt Callison, Lillian Bridges, and Kiiko Matsumoto, amongst others, presenting seminars and leading interactive workshops. With such an impressive lineup of speakers, there will be something to engage everyone's interests. As the conference's keynote speaker, Diana Fried will capture the essence of Pacific Symposium by highlighting the global service work of Acupuncturists Without Borders, which organizes volunteers to heal trauma through disaster relief and community service clinics. **OM**



PRSRT STD
U.S. POSTAGE
PAID
Bolingbrook, IL
PERMIT NO. 932

SOS From Refugees In Greece: *"We Need Magic Here..."*

By **CARLA CASSLER**, with **DIANA FRIED** and **AMY SCHROEDER**

Acupuncturists Without Borders staff members Diana Fried and Carla Cassler, with AWB volunteer Amy Schroeder, were in Greece in May of 2016 to provide treatments for refugees and set up opportunities for AWB volunteers to do the same over the coming months.

Fifty thousand refugees from Syria, Afghanistan, and Iraq are stranded in over 30 camps in mainland Greece. The "boat" route from Turkey to the Aegean islands is now shut down and the border between Greece and the rest of Europe is closed. These refugees are waiting to see if they can apply for asylum, with no knowledge of what is going to happen. The million-plus refugees that made it through Greece last year are resettling in Germany, Sweden, France, and other EU countries. Many have been dispersed by these governments to communities throughout their host countries.

This year, AWB is responding to the global refugee crisis in several ways. We are providing direct service

to refugees in Greece, and we plan to help train practitioners in Europe who want to provide trauma healing clinics in communities where refugees are resettling. Here is a look at what we did this spring...

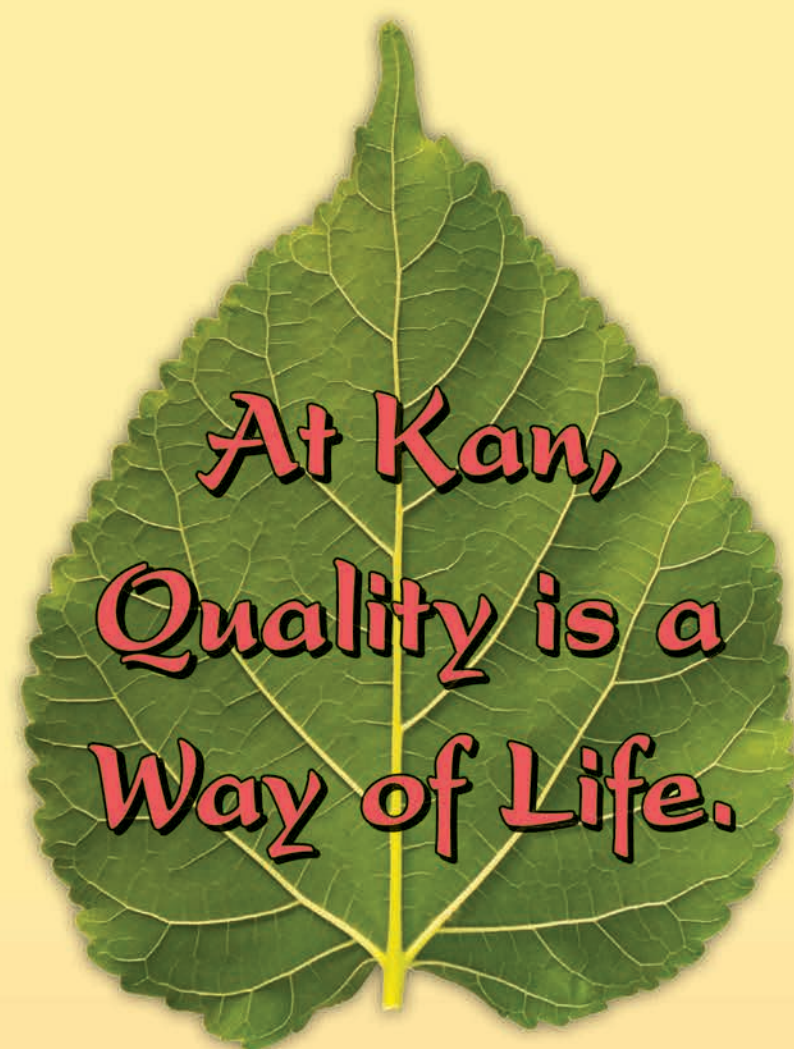
PIRAEUS PORT REFUGEE CAMP IN ATHENS, MAY 12

We take the metro to the makeshift camp of over 1,000 people. No signs of people except tourists. We walk to the end of the port and suddenly we begin to see tents. Children playing, men praying, women holding babies, dumpsters of putrid trash, portable toilets, hundreds of tents set up inside an old warehouse to create a tiny measure of privacy. In the middle of a modern European city, out of public view, next to tourist cruise ships and industrial tankers, men, women and children are waiting, waiting, waiting after months and years of war, dangerous migration, and trauma. How could this be

continued on page 28

INSIDE THIS ISSUE....

- 3** Treating Chronic Pain When Medications Are Not Enough
- 4** New York RN to BSN Completion Program Earns ACEN Accreditation
- 4** Dr. Leena Guptha, Pacific College-San Diego's New Dean of Graduate Studies
- 4** Pacific College's Institutional Research Analyst, Aida Aliyeva, Obtains PhD in Higher Education Administration and Policy
- 4** Alumni Awards 2016
- 5** Acupuncture at Sea: an Interview with Karas Smith
- 5** PCOM-NY's Collaborative Research Projects with Albert Einstein College
- 6** Clinical Experience vs. Evidence-Based Practice: Do we have to Choose?
- 7** Creating a Modern Model for the Assessment and Treatment of the Sine Channels (Jingjin): Part 1
- 8** Love, Sex, and Infertility
- 10** Five Elements, Twelve Officials, and the Causative Factor
- 11** The Dilemma of Right Livelihood: Buddhism and the TCM Career Path



Our Extensive Chinese Herbal Formula Line Includes:

Kan Herbals
 Kan Traditionals
 Kan Essentials
 Chinese Modular Solutions
 Gentle Warriors
 Sage Solutions
 Jade Woman/Jade Man Herbals
 MycoHerb
 Alembic Herbals
 Kan Singles



CHINESE HERBAL PRODUCTS YOU CAN TRUST

380 Encinal Street, Suite 100 ▶ Santa Cruz, CA 95060
 800.543.5233 ▶ customer@kanherb.com ▶ www.kanherb.com

Scientifically Assured Quality, Consistency, Potency and Purity.

All formulas are manufactured and tested exclusively in the USA.

Only the freshest and highest quality herbs are procured, many of them organic when possible.

Identity testing is performed to ensure that the right herb is being used every time.

Quality control tests and examinations are performed on all incoming ingredients.

Quality control tests and examinations are performed at every stage of production.

Because we manufacture our products from beginning to end at our state of the art facility in California, we ensure that the quality of our products is guaranteed every time.

Treating Chronic Pain When Medications Are Not Enough

By KIIKO MATSUMOTO and MONIKA KOBYLECKA

Chronic and stubborn pain continues to challenge many healthcare providers, but our patients benefit when we combine ancient knowledge and modern evidence. More discussion about opiate abuse and the failure of a “one treatment for all” approach is making the weekly news cycle, with the emphasis on the need for safe and effective alternatives. Acupuncture has established itself as a potential solution and, while many patients and their doctors are still hesitant to trust that it will produce good results, more and more patients are at least willing to giving it a try. It is both our challenge and our opportunity to offer relief for these patients. The ability to make dramatic changes for those reluctant patients creates some of the strongest advocates for what we do.

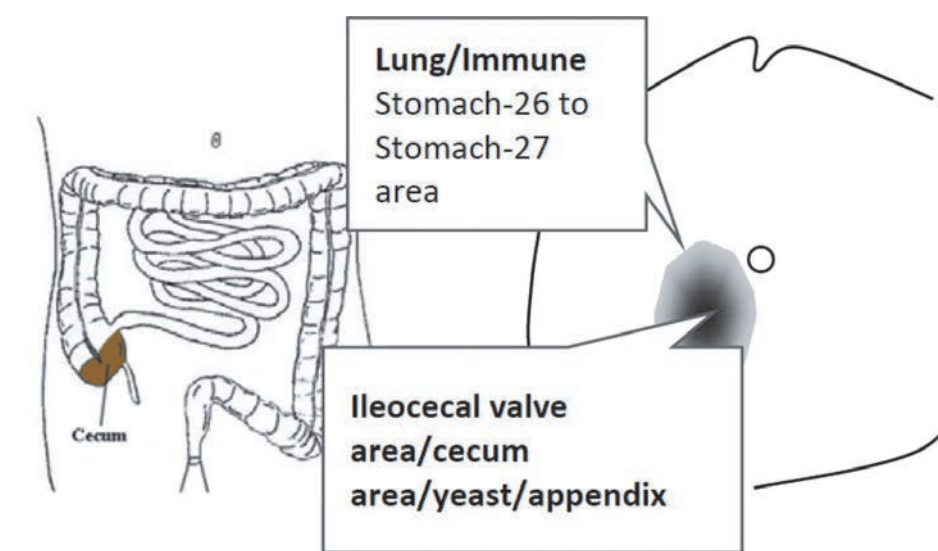
The challenge for acupuncturists, much as it is for Western physicians, is the complex presentation of patients with chronic pain. They may describe their symptoms as “chronic back pain”, for example, but after years of suffering, the problem is more systemic, with both physiological and psychological changes.

One of the focuses of research into chronic pain over the last decade has been the changes that occur in the brain of chronic pain patients; specifically, the dorsolateral prefrontal cortex (DLPFC). Thanks to MRI and fMRI imaging, this area of the brain has been shown to change in patients with chronic pain—it becomes thinner. Once the pain has been resolved, follow-up imaging studies show that the cortical thickness in this area of the brain has increased, resembling the DLPFC of healthy individuals.¹ In addition to pain, studies of the DLPFC show that it plays a role in anxiety, depression, and fear.²

DLPFC IN ACUPUNCTURE PRACTICE

The area of the scalp directly over the DLPFC (which is approximately the size of a walnut) contains a number of acupuncture points that, upon close study of the characters used to name them, reveal an interesting connection with the functions of this region of the brain as observed in the Western brain imaging studies.

- GB13, bēn shén - can be translated as “root of shen”
- GB15, tóu lín qì - can be translated as “expecting to cry”
- GB17, zhèng yíng - can be translated as “freak out”; something that indicates a severe form of



fear (not a minor fright, but rather a very severe shock or fear such as that felt when threatened).

It appears that, in selecting and naming these points, the ancient Chinese practitioners made the connection between this area of the brain and psychological or emotional changes. Combining this knowledge with the observation that this area appears to be involved in chronic pain provides us with a useful treatment strategy. Clinically, we see that using these points on the scalp has dramatic effects on both our patients' pain and their psychological well-being. We also observe that adding these points to other treatments appears to increase the length of time that patients report relief in their symptoms.

CLINICAL APPLICATION

Consider treating the DLPFC area in the following cases:

- Chronic pain patients and those with Complex Regional Pain Syndrome (CRPS) diagnosis
- Shen disturbance, including anxiety, depression, hysteria, PTSD, and substance abuse
- Patients that tend to be overwhelmed by chronic stress
- “Sympathetic-dominance-type”—rapid pulse, Ren-9 pulsing and/or SP20 pain, adrenal reflexes. Treating the DLPFC helps calm the Ren-9 area pulse much faster than the ST-24(R) + GB26(L) combo
- Patients with a history of injury to the area of DU20 through GB18

DLPFC, STUBBORN PAIN ALONG THE LUNG/IMMUNE REFLEX ON THE ABDOMEN AND APPENDIX SCARS

Many patients present with pressure pain along the right ST26-27 area, which is commonly associated with the lung or immune function in

the body.³ We know that releasing this and other abdominal reflexes produces a significant improvement in patients' symptomatic presentation, including chronic pain in different regions of the body.

Most often, this reflex is present in patients with a history of appendicitis (especially if it occurred at a young age). The strategy for releasing this reflex consists of addressing the patient's constitution, which is typically a weakness of the lung and spleen. Using the combination of SP5 and SP9 along with Master Nagano's immune points³ provides support for these weak systems and, as a result, we see a change in the pressure pain along this reflex, since appendicitis scars (the internal scar is in the area of the right side ST26-27) often create additional discomfort and can be released by needling the area of GB37 (look for a tender spot around this point and needle against the channel). Reduction of pain on the scar also has a positive effect on the reflex itself.

The above-mentioned treatment strategy is very useful for a variety of symptomatic presentations in our clinics. Patients with chronic hip, knee and back pain, especially with right-side involvement, often benefit from this treatment. Providing support to the patient's immune system not only helps to support the weakness in their constitution, it also provides the opportunity for their body to manage chronic pain. A pilot study done at the emergency department at Children's Hospital Los Angeles showed that the above-mentioned approach not only reduced pain and the need for morphine in children with acute appendicitis, but also had a positive effect on the blood inflammatory markers, including white blood cell and C-reactive protein levels, both associated

with the patient's immune system function.⁴ This study, although small, provides some biological evidence for the connection between the release of reflexes and the positive response in the body.

It's also interesting to note that in cases of stubborn pain on the immune/lung reflex, the DLPFC treatment approach provides significant changes. In patients where the spleen, immune, and scar release strategies are not enough, treating the GB points on the scalp is very useful. Since changing the pain in this area appears to have a strong effect on the immune (and lymphatic) systems, as demonstrated by the appendicitis study mentioned above, it would be worthwhile exploring this connection further in additional studies. While doing so, we can offer the much needed relief for many patients who reluctantly agree to give acupuncture a try. **OM**

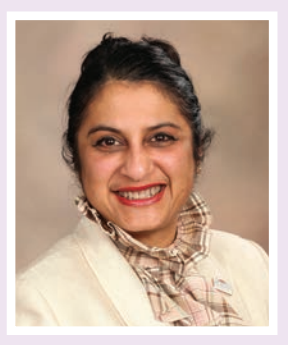
REFERENCES

1. Seminowicz DA., Wideman TH, Naso L, Hatami-Khoroushahi Z, Fallatah S, Ware MA, Jarzem P, Bushnell MC, Shir Y, Ouellet JA, Stone LS. Effective treatment of chronic low back pain in humans reverses abnormal brain anatomy and function. *J Neurosci.* 2011 May 18;31(20):7540-50.
2. Balconi M., Ferrari C. Left DLPFC rTMS stimulation reduced the anxiety bias effect or how to restore the positive memory processing in high-anxiety subjects. *Psychiatry Res.* 2013 Oct 30;209(3):554-9.
3. For more info about this reflex and treatment strategies, refer to *Kiiko Matsumoto's Clinical Strategies, Vol. 1* book.
4. Nager AL., Kobylecka M, Pham PK, Johnson L, Gold JJ. Effects of acupuncture on pain and inflammation in pediatric emergency department patients with acute appendicitis: a pilot study. *J Altern Complement Med.* 2015 May;21(5):269-72.

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 Kawai 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 this collaboration, Ms. Kobylecka practices Kiiko Matsumoto Style (KMS) acupuncture at Children's Hospital Los Angeles (CHLA) and teaches hands-on introductory classes in KMS acupuncture.

Dr. Leena Guptha, Pacific College–San Diego’s New Dean of Graduate Studies

Pacific College of Oriental Medicine is honored to welcome the new Dean of Graduate Studies of the San Diego campus: Dr. Leena Guptha, who hails from an unusually diverse background of holistic traditions in education and practice. Guptha has graduated from the British College of Osteopathic Medicine, Duke University, the University of Westminster, and the British College of Acupuncture, and is currently pursuing her PhD in health sciences with a concentration in global education through Trident University. She



has taught naturopathic and osteopathic medicine, nursing, massage, anatomy, and physiology, and held positions as various as Dean of Academic Affairs and of Massage Therapy, Director of Education, and Interim Campus Director. Guptha believes that it takes the recognition and acceptance of all within and around the massage

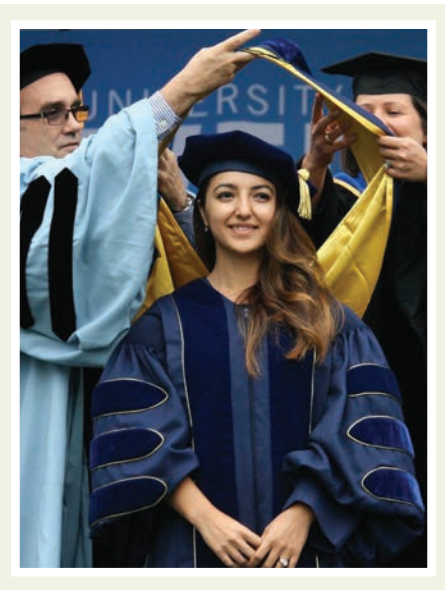
therapy, acupuncture, and other health professions to collaborate in the creation of a future where each profession supports and promotes the vision and mission of the health consumer; a time where resources are pooled not to simply serving individual groups, but to serve the collective advancement in health and wellness. “It is only through these collaborations that we can truly serve society to our highest power

and be the best we can be,” said Guptha. She invites all like-minded people to be ambassadors for their professions and for the community of consumers we serve and heal. Guptha has also filled leadership positions within organizations from ACCAHC to the National Guild of Hypnotists and won multiple awards, such as the Illinois AMTA Chapter Meritorious Award and an award for Invaluable Services Rendered to the Cause of Education and for the Universal Benefit of Humanity from the Zoroastrian College. **OM**

Pacific College’s Institutional Research Analyst, Aida Aliyeva, Obtains PhD in Higher Education Administration and Policy

Congratulations to Pacific College’s Institutional Research Analyst, Aida Aliyeva! She recently obtained her PhD in Higher Education Administration and Policy from the Graduate School of Education (GSOE) at University of California, Riverside (UCR). Students who have graduated from the Higher Education Administration and Policy program at UCR, like Aliyeva, have had a chance to work with accomplished faculty members whose expertise in research ranges from higher education finance to equity and diversity. During her PhD program, Aliyeva worked as a researcher under the

supervision of several faculty members on projects that employed both quantitative and qualitative research methods and analyses. These positions were an excellent opportunity for Aliyeva to develop the research skills crucial for the successful completion of her dissertation research, “Mismatch of Priorities: Financial Autonomy and Its Effect on Spending Patterns of Public Higher Education Institutions”. Along with the dissertation work, Aliyeva was also involved in a number of research projects and co-authored several research articles, published in peer-reviewed journals. **OM**



Alumni Awards 2016

We know that our alumni are increasing the recognition of acupuncture and Oriental medicine and we want to recognize you for it! One of the advancements we are seeing in both Western medicine and Chinese Medicine is the movement towards VALUES AND ETHICS. Pacific College of Oriental Medicine is working with the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) to inform our community of the trends and advancements in healthcare. Values and Ethics is one of the six competencies that have been identified as key components to moving our medicine forward. For more information on these competencies, visit www.accahc.org. The winners will be announced and honored at Pacific Symposium 2016! Good luck to all! **OM**

New York RN to BSN Completion Program Earns ACEN Accreditation



Pacific College of Oriental Medicine (PCOM) is proud to announce that the New York Bachelor of Science in Nursing (RN to BSN Completion Program) with a holistic focus is now accredited by the Accreditation Commission for Education in Nursing (ACEN). The ACEN is responsible for accrediting nursing education programs, and achieving ACEN accreditation is a significant milestone in the evolution of not only PCOM’s nursing program but also the college as a whole. PCOM’s partially-online program

became a candidate for ACEN accreditation in April 2014, which is a voluntary, self-regulatory process by which non-governmental associations recognize programs that have been found to meet or exceed standards and criteria for educational quality. Hospitals and other healthcare agencies increasingly seek well-rounded candidates from distinguished programs; ACEN accreditation bolsters the careers of PCOM students in a competitive field by reaffirming the quality of the Holistic Nursing Program. “The nursing department at

PCOM is very proud to have obtained ACEN accreditation. It means that we have achieved the highest level of quality and standards, which makes our program an excellent opportunity for nurses to learn how to practice holistically,” said Sandra Maldonado, Holistic Nursing Program Director. The baccalaureate degree is the established educational criteria for professional nurses. The PCOM holistic nursing program provides the philosophical, professional, educational, and clinical groundwork necessary for nurses of the future. **OM**

Acupuncture at Sea: an Interview with Karas Smith

After graduating from PCOM in May 2014 with her Master’s of Science in Traditional Oriental Medicine, Karas Smith set out to work as an acupuncturist on board a Royal Caribbean cruise ship.



What got you interested in doing acupuncture at sea?
I was interested in the idea of working without having to set up your own practice right off the bat. I didn’t know where to settle yet, and the idea of traveling was exciting. Jumping right into the work was also a good plus.

What was it like practicing acupuncture on a cruise?
Parts of the process were easy; the actual practice itself was easy and I felt super prepared. There was more difficulty on the business side. There’s a high demand on you, as the sole acupuncturist, to make the business work. You, and you alone, need to learn very quickly how to deal with managers and supervisors, patient retention, marketing, and everything else. The experience provided a nice overall picture of running a business. The hardest

part: patient retention. You only see patients for a week and then they’re gone. You hope that you can inspire them enough to continue the process after they leave, but each week, it was like starting a new practice all over again.

What was your role on the boat? Was it all about acupuncture or did you do other talks, coaching, events?

My role on the cruise was acupuncturist. There’s only one on board the entire time; I was also the herbalist. Jobs on a cruise ship are based on rank: the higher your rank, the more responsibility you have.

Did you have a daily routine? If so, what was it like?
A sea day, which is when you’re on the sea all day, was a 14-hour shift with two hour-long breaks for lunch and dinner. I’d see 10 to 16 patients and have up to two hour-long seminars where topics such as acupuncture, Chinese medicine education, herbs, and ailments were presented. Port days were half-days of four to eight hours of work and maybe one seminar or basic, casual meet-and-greet. You have more flexibility to schedule patients and your time off.

What did you expect from practicing on a boat and how did it compare to the reality?
Expectation: that the experience would be fun! Travel a lot! Be on vacation!
Reality: Business and sales job first! Commission-based job, so you will need to work to earn your

money. Travel does happen, but the business comes first. If you work long hours, you can make your time off worth it. Demand is high, so you can gain great experience, but again, you will need to work for it. You are able to meet people from all over the world, but it is not the vacation that people think it is.
Would you do it again?
Absolutely! Though it was more of a stepping stone into the business for me than a career.

What did you enjoy about your experience? Was there anything you didn’t?
I enjoyed meeting patients, and the things I got to see and treat. I liked meeting my colleagues, and made some fast and true friends. I also enjoyed the ability to help people out so they can enjoy their time on vacation.
I didn’t enjoy being away from home for so long. Also, the internet was really crappy. You can’t stream or download anything while you’re away at sea. As soon as we got into

continued on page 26

PCOM-NY’s Collaborative Research Projects with Albert Einstein College

As of last autumn, Pacific College of Oriental Medicine’s New York campus is actively working on three different research projects in collaboration with Albert Einstein College of Medicine and Montefiore Hospital, each with a grant from a different agency, led by Dr. Belinda Anderson, Academic Dean at PCOM-NY. Grant approval rates for the National Institutes of Health (NIH), Patient-Centered Outcomes Research Institute (PCORI), and Health Resources and Services Administration (HRSA) are very low—only 8%, 12%, and 13% respectively—as the US is overproducing PhDs and research funding and positions are extremely competitive. PCOM’s relationship with the Albert Einstein College of Medicine, nearly a decade old and sparked by an educational exchange program, is part of a general push for greater interprofessional education. PCOM students work in Einstein’s cadaver dissection lab, and Einstein’s students shadow practitioners in a real-world Chinese medicine clinic. As medical disciplines intertwine ever

closer in an increasingly integrative world, knowledge of the work of other practitioners becomes more crucial, allowing better determinations of cause and effect, better diagnoses, and more useful referrals from one discipline to the next. Five years ago, Einstein approached PCOM concerning a partnership for research grants. At the time, PCOM did not have any research programs, as it is usually an expensive, risky proposition. As some funding is exclusively restricted to partnership grants, PCOM and Einstein needed each other; such a partnership also serves to strengthen the bond between the two schools. “Applying for grants takes a lot of work, and since the success rate is so low, I was nervous at first,” said Dr. Belinda Anderson of PCOM-NY, principle investigator on the NIH grant, and a co-investigator on the PCORI and HRSA grants. While a portion of the NIH grant does overlap with her duties as Dean at the school, Anderson has devoted a large portion of her time over the past few years to work on these grants.

PCOM AND EINSTEIN SUBMITTED TWO GRANTS TO NIH:
The first NIH grant was approved. It runs from 2013 to 2018, directly benefiting everyone at Pacific College through training in evidence-based medicine. Students learn how to take a systematic, critical approach to medicine and treating patients. The program encourages diverse and novel approaches to treatment through analysis of research studies, followed by application of a combined understanding of science and Chinese medicine in practice. Through consideration of multiple perspectives, this also aids in explaining and marketing TCM practices to patients. The second application for an NIH grant was not successful with NIH, but went on to have a second life in a slightly modified version as a PCORI grant application. This application was accepted, aided by PCOM’s previous involvement with Einstein on a related research project in which PCOM interns treated clinical trial participants. The PCORI funded project is a clinical trial running from 2014 to 2017, focused on the outcomes of community style acupuncture as

compared to individual acupuncture within the Montefiore hospital system in the Bronx, which provides care for a medically underserved population. Participants in this trial are being treated for chronic pain—mainly back, neck, and osteoarthritis pain. The study is assessing the effectiveness of acupuncture for pain in group versus individual treatments, and interviewing the participants to capture their experience of the treatments. The final grant, from HRSA, began development just last autumn. PCOM will be a training site for residents through Einstein, an unusual setting for most residents. Residents will be co-teaching a course on the diagnosis and treatment of diseases, which will consider disorders from both TCM and biomedicine perspectives. The residents will present from the biomedical side, then learn from the TCM side. Residents will also actively participate in the clinic, interpreting and evaluating patients’ biomedical perspectives and records in collaboration with TCM practitioners, and teach seminars on contemporary issues in medicine such as considerations for transgender populations. **OM**

Clinical Experience vs. Evidence-Based Practice: *Do We Have to Choose?*

Developing a manual for integrative practice, research and teaching

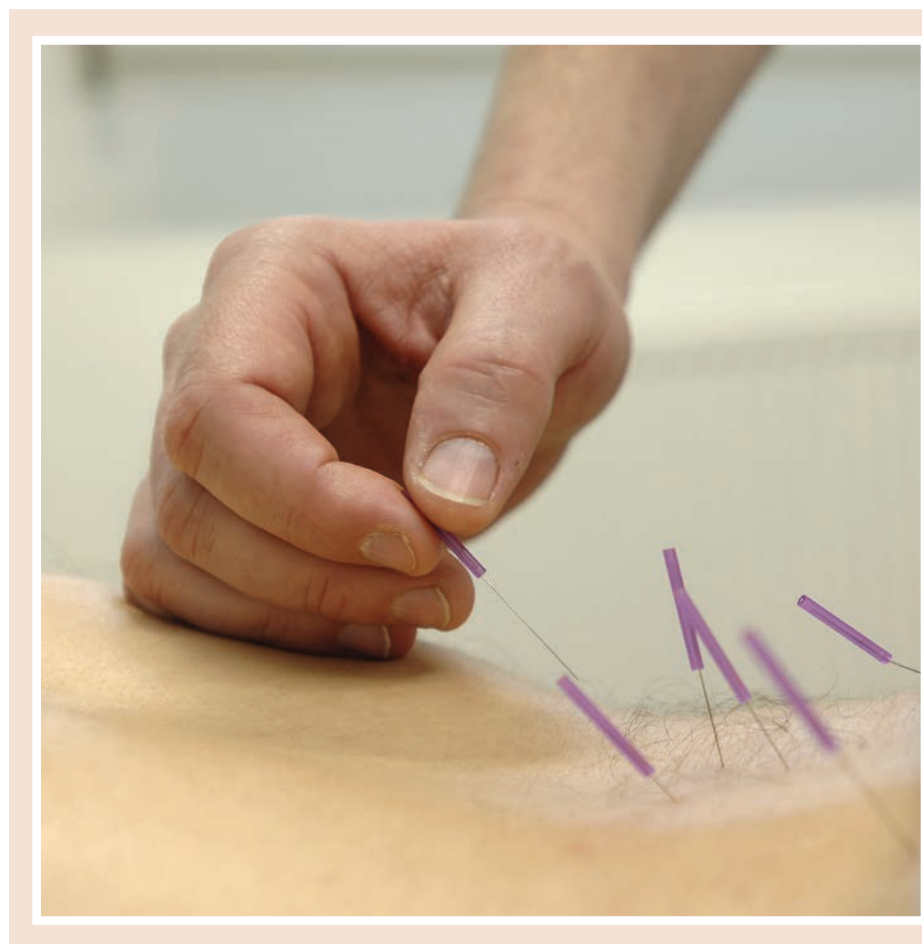
By **CLAUDIO CITKOVITZ, MS, LAC**

I have spent the last 13 years developing and leading an inpatient acupuncture program at NYU Lutheran Medical Center in Brooklyn, New York. At present, 12 acupuncturists are credentialed there to treat inpatients throughout the hospital. Four of us are preceptors and the rest are volunteers who treat for 4-8 hours a week over the course of a year, progressing from direct and indirect supervision to independent practice with oversight via clinical rounds and discussions. Also, about 60 students per year from master's, DAOM and NCCAOM PDA programs come for observation for days- or week-long clinical intensives in the Neurology and Rehabilitation and Labor and Delivery units. Our studies of acupuncture during labor and delivery (2005-2006)¹ and acute stroke rehabilitation (2012-2014)² were each the first that I know of in the United States.

In conducting those studies, I had to negotiate the interface between research, which tends to standardize treatments for statistical analysis, and clinical practice, which orients to the particular needs of a single human being. For the second study in particular, my PhD project on stroke, I did quite a bit of research on the philosophy and construction of treatment manuals in disciplines other than acupuncture. I wanted to develop clinical guidelines that would support the complex work of patient assessment and treatment planning without 'squishing the butterfly' of individual responsiveness. Working with a wonderful team of acupuncturists, I developed both the treatment manual for the stroke study and a process for developing such manuals in the future, termed 'evidence-informed manualization'. In this article, I will discuss the pros and cons of manualization itself, how it worked for the stroke study (with a fair number of stroke care specifics), and where I see the process being useful going forward in research, education, and clinical practice.

PRACTICAL EXPERIENCE VS. STATISTICAL EVIDENCE

Personally, I started on the 'everybody's an individual' side of the argument. My training before and during acupuncture school was in Tom Bisio's first clinic in New York's Tribeca (back when that was kind of a shabby neighborhood!). Everyone received plenty of personal care there, usually both a front and back



treatment, as well as tui na and/or craniosacral therapy, bleeding cupping, moxibustion, and so on, selected on the basis of Tom's clinical experience. During the course of my acupuncture education (first at PCOM-NY, then in China, then finishing up at Tri-State College) I remember expressing extreme and rather arrogant skepticism regarding the value of systematic treatment approaches such as Mark Seem's. I owe him a public apology; time has shown his foresight to be extraordinary in a number of ways I never could have understood while still a student. When I opened my own practice, I did long intakes and extensive bodywork; I hand-filled herb prescriptions telling each patient what herb did what, and taught lots of qigong.

By contrast, in hospital care, where I now do all of my work, all clinical activities are supposed to be supported by evidence-based practice guidelines (at least in principle, though actual compliance is spotty³). These kinds of guidelines vary greatly in how they look, ranging from one-page flowcharts to book-length multi-author publications. What they have in common is that they are extensively researched documents constructed through a process of expert consensus that is usually quite lengthy and expensive. This is as it should be: directing care providers to operate consistently in a certain way (which may differ

from their training or current opinion) is literally a life and death responsibility. One example is the use of tissue plasminogen activator therapy (tPA), the powerful 'clot busting' agent that can unplug blocked arteries in ischemic stroke. The drug does carry a risk of hemorrhage, but if administered within the first few hours post-stroke, the enormous reduction in symptoms warrants the risk for most patients. However, the effects of treatment lessen over time as brain cells die off, while risk of hemorrhage increases. For this reason, a cutoff point was initially set at 3 hours, then extended to 4.5 hours as greater volumes of data on treated patients became available for analysis. The size of the data set required to appropriately inform discussions of risk and benefit in this high-stakes decision was larger than even the largest controlled trial could provide, and far larger than the experience base of any single provider⁴.

The advantage of large-scale data analysis over individual experience seems clear in the case of tPA for stroke. However, many argue that reliance on statistics has eclipsed valuable practitioner experience in areas requiring more complex or nuanced decisions. One such area is Labor and Delivery, where US birth outcomes are among the worst in the developed world⁵. Certainly, when it comes to acupuncture, most practitioners I know are opposed to using

guidelines for acupuncture therapy, or at least have grave concerns. East Asian Medicine (EAM) has a huge diversity of assessment and treatment approaches, providing enormous flexibility with which to respond to what's happening with a given patient, often at structural, energetic, and spiritual levels simultaneously. Many of our patients seek us out for *exactly* that flexibility and responsiveness, which provides a much-needed countercurrent to the 'safety in numbers' approach of most Western care. A terrific 2007 book called *Thinking with Cases*⁶ puts Chinese medical writing in the historical context of Chinese legal reasoning and Buddhist philosophy, demonstrating convincingly that the fundamental unit of knowledge construction and transmission in all three disciplines is the case study, which simultaneously brings important general principles to life and models practitioner decision-making behavior. Reducing EAM to a set of research-approved point protocols would profoundly diminish not only the clinical care we provide, but also our teaching methods. My overall purpose during my PhD work was to create a document that outwardly fulfilled the form and function of evidence-based practice guidelines to an adequate degree, while inwardly providing practitioners with a matrix to support case-based knowledge building and transmission.

DEVELOPING A MANUAL FOR ACUPUNCTURE DURING ACUTE STROKE REHABILITATION

The goal of my PhD project was to develop and field-test a manual for acute post-stroke care. The manual needed to do three things:

- 1) capture the work we had already been doing, which appeared to be meeting patients' needs⁷;
- 2) provide the most up-to-date evidence for what works in acupuncture for stroke recovery, including clinical texts; and
- 3) leave room to grow as both experience and evidence develop and inform each other.

Between 2011 and 2013 I worked with five acupuncturists, meeting with each weekly for about 6 months, as we gathered information and started to put the manual together (Phase 1 of the project). We then met every 2-4 weeks for another year as we further developed

continued on page 14

Creating a Modern Model for the Assessment and Treatment of the Sinew Channels (Jingjin): Part 1

By **BRIAN LAU, AP, CSMA** and **MATT CALLISON, LAC**

One of the most common reasons Westerners visit acupuncturists is for help with acute and chronic musculoskeletal injury and pain. Often, these patients seek acupuncture treatment after not finding relief from Western medical therapies. While our TCM training does offer insights to help improve injury outcomes, many difficult cases are beyond what an acupuncturist's training may involve.

Most current acupuncture education has minimal focus on functional anatomy, orthopedic assessment, mechanism of injury, and the role that postural and muscle imbalances play in sports injury and orthopedic conditions. This is most likely because these topics have not been part of TCM training since acupuncture schools were founded in the US over 40 years ago. This has produced a population of licensed acupuncturists of whom many do not know how to diagnose, treat, and manage sports and orthopedic injuries. A few current postgraduate training programs do teach the combined use of Western-based physical assessments and TCM treatments for musculoskeletal injuries.¹ In the Sports Medicine Acupuncture Certification Program, we believe that information gained from these Western-based assessments can grant valuable insight into developing treatment protocols. Every postural dysfunction, muscle imbalance, positive orthopedic evaluation, manual muscle test, and range of motion test will provide a set of points that can be used to treat pain and dysfunction. These protocols are combined with the assessment of the individual with a TCM differential diagnosis resulting in a comprehensive treatment plan.

One of the treatment protocols we continue to develop is the use of Western-based physical assessments with the sinew channels (*jingjin*). We started our exploration with what is written in Chapter 13 of the *Lingshu*, the only chapter in all of the *Nei Jing* that discusses the sinew channels.² Some of the descriptions in this classical text delineate sinew channel topography with clarity, but many of the descriptions are vague and can be left up to great interpretation. There are modern references to the *jingjin* available that list muscle groups for the sinew channels,^{3,4,5} but due to the fact that muscles, as described in Western anatomy, were not discussed in the

Lingshu, some of the muscles are based on author's interpretation. It is not an easy task to research and interpret some of the classical descriptions into complete muscle lists belonging to each sinew channel.

We have been working to further develop the sinew channels, and our goal is to develop this into a clear and comprehensive model which is consistent with both traditional Chinese channel theory and modern Western anatomical research and functional anatomy. This process involves listing the anatomical structures that are in each channel, describing how they are linked, and exploring how the sinew channels functionally interact with one another to create balanced posture and movement, or when channel imbalance exists, predispose the body to injury. Part 1 of this article will discuss

how the sinew channels are linked through the fascia and how they communicate from one muscle to the next. Part 2 (in a future publication) will discuss how corresponding sinew channels interact to maintain posture and create balanced movement patterns. Clinical examples will be given illustrating how dysfunction can occur in a sinew channel and in related sinew channels.

Anatomically, the sinew channels can be viewed as myofascially continuous structures linked through the fibrous network of fascia (Fig. 1). While anatomy texts list muscle attachments through the tendons from one bone to the next, the reality is more complex: a portion of the mechanical pull that a muscle produces is transferred not to the origin and insertion of that muscle, but through fascial connections to other

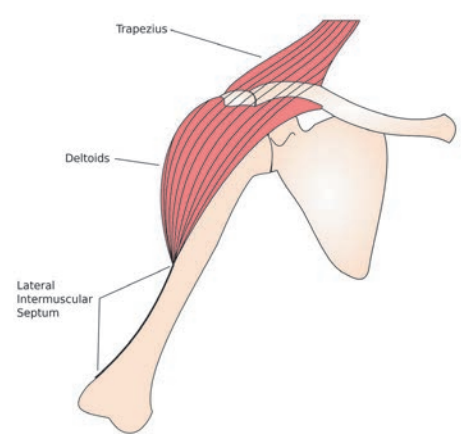


Fig. 1: Fascial fibers are shared between the lateral intermuscular septum, the deltoids, and the trapezius. This forms part of the continuous, meridian-like structures of the large intestine sinew channel.

muscles.^{6,7,8} It is theorized that these force transmissions communicate proprioceptive information between muscle groups in order to perform coordinated movement.^{9, 10, 11, 12}

In Thomas Myers' book *Anatomy Trains, Myofascial Meridians for Manual and Movement Therapists*, he categorizes these muscle and fascia connections as myofascial meridians. Myers is not using the term 'meridian' to denote acupuncture channels but instead is describing interconnected myofascially continuous structures.¹³ These myofascially continuous structures, linked through a fibrous network of fascia and having a direct connection from one muscle to the next along the myofascial chain, form a close comparison to the traditional and modern descriptions of the sinew channel topography. In other words, myofascial meridians are, up to a point, congruent to the traditionally described *jingjin*.

David Legge, in his book *Jingjin: Acupuncture Treatment of the Muscular System Using the Meridian Sinews*, has explored these myofascial meridians to categorize muscles into the sinew channels.¹⁴ This source has been influential to our work; however, a review of fascial research,^{15,16} functional anatomy, ongoing cadaver dissections of myofascially continuous structures,¹⁷ and our interpretation of the classical descriptions, have led us to some different conclusions as to which myofascial structures belong to each sinew channel.

The continuous nature of the sinew channels can best be visualized with a simple tensegrity model.

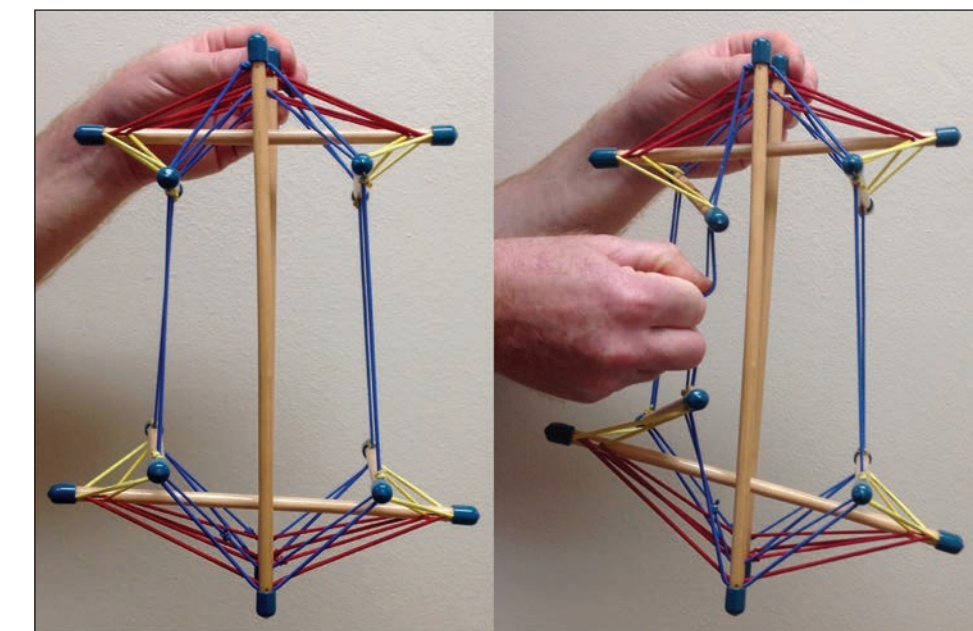


Fig. 2a and 2b: Tensegrity structure which is balanced (left) and imbalanced (right), illustrating some regions that are shortened and others that are lengthened.

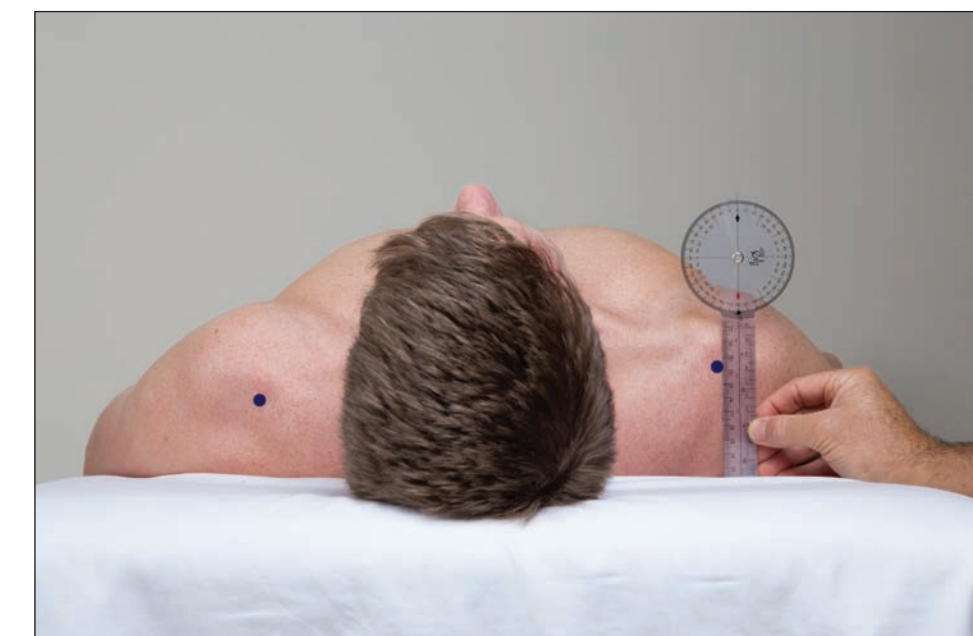


Fig. 3: Shortening of the pectoralis minor (LU jingjin) causes scapular protraction indicated by a raising of LI 16 (Jugu) when the patient is supine.

continued on page 33

Love, Sex, and Infertility

How to Keep Intimacy Thriving During Infertility Treatment

By FELICE DUNAS, PhD

Sex on command: only one of the many assaults inflicted upon the delicate love of infertile couples. There is also the expense, the bizarre behavior and difficult symptoms of hormonal treatment, and the primal pain of facing reproductive insufficiency. The human body wants to procreate more than anything else. How deep does trauma run when one is forced, against the will, to face the possibility of being the end of a genetic line? And what happens to the delicate balance of strength and power between two people when primal weaknesses come to light?

In our medicine, all aspects of self—body, spirit, emotions, behavior, and thoughts—are expressed through energetic syndromes. How are we to work with the infertility patient whose identity is shaken to the core, whether they say so, or know it, or not? Certainly, as people whose physical dysfunctions need to be ad-

*** DATE NIGHTS MUST BE “AWAY” FROM REGULAR ROUTINE. *They can be at home but they must be “different” evenings than the norm.***

dressed to produce the urgently desired results, but also as individuals living through a complex energetic conundrum affecting their entire beings, including their sense of gender, identity, essential worth, and relationship structure. While some patients move forward with treatment wholeheartedly, others face internal conflicts that can influence results and effect life and love forever.

Anyone with a lengthy history of working with these patients can tell you that it is a quagmire out there. Sometimes a little support goes a long way and a case is relatively simple. Other times, success is failure (or failure is success) no matter

what the patient thinks they want in the moment or how severely they blame you, life, genetics, hot tubs, or the physicians for failing them. How many patients will, in the long run, be grateful that they didn't get pregnant? For some, the infertility process magnifies problems in their marriages, inspiring divorce. Others are forced to realize that they were only working on this project for their spouse, and that they didn't really want a child. How many men will consider or even have affairs because they have lost their woman to sex schedules, mood swings, and motherhood obsessions? How many women will feel abandoned because their

man doesn't want to spend more money “trying” or isn't sufficiently engaged to achieve results? Maybe he just wants his lover back or doesn't want to keep facing his ineffectual sperm. Maybe she is fed up with the weakest links in her character showing up all at once. There are as many complicated wins and failures in this process as there are couples. Some of them only come to light after the fact.

Years after treatment, how many couples have not truly healed, even if they succeeded in having kids? Nick and Sara have two daughters, ages 14 and 9. They went through 10 years of infertility treatment to get them. Their marriage survived, as they both tell me, only because of the kids. Her behavior during certain periods of treatment was so cutting that he lost the innocence of his love for her. No amount of couples therapy has healed his wound. Her years of dis-

continued on **NEXT PAGE**

LOVE, SEX, AND INFERTILITY continued from page 9

appointment with her body left her turning to food for solace, causing shame and hefty weight gain, which hinders their love life to this day.

Josh and Ashley don't have a sex life anymore, even though their second pregnancy happened “accidentally”—accidental in that Josh, feeling inadequate because their first pregnancy required that his brother be a sperm donor, refused to engage in sex for two years and Ashley got pregnant when she couldn't stand it any longer and slept with another man.

The purpose of this piece is not to suggest that all never ends well. To the contrary, if you want to insure success you must understand the multiple levels on which patients are being effected by infertility and its treatment. Something is going on deep down in the psyche, in the “animal brain” of both partners and below the surface in their interaction. Treat them accordingly.

A few things I have offered in my practice to help couples maintain a sense of themselves and their love throughout infertility treatment are:

TAKE A BREAK

If I see that self-esteem in the individual or marriage is struggling I will ask the couple to consider abstaining from trying to conceive for a limited period of time, anywhere from one to six months. This means they use non-hormonal contraceptive methods every time they have intercourse and they agree not to “cheat”. They agree to consult with their physicians on the viability of taking breaks and when it is best. This is helpful for couples who are not pushed up against the biological clock age-wise. By taking a break, two lovers can remember that they are still lovers. Sex becomes an expression of that love rather than a “must do” on a time-clock, and the additional project of infertility treatment, with its financial, emotional, and scheduling demands, is minimized. Life feels more normal again, albeit temporarily. When couples have time to catch their breath, to simply be who they are together, the process is healthier, gentler, and they feel relieved. Strain plays less of a role for future treatment because the baseline stress level will be lower when they take it back up again.

Another advantage of taking a break is that it gives you time to build yin chi. No matter the gender, yin cultivation is an important aspect of TCM fertility treatment, and as you know, yin's nature is to take its time. You can't build it quickly. When a couple or individual slows down, if the need to conceive “right now” is temporarily taken off the table, yin chi generation has a greater chance. When yin is functioning as it should, both partners reflect that benefit in



their attitudes, behaviors and treatment results.

DATE NIGHTS

Couples ought to continue to flourish in their growth and positive memory making during treatment. This means time must be designated for that purpose. When I suggest date nights, I provide a simple structure. Date nights must be “away” from regular routine. They can be at home but they must be “different” evenings than the norm.

Just as during courtship, activity dates work very well. I tell patients to go do new and interesting things together. Take a class, attend a lecture, concert, or play. Go to an art gallery or bowling alley. Just play together! Even start a new hobby. It's a wonderful time to take a weekend workshop or get away someplace interesting or leisurely.

Simple meal dates work well also, as long as the conversation does not include...

1. Fertility treatment
2. Life logistics
3. Other children
4. Work (unless this is an area of passion that couples share together)
5. In-laws or other family related problems

Conversation must be non-task-oriented, as if they were courting again. Discuss books, friends, and interests. Conversation should help them remember why this is the person they are going through infertility treatment with instead of reminding them of treatment.

SUGGEST COUPLES THERAPY

Take on only what you do best and let a specialist in the field of marriage and family therapy work with the deeper issues of which you may not know, but could be affecting your results. Be a team player in the care of your patients. Suggest they consider couples counseling proactively, before the strain puts a

WHAT DO YOU HAVE TO ADD?

Think upon your history as a practitioner working with infertility patients. What tips might you add to the list? At the PCOM conference this fall, I shall be addressing this topic in greater depth. Any suggestions that you may have would be welcomed. I will spread the good word in my class. Please contact me with your ideas at info@felicedunas.com. **OM**

FELICE DUNAS is an international lecturer and educator. She holds a doctorate in clinical Chinese medicine and pharmacology and recently won the coveted Acupuncturist of the Year award for her clinical and teaching skills. She is also the author of *Passion Play: Ancient Secrets For a Lifetime Of Health And Happiness Through Sensational Sex*, now published in five languages, and 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*. Dunas also serves as a consultant to corporations and hospitals seeking to lower healthcare costs with acupuncture and alternative medicine.

TCMzone® 5:1 granule single herbs & formulas in 100 g bottle



TCMzone® 5:1 granule formulas in unit-dose packets & vegi-capsules



TCMzone® 5:1 granule single herbs in easy-to-take daily packets



Honso® Classical Japanese Kampo formulas in unit-dose packets



TCM Zone

REVOLUTIONARY HERBAL MEDICINE

ROOTED IN TRADITION

TCMzone® and Honso®

Over 150 formulas & 230 single herbs

Pacific College of Oriental Medicine

Proud & Trusted Supplier of PCOM Brand Herbal Lines


www.TCMzone.com

Call to open your student account & receive student discounts 888-788-8086


eastern CURRENTS LEARNING

We are committed to providing acupuncture and TCM practitioners with continuing education that provides the tools for success, in both your treatments and your practice


Earn NCCAOM, California and Florida Approved CEUs and Learn from World Renowned Speakers.




EC Learning allows you to learn what you want, when you want - and earn continuing education credits while you're at it. From multi-day seminars to short classes that will fit into any busy schedule, you'll find the perfect course that will make a difference to your practice, and your patients. We offer courses in the following formats:




In-Person Seminars



Live Streaming Seminars



Live Webinars



Recorded Courses

Visit www.eclearning.org for complete course and event listings.

Five Elements, Twelve Officials, and the Causative Factor

By NEIL R. GUMENICK, MAC (UK), LAC, DiplAC

THE FIVE ELEMENTS

For thousands of years, the Chinese observed Nature's rhythms and cycles through the model of the Five Elements: wood, fire, earth, metal, and water. These elements are in everything, everyone, and observable in any process. In nature, for a plant to grow, there must be a seed capable of growth (wood), sunlight and warmth (fire), soil (earth), minerals, trace elements, and air (metal), and, of course, water. Too much or too little of any of the elements would place the plant in peril. The expression of the seasons (spring, summer, late summer, fall, and winter) is another way in which we see this unchanging cycle. Furthermore, we can analyze any process in terms of its beginning phase (wood), its fruition (fire), its harvest and decline (earth), its letting go (metal), and its resting phase (water). The Chinese understood human

beings to be microcosms, meaning that within us are the same elements that are found in nature. When these elements are functioning in health and balance within us, we experience health. If the elements are imbalanced, disease must be the result.

THE TWELVE OFFICIALS

Each of twelve fundamental organs and functions is associated with a specific element. The heart, small intestine, two functions known as the Heart Protector (or "pericardium"), and Three Heater (or "sanjiao") are associated with the element fire. The stomach and spleen are associated with earth, lungs and colon with metal, urinary bladder and kidney with water, and gall bladder and liver with wood.

We call these organs and functions "Officials," because they are more than physical entities, as understood in the Western medical

model, with only physiological tasks to do, but as "beings" so to speak, with definitive physical, mental, and spiritual expressions. The early Chinese conceptualized these Officials as ministers of an imperial court, in service to the monarch and the well-being of all. It is important to remember that the kingdom is, in reality, a metaphor for the totality of the body, mind, and spirit of a human being. As in the metaphor, the well-being of the whole kingdom depends on the healthy, smooth, and harmonious working of the Officials. If an element becomes imbalanced and falls sick, the function of its associated Officials will also be imbalanced and will inevitably imbalance the functioning of every other Element and Official, as all are related, like a family.

To understand the interdependency of the Officials, let us consider a hypothetical example. Suppose a

team of emergency responders must launch a rescue mission in a flood. There will be a division of assigned duties for the mission to succeed.

Someone will gather information about the objective: what is the terrain and how can it be approached? How will evacuation occur? Someone will gather sufficient personnel. Someone else will arrange transportation of personnel. Another will assign tasks. As an emergency rescue situation, with flooding on the increase, speed is of the essence. Yet another will procure the needed supplies, food, and equipment. There will be rescue teams, medical teams, trucks, drivers, pilots, helicopters, boats, medical personnel, a communications network, and a command post to coordinate it all.

It is not difficult to see that if even one of these team members

continued on page 27

The Dilemma of Right Livelihood: *Buddhism and the TCM Career Path*

By ERIC BAKER, LAC, MSOM

When I was in my early twenties, after I finished my Psych undergrad, I planned on trying my hand at becoming a monk. I had already become enthralled with Asian Culture, a love that continues to this day. So, my plan was to first move to Japan, through the JET program, teaching English as a second language. Once there, I would begin my search for a suitable Zen Master, and then, with a little luck, Zen monkhood. I had put together the arrangements—submitted my application, got glowing recommendations, including one from a former US ambassador, and so on—and then, stunningly, the whole project fell apart. The Japanese apparently didn't want me. I was declined from the program; my visa never came through. I was shocked and at a loss. What was I supposed to do with myself now?

As is so often the case, the whole situation worked out for the best, and in ways much better than I ever could have anticipated—and not just because I am pretty sure I would have made a very mediocre monk. I had a high school PE teacher who explained to us that the pinnacle of the world's wisdom was actually to be found in the Rolling Stones' classic "You Can't Always Get What You Want", and in this instance, his insight was born out: "if you try sometimes, you get what you need". Even in terms of my spiritual pursuits, things turned out well. I found a very strong Zen organization right here in Chicago, on Belmont Avenue, four blocks south of Wrigley Field. I didn't need to go to Kyoto after all.

Still, my twenty-something-year-old self faced a legitimate, deep, and serious problem, one presented in the Buddhist teachings themselves: the problem of Right Livelihood. There are many ways of presenting the "Buddhist Path" in the various Buddhist traditions. One can look at three aspects of training: Ethics, Concentration, and Wisdom. One can look at the Six Perfections: Generosity, Ethics, Patience, Effort, Concentration, and Wisdom. However, even bringing up questions like ethics, generosity, patience and effort is already moving toward something like Right Livelihood, which is found in the "Eight-Fold Path":

- Right Action
- Right Speech
- Right Livelihood
- Right Effort
- Right Concentration



- Right Mindfulness
- Right View
- Right Intention

The trio of Right Effort, Concentration, and Mindfulness is typically thought of as referring to the Buddhist meditative process, how to apply effort, focus the mind, and maintain mindful awareness. The duo of Right View and Intention has more to do with Wisdom, establishing and maintaining the deepest version one can muster of the Buddhist insights into the nature of reality. The last trio, Right Action, Speech, and Livelihood, however, directly connects to one's behavior and lifestyle "in the world". It's connected to basic questions like "how do I earn a living?" and "what kind of career path do I pursue?"

My early-twenties self was grappling with these very fundamental Buddhist questions. I had seen what my father's work life had been like. It would be very difficult not to describe

him as a success. His own father had died when he was young, and my grandmother made a heroic effort in supporting three kids and keeping the family together. My father grew up in Chicago Housing Authority/CHA public housing. In an almost Horatio Alger-type climb, he ultimately worked himself up the corporate ladder, with no college degree to support him. Like every American Family, probably, there were still money problems, but my dad earned a very good six-figure income, especially by 1980s standards.

Still, it was obvious his job left him in an almost constant state of frustration, anxiety, and, at times, barely suppressed rage. He worked incredible hours at times, driving from Chicago to Iowa and back in a single day. As a child, the financial, business pressures he carried on a daily basis were hard for me to understand. Out to dinner with him, especially after a day's work and a couple of Drambuies, he would say

that work is essentially 99% BS and 1% satisfaction, whenever a project managed to get completed.

When I was young, I interpreted this as rhetorical, speaking for dramatic effect, and the way he delivered it, comedic effect. Later, though, after he retired, I realized that he really meant what he was saying. Without work in his life, he became a completely different person. Most of his sullenness and outbursts of temper were gone. He spent his time strolling to the café to read Agatha Christie novels; he eventually finished them all, and Ms. Christie wrote a lot of novels. He got a job in a local department store to keep himself busy, working in the stock room. One day I stopped by to visit him at his "new job." I asked a girl, probably in her mid to late teens, working at one of the registers if she knew where I could find my dad. She

continued on page 36

WHAT'S YOUR "TEMPO"?

For practitioners who want the best priced, high-quality Japanese style needle available today.

Set the right tempo for your clinic!

Same quality you love

- Ergonomic plastic handle
- Uniformly smooth, super-sharp tip
- Highest quality German stainless steel

Same gentle experience for your patients

- Coated for a painless insertion every time
- Beveled guide tubes for comfort

Distributed by:

Golden Cabinet • Golden Needle • People's Herbs • Kamwo • Treasures of the East/Blue Light • Blue Poppy

www.tempobalance.com 800.487.9296

SINGLE COURSES - ON DEMAND!



**Nourishing
the Womb**
Jeffrey Yuen | 6 CEUs



**Children's Disorders
in 6 Minutes**
Alex Tiberi | 3 CEUs



**Incorporating
Aromatherapy into Your
Life and Practice**
East Haradin | 6 CEUs

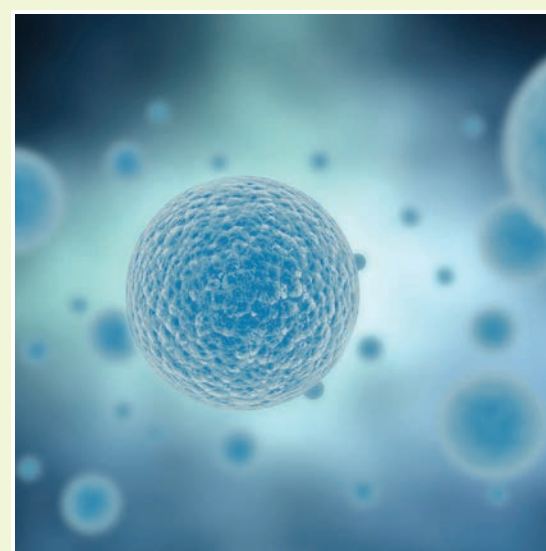
ADVANCED STUDIES CERTIFICATES - ON DEMAND!



**Flourishing Yin: Classical
Medicine in Practice for
the Modern Woman**
Lia Andrews
22 CEUs | 6 Courses



**Planetary
Herbology**
Michael Tierra
22 CEUs | 6 Courses



**Integrating Functional
Medicine with TCM**
Jake Fratkin
48 CEUs | 12 Courses

The Qi of the Year and its Clinical Implications

By WENDY S. GOLDMAN, LAc

2016 is the Year of the Fire Monkey, or Red Monkey. What exactly does that mean? The energy of every year is different, and affects all of us, since it represents the energies of heaven and earth. It influences weather, internal organs, emotions, and health. Through understanding the 60-year cycle and interactions of the heaven and earth qi for any given year or season, we know what kinds of health conditions will affect people during each time period, and are thus better prepared to treat our patients. We can easily know what herbs we will need, and we will know which patients will have more potential health problems in each season and year.

The *Huang Di Nei Jing Su Wen*, or *The Yellow Emperor's Classic of Internal Medicine*, is filled with references to Heaven and Earth energies, seasons, weather, and their effects on life and health, as well as correct and incorrect treatment based on these energetic factors. Over 10 of 81 chapters are dedicated to this topic,

with many more references throughout the text. Therefore, it must be deemed an important area of consideration and study. It even states that if one does not understand these energetic factors and their effects, one will be an ineffective physician.

When we treat patients, we tend to focus on humanity, or the patient's qi, but heaven and earth are much bigger and stronger than humanity, and affect all of us. The heaven and earth qi of the year affect the weather, organs and imbalances, and everything around us.

The energy is different every year. Each year represents a different animal, and most people seem to know the animal of their birth year. People often assume that if it's the same animal as their birth year, that it's automatically a good year for them; that may or may not be true.

Let's dissect how to understand the energy of the year. Each year has three components: yin or yang, the five element energy of heaven, and the five element energy of earth.

2016 is a fire monkey year. It's a yang year and the energy from heaven is yang fire, thus, fire, or the color red, representing fire. The monkey represents the earth energy, and is the yang metal animal, so we have heaven energy of yang fire, and earth energy of yang metal. That gives us quite a bit of information.

First, it's a yang year. 2015 was a yin year. (Each year alternates between yin and yang.) And, it was an earth sheep or goat (same difference in Chinese) to boot, so it was more calm and damp last year, because of the yin and the damp nature of earth. 2016 should be the opposite. Yang years are more yang in nature: hotter, faster, and more active. When we consider the nature of the monkey, we can add some chaos and bouncing around from branch to branch. Thus we can expect people, situations, emotions, and health conditions to do the same, possibly bouncing around in unexpected directions.

Next we consider the heaven energy, which is yang fire. The nature

of fire is, of course, hot, so we can expect hot weather. Patients suffering from fire, or too much heat in the body, may see problems worsen this year, especially in summer. Conditions may change quickly, or turn to heat quickly because of the yang fire. The fire organs can be affected as well, so there may be more issues with heart problems, particularly related to heat and fire. Joy is the emotion of the heart, so it should be a happy, playful year. Add in some yang fire and chaos from the monkey, and people with tendencies toward mania may be a bit more manic this year. People will be passionate about things, but could change quickly and bounce to something else—or it could go too far, especially in hot weather. We'll probably also see more people with insomnia this year, presenting with busy dreams and nightmares, especially in summer, particularly more severe in patients already suffering from insomnia.

continued on page 15



Kenshin Trading Corporation



Books • Needles • Premium Moxa Products • And More...

Seirin

DBC Spring & Pipe AcuZone

NEW

Moxa Storage Box

Holds 7g of Moxa
Made of Paulownia wood
Moxa and Incense not included

NEW

Moxa Warmer

Set includes:
1 Warmer &
5 Moxa Sticks

Moxa Warmer Kit
(Warmer & 5 Moxa Sticks)

Charcoal Moxa

NEW

Arigato Incense
in Cherry Blossom

100 sticks/box
25min burn time
4-box gift set available

Healing Sounds
for Yoga, Mindfulness, & Creativity

4 CD Box Set (240 minutes)
By Richard Gold & Yuval Ron

The Original
Doctor Riter's REAL-EASE

Experience Instant
Deep Relaxation

Visit
kenshin.com
Learn about
Special Offers...
Follow us at:

facebook.com
twitter.com
linkedin.com
pinterest.com

Order Today! www.kenshin.com • (800) 766-1313

the manual (Phase 2) and ran a feasibility study (Phase 3). The study followed 24 patients that we treated using the manual, as compared to 23 patients who declined acupuncture. Background, results, and a full discussion of study findings are available online in the thesis document, along with several versions of the manual: http://westminsterresearch.wmin.ac.uk/16057/1/Citkovitz_Claudia_thesis.pdf

PHASE 1: INFORMATION GATHERING

Our first method for information gathering was a literature review. Conventionally, the first step in making an evidence-based practice guideline would be to collect all possible relevant studies and grade them; for example, ‘A’ for the top-of-the-food-chain studies that compare other studies, B to large, well conducted randomized trials, and C–F for smaller studies with less bombproof methods. Given that the research literature on acupuncture for stroke is not remotely sufficient to guide clinical practice, I deemed that for this project it was critical to include clinical textbooks

(in my system they scored ‘E’ as expert opinion, along with my class and discussion notes from stroke experts such as (Dr.) Zhu Ming Qing and Shi Xuemin, seen in the movie *9,000 Needles*). I also pulled in studies of stroke pathophysiology and acupuncture mechanisms, not normally included in practice guidelines, because an important part of understanding how to treat stroke patients is knowing what is happening in their brain at a given point in time. For example, during the first 7-10 days after most strokes, a meaningful number of brain cells are still struggling for survival, challenged by partial oxygen deprivation as well as inflammation and toxic metabolic waste from other dead or dying cells. Therefore, the absolute top priority during that time is increasing circulation and clearance of metabolic (aka raising clear yang and descending turbidity). Du20 is of course a key point for increasing cranial circulation, but clinical sources such as Shi Xuemin provide an experiential basis for including SP6/PC6, while LI4 and 11 are deeply entrenched in other clinical texts.

The hardest part of conducting the literature review was figuring out how to present the results in a clinically useful fashion. We started with a giant Excel document that spread across two notebook pages, which was comical with three of us crowded around it outside a patient room, squinting to find the recommended treatments. In the end, I cut up the spreadsheet and presented the literature review as an index by syndrome or problem (e.g. aphasia, constipation, upper extremity mobility), with each study or source summarized and presented in grade order. Later versions of the manual use the index as a resource to be consulted for difficult cases, while easier-to-use worksheets govern treatment planning for the majority of patients. Besides reviewing the clinical and research literature on acupuncture for stroke, other forms of information gathering included self-observation during practice by the acupuncture team and discussions with our colleagues in the Rehabilitation unit, including doctors, nurses, and physical, occupational, and speech therapists. We asked the other providers how they saw the

acupuncture impacting the patient and their work, positively or negatively. Working with the physical and occupational therapists, we learned a great deal about how motor and cognitive recovery unfolds over time. We also had a focus group with the nurses concerning where they saw stroke patients experiencing the most distress; insomnia and bowel function were important areas of study that emerged from this conversation, and turned out to be some of the most promising study results.

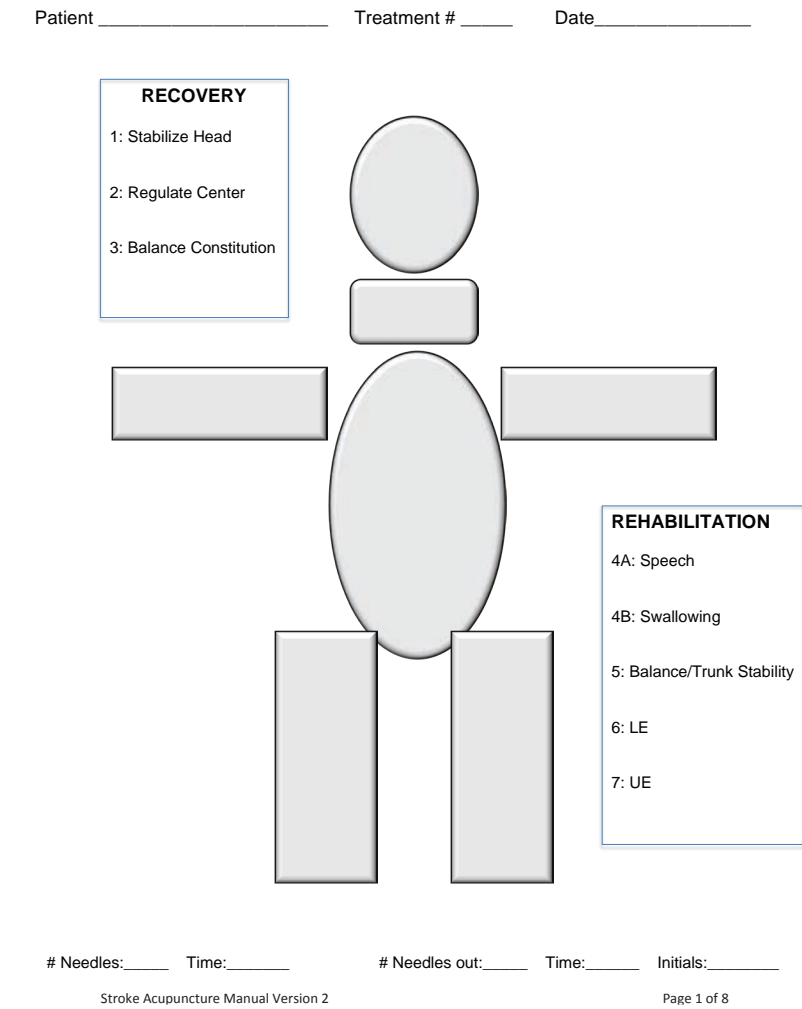
PHASE 2: DRAFTING AND REVISION OF MANUAL FORMS

The second phase of manual development was the creation and refinement of the actual worksheets used to guide and record the clinical assessment and treatment planning process. This phase largely overlapped with the information-gathering phase described above. A British research resource, the Medical Research Council’s Guidance for Researching Complex Interventions⁸, (MRC Guidance for short) is increasingly recognized as a useful model

continued on NEXT PAGE

for acupuncture research, and it was very helpful in organizing our manualization process. The MRC Guidance suggests that researchers wanting to accurately evaluate interventions too complicated to be tightly standardized (such as sex education) need to develop the intervention and evaluation processes *together*, over time, in cycles of planning, implementation, evaluation, and revision. My stroke study as a whole constituted one full cycle. Within the second phase were three mini-cycles of developing and revising forms. As I discussed above, the very first version of the manual was a giant spreadsheet that nobody liked, although it held a lot of useful information. Version 2 aimed to make things much easier—it was a big, simple diagram of a person that we could mark up, (see illustration) along with a numbered outline presenting the main differential diagnoses and treatment approaches we found most useful. Importantly, this information was set out in a specific order, which evolved from our experience as we integrated our research reading and collegial discussions. The order we used is as follows:

1. Is the spirit present, or is it clouded or scattered? (We jokingly called this step, ‘first, find the patient’). In the time since this version, we have top prioritized any pain over 6/10, which itself scatters the spirit and slows recovery.
2. Is the central qi mechanism functioning? Most stroke patients present with some combination of urinary retention and constipation, or incontinence. In EAM terms, the qi mechanism is stuck closed or open, and has to be restarted before the patient can really heal.
3. Are there other constitutional factors or pathogens that need to be addressed? EAM history is rich in discussions of internal and external factors, while current research and imaging show us



a wide variety of congenital and behavioral risk factors as well as with the location and nature of the stroke lesion. The rubric for constitutional assessment draws together as many of these considerations as possible, along with the approaches we’ve found most useful for addressing them. Most common, of course, are blood stasis and phlegm, with various types of underlying deficiency, excess and deficient bad behavior of liver qi, and spleen qi not managing the blood.

4. Speech and swallowing. In some cases patients want to work on walking first, but mostly difficulty with speaking, understanding, drinking, and eating are so very problematic in themselves that the patient’s healing is best served by focusing upon these issues first.
5. Balance and trunk stability. Many practitioners have learned the motor line in school and are eager to use it, but a patient with good leg strength and bad balance may actually need *more* assistance than others, to prevent falls. Therefore, we tend to use extra meridians and brain-microsystem ear points⁹ to develop stability before promoting motor function.
6. Lower extremity mobility and sensation. We usually work on the leg before the arm, both because it often comes back more quickly, and also because getting up out of the wheelchair is a priority.
7. Upper extremity mobility and sensation. There is often a need

to treat pain from subluxation of the shoulder joint due to paresis of rotator cuff muscles. In these cases, we try to balance the joint, as well as support motor recovery.

Over the course of the study we settled on 2.5 as the approximate number of issues for treatment that could be addressed in one session. This seemed to be the average of treatments with two relatively distinct issues (e.g. swallowing and leg mobility) and those with three overlapping issues (e.g. constipation, phlegm, and upper extremity mobility, all of which involve the yangming channels). Within the manual, for a given patient, the overall plan of care would be:

- A careful first intake that starts with reviewing the electronic medical record, to capture as much as possible of the patient’s current challenges and past medical history.
- Discussion with the patient (if possible) as well as palpation and observation to determine what they would like to work on, as well as what constitutional and pathogenic factors we see.
- Treatment per session that starts with updating the above chart review and conversation. The treatment plan then addresses 2-3 of the treatment priorities identified on the patient’s chart, proceeding in the order described above, unless there is some specific reason to depart.

Using this process, the team felt that, by the third version of the manual, we had found a way to provide patient care that was consistent between patients as well as from session to session for each patient, even with multiple providers. Version 3 was used in the final study, and consisted of:

continued on page 16

THE QI OF THE YEAR AND ITS CLINICAL IMPLICATIONS continued from page 13

The monkey earth energy represents yang metal. The nature of metal is dryness (it’s dryer in autumn). Add to that what we already know, and we have yang, heat, and dryness. That is a good summary of the year, as well as what we can expect from the weather. Metal represents the lungs and large intestine, so we can expect issues with heat and dryness in the lungs and large intestine. Whereas 2015 caused problems with dampness, like colds with lots of mucus,

diarrhea, and damp in the spleen and stomach, 2016 will create more problems with lingering dry cough and constipation, especially in autumn. That’s good news for people who tend to dampness and cold, as this year will dry them out a bit and warm them up, helping them feel better. When we combine everything we know so far, we can expect to see problems relating to heat, fire, dryness, blood deficiency, and yin deficiency. There will also be more issues with skin diseases, since the

skin is part of the lung system. These will present more like psoriasis, with dry, red, hot, and/or blood deficient conditions, rather than oozing, damp conditions. If there is dampness, it will be more red and hot and heat toxins, due to the yang fire energy. Why blood deficiency? Because in the five element cycle, fire drains wood, and metal restrains wood. Even though fire represents the heart and blood, the wood element is damaged by both the fire and metal, so deficient livers and gall

bladders will have a harder time this year. Thus, in addition to insomnia with nightmares, patients with liver blood deficiency may have difficulty falling asleep, too. Conversely, patients with excessive liver/GB may feel more calm and relaxed this year, since the qi of the year helps weaken the excess. Weak kidneys are also susceptible this year, since fire weakens water. People who are kidney yin

continued on page 31

Get a head start with herbs!

Practitioners: Starter Kit

Students: Herb ID kit

Whether you're a practitioner or a student- we've got you covered. The Plum Flower® Starter Kit brings you all the basic formulas at a discount and the Plum Flower® Herb ID Kit has nearly 400 individual herbs on beautiful color photo cards. Includes 12 binders and almost 340 herb samples in zip-top bags. Cards may also be purchased as a separate set.

www.mayway.com 1-800-2-MAYWAY

- An intake sheet (which incorporates the treatment planning priorities)
- Three worksheets, one each for constitutional diagnosis and treatment, stroke recovery treatment (priorities 1-3), and stroke rehabilitation treatment (priorities 4-7).
- The Index of stroke syndromes and approaches, for use with patients who for some reason do not fit the worksheets in the first place, or 'refractory' patients for whom the worksheet treatments do not seem to be helping.

PHASE 3: CONCURRENT COHORT STUDY

In order to evaluate the manual, we compared outcomes for patients who had been treated with the manual to those who had refused acupuncture treatment. This is not the kind of study you can use to 'prove that acupuncture works', since the groups were selected in a way that may strongly bias the results. However, small studies with this kind of non-randomized design are commonly used to assess 'feasibility' of methods for future study—can enough patients be recruited, do

too many patients drop out because they hate the treatment, is there too much missing data, do the outcomes trend in the anticipated direction and so on. Our feasibility study looked at these questions and a few others, falling into three basic categories:

- 1) feasibility of study methods, as described above;
- 2) consistency and acceptability of manualized treatments; and
- 3) patient, family and rehabilitation staff perceptions of acupuncture effect.

We felt it was important to capture this third, qualitative piece, because qualitative research provides the opportunity to find out how patients and staff experience the treatment, which may point to the need to study completely different outcomes than originally anticipated. In fact, three of the outcome measures we used in the final study were added during phase 1 of manual development, when we learned from patients and nurses that they felt that the acupuncture helped with sleep, swallowing, and constipation. Overall, these, plus the new findings of the qualitative research, were the main successful study results.

The results of phase 3, in brief, were as follows:

- We enrolled 48 patients (25 wanting acupuncture, 23 declining it) in a year, which is enough for future study.
- There was a fair amount of missing data, especially from the 6-month follow-up assessments. Luckily, a 90-day follow-up has now been implemented by the main agency certifying hospitals, so follow-up in general should get easier.
- Statistical results trended positively for constipation, sleep, and global disability on 6-month follow-up, and these are the areas I am looking at for future study.
- As anticipated based on another researcher's previous work, results from the Functional Independence Measure Outcomes did not differ much between groups, except in one specific subgroup where the acupuncture patients did do better (I am currently working on another article about this finding; it suggests that acupuncture may have more effect on motor outcomes in moderately severe strokes than in mild

or very severe ones).

- No patients at all withdrew from acupuncture treatment, indicating that our flexible approach was very acceptable to them.
- Acupuncturists were quite consistent in their use of the manual, departing only 35 times total in 235 treatments (11 of these departures were for non-manual-related reasons like IV tape covering PC6, while another 12 were 'refractory cases'—patients who didn't improve with the initial treatments per the manual, so it was time to try something else)
- Qualitative results showed a wide variety of positive perceptions of acupuncture perceived, and no negative perceptions. Exciting new findings included:
 - Nurses and physical and occupational therapists reported that patients were more alert and also participated better in therapy. This is an important new finding that we will follow up on.
 - Pain was a more important consideration than we thought

continued on page 38

GOLDEN FLOWER CHINESE HERBS



Join us at Symposium!
October 28-30

Booths 7 & 8 in the Upstairs Ballroom

Golden Flower Chinese Herbs proudly carries these great products:



Online www.gfcherbs.com Toll-Free 1.800.729.8509



A Guide To

Pacific Symposium 2016

October 25 - November 1, 2016



San Diego, CA • 63 CEUs Possible

Jake Fratkin • Matt Callison • Kiiko Matsumoto
Arnaud Versluys • Jill Blakeway • Whitfield Reaves
Lillian Bridges • Felice Dunas • Neil Gumenick
Arya Nielsen • Claudia Citkovitz
Hamid Montakab • Dong Ji • Biao Lu
Holly Guzman • Greg Bantick • Monika Kobylecka
David Ford • Brian Lawenda • Wendy Goldman
Diana Fried • Bill Helm • Robert Nations
Robert Bonakdar • Carla Cassler • Brian Lau

Keynote Address: Diana Fried - October 28

Pre-Symposium Workshops with:

Arya Nielsen - October 25-26

Jake Fratkin/Janet Zand - October 25-26

Post-Symposium Workshops with:

Kiiko Matsumoto - October 31

Lillian Bridges - October 31 - November 1

Whitfield Reaves - October 31 - November 1

TCM • Acupuncture • Massage

Pacific Symposium 2016 Schedule at a Glance - 63 C

Tuesday/Wednesday 10/25-10/26		Thursday 10/27		Friday 10/28		Saturday 10/29	
Early Morning Qi Gong (1 CEU per session)							
7-7:50 am	Two-Day Session:	Han Yuan Primordial Qigong <i>Bill Helm</i>		Han Yuan Primordial Qigong <i>Bill Helm</i>		Han Yuan Primordial Qigong <i>Bill Helm</i>	
		General Sessions (1 CEU per speaker/3 per morning)					
9-9:50 am	Gua Sha Practicum <i>Arya Nielsen</i>	Integration in Action: Acupuncture's Impact on Stroke Rehabilitation <i>Claudia Citkovitz</i>		The Diagnostics of Classical Five Element Acupuncture <i>Neil Gumenick</i>		Fire and Ice <i>Matt Callison</i>	
9:55-10:45 am	Managing Difficult or Non-Responsive Cases: Topics in Gynecology and Aging <i>Jake Fratkin and Janet Zand</i>	Acupuncture Therapy and Changing National Policy <i>Arya Nielsen</i>		Simplified Pulse and Tongue Diagnosis for All GI Patterns <i>Jake Fratkin</i>		Breast Health and Chinese Medicine <i>Jill Blakeway</i>	
11:10 am-12 pm		Insomnia and the Modern World <i>Hamid Montakab</i>		An Introduction to the Concept of Chrono-Herbalism of the Shang Han Lun <i>Arnaud Versluys</i>		Intro to Kiiko Matsumoto Style (KMS) Acupuncture <i>Monika Kobylecka</i>	
		Afternoon Qigong (1 CEU per session)					
12:15-1:05 pm		Han Yuan Primordial Qigong <i>Robert Nations</i>		Han Yuan Primordial Qigong <i>Robert Nations</i>		Han Yuan Primordial Qigong <i>Robert Nations</i>	
		Afternoon Workshops (3 CEUs per workshop)					
2-5 pm		Contemplation on a Contrarian Approach to Treating Back and Hip Pain <i>Claudia Citkovitz</i>		Building Immune Function and Bone Marrow Following Medical Intervention <i>Jake Fratkin</i>		The Anatomy of the Sinew Channels (Jingjin) <i>Matt Callison and Brian Lau</i>	
		Insomnia: Diagnosis and Treatment Based on the Extraordinary Vessels <i>Hamid Montakab</i>		The Concept of Time in the Shang Han Lun: Chrono-Herbalism <i>Arnaud Versluys</i>		The Five Stagnations in Gynecology Using Chinese Medicine to Address PMS, Endometriosis, PCOS, PID, and Hypothalamic Amenorrhea <i>Jill Blakeway</i>	
		Acupuncture Therapy for Pain in Underserved Populations <i>Arya Nielsen</i>		Five Element Acupuncture: Detecting and Resolving Energetic Blocks <i>Neil Gumenick</i>		The Essentials of Treating Common Scars Using Kiiko Matsumoto Style (KMS) Acupuncture <i>Monica Kobylecka</i>	
		The 60-Year Cycle: Understanding the Qi of the Year and its Clinical Implications <i>Wendy Goldman</i>		How's Your Sleep? Chinese Medicine for a Good Night <i>Holly Guzman</i>		Liu Family Tui Na: An Introduction to the Unique Arts and Techniques <i>Dong Ji</i>	
		Enhancing Life with Chinese Medicine <i>Greg Bantick</i>		Integrative Pain Management <i>Robert Bonakdar</i>		How to Practice Acupuncture for Trauma Healing in Disasters and Community Service Clinics <i>Diana Fried and Carla Cassler</i>	
Evening Events							
7-9 pm		The Science, Data, and Indications for Medical Cannabis <i>Brian Lawenda</i>		Keynote Address: Diana Fried <i>Global Acupuncture for Trauma Healing</i>		Symposium Party	

2016 Package Prices	EARLY (by Aug. 14)		REGULAR (Aug. 15 - Oct. 1)		LATE AND ONSITE (After Oct. 1)	
	Online	Mail/Phone	Online	Mail/Phone	Online	Mail/Phone
Full plus 2-Day Pre AND 2-Day Post (Tues-Tues), 63 CEUs	\$900	\$990	\$940	\$1,035	\$980	\$1,080
Full plus 2-Day Pre AND 1-Day Post (Tues-Mon), 56 CEUs	\$835	\$920	\$870	\$960	\$915	\$1,010
Full plus 1-Day Post (Thurs-Mon), 42 CEUs	\$655	\$720	\$705	\$775	\$730	\$805
Full plus 2-Day Pre OR Post (Tues-Sun) OR (Thurs-Tue), 49 CEUs	\$730	\$805	\$785	\$865	\$835	\$920
Full (Thurs-Sun), 35 CEUs	\$520	\$570	\$575	\$635	\$630	\$695
3-Day General Pass	\$435	\$480	\$475	\$525	\$515	\$570
2-Day General Pass	\$330	\$365	\$385	\$425	\$435	\$480
1-Day General Pass (Thurs or Fri)	\$180	\$200	\$215	\$240	\$250	\$275
1-Day General Pass (Sat or Sun)	\$170	\$190	\$205	\$225	\$240	\$265
1-Day Post, 7 CEUs	\$195	\$215	\$225	\$250	\$260	\$285
2-Day Pre OR Post, 14 CEUs	\$320	\$350	\$360	\$395	\$390	\$430
Keynote, 1.5 CEUs	\$30	\$35	\$35	\$40	\$40	\$45

CEUs/PDAs (Pending Approval)

Sunday 10/30	Monday/Tuesday 10/31-11/1
Han Yuan Primordial Qigong <i>Bill Helm</i>	One-Day Session:
Introduction to Chronic Conditions and the Dorsolateral Prefrontal Cortex <i>Kiiko Matsumoto</i>	Kiiko Matsumoto Style- Treatment of the DLPFC and Chronic Conditions <i>Kiiko Matsumoto</i>
Jumping Muscle Qi <i>Biao Lu</i>	Two-Day Sessions:
Sexual Behavior, Practices, and TCM for Fertility <i>Felice Dunas</i>	
	Clinical Applications of Face Reading: Diagnosing and Monitoring Treatment from Facial Signs <i>Lillian Bridges</i>
Han Yuan Primordial Qigong <i>Robert Nations</i>	
	Common Sports Injuries and Pain Syndromes and their Assessment and Treatment Protocols <i>Whitfield Reaves</i>
Sex, Love, and Infertility Care <i>Felice Dunas</i>	
Advanced Acupuncture Techniques: Warming and Cooling <i>Biao Lu</i>	
Chronic Conditions and the Dorsolateral Prefrontal Cortex <i>Kiiko Matsumoto</i>	
Heart-Brain Harmonics: The Ko Cycle's Water-Fire Relationship In Our Well-Being <i>David Ford</i>	

**10% Discount for PCOM Alumni
and Groups of 10 or More Registering Together
(individual workshop fees excluded)**

**Observers, Students, and
Non-Professionals: See Online Pricing
www.PacificSymposium.org**

Pre-Symposium Workshops

Gua Sha Practicum *by Arya Nielsen*

14 Tuesday and Wednesday, October 25-26, 9:00 am-5:00 pm
CEU/PDA

This two-day workshop covers the science of gua sha's anti-inflammatory and immune protective effect and its applications for internal organ disease. Students will learn the research evidence for the clinical use of gua sha from the Chinese language and English medical database and the necessary skills for safe and effective practice. The course will deepen students' expertise in ways that are immediately applicable to daily clinical practice. Each student will be checked on the essential skills for safe and effective gua sha application to distinct areas of the body and the suggested frequency and dosage of gua sha for particular disorders/diseases.

Managing Difficult or Non-Responsive Cases: Topics in Gynecology and Aging

by Jake Fratkin and Janet Zand

14 Tuesday and Wednesday, October 25-26, 9:00 am-5:00 pm
CEU/PDA

What do you do when your treatments are not working? In this two-day workshop, two very experienced practitioners will share their thoughts, strategies, and clinical approaches to topics that often are non-responsive to textbook approaches. Day one will cover topics in gynecology, including PMS, irregular menses, PCOS, perimenopause, and menopause. On day two, topics in aging will be addressed, including metabolic syndrome, insomnia, anxiety, cognition problems, and chronic inflammation. The presenters will work together on both days, sharing their approaches to diagnosis and treatment, including both TCM and Functional Medicine, with relevant lab tests and nutritional medicine support. The format will include interactive as well as didactic presentation. Participants are encouraged to bring in case studies that the group can discuss; the presenters will also discuss their own difficult cases.

Post-Symposium Workshops

Kiiko Matsumoto Style- Treatment of the DLPFC and Chronic Conditions *by Kiiko Matsumoto*

7 Monday, October 31, 9:00 am-5:00 pm

Matsumoto will continue demonstration of shaoyang scalp points that can be used to treat weakness of the Dorsolateral Prefrontal Cortex (DLPFC). She will also review many other essential Kiiko Matsumoto Style treatment approaches during live patient demonstrations. The DLPFC begins to weaken as a condition becomes chronic or due to a threatening situation (shock/trauma). This has important implications for a variety of stubborn, chronic conditions commonly seen in the acupuncture clinic, including chronic pain, anxiety, PTSD, substance abuse, RSD/CRPS, sympathetic dominance, and chronic digestive issues.

Clinical Applications of Face Reading: Diagnosing and Monitoring Treatment from Facial Signs

by Lillian Bridges

14 Monday and Tuesday, October 31-November 1, 9:00 am-5:00 pm
CEU/PDA

The face is one of the best places to evaluate the functioning of the internal organs. The diagnostic information obtained from the face enhances and validates other techniques, such as pulse and tongue diagnosis. This interactive two-day workshop will teach participants how to use Face Reading and the information from all of the Facial Maps in their clinics to diagnose patients, determine treatment, and monitor the effectiveness of those treatments.

Common Sports Injuries and Pain Syndromes and their Assessment and Treatment Protocols

by Whitfield Reaves

14 Monday and Tuesday, October 31-November 1, 9:00 am-5:00 pm
CEU/PDA

Practitioners of traditional Chinese medicine now have an abundance of information with which to enhance their assessment and treatment skills, yet it appears that the treatment of patients with pain and injury often lacks precise treatment. Many express the desire to achieve better clinical results in the management of pain. With the correct assessment of the condition and an understanding of the anatomical tissues involved in generating pain, treatment becomes much more precise as well as effective. This involves the integration of orthopedic and anatomically-based medicine with traditional Chinese theory and practice. Reaves presents a system that allows for the primary stagnation of qi and blood to be understood and treated, thus achieving more timely reduction of symptoms.

Ready to Register? www.PacificSymposium.org

Daily Exercise

Han Yuan Primordial Qigong *by Bill Helm and Robert Nations*

1 **CEU/PDA** Daily, 7:00-7:50 am and 12:15-1:05 pm

Regular practice of qigong exercises enables you to practice your healing craft more effectively and prevents depletion and injury. These exercises are very powerful and easy to learn and practice.

Thursday, October 27, 2016

Integration in Action: Acupuncture's Impact on Stroke Rehabilitation *by Claudia Citkovitz*

1 **CEU/PDA** Thursday, October 27, 9:00-9:50 am

Patients recovering from stroke show a staggering variety of symptoms, from disabling motor and speech deficits to subtle perceptual and emotional changes. Acupuncture can help greatly, but many practitioners are unable to treat patients and loved ones acutely due to doctors' concerns (or their own). In this class, Citkovitz demystifies the potentially intimidating interface between East Asian and Western medical diagnosis and treatment. Drawing on her recent PhD research, she explores questions such as: how can we feasibly incorporate acupuncture into post-stroke care, and what effects should we expect in which patients? Which arguments regarding safety and efficacy will be most persuasive to physicians? How soon should we treat, how often, and how can we make treatment financially workable for elderly patients on a fixed income?

Acupuncture Therapy and Changing National Policy: 'Evidence-Informed Non-Pharmacologic Strategy' for Pain and the Opioid Epidemic *by Arya Nielsen*

1 **CEU/PDA** Thursday, October 27, 9:55-10:45 am

In 1999, the Veterans Administration declared pain the 'fifth vital sign'; in 2000 the Joint Commission created a pain mandate that required patients to rate their pain on a scale of 1-10 and be involved in a strategy to manage that pain. Pharmaceutical companies overrepresented the need for opioids and misrepresented time release opioids as non-addictive. By 2008, an American was as likely to die from a prescription opioid overdose as either suicide or a motor vehicle accident. The CDC has declared an opioid epidemic in the US. This talk will describe how a national pain policy set the stage for the opioid epidemic and now how evidence for nonpharmacologic therapies has led to a change in national policy by the Joint Commission, clarifying that non-pharm therapies, including acupuncture therapy, are viable options in the treatment of pain.

Insomnia and the Modern World: The Impact of a Modern Lifestyle on Sleep *by Hamid Montakab*

1 **CEU/PDA** Thursday, October 27, 11:10 am-12:00 pm

Sleep is a necessity, and a third of our lives is spent sleeping. Sleep disorders of all kinds, insomnia in particular, are rapidly becoming a concern in modern industrialized societies, now affecting 30 to 40% of the population. Inadequate treatment of insomnia can easily transform someone who occasionally sleeps poorly into a chronic insomniac who, quite often, will become dependent on the regular use of medication. This lecture will analyze the primary causes of insomnia from the perspective of wei-defensive qi, blood, yin, and shen-mind. The detrimental effects that modern lifestyles have on these substances, and the subsequent consequences for sleep, producing insomnia, dream disturbances, and various types of parasomnia and sleep apnea, will be examined. Therapeutic guidelines will also be explored.

Contemplation on a Contrarian Approach to Treating Back and Hip Pain *by Claudia Citkovitz*

3 **CEU/PDA** Thursday, October 27, 2:00-5:00 pm

In this course, students will learn how to use a manual for systematically assessing and prioritizing the multiple overlapping 'patterns of disharmony' that commonly present in acute and chronic stroke care. Developed for both research and clinical work, the manual provides for practitioner discretion within an evidence-informed structure that allows multiple acupuncturists to provide a consistent, cohesive, and personally appropriate plan of care. Guidelines for prioritized assessment and treatment include: blood pressure, cognitive function, retention or incontinence of bowels and/or urine, constitutional factors such as phlegm, blood stasis, heat and cold, speech, swallowing, balance, and upper and lower extremity motor function. The class may also be of interest to practitioners interested in developing manuals for systematic assessment and treatment in other clinical areas.

Insomnia: Diagnosis and Treatment Based on the Extraordinary Vessels *by Hamid Montakab*

3 **CEU/PDA** Thursday, October 27, 2:00-5:00 pm

Proper sleep is indispensable to health. The sleep/wake cycle, as the most important human circadian rhythm, is an excellent indicator of the internal equilibrium and of health. In a state of health, the length and depth of sleep are adapted to activity by internal "synchronizers", the "extraordinary vessels". Sleep analysis reflects upon the internal balance of the five substances and the ten organs. Insomnia has been primarily categorized in TCM based on zang-fu and substance disharmony patterns, but no classification has been proposed from a classical Chinese acupuncture perspective. For the best therapeutic results, it is important to adapt the acupuncture protocol to each person and to the disturbed segment of sleep. This lecture will present a brief review of sleep physiology and structure from a channel perspective, the role of the extraordinary vessels, discussion about diagnosis, and treatment protocols based on the channel system.

Acupuncture Therapy for Pain In Underserved Populations: Strategy, Research and Challenges *by Arya Nielsen*

3 **CEU/PDA** Thursday, October 27, 2:00-5:00 pm

Acupuncture therapy is sometimes considered accessible only to patients with means. What work is being done to make integrative medicine, 'evidence informed non-pharmacologic therapies', accessible to the poor? This talk will discuss the background, strategy, and specific research projects whose aims and rationale are to make acupuncture therapy, already proven safe and an effective and feasible treatment option for chronic pain, accessible to underserved populations in poor urban settings.

The 60-Year Cycle: Understanding the Qi of the Year and its Clinical Implications *by Wendy Goldman*

3 **CEU/PDA** Thursday, October 27, 2:00-5:00 pm

2016 is the Year of the Fire Monkey. What exactly does that mean? The energy of every year is different and affects all of us, since it represents the energies of heaven and earth. It influences weather, internal organs, emotions, and health. By understanding the 60-year cycle, and the interactions between heaven and earth qi for any given year or season, we know what kinds of health conditions will affect people during each time period and are thus better prepared to treat our patients. We can easily know what herbs we will need, and which patients will have more potential health problems in each season and year. Students will learn the basic energetic implications on health of any given year, season, and month, and how to prepare, adjust treatment plans, and educate patients about prevention issues for the year and the season.

Enhancing Life with Chinese Medicine *by Greg Bantick*

3 **CEU/PDA** Thursday, October 27, 2:00-5:00 pm

Clinic practice often focuses on treating disease and distress, but our medicine also offers insight into understanding and appreciating our lives more fully. It can help our patients and ourselves identify and cultivate positive states. Ease, satisfaction, contentment, a clear sense of direction, kindness, knowing our needs, and healthy relationships all arise out of a friendly, kind, and curious relationship with suffering. This course is a practical exploration using detailed case histories, from initial meeting and diagnosis to the prescription of points, herbs, diet, lifestyle suggestions, and follow-ups. Students will review early textual ideas on how all states, moods, and symptoms arise from causes and conditions. Practitioners are often good at seeing the conditions leading to patients' symptoms, but they can use the same skills to see the conditions more likely to lead to positive moods and symptoms. Students will review how their inner states, beliefs, and worldviews may condition their patient-practitioner relationships, and how clinics and business practices are themselves conditions that influence their work that can lead to more effective and satisfying clinic work.

The Science, Data, and Indications for Medical Cannabis *by Brian Lawenda*

1.5 **CEU/PDA** Thursday, October 27, 7:30-9:00 pm

If you are hearing more interest from your patients and the community about medical cannabinoids, you are not alone. This course will introduce you to the latest data, science, and indications for this ancient botanical medicine. Learn how to better counsel your patients on cannabinoids.

Friday, October 28, 2016

The Diagnostics of Classical Five Element Acupuncture *by Neil Gumenick*

1 **CEU/PDA** Friday, October 28, 9:00-9:50 am

This one-hour course will introduce the concept of Causative Factor: the primary elemental imbalance with which every human being is born. This imbalance is the root cause of a patient's physical, mental, and spiritual problems and becomes the focus of treatment in this system of medicine. You will learn the diagnostic correspondences of each of the Five Elements and how, by assessing the patient's odor, color, sound, and emotion, the Causative Factor is identified and treated. In this way, symptoms at every level are healed naturally—from the inside out.

Simplified Pulse and Tongue Diagnosis for All GI Patterns *by Jake Fratkin*

1 **CEU/PDA** Friday, October 28, 9:55 -10:45 am

The relationship between liver, stomach, and spleen determines almost all gastrointestinal disorders. The specific patterns can be determined by simple relationships, focusing on excess and deficient conditions of these three zang-fu. Elaboration of the pattern can be obtained from the tongue. In this short presentation, Fratkin will share his 38 years of clinical experience to show how to accurately differentiate the various patterns causing conditions such as acid reflux, nausea, irritable bowel syndrome, abdominal distension, weight problems, constipation, and diarrhea. Accurate differentiation leads to the correct choice of herbal ingredients or formulas. The secret is in understanding the energetic relationships of liver, stomach, and spleen.

An Introduction to the Concept of Chrono-Herbalism of the Shang Han Lun *by Arnaud Versluys*

1 **CEU/PDA** Friday, October 28, 11:10 am -12:00 pm

This course will continue to build on Versluys' Symposium workshop from last year, expanding upon the topic of chrono-herbal medicine: a way of understanding the conformations and the formulas that rectify their imbalances, from the perspective of times of the day and the year, with the Shang Han Lun as a primer.

Building Immune Function and Bone Marrow Following Medical Intervention *by Jake Fratkin*

3 **CEU/PDA** Friday, October 28, 2:00-5:00 pm

The course focuses on enhancing immune function and bone marrow health following Western medical interventions with Chinese herbal formulas. Adverse medical interventions include chemotherapy, radiation, medications following organ transplant, and medications for autoimmune disease or hypertension that impact marrow health. Discussion will include diagnosis and treatment according to Western medicine and how these interventions affect health according to the TCM model. Successful herbal strategies from China will be analyzed, and both custom formulas and available herbal products will be discussed. It is particularly applicable for patients receiving or finishing chemotherapy and radiation therapy.

The Concept of Time in the Shang Han Lun: Chrono-Herbalism *by Arnaud Versluys*

3 **CEU/PDA** Friday, October 28, 2:00-5:00 pm

The Han-dynasty Shang Han Lun, or Treatise on Cold Damage, explains the interaction between changes in weather patterns and the human body. These patterns are subject to the natural rhythms of day and night or the sun and moon, the five seasons, and the movement of six constellations. Fusing the systems of yin and yang, and five phases, allows the Shang Han Lun practitioner to the nature of the six qi, which vary by the day but can be predicted. The Shang Han Lun's system of six conformations differentiation allows one to identify which external atmospheric qi the patient's body is unable to maintain harmony with and therefore which is causing the illness.

Keynote Address

Global Acupuncture for Trauma Healing *by Diana Fried*

1.5 **CEU/PDA** Friday, October 28, 7:30-9:00 pm

This keynote will explore how acupuncture has been used by volunteers around the world to heal trauma in the aftermath of disasters, war, conflict, social injustice and poverty, shootings, and other tragic events or conditions. Fried will use photos and videos to show examples from around the world of how this work has been done. The work of Acupuncturists

Five Element Acupuncture: Detecting and Resolving Energetic Blocks *by Neil Gumenick*

3 **CEU/PDA** Friday, October 28, 2:00-5:00 pm

This course will explain how to identify and remove specific (and sometimes lethal) energetic blocks which, unless resolved, can prevent any treatment from being effective. These include Possession, Aggressive Energy, Husband/Wife Imbalance, and Entry/Exit blocks. Regardless of the style of acupuncture practiced, removing these blocks is a vital first step in recovering the health, balance, and well-being of patients. This knowledge will, in many cases, literally save lives, and "free up" those patients with whom you seem to be "stuck".

How's Your Sleep? Chinese Medicine for a Good Night *by Holly Guzman*

3 **CEU/PDA** Friday, October 28, 2:00-5:00 pm

Sleep is an issue that touches everyone, from infants to the elderly. Clinical successes through Chinese medicine are intriguingly diverse. Trouble falling asleep, staying asleep, sleeping deeply, and feeling rested all suggest different needs. This course will contrast the strengths of acupuncture, herbs, lifestyle and supplements, exploring practitioner approaches and patient responses, and accessing insightful case histories. For instance, it has been noted that learning to play the didgeridoo can reverse adult sleep apnea by restoring tone in the soft palate – whatever works!

Integrative Pain Management: Optimizing US Pain Care Through Traditional Chinese Medicine, Acupuncture and Global Health Models *by Robert Bonakdar*

3 **CEU/PDA** Friday, October 28, 2:00-5:00 pm

This course will assess the current state of pain management in the US including areas of need, and explain how the TCM and acupuncture model of care can provide important solutions from a research perspective. Bonakdar will share a global perspective on keys to optimizing pain care from an integrative standpoint, identify examples of optimized integrative pain care in the US, and show how US practitioners can implement strategies to transform pain care.

Saturday, October 29, 2016

Fire and Ice *by Matt Callison*

1 **CEU/PDA** Saturday, October 29, 9:00-9:50 am

Cold and heat therapy are probably the most commonly applied therapeutic modalities for injury rehabilitation, and whether to use cold or heat is a topic of ongoing debate. There are widely divergent opinions on whether or not to use ice, or cryotherapy, in the treatment of musculoskeletal injury, and some would even say that cold therapy should not be used at all. Historically, there is no precedent in TCM theory for the use of ice to treat musculoskeletal injury. Fortunately, an understanding of TCM principles provides the basis for making a more informed choice on whether to use cold or heat therapy for a particular injury. Callison will discuss how to choose between cold and heat therapy, based on a combination of traditional theory and modern research about the stages of tissue healing.

Breast Health and Chinese Medicine *by Jill Blakeway*

1 **CEU/PDA** Saturday, October 29, 9:55-10:45am

Learn the etiology of common breast disorders with an emphasis on identifying and treating those at risk of serious diseases of the breast. This course will look at how a combination of acupuncture, topical herbs, internal herbs, moxibustion, and self-massage can promote breast health and reduce breast cancer risk.

Intro to Kiiko Matsumoto Style (KMS) Acupuncture: Never Ignore an Appendix or Gallbladder Scar *by Monika Kobylecka*

1 **CEU/PDA** Saturday, October 29, 11:10 am-12:00 pm

Appendicitis and gallbladder surgery scars are among the most common scars seen in clinic but are rarely suspected as culprits in a patient's symptomatic presentation. Many practitioners may be unaware that, for example, a chronic

Ready to Register?

Go to www.PacificSymposium.org

knee problem or frozen shoulder in a 35-year-old patient may have a strong connection to a simple surgery that the patient had as a young child. Using KMS acupuncture, attendees will learn how to differentiate between healed and unhealed scars and some of the most common symptoms associated with those surgical procedures. Strategies for treatment will give practitioners the ability to improve their clinical outcomes and provide their patients with longer lasting relief from their symptomatic presentation. KMS acupuncture strategies for scars are often crucial in solving particularly stubborn cases.

The Anatomy of the Sinew Channels (Jingjin)

by Matt Callison and Brian Lau

3 Saturday, October 29, 2:00-5:00 pm
CEU/PDA

The sinew channels (jingjin) were first described in the Nei Jing Ling Shu. Most of the descriptions for the jingjin trajectories are vague and there have been very few new ideas about these descriptions since they were originally written. This course will give an analysis of the sinew channels based on their classical descriptions, expanded with current information from fascial research and functional anatomy. Offering this unique perspective, Callison and Lau will discuss common musculoskeletal injuries and demonstrate how students can diagnose and treat these injuries using the sinew channels.

The Five Stagnations in Gynecology: Using Chinese Medicine to Address PMS, Endometriosis, PCOS, PID, and Hypothalamic Amenorrhea

by Jill Blakeway

3 Saturday, October 29, 2:00-5:00 pm
CEU/PDA

Explore the etiology of the five stagnations and their effect on the female reproductive system. Use this knowledge to develop effective treatments for patients suffering from PMS, endometriosis, PCOS, PID, and hypothalamic amenorrhea.

The Essentials of Treating Common Scars Using Kiiko Matsumoto Style (KMS) Acupuncture

by Monica Kobylecka

3 Saturday, October 29, 2:00-5:00 pm
CEU/PDA

Appendix and gallbladder scars are not only very common, they are also very useful as clues to the patient's underlying constitutional weakness. KMS acupuncture recognizes that supporting this weakness through treatment results in a much more successful and longer lasting treatment compared to treating symptoms alone. Students will learn how to diagnose and treat the constitutional weakness of patients with an appendicitis or gallbladder surgery history and unlock the path to treating everything from digestive problems to fertility issues and pain.

Liu Family Tui Na: an Introduction to the Unique Arts and Techniques

by Dong Ji

3 Saturday, October 29, 2:00-5:00 pm
CEU/PDA

Master Liu began his tui na training from his Sifu, Master Li Xinmin, in Shanghai, whose family has been serving in the Emperor's court for generations as doctors for the royal family. Master Li Xinmin had only seven students, each specializing in one subject, such as tui na, acupuncture, or herbal medicine. Master Liu's tui na training is different from those of the modern school system, but closer to the traditional lineage: the techniques focus on (1) "touching tendon" techniques, (2) painless therapy, which is contrary to many other massage therapists who emphasize the mantra of "no pains, no gains", (3) therapists' internal training, including the therapist's sensitivity to the qi condition of the patient and the ability to work accurately on the different layers of the body, and (4) the ability to use the mind intention.

How to Practice Acupuncture for Trauma Healing in Disasters and Community Service Clinics

by Diana Fried and Carla Cassler

3 Saturday, October 29, 2:00-5:00 pm
CEU/PDA

How can practitioners become involved in global or US-based disaster relief work, or setting up a community service clinic to serve a population in need in their community? This course will explore these topics based on the experiences of hundreds of thousands of treatments performed by hundreds of volunteers globally. The acupuncture focuses on healing trauma and

Symposium Party

Saturday, October 29, 7:00-11:00 pm

Be sure to join our 28th Anniversary Symposium Party in the Aviary Ballroom on Saturday, October 29th from 7–11 pm. Landing on Halloween weekend, this year's party is sure to be extra special. Feel free to come dressed in costume! Enjoy live music, light dinner, and a cash bar. Make sure you bring your business card to enter the raffle sponsored by our generous Symposium exhibitors. We give away amazing prizes!

helping to restore the nervous system to a state of balance so that people can move forward, function, and transition to a healthier state of body, mind, and spirit. Additionally, the course will explore examples of work in community clinics with veterans, refugees, survivors of domestic violence, and so on. Fried will also look at the neurobiology of trauma, define secondary trauma, and examine what practitioners need to know about these topics to perform this kind of work.

Sunday, October 30, 2016

Introduction to Chronic Conditions and the Dorsolateral Prefrontal Cortex

by Kiiko Matsumoto

1 Sunday, October 30, 9:00-9:55 am
CEU/PDA

Matsumoto will explain her research into acupuncture approaches to treating weakness of the Dorsolateral Prefrontal Cortex (DLPFC). The DLPFC begins to weaken as a condition becomes chronic or due to a threatening situation (shock/trauma). This has important implications for a variety of stubborn, chronic conditions commonly seen in the acupuncture clinic, including chronic pain, anxiety, PTSD, substance abuse, RSD/CRPS, sympathetic dominance, and chronic digestive issues.

Jumping Muscle Qi

by Biao Lu

1 Sunday, October 30, 9:55-10:45 am
CEU/PDA

The arrival of the qi is the most important step in increasing clinical therapy results. Warming and cooling techniques without the jumping of the qi will not be able to produce as significant results.

Sexual Behavior, Practices, and TCM for Fertility

by Felice Dunas

1 Sunday, October 30, 11:10 am-12:00 pm
CEU/PDA

At its core, the human body's purpose is to recreate its species. When someone faces a fate as the end of a genetic line due to infertility, that person goes through deep, primitive changes. As a result, infertile individuals and couples may inadvertently live and love in ways that inhibit their most heartfelt dreams from being realized. TCM has a long history of addressing the complexity of infertility, including its effects on all aspects of self: spirit, emotion, thought, health, and behavior. In this course, Dunas will explore a unique perspective of infertility care, including behavioral patterns commonly seen in infertile individuals and couples, as well as which qi and organ syndromes are involved and why. She will also briefly detail the history of TCM's views of and practices for sexuality and fertility.

Sex, Love, and Infertility Care

by Felice Dunas

3 Sunday, October 30, 2:00-5:00 pm
CEU/PDA

Dunas will explore how love, relationships, and sex affect, and are affected by the struggle to conceive. She will elaborate on how TCM theoretical structures can be used to explain behavior patterns within and between infertile patterns. Dunas will expand upon the morning presentation about sex, its improper use as an exacerbating agent, and its appropriate use as a healing agent in the infertility process. Students should bring difficult cases to class; case studies from those in attendance will form the basis of a group conversation regarding best practices. Students will learn how to use their diagnostic skills to understand how patients' romantic lifestyles may have contributed to their conception problems and how their behavior, both in and out of the bedroom, can heal them. Learn how to address delicate topics in the treatment room without violating patient privacy or professional ethics.

We Are Proud to Say We Have Over 50 Exhibitors Showcasing Their Products This Year!

Exhibit Hall Hours

Open to All

Friday: 11 am - 2:15 pm and 4:45-7:00 pm

Saturday: 11 am - 2:15 pm and 4:45-7:00 pm

Sunday: 8:30 am-1:00 pm

Ready to Register? Go to

Advanced Acupuncture Techniques: Warming and Cooling

by Biao Lu

3 Sunday, October 30, 2:00-5:00 pm
CEU/PDA

The arrival of the qi is the most important step in increasing clinical therapy results. Warming and cooling techniques without the jumping of the qi will not be able to produce results that are as significant as they could be. In learning the techniques of warming and cooling, clinical results will be better and longer lasting.

Chronic Conditions and the Dorsolateral Prefrontal Cortex

by Kiiko Matsumoto

3 Sunday, October 30, 2:00-5:00 pm
CEU/PDA

Matsumoto explains and demonstrates key shaoyang scalp points that can be used to treat weakness of the Dorsolateral Prefrontal Cortex (DLPFC). The DLPFC begins to weaken as a condition becomes chronic or due to a threatening situation (shock/trauma). This has important implications for a variety of stubborn, chronic conditions commonly seen in the acupuncture clinic, including chronic pain, anxiety, PTSD, substance abuse, RSD/CRPS, sympathetic dominance, and chronic digestive issues. A variety of other Kiiko Matsumoto style strategies will also be demonstrated and explained during live demonstrations.

Heart-Brain Harmonics: The Ko Cycle's Water-Fire Relationship In Our Well-Being

by David Ford

3 Sunday, October 30, 2:00-5:00 pm
CEU/PDA

Ford will examine the dynamic relationships between the heart-fire organs (heart, small intestine, pericardium, triple warmer) and brain-water organs (bladder, kidney), their roles in health and well-being, and their intimate guidance in all aspects of physical and mental optimization. The course will examine how leading-edge Western medical science findings are confirming ancient knowledge and how Five-Elements' visual and nature-centric cartography provides the map to maintain the harmony and balance necessary to face life's daily surprises. Ford will also examine the ko cycle's role in what he has coined the body-mind-spirit-soul's "evolutionary cosmological journey" through life. Simple, easy to understand point combinations and insights into the use of the "spirits of the points" for mental and physical well-being will be shared.

Can't Make it to Pacific Symposium this Year? We Have a Solution!

Earn Your CEUs/PDAs From Your Home!

Speakers this Year Include:

Arya Nielsen · Janet Zand · Jake Fratkin
Claudia Citkovitz · Hamid Montakab
Neil Gumenick · Arnaud Versluys
Brian Lawenda · Holly Guzman
Matt Callison · Brian Lau · Jill Blakeway
Monika Kobylecka · Dong Ji
Kiiko Matsumoto · Felice Dunas
Biao Lu · Lillian Bridges
Whitfield Reaves · Diana Fried (Keynote)

For More Details on Registering, www.PacificSymposium.org

www.PacificSymposium.org

3 Easy Ways to Register

1 ONLINE
www.PacificSymposium.org

2 MAIL
PS2016 - Registration
7445 Mission Valley Road, Ste. 105
San Diego, CA 92108

3 CALL
1-800-729-0941 or 619-574-6909
*10% service fee will be charged for phone registrations.

CANCELLATION/REFUND POLICY

All cancellations must be in writing via email to symposium@pacificccollege.edu. An administrative fee of \$50 is assessed on ALL cancellations email dated by Thursday, October 13, 2016. Starting Friday, October 14, 2016, a 50% cancellation fee will apply. NO refunds will be granted after Saturday, October 29, 2016, 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.

MEETING SPACE AND SEATING

All seating is "first come, first served". All meeting spaces are locked while not in session and no items can be left in rooms to reserve a seat. For the afternoon workshops, the doors will open and seats become available 15 minutes prior to the start of the workshop start time. Plan accordingly and arrive 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
<http://tinyurl.com/jkgt5ag>
\$179 Single/Double, \$199 Triple, \$219 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: \$17.00, \$22.00 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 \$17 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 63 Continuing Education hours total. Schedule is subject to change without notice. At the time of this publication, all CEUs/PDAs are pending as we apply for approval from NCCAOM and CAB. Any changes made to the CEU/PDA totals will be updated on the website.* You must pay the professional rate to receive CEU credit. Pacific College of Oriental Medicine Alumni receive 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, DiplAc, MTOM

Greg Bantick received his early education in Chinese medicine in Sydney, Australia, and was instrumental in developing one of the early training programs in Brisbane. He arranged trips by several leading Chinese and Japanese scholar practitioners to Australia during the early 1980’s. Bantick undertook further lengthy training in China, Japan, England, and at the 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. In 2001, he became Academic Dean and Clinical Director of the Seattle Institute of Oriental Medicine. He returned to Brisbane in early 2005, where he has a clinical practice and continues to teach part time. Bantick has also maintained a private practice for over 40 years.

Jill Blakeway, DACM, LAc

Jill Blakeway is a practitioner of Chinese medicine and the founder of the YinOva Center in New York City. She is the author of two popular books on women’s health, *Making Babies and Sex Again*, and is the host of CBS Radio’s weekly podcast, “Grow Cook Heal”. She teaches gynecology and obstetrics in the Doctoral Program at Pacific College of Oriental Medicine in San Diego. Blakeway also founded the in-patient acupuncture program at Lutheran Medical Center in Brooklyn, NY, and her research has been published in the Journal of Alternative and Complementary Medicine. She is a popular figure in the media, often invited to talk about alternative medicine and women’s health, and was the first acupuncturist to give a TEDTalk, at TEDGlobal in 2012.

Robert Alan Bonakdar MD, FAAFP, FACN

Robert Bonakdar is the Director of Pain Management at the Scripps Center for Integrative Medicine, immediate past president of the American Academy of Pain Management, and co-editor of Integrative Pain Management as part of the Weil Integrative Medicine library. He is certified in the subspecialty of Headache Medicine by the United Council for Neurological Subspecialties and has completed a Richter Fellowship in Southeast Asia, where he studied acupuncture, tai chi, and mind-body practices. Bonakdar is a Fellow of the American College of Nutrition, co-director of Natural Supplements: An Evidence Based Update, now in its 14th year, and author of *The HERBAL Guide: Dietary Supplement Resources for the Clinician*. Bonakdar is currently researching integrative approaches to prevention and treatment of chronic disease.

Lillian Pearl Bridges

Lillian Pearl Bridges is considered the world’s leading authority on Face Reading and Diagnosis, credited with bringing this body of ancient knowledge back to the field of Chinese medicine. Bridges is the founder of The Lotus Institute, Inc., trains students in her comprehensive Master Face Reading Certification Program, teaches for continuing education courses, and has been a featured speaker at conferences, conventions, and symposia around the world for more than 25 years. She learned her skills from a long line of Master Chinese practitioners in her Chen-family lineage. She is the author of the 2nd edition of *Face Reading in Chinese Medicine*. She has also been featured in many publications and on radio and television shows, most recently the Dr. Oz show, and has contributed to a number of national and international magazines and journals.

Matt Callison, MS, LAc

Matt Callison is well-known for his work with professional athletes and has traveled across the United States to work with NFL players. His unique ability to blend Chinese medicine with sports medicine is particularly evident in his international certification program, Sports Medicine Acupuncture. He has been published on acupuncture and tibial stress syndromes and sports-related muscle tension headaches. Callison created the Motor Point and Acupuncture Meridian Chart and is the author of *The Treatment of Orthopedic Disorders* and the *Sports Medicine Acupuncture* textbook. He has worked at Alvarado Sports Medicine Clinic and Scripps Hospital in La Jolla for 6 years. Callison received his master’s from Pacific College of Oriental Medicine and serves as PCOM’s supervisor of acupuncture interns at the University of California, San Diego Sports Medicine RIMAC Center.

Carla Cassler, DAOM, LAc

Carla Cassler has practiced acupuncture and Chinese medicine for over 30 years, specializing in women’s health, pediatric, orthopedic, and trauma treatment. Her interest in trauma treatment began in 1992 when she practiced acupuncture on an Israeli kibbutz, where many of her patients suffered from physical and mental health problems related to multiple wars and the Holocaust. For the past five years, she has worked with Acupuncturists Without Borders. In 2010, she co-founded the Bay Area Veteran’s Acupuncture Clinic (BAYVAC), which provides free acupuncture treatments to veterans, military personnel, and their families. She completed her clinical doctoral degree (DAOM) at the American College of Traditional Chinese Medicine in San Francisco, where her dissertation proposed a clinical model for the integration of acupuncture into the VA Medical Care System.

Claudia Citkovitz, PhD, LAc

Claudia Citkovitz has directed the Acupuncture Service at NYU Lutheran Medical Center in Brooklyn, NY for 13 years, which provides inpatient care as well as clinical instruction for master’s, doctoral, and postgraduate students in the areas of labor and delivery, pain management, and neurological rehabilitation, including acute post-stroke care. Citkovitz trained under Tom

Bisio while attending acupuncture school in New York and studying Chinese language in Beijing. She is an adjunct faculty member at the American College of Traditional Chinese Medicine, the Oregon College of Oriental Medicine, and the Pacific College of Oriental Medicine. Citkovitz has published research on acupuncture during labor and delivery and sits on the Editorial Board of the Journal of Alternative and Complementary Medicine, the Institutional Review Board of Touro College, and NCCAOM’s Task Force on Hospital-Based Practice.

Felice Dunas, PhD

Felice Dunas is a founding member of the acupuncture profession in the US with over 45 years in the field, an international lecturer and educator for corporate executives, the recipient of the coveted Acupuncturist of the Year award, and author of international best-seller *Passion Play: Ancient Secrets For A Lifetime Of Health And Happiness Through Sensational Sex*, now published in 10 languages. Her work has appeared in many periodicals, including Ladies’ Home Journal, Brides, Cosmopolitan, Men’s Health, Glamour, Prevention, and Marie Clair, and she has appeared on numerous television and radio shows. Dunas maintains a private practice in Los Angeles and serves as a consultant to corporate executives and hospitals in dozens of countries around the world.

David Ford, DOM, LAc, DiplAc

David Ford was born and raised on a large heritage farm bordering the wilds of Hunter Hills, New Zealand. Through his 5 Element Wild World Island Institute, he guides people back to the ancient roots of Oriental medicine via Five Element cartography’s insights and immersion in nature. He is a spokesperson for Mother Earth and a fierce public advocate for protecting the medicine from modern models. Ford distills decades of insights from both his teaching and clinical practice into easy-to-apply clinical gems that resolve the challenges faced in daily practice. He began his clinical and teaching arc in 1973 at the Jin Shin Jyutsu Institute, followed by the Jin Shin Do School in Santa Monica, CA, the Berkeley Acupressure School, and Rosemary Gladstar’s Herbal School, going on to guest lecture at major Oriental medicine schools in the US, New Zealand, and Europe. He legalized Oriental medicine in Alaska, sat on the board of the AAOM, and co-founded the National Alliance.

Jake Fratkin, OMD, LAc

Jake Fratkin 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*, *Chinese Herbal Patent Medicines*, and *TCM Case Studies in Autoimmune Disease with Dr. Zeng Sheng-ping* for People’s Medical Publishing House, Beijing. He has been contributing to Pacific Center for Lifelong Learning webinars, teaching subjects on the integration of TCM and Functional Medicine.

Diana Fried, MAc, DiplAc

Diana Fried is the Founder and Executive Director of Acupuncturists Without Borders (AWB), which she founded in 2005. She initiated AWB’s disaster work and herself worked in disaster settings worldwide, training and supervising thousands of trainees globally as part of AWB’s sustainable development programs, and envisioned and fostered AWB’s Community Clinic, World Healing Exchange, and Advanced Training programs. Fried received her MAc from the Academy for Five Element Acupuncture, is certified by the National Acupuncture Detoxification Association (NADA) as a Acupuncture Detoxification Specialist, and is a certified qigong Instructor. She has studied traditional medicine of Mexico and the Southwest (Curanderismo) and is a graduate of the Buddhist chaplaincy at the Upaya Zen Center in Santa Fe. Fried is also a video producer, writer, and meditation practitioner.

Wendy Goldman, LAc

Wendy Goldman is a practitioner, speaker, and 14th generation Master of Emei Qigong. Originally a researcher studying brain function at a top Western medical school, she began studying nutrition, natural health and Eastern energetic arts almost 30 years ago, graduating from Pacific College of Oriental Medicine in 2000. Now in private practice at Goldman Wellness Center in San Diego, she often treats complex and difficult cases, incorporating nutrition, integrative medicine, and medical qi gong into her practice. Goldman is a senior student of Grandmaster Fu Wei Zhong, head of the 800-year-old Emei Qigong lineage, who gave her the title of master in 2010. She regularly teaches and lectures on qigong and Oriental medicine in private classes as well as for companies and conferences. Goldman is currently working on a book on the effects on weather, health, and emotions on the five elemental movements of energy.

Neil R. Gumenick, MAc (UK), LAc, DiplAc

Neil Gumenick is Founder and Director of The Institute of Classical Five-Element Acupuncture Inc., which offers training in this profound system of medicine to licensed acupuncturists, physicians, and students of Oriental medicine. Gumenick has been in private practice since 1981 and holds three degrees and an advanced teaching credential from the College of Traditional Acupuncture (UK), awarded by the late Professor J.R. Worsley. He is a recipient of the AAAOM Pioneers and Leaders in Acupuncture and Oriental Medicine award (2007). Gumenick is a Professor at Emperor’s College of Traditional Oriental Medicine, has taught at numerous acupuncture schools, colleges, and symposia internationally, and been published extensively in leading acupuncture journals, with nearly 50 articles in Acupuncture Today.

Holly Guzman, OMD, LAc

Holly Guzman has spent her entire adult life specializing in Chinese medicine, both clinically and in education. She graduated from the New England School of Acupuncture in 1980, and as part of the first graduating class from ACTCM in 1983, was one of the first to practice acupuncture legally in California. Guzman continued on to a doctorate in 1988 through SAMRA, based on clinical study done in China and Japan. Since 1984, she has served as faculty at Five Branches University in both the master’s and doctorate programs. She also has a solid working background in naturopathy and western herbalism. With extensive studies, Guzman has incorporated the wisdom of several styles: Kiiko Matsumoto’s acupuncture genius, Jeffrey Yuen’s authentic Daoism, Miriam Lee’s visionary approach, and Ted Kaptchuk’s reverence for humanity.

Bill Helm, HHP

Bill Helm was born in Tucson, AZ, and has lived in southern California since 1952. He began his study of Asian arts in 1965 and traveled to China to study tui na in 1986. Bill has been teaching and practicing taijiquan since 1973. He began to study Chen Taijiquan in 1986, becoming a Disciple of Chen Xiao Wang in 2007. Helm is Department Chair of Massage and Bodywork at the Pacific College of Oriental Medicine, and Director of the Taoist Sanctuary of San Diego and the Chenjiagou Chentaijiquan Branch school of California. He currently resides in San Diego, CA.

Dong Ji, PhD

Dong Ji received his Chinese medical degree at the Beijing University of Chinese Medicine in 1996, continuing on to the Neuroscience Research Institute at Peking University, where he received his PhD in neuroscience for research into the neurobiological basis of pain relief by acupuncture. He also studied Chinese medicine classics in a master-disciple program supported by the government of China with Master Tan, who was elected as one of the Famous and Veteran Physicians of Chinese Medicine. In this special program, Ji focused his study on the Shang Han Lun lineage school and Taoist Chinese medicine. He has also studied Liu-family tui na with his sifu, Master Liu Ji-shun, since 2010. Ji currently teaches at the Pacific College of Oriental Medicine as part of both the doctoral and master’s programs.

Monika Kobylecka, LAc

Monika Kobylecka completed her master’s at Pacific College of Oriental Medicine, where she was first introduced to Japanese acupuncture. In 2004, she met renowned Japanese practitioner Kiiko Matsumoto; her unique, masterful style has shaped her practice ever since. During one of the first classes Kobylecka attended with Matsumoto, she discovered how acupuncture can be practical, effective, and interactive. She has worked closely with Matsumoto ever since--observing and teaching her style of acupuncture, assisting in her seminars, and collaborating on her latest book. Kobylecka’s private practice is based at Children’s Hospital Los Angeles (CHLA), where she holds privileges. She sees pediatric patients in an integrative setting of the Pediatric Pain Clinic and runs the CHLA Employee Acupuncture Clinic, which provides acupuncture to physicians, nurses and hospital staff.

Brian Lau, AP, CSMA

Brian Lau is certified in both Sports Medicine Acupuncture and Structural Integration, developed by Ida Rolf. Since beginning his studies in 1998, his primary focus has been the sinew channels (jingjin)--first in his taichi and qigong practice, then by study of Western fascia systems such as Anatomy Trains, and finally through direct exploration of the sinew channels described in Chinese medicine. This included literature review and work with Matt Callison in cadaver dissection under the auspices of the Sports Medicine Acupuncture Certification (SMAC) program. He continues to work with SMAC and is on the faculty of East West College of Natural Medicine in Florida, where he also maintains a private practice.

Brian Lawenda, MD

Brian Lawenda is a Harvard-trained radiation oncologist, Stanford/UCLA-trained medical acupuncturist, and integrative oncologist. He is the founder of IntegrativeOncology-Essentials.com, the most popular site on this topic. He is also a board member of Pacific College of Oriental Medicine.

Biao Lu, OMD

Biao Lu was born in Lanzhou, China. He received his bachelor’s in acupuncture from the Gansu University of TCM and his master’s from the Beijing University of TCM. Lu has studied under the famous professors Professor Jiasan Yang and Professor Kuishan Zheng and has worked at the TCM Healing Center since 1997. Lu is famous for performing many acupuncture techniques such as Qi Jumping and Setting the Mountain on Fire and Penetrating the Heaven Coolness.

Kiiko Matsumoto, LAc

Kiiko Matsumoto is a world-renowned acupuncturist and teacher of the unique Master Nagano-style of clinical-based strategies. She is the author of several books on acupuncture, based on a growing understanding and deep interest in classical Chinese medical texts. Her two-volume *Kiiko Matsumoto’s Clinical Strategies* is a seminal work and cornerstone of palpation-based acupuncture. She continues to travel all over the world to teach her style of acupuncture and sees an average of 60 patients each week at her private clinic in Newton, MA, allowing her to always re-evaluate and refine her techniques.

Hamid Montakab, MD

Hamid Montakab graduated from the Medical School of Paris, did his residency in surgery, and completed a 3-year education in acupuncture and further clinical training in China, followed by two years exploring the local healing in the Philippines and India. He practiced for five years in America, obtaining the NCCA certification and a degree in Chinese Herbalism, and founded the Academy of Chinese Healing Arts in Switzerland in 1986. In 1995, Montakab co-founded the Swiss Professional Organization for TCM (SPO-TCM), and has been published several times, including on the interaction between acupuncture and insomnia. Currently he practices in Savièse and lectures in Winterthur, Switzerland and other European countries.

Robert Nations, LAc

Robert Nations has been involved with healing and natural medicine for over 30 years. He graduated from Pacific College of Oriental Medicine in San Diego, California, where he has been a member of the faculty since 1997, and his further studies of healing have included time in both China and Senegal. Nations and his wife maintain their private practice, Nations Integrative Acupuncture, in San Diego. He is also a staff acupuncturist with Sharp Hospital in Coronado and contracts with the University of California, San Diego Center for Integrative Medicine as an educator and acupuncturist. Nations also trained and taught at the Taoist Sanctuary of San Diego for 14 years. In 2010, he was certified as the master trainer for the California Department of Public Health, teaching a taichi program designed for fall prevention in older adults, and teaches taichi and qigong at the San Diego Community College Continuing Education Emeritus Program.

Arya Nielsen, PhD

Arya Nielsen, trained in the classical lineage of Dr. James Tin Yau So, graduated in the first class of the first acupuncture college in the United States in 1977, and is now considered the Western clinical authority on gua sha. Nielsen has an academic research doctorate and a faculty appointment at a New York teaching hospital where she directs the Acupuncture Fellowship for Inpatient Care through the Department of Integrative Medicine, a postgraduate opportunity where licensed acupuncturists round with physicians and treat patients. Her research includes both the physiology and therapeutic effect of gua sha, and research on the treatment of chronic pain in underserved populations. Nielsen is the author of the textbook *Gua Sha: A Traditional Technique for Modern Practice* and several other book chapters and articles. She also served on the Joint Commission Stakeholder panel on pain that led to a revision of their pain standard to clarify nonpharmacologic therapies as a necessary option for patients in US health care facilities and outpatient clinics.

Whitfield Reaves, LAc

Whitfield Reaves is one of the leading practitioners in the field of acupuncture sports medicine, having specialized in the field for over 30 years. He was first licensed and began clinical practice in 1981, and earned his doctorate of Oriental medicine in 1983. His thesis, “Acupuncture and the Treatment of Common Running Injuries”, demonstrated that TCM could address many clinical issues in sports medicine. His experience includes the 1984 Los Angeles Olympic Games, as well as numerous track and field, cycling, and other events nationally over the last 25 years. Whitfield is the author of *The Acupuncture Handbook of Sports Injuries and Pain*, one of the few texts integrating traditional acupuncture with orthopedic and sports medicine. He is also the director of The Acupuncture Sports Medicine Apprenticeship Program. Whitfield continues to teach seminars and apprenticeship-style workshops in North America and Europe.

Arnaud Versluys, PhD, MD (China), LAc

Arnaud Versluys is one of the very few Western scholars to have received his full medical training in China. He spent more than ten years at the Chinese medical universities of Wuhan, Beijing, and Chengdu, where he obtained his bachelor’s, master’s and doctoral degrees in Chinese medicine. He also trained in traditional discipleship for many years. Versluys’ passion lies in the Han-dynasty (200 CE) canonical style of Chinese medicine. In 2008, he founded the Institute of Classics in East Asian Medicine to offer postgraduate training in canonical Chinese medicine worldwide. Arnaud has a private practice in Portland, OR, as well as a part-time practice in New Orleans, LA.

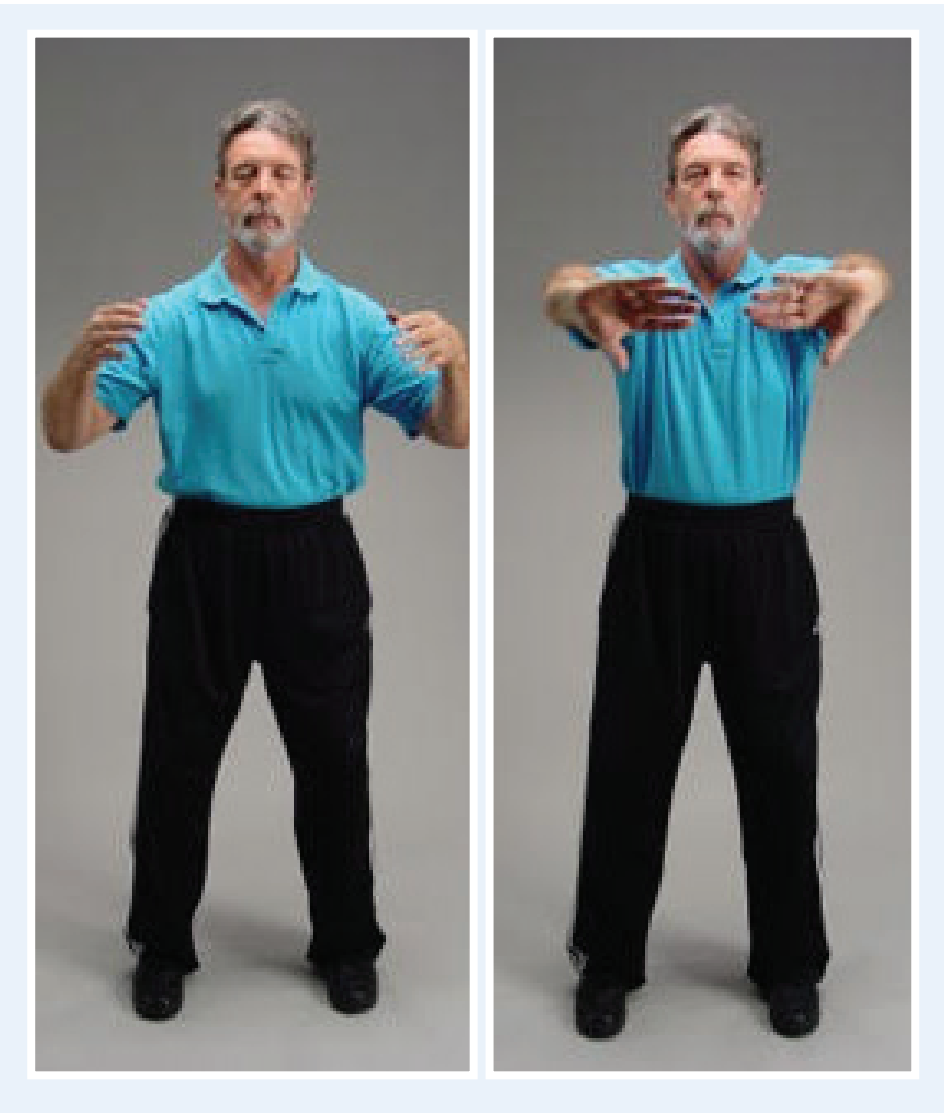
Janet Zand, OMD, LAc

Janet Zand has been in practice for more than 30 years. She is the nationally respected author of *Smart Medicine for a Healthier Child*, *Smart Medicine for Healthier Living*, and *The Nitric Oxide Solution*, as well as a lecturer, practitioner, and nutraceutical formulator whose work has helped thousands of people achieve better health.

Qigong Traditions and TCM Practice

By BILL HELM, BS, TS

Qigong is a compilation of many traditional practices rooted in Chinese history and culture. Fundamentally, these practices are health exercises. The earliest representations of Chinese health exercises that could be described as qigong are found in the Ma Wang Dui excavations (223 BCE) in illustrated manuals showing Dao Yin-Energy Guiding exercises and Tuna, breathing methods of purification. These exercises were associated with seasonal practices of adapting the qi of the body to the qi of the season. They are often associated with the idea of Yang Sheng, Nourishing Life practices. Other practices included An Qiao, massaging and stepping on the body; Xiu Lian, Cultivating and Practicing; Jing Zuo, Sitting Meditation; and Xing Qi, circulating qi through the meridians. The origin of all these practice is associated with the *wu*, who were female shamanic practitioners dating back to the earliest times of Chinese indigenous societies. They were the link between the visible and invisible worlds. As was common for indigenous practices across the planet, they would lead ceremonies involving costumes, dancing, chanting, and music. It is thought that the dances of the wu were the basis for later developments in health exercise practices. Many of the costumes were representations of animals and birds, and it is probable that these types of activities led the famous physician Hua To to develop his Frolic of the Five Animals qigong. These exercises mimicked movements of the tiger, crane, deer, bear, and monkey. Practice of these forms was thought to internalize some of the healing attributes of these animals. Additionally, TCM organs, channels, and points were included, stimulated through self massage and sound methods. These exercises are called Six Healing Sounds and are found in many different styles.



Later traditions of qigong practices incorporated concepts of Dan Tians or “Elixir of Immortality Fields” into their practices. Dan Tians were also thought of as “Gates” through which qi was concentrated or entered into the body. They were specific physical locations that, when focused upon, were felt to increase qi circulation and the development of psycho-spiritual feelings and perceptions. In Hindu terminology, they are called chakras. Modern China has emphasized the medical and stress-relieving benefits of qigong practice. Qigong research centers were created to explore the health benefits of qigong practice, and organized group

classes were held in medical facilities and centers for chronic stress-related disorders such as hypertension, gastrointestinal disorders and asthma. The qigong practices emphasized deep relaxation, self-massage, and gentle movements to improve the circulation of qi and blood and to help calm the minds of patients. There has been a resurgence of qigong practices associated with occult powers as demonstrated by their leaders in modern times. Many of these leaders have been discredited as charlatans and some developed political followings that have been suppressed by the Chinese government.

Outside of China, qigong practice has increased in popularity since the early 1970s, when Chinese martial arts teachers began to share their knowledge of qigong with non-Chinese students. These practices were described as Internal Exercises or Gung Fu. Most notably, Taoist Master Share K. Lew was the first teacher to begin teaching his Taoist Elixir style openly in the Los Angeles area. Other teachers who had emigrated from centers of the Chinese Diaspora, such as Taiwan, Hong Kong and Malaysia, also began to openly teach qigong, and it spread from strictly martial arts practitioners to those interested in the health and spiritual benefits. In the years that followed the re-opening of China to the world after the cultural revolution and changes in economic policy, access to teachers and materials vastly increased. DVDs, books, and online classes have expanded access to a wide variety of qigong styles and practices. TCM medical colleges have helped educate prospective acupuncturists and tui na massage therapists on the advantages of practicing qigong themselves, and they have taught exercises to patients. Most colleges offer at least introductory courses in Chinese qigong and taijiquan. The main principles of most qigong styles center upon five basic methods: Breathing, Posture, Movement, Relaxation and Concentration/Imagination. These principles form the center from which most exercises are generated. The emphasis may vary from breathing to movement to posture and so on. The positions of practice also vary from standing, sitting, walking, and reclining. Regular practice has been well proven to be of benefit to both Health Professional and patient. To avoid the dangers of over-working and exhaustion, TCM practitioners are encouraged to practice Yang

continued on page 29

ACUPUNCTURE AT SEA: AN INTERVIEW WITH KARAS SMITH continued from page 5

port, we would find free internet as soon as we could. What were your top 3 favorite things about your time on board? My first would be the memorable patients--helping them to enjoy their vacation and free time by reducing their pain and minimizing seasickness. The second would be the sights. The ship had three different home

ports, and the skylines of various cities as the boat sailed away were beautiful. Third, the friends I made during the trip, as well as skydiving, and making the most of my time off. Correct me if I'm wrong, but being on a cruise, I can imagine that you didn't necessarily work on chronic issues. What were the types of issues you did work on?

A lot of seasickness, obviously, as well as pain (arthritis, herniated discs, etc). IBS, upset stomach, PTSD, and anxiety and stress, especially for people who had trouble getting out of work mode while on vacation, came up often as well. Really though, I was able to see and treat all sorts of things. What made it difficult was not being able to follow up with the patients after their week on the boat, just hoping that I inspired them

enough to continue with the healing process after they left. Do you have any advice for acupuncturists who are interested in doing acupuncture on a boat? You must be up for an adventure and willing to test your skills as an acupuncturist. It's definitely a great confidence builder. You really get to know yourself and what you're capable of. OM

FIVE ELEMENTS, TWELVE OFFICIALS, AND THE CAUSATIVE FACTOR continued from page 10

were to become sick and unable to do his or her part, the entire operation would be in peril. Disharmony will soon spread to everyone, and it will not stop until the sick member, whose absence caused the problem in the first place, recovers and is back on task. Only then will all once again work together as an efficient team. The mission will proceed as smoothly as possible, and a unified, healthy team has the best chance of a successful outcome. It is the same in us. The Officials are the team, ordained by nature to excel at certain vital tasks. The mission of the Officials is to grant a true and full experience of life and health on all levels. In fact, the Chinese asserted that it is impossible for illness to gain a foothold if these Officials are functioning in health. Simply put, the Officials give us, according to their degree of balance and vitality, our level of health.

THE SIGNIFICANCE OF SYMPTOMS Symptoms alone do not reveal their cause, but are only distress signals coming from the body, mind, or spirit saying, in essence, “Help me. Something is going wrong.” My teacher, Professor J.R. Worsley, used the analogy of a car. If a red warning light were to illuminate on the dashboard, it is a *symptom*, not the problem itself. We could simply place black tape over the light and believe we had solved the problem. Obviously, the underlying problem would not be affected at all. In time, the vehicle would make another and more serious attempt to get our attention. Having ignored the first warning signal, the next one might be smoke spewing from the engine. Were we to ignore that, the car might stop completely or even catch fire and explode. Nature gives us warning signals in the form of symptoms, which we tend to ignore, or worse, suppress by symptomatic treatment. Suppression of symptoms shuts off the body's attempt to communicate with us that there is a problem. The result is that the underlying disease goes deeper; the patient becomes sicker; the symptom will likely reappear more seriously in time, and/or new symptoms of the original imbalance will present themselves. As we have seen, any symptom can be the result of imbalance anywhere, as all are connected. Thus, in this system, we would not treat any two patients the same, even if the symptoms were similar in both. What is causing symptoms in one patient may be very different from what is causing the same symptoms in another. Thus, we do not employ formulas or point prescriptions based upon symptoms, but rather attend to the individual

needs of the patient's body, mind, and spirit at the level of cause. THE CAUSATIVE FACTOR Every human being is born with, or develops early in life, an imbalance in the natural functioning of the Five Elements, with *one* element being the primary source of imbalance. This primary imbalanced element, called the *Causative Factor* (CF), is the weak member of the team and the root cause of a person's illnesses of body, mind, and spirit. The concept is as old as Oriental medicine itself. The ancient Chinese medical text the “Ling Shu”, the second half of the “Yellow Emperor's Classic of Internal Medicine” written some 2000 years ago, discussed (Ch. 64) the diagnostics of five main types of people, corresponding to the Five Elements, including the concept of each element having, within itself, further expressions of all five. Throughout our lives, the CF does not change from one element to another, regardless of how symptoms change with time. The *intensity* of expression of the primary imbalance and the labeled symptoms may vary, according to the state of an individual's health, but the underlying imbalance or predisposition is ours for life. Therefore, the thrust of Five-Element treatment is to help, support, and restore the balance of the CF in the exact way needed by each unique and individual patient. In this way, symptoms, which are only the expression of the underlying imbalance, resolve naturally. When we properly treat the CF, all of the symptoms in every affected system and at every level must change for the better, provided that the disease has not progressed beyond the reach of nature to reverse. The presence of a Causative Factor imbalance means that, to some extent, we are out of balance within ourselves and with the world around us. It means that we are, as yet, imperfect, in process, with lessons still to learn and work on ourselves still to do. As we have seen, the primary imbalance creates weakness not only in the CF element and its associated Officials, but also throughout the entire system. If one is sick, eventually the rest will become sick as well. All elements are connected via the Sheng or Generation cycle. In the same way that a mother nourishes her child, so does each element nourish its “child” element. Wood is the mother of fire, for example. If the fire is deficient, wood is the element that will feed it. If any element falls sick, it cannot properly feed and care for its child. Soon, the child element will begin to “scream” in distress and become symptomatic, as will the next

continued on page 32

MIEC Belongs to Our Policyholders!

“The best part of my job is helping our policyholders; there is no question that is too simple or too routine for me. I am always happy to help.”

能够帮助我们的医生解答误
医保险方面的各种问题是
我工作中最大的快乐。

Underwriter
Ronni Fan



Keeping true to our mission 忠於我們的使命

MIEC provides coverage for acupuncturists in California, Hawaii, Idaho and Alaska

Go to miec.com/calculator to see our lower rates!
到MIEC.COM 公司网页可查看最新低价保费！

- Other benefits include:
- New Practitioner Discounts
 - FREE premises coverage (Slip and Fall coverage)
 - No arbitration agreement required
 - Chinese speaking staff
 - Dividends with an average savings on premiums for 2016 of 16.9 %*

- MIEC所提供的福利還包括:
- 对新考取执照者有优惠折扣
 - 免费工作地点保险（失足和跌伤保险）
 - 不需要填写医师-病人仲裁同意书
 - 精通中文的保险专业人员服务
 - 在2016 年分得红利可降低16.9%的保费

MIEC coverage is limited to the California Business and Professions Code regarding Acupuncture and includes:
保险面积包括加州执照中医师可行业的范围，并且包括：

- | | |
|---|--|
| 1. Infertility Acupuncture Treatment 不孕治疗 | 3. Urological Acupuncture Treatment 尿路症状治疗 |
| 2. Treating Pregnant Women 怀孕引起的症状治疗 | 4. Facial Acupuncture 面部治疗 |

- For more information or to apply 申请详情请见:
- Premium discount for members of Sponsoring Associations and Networks: AACMA, CSOMA and Acu-Care**
 - www.miec.com or call 800.227.4527
 - Email questions to underwriting@miec.com

* On premiums at \$1/3 million limits. Future dividends cannot be guaranteed. 1百万/3百万保费标准计算。将来红利不能保证，随市场浮动
** Only one discount applies - If you belong to multiple organizations only one discount will apply. 如果你同时加入上述的两家针灸组织，不可享受双重折扣。

Medical Insurance Exchange of California
6250 Claremont Avenue, Oakland, California 94618
800-227-4527 • www.miec.com



Owned by the policyholders we protect.

PCOM_OM_05.31.16

happening in our modern world with so many resources available?

As we enter the camp we start to hear the stories: 16-year-old Masoud, a karate champion originally from Afghanistan, who escaped alone to Iraq and came to Greece via Turkey. He became our translator and friend. Nahid, a makeup artist from Afghanistan, who was targeted by the Taliban. Pregnant, she left with her husband and toddler and traveled through Pakistan, Iraq, Iran, and Turkey to get to Greece by boat. She miscarried once she reached Piraeus camp, where she has been for four months. Nahid, with bittersweet tears, showed us a tattered sonogram picture. These people, many from middle class backgrounds, are in a state of limbo with no idea of when they will be able to continue their journey to a new life.

While at the camp, we did over 100 “stand up” ear seed treatments on men, women, and children. Once we began, the word spread and we were inundated with requests. Women asked for seeds for their children first. The men needed more coaxing. All were deeply grateful as were we.

As we walked away to hop on a bus to return to our hotel, we were suddenly worlds away from this despairing place. We could leave... Masoud and Nahid could not. It is very hard to understand.

EKO STATION REFUGEE CAMP, MAY 13

We came to the northern Greek-Macedonian border, which is sealed to the refugees. Thousands are in two makeshift camps: Idomeni and



EKO Station. It is called EKO station because it's a gas station where 2000 people live in small tents covered with tarps, 10 miles from the closed Macedonian-Greek border. It developed organically because people who couldn't make it across the border landed here before the border was closed, dropped off at the gas station by buses after they made it

across the Aegean Sea from Turkey. The gas station owner has allowed the refugees to camp in the parking lot. People have little money, and yet as we pass by a tent, a woman graciously offers us a peeled orange. During the rainy months, people's tents floated away and they slept in the mud. People cook over wood fires; the noise never stops. As we

walked through the camp, we felt the heat building. Women sitting inside their tents to avoid the sun, men smoking and playing cards, young men charging their cell phones at a makeshift charging station with hundreds of cords. Besides the pain and obvious sadness, there is a palpable feeling of deep boredom that comes from waiting.

Children are everywhere with no adults in sight. Phoebe Gilpin, coordinator of the EKO Project which provides services inside the camp, describes the high level of trauma suffered by the children. We can see it: hyperarousal, fighting, pretending to shoot with sticks—as well as laughter, hugging, and curiosity about anyone or anything new coming into the camp.

We connected with several other NGOs, including Lighthouse, a Swedish group that focuses on safety for women and children, and a medical care group sponsored by the Syrian American Medical Society (SAMS). As we approached the SAMS yellow mobile care vans, doctors were triaging several emergencies. The team was awesome, as is their medical set up. We immediately offered an ear treatment to the on-site medical manager during her break and she described the secondary trauma that many volunteers are experiencing, particularly the volunteer translators, since they hear the most brutal stories from refugees day in and day out. The need

continued on page 30



AWB volunteer Amy Schroeder treating refugees at Piraeus Port refugee camp, Athens



Sheng or Nourishing Life, which involves practicing qigong exercises regularly and striving to maintain a harmonious diet and lifestyle. This enables practitioners to maintain health, balance, and strength while treating ill and unstable patients.

There are many styles of qigong available for practitioners to choose from. Points to consider include what will best maintain a healthy body for optimal practice of TCM therapeutic methods.

- **General physical strength:** a strong body can support the physicality of work. This prevents many musculoskeletal injuries that can occur from overuse or poor posture. Practices such as Yijinjing-Tendon Changing Exercises, martial arts, kettlebells, pilates, and Nei Gong exercises can help develop strength.
- **Flexibility:** proper movement of the body and flow of qi and blood are supported by a flexible body. Practices such as Yijinjing-Tendon Changing exercises, Eight Brocade, taijiquan, and yoga emphasize flexibility.
- **An abundance of qi and blood:** exercises that focus on improving the function of the organs help develop abundant qi and blood. Practices such as Six Healing Sounds, self-massage, Hua To Qi cultivation exercises, Five-Element Color Visualization, Microcosmic Orbit, and Hun-

yuan Primordial qiong focus on balancing and strengthening the organs.

- For more information contact
- The National Qi Gong Association at nqga.org
 - Taoist Sanctuary of San Diego at tao@taoistsanctuary.org
 - Taoist Institute of North Hollywood at taocore@taoistinstitute.com
 - Ken Cohen at info@qigonghealing.com OM

REFERENCES:

The Way of Qigong: The Art and Science of Chinese Energy Healing by Ken Cohen
Chinese Medical Qi Gong, by Tianjun Liu, OMD
Qi Gong: Chinese Health Exercises, by Bill Helm, BS, TS

BILL HELM, BS, TS, is an ordained Taoist priest and is the Director of the renowned Taoist Sanctuary in San Diego. He teaches qigong, tui na, taiji and Taoist philosophy at Pacific College. He travels to China regularly to participate in seminars on qi gong and tui na, recently working with the Chinese Olympic training center. His college work was in comparative religion and psychology at the University of California at Riverside and San Diego State University where he received his B.S. in Psychology. Mr. Helm serves as Chair of the Department of Body Therapy at Pacific.

DBC™ SPRING TEN

Highest Quality Korean Manufacturing, at the Lowest Price. Guaranteed.



SPRING TEN
Bulk packaged
1,000 Needles
\$23.00



Less Money.



Less Time.



Less Waste.

DBC SPRING TEN convenient bulk packs have **10 times less waste*** than individually packaged needles. *Based on total weight of discarded material, as compared to individually packaged needles of the same gauge and length.



everything acupuncture

**Great Products. Great Prices.
Dependable Service.**

PRICE GUARANTEE

Lhasa OMS will match all competitive pricing on identical products.

1-800-722-8775 | www.LhasaOMS.com

Reliable

Acupuncture Malpractice Insurance

- AAC is an active participant in your acupuncture community
- Our legal professionals are experts in handling acupuncture and oriental medicine claims
- AAC helps promote and fund acupuncture research and education programs



800-838-0383

SOS FROM REFUGEES IN GREECE: "WE NEED MAGIC HERE..." continued from page 28

for emotional and physical care for relief volunteers is high, and we are happy to be here to help.

As we leave we see creativity and joy in the midst of deep challenge: children playing soccer, singing "Head, Shoulders, Knees and Toes," women cooking on wood fires so that families can eat more traditional food. Dignity, grace, empowerment where it is possible. All of this is at EKO station camp.

EKO STATION REFUGEE CAMP, MAY 14

When we returned to EKO Station we greeted new friends that we had made yesterday: Nour, a 12-year-old budding magician, and his older brother Shahein, who agreed to be translators for today's ear seed clinic for children in the camp. The life history and resilience of these brothers is deeply humbling and hard to comprehend. A bit about their lives:

"Growing up in a village outside Aleppo, Syria, Nour lived with his two-year older brother Shabein, their big sister Lilaf and their parents, Hivin and Hakan. All three children attended the same school. Every day, the children would look forward to breaks where they would play football and share lunch with their friends. When the war began, their school was one of the first that was destroyed. Their parents decided to take the three children home and only leave the house when absolutely necessary. Hakan would walk out once a week to purchase food and other basic necessities for the family. One year after Nour's school was

bombed, their father did not return home from his walk to the store.

Hivin and the children waited for information about Hakan for over a month. One day, the body of their father appeared in their village. ISIS decided to make an example out of him and hanged his body as a warning to men who refused to fight for them. For two years, Nour and his family did not have the money to leave Syria. When their chance finally arrived, they escaped from Syria and walked through the mountains in to Turkey. From Turkey they paid to be smuggled to Greece on an overcrowded fishing boat. They landed just as the Greek - Macedonia border was closed. The family has been camping in EKO ever since. It has been two months." An excerpt from "For Nour" which can be found at <https://www.facebook.com/For-Nour-598058317035419/>.

Later in the day at EKO, we invited children, some who came with their mothers, into the children's activity tent run by the amazing volunteers who serve in the EKO Project. We used ear seeds and beads as many of the children colored in beautiful books donated by children in the United States. It was not a calm clinic. It was chaotic and challenging, and yet, in the midst of restlessness and tension, there was a shift for some of the children we treated. This is why we are here.

In the words of AWB volunteer Amy Schroeder who has been working at EKO:

continued on page 35



AWB Executive Director Diana Fried applying ear seeds

UNDERSTANDING THE QI OF THE YEAR AND ITS CLINICAL IMPLICATIONS continued from page 31



deficient may need more support this year; metal gives birth to water, though, so the wood element suffers more than the water element.

Earth is fairly neutral this year, since fire supports and strengthens it, and metal drains and weakens it.

Finally, we look at the relationship between the heaven and earth energies of yang fire and yang metal. Fire melts metal. This weakens the metal some, but also weakens the fire, since it takes energy for the fire to melt the metal. Therefore, both fire and metal are slightly weaker than they would otherwise be, so this helps to moderate the strong effects of the yang year.

This is a very simplified analysis of the year that anyone can learn to do. There can be many more layers of complexity, but this is the starting point. By considering the five element correspondences and relationships between the elements, we can see the effects of the energy of each year on weather, emotions, organs, senses, etc. We can then consider our patients who may be more susceptible to certain imbalances each year and take precautions to keep them balanced. We can advise our patients about diet, lifestyle, and herbal rem-

edies to prevent issues caused by the energy of the year.

We may also adjust our treatments accordingly. For example, in a damp year, cloying herbs will have a stronger effect. Conversely, in a hot and dry year like 2016, we need to be cautious of herbs that are warming and drying. We may need to decrease the dosages of those herbs slightly, and increase herbs to moderate those effects, especially in hot and/or dry weather.

With some simple analysis, you can learn to apply the information about the qi of the year to your life and your practice. We can more effectively live in harmony with the Heaven and Earth energies of each year, advise our patients, and improve our treatment plans. **OM**

WENDY S. GOLDMAN, LAc, has been in private practice in San Diego for over 15 years. She is also a 14th generation Master of Emei qigong from Emei Mountain in China. She often treats complex and difficult cases, and incorporates nutrition, integrative medicine and medical qigong into her practice. Wendy regularly teaches qigong and lectures on the topics of qigong and Oriental medicine.

Affordable

Acupuncture Malpractice Insurance

- PCOM has chosen AAC to cover you while in school, in part, because of AAC's low rates
- Lower cost limits of liability and program options available
- Special PCOM student discount available upon starting with AAC



www.acupuncturecouncil.com

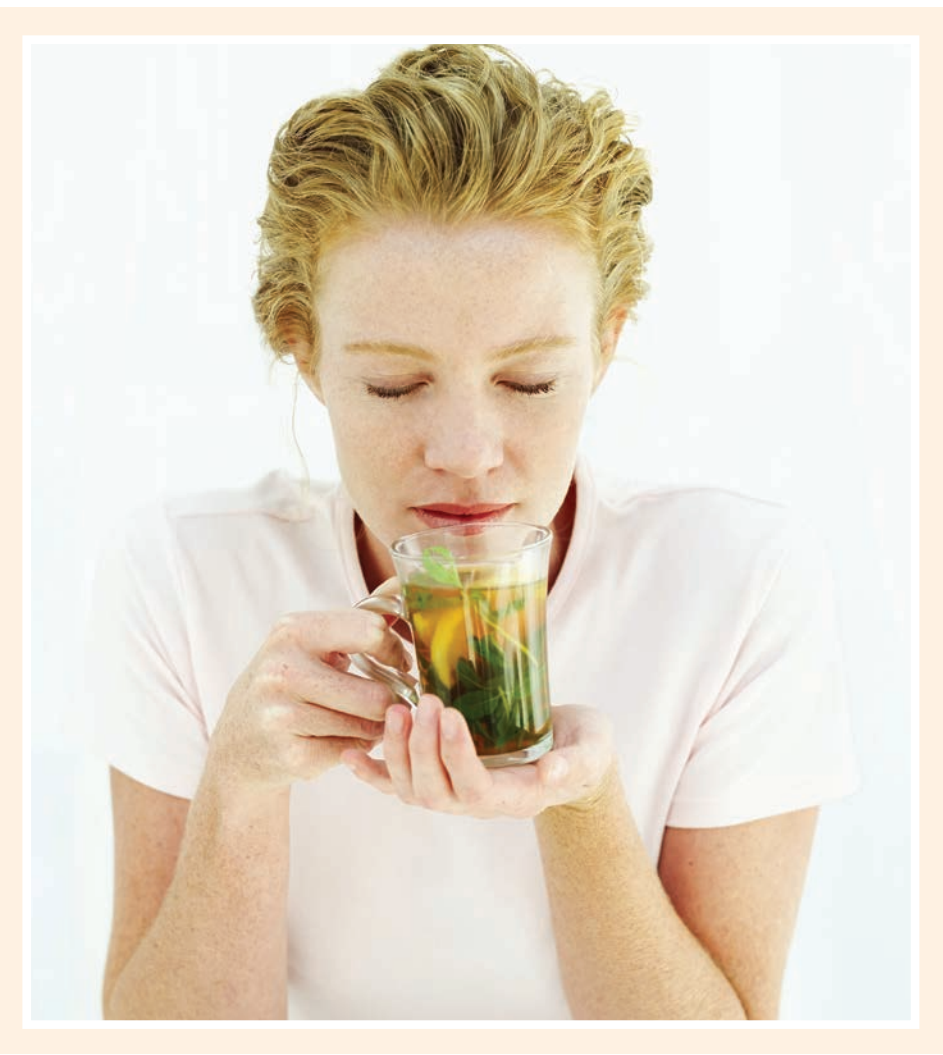
element in the cycle, and the next, as the imbalance continues to spread. Thus, symptoms can manifest anywhere. Most experienced practitioners know that, by the time a patient comes for treatment, we are likely to find all twelve pulses imbalanced and symptoms coming from many of the Officials and more than one element. The question remaining is: how do we know which element is the CF--the ultimate source of the symptoms?

THE FOUR DIAGNOSTIC PILLARS

The moment an imbalance occurs in any of the elements, nature gives us four clear and distinct signs. The odor emitted by the body will take on a characteristic smell. The color in certain areas of the face will change and certain colors will predominate. The sound of the voice will change and certain sounds will be inappropriately expressed or strangely absent. The emotions will change and, like the voice, will similarly over- or under-express. Each of the elements has a corresponding odor, color, sound, and emotion with which it is associated and which can be perceived when the particular element is the Causative Factor. While it is relatively easy to memorize the associations, developing the skills to truly see, hear, feel, and smell these imbalances requires focused study, practice, and skilled guidance. Regardless of the presenting symptoms, it is only by odor, color, sound, and emotion that the CF is determined. When we perceive at least 3 of these 4 sensory indicators--the diagnostic pillars--pointing to one element, we know that that element is the Causative Factor.

DIAGNOSING THE ELEMENTS

Understanding the expression of the elements in the context of Nature helps to understand their expressions in human beings--both in and out of balance. Excesses or lacks of sound or emotion have nothing to do with whether the state of the underlying energy is excessive or deficient, which is determined by pulses only. **Wood** is the energy of spring. It gives the power of new beginnings: birth and rebirth. It gives us assertiveness, direction, confidence, and the vision to move forward. Its Officials are the gall bladder and liver. The odor is rancid--like the smell of old fats, butter, olive oil, unscented lano-lin, and furry animals such as goats, sheep, and llamas. The sound is shouting. Regardless of the volume, this sound has a "telling you off" quality. It sounds like a challenge; it has a pushy, punching quality, as if the person is simultaneously pointing an accusing finger at you. The color is green. The emotion is anger. When appropriate, anger is the driving force that propels us toward our goals, regardless of the presence of obstacles.



When imbalanced, the emotion becomes incessant anger and frustration, though there may be nothing about which to be frustrated. Rather, there is an ongoing sense of battle, in which everything and everyone is seen as an enemy. In the other extreme, the wood-imbalanced patient can lose vision and hope, surrendering self-assertion, self-direction, and unable to muster the emotion of anger, even when appropriate. **Fire** is the energy of the summer season, providing warmth and light, granting us the ability to love and be loved. It is the power of maturity. Its Officials are the heart, small intestine, heart protector (PC), and Triple Heater (SJ). Its color is red. In the case of a fire-imbalanced patient, the color red or ashen grey (lack of red) will appear. The odor scorched (or burnt) will be present. The sound of laughing and the emotion joy will inappropriately predominate, or its opposite--lack of laughter and joy. In the case of excess, the person will laugh at things that are not remotely funny, or express joy when another emotion would be appropriate. When lacking, we may find a patient who cannot laugh, even when things are funny, or one who cannot muster the emotion of joy, even in the midst of warm and happy circumstances. **Earth** is the energy of the late summer--harvest time. It gives us the ability to nurture and care for others and ourselves. It is associated with the figure of the mother--our first source of nourishment. Its Officials are the stomach and spleen. Its color is yellow. Its odor is fragrant--the

sometimes sickeningly sweet smell of infant vomit, overripe fruit, a bakery, or bad perfume. Its sound is singing, a sound we make when endeavoring to soothe or comfort another, or when we are in such need ourselves. The voice often has a whining, melodic, complaining, and pleading quality. The emotion is sympathy, a natural human emotion that manifests in a given and appropriate set of circumstances. A person with an earth imbalance will either be overly needy of sympathy or may reject it entirely. The earth-imbalanced patient may want all of the sympathy for him or herself, regardless of the needs of others, or may exhaust him or herself in caring only for everyone else. **Metal** is the energy of autumn. It gives us our sense of self-worth and the capacity to see the value in others, the power to be inspired, to take in the new and fresh, and the power to let go of what is waste or unnecessary. It is associated with the figure of the Father. Its Officials are the lung and large intestine. Its color is white. Its odor is rotten, the smell of excrement, rotten meat, a garbage can in which unused food has been deposited. The sound is weeping. The voice has a falling-off quality, often with a cracked, cutting, or dismissive tone. The emotion is grief--the emotion we feel appropriately in the face of separation or loss. In the metal-imbalanced patient, the emotion may manifest as excess grief, present even though there is nothing in particular over which to grieve. It is, rather, a pervasive sense of loss, remorse, and regret. In some cases, the patient may

live in denial of grief and not be able to access the emotion at all. Thus, in escaping the pain of grief, the patient can not achieve catharsis, eliminate what is old and toxic, or appreciate what is new and inspiring. **Water** is the energy of winter, the coldest and darkest of the seasons, preserving and storing. Life at the surface of the earth seems to have disappeared, but winter's power is latent and potent. It gives us endurance, flexibility, and cleansing. It is a time of hibernating, of gathering our reserves and recharging ourselves. Its Officials are the bladder and kidney. Its color is blue. Its odor is putrid, like urine, stagnant water, or a fish market. The sound is groaning, the sort of sound one makes when exhausted, but needing to push onward. The emotion is fear--appropriate in circumstances when we need be cautious and wary of danger. The water-imbalanced patient will express fear, alarm, and vigilant arousal in the face of imagined present and future terrors, even though there may be nothing, in reality, to fear. In the other extreme, he or she may live in denial of fear and present a façade of daredevil fearlessness and toughness.

REAWAKENING OUR SENSES

To Smell

As young children, we all had the sensory abilities to smell, see, hear, and feel. To regain these sensory gifts requires deliberate practice. These skills cannot be learned from books. One will not re-awaken the ability to smell, for example, by reading about Chinese medical diagnosis. A young baby can smell its mother the moment she enters the room. There is no need for the child to crane its neck to see who is there. It recognizes her by her smell. We *all* had that sensory gift once, but have lost it through lack of use, our attentions having been distracted into other pursuits.

It is well-known that when a person loses a sense entirely, other senses sharpen to compensate. In truth, we do not have to lose our sight or hearing in order to redevelop our sense of smell. The odor given off by the patient is of primary importance in diagnosis, as the olfactory sense switches on the entire sensory apparatus. Our sense of smell is our oldest sense. The olfactory area of the brain is also its primary emotional area, the site of our most primal memories--where we not only sense our environment, but become one with it.

We can begin to regain this sense by consciously smelling a dozen (or more) things every day: paper, plastic, pens, pencils, tea, coffee, etc.

continued on **NEXT PAGE**

Wool smells different from cotton. Oranges smell different from apples. Every time we take the opportunity to engage odor, we awaken this sense more and more. This person smells different than the next one. How can we know without this vital sense? Patients emit the odor of their imbalance constantly. It is of no use if we cannot smell it.

To See

Most of us simply do not see. Often in a hurry, we generally do not bother with more than cursory glances. We do not see the beauty

of nature even as we pass it by. A key to reawakening this sense is to be relaxed, in no hurry, and become as conscious as possible of the beauty and perfection of every aspect of what we are seeing. Were we to really see a flower, we would likely overflow with emotion. The utter grandeur of its color, structure, texture, its life and spirit would be almost too much to fathom. We can sense the impermanence of a flower, which only increases our gratitude for it, and opens our heart to the flower. Every flower has a spirit. When we see through the eyes of our own spirit--pure, unobstructed

awareness--we see the spirit in everything. We discover that no two trees are the same, nor are two blades of grass. If we simply look, but do not take the time to see, we see "grass", but not the unique living quality of a single blade. It is with such spiritual eyes that we must see each other. To see the state of the spirit in our patients requires opening this sense. As glorious as it is to see flowers and trees, which will never behold a more majestic sight as the spirit of another human being. It is with such vision that we must *see* our patients. We must not simply look at them. Looking, we

receive data, form opinions and judgments in our minds; we may identify and categorize; we may find patients we like and others we dislike; we may evaluate based on outer appearance: hair, clothing, figure, facial features, etc.--little of which is of value in perceiving who they are. Seeing, we can perceive not only their exterior selves, but who they are at their core: the Divine within. Seeing, we can perceive their diagnostic color or colors. We can see the layers of suffering and trauma that have obscured the connection with their

continued on page **35**

CREATING A MODERN MODEL FOR THE ASSESSMENT AND TREATMENT OF THE SINEW CHANNELS (JINGJIN): PART 1 continued from page 7

The term *tensegrity* is derived from the term *tensional integrity* and implies that tension produces the integrity of the structure; the shape of the structure is determined by this continuous tension. The sinew channels act as the continuous tension elements (like the elastic bands in Fig. 2a) and the bones act as the discontinuous compression elements (like the wooden dowels). When the channels are balanced, correct posture is maintained, allowing for efficient motion and adequate space for the organs to maintain health. Postural and muscle imbalances create obstructions in the sinew channels that can lead to pain and dysfunction (Fig. 2b). These imbalances can be tested with Western-based physical assessments (Fig. 3) that lead directly to acupuncture treatment protocols. Strain and dysfunction can be assessed and treated primarily along a sinew channel (for example, as seen in Fig. 2b where the entire blue cord is strained from top to bottom). A clinical example to treat a sinew channel for the common complaint of pain at the levator scapula attachment near SI 13 (*quyuan*) is described next in this article. Strain and dysfunction can also be assessed and treated along the related sinew channels which are affected (such as the other cords in Fig. 2b, some of which are pulled into a lengthened position and others into a shortened position). Clinical examples of this will be in part 2 of this article and will examine internal/external (*biao li*), six division (*liu jing bian zheng*), and midday-midnight (*zi wu liu zhu*) sinew channel correspondences. A clinical example of treating the small intestine sinew channel for pain at the attachment of the levator scapula in the region of SI 13 (*quyuan*) will highlight how this technique

is applied. Orthopedic evaluation, postural assessment, and palpation should be used to differentiate the cause of the pain and can help the practitioner determine which channel is affected. The small intestine sinew channel is a myofascially-linked continuity that includes, from distal to proximal, the following muscles:

- Abductor digiti minimi
- Flexor carpi ulnaris (ulnar head)
- Anconeus and triceps (medial and long head)
- Supraspinatus, infraspinatus and teres minor
- Levator scapula

The practitioner can palpate the motor points of the muscles listed in the small intestine sinew channel. If the points are found to be tender, the practitioner can use the traditional needle technique, channel *asbi* point (*jing luo ci*) to help release obstructions (myofascial adhesions) in the channel that will help to alleviate pain. It is important to note that the flexor carpi ulnaris motor point has an excellent effect on relaxing the tissue of the levator scapula attachment.¹⁷

We feel that expanding acupuncturists' understanding of the sinew channels significantly enhances therapeutic treatment strategies when working with musculoskeletal pain. There is great value in expanding the clarity of these channels anatomically, and implementing the applications we have discussed in this article. **OM**

REFERENCES

1. Sports Medicine Acupuncture Certification Program, Zheng Gu Tui Na, and courses taught by Whitfield Reeves, Zoe Lee and Bill Helm.

2. Nguyen, Van Nghi. "13. The Muscle Channels" *Huangdi Neijing Lingshu*. Sugar

Grove: Jung Tao Productions, 2005. Print.

3. Kendall, Donald E. *Dao of Chinese Medicine: Understanding an Ancient Healing Art*. Oxford: Oxford UP, 2002. Print.

4. Legge, David, and Karen Vance. *Jingjin: Acupuncture Treatment of the Muscular System Using the Meridian Sineus*. Sydney: Sydney College, 2010. Print.

5. Maciocia, Giovanni. *The Channels of Acupuncture: Clinical Use of the Secondary Channels and Eight Extraordinary Vessels*. Edinburgh: Churchill Livingstone, 2006. Print.

6. Huijing, Peter A. "Intra-, Extra- And Intermuscular Myofascial Force Transmission Of Synergists And Antagonists: Effects Of Muscle Length As Well As Relative Position." *J.Mech. Med. Biol. Journal of Mechanics in Medicine and Biology* 02.03n04 (2002): 405-19. Web.

7. Huijing, Peter A., and Guus C. Baan. "Myofascial Force Transmission: Muscle Relative Position and Length Determine Agonist and Synergist Muscle Force." *Journal of Applied Physiology/J Appl Physiol* 94.3 (2002): 1092-107. Web.

8. Schleip, Robert. "Anatomy Trains and force transmission." *Fascia: The Tensional Network of the Human Body: The Science and Clinical Applications in Manual and Movement Therapy*. Edinburgh: Churchill Livingstone/Elsevier, 2012. Print.

9. Jacob C. Van Der Wal, Md, Phd. "The Architecture of the Connective Tissue in the Musculoskeletal System - An Often Overlooked Functional Parameter as to Proprioception in the Locomotor Apparatus." *IJTMB International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice* 2.4 (2009). Web.

10. Schleip, Robert. "Fascial Plasticity -- a New Neurobiological Explanation: Part 1." *Journal of Bodywork and Movement Therapies* 7.1 (2003): 11-19. Web.

11. Stecco, Carla, Andrea Porzionato, Luca Lancerotto, Antonio Stecco, Veronica Macchi, Julie Ann Day, and Raffaele De Caro. "Histological Study of the Deep Fasciae of the Limbs." *Journal of Bodywork and Movement Therapies* 12.3 (2008): 225-30. Web.

12. Stecco, Luigi, John V. Basmanjian, and Julie Ann Day. "The Physiology of the Myofascial Unit." *Fascial Manipulation for Musculoskeletal Pain*. Padova: Piccin, 2004. Print.

13. Myers, Thomas W. *Anatomy Trains: Myofascial Atlas for Manual and Movement Therapists*. 3rd ed. Edinburgh: Churchill Livingstone, 2014. Print.

14. Legge, David, and Karen Vance. *Jingjin: Acupuncture Treatment of the Muscular System Using the Meridian Sineus*. Sydney: Sydney College, 2010. Print.

15. Stecco, Carla, and Warren I. Hammer. *Functional Atlas of the Human Fascial System*. Edinburgh: Elsevier, 2015. Print.

16. Wilke, Jan, Frieder Krause, Lutz Vogt, and Winfried Banzer. "What Is Evidence-Based About Myofascial Chains: A Systematic Review." *Archives of Physical Medicine and Rehabilitation* (2015). Web.

17. Information gleaned from the modular cadaver dissections occurring of the Sports Medicine Acupuncture Certification (SMAC) Program 2012-current.

18. Callison, M. "Wrist and Fingers." *Motor Point Index: An Acupuncturist's Guide to Locating and Treating Motor Points*. San Diego: AcuSport Seminar Series LLC., 2007.

BRIAN LAU, AP, CSMA, is certified in both Sports Medicine Acupuncture and Structural Integration. He has been on faculty with the Sports Medicine Acupuncture Certification (SMAC) program since 2013. He is also on faculty at East West College of Natural Medicine, in Sarasota, FL. In addition to teaching, he owns and operates Ideal Balance: Center for Acupuncture and Sports Medicine in Tampa, FL.

MATT CALLISON is the president of the Sports Medicine Acupuncture Certification Program and has a private practice in San Diego, CA.

on orders placed
SAME DAY SHIPPING
 by 5 pm EST

FREE SHIPPING!
 That's right, you pay nothing for ground shipping when you add \$50 worth of herbs to your order!

SEIRIN J-Propak 10
 No. 3 (0.20)x30mm
 STERILIZED WITH ETHYLENE OXIDE GAS DISPOSABLE
 100

SEIRIN
 Sterilized with Ethylene Oxide Gas
 Disposable
 Acupuncture Needle
 No. 1 (0.16)x30mm
 100

DBC™ SPRING TEN
 Sterile Acupuncture Needles with Guide Tube
 Contents 1,000 needles
 Bulk package of 10 needles with tube
 Sterilized with EOG
 Pyrogen Free

SEIRIN D-Type
 No. 1 (0.16)x15mm
 STERILIZED WITH ETHYLENE OXIDE GAS DISPOSABLE
 100

PLUM FLOWER®
 Economy Size
Curing Pills
 in veggie capsule
 100

Kan 康
 HERBAL
 QUIET MIND
 Di Hua
 Supplement
 2 FL OZ (238.6 ml)

Plum Flower
he shou wu
 Concentrated Extract in Veggie Capsules
 Herbal Dietary Supplement
 100 Capsules Net Wt. 50 g (1.75 oz)

Golden Flower Chinese Herbs
 Children's Jade Defensory Formula Syrup
 Orange Flavored Herbal Syrup
 2 oz (60 ml)

DBC™ Highest Quality Korean Needles

Online Shopping for Needles, Herbs and more.

www.LhasaOMS.com

You pay the same price as buying from the manufacturer. Plus, FREE SHIPPING when you add \$50 worth of herbs to your order.

Evergreen

GOLDEN FLOWER CHINESE HERBS

Health Concerns®

Kan Herb Company

MAYWAY

Pacific BioLogic

Pacific Herbs
 Wellness For Centuries

Great Products, Great Prices, Dependable Service.

1-800-722-8775 | www.LhasaOMS.com

PRICE GUARANTEE - Lhasa OMS will match all competitive pricing.

Lhasa OMS®
 everything acupuncture™



“When I think of the service work that we do I realize how intimate it is. As I treated the children and their mothers seated on the floor of the tent with a platform floor, I felt energetically intertwined... so aware of the physicality of our treatments... treating the mothers with curious children pulling on my arms and knees to be able to see what I am doing. So much mutual love.

Nour, Shabein, and all the other people in the EKO camp are foreigners here in Greece—just like me. In theory, they can leave this place, but they are not free. I can drive away, use my passport, and fly back to my home. They have no status here—no connections, family outside the camp, options to get a job, or to make a choice of where to live. They are essentially in prison, and yet we are similar in almost every other way.”

EKO Station camp is temporary. Refugees are being moved by the government to more permanent camps on the Greek mainland run by the military. Many refugees are fearful that they will be shut away and the world will not see them again. AWB’s goal is to establish opportunities for volunteer practitioners from Greece, the U.S. and other countries

to treat refugees in the “permanent” camps in Greece over the next months. We are deeply grateful to Lhasa OMS, Mayway Corporation, Institute for Clinical Acupuncture and Oriental Medicine, Five Branches University, and numerous individual donors for making this work possible.

People here feel forgotten. They told us this again and again. AWB is showing up to change this, along with NGOs like the EKO Project, Light-house, and SAMS. Please show up with us—we can’t do it without you!

As Nour says, “We need magic here.” **OM**

CARLA CASSLER, DAOM, LAC, is Associate Director of Acupuncturists Without Borders and Doctor of Oriental Medicine in Berkeley, CA with a doctorate from ACTCM. Carla started BAYVAC with AWB, a veteran’s clinic in the Bay Area.

DIANA FRIED, MAC, MA, DiplAc, is Executive Director and Founder of Acupuncturists Without Borders. She has an MA from the Academy for Five Element Acupuncture and is a NADA Acu-Detox Specialist.

AMY SCHROEDER, LAC, is a Certified Reflexologist in Minneapolis, Minnesota and a flight attendant.

essential Self. Their essential Self is exactly the same as ours. The rest is process and life experience in its many forms. In many ways, we find their life process, with its joys and sorrows, to be much like our own. Thus, we cannot help but feel love and compassion for them as we help them along their way. We can know their needs. Our choice of points is simply the response to those needs. In many cases, treatment of the mental and spiritual levels involves using points for their spiritual connotations, indicated by the point names from the ancient Chinese calligraphy.

To Feel

The sense of touch, as well, must be redeveloped. We can develop this sense to a high degree in learning to palpate twelve pulses on the patient’s wrists, each pulse corresponding to an Official. We also can glean tremendous diagnostic information beyond pulses. When we take a patient’s hand, or touch the patient in any fashion at all, we are making far more than physical contact;

we are touching the mind and spirit as well. A little child knows if his or her mother is happy, sad, or angry through touch. We had that gift once ourselves, but discarded it.

With our sense of touch developed, our hands act as sensory antennas, receiving the multiplicity of messages a patient sends, consciously or unconsciously. Making physical contact is analogous to “plugging in” and activating our internal radar system. *How* a patient takes our hand or reacts to our touch will often reveal far more truthful and reliable information than words. We communicate messages to our patients with our touch, as well—consciously or unconsciously. When we become aware of what we are both are communicating through touch—pulse-taking, palpation, a handshake, and any other means of personal, professional contact, as well as through *not* touching and creating distance—we have, beyond words, another, and often truer, means of diagnosis.

Becoming conscious of touch, we can begin to know what patients like, want, and need, as well

as what they reject, without relying on words alone. We will feel within ourselves any inappropriate responses in the patient as they occur. We feel it as a jarring of our own internal sensors. Some patients continually need warmth communicated via touch, others need reassurance, sympathy, acknowledgement, firm direction—to name a few. Yet others will reject these offerings. In either case, their every action or reaction is significant, revealing who they are and what they truly need. **OM**

We must be conscious, as well, of what we are giving. Our messages to the patient must be congruent expressions. It is confusing to the patient if we give a mixed message, such as saying, “glad to meet you,” while unconsciously pulling away. The message says both “come closer” and “stay away.” The patient’s reaction will be unreliable, as the reaction will not be to a clear and congruent message, but a confusing one. If our communication is clear, the mix of our words, facial expressions, body language, gestures, touch, sound of our voice, underlying emotion, and look in our

eyes will give one clear and congruent message. The patient’s response will be clear to us, as well. **OM**

To Hear

Perceiving a patient’s need is also a matter of listening. Most of us hear no better than we smell or see, for we are habituated to hearing words and ignoring the deeper messages. In this system of medicine, we must hear more than words: the “music” behind the words. Much of what comes out of the mouth of a patient is utterly unreliable. Patients wear “masks” and present their façade rather than their truth. As a society, we are conditioned to conceal our true feelings and, unless in an extreme emotional state, give polite but superficial answers when asked about ourselves. We, as questioners, tend to accept the superficial verbal answer at face value and move on. However, if we listen to *how* the words were said, we perceive the deeper truth behind the words.

Summer Is Here: Clear Out The Old To Make Space For The New

By AMANDA COLLINS

Clutter has a way of keeping us stuck in the past and not supporting us as we move forward in life. We hold on to things that provide us with a false sense of security instead of trusting that things will come to us as we need them, when in fact, the less attached we are to things, the happier we are. You will discover that after letting go of items you do not need, use or love, you open up to new possibilities. You will feel lighter, have more energy, and become aware of how all these items actually weighed you down.

Still, you may be concerned that if you let go of things, you will forget the occasion or the people who gave them to you. The truth is these memories will be forever in your heart.

One practice I invite you to do is to create an album or scrap book to hold photos of such items. You can date the photos and write a little note with the story behind the items. Then, instead of having an entire garage or house packed with things you do not need, instead you will

have a lovely little book to enjoy. After a time, you may even let go of the book. Such a process will unfold step by step.

Just because someone gave you something, you do not need to keep it. Perhaps the item was a gift or an inheritance. If you do not need, use, or love the item, it becomes clutter. Pass it on and remember: what is the highest good for one is always for the highest good for another.

If you are keeping things “just in case,” that attitude may represent a feeling of lack in your life. Trust that everything comes to you exactly as you need it and stay light-filled instead of clutter-filled. If you have items that are not serving you, let go, and see how everything will flow better in your life. You will have more time to spend with your loved ones instead of spending hours looking for things. You will feel more peaceful when your home looks and feels simpler, with less stuff.

When you think about clutter, think also about your wallet, for this

is the place where abundance flows in. There needs to be space there as well as in your car's glove compartment and the boot; these spaces relate to how you journey through life. Your computer desktop and email inbox are one of the forms of communication in the world. Check to see if your phone has contacts that you no longer need.

Other simple ways to keep clutter to a minimum involve checking in with yourself while shopping. Before buying, ask “do I really need or love this?” Then, every time something new comes in the door, let something old go out.

Schedule time to clear the clutter as it will not clear itself. You can make the time fun by having friends over to help, by playing music and being certain that you are not angry while clearing. In that case, you may let go of things you did not mean to! Prepare and organize by having bags or boxes ready—one each for recycling, charity, trash, and gifts for others, wherever you feel is the best place

for these items to go. Be truly honest with yourself as you clear. What are the reasons that you are keeping any item? Do you keep this just in case? Because you are going to fix it someday? Because you spent a lot of money on it? Because it was a gift? Because you inherited it? Because it is left over from a previous relationship? In fact, these are **good reasons to let go of the items!**

Please remember: “Rome was not built in a day.” Clutter does not have to be cleared all at once. But when you do clear, let these questions become your special mantras:

Do I need, use, or love it?
Am I keeping this for my highest good? **OM**

AMANDA COLLINS is a Feng Shui expert for the International School of Feng Shui, a Yoga teacher, a singer-songwriter, and a spiritual guide who leads people on journeys around the world, their own homes and most essentially, their internal landscape. She also teaches the Pacific Center for Lifelong Learning's Feng Shui courses.

BUDDHISM AND THE TCM CAREER PATH continued from page 37

person, just like me. He had initially been a pianist, but he had burnt out with his musical career. He then decided to change his entire life, devoting it to the Asian healing arts.

I was fascinated by acupuncture and herbalism and began studying whatever was available at the local public libraries. But I was also beginning to see a solution to my Right Livelihood conundrum. I saw the way towards integrating my Buddhist-Taoist understanding and beliefs into my career path. Honestly, it also felt different from the possible psychology career that I had been working towards in undergrad. Oriental medicine in the US felt more alive, more unformed; vibrant, creative, and evolving.

I got my degree in 2000 and, since then, so much of that initial vision from my twenties has come to pass. I have had the opportunity to work in major hospitals. This included years spent working with HIV and AIDS patients in a public health setting through Cook County Hospital in Chicago, putting the Buddhist ideal of compassion into action, hopefully in a way Omori Roshi would approve. I have also had the opportunity to

teach, starting at Pacific College of Oriental Medicine in 2003. This has given me the opportunity to share the deep love of Asian culture that brought me into the field. All of this has been my best effort towards “Right Livelihood.” For me, part of the deeper moral of these experiences has been something like this: all of us, as Twenty-First Century Americans, have to wrestle in our own ways with this Right Livelihood question, trying to find our own solution—one that does its best to integrate what we believe and allows the opportunity to share and project that out into the world. For me, I had the good fortune to be introduced to and to pursue this path of Asian medicine and culture, and I have never regretted it. **OM**

ERIC BAKER graduated from Midwest College of Oriental Medicine in 2000. Eric has been a professor at Pacific College of Oriental Medicine since 2003. He is currently affiliated with The CORE Center, a satellite of Cook County and Rush Presbyterian/St. Luke's Hospitals, specializing in HIV/AIDS. He is also in private practice with Ingalls Memorial Hospital.

THE CAUSATIVE FACTOR continued from page 35

In this system of medicine, we *must* take the time to listen. Listening to the sound of the voice, we can perceive when it is inappropriate to the context. The sound of laughter where we would expect to hear weeping, for example, will jar us with its inappropriateness. Repeated inappropriate expressions call our attention to an element's cry of distress. Beyond identifying the sound in the voice, however, we can know the level—physical, mental, or spiritual—at which the patient is imbalanced and exactly what the trouble is. Many patients, when asked, “how do you feel?” will automatically say “fine”, yet from the sound of his or her voice, we can well determine if that patient is truly fine or not. From the sensory information, not from symptoms, we can choose the exact points to fulfill the needs of the patient. Then, whatever its label, nature itself will throw the disease out.

Every human interaction provides us with opportunities to note what is appropriate, inappropriate, and what a person's true needs are, if our senses are awake. In or out of the treatment room, the expressions relating to the Causative Factor will

be a recurrent theme detectable in nearly everything patients say or do. By truly using our senses, we can know what is happening within our patient—in some cases, better than our patients know themselves. **OM**

NEIL GUMENICK is Founder and Director of The Institute of Classical Five-Element Acupuncture Inc., which offers training in this profound system of medicine to licensed acupuncturists, physicians, and students of Oriental medicine. Gumenick has been in private practice since 1981 and holds three degrees and an advanced teaching credential from the College of Traditional Acupuncture (UK), awarded by the late Professor J.R. Worsley. He is a recipient of the AAAOM Pioneers and Leaders in Acupuncture and Oriental Medicine award (2007). Gumenick is a Professor at Emperor's College of Traditional Oriental Medicine, has taught at numerous acupuncture schools, colleges, and symposia internationally, and been published extensively in leading acupuncture journals, with nearly 50 articles in *Acupuncture Today*. He will be presenting at the 2016 Pacific Symposium on Friday, October 28, on the Causative Factor and Detecting and Resolving Energetic Blocks.

THE DILEMMA OF RIGHT LIVELIHOOD: BUDDHISM AND THE TCM CAREER PATH continued from page 11

started gushing about him: how funny and easy-going he was. He had even helped set her up with one of the other teenaged guys who worked in the stockroom. My dad playing matchmaker? I honestly thought there was some confusion, that we must not be talking about the same person.

In Oriental medicine (OM), there is a saying, “in adults, treat the liver.” Part of the idea in the medical theory is that each organ system has its connections with and vulnerabilities to certain emotions. With the liver, it is a range of emotions clustered around “anger:” rage, frustration, irritability, agitation... the list goes on and on. The implication of the saying, “in adults, treat the liver,” then, is that adult life is assumed to most likely be inundated with these kinds of emotional states. Ergo, the clinician will probably have to treat the liver system, at some point or another, as a natural part of most adult cases.

My dad definitely lived that phrase, so for me, looking at my career path options, one of the things I deeply knew for certain was that, regardless of anything else, I did not want to do the same. Since then, watching friends and family follow the same general career

route my dad took has just convinced me more and more.

In my early twenties, facing these decisions, my burgeoning Buddhist and OM sense of things even saw the “spiritual downside” of all this. One had to try to do the best one could with “Right Livelihood.” If it just collapsed into a constant exercise in Anger, suppressed and episodically flooding out, frustration, impatience, and irritability, what would happen to the rest of the whole Eight-Fold Path thing? How could one try to practice Right Speech and Action, through that veil of Heated, Angry emotions? What would happen to all of that Right Effort, Concentration, Mindfulness stuff, if one was always internally agitated? What would happen to the Buddhist spiritual growth I was looking for, embodied in ideas like Right View and Intention?

It also wasn't just a question of trying to avoid the negatives; I wanted to make a living, but I also hoped to have that living reflect some of the deeper sense of life that I was starting to develop. I had become interested in Zen Buddhism and, through that, Taoism, and I wanted my work to represent that. I believed deeply

in what these Asian culture traditions were expressing; how could I get my life to express that?

Fortunately, I got kinda lucky. The Zen school I had found in Chicago was a branch of that founded by Omori Sogen Roshi, who was one of the great Rinzaï Zen Masters of twentieth century Japan. He had opposed the Japanese military aggression that led to World War II and even spent a year in prison for opposing the Japanese invasion of China. Still, after Japan lost the war, he was so full of shame and regret that he almost took his own life via seppuku, the traditional Japanese ritual suicide committed by opening one's abdomen with a sword. He was stopped by an older mentor, who pointed out that they had, in their own way, been part of the war disaster, and so it was their responsibility to work towards cleaning up the aftermath. He was urged to promote the Hakko Ichiu, or “Universal Brotherhood”.

Omori Roshi devoted himself to Buddhism and the Asian arts, both fine and martial. He believed in a Buddhism that was projected outward into the world. Actually, I quickly realized that the kind of “monkish” life-style I had been envi-

sioning wasn't held so highly within Omori Roshi's vision and view of Buddhism. He not only practiced and taught Zen and the Fine and Martial Arts, but also worked as a university president and political activist. His first American student was the Zen and Martial Arts master Tanouye Tenshin Roshi, who later became a “Rotaishi,” or teacher of other Zen Masters. He had accomplished this all while working as a high school music teacher. I began to see a vision of a life that I really admired, integrating Asian spirituality and work in a deeply meaningful way.

It was also through the Zen school that I was first exposed to the Asian healing arts. The school was especially influenced by Taoism, as well as Buddhism. There was a very profound style of Asian bodywork being practiced and taught there. With my psychology background, I quickly began to see how the Asian approach, integrating the body and mind in its unique way, was really powerful. Then, I was introduced to my first acupuncturist-herbalist by another Zen student. Here was an American

continued on **NEXT PAGE**

Get your FREE Yin Chiao here!

*Come say hello at Pacific Symposium and get a FREE box of Yin Chiao!**



Not going to the symposium? Set up a free account with Mayway!

- 10% off your first order
- Free shipping with orders over \$150 plus volume discounts on products
- Quarterly newsletter packed with scholarly articles
- Access to TCM product info on our website
- Notification of clearance sales, CE courses and other special events and offers
- Access to free practitioner tools like prescription notepads & office brochures
- Formula templates to create, save and edit custom prescriptions, which can be drop-shipped to your patient
- Premier quality, expertly crafted Plum Flower® patent formulas, extract powders and whole herbs
- Books, plasters, oils, capsuling trays, teas, infusions and more

Get a FREE box of Yin Chiao and a discount on your show order!

*Limited to stock on hand



MAYWAY
Four Decades of Service & Innovation

www.mayway.com 1-800-2-MAYWAY

for stroke patients; we have now added it as a high treatment priority in the manual.

- A lot of staff members reported improved 'mood', but what does 'mood' mean? Depression is known to complicate many if not all stroke cases, so that might be one area to explore; anxiety is also a likely candidate. At the moment, we have a very small study looking at outcome measures for both to see if they work well for our population.

CONCLUSIONS AND IMPLICATIONS FOR FUTURE WORK

Pulling together this stroke manual was a great deal of work, but future manuals should be (and have been) quite a bit easier to develop. Stroke is a very complex and difficult-to-treat clinical area, and my team and I were working out the methods as we went. Since developing the stroke manual, I have taught it to over a hundred acupuncture students and practitioners in 1- and 2-day formats, which I don't believe would have been nearly as useful

without the manual's built-in structure. In stroke, as in labor and delivery, our basic skills of diagnosis and treatment are still the main active ingredients of a successful treatment. However, those basic skills benefit greatly from some specific guidance about what to look for first, second, and third in our treatment planning. I have used this approach in teaching birth for the last 10 years. I have also begun teaching a similar stepwise approach to acute and chronic pain, and have been asked to consult on an NIH-funded study of acupuncture for chronic pain in underserved populations¹⁰.

When working in a Western setting it is extremely beneficial to use a protocol that has some inherent consistency. To say to doctors, 'here's a study, I use similar procedures' is to say, "I'm a team player, not a lone wolf"; here are the patients you can comfortably refer, here is a piece of research you can give them that describes more or less the intervention they will receive, and here are the results you can reasonably anticipate. There are genius outpatient practitioners

whom I adore, refer to, and go to myself when I need it. There will always be a place for the completely individual nature of outpatient care. That said, even in the hospital, every single treatment I give is an entirely unique personal encounter. The conversation we have as I ask about their comfort and recovery progress is entirely unique and personal, even if similar questions are asked. Likewise, as I obtain and work with the qi on each needle, I am entirely in that moment with that patient. If the patient presentation is unusual or they haven't improved with worksheet treatments, I do not hesitate to consult the index; if I feel I really can't provide what the patient most needs on that day within what's in the index, then I have no qualms about departing. I record what I did, along with a rationale for the departure; we track how the patient did with the new treatment; and if it seemed helpful we may add it to future versions of the manual. In my experience, having a clear sense of 'what I usually do', which mostly works quite well, helps me to spot unusual and difficult cases more quickly and frees up time for me to consider them.

All in all, I don't think manuals are necessary for all conditions—for example, we all learned very well in school how to treat back pain, and ample evidence shows that ordinary acupuncture treatment is effective for it¹¹. The effort of developing a manual is simply not needed there. For areas where we're working closely with Western providers, however, where the patients are particularly vulnerable, or where the diagnosis and treatment planning are complex, I hope that researchers, teachers, and also practitioners who have reached a high degree of expertise, will consider evidence-informed, practice-based manualization as a vehicle for making that expertise available to more patients from more practitioners. **OM**

REFERENCES

1. Citkovitz, C., Klimenko, E., Bolyai, M., Applewhite, L., Julliard, K., & Weiner, Z. (2009). Effects of Acupuncture During Labor and Delivery in a US Hospital Setting: A Case-Control Pilot Study. *The Journal of Alternative and Complementary Medicine*, 15(5), 501-505.
2. Citkovitz, C. (2015). Acupuncture during stroke rehabilitation: development of a manual for researching a complex intervention (Doctoral dissertation, University of Westminster).
3. Timmermans, S., & Berg, M. (2010). The gold standard: The challenge of evidence-based medicine and standardization in health care. Temple University Press.
4. Saver, J. L., Fonarow, G. C., Smith, E. E., Reeves, M. J., Navalkele, D., Grotta, J. C., ... & Schwamm, L. (2015). Shape of the TPA

Time-Benefit Curve: Insights From The National US Get With The Guidelines-Stroke Population. *Stroke*, 46(Suppl 1), A50-A50.

5. MacDorman, M. F., Matthews, T. J., Mohangoo, A. D., & Zeitlin, J. (2014). International comparisons of infant mortality and related factors: United States and Europe, 2010. *National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, 63(5), 1-6.
6. Furth, C., Zeitlin, J. T., & Hsiung, P. C. (2007). *Thinking with cases: specialist knowledge in Chinese cultural history*. University of Hawaii Press.
7. Alban, J., Citkovitz, C., & Julliard, K. (2005). Assessment of Hospital Staff's Attitudes Towards Acupuncture in an Inpatient Setting. Paper presented at the Twelfth Annual Symposium of the Society for Acupuncture Research, Albuquerque, New Mexico.
8. Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *Bmj*, 337, a1655.
9. Oleson, T. (2013). *Auriculotherapy manual: Chinese and Western systems of ear acupuncture*. Elsevier Health Sciences.
10. "Responsive Manualization" of Acupuncture Therapy for Chronic Pain in Urban Primary Care Settings Arya Nielsen Claudia Citkovitz Belinda J. Anderson Melissa McKee Benjamin Kligler In: Kligler, B., Buonora, M., Gabison, J., McKee, D., Filshie, J., Minchom, A., ... & Popat, S. (2016). Abstracts from the Society for Acupuncture Research 2015 International Conference Reaching Across Disciplines to Broaden the Acupuncture Research Network November 12-14, 2015 Boston, MA. *The Journal of Alternative and Complementary Medicine*, 22(1), A1-A46.
11. Vickers, A. J., Cronin, A. M., Maschino, A. C., Lewith, G., MacPherson, H., Foster, N. E., ... & Acupuncture Trialists' Collaboration. (2012). Acupuncture for chronic pain: individual patient data meta-analysis. *Archives of internal medicine*, 172(19), 1444-1453.

CLAUDIA CITKOVITZ, PhD, LAc, has directed the Acupuncture Service at NYU Lutheran Medical Center in Brooklyn, NY for 13 years, which provides inpatient care as well as clinical instruction for master's, doctoral, and postgraduate students in the areas of labor and delivery, pain management, and neurological rehabilitation, including acute post-stroke care. Citkovitz trained under Tom Bisio while attending acupuncture school in New York and studying Chinese language in Beijing. She is an adjunct faculty member at the American College of Traditional Chinese Medicine, the Oregon College of Oriental Medicine, and the Pacific College of Oriental Medicine. Citkovitz has published research on acupuncture during labor and delivery and sits on the Editorial Board of the *Journal of Alternative and Complementary Medicine*, the Institutional Review Board of Touro College, and NCCAOM's Task Force on Hospital-Based Practice.

THE ACUPUNCTURE PROFESSION IS CHANGING

EARN YOUR MASTER'S AND DOCTORAL DEGREES



PATHWAY FOR ALL

All campuses now offering a pathway to the doctoral degree for entry-level students

In addition to foundational and advanced courses in Chinese medicine, the doctoral programs represent an evolution of the entry-level master's degrees to include skills and knowledge necessary for acupuncturists in today's team-based medical model.

- Course topics include preventative medicine, nutrition, body therapy, meridian theory, acupuncture therapy, including moxibustion and gua sha, public health, and current healthcare systems
- Begin a meaningful career and **make a difference** in patients' lives
- **Work in a variety a professional settings**, for example, private practice, hospitals, team-based clinics, even luxury spas and cruise ships
- Own **your own business** and create **your own hours**
- **Financial Aid** is available for those who qualify

WE LOOK FORWARD TO CALLING YOU DOCTOR!




Pacific College of Oriental Medicine

SAN DIEGO • NEW YORK • CHICAGO
(877) 764-2694 | admissions@pacificcollege.edu
www.PacificCollege.edu

Pacific College of Oriental Medicine is accredited by the WASC Senior College and University Commission (WSCUC), 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, 510.748.9001. This institution is a private institution approved to operate by the California Bureau for Private Postsecondary Education (BPPE). Approval to operate means the institution is compliant with the minimum standards contained in the California Private Postsecondary Education Act of 2009 (as amended) and Division 7.5 of Title 5 of the California Code of Regulations.

The master's program of Pacific College of Oriental Medicine is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the recognized accrediting agency for programs preparing acupuncture and Oriental medicine practitioners. ACAOM is located at 14502 Greenview Drive, Suite 300B, Laurel, MD 20708; phone 301/313-0855; fax 301/313-0912. The Pacific College of Oriental Medicine entry-level Doctorate of Acupuncture and Chinese Medicine and Doctorate of Acupuncture is not accredited or pre-accredited (candidacy) by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). Graduates of this program are not considered to have graduated from an ACAOM accredited or candidate program and may not rely on ACAOM accreditation or candidacy for professional licensure or other purposes. This program is eligible for ACAOM accreditation and Pacific College of Oriental Medicine is currently in the process of seeking ACAOM candidacy/accreditation for the program. However, Pacific College of Oriental Medicine can provide no assurance that candidacy or accreditation will be granted by ACAOM.



The Institute of Classical Five-Element Acupuncture Inc.

The Classical Five-Element Acupuncture Program

2016-2017


Sponsored by the American Academy of Medical Acupuncture

One Year – 9 Monthly Weekend Modules
1st Session – September 23-26, 2016


Become the Practitioner You Always Wanted to Be

Approved for 210 CA CEUs, 182 PDAs, 196 AMA PRA Category 1 Credits™

Presented by




Neil R. Gumenick
M.Ac. (UK), L.Ac., Dipl. Ac.



Eliot Ivanhoe
M.D., M.Ac. (UK)

For Information/registration
www.5elements.com • (310) 453-2235



Reliability.

My patients rely on me to provide gentle, safe and painless acupuncture treatments. That's why I rely on SEIRIN.



RAISING THE STANDARDS

Whether using filiform, intradermal or press needles, SEIRIN's fully automated state-of-the-art manufacturing facility produces the smoothest, safest and most advanced acupuncture needles in the world.



INNOVATIVE DESIGN

SEIRIN employs a computer driven sharpening process which ensures uniformity of shape. The SEIRIN TIP is designed to push skin molecules rather than cut or scar. Further, each needle is triple polished to provide a perfectly smooth finish.



UNPARALLELED CLEANLINESS

Produced under strict manufacturing conditions, SEIRIN needles are perfectly clean and pyrogen free. SEIRIN goes further by conducting extensive sterility, biological and chemical tests on every lot of needles.

SEIRIN invented the single use disposable needle in 1978 and since then has been setting the industry standard for reliability by which all other needles are measured.



SEIRIN® The Painless One™
Patients ask for it by name.

Great Products, Great Prices,
Dependable Service.

1-800-722-8775 | www.LhasaOMS.com

PRICE GUARANTEE - Lhasa OMS will match all competitive pricing.

Lhasa OMS®
everything acupuncture™