

Oriental Medicine

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A Brief History of Acupuncture and *Oriental Medicine Doctoral Programs*

A doctorate in acupuncture and Oriental medicine has been a goal of the profession since its beginnings in the late 1970s. At that time, however, the maturity of the educational institutions and the regulatory environment made it a goal with only a distant completion date. Throughout the 1990s, the colleges continually increased their expertise and resources and the doctoral project gathered momentum. Finally, by May 2000, standards for the post-graduate doctorate, the Doctor of Acupuncture and Oriental Medicine (DAOM), were approved by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM). Entrance to the DAOM required a master's degree in acupuncture and Oriental medicine.

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The 5 Phases of Event Training *Using Sports Acupuncture*

By ERIN HURME, DAOM

When treating athletes, there are many things to take into consideration and timing is one of the most critical. Most athletes participate in scheduled events that they prepare for months in advance. When the treatment occurs in relation to these scheduled events is a major factor that will affect their treatment. There are five phases of treatment when using sports acupuncture to enhance an athlete's performance when training for an athletic event.

PHASES 1-4: PREPARING FOR THE EVENT.

Phase 1: Treatment should be given 1 to 3 times a week depending on workout schedule and intensity. Acupuncture, massage, and cupping work very well together and should all be used during every treatment. When treating an athlete in phase 1, the treatment principal is to increase the flow of qi and blood, clear heat, relax the muscles, and stop pain. Root diagnosis is also very important

to ensure the treatments hold and the athlete can maintain their performance and reach their goals. Athletes tend to reinjure their body in the same location again and again. This can vary slightly depending on their constitution, onset of pain or tension and sport. For example, a runner who has tight hamstrings will always tend to have tight hamstrings. Work on these issues at every treatment, even if they are not flaring up and causing a problem at the time of treatment. Treating when the typical chief complaint is not flared up will give you the upper hand with their body and give them the extra edge they need.

Phase 2: Treatment is completed five days prior to the event. Acupuncture, massage, and cupping are all done aggressively during this treatment. During phase 2, we are working to break up any remaining stagnation, adhesions, tight musculature, and increase the qi and blood

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Teaching is a Healing Art

By KIERA NAGLE, MA, LMT

We all know the famous quote “to teach is to touch a life forever”, but we also know there is “good” touch and “bad” touch. When I set out upon my career as a teacher, it was not in the realm of touch therapy, massage, or healing arts, but I had been touched by many excellent teachers. I come from a teaching lineage: raised by two English teachers, I am an ace at spelling and I know where all the commas go. I was also inspired at the most crucial time in high school by several art teachers who “gave me life” at a time when things seemed bleak. There were also a few teachers along the way from whom I learned what not to do—those who would seem to be working out some personal dysfunctions in the classroom. With a captive audience and the power differential tipped in their favor, the potential for tension eclipsed any good content that could have been imparted in those rooms. I’m sure each of us can name teachers from both these categories that we have encountered in their lives, as well as some who were less polarizing, but just as effective in getting some message or knowledge across.

Armed with a BS in education, a master’s degree in art, a year of student teaching kids age 5-18, and a heart full of passion, I stepped into my own classroom at the ripe old age of 23, on September 9th, 2001. Even formal teacher training does not fully prepare one for the moment of taking charge of one’s own classes, and students can smell the “fresh blood” of a new teacher pretty easily. Initially, it was hard for me to find my voice. After all, I had spent a lifetime thus far not raising my hand, nose in a book, pencil in hand, communicating with the world in a quieter way. Now I was in front of the room, and I was “on”. In addition to the challenges of my own relative immaturity at that time, and the lack of interest / understanding of relevance most of my audience had for the subject at hand, two days later, we were faced with a significant world event that would shape the days, weeks, months and years to come.

As events unfolded on September 11th, 2001, school administrators spent the first few hours trying to figure out what to do. We could see the towers from the west side of the school building, which was located in Queens. Basically we were told to teach and remain in the classroom until instructed otherwise. I reached out to my next-door classroom neighbor and happenstance mentor, a veteran teacher and mother,



who had seen and experienced so much more than I, and said, “What do we do?” She said, “We make art. We let them work with their hands.” She was a rock in that moment, and would become a dear friend over the years. We often joked about our different teaching styles: I called her the “queen of improv” because she was so good at coming up with ideas on the fly, flexibly adapting to the needs of the students. She called me the “queen of planning” because I was so organized in my lesson plans and curriculum, and we could always find what we were looking for in my supply closets.

I had been drawn to teaching because it was a lifestyle I knew growing up; for example, the “new year” in my family did not refer to January, but to September. I also believed that an appreciation for art and the creative space to make things were an integral part of a child’s schooling, and an opportunity to counterbalance the structure and lack of creative outlets in other aspects of a student’s academic experience. I saw art as a therapeutic practice. I wanted to help people, and share what I loved. There was a lot of reward: encouraging students’ creativity and ability to think “outside the box”, being able to create a safe space for other fringy kids to find themselves and likeminded peers, and facilitating class discussions about art, which often turned to the subjects of perception, and life.

Eventually I did get into a good groove in my teaching. I taught

lessons and modified them each time. I experimented with collaborative group projects and developed new curriculum in a variety of media. I got the classroom management thing down, even in the more challenging cases. I learned what to do and what not to do from the students, just as I had from my teachers along the way. There were many students who were happy to have the refuge of the art room, as I had been, and there were just as many, if not more, who didn’t really care about art at all. I got over taking that personally and figured out ways to engage them as well. (Art as creative problem solving applies to any field.)

After several years of teaching art in this NYC public high school, however, I began to feel that I wasn’t helping as much as I would like to. Many of my students lived difficult lives: they were immigrants from other countries, kids from the projects, lived with many others in small spaces, had too many responsibilities, and were otherwise traumatized in ways too various to catalog. While it was significant to teach them about art, I felt that what they benefited most from was my consistent and non-judgmental adult presence in their lives. Most of them could have probably used a hug, but it was inappropriate to engage in touch that could be misinterpreted or misconstrued.

There were many students whose faces and names I still remember. One of them was Leo (as in DaVinci). Leo was a really amazing illustrative artist. He was talented, but had

not had any encouragement. It was great to see him work and get positive feedback from his peers. Beyond being engaged, drawing was second nature to him; he did it almost subconsciously, like breathing. From the start of the year towards the middle of the term, he seemed to brighten and blossom, coming into himself and his work.

And then I gave the class a collage assignment. Leo didn’t seem into it at all. In fact, he almost seemed annoyed by it. I figured it was because it was taking him out of his comfort zone of drawing. I told him he could use some drawing at the end to bring the elements of the cut paper together, but he continued to work at such a tedious pace on the project that I started to get irritated with him. Finally, one day, I really watched him work out the corner of my eye while I was setting up materials at the supply table. I noticed that he was holding the scissors awkwardly with his right hand, and using his left hand, obscured by his sleeve, to hold the paper in place. “What happened to your hand?” I asked him audibly. He looked stung by my words. “I’ll talk to you about it after class, ok?” After the other thirty-odd students filed out of the room, he was still sitting there. “Is everything ok?” I asked him. He pulled up his sleeve. His left hand was completely deformed, immobile. All these months and I had never noticed. “I’m sorry,” I said. “It’s ok,” he said.

He would go on to finish the project, but something had changed. I could explain away my lack of observation by saying, he was one of 125+ students I worked with every day, and with the drawing projects there was no way to have noticed, but this experience really taught me something about awareness, and careful communication. Of course, there were not hundreds of deformed hands in my future, but there were hundreds of students, many with hidden stories up their sleeves. I made my best effort to see better in order to help them learn about the subject at hand, about life, and about themselves.

My life and health outside the classroom in this period led me towards the healing arts, specifically yoga and massage therapy. It wasn’t long before I began to pursue massage therapy training myself. Having taking no bioscience coursework in my previous academic career, I was afraid of the rigor of anatomy and physiology, neuroanatomy, and so

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TCM for Diabetes Mellitus

By KATHLEEN GREENOUGH, MSTOM, LAc

Diabetes Mellitus (DM) is a metabolic disorder of the endocrine system (Merck Manual [MM], 2016). Type 1 diabetes, an autoimmune disease in which insulin production is absent, only occurs in 5% of those with diabetes. In Type 2 diabetes, the most common form, normal insulin secretion is inadequate due to insulin resistance (American Diabetes Association [ADA], 2016; MM, 2016).

The complications of diabetes can be serious, and the CDC reported that in 2006, age-adjusted rates of death from all causes were about 1.5 times higher among U.S. adults diagnosed with diabetes. In 2010, diabetes was the seventh leading cause of death (CDC 2014). The economic burden of this disease is high, and growing: in the U.S., the estimated total cost of diabetes is \$245 billion, and age- and gender-adjusted average medical costs are 2.3 times higher among people diagnosed with diabetes (CDC, 2014).

This disease is a global problem. The International Diabetes Foundation (IDF) reports that 1 in 11 adults (415 million) have diabetes, with an estimated rise to 1 in 10 by 2040 (642



million). Worldwide, a person dies from diabetes every 6 seconds, and diabetes accounts for 12% (\$673 billion) of global health expenditure (IDF, 2016).

Conventional and traditional Chinese medicine (TCM) treatments of diabetes are similar in most respects. Both would educate their patient about their condition and the possible complications and co-morbidities associated with it. Both would emphasize diet and exercise as primary means to control the condition, and would advise lifestyle changes to prevent serious complications and empower their patient (MM, 2016).

While conventional treatment of diabetes would include various pharmacological therapies to relieve symptoms and control blood glucose, these synthetic chemical agents can have adverse effects. Though they may initially be successful in controlling blood glucose levels, they lose effectiveness in a significant percentage of patients. A significant percentage of the population is also entirely unresponsive to these medications (MM, 2016; Pandey, A., Tripathi, P., Pandey, R., Srivatava, R., Goswami, S., 2011). There is a need for further therapies to manage diabetes safely and effectively, and TCM herbal and

acupuncture therapies can be very useful in this regard.

Many conventional drugs have been derived from medicinal plants. Although over 400 traditional plant treatments have been reported for diabetes, only a small number have been researched to assess their efficacy. The World Health Organization Expert Committee on diabetes has recommended further investigation of traditional medicinal herbs (Dey L, Attele AS, Yuan CS., 2002).

Several of the most commonly used and most-studied traditional medicinal plants used in TCM treatment of diabetes are ginseng, *Momordica charantia* bitter melon and aloe (Dey, L. et al., 2002).

Of the several species of ginseng, animal and clinical studies have indicated that both Ren Shen (*Ginseng radix*) and Xi Yang Shen (*Panax quinquefolii radix*), have a significant blood glucose-lowering effect. Type 2 diabetics given a small dose (100-200 mg) of Ren Shen (*Ginseng radix*) showed lower levels of fasting blood glucose and A1C relative to placebo, and 3g of Xi Yang Shen

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A BRIEF HISTORY OF ACUPUNCTURE AND ORIENTAL MEDICINE DOCTORAL PROGRAMS continued from page 1

It was not long after that leaders in the field began conceptualizing an entry-level doctorate, also called a first professional doctorate: a degree that students would enter after completing undergraduate prerequisite courses. Beginning late in 2002, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), along with ACAOM and our other associations, considered the feasibility of and standards for the entry-level doctorate. The degree standards were eventually established a decade later, in February 2013.

The standards for the entry-level doctorate recognize that acupuncturists often need more than just great private practice skills. The 28 doctoral competencies added to the master's level competencies focus on evidence-informed practice, advanced integrative diagnosis, integrative case management, current healthcare systems, inter-professional communication, and practice-based learning. Today, at some acupuncture colleges, students are now beginning their education in entry-level doctoral programs in much the same way that the earliest acupuncturists entered certificate programs and the

next generation of acupuncturists entered master's degree programs. But where does this new doctoral degree leave those previous generations of acupuncturists?

Pacific College of Oriental Medicine (PCOM) is the first college to offer a transitional doctorate to these acupuncturists. From the earliest discussions of the entry-level doctorate, PCOM maintained that no master's level graduate should be left behind. All acupuncturists deserve an opportunity to acquire the entry-level doctoral competencies and, upon completion, achieve degree parity. Just like their colleagues in physical therapy, occupational therapy, and other professions that have created an entry-level doctorate, acupuncturists should have an upgrade pathway, i.e., a transitional doctorate.

Pacific's curriculum was developed by doctoral educators, subject matter experts, and experienced distance education designers. The above 28 doctoral competencies along with the unique aspects of PCOM's master's degrees formed the basis of the transitional doctorate. Each aspect of the program was scrutinized and approved by the WASC Senior

College and University Commission (WSCUC). From fall 2015 to fall 2016, PCOM offered this program to its own alumni, studying its results and refining the curriculum. The online delivery method was used and tested in its post-graduate DAOM for the last three years and its undergraduate programs for six years.

Pacific began offering the transitional program to qualified acupuncturists from other schools in January 2017. The program focuses on the skills needed to practice in the emerging multi-disciplinary clinics and hospital-based practices, and as a member of a referral network. Each subject is approached in a way that enriches the acupuncturist's understanding of Chinese medicine, biomedicine, and their cross-pollination. Graduates become confident advocates for patients and for Chinese medicine.

The transitional doctorate consists of 22 units, taken online, typically over 2-4 semesters. Because the 28 doctoral competencies are the same for all students, candidates who enter with a master's in Oriental/Chinese medicine or the equivalent will earn the Doctor of Acupuncture and

Chinese Medicine (DACM), while those entering with a master's in acupuncture or the equivalent will earn the Doctor of Acupuncture (Dac). There are no ACAOM standards for these transitional degrees.

Some acupuncturists have asked, how can you earn a doctorate in 22 units? That question expresses a fundamental misconception. Acupuncturists have earned a lot more than 22 units on their way to a doctorate. Consider the credits required to earn the transitional DACM: 1) a minimum of 90 units of undergraduate credits; 2) 180-192 credits in the case of a PCOM master's; plus 3) 22 transitional credits. That is a total of 292 to 304 credits. Compare that to the typical pathway to a doctor of physical therapy (DPT), which requires 120 undergraduate credits and 120 graduate credits for a total of 240. The length of the transitional program itself is also comparable to those in physical therapy. A comprehensive survey found that transitional doctor of physical therapy programs vary in length from 12 to 35 units. Acupuncturists earning the transitional doctorate have every reason to be proud of their achievement. **OM**

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- Tuition currently ranges from \$7,395 to \$9,570 dependent on transfer credits. Most Pacific College graduates will receive transfer credit.
- Pacific College's accreditor, WSCUC, has approved the transitional doctorate. ACAOM currently has no standards related to the transitional degree curriculum or degree title.

"I would like to express my appreciation and satisfaction of the transitional DACM program. It truly has exceeded my expectations and I feel privileged for my enrollment. It has tied up the TCM education with the medical profession and provided me with the perspective and understandings of where the practice of Chinese Medicine fits in the healthcare delivery system. It has resulted in my increased confidence and I have highly recommended it to all my friends and cohort." - Ali, Transitional Doctorate Graduate



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on, but I used my visual skills and tools to assist in my learning process. As I learned more about anatomy, I reinterpreted my perceptions of the drawings and paintings of artists like DaVinci, and Kahlo, and their depictions of the body and its processes (as well as their impressions of the iterations of the inter-connectedness of body, mind, and spirit). As I learned about traditional Chinese medicine theory, and the practices of shiatsu and acupressure, I better understood the illustrations of the elements in Asian art—Hokusai’s “Great Wave” and the repetitive patterns of Yayoi Kusama. It fascinated me that, like art, massage therapy has its scientific aspects (anatomy, technical skills) and its interpretive aspects (intuitive skills, palpation, choice of variations and sequencing of techniques). Just as my visual illustrative style had become a pastiche of my favorite artists, my teachers’ influences, and my own interpretations, it was fascinating to me that my massage style would also be influenced by the techniques I learned and adopted from various instructors, the massages I received and enjoyed over the years, and my own intuitive skills in piecing it all together in the present moment with the client I was working with. And so, massage therapy became another passion, and allowed for personal healing and a reconnection with my own body.

I straddled the worlds of teaching art and learning massage for a while, but when I became licensed, I wanted to completely immerse myself in massage practice. I had completed an elective in prenatal massage and was mesmerized by working with pregnant clients. I was offered a part time position in a groundbreaking integrative setting: the hospital where I worked paid me to provide free chair massages for women in the waiting room while they waited to be seen by their OB/GYN or midwife, or checked in for mammograms and bone density exams. In this way, I got to meet and treat many clients, and talk about the benefits of massage for women’s health. I also worked in a large group practice where I was one of two prenatal certified massage therapists. And so, while my massage practice grew and I gained experience, art moved into the realm of hobby/personal therapy while massage moved into the realm of profession. (Of course, my artistic and graphic skills have always been very helpful in website and logo design for my business!)

I love working with clients in a one-on-one dynamic, creating space for them to connect with their bodies and facilitate their processes of healing. I like to educate clients about various modalities and benefits, and foster their self-education about their own bodies. I have spent many



hours in clinical practice, in quiet, dimly lit spaces, my hands sinking in through layers of fascia and tissue, working with clients in the process of connecting with their bodies through touch. This aspect of the work appeals to my introverted nature. I realized that part of the challenge of teaching large groups had been the immense amount of presence and qi required to lead and guide so many people in process simultaneously.

However, I also began to miss teaching. While I love working with clients on an individual basis, there is another spark that is ignited by sharing the practice in a larger group. In the last four years I have integrated teaching and massage therapy, while remaining in clinical practice, and I finally feel as if I am achieving the balance I had been seeking for so long. For one thing, I am never, ever bored. I teach a variety of classes, including basic Western massage techniques, foundations and ethics of massage, and prenatal massage therapy. I also supervise massage interns in the school clinic and at a local hospital.

What I have come to realize in this multifaceted professional life is this: *teaching is like treating an entire room full of clients at once.* Good teachers have the pulse on each individual student in the room, as well as the group pulse. Within the “one-room schoolhouse” of our classes, we may find eighteen-year-olds who have just graduated high school, mid-career changers, retirees,

some students with previous degrees, and some who have never been in a post-secondary school setting, as well as students who are not easily categorized. Therefore, we are hyper-vigilant in our attempts to strike the balances between:

- encouraging support and tough-love boundary setting
- articulating difficult content clearly and providing student-driven, active learning opportunities
- connecting the student in their own process of healing as they experience receiving a great deal of bodywork for the first time, and also connecting them to their partner/client’s experience

It is a lot to manage. It is “meta”. It requires so many energies on so many levels, so much information, so much material to work with, so many connections to make. It is an amazing opportunity for challenge and growth.

Part of my healing process as teacher is to reflect on my own strengths and challenges. Both I and my former students can easily tell you that one of my strengths is my organization of materials. If you are a student in my classes, you will get written protocols with numbered steps (yes, you can deviate from these once you have “got it down”). You will get slide presentations, and binders, and articles, and lists of resources both academic and clinical (maybe more than you want? The trees thank goodness that these can all be shared digitally now). You will

get images throughout all of these because I am an artist.

Another strength of my work is my almost-religious adherence to Carl Rogers’ person-centered philosophy (applied to client interaction in my clinical practice, and reapplied to student-centered in the classroom.) I make my best effort to meet students (and clients) where they are, to hold them in unconditional positive regard, and to facilitate their healing and learning (rather than impart the teachings, fix the problems, etc.) Yes, this is both a strength and a challenge. Having considered myself on the “outside” of things as a student and person at various times in my life, it is my strength to empathize with those who feel judged, who judge themselves, and yearn for safe spaces in which to not only exist but to learn and process and heal.

My challenge? Going beyond my introverted nature, pushing myself outside my comfort zone in terms of public speaking, working through insecurities about what the value of my experiences is and how to pass that on to students in my role as their teacher. I’ll never forget the first time a student asked the question, “*what do you have to offer as a teacher that is beyond what you were taught by your mentors?*” It flustered me and threw me off guard, I blushed, and my response was not articulate. The question haunted me, and I had to talk to both a trusted former student

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and a mentor about how to answer it (for myself, as the student was long gone). Finally, I came to this: just as a baby inherits genetic material from both of its parents, its representation of that material is uniquely its own—incorporated with its own qi and influenced by its own experiences. I am an amalgam of what I have learned from my teachers: what to do as well as what not to do. But the knowledge I have collected is infused with my own experiences: as a person, as a practitioner, and as a teacher. I pay homage to those who I have learned from, by name, when I reference something that I remember came straight from that source.

Another turning point has been an ongoing process of acceptance of who I am as a person, practitioner, teacher. There is often a societal pressure to feel we must need to know “everything about everything”. It’s been a relief to acknowledge as a teacher that, sometimes, I don’t know the answer. I can help a student find it, point them in the right direction, refer them to another source. Or it may be that such an answer does not exist—that something hasn’t been explored yet in that level of detail or through research. I am not

an expert in sports massage; I have many fine colleagues I can refer clients to for that modality in practice, or to learn from as students. While my clinical experience has focused on prenatal massage, I don’t “own” that “specialty”—I am happy to train other therapists in this content as it is often omitted from basic foundational massage training and I believe it is such important work.

The most spirit-feeding experiences I have had as a teacher have been in circumstances where a group of students or LMTs that I have trained simultaneously treat clients in a community-style setting. To be in a room with 18 therapists treating 18 clients, carrying 18 babies (or more, if there are twins) is a sight to behold. In those moments I am invisibly bursting with joy—I joke with the students after the session that it is like church for me. I am so proud of them on so many levels; having had good foundational training, the new protocol is easy for them to pick up and they begin to fine-tune and riff on it right away, making it their own. Others may find that they can complete the training but that they are not attuned to this work, and that is okay too. I am so happy to pro-

vide the opportunity for the pregnant clients to experience the prenatal massage work—many of them for the first time. Additionally, the community that is formed in the experience amongst the practitioners, clients, and myself is its own healing practice; the ability to connect through the bodywork to the human experience of pregnancy is phenomenal.

I recently shared an experience with a small group of students that was a bit more difficult. In order to work in the hospital setting, I train the student interns in prenatal massage protocols and modifications for high-risk pregnancies and post-partum cases. The interns have the opportunity to treat patients in the antepartum unit who are on extended periods of bed-rest due to complicated pregnancies, as well as post-partum clients who may have delivered surgically or vaginally. The students are also able to offer chair massage to patients’ visitors and the hospital staff, so that the entire unit is supported in self-care. A few weeks ago, the holistic nurse briefed our group upon our arrival, as usual, about the patients on the floor that afternoon. One patient had a “red rose” on the door- the

symbol in this setting for an infant demise. The nurse explained that the patient had endured a C-section two days prior for a stillborn baby who had died before the surgery, of unknown causes. The holistic nurse had done some guided imagery with the patient and her partner, and had mentioned that the massage team would be available that day. They had requested that we stop by. Although the interns had been working in the hospital for several weeks at this point, they were understandably very trepidatious about approaching this family. I explained that, unlike in the other patient circumstances where we enter cheerfully and greet the patient, we would enter the space quietly and I would introduce us in low tones, explaining what treatments could be offered. We referred back to the patient-centered philosophy and the Empathy vs Sympathy discussion we had as part of the pre-hospital training. I reminded the interns that this experience was not about our feelings about the situation, and that all we could provide was massage, not false reassurance that things would

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given 40 minutes before a test meal significantly lowered blood glucose in non-diabetic and type 2 diabetic subjects (Dey, L. et al., 2002). The chemical composition and potency of Ren Shen and Xi Yang Shen may vary with the growing location, season of harvest, age of the root and drying method. Adverse effects of Ren Shen are few, despite its regular use by an estimated six million people in the United States (Dey, L. et al., 2002). Nervousness is a common side effect, and overdose is characterized by insomnia and hypertension. There can be an estrogen-like effect in postmenopausal women, and it may inhibit the effects of warfarin (a blood thinner) and monoamine oxidase inhibitors (Dey, L. et al., 2002).

Momordica charantia (bitter melon) is widely cultivated in Asia, Africa and South America, and has been referred to as both a vegetable and a fruit. It has been used extensively in folk medicines to treat diabetes, and clinical trials have established the blood sugar-lowering effects of the fresh juice and unripe fruit (Dey, L. et al., 2002). Bitter melon contains an insulin-like polypeptide, and was found to lower blood glucose levels in type 1 diabetics when injected subcutaneously. Oral administration of the juice or extracts in type 2 diabetics improved glucose tolerance and reduced postprandial blood glucose (Dey, L. et al., 2002). It may be crushed and formed into tablets to avoid the bitter taste.

Although Lu Hui (aloe) is traditionally used in its dried concentrated form, one tablespoon of aloe vera juice twice daily has been reported to reduce fasting blood glucose and triglyceride levels in type 2 diabetic patients, with or without the concurrent use of a conventional anti-diabetic agent, with no significant adverse effects reported (Dey, L. et al., 2002).

The traditional Chinese medicine formula Liu Wei Di Huang Wan (Six-Ingredient Pill with Rehmannia) is one of the herbal formulas most commonly prescribed to type 2 diabetes patients. Integrating this formula into the standard care of diabetes was found to be associated with a decreased risk of developing kidney failure (Hsu, PC., Tsai, YT., Lai, JN., Wu, CT., Lin, SK., Huang, CY., 2014).

Although acupuncture may be best known in the United States as therapy for chronic pain syndromes, it is a common approach to treating diabetes in China. Studies have shown that acupuncture can enhance insulin synthesis by acting on the pancreas, increase the number of insulin receptors on target cells, and accelerate the utilization of glucose to lower blood glucose levels (Dey, L. et al., 2002). Other studies have shown the beneficial effects of acupuncture on weight control, and obesity is the

most modifiable risk factor for type 2 diabetes. The therapeutic effect of acupuncture on diabetes appears to result from its action on multiple systems rather than a single organ (Dey, L. et al., 2002).

Acupuncture points are chosen based on TCM theory, and four points commonly used are Zusanli ST 36, Sanyinjiao SP 6, Fei Shu UB 13 and Shen Shu UB 23. Other points are added during treatment according to the pattern diagnosis (Dey, L. et al., 2002). It is believed that the longer the course of treatment, the more marked the effect will be. Those patients with dietary control generally have better therapeutic results than those without it, and concurrent physical exercise, breathing exercises or massage can improve the therapeutic effect (Dey, L. et al., 2002).

Conventional pharmacological treatment of diabetes is subject to adverse events, loss of effectiveness, and individuals unresponsive to the medication. TCM herbal and acupuncture therapies can offer treatment, with beneficial effects and decreased side effects, to those who suffer from chronic diseases such as diabetes (Dey, L. et al., 2002). **OM**

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KATHLEEN GREENOUGH, MSTOM, LAC, is a doctoral fellow who is a professor, clinic supervisor and full-time faculty member of PCOM-NY in downtown Manhattan. She maintains a private practice in NJ.



be okay. When we entered, I addressed the patient and her partner, who were very clear and connected despite the difficult circumstances. We offered the patient, her partner, her mother, and her sister 20-minute chair massages. They all accepted. We arranged the space within the private room accordingly. I treated the patient and the interns treated her family members. We worked in unison. The shift of energy in the room was palpable. Everyone breathed. Everyone reconnected with their bodies in the moment, noticing where the stress was manifesting: elevated shoulders, pinched necks, clenched hands, furrowed brows. It was an honor to provide massage to this family, whose strength and love for each other was so visible. They were overwhelmingly grateful, as were we, to connect with them in that moment through the bodywork.

I have heard many teachers say that the process of teaching provides continuous learning and varied perspectives on the content and the experiences. It can be draining. It can be rewarding, just like any other profession. While I am not “old”, I do see the generational differences between the students that I am teaching now and myself (age is only a part of it). In the last couple of years I have seen a 180° turn; I used to have to incentivize the students to log in to our virtual classroom. Now, if I’m a moment late posting something I said I would, students are emailing me, “where’s the PowerPoint?” They have a lot of requests and a lot of opinions. While, as some colleagues state, and I totally understand, these “millennials” can be challenging, I like the fact that they are super-engaged, and that they give me opportunities to establish and maintain good boundaries (so that I can model

that behavior for them instead of just teaching them about it).

I appreciate that the role I play as a director of a massage program gives me the space to meet with and talk with other teachers. It is important to have a “teacher group” for support, and humor about the oddities of this job. It is especially important to connect with teachers/practitioners who may be dealing with similar challenges regarding dual relationships and other field-specific challenges. Online educator forums and conferences are good for this as well. Connecting with other teachers helps to rejuvenate the love of teaching. Through occasional commiserating and processing our teaching stories, the connections can help to promote more meaningful experiences in the classroom.

Teaching is a healing art. I have learned so much about art, people, the world, psychological dynamics, the body, massage and energy work, and more, through the process of teaching. I am grateful to have the mindful practice of teaching as part of my professional life. While I like to keep the Rosa Nouchette Cary quote: “do it with passion or not all” as my benchmark, some days are less passionate than others. But it is passion in the long haul that keeps me in the classroom, both as a student and as a teacher, and as a being on a quest for healing in this human existence. **OM**

KIERA NAGLE, MA, LMT, serves as faculty and clinical supervisor as well as the Assistant Dean of Pacific College of Oriental Medicine-NY. She provided prenatal massage at University of Nebraska Medical Center in a groundbreaking integrative health partnership, and serves as Clinical Supervisor for Massage Therapy Interns at Katz’s Women’s Hospital at NSUH-LIJ. She’s also the mother of an amazing four-year-old.

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Insights of a *TCM Dermatologist*

By DAVID HERON, LAc

The benefits of Chinese Medicine show clearly in the skin of patients treated by TCM dermatologists. Present day TCM dermatologists employ a practice that has been developing as a specialized field of Chinese Medicine since at least 300-200 BCE when the 'yang yi' or 'sores doctor' was designated as one of the four main medical specialties in the Confucian classic *The Zhou LI* (Rites of Zhou), a Confucian ancient ritual text (Erikson, 2012). In order to shed light on the current practice of TCM dermatology, this article will review the training and practice of Dr. Trevor Erikson, a trained TCM dermatologist.

Diseases of the skin are just as prevalent now as they were in the past. There is a need for highly-trained practitioners offering time-tested and effective treatments. The Center For Disease Control estimates that there were 39 million office visits to dermatologists (MD/DO) in 2010 in the United States, 66% of which resulted in the prescriptions

of medication. TCM dermatology offers treatments for common ailments including acne, eczema, and psoriasis that are safe and more desirable to many than conventional treatments such as corticosteroids or antibiotics. Therefore, a growing number of Chinese medicine practitioners in the West are looking to specialize in dermatology.

The TCM Diploma Course of Practical Dermatology taught by Dr. Mazin Al-Khafaji is one of the most respected TCM dermatology courses in the West, drawing students from all over the world. This diploma course consists of four modules taught over the course of a year, with each module involving three days of consecutive teaching and testing. Dr. Trevor Erikson was one of those practitioners drawn to Dr. Al-Khafaji's courses.

Dr. Erikson first completed Dr. Al-Khafaji's diploma course in 2007, graduating first in his class. Despite this, due to his appreciation for the art of specialization in Chinese medi-

cal dermatology, Dr. Erikson traveled to the U.K. to complete the course again in 2012. Dr. Erikson's immersion in the field of TCM dermatology led him to register for the Practical Dermatology Diploma course for a third time when it began in fall 2016 in San Jose, CA. Prior to completing Dr. Al-Khafaji's courses, Dr. Erikson first began his training in the treatment of skin disorders in 2005, spending a few months at the dermatology ward of the TCM Hospital of Chengsha, Hunan, under the guidance of Dr. Luo Guanghua. Dr. Erikson's trainings underscore that specialization in TCM dermatology requires more than a weekend course.

In order to better understand what goes into the specialization of TCM dermatology, Dr. Erikson was kind enough to answer the following questions:

How important do you think specialization is in TCM, particularly in dermatology?

Dr. Trevor Erikson: "While I do think that some practitioners are good at applying general Chinese medicine theories to treat everyone that arrives their clinic, it has been my experience that those who narrow their focus to treat fewer issues become more competent at treating those issues. There is just so much to learn, especially for dermatology. The name of the disease; how to analyze morphological changes seen on the skin; what is treatable and what is not; tried and true strategies for treatment; prognosis; and so on. These concepts are by no means modern or new, as they can be found in our earliest surviving text dedicated to dermatology, the *Liu Juan Zi Gui Yi Fang* (Liu Juan Zi's Formulas Inherited by Ghosts) from 479 to 502 CE, which states:

"The Yellow Emperor said: besides like what you say, I still do not know the natures and names

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Citrus and Pinellia: *Loyalty, Simplicity and Integrity*

By THEA ELIJAH, LAc

Citrus and Pinellia is the primary formula for cold damp phlegm. It's usually combined with other formulas, or has single herbs added to it, to direct it to various parts of the body. I will sometimes give this formula to break up mental phlegm—for example, if somebody is living in cognitive boogerhead land and you want to open up some of those block-chunk ideas. These are the clients who are so deep in their life story that they would not notice data to the contrary if it smacked them right in the face. They've got their life story like a cognitive phlegm barricade around them wherever they go. These chunky thoughts form a blockade against any incoming data that doesn't fit the story.

For the client, what's seductive about this state of being is that with lots of cognitive phlegm, they're always at home. They've created a home out of phlegm. They've created a security, a comfort, and this is the reason for the phlegm's existence. Phlegm gives us a feeling just like integrity, only it's not. It's a pathological mockery of the important Earth qualities of loyalty and stability.

It's very solid; it keeps things simple. Phlegm answers our need for something to be stable, something to be comfortable, something to be familiar and unquestioned in our lives.

I think it's very important to be aware of this longing in all of us, especially in order to undermine any capacity for judgment of others on this score. Isn't there a part of us that really wants things to be simple? Please, couldn't something be simple? Wouldn't it be great to have some things in life that are just simple—like block letters. Remember all the things that were so clear back in kindergarten? There are nice people and bad people. When they told you that, it just seemed so clear. Well, we'll just stay away from the bad ones, right? Everything was spelled out so clearly in these very simple chunks. We didn't have to question it. Our parents told us, and our teachers told us, and life was simple. It was nice. It was comfortable. It was ok to not question. Who doesn't have some nostalgia for that childhood simplicity?

This can lead straight to phlegm—to places in ourselves where we choose not to question, choose to be a child, choose to make



it all simpler than it actually is. We can get stuck in that, and start to move through life in this simplicity; then it blocks perception, it blocks cognition, it blocks nourishment.

The transformation of virtue of this formula is frequently demonstrated by the wonderful Chinese medicine teacher Stephen Cowan, a 5 Element pediatrician who does terrific presentation on diagnosing the 5 Element constitutions of infants and little

children. His book *Fire Child, Water Child* is so fabulous for both practitioners and lay people, helping parents understand their kids earlier, what their kids' needs are, and how the needs of a little Wood child might be different than the needs of its Metal mother. Stephen Cowan takes material that, if I taught it, would've been presented with so much subtlety of

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Table Thai Massage vs. Floor Thai Massage: *You're Asking the Wrong Question*

By JOHANNA VARGAS, LMT, BCTMB

Thai massage was my introduction to giving bodywork. Since my late teens, I had experienced profound, beneficial results from therapeutic massage: I had become aware of how and where I stored many strong emotions, avoided breech delivery of my second child, and ended up not needing surgery that I was told was necessary due to irreparable nerve damage. Bodywork was my go-to whenever I felt out of sorts as I knew it could help me prevent a minor imbalance from becoming a larger health issue. However, while I knew about and enjoyed its results, it was never a practice I imagined myself doing.

While at a workshop that, unbeknownst to me, incorporated Thai massage, I experienced the wordless “connection” through which both bodywork giver and receiver benefit. As soon as I felt that connection, I

knew I wanted to practice this forever. It was with this goal that I found myself immersed in what would become this life’s work.

Students ask me “table Thai or floor Thai: which should I study?” My answer has always been that because the work is typically done on a mat on the floor, students are best served by finding their own center when working on the floor. Once students have learned the principles that guide therapeutic application of the work, then the things that make Thai massage “Thai” can be applied to work done on a table.

One of the first lessons I share with students is the spirit in which Thai medicine is rooted. Thailand is a predominantly orthodox Buddhist country and its medicinal practices are not only grounded in Buddhist philosophy, but also informed by its rich history—the many ideologies and ethnicities that have traveled

throughout its land along with its many indigenous, magical practices. To delineate Thai massage “styles” merely by Southern, Northern, rural, or Royal oversimplifies all that informs Thailand’s traditional medicinal practices. As I look back at the eye-rolling adolescent who huffed in disinterest as her mother shared the uses of herbs, harvesting times, and how preparations worked for this but not for that, I now suspect that the same is true for the medicinal practices of any culture. Just as fruit is only as nourishing as the soil in which it is grown, the philosophy or spirit in which a medicinal practice is rooted informs, guides, and determines the outcome—just look at our sick-care system today. With this in mind, consider the Three Jewels, Four Gems (or Divine States of Mind), and Five Precepts of Buddhism, which is where I root my medicinal practice.

THE THREE JEWELS

The three jewels refer to the Buddha, the dharma, and the sangha. I relate their relevance to students’ future bodywork practice. A Buddha simply means an awakened one. To awaken and then, by one’s acts, inspire others to awaken, is right and compassionate work. We take refuge in the Buddha—not so much as one venerates an image of a saint in the Christian religion, but rather as a symbolic reminder that we can all strive to embody these ideals. To help others is the most surefire way we have to learn and thus teach others through our unfolding.

The dharma, or teachings, refer to the lessons we receive by walking our path or living our life truthfully. If we are awake enough to see them, lessons unfold as we become ready for them. We keep ourselves

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Yin and Yang

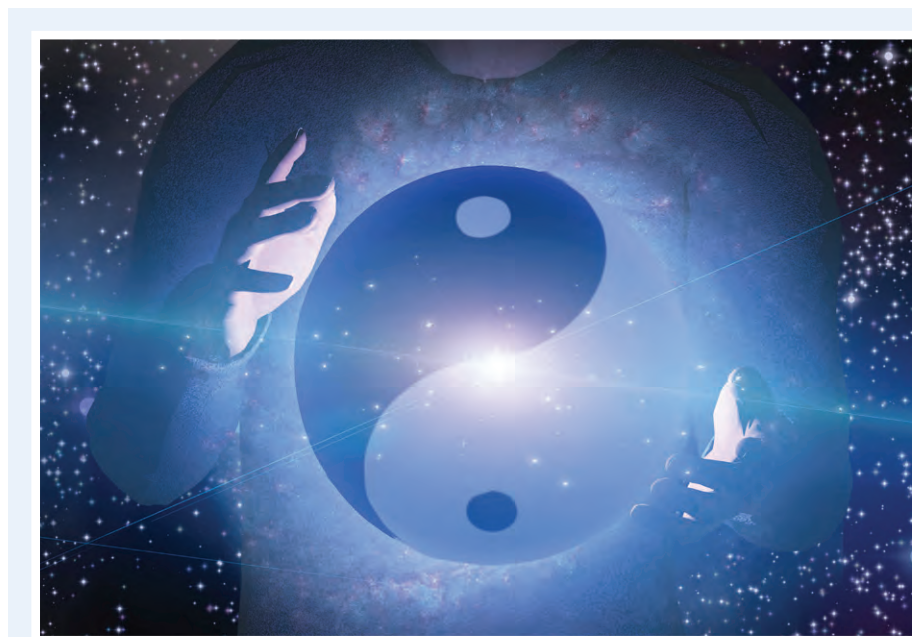
By MARYANNE TRAVAGLIONE, DAOM, LAc

How many of us stand in awe of this basic theoretical foundation that so simply defines the tenets that guide our understanding of our world, our interrelationships and our medicine? I find that each of my days offers great opportunity to renew my understanding of the 4 guiding principles of yin and yang. What I offer here is only my musings of present. My hope is that my musings ignite your awe, and you again reflect on the elegance of yin-yang theory.

Opposition: A sentient body, and all its individual workings, can be classified (or divided) into two polar opposites we refer to as yin and yang. The whole can be divided but never separated. Death is that separation of yin and yang.

I stop and think—wow, now that's bigger than I can ever truly understand.

Interdependence: Life relies on the opposite polarities staying in sustainable and continual inter-relationship. In TCM, we speak of interdependence of yin and yang as that



which is required to maintain both yin humors (nourishment) and yang qi (transformation, movement and warmth). In biomedicine, interdependence is the theory behind the need for coordinated action of agonist and antagonist muscle that enables us to take a step forward.

I stop and reflect on the very physical manifestation I saw of this principal today while working on patients in the neurology unit of a local hospital. Yin and yang is one of the easiest concepts to integrate.

Counterbalance: Yin and yang are rooted in each other, and as one

waxes its balance must wane. This counterbalance must be maintained within the whole as well as within each of its parts. If each part is balanced within itself, and it has proper yin yang relationship to its working peers, then the greater whole will have equilibrium. This equilibrium is life affirming.

This principal of counterbalance is a conversation I continually have with each of my patients as we explore the road toward health. It is always a tricky road to navigate.

Intertransformation: It only takes a moment for a blood vessel to constrict in response to a neural or chemical input. It takes longer, but we easily can see an acute illness manifest as a chronic condition. I always remember: it takes only a moment to change one's mind. **OM**

MARYANNE TRAVAGLIONE, DAOM, LAc, has been teaching basic foundations theory at Pacific College of New York for over a decade and loves watching students fall in love with the basic theories behind our medicine.

TABLE THAI MASSAGE VS. FLOOR THAI MASSAGE: YOU'RE ASKING THE WRONG QUESTION continued from page 11

ready by diligently developing our awareness—by being aware of where our awareness is, at all times. And patiently, kindly, gently, bringing it back to where we want it when it wanders... it will wander.

Our sangha refers to our group, or gang, to those around us: our immediate sangha is our family, teachers, and loved ones. Just as ripples move outward in ever-widening circles, so does our sangha's reach, until one sees, without any doubt, that our sangha is every being in existence—clients and other practitioners included. If this life and busy-ness is all an illusion, all a mask that we choose to wear to learn whatever we needed to sort out this time around then, yes, we are all just walking each other home. Any bodywork practitioner who has been at this for a few years knows that one's clients tend to bring you precisely the lessons you need to work with.

We do not touch without being touched by that which we touch. This is why I encourage students to “work with” their clients' bodies rather than “work on” them. Don't “do yoga to” any body! The connection of touch flows both ways. We may be guiding or facilitating clients' release of muscular tension but, at its most basic, we, the therapist, are

being guided by their body and, after weighing and discerning, reacting (hopefully, wisely) to its reactions! That is what serves us and ultimately, our clients most: being aware of where your awareness is, by listening, feeling, receiving. When integration and thus facilitation of beneficial change does take place, it is when we work or walk with others, each on our own path, each gently supporting and guiding what needs to happen next.

THE FOUR GEMS

The four divine states of mind: metta, karuna, mudita, and uppeka. I define them as per Theravada Buddhism, but I relate these to one's bodywork practice as well. Sometimes we think we are practicing them when we are actually engaging in their opposites: self-serving, fear-based, or ego-driven pursuits.

For instance, is our wish for this person's peace of mind and well-being selfless metta or are we basing our own perceived peace of mind and well-being on our acquired knowing, our rightness and thus them telling all their friends what a great practitioner we are? Not so very selfless.

Karuna, which translates to compassion or, as I prefer to see it, a desire to understand and be mer-

ciful, is a must for any bodywork practice. We do not know the depth of any one person's experience, but are we always aware when we act and speak from a place of pity? Pity comes from a perceived sense of superiority and treats others as if they are not able to rightly act in their own best interests.

Mudita, or sympathetic joy, is something we will absolutely experience: when a client comes in thrilled with their increased range of motion, or after having overcome fear aversion after a sports-related trauma. We are happy for them, but when we need their rejoicing due to our work in order to fuel our own joy, that is no longer sympathetic joy but rather attachment to externally-derived affirmation.

Upekka or equanimity is necessary to receive all kinds of input while working with others: a steadfast, even and quiet mind can observe, listen, hear, smell, feel and discern what course of action will benefit the client without getting swept away by desires to be right or prove accumulation of book knowledge. Once we have succumbed to the ego-driven need to be lauded as an expert (ultimately we can only be expert in our own body) we are no longer acting in equanimity—we are

very invested in outcome and the treatment, and the manner in which it is delivered changes.

THE FIVE PRECEPTS

To refrain from killing can also be stated as doing no harm. With regards to bodywork, that must begin with you. During practical assessments, I ask students, “are you comfortable?”. I constantly ask myself this as well—and I have injury to show for the times when I have not inquired this of myself enough! How can you facilitate your intended objectives in a way that causes your body the least strain? No one was ever “healed” by you hurting yourself.

To abstain from lying simply means to not misrepresent myself or this practice: to be honest when I don't know, and to refer out when it seems that what is most beneficial for my client is outside of my skill set.

To refrain from sexual misconduct in a bodywork context means that I honor the safe space that must be created for my client to do their own self-work and healing. As a massage teacher, it also means to maintain a sacred, safe space in which learning can occur. This

continued on **NEXT PAGE**

means that I don't ever engage in romantic or sexual relationships with clients or students. That I can work at the level of honesty and intimacy that I do is precisely because of my clarity of intention.

To refrain from intoxicants, to me, means to be in possession of my full faculties while working with others, even when I am practicing and trading techniques with other therapists on my own time, and to be firm about not practicing when either party has impaired their awareness. Some would say that since one never knows when one's skills as a health care provider will be needed, once one becomes such, one is never off-duty—though I am not there yet.

The last precept is to refrain from stealing, which to me means crediting teachers, authors, and others whose work has informed our practice. This also means not stealing time from clients or putting them in a caregiving position to me by revealing my personal life concerns during their time. It means not speaking ill of other practitioners, trusting instead that the effort put into one's work will always speak for itself and that the universe will always bring us exactly the clients that are ours.

ELEMENTS, TREATMENT PRINCIPLES, AND RECONNECTING MIND-HEART AND BODY VIA BREATH

Thai massage is but one aspect of the traditional medicinal practices of Thailand. Since the Thais, like many precolonial cultures, do not separate thoughts and feelings from the physical body, their medicinal practices consider not only the external physical but the internal, through diet, herbs, and prayer (or affirmation or mantra). I have always joked to my classes that “the meat simply manifests what's going on here” while pointing alternately to my head and heart to emphasize that we cannot extricate one from the other: we have many thoughts about our feelings, and many feelings about those thoughts.

Thai medical theory, which I am still learning, is based on the balanced interplay of elements: Fire, Wind, Water, Earth (and sometimes Space, or Ether). Bodywork techniques are chosen based on elemental constitution, treatment of imbalance, and whether the client's signs and symptoms are coming from depletion, stagnation, blockage, or excess. The techniques' objectives are to either tonify or disperse, but I think they work only when we help the client re-inhabit the area of their body on which we are working, via their breath. This is why I was able to treat patients at a chiropractic practice for years, on a table, using oil if the person's constitution needed it, and it was still Thai massage—because it was based on its principles,



and developed patients' awareness via guided breath. Any spaciousness or release they experienced was their own doing, simply facilitated by our work—the work we did together, the client and I.

I know we have all seen many photos of practitioners doing Thai massage where bodies are tangled up in intricate, multi-faceted positions, doing many things simultaneously. Take a moment and think about that sentence. Is that what most bodies, in our fast-paced, information-coming-at-you-every-second culture need? I learned these too at first, but what struck me about the work was the quiet connection, the stillness, not the acrobatics or multi-joint manipulations. I happened to resonate with being on a floor and barefoot because that is, due to my previous jobs and studies, where I have always been.

When we break it down, Thai massage is not that different from bodywork done in any other part of the world: we assess the superficial by sight, smell, touch, we work and warm, beginning with the broad, physical and general, carefully working with our client to access the specific and subtle; all the while

harnessing the power of the breath to help balance any places where something was lost or has over-accumulated. We use breath to integrate the mind/heart and the meat. This is why recipients arise from a treatment in a calm, alert, refreshed, and resourceful state of mind. You, as therapist, have hopefully just guided them on a journey to a resting place within themselves. To return to this article's first section, do you see now why it is so important that you first know how to do this for yourself and why your ego, your desire to prove your rightness or mastery of bodywork, has no place in a treatment?

Of course, it is responsible to know your anatomy, pathology, and contraindications, and stay up to speed on biomedical developments. If the bodywork that resonates with you comes from another culture, then humbly learn all you can about this culture. This is not only a part of upholding your inherent promise to provide the best possible care for your clients, but with fluency in the language of biomedical science, you can work on a table, treat with Thai principles, think in terms of Thai

meridians and windgates but speak and SOAP in clinical terms. What makes the work Thai is not whether it happens on a mat or table, but a solid foundation rooted in the culture's medical and philosophical/spiritual practices. A student once asked me if I thought Thai massage was the only modality that provided this integration of mind, heart, and body via breath and holding space. No; any bodywork, when done with right heart, can provide this experience for its receiver. **OM**

JOHANNA VARGAS, LMT, BCTMB, arrived at bodywork through her movement arts practices. With over two decades of movement-based disciplines, she has ample first-hand experience with muscular pain. Her history of successfully identifying, resolving and preventing its recurrence in her own body informs her treatments. As an avid yoga and meditation practitioner since adolescence, it is no wonder that she was drawn to practicing Thai massage. She has been teaching movement for the past twelve years, and bodywork, self-inquiry and self-care techniques for the past six. She runs a private practice in Chicago, is currently completing her personal training certification with a specialty in corrective exercises, and still carves out time to create commissioned, original works of art.

Herbal Treatment in Special Populations

By CHAVA QUIST, MSTOM

Recently, I heard a colleague lament, “how come my patients take anything without question from their MD, but when I prescribe herbs suddenly they become a *researcher*?” It was a funny moment, albeit a common one. As Chinese medicine (CM) has gained more mainstream press, research, celebrity and professional athlete followers, this attention has garnered more interest into the nuts and bolts of our profession.

Herbal medicine sometimes brings up two very opposite notions: thinking that herbs, being a natural substance, can do no harm, or looking at them with great suspicion and wondering “what exactly is in there”. In truth, both ends of the spectrum are making some incorrect assumptions. These sentiments are as prevalent in our colleagues as our patients. As a public face of CM, it is important for practitioners to be well informed and comfortable in speaking about

their practice of herbs. Creating an open exchange with your herb vendor and being willing to put in a small amount of additional time in patient education and research will go far.

In my daily conversations with practitioners, I frequently respond to questions regarding prescribing herbs to patients with unusual considerations. Commonly, these involve patients with allergies or religious/dietary restrictions. Herbs are overwhelmingly safe for most populations, and thankfully easily edited to accommodate direct contraindications.

ALLERGIES

Your allergic patients will likely be some of the most vigilant in confirming ingredients of any formula or product you prescribe, with good reason. Allergic response can run the gamut from mild digestive upset, skin reactions, headaches, or joint pain, and difficult-to-classify symptoms

such as fatigue or mental dullness to more urgent presentations such as difficult respiration and life-threatening anaphylaxis. Even with serious allergies, practitioners should not be fearful of using herbs in these cases, but simply aware that it may involve more research in preparation.

Question your patient on all known allergies and what the allergic reaction is. It is important to differentiate between diagnosed and self-reported allergies. The incidence of self-reported allergies has risen over the past decade, even while the incidence of doctor-diagnosed allergies has not grown at nearly the same rate (1). Practitioners should not be dismissive of self-reported allergies, however, as a complete history in this area will yield valuable information and inform your treatment plan.

Patients with multiple allergies or systemic inflammatory conditions often seem to report difficulty in taking herbs even when not ex-

posed to known triggers. This can be due to cross-reactivity from herbs that are botanically related or close enough to the trigger item. With a history of severe allergic reactions, it is worthwhile to research the botanical taxonomy of ingredients in a potential formula. Another reason for this intolerance I see more often in clinic is due to the form of herbal prescription. Individuals with an active inflammatory cascade can have difficulty digesting things like granule extracts that are 25-50% starches. Adding digestion supportive herbs such as Shan Zha (*Fructus Crataegi*) is an easy approach, easing the use of granule herbs in such patients if they are closed to taking raw herbs.

In addition to spending a little extra time on patient preparation and your own research, it is necessary to have a transparent relationship with the vendor from whom you

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CITRUS AND PINELLIA: LOYALTY, SIMPLICITY AND INTEGRITY continued from page 10

nuance and detail that only five people in the room would have been able to follow it. Stephen Cowan’s brilliance is in breaking it down so that it’s very, very simple, but without phlegm.

This ability to mentally digest to the point of simplicity is an incredible cognitive skill (represented herbally by Ban Xia, Chen Pi, Fu Ling, Gan Cao). It takes a particular kind of intelligence to make things so simple. Teaching the beginner level of any subject is, in some ways, a more skilled practice than teaching to more advanced students. It’s an important Earth element practice: how do I render very, very simple, something huge and rich and complex, bring it down to a level that a beginner would understand while maintaining complete fidelity, so that we don’t have to later say, “Well, it’s not really like that.”

I face this all the time with my son. Five-year-olds ask these extraordinary questions like “Why are people mean?” Right? We need to answer in simple ways. I might say something like, “Because they’re not loved.” He thinks about that for a while then asks: “Well, what if I love them and they’re still mean?”

How do we answer these questions? A large measure of the answer lies in gauging and judging just how finely to chunk it down, so as to give idea-chunks sized to suit the

cognitive digestion of the person to whom we’re speaking. This happens with adults as well as children, or with clients in the treatment room. “What’s that point for?” What do you say? You say whatever is going to satisfy the mind of the person you’re talking to at that moment. “Oh, it’s for helping you achieve more balance.” For some people that’s good enough. That’s what they wanted to know. It’s true; it embodies the Earth virtue of fidelity, integrity, sincerity. What can I say to this person that is sincere, dependable, truthful, has integrity with the whole, but is also the right-sized cognitive chunk?

Citrus and pinellia is a formula for those who long for the comfort of simplicity and familiarity and unquestioningness, and are paying the price because they’re choosing simplicity at the expense of integrity. They need to be helped beyond childhood mind, to being able to cut up their own French toast and chew it fully.

The Ban Xia/pinellia is of course the primary herb here, the one that helps you chew your food-for-thought (or ‘real’ food). I’m going to break down this blocky chunk of stuff. It’s not so simple. I can’t keep it simple, because if I do, I’m not really going to get it. Chunk it down, digest it.

Chen Pi/tangerine peel is a backup up to the Ban Xia/pinellia because in situations where there is damp phlegm, i.e. where dampness has stagnated to

the point of chunkification—or where food and life experiences have not been fully enough processed—there’s usually a digestive background of qi stagnation as well as dampness. Chen Pi is good for clearing up the dampness that has accumulated specifically in the system of somebody whose cognitive and digestive qi are going round and round in a circle without getting anywhere, in their mind or in their gut. There’s a good likelihood of phlegm forming in somebody who’s doing the gerbil wheel routine with their Earth element.

Fu Ling/poria is a backup to the chen pi/tangerine peel and the ban xia/pinellia. If we clear the stagnant moisture that’s around, it’s a heck of a lot less likely to congeal into phlegm. Thus we have Fu Ling/poria opening drainage, while Chen Pi/tangerine peel is opening the circle-of-mind out of worry and into thoughtfulness, and Ban Xia/pinellia helps us question and break down the old stories, the old loyalties, the old comforts, for real nourishment.

Then there’s Zhi Gan Cao/licorice. Why? So that there’s a little something in the formula that’s sweet and comfortable; you’re not asking this Earth person to give up *everything*. Gan Cao brings a little taste of true sweetness, because, hey, you’re asking me to grow up? I can’t stand it. I want it to be that simple. I want to be a child, and I want to be able to trust in a child-like way. I want to

choose my friends, my food, my furniture, my whole life with the blind loyalty to familiarity and comfort of Ban Xia. If it’s not comfortable and familiar, I can’t digest it—I’m going to puke. That also keeps it simple. That’s Ban Xia, too.

Instead, with the help of this formula, I’m going to have to do something that’s harder digestive work than just blind loyalty or puking. I need to discern; I need to look at life in terms of a greater level of subtlety.

There’s a loss of childhood here, a loss of those comforts and simplicities. I definitely think that’s an opportunity for a little Gan Cao, a little acknowledgement that there are still some things in life that could be sweet and simple...

Of course on a physical level, what it does is protect somebody from getting dried out. Chinese formulas are so good at keeping that balance. Here we are taking away somebody’s pathological security and simplicity, and now with Gan Cao (or in some versions of the formula, the three sweets), we’re adding healthy security/simplicity, and the childlike ability to drink in comfort and nourishment. As we’re getting rid of all this excess moisture, dampness, and phlegm in somebody’s system, we protect their flesh, their true home, and make sure their flesh can keep the proper fluid, proper comfort, and proper sweetness. **OM**

Live Well Live Long: Reflections on the Centrality of Nourishing Life Teachings in Chinese Medicine

By PETER DEADMAN

I remember hearing long ago, or perhaps reading, that nourishing life (*yangsheng*) was a branch of Chinese medicine – alongside herbs, acupuncture, tui na, dietary medicine and so on. In fact, from then on I used to repeat this idea myself.

However, as time passed, and especially once I started work on my recent book a few years ago, *Live Well Live Long: Teachings from the Chinese Nourishment of Life Tradition*, I grew to realise that *yangsheng* is much more than this. In truth, it is the very foundation of our medicine.

How can I be so confident? I offer the *Neijing Suwen* (Yellow Emperor's Inner Classic) as evidence. It's generally true that books (non-fiction ones at least) lay their cards on the table in their opening pages, and chapter one of Chinese medicine's most seminal text couldn't be clearer.

The Yellow Emperor asks his adviser Qi Bo why in 'ancient times' people remained vigorous until even the age of a hundred, but 'nowadays' are exhausted and decrepit by the age of fifty. It's simple, says Qi Bo: the ancients knew how to live. Their eating and drinking habits were moderate, they led a regular lifestyle and they modelled their behaviour on the interplay of yin and yang—they followed the natural order of things—but people nowadays drink alcohol "as if it were water", indulge in unrestrained sex, and "have no clue as to what it means to hold on to satisfaction ... they are all for gaining quick pleasures in their minds ... the whole pattern of their lives, their rhythm of waking and sleeping, is completely without moderation or regularity. Thus they can't even make it to fifty without going into decline"¹.

This passage is crucial for two main reasons. Firstly, and many centuries ahead of its time, it laid down the idea that health and sickness arise from natural causes rather than from the whims of gods, devils, evil spirits, and so on.

Secondly, while recognising that constitutional (genetic) inheritance and good or bad fortune play a significant role in whether people are strong and healthy or weak and sickly, the *Neijing* makes clear that lifestyle and behaviour, the only factors we have some control over, also have an enormous impact. By cultivating health and living wisely, it proposed, people were better able to resist acute exterior pathogenic diseases, the primary killers of the age, and reduce or delay the onset of



chronic non-infectious diseases—the primary killers of our own age.

This is all the more important because every medical practitioner soon comes to learn that once serious chronic disease has developed, it is unlikely ever to be cured, only ameliorated. As a pithy Chinese saying goes, "medicine can only cure curable disease, and then not always".

The same sentiment appears in chapter two of the *Neijing*. The 'sages', it says, did not intervene once disease had already set in, but before it took root. Delaying was compared to starting to dig a well when one was already thirsty, or only starting to forge weapons when the battle had begun to rage. Surely this would be too late.

The highest role of the doctor, the early tradition proposes, is therefore to be more than a technician—however valuable that may be. The physician is someone who informs

and guides patients by teaching and modelling a healthy lifestyle.

As a Chinese saying goes, "three parts medicine, seven parts nurturing health. Skill in treating is not as good as skill in nurturing health".

If understanding how to maximise health was important two thousand years ago, how much more vital is it today, when a tsunami of chronic non-infectious disease threatens to overwhelm health services worldwide. The incidence and associated costs of disorders such as diabetes, dementia, cardiovascular disease, cancer, depression, and stroke are predicted to rise to unmanageable proportions within the next two to three decades (with especially severe rises in the developing world as modern Western lifestyles take hold).

In the United States, for example, it is expected that 40% of the population will have some form of cardiovascular disease (CVD) by 2030, with an

increase in healthcare costs from 273 billion dollars in 2010 to 818 billion dollars in 2030.² The World Health Organisation states unequivocally that 80% of CVD can be prevented by modifying diet, increasing physical activity, and stopping smoking.

All thoughtful observers understand that we cannot treat our way out of these challenges and that the future of medicine must be preventative. Indeed, we are already besieged in the media by health warnings and advice on diet, superfoods, new ways to exercise, mindfulness and more, but the information is often piecemeal, contradictory, and ever-changing.

This is where the Chinese *yangsheng* tradition can take center stage. It is tried and tested, refined over more than two millennia, and rooted in simple basic principles that draw all its parts into a coherent whole. Turning to these core principles also helps us make sense of many modern health challenges that were unknown to the ancients.

WHAT IS YANGSHENG?

Yangsheng (*yang* = to nurture or to nourish, *sheng* = life or vitality) has its origins in Taoism, Confucianism, Buddhism, the martial arts, and Chinese medicine, as well as folk wisdom—that rich repository of human knowledge, handed on from generation to generation. It aims to promote physical, emotional, and mental health and wellbeing, and holds the vision of an integrated body and mind, harmony and balance, with a healthy old age and a fitting death.

It addresses pretty much every aspect of human life, but it can be said that four topics are primary. These are:

- 1) cultivating the mind and emotions;
- 2) managing diet;
- 3) cultivating the body with work, rest, and exercise;
- 4) sleeping well.

These four can be compared to the legs of a chair. When all four are sound, the chair is stable, but if one or more is damaged, the chair becomes increasingly unbalanced.

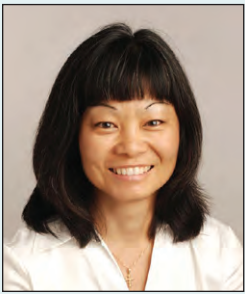
As Ge Hong, the 3rd century alchemist, put it, "in all matters of nurturing life, one must widely hear and then embody the most essential things, broadly look and then choose well. The partial cultivation of one thing will not prove sufficient to rely on. Furthermore, one must be on

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6th Annual Alumni Awards

Every year, one graduate from each PCOM campus receives an award at Pacific Symposium from the Academic Collaborative for Integrative Health (ACIH) based on one of ACIH's competencies for optimal practices in integrated environments. 2016's award competency focus was Values and Ethics, which is one of the six competencies

that ACIH has identified as key components in moving our medicine forward. Communication competencies help us work with individuals of other professions to maintain a climate of mutual respect and shared values. For more information, visit integrativehealth.org. The competency focus for 2017 will be announced soon. **OM**



RAINA TSUDA DAOM, LAc, Diplom & ABT, CMT

Raina, a PCOM-San Diego graduate, interned at Rady Children's Hospital, San Diego Cancer Center, Family Recovery Center in Encinitas, and UCSD Geriatrics' Clinic. She specializes in Japanese Meridian Acupuncture and Pohaku, Hawaiian hot stone mas-

sage. Raina is currently a clinical specialist/acupuncturist at the UCLA Center for East-West Medicine. She has presented her research on Acupuncture's Effectiveness at Treating Subclinical Hypothyroid Disease via the HPA/HPT axis: A Multiple Case Series at many research and integrative medicine conferences around the country.



CHAVA QUIST LAc, LMT

Chava Quist, a 2014 graduate of the MSTOM program at PCOM-NY, is the Chief Operating Officer of Kamwo Meridian Herbs, one of the oldest and largest Chinese Herb Dispensaries on the east coast, where she has been working since she was a student

at PCOM, and where she now manages a staff of dozens of Chinese Medicine practitioners and sales and administrative personnel. She is a licensed acupuncturist and massage therapist in the state of New York. Chava oversees relations with herb suppliers, the FDA and other regulatory agencies, educational institutions, members of the public, and hundreds of Chinese medicine practitioners nationally and internationally.

Kamwo and its owner Tom Leung, another PCOM graduate, have long been supporters of Pacific College and the Oriental medicine community in general, providing raw herbs and other products, scholarships, and employment for the college's students and graduates.



LAMYA KAMEL LAc, DAOM

Lamya Kamel, a graduate of PCOM-Chicago, is the Director of Acupuncture at Aligned Modern Health, where she coordinates a team of acupuncturists. She is also the Vice President of the Illinois Association of Acupuncture & Oriental Medicine which,

among other things, works to support integration of acupuncture and Oriental medicine into the Illinois healthcare system. Lamya also helped advise students as the Director of Student and Alumni Services at PCOM-Chicago and is currently part of the faculty.

LIVE WELL LIVE LONG: REFLECTIONS ON THE CENTRALITY OF NOURISHING LIFE TEACHINGS IN CHINESE MEDICINE continued from page 15

guard against the tendency of specialists to tout the one thing they are good at"³.

How often do we encounter people who exercise obsessively but eat badly, or eat meticulously but fail to exercise, or eat and exercise carefully but fail to get enough sleep or, most commonly of all, suffer stressful and emotionally chaotic lives?

I have listed cultivation of the mind and emotions as the first of the four legs for several reasons.

Firstly, unless we can achieve some degree of emotional integration, we simply cannot look after ourselves. We make resolutions that we fail to keep and undermine our best intentions, often acting in ways which actively harm us. As Sun Simiao, the great 7th century 'king of medicine', said, "whenever people don't live out their lives or their life is cut short, it is always caused by not loving or cherishing themselves"⁴.

Secondly, as we know from our study of Chinese medicine, extreme and persistent anger, fear, worry, anxiety, obsessive thinking, grief, and so on can directly harm us, giving rise to physical, mental, and emotional disorders. At the same time, we also know that repressing genuine emotional responses is equally harmful since it can give rise to stagnation, itself the cause of many diseases. Managing the emotions therefore requires an aware and subtle dance between these two extremes. And on top of this, of course, yangsheng also teaches that the active cultivation of positive states such as peacefulness, mindfulness, kindness, generosity, gratitude, happiness, and laughter can directly promote health and heal disease.

The third reason is that without cultivating these positive states, a preoccupation with personal health and wellbeing can easily become narcissistic or even exploitative, without care and compassion for our planet and its inhabitants. It is salutary to remember that the Nazi party in Germany promoted nature walking, environmentalism, tree planting, vegetarianism, homeopathy, organic agriculture and healthy exercise in the open air.⁵

Finally, however well we practice yangsheng, the time will come when our bodies show their age and our faculties diminish, marking the inexorable decline towards our ending. While sight, touch, smell, hearing, appetite, libido, vigour, sleep, and more take a downward path, there is one quality that has the potential to grow until our final moment, and that is wisdom. But true wisdom can only come from a lifetime of observation, learning, emotional honesty and cultivation of the shen.

CORE IDEAS OF YANGSHENG

Attuning our lives to the natural cycle

The natural world moves in an endless duet of yin and yang. The cycles of day and night, the four seasons, and the course of life itself follow the pattern of growing yang (dawn, spring, childhood), maximum yang (midday, summer, adulthood), growing yin (evening, autumn, mature reaping of life's fruits) and maximum yin (night, winter, quietness, peace and ending).

The art of living, according to health cultivation teachings, is to harmonise with the way of nature, since we are as much a part of it as everything else is. We attune to the natural order of the day, for example, when we lead a regular life, rising with the light, becoming fully active through the day, slowing down in the evening and resting through the night.

Our work, activity, relaxation, rest, and sleep are thus balanced and harmonious and if we are able—through luck or judgement—to be able to follow this natural way, we will be free from the harm caused by overwork, insufficient rest and sleep, and excessive inactivity.

More widely, recognising this playing out of yin and yang in the course of our lives, from birth through to old age, offers us a tool to better understand the mystery of life and death and our place in the natural cycle.

Harmonising yin and yang and following the middle way

In diet, we flexibly balance hot and cold foods and learn to manage fullness and emptiness. We combine light and easily digestible *qing dan* foods (grains, vegetables, fruits and legumes) with richer and more nourishing *wei* foods (fats, animal foods, and strongly-flavored and -seasoned food), according to our age, constitution, lifestyle, levels of physical activity, the climate, and our geographic location, avoiding excess of either.

In traditional body-mind-breath exercise (such as qigong and taiji), we balance fast and vigorous movements with slow and quiet ones, strength with softness. We learn how to be still and centered amid movement, and how to flow internally even amid stillness. We balance rooting and rising, inhaling and exhaling, opening and closing. We don't drive ourselves to the point of exhaustion but follow the middle way, tuning our exercise so that we feel energised and vigorous throughout the day and from year to year. As Ge Hong said, "the body should always be exercised... yet even in exercise do not go to extremes"⁶.

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obtain herbs and supplement products. Vendors should be expected to provide any necessary ingredient or manufacture information needed and, if they fill custom formula orders, to have operating procedures in place to deal with allergens. Protecting against cross-contamination, especially with granule extracts, requires constant vigilance and strong quality control. Food-grade disposable containers and tools should be used in the filling of all herbal formulas, and separate surfaces maintained for the processing of orders that need to be protected from certain allergens.

One benefit that third-party dispensaries provide is allergen alerts. Most dispensaries will provide an option within their ordering system to flag common allergens for your patient. Allergen alert information can also be found on product labelling, but it is not ubiquitous across brands, so when in doubt, ask. These automatic safeguards can be a lifesaver, as we are all prone to lose contact with some of our rote memorization from school or come across an herb that we never knew could be a trigger.

If filling herbal prescriptions in your own office, it is recommended to establish a Standard Operating Procedure (SOP) for your fulfillment process. You can get a good start by referencing the procedures that have been established by your school. Write down all the steps to fill a formula in a checklist. Use this checklist every time you fill a prescription.

By doing this, it forces you to fill your prescriptions according to established standards each and every time. It also gives a good basis for training any staff that you may hire for various office duties. Your SOP should include all aspects of filling a prescription, of which order confirmation and using clearly delineated work areas have the most impact on managing allergens. Having a second person around to double-check your work may be a luxury that you do not have, but it is the single most important thing one can do to avoid mistakes. A receptionist or assistant, when properly trained and armed with a checklist, can serve as that second person to perform the order confirmation.

Include an allergen check to your list. This would involve checking your patient file for any reported allergies that you have flagged and comparing it with the herbs you've chosen. A handy cheat sheet of herbs and formulas that contain common allergens hanging in your dispensary area would make this process very quick.

WHEAT AND GLUTEN

Wheat derivative and gluten-containing herbs are a hot topic, as CM maintains grains as supportive of digestion and Western thinking



Fu Xiao Mai



Wa Leng Zi



Hai Piao Xiao



Shen Qu



Chuan Xiong



Quan Xie

All photo credits to Kamwo Meridian Herbs.

continues to vilify their use. Diagnosed allergy to celiac sprue is important to differentiate from patient-reported intolerance to grains and gluten along with the nature and level of reaction. While certain herbs are wheat varieties, gluten can also come from wheat-frying (fu chao) Pao Zhi methods and those herbs processed with barley malt or rice wine.

Ironically, patients with wheat or gluten allergy can often present with digestive symptoms that would normally call for a triggering herb, such as Shen Qu (Massa Medicata fermentata). Research is inconclusive regarding the maximum amount of gluten ingestion (10-100g per day in one study) permissible in individuals with celiac sprue without provoking reaction, but the incidence of an individual threshold is recognized (2). Patients with mild to moderate gluten reaction and those voluntarily abstaining can often tolerate small doses of gluten-containing herbs and benefit from their therapeutic actions (3).

Common Wheat-Derivative or Gluten-Containing Herbs

Cang Zhu (Fu Chao) (Wheat-fried Rhizoma Atractylodis)- commonly wheat-fried in patent formulas
 Fu Xiao Mai (Fructus Tritici Levis)
 Huai Xiao Mai (Ripe Fructus Tritici Levis)
 Mai Ya (Fructus Hordei Germinatus)
 Shan Yao (Fu Chao) (Wheat-fried Rhizoma Dioscoreae)- commonly wheat-fried in patent formulas
 Shen Qu (Massa Medicata Fermentata)
 Yi Tang (Maltosum)
 Xiang Fu (Fu Chao) (Wheat-fried Rhizoma Cyperi)- commonly wheat-fried in patent formulas

SHELLFISH

Shellfish is another common allergy with a wide spectrum of reactionary responses and some room for consideration of the individual. A common misunderstanding is that shellfish allergy is due to a reaction to iodine, but research does not bear this out (4). Shellfish allergy is a reaction to the animal protein (4)(5), so people with this allergy should not have reactions to iodine or radio-contrast materials (4)(5).

The question then arises: are shellfish-derivative herbs, which are largely shells, safe for allergic people? The dietary supplement glucosamine, which is derived from the shells of shrimp and crab, is well-tolerated by many with this allergy, as it does not intentionally contain the animal flesh and thus the protein (5)(6)(7). Certainly, people with severe anaphylactic response cannot take glucosamine or shell-based herbs, as this segment of the population may be sensitive enough to react to even inhaling the vapors of cooking shellfish. Those with mild to moderate shellfish reaction, however, tolerate shellfish-derivative herbs (and supplements like glucosamine) well (6) (7).

Common Shellfish Derivative Herbs

Ge Qiao (Concha Meretricis/ Cyclinae)
 Hai Piao Xiao (Endoconcha Sepiae)
 Mu Li (Concha Ostreae)
 Shi Jue Ming (Concha Haliotidis)
 Wa Leng Zi (Concha Arcae)
 Zhen Zhu (Margarita)
 Zhen Zhu Mu (Concha Margaritiferarum Usta)

TREE NUTS AND SEEDS

Allergies to tree nuts and seeds appear nearly ubiquitous nowadays, and we often hear of life-threatening reactions, especially in children, in response to very minor exposures. When dealing with nut allergy patients, it is important to research herb ingredients for cross-reactivity. While few herbs used in practice are the same food source allergen trigger ingredients, herbs in the same botanical family as the primary trigger should be avoided.

Topical herbal products should also be investigated. Identify any nut derivative in oil based formulations. It is generally good practice to avoid using known allergens topically in a patient who has shown a reaction to it when taken internally.

Common Herbs that are Tree Nuts or Seeds

Bai Guo (Semen Ginkgo)
 He Tao Ren (Semen Juglandis)
 Hei Zhi Ma (Semen Sesame Nigrum)
 Li Zhi He (Semen Litchi)
 Shen Qu (Massa Medicata Fermentata)
 Tao Ren (Semen Persicae)
 Xing Ren (Semen Armeniacae)
 Yu Li Ren (Semen Pruni)

SOY

Soy often crops up in surprising places in herb processing methods, especially animal-derivative gelatin herbs. Massage oil blends and supplements in liquid gel caps should be considered possible sources of soy.

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Dao of Exercise

By ANN ROSEN, MSTOM and ROSS ROSEN, MSTOM

WHY LESS MAY BE MORE WHEN IT COMES TO EXERCISE

Limit cardio workouts and vigorous exercise.

This is something that regularly meets resistance when we try to create treatment plans with new patients. I imagine it is a hard pill to swallow, particularly when most people have initiated these exercise regimens in the name of health and associate them with a variety of positive results, so I'm not particularly surprised when people balk at the idea of slowing down and replacing their CrossFit workouts or marathon training programs with milder forms of exercise like yoga, taiji and qigong. Of course, it's a personal choice, but as a health practitioner, I think it's important to understand the possible repercussions of all of the choices we make. So before you choose your next exercise program, here are some things to consider:

Fitness isn't health.

Unfortunately, we are finding that the "American workout" has evolved to accommodate "fitness" ideals over

true wellness and, as a result, we have more and more patients that come in looking very "fit", but suffering from a growing variety of ailments. In these instances, people have worked very hard to stay in shape and manage their weight. Naturally, they want to maintain what they have worked so hard to achieve. But, I think it is necessary to review the price our bodies often pay in the name of fitness. Once understood, we can then re-orient the dedication and diligence in working towards a goal that instills wellness rather than imbalance.

Excessive exercise over time can weaken and ultimately age us.

Our culture tends towards excess. As Americans, we are what we would call "excessive yang"—a more intense, competitive, driven population. Yang is hot. Yang burns energy. Yang consumes. It can be wonderful—inspiration, movement and vitality—but without the balance of yin, yang will send us up in a burst of flames. We are already living in that relative state of imbalance. As a culture, we could already use a little

more yin. Whether it be sleep, meditation, yoga, alkalizing, more blood, more fluids, more cooling, or more grounding, we need something to offset and balance the constant stress and movement that most of us experience daily. Exercise, on some level, can serve as an important tool in preserving balance, but as a population tending towards yang, it's not surprising that we've tipped the scales in an unfavorable direction.

From a Chinese medicine perspective, exercise is about keeping everything flowing. Regular and moderate exercise promotes the flow of qi and blood throughout the body and prevents stagnation or "stuckness". It is part of the balancing act that keeps us healthy. Yes, it can burn calories, make us sweat and get our heart rates up, but that's not always something we should be asking our bodies to do. The fluids that constitute perspiration are a valuable resource, not to be squandered in the name of weight loss. Burning calories for the sake of burning calories is simply depleting. The same goes for

pushing the heart muscle to capacity.

Furthermore, exercise is only part of the equation. Our bodies require proper nutrition, water, air, and rest to subsidize our activity. When yin and yang are in relative balance, we can enjoy moving through life and all its phases in a graceful and healthy way, but when we use yang/energy to burn through our yin/resources too quickly, we literally speed the process of aging. The original design of exercise was not to make us leaner, thinner, or more muscular, but rather to promote health and longevity. It's balance.

What we tend to do instead is usually a very different story. Within this culture we typically consume an excess of foods that are far more toxic and far less nourishing than we like to acknowledge. When this happens, our resources are compromised right off the bat. Our digestive systems become overwhelmed and backed up and we accumulate

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HERBAL TREATMENT IN SPECIAL POPULATIONS continued from page 17

Common Soy Containing Herbs

Dan Dou Chi (Semen Sojae Preparatum)

E Jiao (Colla Corii Asini)

Lu Jiao Jiao (Cornu Cervi Pantotrichum)

Gui Ban Jiao (Plastrum Testudinis Gelatine)

LATEX

Neither internal nor topical herbal products containing Du Zhong (Cortex Eucommiae) should be used in patients with latex allergy, or their use closely monitored. Herbal patches often use a latex containing adhesive base. Such patches should be avoided in these individuals.

RELIGIOUS DIETARY LAWS

Patients who follow certain religious dietary laws may have many questions regarding both ingredients as well as manufacturing processes before taking herbs. Some individuals will consult their clergy or other religious advisor for approval before embarking on a course of herbs. Practitioners should be open to having a conversation with a patient's religious advisor as part of this decision-making process. While particular herb ingredients may be very easy to substitute or avoid, you

*** EVEN WITH SERIOUS ALLERGIES, practitioners should not be fearful of using herbs in these cases, but simply aware that it may involve more research in preparation.**

may need to consult with your herb vendor for detailed information on manufacturing.

On the other end of the spectrum, you may engage with religious patients who see herbs as medicine and thus are open to consuming ingredients they normally would not eat. Defining patient goals in keeping true to their religious practice will guide you best here.

Islamic dietary laws restrict the consumption of meat to certain animals that have undergone specific slaughter methods. The consumption of pork and alcohol are prohibited. All plant foods are permitted. There is some consideration for sources of alcohol that are not at a level that can cause inebriation, such as found in items like vanilla extract used in baking, or in mouthwash. While this exception is detailed in classic texts, it may not be followed by more observant Muslims (8). Thus wine-fried (jiu chao) herbs should be avoided,

as well as those that have alcohol as part of their standard processing.

Another potential source of alcohol is herbal tinctures. Most herbal tinctures on the market are based on alcohol. Even tinctures that are vegetable glycerin-based can be "fixed" with alcohol. Islamic law categorizes alcohol not only in its capacity to inebriate but also its source. Alcohol derived from grapes or dates is prohibited. Popular flower extracts on the market are commonly based in grape brandy and would likely be refused by your Muslim patients. The types of alcohols found in topical products like cosmetics and aftershaves are largely acceptable. This permission could extend to alcohol-based herbal liniments, but it may require verifying the source of alcohol for your patient.

Another important variable to consider with patients who abstain from eating pork is encapsulated products. Gelatin capsules are most

commonly made from pigs. When reading a product label, assume that a listing of "gelatin capsule" is animal-sourced. Vegetarian capsules will be marked as such or listed as "vegetable capsule." Vegetable capsules are made from tree cellulose, gluten-free, and hypoallergenic. If using an outside dispensary to process your custom formula orders, inquire about what capsules they use. Products containing collagen or insect-derivative herbs should also be avoided as they are animal products.

Common Grain Alcohol Processed Herbs

E Jiao (Colla Corii Asini)

Lu Jiao Jiao (Cornu Cervi Pantotrichum)

Shu Di Huang (Radix Rehmanniae Preparata)

Huang Jing (Rhizoma Polygonati)

Chuan Xiong (Chuanxiong rhizoma)

Gui Ban Jiao (Plastrum Testudinis gelatin)

Rou Cong Rong (Herba Cistanches)

Patients who follow Jewish dietary laws have considerations of ingredients as well as supervision of manufacturing, and the environment,

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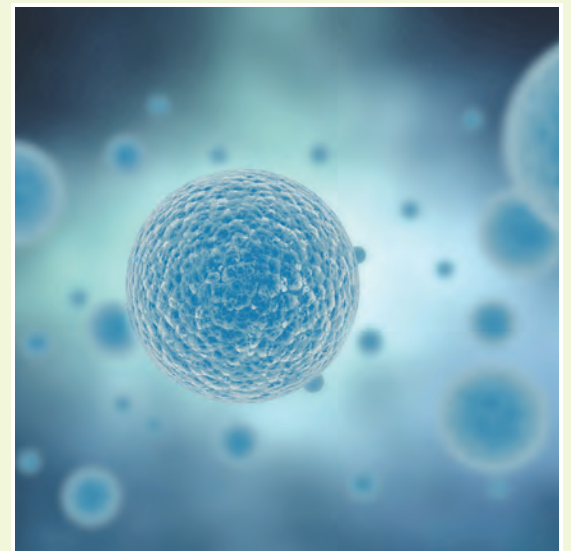
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toxins in the form of excess weight and congestion, which further hamper bodily functions and still fail to provide the nourishment we need to sustain energy. However, from the outside, we are far more likely to see the excess we want to shed than we are to nourish the deficiency that underlies this pattern, so we diet and exercise until that excess is shed; quite often, exercise becomes the loophole we use when we want to indulge in those things that are toxic. When this happens, it may be possible to stay in great shape, for a while at least, while a person's health simultaneously deteriorates.

So let's take an inventory.

We have these resources that we use to navigate our lives in whatever way we choose. These resources are what we rely on to live. Everything from sweat and tears, to blood, cerebrospinal fluid, semen, hormones, and even bone marrow—everything is considered a precious resource that serves a valuable purpose. The fluid we lose in perspiration is expended to cool our bodies, to detoxify and to expel pathogens when we are fighting illness. Urine carries unwanted waste out of our bodies. Even tears are part of a cleansing process.

Generally speaking, the denser the resource, the more precious and difficult to replace, which is why we shed tears far more readily than we would shed blood. Hormones are part of this continuum as well, which is why symptoms associated with hormone imbalance (hyper-/hypothyroidism, hot flashes, menstrual irregularities, night sweats) tend to occur more frequently as we tap into deeper resources. If you're tapping into bone marrow, you had better have a very good reason.

It can be helpful to think of our expenditure of resources from a financial perspective. We have three accounts: a checking account, a savings account, and a retirement account. In optimal circumstances, we survive off our checking account, which we can liken to our digestive and respiratory systems. If we eat good food, get sufficient rest, and breathe clean healthy air, we provide our bodies with a degree of nourishment sufficient to maintain all our activities. Ideally, we live moderately and our output of energy is less than our input. This way, we can siphon off some of this excess into our savings account. This allows us to draw down into the savings when we have larger demands on our energy or get sick or stressed or work beyond our means for short periods of time.

Finally, we have our retirement account. This is comprised of our inherited/constitutional resources and is stored deeply within the body (think bone marrow). These resources are intended to serve us in our later



years and provide us with a degree of health and longevity, although in some circumstances we use them as our emergency fund. This is the digging deep that enabled the “fight or flight” impulses of our ancestors when they had to run from dangerous predators or the resources that allow regular people to somehow find the strength to lift a car when a child's life is in jeopardy. But we should not be tapping into them to push our bodies to their limits in “boot camp” classes. Accessing these reserves to finance daily living expenditures and excesses, we limit available funds/resources for later years.

Excessive exercise over time requires us to tap into our retirement funds and deplete the root. And while some like to romanticize the expression “live fast, die young”, what you are more likely to see when you tap into these resources are signs of premature aging—low back, knee, and hip pain; arthritis; premature graying; hair loss; osteopenia/osteoporosis; arteriosclerosis; and other degenerative conditions. Unfortunately, even in the absence of these symptoms, many people will also find that they have to work harder and harder to achieve the same result over time.

Vigorous cardio workouts generate a lot of heat, which can dry and deplete body fluids, which then creates viscosity in the blood, hampering circulation and drying out vessel walls. Muscles, tendons, and blood

vessels also lose flexibility and elasticity, creating tightness and rigidity in the body, further hampering circulation. Furthermore, that same heat is associated with acidity in the blood. The body then tries to access minerals (such as calcium) from the bones to alkalize that inflammatory heat. That calcium then accumulates in the blood, which can then contribute to the formation of plaques on the vessel walls, hampering circulation. Once circulation is affected, it becomes increasingly difficult for the blood to nourish the organs and tissues so there is a cascade effect.

So should you stop everything? No. Exercise and movement are essential to good health and abrupt changes to your lifestyle can shock the system unnecessarily. However, we often recommend slowing things down. A brisk walk is a great way to get fresh air and keep things flowing. From a Chinese medical perspective, the goal is not to get your heart rate up, and you want to avoid profuse sweating and labored breathing—these are indications that exercise is becoming too taxing. The focus is on breathing and circulation. To this end, yoga, taiji, and qigong are ideal forms of exercise, as they all involve attention to the breath and are known to promote the circulation of “qi” or vital energy through the channels. These are also considered “cultivating” forms of exercise, with the added benefits of building and restoring the vital resources.

Whereas most Western aerobic exercise requires that the heart work harder, exercises like qigong improve circulation by instead creating elasticity in the blood vessels. Rather than venting and releasing energy, which is often how we experience relief and eventually fatigue after a cardiovascular workout, we can circulate and restore and experience the relaxation that people commonly feel after a yoga class. While both forms of exercise will temporarily enhance metabolism, yoga, taiji, and qigong strengthen the metabolism over time while cardiovascular exercises tend to become less effective over time and can eventually tax the adrenals.

True healing takes time and patience, but the benefits of slowing down and making that time tend to be profound and lasting. Many people are amazed by how simple shifts in diet and lifestyle can energize, reverse age-related symptoms, speed healing and promote wellness. **OM**

ROSS and **ANN TOMOKO ROSEN**, both MSTOM and both graduates of PCOM-NY, are the founders of the Center for Acupuncture and Herbal Medicine in Westfield, NJ. Ross specializes in pulse diagnosis (Shen-Hammer and Classical) and serves on the board of directors of Dragon Rises Seminars and Contemporary Oriental Medicine Foundation. He has studied extensively with Jeffrey Yuen and Dr. Leon Hammer and actively teaches a range of material within these lineages. Ann specializes in Chinese dietary therapy and empowering patients with lifestyle and cultivation tools.

In physiological terms, these exercise traditions train the parasympathetic (rest and relax) nervous system through quietness and deep abdominal breathing so that we can stay in touch with our calm center even when in sympathetic (fight or flight) mode. It also helps us return to the parasympathetic state as soon as the demand is no longer there, rather than dwelling in high stress states—the bane of many people’s lives.

In our emotional life, as we have seen, we work to integrate emotional self-expression with emotional restraint; receptivity, sensitivity, and acceptance with will and determination.

Keeping it simple

The 19th century doctor Fei Boxiong said of medicine, “There exist no miraculous methods in the world, only plain ones, but the perfection of the plain is miraculous”⁷. This is true also of yangsheng. Rare and expensive medicines or foods may have their place when there is real disease, but in general it is the committed, steady and relaxed cultivation of the basics that delivers the goods—breathing well, eating well (in a sustainable way), training the body, sleeping well, spending time in nature and with friends and loved ones, listening to music and looking at beautiful things, drinking tea, enjoying (if we are lucky) a rich and rewarding sex life.

Stopping before completion

It is said that when any tendency reaches its extreme, it must inevitably turn into its opposite. As the *Daodejing* says, “better stop short than fill to the brim. Oversharpen the blade and the edge will soon blunt”⁸.

In the internal exercise arts, we coil and uncoil, lengthen and release, over and over, often for long periods of time, but we never stretch to the maximum or exert ourselves to our limit. In diet, we remember the Chinese saying, ‘when eating, stop when you are seven-tenths full’, and we take care that a commitment to healthy eating doesn’t become too intense, but remains flexible, relaxed, and enjoyable. In some Daoist sexual teachings, the male partner is encouraged to stop before ejaculation.

In each of these cases the core idea is that an optimum state—physical vigour, keen appetite, clear intention and sexual desire—is maintained and not dissipated by taking it to its limit.

Free flow

If harmony of yin and yang is one definition of health in Chinese medicine, free flow is the other. In fact, this perspective is shared in



Western medicine, which, although it has no concept of qi, fully understands how vital it is for blood to flow freely through the six thousand miles of major and minute blood vessels in the body—all of which have to remain open, relaxed, and flexible. Healthy free flow can be enhanced by many different activities: movement, alcohol, tea, sex, laughter, free self-expression, and more.

Exercise is one of the most important of these. As early as the 3rd century BCE, the *Lushi Chunqiu* (Annals of Lu Buwei) said that “if the body does not move then the essential qi does not flow. If this does not flow then the qi clogs up”.

Vigorous aerobic exercise quickly moves qi and blood by pumping the heart, lungs, and muscles, and can be a surefire way of making us feel vigorous and alive. Yet if our pre-exercise state was characterised by pent-up feelings or lethargy, we can easily revert to this underlying stagnation once the effect wears off. When mindful softening, relaxation, and awareness are integrated into exercise, however, we slowly train the body (and the vessels) to remain more continuously open to free flow.

In fact, it has recently been ‘discovered’ that sitting for long periods (irrespective of time spent in formal exercise) is harmful. I put ‘discovered’ in quotation marks, because, like many things modern science believes it has determined, all traditional cultures knew this. Sun Simiao, for example, wrote: “the Way of nurturing life consists of ... never sitting nor lying for a long time,” while a thousand years earlier, the Annals of Lu Buwei, wrote, “going out, one uses a chariot; returning home one uses a sedan chair—people love these for the comfort they provide, but they should be called ‘mechanisms that make one lame’”⁹.

THE ROLE OF YANGSHENG IN CLINICAL PRACTICE

In the space available in this short article, it has only been possible to provide a brief overview of *yangsheng*. There is of course extensive detail that can be brought to every aspect of its teachings. In

my opinion, this information should form a core part of the training of Chinese medicine practitioners.

Without denying the great challenge we face in helping patients improve their lifestyle (the bane of all health promotion efforts up to government level), we can still offer them invaluable information that will significantly help their chances of getting better.

There are a few points to note. The first is the common observation that giving advice can be fraught with unexpected consequences—often, for example, creating resistance and even an unconscious desire to do the opposite. In my own practice, I learned to follow the principle of simply offering information, allowing my patients the space to make a grown-up decision as to whether they wanted to put it into practice. If they did, I found that setting jointly discussed targets and keeping a written record (for example, of dietary changes, exercise frequency, etc.) could be helpful.

Secondly, we have one wonderful tool that isn’t available to other

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health practitioners, however well-intentioned: pattern differentiation. It is counter-productive to try to encourage someone to change every aspect of their lifestyle, but pattern differentiation allows us to better home in on the key problem areas. A patient with liver qi stagnation, for example, probably needs to move more and to express themselves more freely, while dietary changes may be less important—or even contraindicated given their likely tendency towards obsessive behaviour. By contrast, someone with yin deficiency usually needs rest and relaxation more than exercise, and a richer, more nourishing diet than a patient with phlegm or dampness. In the same way that diagnostic skill develops slowly with experience, so does the ability to home in on the key changes that can act as a tipping point for wider transformation.

The last point is that our biggest influence on our patients may be the information they pick up—possibly without even being aware of it—simply from their encounter with us. As I suggested above, a Chinese medicine doctor can be much more than a technician. We can aspire to be wise guides who model what it is to lead a balanced life. For this reason, we need to start by treating the most important patient of all: ourselves.

OM

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PETER DEADMAN has studied, practiced, written about, and taught Chinese medicine and health cultivation traditions for over 45 years. He is the founder and publisher of The Journal of Chinese Medicine and principal author of *A Manual of Acupuncture*. His most recent book, *Live Well Live Long: Teachings from the Chinese Nourishment of Life Tradition*, was published in June 2016.

Three Secrets from the Pulse Classics that Will Immediately Improve Your Patient Outcomes

By STEPHEN BONZAK, MS, DCCM, FICEAM, LAc

As traditional East Asian medicine practitioners, we know that treatment should revolve around clear pulse examination, but who doesn't feel upset with the disappointingly vague information we were taught in school regarding pulse diagnosis? Who doesn't feel defeated when teachers tell us again and again to forget about the pulse because it will take years to learn?

The truth is everyone can learn pulse and everyone should learn the pulse. You can learn the pulse, and knowing the pulse well will make your clinical work so much more precise. Pulse gives you a definitive diagnosis and a clear way forward for treatment. This is what the ancient sages were really telling us: do not rely on what patients tell us. Listen to the pulse instead. It will reveal exactly what is happening in the body.

Reading and interpreting the pulse does not take many years of careful study to become the centerpiece of your diagnostic skill. Since the Han Dynasty, physicians have recognized that the road to mastering the pulse can be accelerated through proper instruction. The author of the Western Han Dynasty text *The Methods of Pulse Differentiation and Assessment* (辨脉平脉法 *Biàn Mài Fǎ Píng Mài Fǎ*) describes

how confusing pulse diagnosis can be without proper guidance:

Question: The pulse has three parts [which reflect] the yin and yang interdependent and counterbalancing [natures]. The construction, defense, qi and blood circulate in the human body. [With] the breathing in and out, [the circulation goes] up and down and throughout the entire body. With the breathing cycle, the liquids and humors go through [the body], moving every moment, making the image [of the pulse]. In the Spring the pulse is string-like, in the Autumn the pulse is floating, in the Winter the pulse is sinking, and in the Summer the pulse is surging. Even in the same period of time, the size of the pulses can be different. The chi and cun positions can have different presentations such as short or long; therefore, the upper and lower presentations can be varied, [and the pulses in those positions] can appear or disappear. The pulses change when [human beings] are ill; [it could be a] forward, backward, low, or high. [All of these changes in the pulses] confuse people, [especially those who are] not knowledgeable about the rules [of pulse diagnosis].

[Thus,] I would like to learn [from a teacher] and get clarification.¹

Proper instruction empowers us to uncover the hidden problems in our patients that they cannot adequately describe. I remember when I first started working with my mentor and teacher, Dr. Arnaud Versluys, MD, PhD, LAc. He could accurately describe not only the pattern and the correct herbal formula for each patient, but he could tell the patient what he or she was feeling, even if he or she had not told us so!

If the pulse does not correspond to the disease, [one] must know the cause of the change in the disease...[Therefore, one] must know whether the disease is in the interior or exterior, differentiate all three jiaos, know [where] the disease has attacked, and diagnose according to which zang-fu has been attacked. **If one can master these principles, he can glimpse [reality] as if divine. The following paragraphs describe [the principles of pulse examination] so that this knowledge can be passed to those that are willing to learn.**²

This training inspired me to learn more about the pulse. After completing a translation of *The Methods of Pulse Differentiation and Assessment*

with my colleague Tzu-Ying Chiang, and after studying for over 8 years with my teacher in the Tian-Zeng Lineage of Shanghan Zabing Lun pulse diagnosis, I would like to share some of the secrets to ramping up your ability to use the pulse accurately in clinic. The following reveals **Three Pulse Secrets** from the Classics of East Asian Medicine that can immediately improve your patient outcomes.

First: Take yin and yang seriously.

We see this emphasis on yin-yang theory right from the beginning of the Huangdi Neijing:

Qi Bo responded: "The people of high antiquity, those who knew the Way, they modeled [their behavior] on yin and yang and they complied with the arts and the calculations."³

Medicine without the basis of yin and yang is just a random collection of herbal recipes or needles placed in the body without regard to proper diagnosis. As a profession, we are struggling against those who wish to co-opt our techniques, but we should make it clear that while we hold those techniques as the mainstay of our clinical practice, we are more

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THE 5 PHASES OF EVENT TRAINING USING SPORTS ACUPUNCTURE continued from page 1

flow to sprains or strains. Deep needling, deep tissue massage, and heavy cupping with strong suction is applied to the body. Needle sensation is strong with heavy stimulation. "Deep" and "heavy" stimulation are terms that vary widely from patient to patient; defer to patient's tolerance. Needle retention is thirty minutes. Massage is deep; strokes are slow with stretching incorporated into the treatment. Active release therapy works great with athletes and should be incorporated into the stretching regimen. Massage should be 60 to 90 minutes and include forearm and elbow work, again to tolerance.

Phase 3: Treatment is completed three days prior to the event. During this session, we make sure everything that was worked on in phase 2 has resolved and treat it again but less intensely. Needle technique is moderate, with needle retention of

25 minutes. Moderate pressure is used when massaging with moderate stroke speed. Cupping is strong to moderate. The same treatment principles should be used as in phase 2.

Phase 4: The day before the event. This treatment is focused on flushing the body with fresh qi and blood, treating the stagnations and adhesions one more time and calming the mind. Light, shallow needling, with minimal stimulation to tonify is the goal. Massage is light to moderate pressure at a medium pace, working mostly with effleurage and long petrissage strokes for sixty minutes. Cups have a weak suction and are moved very quickly.

PHASE 5: RECOVERY

During the event: If you are treating throughout the event then treatment time should be short (less than 30 minutes for acupuncture, massage,

and cupping) with minimal needles used. Treatment area is focused on the branches. The treatment plan is to increase qi and blood flow, decrease pain, clear heat, calm the mind, and stop pain. Massage should be focused on the area of the chief complaint as well as cupping. Massage, needle technique, and cupping should be moderate, with moderate speed when moving.

After the event: Treatment should include a 90-minute massage and cupping with moderate pressure/suction. Acupuncture focus is on the root and branch, including deep to light needling, with needle retention for 25 minutes.

The five phases of sports acupuncture are very important to maximize athletic performance. Working with multiple health care providers can benefit the athlete greatly. Western and holistic medicine work

together well when using sports acupuncture. Co-managing patient cases effectively is key to creating treatment plans and reaching your athletes' goals. **OM**

ERIN HURME, DAOM, received her doctorate and master's degrees from Pacific College of Oriental Medicine in San Diego, California. Erin also attended Chengdu University of Traditional Chinese Medicine in China. For many years, Erin focused on treating professional athletes such as the NFL Tennessee Titans, NY Jets and Nashville Predators. She also worked with many other professional athletes such as Dancing with the Stars and Cirque du Soleil. She now practices acupuncture and provides a full granular pharmacy in her clinic, Amityville Wellness, in Amityville, New York. She hosts the radio show "Living Wholistically: The Erin Hurme Radio Show" and is a professor of acupuncture at the New York College of Health Professions in Syosset, New York.

An East-West Dialogue on Whooping Cough

By **MOSHE HELLER, LAc**, and **STEPHEN COWAN, MD**

Moshe: O. is a very curious 2-year-old that came to see me after she was diagnosed with whooping cough (pertussis). O. started to show signs of illness during a trip abroad when she developed a runny nose for a few days and then sores appeared in her mouth, which her pediatrician diagnosed as Coxsackie. No treatment was given and O. seemed to be recovering, but then she started experiencing bouts of increasingly severe coughing. O.'s mother described the cough as very "barky", and when she brought her back to the pediatrician, he suspected this was croup and gave an over-the-counter cough syrup. The cough persisted as increasingly discrete paroxysms, which would occur mostly at night. Although she returned to the pediatrician a few times she was told that it was viral and would pass. A few days before coming back to the U.S., she visited a different pediatrician, who suspected that O. had whooping cough and recommended testing



her for confirmation. Upon returning to the U.S., O.'s mother called her pediatrician, who ordered the nasopharyngeal swab that was positive for pertussis. O. was given antibiotics immediately. Her mother was told that it was too late to change the course of illness, though it would prevent the disease from spreading.

Steve: This is a fairly typical story of how a child gets diagnosed with pertussis (whooping cough). Let me just review the story a bit here. Most illnesses in children are viral and so it would not be uncommon for a pediatrician to suspect Coxsackie (a common late summer-damp heat disease) in kids associated with blisters

on the gums, though it typically presents with middle burner symptoms of poor appetite, diarrhea, or vomiting. It's more typical in the summer months, and though rare it can cause respiratory symptoms. Whooping cough typically starts with a prodrome of mild runny nose without fever. Some kids have no presenting symptoms during this stage. This usually lasts 1-2 weeks and then, as in this case, the cough becomes increasingly dramatic. It is not uncommon for it to be mistaken for croup, another common childhood illness caused by a number of viruses, most commonly one of the parainfluenza strains. One of the interesting ways I have found in clinical practice to differentiate possible whooping cough from croup is that steam treatments will help croup but aggravate the cough of whooping cough. An important point to keep in mind is that during this initial mild stage of whooping cough, it can be fatal in

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vessels, and staff involved. The laws of kashrut require particular slaughtering methods for livestock as well as only permitting certain animals, certain cuts, and prohibit pork. Consumption of shellfish and insects is also prohibited, as is mixing meat and milk. This separation extends not only to maintaining different sets of pots, plates, and utensils for each, but also defined working surfaces in the kitchen. For this reason, it is unlikely an observant Jew will accept cooking raw herbs in their kosher kitchen.

While plant-based foods are universally permitted, kosher consumers know that modern manufacturing processes may hide non-kosher ingredients, and thus they depend a good deal on product labeling. Packaged foods and supplements must contain a kosher certification symbol on the labeling to show that their manufacture was overseen by a rabbi specializing in the dietary laws. Chinese herbal product lines with kosher certification are almost non-existent, but it does not make using herbs prohibitive.

Kosher patients are often open to taking granule or patent herbal products with plant-only ingredients. A good number of my patients are observant Jews belonging to various Hasidic sects, and I cannot recall any of them or their rabbinical advisors refusing granules or teapills and even vacuum-packed herbs. For these products, the patient or religious advisor will want to know about manufacturing practices. It is important to note that most manufacture of such products is subcontracted to pharmaceutical factories and thus is produced with good quality control as well as thorough washing of machinery in between runs to prevent cross-contamination in regards to allergens. The details of the machinery cleansing will be important to your patient or their advisor in determining whether a product is permissible under Jewish law. Confirm these details with your herb vendor.

As with Muslim and other pork avoiding patients, it is necessary to source vegetable cellulose capsules. Herbs processed with alcohol are not an issue however. Jewish law around wine is very complex and extensive, but this refers only to grape wine. Alcohol used in CM herbology is rice wine or barley malt.

During the annual Passover holiday, Jewish dietary laws change for eight days. During this period, leavened foods and those with the capacity to rise or ferment are avoided. This means abstaining from wheat, barley, oats, spelt, and rye, along with foods that are considered related like corn and legumes.

This impacts the use of granule and teapills formulas. Incipients in granule extract herbs are widely used in pharmaceutical production and are

hypoallergenic. The most common incipients are dextrin, maltodextrin, and corn starch, all derived from corn, prohibited during Passover. Teapills and press tablets often include trace amounts of corn starch as a binder. The inclusion of these is prevalent in pharmaceutical medications as well. Many people will seek a dispensation from their rabbi to continue taking a needed medication that contains prohibited agents during Passover. It is individual though whether a patient will include your herbal formula under the umbrella of medication or if they will want to discontinue it during this period.

Another surprising herb contraindication during Passover is Wang Bu Liu Xing (Semen Vaccariae). This herb, popularly used for medicated ear seeds, is regarded as a relative of the main prohibited grains. During Passover, the prohibited foods are not only prohibited for consumption, but also any benefit derive from their use or even sight, so for this reason your kosher patients may question the use of ear seeds during Passover.

Other faiths such as Seventh Day Adventist, certain Buddhist sects, and Jainism may require adherents to follow a vegetarian or vegan diet. This is covered in the next section.

Common Grain Derivative Herbs

Bai Jie Zi (Semen Sinapsis)
 Hei Zhi Ma (Semen Sesame Nigrum)
 Yu Mi Xu (Stigma Maydis)
 Mi Cu (Rice Vinegar)
 Wang Bu Liu Xing (Semen Vaccariae)
 Gu Ya (Fructus Oryzae Germinatus)
 Geng Mi (Semen Oryzae)
 Su Ya (Fructus Setariae Germinatus)
 Yi Yi Ren (Semen Coicis)
 Nuo Mi (Semen Oryzae Glutinosae)

VEGANS & VEGETARIANS

Abstaining from eating meat or utilizing any animal derivative products can be an expression of health practice, of ethical or moral concern, or of religious observance. As with patients who have other concerns in relation to herbs, it is important to discuss the motivations and parameters of the dietary practices of your vegetarian and vegan patients. Practice will range across a large spectrum and you will likely see patients who consider herbs medicine and will bend their dietary practices for such as well as those who are much more restricted.

It is important to discuss dietary practices in detail and define what the patient considers animal derivative. Avoidance of animal gelatin capsules and shellfish-derivative herbs is a consideration with this group. The question of honey-fried (Mi Zhi) herbs or insects will be individual.

continued on page 38

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Feng Shui and Chinese Medicine

By AMANDA COLLINS

Classical feng shui is an ancient art and science developed in China more than 4,000 years ago. It shares philosophical roots with acupuncture, in that both are complex bodies of knowledge dealing with the movement of energy: feng shui reveals how to balance the energies of any given space to assure the health and good fortune for the people inhabiting it, just as needles are used in acupuncture to treat the energy patterns of the body to improve the flow of energy and therefore your health. Similarly, classical feng shui uses items made of the Five Elements—Earth, Metal, Water, Wood, and Fire—to balance the invisible energies in your environment. Bringing the elements into our

space also helps us reconnect with the natural order of things.

Feng shui creates harmony by connecting the seen and the unseen. It is a tool to examine the cycles of the stars, sun, and seasons, using these explorations to support the vital connection of body, mind, and soul to environment. Feng shui can be applied to any microcosm or macrocosm of our lives: small spaces such as bedrooms or vast ones such as entire cities can each be designed and built according to these principles.

In its simplest form, feng shui aids in choosing the best placement for a home. “Feng” means “wind” and “shui” means “water”. Picking the proper site will ensure happi-

ness by alleviating problems such as excessive drafts or floods. The ideal site for a home is like an armchair: the back and sides of the chair protect us from the wind, though a breeze on a warm day can feel wonderful and cooling. When wind is powerful, however, it can blow an entire village down. Being close to water has been historically essential for survival; we drink it, clean with it, and being far from it can make life difficult if not impossible. When water is too strong, it creates the destruction of floods and tsunamis. Living in a space with easy access to water, yet protection from it, will make a home less susceptible to disasters and provide an easier, more graceful life.

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

Qi is the animating omnipresent life force; it permeates all people, all homes, all physical surroundings. Feng shui illuminates this hidden force of qi and how the environment can affect us, both positively and negatively.

On average, we spend 80% of our time indoors. When we walk into an environment that has good

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AN EAST-WEST DIALOGUE ON WHOOPING COUGH continued from page 24

very young babies, causing them to stop breathing after a bout of cough or even without the cough (apnea). This is one of the primary reasons that the vaccine was originally developed. In O.’s case, she had not received any vaccines at that point, which perhaps should have raised a red flag for the pediatrician. Nevertheless, it is common for doctors to overlook whooping cough because it is not very common nowadays.

Moshe: Exactly! I’m not sure I would have thought of pertussis if O.’s parents hadn’t told me about the diagnosis. Her parents brought her to see me a few days after returning to the U.S. She was still having bouts of cough, mostly at night, and it sounded dry and barking. Her mother complained that she was very moody and cranky and not acting like herself. Her appetite was reduced but bowel movements were normal. When I examined her, I first noticed that her eyes were glazed as if she was having a fever, but her temperature was normal. I also noticed that her finger vein was dark and passed the wind gate and the tip of her tongue was red. On palpation, I found her lymph glands to be swollen, especially the sub-mandibular but also sub-occipital nodes. Lung auscultation revealed crackles bilaterally. O. is a very small child and seemed a bit fragile to me, although she is very inquisitive and affectionate. At first she was a bit suspicious, but warmed to me quickly and I was able to examine her as well as treat her.

Steve: Many children do not develop the characteristic “whoop” of

whooping cough, especially these days, because most children who get whooping cough have been immunized against pertussis via the DTaP vaccine. In fact, in the most recent pertussis outbreak in a Florida preschool this past year, *all* children had received at least 3 doses of pertussis vaccine, and in one class where half the students came down with whooping cough, all 17 kids had received the *full series* of vaccines to pertussis. This has led a number of physicians to begin questioning the efficacy of the modern, acellular pertussis vaccine.

Moshe: I’d like to review some of her clinical findings:

- Glazed look in the eyes – this is a very common sign of a lingering pathogenic factor. It is important to notice the eyes look a bit glittery but there is no actual fever.
- Examination of the finger vein – This process helps in the diagnosis of pathogenic factors. In particular when we see a dark vein that passes the wind gate this indicates that heat is starting to injure the qi.
- Red tip tongue – this confirmed the presence of heat.
- Palpating the lymph glands – enlarged lymph glands are a sign that damp has congealed to phlegm and indicate the presence of an LPF.
- Lung crackles – I use the lung sounds to help in the diagnosis of the pathology and crackles indicate the presence of phlegm in the lung.

It was clear to me that O. had a lingering pathogenic factor (LPF) of phlegm and heat.

Steve: In China, pertussis has classically been called “the cough that lasts a hundred days”. Now a 3-week cough is one thing, but a 3-month cough is another, especially a cough that is forceful enough to break ribs! I have seen the cough linger even longer and sometimes come back during later colds if it is not completely resolved. Though whooping cough is not fatal in older children, such a prolonged course of illness can severely disrupt sleep for the whole family. It is also highly contagious for both adults and children and, most importantly, it can further compromise the child’s immune system, causing secondary infections like pneumonia. Western medicine offers very little at this stage other than antibiotic treatment, which does nothing to shorten the course though it may limit the spread. It has been my experience that this is a perfect situation for the application of Chinese medicine that aims at releasing and resolving the lingering pathogenic factor and shortening the course of illness.

Moshe: In cases like O.’s, TCM practitioners aim to help the body clear the LPF and strengthen the protective qi in order to prevent re-occurrence. I began treating O. with Shoni-Shin technique to improve the flow of qi in the channels as well as prepare her for needling. I performed tapping and scraping on both yang and yin channels of the hands, feet, back, and chest. The points I used

included: Lung 7 to help regulate the lung qi, Large Intestine 11 and Du 14 to help clear heat, Spleen 9 and Stomach 40 to help transform phlegm, and Urinary Bladder 13 to strengthen the lung qi. I also prescribed herbs – a combination of Bao He Wan, to support her digestion, with Qing Qi Hua Tan tang to clear phlegm and heat. I sent her home with magnets on Lung 7 dispersing, Large Intestine 11 dispersing, Ding Chuan dispersing and Urinary Bladder 13 tonification. I also taught the mother how to apply tapping massage before bed.

O. returned for a follow up treatment 5 days later and her mother reported that although the cough was not cleared, it was significantly reduced. I continued to treat O. for another three treatments until the cough was no longer an issue.

Steve: Chinese medicine has evolved over centuries. Western medicine, by contrast is a relatively young therapy. One of the advantages of Chinese medicine’s long time to ripen is that it offers a number of different approaches to understanding and treating the disease process. For example, Western medicine offers very little in the treatment of early (wei stage) viral illnesses, whereas Chinese medicine has developed a number of effective therapies for releasing pathogens before they get caught in deeper levels of the body. Such therapeutics could only come about from centuries of carefully tracking the ways we get sick and get better.

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In my practice of pediatrics, I often explain to children and their parents that the lung is a highly righteous organ, concerned with protecting the delicate holy ground of the alveoli where air (da qi) gets exchanged with things we need to let go of. The lung is prone to strong reactions when it has been insulted and tends to hold on to things in its protective zeal. Chinese medicine teaches that dryness insults the lung. I find that artificial air and heat in homes, schools, and particularly in air travel, as in the case of O., is one of the leading causes of the increasing lung pathology we are seeing in developing countries. When the terrain is allowed to dry out, a pathogen like pertussis, which typically lives in harmony with other bacteria in most of our noses, will gain a foothold. As initial wei-phlegm defenses dry out, they lose their effectiveness, allowing the bacteria to enter the qi-level, causing a dry violent paroxysmal cough; a perfect representation of the lung's righteousness. In pediatrics, it is always important to remember that the spleen is central to the process of acquiring qi. Two caveats I often advise parents in treating LPF in children: 1) pay attention to diet—avoid feeding uncooked foods during illness so that the body does not have to muster further metabolic heat to break down food, which will take resources away from wei-immune defense, and 2) promote the release of phlegm by increasing bowel movements. This is one of the most effective ways the body has for getting rid of lingering phlegm-heat, provided of course the child is adequately hydrated throughout the process. In fact, in treating any respiratory phlegm condition in kids, I often tell parents that when the stools get loose, the cough will resolve within the week. In constipated children, sometimes we will see the body try to get the heat out

through the skin as eczema, a connection to the lung/large intestine network, long recognized for centuries by Chinese medicine but often overlooked by Western medicine.

Moshe's approach in this case perfectly illustrates our job as conductor rather than dictator in comforting the lung to let go of the lingering pathogenic factor. His gentleness is designed to match the child's tender yin state. His attention to the spleen (prescribing Bao He Wan) and his collaboration in teaching O.'s mother serves to empower holistic healing. This case demonstrates the important contribution Chinese medicine offers in providing healthcare to children.

OM

Reprinted with permission from the FSOMA Journal, Summer 2016.

STEPHEN COWAN, MD, is the author of Fire Child Water Child, on how understanding the five types of ADHD can help you improve your child's self-esteem and attention. He is a board-certified pediatrician with over 25 years of clinical experience working with children. He has a subspecialty in developmental pediatrics and is a fellow in the American Academy of Pediatrics, serving as a member of the section on developmental disabilities. He is a clinical instructor at NY Medical College and a member of the American Academy of Medical Acupuncture. He founded and practices at the Westchester Center for Holistic Families and also sees patients in NYC at Tournesol Wellness.

MOSHE HELLER, LAc, is a graduate of Pacific College of Oriental Medicine, San Diego. He is the former academic dean and former chair of the Department of Oriental Medicine at Pacific College, New York. Moshe has been practicing and teaching Chinese medicine for the past 20 years. He currently teaches pediatrics at PCOM-NY and has lectured at the Pacific Symposium in San Diego. Moshe has also completed postgraduate work at the Guan An Men Hospital in Beijing, China, where he focused on internal medicine and TCM gynecology. He currently maintains a busy practice in NYC.

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Since January 2012, the Pacific College Staff Acknowledgment Program has featured shout-outs to its incredible staff members in each winter issue of the OM Newspaper.

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their service and passion for what we stand for,” said Elaine Gates-Miliner, Chief Compliance Officer and Chicago Campus Director.

PCOM is ever grateful for its motivated and talented staff members, many of whom have been with the college for over a decade, and we look forward to growing the PCOM family over many successful years to come.

OM

SAN DIEGO

NAME	YEARS	NAME	YEARS	NAME	YEARS
MILLER, JACK	28	REUSS, DEBORAH	5	SANCHEZ, DIANA	2
GOMES, STACY	20	ANDREWS, CATHY	4	SMITH, BEATRICE	2
CRENEY, SHANNA	19	LANE, GREGORY	4	BRISTOW, MELINDA	1
FLOYD, CINDY	17	NADEAU, ROBERT	4	COORDS, CARLOS	1
BROERING, NAOMI	16	SIMS, SHAREEMA	4	DAVIS, SHEILA	1
CORONA, NAYELI	13	WILKINS, OMAR	4	DIAZ, ALEXANDER	1
APOLONIA, JENNIFER	9	ZIEBER, DEANNA	4	EXNER, MILES	1
LEYVA-PADILLA, BRENDA	9	ELEFANO, ELAINE	3	GUPTHA, LEENA	1
SIDDALL, KAREN	9	POWERS, TERI	3	HIDAY, ADREANA	1
ROBBINS, TRACY	8	AGUILAR, MATILDE	2	LEWIS, EDNA	1
VOGT, GAIL	8	ALVAREZ, CRYSTAL	2	LEYVA, ROSE	1
FLOYD, CHARLES	7	JOHNSTON, JESSICA	2	MONROE, SABRINA	1
CABRERA, JACQUELINE	5	KATHAN, MILES	2	PANIAGUA, APRIL	1
LUGER, TODD	5	ROBERG, JASON	2	ZHANG, RONGHUAN	1
MONREAL, FRANCIA	5	RUSSO, GREGORY	2		

NEW YORK

NAME	YEARS	NAME	YEARS
GARWOOD, SHANA	18	GARCIA, JULIAN	3
NEIPRIS, CYNTHIA	15	MALDONADO, SANDRA	3
ANDERSON, BELINDA	11	NUNEZ, NADIA	3
HUSBANDS, SHELDEANE	11	RUIZ, RAFAEL	3
MUSICK, ALLISON	8	YOUNGBLOM, LAURA	3
OZIRANSKY, SVETLANA	8	KOWAL, ASHLEY	2
THUROFF, DARYL	7	RAMKALAWAN, RAJENDRA	2
PARISI, JOSEPH	6	CHARLES, MONIFA	1
SHERMAN, KEITH	5	DORCELY, FARAH	1
YOUNGREN, MALCOLM	5	FIGUEROA, ADRIAN	1
KNIGHT, KELLIE	4	MILES, LYDIA	1
RIOS, ISABEL	4	RODRIGUEZ, ANTHONY	1
BARRY, ALEXANDER	3	ROJAS, DIANDRA	1

CHICAGO

NAME	YEARS
GATES-MILINER, ELAINE	29
GUILLAUME, KEVIN	9
MATTSON, BRENDAN	9
SHELDON, LYNN	9
SOL, DAVID	7
SWENOR, CHRISTOPHER	7
HAWLEY, SARAH	5
JONES, CONNIE	5
ADAMS, PARIS	3
DICKEY, JILLIAN	3
REID, CAROLINE	2
GLADNEY, LEON	1
MARTENKA, KATHERINE	1
BALDWIN, OLIVIA	1

of welling and flat-abscesses, the places where they arise, the form and appearance of the examined symptoms, whether or not they [can] be treated, and the time intervals of life and death. I wish to hear about these one by one.' (Author, Qingxuan, G. - Translated by Oving, H. (2009)).

I think it is difficult to be skilled in any real significant way unless one sees similar things on a very regular basis. As Mazin likes to point out, 'one has not even left high school until they have seen at least one hundred cases of psoriasis'. Now that I myself have seen several hundred, I would have to agree. There is just so much variance to consider, in both the diagnosis and treatment, that we can only learn via repetition, or specialization. From what I understand, dermatology was already a specified specialty in about 300 BCE, and was made even more so by the Song dynasty (around 1100 CE), when state-controlled training and examinations regulated the practice of dermatology. I see no reason why we shouldn't continue in this way here in North America.

What drew you to dermatology?

Dr. Erikson: Back in 2001, I witnessed my girlfriend (now wife) use Chinese herbal medicines to overcome a life long battle with atopic eczema. She had literally tried everything else, from steroid creams to oatmeal baths to altering her diet to meditation and energy work. She spent thousands of dollars on her health, but without any noticeable improvements. Within three months on a well-crafted herbal decoction, her skin was clear, for the first time in her entire life. Even after she stopped the herbal treatment her skin remained clear for well over a decade. This instilled a deep faith in me that Chinese medicine held tremendous potential in regards to helping those suffering with skin disease. I then dedicated my life to learning how to do it.

Dermatology is a very rewarding practice, for the results are objective to both the patient and the physician. I photograph all my patients so as to properly monitor their progress. It is easy to see if the treatment is working, or if it is not. I like that.

What are common skin conditions that you treat?

Dr. Erikson: The most common conditions I see on a regular basis would be the various types of eczema (atopic, nummular, pompholox and seborrheic), psoriasis, acne, and rosacea, but I also see vitiligo, fungal and yeast disorders, and urticaria as well.

Do you use acupuncture or just internal and external herbs for dermatology cases?

Dr. Erikson: I only use herbal medicines - both internal and external. No acupuncture.



Before



After

How long do patients typically need to stay in treatment?

Dr. Erikson: Patients will generally be with me for 5 to 8 months, sometimes shorter and sometimes longer. It all depends on the severity of their problem and how committed they are to the process. I generally like to see some positive signs of change within the first 2 to 8 weeks, otherwise I feel hesitant to carry on.

How often are follow-up visits?

Dr. Erikson: First follow up is in 2 weeks, with subsequent visits every 3 to 4 weeks, typically.

Do you feel that treating the skin opens the door with patients to treat other ailments they have?

Dr. Erikson: Yes, of course. I am often able to help those coming in for a skin issue with their digestion, urination, sleep, menstruation, headaches, asthma, hay fever, arthritis, and even fertility. Chinese medicine is a holistic medicine, with all body systems considered when we diagnose and treat. However, I do feel that we often need to focus on one issue at a time. Trying to treat too many things at once may prove

difficult. Atopic eczema and allergic asthma would be examples of diseases that often need individual attention in order to effect significant improvement.

Can you provide pictures and information of a representative treatment case?

Dr. Erikson: [See before and after pictures] As for the case study, it was certainly a more severe and complicated presentation. Basically, the man's skin was covered head to toe with a similar rash. I diagnosed him as having eczema due to damp heat brewing fire toxins. The herbal formulas used started with something like the first recipe and then progressed to the second one as he healed. Treatment time was about 8 months. With the exception of a minor flare-up, he has remained stable since coming off medicines.

Anything else that you would like to share with other Chinese Medicine practitioners/general public?

Dr. Erikson: Chinese herbal medicine can be a very effective and safe way to treat a wide multitude of skin disorders. It takes much dedication

to the process, for both patient and practitioner, but the results are well worth the efforts. For patients, I would strongly suggest that they always ask specifically what kind of training and clinical experience their physician has, and ensure that it is relevant to their particular health concern. For practitioners, have humility. Be honest with your own experience, learn what you haven't yet figured out, and refer on when you are in doubt (Erikson, personal communication, February 10, 2016).

Moving forward into this new millennium, dermatology patients and practitioners of Chinese medicine alike are the benefactors of a practice that has truly developed over countless generations. As Westerners become more familiar with Chinese medicine, there is a budding knowledge that Chinese medicine treats more than just pain and is more than just acupuncture. A commitment to specialization in TCM dermatology brings benefits that all can see, which all but guarantees the continued growth of this field. **OM**

Recipe #1		Recipe# 2	
Long Dan Cao (Gentianae Radix)	9g	Sheng Di Huang (Rhemanniae Radix)	15g
Huang Qin (Scutellariae Radix)	12g	Mu Dan Pi (Moutan Cortex)	15g
Huang Bo (Philodendri Cortex)	9g	Huang Bo (Philodendri Cortex)	9g
Huang Lian (Coptidis Rhizome)	9g	Zhi Zi (Gardeniae Fructus)	9g
Zhi Zi (Gardeniae Fructus)	9g	Di Fu Zi (Kochiae Fructus)	12g
Di Fu Zi (Kochiae Fructus)	12g	Xi Xian Cao (Siegesbeckiae Herba)	12g
Bai Xian Pi (Dictamni Cortex)	12g	Fu Ling (Poria)	12g
Bai Ji Li (Tribuli Fructus)	12g	Che Qian Zi (Plantaganis Semen)	12g
Wu She Shao (Zaocys)	12g	Bi Xie (Dioscoreae Hypoglaucae Rhizoma)	12g
Pu Gong Ying (Taraxaci Herba)	15g	Yi Yi Ren (Coicis Semen)	18g
Zi Hua Di Ding (Violae Herba)	15g	Cang Zhu (Atractylodis Rhizoma)	9g
Lian Qiao (Forsythiae Fructus)	15g	Gan Cao (Glycyrrhizae Radix)	6g
Sheng Di Huang (Rhemanniae Radix)	30g		
Mu Dan Pi (Moutan Cortex)	12g		
Chi Shao (Paeoniae Radix Rubra)	12g		
Mu Tong (Akebiae Caulis)	9g		
Dan Zhu Ye (Lophatheri Herba)	9g		
Gan Cao (Glycyrrhizae Radix)	6g		

(Dosages listed are for daily dose of raw herbs.)

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DR. TREVOR ERIKSON practices in White Rock, British Columbia.

DAVID HERON, LAC, is a Doctor of Acupuncture and Oriental Medicine (DAOM) fellow at the Pacific College of Oriental Medicine in San Diego, where he completed his Master's Degree training. He owns and practices at Oakland Hills Acupuncture and Integrative Medicine in Oakland, CA.

than those techniques. Chinese Medicine is first and foremost a medicine of the Way and yin and yang.

Once we can recognize yin and yang in the pulses, then the first hurdle to prescribing accurate formulas or needling the correct channels for an immediate change in our patients has been cleared:

Question: pulses have yin and yang [qualities], why is that? Answer: in general [if] the pulse is big, floating, rapid, stirred [or] slippery, it is called yang; [if] the pulse is deep, rough, weak, wiry [or] faint, it is called yin. In general, [if in] yin diseases [the physician] sees a yang pulse [the patient will] survive, [and if in] yang disease [the physician] sees a yin pulse [the patient will] die.⁴

We have all had patients who seemed to have everything wrong with them. How can we tell accurately what the body needs to have treated first rather than trying to treat all of their complaints? Pulse diagnosis makes it clear. If we find yang pulses, then treat repletion in the body. If the pulses are yin, then treat vacuity in the body. Drain the excess

and supplement the deficiency. This is the basis of good Chinese Medicine, but we need to be able to trust what we feel in the pulses in order to do the right thing at the right time.

Second: Trust that what you are feeling with your fingers is really what is going on in the body.

So often we see patients with multiple pharmaceuticals in our clinics. What is really going on in their bodies? Could the drugs be masking some deeper East Asian medicine pattern that we need to treat? Sometimes we have patients who deny that anything is wrong with them, but the pulses clearly say something to the contrary. What should we believe? The answer is the pulse. It is always the pulse. The pulse tells us exactly what is going on inside of the body.

The teacher says: What you are asking [about] is the foundation of the [pulse examination] method. The pulse has three divisions: chi, cun, and guan. The flow of construction and defense that goes through the body is accurate like the roller that is used to measure length and the scale that is used to measure weight. Therefore, it is

no slight mistake that the Kidney pulse is sinking, the Heart pulse is surging, the Lung pulse is floating, and the Liver pulse is string-like. With breathing, the flow of construction and defense circulates through the whole body according to the clepsydra cycle. [When] water drops one hundred times, they circulate around the body once returning to the cun [position], therefore you know deficiency or excess in the body. Through transmutations and transformations [of the pulse], [the physician can] understand the abundance or weakness of yin and yang.⁵

The pulse is so supremely accurate at reflecting the condition of the patient that it is likened to a scale or a clock. It is never wrong! As a matter of fact, the pulse is the only diagnostic method available to East Asian Medicine practitioners that has time-tested value from over 2000 years of clinical evidence. This can be terrifying, however, since it means that you have to trust what you feel under your fingers no matter what you may think is going on. By trusting what you feel in the pulse you will immediately see improvements

in your ability to manage even the most difficult cases.

Third: Trust how the classics teach us to treat whatever pattern you find.

Once we trust what we feel in the pulse and begin to understand what it means in our patients, then we are compelled to treat whatever it tells us. To do otherwise would be mistreatment.

[If] the cun pulse is floating it means [the disease] is in the exterior. [If it] is deep it means [the disease] is in the interior. [If it] is rapid it means [the disease] is in the bowels. [If it] is slow it means [the disease] is in the organs. [If it] is a slow pulse, [it also means there is cold] in the organs.⁶

For example, when a patient comes to the clinic who is an athlete, they probably will have very slow pulses. Western physiology tells us that this is an indication of health, since the heart rate will decrease with improved cardiac function. Even though Western doctors may think that the person is healthy because of

continued on page 32

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Nourishing Yang Within Yin

We all know that yin and yang are inseparable. Yang transforms, circulates, and even restrains yin. In the winter, yin should not only be nourished and conserved, but prepared. Yang tonics in the winter can be very helpful for organizing the yin and also protecting against penetration of cold to the interior. Here are some yang tonics to consider:

Essential Yang Formula (Jia Jian Jin Gui Shen Qi Wan)

Warms, supplements both yin and yang, and supports kidney and bone.

Sea of Qi Formula (Qi Hai Yao Fang)

Sea of Qi Formula supports the yang of both the spleen and kidney to address chronic issues of qi and yang deficiency that affect digestion.

Vital Treasure Formula (Zhen Bao Fang)

The strongest yang tonic we make warms and invigorates declining yang, especially in males.

Nourish Essence Formula (Zi Jing Di Huang Wan)

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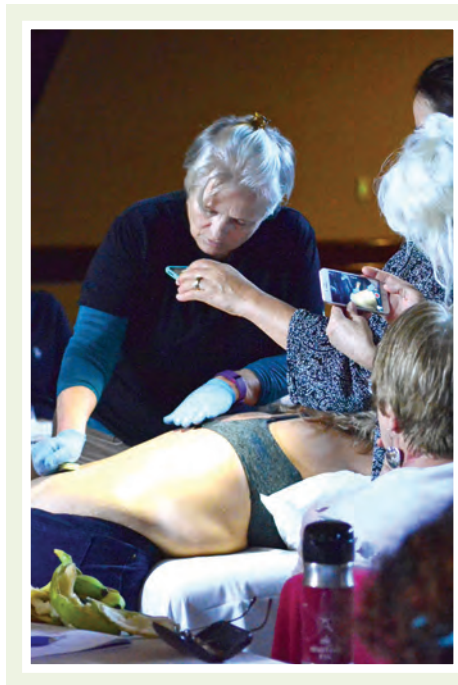
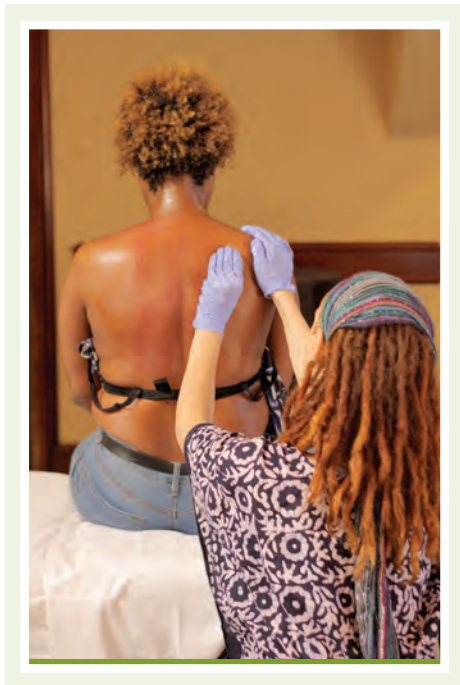


Retrospective: *Pacific Symposium* 2016

Dozens of states, as well as nations from around the world, were represented at Pacific Symposium 2016. This world-class conference brings acupuncturists, medical doctors, students, and professors together to exchange cutting-edge knowledge at the beautiful Catamaran Resort in San Diego, California. It's about more than being in-

spired by brilliant charismatic speakers, gaining new insights, sampling new offerings from vendors, and CEUs or PDAs; it's about making new friends, and meeting your Facebook friends in person... and of course there's no medicine like old friends.

Don't miss this year's Pacific Symposium 2017, from October 31 – November 7. **OM**



THREE SECRETS FROM THE PULSE CLASSICS THAT WILL IMMEDIATELY IMPROVE YOUR PATIENT OUTCOMES continued from page 31

all the exercise, the pulse classics are telling you that he or she has cold in the organs. The herbal medicine classic the Shanghan Lun tells us that a patient with cold in the interior may require a drastic warming strategy like Aconite and Dried Ginger Decoction (Sini Tang). We should always put our medical classics ahead of what other practitioners of medicine might tell us is “right”.

A recent case from my practice is a good example. A 63-year-old woman complains of migraine headache on the right temporal region that is worse with stress. There is no prodrome nor nausea and vomiting. She reports light and sound sensitivity as well as fibromyalgia pain everywhere in her body. Her bowels are constipated. Her left cun pulse is deep and the guan is big, weak, and hollow. Her right cun is slightly wiry and the guan is wiry and bigger. Although there are mixed yin and yang in the pulses, primarily there is weakness on the left and right. The classics tell us the following:

“hollow means vacuity”⁷

“[if] the pulse is deep, rough, weak, wiry [or] faint, it is called yin.”⁸

Even though both sides are big and that can mean yang and repletion, the overall image of the pulse is one of vacuity and yin. This should guide our thinking in the case. Usually when someone comes into clinic with lateral head pain that is worse with stress, we think of liver (or gallbladder) qi stagnation or liver yang rising. In this case, however, there is not much repletion in the liver-gallbladder as evidenced by the big, soft, and hollow guan on the left. There is too much wood (wiry pulse) invading the right guan, so the earth must be weak and receiving too much wood control. The solution is to strengthen the earth and gently reduce the wood that is attacking by using the following formula: Huangqi jianzhong tang plus zhishi. On follow-up two weeks later, the patient reports that her bowel movements are much better, she is sleeping better, and the migraines have reduced in frequency and intensity. She noticed a reduction in sweating

and has more stamina at work.

Hopefully this example gives you the confidence to start treating patients based on the pulse. If not, hopefully it will encourage you that it is possible for you to learn quickly how to treat difficult cases with the proper instruction in the secrets of pulse diagnosis. You can find more out about the pulse diagnostics of the Tian-Zeng lineage through the Institute of Classics in East Asian Medicine at www.iceam.org or you can download a sample of the The Methods of Pulse Differentiation and Assessment at <https://www.smashwords.com/books/view/525014>. **OM**

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Healers of the Modern Day

By **STEPHANIE SCHNEIDER, LAc, AyD**

“A wise man should consider that health is the greatest of human blessings, and learn how, by his own thought, to derive benefit from his illnesses.”

-Hippocrates

From the origins of mankind throughout the world, the medicine man, the shaman, the rishi or the healer were all highly revered in their given communities. In Vedic culture, the doctor was said to have obtained his knowledge not only through rigorous study but also as a conduit of the deities that bestowed health and well-being upon all people. Healers were given an elevated rank in society that paralleled that of spiritual and holy beings. Great figures such as Hippocrates of Greece, Cassius of ancient Rome, and Sushruta and Charaka from the ancient Vedic times all sought for a betterment of humanity and aspired to make quality of life greater for all. They sought to understand and share

the wisdom of what health entailed, and how disease could effectively be treated. Their lives were dedicated to medicine and they used minimal instruments for maximal healing results. In any case and in any era, one of the greatest pursuits a human being can aspire to is service to others; to lead them to healthier, more productive, exemplary lives.

The ancient physicians quenched their thirst for knowledge with intensive observation and study. While many of these healers were focused on the physical body, they also recognized the strong link between the spirit and the physical form. In those times, the practice of medicine, while rather primitive, was unadulterated and pure. The early physicians did

not have the legal or social pressures and ramifications of doctors in today's world. They also did not face the pollution, travel, environmental toxins, and social disengagement that are present today. This allowed them to view health from a somewhat less complex perspective. Their time was largely dedicated to their medical and philosophical pursuits, though they did not have the advanced capabilities to address microbiology, bacteria, or genetically triggered conditions. Regardless, the knowledge passed on by the great physicians of earlier generations still strongly influences modern medicine. There were far fewer doctors in the days of Hippocrates and those of his era, and high tech laboratories were quite far into the distant future. Considering the lack of technology coupled with the ability of those great physicians to discover aspects of health and medicine renders their timeless approaches to medicine noteworthy and exemplary. It is a testament to their focus, in-

tense perceptive capacities and devotion to medicine.

In modern medicine, due to the incredible advances in technology, the field becomes more and more specialized and the treatment of diseases becomes the focus. The patient as an individual often goes lost. The inspiring doctors of our time, however, often have characteristics similar to doctors of ancient times; they address each patient as an individual, not as merely an illness to be treated. Dedication to the true practice of medicine, devotion to its comprehensive study and guidelines, both ethical and moral, is essential for medical doctors to excel in their field. Success in medicine lies far behind the monetary compensation received. True success occurs when the physician reaches into the life of the patient, recognizes the imbalances and illness, and has the knowledge and technology to reset and rebalance that person's health.

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Today, the concerns of malpractice, the cost of education, insurance issues, and other extraneous problems that involve the practice of medicine often deter many from even beginning the arduous study that becomes one's life's work. The pharmaceutical industry's lobbying and heavy investments in medicating our societies overtake the sincere desire of many medical practitioners to heal others. In today's medical climate, receiving proper care is a difficult and costly feat for both practitioner and patient. Hence more and more doctors find themselves retiring or stepping beyond the constricting rules of the medical organizations. The practice of medicine has become highly controlled, increasingly politicized, and more regulated than ever in history. It has become a spiral of cascading effects in which many people do not receive proper care, and the research has become biased towards the pharmaceutical industry that seeks to medicate rather than eradicate illnesses. This leaves the renegade doctors seeking further answers for their patients on the fringe, frequently persecuted by the



very organizations that award them their licenses to practice. Most doctors follow the guidelines set forth by regulatory organizations and accept mainstream medical views rather than exploring illnesses on a deeper level for the sake of true knowledge

and answers for their ailing patients.

There are, however, doctors that seek to help those that are afflicted with the most difficult conditions and strive to find answers to some of the most pressing and urgent medical dilemmas. This often means going beyond the boundaries of what is considered "mainstream" medicine. Illnesses like cancer, immune dysfunctions, Lyme disease, rampant viral infections, ALS, and other difficult-to-treat conditions beg far greater solutions than the ones that are currently within the acceptable medical guidelines. Most cancer patients that have undergone indiscriminate chemotherapy can attest to its potent and frequently fatal consequences. This is not to say that it is not frequently warranted, but the proper tests must be done to assure the patient's safety as well as the targeting of the cancer cells. This is merely one of the issues of modern medicine when it is applied in a heavy-handed manner and the finesse of knowledge and science is not properly employed. The individual is lost.

While there are a few medical professionals that rise to the heights of some of the healers of ages past, there are doctors that seek out ways of handling illnesses in a different way, including the cases that are deemed lost causes. These physicians see the individual before them and, prior to writing a script or treatment, the doctor verifies through proper testing that the treatment is tailored to the patient's unique constellation of symptoms. Often, through their own trials and challenges, the rare doctors that truly revive their patients are molded into remarkable healers with hearts full of compassion, minds full of knowledge, and ability to use it. These healers are spirits that are driven towards healing themselves and others.

Before exploring the challenges faced by medical practitioners today, it is vital to understand the factors that compound the increase in chronic, debilitating illnesses. While modern medicine has developed many new weapons against certain diseases, today people are sicker, suffering from conditions supported by a host of influences. Most of these external influences impact peoples' well being and heighten their susceptibility to disturbances that make succumbing to disease more likely.

In order to understand health and what leads to it, it is important to acknowledge what creates the environment for health to flourish. The basic needs of pure air, water, and food are essential, as are activity, exercise, and a harmonious social network. After these basics, more specific needs come into play, according to seasons, climate, and individual genetic predispositions. Usually, it is difficult to maintain balance in all of these areas all of the time. For example: not getting enough rest while going through a stressful time at work can be completely normal, but this draws upon other areas, such as the ability to maintain harmonious relationships or spare enough time to unwind and keep physically active. Usually, if these stressful times are episodic, the mind/body system can manage and regenerate without difficulty. However, what sets our modern age apart from those of the past are the unrelenting stressors and lack of forces to assist us in alleviating them. How often do we hear of the single mom going through a divorce, losing her job and not having anyone to turn to? How many times do we hear about environmental pollutants polluting entire communities, as in San Diego in the 2004 when

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certain companies were dumping toxic wastes into the ground near the drinking supply?

Offices like those of Dr. Rafael Kellman, Dr. Richard Horowitz, and Dr. Giuseppina Feingold are becoming the “new norm” in which Western medicine is blended with nutrition, alternative therapies, and cutting edge science. Labs like Moraga Lab, Igenix Labs in California, and a host of others make it possible for practitioners to access the frontiers of modern medicine. Genetic testing is ever more available through doctors, when a mere five years ago most practitioners didn’t even know what the MTHFR test was; now this genetic test for methylation is commonplace. Acupuncturists have a role in all medical offices, centers and hospitals. Our training, however, can not only be what we learned in classes at highly esteemed colleges, but must also include knowledge from colleagues in neighboring or even opposing fields. It must also involve getting into the public to see and experience the illnesses people are facing. It is to our benefit as well as that of our patients to expand our knowledge far beyond the scope of practice. One doctor that trains medical professionals to go beyond the bounds of conventional medicine is Dr. Dietrich Klinghardt of the Sofia Institute in Seattle, Washington, who works with chronically ill patients presenting with MS, Alzheimer’s, Lyme disease, and severe neurological and immune dysfunctions. He connects the dots between current environmental issues and illness, conducts extensive trainings on parasitic infections, toxicity syndromes, and heavy metal burdens through dental work and other sources, then addresses these conditions with a wide breadth of modalities from neural therapies, ozone, homeopathy, herbology, autohemo therapies, frequency-based therapies, toxin to toxin treatments and more. While his approach may seem extreme, he assists people in regaining their health and doesn’t damage them in the process. He also focuses on the spiritual aspect of the individual through constellation therapies. His approach is comprehensive and a model of medical practices in future years. Acupuncture also plays a role in this approach since it can gently guide the body back to balance, and encourage the reconnection of spirit and physical form. The message for acupuncturists is to continue pushing the limits on education. To understand the illnesses entering clinics today, we have to become versatile, knowledgeable beyond our own field, and ground ourselves in the strong foundation our medicine provides.

In today’s fast-paced world, practitioners need to be armed with

knowledge and seek health and wellness themselves so as to be a clear vessel for those they treat. Mental clutter and stress distracts practitioners from their duty to be the best they can for their patients. Self-care and setting an example for our patients is vital in gaining their respect and confidence. A solid focus on current medical topics is part of the necessary arsenal acupuncturists need to be engaged in. Next time a patient with MS, ALS, Lyme, or other illnesses comes in the clinic door, be aware of the origins, treatment options and possibly the referrals that you can provide the patients with. Now more than ever, we need to fortify our abilities with the backup of other practitioners, modalities, and vital components of getting our patients well. In my own case, as a patient that struggled for four years with neurological Lyme disease, I had seen 16 doctors prior to a diagnosis, and had a team of six practitioners I saw to finally regain my health. It was a journey through the medical system on a multitude of levels. No patient should have to go through 16 doctors in order to arrive at a diagnosis, especially since that is only the point of departure for treatments to begin. Without my tenacity as a patient and the intense desire to be well, I would have remained chronically ill and a constant drain on the insurance and medical system. This occurs far too often and the responsibility comes back to practitioners that must be versed in the many modern conditions coming into the medical offices.

In closing, as our world faces more and more challenges on environmental levels, our physical bodies and spiritual well-being reflect these global issues. It is time, as a profession, to arm ourselves with awareness, scientific knowledge and push ourselves to be the best we can be in the name of our profession and in the name of our patients. Working in medicine and being successful requires growth, awareness, and a keen eye. Like Indra, the deity in Vedic times, we need to have eyes all over in order to see all things and even see within for the patient, but also to have the continual awareness of what is happening on the treatment level in our and complementary arenas. It is time for practitioners to live their path. Certainly, current health conditions require that of us. **OM**

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feng shui, we feel embraced and at peace. We feel connected with our selves, our bodies, our surroundings, and the people within that environment. We feel connected with the natural elements, supported in all that we do. We feel that no matter what is happening in the outside world, when we step inside the front door, everything is okay. We are home. We are safe. We are free to feel our emotions. The feel of a place deeply affects our reflexive response at both conscious and unconscious levels.

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

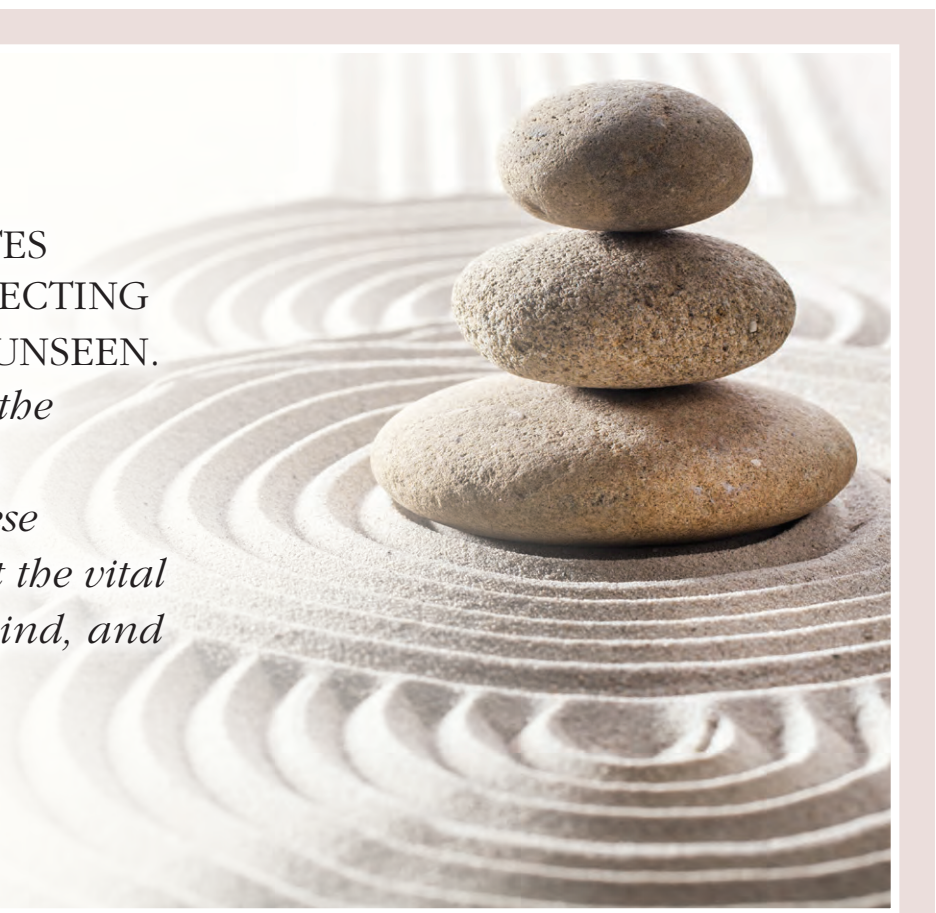
For example, a house that has been in multiple modern design magazines and photographs very well may feel cold and austere, like a hospital or jail, instead of supporting its owner in feeling relaxed or welcomed in their own home.

Chinese medicine has served its people well for thousands of years, succeeding in maintaining health and preventing and reducing illness in the people of China as well as other adherents. Traditionally, a Chinese doctor was paid not only to cure and heal, but also to maintain their clients' overall health and prevent illness. It was expected that every client of a traditional Chinese doctor would incorporate all eight limbs of Chinese Medicine into their lives: Acupuncture, Herbol-ogy, Bodywork, Nutrition, I-Ching Astrology, Feng Shui, Exercise and Meditation. The principles governing all eight limbs are considered to be universal and have an intimate connection. These principles are based on the interactive nature of yin and yang, the dynamism of the Five Elements of Water, Wood, Fire, Earth and Metal, and perceiving and accessing qi quality and flow.

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

* FENG SHUI CREATES HARMONY BY CONNECTING THE SEEN AND THE UNSEEN.

It is a tool to examine the cycles of the stars, sun, and seasons, using these explorations to support the vital connection of body, mind, and soul to environment.



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

The intention of Chinese medicine and feng shui is the same: to bring good qi flow through a person's home and body. Feng shui teaches that your home is merely an outward reflection of what is happening on the inside. It then uses the same principles—adjusting the quality and quantity of qi, yin/yang, and the Five Elements—to bring the person and home back into health and harmony.

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

- Leaking faucets waste energy, and suggest abundance is flowing out of the home
- Loose door handles suggest not having a firm grip on health and life
- Burnt out bulbs signal burning oneself out

- Blocked drains reflect blocked emotions
- A cluttered home usually reflects being stuck in life, and maybe having extra weight on the body, along with allergies and little energy.

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

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

The southwest location is related to the main woman of the home and the physical connection is to reproductive organs and fertility. If a couple was trying to conceive and could not, we would again rebalance the energies and Elements to create a positive chi flow to this area. We can also do things according to the couple's dates of birth, such as put them in their best directions to sleep, eat and work. We would bring in Elements, colors, and symbolic items

that will support fertility and energy flow to start a family.

Both the body and buildings have meridian lines running through them. In feng shui we call them Earth meridians and we use Earth's acupuncture to bring about balance in the environment. Again we would use the same remedies of Five Elements and three cycles of creative, reductive, and destructive flow in both temples. In acupuncture, practitioners burn moxa to get energy flowing, and in feng shui we use sage or palo santo.

In both acupuncture and feng shui we view energy flowing the same that we view the flow of water to promote a healthy flow in both home and body. A practitioner of Chinese medicine might recommend a cleanse with herbs and certain foods to bring the body into balance, while in feng shui, similar suggestions are made to de-clutter the rooms, drawers, cupboards, and perform a cleansing upon the space.

Chinese medicine's goal is to release *sha* energy blockages in the human body because such blockages create disease; feng shui also releases *sha* energy, but in the home, to support sleep, digestion, and peace: qualities in the home environment that also promote health in the human body. **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 online Feng Shui Master program.

恭賀
新禧



Chinese New Year: **Year of the Fire Rooster**

Welcome to the Year of the Fire Rooster! The Chinese calendar is a yearly one, with the start of the year governed by the cycles of the moon, so the beginning of the year can fall anywhere from late January to mid February. This year it falls on January 28th, and runs until February 15th. The Year of the Rooster brings renewal; a rooster's crow can end wars and times of trouble, among other problems and tribulations.

2017 is the Year of the Fire Rooster, the tenth animal in a twelve-year cycle, with an element (Fire, Earth, Metal, Water, or Wood) assigned to each cycle. Those born in 1933, 1945, 1957, 1969, 1981, 1993, 2005, and this year are Roosters; the last Year of the Fire Rooster specifically was 1957. Daniel Day-Lewis, LeVar Burton, Gloria Estefan, Steve Buscemi, Spike Lee, Siouxsie Sioux, and Melanie Griffith are all Fire Roosters.

A complete cycle of the calendar takes 60 years and is made up of 5 cycles of 12 years each. Legend says

that Lord Buddha summoned all the animals to come to him before he departed from the earth. Only 12 came to say farewell, and as a reward he named a year after each one in the order they arrived. The Chinese believe the animal ruling the year in which a person was born has a profound influence on his or her personality.

The five elements cycle in a specific order, each commanding for 2 years before passing to the next element. Fire creates Earth; Earth contains the ore that becomes Metal; off Metal, runs Water; Water makes Wood grow; and Wood makes Fire burn. This is the second year for Fire.

In the lunar calendar, the Rooster is considered to be the most misunderstood and eccentric of all the signs. People born in the year of the Rooster are hardworking, resourceful, courageous and talented. Outwardly, Roosters are self-assured and aggressive, but at heart can be conservative and old-fashioned. Their powerful personalities can lead them to be vivacious, amusing, and the life of

the party. Roosters, however, can be conceited, with a tendency towards vanity and boastfulness. Though generally practical, they are also born dreamers. Roosters have a tendency to become so completely caught up in the dreams they create that they are often disappointed when reality fails to compare to their fantasies.

Cautious, skeptical, perceptive Roosters make excellent troubleshooters and take pride in working hard and following the rules. Their organizational skills enable them to keep everything neat and tidy, with all of their affairs in order, accounts up to date, and documents systematically filed away, and they function best in an environment where everything is organized and their schedules programmed. Their biggest strength is management of finances both on a personal and professional level: Roosters are prudent and careful, brilliant managers of other people's money. The Rooster has the reputation of finding money in the unlikeliest of places.

When it comes to making decisions of any kind, Roosters prefer to carefully consider all sides of a situation before coming to a conclusion. In conflicts, Roosters will push to the extreme, but flee before open hostilities break out. Their reflective and analytical abilities sometimes get the better of them. They must constantly question their point of view to ascertain its validity. Yet, there are no hidden depths to the Roosters character; they are simply honest and straightforward. This makes Roosters the most devoted friends, who are always true to their word. Once settled in a permanent relationship, Roosters are highly unlikely to deceive or cheat on their partners.

Those born under the Rooster are colorful and controversial people, who will never fail to leave an impression. October is the month of the Rooster, and their direction of orientation is west. The color of the Rooster is peach. The Snake, Ox and Dragon

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The question of what is an animal seems to have an obvious answer, but if you consider that some people who will not eat meat do not have concern for insects, then the big picture shifts. If your patient does consider insects animals, then what about herbs that are a result of animal work, like Feng Mi (Apis Mel), or of lifecycle, like Chan Tui (Periostracum Cicadae)? Another herb that might require some consideration is Dong Chong Xia Cao (Cordyceps), a fungus that does not exist without the death of an insect. With the current price hovering at around \$35k USD/lb, it is no surprise that the vast majority of Dong Chong Xia Cao (Cordyceps) on the market is the more accessible lab-cultivated (jun fen) variety. How far removed from the original animal death does your patient start to consider this herb only a fungus?

Topical liniments and “hit medicine” formulas commonly utilize animal-derivative herbs for their abilities to address move stagnation from the channels and support the blood. There are some moxa oil extract products on the market that contain added gelatin to enhance their action. If you come across such a listing, use the same approach as with capsules: if it does not say vegetarian or vegetable assume it is animal-based.

Common Animal Derivative Herbs

Bai Hua She (Akistodron/Bungarus)
 Bie Jia (Carapax Trionycis)
 Can Sha (Faeces Bombycis)
 Chan Tui (Periostracum Cicadae)
 Dan Nan Xing (Arisaemae cum Bile)
 Di Long (Pheretima)
 Dong Chong Xia Cao (Cordyceps)
 Dong Chong Xia Cao (Jun Fen)
 (Lab cultivated Cordyceps)
 E Jiao (Colla Corii Asini)
 Feng Mi (Apis Mel)
 Ge Jie (Gecko)
 Gui Ban (Plastrum Testudinis)
 Gui Ban Jiao (Glue of Plastrum Testudinis)
 Ji Nei Jin (Endothelium Corneum Gigeriae Galli)
 Jiang Can (Bombyx Batryticatus)
 Long Chi (Dens Draconis)
 Long Gu (Fossilia Osis Mastodi)
 Lu Jiao Jiao (Glue of Colla Cervi Cornus)
 Lu Jiao Shuang (Cervi Cornu Degelatinatum)
 Lu Rong (Cornu Cervi Pantotrichum)
 Quan Xie (Scorpio)
 Sang Piao Xiao (Ootheca Mantidis)
 Shui Zhi (Hirudo)
 Tu Bie Chong (Eupolyphaga/Steleophaga)
 Wu Gong (Scolopendra)
 Wu Ling Zhi (Faeces Trogopteroi)
 Wu Shao She (Zaocys)
 Zi He Chi (Placenta Hominis)- the modern source for this herb is sheep placenta

Defining your patients’ needs and goals in terms of their lifestyle choices, dietary restrictions, or religious practice will support your formulation of a treatment plan and options for herbs. Practitioners should be open to providing herb information to a patients’ religious advisor when asked, as most of these conversations will help define a permissible treatment approach and make the patient feel comfortable in their healthcare choices. Asking for specific information from your herb vendor in regards to manufacture, testing, and allergen management can go a long way in starting the conversation with a patient about using herbs, as well answer any of the practitioner’s concerns. This medicine that we’ve been given is powerful and education in these areas can help its practice be more universal. **OM**

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CHAVA QUIST, MSTOM, a 2014 graduate from PCOM-NY, is the Chief Operating Officer of Kamwo Meridian Herbs, one of the oldest and largest Chinese Herb Dispensaries on the east coast, where she has been working since she was a student at PCOM and now manages a staff of dozens of Chinese medicine practitioners and sales and administrative personnel. She is a licensed acupuncturist and massage therapist in the state of New York. Chava oversees relations with herb suppliers, the FDA, and other regulatory agencies, educational institutions, members of the public, as well as hundreds of Chinese medicine practitioners nationally and internationally.

understand Roosters and would make ideal partners. They would gain much from a friendship with the Monkey and Boar. The introverted Rabbit does not trust the Rooster and won’t put up with his boasting. Power struggles and miscommunications may erupt between the Rooster and the Tiger. The Rooster and the Rat are competitive rivals and completely incompatible.

The celebration of Chinese New Year, also known as the Spring Festival, lasts 15 days. Preparations usually begin about one month before the New Year. Homes are thoroughly cleaned to sweep away any traces of bad luck. Doors and windowpanes are given a new coat of red paint and hung with paper scrolls decorated with themes of happiness, wealth, and longevity, a practice believed to keep away ghosts and evil spirits. Many traditional Chinese homes also have live blooming plants and flowers symbolizing rebirth and wealth such as peony flowers and kumquat trees.

Because it is believed that one’s behavior during New Year’s sets the tone for the rest of the year, words

that sound like unlucky or undesirable events, such as death or poverty, are not to be spoken. Arguments, scolding children, crying, and breaking things are also taboo. During this time, it is typical to wear something red as this color is believed to ward off evil spirits. Black and white are avoided, as these colors are associated with mourning.

On New Year’s eve, traditions are carefully observed. An elaborate dinner with large amounts of traditional food symbolizing abundance and wealth for the household is prepared. Each of the nine to twelve courses signifies a good wish such as happiness, good luck, or prosperity. Nian Gao, the New Year’s cake, and the “prosperity tray”, an eight-sided tray filled with fruit, snacks, cookies, and cakes, are also served to guests. Each item of the tray represents a type of good fortune: red dates and lotus seeds bring prosperity, melon seeds bring proliferation, and oranges and tangerines bring wealth and good fortune.

After dinner, families stay up together until midnight, when fire-

works light up the sky and doors and windows are opened to allow the old year to go out. The custom of putting up red paper and lighting firecrackers began as a way to scare off Nian, a mythical beast known to prey upon the populace the night the night of New Year’s Eve. Nian destroyed the villages, injured the villagers, and ravaged the livestock and grain stored for the winter. One year as the monster appeared, it was scared away by the color and crackling sounds made by bamboo used in the villagers’ fires. From this time on, villagers burned bamboo sticks to keep the monster away during the New Year. Today, firecrackers have replaced the burning of bamboo sticks as a way to drive off “evil energy” and attain peace and good fortune.

New Year’s day is spent visiting family, friends and neighbors. A custom called Hong Bao, or “Red Packet”, takes place. As a symbol of good luck, married couples give children, unmarried adults, and the elderly money in red envelopes. Performances of the dragon and

lion dances can also be seen in the streets. Chinese consider lions to be good omens, able to repel demons and evil and bring good luck. The dances are accompanied by loud music played on drums, gongs, and cymbals. When the dancers stop in front of a residence or business, it is thought to bring good fortune to the occupants. In return, the residents usually present the dancers with money as a thank you and reward. The Festival of Lanterns, a celebration with singing, dancing, and lantern shows, marks the end of the New Year. Often used to adorn temples, the decorative lanterns come in many shapes and sizes and depict animals, flowers, historical figures, and scenes from popular stories.

The Chinese use the New Year as a time to express their appreciation for protection and good fortune during the year. It is also a time of reconciliation when debts are paid and old grudges are easily cast aside. Although celebrations of the Chinese New Year vary, the underlying message is one of peace and happiness. **OM**

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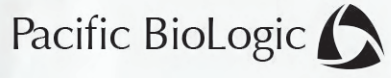
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