



Oncology and Early Palliation: **THE ROLE OF CANNABIS**

By **CAREY S. CLARK, PhD**

A landmark study by Rowland, Schumann, and Hickner (2010) found that earlier initiation of palliative care leads to better outcomes for patients with aggressive non-small cell lung cancer. The oncology patients who received earlier palliation, defined as palliation initiated at onset of treatment (or in this case within 8 weeks of initial diagnosis), had higher quality of life scores, lower prevalence of depression, less aggressive care overall (including less futile aggressive use of chemotherapy within the last two weeks of life), and an average increase of lifespan of over around 2.7 months compared to those who did not

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Introducing the New *Acupuncture and Integrative Medicine* Newspaper

By **JACK MILLER, President**

Dear Colleagues,

Some of you have undoubtedly noticed the new name and logo of our publication. I hope you like it. Given the change in the college's name, we thought it timely to revisit the look and mission of our periodical, too. We chose Acupuncture and Integrative Medicine (AIM) to broaden the content that will be reflected in its pages, much as the change to Pacific College of Health and Science reflects the wider scope of degrees and continuing education available to students and colleagues of the college. I love the new acronym for two reasons. First, *AIM* is the sound, in some mystical traditions, associated with the third eye. In this context, it is pronounced AI-EEEM. Give it a try while focusing slightly above the mid-point of your eyebrows. Then there's the English word *AIM*, which as a verb means to focus on a target or goal, and as a noun, the goal itself. It is our goal to bring



you the insight and wisdom of our healing community through articles on Chinese medicine (of course), as well as from the fields of integrative medicine, health, science, and human performance. We welcome articles from the professions of Chinese medicine, nursing, massage, coaching, and all the other healing professions, as well as health-related, basic science topics. The opportunities for sharing are endless and I hope you will consider contributing to *AIM*. I look forward to hearing from you.

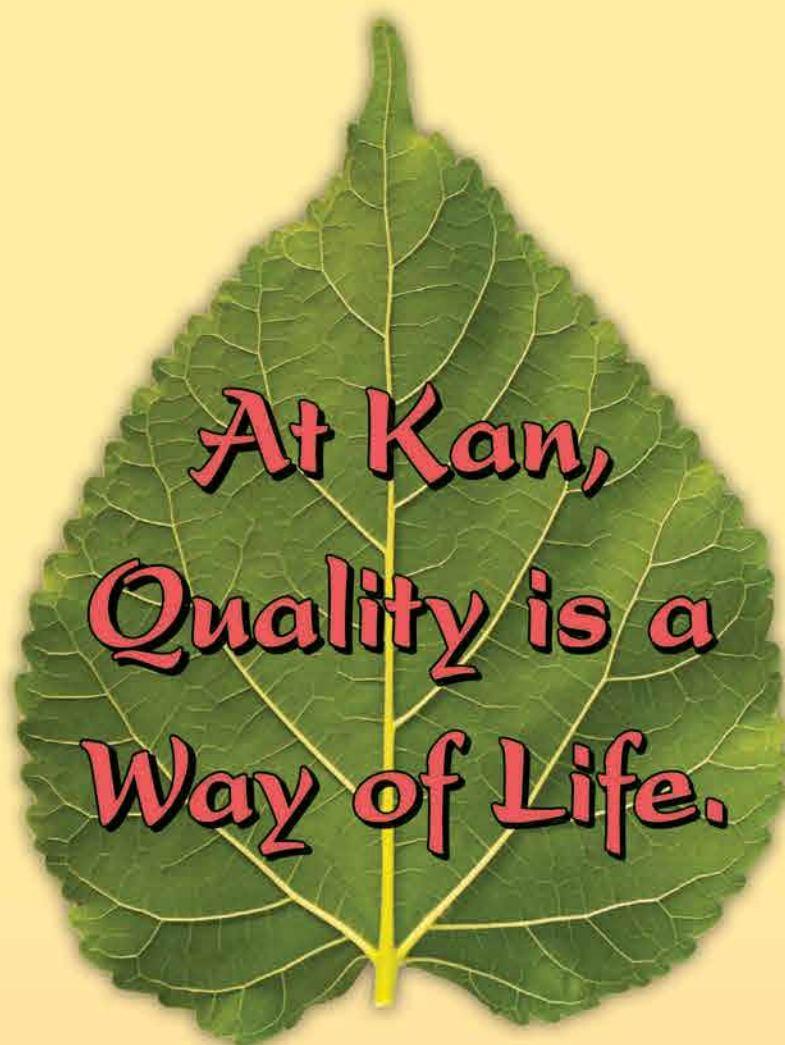
Best wishes toward achieving your goals,

Jack Miller
President

AIM

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Raising Your Prices: *Five Strategies*

By DR. EAST PHILLIPS, DAOM, LAc

When I was a little girl, my uncle gave my parents a West Highland Terrier puppy. My uncle was a breeder of these dogs. With his certifications, bloodline, and paperwork, this little guy was worth about \$1,000. We named him “Westy” (of course we did – my name is East, my brother’s name is West, and we just had to have a dog named “Westy,” right?).

Sadly, Westy didn’t work out for our family, so we decided we had to give him up. We placed an ad offering the little guy for free (seeing that we got him for free we figured that seemed fair). Days, weeks, and a month went by without not even a single person expressing interest in Westy. Hmm? What was going on here? My parents considered the idea that people were holding the perception that Westy wasn’t valuable because we were giving him away for free. Why would someone give away something valuable, right? So, they changed the advertisement to offering Westy for \$750. Within hours we received eight responses, and someone bought Westy that night for \$750. Can you see where I’m going with this story (besides letting you know that I didn’t change my name to East to go to Chinese medical school)?

In this article, I will present you with five strategies for raising your prices.

Before I give you my secrets, however, I’d like to propose we shift our way of thinking (kind of how my parents did in offering Westy, the dog).

I’d like you to shift from *selling* to *offering*. In my years of coaching practitioners, I have found that they have an almost visceral reaction to the words “sell” and “selling”. If you think about it, we aren’t selling our treatments or even ourselves. We are *offering* to help. We are *offering* to use the tools, wisdom, and education we have gathered to help someone feel better, to heal, to laugh again, to live a life of well-being.

Another shift I’d like to propose is from *treatments* to *results*. We don’t sell needles, acupuncture, massage, gua sha, moxibustion, or counseling. We offer our patients a way to their desired results. Because of us, people have babies when everyone else told them it was impossible. Because of us, people play golf without having to take prescription medications or receive surgery. Because of us, people no longer have debilitating migraines, back pain, pee their pants, suffer from extreme anxiety or depression. It’s all about the end result – that is what we offer. I’d love for all of us to recognize this



and hold that in our minds when we are coming up with our pricing structures, marketing, and/or communications to our communities.

When raising your prices, I’d like to offer you three rules:

1. **Time it Right.** Do it when you have happy patients—in some cases a full practice where everything is going well.
2. **Clearly Communicate.** Use newsletters, a poster in your office, postcards, your website and verbal communication to let everyone know that your prices are going up. You don’t have to explain why. In fact, DON’T explain why. You don’t have to.
3. **No Apologies or Reasons.** It’s your business. These are your decisions. The sooner you practice how you want, when you want, with whom you want and where you want you will align with what I refer to as your **Three P’s**: Purpose, Passion, and Prosperity.

Okay, as I get off my mini soapbox, and without further ado, here are five strategies for raising your prices.

#1: RAISE PRICES FOR NEW PATIENTS

- Keep current patients at old pricing.
- All new patients are given the new, higher pricing structure.
- Raise prices across the board but raise prices slightly for current patients and more for incoming patients.

Good for: Moving your practice to a new location, or a growing practice.

Maybe you are feeling super loyal to your existing patients and don’t want to raise prices on them. That is okay. What if you just raised prices on any new patients? Your prior/existing patients can be “grandfathered” into your old pricing structure. This is a good strategy if you are moving to a new location, and only a handful of your patients will follow you or if you are phasing out of a specialty and entering into a new one. Perhaps you once were the Queen of fertility, but now you want to treat more sports injuries. You can keep all your fertility patients at the old pricing structure and publish your new pricing on your website and any other marketing for new patients.

#2. GIVE A GRACE PERIOD

- Give a grace period to all patients: current, new, and potential.
- Give grace period to existing patients only.
- One month is entirely adequate.

Good for: All situations.

You can announce the grace period by having a sign at the reception desk. Something like “As of (this date) our prices will be (this price). Thank you for allowing us to continue to provide service, comfort, and support to you and your families.” In addition, you can provide grace period notice in newsletters, emails, text messages, social media posts and on your website. For the website notice, create a small pop-up message on the main page or on the page that describes your services. Again, you can write something like, “We love our patients and community. As of (this date) our prices will be-

come (enter new prices). Thank you for allowing us to be of service. If you have any questions, please (enter how you want them to ask you questions).

#3. ADD VALUE

- Gain new knowledge, skill, or techniques that make your sessions more valuable
- Add new modalities or products that also make your sessions more valuable

Good for: Those who have been in practice for several years, just completed new training, or bought new equipment or tools (aka practice toys).

Many of you have started using expensive tools like lasers or Acugraphs, which cost money AND add incredible value to your sessions. That is a reason to raise prices. You have a choice here: (1) You can raise prices across the board and communicate to patients that all your sessions now offer this new modality/tool, or (2) you can offer two prices: one price for a session without the new tools/modality and one price for a session that includes the new tools/modalities. My suggestion: raise your rates across the board and let people know that a session with you *may* include this tool or modality. Sometimes you use it, sometimes you don’t. By raising prices across the board, you make things easier for yourself and less complicated for your patients. Giving them too many options can leave them with option paralysis.

#4. CREATE PROGRAMS

- Offer a number of sessions as a program (i.e. four, six, or ten treatments).
- A program provides a series of treatments/sessions with or without herbs, supplements, and/or other products that have been shown to improve treatment outcomes when combined.
- All sessions include herbs, products, any new tools/modalities. Therefore, the price has gone up.

Good for: Offices that sell herbs, supplements or products and where you have holes in your schedule

You can offer Basic Programs (i.e., six sessions of acupuncture, heat lamp, moxa, cupping, liniments, aromatherapy) and Basic Plus Programs (i.e., six sessions of acupuncture, heat lamp, moxa, cupping, liniments, aromatherapy PLUS herbs or supplements). You can even create a VIP program where clients receive the

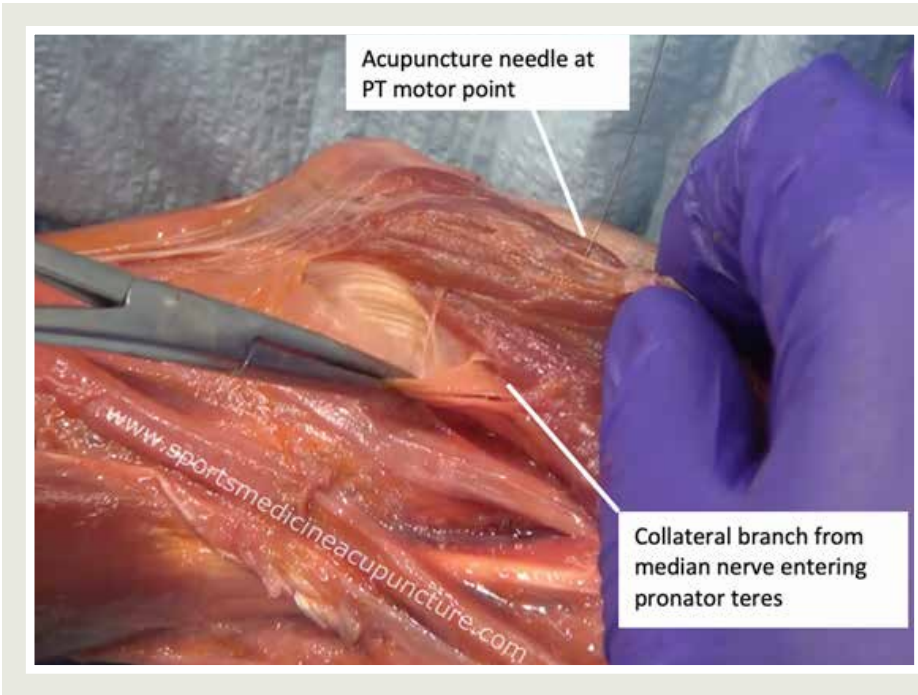
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Pronator Teres Motor Point and Its Multiple Functions

By **MATT CALLISON, L.Ac**

The pronator teres (PT) muscle is located on the ventral aspect of the forearm connecting the radius and ulna. Its length runs obliquely across the forearm and is thicker on the proximal half of the muscle and then becomes a thin, broad tendon in close proximity to its attachment point on the radius. The Latin term *teres*, which means “round or cylindrical”, describes a large portion of this muscle’s shape, making it easy to locate. The proximal portion of the PT has two heads: the humeral and ulnar. The proximal attachment of the humeral head is on the medial epicondyle and the supracondylar ridge located just above. The humeral head is larger and more superficial than the thinner and deeper ulnar head that attaches to the coronoid head of the ulna. The median nerve travels between these two heads and is susceptible to nerve entrapment, often from an overuse and/or repetitive activity.

The median nerve innervates the pronator teres. This nerve is a peripheral branch of spinal segments



C5-C7, therefore needling the *Huatuojiaji* points of C4-C6 can help in injury conditions affecting the median nerve. From the brachial plexus, the median nerve travels under the clavicle and pectoralis minor, down the center of the upper arm (P channel) and toward the anterior-medial

elbow between the heart and pericardium channels. Between these two channels and approximately 1-1.5 *cun* distal from the medial elbow crease, just distal to HT 3 (*shaobai*) and P 3 (*quze*), the median nerve enters a myofascial space between the two heads of the PT. In close

proximity to this location, a large diameter collateral nerve branches off the median nerve and enters into the humeral and ulnar heads of the PT (motor entry point) located at the distal tip of an equilateral triangle drawn from HT 3 and P 3 (see the video at https://youtu.be/b_X0JUdGMiU).

A median nerve entrapment between the two heads of the PT is referred to as pronator teres syndrome (PTS). This soft tissue nerve compression can produce medial elbow pain and paresthesia in the ventral aspect of the forearm. The common mechanism that results in PTS is often from prolonged forearm pronation as seen with musicians and rock climbers, or repetitive pronation and supination movements such as in racket sports. The practitioner will need to palpate the PT motor point (area where the median nerve is primarily trapped) for tenderness, and can further refine the diagnosis using provocative ortho exams (refer to pg. 417 of the Sports Medicine Acupuncture textbook for

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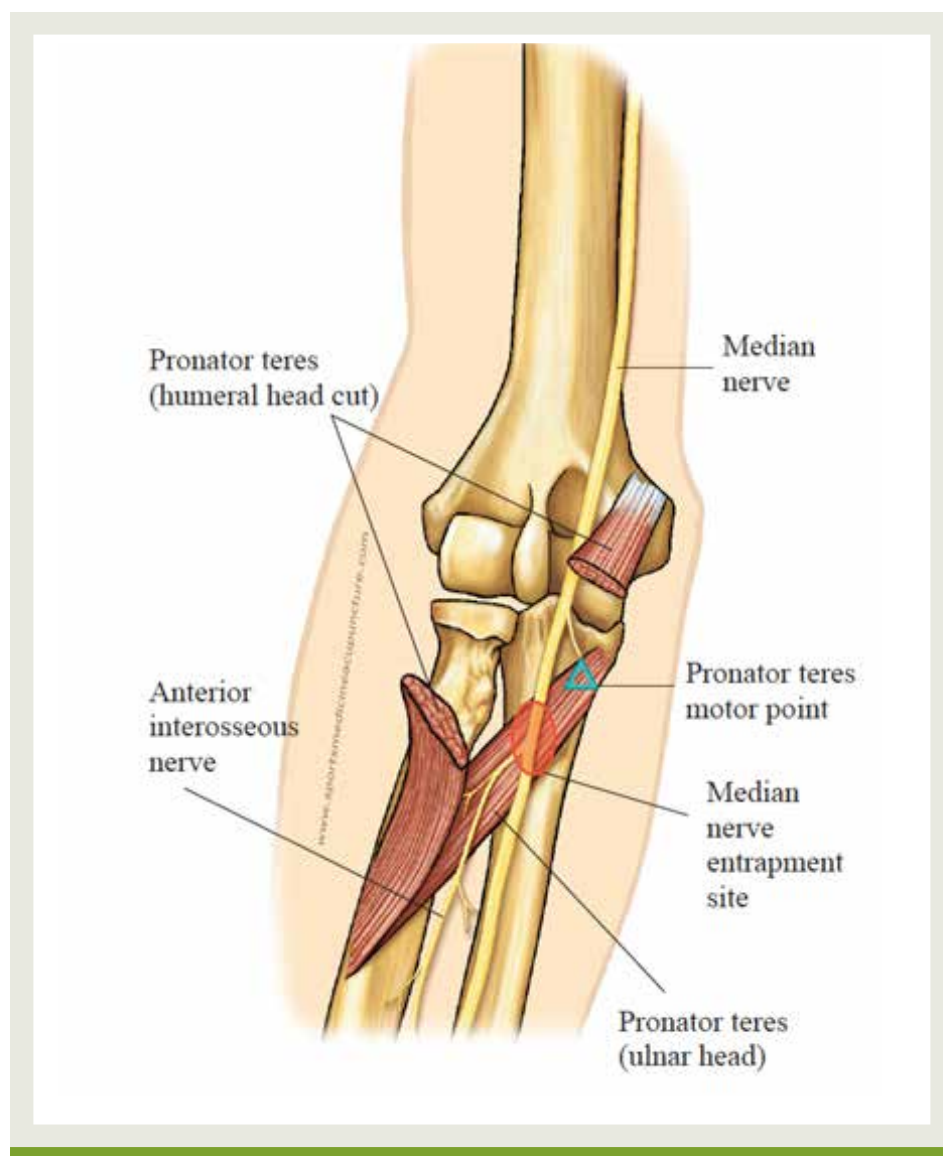
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more information). Some researchers state that pronator teres syndrome is rare (Rasmussen, M. B. 2016), and the author generally agrees that PTS is not an injury frequently seen in the clinic. However, the significance of this anatomical relationship between nerve and soft tissue is that varying levels of median nerve compression can occur and contribute to pain and dysfunction in distal structures, similar to the effect that spondylosis has on the spinal nerve roots, in which mild nerve compression can create signs and symptoms distal to the nerve impingement. Due to repetitive activities, age-related tissue changes, and muscle and postural imbalances, the tissue surrounding the median nerve where it travels through the pronator heads can develop adhesions and fibrotic tissue that compress against the median nerve with varying gradations of pressure.

In injury conditions affecting the median nerve found distal to the elbow, the practitioner should assess for possible nerve compression between the two PT heads that could be a silent contributor to the pain and dysfunction. Although the author could not find any Western biomedical studies to support this hypothesis, Asheghan and his research team did find a correlation between patients with carpal tunnel syndrome (CTS) and those with signs and symptoms of PTS. The author proposes that even mild median nerve compression can contribute to median nerve injuries distal from the nerve entrapment site without having the typical signs and symptoms of PTS, derived from significant clinical evidence from treating the PT motor point for injury conditions distal to the nerve impingement. An example of this is carpal tunnel syndrome: it is common to have a positive Phalen's test or reverse Phalen's test become less reactive when repeating these tests after needling the PT motor point. To perform this assessment, the practitioner uses the aforementioned CTS test(s) and examines for a positive result. The practitioner then treats the PT motor point with a perpendicular needle insertion approximately 0.75-1 inch in depth. The practitioner obtains a qi sensation and then withdraws the needle to the subcutaneous tissue ensuring to maintain needle retention. The patient is then asked to repeat the positive ortho exam for CTS with the acupuncture needle in place. The needle should be superficial enough that it does not cause discomfort to the patient while repeating the examination. In many cases, the subjective report of pain and paresthesia from these CTS exams is decreased. The author refers to this process as "acupuncture used as an assessment".



✿ A MEDIAN NERVE ENTRAPMENT BETWEEN THE TWO HEADS OF THE PT IS REFERRED TO AS PRONATOR TERES SYNDROME (PTS). *This soft tissue nerve compression can produce medial elbow pain and paresthesia in the ventral aspect of the forearm. The common mechanism that results in PTS is often from prolonged forearm pronation as seen with musicians and rock climbers, or repetitive pronation and supination movements such as in racket sports.*

A COLLATERAL BRANCH OF THE MEDIAN NERVE

Because the anterior interosseous nerve, a collateral branch of the median nerve that innervates the abductor pollicis longus (APL) and flexor pollicis brevis (FPB) muscles, these tissues should be examined in injury conditions affecting the median nerve. The APL is one of the muscles that is involved in a common wrist injury called de Quervain's tenosynovitis and the FPL is a major muscle in the stability for the thumb's metacarpophalangeal joint. Weakness found in the APL muscle during manual muscle testing can be changed after needling the PT motor point (for information on how to perform the APL muscle test refer to pg. 487 of the Sports Medicine Acupuncture textbook). Including the PT motor point when treating de Quer-

vain's tenosynovitis is recommended. In conditions of the metacarpophalangeal joint, the FPL and PT motor points should be included. In addition, needling the motor points of these muscles, in all of the conditions discussed in this article, can be used in a point protocol to establish communication of the median nerve and myofascial pericardium channel. For more information on the injuries discussed in this article and for motor point locations of the pronator teres, abductor pollicis, longus and flexor pollicis refer to Chapters 8 and 9 in the Sports Medicine Acupuncture textbook.

MORE USES FOR THE PT MOTOR POINT

Inclusion of the PT motor point in the treatment protocol is recommended to help alleviate pain in

the same-side rhomboid region and opposite-side neck region (especially affecting the splenii muscles). The postural dysfunction that indicates the use of this point is beyond the scope of this article but the author refers the reader to Brian Lau's article on the sinew channels for a discussion on this topic (<https://www.sportsmedicineacupuncture.com/pericardium-and-lung-channel-sinew>).

Because the PT attaches to the medial epicondyle, it should be treated in all cases of medial epicondylitis. The PT motor point should be included in cases of lateral epicondylitis as the pronator teres is an antagonist to the supinator muscle, which can be indicated in this condition. The combination of the PT motor point and supinator motor point is connecting the *biao li* paired channels of pericardium and *san jiao*.

The author also uses the PT motor point for opposite-side medial knee pain, especially when aggravated with knee joint rotation. This affect is most likely due to the six division (*jueyin*) relationship with the liver channel. This point is also effective for pain located in the region of ST 35 (*dubi*) especially with knee flexion or extension. This affect is most likely due to the midday-midnight relationship with the stomach channel. **AIM**

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

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receive palliative care. While these patients were offered traditional forms of palliation, as cannabis nurses, we are called upon to explore the role of cannabis as a palliative medicine for people with aggressive and severe medical conditions.

About 60% of all persons could benefit from palliation before they die, yet many people do not receive palliation early in the course of their treatment (Aggarwal, 2016). Palliative care is a multi-disciplinary approach to providing impeccable symptom management and supportive care for patients and their families facing serious and potentially life-limiting illnesses (Aggarwal). This paper will explore why cannabis should be included in palliative care efforts, and the role of the cannabis nurse in supporting oncology patients' palliation through the use of cannabis.

WHY CANNABIS FOR ONCOLOGY PALLIATION?

The mainstream allopathic model of oncology care has historically failed to address the power of cannabis for palliation, but this is beginning to change as we move toward earlier palliation for patients. The Hospice and Palliative Nurses Association (HPNA) (2014) acknowledged that nurses must understand the evidence base of medical use of cannabis and cannabinoids to treat patients who suffer from cancer, HIV, and cachexia. Furthermore, HPNA stated that hospice and palliative nurses should be providing their patients with information, evidence-based resources, and education on the use of cannabis to manage their symptoms. Of course, the issue of educating folks around cannabis has some complexity, related directly to cannabis prohibition and the difficulty with researching cannabis as a cancer treatment and palliation option due to Drug Enforcement Agency (DEA) schedule issues; this is more true in the states where medical or recreational use remains prohibited.

Preclinical evidence has suggested that cannabinoids, in addition to palliation, enhance the anti-tumor activity of allopathic chemotherapeutic agents and decrease associated side effects, so the addition of cannabinoid-based preparations to standard cancer therapy should not be discouraged by treating oncologists (Abrams & Guzman, 2015). Cannabis nurses are likely aware that animal studies show that cannabis holds great hope and promise for treating many types of cancer, from skin cancers to lymphomas and neoblastomas. We are also aware that cannabis can be used to support successful palliation for cancer patients regardless of the types of treatment they pursue (Hall, Christie, & Currow, 2005). One of the primary

responsibilities of cannabis nurses must be the empowerment of other nurses and providers, expanding the knowledge base of how cannabis supports not only cancer treatment but also, more specifically, palliation during oncological treatments. With the current concern about opioid use and addiction, even in palliation scenarios, cannabis may be a medicine of the future for supporting patients through serious medical crises.

CANNABINOID INTEGRATIVE MEDICINE

Aggarwal (2016) suggested that we move toward the term "cannabinoid integrative medicine" (CIM) to describe cannabis use in combination with traditional allopathic treatments. Δ 9-tetrahydrocannabinol (THC) and other cannabinoids help to improve appetite, reduce nausea and vomiting, muscle spasms, cachexia, and alleviate severe pain (Aggarwal, 2016; Hall, Christie, & Currow, 2005). With nausea and vomiting, THC alone is fairly ineffective at controlling symptoms (think of the mediocre success of the synthetic version of THC, Marinol, with chemotherapy-associated symptoms) and we need to move toward whole plant preparations, as has been done in Canada. Although Canada allows for whole plant cannabis extract of 1:1 ratio of Δ 9-tetrahydrocannabinol-to-cannabidiol for import and use by pain patients, they also have stated that dried cannabis flowers are not an approved medicine. While this approach continues to distance patients from the source of healing, which is the cannabis plant itself, it also allows for cannabis to gain a perhaps more acceptable fit within the traditional allopathic approach to cancer and pain palliation.

Several studies using a CIM model for palliation with oncology patients point toward success. A study in Israel demonstrated that medical cannabis use by 131 patients undergoing oncological treatment showed that, over the course of the 8-week study, all cancer treatment-related symptoms were improved, including nausea, vomiting, anorexia, weight loss, constipation, pain, and mood disorders (Bar-Sela et al, 2013). A retrospective study in Israel that examined 17,000 authorized medical cannabis oncology patients found that they showed improvements in pain management (70% of patients), general well-being (70% of patients), appetite (60% of patients), and nausea (50%) (Waissengrin, Urban, Leshem, Garty, & Wolf, 2015). Both of these studies contribute to our understanding of cannabis as an appropriate palliative medicine for oncology patients.

“Shenocide”: Three Protocols for the Treatment of Psychospiritual Aspects of Opioid Addiction

By MARY ELIZABETH WAKEFIELD, LAc, MS, MM, DiplAc, NCCAOM

“Shenocide” is a word coined to describe the killing of the spirit, or *shen*. Opioid addiction, which effectively destroys the patient’s shen, is responsible for a growing number of deaths worldwide. Opioid addiction has reached epidemic proportions in the United States. Some relevant statistics:

- In 2011, an estimated 4 million people in the US used opioids recreationally and were addicted to them.
- 23 million Americans needed treatment for addiction in 2012, but only 2.5 million actually received treatment.
- Close to 38 million people used opioids illegally in 2013, and the number continues to grow!

As of 2016, the World Health Organization published the following concerning this international crisis:

- About 275 million people worldwide (5.6 per cent of the global population aged 15–64 years) used drugs at least once during 2016. Among them, there were about 34 million people who used opioids and about 19 million who used opiates.
- An estimated 27 million people suffered from opioid use disorders in 2016. The majority of people dependent on opioids used illicitly cultivated and manufactured heroin, but an increasing proportion used prescription opioids.

In this article, we will focus on the treatment of treatment of imbalances that result from opioid addictions.

THREE PROTOCOLS FOR SHENOVIDE

These three suggested acupuncture protocols for shen disturbance can be integrated into your acupuncture practice, as palliatives for dependence and symptoms resulting from addiction, in the context of a constitutional treatment. The author has employed all three treatment protocols to good effect, not only for addiction, but also to treat shen disturbance resulting from other issues such as sexual and emotional abuse, spiritual possession, PTSD (post-traumatic stress disorder), and traumatic memory loss. Opioids are substances that are used medically for both acute and chronic pain relief, for reversing opioid overdose, and for suppression of other symptoms. Some of the side effects of these drugs are:

- Drowsiness
- Depression
- Euphoria
- Hallucinations
- Compromised immune system
- Hormonal imbalances

Continuous use can foster dependency and tolerance to the drug; this increases the need for higher doses, and gives rise to intense withdrawal symptoms, when it is discontinued. Withdrawal symptoms include:

- Severe dysphoria
- Manic raving
- Depression
- Irritability
- Nausea, vomiting, sweating
- Tremors and insomnia

Misuse of opioids can cause severe psychological obsessions and contribute both to lack of judgment and dangerous behavior resulting in serious accidents or death.

BACKGROUND

The word “opioid” harkens back to the earlier drugs classified as opiates, which are naturally derived from the dried latex of the red poppy (*Papaver somniferum*), the principal one of which is opium, *Lachryma papaveris* (literally, the “tears” of the poppy plant). Historically, it was one of the most popular drugs used for

medical, recreational and religious purposes. In the 3rd century BCE, the Sumerians grew poppies and harvested opium from their seed pods, although the earliest archaeological finds of opium seeds date back to the Neolithic era, approximately 5,000 years ago.

In 1804, Friedrich Wilhelm Adam Sertürner, a German pharmacist, first isolated morphine from the opium poppy, naming it after the Greek god of dreams, Morpheus. Shortly after this discovery, codeine was similarly isolated from opium. In the 1850’s, the invention of the hypodermic needle made possible the injection of these and other substances into the body during surgery, to address post-operative pain, and for general anesthesia. Synthetic morphine derivatives were formulated in the 20th century, and these substances were called opioids, a word which means “opium-like”. A doctor could then give a patient a rapid dose of a desired narcotic; for the recreational user, this translated into the notorious “quick fix” of the drug addict.

CHINESE MEDICINE VS. WESTERN MEDICAL APPROACHES

In Taoist philosophy, the Three Treasures refer to three intrinsic and inseparable forces that embody Heaven (shen), Humanity (qi) and Earth (jing). In order to promote

health, well-being and longevity, it was necessary to refine jing into qi, qi into shen, and shen into openness. This was accomplished by means of a transformative alchemical practice of directing the three jiaos with breath, meditation, and acupuncture, which served to align the practitioner with Heaven (tian) and the Source. Any malaise or manifestation such as an addiction was perceived as originating in an imbalance in all three levels of being and so healing was approached from a holistic perspective.

In contrast, Western medicine tends to target the patient’s symptoms. Consequently, drugs are freely prescribed for chronic, non-cancerous pain. This indiscriminate over-medication can cause severe side effects and result in eventual addiction to the opioids. Since opioids have a sedative action upon the body, they can depress the functioning of the respiratory system, causing patients to lapse into coma. If taken to extremes, the heart will stop, and death is the inevitable result.

THE OLD CHINESE AXIOM: “THE SHEN LEADS THE QI”

The shen, through the medium of thoughts and emotions, leads the flow of qi in our physical being.

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The Link Between Qigong Breath Holding and Nitric Oxide

By SUSAN WEST

Qigong is a wellness practice from China whose roots trace back to healing practices of ancient Asia [1], with many different branches and methods. While they have different emphases, all share three main elements: training the body, mind, and breath. Breath training exercises can include different ways of inhaling, exhaling, and holding the breath [1, 2].

The underlying goal of qigong practice is to cultivate qi [1]. In traditional Chinese medicine (TCM), qi is considered a natural force that has a fundamental influence on all life, associated with our physiological and psychological functioning. Acupuncture, herbal medicine, physical therapies, and practices such as qigong provide ways to balance and harmonize qi, leading to improved health and well-being [1, 2].

Qi is associated with air and breath. However, based on its functions in the human body, qi is also considered to be a kind of matter that possesses a richer and more complicated message and energy than air. Qi travels throughout the body along a system of energy conduits called channels and collaterals [2]. These conduits are also referred to as meridians and the meridian system. Based on studies done on acupuncture, it has been proposed that nitric oxide (NO) may be a carrier of qi in the meridian system [3].

NITRIC OXIDE

NO is a signaling molecule in our body [3, 4, 5]. It can be generated by three different isoforms of the enzyme nitric oxide synthase (NOS): neuronal (nNOS), inducible (iNOS), and endothelial (eNOS) [3, 4]. This allows NO to perform a wide variety of functions in tissues of our body [3, 4, 6]. It has a dual nature: low concentrations are beneficial, but high concentrations can be pathological [4, 7, 8, 9].

Some of the beneficial functions of NO include:

- helping regulate the cardiovascular system [4, 10],
- facilitating vasodilation [4, 6, 10],
- regulating the nervous system [4, 10, 11],
- influencing learning and memory [4, 7],
- contributing to immune response [4, 5, 7].

Excessive production of NO can contribute to inflammation and oxidative stress [4, 9], energy depletion [12], and neurodegenerative diseases [4, 7, 9].

BREATH HOLDING/INTERMITTENT HYPOXIA

The effects of intermittent hypoxia (IH) on health have been studied for decades [13]. Some of the ways IH can be achieved is through breath holding, staying at high altitudes, and inhaling hypoxic gas mixtures via face masks or larger chambers [13, 14]. Typically, IH protocols combine episodes of low oxygen (hypoxia) with periods of normal oxygen levels (normoxia). These cycles are repeated at various intervals [13].

Studies have shown that the most important factors associated with a beneficial IH treatment are the level of hypoxia within a cycle and the number of times the cycle is repeated per day. Protocols coupling moderate hypoxia levels (9 - 16% inspired oxygen) with a low number of cycles/day (3 - 15 episodes/day) have the greatest therapeutic potential [9, 13]. Benefits can include enhancing the respiratory system [13], the cardiovascular system [13, 14], and the immune response, while reducing inflammation [13] and protecting against DNA damage [6].

Intermittent hypoxia training (IHT) also stimulates the release of NO [6, 9, 14]. Studies found that IH-induced elevated NO levels enhance respiratory functioning [15], facilitate quick vasodilation which is helpful in treating erectile dysfunction [6], and that they may contribute to improved bone tissue remodeling. It's been suggested that increased endothelial NO production accounts for the antihypertensive effects of moderate IH [13].

Of interest is a study conducted on the role of IHT in experimental Alzheimer's Disease in rats, which showed that IHT prevented cytotoxic overproduction of NO. It provided a protective buffer by sequestering excess free NO and binding it in S-Nitrosothiols and dinitrosyl iron complexes. These NO stores are then available during times of deficient NO production [9].

As stated earlier, qigong breath training can include the practice of breath holding, which is able to induce IH. To date, studies of qigong have focused on its dynamic forms, so I reviewed studies of yoga. Like qigong, yoga is a mind-body practice, has an ancient history, and elicits the relaxation response that helps counteract the effects of stress [16]. It also contains breath practices, referred to as pranayama. Studies of the pranayama practices of pranava (silent breathing while focusing on Om) [17] and bhramari pranayama/

humming [5, 19] have been shown to increase NO.

As in qigong, breath holding (sometimes referred to as kumbhaka) is an aspect of some forms of pranayama [6, 17, 18]. A study of nishkasha rechaka, holding breath in full expiration, found it to be capable of producing hypoxia. This method was especially effective when preceded by udgeeth pranayama (Om chanting) or bhastrika pranayama (bellows breathing) [6]. Novices were able to achieve hypoxia levels in the same range as those created using hypoxic gas mixtures which produced beneficial health outcomes [6, 13, 14].

At the 2003 Pacific Symposium, Alex Tiberi presented two lectures explaining some of the parallels between yoga and Chinese medicine [20, 21]. In "Yoga Postures & TCM for ZangFu Syndromes," he led attendees through pranayama exercises and mentioned what types of exercises were able to raise yang or yin in the body [20]. Given the similarities between yoga and qigong, the benefits for qigong breathing exercises should be comparable to those found in the studies of yoga pranayamas.

CONCLUSION

Breath holding is a recognized method of intermittent hypoxia training. Nitric oxide and intermittent hypoxia appear to have a mutually supportive relationship which produces a range of preventative and therapeutic health benefits when practiced in moderation. Further research is needed to explore how this information ties into specific conditions and what protocols can be created to help people suffering from those conditions. With proper guidelines, qigong breath holding exercises could provide an accessible, affordable method for people to use to positively influence their well-being. **AIM**

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Pacific College Student Interns Make a Difference for Women with Disabilities

By ELENA TATE

“Getting regular massage therapy and acupuncture has allowed me to manage my pain without the use of opioids,” said Ms. Jeanette Jones. She has been regularly receiving massage therapy and acupuncture by Pacific College interns at the Initiative for Women with Disabilities (IWD) for over 10 years. She, like millions of others, suffers from a disability that results in chronic pain and negatively impacts the ordinary activities of daily life.

In New York state alone, there were over two million people living with a disability in 2017—11.6% of the total population. That number rises to 46.9%, however, among people over age 75. According to the Cornell University Disability Status Report, there are many types of disabilities, including hearing, visual, cognitive, and ambulatory, as well as self-care and independent living disabilities. The largest percentage fall under the category of “ambulatory disabilities”, wherein a



Photo by Nicolas Arenas

Elena Tate (rear, Clinical Supervisor) and Ms. Jeanette Jones (seated, client).

person’s ability to walk is affected.

The IWD, part of NYU Langone Hospital, provides programs, workshops, classes, and wellness services that promote overall physical and mental wellbeing, striving to meet the unique physical and emotional needs of women with physical disabilities. There are Zumba classes and even

a track club where wheelchairs are welcomed. Pacific College has a special partnership with the hospital that allows student interns to practice in the hospital setting. For client and intern alike, it is a valuable experience.

Kate Nichols, a graduate of Pacific College, said her IWD externship was the most significant part of her

massage education. “It informs 1000% of the work that I do. At IWD, I had one client who had a traumatic injury and even a light pressure caused her tremendous pain. But I was able to work on her and it was a privilege just to be in the room with her and listen to her story, let alone provide manual therapy.”

According to Andrés Muñoz Díazgranados, another graduate, “The IWD gave me the opportunity to learn in a very fast way, things that we saw in theory in class but we could not practice in our labs or even in a good part of the clinic experience in the College. The IWD was a good way to open my eyes to the huge responsibility that I will have in my work. I had the beautiful experience to receive women that have been waiting for a massage for years. They come to the treatment with so much hope and respect that being

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How Do You Treat Leaky Gut in Your Clinic?

By JENN GIBBONS, MSTOM, LAc

The full piece on this topic, including treatment options by a number of LAcS, will be published in the upcoming issue of The Journal of the American Society for Acupuncturists, V7,1.

The digestive tract functions as an intermediary between the body and the external environment, taking in what it needs and expelling what it does not. To begin with, chewing food in the mouth cues the stomach to increase its production of stomach acid, which not only kills potential pathogens but also prompts the cascade of events that properly assimilates the incoming macronutrients. The pancreas then secretes enzymes and the gallbladder secretes bile to break food down into an absorbable form.

Absorption takes place through the single layer wall of the small intestine, which becomes permeable and allows these nutrients to pass into our bloodstream. The non-absorbed matter continues to move further into the large intestine as food for the microbiome or waste product to be removed. If this intestinal layer is compromised, it will become hyper-permeable and allow contents to leak into the blood.

So what causes this layer to leak?

Anything that goes wrong above or below this absorption site can contribute to hyper-permeability. When nutrient-poor food is ingested, the body expends a lot of energy with little gain. Over time, this can lead to nutrient deficiencies and the overfeeding of the gut bacteria. When the bacteria in the upper gut are overfed, a reduction in the stomach acid can occur, thus impairing the release of enzymes and bile necessary to properly assimilate nutrients for absorption.

When the food then arrives at the absorption site and is not broken down sufficiently, it will not be absorbed. Rather, it will move into the large intestine and become food for the microbiome, leading to further bacterial overgrowth.

Bacterial overgrowth in the small intestine (SIBO) is often the cause of upper abdominal gas that can cause bloating, belching, reflux, pain, and impaired nutrient absorption. This distention often interferes with normal peristalsis and impairs the function of the migrating-motor-complex, which handles the clearing of food fragments that remain in the upper gut.

If these fragments do remain, they are fermented by local bacteria, thereby creating more gas. This can interfere with normal bowel movements and lead to constipation or diarrhea. Bacterial overgrowth in the large intestine, or dysbiosis, is often the cause of lower abdominal gas that can also lead to bloating, pain, flatulence, and bowel irregularities.

The pressure along the digestive tract is enough to increase the permeability of the absorption site but this barrier also does have a regulator. The protein zonulin modulates the opening and closing of the tight junctions at the absorption site, controlling how permeable it is. Based on research by Dr. Alessio Fasano, SIBO and dysbiosis stimulate the production of zonulin, which increases intestinal permeability.¹

Gluten, one of the most commonly consumed nutrient-poor food additives, also stimulates zonulin. Dr. Fasano reports that gluten causes intestinal permeability in all of us, since humans lack the enzymes necessary to fully assimilate it. He also explains that these undigested gluten fragments are perceived as an enemy by the immune system and that, if a person has a certain genetic predisposition, they may develop celiac disease as a result of overconsumption.¹

Comprehensive stool analysis tests such as the GI Map from Diagnostic Solutions can determine zonulin status. Food sensitivity labs such as KBMO and Cyrex Labs can also test for a patient's sensitivity to gluten. In addition, human leukocyte allele testing for celiac disease (HLA-DQ) can be performed to assess genetic risk.

Regardless of the result, a functional medicine practitioner is likely to advise their patient to optimize repair by adhering to the following points:

- Prioritize eight hours of quality sleep
- Avoid unnecessary stress
- Improve your mood
- Avoid an excess of either sedentary activities or strenuous overtraining

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- Eat a nutrient-dense, anti-inflammatory diet that excludes acellular carbohydrates, added sugar, gluten, and any known food sensitivities.

They would also likely order both a SIBO breath test to determine whether or not there is bacterial overgrowth in the upper gut and a comprehensive stool analysis to see if there is a gut infection. This can also ascertain the state of the patient's microbiome and indicate how well they absorb their nutrients. A thorough diet history and nutritional lab testing are also useful to determine potential nutrient deficiencies.

In addition to treatment based on the lab tests, they will often recommend that the patient optimize their stomach's acidity by completing what is known as the "hydrochloric acid challenge" using betaine HCl with digestive enzymes. This not only protects the patient from potential pathogens but also helps to improve digestive function and thereby absorption.

In addition to advising on sleep, stress, movement and diet, Chinese medicine practitioners may also differentiate the patient's pattern of disharmony, which allows them to further personalize their patient's treatment plan. Reflecting on the different presentations above, a patient might present with excess in the stomach, small intestine, or large intestine. This excess may impede the descending function of stomach-qi, causing counterflow. It may also back

up the liver and gall bladder, creating stagnation of qi and blood.

Patients often turn to antacids or proton-pump inhibitors to reduce their stomach-counterflow symptoms. This anchors the ascension, but it also reduces digestive strength and invites cold. When dysbiosis is present, the liver may be burdened with increased toxicity, causing qi stagnation and heat. The increase in pressure and heat throughout the digestive tract can burn off fluids reducing precious yin. The reduction in digestive function and nutrients can lead to deficiency patterns of the spleen manifesting as damp accumulation. Over time, the overworked spleen can lose support from the kidneys, which can lead to weakness along the entire digestive tract wall. This can present as a leaky esophagus or a leaky blood-brain barrier. **AIM**

REFERENCE

<https://www.youtube.com/watch?v=gj0cTTB6e0Q>

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PACIFIC COLLEGE STUDENT INTERNS MAKE A DIFFERENCE FOR WOMEN WITH DISABILITIES continued from page 9

with them is to feel the importance of what we learn and do. I learned that behind every pain and illness is a human being. I had on my table women with so many difficult illnesses, I had to practice with love, knowing that when I touched their skin, I was touching their lives in many ways."

In a single shift, students may see clients who have multiple sclerosis, arthritis, post-polio syndrome and scleroderma. Many of the clients who come to IWD for massage treatments do not go anywhere else for massage therapy due to lack of accessibility. Some of them are able to come to the on-site clinic at the College to continue their treatment. Others go back on the waiting list, which has at times been several years long.

For many, it is worth it.

The hospital has elevators, fully accessible bathrooms and treatment rooms, and even a hydraulic massage table which makes it easier to self-transfer from a wheelchair. The fee for a 30-minute massage is \$10. Most

places in the New York City have barriers to physical accessibility and are prohibitively expensive for many. But the benefits of regular massage are sometimes priceless.

As Ms. Jones says, "I was on oxycontin and oxycodone for 15 years to treat my fibromyalgia, osteoarthritis, spinal stenosis, and carpal tunnel syndrome. Now, after my weekly massage and acupuncture treatments by Pacific College interns, I don't even remember the last time I had to take an Advil." **AIM**

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Wellness Marketing 101: *Get Comfortable with Marketing Your Brand*

By JOHANNA KIRVESMAKI, LAc

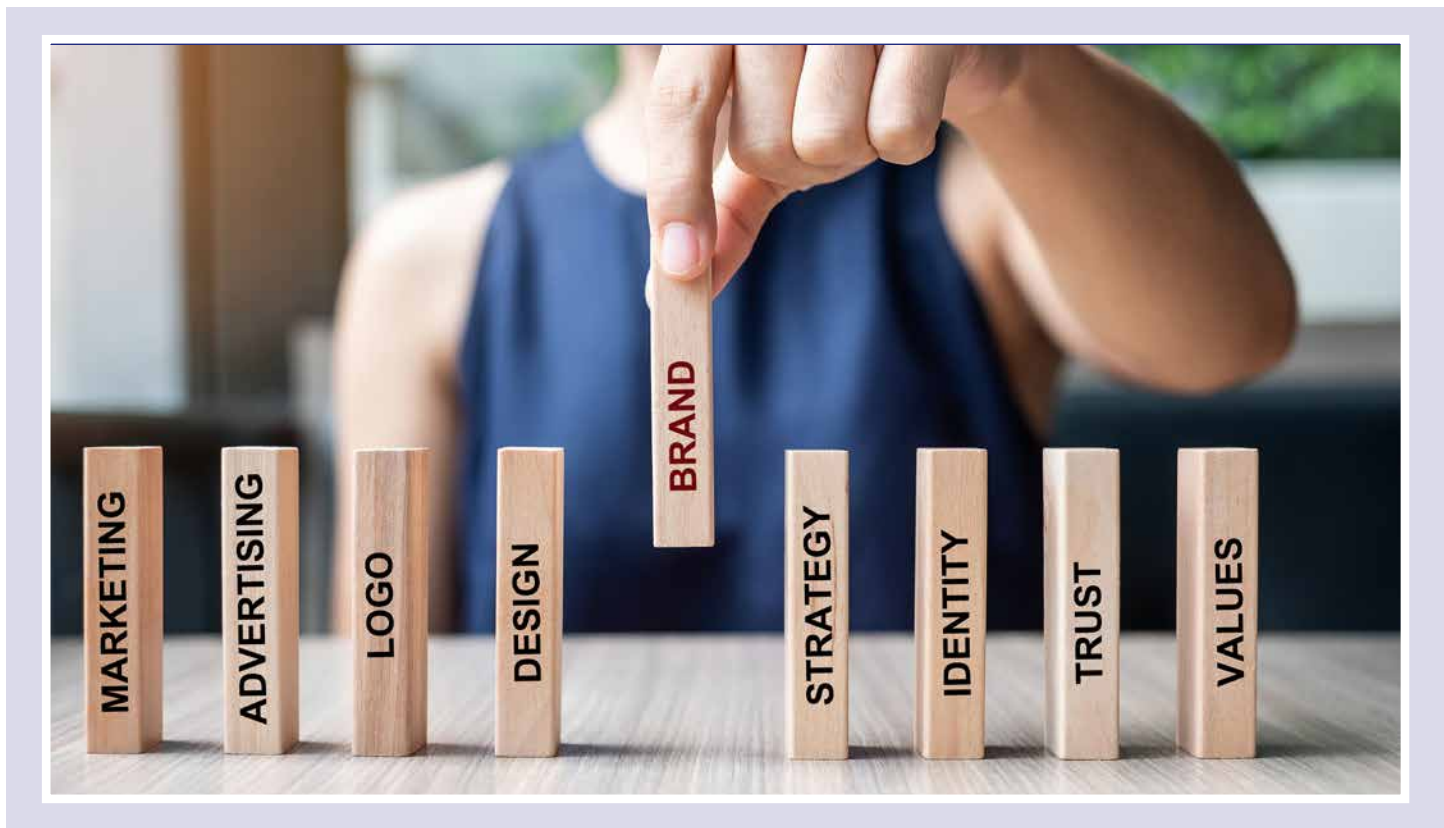
The field of wellness seems to be growing like bamboo these days. There's no shortage of new wellness trends, products, or healing modalities. The number of holistic practitioners is growing, too—a sign that our society is putting more confidence in and value on the tried and true medicine of nature.

While this is a fantastic development, it can be a tricky one to navigate for hopeful wellness businesses. We want to encourage natural medicine, but we also want to be seen and heard in the ever-growing sea of holistic therapists. The good news is that it's not really about competition at all – it's about clear and *authentic marketing*.

As wellness practitioners ourselves, we understand that most of us didn't receive much in the way of business training at our respective schools. We were learning the medicine, not marketing! But once outside academia's comfortable walls, everything is business. So let's start your marketing education now!

You Didn't Go to School to be a Business Mogul

If you're a holistic therapist (like an acupuncturist, chiropractor,



nutritionist, naturopath, integrative medicine practitioner, massage therapist, bodyworker, etc.) it's likely that you didn't start down your chosen path because you thought it would be a great business move. Wellness practitioners typically come into this world because they

themselves have had incredible experiences with the medicine or because they have a genuine yearning to help others thrive.

Your commitment to easing the suffering of others and making the world a better place is an *amazing* reason to be doing this work.

In fact, if you didn't have this drive you probably wouldn't be so great at what you do. But the hard truth is that wanting to help people *just isn't enough to run a successful business*.

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The Highly Sensitive Massage Therapy Student and Client: *Six Suggestions for Working with This Unique Population*

By BRACHA K. SHARP

Until I came to massage therapy school and found out that there were at least three or four other HSPs in the world, and in just one school, no less, I had thought that they were thin on the ground. But then more and more of them started popping out of the woodwork, and it reminded me that HSPs—or Highly Sensitive People—don't just *do* sensitivity when they want to. They simply *are* inherently sensitive, and it is, according to Elaine N. Aron, who coined the term “sensory processing sensitivity” as its scientific name, an innate and genetic trait.

Aron estimates that about 15-20% of the population are HSPs. Therefore, if you're a student in a healing profession, such as massage therapy

or if you are already a practitioner, you might be quite likely to encounter an HSP. In fact, chances are good that you already have.

While the unique natures of their sensitivities may present more challenges to you as a student or as a practitioner, the rewards of learning how best to work with such a population can challenge you to grow more deeply in your client-centered approach. Moreover, it can increase the depth, breadth, and scope of your work, allowing both the client and practitioner to continue to cultivate an upwardly-moving growth mindset. The suggestions within this article may also be applied to introverts, those with sensory integration, and people with processing chal-

lenges and learning disabilities. While these challenges are not all necessarily comorbid, many of them do exist on a continuum. However, these suggestions may be applied to most of your clients and fellow students, as almost anyone can benefit! Presented are six ways to best work with the HSP personalities who may just be your fellow classmates or your clients:

STUDENT-TO-STUDENT AND CLIENT-THERAPIST RELATIONSHIPS

1. COMMUNICATION IS KEY

As with all clients, one should communicate, so that both parties are in agreement regarding the

work. A good way to begin this opening dialogue might be to include a question on your new client intake form such as: “Do you have any bodily or environmental sensitivities that the practitioner should be aware of, in order to make you more comfortable during?” An HSP client may be less apt to speak up, with regards to his or her various sensitivities and needs, than would a non-HSP client. Whether this is the case because they have been told that their sensitivities are too much to handle, unrealistic, or because they are trying to please you and not cause any distress, it is important to gauge their tolerance levels and

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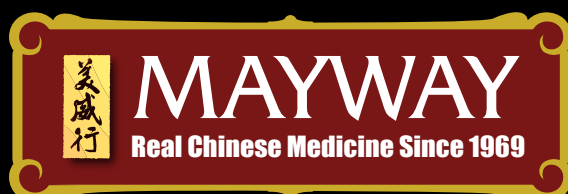
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RAISING YOUR PRICES: FIVE STRATEGIES continued from page 3

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(Please note: I specifically did not use the word "package" because of all the controversy around the term as in "packages are illegal" or "we aren't allowed to offer packages"... we are allowed to offer programs).

#5. GRADUAL INCREASE

- Small increases
- Regularly scheduled is best

Good for: Practitioners who are in the early years of practice

Raising prices slightly, every 1-2 years, sets precedence. You are basically raising your rates the cost of a cup of coffee, if you think about it. For this strategy, being consistent is critical. Decide when you will raise prices and how often and stick to that schedule, so patients know what to expect, and you can budget appropriately. Ideally, every two years has seemed to work successfully for many others.

My #1 Advice for new practitioners: It's easier to lower your prices than raise your prices.

Newly emerging practitioners often feel awkward or even undeserving of charging high prices for their services. They are tempted to offer really reduced rates to get patients in the door. I get it. We've all been there. What I propose to you is to set your prices at the going rate in your area even if that rate feels too high for you. You can always say something like, "normally I charge \$175 for a session, but I'm offering a Spring Special of \$100 for your first visit". Then, as you are in practice, you can grow into the higher price you set for yourself in the first place. You won't be raising your prices when you finally charge that \$175 rate. Instead, you will simply communicate to your patients that they were paying the special rate and that you are now at your regular rates.

With that last piece of advice, I've now covered six strategies on pricing. Now what?

BE PATIENT!

After raising prices, or setting a high price to begin with, you are most likely going to have a strong urge to reduce them or revert back to your old pricing. **DON'T DO IT!** Have patience. Please, give it *at least* 30 days.

Karen came to see me for pricing. At the time she was charging \$75 for a treatment. In fact, this had been her rate for over eight years.

Since she had set this rate eight years ago, she had acquired hours and

hours of extra and specialized training, new information, new skills, and gained a ton of experience. It was definitely time for her to raise her prices.

I suggested she raise her price from \$75 to \$125. She cringed. She brought up every reason why she shouldn't, couldn't, how everyone would leave her, she'd go broke, she'd have to move back in with her parents and on and on.

I told her to do it and have patience. To trust me.

Begrudgingly, she raised her prices to \$125 and literally called me every day saying how scared she was, how she was sure she was going to lose all her patients and end up living in a van down by the river.

Every phone call, I assured her that it was going to work out and encouraged her to stay the course. I told her to give it 30 days. I told her to hang on for 30 days and if she still felt this way she could go back to her old pricing or to a lower price.

She called me on Day 8 and said, "One of my patients told me that they were so happy that I *finally* raised my prices."

"Oh, really?" I said, with a smirking smile.

On Day 20 of her price increase she called to tell me that not even one patient left her practice and that more and more of her patients said the same thing, that it was about time she raised her prices.

Needless to say, by Day 30 of raising her prices she was calling me saying how great she felt and even suggesting that she may want to raise them even higher!

Stay the course, give it time, be patient.

Will you lose some patients? Maybe. Honestly, it's good if you lose the patients that aren't willing to pay for the value you are bringing with your services and the end result that you are giving them. By losing those types of patients, you make room for the patients that are willing to pay you your new, higher rates. There's a saying: "you can't bring a new car in the garage if your old one is still parked there".

I hope these strategies have been helpful and wish you much success and happiness. May you be fully aligned with your three P's: Purpose, Passion and Prosperity. **AIM**

With a commitment to helping others actualize their greatest potential and wellbeing, **DR. EAST PHILLIPS**, DAOM, LAC, has been a licensed acupuncturist since 1999 and professor of Chinese Medicine at the Pacific College of Health and Science since 2004. She currently resides in Del Mar, CA with her husband and two kids and continues to help practitioners, students, and the general public with her books, lectures, masterminds, various workshops, events, coaching and wellness-related products. You may connect with her at www.doctoreast.com.

SPIRITUAL CARE AND SUFFERING

Aggarwal (2016) posited that the use of cannabis, and its associated feelings of euphoria, well-being, aversive memory extinction, sensory heightening, and spiritual insights could support those facing severe or life-threatening illnesses and their related treatments. We must also consider how CIM could address the psychological trauma associated with receiving a fatal or serious illness diagnosis. Heightened senses created by cannabis ingestion can facilitate the suffering patient into a here-and-now presence, supporting the patient's ability to enjoy the moment, enhance their knowledge of personal spirituality, and promote quality of life at the end of life (Aggarwal).

THE NURSE'S EMERGING ROLE IN PALLIATIVE CANNABIS INTEGRATIVE MEDICINE

As cannabis nurses, we are called upon to both create and support the necessity of our call toward "every cannabis patient deserves a cannabis nurse." What can nurses do to support patient's palliative needs as they approach oncological treatments? The following outlines some basic ideas regarding CIM and palliation for cancer patients.

EDUCATION

Cannabis nurses need to educate themselves, other providers, and the populations we serve about how cannabis works, with particular consideration given to the needs of oncology patients' care. Cannabis nurses need to acquire and refine their personal knowledge of the endocannabinoid system (eCS), endocannabinoid deficiency syndrome, and CIM as both a palliative tool and a potential treatment for cancer. Cannabis nurses need to have a level of comfort with discussing cannabis as a treatment and palliation option for oncology patients, and this begins with a movement toward finding safe places in healthcare to speak knowledgeably about cannabis without fear of losing our livelihoods. Cannabis nurses need to feel empowered to work as consultants with cancer and palliative care patients in the states where this activity is allowable. Cannabis nurses will generally have to seek cannabis education outside of mainstream academic settings, while also calling for our university and colleges to educate nurses and providers on the role of cannabinoids within treatment, healing, and wellness.

CIM-CIN, PALLIATION, AND HOLISTIC MODALITIES

I have met many cannabis nurses who are interested in holistic nursing modalities, as we tend to recognize that the body's healing processes are complex. Holistic modalities such as yoga, meditation, and reiki help



to decrease the stress response and support psychoneuroimmunological health, a requisite for all healing processes (Clark, 2014). Supporting patients' ability to manage stress and lead a life of wellness is an aspect that adds depth to CIM, or perhaps supports an emerging field of cannabis integrative nursing (CIN).

CIN would consider the whole person who is facing the oncological treatment process and palliation. In addition to supporting patients with proper cannabis use, providing evidence-based information about dosages, strains, and safe use of medicine, supporting their journey through kindness, caring, compassion and presence, the cannabis nurse is ultimately concerned with patients' spiritual well-being and supporting humans through and beyond their suffering. The practice of CIN would include use of holistic modalities to support patients' total well-being, including meditation, yoga, art therapy, aromatherapy, reiki, therapeutic and healing touch, massage, acupuncture, acupressure, shiatsu, herbalism, diet therapy, supportive exercise, being in nature, laughter therapy, guided imagery, progressive muscle relaxation, taiji, qi gong, hypnotherapy, homeopathy, and movement therapies.

CANNABIS CONSCIOUSNESS

To be effective in supporting palliation, the cannabis nurse practicing CIN will be comfortable with their own spirituality and will strive to support patients in their spiritual growth and evolution. We must acknowledge the presence of a cannabis consciousness, and strive to understand better and explicate our human relationship with the sacred plant and its healing powers. Successful cancer treatment is related to a sense of emotional authenticity, and the cannabis consciousness can help to diminish negative outlooks, enhance optimism-gratitude-happiness, release suppressed and repressed emotions, promote self-acceptance, overcome resistance to

healing, and promote acceptance of the disease as a divine message to heal oneself (Bleshing, 2016).

In 1971, Carl Sagan wrote: "When I'm high I can penetrate into the past, recall childhood memories, friends, relatives, playthings, streets, smells, sounds, and tastes from a vanished era. I can reconstruct the actual occurrences in childhood events only half understood at the time. Many but not all my cannabis trips have somewhere in them a symbolism significant to me which I won't attempt to describe here, a kind of mandala embossed on the high. Free-associating to this mandala, both visually and as plays on words, has produced a very rich array of insights."

The CIN role would support patients in undertaking this introspective type of work that supports healing on a deep, spiritual-consciousness level.

CONCLUSION

The realm of CIN and our role as cannabis nurses in oncology and palliative care is just now emerging. As we begin to move toward recognizing cannabis as an accepted medicine for supporting palliation during intense oncological treatments, let us not forget our role as genuinely holistic cannabis nurses. We can strive to ensure that every patient has not just a nurse to guide their cannabis journey, but a nurse who can support their total holistic healing, and, in concert with the sacred herb cannabis, ameliorate suffering and enhance the evolution of the spirit. **AIM**

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Dr. Clark has presented at many national and local conferences, particularly with oncology and holistic nurses, where she focuses on bringing basic knowledge about the endocannabinoid system and medicinal use of cannabis. She remains committed to including the endocannabinoid system in every nursing curriculum in the world, as she is the editor of the forthcoming *Wolters-Kuhlwer Cannabis Handbook for Nurses* (2020). Dr. Clark looks forward to sharing her knowledge with other like-minded nurses as we create change in healthcare systems and support the holistic healing of those we serve.

gain their feedback, particularly at the outset. If you have not checked in with them and your treatment has resulted in an uncomfortable hypervigilance or in an uncomfortably wired-up nervous system, then the bodywork session has most likely backfired, and they will not be back to see you. Of course, for those HSP clients who can, it is important that they learn to communicate their preferences to the practitioner. Similarly, it is the practitioner's job to do the best that he or she can, to ensure the safety and comfort of his or her clients—and this can often start just after the first greetings.

2. RESPECT THEIR SPACE CONSIDERATIONS

Again, this is likely already an aspect of regular bodywork that is incorporated into the treatment, but for the HSP client, it may be even more of a factor. It is important to consider that an HSP's nervous system is already processing myriad sensations, interactions, and thoughts on a (usually) deeper level than may generally be true for the general populace, and while high sensitivity of course exists on a spectrum, it is worthwhile for the fellow student or practitioner to come into their client's space and lay their hands on them in a slower, more unfolding way—at least at first. It is likely that the HSP's space and center of self (both energetically and otherwise) has already been impinged upon, and sometimes severely, by the time they reach your table.

Furthermore, because HSPs might also be introverts, empaths, or the like—often highly comorbid with the trait of higher sensitivity—the potential discomfort evoked by unclear communication may be higher. In addition, the broaching of energetic space without permission may ensure that your client is not a repeat customer. Communication thus extends not only to the client's physical and emotional space, but also his or her psychic space. Thus respect for the client's space of all kinds helps promote a unified triptych of healing measures that enable higher growth and healing. How can you best communicate about spatial boundaries in an encouraging way? "I'm going to move to your other side," you might say, at least at the outset. Later on, the same needs may still prevail, although the relaxed HSP client may let you in on a deeper, more profound level if their sensitivities are not overstrained and their minds are calm.

THE PHYSICAL ENVIRONMENT AND TOUCH

3. TOUCH, DEPTH AND PRESSURE CONSIDERATIONS

Building upon the last suggestion: it is always a good idea to consider



how touch might both favorably and, by turns, unfavorably affect the HSP client and his or her time on your table. As we might have inferred by now, the regulatory functions of the HSP's nervous system are often greatly amplified. Thus it is necessary that the practitioner take time at the outset to verify what depth and pressure are most amenable. In turn, it is helpful when the HSP clients themselves come prepared to discuss the variances in touch that they prefer. Too often, your idea of a gentle pressure may be more akin to a vortex of squeezing pain for this client. Also, because they are often more thin-skinned in the literal sense, hyperemia may set in at a much earlier juncture and that might be a signal that it is time to move on to a different area of the body—at least for now. While everyone has densely-packed nerves in certain portions of the musculature, making a slow and steady approach more welcoming at the beginning of a session, this is even more important for HSPs. That prior discussion, as well as regular check-ins during the session, can increase their receptiveness of the healing process.

4. ASK ABOUT SCENTS, PERFUMES, LOTIONS, AND TEXTURES BEFORE YOU BEGIN A TREATMENT

Once again, it is likely a good idea to ask all fellow students and/or clients about this type of sensitivity, but for the HSP client, it is of critical importance. How can you tell that there's nothing strange going on in the surrounding physical environment? Unless you yourself are an HSP, you can't, but the four people in the room who are coughing, sneezing, and kindly offering each other tissues are HSPs, and some of them can smell the cleaning spray that you used two days ago, to wipe down your table. Of course, you can't not clean your tables or the room, but HSPs will be grateful if you use a more natural cleaning solution or air out the room beforehand. The HSP client should understand, however, that rooms must still be cleaned, lotions may be used,

and people must wash their hands with soap; but just as you would try to refrain from using scents, lotions, or perfumes that might make an asthmatic ill, it's a good idea to be a little bit more familiar with the HSP client's sensitivity. Because such sensory sensitivities may affect this population more drastically than the rest of the populace, a little scent—or nothing scented at all—goes a long way. While this may not always be an option, a less-is-more approach may be warranted, at least for the first time that a lotion or an oil is used. It's important to note that, as in other areas of life, not all HSPs may be sensitive to too much lotion or even to a lightly-scented lotion, but it is much better to find this out beforehand. Your client does not want a severe rash—and you don't want him or her to get one.

5. TEMPERATURE

The HSP fellow student and/or client may be more highly attuned to varied and subtle environmental and temperature variances. Since his or her nervous system tends towards a higher level of depth of integration, the temperature in the room may be a determining factor as to whether or not he or she will benefit, overall, from a bodywork session. Sometimes, the temperature may even hurt his or her skin and make it harder to settle the nervous system. Because overstimulation occurs more easily in their general systemic functioning, it is a good idea to ask if they tend towards feeling either cooler or warmer—or sometimes both. You may inquire about this not only before but also during a session. The HSP client may feel differently throughout different portions or segments of the treatment, or even on different days. It is wise to have a backup plan, perhaps in the form of extra blankets or sheets, if they are too cold, or the use of a fan if they tend to be too warm. Certain lotions or oils may also grant a cooling or warming sensation, so a patch test on a small portion of skin may be advisable before beginning the bodywork session. Since these

clients' bodies process and interpret temperature and weather-related changes more acutely than much of the population, the client and practitioner may be able to come up with some clever or newly-imagined compromises. Environmental factors such as these may prove somewhat trickier to resolve, which is why, as in other cases, it is still a good idea to ask, at the outset, if this might be pertinent.

6. THE LIGHTING IN THE ENVIRONMENTAL SPACE

Along with some of the other sensory challenges that the HSP client may face, lighting is a particularly important variable to address if possible. Just as touch, smell, and temperature may impact the HSP client's ability to settle down and let their nervous system begin to relax, so too may a light burning a touch too brightly impede the resulting bodywork session. For instance, some people may find that lighting can trigger headaches, migraines, anxiety, and dizziness. While lighting is not always so easily adjustable, there are many ways that you can accommodate this sensitivity, such as dimming the lights, using a lamp or two, using a small salt lamp that emits a pleasant glow, or allowing your client to use a facemask or a rolled-up washcloth over their eyes. While not all of these resources may be available to you, even one is better than none—and if you ask your HSP client directly for some of their suggestions, many of them will be more than happy to suggest a way forward. Particularly in the case of lighting, many of your HSP clients will thank you for your care and concern.

You may now have at your disposal many new ideas to help your HSP client, as well as others of a similar nature or disposition, on the road to relaxation and comfort. The unusual chance to work with such clients may be a tricky endeavor at first, but when approached with care, concern, and kindness, they may become the happiest of all your clients. Taking an understanding approach to their specific needs and their various sensitivities may pose some interesting challenges, but the opportunity for both student, practitioner, and client to grow can encourage a beautiful growth mindset. All of your clients could benefit from this and will appreciate such sensitivity, care, and concern.

Happy massaging and bodyworking to all! **AIM**

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2019 Golden Flower Scholarship Winners

Each year, Golden Flowers Chinese Herbs generously provides Pacific College of Health and Science with a scholarship for one student from each campus who demonstrates exceptional knowledge of herbal studies on the second year comprehensive exams. The recipients will have also exemplified the high level of professionalism necessary of a successful practitioner. In 2019, the winners were:

San Diego: Mozelle Armijo
New York: Young Choi
Chicago: Madeline Guzman

AIM



Madeline Guzman



Young Choi



Mozelle Armijo

WELLNESS MARKETING 101: GET COMFORTABLE WITH MARKETING YOUR BRAND continued from page 13

Your Business Success = More People Getting Help

If there's one belief we wish to instill in all the wellness businesses out there, it's that your success directly translates to healthier, happier people. If you're thriving in your business, you're treating more patients, having better results, and spreading the message of holistic care further.

Success = Healthier People!

Unfortunately, good intentions alone don't bring in patients. Practices that rely on providing good results and hoping for sustainable growth from word-of-mouth are often left teetering for survival in the long run. The best acupuncturist or naturopath in the world will be patient-less if no one knows they exist.

These days, the wellness industry is *huge*. You have to show up to be seen or heard.

To make a living, create financial freedom, grow your practice, help more people, and have a true impact, you have to get your message out to the people who need you most. **This is called "marketing."**

What Marketing is... and Isn't

After working with a variety of practitioners and holistic brands, we've found that most people don't truly understand what marketing is. Many people feel negatively towards marketing or are worried they'll come across as "sleazy" or "self-indulgent" if they invest in marketing. Nothing could be further from the truth! Let's set the record straight about what marketing is and isn't.

Marketing is education and communication. You have superpowers. For some, it might be the ability to squash anxiety with compassionate listening and some expert mindfulness exercises. For others it may be to completely revamp the environment of the gut with tailored diets to reverse IBS. Others can make pain disappear with a handful of well-placed pins. Whatever

your superpower, marketing helps you educate the public about what you do, how you do it, and how to reach you. There are likely more people in your local area who need your services than you could possibly work with. But they won't find you until you market yourself.

Marketing isn't a bad word.

Many of us have had icky experiences with sales and marketing. Perhaps you're thinking of a time when you felt pressured to buy something or were annoyed by aggressive advertising techniques. These tactics are definitely not what we're going for and, in fact, they aren't really marketing!

Good marketing doesn't feel slimy. Good marketing feels like **educating, sharing, and connecting**. You make yourself known to the people who are already looking for you. People have problems, you have solutions. Don't hide and stall their healing—tell them!

Marketing is responsible.

Marketing your business isn't just for you—it's for your patients too. The more successful you are in your business, the longer you will be able to run your practice and be there for the people who need you. If you're enjoying a steady schedule, treating the conditions you love to work with, meeting clients you care about, and making the right amount of money to feel valued, you will enjoy your work more and provide better care.

Marketing is the most reliable way to ensure that your practice stays around for the long run. With a steady marketing plan, you're exponentially more likely to create a practice or wellness business that is responsible and sustainable enough to provide exceptional care for your community.

DIGITAL MARKETING MUST-HAVES: THE FIRST STEPS TO A THRIVING WELLNESS BUSINESS

Our world is increasingly digital.

While it was possible to get by without a website or social media page a decade ago, it's a bad business move today. Prospective clients rely upon perceived expertise, trust, and familiarity when deciding to book or purchase. Their first stop? Your website.

Unfortunately, an unprofessional website or unresponsive social media platform negatively reflects on your skills and your business. The remedy is a killer web presence and strategic digital marketing. Through the web, we can help your future clients experience the essence of your practice before they even make the first move.

This all relies upon a solid brand foundation and authentic design and marketing. We've found that business are most successful when they're strong in these key areas:

- **Authentic Brand and Message**
A unique brand that reflects *you*, and your core message, with a clear, niche target audience.
- **Professional, Captivating Website**
A well-designed, professional website that fosters trust and positions you as the right choice for your chosen audience that is built to *convert* visitors into clients.
- **Social Media and Newsletter Strategy**
An effective and fun strategy that builds the know-like-trust factor, stays on brand, and keeps a healthy balance between value (75%) and offers (25%).
- **Blogging and Content**
Blogs, articles, e-books, and other digital content that build and support your expert status while also boosting SEO (key for helping clients to find you on the web).
- **Signature Courses or Programs**
A signature course that spreads your knowledge even further and creates a passive income

stream. This is the next level in marketing your niche expertise: offering a 1-to-many course, increasing your reach, and multiplying your income.

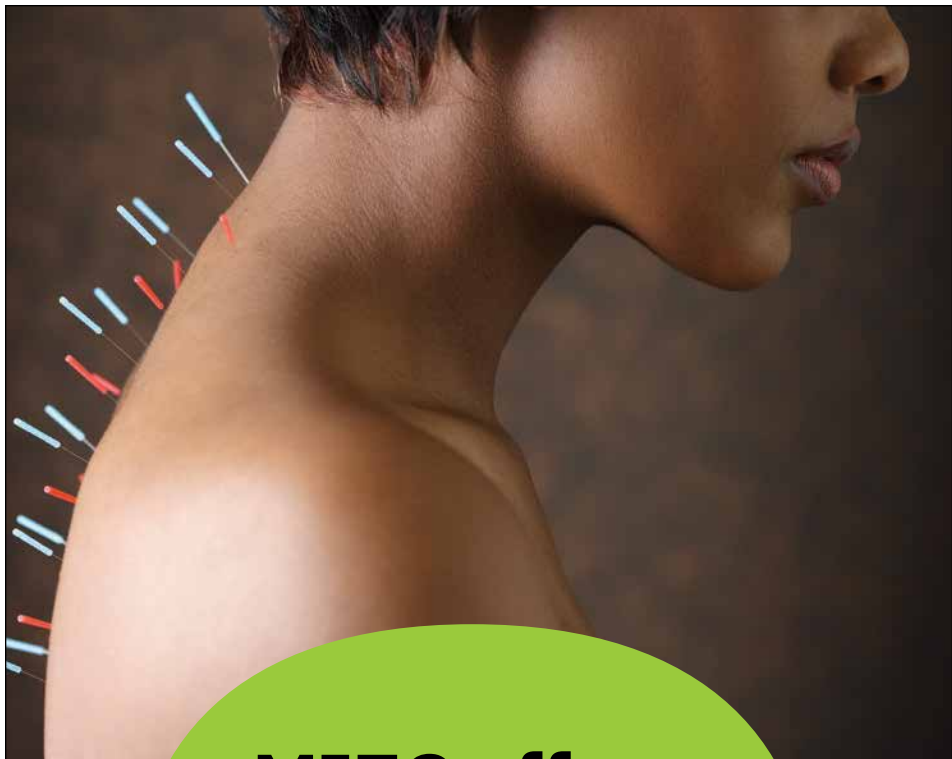
THE SOUL OF YOUR MARKETING STRATEGY

As you start to brainstorm your brand and marketing plan, it helps to consider what the "soul" or "heart" of your strategy will be. Ask yourself: what is the deeper purpose for the work you do? What are your loftiest business goals (if time and money were no object)? How will you know when you're experiencing success? These questions will help you focus in and create a marketing strategy that works for *you*—because everyone's plan looks a little different.

While you're brainstorming, be sure to include these key aspects into your plan as they will steer you away from sleazy sales copy or disjointed branding and lead you to a marketing plan that not only reflects but enhances your true brand.

- **Consistency**
As with most things in life, consistency is the key. Regular posts and blogs and an active digital presence shows your clients that this business is your passion and you're willing to show up. This also solidifies your "know-like-trust" factor—often the key to landing a client's first appointment or sale.
- **Authenticity**
Be *YOU*! Authenticity is one of the main reasons the right client will choose you over someone else. When your marketing is authentic, clients feel it and gravitate towards you. This is what makes good marketing so different from sleazy sales.

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Shen, being ethereal in nature, is not as dense as the body, and thus, within this corporeal vessel, it can become stagnant. The associated emotions, if not expressed, lodge themselves in the cells, creating a state of psychospiritual toxicity. If this spiritual blockage is not moved through the action of the qi, then the person may seek something or someone to help them forget their longing and emptiness.

THE GUI: GHOSTS

A Story of How A Demon Affects the Shen

Poney Chiang, PhD, in an article titled *Spirits, Ghosts and Chinese Medicine*, relates a fascinating account of demonic possession, and how a specific acupuncture point was utilized to expel a demon. Apparently, a tui na doctor from China witnessed his aunt exhibit a superhuman ability: she leapt upon the roof of the house. This was followed by uncontrollable dancing, as if she were possessed by a malign spirit.

Her husband, a martial arts instructor, climbed up on the roof to bring her down, but she overpowered him and threw him off the roof without any effort. Due to the tremendous commotion, a crowd quickly gathered and speculated as to whether the doctor's aunt was possessed by a specific demon.

After several other attempts to subdue her failed, the doctor was instructed by an unknown villager to strike his aunt in her armpits. When he did so, she immediately collapsed, and, upon regaining consciousness, she had no memory of the incident.

Dr. Chiang observes that this point in the axilla could only have been H 1, jiquan, Summit Spring, the entry point of the heart meridian, and the abode of shen. For the *gui* or "ghost(s)" to affect the shen, it needed to invade the heart. The pain that the possessed woman experienced from the striking of this point caused the *gui* to depart and return to its original host.

As a metaphor for opioid addiction, this story vividly describes the shen possession that is so apparent in addictive patients. Dr. Chiang also indicates that Ge Hong, the famous Taoist alchemist from the 4th century CE, used painful contact moxibustion to treat madness, rage, and epilepsy. Pain was intentionally inflicted on the body to resuscitate the shen disturbed patient and to dispel the *gui*/pathogen.

GUI: THE PERSONIFICATION OF THE SHADOW

Sun Si Miao (581-682 CE), a Taoist doctor and acupuncturist from the Tang Dynasty, called entities which seek only material sustenance *gui*, or ghosts. These entities can either be



inherited as predispositions that we repeat throughout our lives without any awareness, or take the form of addictions: opioid abuse, alcoholism, eating disorders, smoking, or any imbalance that imprisons the shen.

Gui can be regarded as the embodiment of the "dark" side of the human psyche—forces and drives that remain unconscious. They also can be personifications of all the haunted, suppressed qualities that we have stashed away in our emotional closets, judged by us as negative, wrong, inferior, scary, or frightening. These forgotten shards of ourselves have been shoved down "under the belt", only to emerge when abnormal stresses or pressures manifest to disturb our daily lives—deaths, loss of employment, divorce, or other traumas.

It is then that the *gui* emerge from those deep recesses of our being, showing their faces to the light of day. These demons take control, manifesting as fright, fear, depression, rage, and even mania. The shen is disturbed and the *gui* searches for something to dampen the pain and uplift the spirit. At this time, the euphoric effect of opioids may seem attractive to the suffering person. Jung would have regarded the *gui* as synonymous with the shadow, because it represents all the orphaned, disembodied, rejected aspects of ourselves.

The late Giovanni Maciocia observed that the Chinese characters for both the *bun*, the ethereal soul, and the *po*, the corporeal soul, contain the radical for *gui*, and that these souls are independent of the mind. In my opinion, this means that humanity possesses free will. While the path of opioid use may originate in conscious choice, however, this addiction eventually robs the person of their capacity to choose, stripping them of their dignity. They are not in control of their impulses. The demons take hold of the "dark forces" of the psyche.

Protocol 1: Gui - The 13 Ghost Points

I have used Sun Si Miao's 13 Ghost points in my practice and have taught them to students in the Alchemical Level of the 2-year International GOLD STANDARD FACIAL ACUPUNCTURE® Certification Program at Northwestern Health Sciences University. I have also included them in the curriculum of a course

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Point	Pinyin Name	English Name	Sun Si Miao's Treatment Technique
Du 26	<i>gui gong</i>	Ghost Palace	Needle 0.3-.0.5 cun
Lu 11	<i>gui xin</i>	Ghost Convincing	Needle 0.1-0.2 cun
Sp 1	<i>gui lei</i>	Ghost Fortress	Needle 0.1-0.2 cun
P 7	<i>gui xin</i>	Ghost Heart	Needle 0.3-0.5 cun
UB 62	<i>gui lu</i>	Ghost Road	Warm needle; 3-7 quick thrusts
Du 16	<i>gui zhen</i>	Ghost Pillow	Needle 1 cun
St 6	<i>gui chuang</i>	Ghost Bed	A warm bleeding needle
Ren 24	<i>gui shi</i>	Ghost Market	Needle 0.2-0.3 cun
P 8	<i>gui ku</i>	Ghost Cave	Needle 0.3-0.5 cun
Du 23	<i>gui tang</i>	Ghost Hall	Needle 0.3-0.5 cun
Ren 1	<i>gui cang</i>	Ghost Hidden	Moxa 3 times (men); moxa stick (women)
LI 11	<i>gui cheng</i>	Ghost Official	Warm needle; 3-7 quick thrusts
Extra point: Hai Quan	<i>gui feng</i>	Ghost Seal	Prick and bleed the midpoint of the frenulum under the tongue

that I co-created with my partner MichelAngelo: *Vibrational Medicine: 5 Element Intergenerational Patterns and GeneAstrology™*. The latter course applies Acutonics® tuning forks to the points and meridians of the body instead of needles. These points are extremely effective when integrated into a constitutional treatment and address anything that imprisons the spirit.

Sun Si Miao first documented these points in his 7th century work *The Thousand Ducat Formulas*. They relate to the removal of energetic blocks and emotional fixations, and alleviate symptoms of manic depression, epilepsy, fright, bipolar syndrome, mental unrest, and disturbed shen, all of which are categorized as forms of possession. The treatments employ a combination of needles, moxa, and bleeding techniques.

I do not recommend that the practitioner use all 13 of the points in one session, unless exceptional circumstances should indicate that they do so. I usually rotate 2 or 3 Ghost points in each session, and integrate them into a constitutional treatment protocol, focusing on anchoring the yang qi and nurturing the yin.

In my research, I discovered Sun Si Miao's *Ode to Needling the 13 Ghost Points*, translated into English.

Sun Si Miao referred to a “ghost evil” as a disorder associated with demonic possession, and offered the following associated symptoms:

- Seeing ghosts: delusions of ghost-like imagery; hallucinations
- Ghost talk: delirious speech, ranting and raving
- Floating ghost talk: mental unrest, disruption of the spirit
- Floating corpse talk: delirium manifesting during the terminal stages of tuberculosis
- Mad ghost walking: disturbed sleep walking

All the Ghost points address these manifestations of disturbed shen; some of them expel internal and external wind, restore consciousness, and clear heat. (see table above)

Protocol 2: A Rarely Used Psychospiritual Point: SJ 2, *Yemen*, Fluid Gate

The second treatment protocol involves *san jiao* 2, a ying-spring point that clears heat from the upper body. It could have been, in my opinion, a 14th Ghost point, although there is no reference to shen in its name.

It is useful in the treatment of local pain, heat, and swelling of the back of the hand, with contracture of the five fingers, referred to as DePuytren's Syndrome. The *san jiao* meridian ascends to the head, the outer canthus of the eye, and enters the ear, therefore this point also addresses tinnitus, deafness, earache, headache and other symptoms of heat imbalance. It can also be very effective in the treatment of shen disturbances.

SJ 2, *yemen* functions:

- Moistens the mucuous membranes and regulates fluids in the upper body
- Calms heat and benefits the eyes and ears
- Calms the Shen

Indications:

- Red and dry eyes and face
- Palpitations, frayed nerves, epilepsy, insomnia, shortness of breath, and psychospiritual imbalances

SJ 2 is the water point on the fire channel, and it transports fluids to the face and head, which cools, moistens and calms this area of the body. The *san jiao* exterior/interior relationship with the pericardium, which wraps around and protects the heart, the abode of shen, allows SJ 2, *yemen*, to treat a patient who is unable to “go with the flow,” one who lacks fluidity in their life.

For more serious psychospiritual/shen manifestations, such as manic depression, manic raving, ceaseless laughter or weeping uncontrollably, I needle this point in tandem with Sun Si Miao's fourth Ghost point, P 7, *gui xing*, Ghost Heart.

This powerful combination cools and moisturizes the head, face and sinuses, and clears heat from the heart, calming the shen.

Protocol 3: A Japanese Treatment for Opioid Addiction

This third protocol was originally designated for opiate abuse, and addictions that toxify and damage the kidneys. The first point needled is Japanese K 9, *zhubin*, Guest House. In *Grasping the Wind*, it is explained that the radical *zhu* means “attack” and the radical *bin* means “to expel”, i.e., the pathogen from the kidneys. *Zhubin* is a *xi-cleft* point which addresses emergency conditions, and

being a yin point, also treats blood and shen imbalances, because the blood rules the shen. This makes it a perfect point for manic depression, fear, fright and chemical toxicity that can arise from opioid addiction.

K 27, *shufu*, Shu Mansion, is the kidney transporting *shu* point, where the qi of the kidney is collected. It is a mansion that abundantly contains kidney qi and essence.

Indications:

- Long term addictions, which damage the kidneys
- Opiate addiction: opium, heroin, morphine, codeine and opioids
- Shen disturbances
- Overuse of steroid hormones
- Overuse of anti-inflammatory drugs

Needling Protocol:

Japanese K 9, *zhubin*, is 3 cun below K 10, *yinggu*. Needle K 9 perpendicularly and bilaterally, or use direct moxa.

K 27, *shufu*, is needled bilaterally and transversely toward the Ren Mai, the sternum.

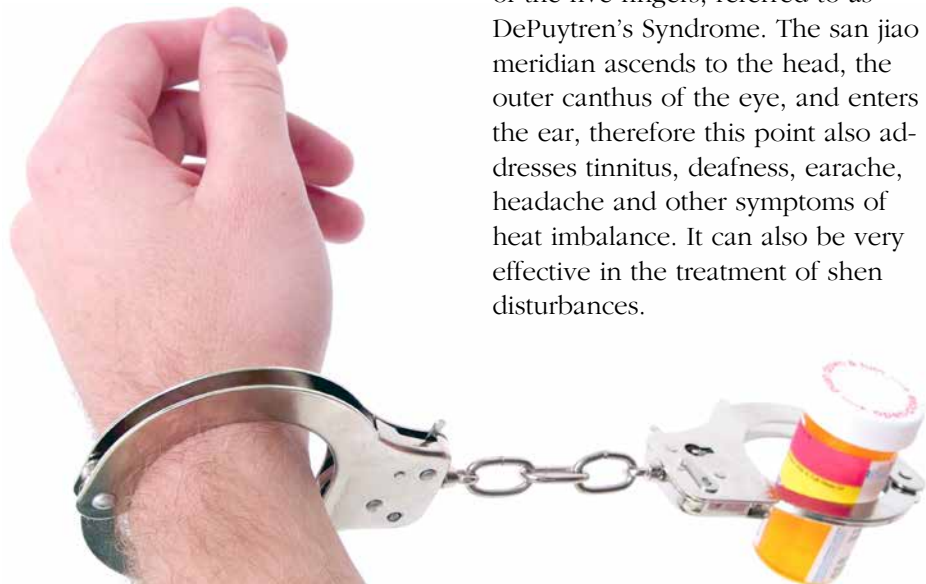
Retain these needles in the body for the entire constitutional treatment unless otherwise indicated.

CONCLUSION: A FEW INSIGHTS

“The non-medical use of prescription drugs has been fueled by the medical community's over-reliance on the use of prescription opioids to treat both acute and chronic pain.” Both medical and non-medical use of opioids has escalated in recent years. It is important for us, as acupuncturists, to collaborate with doctors, therapists and other health-care professionals in treating and addressing this wound paralyzing our society.

We are representatives of a medical tradition that has endured for thousands of years, that makes use of both logic and intuitive insight. Traditional Chinese medicine is both an art and a science; it respects individual differences and the significance of specific patterns or archetypal imbalances that may arise during the course of treatment. We know how to treat imbalances of shen, such as addiction affecting both the physical and psychospiritual levels. We can compassionately educate patients about change, choice, and the possibility of healing and transforming their lives. **AIM**

MARY ELIZABETH WAKEFIELD, LAc, MS, MM, is the internationally recognized author of *Constitutional Facial Acupuncture* (Elsevier UK, 2014), and the co-author of the forthcoming new book, *Vibrational Acupuncture: Integrating Tuning Forks with Needles* (Singing Dragon, UK, 2020). She is an acclaimed teacher, acupuncturist, herbalist, cranio-sacral therapist and professional opera singer. www.facialacupuncture-wakefieldtechnique.com.



2020 PACIFIC COLLEGE STAFF ACKNOWLEDGMENT PROGRAM

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

Some employees have been with Pacific College for years, while others have just joined the team with enthusiasm. Pacific College would like

to ensure that each and every employee knows how much their service and passion are appreciated.

We are ever grateful for our motivated and talented staff members, many of whom have been with the college for over a decade, and we look forward to growing the Pacific College family over many successful years to come. **OM**

SAN DIEGO

NAME	YEARS	NAME	YEARS
Miller, Jack	31	Bristow, Melinda	4
Gomes, Stacy	22	Monroe, Sabrina	4
Creney, Shanna	22	Exner, Miles	4
Floyd, Cindy	20	Diaz, Alexander	4
Phillips, Donald	19	Paniagua, April-Dawn	4
Corona, Nayeli	15	Alilin, Sasha	3
Spatuzzi, Michael	13	Hiday, Adreana	3
Leyva-Padilla, Brenda	12	Zhang, Ronghuan	3
Apolonia, Jennifer	11	Roberts, Jeannine	3
Robbins, Tracy Ann	11	Cobbs, Aletra	3
Hotelling, Brian	10	Phouthavone, Deanna	3
Floyd, Charles	9	Virgen, Marlene	3
Tang-Ritchie, Leng	8	Moore, Wyntress	2
Reuss, Deborah	8	Leon, Dulce	2
Monreal, Francia	8	Unger, Candace	2
Lane, Gregory	7	Benefiel, Patricia	2
Wilkins, Omar	7	Turotte, Nathalie	2
Powers, Teri	5	Jerred, Kevin	2
Elefano, Elaine	5	Lowery, Jasmine	1
Smith, Beatrice	5	Le, Truong	1
Johnston, Jessica	4	Bennett, Dylan	1
Guptha, Leena	4	Fisher, Liesl	1
Russo, Gregory	4	Contreras, Jose	1

NEW YORK

NAME	YEARS	NAME	YEARS
Garwood, Shana	20	Nowak-Gaikwad, Joanna	3
Neipris, Cynthia	17	Mojica, Erika	3
Husbands, Sheldeane	13	Ambrosio, Nicholas	3
Oziransky, Svetlana	11	Chiu, Kathy	2
Rodriguez, Anthony	8	Kendrick, Steven	2
Knight, Kellie	7	Dillon, Shaneka	2
Rios, Isabel	6	Perez, Miguel	1
Garcia, Julian	6	Morgan, Baldeo	1
Clarke, Calisha	6	Lesta, Justin	2
Youngren, Malcolm	7	Arias, Delilah	1
Ramkalawan, Rajendra	5	Rodriguez, Javier	1
Kowal, Ashley	4	Santoro, Michael	1
Miles, Lydia	3	Dorsey, Tony	1

CHICAGO

NAME	YEARS	NAME	YEARS
Sheldon, Lynn	12	Ramey, Andrea	2
Mattson, Brendan	11	Lampkin, Sheilah	2
Sol, David	10	Pearson, Zenzile	1
Frech, David	7	Paul, Lolita	1
Graves, Matthew	3		

WELLNESS MARKETING 101: GET COMFORTABLE WITH MARKETING YOUR BRAND continued from page 17

- Uniqueness and Niche**
There isn't a soul reading this article who doesn't have something unique to offer. If you don't see your business or offerings as unique, dig a little deeper. What are your passions? What brought you to this medicine? What life experiences have shaped you? Who do you love to work with? What do clients love about you? What aspects of your personal life can you share to create more trust factor and connection? One thing to consider when establishing and marketing your unique brand is creating a *niche*. A niche is your expertise, where you shine and doing the work that truly lights you up. Defining your niche is crucial for standing out, attracting the right clients to your business and building your business. When your website and social media marketing accurately reflect your niche, these perfect clients will feel like they've finally found someone who *gets* them.
- Quality and Value**
A balance between fun and educa-

tional is always good, but the meat of your marketing needs to hold value and be of excellent quality. Show prospective clients that you really are an expert and make the time they spend getting to know your brand worthwhile.

We highly recommend creating programs to level up your brand quality. Programs instill a ton of confidence in you as a practitioner and give your clients a more well-rounded way to achieve their health goals. In addition to showing your clients that you are the real deal, these courses greatly expand your income and give you the platform to have a much larger impact. Programs could be in the form of wellness challenges, workshop courses, online courses, certification courses, membership programs, and more!

- Commitment**
Research shows it takes an average of 7-8 touchpoints (or interactions with your content) for a

client to act. These touchpoints build confidence and familiarity and lead to better, longer client relationships. Avoid trying out tons of different marketing ideas; develop a solid strategy and stick to it!

GET COMFORTABLE WITH MARKETING

If you're new to marketing, this may all sound a bit overwhelming. Even if you've been working in your field and building your business for years, it's normal to find business and marketing confusing or even uninteresting.

We'd like to invite you get more comfortable with the idea of marketing your business and take the first (simple!) step to starting your digital marketing plan: **solidify your brand**.

Who are you as a practitioner, mentor, and business? Determine your niche... then make it even more specialized. Brainstorm how you can use digital marketing to share your story, find the people who need you, and add value to your brand. List the

ways that marketing your business will help others.

Knowing your brand and getting comfortable with the idea of marketing is the first step to creating a truly thriving practice or wellness business and growing your outreach. So, who will you be?

To figure out the next step for your wellness marketing strategy, get my free branding guide here: <https://www.modernwellnessdesign.com/AIM>. **AIM**

JOHANNA KIRVESMAKI, LAc, is a Pacific College of Health and Science graduate and the founder of Modern Wellness Design, a marketing agency for holistic and integrative wellness practitioners, entrepreneurs and clinics. The Modern Wellness team combines brand strategy, visual branding, website development, and design with digital marketing, social media and SEO to help wellness practitioners thrive and have the practice and lifestyle they've always dreamed of. Thanks to her amazing clients, she's living out her passion for both wellness, design and entrepreneurship, all while helping practitioners help more people!

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Pacific College Faculty, Alumnus, and Board Member Lead National Research at Society for Acupuncture Research

By **STACY GOMES**

The 2019 Acupuncture Research, Health Care Policy and Community Health conference in Burlington, Vermont showcased the expansive skills and accomplishments of several faculty and alumni. Faculty members Beau Anderson (New York) and Anna Smith (San Diego) and alumnus Ken Glowacki (San Diego) kicked off the pre-conference with the Educator's Roundtable on how we engage students in research through evidence-informed practice and incorporating fundamental theories of the medicine. The participants agreed there is a need for more teacher training on incorporating research into courses at the colleges.

Faculty member Juli Olson (San Diego), alumnus Justin Heesakker (San Diego), and board member Ben Kligler presented the integration of acupuncture at the Veteran's Administration, the largest healthcare system in the United States. Presenters discussed the challenges and opportunities of rolling out acupuncture on such a large scale across a large area. A list of approved evidence-based complementary integrative health (CIH) methods were added to the Veteran's Benefits Package in 2017 that includes acupuncture, bio-feedback, clinical hypnosis, guided imagery, massage, meditation, taiji/qigong, and yoga. In addition, the Veteran's Administration created a Qualification Standard for Licensed Acupuncturists so that they may be hired as full-time federal employees. Veterans now have access to acupuncture care that they previously would have paid for out of pocket, and new possibilities are opening for large-scale acupuncture research. The growth of acupuncture in the VA is expected to continue at a quick pace to meet the demand for acupuncture services.

Julie Olsen, DC, LAc, works in the VA Central Iowa Healthcare System. Justin Heesakker, DAOM, LAc is an implementation consultant for the

U.S. Department of Veterans Affairs, running the Field-Based Implementation Team (FIT). Ben Kligler, MD, MPH, is the National Director of the Coordinating Center for Integrative Health of the U.S. Veteran's Health Administration.



Lamya Kamel, Chicago faculty member and chair of the Department of Professional Practice, presented a poster titled "An Integrative Approach to Pain Management". This was a retrospective chart review and cost-effectiveness pilot study at five integrative clinics.


The need to get the word out about the profession was a theme throughout the conference as we heard about methods for dissemination of acupuncture research to providers and patients.

Mel Koppelman, executive director of Evidence Based Acupuncture, referenced literature reviews of the most up-to-date evidence for acupuncture in a variety of clinical areas. Evidence Based Acupuncture uses systematic reviews and basic science research and includes discussions of popular treatments for these same conditions. David Miller, Pacific College faculty (Chicago) and president of the American Society of Acupuncture, discussed the growth of the association as well as legislative work. Matt Bauer, founding director of the Acupuncture Now Foundation, collects and disseminates unbiased and authoritative information about all aspects of the practice of acupuncture. Narda Robinson presented recent work of the American Academy of Medical Acupuncture that sparked a lively discussion of the scope of recognition for acupuncture.

Attendees were inspired by the presentation by Dave Clark, NCCIH

Program Director, on new funding mechanisms for implementation science research and opportunities to advance acupuncture. Implementation science is the scientific study of methods to promote the integration of research findings and evidence-based interventions into healthcare practice and policy. NCCIH priorities for implementation science research were discussed, along with current funding pathways for acupuncture. NCCIH Director Helene Langevine capped the conference with a discussion of her vision for the future of complimentary and integrative health towards whole health. **AIM**

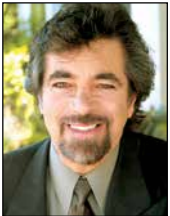
DR. GOMES is Vice President of Academic Affairs at Pacific College of Oriental Medicine where she has worked since 1997. She received her master's degree in education technology at San Diego State University in 1997 and her doctorate in educational leadership at the University of La Verne in 2006. In addition to her work at Pacific, Dr. Gomes serves on the Accreditation Committee for Acupuncture and Oriental Medicine First Professional Doctorate Task Force, UCSD Center for Integrative Medicine, Research Committee, UC Irvine Susan Samueli Center for Integrative Medicine Clinical & Professional Advisory Committee, a reviewer for the Department of Veterans Affairs Health Services Research and Development Service, is the Co-Chair of Council of Colleges of Acupuncture & Oriental Medicine First Professional Doctorate committee, is a member of the Western Association of Schools and Colleges Academic Leadership Academy and the AC-CAHC Education Working Group. Her expertise is in higher education accreditation, assessment and program evaluation. She writes, consults and trains on accreditation, instructional and curriculum design, faculty development, program evaluation and student learning. Dr. Gomes also teaches Clinical Research Design in the master's program and Teaching and Leadership Skills in the doctorate.



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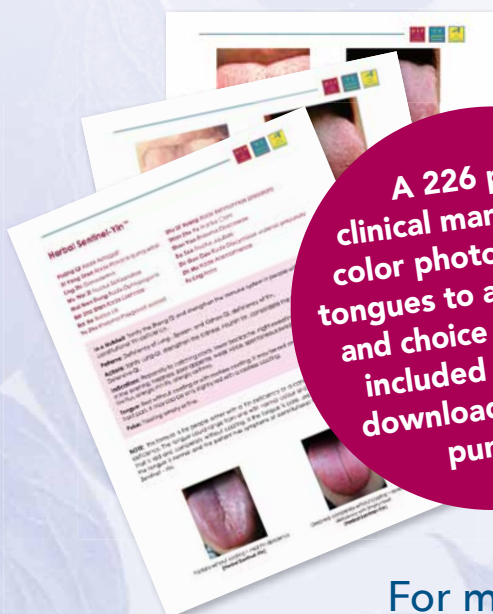


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Drain Fields™	Dampness in Middle Burner	Huo Po Xia Ling Tang
Buddha's Hand™	Qi stagnation in Middle Burner, rebellious Stomach-Qi, Dampness	Mu Xiang Shun Qi Wan
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