

Oriental Medicine

SPRING 2019

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The Case for INTERDISCIPLINARY COLLABORATION

By **CARLA MARIANO**

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The human service professions are facing problems so complex that no *single* discipline can possibly respond to them effectively. Physical and sexual violence, substance abuse and the opioid crisis, poverty, homelessness, natural and man-made disasters, and the growing elderly population pose but a few of the crises facing society and the health professions today. Each of these crises requires a comprehensive approach and necessitates that professionals relate to many client-institutional systems as well as collaborate with many professions. The client is an integral partner in this collaboration.

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Heat Therapy: *Moxa* *and Alternatives to Moxa*

By **AMY MAGER, MS, LAc, FABORM**, and **CHRISTINE CRONIN, DAOM, LAc**

Heat therapy is an integral treatment of Chinese medicine. Although we concur with our colleagues that moxa is our best choice for heat therapy, barriers may exist that could prevent a patient from using moxa or being able to use it often enough to have a therapeutic effect, yet in many instances, heat therapy is a necessary component of a patient's treatment plan. In this article, we discuss historical references to the use and importance of moxa, alternatives to moxa using other forms of heat therapy, and practical applications of heat therapy that patients can apply using common household items.

HISTORICAL REFERENCES TO THE USE AND THE IMPORTANCE OF MOXA

Our classic texts discuss the need for moxa when appropriate, but also the dose or frequency in which it is most effective. From *The Golden Mirror of Medicine*, we learn the importance of heat dosage: "When treating diseases with moxibustion,

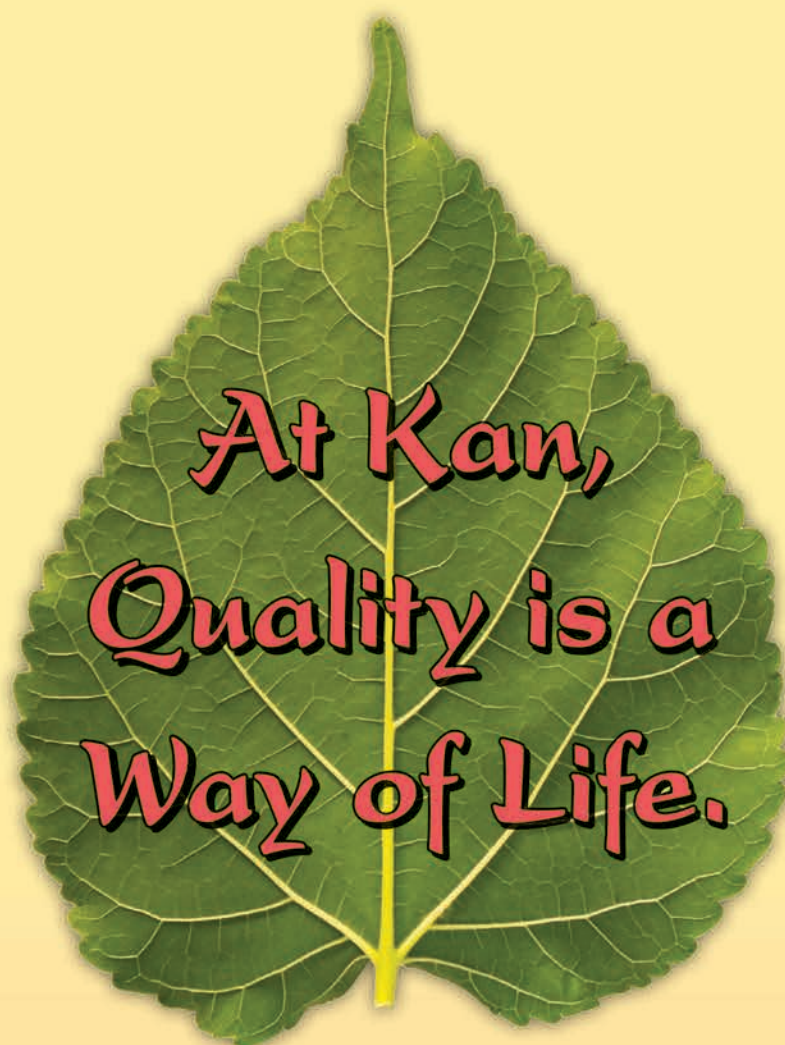
for there to be any effect, the heat must be sufficient to obtain the Qi" (O'Conner & Bensky, 1981; Wiseman & Mitchell, 1999). This means that it is not enough to wave the moxa stick above the point, but that the patient must experience the sensation of the heat coming to the point. I was taught by Raven Lang to teach the patient to say "hot" when it is too warm for them and to immediately press the heat into the skin if using a moxa stick, or to remove the ibuki or direct moxa if one is using that, to ensure that the experience of the heat coming to the point three times is achieved.

Dharmananda (2004) discusses chapter 73 of the *Lingshu*, which states, "A disease that may not be treated [is not successfully treated] by acupuncture may be treated by moxibustion". We see this situation with a variety of patients. One example is with patients who have compromised or weak wei qi and

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Providing Your Patients with Exceptional Experiences

A great way to increase patient satisfaction, improve treatment outcomes and receive more money for your services

By EAST HARADIN-PHILLIPS, DAOM, LAc

"At the end of the day people won't remember what you said or did, they will remember how you made them feel.

-Maya Angelou

(This applies to your treatments as well.)

After I graduated from PCOM's master of traditional Oriental medicine program in 1999, I saved up for 2 years to treat myself to a spa day. My office was next to a fancy Aveda day spa where I often saw women lounging around in robes, fluffy slippers, and eye masks, getting fully pampered. With school debt and a high cost of living in San Diego, it took me nearly 2 years to save up the \$299 for a spa package. I was so excited to finally treat myself and recharge my batteries, which were completely drained from treating 25-30 patients per week and another part-time job, along with the everyday stresses of life.

I checked in with the receptionist and waited in the tranquil aromatherapy-filled waiting area. "Ahhh! Finally," I thought to myself. Then my name was called out by one of the therapists "East?". My heart fluttered with excitement as I was finally giving back to myself what I had been giving to patients for nearly 2 years. I really needed this.

As we walked down the hallway to our treatment room, the therapist and I began some small talk. "How long have you been a therapist?" I asked. "6 months," she replied. "That's great. How do you like it?" I inquired. She responded, "Actually, I hate it." My dancing heart fell flat on the floor. To this day, nearly 20 years later, that was one of the worst massage and treatment experiences of my life. Her massage reflected her attitude towards her chosen profession and my \$299 would have been better spent elsewhere. In fact, I felt ten times worse after I left, almost as though I took on some of her negative energy.

This is obviously an example of a horrible treatment experience. I share it with you in hopes that none of you provide patient care like this, and to have you ask yourselves: what kind of treatment experiences do you give? Are you grumpy and complaining? Are you pleasant and present? Do you give robot-like, protocol-centered treatments, or do you give your patient an experience that leaves them feeling genuinely cared for and better than when they walked in? Is it even your intention to provide

exceptional experiences? Perhaps it should be.

Providing exceptional treatment experiences will:

- Increase patient satisfaction;
- Result in patient retention and referrals;
- Increase treatment outcomes; and
- Allow you to charge more for your treatments.

Studies have shown that patients with greater satisfaction after a session obtain better treatment outcomes. Happier and more satisfied patients undoubtedly return and refer their friends and family to you. With greater treatment outcomes and enhanced treatment experiences, patients (and insurance companies, in some cases) will be willing to pay more for your sessions. More patients plus the ability to charge more for your services equals more money for you. **Win-Win!**

I would absolutely LOVE for each and every one of us to provide exceptional treatment experiences because I believe the benefits are far-reaching and include:

- Patients willing to pay more for your services.
- Patients get better, faster, with improved treatment outcomes.
- Data, and word of mouth, reveal a higher efficacy of our medicine, thereby attracting more patients and integration with other health-care practitioners.
- An increase in job satisfaction.

If you want any of these things, join me on a little road trip. Our journey will have four stops along the way. Each stop will contain take-aways that you can incorporate into your practice to transform your treatments into exceptional experiences for your patients.

OUR FIRST STOP: THE GOLDEN CIRCLE

The Golden Circle represents your entire treatment process—from a warm invitation, through the scheduling process, to follow-up and a continuous connection with the patient. No more "treat them and street them" mentality. We create relationships that last.

When you tell people that you are an acupuncturist, or a physician of East Asian medicine, are the sentences that follow anything like these?

- "Have you experienced East Asian medicine or tried acupuncture before?"
- "Would you like to come in?"
- "I'd love to treat you."

Wouldn't you, yourself, want to be treated by someone who shows that kind of passion and enthusiasm for what they do? Quite opposite of the therapist I encountered at the Aveda spa.

I know many practitioners in our field are often afraid of coming across as "salesy". I promise you that a warm and genuine invitation to be treated is not salesy at all. In fact, it is refreshing, inviting, and creates connection. The next time someone asks you what you do for a living, let them know that you are a physician of East Asian medicine. You can hand them a card, look them into the eyes, and say, "I'd love to treat you. Come see me." You can even schedule their appointment right then and there if the conversation goes in that direction.

Speaking of scheduling appointments: how easy is it for a patient to make an appointment with you? Do you offer online scheduling or do you play phone tag for days with patients? We often say that healing begins when a patient makes an appointment because they have initiated the intention to get well. If a patient has finally reached a state where they are committed to getting better, but they cannot schedule with you at that moment, they may not ever schedule at all. They may wake up the next morning and not feel as motivated as they did before. If online scheduling isn't possible or realistic for you, then at the very least have someone available to take scheduling calls for you.

Going full circle (pun intended), do you follow up with all your patients to see how they are doing? Do you keep your patients in the "Golden Circle" by following up with each and every one of them, even those that you may have referred out to someone else? You can easily stay in touch via newsletters or emails from time to time.

I like to start my follow-up communication with words like "I've been thinking about you" or "I came across this research and wanted to pass it along to you as you came to

mind while I was reading it". Just like the warm invitation, a personal communication that seems to come from your heart will go a long way with our patients in making them feel truly cared for and special.

There is no ending to a circle and the Golden Circle being offered to you here is one in which patients feel valued and completely cared for. They know they can contact you for help with their health even if you may need to refer them to someone else.

As we leave the Golden Circle, remember:

- Give warm and genuine invitations to treatments.
- Offer easy and immediate scheduling.
- Follow up and stay connected.

NEXT STOP: THE HEALING TEMPLE

Location, location, location. Is your office easy to find, with plenty of parking, or are your patients stressed out just getting to your office? I promise you that if this is the case, they will not come back no matter how great the treatment. How many of you have driven right past the In-N-Out Burger, Starbucks or any other establishment because the line was too long? Chose a location that is easy to find, in a safe part of town, with adequate parking. Be mindful of adjacent tenants. I once had my treatment space within a fitness facility where I taught exercise classes and offered personal training. I thought this would be ideal since all my clients were there. I thought wrong. The room was close to the racquetball courts and even though my treatment room was padded and tranquil, the minute they left my treatments, they were bombarded with the sound of racquets and balls. There went all my good work.

Is your treatment space clean and clear of clutter? A messy treatment space can cause your patients to feel anxious and/or stressed, not to mention leaving you feeling that way as well. Make sure to get rid of everything that does not have a purpose or bring you or your patients joy. Lay on your treatment tables from time to time to make sure they are still comfortable. Test your heat lamps. Try on your eye pillows. Stare up at your treatment room walls, and down at the floor. Are they clean and comforting?

Practice feng shui and the art of Zen in your treatment areas. Every time I move my practice or home,

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Professions strive to develop expert knowledge and service. Their growth, in fact, depends on the continued development of specialized knowledge and skills. While this professional education has become much more sophisticated, the necessary interdisciplinary, collaborative focus has not been formalized. In a now classic work, Schein (1972) elaborated on the issue of integration versus specialization when he stated that the professions have been unable to look at problems holistically, do not use total-systems concepts, have not articulated the interconnections between their areas of traditional responsibility, and have not striven to reduce the conceptual boundaries that exist between their disciplines.

Several factors may prevent different disciplines from working together. Goal conflict often arises from value differences. When individuals hold different values — resulting from dissimilar philosophies, religious and cultural beliefs, or professional socialization — conflict can become acutely personal and emotional. Examples of role conflict can include (a) ignorance of the conceptual basis for practice of each other's discipline, (b) role

ambiguity, (c) lack of understanding about discipline unique/specific and overlapping competencies and responsibilities, (d) preconceptions that professionals have of their own role, and (e) stereotypic perceptions that professionals hold of members of other disciplines. These barriers often lead to poor communication between members of different disciplines; confusion between disciplines as to who should take what responsibility; and chauvinistic attitudes, distrust, and lack of confidence in other disciplines. As a result, the achievement of consensus and common purpose can be subverted.

Autonomous and specialized professional training and socialization lead many professionals to believe that their discipline is sovereign. Consequently, few professionals are knowledgeable about the scope of practice, expertise, responsibilities, and competencies and values of other disciplines. Therefore, preprofessional students must be taught early that no single discipline “owns” the client or the entire healthcare problem. On the other hand, knowledge of one's own discipline is essential in seeing how that discipline contributes to the whole. Security in one's

own discipline allows each member the freedom to be interdisciplinary.

Two other areas, social proximity and ethical codes, may affect whether different disciplines can work collaboratively. Differences in social/cultural status deriving from historical factors and social distance can be barriers to cooperation among individuals from different professions. This status differential has been observed throughout the health and welfare services. In general, the United States is not a society that produces or supports interdisciplinarity. Our tendency to be individualistic and to specialize is evident in both academia and health care.

Furthermore, the predominant organizational pattern in the Western world is bureaucratic. This pattern and its emphases related to time, financial resources, support services, space, relevance, legitimization, motivation, and rewards often create barriers to the development and maintenance of cooperation and collaboration. Additionally, one must ask if ethical codes within specific disciplines are conducive to collaboration or are they too protective of professional autonomy and separateness, actually hindering interdisciplin-

ary endeavors. Should ethical guidelines be uniform across professions that are expected to work together?

Clearly, communication plays an immense role in the presence or absence of collaboration. How we share our selves, ideas, knowledge, expertise, aspirations, disagreements, and feedback can make or break collaboration. The extent to which individuals thoughtfully examine and consider differences, listen deeply to each other, and give frank, constructive feedback that is issue oriented versus personal can lead to negotiation and a safe climate of openness and respect or an environment of power struggles, tyranny, control, and unspoken personal agendas.

With the complexity of modern societal and health issues, and with the knowledge explosion and concomitant escalation of specialization and fragmentation, interdisciplinary collaboration will take on ever-increasing importance in the years ahead. For cooperation among disciplines to become a generally accepted policy, there needs to be a full understanding of interdisciplinarity and what promotes or hinders it. Resocial-

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Cannabis Medicine from a TCM Perspective

By CHAD CONNER, MSOM, LAc

The story of cannabis is unique amongst those of the thousands and thousands of medicinal plants in the world, with a long history of prohibition despite the powerful impact it has on the mind and body. I've been a Chinese medical practitioner for over 21 years and I've never seen another plant with the power to do what cannabis is doing on a planetary level. To really understand this plant, we must first dive into its history and origins.

THE TRAVEL OF CANNABIS

As human beings, we tend to look at history from a human perspective, focusing upon individual people and their influence on the masses, but we rarely focus upon the aspects of history that influence the plant kingdom. Cannabis has a tradition of use running back more than 5,000 years, beginning in China at the time of Shen Nong, as described in his book *The Divine Farmer's Classic*. It then spread to Egypt, the Arabic world, Rome, Greece and to the Western practitioners of natural medicine herbology. Finally, it made its way to the Americas where it was used in over 400 different prescriptions in the early 1900s. In the U.S., after alcohol was liberated, cannabis became prohibited worldwide. This has given us today a deep unconscious prejudice against this supreme and powerful plant.

THE CANNABIS PREJUDICE & CONUNDRUM

Generally open-minded myself, as a practitioner that studied energy and Eastern medicine, I still began with unconscious prejudice. Like many teenagers, I started using cannabis and thought I was a bad person because of it. As I look back on it now, I realize that most of us, as natural health practitioners, must examine our own personal prejudices against or preconceived notions about the plant. As with any substance or medicine, the power of a plant like cannabis can also be abused. Sadly, today, many practitioners with a holistic approach to the body have not had the ability to incorporate this plant into their practice, due to obstacles such as restrictive state laws, fear of losing their licenses due to recommendations, or a lack of knowledge of how to use this plant properly.

If we look at the history of the use of cannabis in Chinese medicine, we see many different uses of the plant in *The Divine Farmer's Classic*, the first text to discuss cannabis sativa. After this book, we see the



TCM functions of cannabis slowly fading from ancient literature. The conundrum that arises is: how was such a powerful plant not used more predominantly in our medicine? To answer this question, we must look at the historical uses of cannabis sativa in the Chinese culture beyond the medicinal, and the many different cultivars and strains that the plant produces. Understanding this overall knowledge and how it affects our body will help practitioners to correctly dose and provide recommendations to their patients.

CANNABIS SATIVA

Cannabis sativa is one of the plants that can adapt to its environment extremely well. For this reason, we see hundreds of different genetic variations of this plant. Cannabis also has many uses other than medicine, including ritual, religion, recreation, food, fiber, and fuel. In ancient China, cannabis sativa was used extensively for its fiber, which was transformed into clothing, rope, and paper. Over time, it was selected more for its fiber than its medicinal properties. Today we call this cultivar *hemp*, a variation of cannabis sativa with thicker stalks and stems. The hemp strains were also grown for their seeds, which have high nutritional value. Even today, China is the largest producer of hemp in the world.

STRAINS

Why, through natural selection, did the ancient Chinese choose the fiber over the flower? Today, through testing the contents of the plant in labs, we have discovered great biochemical diversity in the plant. Each strain has a different cannabinoid profile, terpene profile, and flavo-

noid profile. These profiles can create completely different therapeutic and even opposing effects. A great example is the difference of between sativa and indica strains. The sativa plant will produce a more euphoric stimulating effect, while an indica strain will produce an opposite, more relaxing, sedative effect. Other examples include strains that are appetite suppressants, and others that are appetite stimulants. There are also strains that are mood enhancers and others that are hallucinogenic. This diversity of seemingly random effects caused cannabis to be considered unreliable and as a result, cannabis flowers and leaves were not widely used in mainstream Chinese herbal medicine.

PROFILES

As mentioned earlier, each strain has different profiles that are the therapeutic components in the plant from a biochemical perspective. The three major therapeutic components in the plant are cannabinoids, terpenes, and flavonoids.

Cannabinoids

Today, over 120 cannabinoids have been found in cannabis, each of which can address the endocannabinoid system in different ways. The two that are found in the plant in high concentration are CBD and THC, mostly because of the prohibition of cannabis over recent years. Through selectively breeding the plant for extremely high THC content, which was the cannabinoid most preferred for the illegal drug market, the other cannabinoids slowly faded out. With this new movement and awareness, we are now finding other cannabinoids within the plant.

Terpenes

Terpenes are the extremely potent, pharmacologically active molecules that give plants distinct odors; 80% of essential oils are terpenes, which gave rise to aromatherapy. Each plant in the plant kingdom uses terpenes to ward off insects, prevent mold and infection, and attract insects to help pollinate the flowers. They are also what cause the different therapeutic directions of the cannabis plant. For example, they are what give a cannabis plant more of an indica or sativa profile. From the energetic side, terpenes can also be categorized in yin and yang natures.

Flavonoids

Flavonoids are the last therapeutic molecule found in the plant and the least understood. Research

has shown that flavonoids, in general, help with bone health, cancer prevention, anti-inflammation, and cardiovascular disease, but further research is underway to distinguish which specific flavonoids are found in cannabis.

CANNABIS AS AN ADAPTOGEN

In traditional medicine, most of our most powerful herbs fall under the category of adaptogenic herbs. Integrative medicine doctor and writer Andrew Weil, MD, describe adaptogens as herbs "that can 'tone' the body and bring it back to homeostasis" by creating a non-specific response that helps it resist stress. Another functional medicine practitioner, Frank Lipman, MD, calls them "nature's miracle anti-stress and fatigue fighters". Many studies have confirmed the herbs have real promise in reducing stress and improving attention and endurance in the face of fatigue.

Some adaptogens like Asian ginseng (Ren Shen), eleuthero (San Qi), rhodiola rosea, and maca stimulate the body, enhancing mental performance, mojo, and physical stamina. Others, like reishi (Ling Zhi), ashwagandha, and holy basil, help calm the body and soothe the adrenals when they're super stressed. Astragalus (Huang Qi) is another one that's become popular lately, thanks to its immune-boosting qualities. Still more herbs, like anti-inflammatory turmeric, have some adaptogenic properties that are not their primary effect.

Through modern research, it was discovered that adaptogens do this by working on our hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis has a central role in regulating many homeostatic systems in the body, including the metabolic, cardiovascular, immune, reproductive, and central nervous systems. The HPA axis integrates physical and psychosocial influences in order to allow an organism to adapt effectively to its environment, use resources, and optimize survival.

ENDOCANNABINOID SYSTEM

So where does cannabis, with its phytocannabinoids such as CBD and THC, come in? By taking phytocannabinoids, we help to regulate and balance our endocannabinoid system. To understand this, we have to understand the endocannabinoid system, its relation to homeostasis, and its effect on the HPA axis. Because of the prohibition worldwide, cannabis research was limited, and

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Too High on High Fructose Corn Syrup?

By **ANDREA K. RAMEY, MD**

INTRODUCTION

Based on the number of food products that contain high fructose corn syrup, it is safe to assume that many people consume more high fructose corn syrup than is required by the body. This excess intake of sugar disrupts homeostasis, the natural balance of the body. Excess sugar has been linked to diabetes, hypertension, recurrent infection, and chronic inflammation. Moreover, many detrimental effects from high fructose corn syrup could be passed down through generations via daily physical contact. Considering the amount of money spent on diseases associated with high fructose corn syrup consumption, it is safe to assume that removing this one ingredient from food could affect the revenue of healthcare, domestically and globally.

This particular train of thought began for the author in 2016, while performing a set of routine experiments in a microbiology lecture and lab class presented to nursing students. Initially, in an effort to fortify nutrient agar, the author added a small amount of high fructose corn syrup to promote bacterial growth. As anticipated, the cultures grew the desired microbes. Unexpectedly, over a short period of time, each culture grew some form of fungi that eventually dominated the microbial colonies. Later, while presenting lectures in Nutrition, Health, and Wellness, the author discovered a series of documentaries explaining the influences the human body's microbiota have on the food choices made by individuals.

The information presented in this paper is based on academic experiments and an effort to understand the many diseases that seem to affect entire families—parents, grandparents, and children, with children the potential victims of their environment. The author researched diseases associated with high fructose corn syrup, the influences of the body's natural flora on dietary choices across generations, and from a business perspective, the potential amount of money required to manage conditions associated with high fructose corn syrup. These postulates preceded the author's belief that individuals consuming a moderate amount of high fructose corn syrup will eventually harbor and spread microbes that prefer this particular compound, altering the body's normal flora. Over time these changes could lead to an overgrowth of fungi along with other high fructose corn syrup-craving microbiota. If the author's hypothesis is correct, eliminating this

one ingredient from the diet would improve the health of a large population of people.

This paper intends to address the following concerns associated with high fructose corn syrup:

- High fructose corn syrup, in moderate amounts, can cause a tremendous amount of harm to the body.
- Through daily contact, the detrimental effects of high fructose corn syrup could be passed down through generations.
- Removing high fructose corn syrup from food would affect the healthcare system's earnings, even if only by a marginal amount.

BACKGROUND

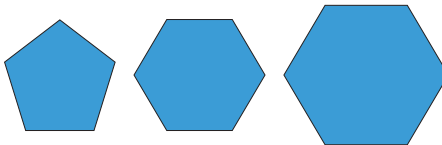
Over the past thirty years there has been an increase in the use of high fructose corn syrup. Beginning in the early 1970s, high fructose corn syrup was introduced into foods as a common ingredient. High fructose corn syrup is now found in a variety of foods ranging from ice cream, juice, and candy to tartar sauce, peanut butter, and ketchup, among many others. Obesity, diabetes, and heart disease in adults and children began increasing dramatically in the early to mid-1980s because of the intake of unhealthy foods, along with other factors such as stress and technology. In 1965, the Japanese Agency of Industrial Science first discovered the enzyme glucose isomerase. Enzymes are biochemical structures that alter reactions. In the production of high fructose corn syrup, the glucose isomerase is combined with corn starch and water, converting approximately 50% of glucose molecules into fructose, creating a sweeter syrup. In the early 1970s the Clinton Corn Processing Company began selling high fructose corn syrup for consumption in foods as a sweeter alternative to sugar and glucose syrup. The introduction of high fructose corn syrup into foods has been linked to a variety of diseases, such as obesity, diabetes, and hypertension, which are caused by the excess triglycerides that are created with the storage of fructose in the body.

Understanding the effects of our diets on our bodies is vital to breaking the unhealthy patterns created by misconceptions. Sugars are a type of carbohydrate. There are various types of sugars that are used by the body in different reactions, but the sugar most readily used by the body is glucose. Sugar, glucose syrup, and high fructose corn syrup are distinctly different compounds. Companies often use glucose syrup and high fructose corn syrup as cheaper al-

ternatives to sugar. Excess amounts of high fructose corn syrup in the body are stored as triglycerides. The surplus of visceral fat that develops is distributed around the abdominal area of the body. This elevation in triglycerides and glucose leads to obesity, diabetes, and infection, which are further exacerbated by the daily consumption of high fructose corn syrup. The diseases caused by this one ingredient have generated a large population of people to assist with healthcare needs. Fortunately, individuals have the opportunity to decrease the amount of high fructose corn syrup they consume by simply reading the label.

High fructose corn syrup, in moderate amounts, can cause a tremendous amount of harm to the body.

Sugar is a carbohydrate required for energy production in most cellular organisms. The sugar naturally and readily used by the cells of most organisms is glucose. Glucose, fructose, and galactose are single-ringed sugars that are used to make more complex sugars. The major sources of complex sugars in our diet are disaccharides and polysaccharides: sucrose (table sugar) is a disaccharide composed of glucose and fructose, and lactose, the sugar found in dairy products, is also a disaccharide, formed from glucose and galactose. Common polysaccharides are starches such as rice and pasta.



Fructose Glucose Galactose

Glucose syrup is a very viscous liquid formed by the mixing of oligosaccharides (maltose, dextrose) with water, producing a glucose-based liquid starch hydrolysate. The glucose in this process is generally extracted from starches such as barley, cassava, corn, potatoes, rice, and wheat, and creates a syrup that is approximately 90% glucose.

High fructose corn syrup is distinctly different from table sugar and glucose syrup, in part because of the high amounts of fructose found in the final product—approximately 50%. Cells in the body metabolize glucose first, leaving behind a large amount of fructose for storage as fat. This excess visceral fat leads to an increased waist line and a 'fatty liver' along with the formation of atherosclerotic plaques in the lumens of blood vessels in the body. Both adults and children are influenced by

the damaging effects of triglycerides created by the consumption of excess high fructose corn syrup.

One main cause of type 2 diabetes mellitus is obesity. This metabolic disorder stems from high blood sugar levels, insulin resistance, and unbalanced insulin production. Fructose must first be converted to glucose by the liver before energy can be produced. Excess amounts of fructose in the liver are converted to triglycerides that are stored as fat throughout the body. Ultimately the development of obesity leads to insulin resistance and altered insulin production. The pancreas, which is responsible for secretion of insulin into the bloodstream, becomes fatigued due to over-stimulation, resulting in the development of type 2 diabetes and, if lifestyle modifications are not made, medical treatment may be required. Treatment of type 2 diabetes mellitus generally requires initial management by an endocrinologist. Poorly controlled blood sugar levels lead to nerve and kidney dysfunction, potentially necessitating management by a neurologist and nephrologist respectively—costly! Along with diabetes and high blood pressure, addiction, as well as dental, systemic, and dermatologic infections have been linked to the ingestion of high fructose corn syrup. **OM**

As a lecturer and experienced educator with more than 20 years of experience in teaching and healthcare, **ANDREA RAMEY** has provided many students with the necessary skills for success. As the former Manager of Science Programs for the National Children's Museum, she was able to integrate informal and formal learning models in order to reach children and adults from all over the world. Prior to her time at the museum, she lectured on anatomy and physiology. Andrea Ramey completed the United States Medical Licensing Exam series and received her Doctorate of Medicine from Ross University School of Medicine in 2007. Her interest in minimally invasive medical procedures and integrative healthcare has inspired her to study acupuncture and pursue research related to the development of natural therapies and vaccines. She received her BS in 1992 and shortly after began volunteering at Bread for the City, an outreach clinic that provides free medical care to underserved populations in her community. While volunteering, she started participating in research studies as a laboratory technician. She is passionate about passing on the practical as well as intellectual knowledge she has gained over her lifetime.

ization, training, and new skills will be required of educators, practitioners, and administrators. Most importantly, we need pre-professional and professional education where students – our future professionals – come together with various disciplines to learn principles and skills of collaboration, to explore role specificity and generality, to examine the unity of knowledge and connections among disciplines, and to develop flexibility and positive regard for one another.

Holistic Nursing and Chinese Oriental Medicine share many similarities in their focus on the whole person, the integrality of BodyMindEmotionSpirit, Energetics, the innate healing potential of all beings, client/patient-centered practice, holistic integrative therapies and approaches, and the practitioner as a facilitator of healing. And each face some similar challenges where collaboration could be most effective:

- Influence and change the health-care system to a more holistic, humanistic orientation
- Collaboration with diverse health-care disciplines to advance holistic health care
- Coverage and reimbursement for holistic nursing and acupuncture



- and oriental medicine practices and services
- Education of the public about the array of health care alternatives and providers
- Increase focus on wellness, health promotion, access, and affordability of health care to all populations. (Mariano, 2013)

We need to talk together, share ideas and experiences formally and

informally, network, learn together, and primarily just be with one another. What a wonderful opportunity. May our collaboration through harmony and unity continue to blossom. **OM**

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in some countries, impossible. Israeli biochemist Raphael Mechoulam first discovered the THC molecule in the 1970s, which eventually led him to discover the endocannabinoid system. He found that this system works with two types of receptor that are found in the central and peripheral nervous systems. It works like a volume dial that can turn up or down the firing of the nerve impulses through synaptic clefts throughout the body. Our endocannabinoids travel the opposite way from nerve impulses, from postsynaptic to presynaptic membranes.

Example of how it works in tissue injury:

- Decreases release of activators and sensitizers from the injured tissue
- Stabilizes nerve cells to prevent excessive firing
- Stabilizes immune cells to prevent the release of pro-inflammatory substances
- Balances three different mechanisms in three different cell types to create homeostasis and promote healing

Lastly, there are many research articles that show how the endocannabinoid system works directly on the HPA axis through its regulation of brain function, metabolism, and the immune system, further supporting its adaptogenic qualities.

THE ENERGETIC & PHYSIOLOGICAL EFFECTS

As we study cannabis medicine from a Chinese medical perspective, one of the first things we see is how the two major phytocannabinoids we find in the plant, CBD and THC, are yin and yang in nature, respectively. To create balance in modern day cannabis medicine, we balance the ratio of CBD to THC (or yin to yang). Different ratios are found in different strains of cannabis. This is where Chinese medical practitioners really start to shine with their understanding of yin and yang: we can start to help our patients by using our TCM pattern diagnosis to understand which ratio our patients should start from.

PERSONALIZING CANNABIS SATIVA

As previously mentioned, phytocannabinoids work by balancing our endocannabinoid system through the ratio of CBD to THC. By starting with a high CBD strain and slowly adding more THC, we begin to define balance in our patients. We must use THC with caution, however, due to its strong yang nature; we can start to throw our patients out of balance if we use too much. As with anything, we always want to start with a low dosage and titrate up.

DOSAGE

Dosage is one of the most important and trickiest components of personalizing cannabis medicine. Cannabinoids are lipid/fat molecules and therefore not water-soluble, so absorption from patient to patient can be inconsistent. Studies have shown that, within the same patient, the absorption observed after ingesting cannabis in the morning can vary wildly from that observed in the evening. Additionally, THC must be metabolized by the liver. The liver changes the THC molecule from 9-THC to 11-hydroxy-9-THC, which is much more potent and creates a molecule that is more easily absorbed and much stronger. This is why cannabis in its edible form has many more side effects and an overall stronger experience than its smokable form. Therefore, it is imperative to be aware of dosage guidelines and modes of administration to best personalize cannabis for your patients.

DOSAGE GUIDELINES

THC

- Cautious titration is recommended when ingesting THC-rich cannabis products with little CBD).
- Microdosing as little as 2.5mg THC per dose can provide symptom relief without making a person feel high.
- For medical use, starting with low doses of THC is advisable.
- Adults can start at a 2.5mg/3 times a day and titrate up from there to a maximum of 5mg/3 times a day.
- Cumulative doses of THC exceeding 20-30mg per day or a single dose of 10mg or more may cause unwanted side effects.

CBD

- For CBD, we can use higher doses since it is non-psychoactive.
- The base dose is 10mg/3 times a day and you titrate up from there.
- For certain chronic conditions, you can arrive at 125mg/3 times a day.
- High doses of CBD are not always more effective than lower doses, especially when combined with small amounts of THC.

Ratios of CBD to THC

To personalize cannabis, one of the ways to find balance is using a ratio of CBD to THC. These ratios are naturally found in plants of different strains. The rule of thumb of cannabis ratios is to start with a high CBD ratio and titrate up to a higher THC ratio. We are not trying to get our patients high and want to find the "sweet spot" where the symptoms improve with the least psychoactivity.

MODE OF ADMINISTRATION

The way to take cannabis is something that is not discussed much, but it is a critical part of how

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What Is the Value of Establishing Criteria For Peer Review In Acupuncture Practice?

By **KIMBERLIE WILSON, LAc, MAc, DACM**, and **RICHARD O'KEEFE, MD, MA, FAAFP**

There is a scarcity of published material on peer review and benchmarking in the field of acupuncture. In fact, no external or internal benchmarks tools are available in allopathic or acupuncture literature for acupuncture services, although there are some materials for evaluation of acupuncture in the field of education of oriental medicine. In her 2015 paper, Dr. Gomes described the process evolving for acupuncture schools and their accreditation bodies to develop competency-based education and shared benchmarking. This became the starting point to develop our peer review tool and process.

Peer review is a common practice in the allopathic world. The Accreditation Association for Ambulatory Health Centers (AAAHC) requires peer review for all accredited healthcare institutions. The 2018 guidelines state in standard 2.111.C that “all privileged healthcare professionals are to be reviewed at least annually by a peer or supervising healthcare professional”. A peer is a licensed health professional with privileges to provide similar services for similar patients—for example, an MD privileged in acupuncture or an acupuncturist could review an acupuncturist. In addition, those healthcare professionals must participate in the development of the criteria used to evaluate the care they provide (AAAHC, 2018).

In 2013, Columbia Health created an acupuncture service for patients in collaboration with PCOM (O'Keefe et al., 2015). Columbia Health provides primary care to approximately 28,000 students each year at Columbia University's Morningside Campus and all

privileged allopathic and osteopathic professionals participate in peer review annually. PCOM is the largest Chinese medical college in the United States and has the largest Chinese medicine clinic in the northeast, serving 30,000 patients annually (C. Neipris, personal communication, May 2018). PCOM acupuncturists are fully privileged professionals on the staff of Columbia Health and provide approximately 800 acupuncture visits annually at the health center. Acupuncture sessions are staffed by senior acupuncture interns with a licensed acupuncture supervisor present on-site.

METHODS

In 2018, Columbia Health and PCOM piloted a peer review tool for the acupuncture staff.

The questions on the Peer Review tool were based on Supervisor Evaluation templates (a PCOM grading form), the existing Electronic Medical Record (EMR) at Medical Services in Columbia Health, and input from the administrations of both institutions. The questions were then modified to meet the educational needs for student interns while maintaining the professional requirements of the integrative team at Columbia Health. As such, the form not only serves as a peer review tool, but also as a self-evaluation instrument for the senior interns providing care. Before implementation, supervisors of the PCOM acupuncture clinics at Columbia Health were trained. The tool and instructions were then given to the supervisors who assigned each senior

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The PCOM tDACM program has been much more than I had hoped for in many ways. The discussions in class were thought-provoking, and raised important questions for how we practice and the future of our medicine and its integration with the Western medical model.

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to personalize cannabis. As we have learned above, the traditional oral route of taking cannabis is much more difficult to accurately dose for patients. Because of this, methods by which the cannabinoids enter the bloodstream directly are usually superior. Following are all the modes of administration available today and the benefits of each.

Oral

This mode directs the treatment towards the body, helping to break accumulations and relieve impediments and pain. It has a longer onset of treatment—up to 2 hours for effect.

- Edibles: gummies, bars, chocolate etc.
- Capsules/pills
- Tinctures: available in oil- and alcohol-based
- Water Infusion of Flower: cannabis is not water-soluble, so for a beginning dose, use 1 teaspoon of ground flower for one dose and titrate up as needed

Lung/Inhalation

This mode is for a systemic application of cannabinoids that goes directly into the bloodstream to bypass

liver metabolism. This is the fastest onset of cannabinoids into the bloodstream, averaging 30 seconds. It is one of the best ways to titrate up the patient's cannabinoid dosage to find their ideal dosage. Unfortunately, it is contraindicated in patients with lung deficiency or dryness. Average milligram per inhale of cannabis is 2mg.

- Flower: most drying mode of delivery
- Vaporizers: need to have a minimum of 50mg of cannabinoids per half gram of liquid

Buccal/Oral Mucosa

This mode is another systemic application of cannabinoids that goes directly into your bloodstream to bypass liver metabolism.

- Lozenges
- Sublingual Sprays

Topicals

When this mode is used topically, it clears heat and toxicity, reduces eczema, psoriasis, itching, allergic dermatitis, and stops pain and inflammation. You want at least 50mg of cannabinoids per half ounce of topical for optimal effect.

- Salves: beeswax base, better for skin conditions

- Roll-ons: oil base, better for deeper application to muscles and joints
- Topical Patches: use for long-lasting pain relief

Transdermal

This is an additional form of a systemic application of cannabinoids that goes directly into your bloodstream to bypass liver metabolism. Also, it allows for a concentration of cannabinoids directly into your superficial tissue, nerves, and muscles.

- Patches
- Transdermal creams

Rectal

For an alternative systemic application of cannabinoids that go directly into your bloodstream to bypass liver metabolism, this mode should also be considered. This is an ideal application for any GI disorder, hemorrhoids, rectal prolapse, and prostate problems.

- Suppositories

Combination Treatments

By combining topical and systemic applications, this helps with any skin condition like eczema, psoriasis, itching, or allergic dermatitis, relieves arthritis, and stops pain and inflammation.

In conclusion, my wish is for us as Chinese medicine practitioners and herbalists to lead the charge in this fast growing cannabis industry, and to bring this incredible plant back into our pharmacopoeia to help our patients find balance. **OM**

CHAD CONNER, MSOM, LAc, has over 18 years of experience developing and overseeing integrative medicine centers in the United States and abroad. As an acupuncturist, herbalist, and massage therapist, Chad has provided Chinese medical services to the University of San Diego medical school free clinic and San Diego Hospice. He also teaches at Pacific College of Oriental Medicine. While abroad, Chad co-founded the Ananda Health Centers in Casablanca and partnered with SPERE, the oldest acupuncture school in France, to found the Institute of Wu Wei, the first acupuncture school in Morocco. Over the last 5 years, Chad has incorporated cannabis medicine into his own practice, and co-founded Pure Ratios, a vertically-integrated medical cannabis and CBD hemp company. He has also been featured in several podcasts on cannabis and Chinese medicine. Conner is currently writing a book on cannabis medicine for natural health practitioners. www.pureratios.com



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Practicing Acupuncture at Rady Children's Hospital

By **LENG TANG-RITCHIE**, DAOM, LAc, PCOM-SD Director of Clinical Services

Chronic pain is not a disorder normally associated with kids, but for the young patients at Rady Children's Hospital it is an all too familiar part of daily life. Working with the hospital's integrative chronic pain team and overseen by our licensed clinical supervisors, students from Pacific College of Oriental Medicine aim to help alleviate their pain through acupuncture and massage. Offering both out-patient and in-patient care, Pacific College offers the treatments at no cost to patients ranging from babies only a couple months old to 24-year-old young adults.

"My favorite aspect of what we do at Rady is that we expose kids to an alternative way of managing their pain at a young age," explains Dr. Michael Spatuzzi, one of the clinical supervisors at Rady Children's Hospital and the Pacific College of Oriental Medicine-San Diego clinic. An estimated 20%-30% of children and adolescents¹ have been diagnosed with chronic pain, and 80% of adults with chronic pain report that their symptoms began in childhood. When a child is suffering, fear avoidance often manifests that leads to behavior in which they will limit themselves from doing their favorite activities, sports, and achieving goals, as a maladaptive² mechanism in response to their pain. According to Dr. Spatuzzi, one of the main goals of the acupuncture shift at Rady is to change the patient's relationship to pain and get their life back to normal. The conventional course of treatment for pain is the prescription of nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids. Acupuncture is an effective non-addictive therapy for the modulation of pain with no side-effects^{3,4}.

The cases that our students see in the integrative chronic pain program at Rady Children's Hospital are often complicated with underlying health conditions such as cancer, irritable bowel disorders, chronic headaches, eating disorders, and complex regional pain syndrome, to name a few. As such, in-patient treatments are dispersed throughout numerous departments of the hospital. A student may begin a four-hour shift treating a patient at the Helen Bernardy Center for Medically Fragile Children on one end, with their last patient in hematology on the opposite end of the hospital. According to Kiran Aulakh, a senior intern at Pacific College, "not only was [the Rady shift] good for me to learn more compassion for my patients, it's also cool to be in such a biomedical setting. It really broadened my

horizons. I got to learn all the little details and protocols required in the different parts of a hospital." As part of the integrative medical team, our students can view and learn about their patients via the hospital's electronic health records system, Epic. This integration is further woven into a weekly integrative chronic pain team meeting where cases are discussed amongst the biomedical doctors, psychotherapists, acupuncturists, and students, the purpose of which is to ensure patients get thorough collaborative care.

"In the end, it's all about the kids," says Ashley Barandiaran, a senior intern at Pacific College. "It's about making their day brighter." To the hundreds of patients who have been treated on the Pacific College Rady Children's Hospital shift, this commitment to quality patient care is evident in the compassion and professionalism of the student interns.

OM

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DR. LENG TANG-RITCHIE is the Director of Clinical Services at the Pacific College of Oriental Medicine-San Diego (PCOM). She graduated from the University of California, San Diego with a Bachelor of Arts in political science. Inspired by the potential of Chinese medicine, she received her Master of Science in Traditional Oriental Medicine (MSTOM) and her post-graduate Doctorate of Acupuncture and Oriental Medicine (DAOM) from PCOM. She shares her passion and commitment to the medicine as a faculty and clinical supervisor at PCOM. As Director of Clinical Services, she is dedicated to modeling thoughtful, individualized, and comprehensive patient-centered care. On the weekends, she takes advantage of the beautiful San Diego scenery by hiking with her husband and daughter. www.pacificcollege.edu/patients/san-diego

intern to complete three randomized peer reviews at various intervals during the Fall 2017 and Winter 2018 academic terms for a total of at least 5 peer reviews per intern.

RESULTS

Fifty-six peer reviews were completed by April 30, 2018. Of the 56 completed forms, comments were completed on 30 forms: 29 were about the lack of specific space provided in the EMR for parts of documentation e.g. retention time and number of needles; three showed the problem of insufficient language for non-acupuncturists to understand charting; and one expressed difficulty in navigating the EMR system for chart review. Areas of strength were defined as items that were accomplished greater than 95% of time, and included charting informed consent, co-signature by faculty supervisor, charts understandable to an acupuncturist, and treatment given. Areas for improvement, defined as being accomplished less than 39% of the time, included documented number of needles and needle retention time, evidence for chosen treatment plan and follow-up, and charting of relevant ambiguities.

CONCLUSION

Peer Review is a valuable method to facilitate communication with patients, and between healing traditions, to promote self-assessment for acupuncture trainees, to reinforce expectations for practitioners and the institution, to meet accreditation standards, and to create benchmarks.

RECOMMENDATIONS

- Chart with language that communicates with non-acupuncturists to facilitate understanding of key points of information about each treatment, for example, where on the patient the needles were inserted (not just point names), needle retention time, and a brief rationale for why those particular points were used (Kaptchuk, 2005).
- Include an allopathic/osteopathic healthcare clinician in the chart review to assess if charting is understandable to a non-acupuncturist. This would facilitate allopathic and/or osteopathic healthcare professionals to integrate the acupuncture treatments with their delivery of services, for example, answer questions from patients about the acupuncture treatment in an informed way (Kligler, 2014).
- Work to mirror the Peer Review questions with the EMR template so as to contribute to ease of completion of the tool.
- Improve education of acupuncturists about the use and utility of an EMR.
- Encourage implementation of a peer review program within all

acupuncture schools and acupuncture services within allopathic contexts to begin to create benchmarks for the discipline of acupuncture.

- Add a section in the peer review tool to assess the acupuncture interns' experience of the peer review program.

From development to implementation, this project has been an enriching journey. It was important to us that we kept the focus on how this peer review process can impact patient care and how it can bridge language barriers between professional paradigms. We suggest that peer review is an important tool for growth and development in acupuncture practice. **OM**

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DR. KIMBERLIE WILSON, DACM, started her education in classical Chinese medicine in 1995, with Jeffrey Yuen, at the International Tai Chi Institute, and PCOM, graduating in 1999. After graduation, she began to build her own practice and practiced acupuncture with clinics, agencies, and hospitals including Doctors United, Safe Horizons, NYC's Job Corps, AIDS Center of Queens County, and Greenwich Hospital. She has also taught at Swedish Institute and PCOM, supervised teaching clinics for both institutions, and published several works. www.cicuacu.com

DR. RICK O'KEEFE is currently a staff physician at Columbia Health on the Morning-side Campus of Columbia University. Previously, Rick worked in academic family medicine with a focus on increasing the quality and access to care for underserved communities in urban areas, developed programs for marginalized and LGBT adolescents in school-based and street settings, and participated in an Integrative Medicine Fellowship through Albert Einstein College of Medicine.

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Lunar New Year 2019: *Year of the Earth Pig*

Welcome to the Year of the Earth Pig! Legend has it that the Yellow Emperor invented the calendar in 2697 BCE, which is why the new lunar year 4717 began on February 5th. Astro-nomical records found inscribed into oracle bones provide archaeological evidence for this calendar as far back as the Shang dynasty of the 14th century BCE.

Each year of the calendar is identified with not just a number, but also one of 12 animals, cycling every 12 years. In one of the many legends regarding the origins of the calendar, the Jade Emperor, a representation of the first god of classical Chinese theology, decreed that the animals would become part of the calendar. Each animal would imbue a year in the cycle with portions of their own personality, but only the first animals to arrive would receive this honor. The pig was late—in one story, a wolf destroyed his house, while in another, he simply overslept. The rat, ox, tiger, rabbit, dragon, snake, horse, sheep, monkey, rooster, and dog all arrived before the pig, whose attributes of joviality, enthusiasm, and materialism influence the year.

The element associated with the year rotates on a parallel 10-year cycle, in which each of the five elements reigns for two years. This is the second year in the dependable reign of Earth. As ores are mined and refined from the ground, Metal will take over from Earth next year.

Those born in this year of the cycle, Earth Pigs, are agreeable and gentle, but not particularly independent thinkers, working well in teams but depending heavily upon others. As all Pigs, they are associated with wealth and good with money. Famous Earth Pigs include Weird Al Yankovic, Emma Thompson, the authors EB White and Jorge Luis Borges, King Edward I of England, the artist Paul Cézanne, Duke Ellington, John D. Rockefeller, Flavor Flav, Alfred Hitchcock, Hugh Laurie, and Joseph Grimaldi, the most famous clown in history.

The Lunar New Year is a time for celebration! People often wear red clothes and inscribe elaborate poems on red paper. Red banners with the word for “happiness” are hung on front doors and throughout the house. Red, symbolizing fire, is meant to drive away bad luck. Many



choose to decorate their homes with various flowers with a range of symbolism: peach blossoms for luck, kumquat for prosperity, chrysanthemum for prosperity, and bamboo—lucky year-round.

Celebrations span 15 days, beginning with the new moon. On the first day, celebrants welcome the gods of the heavens and earth. Many people

abstain from meat consumption on this first day since it is believed that this will ensure long and happy lives.

A variety of foods are eaten in order to usher in wealth, happiness, and good fortune: fish for New Year’s Eve, and dried bean curd and black moss seaweed because the words for them in Chinese are homonyms relating to wealth. Other traditional foods include handmade candies, taro cakes, and *kwatji*, or watermelon seeds.

The New Year is also a time for family reunion. In China, families gather at each others’ homes for shared meals and visits. Chinese-Americans often celebrate with close-knit communities instead, since many of the earliest Chinese settlers arrived without their families. Chinese-American associations host banquets, street fairs, and other activities.

The Lunar New Year celebrations end with the lantern festival. Many of these lanterns are elaborate works of art, painted with animals, birds, flowers, scenes from history or legend, and zodiac symbols. These glowing lanterns are hung in temples or carried to evening parades under the full moon. **OM**

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2018 Golden Flower Scholarship Winners Announced

Each year, Golden Flowers Chinese Herbs generously provide Pacific College of Oriental Medicine with a scholarship for one student from each campus who demonstrate 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 2018, the winners were:

NEW YORK



Christa Wroblewski

SAN DIEGO



Patricia Bruder

CHICAGO



Justina Pham

HEAT THERAPY: MOXA AND ALTERNATIVES TO MOXA continued from page 1

get sick easily or frequently. Another instance is with patients in cold climates (including the elderly) who have trouble staying warm, who are prone to cold conditions and often deplete their yang and jing. In addition, heat therapy may be added to treat women with weak spleen qi who, for example, may have hemorrhoids, or are working to get and stay pregnant. Furthermore, heat therapy is used with people who have either weak central qi, weak spleen qi, or both, accompanied by digestive issues. Heat therapy is also indicated for anyone with weak kidney qi or kidney yang. In short, moxa can be used in any instance where there is damage from cold and part of the treatment goal is to warm, nurture, and nourish qi and yang.

Moxa is always our first choice for heat therapy. Other options are a moxa pot, a favorite used by Miriam Lee, who had them made in China to her specifications, or a moxa box, which may be made of brass or wood. If possible, if your patient has a family member or caregiver whom you trust to use a moxa stick, moxa pot, or moxa box on your patient without causing harm, moxa is the first choice.

However, while moxa is an incredible therapy, the most adverse event is burns. Between 2005-2014, 4% of the claims that involved civil litigation or investigations by the acupuncture board and were paid by MIEC were the result of moxa burns (Medical Insurance Exchange of California, 2015). Please make sure you have an ashtray or small vessel with water to extinguish moxa balls for needle moxa, a scoop to remove needle moxa, and a place to extinguish ibuki moxa on hand before you begin applying heat therapy with moxa. Also, ensure your patients and caregivers understand the possibility of burns.

In addition to burns, moxa is sometimes a poor fit for our patients or our colleagues. Due to the spaces

where we practice, co-workers who do not like or cannot tolerate the smell and smoke, or the perceptions of others, alternatives to moxa are necessary. All of these situations and many others bring us to possible alternatives to moxa.

ALTERNATIVES TO MOXA FOR HEAT THERAPY

As we said in the beginning, moxa is always our first choice. For example, moxa is used in postpartum care (Mager, 2018) to warm, nourish, and help the birth parent heal. Unfortunately, moxa doesn't work well for every family for a variety of reasons. When barriers to receiving moxa exist or the appropriate amount of moxa to access *de qi* is an issue, and heat therapy is in the best interest of our patient, then we need to think outside the box and consider what else could be effective. What can a patient use instead of moxa for heat therapy?

Dr. CS Cheung, MD (China), LAc (CA), an administrator and professor at the American College of Traditional Chinese Medicine (ACTCM) taught us at ACTCM to use our diagnosis grid and treatment grid and look for what functioned within our treatment grid (CS Cheung, personal communication, 1986). For those of us who are not familiar with the term "treatment grid", a treatment grid is when we look at the combination of the generating and controlling cycles, the organs, senses, color, taste, human sound, and emotions associated with the 5 elements/phases, the 4 pillars of examination, 8 principles, and the modalities that make up Chinese medicine to determine what treatment(s) would be best for the patient. In conclusion, once we make a diagnosis, what treatment principles would effectively treat the pattern we are seeing that would help bring the patient back into the *sheng* or generating cycle?

If we decide that our treatment principle includes the application

heat to help bring the patient back into the *sheng* or generating cycle (e.g., warming and nourishing, warming and tonifying, or warming and lifting) then we need to decide how best to accomplish that treatment goal.

Alternative heat sources to moxa include but are not limited to: hot water bottles, hot packs, hydrocollator packs, heating pads, rice or sand bags, and the multipurpose hair dryer.

I think about this daily when I work with patients who need heat therapy. I ask them if they own a hair dryer—even if they don't use it to dry their own hair. I discovered that a hair dryer is an alternative to moxa when I was postpartum with my second child. I was nursing two children, working part time, and wondered how I could make all of this happen and remain healthy. Using my hair dryer as a moxa stick proved key to my success at making the flow work between my household, practice, and continued healing, and it protected my personal *ming men*, life gate fire. Working on this article, I thought about it again as I found myself using my hair dryer as a moxa stick because it's part of my *yang sheng* practice. Since then, I have had patients use not only a hair dryer but a variety of the alternatives listed above to add to their treatment and, in some cases, incorporate them into their own *yang sheng* practice. Below are examples of how heat therapy can be done with a hair dryer or any of the other alternatives we listed above.

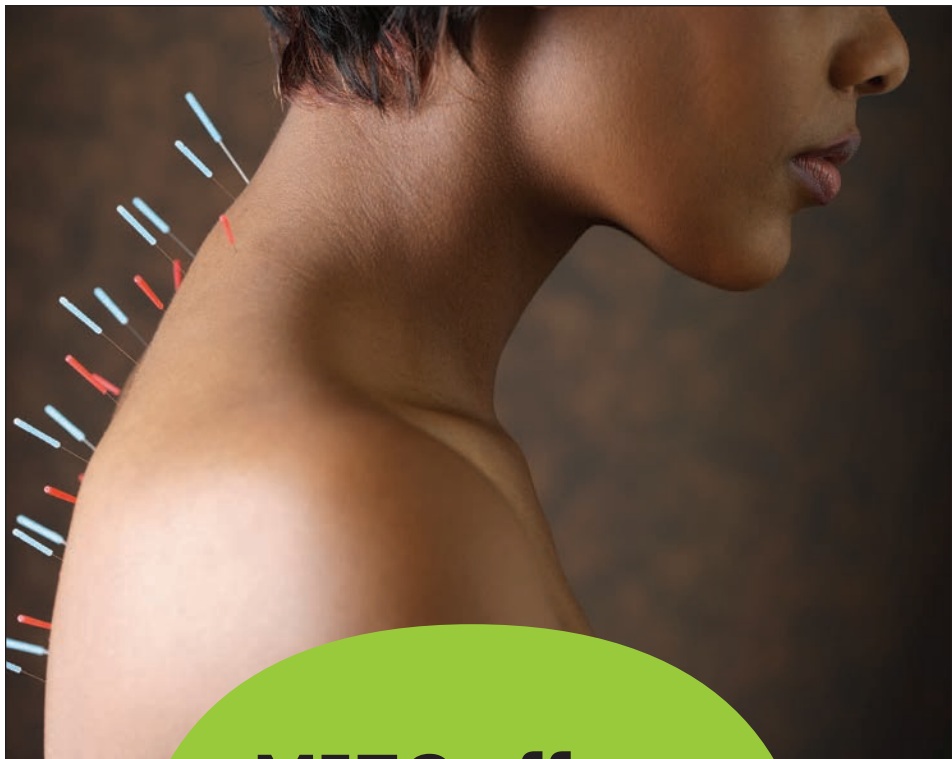
PRACTICAL APPLICATIONS OF HEAT THERAPY

A variety of different heat sources work when moxa is too smelly, too smoky, or too inconvenient to use. When we are stronger and busier, it can be a challenge to find the time. Please use your personal experience to determine which of the above works best for the patient in front of you and for the points you are

choosing. The examples below are only a small selection of instances where these applications can be effectively applied. **OM**

AMY E. MAGER is a licensed acupuncturist and practitioner of Chinese herbal medicine who has been working with women, mothers, and families for over 27 years. She was a breastfeeding peer counselor for the Hampshire County WIC for eleven years, and through this program became a certified lactation counselor. She serves as secretary of the Acupuncture Society of Massachusetts and as vice chair of the American Society of Acupuncturists. Amy lives in the Pioneer Valley with her husband and main editor, Dan Garfield, DC, and their six children. You can also hear her on WHMP with Bob Flaherty on "Healing Outside the Box, Inside the Heart". www.wellnesshousenorthampton.com

Prior to attending Pacific College of Oriental Medicine - San Diego (PCOM-SD), **DR. CHRISTINE CRONIN** earned degrees in history, political science, and psychology, served in the Marine Corps, then discovered her passion for helping others by treating the whole person, which led to her decision to attend PCOM. Immediately after completing her MSTOM, she began her doctoral work, where she evaluated the ability of the NADA protocol to treat combat stress-induced insomnia. Dr. Cronin completed her DAOM in 2012 and her work was published in The Journal of Chinese Medicine in 2013. Dr. Cronin started the Veterans Clinic in September 2013, which has provided over 5000 treatments to date, and co-supervised the clinic with Hind Conner and her mentor Dr. Erin Raskin until January 2019. She currently teaches at PCOM and serves as Curriculum and Program Review chair. Dr. Cronin is also a board member of the American Society of Acupuncturists. Additionally, she served as lead faculty for the t-DACM program, chairperson for the Institutional Review Board at PCOM, and clinic supervisor for both the Family Recovery Center and Seniors Clinic.



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8th Annual Alumni Awards

Every year Pacific College and the Academic Collaborative for Integrative Health award a graduate from each of PCOM's campuses who demonstrates core values shared by ACIH and the college. The award winners are honored at the Pacific Symposium and receive a free pass to the Symposium. This year's theme was Roles and Responsibilities. Thanks again to the American Acupuncture Council and Lhasa OMS for sponsoring the 2018 Alumni Reunion Happy Hour, and to Elaine Gates-Milner for her decades of service to Pacific College, for which she was honored at the event. The winners from each campus were:

SAN DIEGO



Greg Lane at right

GREG LANE, DACM, LAc, Director of Clinical Operations at Pacific College of Oriental Medicine – San Diego, has been in practice for nearly 20 years. Greg began his career as an acupuncturist after a successful international career as a professional dancer. Before teaching and then

working at PCOM, Greg managed operations for Healthyroads Total Population Health Coaching for American Specialty Health, overseeing a staff of 100 health coaches and supervisors. He was also co-owner of California Medical Arts Group, taking over for Janet Zand and Phillip Himburg in Santa Monica; worked with an integrated group of pain management specialists under Joseph Heims, MD, at Century City Hospital; and provided acupuncture treatments as part of Dr. David Kipper's Beverly Hills drug and alcohol detox program.

NEW YORK



Evan Pinto at right

EVAN PINTO, MS, DACM, is a 2011 graduate of Pacific College's New York campus and a 2017 graduate of PCOM's Doctorate in Acupuncture and Oriental Medicine program. The only native English speaker who practices integrated acupuncture and Chinese medicine in Shanghai, China,

he serves as a translator of sorts between Chinese and Western medicine for the Chinese and for English-speaking expatriates in Shanghai. He teaches at Shanghai University of Traditional Chinese Medicine and has been published and cited in everything from the Journal of Chinese Medicine Culture to Time-Out Shanghai.

CHICAGO



David Vavrinchik at right

DAVID VAVRINCHIK, MS, DiplOM, LAc, CSMA, graduated from Pacific College of Oriental Medicine in Chicago, where he now serves as a faculty member and clinic supervisor. Dave also maintains a private practice, supervises a weekly pain clinic, and works at the Executive Fitness

Training Sports Performance facility. He specializes in orthopedic acupuncture and low-level laser therapy, treating musculoskeletal imbalance as well as chronic and acute pain and muscular spasms. He also has extensive experience in Western healthcare, having been a registered respiratory therapist for 40 years, and served on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

TRANSITIONAL DOCTORATE (ONLINE)



Amy Mager at left

AMY MAGER, DACM, LAc, DiplOM (NCCAOM) is Vice Chair of the American Society of Acupuncturists and sits on the Board of the Acupuncture Society of Massachusetts, educating the public, legislatures, and the greater medical community about acupuncture and integrative medicine. Licensed in California, New York, and Massachusetts, Amy has been treating those with acute and chronic conditions since 1990. Co-owner of The Wellness House in Northampton, MA, a multidisciplinary healing center, Amy is also a trained birth assistant and childbirth educator, and has been published in the books *Parenting From the Heart* and *Round the Circle* as well as on Huffington Post. She has a bi-weekly radio segment with Bob Flaherty on WHMP, "Healing Outside the Box, Inside the Heart".

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2019 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 OM Newspaper.

Some employees have been with PCOM for years, while others have just joined the team with enthusiasm. PCOM would like to ensure

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

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

SAN DIEGO

NAME	YEARS	NAME	YEARS
Miller, Jack	31	Guptha, Leena	3
Gomes, Stacy	22	Paniagua, April	3
Creney, Shanna	21	Russo, Gregory	3
Phillips, Donald	19	Zhang, Oskar	3
Floyd, Cindy	19	Bristow, Melinda	3
Leyva-Padilla, Brenda	11	Exner, Miles	3
Apolonia, Jennifer	11	Lewis, Edna	3
Robbins, Tracy	10	Monroe, Sabrina	3
Floyd, Charles	9	Alilin, Sasha	2
Hotelling, Brian	9	Cobbs, Aletra	2
Luger, Todd	7	Phouthavone, Deanna	2
Reuss, Deborah	7	Roberts, Jeannine	2
Tang-Ritchie, Leng	7	Rodriguez, Vivian	2
Monreal, Francia	7	Virgen, Marlene	2
Lane, Gregory	6	Zamudio, Melissa	2
Wilkins, Omar	6	Benefiel, Patricia	1
Powers, Teri	5	Jerred, Kevin	1
Elefano, Elaine	5	Tuotte, Nathalie	1
Johnston, Jessica	4	Ledesma, Desiree	1
Smith, Beatrice	4	Leon, Dulce	1
Aguilar, Matilde	4	Unger, Candace	1
Sanchez, Diana	4	Le, Truong	1
Diaz, Alexander	3		

NEW YORK

NAME	YEARS	NAME	YEARS
Garwood, Shana	20	Ambrosio, Nicholas	2
Neipris, Cynthia	17	Chiu, Kathy	2
Husbands, Sheldeane	13	Mojica, Erika	2
Oziransky, Svetlana	10	Nowak-Gaikwad, Joanna	2
Sherman, Keith	7	Pietrunti, Jonathan	2
Youngren, Malcolm	7	Ploof, Alyssa	2
Knight, Kellie	6	Arias, Delilah	1
Rios, Isabel	6	Dillon, Shaneka	1
Garcia, Julian	5	Druchuk, Iurii	1
Ruiz, Rafael	5	Evans, Erica	1
Kowal, Ashley	4	Kendrick, Steven	1
Ramkalawan, Rajendra	4	Lesta, Justin	1
Dorcely, Farah	3	Perez, Miguel	1
Miles, Lydia	3	Rodriguez, Javier	1

CHICAGO

NAME	YEARS	NAME	YEARS
Mattson, Brendan	11	Gladney, Leon	3
Sheldon, Lynn	11	Graves, Matthew	2
Sol, David	9	Haillasellise-	
Swenor, Christopher	9	Mankelkote, Abrecia	1
Jones, Connie	7	Lampkin, Sheilah	1
Frech, David	6	Pasternak, Liya	1
Adams, Paris	5	Ramey, Andrea	1
Baldwin, Olivia	3		

PROVIDING YOUR PATIENTS WITH EXCEPTIONAL EXPERIENCES continued from page 3

I hire a feng shui consultant, and it is worth every penny. People often comment on how warm and comfortable my environments feel to them. I feel better working and living within these environments. I highly recommend it.

These may seem like subtle elements of the treatment experience, but when they are problematic, they can prevent you from providing the relaxing, rejuvenating and healing space you desire.

In addition to the physical location and building of your treatment space, there are two more powerful ways to enhance the treatment experience that are easy to incorporate.

First: Music. Did you know that in several pockets of the United States, ambulances are playing music in the back with the patients? It was found that certain music improved the patient outcomes of those being transported. Likewise, hospitals are offering music in patient rooms and operating rooms for the same reason. Music has the ability to heal and science is now proving it.

Do you provide music? If so,

do you change it frequently? I once stopped going to a therapist that I had been seeing weekly for several months because they played the exact same music every week. At a certain point the music was no longer soothing, and started to negate any benefits I was receiving in the session. Change your music.

Second: Aromatherapy. It has been clinically proven that when aromatherapy is added to a massage, acupuncture treatment, or acupressure treatment, outcomes are greater than providing any of those modalities alone.

There are several ways you can provide aromatherapy to your patients. You can use essential oils in diffusers or drop essential oils onto cotton balls and have the patient smell the cotton ball while getting treated. I've even used White Flower liniment as aromatherapy on a cotton ball. Patients love it and the spearmint oil in White Flower reduces pain.

You can add drops of essential oils to water and spray the contents in your office. I have even used simple rose water as aromatherapy.

You can find rose water in any natural food store. Spray rose water in your office, on your patients, on your treatment table, or on your eye pillows. Spray the diluted essential oil sprays on your hands as well. That way, your hands get cleaned from the anti-microbial nature of essential oils and you provide aromatherapy to your patients via your hands.

During treatments I typically place the aromatherapy-saturated cotton ball on the patient's chest around Ren 17 or within their "sniff zone" if they are face down. After the treatment, I give the patient the cotton ball to take home with them. I instruct them to continue to inhale the aromatherapy periodically, which will keep the treatment coursing through their body. It's a very inexpensive "gift" that your patients will treasure. I once walked a patient to her car and saw a line of cotton balls on her dashboard. She told me that she keeps all the cotton balls I give her after treatment and that she just "loves them".

While I could go on and on about the benefits of aromatherapy,

we have more stops on this road trip. Therefore, here are your take-aways from *The Healing Temple*:

- Clear your space of clutter.
- Practice the art of feng shui.
- Incorporate music into your treatments.
- Include aromatherapy with your treatments. **OM**

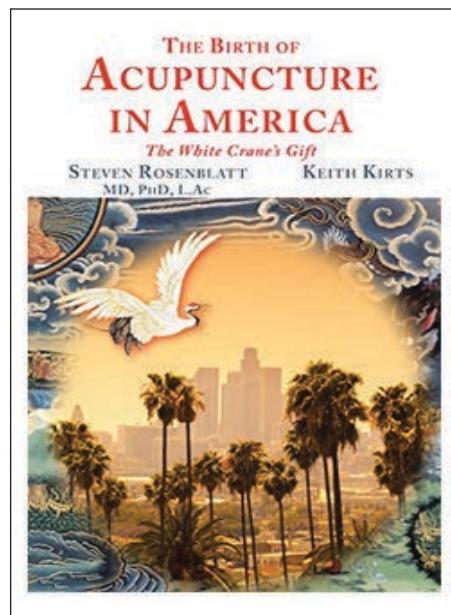
DR. EAST HARADIN-PHILLIPS, DAOM, LAC
With a commitment to helping others actualize their full potential and wellbeing, Dr. East has been a licensed acupuncturist since 1999 and professor of Chinese Medicine since 2014. She currently resides in Del Mar, California and continues to help patients, students, other practitioners and the general public with her lectures, workshops, private consulting and products from Gem Elixirz, the company she founded in 2010. www.eastharadin.com

The Birth of Acupuncture According to Rosenblatt and Kirts

By MITCHELL HARRIS, LAc, MSTOM

The *Birth of Acupuncture in America: The White Crane's Gift* is a book on a topic that receives surprisingly little in-depth attention: the origins of clinical acupuncture in the United States. With the West Coast cultural revolution of the 1960s and 70s as a backdrop, this book explores history in an intentionally lighthearted yet significant way. The narrative takes place between students/teachers and Eastern/Western narrators as they merge together—sometimes with seemingly magical vision and luck.

Most acupuncture students know the story of John Reston, the journalist from the New York Times who accompanied Nixon to China in 1971, when the President attempted to open it for trade with the U.S. After Reston's emergency appendectomy and recovery, he discovered acupuncture when doctors performed it upon him and he started feeling better. He then toured hospitals in China where acupuncture and moxibustion were being



used to help post-operative patients. Upon publication of his *New York Times* article about this, the door to acupuncture as a possible medical option in the U.S. was opened.

For most American practitioners who studied at a U.S.-based Chinese medical school, the history lesson

stops there. Although both coasts and California in particular became early adopters of serious acupuncture education, traditional Chinese medicine (TCM) programs include few history classes on the topic.

Steven Rosenblatt, MD, PhD, LAc, and Keith Kirts aim to remedy this injustice. Their book recounts the early stages of acupuncture acceptance as respected medicine, first in Los Angeles and eventually in most of the United States. It introduces the primary teacher of these first “Lo-Fan” students, including Dr. Rosenblatt, and does not shy away from attempting to explore the sometimes confusing, humorous, and loving way these cultures, teachers, and students clashed and meshed, despite—or because of—the sometimes significant cultural divides this old world medicine has crossed.

To convey the ambitious narrative concepts, the authors structure the book using several interesting devices. First, a nod in the prologue to the classic text *Huang Di Nei Jing*, in which the wise imperial acupuncturist Li Po is asked questions by the youthful and curious Yellow Emperor in the traditional question and answer style. The two authors play the parts here—Keith Kirts as the simpleton and Steven Rosenblatt as the knowing doctor—but this time on a Malibu fishing pier rather than in a Chinese court.

Second, there are competing West/East narratives. The first is the mentioned conversation between the authors while, the second are Dr. Ju's thoughts, which are cleverly employed by use of fictional journal entries. These entries are derived from Dr. Ju's teachings, interviews with his old friends, and students' recollections. The result is that the reader sees Dr. Ju and his inner struggles more honestly, intimately, often mixed with his sense of humor.

The book takes us through the initial and significant moments between Dr. Ju and his prospective students, all of whom were curious UCLA graduate students studying brain chemistry and the psychology of pain. Steve Rosenblatt and his friends became interested about this non-invasive medicine and its significant cultural and clinical history. They raised money for him to create a lecture series and, in keeping with Chinese tradition, show him they were serious students worthy of his time. The narrative convincingly conveys Dr. Ju's emotions and ideas as he educates these intelligent, studious—if somewhat, to him, wild bunch of educated, crazy-haired hippies.

Dr. Ju came from Canton at a low point in acupuncture's history in China. He had a prophetic vision that he would bring this medicine to these Western students to save it from possibly fading from significance in his country. Through the journal entries we see his vision, his ideas, and his struggles to bring acupuncture from China to the U.S., which offered youthful energy and drive.

Under his tutelage, Dr. Ju's students start to study eastern culture and movement (qi gong and martial arts) and began to merge their education on neurochemistry with the Taoist ideas of qi or energy as we are introduced to it in section two of the book. Dr. Ju began to treat patients and teach his students at UCLA in the department of psychology. The climax of this particular narrative was his arrest for practicing without a license outside of UCLA—as this was an era preceding the existence of licenses to practice. Sadly, this act sent him back to China while another Chinese doctor and acupuncturist, Dr. So, took his place to keep the UCLA acupuncture clinic going.

Based on the first part of the title, *The Birth of Acupuncture in America*, it is fair to expect a somewhat deep dive into the historical aspects of acupuncture's taking hold in Los Angeles. The focus actually falls more on the teacher and the moment his vision blossoms and is transmitted to future teachers (another form of energy transference). With this, the last portion of the title rings truer: this book is more about the *gift* of this medicine from one teacher and culture to another.

While the first section of the book is unnamed, the second section of the book, titled “The Practice”, introduces the reader to concepts of qi or “energy” in Chinese medicine. **OM**

MITCHELL HARRIS, LAc, MSTOM practices traditional East Asian medicine at his clinics in Rogers Park and Lakeview in Chicago. Mitchell is the chair of clinical procedure and former chair of faculty governance at Pacific College of Oriental Medicine where he also teaches and supervises in the residency program at the Chicago campus. He is the creator of the tincture line Herbs From East and co-founder of the integrative medical video website IMNEducation.com. He can be reached at info@healthfromeast.com.

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