

Oriental Medicine

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Pacific College of Oriental Medicine Celebrates 30th ANNIVERSARY

This year, Pacific College of Oriental Medicine (PCOM) turns 30. Since PCOM opened in 1986, the San Diego campus has seen about 2500 master's and massage graduates, New York about 2100, Chicago 700, and PCOM has hosted thousands of attendees at 27 years of the Pacific Symposium.

continued on page 3

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What is “*Daodi*” Medicinal Material?

By ERIC BRAND, ZHONGZHEN ZHAO, and PING GUO

Throughout history, Chinese herbal medicine has been deeply influenced by the natural resources and culture of China. Natural resources such as wild and cultivated plant resources are inseparably connected to the development of Chinese medicine. Agriculture and trade have long played a pivotal role in the production and dissemination of herbal medicines in China, allowing access to medicinal materials sourced across a broad geographic area, both domestically and abroad. Historically, widespread trade in herbal medicines allowed practitioners in disparate regions to share the same medicinal substances, and the existence of a common written language allowed ancient Chinese practitioners to develop a vast body of literature to share medical perspectives and theories.

The great geographic diversity of China provided ancient practitioners with abundant natural resources to explore, and many items eventually

became integrated into trade and systematic Chinese medical theory. Over time, agriculture and trade gradually gave rise to unique developments such as the notion of *daodi* medicinal material, which is a concept that associates authenticity and quality with specific regions and production practices. In the 20th century, rapid modernization and the constant challenges of sustainability have led to new developments to preserve China's natural resources, such as Good Agricultural Practices (GAP) that are customized to specific crops used in Chinese herbal medicine.

As a unique concept in Chinese medicine, *daodi* is a term that lacks a perfect English translation when used to describe medicinal material. While it is superficially similar to the popular French concept of *terroir*, the concept of *daodi* is slightly more complex because it is intricately related to clinical efficacy as well as

continued on page 6

INSIDE THIS ISSUE....

- 8 Opening To Awe
- 10 Feng Shui for the Heart of Winter
- 11 The Umbilical Pulse, Akabane Test, and Entry/Exit Block
- 14 What is Qi?
- 15 The Effects of Eastern and Western Medicine on Female Infertility Associated with Advanced Maternal Age: A Literature Review
- 16 5th Annual Alumni Awards
- 17 Evaluating the Atopic Triad in Pediatrics: A Chinese Medical Perspective
- 19 The Inevitability of Change: The I Ching and its Relevance in Your Life and Practice
- 23 Retrospective: Pacific Symposium 2015
- 24 Taking Raw Herbs—Earth First
- 28 Using Chinese Medicine to Address Estrogen Dominance in Perimenopausal Women
- 29 2016 Pacific College Staff Acknowledgment Program
- 31 Mindfulness-Based Stress Reduction (MBSR)



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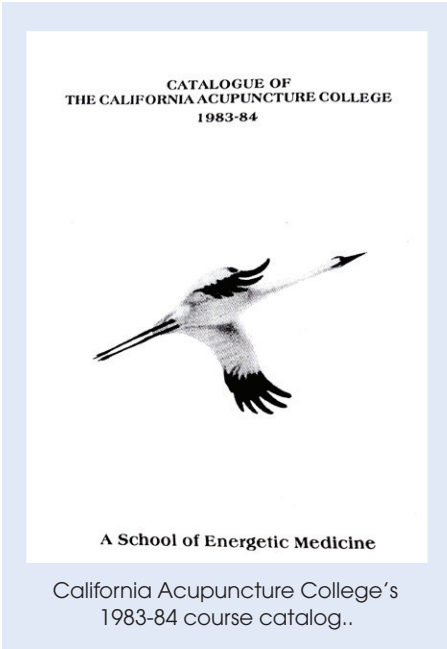
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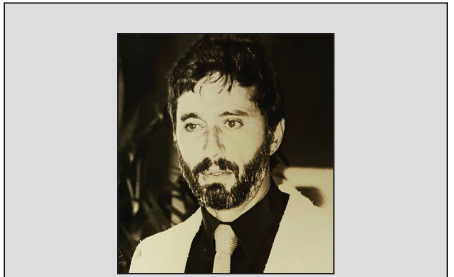
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PCOM's second location, on Fifth and Brookes in Hillcrest.



Inside the Washington Street location.



JOSEPH LAZZARO

April 1, 1946 – November 25, 2000

Joe Lazzaro, one of PCOM's founders, served as CAC's chief administrative officer from 1982-86 and cofounded the Pacific Center of Health, a clinic in San Diego that is still open today. He helped found PCOM with the confidence that Chinese medicine education should have a home in San Diego. During his 14 years with PCOM as a board member and teacher, he watched the school grow to include three campuses across the country and a thousand students.



ALEX TIBERI

February 28, 1954 – November 18, 2014

Throughout his life, Alex Tiberi practiced medicine, lectured, and led study groups around the globe, inspiring innumerable students with his irresistible enthusiasm. He was a student of Buddhism for over 30 years, and practiced both Tibetan Vajrayana and Japanese Shugendo. Alex was also an accomplished martial artist, and well-practiced in horseback archery, aikido, and jousting.

In 1986, the California Acupuncture College (CAC) closed, leaving many students adrift. CAC had had three campuses across the state, but was the only school of traditional Chinese medicine in San Diego. Joseph Lazzaro, Richard Gold, Ana de Vedia, and Alex Tiberi, all former administrators or faculty of the CAC, founded Pacific College to ensure that the stranded CAC students could complete their studies and take the California licensing exam. None knew at the time if they would continue past that first group of students.

Lazzaro was the first campus director of the San Diego branch of the CAC, De Vedia was Lazzaro's first employee, and Tiberi and Gold were two of his first teachers. While the intervening thirty years have proven that their decision to start Pacific College was a good one, starting a new acupuncture college from the ashes of a failed institution took a commitment to and confidence in the medicine.

PCOM's very first "campus" was a single room, almost a garage, in a house in Hillcrest, a mile or so north of downtown San Diego. Shortly afterward, the college moved to a 3,000

square foot building on the corner of Fifth and Brookes, a building still standing in Hillcrest. The small space had to perform double duty, functioning as an administrative office and clinic during the day and a classroom at night.

"When I first started at Pacific College there were 49 students," said Elaine Gates-Miliner, currently PCOM's chief compliance officer and Chicago campus director, though she has filled vital roles on all three campuses since 1987. "It was a night school with no financial aid, and the

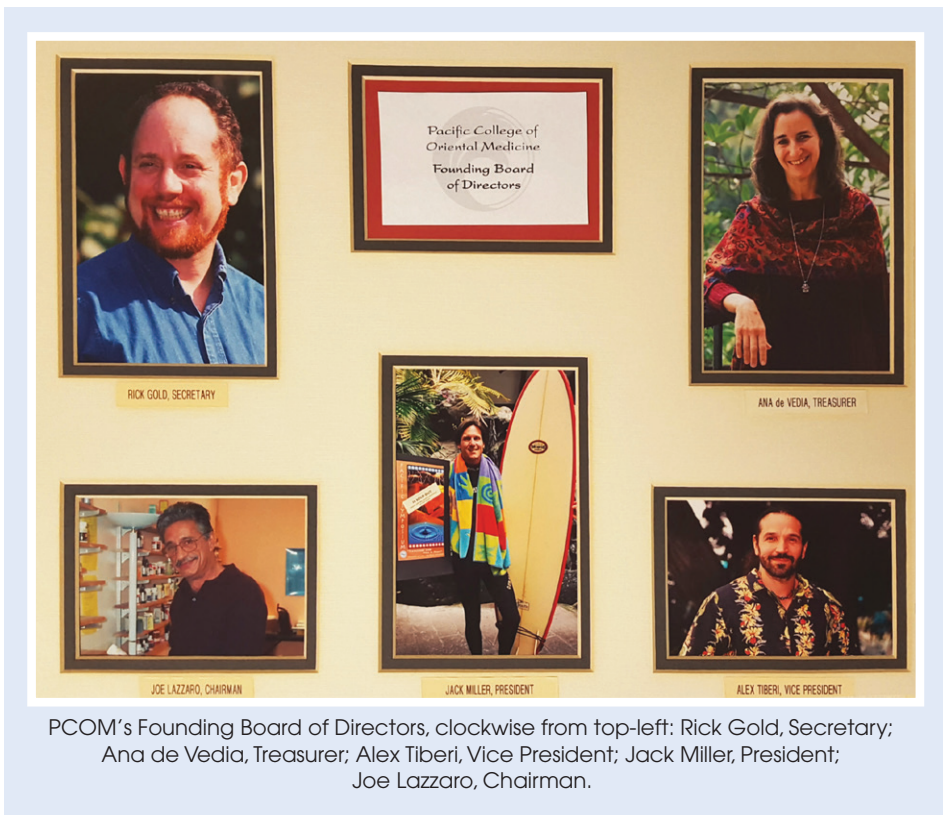
median age of the students was 35 years old. Students who came to the school were often going into their 2nd or 3rd career."

PCOM had practically outgrown the house on Fifth by the time it moved in, so in 1987, the campus relocated again, this time to a 7,000 square-foot building a few blocks away on Washington Street. The new space had three dedicated classrooms and two offices, a student lounge, a library, and a clinic.

By 1988, it was clear that the school could grow. PCOM needed an administrator who had the skills to earn accreditation and a vision of the future of the medicine. The founders hired Jack Miller, a graduate of the last 1986 class of the California Acupuncture College who had the right combination of business acumen and acupuncture experience, and made him a full partner. For the next 20 years, these five met every Tuesday for lunch to enjoy each other's company and chart the growth of Pacific College.

Just a year later, the first Pacific Symposium was held in San Diego. De Vedia and Lazzaro had been inspired by a talk given by Ted Kaptchuk, now a professor of medicine at Harvard, and invited him to do a retreat in San

continued on page 4



PCOM's Founding Board of Directors, clockwise from top-left: Rick Gold, Secretary; Ana de Vedia, Treasurer; Alex Tiberi, Vice President; Jack Miller, President; Joe Lazzaro, Chairman.



California Acupuncture College graduating class of 1986.

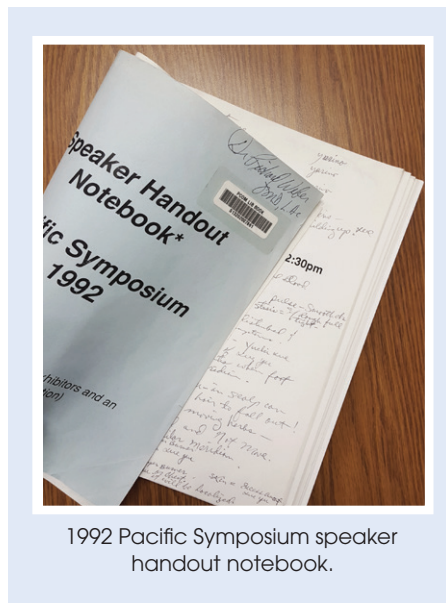
Diego for local acupuncturists. Miller saw this as an opportunity for something bigger, reaching out to many other luminaries of acupuncture and inviting them to San Diego as well. Although de Vedia and Lazzaro had intended to host Kaptchuk's talk in the mountains east of San Diego, Miller, ever the surfer, suggested a location closer to the beach instead.

Elaine Gates-Milliner, who ran the first Symposium with a couple of other staff members, working more or less day and night for the entire run, describes Jack as "a real ideas man, always looking for possibilities. He saw the idea of the Symposium as an ideal way to grow the college as well as the profession." Miller's outreach was a success: the first annual Pacific Symposium was held at Kona Kai Resort in San Diego in August 1989, attracting about 200 attendees.

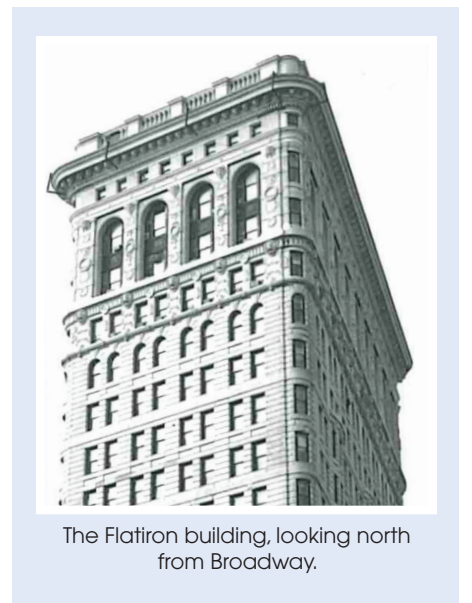
Now entering its 28th year, the Symposium regularly attracts attendees from most states in the US as well as internationally. Over the years, speakers have included such famous names as Ravi Shankar, Deepak Chopra, and Steven Halpern, as well as most everyone of note in the field of Oriental medicine. In the early 90s, there were even a few Atlantic Symposiums, two in Boston and one in New York.



1989 Pacific Symposium poster.



1992 Pacific Symposium speaker handout notebook.



The Flatiron building, looking north from Broadway.

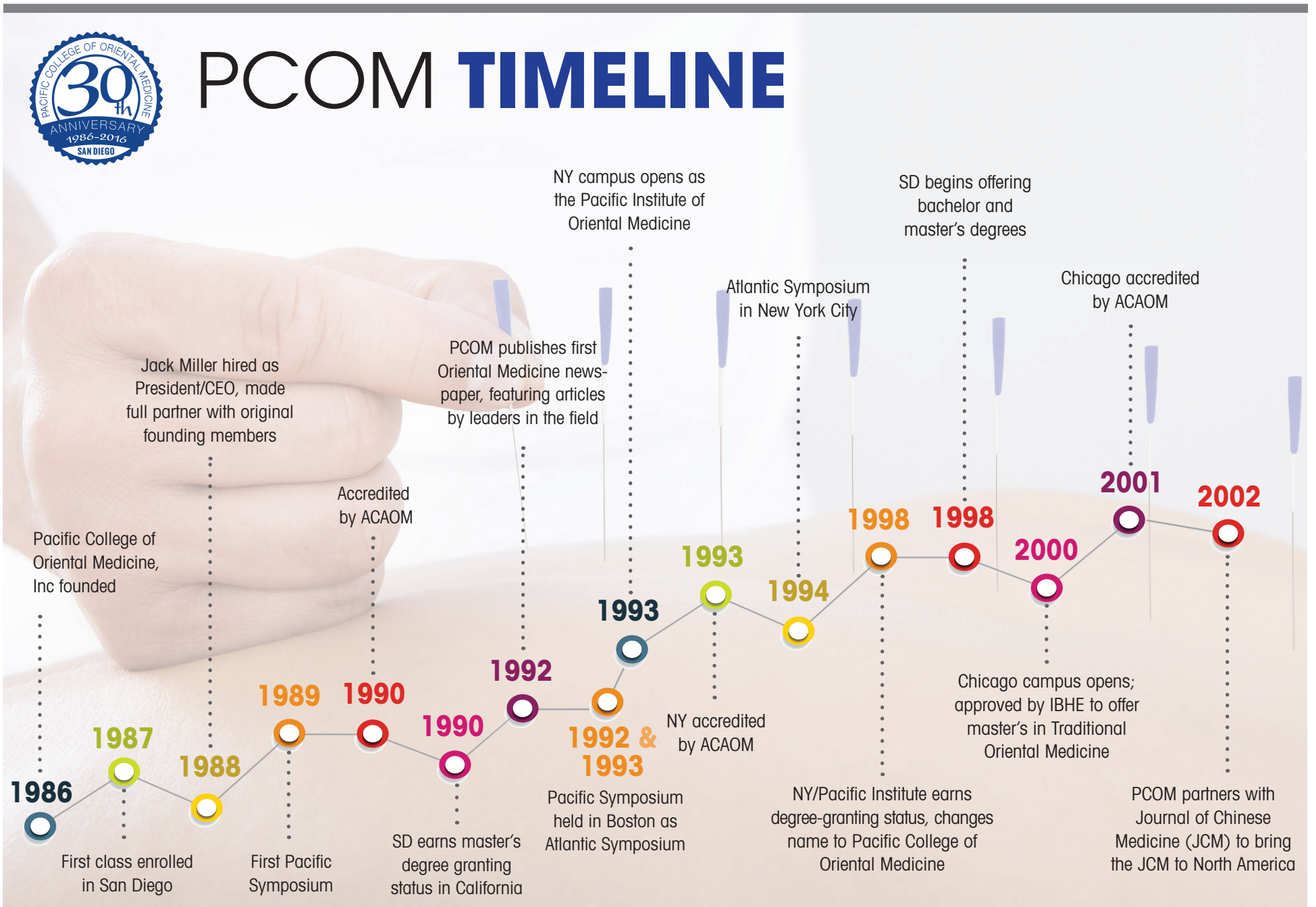
Through the efforts of faculty, founders, and administrators, PCOM was accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and began granting master's degrees in 1990. The San Diego campus expanded shortly afterward, moving to its current address in Mission Valley in 1992. The campus has since expanded multiple times, eventually taking over all of its original building and the better part of two other nearby buildings.

Around the same time, New York legalized the practice of acupunc-

ture for graduates of programs like Pacific's. At the encouragement of local acupuncturists, Pacific applied to New York State Department of Education (NYSED) to open a branch campus in Manhattan. The campus was approved and the first classes offered in 1993 at the Ohashi Institute, which generously allowed the college to use its space. Shortly thereafter, Pacific found its home for the next twenty years at 915 Broadway in the lively Flatiron district. Trivia fans might remember that for its first five years in New York, Pacific Col-

lege was known as Pacific Institute of Oriental Medicine. New York limits the term college to degree-granting institutions. In 1998, Pacific Institute earned the right to offer its master's degrees and change its name to Pacific College.

Similar to the New York story, the rules regulating the practice of acupuncture in Illinois changed for the better in the late 90s and once again, local acupuncturists encouraged Pacific College to come to Chicago. After an even longer application process, the Illinois Board of



Higher Education welcomed Pacific College to the heartland. The first Illinois campus was just around the corner from Wrigley Field. In 2010, the college moved to the Loop, in the center of city, with views of the river from its 17-21st story facility.

Program and degree offerings have expanded at each campus: massage certificates, associate degrees, an RN to BSN program, and now entry-level and post-graduate doctorates join the masters' degrees. There are many ways for students to enter this marvelous field of healing.

"Since we founded the college, we've gone from practitioners of alternative medicine, to complementary medicine, and now integrative medicine. We've seen a huge increase in the number and diversity of patients as the medicine has become more accepted.

There is still much to accomplish, however; the medicine is still being used far too often only as a last resort. If it were used more on the front end of treatment, we could help people avoid trauma and expense—sometimes we see huge improvement after just three treatments, after hundreds of thou-

sands of dollars made little headway. Even as far as we've come, there is still tremendous potential here that is yet untapped."

-Rick Gold, founder, board member, and San Diego faculty

Off-site internships, originally piloted by de Vedia at San Diego Hospice, have played a role in connecting all three campuses to their communities. Students work at local hospitals and clinics such as New York's Lutheran Medical Center, Chicago's Project VIDA, and San Diego's Rady Children's Hospital and UCSD Cancer Research Institute, putting their classroom knowledge directly into practice while working alongside medical doctors, physical therapists, and counselors.

In 2008, PCOM formed a strategic partnership with Quad Partners, an investment firm specializing in education, giving PCOM access to even more expertise in accreditation and higher education.

In 2013, PCOM received an NIH grant for Evidence-Informed Practice: Faculty and Curriculum Development. This five-year award was to develop faculty teaching skills in evidence-informed practice along with analysis

of outcomes and impact on institutional culture. In the same year, the college also began collaborations with the Albert Einstein University medical school in New York. The Pacific Center for Lifelong Learning, PCOM's extension studies and distance education division, launched in 2014.

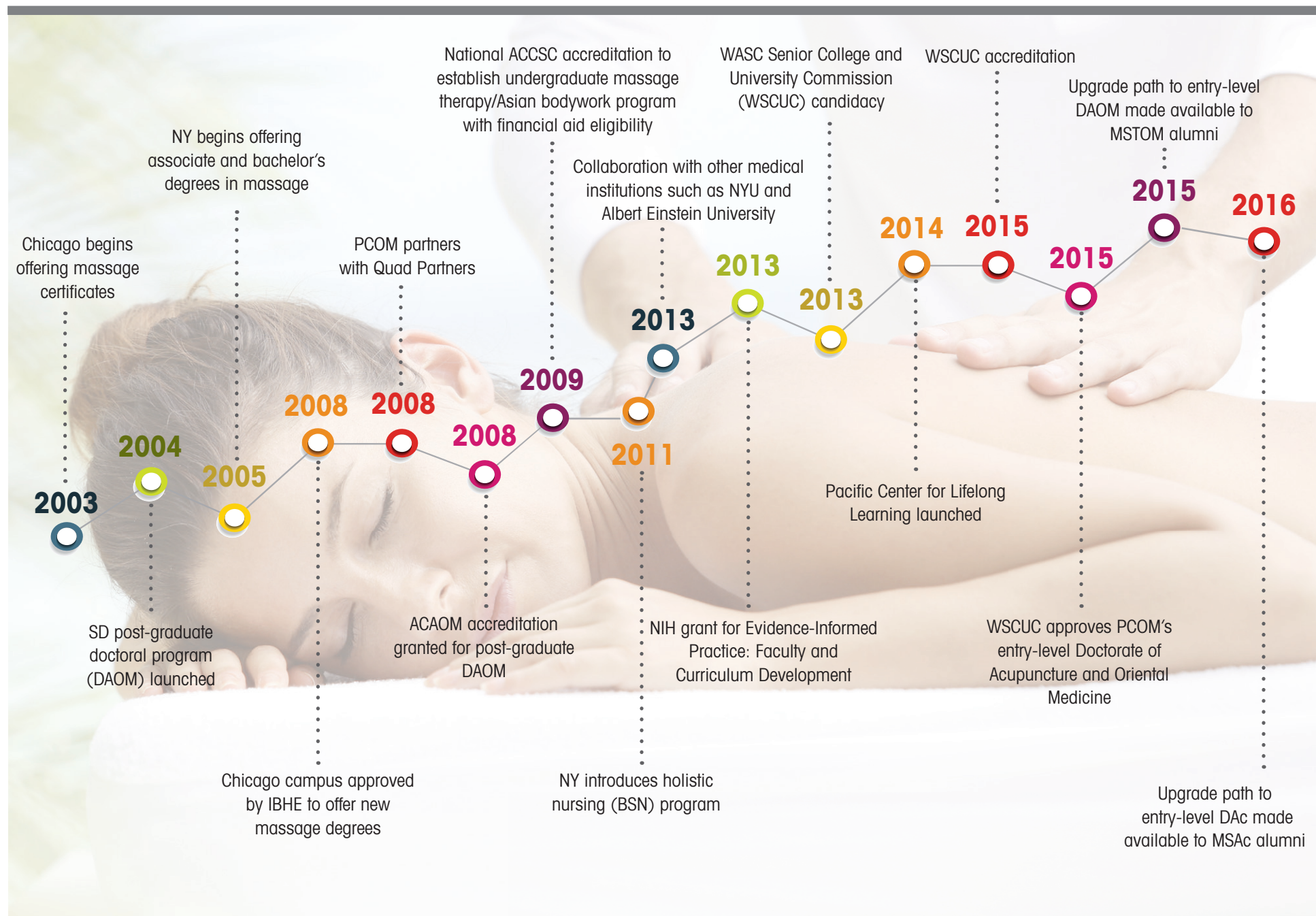
Pacific College of Oriental Medicine received regional accreditation from the WASC Senior College and University Commission (WSCUC) in 2015, an achievement that reflected five years of hard work on the part of faculty, staff, and students and significant investment from its shareholders. WSCUC commended the college for its commitment to quality improvement, its shareholder support, and its investment in full-time faculty, new facilities, a modern student information system, and the addition of numerous leadership positions.

Pacific College of Oriental Medicine has grown tremendously in the past three decades, from its humble origins in a single room with a few dozen students to three large campuses, an award-winning library, and regional accreditation. The curriculum, alumni, and faculty have strengthened to meet the evolving expectations of patients of this medicine. The field itself has grown

as well, in both acceptance and diversity.

"I have been privileged with a long career in Chinese medicine. I'm fortunate to call many of the wisest teachers in our field my friends. Lord knows that I needed all their help and wisdom as I guided Pacific College from its earliest state to where it is today. I'm thankful that my original partners entrusted me with their creation. I'm lucky that Elaine Gates-Miliner stayed with the college all these years. So many others have contributed to our success, too many to name individually. However, I do want to single out a few people from our early years: Kevin Ergil for helping me start Pacific in New York; Frank Scott and Clarisse Croteau-Chonka for their help in Chicago; and all my earliest faculty like Bill Helm, Z'ev Rosenberg, Cliff Lara, Charlene Penner, Greg Bantick and many others. Sorry for the Academy Award acceptance speech, but every thirty years or so, you've got to stop and thank at least a few of those who've helped along the way. Thank you, my Pacific College family."

-Jack Miller, President



macroscopic qualities such as taste and appearance. Thus, the term *daodi* is generally preserved by using pinyin in the West, like other Chinese medicinal terms such as *qi*, *yin*, and *yang*.

The word “*dao*” in “*daodi*” was originally used to describe administrative districts in the Chinese empire, similar to the modern use of the word “province”. The word “*di*” is generally related to soil, geography, and landforms. According to a concise definition proposed by experts at the 390th Xiangshan Scientific Conference in Beijing in 2011, *daodi* medicinal material is:

“Medicinal material that is produced and assembled in specific geographic regions with designated natural conditions and a specific ecological environment, with particular attention to cultivation technique, harvesting, and processing. These factors lead to quality and clinical effects that surpass items of the same botanical origin that are produced in other regions; thus, such items are widely recognized and enjoy a good reputation.”

In Chinese herbal medicine, about 500 medicinal materials are commonly found in trade, and approximately 200 of these have specific *daodi* forms. Herbs with *daodi* specifications have high economic value and account for about 80% of the Chinese herbs in trade.

ROOTED IN A HISTORY OF CLINICAL PRACTICE

Chinese medicine has accumulated abundant clinical experience over a long period of time, and the perspective that some medicinal materials are superior in quality is rooted in this tradition. There would thus be no concept of “*daodi*” medicinal material without the clinical experience of Chinese medicine.

Production areas have long been emphasized in historical texts dedicated to medicinal materials. The *Divine Husbandman’s Classic of Materia Medica* (*Shen Nong Ben Cao Jing*) was the first text to discuss the importance of production regions; many medicinal names within it were related to specific geographic regions in ancient times, and further notes on quality differentiation were added in the *Annotated Materia Medica Classic* (*Ben Cao Jing Ji Zhu*). In 659 AD, the Tang Dynasty *Newly Revised Materia Medica* (*Xin Xiu Ben Cao*) emphasized the importance of production regions with the statement: “if medicinal material is not produced from its native environment, it will be the same in substance but will differ in effect”.

The famous Tang Dynasty author Sun Simiao suggested that excellent treatment results can only be obtained through the use of *daodi* medicinal materials, stating:

“Ancient doctors depended on medicinals produced from the proper production areas. Therefore, if they treated ten patients, they achieved results in nine. Although contemporary doctors understand the pulse and prescriptions, they are not familiar with the proper production regions, harvest time, and quality of medicinals. Thus, they only achieve results in five or six cases out of ten.”

This concept was further emphasized in the *Extension of the Materia Medica* (*Ben Cao Yan Yi*) from the Song Dynasty, with the statement “all medicinals used must be from suitable production regions”. By the time of the Ming Dynasty, *daodi* specifications for 268 medicinals were formally recorded in the text *Essentials of Materia Medica Distinctions* (*Ben Cao Pin Hui Jing Yao*).

THE RELATIONSHIP BETWEEN BOTANICAL VARIETIES AND DAODI MATERIALS

The diverse geographic conditions of China are a key natural resource in the formation of *daodi* medicinal materials. Genetic differences between species and varieties of plants are often important factors related to *daodi* medicinal materials. For example, the *daodi* form of *shan yao* (rhizome of *Dioscorea*) is derived from *Dioscorea opposita* Thunb. Also known as *huai shan yao*, this species is thought to be superior when grown in Henan, and it is referred to as *tie gun shan yao* in commerce due to its tight rod-like shape. Non-medicinal, culinary varieties of *shan yao* are also sold in Asian grocery stores, but these culinary varieties are derived from other species of plants in the *Dioscorea* genus and are not used in medicine. In *ben cao* literature, the differences between medicinal *shan yao* and culinary varieties of *shan yao* were discussed as early as the Ming Dynasty.

Chinese herbal medicines have a long history of use, with diverse and complex origins. In the 2010 *Chinese Pharmacopoeia*, about 25% of the medicinals listed can be derived from two or more sources. In some cases, the traditional names given to different forms of a given herb correspond to differences in the botanical species used, such as *bei wu wei zi* (*Schisandrae Chinensis Fructus*) and *nan wu wei zi* (*Schisandrae Sphenantherae Fructus*), which are often described as “northern” and “southern” forms of *wu wei zi* (*Schisandrae Fructus*).

THE INFLUENCE OF ENVIRONMENTAL CONDITIONS ON DAODI MATERIALS

Bioactive constituents are affected by environmental factors such as soil, climate, humidity, and light, which directly influence the second-



ary metabolites of plants. In ancient times, differences based on environmental conditions were noted in the Chinese saying that “tangerines that grow south of the *huai* river are tangerines, when grown north of the *huai* river they are bitter oranges; the leaves are similar but the flavor of the fruit is different.”

In the case of *chuan xiong* (the rhizome of *Ligusticum chuanxiong* Hort.), the word “*chuan*” in its name reflects the fact that its *daodi* medicinal material is produced in Sichuan province. It has a cultivar known as *fu xiong* (*Ligusticum chuanxiong* Hort.

cv. *Fuxiong*) that is grown in Jiangxi province, yet it goes a long time without flowering and rarely sprouts, yielding fleshy rhizomes that contain less volatile oil and have a lower ligustrazine content when compared to the item grown in Sichuan.

Over the course of time, environmental and other changes in China have caused the recognized *daodi* regions to change for some herbs. For example, wild trees in Yunnan were previously used as the source material from which *fu ling* (*Poria*) was collected, thus *fu ling* from Yunnan was considered to be the *daodi* material; now that the *Poria* fungus is cultivated, the primary form on the market comes from Hebei province. Similarly, *san qi* (*Radix Notoginseng*) is also called “*tian qi*” because it was once produced in the “*tian zhou*” region (in modern-day Guangxi province). However, at present the Wenshan county region of Yunnan

province is considered to be the main *daodi* production area for *san qi*.

In the case of Asian ginseng, changes in its historical distribution due to environmental changes and over-collection led to changes in the region that was perceived to be *daodi*. Originally ginseng was distributed across a wider geographic area than it is found today, and ancient texts praised the ginseng produced in the *shang dang* region (modern-day Shanxi province). Records from the Song Dynasty illustrate that a plant in the *Panax* genus was indeed produced in this area, but the ginseng resources in the region were depleted due to overharvesting and deforestation, causing the *daodi* production region to move to northeastern China.

THE INFLUENCE OF CULTIVATION TECHNIQUES ON DAODI MEDICINAL MATERIAL

Agricultural progress was interrupted when China suffered from extended wartime conditions in the Southern Song and Yuan Dynasties, but advances in the cultivation of medicinal plants followed in the Ming Dynasty with the support of government agricultural policies. As new literary works flourished and agricultural techniques matured, cultivated plants became the primary source of most *daodi* medicinal materials.

Rehmannia is a classic example of a *daodi* medicinal that has been

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subjected to long-term cultivation. Known as one of the "four great *buai* medicinals," it has been cultivated in the *buai qing fu* region of Henan province for centuries. Techniques for cultivating *Rehmannia* are described in the Tang Dynasty text *Formulas Worth a Thousand Gold Pieces (Qian Jin Fang)*, and in the *Compendium of Materia Medica (Ben Cao Gang Mu)*, Li Shizhen notes that "ancient people cultivated

it from seed, contemporary people propagate it from the roots." This asexual cultivation technique is still used today, and the cultivar that has emerged in that region has superior characteristics in terms of its growth habits and chemical constituents.

OTHER FACTORS

The use of *pao zhi* (medicinal processing) is another factor in the formation of *daodi* medicinal material.

For example, in the case of the herb *fu zi* (*Aconiti Radix Lateralis Praeparata*), the *daodi* material does not simply come from a specific region, it also incorporates proper *pao zhi* methods for processing. In *The Chinese Pharmacopoeia* (2010), four different processed forms of *fu zi* are described.

Furthermore, many foreign medicinals that have been introduced into China also have *daodi* specifications, and in some cases these items have been cultivated in China successfully. For example, the herb *mu xiang* (*Aucklandiae Radix*) originally came to China from India, and was called *guang mu xiang* because it entered trade via the city of Guangzhou. Later on, it was successfully cultivated in Yunnan province in China, and today the product from Yunnan (called "*yun mu xiang*") is regarded as the main *daodi* material in trade.

The subject of *daodi* medicinal materials provides a unique vantage point to look into the complex history of Chinese medicinal quality assessment. Since medicinal quality is intimately connected with natural wild and cultivated plant resources, the subject of *daodi* medicinal material is inseparable from the topic of natural resources.

NATURAL RESOURCES AND GAP CULTIVATION

China has very rich natural resources due to its vast size and diverse topography. A national survey on natural resources that was conducted from 1985 to 1989 found that nearly 11,000 plants are used medicinally in China. In China, the implementation of GAP (Good Agricultural Practices) for Chinese herbal medicines is imperative. In 2002, China's State Food and Drug Administration published draft standards for good practices in Chinese herbal medicine production. The aim is to establish standards at all the links in the supply chain, starting from the farm level, in order to assure "safety, quality, consistency, and controllability". In 2003, the WHO (World Health Organization) published a draft guidance document for GAP standards, and in 2004, further GAP initiatives were advanced by the EU, Korea, and Japan.

As of 2009, nearly 800 production sites had been established for Chinese herbal medicines in China, with a total of approximately 500 species in cultivation. About 20% of


continued on page 9

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Opening To Awe

By SIMA KATZ, MSTOM, LAC

Winter arrives as the pinnacle of yin, the longest night of the year, and from the depth of darkness, the seed of light is born; slowly, steadily, it grows each day. In their constant spiral dance, yin and yang, the dual expressions of undifferentiated supreme one-ness, are endlessly engendering each other.

As nature goes deep within herself and we are drawn to spend more time indoors, life naturally becomes more internal. This is the resting season, the season of Water: receptive, reflective, formless, yet full of potential. Though it is hard for many of us to suspend action and exist in a state of potential, going with this flow of rest and reflection is necessary to replenish us and build the resources needed to fulfill our destiny. As in nature, Water in the body is depleted by excess heat created by mental and emotional stress and extreme lifestyles, in both work and play. Without Water's stillness and nourishment, we may easily burn out, fall ill, and lose touch with our original purpose.

The organs associated with Winter are the kidneys (yin) and urinary bladder (yang), which deal with the filtration and balance of the body's water. In the human body, Water is associated with essential fluids such as hormones, lymph, enzymes, chemical secretions and sexual fluids, all of which contain great potential energy. Water is where we came from, and it is in the kidneys where jing, the original source qi inherited from our parents, is stored. Our primal potential energy, jing is said to be the root of our vitality, providing the foundation for all the bodies' activities and the reserves required to adapt to the various stresses of life. Jing is our essence, our substance, the oil that is sparked by the primal Fire of the Ming Men, Gate of Vitality, which resides in between the two kidneys at the dan tien. It is from this interaction of Water and Fire that yin and yang are born and ripen into the unlimited manifestations of existence.

The quantity and quality of jing determines both our life span and the vibrancy of our life force. Although our reserve of jing is considered to be a finite amount that runs out over the course of life, jing can be preserved, refined and used more efficiently with balanced amounts of rest and activity, discipline and pleasure. Replenishing our daily renewable sources of qi with proper food, fluids, and breath, along with restraint from excessive emotional, physical and sexual activity, allow us to draw less from the kidney's jing and preserve our life force.

The Black Tortoise of the North-totem of winter, symbol of longevity and wisdom—is depicted in the receptive state of pure listening. With the trees stripped bare and the details of the external world buried beneath the blank canvas of fallen snow, we may find ourselves more tuned in to the

music and lyrics of our inner guide. When we retreat from external stimulation and accept the invitation into our inner silence, it is often natural to experience fear. Whereas worry, the emotion of the hustle of late summer harvest, is an apprehension of familiar threats, winter's fear is a sense of the foreboding unknown. The healthy expression of fear is awe: the reverence for all that is beyond our capacity for sense and reason. Acceptance of fear means allowing oneself to be comfortable with discomfort and, when ready, to go into and through our discomfort. For some this may mean saying yes; for others it may mean saying no. It might involve opening one's heart or creating and maintaining a boundary.

Signs of compromised kidney qi and jing include weak lower back and knees, cold limbs, excessive urination, lower body water retention, loose stool, infertility and sexual dysfunction. To nourish the kidneys, we eat foods that are salty in flavor and black in color. Beans such as black turtle, kidney, mung, and aduki, black sesame seeds, seaweeds, fish, chestnuts, and walnuts all fall into this category. Remember that the focus is on the salty flavor rather than actual salt. It is said in the *Nei Ching*—the ancient Chinese classic on medicine—that too much salt injures the blood. Today, Western medical doctors and nutritionists commonly warn against excess salt as a contributor to water retention, high blood pressure, and kidney and heart trouble. Winter foods should be warming and substantial to sustain our fire and avoid damaging kidney yang. Warming cinnamon bark (Rou Gui), a commonly used Chinese medicinal, is attributed with the power to strengthen Source Fire at the Gate of Vitality, so sprinkle your cinnamon generously and brighten that inner sparkle.

Warm Hijiki Salad just may be the perfect winter tonic, and it's super easy to make. I like mine with tahini and lemon:

- 1 tsp sesame oil
- ½ cup hijiki
- 1/3 cup shredded carrots
- 1 tsp tamari (soy sauce)
- ½ tsp white sesame seeds
- ½ tsp black sesame seeds
- 2 tsp tahini
- ½ lemon

Soak hijiki in bowl of cool water for 10 minutes. Heat sesame oil in a pan over medium heat, then add hijiki, carrots, and tamari. Stir-fry for 3 minutes. In another bowl, stir tahini into lemon juice to blend. Combine all ingredients and sprinkle with seeds.

Enjoy, and stay warm! **OM**

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the species in trade account for about 80% of the total volume of trade, and many commonly used herbal medicines are primarily cultivated. As of May 23, 2014, 109 GAP plantation sites had completed the national certification process, with sites established for 69 different medicinal materials in 23 provinces.



Nonetheless, the GAP model is not suitable for all medicinal materials; wild resources and small-scale growers require management approaches suited to their individual circumstances. At present, cultivated sources only account for about 1/4 of the total number of plant varieties used in Chinese herbal medicine, and the path towards modernizing the production of Chinese herbs will be a long work in progress. Ultimately, the dream of sustainable development in the Chinese medicine industry depends upon the sustainable use of wild resources and vigorous efforts to increase the scope of cultivated medicinal plant varieties.

In addition to the ecological preservation of medicinal plant resources, attention is needed to preserve the cultural resources that lie at the heart of Chinese materia medica. The *ben cao* tradition provides a rich record of knowledge that has been gradually refined for centuries, opening a window into the cultural tradition of scholarship and textual research that defines Chinese medicine.

In recent decades, exploration of *ben cao* literature has led to dramatic medical discoveries, such as the isolation of the anti-malarial drug artemisinin from *qing hao* (*Artemisiae annuae herba*). *Ben cao* texts have documented the assimilation of new medicinal plants for centuries, and are rich with information on processing methods, botanical varieties, production areas, and clinical applications. Additionally, *ben cao* literature illustrates important developments in the broader history of natural sciences in China, such as knowledge related to the processing of minerals and early attempts to create systematic botanical classification schemes in the pre-Linnaean era. Nonetheless, the overall significance of *ben cao* literature remains largely unknown outside of the Chinese medical community and its related scientific circles, and represents an important area for further research.

The historical prominence of agriculture and trade in China allowed medicinal materials to gradually develop a complex culture in terms of quality discernment,

regional specialties, and processing methods. Distinctive features such as the processing methods of *pao zhi* and the quality assessment methods applied to *daodi* medicinal materials are proving to be a rich resource for scientific research as Chinese medicine moves into the 21st century. The future of Chinese materia medica research thus depends upon a multidisciplinary approach that protects the past while embracing the future. **OM**

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Feng Shui for the *Heart of Winter*

By AMANDA COLLINS

WINTER CELEBRATIONS TO YOU!

We are currently in the cold weather, the short days, long nights, with the presence of anticipation of snow or frost. The universe's energy has shifted. This is the yin time of year—a time for stillness and patience and just being, for remembering that we are human beings, not human doers.

There are five elements to feng shui: water, wood, fire, earth, and metal. Winter is associated with the element of water. Feng shui literally translates to 'wind and water'; water is a very important element in the field of Feng Shui. Water represents intuition: the inner knowing that lets the water element guide you into a space of trust. Take advantage of the time of winter to refill yourself, dream, and plan for changes to make in the approaching spring and its new beginnings.

Winter is a time when the earth rests and prepares to sustain life for another year. It offers us a special time for introspection. In creating a nurturing, harmonious home during this time, the home itself will support you in staying grounded and joyful throughout the season.

In feng shui, each of the seasons is linked to a specific area of your home. Winter supports the areas of your home that face north. This is

known to be associated with careers and life's journey, so it's important that the home represents support in this area of your life.

The best way to evaluate your home is to stand in the north area, close your eyes, and feel the energy: does your energy rise or fall? What is this area of your home saying to you? Do you feel light or heavy? Is there clutter? Do you have items you love? Are there sharp or broken objects? The northern area of your home is associated with the water element and the kidney, bladder, ears, and reproductive systems, so from a health standpoint it's vital that the energy flows freely.

The best crystals to bring to the northern areas of your home to support health and career are the ones related to water: black obsidian, black tourmaline and turquoise. Adding moving water—a fountain or fish bowl—to a northern room can help to stimulate the energy in your career. Add artwork with the water element, like the ocean, waterfalls, or a lake. Spend time each day sitting by the fountain while you focus on your career or business goals.

It's also important to make sure your bathrooms and plumbing are in good working order as they are filled with the water elements. Due to the bathroom's inherent association with the water element, bring

in earth for balance: a bowl of river rocks, or towels and a floor mat in shades of brown.

SOME SUGGESTIONS FOR YOUR HOME

Keep your home warm and bright. Put your lights on timers so that when you come home in the evening, you arrive into a gently lit home. Make sure all the bulbs are in good working order. Use full spectrum lighting; this is the closest lighting to natural light and will be kinder on your eyes. Your plants love full spectrum light, so place some greenery nearby. Create a small winter garden that will cheer you up and help provide oxygen for your rooms; during the winter months, we tend to spend more time inside, so always ensure that you have plenty of indoor plants to improve the air, generate oxygen, and remove carbon dioxide.

Make sure all the windows are functional. If you live in an older home and windows do not close well, get heavy curtains to keep the heat inside and keep the cold outside.

Honor your five senses and have candles lit around your home, with sweet smells for the holidays like mulling spices and cinnamon. Create a special area in your home that captures the most sun, cozy with warm yang colors such as burnt orange,

yellows, and reds with a warm throw and pillows, where you can curl up with a good book. Always have some good books

Honor the sense of touch: think about your feet. Have warm rugs on the floor, not cold tiles. When bringing new items into your home, use natural organic fibers for the rugs.

Plan to celebrate the long winter nights with friends. Make it a point to invite friends over for dinner and share stories around the fire. Honor the sense of taste by cooking natural organic wholesome foods that are in season such as pumpkins and squash.

In the garden, keep the bird feeders full; bringing wildlife into your garden brings joy and color into your garden and life. It's important to have some time outdoors and connect with Mother Nature each day. Take a stroll, do a little gardening, hug a tree—allow your child-like wonder to explore. **OM**

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



The Umbilical Pulse, Akabane Test, and Entry/Exit Block

By NEIL GUMENICK

During the initial examination, or at any time during the treatment process, we may determine that the patient's energy is blocked or compromised such that the effectiveness of our treatment will be rendered ineffective, or significantly diminished. Blocks must be cleared at the first treatment, and must be considered whenever a patient fails to respond to treatment, or in the case of a patient who was improving and begins to "nose dive". This article will discuss three of seven such blocks and impediments to treatment efficacy, how to detect them, and the protocols for treatment. Those discussed are among the most common and most often overlooked. A block anywhere within the body/mind/spirit will disrupt the energy of the whole and can itself create symptoms anywhere, and at any level.



FIGURE 1

THE UMBILICAL PULSE

The Umbilical or Center Pulse is located in the navel. If this pulse is



FIGURE 2

off center, a patient's energy cannot stay centered. It will be difficult, even with otherwise proper treatment, to achieve balance. The patient's energy

will likely be unstable--one day feeling "up," the next feeling "down," then "up" again. It is analogous to the hub of a wheel: if it is off center, the wheel will not roll smoothly.

TESTING THE UMBILICAL PULSE

Bring the tip of the thumb and first three fingertips (excluding the little finger) of one hand together, so that if you were to look at the fingertips from below, you would see a diamond shape in the center (Figure 1).

Standing off to the side of the patient, who is lying face up on the table, slowly press down with your fingertips in the center of the patient's umbilicus until you feel a pulse (Figure 2). If the pulse is centered, you will feel the pulsation at the center of the configuration of your fingertips. If it is off center, note the direction in which it is off

continued on page 12



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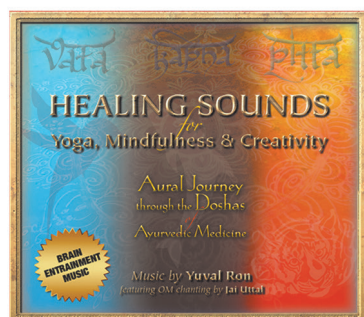
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center. Record your findings diagrammatically, using a plus sign and indicating with a small circle where the pulse was felt (i.e. in the center, off to the north, south, east, west, or diagonally). NOTE: If the abdominal muscles are tight and the pulse is difficult to feel, have the patient bend their knees, keeping their feet on the table. This test is contraindicated for pregnant women.

CENTERING THE UMBILICAL PULSE

To center, slowly, but firmly, massage the pulse toward the center of the umbilicus with your thumbs. Professor Akabane, is used to determine the right/left state of balance of each of the 12 meridians.

THE AKABANE TEST

We test for this imbalance by passing a lit stick of incense back and forth over the nail points of each meridian and counting the number of passes until the patient senses the heat. The nail points are found by drawing an imaginary line horizontally at the level of the base of the nail and vertically at the medial or lateral (depending on the meridian in question) extremity of the nail; the point is found where these two lines intersect. Note that in the case of the Kidney meridian, which has no meridian nail point, use the medial nail point of the little toe for the purposes of this test.

Pass the incense stick in a diagonal direction over the point so that one direction of the pass is over the nail itself. Each pass of the stick is approximately 1/2 inch in length; the point is midway between the extremities of each pass (Figure 3).



FIGURE 3

The pass is close to the skin, but without touching (about 1/8 inch away). The practitioner's hand must be stable (Figures 4-5)

The stick is moved at a constant speed. The technique requires practice to master.

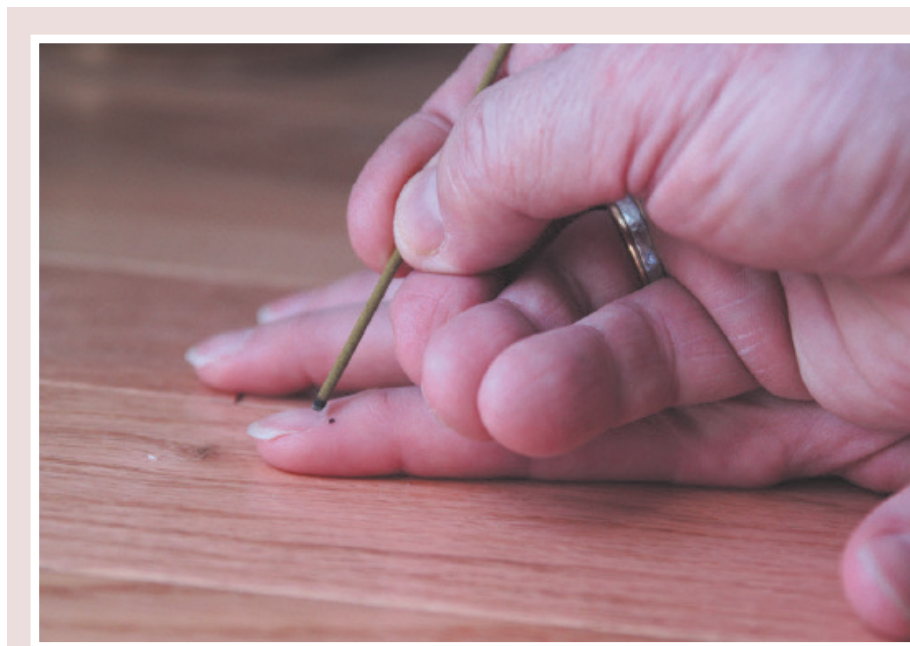


FIGURE 4

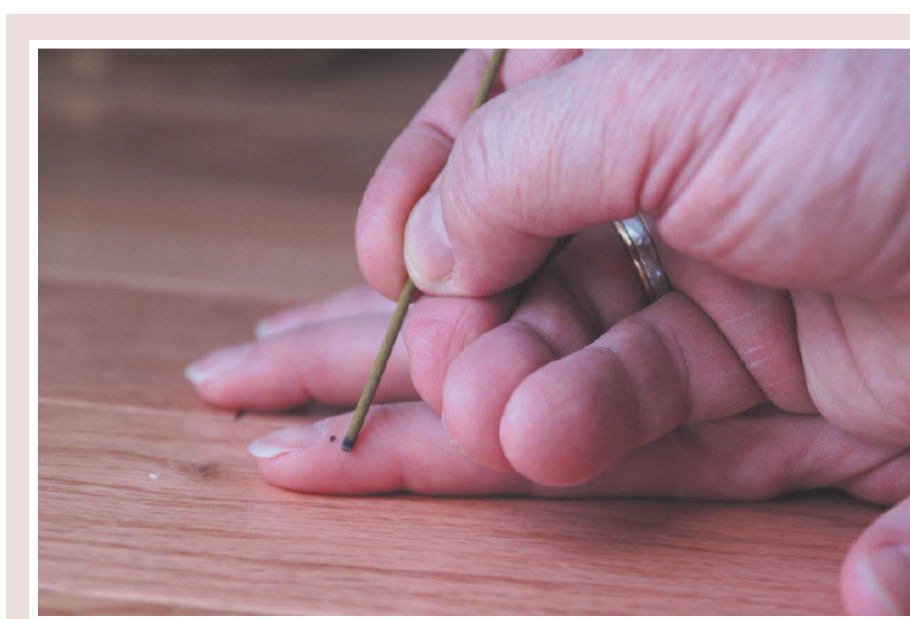


FIGURE 5

Each pass over the point is counted as "one".

The patient is instructed to say "hot" or "off" when the heat is felt and at the same point of intensity on both sides. When the heat is felt, take the stick away immediately and record the number of passes made when the heat was felt. Record each meridian left side over right side (e.g. HT 5/8, meaning the Heart meridian registered 5 passes on the left when the heat was felt, and 8 passes on the right).

An Akabane imbalance is determined by a difference of 25% or greater between the two sides of a meridian.

If an imbalance is found, wait at least 3 minutes (for the point to cool down) and retest. If the results show an imbalance of 25% or greater on the same side, wait 3 additional minutes and retest. As there is the possibility of human error in performing this test, only correct an Akabane which has shown an imbalance of 25% or greater in 3 successive tests. Note that the exact number of passes does not have to be identical in successive tests, only the overall percentage.

CORRECTING THE AKABANE IMBALANCE

To correct an Akabane imbalance, tonify the junction (Luo Connecting) point of the deficient side of the meridian. The deficient side is the side that registered the higher number of passes (being the least sensitive). Please note that, in this style of acupuncture, tonification is accomplished by inserting with the needle angled slightly in the direction of flow of the meridian, inserted slowly to depth, turned 180 degrees clockwise, quickly and immediately withdrawn, and the needle hole sealed with a swab and pressure.

Re-test the meridian after needling. If the two sides have come within normal limits (less than 25% difference), it has been corrected and nothing further need be done. If it has not come to within normal limits, you may use direct moxabustion on the point (unless the patient has hypertension, evidenced by a difference of more than 40 points between systolic and diastolic BP, in which case moxabustion is contraindicated) and re-tonify with a needle, and retest again.

If still not corrected, tonify the source point of the deficient side.

Reinforce with moxa, as above, if needed.

If more than one meridian is imbalanced and the practitioner has diagnosed the patient's primary elemental imbalance, the *Causative Factor* (AKA "CF"), and one or more of the Officials in the CF element is Akabane-imbalanced, start there. Correcting the CF may cause other imbalanced meridians to self-correct, so retest the others before correcting them. If the CF is not involved, or the practitioner has not diagnosed it, and imbalanced meridians follow each other in order on the *Sheng* cycle, begin by correcting the first in order. Then, re-check the others, which may have self-corrected. For example, if there were an Akabane imbalance on SI (belonging to the Fire element) and ST (belonging to the Earth element), begin with SI, then re-test ST.

THE ENTRY/EXIT BLOCK

Of all the various energetic blocks that may overlay a patient's condition, Entry/Exit blocks are the most common. The presence of this block can only be determined by pulse diagnosis. The symptoms resulting from an Entry/Exit block are myriad and far reaching, affecting the specific Officials involved at the physical, mental, and spiritual levels, as well as the overall balance and harmony of the entire family of Officials.

ENERGETIC MOVEMENT AT THE WEI LEVEL

In addition to the *sheng* cycle, the cycle of the flow of energy between the elements (Wood, Fire, Earth, Metal, and Water), there is another flow of energy within the body/mind/spirit. It is a more superficial flow of energy. This flow is the *wei qi* or "defensive" energy, which circulates between the meridian pathway and the skin. The *wei qi* circulates throughout the body/mind/spirit following the numerical order of the meridians according to the Chinese Clock, or the Law of MIDDAY/MIDNIGHT.

It flows from Heart (designated by Roman numeral I) into the Small Intestines (II), from Small Intestines to Bladder (III), from Bladder to Kidneys (IV), to the Heart Protector, aka Circulation/Sex and Pericardium (V), to the Three Heater aka

Sanjiao, (VI) to Gall Bladder (VII), to Liver (VIII), to Lungs (IX), to Colon (X), to Stomach (XI), and to Spleen (XII). From Spleen (XII), the energy flows back into the Heart (I), making a full and never-ending circle.

THE MOVEMENT BETWEEN MERIDIANS

As the energy circulates, it "exits" one meridian and "enters" into

continued on **NEXT PAGE**

the following meridian. There is an acupuncture point on each of the 12 meridian pathways where the energy enters the meridian. This is called the Entry Point of the meridian. There is also an acupuncture point on each meridian where the energy leaves the meridian pathway. This is called the Exit Point of the meridian.

The following are the Entry and Exit points of each meridian. The first point on each meridian, with the exception of Colon 4, is the Entry Point. For the Heart, Small Intestines, Bladder, Liver, Colon, and Spleen meridians, the last point is the Exit Point. For the other meridians, the Exit Points must be memorized, as there is no consistent pattern.

HT 1, HT 9; SI 1, SI 19; UB 1, UB 67; KI 1, KI 22; PC 1 (2 on women), PC 8; SJ 1, SJ 22; GB 1, GB 41; LV 1, LV 14; LU 1, LU 7; LI 4, LI 20; ST 1, ST 42; SP 1, SP 2

DIAGNOSING THE ENTRY/EXIT BLOCK

Let us imagine the *wei qi* circulating smoothly among all 12 meridians; then an accumulation of energy occurs at the point of exit of one meridian and the point of entry of the next. This could be the result of an accumulation of waste from an Official such that the normal flow of energy becomes clogged and impacted. It could be the result of stress and trauma, which overwhelms an Official, jamming its circulation. In either case, the circulating *wei qi* hits this accumulation like a wall. It recoils back on itself

and, like a person pounding on a jammed door, gets increasingly frustrated and agitated. This agitation will be felt on the pulse as an excess of energy on that meridian. On the meridian that follows, on the other side of the “jammed door” where little or no energy is able to get through, we will feel the pulse as *deficient*. Whenever we feel a relative excess of energy on the pulse of one Official and a relative deficiency on the Official that follows in the numerical order as listed above, we have an Entry/Exit Block between the two. To remove the block, we first tonify, bilaterally, the Exit Point of the first Official--the one with the excess--and then tonify the Entry Point of the following Official--the one with the deficiency.

PULSE DIAGNOSIS: THE KEY

In Classical Five Element Acupuncture, we measure the strength and volume of a pulse on a scale of minus 3 (recorded -3), to plus 3 (+3), indicating maximum hyperactivity, with a checkmark indicating a healthy and normal pulse for the given individual. Varying degrees of hypo- or hyperactivity are measured in increments such as -1/2, -1, -1 1/2 and so on down to -3 (barely palpable), or +1/2, +1, +1 1/2, and up to +3 (almost leaping out of the wrist).

If, for example, we felt a pulse of +1 on Liver and -1 on Lungs, we would clearly perceive an Entry/Exit block between these two Officials. We would then tonify both Liver 14

and Lung 1 in that order. We then check the pulses to see if the discrepancy between the two has been resolved. It is not unusual to feel a positive change on all Officials, as all will undoubtedly feel the relief.

It is not necessary for the pulse of the first meridian in the sequence to actually be in the “plus” range in order for an Entry/Exit block to be present. We are concerned with “relative” excess and “relative” deficiency. Therefore, were we to find Liver to read -1 and Lungs to read -2, we would still have an Entry/Exit block, as a -1 pulse is still *relatively* strong in comparison to -2.

The author realizes that the above detailed description of a method of taking pulses is new to many readers. Like any other skill, it takes much practice to develop a consistently reliable technique. For practical purposes--for those who wish to implement the use of entry and exit points to address this block--suffice it to say that if you perceive (in the method of pulse reading that you currently use) the first pulse as significantly stronger and more forceful than the second pulse (following the order of the *Wei Qi*), which will feel much weaker and less forceful, you probably are feeling this block. If you suspect the block, treat it. Even if you were you to treat the points even in the absence of the block, you would do no harm at all.

It is possible to detect more than one Entry/Exit block at a time on a

given patient. In this case, we treat one block, check the pulses and, if we feel other blocks, we treat those in the same fashion until all are cleared.

It may sometimes be necessary to unblock through more than the Exit Point of one meridian and the Entry Point of the following. If, for example, we were to find a relative excess on Small Intestines and a relative deficiency in Bladder and Kidneys, we would tonify SI 19 and UB 1. In most cases, the energy, once it has entered Bladder, will flow through the meridian and fill Kidney as well. In some cases, however, we will also need to unblock the Exit Point of Bladder (67), and the Entry Point of Kidney (1). In rare cases, we might find that we have to continue still further with the Exit Point of KI (22) and the Entry Point of PC (1 on men, 2 on women). Pulse findings will reveal how extensive the block is and how far we must go with additional Entry and Exit Points in order to clear the meridians. **OM**

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What is Qi?

An Examination of a Core Term in Chinese Medicine

By JASON ROBERG, MS, DCCM, LAc

Understanding the Chinese word qi and the various concepts that this word represents is a hugely important aspect of learning Chinese medicine. The problem with trying to understand a word like qi without the cultural knowledge to understand all of the many nuanced meanings of the word is that one must not only learn a translation, but also delve into the classical literature that creates the context for the understanding of the word. While this is true with other Chinese medical terms as well—especially the terms discussed in classical Chinese medical texts—words like qi, yin, and yang, have no decent translations and must be understood and contemplated intensely to be useful clinically. To translate these terms directly severely limits the required flexibility that makes these terms so powerful for conveying deep Chinese medical and philosophical concepts.

Often, when explaining Chinese medicine to people, I use the word qi very little. This is not because I do not believe in qi and what the concept represents, and it is definitely not because I am an advocate of the modernization of Chinese medicine. Instead, it is because I believe there are some large misunderstandings regarding qi here in the West, and to use the word carelessly often does more harm than good to the public's understanding of Chinese and East Asian medicine. In this article, I hope to give the basic background necessary to erase a few of the misconceptions about qi that are present in the West, introduce the reader to the aspects of qi that are important to Chinese medicine, and guide the reader to a deeper understanding for clinical practice and future scholarly studies.

Let us begin by looking at the basic character for qi—something that most TCM students have already done, but is always worth doing again. The modern character for qi looks like this: 气. That is how qi is written, and typed out in modern day PRC (People's Republic of China). This is what is called the simplified character for qi. The character originated from a pictograph of three wavy lines, essentially a similar, but more wavy version of the character san 三 (three). This character was a representation of clouds, or mist. The character was then stylized to appear more like the modern simplified character that is used today.¹ Under the ancient pictograph an additional component, the character mi 米 (rice), was later added to the character,



creating what we know today to be the traditional character. The character with the addition of mi 米 (rice) is 氣. Looking at the character for qi as a pictograph, it is essentially representing mi 米 (rice), in a pot with an open lid, and steam rising out of the pot 气. The two lines above are the steam and the slanted line on the left is the tilted lid to the pot letting the steam escape.

As you may have already realized, this pictographic representation contains a number of cultural meanings that are extremely important in understanding the overall meaning of qi. Because of its origins, and with the simplified character eliminating the mi 米 (rice) component, the most common way to translate this word today is “gas” or “air”. If you ask most modern Chinese people what this character means, or if you look this character up in a modern Chinese dictionary, this is the most common translation and understanding of the word given. In fact, I have known several people with qi 氣 tattoos to be laughed at by Chinese people for having this character on their body—it would be like a Chinese person getting a tattoo in English that said GAS.

Looking at qi from this perspective gives a very straightforward understanding of the term. With this

translation, it is not a substance that is yet to be discovered by science, it is not a magical force that can only be obtained by meditating in a cave for years: it is just gas. It is simply the steam or vapors that rise off cooked rice, or a boiling pot; just clouds or mist. However, as boring as this simple definition of qi may seem (especially if you started reading this hoping I would delve into a more metaphysical discussion about what qi is), it is still extremely important in understanding how Chinese medicine works, and is actually not that simple or boring at all if you examine the implications of this in the body and in nature.

In the lineage of classical herbal medicine that I practice, the primary way we discuss qi in the body is as a gas. When an herb like Zhi Shi 枳實 (Aurantii Fructus Immaturis) is used to move qi, it is being used to move and release trapped gas in the body. The formula Da Cheng Qi Tang 大承氣湯 (Major Rectify the Qi Decoction) relieves constipation not only by using Da Huang 大黃 (Rhei Radix Et Rhizoma) and Mang Xiao 芒硝 (Mirabilite) to clear heat, moisten the bowels, and create a strong laxative effect, but also uses Zhi Shi 枳實 (Aurantii Fructus Immaturis), and Hou Po 厚朴 (Magnoliae Officinalis Cortex) to release trapped gas in

the intestines to help push the stool out—thus rectifying the qi. In fact, some commentators, such as the Qing dynasty physician Ke Qin 柯琴, argue that for this reason Zhi Shi 枳實 (Aurantii Fructus Immaturis) and Hou Po 厚朴 (Magnoliae Officinalis Cortex) should actually be considered the chief ingredients of Da Cheng Qi Tang 大承氣湯 (Major Rectify the Qi Decoction).² Other formulas used to treat bloating and abdominal pain also work by similarly releasing trapped gas in the body, either through the mouth or through the intestines.

Another use of qi that all acupuncturists and herbalists use is in reference to the lung. One of the axioms of Chinese medicine is the statement “lung qi descends”. While this simple phrase has several very important and nuanced meanings in Chinese medicine, in the simplest terms, what this is describing is the physiological way that oxygen enters the lungs. The lungs become full of oxygen because the diaphragm relaxes and descends, causing a decrease in pressure that allows oxygen to descend down into the lungs and fill the alveoli. Therefore, if there is a problem with the descending of lung qi, this means there is a problem

continued on page 18

The Effects of Eastern and Western Medicine on Female Infertility Associated with Advanced Maternal Age: *A Literature Review*

By **STACY FRANKOVITZ REISNER, MPH**

Age is a significant factor that can affect a woman's ability to conceive. As many women are postponing childbearing for later in their reproductive lives, infertility is becoming increasingly prevalent. According to the 2013 National Vital Statistics Reports,¹ birth rates for women aged 30-39 years and 45-49 years increased (2% and 15% respectively), whereas birth rates declined 2-10% in women under the age of 30. While reasons for delaying childbearing can be various and specific to every woman, several reasons commonly emerge from statistical analysis.

The delay in childbearing is often attributed to pursuing a higher education and the desire for personal establishment with a career or partner. This deferment can compromise one's ability to conceive. The cause of this decline in fertility is multifactorial, including decreases in viable number of eggs and variations in hormone levels. Females are born with approximately 1-2 million eggs followed by an abrupt decline at puberty, and then a gradual decline to roughly 25,000 eggs by the age of 37. Hormones also rapidly shift later in child-bearing years, contributing to poor egg quality, decreased ovarian reserve, recurrent miscarriages, and menopause. In fact, by the time a woman reaches 40, her chance of conception declines to under 10%.^{2,3,4}

Women over the age of 35 are considered to be of "advanced maternal age" (AMA), when fertility and fecundity typically begin their rapid decline.⁵ As a result of the decreased ovarian reserves and hormonal imbalances, it is recommended that women 35 and older who have not been able to successfully conceive after six months of unprotected sex see a specialist.³ Many women of AMA seek treatments to improve their chances of conception and desirable pregnancy outcomes.

In the United States, conventional Western medicine's assisted reproductive techniques (ARTs) and medications have been most commonly used to diagnose and treat women with AMA infertility. While the use of these techniques has been effective in producing live births, traditional Chinese medicine (TCM) has been used to help balance hormones and can complement Western medicine. Ultimately, a woman's choice between the two different approaches

may be dependent upon available health care coverage, finances, personal beliefs, awareness, and treatment previously sought.⁶⁻⁸

Although there is a substantial amount of literature covering female infertility, this review focuses on one area of AMA infertility that was prominent throughout the literature reviewed: primary ovarian insufficiency (also referred to as poor ovarian reserve, diminished ovarian reserve, or premature ovarian failure). This article reviews the existing evidence on the effects of Eastern and Western medicine on AMA-associated infertility and evaluates the research conducted on select hormone levels (FSH and E2) and pregnancy outcomes when using TCM and Western treatments independently or in tandem.

ETIOLOGY OF INFERTILITY IN AMA

In TCM, it is understood that imbalances in yin and yang, the Five Elements, and Zang-fu organ principles are responsible for the reproductive challenges faced by women of advanced age. Both Western medicine and TCM share the concepts of stagnations of energy (qi) or material (blood). Stress and emotional effects have a tendency to impact qi stagnation. Herbal medicine formulas, acupuncture, and moxibustion are routinely used in TCM to prevent

and remove these stagnations. The whole medical systems approach of TCM contrasts with the conventional approach of Western medicine, in which a narrow focus, such as on lifestyle, guides treatment and intervention.^{7,9,14,16}

Due to the multifaceted series of events involving interactions between the hypothalamus, pituitary gland, adrenal glands, ovaries, and uterus, a varying amount of sex hormones is produced each month. These hormones include, but are not limited to, gonadotropin-releasing hormone (GnRH), follicle-stimulating hormone (FSH), estradiol (E2), luteinizing hormone (LH), and progesterone. The onset of menstrual cycle irregularities caused by imbalances in these hormones, other than by certain medical conditions, often begins to occur as a woman's reproductive potential declines with AMA.^{4,17,18}

The relationship between functioning hormones is very delicate and directly influences ovulation. FSH must stimulate the production of ovarian follicles and E2.¹² When E2 peaks, the pituitary gland produces LH, which acts as a catalyst for ovulation.

The declining hormonal environment affecting fecundity is highly complex. Studies have shown that egg quality and quantity diminishes as a result of increased FSH level

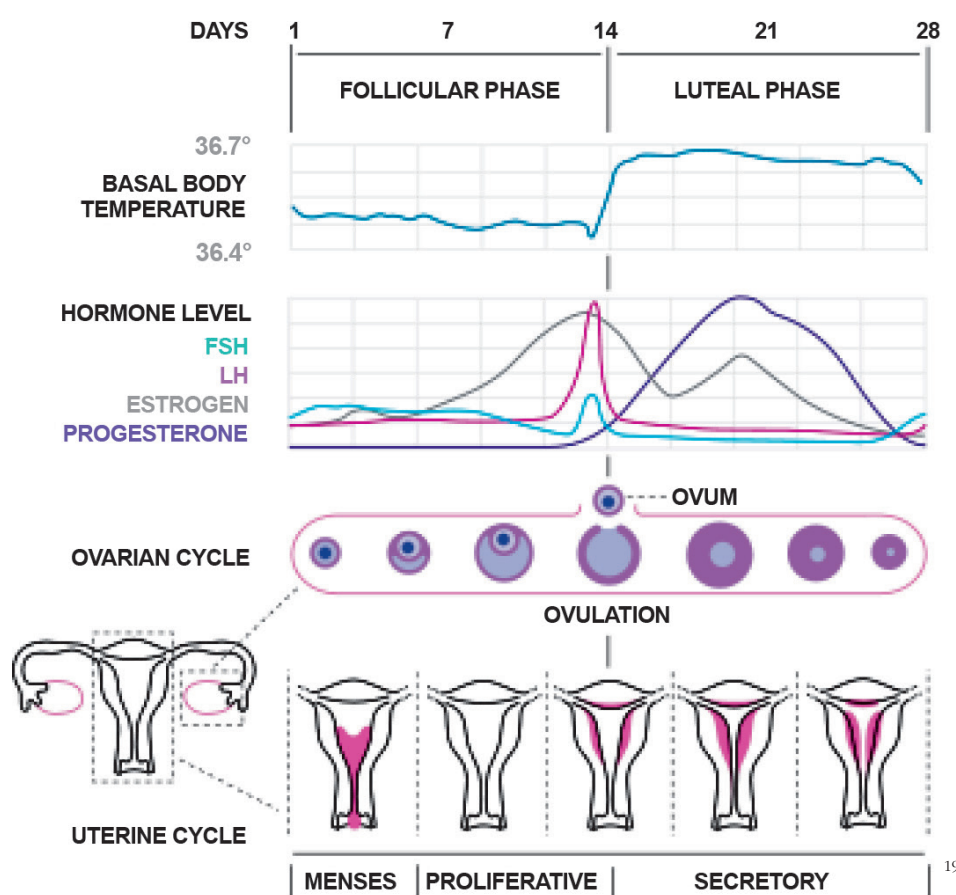
secretion.² This will occur when the ovaries do not respond well to FSH secreted by the pituitary gland during the follicular phase of the menstrual cycle. The production of ovarian follicles and E2 stimulated by the FSH secretion, which supports ovulation and the production of LH, becomes inadequate, resulting in an increase of FSH levels. As a woman ages, this response system continues to generate higher FSH levels as the ovaries lose sensitivity. This rise in FSH secretion is indicative of a decline in the woman's reproductive potential and the remaining reserve, as it notably reflects what is known as primary ovarian insufficiency. Measuring these hormones is one method commonly used by reproductive endocrinologists to determine treatment efficacy in this population.^{11,13,18,20}

Although the oocyte (mature egg) degenerative process commences at birth and continues until menopause, it occurs most rapidly in AMA females, but the rate at which it occurs varies from individual to individual. Generally, from the ages of 35 to 50, progesterone and estrogen decrease to 75% and 35%, respectively. The imbalance may be caused by luteal insufficiency, commonly due to perimenopause. Women of AMA experience menstrual changes several years before the termination of menstruation. Once the transition to menopause begins, fewer than 1000 follicles containing eggs remain, making it unlikely for a woman to conceive.^{4,23-25}

Women of AMA often experience a decline in pregnancy rates and an increase in miscarriage rates. While there are multiple causes of recurrent pregnancy loss, the rate of miscarriage appears to be higher in women with POI. In fact, the risk of fetal loss is two-to-three-fold higher in women of AMA due to chromosomal abnormalities or due to a deficiency in progesterone levels. AMA females aged 40-42 have a 25% chance of miscarriage that steadily rises to 50% or more by 43-46 years of age.^{10,13,22,24}

TESTS AND DIAGNOSIS FOR INFERTILITY ATTRIBUTED TO ADVANCED MATERNAL AGE

Women of AMA who experience POI are typically diagnosed with yin deficiency with heat, but, excessive yang, spleen qi deficiency, kidney



continued on page 16

5th Annual Alumni Awards

Every year, one graduate from each PCOM campus receives an award at Pacific Symposium from the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) based on one of ACCAHC's competencies for optimal practices in integrated environments. 2015's award competency focus was Interprofessional Communication, which is one of the six competencies that ACCAHC has identified as key components in moving our medicine forward. Communication competencies help professionals prepare for collaborative practice. For more information, visit www.accahc.org. The competency focus for 2016 will be announced soon. **OM**

PCOM-SAN DIEGO GRADUATE

ERIN PICCOLA, LAc, Diplom

Erin operates a family practice in which she emphasizes integration and cooperation of modern science and traditional remedies in order to optimize patient results. Erin has a special interest in nutrition, and has developed a unique weight-loss program called the MEALS Method that combines acupuncture, Chinese herbal medicine, and diet and lifestyle support.

PCOM-NEW YORK GRADUATE

MARYAM MEHRJUI, RN, LAc

Maryam was the first student to graduate from both the Master's Program in Traditional Oriental Medicine and the Holistic Nursing Bachelor's completion program. She works in the Emergency Medicine Department at Bronx Lebanon Hospital.

PCOM-CHICAGO GRADUATE

ZEYIAD R. ELIAS, DAOM, EAMP, LAc

Zeyiad works as an Acupuncturist and Herbalist at the Highline Hospital Cancer Center and the Lifespring Cancer Treatment and Wellness Center, both in the Seattle area. He is Vice-President of the Washington East Asian Medicine Association and serves on the Board of Directors of the Association of Integrative Oncology and Chinese Medicine.



THE EFFECTS OF EASTERN AND WESTERN MEDICINE ON FEMALE INFERTILITY ASSOCIATED WITH ADVANCED MATERNAL AGE continued from page 15

yin and yang deficiency, and blood deficiency have also been attributing patterns to POI. Signs and symptoms, often similar to the Western diagnosis of menopause, can include night sweats, increased dryness, inadequate estrogen production, fluctuating FSH levels, and absent or markedly irregular menses. Other vacuity patterns can be seen as a red with thin yellow or no coat on the tongue and a fine and rapid pulse.^{10, 12, 25}

In contrast, the evidence-based approach to infertility in Western medicine focuses on the physical condition and disease. The self-administered diagnostic test of basal body temperature (BBT) readings is sometimes used to monitor a woman's temperature throughout her cycle. This method examines whether or not ovulation has occurred as well as possible defects to the menstrual cycle. Readings from this method may foster a greater understanding of temperature levels as they relate to hormones such as FSH and progesterone. A decrease in progesterone, for example, may be marked by lower temperature readings in the second half of a woman's menstrual cycle, suggesting a luteal phase defect or possibly a threatened miscarriage.^{7, 17, 26}

Other diagnostic measures include blood tests to measure hormone levels and over-the-counter ovulation predictor kits (OPKs) to

anticipate ovulation. The analyses of basal FSH and estradiol levels in the blood have been historically used to predict an AMA woman's ovarian reserve. FSH levels greater than 10 IU/L, when measured on day 3 of the menstrual cycle, can signify poor ovarian response. Likewise, estradiol levels greater than 60-80 pg/mL also suggest POI. Measurements of both FSH and E2 on day 3 of the menstrual cycle, rather than independently, are most useful in determining POI. Alternatively, OPK urine tests measure LH and E2 hormones to predict ovulation. 24 to 36 hours preceding the release of an egg, LH levels dramatically surge. In women with POI, however, this diagnostic test may not be as reliable due to consistently elevated LH levels and low levels of E2.^{4, 13, 27}

Similarly, the clomiphene citrate challenge test (CCCT) and gonadotropin-releasing hormone agonist stimulation test (GAST) measure FSH levels to assess ovarian reserve and perimenopause status in women 35 years or older. There is also evidence that the anti-Mullerian hormone (AMH) is a reliable marker for ovarian function, since it is more stable and predicts ovarian response to ART as well. Testing serum progesterone levels can support the identification of a luteal phase defect responsible for recurrent pregnancy loss in women of AMA. Ultrasounds

are another test to determine antral follicle count for ovarian reserve and fetal viability.^{4, 7, 17, 28}

EASTERN TREATMENTS

TCM provides a variety of treatment options such as Chinese herbal therapy, acupuncture, acupressure, moxibustion, dietary and lifestyle recommendations, and massage for balancing yin and yang.^{7, 8} Current literature in Eastern medicine examines the effects of the most widely used treatments of acupuncture and Chinese herbal medicine. Several studies have reported positive results using these techniques.²⁹⁻³⁴

As a major element of TCM, acupuncture promotes the flow of qi and blood within the channels to restore energy and hormone balance within the body.³⁰ Acupuncture has been found to decrease FSH and LH levels and increase E2 levels, which might be evidence of possible mechanisms behind the effectiveness of acupuncture in modulating the menstrual cycle. In a small prospective observational study, Zhou et al. (2013) found that there was a difference of 39.8 IU/L overall decrease in serum FSH levels, a 14.81 IU/L decrease in serum LH, and an 184.18 pmol/L increase in serum E2 levels compared to baseline levels in all 11 patients treated with electro-acupuncture. The effects of this treatment were

observed throughout the three-month follow-up period.

In addition to modulating certain hormone levels, more recent studies found improvements in menstruation or its symptoms.^{33, 34} Chen et al. (2014) highlighted that 19.4% of the 31 women evaluated in their prospective case series pilot study saw improvement in their menses after three months of treatment. Similar effects on the reduction of FSH and LH and an increase in E2 levels were noted in these women. Wang et al.'s (2014) results from their prospective cohort study found that menstruation was recovered in 16.7% of the 30 cases assessed and saw an improvement in perimenopausal symptoms in POI women at 6 months in this study. However, contrary to Zhou et al. (2013) and Chen et al.'s (2014) studies, there was no statistical difference in FSH levels before and after treatment.

Chinese herbal medicine (CHM) is another widely used treatment of TCM. CHM has been found to promote restoration of hormones and improve pregnancy outcomes with minimal to no side effects.²⁹ There are more than 100 different herbs that can be formulated for an individual's specific symptoms. The premise of Chinese herbs is to help

continued on page 21

Evaluating the Atopic Triad in Pediatrics: A Chinese Medical Perspective

By MELANIE KATIN, LAc, MSTOM

The application of acupuncture and Chinese herbal medicine to children has been in the medical record since the 1st century BCE in the *Nei Jing*. There are wide-ranging chapters and whole texts devoted to treating children from this historical time forward, which is surprising given that in the modern world, pediatrics was not considered a specialty in medicine until 1934 (Loo, 2002). One common set of illnesses that is frequently observed today is the atopic triad of allergies/hay fever, dermatitis/eczema, and asthma. The presentation of this triad usually begins with dermatitis in infancy, followed by respiratory allergies in the toddler years, and then asthma blending the time from toddler to young childhood. Within both biomedicine and Chinese medicine, it is difficult to ascertain and diagnose the subtle differences between allergy and asthma in a young child since

both syndromes present with respiratory distress, cough, and wheezing. With standard biomedical treatment for atopic disease (AD) with inhaled bronchodilators and topical/inhaled steroids, the progression is all but certain to include at least one of the comorbidities by the age of 5 (Henrikson, 2015).

According to a recent article in *Journal of Allergy and Clinical Immunology*, (Henrikson, 2015), the incidence of pediatric atopic diseases has plateaued in the Western world, but is on the rise in developing nations. This may sound like good news for industrialized countries, but in fact the prevalence is staggering worldwide nonetheless. More than 300 million children suffer from asthma (Henrikson, 2015) and 20% of all children have had atopic dermatitis and/or hay fever at some point. Often there is a genetic predisposition of the production of

immunoglobulin E (IgE) antibodies in response to environmental triggers that gives rise to the triad, but since our species has not mutated or evolved significantly since the advent of recorded medical information, there are many hypotheses behind the systemic rise across the globe. It has been shown that prenatal exposure to smoking does contribute to asthma, but not the other two syndromes, so environment cannot be disregarded in these figures.

One of the more accepted explanations for the prevalence of AD is the hygiene theory, first suggested in 1989 by David Strachan. His observation was that the youngest child in a family had the least risk of developing atopic illnesses because the immune burden of infectious disease on the last child born was much greater than that upon the eldest, who would have had no in-home conveyors of illness and

remarkably higher incidence of hay fever. The youngest would suffer with more colds and flus, but their immune system would be the most robust and resistant. Our current vigilance of sanitization, antibiotics in our factory food, and over-prescription of patients, as well as pollution from over-industrialization, has created a version of *homo sapiens domestico-fragilis* due to our overall weakened immune systems—both in spite of and because of the lengths gone to in order to “protect” ourselves from germs. Another researched suggestion is that children born to mothers via caesarean section are more vulnerable because they do not benefit from the initial inoculation of essential bacteria found in

continued on page 30



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The Inevitability of Change: *The I Ching and its Relevance in Your Life and Practice*

By FELICE DUNAS, PhD

Charles Dickens' opening line to *A Tale Of Two Cities* is still accurate. Some of us are living and breathing the best! We are witnessing the expansion of our practices and our profession. Acupuncture is increasingly in the media, our national patient base is growing in percentages and numbers, hospitals are opening their doors to us, time is improving our skills, and government is more supportive. For some, business moves are innovative, with out-of-the-box ideas reaching more people and generating more revenue. Practices are growing, treatment results are improving.

Others of us see patient loads dwindling with the difficult economic trends, increased unemployment, and hard times. They are living in survival mode with every effort proving fruitless to draw in patients. Some, tragically, are leaving the profession behind for something more stable



financially. This is the case for newbies and seasoned practitioners alike. One colleague, a brilliant practitioner for over 30 years, has repeatedly called me with fear in his voice. "How do I generate new patients when the marketing techniques that I have always used aren't working? This is the worst slowing my practice has ever seen!"

The essential balance of yin and yang is always there. Those of us

who are coasting or growing now have dealt with pitfalls yesterday and may again tomorrow. Those who are struggling have or will soon feel the joy of ease and success. It is the nature of our practices and lives to experience the swing of the yin/yang pendulum, to feel life's inherent destructive and creative processes in cyclical fashion.

To understand the nature of life, and thus how one can move forward

professionally with success during hard times, it is wise to refer to the I Ching. The I Ching, or Book of Changes, is a foundational text containing concepts that have guided our professional ancestors, and in fact much of Asian life and culture, for over 4000 years. It is, in part, a pre-scientific explanation of natural events, and was used as a divining oracle as well as a philosophical foundation for Taoist and Confucian philosophies. Today you can find its influence all over Asia, including the Korean and Vietnamese flags.

It is thought that Fu Xi, the first of the Three Sovereigns of ancient China, who also invented writing, fishing, and trapping, received the nature of the eight trigrams (八卦 bā gūa) through supernatural means. They were "revealed" to him by 2800 BCE as three line expressions

continued on page 20

WHAT IS QI? continued from page 14

with the lung's ability to fill with oxygen. When this happens, the blood is less oxygenated, and a whole host of other problems can occur.

One common use of qi that relates not only to Chinese medicine is in the term qi gong 氣功 (literally air/breath work). Qi gong is a type of exercise and health practice that is commonly practiced in China, and taught in TCM schools, that is meant to unite the breath with the body—the martial art taijiquan 太極拳 (grand ultimate fist), while still very much a martial art, could be considered a form of qi gong and, in fact, so could yoga. The character "gong" here means work, or skill. It is the same character seen in the term gong fu (kung fu) 功夫, which essentially means mastery of a skill through time and effort, but is most commonly in the west used to refer to Chinese martial arts. There are a number of styles of qi gong practiced in China, but they all share the same basic principle of synchronizing one's movement with the breath—the oxygen gas (qi) inhaled into your body through the lungs, and the carbon dioxide gas (qi) exhaled out through the lungs. Some qi gong instructors and lineages do discuss qi gong using much more mystical and almost magical language and imagery, but I doubt that any of them would argue

that the fundamental practice of qi gong—i.e. the basics needed to attain those purported mystical states—is more than the careful and mindful synchronization of the breath with the body and mind.

Qi translated as gas or air is, however, only one use of the Chinese word qi. Just because this is the commonplace, less esoteric translation of the word qi does not mean it is the least important or least interesting. In fact, if you take some time to really contemplate how important the exchange of gases is in the human body, you will see that qi, used in this way, is hugely important to the overall physiological function of our bodies. The gas and air exchanges in the body connect us intimately with our external environment and are thus a very clear way of illustrating the seemingly mystical concept of Tian Ren He Yi 天人合一 (heaven and human are one).

Even though the deeper implications of translating qi as gas, or air, can lead to some profound insights into Chinese medical concepts, this does not mean I am advocating for translating qi solely using the common Chinese/English dictionary definition of gas or air. Another common way to translate qi is by translating it as "energy", as it has been done in multiple Western texts on Chinese

medicine (thankfully, this practice is rarely done in most recent textbooks and translations). While this translation does work in certain situations, it can lead to multiple problems in understanding and flexibly applying qi in practice. Translating qi at all requires that we simplify our understanding of the term, which can lead to hugely detrimental misunderstandings and gaps in our knowledge base. As anthropologist and sinologist Judith Farquhar states in her book *Knowing Practice*:

"Some studies of Chinese medicine in Western languages, in their haste to appropriate holistic and alternative therapeutic systems, have introduced major "contradictions" in Chinese medical "theory" through simplistic translating. The two most usual responses to these contradictions have been to generalize to a point that transcends the difficulty but leaves medicine looking a bit like mysticism or superstition, or to resolve the perceived contradictions with reference to a few carefully selected loci of authority in the classical texts, thereby creating new theory in an attempt to rectify or purify an essential Chinese medicine. In the determination to make Chinese medicine conform to one or another causal and systematic style of logic, both procedures illegitimately idealize it, failing

to perceive the positive value that the improvisational play of classification holds in the process of diagnosis and treatment."³

The multiple meanings and flexible usage of the word qi emphasize that there is "improvisational play" that occurs in the Chinese physician's mind while treating and thinking through cases. Just because a physician is thinking of the word qi in relation to gas in the intestines one minute does not mean that the same physician cannot be using and thinking of the word in a different context the next minute. This flexible attitude with regard to hugely important concepts—like the concept of qi—is what gives Chinese medicine the flexibility to treat challenging chronic diseases that have otherwise evaded Western biomedical treatment where strict unchanging medical definitions are commonplace.

By returning to the study of the traditional character, we can gain insight into the overall meaning of qi and the extremely large flexibility and "improvisational play" that can occur by tracing qi through all of its many transformations. In the traditional character three states of matter are represented: solid (rice), liquid (the water), and the vapors (gas).

continued on page 25



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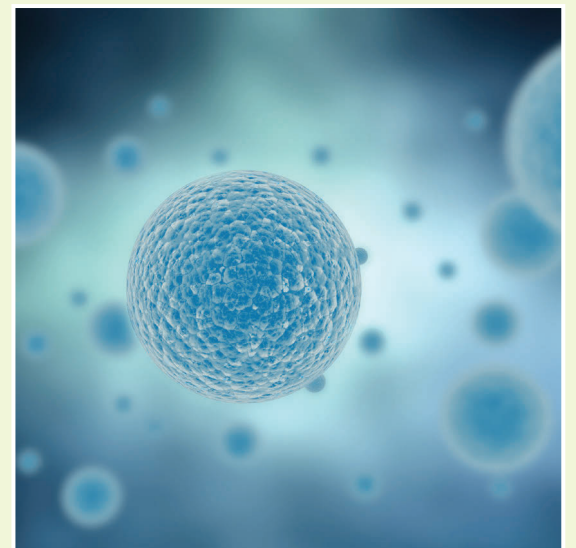
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of life's essence expressed through yin and yang. Yin lines are "broken" and yang lines are solid. Each trigram represents a different combination of yin and yang. See Figure 1 for the trigrams.

By 2200 BCE the sixty four hexagrams, (六十四卦 liú shí sì gù) the combining of two trigrams into all possibilities of six line figures, had been defined. It was not until the Zhou Dynasty (1122 BCE-256 BCE) that a comprehensive concept of the I Ching was formulated. From that point on, its philosophy heavily influenced the literature and governmental administration of that dynasty—as well as all of the subsequent dynasties. While there has been evolution in the writings and format of the I Ching, its core messages have remained a consistent, strong force in Asian philosophy, government, culture, religion and medicine.

In the past 50 years, a historical view has begun to emerge. Rather than being considered the work of one or several legendary or historical figures, the I Ching is now thought to be an accumulation of Western Zhou divining concepts. Modern scholars are dating many of the commentaries on the hexagrams to the late Warring States period (403 or 475 BC-256 or 221 BC), with some sections being as late as the Western Han period (206 BC-220 AD).

I utilize this great book often in my life. When I am in need of answers I throw coins, a traditional means of accessing the divining nature of the I Ching since the Han Dynasty, to determine which hexagram might address my concerns. Then I read about that hexagram. While, historically, it is the illiterate peasant who, with the help of fortunetellers, took advantage of the I Ching as an oracle, I have found great benefit, as have many of my patients and students. I strongly urge you to contact Redwing books and purchase one or more of the many translations that they carry. It can become a highly valuable tool for yourself and your patients.

One of my favorite hexagrams, and one that I consider applicable to all of us, is #9: Hsiao Ch'u, The Taming Power of the Small, formed by the trigram Wind above the trigram Heaven.



FIGURE 2

I quote from the Richard Wilhelm translation, originally published in 1950, one of the great Western sinologists and orators on the subject:

"This hexagram means the force of the small. The image is the wind

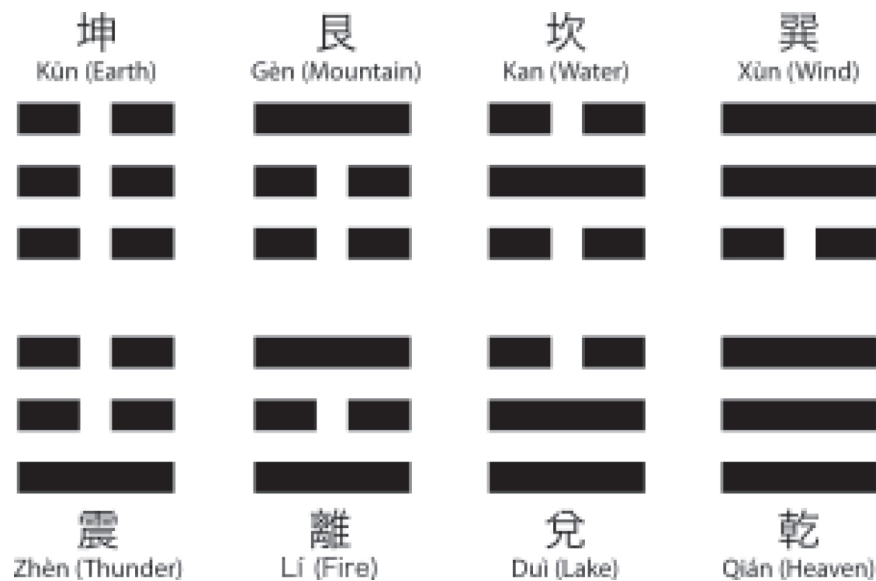


FIGURE 1

blowing across the sky. The wind restrains the clouds and makes them grow dense, but as yet, is not strong enough to turn them to rain. The strong element is temporarily held in leash by a weak element. The time has not yet come for sweeping measures. It is only through gentleness that this can have a successful outcome. Only through small means can

we exert any influence. To carry out our purpose we need firm determination within and gentleness and adaptability in external relations."

While you may enjoy the poetic nature of these words, their relevance to your life and practice is what matters. Attention to detail, patience, inner refining of temperament while waiting for circumstances to



* There is wisdom in taking tiny steps and in recognizing their value. *It is easier to turn away from them should they not prove fruitful. The ramifications are more easily monitored. There is less disruption to the flow of one's life or practice when small changes, rather than large ones, are implemented.*

change can make that change more possible. Gently supporting movement in a positive direction without pushing forward and dispelling haste are not elevated qualities in our culture. They are not, unless we are diligent in our inner work, naturally part of our lifestyles. We are not taught in school to respect the power of detail, to see retreat and waiting as assets of character, nor do many of our parents touch upon these teachings. The moment in which a seed germinates is as powerful as the moment when the fruit becomes perfectly ripe. The small, unseen change is as powerful as the more dramatic, seen one.

Winter is coming. The body's qi dives inward. Needles must penetrate deeper to access it. Though we might want to force our way out of or into better circumstances, perhaps utilizing the "Taming Power of the Small" would be advantageous at this time of year. The beginnings of change can be silent. Perhaps it is time to think quietly, or to rest your mind so that future thoughts are more powerful. Can small things be done in your practice or in other areas of life that prepare for larger movement later? Will you give yourself permission to allow thoughts to gestate, to build upon one another such that small movement becomes possible rather than substantive change?

There is wisdom in taking tiny steps and in recognizing their value. It is easier to turn away from them should they not prove fruitful. The ramifications are more easily monitored. There is less disruption to the flow of one's life or practice when small changes, rather than large ones, are implemented. It is easier for self, staff, or family to adjust and you are more likely to get positive implementation support. The results, good or bad, are also smaller and easier to metabolize and adjust.

"This Too Shall Pass" is among the most profound statements in the English language. No matter where you are on the yin/yang spectrum, you will soon be elsewhere. If you are in great expansion, joy, and success, it is true. If you are in survival mode, pulling inward and feeling the sting of life's trials, it is also true. By recognizing the "Taming Power of the Small" and taking appropriate action, you allow the pendulum to swing slowly, gently and freely, such that the true nature of things may transform unhindered and you can bring yourself into the light. **OM**

FELICE DUNAS, PhD, is an international professional speaker, consultant and executive coach who has used her understanding of behavior, the human body, and Ancient Principles to enhance the lives of individuals, couples, families, and corporate and health care industry CEOs for nearly forty years.

the body regulate correct levels of hormones on its own.⁶ In Wing & Sedlmeier's (2006) prospective cohort clinical study, the authors saw the same significant reduction in FSH levels between pre- and post-treatment assessments in both younger and older women at 6 months, suggesting that CHM is just as effective for women of AMA. Additionally, after six months of treatment, there was an overall 56% pregnancy outcome in this study.

A subsequent systemic review by Reid & Stuart (2011) confirmed CHM's efficacy by observing a 3.5 times increase in pregnancy outcomes with CHM compared to Western medicine's drugs alone in 1851 women with infertility over a four-month period. In a more recent clinical observation study, Huang et al. (2014) noted that after three consecutive months of taking a particular combination of CHM, 40 POI patients saw an effective therapeutic rate of 92.5%, compared to 73.68% of the 38 cases of POI patients taking hormone replacement therapy (HRT).

The available literature on acupuncture and CHM shows promising results for women of AMA with POI. Since there is a decline in egg quality and quantity in these women, the data suggests that acupuncture and CHM may enhance a woman's reproductive environment by improving hormone imbalances and increasing pregnancy outcomes. While these two methods are commonly practiced in tandem, the independent results from these approaches indicate that women of AMA may improve their treatment results with either option.

WESTERN TREATMENTS

There are several different treatment modalities available within Western medicine for female infertility. For women with POI, treatment options include hormone injections, hormone replacement therapy, dehydroepiandrosterone (DHEA) supplementation, cryopreservation of oocytes and/or ovarian tissue, donor oocytes and assisted reproduction technologies (ART), primarily via IVF. Of these, the literature in Western medicine suggests that IVF with donor oocytes may be the most promising means of overcoming age-related infertility.^{4,35}

The success rate with the use of donor oocytes during IVF is reported to be as high as 48.4%, with an increase in success rate in patients undergoing successive cycles. In one 2007 retrospective study involving 8,430 donor oocyte cycles, patients undergoing 3 cycles had success rates of 87% while those undergoing 5 cycles had success rates as high as 96.8%.³⁶ The proposed explanation for the increased rate of success with the use of donor oocytes versus autologous oocytes is age-related oocyte deterioration. This was demonstrated in a prospective observational study

of 86 AMA females with decreased FSH and peak E2 levels, in which poor IVF responders in AMA and non-AMA groups achieved different success levels despite similar treatment regimens after 11 days of ovarian stimulation. The study ultimately demonstrated that poor response to hormones and age-related deterioration of the oocytes contributes to the challenges that women with POI face with traditional IVF treatment.³⁷

Similarly, this study also supports the evidence that higher success rates were achieved when using donor oocytes during IVF in AMA females. While higher success rates have been seen with donor oocytes, there are inconsistent findings that suggest using donor oocytes in women of AMA may increase the risk of pregnancy complications. Pregnancy-induced hypertension was seen in as many as 26% of women compared to the 8% seen in the standard IVF group. Despite such complications, the use of donor oocytes over autologous oocytes is still preferred.^{38, 39}

The success rate of fertilization in women of advanced maternal age using autologous oocytes and undergoing IVF alone is considerably low. Multiple studies have shown a decreased number of clinical pregnancies each year after the age of 40 along with a simultaneous rise in spontaneous miscarriage after IVF treatment. Several studies have reported low rates of conception, with women age 41 - 43 having pregnancy rates between 5 and 15% and successful delivery rates of a healthy infant between 2 and 7%. In these studies, the data revealed that women over 45 years old had 0% success rate with IVF alone. Despite the low success rates, many AMA females wish to use autologous eggs to become pregnant. To address the low success rate of IVF in women of AMA who wish to use autologous oocytes, hormone supplementation and modification was added to the treatment protocols.^{21, 35, 40, 41}

Pretreatment with HRT and DHEA are often used to enhance increased ovulation as well as possibly help restore hormone balance. In a double-blinded study of 50 women aged 24-39 with POI, subjects were pretreated with ethinyl-E2. Of the previously anovulatory women, 32.4% achieved successful ovulation after 2 weeks of ovarian stimulation.⁴² DHEA has also been demonstrated to increase pregnancy rates when used as a pretreatment method and during IVF treatment, with birth rates reaching 21% versus 4% in controls in a study involving 33 POI women with a mean age of 36.9 years.⁴³

Additional studies have shown an increase in pregnancy rates and restoration of sex hormones to relatively normal levels after supplementation with DHEA. Barad & Gleicher's (2006)

case-control study found that DHEA yielded increased fertilization rates and embryo quality. A further retrospective cross-sectional and longitudinal analysis study by Gleicher et al. (2010) in 120 patients demonstrated a 23.64% pregnancy rate and 60% mean improvement in AMH concentration after 90-120 days on DHEA. Similarly, in an observational study conducted by ASRM (2009), results showed a reduction of FSH levels while simultaneously increasing E2 levels post-treatment of DHEA, supporting DHEA's role in helping to achieve optimal hormone levels necessary for conception.⁴⁴⁻⁴⁶

Other treatment options available to women of AMA with POI that wish to use autologous oocytes are cryopreservation and transplantation, and ovarian stem cells. Cryopreservation is a process where tissue or eggs are preserved by freezing them in temperatures below zero degrees. The first live birth from using transplanted cryopreserved ovarian tissue was seen in a 31-year-old female patient previously treated for Hodgkin's disease. Subsequent studies have also reported an increased number of live births using this approach. In

a recent 2-year prospective study, 37 patients with POI underwent ovariectomy using a new technique for tissue cryopreservation with subsequent re-transplantation of ovarian tissue strips, which resulted in follicle growth in 45% of the patients and two live pregnancies.⁴⁷⁻⁴⁹

While ovarian tissue cryopreservation is a possible alternative for women of AMA, it appears more effective in women under 40 in the earlier stages of POI. Alternatively, cryopreserving oocytes has become increasingly popular. In a prospective randomized study involving 230 subjects during a 4 year period, newer techniques in cryopreservation have reported pregnancy rates as high as 38% compared to 13% using regular methods of cryopreservation due to less damage to the DNA during the thawing process.⁵⁰

The use of stem cells is also being explored in female infertility. Their ability to differentiate into different cell types offers great promise, as these cells could differentiate into genetically identical gametes of the AMA woman's oocyte. Innovative approaches involving the use of

continued on page 22



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THE EFFECTS OF EASTERN AND WESTERN MEDICINE ON FEMALE INFERTILITY ASSOCIATED WITH ADVANCED MATERNAL AGE continued from page 21

ovarian stem cells (OSCs) may offer a possible strategy for enhancing a woman's ability to conceive. Evidence in a mouse model demonstrated that transplanted ovarian germline stem cells can form functional oocytes. This result supports the findings in Bukovsky et al.'s (2006) and Marques-Mari et al.'s (2009) earlier reviews stating that the differentiation of germ cells from stem cells could eventually be a possible method of producing autologous oocytes for women of AMA.⁵¹⁻⁵³

Many of the treatment options for women of AMA experiencing POI show some success in achieving a live birth; however, the outcome is still very low. The literature on women wishing to pursue IVF with autologous oocytes shows that this method is not the most effective treatment modality for improving conception rates. HRT and DHEA supplementation offer only slightly higher pregnancy rates than other methods of treatment. Cryopreservation and transplantation techniques may not improve the age-related decline in egg quality in older women, so this experimental approach is most suitable when sought earlier in the reproductive years.⁴⁹ Similarly, ovarian stem cells may offer alternative solutions in the future, but the data to support this approach are extremely limited. Ultimately, IVF with donor eggs demonstrates the most optimal outcome; for women of AMA who want to use autologous eggs, however, the treatments above are viable options.

INTEGRATIVE TREATMENT

Although IVF is the most commonly used technology for fertility assistance, the average IVF live birth rate is only 5-15% with autologous oocytes. Today, many women of AMA undergoing IVF are seeking TCM as an adjunct therapy to improve their pregnancy outcomes. Several studies have described beneficial results when implementing Eastern medicine in conjunction with Western medicine. A landmark study conducted by Paulus et al. (2002) compared the pregnancy rates of two groups of women 21-43 years old undergoing IVF. In their prospective randomized study involving 160 patients, they found that, 14 to 16 days after embryo transfer, the group receiving acupuncture had a 42.5% pregnancy rate compared to a 26.3% pregnancy rate in the non-acupuncture control group. Haeberle et al.'s (2006) abstract substantiated the results of Paulus et al.'s (2002) study and further observed a statistically significant improvement in IVF fertilization rates in women over the age of 35. Improved pregnancy outcomes with combined acupuncture and IVF therapy were also demonstrated in a

prospective randomized trial including 273 women with an average age of 37 years.^{9, 21, 40, 41, 54, 55-57}

Of the three randomized groups studied (control group who received no acupuncture, ACU 1 who received acupuncture on day of Egg Transfer [ET], and ACU 2 who had acupuncture on the ET day and again two days later), clinical and ongoing pregnancies were significantly higher in the acupuncture group (ACU 1) (39%, 26%, and 36%) as compared to the control group (22%). While clinical and ongoing pregnancies were higher in ACU 2 as compared to the control, statistical significance was not demonstrated. These studies showed that acupuncture used during IVF egg retrieval and embryo transfer resulted in higher pregnancy results.⁵⁵⁻⁵⁷

In contrast to the earlier findings comparing acupuncture alone with IVF, recent studies demonstrated no statistical differences in pregnancy outcomes by age group when women of AMA undergoing IVF were included. These studies included comparisons between a "sham" group and an acupuncture group. The sham design was used to control for placebo effects. Moy et al.'s (2011) randomized control study observed a 45.3% clinical pregnancy rate in the acupuncture group and 52.7% for the sham group in 160 infertile women ages 18-38. Results were assessed 14 days after retrieval followed by 2 days post the first positive serum beta-hCG reading.⁵⁸⁻⁶⁰

A more recent and smaller 60 patient randomized controlled, multi-center, sham-treated trial by Udoff et al. (2014) published that the pregnancy rate in the acupuncture group was 57.1% versus 52.4% in the control groups. However, the authors noted a slightly higher delivery rate for the acupuncture group (54.5%) compared to the sham group (42.9%).

While there is limited literature on the effects of acupuncture in combination with CHM as an adjuvant treatment to IVF, a few investigations support the benefits of this combination therapy in women of AMA. In a single case study involving a 41-year-old female with POI, Rubin (2010) demonstrated that the combined effects of CHM and acupuncture during IVF had safely produced a viable baby girl. **OM**

EDITOR'S NOTE: The complete article can be found online at www.pacificcollege.edu/OM16-Reisner.

STACY FRANKOVITZ REISNER received a Master's of Public Health from the University of Massachusetts Amherst. Her interest in integrative medicine and age-related infertility led her to explore this topic in depth. Stacy has over 15 years of experience in biotechnology and currently resides in San Francisco, California.

Retrospective: *Pacific Symposium 2015*

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Frederick Zamora, Pacific Symposium Coordinator



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Qi Gong on the lawn outside the Catamaran



Lia Andrews speaks on the William D Evans boat



Exhibitors setting up in the Kon Tiki exhibit hall



The Catamaran Resort and Spa from the dock

Taking Raw Herbs—Earth First

By THEA ELIJAH

A student recently wrote to me:

I have two patients who are having a hard time swallowing their raw herb formula. It comes right back up. They say they cannot get past the taste. Any suggestions for these patients to help them take their formula and keep it down?

When a client doesn't want to take a raw formula that I've prescribed for them because it tastes too bad—and they either can't get it down or it comes back up again—my first thought is that it's my problem, not their problem, and that I gave them the wrong formula. I actually think that this is a very practical default position on client "resistance" to a treatment intervention, because 99% of the time that's exactly what it is—and I become a much better (and humbler) practitioner by approaching the situation with this bias. We think we know exactly what the client needs, but if we are willing to listen, we may find out something different.



If I were running a healing school, I would make this book required reading:
The Patient Who Cured His Therapist, by Stanley Seigel and Peter Stein.

It is a short book, very readable, that essentially demolishes the notion of patient "resistance" to treatment—and places the responsibility squarely back on the practitioner. We need to step out of the arrogance of our paradigm and really listen to the feedback we are getting from the client with

true respect. Sometimes this feedback is not presented in the most clear and articulate manner, so we may have to tease out the details of the message, but the gist of the message is, "Practitioner, you're not being helpful." Usually we don't like to hear that. But there it is, usually loud and clear—yet it is so tempting to choose the route that does not ask us to change or grow or take a deeper look and blame the patient instead.

To our credit, when we make a suggestion to a client (and I include

acupuncture points and herbal prescriptions under the category of suggestion) and the client "resists" the suggestion, we as practitioners are usually seeing something—we're probably doing very good work—but we are not seeing the whole picture. Usually what happens is that we see very clearly the direction that the client needs to move in, but we have not identified clearly the client's Next Step. We make a suggestion, and what we are suggesting is actually Step 5 or 6 for this person, not Step 1 from where they stand. Progress is like climbing a ladder; we cannot begin at the 5th rung. In these cases the client may even agree to the suggestion because they, too, can feel that this is a good idea and a good direction, but for some reason they don't do it—for some reason it seems out of reach, beyond possibility. At this point it is our job not to blame or shame the client, but to look deeper for root causes, and realize that our

continued on page 26

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The meaning of qi does not hinge on only one of these states. The solid, liquid, and gas—as well as the transitions that occur between these states—are all part of the overall meaning. This pictograph also implies another state of energy: the fire that sits under the pot that is heating the water and cooking the rice.

What makes qi such a hugely important concept in the study of Chinese medicine is that whenever one uses the term qi 氣, some sort of change, movement, or flow is implied; but change between what exactly? At the most basic level it implies a change between yin and yang. To quote Elisabeth Rochat De La Vallée in her book *The Study of Qi*: “We cannot speak of qi without speaking of yin yang, and we cannot speak of yin yang without speaking of qi”⁴. To truly understand qi and all of its many definitions and uses, one must have an understanding of yin and yang. To enhance our understanding of yin and yang, it is again helpful to start with the characters for yin and yang. The traditional character for yin is 陰 or, in simplified Chinese, 阴, and it represents the shady side of a hill. The traditional character for yang is 陽, or 阳 in simplified Chinese, and it represents the sunny side of a hill. Yin and yang are not static. One cannot simply say that something is yin or something is yang. The only way something can be yin is in reference to something that is yang (its opposite), and vice versa. Therefore when explaining yin and yang, comparisons are often used, and these comparisons give one a sense of what is more yin, and what would be considered more yang.

The moon is yin and the sun is yang; water is yin and fire is yang; the earth is yin and the sky is yang; stillness is yin and movement is yang; the lower body is yin and the upper body yang, etc. However, while comparing these relative opposites, it is important to understand that these are not fixed. The moon is not completely yin, but it is yin as compared to the relatively yang sun. The moon is yang when compared to the black emptiness of the night sky, because the moon reflects the bright light of the yang sun. To simply say that “the moon is yin” is to speak falsely.

This leads to another important point about yin and yang: there are different levels of yin and yang in both the human body and in nature, and every state of matter contains amounts of yin and yang that vary as they go through multiple states of change. Labeling and describing yin and yang simply as a relationship between binary opposites is misleading and leads to simplifications and over-materialization of Chinese medical thinking. Nothing in nature exists as something that is purely yin or purely yang. Everything in nature

exists on a gradient with varying amounts of yin and yang relative to other natural phenomena. Yin yang theory is not leading to a separation of binary opposites, as it is sometimes understood, but instead points to the various gradients of states that exist in the world.

Going back to the character for qi and looking at the components that create the character, and the changes that occur when cooking rice, the following transformations occur, starting with the rice. The rice is considered more yin compared to something light and insubstantial like air. To cook rice we add the rice to water, another yin substance that is relatively yin, especially when cold, say from a stream or the tap. To cook the rice you must use fire to heat the water, thus making the water more yang, so that it can cook the rice. The steam that exits the pot is more yang than the water because it is light, insubstantial, active, and hot, but once the steam leaves the pot it quickly cools, becoming more yin. This steam then dissipates back into the atmosphere, making the atmosphere slightly more moist, or more yin, or condensing on a surface as water. Through this cooking process the rice becomes cooked, more yang, and can then be consumed. When we eat the rice, the body takes in the gu qi 狗氣 (food qi) contained in the rice, entering the body and combining with the kong qi 空氣 (atmospheric qi) to create zong qi 宗氣 (ancestral qi), which is relatively more yang than the gu qi 狗氣 (food qi). Zong qi then turns into zhen qi 真氣 (true qi), which is subdivided into wei qi 衛氣 (defensive qi), relatively yang, and ying qi 營氣 (nutritive qi), relatively more yin. Eating too much rice causes the body to store the extra rice as fat, yin qi, and you become bloated, tired, and lethargic, more yin. If you exercise, your body burns that yin qi, and turns it into yang qi, so you can keep going once your glycogen stores have been depleted. Yin and yang are constantly transforming into one another, and being born/created from one another. These changes occur constantly, and small changes in one transformation can trigger almost opposite or contradictory changes. What constantly occurs in our bodies is much like the constant changes that occur with global weather patterns, and for that reason the word for weather in Chinese is tian qi 天氣, which literally translates as heavenly qi. This cycle continues on and on, intimately linking our internal milieu to the external environment.

In chapter 5 of the Huang Di Nei Jing Su Wen 黃帝內勁素問 (Yellow Emperor's Classic of Internal Medicine:

continued on page 35



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healing and focus must be on a deeper and more basic level—and that our intervention must be tailored to the client’s true needs and integrative capacities.

I have a client who has recently graduated from a professional training, but who is having a lot of trouble getting started with her professional life. Without the structure of her academic program, she is floundering. Most of us could probably do a great job of seeing this and saying what she “should do” and make suggestions—but the more interesting question is not what does she need to do, but what does she actually need in order to do what she needs to do? What skills from what Officials are weak (tonify deficiency) or hog-tied (disperse excess)? In developing these skills and abilities, what is her Next Step, the rung of the ladder that is within her reach? If I suggest anything but this, I will encounter “resistance”. When this happens—and in my practice it happens frequently—this is my cue to let go of my picture and take an honest look at her situation, from the inside, for a more helpful, more elementary suggestion.

This translates directly into acupuncture point choices and herbal prescriptions. Since the discussion here is primarily about herbs, I will respond in these terms, but the same principles apply to efficacy/ adverse reaction to point choices as well.

If a client is unable to keep down an herbal formula or even get it down at all, this is a clear statement from their Earth element that something is wrong. Maybe the formula chosen is a brilliant response to their high blood pressure, but for their digestive system it’s just a bunch of Twig-and-Rock Tea that feels and tastes like an outright assault on their digestive wellbeing. If your client is repeatedly hurling a formula, this is a likely sign that they can’t digest it.



✿ If a client is unable to keep down an herbal formula or even get it down at all, *this is a clear statement from their Earth element that something is wrong.*

That’s what hurling is for, and it has kept our ancestors alive to eat again another day. ‘Change the formula’ would be my advice.

Many Americans have very weak digestive systems from eating nutrient-deficient high-fructose corn syrup over-processed and essentially denatured food. And yet, any formula we give them needs to pass through the gut in order to get wherever we intended its effects to go. Some of the feats we ask of a client’s Earth element when taking an herbal formula might be no big deal for a peasant eating straight from the land, but for most Americans it’s a lot to ask.

In other words, if a client can’t hold down a formula, then the formula was Step 5, and their digestion needs to be strengthened and/or clarified first. If, because of the severity of the client’s condition, you don’t have time to work on the Earth first and then move on to the more difficult formula, and you cannot figure out a graceful

way to buffer the formula with appropriate digestive grace notes, then don’t use herbs—use needles.

If it is a matter of taste, remember that taste is an intimate reflection of the state of a person’s Earth element. What tastes good to us speaks to our entire digestive history, from day one to the present (although many people are now finding evidence that what our mother ate while we were in utero also conditions our sense of taste). The presence of an excessive amount of Sweet and Salty in the average American diet distorts our taste buds’ ability to identify “this

is something which will be good for me”, which is the proper role of taste buds. Because of the 3-day renewal rate of taste buds (we are updating our taste standards every 3 days, as our taste buds re-grow), I often tell clients that if they can hang with it for 4 days, on the 4th day very often, magically, the formula seems to taste better, because their body has made positive ID on it as a truly helpful substance, and this is reflected in their taste buds as oral welcoming committee and homeland security check.

I’ll also have them try drinking it very dilute for the first three days, so their body and taste buds have a chance to “check it out” without a sense of overwhelm. Some folks have very tight security at their digestive entry point. OK I can respect that.

If after 4 days the client is still gagging on the formula, I’m going to change the formula. First I’ll rethink my diagnosis as a whole, then my treatment priorities, with more attention to the client’s Earth element. It may be a simple matter of hedonism—that the client is incapable of ingesting something that does not provide a positive sensuous experience. Hedonism is in fact an Earth issue, and exactly why America has such a poor diet, but it still means that I need to begin right there: with “lessons” on the nature of pleasure, sweetness, and our capacity for deeper satisfaction in our lives and at our dinner table. **OM**

THEA ELIJAH is the former director of the Chinese Herbal Studies Program at TAI Sophia Institute and the Chinese Herbal Studies Program at the Academy for Five Element Acupuncture. Elijah maintains a private healing practice, incorporating her Chinese medical knowledge and heart centered healing. She currently teaches Chinese Medicine, Sufi Healing, and Whole Heart Connection across the United States.



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Using Chinese Medicine to Address Estrogen Dominance in Perimenopausal Women

By JILL BLAKEWAY, MSC, LAC

I have more perimenopausal patients with estrogen dominance than I used to and they worry me. How can Chinese medicine help with that?”

This question came for a colleague of mine, who is a gynecologist, oncologist and a surgeon. Her focus is preventing and treating cancers of the female reproductive organs and her question was part of a broader conversation about how we can use our different skill sets to collaborate to keep our patients healthy and thriving after menopause.

Women who have excess levels of estrogen in the run up to menopause can have an increased risk of breast, uterine, and ovarian cancers, as well as of cervical dysplasia. They are also more likely to have intense and unpleasant menopausal symptoms. That's why my colleague was keen to find solutions for her patients. My answer to her question was that Chinese medicine is really helpful when it comes to addressing this kind of hormone imbalance, because identifying patterns of disharmony and creating balance between different systems is one the medicine's strengths.

The symptoms of estrogen dominance include (but are not limited to)

- Breast swelling and tenderness
- Anxiety and mood swings
- “Fuzzy thinking”
- Irritability
- Fatigue
- Loss of ambition
- Slow metabolism
- Water retention
- Loss of libido
- PMS
- Weight gain
- Insomnia
- Thickening of endometrial lining, clotted menses
- Increased risk of uterine fibroids
- Increased incidence of ovarian cysts.

From a Chinese medicine perspective many of these symptoms are related to stagnation of qi, blood and damp against a background of qi or yang deficiency.

We know that women produce far less estrogen after menopause, so it would be logical to assume that estrogen steadily declines until women

reach menopause. In fact, for many years, that was exactly what doctors did assume, and it was only in the last 25 years that research showed this wasn't the case. Likewise, if you read Chinese medical textbooks you can be left with the impression that yin becomes increasingly vacuous until a woman stops having regular periods. In clinical practice, however, we often see a different picture. During the years before menopause, it is often levels of progesterone that decline, while estrogen levels remain stable or even increase. This leads to a situation where estrogen is relatively high in relation to progesterone, which is referred to as estrogen dominance. This is a term that was originally coined by Dr. John Lee, who was one of the first people to advocate natural progesterone supplementation.

Put another way, kidney yang becomes vacuous, often as a result of diminishing spleen qi. Because we need kidney yang to create movement and spleen qi to transform fluids, the result is often stagnation of qi, blood, and damp.

Estrogen is produced mainly in the ovaries and progesterone is produced predominantly by the corpus luteum, which is the outside lining of a mature egg after ovulation. As egg quality declines in perimenopause, so does the quality of the corpus luteum, leading to lower progesterone levels and relative estrogen dominance. Likewise, many perimenopausal women are periodically anovulatory, which means that estrogen goes unopposed during those cycles.

It's noticeable that both biomedicine and Chinese medicine are identifying the same phenomena. The weak kidney yang correlates to low progesterone and the resulting estrogen dominance correlates to a stagnation of yin (blood and damp). The weak yang often has its root in declining spleen qi and this combination can lead to metabolic sluggishness. Many of my perimenopausal patients tell me how difficult it is for them to lose weight. Unfortunately, excess body fat causes the body to retain estrogen. This may be why overweight women have a

continued on page 32

2016 PACIFIC COLLEGE STAFF ACKNOWLEDGMENT PROGRAM

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

“We realize we have a lot of very loyal employees; some have been with us for many years, and some have just joined our team with enthusiasm. We want to make sure they each know how much we value their

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

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

OM

SAN DIEGO

NAME	YEARS	NAME	YEARS	NAME	YEARS
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STACY GOMES	19	TODD LUGER	4	TERI POWERS	2
SHANNA CRENEY	18	FRANCIA MONREAL	4	MATILDE AGUILAR	1
CINDY FLOYD	16	DEBORAH REUSS	4	AIDA ALIYEVA	1
NAOMI BROERING	15	OLYMPIA RENDON	3	HALINA DELGADILLO	1
NAYELI CORONA	12	CATHY ANDREWS	3	BRITTANY EPPERSON	1
JAIME RABIN	10	REZA GARAJEDAGHI	3	JESSICA JOHNSTON	1
JENNIFER APOLONIA	8	GREGORY LANE	3	MILES KATHAN	1
BRENDA LEYVA-PADILLA	8	ROBERT NADEAU	3	ELIZABETH OYARZABAL	1
KAREN SIDDALL	8	SHAREEMA SIMS	3	GREGORY RUSSO	1
TRACY ROBBINS	7	JESSICA VELEZ	3	DIANA SANCHEZ	1
GAIL VOGT	7	DIANA WALLACE	3	BEATRICE SMITH	1
CHARLES FLOYD	6	OMAR WILKINS	3	FREDERICK ZAMORA	1
KYLE POSTON	6	DEANNA ZIEBER	3		

NEW YORK

NAME	YEARS	NAME	YEARS
SHANA GARWOOD	17	VICTORIA CHENG	2
CYNTHIA NEIPRIS	14	EBONI DENNIS	2
BELINDA ANDERSON	10	JULIAN GARCIA	2
SHELDEANE HUSBANDS	10	ZARAIDA GASBY	2
ALLISON MUSICK	7	NATHASHA JACKSON	2
SVETLANA OZIRANSKY	7	NASSER KHAN	2
DARYL THUROFF	6	SANDRA MALDONADO	2
JOSEPH PARISI	5	NADIA NUNEZ	2
KEITH SHERMAN	4	RAFAEL RUIZ	2
MALCOLM YOUNGREN	4	LAURA YOUNGBLOM	2
KWESI DOUGLAS	3	ASHLEY KOWAL	1
KELLIE KNIGHT	3	DELICIA PAISLEY-SMITH	1
ISABEL RIOS	3	JOHANNY POLONIA	1
REGINALD SABIO	3	RAJENDRA RAMKALAWAN	1
SHALEWA SHARPE	3	ANTHONY RODRIGUEZ	1
ALEXANDER BARRY	2		

CHICAGO

NAME	YEARS
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LYNN SHELDON	8
DAVID SOL	6
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PARIS ADAMS	2
CAROLINE REID	1

the vaginal and gastrointestinal flora which, combined with the colostrum from the first breast milk, serves as the beginnings of the baby's immune system (Arrieta, 2015). There are four specific microbes missing in infants born by C-section and bottle-fed, leading to hypotheses on how to restore them early in life in order to prevent asthma in the long term.

Standard treatment for these atopic illnesses typically involves the use of steroids: topical for dermatitis, and nasal or oral inhalers for the respiratory symptoms, and for acute episodes possibly oral prednisone. The side-effects are seriously detrimental, especially to children; topical use can thin the skin, cause bruising, and impair wound-healing time; inhalation may give rise to oral thrush and irritation to the vocal cords, causing hoarse voice; and oral steroids may cause thinning bones, elevated blood pressure, high blood sugar, and cataracts when used long term. If you start a toddler on steroids, they are in for a lifetime of potentially consequential health concerns, the first of which is slowing and stunting of growth. A normally developing child will display a retarding of attaining average height milestones within two months to one year of regular steroid use (Skoner, 2015).



CHINESE MEDICAL PERSPECTIVE

In the tradition of Chinese Medicine (TCM), children are noted to be inherently weak and their systems underdeveloped. None of their organs are fully formed and children are prone to illness. They explore the world first by putting things into their mouth, and the constant contact of hands to object to face, nose, and mouth aid the transmission of viruses or bacteria in their immediate environment. On one hand, this is how the immune system is developed: each time there is an introduction of a new pathogen, there is a fever, a struggle for the body to fight off the illness, and eventual resolution and strengthening of the system, exactly how Strachan explained (1989).

Newborn babies commonly develop skin rashes, dermatitis, or acne. This phenomenon is known to be the result of "fetal toxins," which are the expression of heat imparted from mother in utero to the fetus. This heat can come from the mother's own metabolic heat, her diet, if it included a lot of spicy foods, or her emotional state, if there was increased stress during pregnancy. When the fetus is bathed in the mother's heat, there is no developed fetal mechanism to release it, such as sweating, so it is stored in the baby for a later time of expression. The recommendation is to leave the rashes alone, and they will resolve independent of treatment. Sometimes,

however, the parental expectation of a perfect-looking child compels them to treat these early skin breakouts; occasionally they will use an unnecessary antibiotic or steroid cream that may contribute to the further progression from skin problem to respiratory problems, since the expression of the rash will be suppressed rather than released, and that internally directed approach drives the heat inward.

In TCM, the lungs govern the exterior, including skin, but also the space between the skin called the *cou li*. When the *cou li* is functioning correctly, there is strong resistance to the six external pathogenic factors (wind, cold, damp, dryness, heat, summerheat), and the notion is that the body's defense system is running properly. Therefore, environmental irritants will have less of a chance to enter and stimulate the IgE antibodies that would trigger the atopic diseases. If the exterior is suppressed by the prescription creams, the fetal heat will penetrate deeper, and move the pathology from the skin into the Lung organ, ultimately influencing and compromising the function of respiration. The heat that gets shifted from skin to lungs will cause phlegm to develop as a physiological response to try to moisten the lungs, but the phlegm becomes a pathological condition and will cause coughing and wheezing.

Another system to consider in atopic diseases is the spleen. The main function of the spleen is to assist in digestion: taking the nourishment from the food churned by the stomach, then transporting the nutrients (*gu qi*) into qi and blood for the body. In fact, there is a strong relationship between lungs and spleen to create qi and blood, so both systems need to be running well for optimal health. There is a crucial time in childhood development that places huge demand on the spleen, creating a burden that can weaken it: between 6 months and 2 years old. During this time, an infant learns to sit up on her own, eat solid foods, starts teething, learns to walk, talk, and may even start toilet training. Sleep schedules change and the body and brain are growing rapidly, so the child needs more qi than in infancy, but since their system is still developing, the demand for qi overrides the ability to consume and produce it. The result of impairment can cause a slow down of the spleen function of transformation and transportation, which will induce fluids or dampness to accumulate, possibly resulting in bloating or distended abdomen, heavy sensation in body and limbs, and loose stool. The underlying reason for producing phlegm is the weakness of the spleen (Maciocia 2005), creating the accumulation congealing into phlegm that can lodge in

the lungs, especially weak lungs that may also be unable to diffuse fluids, indicating the circle of the negative relationship of these organs when not optimized in health.

The final main system in evaluating atopic disease is that of the kidney, particularly as it relates to essence (*jing*) and heredity. Remember that IgE antibody response is inherited from one's parents. Jing is a precious substance resulting from the combination of parental genetic influence on offspring, but is also partially supplemented by the qi extracted from food, showing another reliance on the spleen function: the dynamic between pre-natal essence, written in genetic code, and post-natal essence, manifested in diet and lifestyle. The lungs and kidneys have a correspondence as well in the idea of 'grasping' the lung qi so that it can descend, allowing the breath to rise and fall normally. Loss of this function results in counterflow of lung qi, causing cough or wheezing.

In conclusion, the developing child's system needs to be nurtured and supported in all stages of early infancy and toddlerhood in order to prevent furthering progress of the ubiquity of a lifetime with atopic illness. The factors that contribute to the triad are sometimes out of anyone's control, but insuring proper nutrition, a healthy home environment, and understanding the value of supporting the correct organ system in the Chinese medical sense can prepare the child to have the best possible chance of health. **OM**

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Mindfulness-Based Stress Reduction (MBSR)

By JAIME RABIN, LAc, MSTOM, DAOM

INTRODUCTION/OVERVIEW

Mindfulness-Based Stress Reduction (MBSR) is a clinical program that introduces and facilitates a standardized meditative practice in mindfulness. The goal of MBSR is to help people cultivate “mindfulness” in order to better cope with stress, pain, and illness. Mindfulness can be most briefly defined as “moment-to-moment awareness” (Kabat-Zinn, 1990, p.11). It is more descriptively defined as a state in which one is fully present in the moment, focused on the reality of the situation, while observing it, accepting it, and not judging it.

Scott R. Bishop, PhD, and his colleagues collaborated in 2004 to create a proposed operational definition of mindfulness. They proposed that mindfulness be defined in two parts: firstly, as the self-regulation of attention, which involves sustained attention, attention switching, and inhibition of elaborative processing; secondly, as an orientation to experi-

ences, including a quality of non-elaborative awareness to current experiences, insight into the nature of one’s mind, and a de-centered perspective on the transience of thoughts and feelings (Bishop, et al., 2004).

Mindfulness meditation is based on the tenets and practices of Buddhism. While its roots are in Buddhist tradition, however, “its essence is universal” and mindfulness “stands on its own as a powerful vehicle for self-understanding, independent of a belief system or ideology” (Kabat-Zinn, 1990, p.11). Although originating in the East, Jon Kabat-Zinn popularized mindfulness meditation in the West during the 1970’s. Kabat-Zinn created the first Mindfulness-Based Stress Reduction program at the University of Massachusetts, a group-based training in mindfulness meditation to be used to treat chronic pain. The original MBSR program, an 8-week course with home study, acts as the template for all MBSR programs. It included specific mind-

fulness techniques including sitting meditation, body scan, and Hatha yoga stretches.

Experientially successful in the treatment of chronic pain, MBSR is now widely employed to reduce psychological morbidity associated with chronic illnesses such as cancer, as well as a treatment for psychological disorders such as anxiety, depression, and panic (Kabat-Zinn, 1998). Furthermore, MBSR is finding expanded use in other areas such as cardiovascular disease (Ditto, et al., 2006).

In 2002, Bishop noted that there were approximately 240 MBSR programs in the West, and that the number was growing continuously. Currently, the University of Massachusetts Medical School Center for Mindfulness, reports that there are 549 practitioners of MBSR in their directory—more than double the number in 2002. The popularity of MBSR has grown exponentially, and it has done so in the absence of rigorous evaluation (Bishop, 2002),

but randomized control trials are emerging. Studies have already been conducted in patients with medical conditions including chronic pain, fibromyalgia, anxiety and panic disorders, psoriasis, depression, substance abuse, binge eating disorders, burnout, personality disorders, cancer, and heterogeneous patient populations. (Huynh, T. et al., 2007). Conclusive research, however, has been somewhat limited by the methodological flaws of most existing studies. The methodological problems include “inappropriate or inadequate use of statistics, the use of invalidated measures, failure to control for concurrent treatments that might effect the outcome variables, and arbitrary determination of clinical responses” (Bishop, 2002, p.72). Despite the limitations of studies’ methodology, most researchers conclude that the results so far encourage future research.

continued on page 34

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Baby, It’s Cold Outside!
Herbal Cabinet Favorites for Winter’s Extremes

Just before yin begins to transform into yang, it reaches its extreme. Typically, our two coldest months are January and February. While our *wei qi* is still relatively internal for the winter months, we are especially susceptible to these extremes of wind-cold, and this wind-cold is—especially at this time of the year—most easily transformed into heat. The following formulas, **Siler and Platycodon Formula (Fang Feng Tong Sheng San)**, **Minor Bupleurum Formula (Xiao Chai Hu Tang)**, **Gan Mao Ling Formula (Gan Mao Ling Pian)**, **Zhong Gan Ling Formula (Zhong Gan Ling Pian)**, and **Cinnamon Twig Formula (Gui Zhi Tang)**, can be kept on hand for the extremes of winter.

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lower incidence of osteoporosis, but have a higher breast and uterine cancer risk.

It becomes clear that supporting kidney yang and spleen qi is vital in this population, if we are to reduce their risk of reproductive cancers. Likewise for centuries Chinese doctors have identified the liver as playing a pivotal role in hormone balance alongside the kidney. Liver qi stagnation can be the result of kidney yang vacuity or it can be caused by stress, repressed emotions or a diet that puts a strain on the liver itself.

One of the liver's functions is to filter excess estrogen. Anything that impairs the liver's function can therefore result in estrogen not being broken down adequately. This is true for both men and women. Alcoholic men, for example, can develop a condition called gynomastia, where excess estrogen can lead to enlarged breasts and loss of pubic hair. In women, alcohol, environmental toxins, stress, and unresolved emotional issues can limit the liver's ability to cleanse the blood of estrogen resulting in all the symptoms of estrogen dominance I listed above. The connection between stress and liver function has been recognized for thousands of years in Chinese medicine, but from a biomedical point of view stress can cause people to produce excess cortisol, insulin, and norepinephrine, which can play a role in the kind of hormonal imbalance we see in our patients with compromised livers, known in Chinese medicine as liver qi stagnation.

This stagnation leads to heat and inflammation, and one method that has been traditionally used in Chinese medicine to clear heat is to open the fu. In the case of heat from stagnation, this means making sure the intestines are functioning optimally. Physiologically, this makes sense, because excess estrogen is excreted through the bowel. When a patient is constipated and the stool remains in the intestines for a longer time, estrogen is reabsorbed. Correspondingly, studies have shown that women with a high fiber diet have lower levels of circulating estrogen than women with a low fiber diet.

My MD colleague believes she is seeing more estrogen dominance in women over 40 than she used to and I agree. Why is that? Our lives are speeding up. The internet has made communication very instant and the demands on us are now incessant. Many of us are constantly on the go and eating on the run. From a Chinese medical perspective an irregular diet and lifestyle taxes spleen qi, which leads to damp stagnation. Overscheduling depletes kidney yang and the stress of this disrupts the



smooth flow of liver qi and blood.

Plus, there's one more piece of the puzzle that's become much more prevalent over the last two decades: the amount of xenoestrogens we are exposed to. These are chemicals that mimic estrogen and act on estrogen hormone receptor sites. They're found in everything from sunscreen to plastic water bottles. Even our water supply now contains synthetic estrogen because of the widespread use of birth control pills. Cooking with non-stick coated cookware releases xenoestrogens into our food, as does microwaving food in plastic containers. Hormone disrupting chemicals are in our meat supply because of the way hormones are used to plump up cattle and they're on our vegetables because of the widespread use of pesticides.

So to answer my MD colleague's question, there is much that Chinese medicine can do to help these patients. In my own practice I combine diet and lifestyle advice with acupuncture, herbs and supplements to help women achieve an appropriate balance between progesterone and estrogen as they head towards menopause.

I tend to use acupuncture to move the stagnations, in conjunction with herbs to address the deficiencies. And when it comes to herbs, I've found myself being inspired by the Pi Wei Lun (Treatise on the Spleen & Stomach), which was written by Li Dong-Yuan in 1249. I find it satisfying that a text from the 13th century should have so much to say about a very modern phenomenon.

Li Dong-Yuan thought that the key to the diseases he was treating was in the digestive system. He ob-

served that a combination of poor diet, irregular lifestyle and emotional strain damages the function of the spleen and stomach, which in turn damages yang qi. Weak kidney yang and spleen qi fail to raise the clear yang and descend the turbid yin, which leads to a buildup of damp in the lower jiao. The clear yang, instead of rising, sinks and stagnates, transforming into heat, which in turn can become damp-heat. Depressive heat and emotional agitation stir up the ming men, which counter-flows upwards causing heat in the upper jiao. He called this pattern Yin Fire.

If we look at the typical symptoms of estrogen dominance, we can see that Li Dong-Yuan's theory of Yin Fire fits this pattern well.

Fatigue, loss of ambition, weight gain, water retention, slow metabolism, and loss of sex drive can all be attributed to a combination of spleen qi vacuity with damp and kidney yang vacuity.

Irregular periods, breast tenderness, PMS, mood swings and irritability are all related to stagnation of liver qi.

Heavy periods with clotted menstrual blood, fibroids, and ovarian cysts can all be explained by stagnation of blood and damp in the lower jiao leading in some cases to damp-heat.

Insomnia and anxiety can be caused by the heat rising up and harassing the heart, leading to heat yin vacuity.

I like this formula from the Pi Wei Lun for addressing this kind of hormonal complexity, even though it was originally intended to treat summer-heat.

Qing Shu Yi Qi Tang
(Clear Summerheat & Boost
the Qi Decoction)

Huang Qi Radix Astragali
Membranacei
Ren Shen Radix Panacis Ginseng
Cang Zhu Rhizoma Atractylodis
Bai Zhu Rhizoma Atractylodis
Macrocephalae
Gan Cao mix-fried Radix Glycyrrhizae
Mai Men Dong Tuber Ophiopogonis
Japonici
Ge Gen Radix Puerariae
Wu Wei Zi Fructus Schisandrae
Chinensis
Dang Gui Radix Angelicae Sinensis
Chen Pi Pericarpium Citri Reticulatae
Qing Pi Pericarpium Citri Reticulatae
Viride
Sheng Ma Rhizoma Cimicifugae
Huang Bai Cortex Phellodendri
Ze Xie Rhizoma Alismatis
Shen Qu Massa Medica Fermentata


And here's the advice I give my patients when they ask me what they can do to help themselves.

- Take care of your liver. It is your best defense against estrogen dominance because its job is to eliminate excess estrogen. Minimize your alcohol intake and, to stimulate your liver, drink water with lemon juice first thing every morning. You can also promote healthy liver function by adding bitter greens such as dandelion greens, endive and radicchio to your food.
- Follow a hormone balancing diet by eating plenty of vegetables, adequate protein and some healthy fats.
- Make sure you eat enough fiber so that your bowels are able to eliminate excess estrogen.
- Eat cruciferous vegetables, such as broccoli, cabbage, cauliflower, kale and Brussels sprouts. These contain a phytonutrient called diindolylmethane (DIM), which supports the activity of enzymes that improve estrogen metabolism.
- Research endocrine-disrupting chemicals in cosmetics, processed foods, cookware, and cleaning materials and cut your exposure to xenoestrogens as much as you can.
- Talk to your doctor about progesterone supplementation. She may want to give you a transdermal 2% bioidentical progesterone cream to offset the effect of excess estrogen.
- Lose any excess weight and get regular exercise. Research shows that physical activity curtails the overproduction of estrogen. **OM**

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

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BASIC INSTRUCTIONS FOR TECHNIQUE

Kabat-Zinn simplifies the process of developing mindfulness by explaining that “all it involves is cultivating our ability to pay attention in the present moment” (Kabat-Zinn, 1990, p.11). In greater detail, there are three dimensions of mindfulness meditation commonly emphasized:

- Focusing one’s attention on a point of reference while disengaging from thoughts and feelings
- Observing the reality of the present moment
- Remaining open to one’s experiences without judgment (Bishop, 2002).

As stated previously, MBSR programs are approximately 8 weeks in length and involve the instruction of mindfulness meditation techniques, including sitting meditation, body scan, and Hatha yoga stretches. Each session starts with the instruction of one of these techniques followed by silent practice, later reinforced through home study. Regardless of the technique, the participants are instructed to focus their attention on

✱ The functions of MBSR are to create a quiet, peaceful state of mind, to improve quality of life, and to develop better coping skills in patients suffering from chronic illness, both mental and physical.

a point of reference, like an object or the breath, while remaining open to their experiences in the moment. When their attention wanders, they are advised to bring it back to the point of reference and observe any distractions, most commonly their thoughts, with openness and curiosity (Kabat-Zinn, 1990).

The instructions for sitting meditation are for a participant to sit in an upright position, either in a chair or cross-legged on the floor, and focus his or her attention on the breath or on the rising and falling of the abdomen. While the participant is using mindful attention, they are also noting perceptions and observing sensations. They are instructed to remain in a state of nonjudgmental awareness of cognitions and of the stream of thoughts and distractions that may arise. The body scan technique involves a gradual sweeping of attention through the entire body from bottom to top, feet to head, focusing on the sensations of each part of the body. The participant may or may not choose to incorporate breath awareness into the body scan. Again, the participant is focusing on a point of reference, in this case the body, without judgment or criticism of extraneous thoughts. The last technique, and the only technique of the three to involve specific physical movements, is Hatha yoga stretches. Hatha yoga includes a combination of breath exercises and simple stretches and postures to strengthen and relax the musculoskeletal system. As in the previous techniques, the teaching instructions consist of advice on how to stay open, curious, and non-judgmental; of the thoughts and distractions that may flow through the mind (Chiesa & Serretti, 2009).

Kabat-Zinn adds that the success of MBSR is based on more than the ability to follow technical instructions. He explains that there are certain attitudes that factor into the effectiveness of the program: non-judging, patience, beginner’s mind, trust, non-striving, acceptance, and letting go. Commitment, self-discipline, and intentionality are also important characteristics to adopt during the MBSR program (Kabat-Zinn, 1990).

Kabat-Zinn adds that the success of MBSR is based on more than the ability to follow technical instructions. He explains that there are certain attitudes that factor into the effectiveness of the program: non-judging, patience, beginner’s mind, trust, non-striving, acceptance, and letting go. Commitment, self-discipline, and intentionality are also important characteristics to adopt during the MBSR program (Kabat-Zinn, 1990).

FUNCTIONS

The functions of MBSR are to create a quiet, peaceful state of mind, to improve quality of life, and to develop better coping skills in patients suffering from chronic illness, both mental and physical. Kabat-Zinn (1990) explains that mindfulness meditation helps people to “calm down enough to enter and dwell in states of deep relaxation” and to gain clarity on their lifestyle choices in order to make changes to enhance their health and well-being (p.12). It also helps participants to channel their energy more effectively when faced with stressful, threatening, fearful, or helpless situations (Kabat-Zinn, 1990, p.12). Therefore, it is understandable that in these negative situations, practitioners of mindfulness present with an increase in positive behaviors such as patience, acceptance, enhanced relaxation, tolerance, as well as a decrease in negative reactions (Hyunh T., et al., 2007).

In Chinese medical terms, MBSR can be considered a technique to

“Quiet the Spirit,” *An1 Shen2*. To “Quiet the Spirit” is to “calm the heart spirit, thereby alleviating insomnia, profuse dreaming, palpitations, etc” (Wiseman & Ellis, 1996, p.488). MBSR can be considered to tonify or replenish qi. Kabat-Zinn states that mindfulness “nourishes and restores body and mind,” and further explains that the energy being nourished and restored “comes from inside us and is therefore always within our reach and potential control” (1990, p.12). Some specific Chinese medical disease states treated with mindful meditation would therefore include Susceptibility to Fright, *Yi4 Jing1*, Fright Palpitation, *Jing1 Ji4*, Fearful Throbbing, *Zheng2 Chong1*, Disquieted Heart Spirit, *Xin1 Shen2 Bu4 An1*, and Vexation, *Fan4*.

Although Mindfulness-Based Stress Reduction is not directly associated with Chinese medicine, qi gong and tai chi can be viewed as two forms of mindfulness meditation. Qi gong is an ancient traditional Chinese medicine practice that, like MBSR, blends the coordination of different breathing patterns with various physical postures, bodily movements, and meditation techniques. Tai chi is a Chinese martial art characterized by soft, slow, flowing exercises that promote posture, flexibility, relaxation, wellbeing, and mental concentration. Tai chi also involves training the mind and therefore can be considered a moving form of mindful meditation (Ospina, et al., 2008).

CURRENT RESEARCH (ON BOTH MECHANISM OF ACTION AND EFFECTIVENESS)


Recent controlled trials have shown that mindfulness meditation is correlated with decreases in psychological morbidity associated with medical illness (Bishop et al., 2004). For instance, MBSR may improve cancer patients’ psychosocial adjustment to their disease (Ledesma & Kumano, 2009). Grossman, et al.’s meta-analysis found that, compared to a control group, interventions of mindfulness meditation significantly improved both mental and physical health indicators for patients across a variety of diagnoses, regardless of whether or not the study design was randomized or non-randomized (2004). In addition to diseased states, MBSR has been shown to reduce stress levels in healthy people (Chiesa & Serretti, 2009).

In terms of mechanism of action, the findings of Davidson and colleagues (2003) suggest that mindfulness meditation can increase relative-left-sided anterior activation, which is associated with reductions in anxiety and negative affect and which increases positive affect. Additionally, a study focusing on the short-term physiological effects of


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Plain Questions) the following passage about qi highlights the transformations of yin and yang, connecting the transformations of qi in the environment to those that occur in the body—further demonstrating the concept of Tian Ren He Yi 天人合一 (heaven and human as one):

The fact is, the clear yang is heaven; the turbid yin is the earth. The qi of the earth rises and turns into clouds; the qi of heaven descends and becomes rain. Rain originates from the qi of the earth; clouds originate from the qi of heaven. Hence, the clear yang exits through the upper orifices; the turbid yin exits through the lower orifices. The clear yang is effused through the cou li 腠理 (interstices); the turbid yin moves to the five zang 臟 (viscera). The clear yang replenishes the four limbs; the turbid yin turns to the six fu 腑 (bowels).⁵

This passage highlights the importance of observing weather and environmental patterns in early Chinese medicine, and the importance of connecting those observations to the physiology of the human body. Understanding the external environment and our surroundings more intimately connects us with nature, creating a unified sense that changes on the outside can create changes within. The recognition that human beings are connected to the outside environment is only possible to convey with flexible terms such as yin, yang, and qi that allow for a language of correspondences rather than a language that can only convey fixed, unchanging states.

To discuss qi as a fixed substance, to try to pin it down or measure it, makes very little sense. When an acupuncturist inserts a needle into someone, the acupuncturist is not injecting him or her with material qi. The acupuncturist is not increasing the

amount of a substance called qi in the human body. When an acupuncturist inserts a needle, the acupuncturist is seeking to create change with the intention of balancing those yin and yang interactions within the body, bringing the overall environment in the body into a more stable and balanced state. The implications of this affect the entire body, mind, and spirit of a person, not only helping with the chief complaint, but also balancing and harmonizing the entire body with the environment. This is what makes Chinese medicine so powerful, relevant in our modern world, and what makes qi such an important concept to understand clearly as a Chinese medical practitioner. Without a proper understanding of qi, the deeper and more nuanced aspects of our medicine are impossible to understand and embody. **OM**

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one of the techniques employed in mindfulness meditation training, a basic body scan meditation, found that participants engaging in the body scan displayed significantly greater increases in cardiac respiratory sinus arrhythmia than while engaging in other relaxing activities. Moreover, a significant decrease in cardiac pre-ejection period was observed during the body scan meditation. Overall, however, the results of the study indicated more similarities than differences in the physiological responses to body scan meditation as compared to other relaxing activities (Ditto, et al. 2006).

A study examining EEG changes during nondirective meditation, a type of meditation similar in method to mindfulness in that they are open to the experience of the moment, produced findings that suggest that nondirective meditation techniques alter theta and alpha EEG patterns significantly more than regular relaxation. In other words, nondirective meditation may reflect increased cognitive processing and awareness, associated with increased theta activity, as well as increased relaxation, associated with increased alpha activity (Lagopoulos, et al., 2009).

ADVERSE EFFECTS, CONTRAINDICATIONS, AND RED FLAGS

Meditation, including mindfulness meditation, while relatively lacking in serious adverse side effects, can cause some negative reactions

and should be used cautiously with certain individuals. In the book *Mindfulness and Psychotherapy*, Gerner, et al. (2005, p. 128) point out that an important variable to consider before entering into formal meditation is the participant's "ego strength," or "emotional resilience" (p. 128). They continue to explain that "patients who decompensate when cognitive controls are loosened should generally not do formal sitting meditation. For example, destabilizing traumatic memories, including body memories, may rise to the surface, and mild states of depersonalization could trigger panic attacks". However, a competent teacher or facilitator can help a participant decipher whether they are experiencing a temporary discomfort or, more seriously, a fragmentation of the self. If a participant is experiencing fragmentation of the self, manifesting as dissociation, grandiosity, terror, or delusion, the teacher or facilitator should advise the participant to discontinue formal meditation and suggest they switch to externally focused activities (129).

In a study by Shapiro (1992), 62.9% of long-term mindfulness meditators reported adverse side effects, either before or after a meditation retreat. The unwanted reactions reported were mostly mild, such as irritability, hypersensitivity to city life, or awareness of negative personal qualities. Two of the 27 participants that did report more serious adverse reactions, including depression, confusion, and severe shaking.

Mindfulness-Based Stress Reduction is an increasingly common practice with roots in Buddhist practice and parallels within Chinese medicine. While not entirely without some slight risk, with a competent teacher, MBSR has excellent prospects for many people as a non-invasive treatment for psychological morbidity as well as for both psychological and physiological disorders. Although there is promising evidence for its efficacy across an array of studies, not all of those studies were necessarily of the highest quality; further research into Mindfulness-Based Stress Reduction is merited by its great potential to help people. **OM**

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Chinese New Year YEAR OF THE FIRE MONKEY

Welcome to the Year of the Monkey! Chinese New Year celebrations commence on February 8, running until the Lantern Festival on February 22, the first full moon of the new year. Chinese New Year traditions vary across the world, but as the largest holiday of the year, the common thread is the celebration of family, luck, and ancestors. The Year of the Monkey should be a lively one, with rapid changes and upturns in arenas from politics to finance, though there may be an undercurrent of insecurity and potentially damaging competition. The ongoing El Niño weather phenomenon, for example, while unusual for a typical year, is right at home in a Fire Monkey year. If you're typically quick on your feet, stay particularly aware and keep your eyes open for opportunities; this is a rewarding year for the brave and inventive.

2016 is the Year of the Fire Monkey, the ninth animal in a twelve-year cycle, with an element (Fire, Earth, Metal, Water, or Wood) assigned to each cycle. Those born in 1944, 1956, 1968, 1980, 1992, 2004,

and this year are Monkeys; the last Year of the Fire Monkey specifically was 1956. Will Smith, Julius Caesar, Bette Davis, Johnny Cash, Susan B. Anthony, Leonardo da Vinci, Annie Oakley, and Empress Wu Zetian of the Tang dynasty are some of the better-known Monkeys.

The Fire Monkey is the most active and aggressive Monkey, naturally dominant and competitive, flamboyant and charismatic, with many friends. The Fire Monkey needs control, tending to gravitate towards leadership, though this can, without care, turn into jealousy and egotism; the Monkey is excellent at nurturing those under her or his care, however. Fire Monkeys also love to learn and laugh; it's going to be a good year for students and entertainers of every kind.

In China, celebrations of the New Year begin on the eve of the holiday, with the entire family gathering for a reunion dinner. Getting to the reunion itself can entail an arduous journey as nearly everyone in the country gets in a car, train, or bus to travel home for the busiest travel season of the year. The railway system adds hundreds of ad-

ditional passenger trains to accommodate the increased traffic of five million trips in a two-week period, people can spend hours standing in line for tickets, and buses are crammed well past capacity.

Arriving at home for dinner is a very welcome relief. The traditional meal involves fish, representing prosperity and fortune. In northern China, the meal is typically home-cooked, usually with dumplings; in the South, everyone goes out to eat, usually having *Nian Gao* or Year Cake for dessert. Elder members of the family give red envelopes of money to the children as gifts, and everyone stays up to watch the New Year come in, playing games and setting off firecrackers.

In the final few days of the two-week period, the Lantern Festival activities begin. In Taiwan, families release floating lanterns together; in Singapore, massive crowds gather to watch lantern displays. The Lantern Festival has many different myths surrounding its origin. During the Han dynasty, which reigned over much of what is now China from 206 BCE until 220 CE, the festival honored Ti Yin,

god of the North Star, who was seen as the embodiment of the balance between yin and yang. Another legend says that a heavenly crane once flew down heaven on the first day of the new year, only to be killed by villagers. This angered the Jade Emperor, king of the gods in the traditional Chinese pantheon, so much that he planned to send his troops to destroy the village with fire on the fifteenth day of the year. His daughter warned the villagers of her father's rage, however, resulting in chaos until a wise man suggested that the villagers set up great bonfires and light off fireworks to give the village the appearance of already being in flames when the Jade Emperor's army arrived to wreak his vengeance. The plan worked, the village was saved, and people have celebrated the village's survival ever since.

In all of these activities, the Chinese New Year is meant for spending time with relatives and neighbors and enjoying the sense of community. It's a time to renew friendships, dismiss arguments, and reconcile differences from the previous year. Good luck, and have a great Year of the Fire Monkey! **OM**

Lavender *Angustifolia*: *Expressing into the World*

By MARC J. GIAN, LAc, LMT

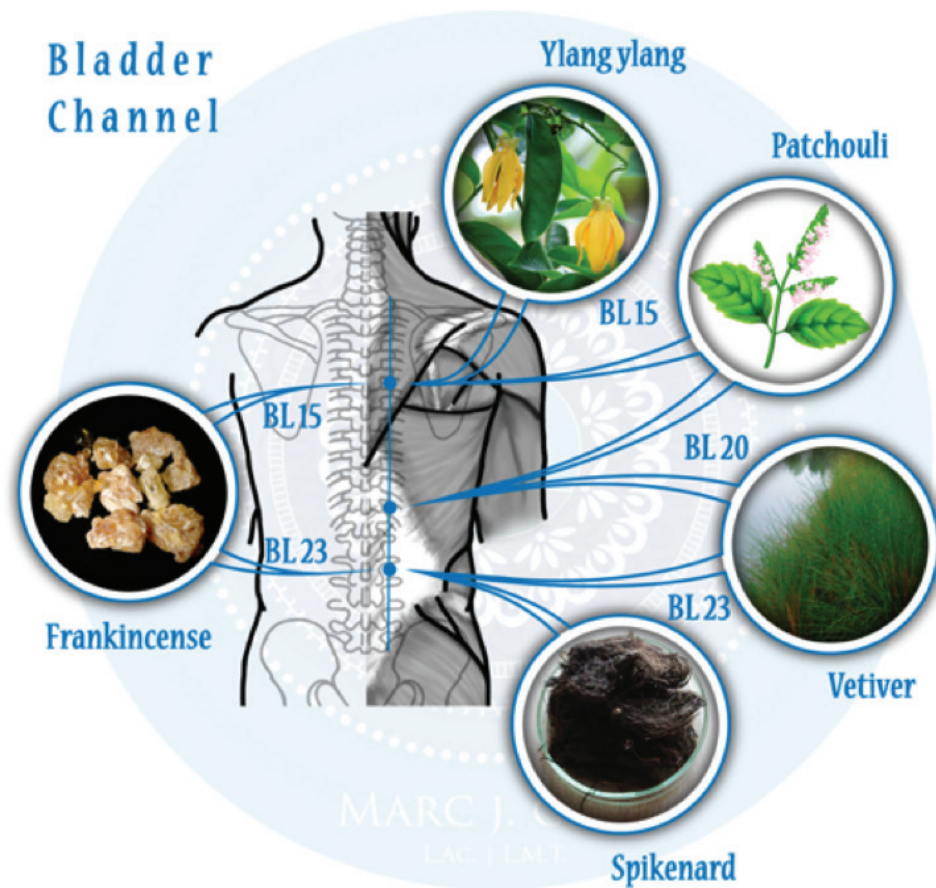
Essential oils have the ability to increase clinical effectiveness in many illnesses seen in the clinic and are rapidly becoming a modality of choice among practitioners. One major reason is that essential oils, unlike needles, have an inherent personality, directionality, and shen, and a similar function to acupuncture points.

To name a few examples, palmarosa opens up the chest, calms the shen, and mildly nourishes the yin. This matches very well with yin tang and PC-6. Lemongrass can promote the movement of liver qi, harmonize the spleen and liver, and relax the sinews. The points associated include LV-13, LV-3, SP-3, and GB-34.

Another reason to use essential oils is that they have a direct relationship to our shen. As we breathe in, the scent triggers a series of reactions that quickly shift our mood and frequency of mind. For example, rosemary is an oil that raise spleen yang, strongly moves liver qi, and transforms damp. As TCM practitioners, we understand that all of these conditions have a certain mindset. In a case of qi stagnation, perhaps the client is more irritated and not forthcoming; spleen yang vacuity, the person may be apathetic about life and unable to take control. Rosemary is an oil that is greatly associated with liver qi and taking control. In having our client inhale the scent of rosemary, we offer a new way to perceive life—a life with more authority. Rosemary, being very yang and warming, has the inherent personality to be the king in blends.

Let's take a deeper look at one of the more popular oils used in practice: Lavender *angustifolia*.

Given the strong upward and outward direction of rosemary, it follows suit that lavender also moves energy both upward and outward, but differently than rosemary; more like the rays of a sunrise reaching up



from the horizon. This can also be seen in the way the lavender bush grows.

As it is a flower, it calms with a cooler, gentler quality; less direct, more accommodating, softer, and with a 'friendlier' smell.

The lavender bush looks as if it is spreading, and one of the major functions of lavender is to spread and soothe liver qi, making it one of the best oils for symptoms such as dull hypochondriac pain, irritability, dull pain before menstruation (especially as a compress), as well as bloating, anger, and frustration. These

symptoms often lead to spleen qi vacuity or dampness. Like rosemary, lavender will ascend energy, yet execute with more softness and ease.

One of the major functions of the liver is ensuring a smooth flow of energy throughout the body, and as lavender has the function to calm liver qi, it gives a feeling of ease. It may assist the client in letting go of minor frustrations and irritations of the day.

Lavender has many functions for the massage therapist and the acupuncturist. As a flower, it is beneficial for emotional issues of the heart such as anxiety and restlessness. It can also gently bring feelings and emotions out of the upper aspects of the body (both lungs and the heart). Lavender is also beneficial to the outer aspects of the body, most specifically as it has the ability to release the exterior. Lavender can also gently stimulate the sympathetic

or parasympathetic systems by regulating the nervous system.

Lavender is more forgiving and accepting of other oils. Additionally, it is famous for gently calming the mind and nervous system and easing the outward expression of emotions. When used with frankincense, pine, and cypress, it can be uplifting in times of grief and sorrow, allowing deeper breathing, accomplished through its ability to promote the movement of qi. Keep in mind, however, that while lavender moves qi, it does not tonify it; if there is qi vacuity, lavender should be used with an oil such as ravensara or tea tree that tonifies the qi and releases the exterior.

In the case of a wind-heat with symptoms of dry skin, lavender and palmarosa should be a major component of the blend. Palmarosa will aid in the nourishing of dry or chapped skin due to wind and heat. Lavender has the uniqueness of being the only flower to release the exterior. Palmarosa, on the other hand, is a grass, with functions similar to flowers, such as the ability to release the exterior while at the same time hydrating the skin.

Lavender's affinity to the liver qi and its ability to promote the movement of qi makes it an essential oil for alleviating pain before menses. It promotes the movement of stagnant qi in the lower abdomen, thereby increasing circulation. If the pain is sharp and shooting, it is best to blend lavender with an oil that invigorates the blood and alleviates pain, such as frankincense. For a dull ache, it can be blended with Roman chamomile, which will reduce inflammation. To treat menses, is best to use a compress on the lower abdomen in combination with acupressure points.

In review, lavender is a cooling oil derived from a flower that has many functions: releasing the exterior; opening up the chest; calming the shen; and promoting the movement of liver qi. Lavender is just one oil of many that are beneficial to the LAc and LMT—there are many other oils that are just as essential in making your treatments truly holistic. **OM**



MARC J. GIAN, LAc, LMT, has over 15 years of clinical experience in the healing arts. In 2007, Marc developed the Essential Oils class at Pacific College of Oriental Medicine and is a supervisor in the acupuncture clinic. He has long been at the forefront of the continuing education of the massage and acupuncture community in Essential Oils. Marc maintains a private practice in New York City and travels for teaching and speaking events to spread his message of healing.

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