On May 12th, 14 scholarship recipients from AOMA attended the AAAOM national conference in beautiful Baltimore, MD. They worked long hours preparing and executing an on-site silent auction, attended programs by world-renowned leaders in the fields of acupuncture and integrative medicine, and partied like it was 1999 with acupuncturists and students from across the country and the world. This special supplemental issue of The Needler is made up of what those students brought back for you. They share in gratitude for the opportunity to attend.
AAA-Oh-Who Cares?

By Joshua Saul
ASA President

It never occurred to me that I could finish acupuncture school and not be able to practice wherever I ended up. Yet, in places throughout the US you can’t hang a shingle as an acupuncturist and open your doors for business. In Louisiana, for example, you must practice under an MD or DO as an “acupuncture assistant”, even if you have a doctorate. In fact, the US Department of Labor does not even recognize acupuncture as a profession. In the 2010-2011 Occupational Outlook Handbook, which discusses the imminent future of many professions, acupuncture is only mentioned as a modality employed by chiropractors and registered nurse practitioners. To the federal government, acupuncture is merely a technique. And in case you were wondering, they don’t offer federal loan forgiveness to folks who spend a few years learning a technique.

Every student working through school runs across troublesome factoids like these, leaving us with the vague assumption that somebody must be doing something about it. Finding the someone and the something requires some investigation.

Recently, thanks to the help of the AOMA community and its supporters, 14 students were sponsored by the ASA to attend the 2011 AAAOM Conference in Baltimore. This conference not only offers an opportunity to learn directly from some of the leading practitioners in our field but also serves to inform and update acupuncture professionals about major issues or current news. It is one of the best chances for us to stay informed of issues including the protection of our medicine and the promotion of its use in the mainstream of American healthcare. This year also acted as an introduction to the organizations that exist in the interest of acupuncture.

The American Association of Acupuncture and Oriental Medicine (AAAOM) is the only national, non-profit, for-members professional association. These are the folks working to make sure the $50-60,000 spent on your education turns into a career and makes a difference for the people who need this medicine. And when I say working, I mean a handful of normal folks, just like you,
volunteering long, hard hours on a shoestring budget, going up against the giants in healthcare. The AAAOM also has several important partners (please see side bar.)

The AAAOM and its partners are the somebody doing something for everyone who learns and practices this medicine. This month, the AAAOM and its partners, with contributions from the AAAOM SO, published the national position paper on Trigger Point Dry Needling (see www.aaaomonline.org). TPDN is the rebranding of acupuncture done primarily by physical therapists, which uses acupuncture needles to stimulate acupuncture or ashi points in soft tissue to stimulate the healing process. Unfortunately, non-acupuncture practitioners often receive incomparably fewer hours of training in needle manipulation, learn little to no TCM theory and do not consider the systemic or energetic effects of acupuncture. In 26 states physical therapists have circumvented legislative authority to practice dry needling via approval from their regulatory boards.

Another major, national issue is the push to add acupuncture as a service of TriCare, the military’s health care plan. Success here could lead to more support for including acupuncture as an Essential Health Benefit in the new national health care reform. These are both pressing issues that require immediate attention due to the immense impact each could make on our field.

It is issues like these for which the AAAOM fights on your behalf. If you feel inspired, get involved with the ASA and the AAAOM SO chapter at AOMA. Stay connected with important issues that face acupuncturists emerging into the healthcare market. And join the AAAOM! The membership fee is $50 annually and goes a long way to funding initiatives like hiring a lobbyist in Washington to push acupuncture for Obamacare. As students, we’re the ones who must take up the call to protect and promote our medicine as we enter a new era of health care. We must balance learning this ancient art with securing our future ability to practice, to serve and to heal.

Newly elected AAAOM Student Organization Secretary, Joshua Saul after receiving his award for second place in the Sokenbicha Sponsored Essay Contest. Photo By Bryan Ellett.

### AAAOM PARTNERS

- The Council of State Associations (CSA) organizes political awareness and operational support on a state level in the 44 states that have passed licensure acts.

- The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) consists of the acupuncture schools themselves. There are currently 62 fully accredited acupuncture schools in the US, and 53 of them are members of this council.

- The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is the organization recognized by the US Department of Education to set policies and standards that govern the accreditation process for acupuncture schools. In order to be board certified, new students must attend one of the schools accredited by this organization.

- The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) board creates the national board exams we all have to take. This organization follows strict guidelines that allow graduates to take one exam that serves to show competency in 43 states and D.C. California has a separate board.

- The AAAOM Student Organization (AAAOM SO) represents students across the US and works directly with the AAAOM board in ongoing conversations, projects and committees at the national level. Major goals of the AAAOM SO are to unite students from different schools, bring national issues to local student associations and mobilize for the promotion of acupuncture.
Five Element Acupuncture as Preventative Health Care with Judy Worsley

By Jamie George
ASA Secretary

“The way we make our diagnosis is through sound, smell, color, and emotion. The way to see the cause in the imbalance is not to try to figure it out as an intellectual exercise. It is a very subtle art and skill. We have a demon of wanting to be right. Being wrong or being right is a strong trigger. We have to learn to live with knowing nothing when we are trying to diagnose someone. You don’t have a manual, but you go to someone trusting what you hear, smell, and see. The key is humility, knowing nothing. This challenges our ego. This medicine is founded on being a humble instrument. It is not for someone who wants to feel comfortable all the time.”

- Judy Worsley, 2011 AAAOM Conference, Baltimore, MD.

Dr. Judy Worsley is the current leader of the tradition of Worsley Five Element Acupuncture, which was founded by her teacher and husband, Dr. J.R. Worsley. She presented the five elements and their associations and brought them to life with analogies and examples. “The smell associated with wood is rancid,” she explained, “like rancid fat. The liver and gallbladder produce products that break down fats. If these fats within our body are not being metabolized properly, the smell is noticeable to someone who is trained”. When speaking of the times associated with the organs, she said, “The lung is associated with the season of autumn and its most active time is 3am - 5am. My father died from lung cancer in autumn in the early morning. The five elements often line up like this”.

She also introduced the idea that every disease is rooted in one cause, or as J.R. Worsley called it, the Causative Factor. Then she spoke of the three levels of body, mind and spirit, and gave examples of how J.R. Worsley used the ancient Chinese names of acupoints to understand how they can treat spirit.

I spoke to some of the students of this tradition and was impressed by how dedicated and inspired they were. They explained to me that J.R. Worsley, who was born in 1923, was trained in acupuncture in its more true form, before it became Traditional Chinese Medicine during the Cultural Revolution. Just before the Cultural Revolution, Western medicine was becoming dominant in the world, and China had been repressing this “folk” medicine in an effort to represent their country as modern and scientific. Later, under the orders of Chairman Mao, Chinese medicine was reorganized back into Chinese culture, but without some of the “non-scientific” aspects. I likened J.R. Worsley to George Soulié de Morant, a Frenchman known for bringing acupuncture to the West and the first Westerner to be considered a doctor of Chinese medicine by the Chinese. He also was taught the medicine in its earlier, purer form. The Worsley group agreed that the two men had similarities but emphasized some of the more spiritual aspects of Chinese medicine that J.R. Worsley was able to preserve.

During the seminar, Dr. Worsley told us how J.R. Worsley could walk into a patient’s room and, before he reached the bed, already have a good lead on the diagnosis. He would take in the smell of the patient, the color and emotion, listen to the voice and then adapt himself to the current situation.

“The lung is associated with the season of autumn and its most active time is 3am - 5am. My father died from lung cancer in autumn in the early morning. The five elements often line up like this”. – Dr. Judy Worsley

Long before a patient shows any detectable signs or symptoms of disease, there are going to be signs that they are not functioning at top level. Dr. Worsley said that it is like hearing our car make a strange noise. It’s still working but it “sounds funny”. So we take it to a mechanic. But we don’t go see our physician because we “feel funny”.

From this, I understood that the Worsley style of acupuncture has deep roots in using the five elements to realize a person’s condition and treat it before it becomes a disease. In this way, it is truly a preventative medicine.
One Fish, Two Fish, Red Fish, Blue Fish

By David Taylor
ASA Vice-President

The AAAOM conference theme was “Integrative Medicine: Teaming Up for Our Patients”, and there were many ideas about how best to integrate Eastern and Western models of medicine. Many speakers addressed how to increase acceptance of Eastern medicine in the wider healthcare community, and most of these focused on research. One may perform many types of research, but which is best? The randomized double-blind control methodology is the gold standard of modern science, and therefore Western medicine, but is there a better fit for Eastern medicine?

The main distinction made regarding types of research is whether the methodology is concerned with quantitative or qualitative data. Both varieties have strengths and weaknesses. Research can be qualitative, quantitative, or mixed. All research in Western medicine for the purpose of medical efficacy is quantitative-based. Many professionals trained in modern science draw a line in the sand here. Either your research is quantitative-based or it is worthless. They refuse to acknowledge the merits of qualitative research or limitations of quantitative research. Many will consider no research unless it uses the randomized double-blind control method.

Three sessions at the conference addressed this conflict: “The Uses of Qualitative Research in Advancing the AOM Profession” by a panel of practitioners and researchers, “The Role of Mixed Methods Approach to Clinical Research” by Misha Cohen, LAc and Carla Wilson, LAc, and “Science East and West” by Leon Hammer, one of Will Morris’s past teachers.

Leon Hammer’s session was a discussion of his published article, “Science of East and West” (Medical Acupuncture, Vol. 22, Num. 2, 2010), in which he addresses the underlying modes of logic that create the foundations for Eastern and Western medicine. Eastern medicine uses analogue inductive logic, which relies on the integration of all signs and symptoms and allows for multiple simultaneous etiologies. All diagnostic criteria used in a purely Eastern form of medicine are qualitative. In contrast, Western medicine uses digital deductive logic, which is linear in nature and can only hypothesize about one variable at a time. Except for minimal asking, looking, and listening, all diagnostic criteria are quantitative in nature. Direct observation is seldom used to diagnose.

Each form of medicine seems uniquely suited to either qualitative or quantitative research. During the qualitative research panel, Claire Cassidy, PhD, LAc, discussed “model fit validity”, the degree to which research methods match a medical model. If a medical model is purely physical and everything can be measured, then quantitative research with statistical significance and standard deviation is perfect. However, if a model incorporates non-physical aspects of the human being, then the researcher must use a methodology that can address these aspects. Dr. Hammer suggests that these “energy concepts cannot be reduced to Western physiology,” so research to address the energetic and material aspects of a person must not limit itself to concepts of Western physiology. As a corollary, such research must not limit itself to the quantitative methods Western medicine uses almost exclusively.

The speakers at “The Role of Mixed Methods Approach in Clinical Research” suggested that research is only complete if it utilizes both qualitative and quantitative methods. Denying either method limits the scope of the research. Each form of inquiry has strengths and weaknesses, and as “researchers of Asian medicine we must hold qualitative and quantitative research methods in equal esteem to realize their unique research contributions.” When combined effectively, these methods provide a more durable, credible, valid, and complete body of knowledge than either one alone.

The domains of quantity and quality seem diametrically opposed, yet they complement each other well. They transcend the field of medical research and exist within our own fields of perception. To fully describe any scene, one must include not only the number of objects in that scene, but also the qualities of those objects. Quantity and quality are the yin and yang of description and, as with all yin-yang relationships, a balance must be found to give an accurate description. In clinical research, both types of inquiry can and should be used simultaneously to provide a more complete, balanced depiction of the outcomes of Eastern and Western medical interventions.

Bryan and Jamie attending one of many informative lectures. Photo By Tara Lattimore.
Emotion and the Eight Extraordinary Vessels By Astra Gordon

There was much to be learned from David Hartmann’s seminar “How the Eight Extraordinary Vessels regulate the Heart Shen and Seven Emotions”. As students of acupuncture we have all been exposed to the eight extraordinary vessels at some point in our curriculum, gazing upon the shadows of their mystery but not fully acquainted with the vast depth and scope of their influence over psychological well being, memories and emotions.

According to Hartman, the eight extraordinary vessels regulate qi, blood, and body fluids and store overflow from the 12 main channels, including the overflow of repressed memories and difficult emotions that, when left unprocessed, get buried deep within the psyche. Unprocessed emotions, memories and traumas are held within the eight extraordinary vessels until they can be sufficiently handled on a conscious level. If, for some reason, these emotions are not adequately resolved in a person’s lifetime, they get passed down to the next generation for resolution. It’s kind of like inheriting a familial trait, but instead of getting eyes as blue as a chow dog’s tongue, you get unprocessed ancestral baggage. And though it might seem like a big fat karmic burden to be the beneficiary of who knows how many lifetimes of ancestral sludge, it is probably worth it in the end to resolve some of the mess you’re given. After all, unprocessed emotions, whether inherited from past generations or newly acquired, have a negative impact on the psyche and can manifest in a variety of adverse ways depending on which channel is affected.

For example, Hartmann mentioned that the purpose of each individual’s life is whispered to us at birth and concealed in the Ren Mai. Thus, emotional problems lodged in the Ren channel can manifest as spiritual disconnection, the tendency to hold on to outworn attachments, loss of ambition and/or feeling as though life has no purpose or meaning.

In addition to dislodging memories and emotions from within the deep recesses of the psyche, the eight extraordinary vessels can also be used to treat chronic conditions, neurological conditions and sports performance.

Most of the information regarding the treatment of the eight extraordinary vessels comes from the *Spiritual Axis, Classic of Difficulties* and other classic texts. The way to access and treat disease and illnesses of the eight extraordinary vessels is by using coupled and opening points, needling the opening and coupled points on one side of the body first, before crossing over to needle the opening and coupled points on the other side of the body. For example, to treat problems along the Ren channel, one would use Lung 7 as the opening point and Kidney 6 as the coupled point, needling the right side of the body first for a female patient and left side first for a male patient.

Hartmann also stressed the importance of exercising care and caution when treating any of the eight extraordinary vessels, especially when the treatment concerns matters of the shen, which can trigger the release of repressed memories and emotions. It is essential that the patient fully understand and be ready and willing to handle the emotional resurfacings that may arise from this type of treatment. Challenges associated with repressed memories and unprocessed emotions must be explained to the patient, and full consent must be received prior to treatment.

In essence, this lecture was informative and inspiring. It not only discussed the physical aspects of illness but also addressed the spiritual features. I appreciated the metaphysical details of his lecture since the roots of many diseases stem from spiritual disharmony. I also appreciated his insights and unique interpretation. His lecture was short, and took no longer than two hours, but it inspired me to steep a little longer in the mysterious depths of these eight extraordinary vessels and explore a little further.

Finding the Wood Energy - By Atalie Lehrer

As a first year acupuncture student, I try to find ways to relate concepts I learn in the classroom with my biomedical knowledge. I was excited to learn that there was a lecture I could attend that would make some of these correlations for me. Liliane Papin, PhD, DOM, is a licensed acupuncturist, herbologist and certified macrobiotic teacher who, like me, enjoys figuring out the why and the how behind Five Element Theory. She gave a lecture titled, “Bridging Past and Present: From the Chinese Wood Model to Hepatic Research.”

As I share a few of the concepts Dr. Papin discussed, keep in mind that some of her correlations are not based entirely on scientific research. I was actually expecting facts, numbers and statistics. Instead, her research and lecture was more of an artistic endeavor. Listening to her speak made it obvious that she savored every new connection she uncovered. It seemed, however, that what truly excited her was not the correlations between Five Element theory and biomedicine but how once she started looking, she found examples of wood energy in every aspect of life.

The element that corresponds to the liver in Five Element theory is wood. Papin describes anything with a tree-like shape as having wood energy. Wood energy is energy that moves and grows upward and outward. In the body, there are many examples of liver/wood energy: the spinal cord definitely branches out, the liver and gallbladder are referred to together as the biliary tree, the bronchi and alveoli are called the
pulmonary tree, and the heart and arteries branch out in order to supply the body with oxygen.

And speaking of energy that grows, the liver is the only organ that can grow and regenerate.

In Five Element theory, the liver stores blood and essence. In biomedicine the liver also stores blood. It stores approximately 20% of the blood in the body. In Dr. Papin’s theory, the minerals, glucose, vitamins and iron that are stored in the liver have the same function as essence in Five Element theory.

The physical structure of a compound of hemoglobin and chlorophyll share the same ring structure called porphyrin. Chlorophyll can be viewed as plant blood.

If you ever feel like you need a study break, Google an image of a slide of skin (keratin) and an image of a slide of bark. You will not be able to tell them apart.

The liver produces approximately 75% of cholesterol from a biomedical perspective, but it relates to muscle fibers and tendons in Five Element theory. Western medicine uses statins to reduce cholesterol. There are papers published that show the use of statins as having the negative effect of injuring tendons. This is a clear example of how reducing cholesterol with statins harms the liver energy in the body with symptoms manifesting in the tendons.

The liver relates to the sour taste that comes from acids. Acids require hydrogen. What Dr. Papin discovered was that, in the body, hydrogen was most abundant in the liver. No wonder the liver relates to sour.

This lecture did not make the correlations I expected it to. It did not provide the hard data I desired to show that biomedicine’s research could support Five Element theory. It did, however, strengthen my appreciation for the liver and wood energy in the universe. I always knew my liver was important to my wellbeing, but this short lecture definitely opened my eyes to all the places wood energy reaches and made me feel the need to protect my friend even more.

Cancer Support and Prevention
By Cal Key Wilson

Michael C. Gaeta, DAc, MS, CDN, began his presentation “Cancer Support & Prevention” by giving us some perspective on the disease. Cancer is the second leading cause of death in the US, after cardiovascular disease. Within the coming years, it is expected to surpass cardiovascular disease. The WHO defines cancer as a generic term for a group of more than 100 diseases than can affect any part of the body; it is a group of diseases in which cells are aggressive, invasive, and metastatic. Changes in cellular DNA disrupt normal restraints on growth, allowing a few cells to grow anywhere and divide indefinitely. This process exhausts the body’s nutrients, organs, tissues and vital energy, which can result in multisystem failure and death.

Conventional allopathic “treatments” for cancer include surgery, chemotherapy, radiation, immunotherapies, targeted therapies, or hormonal therapy or inhibitors. The only one of these conventional treatments that is generally helpful to patients is surgery, because removing the cancer cells from healthy tissues reduces the load below a certain threshold that allows the patient’s own healthy immune system to suppress continued or new abnormal growth. However, rarely if ever is surgery given as a treatment alone for cancer. It is usually followed by chemotherapy and radiation, both of which suppress the immune system, which compromises the body’s normal ability to fight off cancer.

Gaeta listed the top six healthcare scams, which all have little or no benefit, can cause much harm to the body, and are all about profit rather than health: baby vaccines, flu shots, cholesterol-lowering drugs, bone density drugs, synthetic and antioxidant supplements, and chemotherapy. It is vital that the public understands why each of these is harmful to our bodies, and I encourage you to do your own research so that you can better inform your patients. The treatments are reinforced by fear and big Pharma profits.

“The only lasting treatment for the cancer pattern is the person’s own bodymind system.” This is a key point to take home. Gaeta’s four pillars of support are to strengthen immunity, reduce toxicity, reduce chronic inflammation, and heal the pattern of life. So how do we apply this? As acupuncturists we have a direct method for accomplishing all of these by using needles. However, needles alone aren’t going to cut it. Our patients must be involved in their own journey of healing. It is our responsibility to educate them!

Synthetic antioxidant supplements, aka vitamins, can disrupt normal apoptosis, which leads to cancer. Cholesterol is GOOD; ignore bad cholesterol! Healthy fats protect our cells from mutation. Utilize whole food supplements, enzyme therapies, and botanical medicine. Avoid GE/GM/GMO foods, all chemical additives including artificial sweeteners, toxic beverages (caffeine, alcohol and sugar), refined salt, and nightshade vegetables (tomatoes, eggplant, peppers, white potatoes, paprika, tobacco). Diet causes cancer, and diet prevents cancer. Exercise. Engage in supportive relationships. These are simple concepts but can be difficult to relay to naïve patients who are fed by the media.

Gaeta included some inspirational quotes that I would like share with you. “You can only serve on the basis of response, not need.” “Let love radiate without concern for results.” “Take seriously to the work of internal transformation.”
Chinese Medicine for Assisted Reproductive Technologies
By Jennifer Peterson

The lecture “Chinese Medicine for Assisted Reproductive Technologies”, given by Belinda Anderson, MAOM, Ph.D, LAc., was of particular interest to me, because my sister has been trying to become pregnant and is using acupuncture to assist in conception.

Described uses of acupuncture to support women undergoing traditional Western fertility treatments ranged broadly from identifying cases of possible qi and blood stagnation, such as scar tissue from prior surgery, to stress management for women. One factor that was highlighted was the importance of managing the emotional toll created by the sense of failure that is a commonly felt among women trying to conceive, and it was stressed how important such whole-person support from an acupuncturist is. Another noteworthy piece of clinical information was that ovulation-predictor kits are notoriously late in predicting ovulation. The cervical mucus method is a more reliable indicator of fertility and ovulation.

Statistics Dr. Anderson shared showed infertility to be on the rise with a leading factor being obesity, which is closing in on smoking as the leading cause of infertility or low fertility. At present, it is estimated that about 10-14% of women as well as men in the US are infertile, with those numbers expected to rise. Infertility has recently been classified as a disease and/or disability, which will cause insurance companies to change, hopefully for the better, how they assist their patrons in receiving care to achieve conception.

While Dr. Anderson shared facts and stats about infertility, her focus was on improving evidence-based research in acupuncture. She pointed out the need for more and better-designed research studies on the subject. She cited 16 clinical trials for acupuncture assisting IVF; of those, 8 were abstracts and therefore the exact methods were not yet shared. Of the remaining 8, Dr. Anderson pointed to huge weaknesses in the studies, especially in the structure of the studies’ experimental and control groups. As for results, fifty percent of cases showed no difference between placebo acupuncture and acupuncture, and only 3 of the 8 studies showed any efficacy at all.

Dr. Anderson also pointed out that the structure of these research studies did not accurately reflect how acupuncture is done, as day-to-day point selection changes to reflect changes in the individual’s state.

In research studies, everything must be uniform and done in exactly the same way. This is a potential downfall of the standardization of acupuncture.

Standardization, while the keystone of evidence-based research, will largely show acupuncture either to produce no effect, perform no better than placebo, or be only marginally helpful. The benefit of acupuncture cannot be accurately represented given the restrictions imposed by standardization.

It seems to me that methods of research must be adapted to the reality of TCM. An agreed-upon middle ground must be found in which the day-to-day flux of the individual can be addressed, while maintaining a protocol sufficient to satisfy evidence-based research. I believe this is a necessary step towards effectively and fairly subjecting TCM to evidence-based research.

Should Acupuncturists be Allowed to Order Lab Tests?
By Chris Thompson

This lecture was broken up into two parts. The first part was presented by Jake Fratkin, OMD, LAc, and David Miller, MD, LAc, licensed acupuncturists in states that allow them to order lab tests. Both of these gentlemen actively use and order lab tests for patients in their clinics. However, Miller spoke against and Fratkin spoke for being able to order lab tests. This provided for a very interesting and balanced discussion that brought out a lot of questions and commentary from the attendees. In short, being able to order lab tests would be a double-edged sword.

There are many advantages to allowing acupuncturists to order lab tests. First, being able to order lab tests positions acupuncturists to be more like primary-care providers and garners us more respect in the medical field. With the strong push for MDs to specialize in order to make ends meet, becoming primary-care providers seems like the direction our profession is going anyways. Second, by ordering lab tests for our patients, acupuncturists can save patients an extra doctor’s fee, time spent in the doctor’s office, as well as being able to treat sooner with a correct referral and lab results in hand. Third, it can inspire more confidence and a sense of security in patients regarding the competency of acupuncturists. Fourth, more and more patients are refusing to see MDs even when referred by acupuncturists, and lab results have been useful in convincing patients to go. Fifth, ordering lab results would allow acupuncturists to monitor chronic illnesses, such as hypothyroidism and diabetes and allow them to objectively note the effects of their treatments.

There are also many disadvantages. First, 80%
of lab tests ordered are unnecessary and increases the cost of care. One of the current major selling points of acupuncture, regarding healthcare on the national level, is its ability to reduce the total cost of healthcare. Second, if acupuncturists are allowed to order lab tests, they could possibly be held liable for not ordering a lab test that would have provided a correct diagnosis, even if the presenting signs and symptoms did not warrant such a test. MDs are held liable and use these tests as a malpractice defense. Third, by ordering lab tests, acupuncturists will rely more and more on them and their finely honed senses for the five observations and interviewing will be watered down or lost all together.

As I contemplated this issue, I realized that in almost every instance, referring out to an MD would be the end result of an acupuncturist ordering a lab test and would not be worth taking on the extra liability. My desire to have the ability to order lab tests was mostly ego driven and not focused on what would be best for my patients. My greatest concern lies with the watering-down of our finely honed senses and five observations as I believe that these are an acupuncturist’s greatest contributions and gifts to the medical community.

And for those who were wondering, the second part of the lecture was a watered-down version of what we learn in Biomedical Diagnostic Techniques 1. If current acupuncturists can’t read lab results, then it appears our education here at AOMA is quite thorough.

The Science of East and West
By Cynthia Clark

Many conversations spontaneously form at AOMA around distinctions between East and West – and especially about the value of research, its quality, its purpose, and whether it’s worth the great amount of time invested in it to achieve dubious results.

Two years ago at the AAAOM conference in Sacramento, Misha Cohen spoke on the usefulness and ethics of research methodologies. She did it with compassion and loving presence, and I saw that the world of acupuncture research was not at all simple and that the people involved in it sacrificed what they knew was a better treatment for an individual in order to take part in a protocol study and make a contribution to the larger world. The need for well-conducted research is clear.

So when a lecture was offered entitled “Science of East and West” by the famous Dr. Leon Hammer, with whom Will Morris studied for almost ten years, I jumped at the chance to go. While Dr. Hammer himself was unable to be present, his senior student Jamin Nichols read aloud his essay, which is found online at www.dragonrises.org.

As Nichols spoke, I had that brain-twisty feeling followed by revelation and relief that I finally understood the traditionalist point of view, the argument to preserve the integrity of Chinese Medicine (CM). Although I address the essay here, I highly encourage you to read it on your own, as it’s the first document that has clarified this argument for me.

In short, CM allows and encourages the Eastern practitioner to use all observing methods, their real-world background, and indeed their connection to the universe in order to divine a treatment plan through inductive reasoning, with circular affirmation of symptoms. Alternatively, in Western medicine, a hypothesis is proven or disproven through rigorous statistical analysis. I admit this system has given me comfort. It is the great equalizer. Filter through everything that doesn’t matter so that you can isolate one event, remove chance, and see what happens.

Over time, as I became aware that excellent practitioners often achieve excellent results, even when using different methods, I started to suspect that the difference was in the practitioner, not necessarily the medicine. Through a few different sources, but most notably Will Morris, I became attuned to the observation that the greatest improvement in treatments happened as a result of transformation within the practitioner.

If that’s true, and in my experience it is, then the entire purpose of rigorous statistical analysis is misguided, because the purpose of standard deviations and p-values is to exclude chance. But chance includes divine inspiration, cultivated qi of the practitioner, tuning into the patient – any of a number of things we work to cultivate. Therefore, the gold-standard of statistical analysis is not sufficient for determining whether a certain acupuncture treatment or herbal remedy is worth using in clinic.

In March 2011, the Supreme Court agreed with this philosophy in the case of Matrixx v. Siracusano. Matrixx is a pharmaceutical company; Siracusano charged them with knowing that its leading product was linked to permanent anosmia (loss of smell). Their defense was that studies could not conclusively prove Matrixx was tied to anosmia, even though several doctors reported this experience from their clients. After much discussion and several comical conversations – one of the justices was an investor in Matrixx and pulled no punches – the Supreme Court ruled against Matrixx. The decision stated, "Given that medical professionals and regulators act on the basis of evidence of causation that is not statistically significant, it stands to reason that in certain cases reasonable investors would as well."

While I still believe research holds value in our field, especially for the purpose of communicating with other medical branches, Dr. Hammer’s essay has set me along a new line of thought – to a degree that is significant, even statistically so.
Rapid Rapport  
By Natalie Villarreal

As AOMA students, we will spend years building our knowledge of Chinese Medicine practices and theories. We will see hundreds of patients, examine their bodies, and speak with each individual to determine a diagnosis. Communication between patient and practitioner will be our focus. The seminar “Rapid Rapport for Results” brought to light new perspectives on the doctor-patient relationship. “The Doctor is the treatment,” said Jason Luban (Berkeley), illustrating the importance of rapport building for practitioners in health care.

When interacting with patients, we must ask ourselves how much our verbal and non-verbal communication affects treatment results. Luban stated that 93 percent of communication is non-verbal, the remaining 7 percent being the words we use with our patients. Bringing awareness to this non-verbal aspect, or unconscious medical communication, includes noticing things such as movement, posture, and breathing and using these factors to help build rapport.

Luban also addressed practitioner demeanor. A regular pattern of nervousness, especially in newer practitioners, is common. While an attitude of hope is necessary, Luban said, “Hope is not enough”. Sometimes questions can arise about one’s own treatment skills or even the effectiveness of the medicine itself. In breaking down the research, Luban concluded that a good practitioner’s skills are less about what they are doing than about how they do it.

Luban asked the audience to close their eyes and imagine a lemon. As he took us through a visual - imagining the lemon, cutting it, smelling it - audience members began to have physiological responses like salivation. His point was that words affect physiology. A similar activity was used with both visualization and breathing to demonstrate how these aspects of mind and body can improve performance.

As practitioners we use our knowledge, body language, words, and control of the treatment setting to communicate with patients. Patients come in possibly knowing nothing of TCM or acupuncture treatments, and practitioners are in a position of influence or control in this process. As Luban pointed out, we tell our patients about how things will go, ask questions, treat them, and let them know what to expect when they leave the clinic. How this communication is carried out, in awareness of our voice tone, thoughts, and body language, influences the results seen in patients.

Luban also discussed the affect of mirror neurons on building rapport. These neurons fire both when a person performs an action and when a person observes the same action performed by another. The neuron "mirrors" the behavior of the other, as though the observer were itself acting. Thirty percent of neurons are mirror neurons according to the research presented.

With this knowledge, Luban advised both mirroring and matching patients with 3 main focuses. The first is mirroring a patient’s posture and movement. A posture activity then demonstrated that matching posture created better flow in conversation. The second matching element is the tone and tempo of your voice. Pacing and leading with the tone and tempo of your voice can help calm the patient both psychologically and physically. Lastly, matching a person’s breathing can also be effective. As Luban explained, our bodies’ mirror neurons are made to imitate others. Luban pointed to synchronicity in nature, such as birds flocking together, women menstruating on similar cycle, and grandfather clocks ticking together to illustrate the rapport and synchronicity that can develop between patient and practitioner. He advised matching long enough to build rapport, then slowly breaking the matching, allowing the patient to begin following you.

As an acupuncture student with a social work background, the subject of rapport building is of great importance to me. I found this seminar very intriguing. The seminar was meant to be a 3 hour presentation, but due to time constraints was squeezed into one hour, and his slides had even more information about the topic.

Neuromuscular Therapy with Acupuncture  
By Dwayne Gamboa

Because I have experience with both systems, I attended the presentation “Acupuncture Paired with Neuromuscular Therapy: Expanding the Clinical Benefits of Both Systems” by Elizabeth Spees Robinson, LAc, CMT. Robinson provided detailed and truly useful information on the subject.

The word "trigger point" is used everyday but was coined in 1942 by Dr. Travell. Travell mapped out referral patterns of pain, weakness, and itching, describing two types of trigger points: active trigger points and latent trigger points. An area of pain is a trigger point that has been activated, while latent points go unnoticed until pressure is applied. Latent points cause cascading effects that require techniques to ease sensation up and down lines of tension.

Clients present with pain in a specific area. Upon palpation, the area will feel like a fibrous, hardened, ropey area or seed in the dermal layer. If the pain is activated, one must distinguish between pain felt regularly and pain with pressure. Also note the quality of the pain and what makes it better or worse. Weakness scares people most, whether in older patients having trouble moving or athletes experiencing hand weakness and loss of grip. The problems usually are noticed with initiation of movement. Cold muscles are tighter, but as muscles warm they receive more blood, allowing for greater mobility. The practitioner can backtrack along
The only thing better than working hard at a conference is getting to let loose at the end of the day...

The cascade of trigger points can be seen as obstruction in TCM. Combining NMT with TCM treats the whole person with a full assessment and implementation of indicated acupuncture points. Needles are inserted in local and distal points and retained for 10-15 min. Then, the trigger points are reassessed to determine whether they are softer, smaller, or more mobile. The local needles are removed in a broad area surrounding the trigger points, but distal needles are retained to allow the channels to open during the bodywork. After NMT, the needles are retained, allowing time for qi to run through the body. This lets the patient settle and is a great time for nap. Use a heat lamp during this phase of the treatment to warm down the area. In acute situations, examine the area for swelling or bruising before applying heat. The use of moxibustion is not recommended for warm down but is useful in the first 15 minutes for warm up.

Acupuncture helps patients experience less pain from trigger point therapy. Less pain insures repeat visits and fewer sessions to resolve problematic issues. This approach treats the whole body while also focusing on the area of discomfort. The therapist is able to get to the root cause of the problem by treating multiple points simultaneously. Also, less time is required for warming and cooling the area, and overuse injuries for the acupuncturist are less likely. For patients, benefits after treatment include a reduction in soreness, pain, and prevention of toxic overload. The use of distal points facilitates increased awareness and promotes self-care.
AAAOM Conference Vendors Extend Discounts to AOMA Students – By Erika Schultz, ASA Treasurer

I must admit, my favorite place to hang out at conferences is in the Expo Hall. Maybe it’s because I like to shop, the need I have to know about the latest and greatest trends, or perhaps it’s the challenge of finding the most outrageous item and imagining ways to incorporate it into my future practice—like the Relax Fir Sauna (see picture) equipped with Far Infrared Light for cellular regeneration and boosting the circulatory system.

With more student representatives than any other school and with the silent auction table sitting in the middle of the Expo Hall, AOMA had a presence. As I moved through the hall chatting up the vendors, I felt proud to be representing a group who was readily known. Often, vendors were more than willing to extend the discounts offered to conference attendees to the AOMA student population. In this article key vendors who travelled from across the country, and sometimes the ocean, are noted and discounts are highlighted.

**Matthew Bauer, L.Ac.**

Matthew Bauer has over 25 years experience in making a living and providing for a family as an acupuncturist. In his recent book “Making Acupuncture Pay”, Matthew discusses strategies from setting expectations with clients to appropriately spacing treatments and setting fee structures. For a limited time Matt is offering his book to AOMA students for $10 (regularly $22.50) plus shipping. Type in www.makingacupuncturepay.com/FR2yAWrA to obtain this special pricing through the end of June.

**Singing Dragon**

A leading resource of TCM, qi gong, tai chi, Taoism, and CAM books has offered 10% off any product order through June 30, 2011. Visit www.singingdragon.com to order, and upon checkout enter voucher code AOMA11.

**Natura Health Products**

Natura products combine the best Western botanicals with Chinese medicinals. AOMA students receive 15% off until the end of June. Check out www.naturalhealthproducts.com for product information and articles written by founder Donald Yance Jr. on the use of herbs for cancer treatment. Sign up for a “Professional Account” as an Acupuncturist and you will be emailed a code that can be applied to your product order for the 15% discount.

**BioMat**

Many of us call the folks at BioMat friends after experiencing this state of the art bed cover that emits far infrared rays to release stress and detoxify the body. It was just what the TCM doctor ordered after a late night—l was practically running for the refuge of amethyst bliss. After slipping off my shoes and on a pair of headphones, I was on a journey with my meditation guide, a smile creeping across my face.

**Lhasa OMS**

Lhasa OMS Inc. (Seirin America) is the single source provider of Seirin products in the U.S. AOMA students have become familiar with them by finding their products stuffed in their mailboxes around the holidays. Lhasa gives all students 10% off of their first order and 5% off ongoing orders.

**Sokenbicha**

“So-can-beech-al” was the greeting amongst AOMA conference attendees. It was only appropriate as this vendor took the cake for being EVERYWHERE. As one of the top conference sponsors, you couldn’t turn a corner without finding a tub of these delicious blended teas with natural botanicals. They even sponsored an essay contest in which our very own Josh Saul placed 2nd place.

**Other honorable mentions—** the old standby Standard Process providing samples of their MediHerb line from founder Kerry Bone in Australia. Some of them taste like berry bliss and others like vegemite, but the Rhodiola & Ginseng Complex was a great booster to get through the late afternoon sessions. Mediherb uses a method called “cold percolation” to produce their extracts. Unlike many other manufacturers, Mediherb processes at room temperature in order to avoid damage by heat during manufacturing.

Acupuncturists without Borders (ACWB) and HealingWorks highlighted the work they are doing with active military and veterans. ACWB currently has 27 clinic sites in cities across the country. HealingWorks provides care in military medical facilities with a special focus on caregivers and family of military professionals. Healer2Healer showcased their 2011 outreach trips set for Quiche, Guatemala in July, Iquitos, Peru in August and Peten, Guatemala in December.

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