Letter from the Editor

Dear AOMA,

It has been one year since the Needler decided to take a hiatus. This year we have funding and we are back! For those of you who have joined AOMA since then, our mission remains the same: To create a student-run Publication that aims to bring the AOMA community closer together by sharing stories, covering school life, and showcasing student, faculty, and admin creativity. Fun is also an integral part of our mission. To find out what we mean by this, come to our mixer at the end of Week 1, Winter ’13. For more details, check out our events box on the back cover and be on the lookout for updates on campus.

But I digress. The practice of making one of these is always an interesting one. It’s a lot of work but it seems to take on a life of its own once initiated and while there are late submissions, even later nights of editing, OCD-ing over layout and moments of deep, tenesmus-inducing doubt – that’s just the Qi XU and YU talking – beautiful and diverse work inevitably finds its way into print thanks to a special team of students. Plus, did I mention it’s fun? I continue to be impressed by the talent and soul of this community and this publication is just another outlet. We are here as a tool and are always available on campus to collaborate with. Photos, Research, Poetry, You name it. Use us.

As for the layout, while I could use a more specialized program like Microsoft Publisher, I want this project to be accessible to the students who wish to take it over next and many don’t have training or a journalism background. That’s OK! This issue has been compiled using a Microsoft Word compatibility mode template that I created so now anyone can do it! Besides, the content is the most important part. If you are interested in learning more or taking on a leadership position at the Needler, email me at tealatt@gmail.com.

We’ve tried to have a theme in the past. The theme of this one is that of death, rebirth and life. Student life, that is, which I would like to recognize here. Just this past week, I was met with the common assumption that people who spend a lot of time on extracurricular activities must not have responsibilities off campus. In reality, they tend to be folks who care about making this program more than a training exercise and are willing to donate some of their free time to do it. As with most assumptions, this person was mistaken. I for one am on the accelerated track as are many who get involved. I have a job, spouse, very large dog and family half a world away who require ample time to connect with. The truth is we all have our lives and they are anything but easy to nourish in this program. It is understandable that most don’t have any more time to give. But student groups and projects like this are important both socially and professionally and there is a growing fear that they will waste away if more students don’t get involved. Perhaps it is inevitable but it would be a shame.

The more I hear students say that they don’t know what is going on around campus, or that they don’t know anyone outside their cohort, or that they’re burnt out and just want to get through and get out, I realize that this sort of work is more necessary and medicinal than ever. I encourage you to take advantage of the opportunities if and when you can. And if there’s something you don’t like about them, change them. They belong to you, the students. In the mean time, hopefully, this issue can offer you a well deserved study break and some insight into what AOMA’s been up to this past term. It also makes a good Deadman textbook cover, which requires merely a touch of Scotch tape.

This issue is dedicated to a dear friend and AOMA family member who we lost one year ago. Cal Key Wilson continues to be an inspiration and was a friend who always supported this project, submitting work in every issue and helping out when most couldn’t find the time. We miss you, Caleopteryx. Your light continues to shine bright.

Thank you for all of your support, AOMA. Good luck on Finals and Happy Holidays.

Sincerely,

Tara Lattimore
Five-Year Quality Enhancement Plan Will Significantly Change Master’s Program By David Taylor

AOMA is proud to be one of the few regionally accredited schools of Oriental medicine in the United States. However, because of this “big girl” status, AOMA now has to keep up her image. For the first round of accreditation in 2009, AOMA had to show how it monitors and continues to improve its Masters program. This time around, AOMA must show how it assessed and plans to improved student learning at an advanced level. The Southern Association of Colleges and Schools (SACS), the organization that grants accreditation in this region, requires that AOMA create and adhere to what they call a Quality Enhancement Plan (QEP). This is a five year plan that shows how AOMA will be improving the quality of education for its students in the years to come.

There are a few guidelines for the QEP which AOMA has to follow. First, it has to be significant. We can’t just paint the walls and say it will improve education. Second, it has to be realistic; AOMA just doesn’t have a million dollars to spend. Lastly, the planning stages of the QEP must involve all the contingencies of the school— that means students, faculty, staff, and alumni. This process has already begun, and the planning won’t be over until next December. At the beginning of 2014, AOMA will turn in the QEP to SACS for approval. Five years later, in 2019, AOMA will have to compile data and analyze how well the plan worked.

The planning process formally began on August 19 of this year when a focus group brainstormed possible ideas for the QEP. Four faculty, four alumni, four staff, and five students were present. In small groups, they discussed possibilities, ranging from elective courses to more advanced nutritional training to guest lecturers. AOMA administration and the Student Association each took this list of possibilities and surveyed the student body, alumni, faculty, and staff to gauge support for the wide ranging ideas. Results were brought to the Academic Council and the list was narrowed down to three topics. Finally after the Governing Board Retreat discussed it only one topic remained. So... what is it?! What are the big changes?

The overarching theme of the QEP will be the enhancement of Clinical and Management Skills. Its aim is to “improve clinical, practice and management skills to systematically build confidence, competence, and financial success of MAcOM graduates.” If this sounds extremely vague, it’s because it is -- for two good reasons. It is a comprehensive plan that tackles alumni success from many angles, and since it is relatively early in the planning stages, many of the details still have to be nailed down.

“We can’t just paint the walls and say it will improve education.”

The main area in which the QEP will be making changes is clinical standards. Currently, the three levels in the clinic are observer, beginning intern, and experienced intern. However, after you become an intern, nothing really changes in terms of standards for the rest of your clinical experience. The QEP aims to change this by creating three levels of interns and articulating clear clinical standards for each level, while observer status may remain relatively unchanged. The following is a preliminary list of standards for the different levels:

**Level 1**
- Starts one-on-one with an instructor or a senior intern
- Emphasize basic charting and patient communication
- Focus on TCM skills (opposed to Japanese, esoteric, etc.)
- Concentrate on acupuncture, less on herbs

**Level 2**
- Major focus still TCM
- More detailed focus on acupuncture technique
- Emphasize patient feedback, outcomes, and communication
- Able to prescribe patent medicines

**Level 3**
- Wider focus to include other styles of acupuncture
- Demonstrate biomedical knowledge
- Advanced herbal applications
- Specialty clinics (see below)
- Referring patients

With a new set of standards for clinical interns, assessment methods will also have to change. Possibilities include case presentations, case conferences, and grand rounds, as well as a
clinical grading system. There will also be a formal assessment to move from one level to the next. The three levels of clinical interns makes for four total levels when including observers. In this preliminary set up, a Level 0 student (observer) will be mentored by a Level 2 intern, and a Level 1 intern will be paired with a Level 3 intern. In addition, there is a possibility for Level 3 interns to treat with one-hour appointments, take advantage of more extensive externships, and participate in “integrative medicine” rotations with physicians on staff.

The rotations in integrative medicine brings us to an exciting part of the QEP. As Level 3 interns, one would be allowed to sign up for specialty clinics. Imagine all your patients coming for fertility treatments or facial acupuncture. In this set-up that could happen. Many interns have specialties they desire to learn more about in a clinical setting. To learn in a classroom is one thing, but the real learning occurs in the clinic. However, there are so many specialties and only so many specialty clinics that will be opened, at least at first. There is no way of telling what the first offered specialty clinics would be. Most likely a syndrome or disease that is common enough to fill the appointment slots. Regardless, it is one of the most exciting aspects of the QEP.

Another aspect of the QEP will focus on patient outcomes and communication. For instance, the QEP may create standards for what and how to assess specific chief complaints including a re-assessment timeline, as well as particular criteria for improvement before an intern needs to refer the patient. The communications part of the QEP won’t simply be a rehashing of the Clinical Communication Skills course series we already have. Instead it will focus on the practical communication skills needed when talking about treatments and treatment plans with patients, including explanations of TCM and biomedical assessments, return visits, prognosis, etc. This has come about many times in clinic. A patient will ask, “You want to draw blood?!” or “What’re these herbs gonna do for me?” Many times the appropriate response to these questions is not founded in TCM terminology, yet we need to answer them quickly and confidently.

One final topic that has come up in the frenzy of planning the QEP has been practice management skills. Many alumni express that they wish they had more training in how to interact with the healthcare system. There is a lot to learn in opening a clinic, and without prior experience it is extremely daunting. Take it from the guy about to graduate in April. However, this is a relatively minor topic in the grand scheme, and as such AOMA administration plans to supplement current courses by teaching more of the “business of medicine,” even before they roll out the QEP. Expect to see more about communicating with other professions, marketing, insurance providers, records systems, and all the other enthralling non-medical aspects of a medical practice.

Overall, the QEP will be making significant changes to the structure and content of clinical education at AOMA. In doing so it will better prepare its graduates not for a career in TCM, but in integrative medicine, which is truly the future of American medicine. Keep in mind that the details of the QEP are still in flux. Before the plan is implemented, there are still significant wrinkles to iron out and holes to fill. The continued planning process involves a QEP Working Group, which will consist of two staff, two faculty, two students, and two alumni. This group will meet to work out details of the plan before the next revision goes back to the Clinic Oversight Committee and various other groups on campus. If you are interested in helping shape the education of future AOMA students, this is for you! Contact Lesley Hamilton at lhamilton@aoma.edu for more information.
YOGA FEST CLINIC
By Stephaneé Owenby
AOMA first got involved with the Austin Yoga Festival last year when it was held outdoors at the Fiesta Gardens. Ironically it was really windy that weekend too, although not nearly as cold as this year! Last year we had one table shared between the clinic and admissions, and we were there primarily to offer information and hopefully expand AOMA’s outreach into the Austin yoga community. After sitting at the table all weekend listening to yogis and yoginis walk by saying things like “man, I sure am stiff” or “my _____ really hurts” I went back to AOMA knowing that we needed to bring acupuncture to the next Yoga Fest! We had a student clinic at the Austin Yoga Expo in May 2012 and had such great feedback from patients and interns that we decided to also participate in the Yoga Festival in October. We treated a total of 53 patients in 16 clinic hours – 2 of them were repeat patients from Yoga Expo! – and we were easily the busiest booth at Yoga Fest, despite the cold & windy weather. On Sunday we actually had to start turning patients away because we couldn’t fit them into our schedule!

I personally think event clinics like Yoga Fest are extremely valuable additions to a clinical education at AOMA. Not only do interns get a chance to practice acupuncture in not-ideal conditions, but they also have to think on their feet to handle things like distal point access only, needle-sensitive patients, and many first-timers just giving acupuncture a try. It’s a great opportunity for students to take ownership and learn to sell themselves, their medicine and their clinic, which can be vital to supporting a growing acupuncture practice. Many of our fellow vendors at Yoga Fest are interested in acupuncture and alternative medicine, so these events can also be excellent networking opportunities, especially for students who are close to graduating!

The Great American Smokeout.
An Interview with Robert Laguna

1. What is the Smoke Out? Why and when was it started?
The American Cancer Society started (officially, if that’s the word) the campaign in 1976. Although AOMA is not associated directly with the American Cancer Society, in 1999 (I think – it may have been 2000) we decided to help those who are participating in the program by providing free acupuncture in support of the campaign.

2. Why is it held before Thanksgiving every year?
Essentially, it is a way for folks to remember the date and to provide support to those who are quitting tobacco during the holidays. It’s also (I believe) good timing to get folks prepared for their New Year’s resolution.

3. What are some tips you can share about smoking cessation and addiction in general?
The single most important aspect of addictions in my view is to get folks to understand what an addiction is. This understanding can be most effective when the person facing the addiction undergoes a process of self-discovery which reveals reasons, patterns, rituals, motives, etc. that perpetuate the behavior. Withdrawal can then be best managed by methods like acupuncture, massage and other relaxation techniques which allow for the CNS to normalize.
My Time with the Covert Operations Committee
By Jen Allison

Okay, okay, maybe we don’t have actual covert operations here at AOMA, but we do have the Clinic Oversight Committee and it might be as close as you get! I, along with Tara Lattimore, have been very fortunate to be allowed to represent the student body at these meetings. Having student representatives on the COC is a brand new thing and it is a wonderful opportunity for us as students. The COC meets regarding issues that directly affect our clinical training, from whether or not e-stim machines are working correctly, to how herbal interns impact rotations. To see how truly in-tune faculty and staff are to the goings-on in the clinic has been the biggest eye-opener. In addition, I’ve gained a deeper appreciation for what it takes to make these clinic rotations actually happen.

The scope of being a student representative is being hammered out as we go, but Tara and I have been very excited to be so directly involved. Changes that we’ve initiated so far at the request of the student body are: lockers at North Clinic, divider curtains in practical course classrooms (in progress), ear tack/ear seed information sheets, and looking at changing appointment times/multiple concurrent patients for upper level interns so that they can have a more real-world feel for treating. We take suggestions from students and from ASA meetings to the COC and report back to ASA on what the COC said and vice versa. Secretly, we’d love to suggest school-sponsored Sushi Bar Mondays and Free Massage Wednesdays, but don’t see how we can convince administration that this would benefit our clinical learning.

As the student representatives, we bring ideas to the COC and luckily they are often found to be acceptable. This then means a few hours of work on our parts bringing these ideas to fruition. For instance, I did the ear tack sheet, solicited revisions and then made them. Tara has spent hours planning and researching room privacy dividers with Lesley. Don’t hate us because we’re glamorous!

To be elected to this position, you must have clinic experience. The specific requirements are still being refined and will be announced when the next election happens. A strong sense of discretion is a must, as sensitive topics are discussed at these meetings and are meant to stay within those walls. The length of the term is one-year, but the ASA is tentatively going to elect another person to rotate in, since class schedules change and you must be able to attend both the COC meetings and some ASA meetings.

The COC meet "tri-annually at a secret country mansion in Colorado, known as The Meadows.” All Mike Myers quotes aside, we get together the first Thursday of each month in a conference room. Keep an eye out for election notices if you are interested.

4. Is there anything else you would like to add about your involvement with the Smoke Out and why it is important to you?

I am thankful that institutions like AOMA support folks in what could be the biggest turning-point in the lives of those who participate in the endeavor. The transformation that takes place improves our community and society as a whole. For my sake, I love the fact that I am allowed to play a role (however small) in easing the discomfort and pain associated with the process of recovery from an addiction. I also find it rewarding to have the opportunity to guide students catching their first glimpse of real-world, in-the-trenches treatment of chemical dependency.

This year’s participation was very low. In fact, it was the lowest I’ve seen. I attribute this to the fact that many folks were wary of traffic due to the F1 racing event. We’ll have to make some adjustments for next year if there’s a race scheduled for the same weekend.
The Herb Garden

"Our herbs are herbaceous." In botanical speak, many of our Chinese herbs will die back when not in their active growth cycle. She Chuang Zi for instance "died back" in the summer months after producing seeds that were scattered in the garden in hopes that it will return next year (the extra seeds are on display in the herb lab.) The Chinese Herb Club provides students the unique learning opportunity of getting to know the herbs before they are harvested in hopes of transforming our connections and distinguishing herbs as living, growing organisms. We are looking forward to Spring. New herb markers are in the works and I have a potted nursery at home with seven Chinese Herbs, including She Gan, Ju Hua, Xia Ku Cao, waiting to be transplanted.

What exactly is the AAAOM?
By Atalie Lehrer

Founded in 1981, the American Association of Acupuncture and Oriental Medicine is a national organization comprised of TCM practitioners, students and supporters. Their mission is “To promote excellence and integrity in the professional practice of acupuncture and Oriental Medicine, in order to enhance public health and well-being.” The AAAOM has a 5-year plan to make “Acupuncture and Oriental medicine (AOM) an independent, licensed profession,” that, “will be fully accessible to the public throughout American health care.” This plan is to be completed by 2014.

The AAAOM is VERY important. They are the only national professional organization we have. Why is that important? Well, for example, if you want your scope of practice here in Texas broadened to something close to what we actually do - you might want to join the AAAOM. Chiropractors and MD’s have full time advocates working on their behalf to stop and challenge legislature that will compromise their practice and support legislature that will forward their profession. We have, as far as I know, one guy (who is amazing) that works part time. In order to gain ground we need to be on top of changes, get organized, and collaborate. That is what the AAAOM is working towards.

There are other benefits to joining both as a student and a professional. The fun one is discounts! As a member you get discounts from Acupuncture Desk Reference, Acupuncture Media Works, Evergreen Herbs, Lhasa Om, MTI (Acugraph), and Acupuncture Websites. Most importantly, you will be supporting an organization that will coordinate state and national associations to advance our profession. This would also entail you getting your name and contact/practice info listed online, and patients can search for practitioners either by location or name. Membership also gets you: discounted CEU’s, registration at the annual national conference, educational materials for your patients, business support tools, The American Acupuncturist (a quarterly journal), networking opportunities, and access to online discussions. Check out the website at: http://www.aaaomonline.org

The AAAOM has a student organization as well. It works to “represent and advocate on behalf of all Acupuncture and Oriental Medicine students nationwide for opportunity to provide quality health care to the public, advance competent research and public awareness, and preserve the equitable and just interests of all practitioners of Acupuncture and Oriental Medicine.” The student organization meets yearly at the AAAOM conference.

Both the AAAOM and the AAAOM-SO seem to be restructuring, changing and growing. Right now the website and links are lacking, especially for the student organization.

Speaking from experience, attending the yearly conference is very important. You will have the opportunity to meet and learn from some of the best minds in the field while networking with the leaders that are changing the field. So what are you waiting for?!
The ASA. Where do I start? The ASA has been part of my AOMA experience since my first term in Summer 2010. Much has been created with my fellow students: parties, auctions, events, food supplemented learning. I continue to be inspired by the people around me and as I have grown with all of my peers, I am proud to announce that our student cabinet is bringing this growth and evolution to a new kind of association for students.

As our team came together last summer we began to piece together all the things the AOMA Student Association has done in the past and how to move forward and change for the better. New ideas and creations are not an easy task for graduate school organizers. Sure, we have meetings, CPR classes and parties but there is so much more to running this AOMA train than most people know. There’s paperwork, emails, phone calls, and meetings with the administration to make decisions that affect everyone. We have over 200 students at this school each with their own ideas, busy schedules, and opinions about how things should be. It takes a lot of dedication to get the maximum feedback from those who want to be heard and even more to organize an event that people can and want to show up to.

We have a yoga club, the energy share folks, herb gardeners, and many more. Each of these groups have leaders who work hard to encourage others to take the opportunity to bond and connect through their activities but it can be hard to get involved. An idea to merge these groups was talked about in the past and was suggested again most recently by our Vice-President, Tara Lattimore. Our student groups are working separately with different tasks and activities, but our purpose of creating a connected and supportive learning environment is shared. So, why shouldn’t we all work together? Would you be more likely to go to an ASA meeting if the first 15 minutes were a yoga routine? Would energy share be more appealing if you could take a tour of the herb garden afterward for a light review? This idea of group unification is currently being suggested and if adopted, could create a whole new feel for what has been known as the AOMA Student Association. Maybe our groups united would be better known as something else. This change could evolve our student community into something we have never seen before.

If we are going to spend four years of our life at AOMA learning our life-long practice, we want it to be a place that is just as fun as it is overwhelming. All the things that have changed and are in the process of change were made possible by my cabinet VP- Tara Lattimore, Treasurer- Anthony Nguyen, Secretary- Christina Korpik, and all of you in the student body. As President of the ASA, I have to say that working with this family of healers has been one of the most fulfilling and exhausting experiences of my organizing life and I still love it. We are here to serve you. As Anthony says, “ask and you shall receive.”
Love Stagnasis and the Buddha in the Baggua
By Jonny Nobleza

"Buddha-Nature exists in everyone no matter how deeply it may be covered over by greed, anger and foolishness, or buried by his own deeds and retribution. Buddha-Nature can not be lost or destroyed; and when all defilements are removed, sooner or later it will reappear." - H.H. The 13th Dalai Lama

A fellow student X willingly volunteers during clinic theater to display his current state in all of its glory and wounds. He comes to sit in front of the class, all eyes laid upon him. We, as students, adjust our perceptions to find what has gone awry in his being. With the teacher's guidance, we go through our list of questions, analyzing aloud all current and chronic misgivings from his deficient SP qi, swollen tongue and weak and wiry pulse, to his angry liver, dirty mouth and excess flatulence. Student X is then given a point prescription, list of herbs, some words on behavioral changes and hopefully a sincere thank you.

This fictional situation, though slightly raw, is based on an actual experience, which I will come back to.

Some months ago I fell into a discussion which explored the concept that excess and deficiency were not even real. It came at a pertinent time as I had been feeling and thinking about things like the nature of suffering and non-duality and how that all relates to putting on a white coat and treating. Without getting sucked into that rabbit hole and it’s many tributaries, and for the sake of space, here are some views in relation to the above story I find to be worthy of a peek.

First we must try, even for a moment, to adopt a worldview that every being stems from what we will refer to here as Source. There are no words for it but enough faiths and cultures have attempted to describe and give name to that source, like Shunyata (emptiness), Tao, void, Yoga, all encompassing, whole, beyond change, non-dual, God (and all names given to) and Love to name a few.

With this in place we can playfully assume that at the very core of every being is something like Buddha Nature and an inherent wisdom that knows not only what health, homeostasis, and balance are, but also the nature of the universe, birth, stages of life, death and beyond.

So how does this relate back to student X? It occurred to me during class that under this sort of interrogation, the patient/student could be left with a feeling of lacking or self-perceived imbalance: the notion that something is inherently wrong with them that needs to be fixed.

This setting brought up a few questions for me. What would it be like if the first thing we assumed in a patient was that they were absolutely perfect and whole? That they are divine beings with wisdom inside powerful enough to manifest many suns? And that although the present picture may not seem in balance or ideal, it is but a small snapshot within the context of their life/lifetimes. What if we reminded them that they are that potential and that they are worthy of giving and receiving love, that they are worthy of having that wisdom manifest as happiness and health in every cell of their being? What if that Buddha Nature was the first thing we saw in each and every being we came across: from patients, family and friends to the man/woman/child in the mirror? What if the patient self identified with their own connection to God rather than their dis-ease?

I will end with a part of an entry I wrote after an observation shift. Thanks for reading.

I see the same thing I see in these patients that I see in the root of most disease: a feeling of some amount of unworthiness, self-loathing, undeserving, and being unloved. We don’t usually speak about love in the clinic or about loving oneself. Yet. Maybe one day the physician will be at such a point of acknowledging and feeling themselves as a wholesome, loved and loving being and that that reflection itself will be so powerful that they wont have to worry about how they should appropriately speak to their clients, let alone treat. When we are recognizing God in ourselves, and seeing the patient first and foremost as a complete and wholesome being, the logistics of communication and treating will unfold naturally and effortlessly. We must recognize that when you zoom in or out enough there is no such thing as excess and deficiency or lacking. It is a single point or emptiness. I am not negating the reality of manifested pathologies and the suffering it can bring, because as incarnate beings we do have to dance in the nature of duality; but we must not forget that it is the Tao where we all stem from. We must not forget that we are already whole and that perceived suffering is only a measurement of how far we have drifted from that memory.
The Importance of Stance Postures and their Relation to Developing Higher Consciousness
By Siobhan Ananda Carmody

Often, in this day and age, martial art stance postures are overlooked in developing oneself; physically, mentally, and spiritually. As we live in a time of instant gratification, we frequently fail to see the spiritual and underlying aspects of the activities that we engage in. This holds true for martial art training as well. Many students want to jump in and learn the fanciful moves without developing true core strength – physically and mentally. Perhaps a student has been introduced to the postures, but seldom do they understand or receive proper explanation of their significance. Most of the time is spent ‘moving on to bigger and better things’ as indicative of the mindset of our current society.

Stance training at first glance would appear to many as just an exercise that strengthens and conditions the legs. What some don’t realize is that there’s a world of personal growth that lies within the simplest of forms. Like meditation (as you reduce the thoughts in your mind), when you reduce the physical form to the bare minimum you can then focus your mind, cultivating and observing the energy (or chi) within your body. Therefore, stance training not only conditions your body, but your mind and spirit while strengthening your internal energy. While in a stance posture, you are in essence ‘rooting’ yourself to the ground, giving yourself a foundation which can apply to everything in your life.

Rooting involves correct body structure, a relaxed body, and the sinking of energy. At first, stances held for a long duration can be boring and painful - requiring total concentration, patience, willpower and determination. By cultivating these attributes you also grow your root – developing your internal force and your mental clarity. The horse stance for example, lowers your spiritual and energetic focus to your dan tien (just below the navel). If one is experiencing negative energy such as anxiety or nervousness, it causes vital energy to float upward. When one is constantly thinking a multitude of thoughts, it causes their spirit to be dissipated. The pyramid shape of the horse stance allows cosmic energy to focus at the dan tien as well as flow down to the feet into the ground, thus strengthening your root.

Rooting oneself also has strong implications within the subtle body. When we look at the qualities associated with the root chakra (located at the base of our spine) we see that it deals with our sense of stability, grounding, inner security, knowledge of self within the frame of universal creation, sense of purpose and belonging. The root chakra blends the physical with the spiritual realms.

Many people today have a false sense of stability and belonging based out of fear and attachments. They are not truly connected with their core – their essential spirit. We have forgotten our primary purpose and have become fragmented and isolated from each other. Nowadays, competition is more valued than cooperation. At a fundamental level our leaders are running on fear and insecurity, thus the infrastructure in which we live our lives is no different. This fear and disconnection breeds criticism, the need to control, stringent rules and restrictions. Having forgotten what’s truly at our core, we attach ourselves to outside/material things for a sense of security rather than seeking from within. A false sense of security based on attachments and illusion inevitably leads to the inability to LIVE IN THE PRESENT, for one is always fearful of losing these outer things (job, money, material possessions, other people, etc.). Thus, we constantly clutch to our redundant patterns, resisting change and therefore, growth. By strengthening our root chakra, we strengthen and shift the way we move and come to be in the world; working to release unfounded fears and live more consciously.

In summary, practicing root postures regularly and diligently will improve our physical AND spiritual core strength, reconnecting us with our center. Physical intention flows into spirit intention. The root chakra (earth based energy) correlates with the crown chakra (cosmic based energy). This connection allows one the creativity to manifest their world, transcending three dimensional reality. We can learn to let go, trust, and enhance our connection with the earth and our place within it. One’s sense of identity and belonging will be transformational in that it will come from a place within our selves that no one can alter or take away. As our root chakra becomes stronger and clearer, how we want to fulfill our unique mission as a spiritual and human being will come to light and we will be free to explore all the potential therein.
The Passing of Grief to Preciousness

An invitation to explore the natural rhythms of life coming full circle; and how the effects of lose may be transformed and prompt greater understanding to the full expression of life and love, to recognition of that which is precious.

By Alethea Jones

I begin by making tribute these words to all those whom have passed from this earth plane to that beyond over the past year; to my Grandparents Lee and Larry Jones, neighbor Justin, and AOMA’s Cal Key Wilson. It is with respect to their passing, life’s transformation from the physical to ethereal, and the living affected by such transformations, for which I dedicate this writing.

Over the past year I have been privy to over a dozen deaths extending within both my family as well as many for which I work and associate. From these losses, I realize that one is never truly ready for the death of a loved one and the growth from such loss is one that is personal and unlike any other process. Over the past few months, while trying to make sense of these experiences and subsequent emotions, I’ve pondered about many aspects of life, death, and the nature of transitions. During this time I found myself withdrawn into one of the darkest periods in my life. The world seemed to crumble from underneath my feet while memories made of ashes choked my every breath. I found myself without understanding for the processes at hand. Grief transitioned from anger to bewilderment to depression.

As the end of 2012 draws near many have confided and expressed the challenges of major transformations of character, relations, and emotions. This Winter Solstice, 12.21.12, has long been prophesized by Mayan astrologers as the “end of time” and regarded by many North American native lore as the transition ‘from the 4th and into the 5th dimension’. Such prophesies depict major changes to all of life upon earth, including the advancement of consciousness and death of time as we know it. I find little shock to the abundance of transformative moments we are presented on a daily basis. Increasingly, much of our emotional experiences encompass sorrow, grief, and loss. These may be further stagnated by fear, anger, and anxiety which are often in accompaniment. Throughout the past few years we have all witnessed an increase of natural disasters, war, death, and poverty; challenging the amplitude and strength of the human emotion. The effects of such traumas have been both miraculous and devastating. More and more mankind finds reason to feel full the struggle of grief as jobs, homes, and loved ones have all been lost. Although the cloud of such devastation is dark and unyielding, a silver lining gleaned of compassion and survival is always present. The human race and all of mankind have come together and communities have been erected where they may not have before. Families and individuals, through the process of lose have opened new doors of understanding to that which is kept closest to the heart, to that which is precious.

In times such as these, the potential for growth lends a great opportunity for the entire AOMA community and those working within the field of health and wellness. Such strife in the human experience prompts a network of greater love and support. It becomes more clear that we are each affected by and affecting the whole. Loss and grief are emotions dealt daily within ourselves, our families, and those we work beside and prescribe treatment to. Within the realm of grief, 5 stages are commonly recognized; moving from denial→anger→sadness/withdrawal→reorganization→letting go/moving on. This process lends to the stagnation of thoughts and energy as well as expansion and growth within understanding. It is the stagnation and imbalances for which we, as practitioners of acupuncture, are trained to understand, have compassion for, and stimulate transformation and movement within. The grieving process is different for each individual as we are each comprised of our own belief systems and experiences deserving of respect. Binding all healing is the acknowledgement to grieving, and the compassion and forgiveness needed to move beyond.

When I think of these emotions it is no surprise that they fall laden within the element of metal, forged within the change of seasons from summer to winter. It is a point in time and space upon which plants both bloom and pollinate, while others drop dormant to the ground; humankind experiences both expansiveness and constriction within our breath, chest, sternum, shoulders, and lungs. Seasonal changes fluctuate between sun soaked to cloud covered, hot/cold, and dry/damp. Very little seems certain except that change is inevitable. Metal, as an element, portrays characteristics of being sharp as it is smooth; cold as it may equally burn; strong yet easily welded; a steady transporter of water yet apt to dry it just as swift; responsible to the upheaval of earth, while easily buried and tarnished; easily concealed within darkness while flawlessly reflects the illumination of light. This is the element of metal within our environment; this is the interaction between grief and preciousness.

It is these moments we are presented the opportunity to fully embrace all life’s rhythms and emotions have to offer. Through understanding such natural fluctuations comes empowerment in perception to dealing with major life transitions and the challenges for which they may present. It is within this elemental state we are handed the choice to slice through the shackles of grief and move into a new cycle of experiences. By embracing those fleeting moments often overlooked through daily tasks we nurture that which fuels the human experience. As one moves through the grieving process, alike the phoenix raising from the ashes, more and more the flame of love and compassion are ignited illuminating that which is held precious within the hearts of each and all of humankind.
**GOOD LUCK ON FINALS!!!**

**DEAR DOC**

*If we’ve learned anything in Clinic, it’s that there is more than one way to treat a case. It can be challenging to merge these different perspectives into a cohesive treatment model so we called in the experts. We sent a case study to Lesley Hamilton who was kind enough to forward it to the whole faculty to utilize their very diverse backgrounds and answer how they would approach the case. We were fortunate enough to receive 3 responses with treatment protocols from 3 very busy teachers. To these teachers, THANK YOU! We hope to make this a regular column so be sure to send in an interesting case study and we’ll choose at least one each term to send in. Let the educating begin!*

CC: 62 Year Old Female with Chronic Diarrhea.

**Symptoms:** Diarrhea for 1 week. 4 very loose, watery bowel movements per day with small amount of bright red blood and sometimes a small amount of white mucus. Cramps before and after BM with no relief of cramping after BM. Feels feverish sensation at the surface of the skin especially on Forehead. Forgets to drink water and easily dehydrated – needs fluids but does not feel thirsty. Harder to stay in remission recently and feels fatigued easily.

*Gets stressed easily and drinks alcohol 1-3x/week which alleviates stress.*

**History:** Diagnosed with Ulcerative Colitis in 1995 when symptoms started. Symptoms were very severe for a month, had a few more flares and then went completely into remission until 2008. After colonoscopy, discovered ulcers in large and small intestines. Present symptoms seem localized in Colon. Easily dehydrated during flare – Once went to ER for dehydration. Flares of Ulcerative Colitis last from one week up to one month and happen more frequently since 2008. Predisposed to “auto-immune maladies.” Started having psoriasis after birth of first child. Flares continued until menopause and then completely disappeared. Has a history of estrogen imbalance. Was taking estrogen for many years to treat irregular menstrual cycle.

**Pulse:** Deep. Slightly Weak.

**Tongue:** Pale body, Teeth marks, Red lip, Thin yellow coat. Red prickles in the back.

**Diet:** No Coffee. Dairy free because of Lactose Intolerance. Drinks alcohol to treat mood 1x/week. Patient is interested in dietary changes.

**Medications:** Taking sulfasalazine (anti-inflammatory) for flares since 2008. Increased dosage to 3 pills (500mg each) TID in last 6 months. This medication helps. Takes a Mesalamine enema every third day. Unsure if helping. Tried Imuran which disappeared. Has a history of estrogen imbalance. Was taking estrogen for many years to treat irregular menstrual cycle.

**STUDY STUDY: STUDY ADVICE FROM THE STUDENT BODY**

- *If your brain stops, don’t push it! When you take the test remember that you studied. So those last few moments before the test, remind yourself that you know everything. - Greg King*
- *Don't forget to take study breaks with stretching and breathing exercises... and sometimes beer helps! - Natalie Villareal*
- *Stay on top of studying. The people who wait until the last minute have a hard time, especially with herbs. - Ronnie*
- *Make it practical. Understand how it's going to be applied to your career so you'll want to learn it. Look up Memory Palace. That's where I study. And (laughing) If you study high, you have to take the test high! - Jamie George Holland*
- *Eating and sleeping is just as important as studying. It doesn’t help me to stay up all night - Molly Perkins*
- *Eat a great nutritious meal before - Blake Gordon*
- *I just switch places every time I study. I will start in my bed then Ill move to my desk then Ill go to the floor, to the windows to the wall. It mixes things up - Atalie Lehrer*
- *I don't. I just curl up in a corner and cry. - Anonymous*
- *I'm probably the worst person to ask because I have really bad study habits - Joe Phia*
UPCOMING EVENTS

Needler Social & Brainstorm Session
Red’s Porch
January 11, 6-10pm

ASA Potluck
Featuring Andrew Hecht
January 25, 6-10pm

Southwest Symposium
February 22-24

AIM at AOMA
March 16,

AOMA Games
Coming Summer 2013

FIRST YEAR BENCHMARK CROSSWORD

Across
3. The First Famous Surgeon in Chinese Medicine; Also a Topical Patch at AOMA Herbal Medicine
6. 3 Treasures: Mind, Qi and ___
7. Disease Transmitted via Fecal/oral
9. (Glands) On the Superior Poles of the Kidneys
11. Vitals: Feel for 15 Seconds and multiply by 4
12. Start of LU Channel
13. Cold, Dark, Down, Inward, Nurturing, Earth
14. Yellow Emperor’s Internal Classic
15. CNXII: Tongue Movements of Speech, Food Manipulation and Swallowing
17. Vital Qi you get from your food and drink
18. Hand Yin Meridians and the Foot Yin Meridians meet together at the ___

Down
1. Yin and Yang; Inter-transformational, Interdependent, Mutually Consuming and ___
2. Taste that Drains and Dries
4. Ephedra; Release Exterior W-C
5. Organ that Loathes Heat
8. Fu and Extraordinary Organ
9. A motor nervous system that controls glands, cardiac muscle, and smooth muscle. Also called the visceral motor system
10. Food Shaoyin
16. Blood, Qi, Essence, and Body Fluids are ___ Substances

By Natalie Villarreal and Tara Lattimore
Answers on Pg. 10