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In today’s world of medicine, it is our responsibility to protect access to the resources, tools and materials of the profession. We must make every effort to protect decisions over reimbursement for services and protect rights to professional judgment and decisions about when to provide our services; and we must continue our efforts to develop the body of knowledge that composes the discipline of Oriental Medicine. It is our job to provide safe harbor for each of these components of professional life. But more than that, we must singularly uphold the ideals of this rich body of medicine in all its plurality.

By promoting excellence and integrity in the professional practice of Acupuncture & Oriental Medicine, we will be transforming society so the benefits of this medicine will exist along side other forms of care. A strong body of evidence will substantiate the best interventions for patients. All people will have the right to choose their own course of care.

Today we are on the cusp of a convergence of scientific and medical systems. Right now, learners from the Introduction to Medicine program at USC are doing regular rotations through Oriental Medical school clinics. We have doctoral learners providing services in Good Samaritan’s Acute Rehabilitation Center and Emergency Room. What a change!

And how do we achieve what we want to create in our profession? The great Tibetan teacher Trungpa Rinpoche stated, “Meditation is not a matter of trying to achieve ecstasy, spiritual bliss or tranquility, nor is it attempting to become a better person. It is simply the creation of a space in which we are able to expose or undo our neurotic games, our self-deceptions, our hidden fears and hopes.” Let’s create that space now. And let’s join together for the benefit of our humanity as well as create the possibilities that Oriental Medicine has for our fractured medical systems.

In his treasure house classic, One Thousand Pieces of Gold, Sun Si Miao states, “Differentiate the clear and turbid, divide the upper and the lower, and Heaven, Earth and Man... All things are innocent and simple. All things and people are equal.” In a like manner, I invite you to model the way for your colleagues, patients, students and society. I invite you to inspire a shared vision of the possibilities that this medicine has for all people. I invite you to challenge each other to continual growth and excellence throughout your professional and personal lives. I invite you to empower others to take right action in their lives. I encourage you to have heart. Lastly, I invite you to fearlessly hold each other accountable, to be just in your decisions holding the balance of the best practices. Be authentic in your relations with each other recognizing the precious moments we have.

In closing, I want to thank you for giving me the privilege of calling each and every one of you colleagues.

William R. Morris, OMD, MSeD, LAc
President
The Essential Role of Acupuncture, Herbs and Related Therapies in HIV Care

By Adam Burke, PhD, MPH, LAc

HIV Morbidity and Mortality

HIV/AIDS is one of the world’s most important contemporary public health problems. According to a UNAIDS report, the international HIV/AIDS rates for the year 2004 were an estimated 39.4 million people currently living with HIV/AIDS, 4.9 million newly infected, and 3.1 million deaths attributed to the disease (UNAIDS, 2004a). In Sub-Saharan Africa, where AIDS is now the number one cause of death, there are currently 25.4 million adults and children living with AIDS (UNAIDS, 2004b). Health officials are now expressing concern for the regions of Southeast Asia and India where the epidemic is spreading among large, vulnerable populations. The toll on the resources of developing countries is significant in terms of economic productivity, health care expenditures and socio-political stability (UNAIDS, 2004c). Compared with five years ago, the epidemic is also increasingly affecting women and girls, who now comprise half of all people living with HIV (UNAIDS, 2004a).

In the United States there was a rapid increase in AIDS cases and deaths during the 1980s, reaching a high of 150,000 new cases per year. By the late 1990s, these numbers had declined significantly to only approximately 40,000 new cases per year (Valdiserri, 2003). Beginning with the first reported case of AIDS to the year 2003, there have been an estimated 929,985 diagnosed cases and 524,060 deaths in the United States (CDC, 2003). It is estimated that between 850,000 and 950,000 persons in America are currently HIV positive, including 230,000 who do not know they are infected (Fleming et al, 2002; Valdiserri, 2003). Although initially a disease of white men, today AIDS primarily affects racial/ethnic minorities, with African Americans accounting for 50% of new HIV/AIDS cases in 2003.

Between 2000 and 2003, diagnoses of HIV/AIDS increased for both male-to-male sex (MSM) partners and heterosexual adults. In 2003, 45% of new cases were MSM and 34% were heterosexual contact. New cases decreased during this period for injecting drug users (IDUs). From 1999 through 2003, there was an estimated 15% increase in AIDS cases among females and 1% among males (CDC, 2003).

HIV and HAART

During the period 1996-1997, a notable decline in both AIDS incidence and mortality was reported in the U.S. indicating success with new treatment regimens. One of the reasons for the dramatic change was the advent of new pharmacological treatments using highly active antiretroviral therapies (HAART). The rate of deaths dropped 49% among individuals involved in male-to-male sex, and for injecting drug users there was a 45% decline among men and 33% among women. Deaths for all racial/ethnic populations declined, as did deaths for women (32%) (CDC, 1998). These medications have changed the nature of HIV, transforming it from an essentially fatal illness to one with significantly improved prospects for survival. For example, data from a New York study of 700 HIV positive individuals reported a 50% reduced risk of mortality due to HAART drugs with populations that traditionally had poor access to high quality health care (Messeri, 2003).

HAART Side Effects

Unfortunately, the successful use of HAART therapy is complicated by several factors. AIDS patients often receive numerous drugs for treatment and adverse reactions are common. They must deal with side effects, drug interactions, accumulated toxicity, drug intolerance and the potential to develop drug-resistant viral strains. HIV-infected individuals are also more susceptible to adverse reactions to various drugs used in treatment than are non-HIV patients. Numerous metabolic disorders have been reported in a significant proportion of patients receiving HAART drugs, including hypertriglyceridemia, insulin resistance, hypercholesterolemia, elevated fasting glucose and diabetes. All of these disorders may predispose patients to coronary heart disease (Fantoni et al, 2003).

Quality of Life

Despite improved therapies and reduced mortality, HIV-infected individuals still deal with a host of issues that affect and challenge their well-being. One study examining gay men in four industrialized countries found that respondents were generally not optimistic in spite of new drug therapies. This finding was independent of their HIV status (International Collaboration on HIV Optimism, 2003). Nilsson-Schonnesson (2002) suggests that the issues facing HIV-infected individuals are quite similar to pre-HAART concerns. According to an NIH panel on clinical practices for the treatment of AIDS, the ideal treatment goals should include the optimal suppression of viral load, restoration of immune function, reduced HIV-related morbidity and mortality, and improved quality of life (Dybul et al, 2002). Data suggests that important predictors of quality of life for HIV positive populations include the impact of symptoms, drug treatment, social support, spiritual well-being, coping strategies and psychiatric co-morbidities (Douaihy & Singh, 2001).

One study examined four QOL factors – physical, social role, functioning and fatigue. Severe pain was associated with lower QOL on all four measures (Vosvick et al, 2003). Pain has also been associated with increased depressive symptoms in HIV patients (Singer et al, 1993). In the HIV Cost and Services Utilization Survey 2,836 respondents were
assessed for physical and role functioning. Limitation in complex roles, such as employment, was more prevalent than in specific physical tasks. A French study surveying 887 HIV patients found fatigue and gastro-intestinal problems to be the most frequently cited complaints (Bertholon, Roser and Korsia, 1999). Fatigue was also found to be related to depressive symptoms independent of AIDS diagnosis and medication status (Millikin et al, 2003). One report by Sullivan and Dworkin (2003) abstracted 13,768 medical records on HIV patients in over 100 U.S. clinics. They found that fatigue persistent or severe enough to prevent work was reported by 35% of patients as the primary cause of medical visits. Fatigue was more common among individuals with clinical AIDS, anemia or depression.

The Growth of Complementary and Alternative Medicine (CAM)

Complementary and Alternative Medicine (CAM) use continues to be a significant part of consumer health seeking behavior in the US. The recent 2002 National Health Interview Survey (NHIS) provided interview information from over 31,000 adults. It reported that 36% of the respondents used CAM during the past 12 months. That figure rose to 62% if prayer used for health purposes was included in the definition of CAM (Barnes et al., 2004). Annual out-of-pocket expense for CAM products and services is estimated to exceed $27 billion (IOM, 2005). In addition to use by the general public, individuals dealing with complex and serious health problems, such as cancer, chronic pain and other complex conditions must manage a variety of troubling symptoms, side-effects from toxic drug therapies, ineffective treatments, desire for more diverse treatments, and other concerns. Cancer patients report high use of CAM products and services (Bernstein & Grasso, 2001; Dy et al, 2004; Henderson & Donatelle, 2004). Chronic pain is another condition highly associated with CAM use (Rao et al, 1999; Sherman et al, 2004). One study observed highest use among patients with osteoarthritis, fibromyalgia and severe pain. Ineffectiveness of prescription medications was reported as a significant reason for CAM use by almost half of these respondents (Rao et al, 1999). With certain conditions, such as fibromyalgia, no successful western medical treatment currently exists and prognosis is generally poor, motivating patients to pursue other options such as CAM (Kennedy &elson, 1996; Ledingham, Doherty & Doherty, 1993). CAM treatments for pain conditions include acupuncture, mind-body therapies, exercise, relaxation, cognitive behavioral therapy, manipulative therapies, biofeedback and neurofeedback (Berman & Swyers, 1997; Berman & Swyers, 1999; Bucklew et al., 1998; Sim & Adams, 1999, 2002; Wright & Sluka, 2001).

CAM and HIV

Individuals dealing with HIV-related health problems must similarly address numerous issues, such as drug side-effects, pain and depression. These problems may be symptoms of the illness or result from the use of Western medications which may not be well tolerated. This can make the use of CAM a desirable alternative therapy. One survey of 180 HIV patients found that 68% used herbs, vitamins and supplements; 45% used CAM providers; and 24% used marijuana to manage weight loss and other symptoms. Patients using CAM providers made an average of 12 visits to those providers versus 7 to their primary care providers. The majority of respondents reported CAM to be very helpful in addressing their needs (Fairfield et al, 1998). One large national CAM survey conducted with HIV positive men and women reported use of 1,600 different types of CAM therapies, substances and providers. The most commonly used CAM providers were massage therapists (49%), acupuncturists (45%), nutritionists and psychotherapists (37% and 35% respectively). The most common CAM activities were reported to be aerobic exercise, prayer, massage, needle acupuncture, meditation, support groups, visualization and imagery, breathing exercises, spiritual activities, and other exercise (Standish et al., 2001). Agnolotto et al (2003) found in a sample of 632 HIV-infected subjects from seven European countries that 124 used nutritional substances, and 116 received psychophysiological therapies such as acupuncture. In a review by Wootton and Sparber (2001) it was reported that significant improvement in conventional therapies for HIV has resulted in increasing use of CAM use in conjunction with conventional medical HIV treatment.

Acupuncture and Oriental Medicine and HIV

There is a clear role for AOM and related therapies in the treatment of HIV-infected individuals. AOM is effective in reducing pain, such as neuropathic pain, and improving quality of life (e.g. Abuaisha et al, 1998; Call et al, 2000; Phillips et al, 2004; Usha et al, 2003). Acupuncture has also shown promise in the treatment of insomnia with HIV patients (Phillips and Skelton, 2001). Agnoletto et al (2003) found in a sample of 632 European HIV positive subjects that of CAM methods used, acupuncture was commonly used by patients to treat general malaise. There is increasing evidence that Chinese herbal remedies may have positive immunomodulatory effects and serve as useful co-therapeutic agents in treating HIV infection (Lam & Ng, 2002; Shaw, Lee & Wong, 2005; Usha et al., 2003). Acupuncture and moxa have been found to be promising treatments for chronic diarrhea (Anastasi & McMahon, 2003). Studies on acupuncture and depression have shown positive benefit with response and relapse rates comparable to other validated treatments. Acupuncture plus pharmacological treatment has been shown to produce superior outcomes for depression compared to treatment with drugs alone (Roschke et al, 2000). Indeed there are many areas where AOM can assist individuals with HIV/AIDS to have healthier, vital lives. More funding and research is needed in this important area of HIV care.

continued on page 8
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UNAIDS. UNAIDS questions & answers II: basic facts about the HIV/AIDS epidemic and its impact, November 2004c.


Announcement:
For acupuncturists who treat HIV-positive patients

A new survey research study will be underway soon examining practice characteristics and experiences of acupuncturists/Oriental medicine practitioners who treat HIV-positive patients as a significant portion of practice (at least 20%).

Practitioners from throughout the US will be invited to participate. The study will involve completing a mailed survey, which should take approximately 30 minutes.

Please check the December 2005, Volume 34 publication for further details, or email Adam Burke at aburke@sfsu.edu.
Birth Trauma and The Eight Extraordinary Vessels

Part I of a Two Part Series By William R. Morris, LAc, OMD, MSEd

The mother acutely aware
of the pain of childbirth
Soon forgets
The child
But dimly aware at the time—
Remembers all his life—
The shock of being born
—Bradford Shank

In 1996, as I listened to Stanislav Grof speak on the four stages of the birthing process, a clinical model occurred to me that correlated the four nuclear vessels of the Ren, Dai, Chong and Du with Grof’s perinatal birth matrices. My experiences in the areas of rebirthing, NeoReichian studies, and meditation were reawakened as I listened to Grof. This paper is a synthesis and an exploration of the relationship of the four nuclear vessels with the birthing process. [Have consistency in capitalization of vessel names; capitalized throughout or lower case throughout.]

There are few events in life more overwhelming than birth and death. Birth imprints the individual in a way that creates lifelong patterns linking the unconscious to the conscious, and the personal to the collective. The past as well as the future potential is contained as an imprint on the psyche due to the intensity of the birth experience. This critical juncture of pre and post heaven is the doorway through which myths are made and these myths are the stories of our lives.

The complex of emotional and biological phenomena experienced during birth represents an encapsulated form of change and how the individual approaches the problems of life. Intense anxiety could be associated with intense survival threat and pain associated with birth. Aggression and rage seem to be a natural reaction to threat and prolonged frustration. This situation could also provide a natural basis for Freud’s understanding of depression as aggression turned against the individual. Examples of trauma inducing events that can occur during gestation include physical violence, sexual abuse, infections such as HIV and AIDS, Group B Strep, preeclampsia, toxemia, recreational drugs such as alcohol, tobacco, cocaine, marijuana, fifth’s disease, malnutrition, psychosocial factors, antidepressant use during pregnancy such as serotonin reuptake inhibitors (SSRIs), and pregnancy in older women. During the birthing process events that can imprint the child include placenta previa, drugs, physical trauma including surgery, prematurity, caesarian section, birth, high forces, anesthesia, etc., and shortly after birth events such as incubation, vaccination procedures, bright lights, climate changes are all forms of trauma and shock that—according to Hammer1—affect the kidneys and heart of Chinese medicine.

A Brief History of the Development of Birth Trauma Concepts in the West

Otto Rank was the first to describe the effects of birth on the psychosocial states of the individual expanding upon Freud’s statement “All anxiety goes back originally to the anxiety at birth.” Rank emphasized the birth experience as a determinant of mental life, its compulsions and its sicknesses. Rank was essentially the first to emphasize the importance of birth trauma on the development of the psyche and the corresponding life stories in his 1929 book The Trauma of Birth. Ironically, Freud initially lauded Rank’s work but changed his position due to the potential for Rank’s theories to eclipse Freud’s own Oedipal theory.

Rank’s influence gained breadth as his patient Nandor Fodor became a psychiatrist and focused on the formative experiences of birth,2 stating, “In its shattering effect, birth can only be paralleled by death.” Francis Mott, a British patient of Fodor’s, became a psychiatrist writing on the mythological and dream content of pre-natal life. He was one of the first British psychiatrists to emphasize the effects of intrauterine life. Frank Lake was also influenced by Mott’s work, as was the British psychiatrist of the Object Relations school, Donald Winnicott, who recognized and worked with the impact of birth on his patients and suggested that the body retained these impacts as memories.

Trauma Intensity

As I learned during the course of my mentorship with Leon Hammer, shock and trauma are necessary considerations in the management of the complex diseases of humanity. Physical trauma affects the smooth flow of qi and blood. Minor trauma affects local flow, and major trauma affects the qi and blood of the entire organism. Free flow reduction over time causes the heart to overwork and become taxed. This then effects the local perfusion of nutrients and removal of waste materials.

Frank Lake has articulated a theory of ‘regressive therapy.’ In it, there are four categories of birth trauma related to the level of intensity. The first is an ideal state that is relatively pain-free and involves no significant trauma; forward development is relatively unimpeded. This ‘good’ birth results in a life with challenges where any difficulties will be overcome and optimism is a common feeling. The second level of birth trauma intensity is related to a difficult dilation; the pelvis is too narrow for the head to pass and may cause reshaping of the cranium. The length of suffering and the time for the birth process is often longer than that of level one. As a result of this manageable stress, the birthed infant desires a return to the comfortable womb. At this level, the events are bearable and may be edifying, as they tend...
to evoke effective and non-neurotic defenses. The third stage involves resistance to the pain where the pain is so intense that coping mechanisms begin to falter and repression takes place. In the third stage “the head is jammed in the pelvis and can move neither forwards nor backwards. The will to return to the womb is as useless as the will to move forward. Only one struggle is possible, the struggle to live in spite of growing distress, crushing of the head, and lack of oxygen. The identity of someone suffering from an anxiety state not uncommonly has this biological emergency as its primary determinant.”

The fourth level Lake calls ‘transmarginal stress.’ It is so powerful that the person cuts off completely from the real self and may even turn against the self, wanting to die. It is the feeling of one in whom “the loathing of the pain of being born may be so great that the wish to die almost entirely replaces the former longing to live. In fact, the intensity of the earlier longing is transformed, mechanically and without any act of the will to the latter, at the point where sheer intolerance of pain takes over.”

Arthur Janov, the originator of primal therapy, then offers hope. Those who relive the peri-natal death experience are able to resolve fixations on death and suicide. In this thinking, the moments surrounding birth determine whether or not one will consider suicide as a serious alternative at a later age. In his theory, suicidal acts are an attempt to return to the death feeling, it is a way of recovering the original physiological experience where the baby came close to death in order to live.

**Basic Peri-natal Matrices of Stanislov Grof**

Birth matrices are general experiential patterns correlated to the stages of birth, and, according to Grof, do not imply causality. [What does “causal nexus” mean?] [Introduce the concept of 4 stages. There is mention here of “clinical” stages, as well as “birth” stages. Are these terms used interchangeably?]

The gestational stage is correlated with the peaceful and harmonious ecstasy of the oceanic type, it is a spiritual type of ecstasy, a tension-free condition with experiences of ego loss, identification with the Universe and God, with essential qualities of love, light and security. This matrix is related to the original condition of the intraterine existence during which the child and mother form a symbiotic unity. Unless some noxious stimuli interfere, the conditions for the child are optimal, involving security, protection, appropriate milieu and satisfaction of all needs. This symbiotic unity can have both a disturbed and an undisturbed nature.

During the contractions, feelings of antagonism with mother occur during the first clinical stage of delivery. The fetus is mechanically and chemically alienated from the mother with no possibility of immediate escape which may be later manifested as feelings of being trapped, of being hopelessly caught and overwhelmed. This episode belongs perhaps to the worst experiences a human being can have. Clinical symptoms correlated with this stage during psychotherapeutic sessions with entheogenic substances include general motor inhibition, agonizing mental pain and suffering, anxiety, overwhelming feelings of guilt and inadequacy, absolute lack of zest, selectively negative perception of the world and one’s own life, black and white perception of a world without colors, and feelings of unbearable and inescapable life situations with no hope of solution. Also the physical manifestations of depression are in agreement with this concept: feelings of oppression and constriction, loss of appetite and rejection of food, retention of urine and feces, inhibition of libido, headaches, cardiac distress, subjective breathing difficulties and various physical complaints interpreted occasionally in a hypochondriacal way. The suicidal ideation of this condition has typically the form of a wish not to exist, to fall into a deep sleep, forget everything, and not to awake the next day. It would connect with the Freudian model as episodes of early oral frustration in infancy, emotional deprivation in infancy and childhood, and various traumatic events in which the subject played the role of passive victim.

As the infant is thrust through the birth canal, synergism with the mother occurs during the second clinical stage of delivery. The uterine contractions continue, but the cervix stands wide open and the gradual and difficult propulsion through the birth canal begins. There is an enormous struggle for survival, mechanical crushing pressures and a high degree of suffocation. The system is not closed any more, however, and a perspective of termination of the unbearable situation has appeared.

The third birth stage of the “Death-Rebirth Struggle” is the stage when tremendous force is placed on the fetus as it is expelled from the womb. The mother’s womb, which for many months was experienced as a loving, benign and heavenly environment, has turned into an atmosphere of titanic force, where the young fetus negotiates life and death. The experiences of the third matrix are intensely dramatic, ominous, heavy, and place one’s self (or the collective) in immense struggles usually involving the status quo versus chaos and destruction. These can often be intensely violent times, or they can illuminate a tremendous struggle without any sense of resolution. Stan Grof describes the third peri-natal stage: “Perhaps the most striking aspect of this matrix is the atmosphere of titanic struggle, frequently of catastrophic proportions…The experiences can reach a painful intensity that exceeds by far what it seems any human could possibly bear.” When separation from the mother occurs, the symbiotic union ends and a new relationship with the mother must occur during the third clinical stage of delivery. In this matrix the agonizing experiences of several hours culminate, the movement through the birth canal is completed and a sudden relief and relaxation follow the maximum intensification of tension and suffering.

The fourth birth stage experience as described by Grof illustrates the resolution of the titanic conflict that the fetus continued on page 12
Birth Trauma continued from page 11

has undergone. The fetus is released from the tremendously potent contractive forces of the womb and is born into a new universe, a new existential situation. The newborn child is liberated from the contractive pulsations of the womb that seemed like an onslaught of monstrously destructive energy. Here, the child experiences a sense of liberation and relief. As Stan Grof describes, “This new situation is a significant improvement over the previous two stages… A person who has overcome the enormous trials of the second and third matrices and is enjoying the experience of rebirth associated with the fourth matrix usually has triumphant feelings.”

Peri-natal trauma and the Eight Extraordinary Vessels

The use of the eight extraordinary vessels of Chinese medicine has been an abiding interest for me since 1980, forming the core of my practice through the teachings of Taoism and people such as Van Nghi, Kiiko Matsumoto, Royston Low and Richard Van Buren. Over the years, I have spent much time sorting fact from fiction in the matters of the eight extraordinary vessels and found that many therapeutic conventions lack veracity in the clinical eniron. The correlation of the four nuclear vessels with the four phases of the birth process appears in this article for the first time.

The Nan Jing states in Difficulty 27, ‘the eight extra vessels are used to prevent flooding during storms.’ This flooding is the flooding of neurohumoral chemicals that overwhelm the individual during traumatic events leaving an imprint that can be triggered by various sensory input such as odors, sounds, images and sensations. These triggers can be called n-grams by Scientologists or samskaras in the Hindu traditions. These are basically neural pathways that have created patterns or grooves in the structure and physiology of the brain in such a way that they are habituated and easily triggered, these are the material of post-traumatic stress syndrome. The du, yang wei, and yang qiao all have pathways that cover brain areas. The nuclear vessels all have a root within the ming men and the kidneys, thus they have a relationship to the brain in terms of the narrow relationship of the kidneys.

The eight extraordinary vessels are often used as a direct means of modulating the neurohumoral and endocrinological responses to stressful events. Kiiko Matsumoto uses the yin qiao as a focus for the treatment of habituated neurohumoral responses to stress that is often called a ‘trauma treatment.’

The four primal linked vessels may be related to the four phases of peri-natal experience. These are the Ren, Du, Chong, and Dai. The coupled vessels of the Yin & Yang Qiao, and Yin & Yang Wei are related to post-natal traumatic events that push one to the edge of existence. The eight extras relate to deeper reservoirs that the twelve main channels rely upon to prevent physiological and psychological flooding when the storms of life become too intense. A reliable method of deciding when to use the eight extras is when the patient feels overwhelmed. There are few events in life more overwhelming than birth and death. The descension of the infant through the birth canal follows the pathway of the eight extraordinary vessels as they emerge from within the life-gate towards the perineum.

The oceanic experience in the womb is deeply connected to the Ren Mai.

The contracting phase fits perfectly with the function of the Dai Mai during labor. Traumatic events occurring at this stage can cause the individual to feel blocked and obstructed in life, according to Grof’s theorem. The Dai Mai is an effective vessel in terms of suppression of unwanted feelings.

The thrusting stage shares the same name of the Chong Mai. Pelvic thrusts can bring on eruptive pushing in order for the child to exit the birth canal; there may be merconium or blood as the intensity is peaking. The Chong Mai shares the blood component in what may be considered as the abdominal aorta.

The Du channel runs right up the spine and the child exiting the birth canal has an autonomy that is consistent with sea of yang, which is the Du.

4 birth stages

1. The oceanic womb state is related to the ren mai.
2. The contractions begin under the influence of the dai mai.
3. The baby drops into birth canal under the influence of the chong mai.
4. The baby comes out relying on itself under the influence of the du mai.

There is a history of theoretical discussion that connects earliest human biological changes and the eight extraordinary vessels. Taoist theories consider the four nuclear vessels in connection with the first cellular divisions of the developing fetus where the explosion of life within the first chromosomal connection at insemination creates the chong. As the cells begin division, the ren and du are formed. Then, as the second set of cells divide, the dai channel is formed.

This series of stages may be applied toward post-natal life events, as well. Creation and change recapitulate the birth process. An example is the teenager preparing to leave home. During pre-puberty, there is a mild state of affairs wherein the expression of the gestational stage is sustained. As the hormonal changes begin to take place with puberty, there can be frustration, depression, feelings of entrapment and an essential blocking of the will. At some point this erupts into the third matrix at the thrusting stage when the emotions become more cataclysmic and the energy is increased so that the process of separation from the parents can be realized. Upon leaving home, the youngster often feels the same levels of freedom and birth that correlate with stage four of the exit phase of Grof’s peri-natal birth matrix.

An exercise that can help to define this is to study the four peri-natal birth matrices of Grof, along with the corresponding vessel. Then take any creative process, experience of rebirth or change, and analyze it accordingly.
Clinical signs and symptoms of birth trauma

Clinical signs of birth trauma in the pulse include a positive 'pericardium' pulse (this is felt as a hard sharp pencil tip sensation in the middle of the left distal position) or arrhythmias. The hemodynamics in breeched birth or a wrapped cord is also reflected in the pulse. According to Hammer, the flat quality is found when the cord is wrapped around the neck at birth, whereas the tense and full quality is associated with a breeched birth. From the perspective of pulse diagnosis, the impact of birth trauma is a physiological, as well as psychological, event. When a condition begins during parturition or at birth, the proximal positions tend to be deep or weak, indicating a kidney yang jing depletion. These are relatively dependable signs of early trauma. A detailed history should be taken so as to rule out post-natal events as the cause for any of the signs or symptoms. A bluish-green tinge around the mouth suggests that the circulatory function was affected during the birthing process. [Explain what is meant by a “retreated, misanthropic timber.” It seems to have psychological implications. Do you mean a quality of voice that is reserved (retreated) and suspicious of others (misanthropic)? Perhaps give a psychological example for a deep or weak proximal position, as well.]

All traumatic events impact the Heart and circulation. Yu Nan Bai Yao is an effective remedy for resolution of old traumatic events. Its use need not be limited to the primary function of activating blood and stopping bleeding. The combination of aromatic agents to open the orifices and those to dispel blood stasis can have a profound spiritual impact and resolve deep-seated trauma from the past. This is a similar use to that of high potency arnica that some homeopathic schools use for a history of old trauma.

Eight extraordinary vessel pulses

The following pulse images do not necessarily indicate pathology in the vessel. They do indicate activity. The eight extra vessels are used by the body for compensation and adaptation. Their presence signals potentially useful interventions. The four nuclear vessels of the Du, Dai, Ren and Chong are the primary correlations for the perinatal analysis. The master-couple extensions, then, suggest post-natal adaptations to the perinatal matrix imprint.

Part II to be continued in the next issue of American Acupuncturist

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Factors Affecting Physician Referral to Acupuncturists

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The practice of acupuncture, which boasts more than 15,000 licensed practitioners, is one of the leading non-physician medical occupations (Lysell, 2004). However, physicians seldom coordinate healthcare with acupuncturists: only 43% of physicians have ever referred patients for acupuncture (Astin et al., 1998) and when referrals are made, these are almost always in response to patient requests (Berman 1999). Co-treatment without coordination is substantial: nearly half of the patient visits to acupuncturists are to treat problems for which patients are simultaneously receiving care from a physician with whom the acupuncturist has no contact (Cherkin et al., 2002). However, coordinated care is beneficial in terms of outcomes (Hays et al., forthcoming) and quality (Consensus, 1983).

In this perspectives piece, we discuss two mechanisms, scientific research and personal experience, that may influence physicians’ willingness to coordinate their patient care with acupuncturists through referrals. We argue that, despite scientific evidence and positive personal experience, physicians are not easily persuaded to proactively refer their patients to acupuncturists; this is due to skepticism about the credibility of scientific research on acupuncture and the lack of a causal link between understanding the safety and efficacy of acupuncture and trusting acupuncturists.

We have developed our opinions from 30 semi-structured interviews with physicians who hold differing opinions about acupuncture (Johnston, et al forthcoming) and a review of the literature. Additionally, the second author is founder of the UCLA Center for East-West Medicine, an organized unit within the Department of Medicine with physicians and acupuncturists working as a team in the Center clinic. The Center has excellent referral relations with more than 150 physicians at UCLA, who refer more than 1200 new patients annually.

Familiarity with Scientific Research

If evidence-based medicine is relevant, then the available scientific evidence on acupuncture should be a primary factor shaping physicians’ decisions about referrals to acupuncturists. In 1997, a National Institutes of Health (NIH) consensus conference concluded acupuncture therapy is of demonstrable effectiveness for treating adult nausea and vomiting arising from operations and chemotherapy and also in postoperative dental pain (NIH, 1998). Furthermore, the consensus conference noted that acupuncture is potentially effective in treating other conditions such as back pain, stroke rehabilitation, and drug addiction. Since then, additional studies have shown further supportive evidence of efficacy in conditions such as osteoarthritis of the knee (Berman et al., 2004) and neck pain (White, Lewith, and Conway, 2004).

The availability of credible scientific research demonstrating the effectiveness of acupuncture does not necessarily mean that physicians have read this literature. In fact, of the thirty physicians with whom we discussed acupuncture, only five demonstrated more than a passing familiarity with relevant scientific research. These five had studied acupuncture and taken steps to incorporate the therapy into their own practice.

Thirteen of the twenty-five physicians vaguely familiar with the scientific research on acupuncture generally held two kinds of negative opinions about this research. The first was skepticism about the validity and reliability of scientific research on acupuncture. The second was an interpretation of the evidence, demonstrating a placebo effect, not as a mechanism of effectuating cure. Those physicians who minimized the merit of scientific acupuncture research were uniformly unwilling to proactively refer their patients to acupuncturists. Only one was willing to refer in response to patient demand.

Nine of twenty-five physicians held a positive opinion of this research, though not all were willing to refer their patients to an acupuncturist. Five indicated that they do not do so for practical reasons – either they practice acupuncture themselves, or they have yet to develop a professional relationship with an acupuncturist. Three indicated they proactively refer; and one more said he refers in response to patient demand. These four physicians saw acupuncture as playing an adjunctive role, potentially valuable for treating ailments not amenable to conventional therapy, or as an option for patients unable to tolerate conventional therapy.

Three of the twenty-five physicians knew almost nothing about the scientific literature on acupuncture.

Personal Familiarity with Acupuncture

Clinical experience plays an influential role in shaping medical decision-making. Among the interviewees, twenty-one of the thirty physicians discussed either direct or indirect personal experience with acupuncture. These physicians spoke of exposure to acupuncture in three different ways: personally receiving treatment, personally administering treatment, and hearing about acupuncture from their patients.

For those unfamiliar with acupuncture as a medical procedure, receipt of a treatment may lead to an intuitive appreciation of statements found in the literature about safety: When used in accordance with state regulations and performed by a competent practitioner, acupuncture is safer than standard conventional treatment (Birch et al., 2004). However, it is unlikely that receipt of a successful treatment would lead a physician to trust in the efficacy of an unfamiliar medical procedure. In line with
evidence-based medicine, efficacy is best demonstrated through meta-analyses of randomly-controlled studies involving many patients. Perhaps because safety alone is insufficient grounds for referral, none of the three interviewed physicians who had experienced acupuncture are proactively referring their patients to acupuncturists.

Six of the physicians reported experience in personally administered acupuncture. While three continue to practice acupuncture, three had stopped. For example, one physician explained that he successfully used acupuncture to treat patients with arthritis, chronic pain, migraine headaches, and stroke but later shifted his practice to treat patients with cancer. In response to a question about referring his patients suffering from cancer-related pain, he replied he does not do so because he does not personally know an acupuncturist whom he considers to be competent and reliable. All six of these physicians, presumably, are aware of the efficacy of acupuncture for treating at least some conditions, but personally understanding that acupuncture is safe and efficacious does not necessarily persuade physicians about the benefit of referring their patients to acupuncturists. Of the six physicians, only one proactively refers, and this is to an acupuncturist on his staff.

None of the physicians reported hearing positive testimony about acupuncture from more than a few of their patients. Only a few had heard some positive patient testimonies, but none were willing to proactively refer. Three physicians attributed negative patient outcomes because of acupuncturists. For example, one physician claimed that a patient who had died from Hepatitis B caught the infection because they had seen an acupuncturist who may have used an unclean needle. These three physicians were strongly opposed to their patients seeing acupuncturists and justified their position by referencing either improper treatment by an acupuncturist or the potential danger with the therapy itself. If indirect experiences with acupuncture were more regular and more positive, physicians might develop the trust necessary for proactively making referrals to acupuncturists.

Conclusion

Only five of thirty physicians with whom we discussed the issue of referrals indicated they proactively refer their patients to acupuncturists, with three additional physicians indicating they refer in response to patient request. However, neither scientific evidence nor personal experience has been strong facilitators for referrals. Nearly half of the interviewees expressed considerable skepticism about the credibility of scientific research on acupuncture. When discussing personal experience, interviewees alluded to a gap between personal recognition for the safety and efficacy of acupuncture therapy and having a personal relationship with an acupuncturist with whom they would feel comfortable referring their patients.

Societal trends seem to herald the advent of coordinated care between physicians and acupuncturists. Sufficient scientific evidence shows that patients benefit from acupuncture (Birch, et al., 2004), and many patients are satisfied with acupuncture as a medical therapy (Cassidy and Emad, 2002). Further, in a recent report, the prestigious Institute of Medicine (IOM) argued for the development of a new health care system that builds on the strengths of all health professionals (IOM, 2004). These trends raise the hope that physicians will begin proactively and consistently referring patients to acupuncturists, as evidence diffuses into their professional community and they accumulate personal experience with acupuncture therapy. Efforts that provide focused education and exposure may promote the development of relations between physicians and acupuncturists (Cassidy 2002), but our experience at the UCLA Center for East-West Medicine suggests that a critical element would still be missing—appreciation of the strengths and limitations of each professions’ practice of healing.

References


continued on page 31
Dr. Jae Ma Lee revolutionized traditional eastern medicine with his creation of Sasang Medicine approximately one hundred years ago in Korea. Sasang Medicine is a form of constitutional medicine that determines a person’s body type based on his or her physical and mental characteristics. Specific treatments are applied based upon this determination.

Traditional eastern medicine classifies the signs and symptoms of a disease by what is known as “syndrome differentiation” or “pattern identification.” In contrast, Sasang Medicine focuses first on differentiating a person’s constitution, or body type, before taking into account syndrome differentiation. This is the reason Traditional Eastern Medicine is called “Syndrome Medicine,” and Sasang Medicine is called “Constitutional Medicine.” Both medicines can also be distinguished in terms of the Western medical divisions of the causes of disease. Western medicine separates pathological causes into hereditary factors and environmental factors. According to this mode of thought, Traditional Eastern Medicine primarily deals with environmental factors, while Sasang Medicine emphasizes hereditary factors.

Sasang Medicine is theoretically consistent with the principles of the I Ching. Clinically, it has the advantage of preventing illnesses by correcting the imbalances within each body type prior to their onset.

The Cosmological View of Sasang Medicine

The cosmological view of Sasang Medicine is identical to that found in the I Ching. The essential concept is that all things in nature possess variations of Yin and Yang. (Fig. 1) Among these things, minerals have the greatest variation, some having a great amount of Yin and a small amount of Yang, while others have a great amount of Yang and little Yin. Among the minerals, sulfur, which can readily turn into fire, is significantly more Yang than Yin. In contrast, mercury, which is very heavy and cold, is significantly more Yin than Yang.

Since life is basically a “balancing act,” any sustained extreme of Yin or Yang destroys it. Therefore, those having extreme variations in Yin and Yang, like minerals, cannot support life. Living organisms, by nature, must have a lesser variation in Yin and Yang than minerals, or else they would be unable to sustain life.

In the analysis of things in nature, life has less of a variation of Yin and Yang. Although this degree varies among animals, they always contain more Yang than Yin. Chinese restaurants often display Zodiac charts in which you can see the 12 animals of the Chinese horoscope. Among these 12 animals, the horse has the highest degree of Yang (and less Yin), whereas the rat has the lowest degree of Yang (and the most Yin).

On the other hand, plants retain more Yin than Yang. This is because, while animals move actively, plants do not. Plants, like animals, also have variable ratios of how much more Yin than Yang they contain. For example, ginseng, an herb that invigorates metabolism, has a relatively lower amount of Yin in comparison to moss that grows in cold, damp regions.

Humans have the least variation in Yin and Yang when compared to animals and plants. Therefore, among all things in nature, organisms have less of a variation than Yin and Yang than minerals, while animals have less of a variation in Yin and Yang than plants. In fact, humans are relatively close to a 50:50 ratio, allowing us to maintain a near perfect harmony and balance of Yin and Yang.

What some biologists call evolution is nothing more than the progression of a substance from a greater to lesser variation of Yin and Yang, or from extremes of Yin and Yang to Yin-Yang balance.

In Sasang Medicine, a person who is perfectly harmonized in Yin and Yang is called a Sage or Enlightened Being, and is considered a god. God is a perfect harmonization of Yin and Yang, completely unbiased, without greed or desire for particular things. Partiality or prejudice only appears in beings of Yin and Yang imbalance. This imbalance creates desire, and desire creates sin, suffering and disease. With this in mind, God suffers no diseases and can live forever.
Although human beings have less of a variation than other animals, they still maintain some imbalances in Yin and Yang. Thus, human beings have desires, which in turn create sin, suffering and disease. Just as a cracked record album wobbles on a record player, human beings live their lives to an imperfect tune. Ultimately, the variation of Yin and Yang in humans is inherited.

Because human beings do not embody the perfect balance of Yin and Yang, regardless of how healthy a person may be, he or she is still predisposed for certain diseases. Although a standard Western medical exam might not reveal any abnormalities, it does not eliminate the possibility of disease. Western medical exams cannot accurately measure the tilt of Yin and Yang within a person. Therefore, they cannot predict diseases that may arise in the future, nor can they perceive diseases that may exist at a subclinical level. Even if a person has a great imbalance of Yin and Yang (for example, a 40:60 ratio), if the disease does not clearly manifest, western medical examinations will show nothing. For example, it takes approximately five years for a single cell of certain types of cancer to develop and ten years for the tumors to grow one centimeter, big enough to be detected by an MRI's measuring unit of one cubic centimeter. This means that the diagnosis of cancer can only be made after 15 years of continued imbalance in Yin and Yang. By the time a single cancer cell is detected, tens or hundreds of cancer cells may have already metastasized to other places in the body through the blood or lymph vessels.

Absolute health can only result through the determination and adjustment of the body’s fundamental Yin and Yang imbalance. The diagnostic methods of Sasang Medicine can illuminate this path to health. According to Sasang Medicine, people who constitutionally have more Yin than Yang are called Yin type persons, and those who have more Yang than Yin are called Yang type persons. Yin persons who show a tendency to gradually accumulate Yin are called Taiyin (Taiyin), while those whose Yin starts to decrease after initially having a large quantity are called Shaoyin (Shaoyin). Yang persons who show a tendency to gradually increase their Yang are called Taiyang (Taiyang), while those whose Yang starts to decrease after having an initially large quantity are called Shaoyang (Shaoyang).

Sasang Medicine takes full advantage of the different energetic tilts of things in nature. If a virus with a 40:60 variance of Yin to Yang invades and upsets the homeostasis of the body, Sasang Medicine can restore balance by offering medicine or food with the opposite (60:40) variance. Almost any substance can be used as medicine to cure disease because all things in nature have uniquely differing tilts of Yin and Yang. Foods have little variation in Yin and Yang and do not cause dramatic changes in physiology. Nevertheless, they should be eaten in accordance to individual body types since the ingredients we use as food (plants and animals) have a greater imbalance of Yin and Yang than the human body. For example, Yang foods taken in large quantities over time can bring Yin persons to balance as effectively as any medicine. However, in order to harmonize Yin and Yang in the shortest amount of time possible, medicines of a mineral origin should be taken, as they have a greater tilt in Yin and Yang.

In traditional Eastern medicine, there is no real distinction between foods, medicines, and toxic substances, because they all exist along a continuum. Substances that have little tilt in Yin and Yang (such that they do not greatly change the Yin and Yang of humans when eaten daily) are considered food. Substances that have a greater tilt in Yin and Yang, able to cause greater changes in the tilt of Yin and Yang within humans are considered to be medicines. Lastly, substances that have an extreme tilt in Yin and Yang, enough to tilt the Yin and Yang of humans into irreparable imbalance (capable of killing quickly, as a result), are considered toxins or poisons.

Grains may serve as a staple in everyone’s diet, since they have the least amount of Yin and Yang tilt among all plants. As rice has a Shaoyang nature, it can supplement the lack of Yang in Shaoyins, whereas wheat’s Taiyang nature may supplement the lack of Yang in Taiyins. Barley has a Shaoyin nature and can supplement the deficient Yin of Shaoyangs. Buckwheat has a Taiyang nature, so it can supplement the lack of Yin in Taiyangs.

Foods are not the only means of treatment used in Sasang Medicine. Various types of stimulation have a Yin and Yang tilt as well. For example, different sounds may be used to regulate the imbalances of each body type. So may light, smell, tactile sensations, temperature, seasons, and the four emotions of joy, anger, sadness, and pleasure. In truth, all matter or phenomenon that we can (and those that we cannot) conceive have a tilt of Yin and Yang, and can be used to regulate a person’s constitutional imbalances.

To be Continued: Part II of this article will be on the external appearance of Sasang body types.

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다음 기사는 김기현과 이성환이 저은 “주역의 과학과 도”에서 발췌한 내용이다.

김기현은 3대 한의사이며 황제 한의과대학 학과장을 역임했고 캘리포니아 대학 (UC Irvine)의 전 연구원으로 첫의 기전을 연구했다. 조현영의 “동쪽한의학원론”과 송일병의 “인기 쉼운 사상의학”을 읽었으며 사상의학을 소개한 "건강의 나침반 (Compass of Health)"을 영어로 저술했다. 현재 캘리포니아의 엔시노에서 한의원을 운영하고 있다.

이성환은 경희대 한의과대학을 졸업하고 캘리포니아 대학 (UC Irvine)에서 생각을 촉발할 수 있는 기계인 fMRI 연구로 다년간 첫의 기전을 연구했다. 소설 “단”의 실존인물인 봉우 헌데훈 선생과 우리나라 좌도방 (左道房)의 도통을 이은 이계형 선생께 사사하였다. 전 경희대 동서의학대학원 교수로 한의학과 앙의학의 결합된 치료법을 연구했으며 현재는 동서통합의원을 개업하여 질병 치료에 힘쓰고 있다.

사상의학

한국에는 사상의학이라는 독특한 한의학이 있다. 각 개인의 체질을 신체구조의 특징과 성격에 따라 사상으로 분류해 같은 병이라도 체질에 따라 다른 치료법을 써야 한다. 한국에도 중국, 일본과 같이 전통 한의학이 있었으나 약 100년 전 이계기는 현대의자 사상의학과 사상의학을 만들었다. 사상의학은 이론적으로는 역경의 이론에 잘 부합하고 임상적으로는 병이 생기기 전에 체질상의 단점을 보완하여 질병을 예방할 수 있는 장점이 있어 현대에 더욱 각광을 받고 있다.

전통의학은 질병 증상의 특징을 음양오행이론으로 분류하여 진단을 하는 데 반해 사상의학은 조금 판점이 다른 역경의 이론에 따라 체질의 특징을 사상으로 분류하여 체질을 구분한 후에 병명을 쓰게 된다. 그래서 전통의학은 증후의학이라고 하고 사상의학은 체질의학이라 한다. 현대의학에서는 질병의 원인을 크게 유전적인 소인과 환경적인 소인으로 구분한다. 한국의 전통의학은 질병의 환경적인 소인을 주로 다루며, 사상의학은 질병의 유전적인 요소를 중요시한다. 이중에도 사상의학은, 국기에 태극과 4체를 그리 넣고 전통학교의 대문에 태극을 그리 넣고 도로 역경을 지극히 승상하는 한국인들의 독특한 의학이다.

1) 사상의학의 우주관

사상의학의 우주관은 물론 역경의 우주관과 독가다. 우주의 만물은 음양의 편차가 있다 (그림 1). 동물은 양이 음보다 많다. 그 차이는 각 동물마다 다르지만 항상 음보다 양이 많다. 따라서 12가지 동물 중에 양을 가장 양과 음의 차이가 크고, 뒤는 가장 작다. 그래서 동물체 전체를 태극으로 볼 때, 양을 가장 양적 동물이라 하고 양을 가장 음적인 동물이라 한다.
식물은 음이 양보다 많다. 그래서 동물은 활발하게 움직이고 식물은 움직이지 않는다. 식물도 그 종류에 따라 음이 양보다 많은 정도가 다르다. 먹으면 신전대사가 활발해지고 손발이 따듯해지는 인삼은 충고 습지에서 자라는 이끼보다 음이 양보다 적은 정도가 작다. 사람은 동물이나 식물에 비해서 음양의 편차가 작다. 동물이나 식물에 비해서 음과 양의 비율이 50:50에 가깝다.

우주의 만물 중에 음양의 편차가 가장 큰 것은 광물이다. 광물은 음이 양보다 아주 많은 것도 있고 양이 음보다 아주 많은 것도 있다. 생물과 무생물의 차이는 음양의 편차가 작아서 음양이 어느 정도 조화되어 있는 것이 생물이고, 광물의 형태인 무생물은 음양의 편차가 아주 심한 것이다. 음양이 어느 정도 조화된 동물이나 식물은 생명이 있고, 음양의 편차가 아주 심해지면 생명을 잃게 되어 광물로서 존재하게 된다.

생물과 무생물의 차이는 생식으로 종족 번식을 할 수 있는가 없는가의 차이에 주의의 사물을 인식하고 나아갈 바를 결정하는 능력이 있는가 없는가의 차이에
아니다. 음과 양의 법칙에 100% 음과 100% 양을 가진 물질은 존재하지 않는다.
음과 양은 편차가 있을 뿐, 어느 물질이든 음과 양을 함께 지니고 있다. 아주 극소량이라도 음과 양이 구비되어 있으면 의식이 있어 생각하고 결정을 내릴 수 있다. 자석을 아무리 잘게 잘라도 N극과 S극이 존재하고, 소립자를 아무리 잘라도 파동성과 입자성을 가지고 있는 것이 순음, 순양이 없다는 것을 증명한다. 광자의 두 구명 실험이 보여주듯 극소량이라도 음과 양이 구비되어 있으면 의식이 있어 생각하고 결정을 내린다.

광물 중에 바로 불로 변할 수 있는 유황은 양이 음보다 아주 많고, 매우 무겁고 차가운 수온은 음이 양보다 아주 많다. 우주 만물 중에 생물은 광물보다 음양의 편차가 적고 생물 중에 동물은 식물보다 음양의 편차가 적고 동물 중에 사람은 음양의 편차가 적어 음양이 거의 조화되어 있다. 그다니 정확히 50:50으로 조화된 것은 아니다. 정화한 음과 양이 50:50으로 조화된 것을 사상의학에서는 신(神)이라 한다.

음양 편차가 많은 곳에서 적은 곳으로 발전되는 것을 생물학자들 중에는 진화라고 부르는 사람들이 있다. 광물에서 색물로, 색물에서 동물로, 동물에서 사람으로 사람에서 신으로 진화한다고 한다. 그래서 그런지 수양이 많이 된 사람들이 성인으로서 신처럼 생각하고 행동한다. 사상의학에서는 음과 양이 50:50으로 조화된 사람을 ‘음양화평지인(陰陽 之人人)’이라 하며 신이라 한다. 신은 음과 양이 완전하게 조화되어 병이 없고 마음이 평온하여 어느 특정한 것만 좋아하는 욕심이 없다.

편에는 음양 편차의 발로로 필요 없는 욕심을 만들고 욕심은 죄악과 질병을 만든다. 그래서 신은 병도 없고 영원히 살 수 있다. 그러나 인간은 다른 동물들보다는 음양에 편차가 적지만 있어서 욕심이 생겨나고 왜를 찾고 병이 생겨 이가 빠진 원판처럼 빼물빼물 굴러가다 100 세를 못 넘기고 죽는다.

사람의 질병과 죄악은 타고난 음양의 편차에 의해서 생긴다. 사람은 예초에는 신처럼 음양의 비율이 50:50으로 조화되어 만들어졌으나, 신의 명령대로 에덴 동산에 있던 음양이 조화된 음식만 먹지 않고, 음양의 편차가 있는 선악과를 따먹어 음양의 편차가 생겼다. 만약 성경의 저자가 역경을 임었다면 인간의 원죄를 음양의 편차로 설명했을 것이다.

사상의학에서 음양의 편차에 따라 음이 양보다 많은 사람들을 음인이라 하고 양이 음보다 많은 사람들은 양인이라 한다. 음인 중에 음이 점점 많아지는 경향을 보이는 사람은 태음인(.mock), 음이 아주 많아졌다가 적어지기 시작하는 사람을 소음인(mock), 양이 점점 많아지는 경향을 보이는 사람은 태양인( mockery), 양이 아주 많아졌다가 적어지기 시작하는 사람을 소양인( mockery)이라 한다.

음인들은 음을 많고 양이 모자라는 사람들이나 평소에 음보다 양이 많은 음식을 먹어서 양을 보충해야 하고, 음이 많고 양이 모자라는 것이 심각해서 이미 병이 되었으면 양과 음보다 아주 많은 천연 약물을 먹어 병을 치료해야 한다. 병이 극심하여 죽을 위기에는 음양 편차가 심한 광물성 독약(약약)을 쓰야 한다. 우리가 먹을 수 있는 음식은 음양의 편차가 적어서 인체 생리에 큰 변화를 주지 않으나 그래도 음양의 편차는 있어 체질에 맞추어서 먹어야 한다. 음식의 제료로 쓰이는 식물이나 동물은 사람보다 음양의 편차가 심하다.
음인은 양이 부족하니 양이 많은 음식을 먹어야 한다. 음식물도 많이 먹으면 악
 못지 않게 사람의 음양의 편차를 바꾸어 놓는다. 빠른 시간 안에 음양의 편차를
 조정해 주려면 음양의 편차가 큰 광물성 약을 먹어야 한다. 동물이나 식물로
 되어있는 한약은 그 물을 많이 먹어야 하지만 양약은 그에 비해 아주 적은 양을
 먹어도 빠른 효과가 있는 것은 음양의 편차가 심하기 때문이다. 한의학에서는 약과
 음식물, 독물의 구분이 따로 없다. 음양의 편차가 적어서 늘 먹어도 사람의 음양의
 편차를 크게 만들지 않는 것이 음식물이고, 음양의 편차가 많이 보이는 사람의 음양
 편차를 크게 변화시키는 것이 약이고, 음양의 편차가 극히 심해서 사람의 음양
 편차를 무생물 수준으로 만들어 빠르게 죽게 만드는 것이 독물이다.

우주의 만물은 각기 다른 음양의 편차를 가지고 있다고 누누이 말했다. 음양의
 편차를 가지고 있는 것은 반드시 어떤 특정한 작용이 일어난다. 음양이 조화를
 이루었을 때 항상성 (Homeostasis)이 일어나고 음양이 원하는 생리 이상으로
 편차되어 항상성 상태가 가져지는 것이 벌이며 그 벌은 음양의 편차가 거꾸로 되어
 있는 외부의 물질이 주입되면 치료될 수 있다. 예를 들어 음과 양의 50±2, 50±2로
 균형이 잡혀 있을 때 일어나는 생리변화가 음적 작용과 양적 작용을 40: 60으로
 만드는 바이러스의 침입으로 그 생리의 항상성이 깨져 벌이 나면, 음이 60, 양이
 40인 약물이나 음식을 주입하거나 먹으면 항상성이 복구되면서 벌이 낳는다.
우주의 만물은 각기 다른 음양의 편차를 가지고 있고 그 편차에 따라 작용이
 일어나기 때문에 우주의 어떤 물질도 병을 고치는 약이 될 수 있다.

사람은 음양의 비율이 50:50인 완전한 음양의 조화를 이루고 있지 않기 때문에
 아무리 건강한 상태라도 질병의 근원을 가지고 있다. 양방적 검사에서 병이 없는
 상태라도 언제 병이 될지 모른다. 양방적 검사는 음양의 편차를 정확하게 측정할 수
 없기 때문에 양방적 검사에서 병이 없다고 하는 것이 음과 양의 50:50으로
 조화되어 있다는 것이 아니다. 양방의 진단기계는 음양이 많이 깨어져서 40:60이
 되더라도 밝으므로 질병이 표현되지 않으면 질병이 없다고 판정한다. DNA가 변형된
 후 암세포 하나가 한 개의 세포에서 MRI로 판단된 단위인 1cm이 되는 데는 약
 10년이 걸리고, 음과 양의 불균형이 15년이나 지속되어야 암이라고 진단하게
 된다. 그러므로 암이 1cm이 되면 이미 몇 십 개, 몇 백 개의 세포가 헌관이나
 를프관을 타고 벌써 전이되어 있다고 생각해야 한다.

완전한 건강을 이루려면 아무 질병의 증상이 없을 때라도 자기의 음양 편차를
 사상의학의 진단법에 의해서 알아내고 그 음양 편차를 조정할 수 있는 음식물을
 먹어야 한다. 곡식은 식물 중에서도 가장 음양의 편차가 적어 주식으로 쓰는
 것이다. 땅은 소양의 성질을 가지고 있어 그 반대가 되는 소음인의 모자라는 양을
 보충해 주고, 밑은 태양의 성질이 있어 태음인의 모자라는 양을 보충해 줄 수 있다.
음식물만 음양의 편차를 조정해 줄 수 있는 것이 아니라 모든 자극은 음양의 편차가
 있어 사람의 음양편차를 조정할 수 있다. 소리도 사상으로 나눌 수 있으니 각
 체질의 음양편차를 조정해 줄 수 있다. 빛, 밤, 해.세에 대한 피부의 감각, 계절의
 음양편차, 희노예락의 감정, 우리가 생각하거나 생각할 수 없는 우주의 모든
 물질이나 현상은 음양의 편차가 있어 역경의 이론에 따라 음양으로 분류될 수
 있으니 그 이론에 따라 사람의 체질을 조정해 줄 수 있다.

다음에 연재되는 기사에서는 사상인의 질모습에 대해 설명할 것입니다.
**Bed and Health** By Bernard M. Hua, L.Ac. (M.D. in Taiwan)

Everyone knows how important sleep is in daily life. Most people spend one third of their lifetime sleeping. The basic functions of sleep are to relieve tiredness, allow you to regain energy, and allow your internal organs rest from the rigors of waking activity. Good sleep improves your appearance, puts you in a good mood, elevates your spirit, and is generally an excellent reward to your body for hard work. Conversely, without good sleep, you will appear visibly tired, experience a drop in energy level and a dip in your mood, and most importantly your daily performance will suffer greatly.

Long periods without good sleep can cause dizziness, palpitations, a poor appetite, and a sickly pallor in the face. If the situation is not rectified promptly with a regime of regular and sound sleep, it can further develop into insomnia, which is notoriously hard to cure.

There are many different kinds of beds or mattresses. There are, for example, those made of rice straw, wheat stems (floor mats), wood planks, ivory, iron, bamboo, iron springs, water, etc. There is the popular Japanese bed (called ta-tami in Chinese), and even a brick bed (still used in some areas of northern China, it is warmed underneath by fire fueled with animal dung, timber or coal). I believe most people would say that the spring mattress is the best, because it is soft and comfortable. But do you know which kind of bed is the best for your health? The answer is definitely not the spring mattress, but is a bed made of wooden planks or boards. Are you surprised?

Clinically, it has been found that many patients suffer from back pain and lower back pain. Of course, there are many reasons to cause those problems. However, if you ask them what kind of bed they sleep on – the answer is always “a spring mattress!” Ask this question a thousand times, and a thousand times the answer comes back the same – a spring mattress! Even if you want to buy a bed with a wood sleeping surface, it is not easy. The materials and quality of a spring mattress are soft. We experience a lot of comfort while lying down on it. But, if this mattress is used continually over a long period of time, many people will feel soreness and pain in the back and lower back regions. Why does the spring mattress cause pain symptoms in the back, but not a bed made of wood? What is the reason? After a detailed consideration of the Mechanic's Principle, I came to the following conclusions:

**Fig. I**

Figure. I is a side view of a human spinal cord. It reveals that the human spine is curved. One curve starts at the occipital area to the upper back area; the other curve begins at the thoracic area and ends at the hip.

Figure. I is a side view of a human spinal cord. It reveals that the human spine is curved. One curve starts at the occipital area to the upper back area; the other curve begins at the thoracic area and ends at the hip region.

Fig. II shows a curve of the human spine as it would appear while lying on your back. You can imagine that the curve arches like a bridge. Now we can divide the bridge into three points: point A, point B, and point C. Point A and C are the two supporting legs of the bridge, point B is the middle part of the bridge (also called the center of gravity).

According to Mechanic's Principle, assuming the bridge foundation is firm and strong, and applying some basics of Newton's Law, the arrow points A and C show the amount of the acting force and the opposite force are equal, but their direction is different (opposite). Therefore, the B point (middle part) that bears the force is the component force, which means the pressure over B point is very little (theoretically approaching zero). Since the forces have been evenly distributed to the two supporting points, B point (middle part) can carry no force (burden). Because of this, the bridge is able to last and endure. There is a curve on the hard bed in Figure II. This curve represents the bridge, and also represents the curves of the lumbar and cervical regions of the human spine.

**Fig. II**

Now, let's apply this theory to sleeping on a hard (firm) mattress or bed. Point A represents the supporting point of your upper back, point C represents the supporting point of your hips. The arrows pointing downward represent a human's weight on the bed, or the acting force. The arrows facing upward represent the opposite force of the hard bed. The amount of the acting force and the opposite force are equal, but their direction is opposite. Therefore, the pressure in the middle point (point B representing your lower back) is almost approaching zero, because the middle point burden (force) has been distributed evenly to the supporting points of the two sides. Clearly, we can see that when we sleep on a firm mattress, the muscles, tendons, and ligaments over the lumbar region have less burden (force), and therefore, it's easy to recover from fatigue.

For those people who sleep on a spring mattress or other kinds of soft mattresses, the treatment of their backs can be likened to a bridge built on the sandy and unsteady foundation of a beach. According to Newton's Law, the two supporting points of the bridge's acting force are larger than the opposite force because there is the lack of a firm foundation. In this case, the supporting points of the bridge don't have proper support and the
weight will inevitably shift to the middle part of the bridge. Therefore, the middle part of bridge bears what is termed resultant force. There are infinite multiple differences between the resultant force and the component force, because the component force is zero, and zero can be an infinite multiple to any number. Now, if a heavy truck crosses over the bridge, it is possible there will be a crash in the middle part of the bridge. The human being’s lumbar curve is the same as the structure theory of the bridge.

**Fig. III**

The physical and physiological functions of a soft mattress are shown in Figure III. The points A and C (arrows pointing downward) represent the human body. The arrows pointing upward represent opposite force. The arrows pointing downward are larger than the arrows pointing upward, revealing that the opposite force of a soft mattress is smaller. In this situation, the two supporting points bear resultant force; the meaning of resultant force is to focus gravity forces of two sides together in the middle part of the curve. In other words, the middle part of the curve bears a heavy (huge) burden.

The spinal cord is the main trunk of the human body. The spinal cord supports the majority of the body’s weight; it’s a combination of bones, joints, discs, ligaments, tendons and muscles. Based on the above theory, sleeping on a soft mattress forces the middle part of the lumbar spine to bear more resultant force. We keep a certain tension on muscles, tendons, and ligaments of the lumbar spine, if we sleep 8 hours during the night. After long hours of sleeping in this manner, this tension will cause fatigue. The surrounding muscles, tendons, and ligaments will structurally weaken and lose their elasticity. This can easily result in further injury to the lumbar area if it is turned quickly, if the arms and legs are stretched in a certain manner, for example, in bending or moving objects, or even with a simple cough or sneeze. Furthermore, extended pressure on the spine can cause the disc to weaken, to shift off-center, or to become brittle and break. The intervertebral disc nuclear protrusion later can cause pinched nerves, lumbago, or adhesions with the surrounding tissues. The movements of the lumbar area are generally limited in bending or rotation. In time this will lead to sclerosis, even calcification and ossification. In severe cases, the individual may become bed-ridden.

The movement of people bending to pick up objects, according to the function of length of lever arm and torque in physics is such that when you bend to pick up a 10 kilogram object, your lumbar spine supports 10 times the weight of that object. In this case, your lumbar spine will bear 100 kilograms of weight. (1 kilogram = 2.2046 pounds) If you are not skilled in physical work, how can you come away without a lumbar injury?

The cervical spine is a curve; the same theory also applies to the cervical. Sleeping on a spring mattress for a long time will cause herniated disc of the cervical spine.

Of course, auto accidents or sports injuries are the most common reasons to cause disc bulge of the cervical spine. The intervertebral discs C5-C7, or C6-C7 are where herniated discs of the cervical spine are commonly seen; the intervertebral discs L1-L2, L4-L5, and L5-S1 are where disc protrusions are commonly seen.

Why is a bed made by wooden planks the best? Because it greatly matches the Mechanic Principle. It makes the lumbar spine of the human body lying on it bear the component force. The component force can greatly minimize the pressure (burden) of the lumbar spine. The lumbar region can get completely rested while lying on a bed made by wooden planks as the muscles, tendons, ligaments of the lumbar spine do not need to be tense over a long time.

Maybe some people will say, “The bed made by wooden planks is too hard. How can you sleep when you are suffering?” Although it is hard, you can put two layers of a cotton quilt blanket on it. Since the underneath foundation is hard and stable under the quilts, the component force will still function in the middle point of the lumbar spine.

**The treatments for disc protrusion of cervical or lumbar spine:**
- Resting in bed for general cases
- Performing traction in bed, or even considering surgery for severe cases
- Acupuncture
- Physical therapy: infra-red, massage, tui-na therapy, ultrasound, heat pad, etc.
- Brace, orthosis

**Self care for disc protrusion of cervical or lumbar spine:**
- Always stand up straight, have good posture
- Avoid flexion (bending forward) of cervical or lumbar regions
- Avoid exercise of lumbar region
- Avoid using extremely hard or thick pillows as a prevention for disc protrusion of the cervical spine

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睡床與健康

睡眠是人生最重要的大事，因為它佔用了人生三分之一的時間。睡眠的功用在於解除疲勞，恢復精神、體力，及內臟功能等。睡眠好則次日容光煥發，精力旺盛，情緒良好。做起事來心情與精神都好，愉快成功。若是睡眠不好，第二天就會顯得神疲乏力，無精打采，心神不定，情緒低落，必定會影響工作的成效。

長期睡眠不足的結果會發生日漸消瘦，頭昏乏力，心悸頻作，納穀不香，面色萎黃等症狀。繼續發展下去，就會形成失眠症。失眠是很難徹底根治的毛病。

床的種類繁多，例如稻草或麥稈地鋪、褐毯米、土炕（土炕華北至今仍有，大多燃燒牲畜之糞以取暖，也有燃燒木柴或煤炭者）、木床、象牙床、鐵床、竹床、彈簧床、水床等等。相信大多數的人，都會認為彈簧床最好，睡上去柔軟舒適。因爲人都是貪圖安逸舒服的，所以彈簧床最受人歡迎。您知道那一種床最有益健康嗎？答案絕對不是彈簧床，而恰恰是木板床。您覺得奇怪嗎？

臨床上發現，腰酸背痛的患者相當普遍。其原因固然很多，然而追問他們所睡的是那一種床？答案千篇一律，都是彈簧床。時代進步了，如今有誰不睡彈簧床？即便想買木板床，也不容易買得到。彈簧床質地柔軟，睡在上面非常舒適，但是在彈簧床上睡得久了，許多人都會覺得腰酸背痛。為什麼彈簧床容易引起腰酸背痛？而木板床偏就不會，這是甚麼道理？筆者經過對【力學】的細心推敲，得出一個道理如下。

![脊椎結構圖](image)

上圖是側面的人體脊柱圖，顯示人體脊柱是有曲線的。最左邊為第一顱椎，其次一節節相連，直到尾椎末端。從頭的枕部到肩背處形成一條曲線，又從胸背到臀部也形成另一條曲線。
當人躺在床上時，這曲線與床面結合形成下圖。您可以把這曲線想像成一座陸地上的高架橋。現在我們將這座陸橋分作A、B、C三點，A點、C點各為陸橋兩端的支點，B點為陸橋的中心（或稱重心或重點）。

根據力學原理，假設橋基堅硬強固，則在A、C兩個支點處，根據【牛頓定律】，作用的力與反作用的力，大小相等，方向相反。因此在橋的B點（中點）處，所承受之力為【分力】，這意思是說B點處所承受的壓力極少（理論上幾乎接近零），因爲力量已被分配到兩端的支點上了，所以橋的B點（中點）部位很省力。故此橋經久耐用。下圖硬床上有曲線，此曲線比做橋樑，其實也是人體腰部或頸部的曲線。

上圖說明：本圖的床代表木板床（或硬床），A C曲線代表人體曲線，A點代表胸背的支點，C點代表臀部的支點。在A點與C點處【向下的箭頭】，代表體重壓向床的力，【向上的箭頭】代表木板床反作用的力。這向下作用的力與反作用的力，大小相等，方向相反。所以曲線中點所承受的力，幾乎接近零，因爲中點的力量被分到兩端的支點去了。因此，我們知道睡在硬床一個晚上，腰背部的肌肉和肌腱以及帶等，都很省力，所以很容易恢復疲勞。

人體若是睡在彈簧床上，或其他軟床上，就好比將一座橋樑建立在鬆軟的沙灘上，沒有堅硬強固的橋基，於是在橋樑兩端的著力處，根據【牛頓定律】，作用的力大於反作用的力。這時不但兩端橋基向下沉陷，而且因不能承受壓力，而將兩端所承受的壓力集合向橋的中點，所以橋的中點承受之力為【合力】。【合力】對【分力】來說相差是無限大倍數，因爲分力是零，零對任何數字都是無限大倍。此時若有載重車在橋上通過時，很可能會導致這一橋樑在中點處折斷。人體腰部曲線也與橋的構造原理相同，如下圖所示：
軟床的物理及生理作用如上圖：在A點與C點處向下的箭頭代表人體，向上的箭頭代表反作用的力，向下的箭頭較為粗大，向上的箭頭較為細小。顯示軟床的反作用力較小。在這種情形下，兩邊支點所承受的力為【合力】。合力的意義是，將兩端的重力合向曲線的中點，所以曲線中點所承受的很大。

脊椎是支持人體的主幹，它承受著人體大部分的重力，而脊椎是由一個個椎骨連結起來的，椎骨之間皆有軟骨墊，椎骨周圍則由關節、肌腱、韌帶及肌肉相連結。人們若是睡在【彈簧床上】，根據上述理論，則腰部中點所承受之力為【合力】。假使每晚睡眠八小時，會使腰部的肌肉、肌腱、韌帶等長時間維持一定的張力。這種張力，如果持續一段相當長的時間，腰部的肌肉、肌腱、韌帶等就會發生【彈性疲勞】，彈性疲勞的結果，就會失去彈性。在運動時，若不小心，例如急速彎腰動作，嚴重時甚至咳嗽、噴嚏、伸懶腰、或彎腰搬東西等時，一個運動不協調就會把椎間盤（椎骨間的軟骨墊）擠出來，壓迫到神經，引起腰痛。輕則行動不便，重則不能起床。如果椎間盤被壓破碎，粘液流出，使椎間盤與周圍組織相粘連，時間久了就會硬化，甚至鈣化，骨化，結果腰部不能彎曲或扭轉，需要手術治療。

許多人彎腰拿東西的動作，根據物理學的力臂力矩作用，當您彎腰拿十公斤重的東西時，您腰椎所承受之重量是該物體實際重量的十倍，也就是說您的腰椎將要承受一百公斤的重量，如果不是經常出勞力的人，腰部如何能不受傷？

頸部也是一個曲線，同理，長期睡彈簧床也會引起頸椎椎間盤脫出症。車禍或運動傷害也是頸椎椎間盤脫出症常見的原因。頸椎椎間盤脫出症常發生在5－7頸椎，或6－7頸椎間；而腰椎椎間盤脫出症常發生在1－2，4－5，5－1椎間（1－2，4－5指腰椎，5－1的1是指第一骶骨）。

為什麼【木板床】是最好的床鋪？因爲木板床最符合力學原理，它使睡在上面的人體腰部所承受之力為【分力】。分力最能使腰部省力，使腰部的肌肉、肌腱、韌帶等不需要長時間維持一定的張力，所以睡在木板床上可使腰部組織得到完全的休息。

也許有人會說，木板床太硬，睡上去多麼難受？怎麼能睡著？是的，木板床的確硬，但是您可以在木板床上墊兩層棉被或褥子。因爲棉被下的基底是硬的，是穩固的，對腰部的中點，仍是【分力】作用。
頸椎或腰椎椎間盤脫出症的治療：
1. 輕者臥床休息
2. 重者臥床牽引，甚或手術。
3. 針灸
4. 物理治療：红外線、按摩、推拿、超音波、熱敷等。
5. 支架

頸椎或腰椎椎間盤脫出症的保健：
1. 永遠保持身體成直線
2. 避免低頭或彎腰
3. 避免腰部運動
4. 爲避免頸椎椎間盤脫出症，不可用太硬，或太高的枕頭。

作者簡介：滑明暘 師
1961 畢業於台北國防 學院 學系 54 期
三軍總 院一般外科主治 師
天祥 院、明暘 院、龍華 院院長
1995 年獲中 碩士及擔任南灣中 大學教授
2001 年獲得南京中 藥大學中 博士學位
著作有《子午流注之研究》、《方劑六三》、《面癱治療大全》等。
The first key to practice management is to cultivate and maintain a practice where there is a flow of patients continually coming into the office to get treated. This is why marketing is a crucial component to any practice development plan, especially for the new practitioner. Marketing involves engaging the public and encouraging people to come into the office not only for the acute care of a single condition but also to become patients for the long term. Practitioners assume that a high level of expertise in their ability to treat will guarantee a successful practice. This is often the case, but is not a guarantee. Enacting a marketing plan can be helpful to the most talented practitioner and the new graduate alike. Conveniently, Acupuncturists, Oriental Medical Doctors and Acupuncture Physicians if you will, can apply yin/yang principles when developing an effective marketing plan. From this perspective, there is a yang (dynamic) and a yin (receptive) component to enrolling patients into a practice.

The yang component entails being proactive and reaching out to the public in a dynamic way. The best way to do this is through interpersonal interactions with people. Giving lectures is the first and foremost effective way to engage the public. Free lectures can be given in a variety of settings. Local organizations and associations such as Rotary and Kwanis clubs are a place to start. Lectures for senior citizens groups, condo associations, at Barnes and Noble’s stores, or for specific health support groups such as fibromyalgia or hepatitis C groups are especially good. Practitioners can also host lectures in their own offices, at schools, and go into corporations for a health information lunch hour presentation. The possibilities for exposure through lecturing are limitless. For those practitioners who are timid or have language barriers, audio-visual aids such as slide show or power point presentations can direct the attention of the group away from the individual lecturing to the visual presentation. Audio-visual aids also help you keep the lecture organized.

Often when practitioners in our field give a lecture, they tend to focus on explaining Traditional Chinese Medicine terminology. This is a mistake. The public does not want to learn a slew of new vocabulary words when attending a health lecture. Rather, people want to learn whether or not acupuncture and Chinese herbology are safe and effective methods in treating the health ailments bothering them. Instead of trying to explain Qi or the meridian system, focus on impressing upon lecture attendees that this medicine strengthens and improves the immune system due to its ability to tonify and regulate different functions of the body. Emphasize that it can balance and improve organ function as well as alleviate disease. These types of comments have a greater appeal to the public than trying to explain something like Liver Qi Stagnation. A lecture that is simple yet clear is more effective than one that is complicated and lengthy. Keeping the lecture to 30-45 minutes with plenty of time for questions is the best presentation format. You will find people asking questions that can end up leading the discussion into something more fulfilling and related to what your audience actually cares about.

Another dynamic action a practitioner can take toward soliciting patients is to participate in health or county fairs. It is essential when manning a booth at a fair to do something interactive with people to catch their attention. If you just stand there and hand out cards you will be less likely to get new patients. Of course we would not diagnose at a fair, but “mini assessments” such as a brief basic tongue reading or pulse diagnosis are great ways to engage a potential patient. If you can tell someone something significant about his or her health after just glancing at their tongue, it assures them that you are competent and within a few moments can establish the doctor patient type of trust that is the foundation of any therapeutic relationship. For instance, if you notice the person is yin deficient from observing their tongue, and you ask them if they have trouble getting to sleep or sleeping soundly, they are very impressed that you can make such an assessment so quickly.

Educational events held at your office or open houses can be another way to actively solicit patients. Free lectures held at your office are a bit more challenging than lecturing to groups because you must promote the lecture substantially to get people to attend. One press
release is not enough to bring in potential patients to your lecture. You must ask the patients you already have to attend and ask them to bring a friend with them. Tell your patients that coming to a lecture are part of your therapy plan and assists in patient compliance. Make up flyers and post them in public places that allow it, along with sending out press releases to as many papers as possible. (Press releases must have what, when, where, why and how answered.) Open houses can be more effective at drawing people to your office than a lecture especially if you have free samples of things and offer free mini services of sorts. People love freebies!

The receptive or yin aspect of marketing and enrolling patients has to do with image and office reception. The image that you present through your advertising literature is a passive statement about who you are and what type of practitioner you will be for people. Your logo and brochures should be essential components of an overall marketing plan geared to draw patients to come see you. If you give a great lecture but your personal appearance is sloppy and disheveled or your cards are not aligned with the image you want to promote, it gives the patient a sense that you may be unorganized or unprofessional, thereby diluting their trust. Think clearly about how you want to project yourself, what kind of practice you want to have, and make a statement that is aligned with your vision through your appearance and advertising materials.

The office should obviously always be clean, yet it can have either a more clinical and sterile feel, or a more comfortable and cozy atmosphere. Every experience a patient has with you and your office tells the patient who you are and contributes to their overall experience. A more clinical setting will liken your office more to a medical office and the associations people have with that approach. The public often associates medical environments with authority, but they also may feel medical offices are cold and uncaring. A cozier atmosphere may give people a more personal feeling where they feel nurtured but could come across as too casual or non-serious. It is important to remember that the image you create for yourself will be the image that is passed throughout your community about the type of practitioner you are.

If you engage in the yang aspect of marketing be sure your yin component nurtures the relationship you initiated with the patient enough for them to want to stay in your practice. Ground the yang with sufficient yin and your patients will stay. Cultivate the patients you have by letting them know that this medicine can treat a myriad of illnesses and if they come down with another ailment they are welcome to call your office. Often the public doesn’t realize what ailments Oriental medicine can treat so your patient may end up at another practitioner’s office for a condition you could have treated. This concept is called “in house” marketing where practice management training companies say, “don’t let your patient walk out the back door”. This simply means make sure your patients are very aware of all that you treat and consider calling you first when their health is impaired on any level.

Another in-house marketing technique is to keep your patients engaged with your practice by sending update notices, newsletters, or birthday post cards to them. If you receive an award, speak at an event or do anything newsworthy, let your patients know with a newsletter or office posting. (Let the public know with a press release). The most valuable in-house source of new patients, however, is from patient referrals. The new practitioner, particularly, assumes that patients will refer when they have successful results. Often this is true, but more often they need a reminder. Offering patients a discount on a treatment if they refer someone or simply reminding patients that if they know someone you might be able to help then they should give that person your card.

is not offensive to your most supportive patients. Never feel embarrassed to ask for referrals because it shows that you care about people and want to help more people. Post a sign in your office that states referrals are welcome or have your secretary say, “Whom else do you know that we might be able to help? Please give them our card”. Always send thank you cards for patient referrals especially if you do not give discounts for referrals.

Finally, if your practice slows down, re-stimulate it by what is known in the business as “recalling”. In this procedure, you simply call patients that you know you have helped in the past but who haven’t come in for maybe six months. Also call patients that dropped off from a treatment plan schedule and ask them how they are doing. You are checking up on their progress. Some people will say they feel better than ever and thank you, but the good news is that they will feel you care about them and their memory has been jogged. More importantly, some people will say, “Well my back hurts,” or something similar and then you can schedule an appointment for them. This technique in marketing lets your patients know you follow up and are there for them. It keeps them engaged in your practice and helps you get new patient visits for the week.

If you are dynamic and draw a patient into your office, when they come into the office nurture them with treatments, polite behavior, organized office procedures, the correct information and proper follow-up so that they feel your office is the place for them. People want to be taken care of from the minute they walk in the door to the moment they leave. If they are satisfied with your care, they will remain a patient and the yang will not float away. On the other hand, you may be an excellent practitioner, and inform and make people feel wanted, but if you don’t attract new patients your practice will stagnate. Therefore, the yang component of marketing needs to be re-stimulated on a regular basis. According to yin/yang theory, the key principle remains the same. Balance the yin and yang and your practice will prosper!
The American Association of Oriental Medicine will hold its Annual General Meeting of its membership at the Chicago Westin O’Hare Hotel, located at 6100 River Road, Rosemont, Illinois, on Sunday, October 23, 2005 at 8:00 A.M.

In order for an Organizational Member to vote at the meeting, the Member’s dues must be received by the AAOM prior to the meeting. This allows new members to join at the annual conference and attend the annual meeting.

Under AAOM’s Bylaws, State Association delegates (approved by their boards) are allowed to cast the votes of Individual Members, within their respective state associations, provided such members are also members in good standing with the AAOM.

Individual members, seeking to cast their vote, separate from their state association, will be allowed to do so.

The meeting agenda is as follows:
1. Call to order.
2. Present list of members.
3. Confirm giving of notice.
4. Appoint inspectors of election:
5. Establish quorum and convene meeting.
6. Reports of Officers
   a. President
   b. Legislative
   c. Insurance
   d. Finance
7. Election of Directors.
   a. Nominees
      i. From the floor:
      ii. Close nominations
8. Election of Alternates
9. New Business
10. Adjourn

The AAOM Board of Directors looks forward to seeing you at the Annual Meeting.
Why I Will Attend the AAOM Convention in 2005
By John Scott, DOM, President, Golden Flower Chinese Herbs

My name is John Scott, DOM. I have been practicing AOM since 1982. I truly love my work! It is so rewarding to help relieve suffering in ways that conventional medicine is unable to offer.

I attended my first national AOM convention in 1986. One of my teachers recommended that I go to the AAOM convention in St. Petersburg, Florida. Before that time I had never heard of such an event. At that time I was in practice in Austin, Texas. This was before OM was practiced legally in the state of Texas. I was active in my Texas AOM professional association. I really wanted the medicine that I practiced to be legally available in the state that I lived in, and was willing to work towards that goal. Having witnessed the benefit that my patients received from the treatments they received, I was convinced that legal status was very important. It is my desire that every American be able to experience the healing wonder of AOM.

My experience at my first AOM convention was very energizing. I was able to meet practitioners from all over the US who felt the same passion that I felt. I visited with practitioners who had experience with the legislative process in the states that they live in. We were able to compare notes and relate our experiences. I made friendships with practitioners from all over the US. I met some of the most experienced practitioners in the US. I remember meeting a practitioner from Hawaii who was in his mid 80’s. His name was Seitwan Tang, and I was so touched to meet a practitioner who had been in practice longer that I have been alive. I found attending gave me the opportunity to meet—a whole host of experienced elder practitioners that I could consult and receive the benefit of their experience and wisdom.

At the AAOM convention I got to meet many NCCAOM, ACAOM and people connected with the national organizations that address and work with issues of AOM in the US and beyond. I was able to meet, visit with, and get to know these people in formal and social settings. I also was able to witness hearings and enjoy classes given by experienced teachers on diverse topics all in one location. It was a real smorgasbord of the wealth of AOM wisdom.

So, why would you consider attending the AAOM convention?
• Make friends and become acquainted with some of the most talented and successful AOM practitioners in the US. These are practitioners who you can feel comfortable referring your friends and family to for treatment. These practitioners will also refer their friends and family to you once they get to know you.
• Bring your concerns and thoughts to the members of the national AOM organizations. You will always learn more and make a better impression when you can meet in person.
• Increase your knowledge and skill level in AOM and therefore help your patients and your livelihood.
• You will learn about the latest products and information that will help you in your practice, not to mention the available discounts you will receive at the convention.
• You can participate in creating a better future for yourself and your community by helping to shape the future of AOM.

And on top of that, you will have a whole lot of fun and write off the expense from your taxes. It’s a tax-deductible way to recharge your AOM skill and inspiration. Just what the doctor ordered!

Physician Referral continued from page 15


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2005 CPT Code Update: CMS Publishes Higher Values  By P. Shane Burras, LAc

The Centers for Medicare & Medicaid Services (CMS) has just published a new determination of "customary and reasonable" fees for the acupuncture CPT codes introduced at the beginning of 2005. As a result of the new determination, CMS has increased these fees by an average of 63 percent for acupuncture and electroacupuncture.

In January 2005, the American Medical Association (AMA) replaced existing Current Procedural Terminology (CPT) codes for acupuncture and electroacupuncture with an entirely new set of codes. Subsequently, CMS published relative value unit (RVU) valuations for these new codes. Due to an error in the publication, however, these initial RVUs significantly undervalued acupuncture services. (Editor's note: See "AIMS Conducts Analysis of New CPT Codes" in the April 2005 issue.) Acupuncturists across the nation were adversely impacted by this CMS error. As a direct result of these published rates, many commercial insurance companies and managed care networks reduced the "customary and reasonable" amounts for the new CPT codes to rates far below what many providers consider minimum payment for these services.

The acupuncture profession has been deeply concerned about the implications of these low RVU values. Acupuncture associations nationwide have been deeply concerned for the financial future of their members and the profession. Organizations such as the American Association of Oriental Medicine (AAOM) and Acupuncture and Integrated Medicine Specialists (AIMS) have worked hard to ensure that their members have the most up-to-date information available. In March 2005, AIMS conducted an investigational examination of the new CPT codes. Following the heels of this work, the AAOM formed the National CPT Code Task Force, and invited representatives from state associations across the nation to participate. Connie Taylor, LAc, president of the California State Oriental Medical Association (CSOMA), and me were selected to co-chair the task force.

The CPT code task force worked collaboratively to present a united front focused on addressing the deficiencies in the new codes and their valuations.

Corrected RVUs Now Available

The National CPT Task Force is pleased to report that effective July 1, 2005, CMS has published corrected relative value unit amounts retroactively to Jan. 1, 2005 for the new acupuncture CPT codes (97810, 97811, 97813, and 97814). This information published by CMS will positively affect the financial lives and practices of acupuncturists across the nation.

Below is an example of the fee calculation for Los Angeles County. As you can see, this change represents a dramatic increase in the fees.

**CMS Values**

<table>
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<th>CPT Code</th>
<th>January 2005</th>
<th>July 2005</th>
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<tbody>
<tr>
<td>97810</td>
<td>$24.94</td>
<td>$41.38</td>
</tr>
<tr>
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</tr>
<tr>
<td>97814</td>
<td>$22.95</td>
<td>$35.93</td>
</tr>
</tbody>
</table>

If you are interested in the nuts-and-bolts details behind these changes, they are available at www.aaom.info/calc_0605_rvu.pdf.

The National CPT Code Task Force will continue its work by facilitating the dissemination of this new information, by educating commercial and other insurance carriers, and by providing carriers with the data needed to make fair determinations of "reasonable and customary" fees. Insurers have historically utilized the CMS fee schedule as the de facto "minimum wage" indicator for providers across the nation. These changes will affect every provider of service nationwide. Only by staying informed, educated and active in our organizations can the profession pull together and fight to preserve our financial future.

The task force will continue to provide insurers with the information they need to bring their fee schedules into alignment with the new CMS values, but these decisions are ultimately in the hands of individual carriers.

Many thanks go out to the individual participants and associations across the nation who have helped effect this change. This effort serves to illustrate the amazing results that are possible through collaborative efforts to advance the acupuncture and Oriental medical profession. This, however, is only the beginning. Future diligence is necessary to preserve our other rights and privileges as providers. Scope of practice and insurance parity laws are vastly important to our profession, and we need to continue moving in the direction of unity across organizations to tackle these difficult issues.

Special thanks should go to the American Association of Oriental Medicine for sponsoring this task force; to the California State Oriental Medical Association for working diligently alongside AIMS on this project; to Gene Bruno, Will Morris and Connie Taylor for the leadership they provided in this process; and to AAOM Executive Director Rebekah Christensen, for her endless support, without which this achievement would not have been possible.

P. Shane Burras, LAc
Co-Chair, AAOM National CPT Task Force
Chair, AIMS Insurance Committee
NIH to Speed Public Release of Research Publications - Articles Accessible Online

The National Institutes of Health (NIH) announced a new policy earlier this year designed to accelerate the public’s access to published articles resulting from NIH-funded research. The policy—the first of its kind for NIH—calls on scientists to release the public manuscripts from research supported by NIH as soon as possible, and within 12 months of final publication.

These peer-reviewed, NIH-funded research publications will be available in a Web-based archive to be managed by the National Library of Medicine (NLM), a component of NIH. The online archive will increase the public’s access to health-related publications.

The NIH policy will achieve several important goals, including:

- Creating a stable archive of peer-reviewed research publications resulting from NIH-funded studies to ensure the permanent preservation of these vital research findings;
- Securing a searchable compendium of these research publications that NIH and its awardees can use to manage more efficiently and to understand better their research portfolios, monitor scientific productivity, and, ultimately, help set research priorities; and
- Making published results of NIH-funded research more readily accessible to the public, health care providers, educators, and scientists.

The policy requests that NIH-funded scientists submit an electronic version of the author’s final manuscript, upon acceptance for publication, resulting from research supported in whole or in part by NIH. The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process.

The policy gives authors the flexibility to designate a specific time frame for public release—ranging from immediate public access after final publication to a 12-month delay—when they submit their manuscripts to NIH. Authors are strongly encouraged to exercise their right to specify that their articles will be publicly available through PubMed Central (PMC) as soon as possible.

PMC (http://www.pubmedcentral.nih.gov), a part of the NIH's National Library of Medicine (NLM), is the agency’s digital repository of full-text, peer-reviewed biomedical, behavioral, and clinical research journals. It is a publicly accessible, stable, permanent, and searchable electronic archive.

As part of on-going efforts to implement this new policy, NIH plans to establish a Public Access Advisory Working Group, as a subgroup of the NLM’s Board of Regents. The Working Group will include representatives of the patient advocacy, scientific, library, and publishing communities, and will provide advice on implementation issues and assess progress in meeting the new policy's stated goals.

Additional information on the new policy and related documents, including a "Questions and Answers" fact sheet, can be found at: http://www.nih.gov/about/publicaccess/index.htm.
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The American Acupuncturist (Circulation 18,000+)

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<tr>
<th>ISSUE</th>
<th>SPACE REQUESTS MUST BE RECEIVED BY</th>
<th>ART MUST BE RECEIVED BY</th>
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<td>September 15, 2005</td>
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<td>March 2006</td>
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Rates (SINGLE ISSUE PRICE)

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<td>Calendar of Events Listing</td>
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Classified (50 words = 1 Unit) (2.3”)

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<td>Multiple ___ times</td>
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Color

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<tr>
<td>Inside Back Cover – Full Page</td>
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<tr>
<td>1/2 page back cover (8.5” x 11” trim)</td>
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