The American Acupuncturist
AAOM's Official Publication for Practitioners of Oriental Medicine

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WINTER 2005
Volume 34
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Letter from the President

W illiam R. Morris, O M , M SEd, LAc

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Are you looking for an opportunity to publish your academic and research articles? The American Acupuncturist encourages submissions from seasoned writers and first time authors. For information on how to submit an article, visit the AAOM website at www.aaom.org and click on The American Acupuncturist tab. Feel free to call the editorial staff with any questions toll free at 866-455-7999 or email editor@aaom.org.
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Letter from the President
William R. Morris, OMD, MSED, LAc

Dear Colleagues:

The AAOM mission is to promote integrity and excellence in the professional practice of Acupuncture and Oriental Medicine.

What would change our world? In my opinion, a few good studies demonstrating reduced hospital stay using acupuncture. A real savings of billions of dollars could push acupuncture into mainstream healthcare. I would personally request that schools, practitioners and faculty place research interest and resources into this question. This evidence would help gain the right to ‘choice of care’ for all Americans through the Medicare system. In this way we can help to realize the potential of Oriental Medicine in the 21st century.

The AAOM remains committed, working towards the ‘Great Unification’ of Oriental Medicine in the 21st Century. Just as the Great Unification after the Warring States period some 2,000 years ago led to the development of medical systems, the field of professional Oriental Medical practitioners will achieve unification as we move towards our common goals, all the while maintaining the deepest respect for the heterogeneous practices that are both the root and branches of this medical discipline. The AAOM is intent upon collaboration with the key partners within our field and within the manufacturers community as well as the government.

We are a community of individuals who provide care. As a professional association, the AAOM ensures that you have the right to use your professional judgment, the tools for the delivery of care, the right to determine reimbursement for care and educational resources to pursue lifelong learning and mastery. In order to accomplish this, the AAOM must allocate resources strategically. Advance notice of local legislative work helps us to plan effectively. Check our web site for legislative language ideas and contact us directly through email or at aaom.org to find out what resources may be available to you in your efforts to raise Oriental Medicine to its rightful place in the American healthcare system.

I want to recognize the members of the AAOM board and leadership of the state associations who work so hard for this profession volunteering their time so that we can all receive the benefits of professional life.

William R. Morris, OMD, MSED, LAc
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William Morris, OMD, MS, LAc
AAOM PRESIDENT
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William Morris serves as the president of the AAOM as well as President of the Academy of Oriental Medicine at Austin. He has focused on an academic specialty in pulse diagnosis since 1980, teaching and publishing on the subject. Will served as an advisor to the Little Hoover Commission and currently as a site team chair for the Accreditation Commission and a member of the Commission’s Doctoral Task Force. Among the many interests related to academic medicine, Will also provides prepublication editorial review for Elsevier projects that involve Oriental Medicine.

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Martin Herbkersman is an Acupuncturist and Herbalist with a private practice in Columbia, South Carolina. He is National Board Certified (NCCAOM) in Acupuncture, Chinese Herbology, and Oriental medicine and holds licenses in California, Rhode Island, and South Carolina. He is a founder and board member of the NABORM (the North American Board of Oriental Reproductive Medicine), which sets standards for the use of Oriental Medicine in the field of reproduction. He is also a member of the American Society of Reproductive Medicine and is working with fertility specialists to explore the efficacy of acupuncture and herbal medicine in a modern fertility clinic. Dr. Herbkersman has been instrumental in changing the law for Acupuncturists in South Carolina and continues this work to improve the climate for Acupuncturists in his home state. He is currently the Chairman of the South Carolina Acupuncture Advisory Committee to the Board of Medical Examiners. He is married and has 4 children.

Deborah Lincoln, RN, MSN, LAc
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Deborah Lincoln is the AAOM 2006 Conference Chairman. She is President of Michigan Association of Acupuncture and OM and Michigan Legislative Chair. Deborah received her RN license in Melbourne, Australia in 1972, her Clinical Nurse practitioner in Kent, England, in 1980, her AOM licensure in Sussex and London, England in 1979/80, and was NCCAOM certified in 1986. Lincoln is founder of Meridian Health and Wellness Center in Okemos, Michigan. She is the Leg Chair of the Michigan Association of Acupuncture and OM. Devoting many years to legislation, she is the state rep for Michigan’s current bill legislating acupuncture.

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Shane spent 18 years in the commercial insurance industry before transitioning into his chosen career as an acupuncturist. He graduated from Yo San University and has obtained National Board Certification in Acupuncture Orthopedics. In California, Shane is the Chair of the AIM Insurance Committee, and Co-Chair of the AAOM CPT Code Task Force. In addition Shane lectures on the correct and ethical methods of insurance billing and reimbursement and is dedicated to educating acupuncturists so that they may successfully participate in the commercial and workers compensation systems. He practices in Beverly Hills specializing in Acupuncture Orthopedics, Sports Medicine, Infertility! Family and Herbal Medicine.

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Atara Noiade studied and received her degree from Southwest Acupuncture College. While residing in New Mexico, Dr. Noiade was the President of the OM Association of NM. She has since moved and practices OM in Sarasota, Florida. Atara serves on the AAOM Board of Directors and is the Chair of the Herbal Committee.

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Gene Bruno began his studies in acupuncture and Oriental Medicine in 1969 with the Institute for Taoist Studies. He is a graduate of the Hong Kong Acupuncture College. He co-founded the first two colleges of acupuncture in the U.S. and was a staff acupuncturist at the UCLA Medical School and also a staff acupuncturist at Harvard Medical School. He has over 34 years experience and has practiced in Oregon since 1976. He was a member of the Acupuncture Committees for Washington and Oregon, and has been an advisor to the Medical Boards for a number of other States. Gene Bruno currently practices in Oregon and has also been licensed in Washington, California, and Alaska. He has a doctorate degree in Oriental Medicine that is recognized by the State of Oregon’s post secondary educational agency. Currently he is on the Board of Directors of the American Association of Oriental Medicine and the President Emeritus of the AAOM.

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Rebekah Christensen is past executive director of the California State Oriental Medical Association (CSOMA) and brings 24 years of professional experience in business start-up, marketing and business management. For the past two and one-half years, Ms. Christensen has worked with UCLA. Department of Family Medicine, David Geffen School of Medicine, and CSOMA in conducting Acupuncture research; The Licensed Acupuncturist Collaborative Study. She was the national director of a technology transfer program for sustainable development for the U.S. Department of Energy and Defense, responsible for drafting amending text (AB2610) to California’s Mello-Roos law for the purpose of providing multi-million dollar funding for the cleanup of contaminated sites, and was a municipal bond broker/ coordinator for E. F. Hutton, Santa Maria, California.

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Christine Chang is in private practice and lectures on Chinese Nutrition, Chinese Medical Language, Herbal Formulas and Chinese Patent Medicines in Santa Monica, California. Christine serves as an Herbal consultant to Crane Herb Company and KPC Chinese Herbal Manufactory in the USA as well as the AAOM Board of Directors. She translates Ancient Chinese essence to western society and continues the way of the Chinese Doctor (Yi Dao) internationally.

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Dr. Chen obtained her MD and OMD degrees in China. Dr. Chen has been practicing Integrative Medicine for over forty years, and has engaged in research, education and a myriad of clinic activities at the Chinese Academy of Medical Sciences in Beijing since her graduation from Peking Union Medical College in 1957. She obtained her New York State Acupuncture License in 1982 and has been practicing Chinese Medicine in New York for more than 20 years.
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Ray Rubio received his BA from the University of California at Los Angeles (UCLA), Masters in Traditional Chinese Medicine from Samra University of Oriental Medicine (1995). He is in private practice at the Traditional Healing Arts Center in Los Angeles, as well as on staff at the Toluca Lake Health Center - a multidisciplinary outpatient medical clinic. He has lectured locally and internationally on Chinese Medicine, and has appeared on radio and television as a guest speaker on the subject of Complimentary Medicine. Ray Rubio was also the founder of the acupuncture and oriental medicine program at the Los Angeles Free Clinic in conjunction with Emperor’s College. Ray Rubio has been on Faculty at Emperor’s College since 1999 where he instructs students in Herbal Medicine and Oriental Diagnosis. He is also a supervisor in the Emperor’s College Clinic. Ray is also part of the inaugural cohort in Emperor’s College first Doctoral Program.

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Jonathan Wald received his Master of Science degree and Certification in Chinese Herbal Medicine from Bastyr University in 2001. He is a Licensed Acupuncturist in Washington and New York States. Jonathan has international training in Eastern and Western Medicine from Doctoral Residency training programs at Conmaul and Kyung Hee Hospitals in Seoul, Korea. In 2004 Jonathan co-founded The Institute of New Medicine, based in Seattle, WA.

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The American Association of Oriental Medicine, established in 1981, is a professional organization representing practitioners of Oriental Medicine.

O UR MISSION

Promoting Integrity and Excellence in the professional practice of Acupuncture and Oriental Medicine.

O UR PURPOSE

To serve as the official representative and spokesperson for the professional acupuncturist and Oriental Medicine practice in the United States.

To establish, maintain and advance the professional field of Oriental Medicine, with Acupuncture and other modalities, as a distinct primary care field of Oriental Medicine.

To integrate acupuncture and Oriental Medicine into mainstream healthcare in the United States.

To protect and advance the science, art and philosophy of acupuncture and Oriental Medicine, and the Professional Welfare of our members.

To educate legislators, regulators, health care interests, and the public regarding acupuncture and Oriental Medicine.

Announcing...AAOM Job Board

AAOM is pleased to announce its new Job Board, for Job Seekers, Employers, and Job Recruiters! This is an exciting advancement for our profession in that it will allow our practitioners to anonymously post their resume, at no cost, allow potential Employers and Job Recruiters in the field of OM to post job openings, view resumes and contact potential candidates (all at a nominal rate). The AAOM Employment Board will serve the field of Oriental Medicine, and more broadly Job Seekers and Employers in the fields of OM, Complimentary, and Integrative Medicine.

This will be the first time that the breadth and depth of education, knowledge and experience that is present in our practitioner community is openly accessible to potential job generating opportunities! Link to the AAOM Job Board now at www.aaom.org.
Supportive Care of Cancer Patients
Complimentary Integration of Chinese Medicine  By Miki Shima, O M D, LAc

General Approach of New Medicine

The integrated clinical approach called “Xin Yi” or “Shin Igaku,” has been in practice in China and Japan for the past fifty years. Rather than fighting with each other, Chinese and Western doctors have worked side by side for the best interest of their cancer patients. For example, at Kitasato Hospital in Tokyo, medical services from Western and Chinese medicine are available to all cancer patients, all covered by the National Insurance System, which amounts to 6% of GNP. In America, medical expenditures amount to 14% of GNP and there are over 40,000,000 people without health insurance! On top of that, most Chinese medical services are not covered by insurance, and Western doctors and Chinese practitioners don’t even talk to each other for the best interest of cancer patients.

In China and Japan, most cancer patients see Western doctors first for their initial diagnosis, then they consult Chinese doctors for acupuncture and herbs. After the doctors from both sides confer with each other, a treatment protocol is established and initiated. During the acute phase of treatment, the patient will stay in a hospital where surgery, chemotherapy, and/or radiation are given along with acupuncture and herbal therapy. Acupuncture may be given daily and herbs are usually given four times a day to a patient in bed. In America, acupuncture is done on an outpatient basis weekly and herbs are also prescribed weekly. This acute phase usually lasts for 3 months.

After the acute phase treatment is finished, the patient is usually seen at an outpatient clinic for follow-ups for 5 years. The frequency of visit depends on the kind of cancer, stages of the disease, type of treatment, etc. The first two years are especially critical because of the high possibility of recurrence. During those years, acupuncture should be done weekly and herbs should be reviewed every two weeks along with all pertinent tests by oncologists. During the next 3 years, acupuncture is usually done every two weeks and herbs are reviewed monthly.

If the patient is free from any recurrence in the first 5 years, acupuncture can be done monthly to keep all the channels balanced. Herbs are also given to keep the Zang-Fu system balanced in order not to allow cancer to come back.

The major issue with cancer patients after the first acute phase is compliance.

Herbs should be given in an easy-to-take form, preferably once a day in concentrated granules. Acupuncture should be done in regular intervals so that the patient can remember to come to your clinic at the same time every week or month. It is extremely difficult to obtain good adherence to treatment if you don’t give clear, easy guidelines to your patients as to how long and how often they need to come see you and what herbs to take when, etc.

Chinese medicine regards cancers as the ultimate manifestation of extreme heat toxin due to:
1) fetal toxin (tai du, tai doku)
2) overconsumption of heat-producing foods leading to blood heat, damp heat in the Liver, etc.
3) overconsumption of alcohol, tobacco, coffee, fats, red meats, etc.
4) exposure to bacteria, viruses, fungi and parasites, X-ray radiation, hormones, nuclear radiation, toxic materials, etc.

In order to treat cancers, Western medicine and Chinese medicine utilize extremely cold drugs, which tends to demolish the balance of the whole system of the vital organs.

By the time most American patients see a practitioner of Chinese medicine, they have already gone through surgery, chemotherapy and radiation and their vital system is extremely damaged. Therefore, the first job to do is to “rebuild” the wasted Zang-Fu, Qi, Blood, Channels and Collaterals. This period usually coincides with the “acute” phase before the patient moves into the chronic phase. Since during the early phase, the patient tends to be extremely deficient, acupuncture and moxibustion should be used to tonify the system and herbs should also be carefully prescribed to balance the Zang-Fu system. Diet needs to be individually prescribed so that the deficiencies can be corrected without making the system too heated. During this phase, anti-cancer herbs are not often prescribed due to their cold, toxic nature. Vitamins are not usually used much, either, because they tend to cause excess heat in the system. It is most important for the patient during this stage to:
1) rest
2) meditate
3) exercise moderately
4) eat well in order to recover from damages of aggressive therapies.

When the patient has recovered during the acute phase, anti-cancer herbs should be initiated to prevent any recurrence. First, the physician should choose a few most appropriate anti-cancer herbs and formulas, combined with another tonic formula.

If you are not well trained in Chinese cancer therapy, you should use well-established formulas ONLY. Since anti-cancer herbs are usually cold and toxic, they should be taken for 3 months at a time, and then re-evaluated. It is very good idea to take a month off between formulas so that the body can detoxify any toxins from herbs.

When the patient is free from recurrence for longer than two years, dosages of anti-cancer herbs can be reduced, but they should be continued for 3 months.

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3) exercise moderately
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on and 1 month off for another three years along with monthly acupuncture treatments.

**Acupuncture** - The ultimate goal of acupuncture treatment in supportive care of cancer patients is to keep all the meridians in harmony at all the four levels of Qi circulation, i.e. the Major, Muscle, Extra-, and Divergent meridian systems. Do not get preoccupied with cancer treatment only.

**Major Meridian Points** - Sesshokushin can be applied right after examination of the pulse, tongue, nails, and abdomen. First apply this needling method on tender Back-Shu points by deep pressure, preferably with a gold needle. Then, it can be used on tender Front-Mu points.

**Traditional Points** - Based on clinical experience, traditional points are selected and they can be gently needled. Cancer patients do NOT tolerate strong needling at all. Therefore, gentle, shallow needling is the best method for most cancer patients.

**Extra-Meridian Points** - The purpose of this level of Qi manipulation is to mobilize the Yuan Qi. Extra-meridians will also help cancer patients emotionally. One or two pairs are selected based on diagnosis and complaints. The Gold-Silver Techniques (GST) is the treatment of choice for cancer patients. Avoid over-sedation by Electro-stimulation, especially in pain treatment. The traditional and new Extra-Meridian pairs are as follows:

- SI 3 (Dumai) - UB 62 (Yangqiaomai) - Brain tumors.
- SJ 5 (Yangweimai) - GB 41 (Daimai) - Liver cancer, Prostate cancer, Ovarian cancer.
- LI 5 (Dachangmai) - St 40 (Weimai) - Stomach cancer, Colon cancer.
- P 6 (Yangweimai) - Sp 4 (Chongmai) - Lung cancer, Uterine cancer, Lymphomas.
- Lu 7 (Renmai) - K 6 (Yinqiaomai) - Lung cancer, Kidney cancer.
- H 5 (Xinmai) - K 6 (Yinqiaomai) - “Heart - Kidney” disharmony.
- P 6 (Yinweimai) - Liv 4 (Ganmai) - Liver cancer, Breast cancer, Ovarian cancer, Prostate cancer.

**Divergent Meridian Points** - The purpose of this level is to balance Zang-Fu. Usually one Yang divergence on one side and one Yin divergence on the other side are used with GST. Do not cross-connect divergences. The traditional connections are as follows:

- The First Confluence (K/UB) - UB 1 (+) or UB 11 (+) with K 10 (-) or UB 40 (-).
- The Second Confluence (Liv/GB) - GB 1 (+) with Liv 8 (-) or GB 34 (-).
- The Third Confluence (Sp/St) - St 1 (+) with Sp 9 (-) or St 36 (-).
- The Fourth Confluence (H/SI) - UB 1 (-) with H 3 (+) or SI 8 (+).
- The Fifth Confluence (P/SJ) - GB 12 (-) with P 3 (+) or SJ 10 (+).
- The Sixth Confluence (Lu/LI) - Lu 12 (-) with Lu 5 (+) or LI 11 (+).

Tai Kyoku Moxibustion Treatment for The Immune System

Twice a week with large soft moxa cones, usually two to three cones on each point.

- UB 11 (Bone marrow), UB 13 (Lung Qi), UB 18 (Liver detoxification), UB 20 (Spleen), UB 21 (Digestion), UB 23 (Kidney support), Du 4 (Kidney support), Liv 3 (Blood), Sp 6 (Immune system), St 36 (General tonification), Ren 4 (Kidney), St 25 (LI), Ren 12 (Appetite), LI 4 (LI), Lu 7 (Lung Qi).

Instruct the patient’s family in moxibustion in the first visit.

**Akabane Stimulation**

Very effective to stimulate Qi circulation in the entire meridian system. This can be administered by the acupuncturist and/or patient. In the case of self-treatment, instruct the patient in this method during the first visit. It should be done twice a day until all Jing points are less than 10 strokes.

**TENS for Pain Management**

Ideal for chronic cancer pain. A TENS machine can be prescribed by MD and it is usually covered for “intractable pains” by insurance companies. Instruct the patient in TENS stimulation, depending on the nature of pain.

**Dr. O mura’s Thymus Stimulation**

Developed by Yoshiaki Omura, M.D. of New York City. The patient applies 5-minute vibrating stimulation on Ren 21 and subclavian thymus areas of Omura every 6 hours a day for a year.

**Herbal Medicine**

There are various kinds of herbal formulas used in supportive care of cancer patients. First, there are many formulas used for general stimulation for the immune system and they can be used for 3 to 6 months. There are also numerous formulas to affect cancer growth, directly and indirectly. However, they can be toxic to the system if used for longer than 3 months.

Therefore, many cancer herbal masters balance their formulas with other herbs to “detoxify” them as described.
AAOM Announces Expo 2006
Oriental Medicine - Healing Body, Mind and Spirit

Location: Wigwam Hotel - Phoenix AZ
300 Wigwam Boulevard, Litchfield Park, Arizona 85340
Phone (623) 935-3811 Fax (623) 935-3737

Date: October 18-21, 2006
Exhibitor Information: Available January 2006
Conference Program - Registration: Available April 2006
Visit AAOM’s Annual Event Headquarters at www.aaom.org or 866-455-7999

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SHANG HAN LUN SERIES

JOIN DR. MIKA SHIMA IN THIS TWO-YEAR EXPLORATION INTO THE SHANG HAN LUN

The Shang Han Lun is the “magnum opus” of Chinese herbal medicine, the source from which the rest of herbal medicine has sprung over the past two-millennia. Although set up in order of the original text, this course applies the root theories of this medicine in the clinic every day.

The major focus is not discussion of concepts and theories, but the skillful use of this medicine to enhance your knowledge and enrich your practice.

Dr. Shima studied the Shang Han Lun with Terutane Yamada MD, Japan’s foremost authority on Shang Han Lun.

In 2004, Dr. Shima received the prestigious Lifetime Achievement Award for Acupuncturists from the American Association of Oriental Medicine.

The course meets in San Francisco every three months for the weekend starting on January 14th, 2006 and ending on October 14th, 2007.

For more information contact:
Japanese-American Acupuncture Foundation
415.924.JAAF (5223)
WWW.JAAF.ORG
談「體應全息」之原理與應用

楊維傑

一、概說

經穴之治療作用，很多人認為與全息有關，甚至有人認為全息就是經穴治療之核心思想。全息學說認為局部是整體的一部分，與整體息息相關，既能反應整體，也能治療整體。目前對於全息的分類及認識有多種，有頭全息、耳全息、鼻全息、眼全息、舌全息、身全息、手全息、足全息等，因而產生了頭針、耳針、手針、足針、眼針、體針……等微針針法。

而在最主要的體針方面，又有縱全息、橫全息、軸全息等。縱全息以腕踝針之六個縱面最為大家熟知。縱全息有以臍為體中心，臍為面中心，肘為骨中心，膝為腿中心之一級全息。又有以腕、踝為中心之二級全息，從而產生了手踝順針、手踝逆針、足踝順針、足踝逆針等多種對應針法。軸針有頭尾對應；頭針、尾針對應；頭足五十法等對應等針法。

二、以體治體

（一）以骨治骨

以骨治骨相當於古法之刺骨法，《刺齊論》說：「刺骨者無傷筋」，此一刺法之要則有二，一是刺在筋上，此法相當於《內經》之《刺骨法》；《官針篇》說：「刺骨者，直刺左右筋上，以取筋痹，慎無出血」。一是刺在筋上，此法相當於《內經》之《刺筋法》；《官針篇》說：「刺骨者，直刺左右筋上，以取筋痹，慎無出血」。這兩種刺法，對於治療筋骨疾病效果均甚佳，包括身體的拘攣、強直、抽掣，弛緩皆有療效。例如董氏奇穴之「正筋」穴在阿基里斯腱之大筋上，刺入筋中，治療腰頸強直及疼痛甚效，治療腰扭傷效果亦佳。再如尺澤穴位於大筋旁，貼筋刺入尺澤穴，可治全身拘急強直的病變，治療五十肩之肩臂強硬不舉，治療手掌掌縮不伸，都甚為有效，治半身不遂也極為常用。因本穴為肺(金)之子(水)穴，瀉之能使金不剋木，筋自然就舒弛伸展。但又何嘗不是以筋治筋之作用？其

Note: AAOM has published the English version of Dr. Young’s article, Theory and Application of Ti Ying Chuan Xi (Holographic Model of Tissue Correspondences), and it is available online, at www.aao.org, under American Acupuncturist. The English version will also be published, in-full, in the next issue of the “American Acupuncturist”.

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它如承山、陽陵等肌肉筋病，也都可以說是此一刺法及理論的應用。

〈三〉以脈治脈

以脈治脈相當於古法之刺脈法。《刺齊論》說：「刺脈無傷皮」，此一刺法亦有两種，一種是刺絡出血，即刺血療法；《官針篇》中的刺絡，有文刺、贓刺可說即屬此法之範疇。《官針篇》說：「絡刺者，刺小絡之血脈也。」；「灸文刺者，左右前後針之，中脈故也，以取絡絡之血者。」；「贓刺者，直入直出，數發針而淺之出血，是謂治癢腫也。」。另一種刺法，則是刺入至大血管（動脈）方，不傷血管不出血，緊貼血管以治血管之病，此種針法在古書未見記載，為董氏常用之針法之一，亦屬刺脈法。

刺絡法臨床極為常用，對於難病及癥疾有特殊療效，對於急性大病及熱病也常有極好之療效。因臨床應用實在太多，不克在此一一列述，僅舉數例，便足以瞭解此法應用之廣泛及實用。如：在十二井穴刺出血可治中風昏厥、高熱、咽喉腫痛...等。在委中刺血可治後頭痛、頸項腰背痛、坐骨神經痛、腰扭傷、下背痛、痔瘡、脻痛、霍亂、急性吐瀉......等。在肘彎點刺出血可治五十肩、手臂痛、氣喘、心絞痛、霍亂...等。在耳背刺血可治眼病、口歪眼斜、皮膿病、失眠、多汗等均甚效。董氏另採「瀉絡遠針」法，在背部刺血治足痛、膝痛、在下脛側刺血治上臂痛，在小腿之四化中、穴刺血治腰幹之內臓病甚效，都是很平常的用例。尤難能者，董氏常採取脈絡脈絡之法，此法對一般人並不陌生，如各書所載「脈會太陽」，以太陽穴治療各種血脈之病，早即為針灸醫師所熟悉，董氏更將此法發揮，應用範圍更廣。例如地宗穴，貼近動脈，主治「能使陽症起死回生，心絞痛及血管硬化」；又如火主穴及火主穴下有大脈經過，亦常以此治血脈病。

〈四〉以肉治肉

以肉治肉相當於古法之刺肉法。《刺齊論》說：「刺肉無傷脈，刺肉無傷筋」，《官針篇》中的浮刺、分刺、合谷刺可說都屬刺肉法。《官針篇》說：「浮刺者，旁入而浮之，以治肌急而寒者也。」；「分刺，次分肉之間也。」「合谷刺，左右解足，針於分肉之間，以取肌理」。浮刺為刺淺層的肌肉，亦可採斜刺或橫刺，治肌急而寒是治肌皮冷及聚縮拘急等。分刺則是刺較深層的肌肉，治療肌肉痛，麻木不仁或萎縮。合谷刺則是直刺至一定深度後，再向左右或前後各斜刺一針，形同雞足般的「口」字，治療感受風寒濕所至的肌痹症。

例如臨床上常以合谷、曲池、手三里、足三里及大腿內側穴等肉多處治療肌肉萎縮甚為有效，雖說「萎症獨取陽明」，又怎能說不是以肉治肉的療效使然呢？這些穴位治療肌肉萎縮拘急或未梢神經炎亦有效。承山及足中在肌肉較多處，治肌肉病亦甚效。

〈五〉以皮治皮

以皮治皮相當於古法針灸的刺皮法。《刺齊論》說：「刺皮無傷肉」，《官針篇》中的毛刺、半刺即係刺皮法。《官針篇》說：「毛刺者，刺浮腫皮膚也。」「半刺者，淺內而疾發針，無針傷肉，如拔毛狀，以取皮理。」。毛刺敷設刺淺，其毛之浮淺細微，手法輕虛；半刺則深刺，淺內疾發亦如拔毛狀，亦可說類同毛刺，只是較毛刺略深，只淺刺皮膚，不傷肌肉。相當於近代的皮膚針（梅花針）之叩刺激法。毛刺多用於局部麻木不仁的浮腫症和一些皮膚病。相當於半刺之梅花針刺法；其療法以微充血或微出血為度，治療皮膚感覺異常、神經性皮炎、斑丘、脫毛、酒齧性皮炎都有很好的療效，也可用三鍼法淺刺散刺代替。但《官針篇》曾說：「膚自勿取」，可以瞭解本法鍼針（淺刺出血）原係為陽盛而設，膚色變赤有血熱者較宜；例如皮膚病皮膚色赤、丹毒、多發性癤腫或帶狀禿疹色赤等均可以此法治之，上述治法多在病變局部施治。
董師之刺皮法別開生面。其多在肌肉肥
厚處針治皮膚病，此有補土生金之意。也
有以治皮之應。如馬天穴治皮膚病極效
，共處為陽明經所過，多氣多血，調理氣
血作用甚好，但不宜深刺，以應皮毛。或
以瀦營法刺之，即先針至地部，然後再提
至人部，施以強捻瀦針後，再提至天部，
然後留針，此即《難經》所說：「當瀦之
時，從營取氣。」，此種針法對皮膚亦
之皮膚病尤為有效。曲池穴治皮膚病亦同
此理此法。

三、以體治藏〈體膚對應〉

五體刺法，除能以體治藏，即以骨治骨
，以筋治筋，以脈治脈，以肉治肉，以皮
治皮外，還能透過腎主骨，肝主筋，脾主
肉，心主血，肺主皮，而以骨治骨，以筋
治筋，以肉治肉，以脈治脈，以皮治皮，
達到體膚對應的治療效果。《官針篇》
說：「半刺者，……以取皮氣，此肺之應
也。」，「針文刺……以取經絡之血者，
此心之應也。」，「鍼刺者，……以取筋
痹，慎無出血，此肝之應也。」，「合谷
刺……針於分肉之間，以取肌痹，此脾之
應也。」，「鍼刺者……深內至骨，以取
骨痹，此腎之應也。」，這就說明了五體
刺法與五藏的相應。

臨床治療咳嗽氣喘等肺病，針水金或水
通穴採皮下針施治。在少商商陽淺刺點刺
治肺熱喉痛或發熱，又如淺針食指之木穴
治鼻病等，皆係採皮與肺相應的刺法。刺
肌肉能應脾，肉厚之處有補氣理氣之效
用，合谷太沖在手指及腳趾之間肌肉較豐
厚之處，理氣作用甚強，雖說因係「原穴
」之故，但脾〈氣〉肉相應也有關係。針
驅馬穴能治皮膚病也能健脾補氣。董氏奇
穴如治肺之駒馬，治心之通關、通山、通
天，治腎之通腎、通胃、通背，治肝之天
黃、明黃、其黃，及鎮痛要穴風市都在肌
肉豐厚之大腿處，實亦健脾，重視脾胃學
說之故。

以脈治心，刺血治療心藏病最為有效。
筆者以肘彎、四花中外〈條口、豐隆附近〉刺
血刺瘤多例嚴重心藏病患。刺脈如地宗穴
能使陽症起死回生〈強心〉，治心藏病及
血管硬化：又如火火火失火太沖穴，下有
動脈應手，針此能強心，並治心藏麻痺。
太沖穴亦有強心作用，曾以太沖治療昏厥
，經針人中百會未效，而太沖即效者數例
。以筋治肝如陽陵泉為治筋病要穴，也是
治肝膽病的要穴，以承山治足護急抽筋有
效，治療胃癌腹痛，治月經痛病痛也有效
，這些也都與肝有關。刺骨應腎，靈骨穴
貼骨進針治腰痛，亦能補腎治足跟痛及腎
苛各病。婦科穴及還巢穴亦應貼骨進針，
始能達到補腎治腎治不孕的效果。腕順穴
所治各症與腎有關，針刺時貼骨療效較佳
，三陰交穴貼骨進針補腎之作用更強。

某些穴位透過筋骨或筋肉的相應關係，
能與多藏對應，治療病症更多，例如手三
里針在筋上，曲池穴貼骨進針治療肱骨外
上髁炎及手肘肌腱病變甚效。此即由於筋
骨皆治，肝腎並補之故。又如手千金穴在
太陽經及少陽經中間，在筋下骨前，能筋
骨並治通於肝腎。所治各病與筋骨肝腎有
關。再如個人最常用的液門穴，在筋下貼
骨進針，進至中白（中渚）及下白肉多處
，如此則與脾肝腎皆相關，脾肝腎之病皆
能治，主治之一兼治各病，實效而有顯
威，為個人常用十大要穴之一。

小結

體應針法包含體與體之對應，及體與藏
之對應，可以說是全息針法的一部份，也
是董氏奇穴學之中心思想之一，早在《黃
帝內經》中就可以找到其刺法淵源。許多
古人的經驗也與此相合，目前雖也能看到
些零星的應用經驗，但整體性全面性的論
述還未出現，這理綜合董師景昌及個人近
四十年之臨床經驗，將理論與臨床做一簡
要闡述，以期能拋磚引玉，使此一法則應
用更廣更活，有助於針灸臨床之再發展。
【2003年6月1日講於韓國慶熙大學】
【2003年8月10日重訂於洛杉體】
Treating Major Depressive Disorder with Acupuncture

By Laura E. Blitzer, PhD, Florida International University and Daniel J. Atchinson-Nevel, A.P., Miami, Florida

Abstract: Many healing communities, including that of psychology, have begun to recognize alternative methods for treating depression. This study utilized a sample of 8 adults who had been screened with the Structured Clinical Interview for DSM-IV (SCID-Research Version) and diagnosed as having major depressive disorder. There were significant differences in their pre- and post-test scores on the Beck Depression Inventory and the Reynolds Depression Screening Inventory with lower scores at post test. The implications of the research will be discussed.

Introduction

Until recently, depression was treated almost exclusively with medication, some form of traditional therapy or a combination of the two. The development of new therapies, including those considered unconventional, has permitted sufferers of depression to explore new avenues for treatment and relief. According to Eisenberg, et al. (1993, 1998), the use of unconventional therapies, including those that can impact depression, are widespread. In particular, the use of acupuncture to ameliorate depressive symptomology has grown in recent years and has begun to be studied in controlled settings (Allen, Schnyer & Hitt, 1998). Among categories of interest that speak to the increasing popularity of complementary and alternative medicine, are issues regarding quality of life (Jonas, 1998). In view of the fact that depression can have such an enormous impact on quality of life, it behooves researchers to investigate the degree of that impact from the perspective of the person experiencing the depression. It is also relevant that components of what is labeled “unconventional” treatment be explored through responsible and appropriate methods (Fontanarosa & Lundberg, 1998).

This investigation sought to assess the utility of acupuncture’s extraordinary vessels in the treatment of major depression. Depression as a disease entity and psychology as a field of study have not existed historically in Chinese medical thinking. Chinese medical philosophy does not separate the soma and nonsoma (body and mind) in a way that required a separate discussion of the psyche. Instead, it has historically observed and routinely outlined, a sophisticated and detailed accounting of soma/non soma co-occurrences or interactions. Inherent in all Chinese medical discussions are two constructs relative to the soma/non-soma. The first addresses somatic aspects of what are primarily non-somatic (psychological) illnesses and the second speaks to non-somatic (psychological) aspects of what are primarily somatic illnesses.

The emphasis in an Extraordinary Vessel understanding of depression is on the disturbance of Yin/Yang (Primary Differential Diagnosis) and the free flow and maintenance of Qi (Finest Material Influence) as they manifest in the performance of the body’s fundamental energetic functions of: protection, assimilation, incorporation, discharge, storage, and distribution (Atchison-Nevel & Blitzer, 1998).

A Clinical Reference Manual (CRM) (Atchison-Nevel & Blitzer, 1999) utilizing the four methods of Chinese medicine diagnosis (inquiry, palpation, listening/smelling, and observation) and outlining individualized treatment protocols based on the eight extraordinary vessels ((1) Yangwei, (2) Dai, (3) Yinwei, (4) Chong, (5) Ren, (6) Yingqiao, (7) Du, (8) Yangqiao) of Chinese medicine was developed and applied. Included in this manual, was a detailed extraordinary vessel assessment of each of the criteria for a major depressive episode as outlined in the DSM-IV manual. Appearing below are two samples from the Clinical Reference Manual for Depressed Mood.

A cross index to each of the DSM-IV criteria differentiated by extraordinary vessel was included as well. Table 1 displays the Dai, one of the eight extraordinary vessels, and describes the signs and symptoms of the DSM-IV specific to the Dai. Table 2 is a sample of a single criteria of the DSM-IV, Depressed Mood, and displays how this single symptom is differentiated among the eight extraordinary vessels.

Table 1) Extraordinary Vessel Depression Profile for DSM-IV Major Depressive Episode - Dai

| A-Depressed mood with lack of affect |
| A-Depressed mood with exaggerated affect |
| A-Depressed mood with achy muscles |
| A-Depressed mood with tension just below the surface |
| A-Appears tearful and/or sad |
| B-Loss of pleasure with agitation |
| B-Inability to express pleasure |
| C-Excessive appetite |
| C-Loss of appetite |
| C-Erratic appetite (within day) |
| C-Imitable bowels with depressed mood |
| D-Sleepiness with heavy sensations throughout body |
| D-Difficulty falling asleep with body restlessness or body aches |
| E-Psychomotor agitation with shaking |
| E-Psychomotor agitation with pacing |
| F-Fatigue with yawning & sighing |
| F-Erratic energy (within day) |
| G-Irritable bowels with depressed mood |
| G-Worthlessness with unexpressed emotions |
| H-Excessive planning |
| H-Inability to make decisions |
| I-Suicidal Ideation |
| I-Suicidal Planning |
Participants were given individualized treatments based on the traditional acupuncture diagnostics as outlined in the manual and as a result, were receiving treatments that closely resembled what they would receive in a private clinical setting.

Method

Participants

Participants were recruited through a newspaper advertisement which mentioned acupuncture treatment for depression. Twenty-five men and women were pre-screened using a telephone interview which briefly assessed history of depression and present symptomatology. Inclusion criteria consisted of presently experiencing depression. Exclusion criteria included taking psychotropic mediation, being under the care of a psychiatrist, present psychotic symptoms, present suicidal plan or intent, past suicide attempt, bipolar disorder, any other Axis I disorder, substance abuse or dependence, endocrine or central nervous system lesion, chronic fatigue syndrome, pregnancy, or currently receiving mental health services. Those who meet these criteria, were administered the Beck Depression Inventory (BDI) and the Reynolds Depression Screening Inventory (RDSI). A total of ten men and women between the ages of 34 and 66 qualified for the study.

Measures

The Reynolds Depression Screening Inventory (RDSI), (Reynolds & Kobak, 1998) consists of 19 questions with a forced choice response. It is a self-report measure of the severity of depressive symptoms. It is highly reliable and is internally consistent with high alpha coefficients. Test-retest reliability of the RDSI is also very high.

The Beck Depression Inventory (BDI), (Beck, et al., 1979) is a 21-item self-report measure of depression. The BDI is the most widely used measure of adult depressive symptomatology and its psychometric properties have been demonstrated (Beck, Steer, & Garbin, 1988).

Procedure

After consent was obtained, participants completed the BDI and the RDSI initially and then every other week before receiving the acupuncture treatment. Treatments were administered twice a week for the first four weeks and then once a week for the final four weeks. Participants were administered the Structured Clinical Interview for DSM-IV (Research Version) SCID after their last acupuncture treatment. The SCID was administered by the first author (a clinical psychologist) and two graduate students in psychology, under the supervision of the first author. The students had over 20 hours of training on the SCID.

Results

A t test revealed significant differences between the pre- and post- Beck Depression Inventories (t=5.83 (7), p = 001.). A t test also revealed a significant difference between the pre- and post- test Reynolds Depression Screening Inventory scores (t=3.827 (7), p = .003).

Thus, the subjects who completed the acupuncture treatments reported significantly less depressive symptoms at the end of their treatment than at the start. Additionally, none of the participants meet criteria for Major Depressive Disorder at the conclusion of the study as assessed by the SCID.

Conclusion

This study demonstrates the effectiveness of acupuncture as a viable treatment for depression. However, given the small sample size, the study needs to be replicated with a larger sample.

Conclusions drawn from both qualitative and quantitative reporting may offer influence in some or more of the following ways: 1) persons who experience major depressive episodes may have another avenue to pursue as they seek immediate relief and possibly long-term care in treating the disorder; 2) persons who have tried traditional treatments such as medication and found them ineffective, or can’t take them or don’t wish to be medicated, may also find relief in unconventional practices; 3) quality of life issues may be impacted positively; 4) participants may find new, perhaps better or more effective ways, to interact with health care providers. Any or all of these potential improvements could also positively influence the overall approach to providing for the health and well-being of those who experience major depressive episodes. This information would suggest that additional studies using acupuncture to treat other psychological difficulties may be helpful.
Estrogen and Herbs  By Dr. John K. Chen, PhD, PharmD, OMD, LAc

Part I

Premarin (conjugated estrogen) is the number one most frequently prescribed medication in the entire United States. Considering only half the population can be prescribed this medication (female only), and only the elderly patients need this medication, that is an astounding number. I am often asked by practitioners about their patients who are prescribed estrogen but wish to take herbal alternatives, or patients who are prescribed herbs but wonder if the estrogenic effect of the herbs will cause conflicts with their current therapy. I will try to address these issues in three separate parts. Part I will be herbs which have estrogenic effects: their effects and possible side effects. Part 2 will be herbs which may be used to treat menopausal signs and symptoms. Part 3 will be herbs which may be used to treat osteoporosis.

Estrogen is commonly prescribed for numerous purposes, including but not limited to menopausal signs and symptoms, osteoporosis and atrophic vaginitis. More recently, beneficial effects of estrogen have been observed in patients with Alzheimer’s disease (with improvement up to 16 weeks) and dyslipidemia. In addition to drugs, there are many other alternatives for natural sources of estrogen. In traditional Chinese medicine, there are many herbs which have estrogenic effect. Though Chinese herbs are not prescribed individually for such purposes, addition of herbs with estrogen-like effect will definitely supplement the formula and enhance the overall therapeutic. According to studies in mice, it has been discovered that Fructus Cnidii Monnieri (She Chuang Zi), Semen Cassiae (Jue Ming Zi), Radicis Angelicae Sinensis (Dang Gui), Flos Carthami Tinctorii (Hong Hua), and Semen Astragali Complanati (Sha Yuan Zi). Furthermore, patients should be careful eating meat or animal products as many have been treated with hormones to hasten growth.

In summary, though traditional Chinese medicine and western medicine have vastly different diagnostic criteria and treatment approach, the medicines used by the two systems are in fact similar in many ways. Both have similar therapeutic effects and potential conflicts. The protocol of how to incorporate these herbs into formulas for treatment of menopause and osteoporosis will be discussed in parts II and III of the article.

References

Part II

Estrogen is frequently prescribed to treat menopause and osteoporosis. Menopause is the cessation of menstruation in female individuals. Osteoporosis is a disorder characterized by a reduction in the amount of bone mass, leading to fractures after minimal trauma. In part II of this article, treatment of menopausal signs and symptoms will be discussed.

According to traditional Chinese medicine, menopause can be divided into five main categories:
1. Kidney Yin Deficiency: The clinical manifestations of Kidney Yin deficiency include delayed menstruation, scanty in amount or ceased completely, hair loss, scanty vaginal discharge, dryness of vagina, dizziness, tinnitus, hot flashes, night sweats, five heart irritable heat (heat and irritable sensation in the chest, palms and soles), insomnia, increased dreams, itchy skin or formication (tactile hallucination with feeling of insects crawling on skin), soreness and weakness of lower back and knees. There is red tongue with scanty coating, and thready rapid pulse. The recommended herbal formulas are Anemarrhena Phellodendron & Rehmannia Formula (Zhi Bai Di Huang Wan) or Artemisia & Turtle Shell Decoction (Qing Hao Bie Jia Tang).
2. Liver Qi Stagnation: The clinical manifestations of Liver Qi stagnation include irritability, nervousness, hypochondriac distention, constipation, palpitation, insomnia, emotional instability, and generalized weakness. There is red tongue with thin yellow coating, and wiry pulse. The recommended herbal formulas are Bupleurum & Dragon Bone Combination (Chai Hu Jia Long Mu Tang) and Bupleurum & Peony Formula (Jia Wei Xiao Yao San).
3. Blood Deficiency: The clinical manifestations of blood deficiency include dizziness, hot flashes, sweating, insomnia, dryness of skin, sallow complexion, emotional instability, and myalgia.

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There is pale tongue with thin coating, and thready pulse. The recommended herbal formulas are Tangkuei Four Combination (Si Wu Tang) and Ginseng & Longan Combination (Gui Pi Tang).

4. Uprising Deficiency Heat: The clinical manifestations of deficient heat include severe night sweating and hot flashes, bone-steaming sensation, irritability, dizziness, nervousness, and emaciation. There is red tongue with thin coating, and thready rapid pulse. The recommended herbal formula is Artemisia & Turtle Shell Decoction (Qing Hao Bie Jia Tang).

5. Kidney Yang Deficiency: The clinical manifestations of Kidney Yang deficiency include heavy menstrual bleeding, metrorrhagia or complete ceasing of menstruation, soreness and weakness of lower back and knees, edema of the face and limbs, cold limbs, cold appearance, loose stool, polyuria, and urinary incontinence. There is pale tongue with thin coating, and deep thready weak pulse. The recommended herbal formulas are Eucommia & Rehmannia Formula (You Gui Wan) and Ginseng & Ginger Combination (Li Zhong Tang).

Even with differential diagnosis, it is sometimes necessary to modify the formula to treat each individual specifically. The guidelines for modification are as follows:

- Short temper, irritability, hypochondriac discomfort, bitter taste in the mouth: add Bupleurum & Peony Formula (Jia Wei Xiaoyao San) or Cyathula & Rehmannia Formula (Zuo Gui Wan) and Ligusticum & Eclipta Combination (Er Zhi Wan)
- Dizziness, vertigo: add Rhizoma Gastrodiae Elatae (Tian Ma), Ramulus Uncariae cum Uncis (Gou Teng), Concha Heliotropii (Shi Jue Ming), Radix Cyathulae Officinalis (Chuan Niu Xi), Herba Taxillii (San Jiao Sheng), Os Draconis (Long Gu), Concha Ostreae (Mu Li)
- Hypochondriac distention and fullness: add Pericarpium Citri Reticulatae Viride (Qing Pi), Pericarpium Citri Reticulatae (Chen Pi), Rhizoma Cyperi Rotundi (Xiang Fu), Tuber Curcumaee (Yu Jin)
- Breast distention: add Semen Citri Reticulatae (Ju He), Semen Litchi Chinensis (Li Zhi He)
- Perspiration: add Semen Tritici Aestivae Levis (Fu Xiao Mai), Radix Astragali Membranaceae (Huang Qi), Radix Epedrae (Ma Huang Gen)
- Thirst: add Tubé Ophiopogonis Japonici (Ma Men Dong), Tuber Asparagus Cochinichensis (Tian Men Dong)
- Tinnitus: add Magnetiﬁum (Ci Shi)
- Palpitation, insomnia, increased dreams, forgetfulness: add Ginseng & Zizyphus Formula (Tian Wang Bu Xin Dan), Cortex Albizziae Julibrissin (He Huan Pi)
- Unstable emotional state with unpredictable cries and laughter: add Fructus Zizyphi Jujubae (Da Zao), Fructus Triticis (Xiao Mai)
- Irritability, hot flashes: add Cortex Lycii Radicis (Di Gu Pi), Carapax Amydae Sinensis (Bie Jia)
- Bitter taste in the mouth: add Radix Scutellariae Baicalensis (Huang Qin)
- Insomnia: add Caulis Polygoni Multiflori (Ye Jiao Teng), Concha Margaritaferae (Zhen Zhu Mu), Cortex Albizziae Julibrissin (He Huan Pi)
- Formation, itching of skin: add Caulis Periostracum Cicadae (Chan Tui), Radix Ledebouriellae Divaricatae (Fang Feng), Cortex Dictamni Dasyacarpi Radicis (Bai Xin Pi), Cortex Erythrinae (Hai Tong Pi)
- Loose stool: add Semen Myristicae Fragrantis (Sha Yuan Zi), Flos Carthami Tinctorii (Hai Toug), Fructus Rubi Chinlingi (Fu Pen Zi)
- Edema: add Rhizoma Alismatis Orientalis (Ze Xie)
- Polyuria: add Ootheca Mantidis (Sang Piao Xiao)
- Lower back pain: add Radix Dipsaci Asperi (Xu Duan), Fructus Psoraleae Corylifoliae (Bu Gu Zhi)
- Kidney yin and yang deficiency: add Curculigo & Epimedium Combination (Er Xian Tang) and Ligustrum & Eclipta Combination (Er Zhi Wan)

While menopausal signs and symptoms can be effectively addressed with estrogen replacement therapy, they are not without risks. Use of estrogen increases the risks of breast and uterine cancer, endometrial carcinoma, malignant neoplasm, gallbladder disease, thromboembolic disease, and photosensitivity.

In contrast, Chinese herbal therapies offer a gentle yet effective way to manage menopause. It is important, however, to keep in mind that these herbs do regulate the endocrine system. Therefore, it is not uncommon for the women to begin having menses with the intake of herbs. Also, some herbs have estrogenic effect should be avoided in cases of estrogen-dependant breast cancer. Examples of herbs with estrogenic activities include Fructus Cnidii Monnieri (She Chuang Zi), Semen Cassiae (Jue Ming Zi), Radicis Angelicae Sinensis (Dang Gui), Flos Carthami Tinctorii (Hong Hua), and Semen Astragali Complanati (Sha Yuan Zi).

Though menopausal signs and symptoms are disturbing, and self-limiting they are not life threatening. Such signs and symptoms may seem prominent for a few years, but they will gradually lessen in severity and eventually disappear. Osteoporosis, on the other hand, will continue to deteriorate with age and can be life-threatening. It is an disorder that require active intervention and treatment. Detailed discussion will be published in part III of this article.

Part III to be continued in the next American Acupuncturist

Sasang Medicine Part II
By Joseph K. Kim, LAc, OMD, PhD

Note: Access part one on the AAOM website www.aaom.org under “American Acupuncturist.”

THE EXTERNAL APPEARANCE OF SASANG BODY TYPES

Traditional Eastern medicine is the study of syndromes. It uses the subjective and objective temperature of the patient, the strength of the pulse, and the speed of pathological changes, among other things, to determine the nature of the abnormality in the physiology of the internal organs. Sasang Medicine, however, is a constitutional medicine, emphasizing the physical build of a person, and the functional strengths of two paired internal organs, which will be discussed later.

There is good reason for the difference in emphasis. First, structure generally gives insight into functional tendencies. Secondly, understanding the innate aspects of a human being requires the consideration of the fundamental attributes of a person that don’t change quickly, such as a person’s physical frame. On the other hand, basing constitutional discernment on such ephemeral and rapidly transforming phenomena, such as the state of the pulse or the fluctuations of an individual’s personality, is an impossible task, as none of these things are enduring, nor do they point to anything fundamental or original.

In considering the human body as Tai Chi (totality), the Sasang distribution is as follows (Fig. 1): The head is Taiyang, the chest is Shaoyang, the abdomen is Taiyin, and the pelvis is Shaoyin. The head is shaped like a bud in the process of sprouting from the body. Since it is located in the highest part of the body, it is considered Yang. As it is hard, it is Taiyang (because Taiyang is Yang that has not yet fully blossomed). The shoulders and arms extend out from the chest, giving it the shape of a funnel, trumpet, or branching tree spreading Yang energy upward and outward. The chest region is also always hot. For these reasons, the chest belongs to Shaoyang. The abdomen is round and holds a large amount of fat (stored energy). It can be compared to the exuberant fruits of autumn, and so belongs to Taiyin. The pelvis is the region surrounded by the cold buttocks, and is the attachment sight of the legs (Yin appendages). It calls to mind the image of tree roots storing the energy of wintertime and belongs to Shaoyin. See the diagram below.

Figure 1 Sasang of Human Body

TAIYANG
The outstanding characteristic of the Taiyang body type is the large head, a sign that the Taiyang’s brain and spinal cord are well developed (Fig. 2). Thus, in general, Taiyangs are very smart. There are quite a few brilliant and creative heroes and geniuses among the Taiyangs, including Napoleon, Lenin, Picasso and Van Gogh. However, excessive brain development carries with it the possibility of degeneration (by the principle, “extreme Yang converts into Yin.”). So it is possible to see Taiyangs who suffer from brain and spinal cord disorders, such as mental retardation, cerebral palsy, and Downs syndrome.

In considering the human body as Tai Aliens are usually depicted as having big heads, slim trunks, and weak, skinny legs. This is similar to the body composition of Taiyangs. Coincidentally, in the future, once machines are able to perform all manual labor, this is what the human form may come to look like. Man’s arms and legs will grow weak and atrophied from lack of use. Meanwhile, the head, the only body part frequently used will grow larger because it houses the brain.

When Yang becomes strong, Yin becomes weak. According to both genetics and Eastern Medicine, the brain, spinal cord, bones, and sexual organs belong to the same system. The energy of Taiyangs tends to concentrate in the organs of the upper region (resulting in their brilliant minds) making the organs in the lower region generally deficient. This results in weak reproductive organs. Thus, Taiyangs generally have difficulty conceiving children; Taiyang women frequently suffering from infertility and Taiyang men from impotence. Taiyangs also generally have weak bones...
and weak legs (Yin), so when they get sick, their legs may become paralyzed. The abdomen and waist, which belong to Taiyin, are also weak. Thus, Taiyings usually have thin waists, and easily develop problems in their lower backs.

Although constitution is not exactly inherited, there is a high correlation of constitutional transmission. It is estimated that Taiyangs are about one in a thousand, making them the rarest among the constitutions.

SHA O Y A N G S

Shaoyangs are distinguished by a broad chest and wide, highly placed shoulders (Fig. 3). Their torso has the shape of an upside down triangle, while their hips, which are the Shaoyin region and the opposite of the Shaoyang region, are small. The “Road Runner” cartoon character depicts the Shaoyang body type. It has a lot of muscle mass concentrated in its chest and shoulders, but almost none in its hips, excepting its powerful legs. Chickens, particularly roosters, possess a Shaoyang nature, and make excellent tonics for Shaoyins.

Fig. 3: Shaoyang

The chest region contains the heart and lungs. Since this area is well developed in Shaoyangs, those of this constitution generally have good blood circulation and a healthy supply of nutrients. They also have strong metabolisms, which make their movements very active. Shaoyangs have loud voices and love to talk about themselves, believing that they are the cream of the crop and that there is nothing they cannot do. They are also quite reassuring, for they always interpret things in a positive way.

Shaoyangs spend a lot of time on their appearance. They are veritable social butterflies, cheerfully flitting from friend to friend. They possess a strong sense of righteousness, and place high value on honor. Since their Yin energy is weak, they are unable to see things through to their conclusion, and tend to neglect matters concerning their own health or family.

Do you remember Elvis Presley or the Fonz (from “Happy Days”)? Both of them had the Shaoyang body shape, with the wide shoulders and the relatively narrow hips, and both lived flashy, dramatic lives, with a relative lack of domesticity.

In general, both Taiyangs and Shaoyangs have thin bodies, because their bodies are able to convert substance into energy (a Yang process). However, Shaoyangs tend to have weak reproductive capabilities due to their small pelvises (part of the Shaoyin region). Although Shaoyang men commonly suffer from premature ejaculation, men and women of this constitution are generally not infertile.

TAI Y I N S

Taiyins have well-developed abdomens and waists. These areas are thick, relative to their shoulders and hips (Fig. 4). So their bodies do not have an hourglass shape, even when they do not have a potbelly.

Fig. 4 Taijin

Taijin is associated with strong materializing energetics. Therefore, the Taijin constitution has a predisposition for obesity. Generally any obese person can be considered Taijin, except those who are able to lose weight quickly by regulating their diet. Because Taijins have a strong materializing energy, even when they are not obese, they always have a big trunk and thick bones. On the whole, Taijins are tall, weigh a lot, and have large eyes, noses, ears, and mouths.

The energy in Taijins is centered in their abdomen and waist. Their digestive system (which is housed in this region) is very well developed. Taijins are excessively greedy in regards to food, and get very hungry after just a little work. Although they overindulge when it comes to eating, they tend to digest things well.

Taijins have weak hearts and lungs, as their chest region (belonging to Yang) is relatively undeveloped. Thus, they commonly suffer problems with regards to blood circulation and oxygen supply. Since their blood circulation and oxygen supply tend to be inadequate, nutrients do not convert readily into energy, and instead accumulate as fat in their bodies.

Taijins are the most Yin of the four body types, and have the most physically (Yin) developed bodies. Although their heads (the Taiyang region of the body) are smaller than their bodies, Taijins are generally fleshy and are more physically developed than any of the other constitutions. So, their heads appear to be relatively large. In relation to the head, their brains and spinal cords tend to be well developed, such that their thinking is lucid. Even though they have the ability to think clearly, Taijins generally try not to use their heads too often. They think only when necessary, like when they are making money, making themselves comfortable, or supporting their families, for example. They tend not to use their heads for the sake of “impractical,” idealistic matters such as art, creativity, impressing others, etc. Generally, Taijin thought patterns are very practical and materialistic. They primarily focus on the task of acquiring money, as it is the energy of human society. However, it is possible for Taijins to become very poor because of their inherent tendency towards laziness of both body and mind.

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Externally, they tend to accumulate property or money, but internally, they accumulate fat by reducing their energy consumption. Thus, we may say that for Taiyins, the function of materialization takes place both internally and externally. Many Taiyins are rich and powerful; Aristotle Onassis, Donald Trump, Lee Iaccoca, etc. President Clinton is also a Taiyin, although he may have lost some dignity due to his indiscretions with Monica Lewinsky, who is also Taiyin. Nevertheless, it is undeniable that the country's economy was much wealthier because of his efforts.

There are many Taiyins among opera singers, for example, Luciano Pavarotti and Placido Domingo. Taiyins make excellent opera singers, not because of their romanticism or creativity, but because they are able to produce powerful, beautiful sounds from their large, resonant trunks. Some Taiyin comic characters include Bluto (from the Popeye series), Fred Flintstone, and Yogi the Bear.

SHAOYINS

Shaoyins have well-developed pelvises and hips (Fig.5). Whether they are standing or sitting, they appear very stable. Their shoulders and chests (the Shaoyang region) are relatively narrow, while their hips look relatively big. The torsos of Shaoyins are shaped like upright triangles. Anyone who is not particularly overweight, but has unusually large hips and thick legs may be considered a Shaoyin body type. Shaoyin is associated with the winter, so Shaoyin people lack Yang energy. They generally enjoy eating spicy foods and chicken (both have Shaoyang energy), in an attempt to supplement the Yang.

Every athlete, regardless of his or her sport, needs strong legs. Good footwork is necessary, even in boxing. A boxer's punch is only effective if it is supported by the strength of the legs. Many Shaoyins excel in sports, because they have strong legs. However sports that require strong shoulders and upper bodies as well, like swimming or gymnastics, put Shaoyins at a disadvantage. These sports are more appropriate for Shaoyangs.

Shaoyin people take on many of the characteristics of winter. They are generally quiet, love sexual activity, and produce strong children. The reproductive system is contained within the pelvic cavity, the Shaoyin region, so Shaoyins generally have healthy reproductive systems. Traditionally in Korea, one of the first things parents considered when selecting a bride for their son was the size and flexibility of the girl's hips. If they were large and flexible, she was selected.
사상의학 - 제 2 부 사상인의 절모습

정통 한의학은 중후의학으로서 중상의 한형, 백의 강함과 약함, 병증의 변화의 빠름과 느림이 중요하지만 사상의학은 체질의학으로서 사람의 체격이 매우 중요하다. 정통 한의학은 기관의 기능의 이상을 중요시 하지만 사상의학은 골격이나 기관의 구조의 크기를 중요시한다. 구조를 보면 기능의 경향을 알 수 있다. 본래 타고난 성질을 알면 빠르게 변화하지 않는 골격을 위주로 판단해야 한다. 생리기능의 강약이나 질병의 증후변화가 빠르기 때문에 본래 가지고 있는 소질인 체질을 판단하는데 적합하지 않다. 한국의 한의사들도 중에도 사상을 분류할 때 그 사람의 성격이나 생리기능의 강약, 백의 상태 동 시각각으로 변하는 기능의 상태로 사상인을 분류하는데 그것은 타고난 본래의 체질을 분류하기가 매우 어렵다.

인체의 몸체를 태극으로 보고 그 성질에 따라 사상으로 구분할 수 있다(그림 I).

머리는 테양이고, 가슴은 소양이고, 배는 테유이고, 골반은 소유이다. 머리는 몸통으로부터 세밀히 솟아 오른 형상을 하고 있고 가장 위쪽에 있어 양이지만 백은하여 아직은 양이 환작 피지 못한 테양이다. 분에 나온 꽃병이 형상을 하고 있다. 가슴에는 팔이 달려 있어 양이 앞으로 퍼진 형상을 하고 있고 허상 가슴은 떨갑다. 목에서부터 팔이 달린 가슴을 보면 깔때기 같이 양의 기형이 나팔처럼 퍼진 양상을 하고 있다. 턱의 기형으로 소양에 속한다. 배는 등돌고 에너지의 저장 상태인 의량을 많이 가지고 있다. 가슴의 풍성한 과실과 같다고 할 수 있으니 테음에 속한다. 골반은 찰가운 영양이가 감싸고 있는 부위로 음에 속하는 다리가 달려 있으며 겉에 에너지를 모두 저장하고 있는 나무의 뿌리를 연상시켜 소음에 속한다.
주식시장의 폭등 후에 폭락이 오는 것은 자연의 이치이다. 천재나 바보는 아주 작은 차이에서 오기 때문에 태양인은 뇌, 척추 계통에 이상이 있는 정신병자, 뇌성마비 Down Syndrome 환자에게서 많이 찾아 볼 수 있다. 양이 강하면 음이 악해진다. 발병학적으로도 그렇고 한의학 이론에서 뇌, 척수, 뇌, 생식기는 같은 계통에 속한다. 태양인의 이 계통에 속하는 기관들 중에 상부에 있는 기관에 기인하여 병리 사람들이, 따라서 머리는 좋으나 생식기가 악해져 여성 태양인은 불임증이 많고 남성 태양인은 발기불능이 많다그래서 종종을 변식하지 못하기 때문에 태양인은 만 명중에 2~3 명 정도밖에 되지 않는다. 특히 음에 속하는 다리가 악해져 병에 걸리면 다리가 마비된다. 채질은 정확히 유전되지 않지만 어느 정도 유전되는 비율이 높아 부모의 채질을 보고 자신의 채질을 유추할 수 있다. 태양과 반대가 되는 태양의 부위인 뒷은 홀쭉하고 허리는 악해져 병이 잘 생긴다.

소양인

소양인의 특징은 가슴이 벌어져 있고 어깨가 크며 올라가 있다 (그림 3). 소양과 반대가 되는 소음의 부위인 Hip 은 작다. 그래서 소양인의 몸통을 보면 역삼각형의 형태를 하고 있다. 가슴에는 심장과 폐가 있다. 소양인은 심장과 튼튼해서 혈액순환과 영양공급이 잘되는 사람들이다. 혈액과 영양공급이 발달한 꼬 숨역은 사람들 같다. 잘 떼고 큰소리를 잘 친다. 항상 호연장담하며 매사를 긍정적으로 해석한다. 자기가 가장 잘한 사람이라고 이 세상에 못하는 일이 없다. 만화영화에 가슴과 어깨에 힘이 많이 들어가고 힘은 거의 없는 수탁을 독자들은
보았을 것이다. 그것이 소양인 형체의 특징이다. 실제로 많은 소양의 성질을 가지고 있어 소음인의 좋은 보약이 된다.

그림 3 소양인

작은 힌에 어깨와 가슴에 한장 힌이 들어간 엘리스 프레슬리나 짧은 가죽 점퍼를 입은 판치의 모습을 기억하고 있는가? 그 사람들의 형체가 소양인의 대표적
결모습이다. 그들은 화려하고 낭만적이고 낙천적인 삶을 산다. 양이 발달한 그들은
외모에 신경을 쓰고 정의감이 강하여 명예를 존중하고 사교에 힘쓰나 음이
부족하여 끝까지 그 일을 해내지 못하고 자기의 건강이나 가족들을 돌보지 않는다.
소양의 부위인 몸받이 적고 생식기능이 약하다. 그러나 조류가 있을 뿐, 자식을 못
갖는 것은 아니다. 태양이나 소양인은 물질의 에너지화가 왕성한 사람이기 때문에
일반적으로 몸이 말랐다.

태음인

태음인은 배와 허리가 발달한 사람이다 (그림 4). 어깨나 엉덩이에 비해서 허리의
장갑이 없다. 태음인은 자율의 물질화 기운을 가지고 있어서 살침이 풍성하다.
비만한 사람들은 태음인이 아주 많다. 체중 조절을 하여 급세 살이 빠지는 사람을
제외하고 비만한 사람은 일단 모두 태음인이다. 물질화 작용이 강한 사람들이기
때문에 살이 채지 않더라도 몸통이 앞뒤와 앞으로 크고 빠가 굵다. 일반적으로
키도 크고 체중도 날고 눈, 코, 입, 귀도 크다. 태음인은 그 중에서도 배가 큰
사람들이다. 내장 기능으로는 소화기가 아주 잘 발달해 있다. 음식에 대한 욕심이
많아도 조금만 있을 하여도 쉽게 배가 고르고 필요 이상으로 많이 먹고 소화도 잘
시킨다. 양을 쓰는 가슴속의 심폐가 약해 혈액순환과 산소공급이 잘되지 않는다.
산소 공급이 잘되지 않으니 영양분이 소모되어 에너지로 되지 않고 지방으로 쌓이기만 한다.

![그림 4 태음인

태음과 태립되는 태양의 부위인 머리가 몸에 비해서 작다. 그러나 태음인은 황체가 발달한 사람으로 몸에 비해서 머리통도 크다. 머리통의 산길이 많아서 오히려 머리가 크게 보인다. 그러나 뒤, 척수는 머리통에 비해서 발달하였으므로 머리가 나쁜 것은 아니나 생각하는 것이 물질적이다. 머리를 많이 사용하지 않으려 한다. 돈을 버는 일과 몸을 펴하게 하는 일, 가족들을 펴하게 하는 일 등의 때 마다 머리를 쓰고 예술을 창조하거나 남을 감동시키는 일 등에는 머리를 쓰려고 하지 않는다. 인간 사회의 에너지에 해당하는 돈을 자기 수중에 저장하는 일에만 머리를 쓴다. 밖으로는 제산이나 돈을 모아 놓지만 안으로는 에너지 소모를 줄여서 지방으로 쌓아 놓는다. 안과 밖으로 물질화 작용만 일어난다고 할 수 있다. 그래서 태음인은 몸과 마음이 게을러서 거지를 되거나, 아니면 음식이 많아 꾸준하게 제산을 모아 부자가 된다. 아부 실행적이라 명예나 낭만을 위해 돈을 남비하지 않기 때문에 부자가 많다. 회사 사장들은 태음인이 많다. 클립던 대등령도 태음인인데 명예는 실추되어 있지만 경제는 풍요롭다. 오나시스, 정주영, 조중훈 등의 기업가도 태음인이다. 곰팡이, 카루소 등 성악가들에게 태음인이 많는데, 낭만적이고 창조적이라 성악가로 성공하는 것이 아니라 몸동이 커서 공명 등이 좋아 아름다운 소리를 내기 때문이다. 태음인은 만화 캐릭터 중에 뱃바이의 부르스, 프린스톤의 주인공, 요기베어 같은 모습을 가지고 있다.

소음인

소음인은 골반과 허리 잘 발달되어 있다 (그림 5). 그래서 서 있거나 앉아 있는 모습이 아주 안정되어 있다. 소양의 부위인 어깨가 가슴을 좀 보이고 허는 커
보이다. 소양인의 역삼각(▲)형의 몸체를 가지고 있다면 소음인은 삼각형(△) 몸체를 가지고 있다. 살도 멀로 찍지 않았는데 유난히 쉽이 크고 다리가 굵은 사람이 있다. 이런 사람들은 소음인으로 볼 수 있다.

그림 5 소음인

어느 스포츠를 마다하고 다리가 튼튼해야 한다. 편취가 말로 하는 운동 같지만 다리의 힘이 좋아야 잘할 수 있다. 편취를 할 때 다리로 강하게 비터 주거나 다리로 몸을 통겨 주어야 편취에 힘이 있다. 그래서 다리가 강한 사람들이 운동에서는 탁월하다. 수영을 하면 어깨가 커진다. 소음인들이 수영에서 부진한 것은 어깨와 가슴이 약해서 그런 것도 하나의 이유가 될 것이다. 소음인들은 겨울이 성질을 많이 담은 사람들로서 양이 모자라 불과 같은 매콤한 음식을 좋아한다. 그리고 달은 소양에 해당하는 음식인데 소음인들은 닭고기를 좋아한다. 필요한 양을 많이 얻어서 얻는 것이다.

골반 속에는 생식기기관이 들어 있다. 골반이 크다는 것은 생식기능이 좋다고 할 수 있다. 소음인들은 겨울을 달아서 성격은 약간하지만 성생활을 아주 좋아하고 튼튼한 자식을 낳는다. 한국에서 머느리를 부모들이 선택할 때는 힘이 크고 탄력이 있는가를 제일 먼저 보았다. 소음인이라 약간하고 생식능력이 뛰어나 강한 아들을 많이 낳을 수 있기 때문이다.

급발머리를 가진 여자가 섹시하다고 알고 있는데 역경여론에는 맞지 않는다.
머리는 가장 위쪽에 있으니 양이 극에 달하는 곳이다. 그래서 음극생생의 법칙에 따라 음에 해당하는 머리카락이 나 있다. 겨드랑이나 부부에 나는 털이나 머리카락은 모두 단단하고 어두위 음에 해당한다. 머리카락의 색깔이 짙을수록 그 사람은 음에 해당한다. 그래서 음에 해당하는 머리카락이 없는 대머리는 양의 성질을 가지고 있어 저들적이다. 음이 많을수록 생식기는 발달해 있다. 음이 많을수록 색스를 줄기며 불임하고 성적 홍분이 오래 간다. 머리카락의 색깔이 밝을수록 양의 성질을 가지고 있어 급발머리 여자는 쉽게 홍분하고 적극적이나 급방 식는다.
Headache, Tension & Migraine with Concurrent Depression: A Course of Treatment with Herbs and Acupuncture

By Fritz Hudnut, LAc, Candidate DAOM

The Case: The case involves a female, 45 years of age, suffering from two different kinds of HA, migraine & tension, concurrent to a diagnosis of depression, for which she is taking Prozac. She didn’t want to talk about the depression &/or the depression medication at the time of her first several visits with our team of DAOM candidates and she didn’t list the Prozac on her initial intake form where it asks what medications are being taken, therefore the dosage at that time is unknown. She was seen in the ECTOM doctor’s clinic for 15 Acupuncture treatments from 12/16/04 until 5/26/05, several herb formulas (decoc-tion/pills) were also recommended during her treatment course which she reported to be taking “religiously”.

Chief Complaint: Headache: Migraine & Tension types. She reported having one to two severe HAs per week at the time of her first visit. She described it as a frontal HA which she felt behind the eyes or behind the left eye, “within the orbit socket”. She sometimes vomits, there is sensitivity to light, it also feels like a pressure-sinus-type HA. When she gets the HA she just wants to sleep/wants it to be dark/wants to be still. She was taking Inderal (80 mg), which according to PDRHealth webpage, is a beta-blocker used, in this case, for prevention of migraine, but primarily is for HBP. She felt that it treated one of her headache types, conceivably the migraine, but not the other, likely the tension type for which she was seeking help from our team to treat. She had a surgical history of an appendectomy and a colon resection in 1996 to treat diverticulitis. She maintains some dietary restrictions due to bowel sensitivity to seeds, etc.

And, there is a secondary complaint of depression; she is depressed about her life/career direction, but largely due to her health condition of late, the headaches were frequent and debilitating, effecting her life and work, requiring days in bed until the HA would subside. There is a high occurrence of depression in her family history as well.

Tongue/Pulse: The tongue is pale dusky, swollen, dry, red dots, teeth-marks. At the 11th tx I noted sl thick coat in back, the tongue appeared to curve to left slightly, and the presence of “wrinkles” (horz. lines) in the front of the tongue. The pulse (composite pulse formed from the course of treatment) is weak, deep, sl rapid, soft on right, and on left was sl wiry, sl rapid. It was referred to by team pulse expert as “cottony”. I reported choppy as a quality in later treatments.

TCM Diagnosis: composite from 15 tx:
1). Liver Yang Rising
2). Blood stasis
3). Spleen Qi Xu w/ Turbid Dampness
4). Liver Qi Stagnation

(Depression/stress) with Liv/Sp Disharmony, etc. Western Medical Diagnosis:
1). Migraine Headache
2). Tension Headache
3). Depression


Treatment: Fifteen treatments by rotating team acupuncturists were done over a 5 month period combined with herbs.

Points: various combinations of points were selected by each of the treating acu-docs at the time of treatment according to style and/or nature of subjective complaints at the date of service, but basically selected for their efficacy in the treatment of HA. It was discovered quickly that needles local to the head area were not helpful, so a general distal approach was adopted using TCM &/or Tung styles.

Cupping/electro: Early in the treatment course some Cupping was done to help ease neck/shoulder tension thought to be contributing to the HA. Later in the Tx cycle Electrostim was added 1x to treat a newer complaint of hip pain.

Herbs: Gui Pi Wan patent pill was recommended at the second treatment on 12/23/04, but on 1/6/05 that was changed to a custom formula special for HA: Sheng Di, Shi Jue Ming (cook first 30'), Gou Teng, Bai Shao, Chuan Xiong, Huang Qi—15 gm; Bai Zhi, Man Jing Zi, Qiang Huo, Jiang Can, Di Long, Ju Hua—9 gm; Dan Shen, Ge Gen—12 gm; Xi Xin—6 gm. 3 Packs. It was determined at the next treatment that two packs were still “unused”. At that point we changed the herbal strategy, using a combination of two patent/ready-made pill formulas: Pien Tou Tong Wan and Ban Xia Bai Zhu Tian Ma Pian at 4 tablets 3 times per day. This combination yielded the most consistently positive results on the headache.

Recommendations: Increase exercise, play more golf, walks, or swimming. Reduce dairy intake, reduce unnecessary fast food snacks, decrease cold drinks and uncooked foods.

Progress: Early in the treatment cycle positive results with acupuncture were acheived quickly, the frequency and intensity of the HA’s were substantially reduced, the vomiting element disappeared within the first few treatments. Light sensitivity and the need for bed rest also largely disappeared. Generally
what remained was HA, without the original complications. Later, as the treating hands changed, as we tried to stabilize her condition and address underlying issues, we appeared to lose ground at times, most substantially when her work stress levels increased and/or when she visited her Mother/Father. These provided hurdles for our treatment. Patient terminated treatment without providing details as to her condition, reasons, etc.

Discussion: This was an interesting case, because among other reasons we were able to track the results for a fair period of time, and also the psychological element of the problem became gradually clearer as the treatments continued. This was the area that she didn’t want to discuss at the beginning of her treatment. It may have been the reason that she terminated treatment, as we got closer to discussing the implications of the job effecting her HA, and of course the increased HA whenever she had to be around her parents. We had begun discussion of the possibility of decreasing her Prozac dosage when she stopped coming to treatment. We in fact were able to make a correlation between an increase in her dosage of Prozac with an increase in her HA symptoms which had largely been reduced before that. Possibly the conflict between what we were recommending and what her prescribing psych was suggesting became too much for her and she opted for the “status quo” that Prozac provided for her? Also, she had been buying our prescribed herbs for herself over the internet and perhaps felt that the herbs were giving her the best return for her money/time. I think our treatment demonstrated that acupuncture and herb therapy can be an effective modality for the treatment of severe HA, since good results were quickly obtained across various styles of treatment. However, it’s hard to determine if the root issues were actually touched or not in regards to HA or especially the depression as prime factor.

References
1. Search of PDRHealth webpage for prescription medicine Inderal:
http://www.gettingwell.com/drug_info/rxdrugprofiles/drugs/ind1207.shtml 8/15/05
2. Search of PDRHealth webpage for prescription medicine Prozac:
http://www.gettingwell.com/drug_info/rxdrugprofiles/drugs/pro1362.shtml 8/15/05
Search Entrez-Pubmed, BMJ w/terms: headache and acupuncture:
Birth Trauma and The Eight Extraordinary Vessels

Part II  By William R. Morris, LAc, OMD, MSEd

Note: Access part one on the AAOM website www.aaom.org under “American Acupuncturist.”

Eight Extra Pulse Method

Place the fingers on either the left or right wrist (take care that the fingers are evenly spaced and even pressure is used). Press until the first impulse hits the fingers. If all fingers are hit at once at the qi depth, it is a du mai pulse, if they are all hit at the same time at the blood depth, it is a Ren Mai pulse. If the pulse is deep and they all arrive at the organ depth, it is a Chong Mai pulse. If the index finger is hit first, it is a Yang Qiao pulse. If the middle finger is hit first, it is a Dai pulse. If the ring finger is hit first, it is a yin qiao pulse. One must roll the index finger toward the radius to find a Yang Wei pulse and toward the ulna to identify a Yin Wei pulse. In this instance, we are primarily interested in the core nuclear vessels. The linked post-natally influenced vessels related to the Qiao Mai and Wei Mai vessels may also be used.

Group One: These pulses are long and string-taut. The du is most superficial; the ren is in the middle depth; and the chong is the deepest.

Group Two: The yin qiao is larger in the yin position (proximal - chi - cubit). The yang qiao is larger in the yang position (distal - cun - inch). The dai is larger in the middle (guan - bar) reflecting accumulation in the dai or belt channel.

Group Three:

In the distal position, the yang wei vessel is displaced toward the yang (thumb -- radial) and the yin wei is displaced toward the yin (little finger - ulnar). This must be confirmed in the proximal position by opposite displacement so that a true diagonal line is present. The yin wei and yang wei pulse descriptions are the only discussion of vessel displacement in current English translations of classical and neoclassical literature.

Chinese Herbal Medicinals

The Chinese medicinals can be correlated with the four birth matrices of Grof. In the gestational stage, there is yin and an idyllic sense of communion and oneness. This calm and settled state is achieved with medicinals that nourish yin. When the first birth matrix is subject to physical, emotional or chemical traumas, this state is disturbed. The Chinese medicinal concept of fetal toxins are of real concern at this stage. Other conditions, such as gestational diabetes, preeclampsia and infections, can also disturb the Eden-like environs in utero. When there are fetal toxins in the form of infections or chemical exposures, then the category “clear heat toxins” should be evaluated for clinical relevancy. Grof reports, and I have clinical experience of, cathartic clinical experiences that give rise to an excretion and recurrence of symptoms commensurate with toxic exposures such as these. I have seen cases where the mother, under extreme stress and in a state of hyper-vigilance during the gestational phase, has lead to significant constitutional yin...
depletion in the child that continues throughout the life. Yin supplementing agents, under these conditions, should be considered as a lifestyle strategy as much as it is appropriate. The herbal correlations with the extraordinary vessels are based on the author’s experience and theoretical correlations. Please evaluate accordingly.

Categories
Chong Nourish and move blood
Ren Nourish Yin, clear toxins, dissolve phlegm
Du Boost Yang
Dai Boost Qi, Move Qi, relieve food stagnation

Move Qi
Chong Fr Melia (Chuan Lian Zi)
Cyperi (Xiang Fu)
Ren Cyperi (Xiang Fu)
Ligustici wallichi (Chuan Xiong)
Saussurea (Mu Xiang)
Du Xanthium Fr (Cang Er Zi)
Ligusticum Rx (Gao Ben)
Notopterygium (Qiang Hua)
Dai Artemesia vulgaris (Ai Ye)
Cimicifuga (Sheng Ma)

Move Blood
Chong Angelica sinensis (Dang Gui)
Ligustici wallichi (Chuan Xiong)
Ren Carapax Amydae (Bie Jia)
Ligustici wallichi (Chuan Xiong)
Angelica sinensis (Dang Gui)
Du Carapax Amydae (Bie Jia)
Dai Angelica sinensis (Dang Gui)
All Achyranthes (Niu Xi)

Nourish Blood
Chong Angelica sinensis (Dang Gui), Salvia miltiorrhiza (Dan Shen)
Ren Angelica sinensis (Dang Gui)
Du Colla Cornus Cervi (Lu Jiao Jiao)
Dai Angelica sinensis (Dang Gui), Peonia alba (Bai Shao)
All Lycium (Gou Qi Zi), Rehmannia (Shu Di Huang)

Supplement Qi
Chong Atractylodes macrocephalae (Bai Zhu), Codonopsis (Dan Shen)
Ren American Ginseng (Ren Shen)
Du Astragalus (Huang Qi)
Dai Schizandra (Wu Wei Zi)
All Ginseng (Ren Shen)

Animal Products
These materials nourish essential substances. Animal products have a close relationship to Jing, and, as the Extraordinary vessels have a root in the Life Gate, animal products will nourish the Eight Extras. Animal products are one of the most efficient methods of supplementing Jing.

Chong Placenta hominis
Ren Plastrum testudinis (Gui Ban)
Du Deer Antler (Lu Rong)
Dai Bile products, (San She Dan)

This is a completely new area of exploration and the author invites input as well as commentary regarding the concepts that are discussed in this paper.

References
11. Rank O. The Trauma of Birth. 1929.
Greetings AAOM Colleagues, Students and Exhibitors:

The final Report Card for AAOM’s Expo 2005, Tradition and Innovation, is in, and we can comfortably say, the event was truly outstanding, across all fronts! (*We’re not saying we don’t need to improve, but it’s far more fun and productive when you can learn from a good experience!*)

More than 600 practitioners, students, and exhibitors were in attendance at this event, and our collaboration with the national organizations (CCAOM, ACAOM, NCCAOM, and FAOMRA), took the headcount at this year’s event to greater than 700 participants! The AAOM Conference Committee included, Deborah Lincoln, LAc, Chair, Claudette Baker, LAc, Co-Chair; Will Morris, LAc, President; Cynthia O’Donnell, AP, Vice President; John Scott, LAc, President; President Golden Flower Chinese Herbs, Gene Bruno, LAc President Emeritus, and Rebekah Christensen, AAOM Executive Director. The Conference Committee was supported by AAOM’s gifted staff, Brian Smither, IT Manager, and Zenia Aguilera, Member Services Coordinator. States Deborah Lincoln, “Planning for this event began a year in advance, as we focused our attention on bringing in top speakers, providing an eclectic range of topics to meet diverse needs of our attendees, enhancing the onsite participation of our national organizations, and coordinating exhibitor activities that provided value-added product and service opportunities for our attendees. It was important that we enhance “return on investment” for all involved, and we feel we exceeded our own planning goals. But we must always keep learning from our experiences. Thus, we have already identified many ways to enhance our 2006 planning and outcomes for next year!”

This year’s conference featured 38 speakers, 31 classes, 39.5 NCCAOM approved CEU’s (35.5 California Acupuncture Board approved CEU’s) and 45 exhibitors. Our final conference tallies found 16 classes exceeding 50 in attendance, eight exceeding 75, eight exceeding 100, five totaling 131-152 in attendance, and one that topped 200! (*CEU’s have been processed, so if you have not received your certificate, please contact the AAOM office.*)

For the first time ever, we sold out of our overnight rooms more than 5 weeks in advance of the conference, but fortunately, the Westin O’Hare continued to offer additional rooms at the conference rate. Due to attendee numbers that exceeded our expectations, many of our scheduled classes were converted from classroom to theater seating to accommodate “standing-room-only” workshops! Lunches were a sell-out before the conference commenced, and the AAOM’s annual awards banquet sold-out the day before the event was held on October 22, 2005. From the perspective of Rebekah Christensen, AAOM Executive Director, “Attendees far exceeded our expectations, therefore we experienced understandable, but sometimes frustrating “growing pains” in having sufficient conference materials to meet demands as well as lunches to feed hungry attendees! While the growth was exciting, managing our growth will be even more keenly assessed in planning next year’s event.” If you were on the receiving-end of short supplies, please know that we sincerely apologize for the inconvenience it created.

Thanks to the hands-on hard work of Co-Chair, Claudette Baker, LAc (AAOM President Emeritus), and AAOM Vice President, Cynthia O’Donnell, more than 100 students attended this conference with the result that a formalized national student association is in progress. There were also more than 250 attendees from Illinois and the Midwest; demonstrating the invaluable support provided by the Illinois Association of Acupuncture and OM under Claudette’s leadership.

To a sell-out crowd, AAOM honored practitioners across the country at its Pictured below: ACAOM Doctoral Task Force - Recognition Awards. (From left to right): Joanna Zhao, LAc; Natl Federation of TCM Assoc., Yemeng Chen, LAc, FICEC; CCAOM, Bill Prensky, LAc, David Maloney, LAc, Will Morris, LAc; President/AAOM, David Paton, LAc; President/ FAOMRA, Megan Huangs, MS, LAc; CCAOM, Steve Given, LAc; CCAOM, David Canzone, DOM (NM); FAOMRA and Gene Bruno, LAc; President Emeritus/AAOM
Annual Awards Banquet, held October 22, 2005. Award recipients included:

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<tr>
<th>Award</th>
<th>Recipient</th>
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<tr>
<td>Educator of the Year</td>
<td>Mary Elizabeth Wakefield, LAc</td>
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<tr>
<td>Author of the Year</td>
<td>Steve Meeker, LAc</td>
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<td>Oriental Medicine Supplier of the Year</td>
<td>John Scott, OMD</td>
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<td>Patient of the Year</td>
<td>Trudy McCaillister</td>
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<td>Legislator of the Year - The Honorable</td>
<td>William G. Herbkersman</td>
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<td>Lobbyist of the Year</td>
<td>Steven Morril, Esq.</td>
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<td>Acupuncturists' of the Year</td>
<td>Anita Park, LAc</td>
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<td>Special Achievement Award</td>
<td>David Wells, D.C.</td>
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<td>Special Service Award</td>
<td>Roger Brooks, LAc, A.P.</td>
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<td>President's Award</td>
<td>Marilyn Nielsen, Past Executive Officer, California Acupuncture Board</td>
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Our exhibitors told us that floor traffic was great, and that we had exceeded any prior year in our management and operations. A few called to say they had experienced their “best conference ever” as it relates to sales. (Thanks for relaying the good news!) Claudette Baker, Conference Co-Chair, conveyed, “The sometimes endless hours of effort were well rewarded. It just feels good to see our exhibit hall overflow with attendees and to know that we earned the support given to us through our exhibitor community. We are already planning ways, to further enhance return on investment for all involved at our 2006 event.” Under the leadership of John Scott, LAc, President, Golden Flower Chinese Herbs, and Bill Egloff, President, Crane Herb, the AAOM, for the first time, invited the conference’s 45 exhibitors to participate in an onsite meeting, and consider joining the AAOM’s Suppliers Advisory Council (SAC).

During the onsite meeting, the SAC nominated four co-chairs, to facilitate the interaction from our exhibitor community in the planning of next year’s event to be held at the Wigwam in Phoenix, Arizona, October 19-22, 2006. They are: John Scott, Golden Flower Chinese Herbs; Lise Groleau, Kan Herb Company; Ellen Franklin, Kairos Institute of Sound Healing; and John Nielson, Hilb Rogal Hobbs (HRH).

Reviewing the feedback from our attendees is rewarding; it allows us to see what’s valued, where work is needed, the courses that most impact your day-to-day practice, and where improvements can be made. This year was no exception. A few of the favorite workshops that were repeatedly cited by our attendees included: Jeffrey Yuen’s workshop on Alchemy, Essential Master Tungs Acupuncture taught by Robert Chu, Modern Application of the Shang Han Lun Medicine by Miki Shima, Qi-Gong (Chi-Kung) Acupuncture, taught by Drs. Nagel, Chow & Tseng, and Facial Acupuncture by Mary Elizabeth Wakefield. From the perspective of Yuen’s presentation… “As always, Jeffery’s ability to articulate esoteric material in a form and manner that is readily graspable is unsurpassed; This man is why I came; So inspiring, brilliant! Please bring him for a three-day training on a cruise; and Wow! Thank you, unbelievable knowledge and wisdom!” Feedback from Essential Master Tung’s Acupuncture revealed: “I can use this info Monday morning on my patient, I love it! The Buddhist approach harmonized a big crowd; simple explanations of complex issues; Fantastic explanations, thorough, yet applicable…Outstanding, and Clear description of points – better than any other Master Tung Class! Miki Shima is renowned as a convention favorite and this year was no exception; “Pathway of exterior to deep interior; appreciated the speakers vibrant enthusiasm for our medicine and his ability to inspire this in his students; look forward to future trainings of Dr. Shima, and Speaker is by far the most generous and giving healer I have encountered! Qi-Gong (Chi-Kung) Track experienced very large attendance, with a general consensus that this track should continue to be offered. Comments ranged from “Great stuff,


**CPT Code Update**

By P. Shane Burras, LAc, D.N.B.A.O

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, the Centers for Medicare & Medicaid Services (CMS) published valuations for these new codes. Due to an error in the publication, however, these initial RVUs significantly undervalued acupuncture services.

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 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.

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.

The National CPT Code Task Force, sponsored by the American Association of Oriental Medicine has worked collaboratively with other associations, federal and state agencies to present a united front focused on addressing the deficiencies in the new codes and their valuations.

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.

If you are interested in the nuts-and-bolts details behind these changes, they are available at www.aaom.info/calcl_0605_rvu.pdf and www.amassocion.org/advocacy/news/ene w_s_cpt_050715_detail.htm.

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.

The Task Force is currently collecting data from acupuncturists around the nation to help prioritize our education efforts. Please go to the www.aaom.org and click on the EOB data base link and fill out the information form. This information will help identify areas and companies that need our attention. Only by staying informed, educated and active in our organizations can the profession pull together and fight to preserve our financial future.

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**Student Corner**

The American Association of Oriental Medicine (AAOM) is making huge strides forward in its growth, both professionally and with membership. One development along these lines is the efforts being made by the AAOM board, committee leaders, and students to establish an American Student Association of Oriental Medicine (ASAOM). The goal is to give students the ability to participate more fully in AAOM by providing a vehicle to address student concerns more concretely. This is a natural development in the growth of all professional organizations.

Student leaders emerged at the AAOM October 2005 conference student caucus. Cynthia O’Donnell, AAOM Vice President at the time, and AAOM president emeritus, Claudette Baker facilitated the caucus with one hundred students. Students identified key issues, had questions answered and initiated two task force committees to formulate the student organization. Koala Moore, student of Five Branches Institute, is the leader of the by-laws committee tasked with developing a set of by-laws for AAOM board approval. Rhonda Wilber, student of Midwest College of Oriental Medicine, is the leader of the membership development task force.

In the next few months, the development task force will be contacting schools to establish a student contact and an administrative contact for our new organization at each Oriental Medical college. Concurrently, the AAOM board has elected to add a Student Affairs link on the AAOM website. This link should be available by December 20th, 2005 for students to log on and find out more details about the goals of our newly forming student organization and for them to chat and participate in its development. In order to promote student participation in this process, AAOM is offering a half price membership drive for students until January 30th 2006.

Cynthia O’Donnell
Chair Student Affairs Committee
AAOM Herbal Medicine Committee Report

The primary agenda of the AAOM Herbal Medicine Committee (HMC) is to work to ensure that AOM providers continue to have uninterrupted access to the entire Chinese Materia Medica. At this time, it is our opinion that the best way to accomplish this, and to address the inadequacies of DSHEA for AOM, is to create a special regulatory category for Chinese herbal medicines used by AOM professionals.

The HMC has explored options for administrative changes to achieve this end and has determined that legislation may be necessary to create a separate category for herbs, which would include the OM herbal pharmacy.

This year, the AAOM HMC’s Dave Molony met with the FDA along with the American Herbal Products Association (AHPA). In attendance were Dave Molony, Mark Thoman, AAOM, Michael McGuffin, AHPA, Thomas Henteleff, AHPA attorney, and Thomas Tsay, KPC Products. The meeting was hosted by Jeff Shuren, Assistant Commissioner, FDA.

In summary, the FDA agreed to allow tian hua fen, gua lou ren, gua lou pi, gua lou shi, bing lang, and da fu pi to be imported. Animal products will be reviewed on a case-by-case basis, and will no longer be banned based on animal origin. The FDA will continue to detain all imported products containing ephedra. The FDA will modify its import alert on Aristolochic Acid (AA) to allow import of those plants that do not contain AA but which may be confused with plants with do. Despite these determinations, our Vendors Committee continues to report difficulties with importation of legal herbs.

The FDA’s determinations, combined with recent seizing of ephedra by the FDA and delays of legal herbs at US borders, have produced a need for stronger measures to retain our pharmacopoeia. The HMC concurs that the AAOM can best participate in effectively passing legislation for a separate category for herbs by banding together with other professional associations. As the Traditional Medicines Congress has already begun this process, the AAOM supports this endeavor towards legislation.

Dave Molony and Claudette Baker represent the AAOM HMC at the Traditional Medicines Congress. The Congress included representatives from AAOM, AHPA, the Alliance, Naturopaths, the Herbalists Guild, NCCAOM, and the Council of Colleges. The intent of this Congress is to explore options with regard to the preservation of practitioner access to herbal medicine. Our representatives report that the Congress has developed a legislative document for a separate category for herbal medicine. The Congress has released the document for public comment. Please go to the AAOM web site for more information at www.aaom.org. The Congress hopes to attain a sponsor and financial support to attempt to pass the legislation after it has undergone peer commentary and is finally approved by all participating parties.

The HMC continues to receive questions regarding the Codex Alimentarius Commission. At this time, the HMC feels that there is no immediate concern, but we will continue to monitor the issue and keep our members informed.

All AAOM members are encouraged to contact the AAOM legislative and Herbal Medicine Committees and the AAOM web page for information and updates at www.aaom.org.

Dr. Atara Noiade
Chair, AAOM Herbal Medicine Committee

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The conference’s attendance growth far exceeded any of our expectations. From the perspective of the Board of Directors, this demonstrates that we lived up to our commitment to “raise the bar” for this event, and equally important, that the eons of hours spent in planning and executing this event was commensurate with the return on investment for all involved.

In closing, we want to express a sincere Thank You to our National Associations and Organizations for their participation, to our speakers for the myriad of hours spent in preparation and instruction, to the students for your enthusiasm and your whole-hearted involvement, to our volunteers for giving us management support we could count on, to our exhibitors for your continued participation and support, and for your commitment to participate and grow with us, to Kim and Scott’s Pretzels of Chicago for their generous donation, and to the Westin O’Hare staff for their outstanding service and support (not to mention your scrumptious food!). Special thanks are also extended to this year’s Conference Sponsors: AAC, Golden Flower Chinese Herbs, Kan Herb Company, and Mayway. “Many thanks” are also extended to Claudette Baker (Conference Co-Chair) and the Illinois Association of Acupuncture and Oriental Medicine for your on-going efforts in helping to create such high attendance and in making this year’s event the best ever!

In the words of our esteemed president, William R. Morris, OMD, MSEd, LAc, the collective opinion of all involved is that we achieved our goal for this event… “Taking the Path of the Great Unification…” for we truly came together as independent, yet interdependent components that together comprise the “whole of Oriental Medicine”, in a manner that was vibrant, healthy and articulately expressed, and experienced by all!

We suggest you return often to our website as we will be providing information on our 2006 event to be held at the Wigwam in Phoenix, Arizona. Mark your calendars now, next year’s event is October 19 - 22, 2006.

Persons interested in purchasing tapes of the Expo 2005 Conference Workshops will find them available at Conference Recording Services at 800-647-1110.
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Treating Depression continued from page 15


Expo 2006 - Exhibitor Invitation

Oriental Medicine - Healing the Body, Mind and Spirit

October 19-21, 2006
The Wigwam - Phoenix, Arizona

The Conference Committee’s primary goal for 2005 was to "raise the bar" of support for all exhibitors, and we exceeded our expectations! In fact, some exhibitors reported that onsite sales exceeded any prior event they have attended. With more than 600 workshop attendees and 700 in overall conference attendance, 2005 was our best year ever! We know that in 06, the performance of last year will only be exceeded!

From Exhibitors present in 05, AAO M formed the Suppliers Advisory Committee with 4 co-chairs. These co-chairs are responsible for interfacing with all suppliers to assure your voice is heard in the planning of our 06 event and that your return on investment is maximized.

Mark your calendars today, and watch for our 06 Exhibitors Brochure in January!

Sincerely,

Deborah Lincoln, RN , M SN, LcAcp, Director, 2006 Conference Chair
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