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Editorial Procedures

The American Acupuncturist welcomes article submissions from all Oriental Medicine practitioners. Articles embracing innovative Oriental Medicine ideas and procedures that include new, real-world case information, supporting research and advanced conventional wisdom on a given discipline are given priority. If you would like to submit an article, we require that submission be made via our online interactive form available on our website at www.aaaomonline.org, under The American Acupuncturist.

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Message From the President

Welcome Greeting:
Leslie McGee, RN, LAc, DiplAc & CH, President, AAAOM

Greetings AAAOM Members and Colleagues:

From the unity of yin and yang comes the wholeness of the Tao. Of all people, we know this. And now, thanks to the contributions of many, we have a national professional organization that will reflect that wholeness.

I am honored to be the first president of the new AAAOM. My goal is to bring the best of our community together to form a unique and influential association that is empowered to create the social change that is necessary for America and the profession. Doing this will require effort and care, but I believe it is within our reach.

My heartfelt thanks go to the members of the previous organizations for their support and to the respective boards for their hard work and dedication. We have all learned from each other, stretched and grown, and done our best to keep the greater good in mind. Particular thanks go to Michael Schroeder and Phil Stump of the American Acupuncture Council for their vision and support on our journey toward re-unification.

Now it’s time to come together to build the AAAOM into an organization that incorporates the best of our traditions and brings new visibility and leadership to acupuncture and Oriental medicine. Join us in fulfilling our vision of a unified field where practitioners succeed, all of us, with each represented in their own unique way.

My hope is that we create an organization that inspires and benefits our members, educates the public, informs the institutions of our society, and secures the role of Oriental medicine in the United States.

Please join us and let’s make this happen. The future of our profession, the success of our practitioners, and the health of the nation depend on it.

Sincerely,

Leslie McGee

Leslie McGee, RN, LAc
DiplAc & CH (NCCAOM)
President, American Association of Acupuncture and Oriental Medicine
Dear Colleagues and Friends,

It has been an honor and a privilege to serve in leadership of this noble profession. I am leaving an official post as president of the AAOM. However, I will continue to serve as a board member and on the executive committee as president emeritus at the pleasure of President Leslie McGee in the newly formed AAAOM. I am confident in her leadership skills and balanced temperament. I trust her implicitly and believe that we as a profession are on the right track.

There are many people to thank for the single national professional association that we now enjoy. Past president Gene Bruno set the stage by standing upright for a style of behavior at the level of leadership that was respectful of both associations. Our successes would not have been possible without the transition team that included Corinne Axelrod, Martin Herbkersman, and Leslie McGee. AAAOM executive director; Bekah Christensen was instrumental in the ongoing process of connecting both the people and the business models. Mike Schroeder, past chair of the California Republican Party, was brilliant at facilitating our efforts to work together. His partner at the American Acupuncture Counsel, Phil Stump, was instrumental in working through the unification discussions in Dallas where one national association emerged triumphant. In addition, the entire board membership and Dallas meeting attendees for the meetings are to be recognized. (Board Members attending the Dallas meeting include: Gene Bruno, Shane Burras, Scott Cormier, Martin Herbkersman, Jeannie Kang, and Deborah Lincoln.)

This effort was a response to an overwhelming cry from the field, and we have accomplished our goal. We can get to the work of making sure that practitioners in our field sustain the privilege of professional judgment and prosperity, grow our knowledge, and use freely the agents of our discipline. As a national professional association, our vigilance in seeking the needs of our membership and realizing those needs will sustain our authority. We will achieve a rightful place for Chinese medicine in America, and the people shall have access.

We belong to a ‘homeland’ which may be defined as a community of destiny. Homeland is a common identity across a culture, sharing a common, mythological origin, tracing back to a common mythic ancestor (Morin, 2006, pp209). In Chinese medicine, this ancestor is the Yellow Emperor. Stepping down from office, I return to stand on the shoulders of giants who created the medical discipline that I practice. I am indebted to great ones who have gone before; these ancestors generated the great classics and traditions of practice. I appreciate the nation of China as the mother of Chinese medicine. I am indebted to the unknown authors of the Yellow Emperor’s Classic (Huang Di Nei Jing), Spiritual Axis (Ling Shu) and the Difficult Classic (Nan Jing). I am beholden to the ‘Saint of Medicine,’ Zhang Zhang Zhongjing who authored the Treatise on Damage by Cold with Miscellaneous Diseases (Shang Han Za Bing Lun). However, one historically great figure is my guru and I am his disciple in spirit, and that is Wang Shuhe, the author of the Pulse Classic (Mai Jing). It is from this work that I was able to construct a meaningful practice and school of thought with respect to pulse diagnosis. I will continue to write, teach, and learn about this profound discipline in the presence of you, my friends and colleagues.

Sincerely,

William R. Morris, OMD, MSEd, LAc
President, AAOM

Congratulations Will!

Thank you for your hard work and effort on the acupuncture professions behalf. Your attention to detail, availability, and selflessness have served to move the oriental medicine profession forward for us all.

We congratulate you on your successes as President of the American Association of Oriental Medicine and wish you all the best in your future efforts for our community.
fertility specialists to explore the efficacy of Reproductive Medicine, working with a member of the American Society of Oriental Reproductive Medicine). He is also a founder and board member of the NABORM (the North American Board of Oriental medicine and holds licenses in acupuncture, Chinese herbology, and herbology (NCCAOM). She teaches at the Asian Institute of Medical Studies (an ACAOM accredited school) and for the Program in Integrative Medicine at the University of Arizona.

Martin Herbkersman is National Board Certified (NCCAOM) in acupuncture, Chinese herbology, and Oriental medicine and holds licenses in California, Rhode Island, and South Carolina where he has a private practice. He is a founder and board member of the NABORM (the North American Board of Oriental Reproductive Medicine). He is also a member of the American Society of Reproductive Medicine, 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, helping to improve the climate for acupuncturists in his home state.

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 AIMS 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.

Corinne Axelrod, MPH, LAc, DiplAc

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Corinne Axelrod graduated from the Maryland Institute of Traditional Oriental Medicine in 2001 and is licensed in Maryland and the District of Columbia. She received a BA in medical anthropology from San Francisco State University in 1981 and received an MPH in 1986 from the University of California, Berkeley. Corinne is a senior officer in the U. S. Public Health Service. She worked on the White House Commission on Complementary and Alternative Medicine Policy. She maintains a part-time acupuncture practice in Maryland.
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AAAOM-SO STUDENT DIRECTORS

Rhonda Wilbur, DiplOM, MSOM, BS, BA, CMT, PFT
AAAOM-SOC Co-President
Rhonda Wilbur graduated from Midwest College of Oriental Medicine earning combined degrees of MS in Oriental Medicine and BS in Nutrition. She also has a BA in Communication and is certified as a massage therapist and personal fitness trainer. Rhonda was the AAAOM-SO ’05-’06 Development Task Force chairperson. Her current goals for AAAOM-SO are to reach every student and help create an effective nationwide interactive student network. Rhonda’s professional focus is to create a national public relations and education campaign to increase awareness of acupuncture and Oriental medicine for laypersons as well as health care professionals. She currently is working on creating a non-profit organization encouraging integrative research and healthcare advancement.

Koala Moore, DiplOM, MSOM, BA
AAAOM-SOC Co-President
AAAOM-SO Development and Legislative Task Force Member
Koala Moore graduated from Five Branches Institute with an MS in Oriental Medicine. Koala spent two years as a volunteer medic at the Berkeley Free Clinic and discovered his passion for providing health care services to low income and underserved communities. He aims to bring the many benefits of Oriental medicine to those whom the failing system of for-profit-medicine has cast aside and overlooked. His work with the AAAOM-SO is in that spirit. He currently lives in Oakland, California with his wife, Nadia, who is also a recent graduate of Five Branches Institute.

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

OUR MISSION
To promote excellence and integrity in the professional practice of acupuncture and Oriental medicine, in order to enhance public health and well-being.

OUR PURPOSES
To serve as the official representative and spokesperson for the professional acupuncturist and Oriental medicine practitioner 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 (ability to exercise professional judgment within the scope of practice) field of medicine.

To integrate acupuncture and Oriental medicine into mainstream health care in the United States.

To advance the science, art and philosophy of acupuncture and Oriental medicine.

To protect the body of knowledge in acupuncture and Oriental medicine.

To advance the professional welfare of our members.

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

To develop and maintain standards of ethics, education and professional competence, and to promote research and inter-professional relationships, nationally and internationally.

To insure that the public receives high quality AOM services.

To educate the public.

To serve the public effectively through improving access to our services.
Travis Buckmaster LAc, PC
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Travis Buckmaster began his Oriental medicine training in 1996 at Kibbutz Gadot in Gadot, Israel, before receiving his Masters of Oriental Medicine degree from the International Institute of Chinese Medicine in Santa Fe, New Mexico, in 2000. He returned to IICM to continue his graduate studies before beginning private practice in Gainesville, Georgia. He is currently a licensed acupuncturist practicing in Woodburn, Oregon, specializing in physical medicine and women's health. Travis travels to China each year for continuing educational training. He serves on the board of directors of the Acupuncture and Oriental Medicine Society of Oregon and works as a snowboard instructor on Oregon's Mt. Hood.

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Christine Chang is in private practice and lectures on Chinese medicine, 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 U.S. as well as the AAAOM Board of Directors. She translates ancient Chinese essence to Western society and continues the way of the Chinese Doctor (Yi Dao) internationally.

Scott Cormier, MTOM, DiplOM, LAc
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Scott Cormier received his master's degree in Traditional Oriental Medicine from Emperor's College of Traditional Oriental Medicine in Santa Monica, California. He is national board certified as a Diplomat of Oriental Medicine, Acupuncture and Chinese Herbolgy from the NCCAOM. Currently he is on the board of director's of the American Association of Oriental Medicine and serves as chair of the Ethics Committee. Scott Cormier currently maintains a private practice in Exeter, New Hampshire, and hold licenses to practice in New Hampshire and Maine.

Dr. Haines is currently coordinator of Doctoral Studies and assistant to the president at Pacific College of Oriental Medicine. Since 1996 he has worked at the national level to develop standards for the doctorate degree in Oriental medicine and served as a public board member of the Acupuncture and Oriental Medicine Alliance (AOMA). He is active at the state and national level as the president of the California Acupuncture and Oriental Medicine Education Committee and as a member on national committees to improve the field of Oriental medicine. Dr. Haines holds a nationally accredited PhD in Leadership and Human Behavior.

Jeannie Kang, LAc
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Jeannie Kang has studied abroad at Sussex University in Brighton, England, and received a BA from UC Riverside. She completed a psychology residency at Patton State Hospital in Highland, California. She received her MA from South Baylor University. From 2002-2006 Ms. Kang sat on the board of directors of the California State Oriental Medical Association (CSOMA) where she served in various capacities, including the Executive Committee and as immediate past-president. She currently serves as the AAOOMs international advisor to the World Health Organization (WHO).

Bill Reddy, BS, MS, LAc
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Bill Reddy completed his BS in Aerospace Systems Engineering in 1987 and worked on masters degrees in Robotics and Systems Engineering. He began his studies of TCM at Maryland Institute of Traditional Oriental Medicine. He was elected as the first student member of the board of directors of his acupuncture school. Bill is former president of the Acupuncture Society of Virginia, serving on the board for four years. He currently has a private practice in Alexandria and Annandale, Virginia. In his free time, Bill trains in the Chen style of Tai Qi and designs and builds furniture.

Jeanette Rockers, LAc
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Jeanette Rockers studied Classical Five Element Acupuncture at ITEA in Denver and in Parsons, Kansas. She studied with JR and Judy Worsley in the Masters Apprentice Program. Jeanette has served as president of the board of ITEA and currently serves as treasurer of the Acupuncture Association of Colorado. Before the reunification of the AAOOM, Jeanette was elected treasurer of the Alliance. She earned BS and MA degrees in Biology and sees her love of the natural world complementing the work she does now in Five Element Acupuncture.
Society of Reproductive Medicine.

Karen Reynolds LAc, RN
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In 1988 Karen Reynolds received a BS in Nursing, focusing on critical care. She further specialized in cardiac intensive care, advanced cardiac life support, and intra-aortic balloon pumping, as well as modified hemodialysis training. Ms. Reynolds graduated from Meiji College of Oriental Medicine in Berkeley, CA and is licensed both nationally and in California. She completed advanced practice studies in fertility and pain management with venerated master practitioners Dr. Miki Shima, OMD and Michael Turk, LAc. Ms. Reynolds served on the California State Oriental Medicine Board and currently serves as an AAAOM board member. She is a member of the American Society of Reproductive Medicine.

James Turner, Esq. (Public Member)
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James Turner is a founder and partner in the Washington, DC law firm of Swankin and Turner. Jim worked as an original in the use of acupuncture. As an experienced innovator in the drug court field, she received the distinguished Chief Justice Commendation from the Supreme Court of Florida. She has served on the faculty of the University of Miami School of Complementary and Alternative Medicine. After hurricane Katrina, Rachel was one of the first acupuncturists from outside Louisiana to provide acupuncture relief treatments to Gulf Coast residents.

AAAOM ALTERNATE DIRECTORS

AOMA Past President
Floyd Herdrich
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Floyd Herdrich has played an integral role in the development of the acupuncture and Oriental medicine profession in the United States. A founding member of the Acupuncture Society of Virginia, he led the effort for an independent licensure law passed in 1991. A board member of the Acupuncture and Oriental Medicine Alliance since 1994, he recently served as the AOM Alliance president. He is a Life member of AAAOM. As AOM Licensed Practitioner he exclusively practices Classical Five-Element Acupuncture, both to alleviate symptoms and to confer a direct experience of health. Patients experience improvement, often enormous improvement, in well-being, clarity of mind, openness of heart, and in ease of being.

Rachel Toomim, LAc, RT (NADA)
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Rachel Toomim is a long-time board member for the AOM Alliance as well as vice-president for NADA. She has practiced acupuncture for over 18 years and educates healthcare and criminal justice professionals in the use of acupuncture. As an experienced innovator in the drug court field, she received the distinguished Chief Justice Commendation from the Supreme Court of Florida. She has served on the faculty of the University of Miami School of Complementary and Alternative Medicine. After hurricane Katrina, Rachel was one of the first acupuncturists from outside Louisiana to provide acupuncture relief treatments to Gulf Coast residents.

Regina Walsh, MAc, LAc
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Regina Walsh graduated from the Traditional Acupuncture Institute (TAI Sophia Institute) and has been in private practice in Bedford, New York, and New Canaan, Connecticut since 1994. She is a founding member and past vice-president of the AOM Alliance and a member of ACAOM’s Doctoral Task Force. She received her NADA certification as a student practicing in the Baltimore City Women’s Detention Center and has volunteered for Acupuncturists Without Borders. Prior to her acupuncture practice, Regina was an administrator and training & development consultant for corporations such as New York Telephone and the Museum of Modern Art.

Lloyd Wright, DNBAO, LAc
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Lloyd Wright has practiced acupuncture and traditional Chinese medicine for over 20 years. He has served on the board of directors for the CAA, CSAOMA, and currently serves as treasurer for the Arizona Society of Oriental Medicine and Acupuncture. Additional he served five years as a member of the California Acupuncture Board, on a scientific review panel for NCCAM, as an OME for CA Worker’s Compensation and as a site visitor for ACAOM. Lloyd is board certified with the National Board of Acupuncture Orthopedics and currently practices in Scottsdale, Arizona utilizing herbs and acupuncture as applied to orthopedics and general medicine.

Douglas (Yi) Wang
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Douglas Wang received his degree in 1982 from Qinghai Medical University in China. He continued his medical studies at the International Psychiatrist Training Center, offered through the WHO, and Shanghai Psychiatry & Hygiene Center where he received the title of Neuro-Psychiatrist. In 1988 Douglas earned his MS in TCM from ACTCM in San Francisco. He has California state licensure, national acupuncture and Chinese herbology certifications, and is a certified Tuina therapist. Douglas currently teaches Chinese herbology, internal medicine, East-West integrative medicine in the master’s program, and psychiatry in the doctoral program of AOM at the Five Branches Institute in California.
Spirituality in Medicine: Is OM and its Education Concerned with the “Spiritual” Aspect of Medicine?

by Fritz Hudnut, DAOM, LAc, Editor: Janet L. Borges, MSTCM, DiplAC, CH, LAc

The DAOM course of study provided an opportunity to evaluate both the educational programs and practice of Oriental Medicine (OM), specifically as it relates to our tradition of a mind-body-spirit continuum. In a late 2003 response to a question on the doctoral admissions form, this writer expressed concern that, in order for OM/TCM (Traditional Chinese Medicine) to be accepted within mainstream medicine, much of its art and soul has been lost in favor of a biomedical justification for our endeavors. Due to Oriental medicine’s philosophical roots, which includes the concept of harmonization within the “Great Mystery” to gain deeper access to healing energy, we as practitioners commonly claim to treat patients holistically, offering simultaneous treatment of mind, body, and spirit levels because we see them as one. However, the rush to market our professional treatments within the current healthcare system does not allow for questions into the deeper Why of it all—or any inquiry into the meaning of our journey together—and what part, if any, our traditional medicine will play in the larger picture of integrated medicine. Use of a biomedical foundation to validate what we do, in order to identify it as a “billable procedure,” is usually the first order of the day. Is there any part of that approach that focuses on the spiritual? What is the meaning of a “spiritual life” in medicine? Equal concern will be given here to the analysis of these questions, as well as the question of how we educate ourselves to consider this mind-body-spirit tradition.

Currently the United States is home to one of the most expensive healthcare systems on the planet. Conventional medicine, with its gauntlet of “excellence in all things all of the time,” strives to maintain its preeminent position with one negative by-product being the upward spiral of dollars required to deliver it. The system, while providing a level of care to a broad spectrum of our society, is fueled largely by profit margin and survives essentially due to the individual neglect of mind, body, soul, and spirit, as well as the unprecedented levels of stress which accompany our lives. Care (Perez, 2004) is a qualitative concept in this case, a quality of life (QOL) issue. Thus creation of an integrative medical system is a significant concept well worthy of our attention for many reasons, which increase dramatically if we wish to have a determining role in what part OM will play in the integration process and its development.

Within the DAOM program’s integrative medicine component, the concept of spirituality in medicine was introduced in a series entitled Integrative Pain Management. In these meetings questions were raised regarding the concept of spirituality in medicine by a number of the guest speakers. During this seminar-like opportunity we were able to see/hear what variable services the guest speakers currently provide to those who can afford healthcare in Los Angeles. Here in L.A. there seems to be a new hybrid medical practitioner, trained primarily as an allopathic physician, who is also willing to discuss possible “alternatives” with the patient, thereby engaging the concept of integration. The remaining question is how determined they are to develop such a system. It appears at this point the term “integrative” is used to provide some neutral ground between allopathic/bio-medical practitioners and all other providers offering so-called alternative answers to functional healthcare. Additionally, due to their continued interneicine struggle with the HMOs/insurance companies for market share, these physicians, according to Dr. R.N. Remen, in her 2001 paper entitled Recapturing the soul of medicine: physicians need to reclaim meaning in their working lives, have discovered a loss of connection to “Soul.” In the interest of professional survival, many in conventional medicine are trying to “incorporate” other modalities such as acupuncture to “increase the quality of care,” thereby continuing to control the “medical” field. Others, like Remen, want to find light in the dark tunnel that conventional medicine has become.

In the Integrative Pain Management segment, a number of presenters, particularly those of allopathic medical background, claimed an interest in spirituality in medicine. One of the guest speakers, Dr. James Gagné M.D., originally planned to offer a full lecture on that topic. Verbal ownership is also made of this elusive dynamic by practitioners of OM/TCM. The basic idea is that the energy carrying us forward in our life is considered to be most authentic if based on, or connected to, a “spiritual” or higher energy. Many systems of thought have been conceived to help bring meaning to our lives and our daily work; mostly they are religious in basis. Of late there is realization, as noted by Dr. Remen (2001), that within the current version of our intensely impersonal and competitive medical system science and technology are not adequate to meet all of the consumer demands for health, namely the more complex qualitative notion of healing. Previously, concepts of healing and spirituality have not been recognized by medical science, and there is now a demand for an expanded scope of medicine to include spirituality. They are, like Dr. Gagné and Dr. D.P. Sulmasy in his 1999 journal article, asking: Is medicine a spiritual practice? Or, what in medicine is spiritual?

Dr. Gagné considers spirituality in medicine an area of importance on his website (http://drgagne.com), which we were asked to visit before he spoke to us. There he presents a non-denominational concept of spirituality, “mindfulness,” which is a concept that has been borrowed from spiritual teachers who are most often Buddhist. In this case it is garnered for the treatment of pain and addiction, but it is also seen in various types of psychotherapy. For these more prosaic purposes it has been turned (Epstein 1999) into a stress management tool. Though it is wonderful in concept, this use of “mindfulness” could also be viewed as conventional medicine’s latest gambit to keep their piece of the pie intact. By suggesting use of this “mindfulness” technique for physical healthcare they are conditionally usurping philosophical ideas from traditional medicine such as ours that we have “abandoned” in our efforts to be part of the “complementary care team.” This helps to maintain conventional medicine’s position as the complete arbiter of what constitutes healthcare.
We all want solutions to our problems as well as a feeling of deeper meaning in our life, but the collective ideas of what that means are wildly different. It is a commonly held belief that there is a "spiritual" energy/entity which, if we can connect to it, will bring us closer to our desires, thus increasing our capacity to treat more people, to gain more knowledge, to make more money, etc. But what do we actually do to access that energy? Do we make a web site? A phone call? Should we go to a church/temple/mosque to send flyers, flowers, or emails? Is it better to make a web site? A phone call? Should we connect to it, will then bring us closer to this special energy? Or, do we go within; if so, how?

On his web site Dr. Gagné suggests meditation as one possible way to make that connection, and he describes various methods. Since treatment of pain was the primary focus and specialty interest of this DAOM degree program, perhaps his expertise in pain management could provide us further insight? He offered to talk on several subjects, including spirituality in medicine, and he gave the opportunity to vote on the selections. Unfortunately, few voted for this, in favor of other topics, which prevented the group from having the opportunity to hear/discuss what he would have to say on spirituality. This means that, despite intentions to the contrary, it was unheard.

Of course we in OM/TCM are not alone in this situation; many people are decrying this lack of interest in "spirituality in medicine" from both sides of "the aisle." But who would the digital database show as spending more time and effort in the quest for this elusive quality of spiritual? Using Dr. Gagné's website, a couple of search terms were formulated to see what might turn up in the public discourse. PubMed was searched with the term "spirituality in medicine" derived from Gagné's website. This produced 345 hits. Many of those citations were highly relevant to the topic. In total about 36 applicable citations were collected on spirituality in medicine, the present state of medicine, and/or about the mind-set(s) of those people working to help others in medicine. There were even some who distinguished "healing" from "curing," which previously was a rare distinction in allopathic circles (Novack, Epstein, & Paulsen, 1999).

One of the papers (King, et al., 2005), entitled Spirituality & Health Care Education in Family Medicine Residency Programs, was a survey study done in 138 allopathic residency programs asking various questions about spirituality and its importance to medical students. Also included were some questions on how much time was allotted in their program for actual learning about "spirituality." One could assume that the questions were probably based on a religious understanding of spirituality most likely derived from within the Judeo-Christian viewpoint. 92% of the survey respondents (directors of said medical residency programs) stated they thought that some education on spirituality was important, and even necessary, for medical education. However, in contrast, only 31% of those programs actually devoted any significant curriculum time (an avg. 6 hrs per 2-3 yrs) to the topic. Nevertheless the King, et al., findings were highly interesting and applicable to any advanced learning program—for instance our OM doctoral level education programs. Based upon this information it was decided to use the same search terms to conduct an impromptu survey using search engines of TCM/OM websites to discover what information concerning spirituality exists there and to make a comparison of the findings.

The reason this question is appropriate for OM/TCM advanced education is as previously stated: OM lays verbal claim to treating mind-body-spirit as one of its core therapeutic premises. As such we in OM higher education should be able to ask how we do this. If indeed we do treat mind-body as one, how can we endeavor to learn more about it? Is there room for investigation within our advanced OM education programs of this area which we have historically claimed as ours? Currently we have 1 or 2 classes in the master program to introduce "Oriental Philosophy" as the theoretical spiritual foundation for our practice. What do we have now for the doctoral level? Along those lines can we reflect on how much of us have a regular "practice" for instance in Tai Qi, or regular meditation "exercise" of some sort? These examples would be very introductory prerequisites to address more advanced levels of "spirituality."

To see how we in the OM community compared with conventional medicine, the following sites were searched with the terms "spirituality in medicine" as well as a second search with term "healing." Blue Poppy, the Institute of Traditional Medicine (itmonline), AcupunctureToday.com, and Acupuncture.com, were searched on 1/1/06 by entering their web addresses in the Google search engine.

Results:
1. Blue Poppy—search terms “spirituality in medicine” gave return of: “no matching records found.” Search terms “healing” provided a large number of returns but they mostly pertained to, for example, fracture healing as well as several with titles like “herb toxicity.” The directional nature of the search question(s) was not clearly understood.

2. Itmonline—search term “spirituality in medicine” provided 3 pages of hits. The first was on a Native American healing ceremony; the second was about TCM treatments for MS, and another was one on coffee and its use by monks throughout the world to help them stay awake while meditating. While this last one would make coffee a spiritual tool, it is not really about the study of “spirituality.”

The search term “healing” gave 143 pages of hits again beginning with the Indian ceremony link. The next four choices seemed to be from a Catholic exposition on prayer entitled “Body Theology,” which appears to be a transmission of the story of Jesus rather than an investigation into spirituality. After that the list of returns outlined the basic biological repairs that TCM treatment offers.

So whereas there were some examples found on what could be thought of as “spiritual” information, there were really no posted citations looking more deeply into the question of what is spirituality, or what place it has in OM/TCM.

3. AcupunctureToday.com—search term “spirituality in medicine” returned 11 hits which mostly appear to be word-as-content, thereby providing data showing mention or use of the word “spirituality.” The number one hit was an article from AcuToday entitled Is Chinese Medicine a Religion? by B. Carter and Z. Rosenberg. This article suggests that acupuncturists should leave their “religious” beliefs at home to help “mainstream” our medicine. They state that the expression of religion should be done somewhere other than the office because the sensitive nature of religious beliefs can interfere with treatments, and further ask “Is “Qi” spiritual? That answer appears to be ‘No’, because if it is Christians might be offended to know that . . . .”

continued on page 14
This type of article just muddles the thinking on spirituality because it confuses “spiritual” with “religion” and/or “religious beliefs.” It should be noted here that it was the AT server that selected this article in response to the search terms, and maybe the authors have no intention to discuss spirituality beyond asking about the spiritual nature of “Qi” and discussing the place of religion, as distinct from spirituality, in the TCM office. Secondly, the article is applying conventional medicine’s standard for its definitions of professionalism: that our professional “product” should be delivered in a non-denominational manner. Whether one agrees or disagrees with the opinions about the place of religion in the OM/TCM office, the Carter/Rosenberg article is not really a dialogue on “spirituality” in our medicine; it is instead a polemic on the proper place of religion in our profession. Therefore it does not provide clarification to this investigation of spirituality in medicine.

A few of the other AT.com hits were announcements for seminars which again are the word-is-content type. Included was a review of a book by L. Jarret which described OM cosmology. A search for the term “healing” brought 1418 hits from the AT.com engine, but quick review showed the first few to be the basic word-as-content type citation along with ads for TCM conferences and some articles written by individuals. The articles were mostly promotional in nature and not an investigation into what specifically constitutes “healing” in our medicine or what healthcare is in the sense of a mind-body-spirit continuum.

4. Acupuncture.com— the search term “spirituality in medicine” provided result of “no matches found.” The search of term “healing” returned 345 hits on 28 web-type pages, 7 of which were reviewed. Thirty-six relevant citations and 4-5 full text articles were downloaded. These were discussions of such question(s) as “What is the spiritual in medicine?” (Hiatt, 1986), “What is healing and the role of the physician in healing?” (Torosian & Biddle, 2005, Zinn, 1993, Suchman & Matthews, 1988), “Is medicine spiritual and/or what is the role of prayer in helping people heal?” (Dijoseph & Cavendish, 2005, Bishop, 2003, Byrd, 1988), “What is the nature of suffering in the human experience?” (Egnew 2005, Gadow, 1991, Younger, 1995). These were challenging, core issue questions that were examined with formal methods.

To maintain the impartial intent of this project, PubMed was also searched with the term “healing.” This search returned 88,490 citations on 4425 web pages; seven pages of them were scanned. Almost all referenced fracture healing, wound healing, or basic biological repair. However, at the top of page 2 in the twenty-first citation, there was a 2005 article entitled Sensibility to the Unconscious (Balint approach) by Supe, S. et al. The article examined the patient–doctor interaction as an important part of the healing process; an unconscious dynamic provided by the physician, the medical potency of which should be understood by the physician. Cited in #83 is a 2006 study entitled Effect of belief in ‘psychic healing’ on self-reported pain in chronic pain sufferers. The basic finding was that psychic healing didn’t work, but it also found that if one believed in its efficacy, it would improve treatment outcomes. In essence, the term “healing” was largely not understood by the Pubmed search engine.

Discussion:

The intention here is not to imply that the exploration of spirituality is mutually exclusive to OM or to cast stones on these authors or web pages. This informal study of web data indicates that, at least within the “public face” of the OM community, there is a larger and mostly untouched question as to what is the deep “spiritual” core of our medicine. We need to ask ourselves: what is the essence of our medicine? What is the nature of our collective focus as we practice? To be specific: are we indeed advocating for the classical treatment of the mind-body-spirit continuum or are we drifting toward the relatively mechanical single-point specialties of allopathic medicine? How should the “spiritual” be approached in our profession and in higher OM educational programs?

Based on the findings of this review, some allopathics are doing a better job with the actual investigation of spirituality in medicine, at least in the public forum. It seems, according to the data, that we are relatively asleep at the “spiritual switch.” For example, if our friends in conventional practice are staking web page space to discuss this topic while we of the OM/TCM genre, in the interest of Integration, are mostly examining herb-drug interactions, we are shifting our focus from what we are trained to do and instead trying to fit into an allopathic hierarchy. Ultimately we are also missing an opportunity for deeper exploration of one of our medicine’s base premises: the treatment of mind-body-spirit simultaneously. We make the claim of holistic care for the mind, body and spirit, yet the evidence shows there isn’t much willingness on our part to investigate how this “Great Mystery” is accessed by our use these ancient medicine techniques. If we made no such assertion, there would be no need to investigate how we do this. Are we willing to further investigate spirituality in our medicine and our educational programs, or will we look towards another system for our answers?

Progress, or change, is inevitable, and the concept of integration is important and worthy of our full attention. The question of spirituality in medicine is only one key point to illustrate issues uncovered by the interaction of two systems of medicine that may be in the process of integrating. We need to be aware of how that process is conducted, particularly with regards to concepts such as spirituality, so that we do not use these concepts carelessly or without regard for their meaning or effect. In addition, if we surrender some of the fundamental parts of our traditional medicine in order to grasp the “proven” bio-medicine—especially for the financial benefits that billable “procedures” bring—we in OM are following the allopathic path and not our own. We cannot continue to say that we provide holistic care without a willingness to investigate how we provide this. In addition, we need to be mindful that our attention not be taken from the practice of
medicine in favor of the dollar driven business of medicine.

Objectively speaking the medicine carries us, we don't carry it. Similarly, the "profession" is carried by OM's classical insights to human healing which are still in use today. Therefore, shouldn't we try to comprehend the whole insight, not just the part that we can "prove" or the "billable" part? If we claim as practitioners that we are "spiritual" by our very nature, or that OM or "Qi" is inherently "spiritual," or that spirituality is too complicated to study, or too private a matter to include in medicine, these evasions may cost us dearly because it indicates a lack of willingness to look "inside" our medicine.

So how can we unite and bring this ALL together? How can we join our collective but now separate "bio-spiritual-medical" efforts to help people coalesce into one integrative force? And further, how to bring each of our lives, our work and play, into one singular piece—to have it "be connected" to the greater whole, to have it "be spiritual" in a clearer fashion, and, with that, to recapture the soul and direction of our medicine? The allopathic experience of soul disconnection should come as no surprise; it certainly has squandered a great deal of talent from both sides of the medical "aisle" which could instead be used for helping others. Must we follow the directive of conventional medicine, or can we generate a new system from within our unique medical style—and align ourselves with allopathic medicine as independent but integrated partners? Might this integration process be an opportunity for profound learning? We would benefit from asking ourselves these questions, and also how there can be an integrative medicine system if we don't know our own table and its place settings well? Ultimately we need to ask: are we in OM concerned with what is the spiritual in our medicine and its education? Can we try to understand its purpose or meaning within our daily lives? Or is it indeed something more—is what we call spirituality actually the Unknowable?

References:

Additional Pubmed citations of interest:


Fritz Hudnut, DAOM, LAc, has maintained a private practice using the art of TCM to help people in West Los Angeles since 2000. The practice emphasizes general medicine issues that TCM provides care for, but mental/emotional, chemical dependency, women's issues, or chronic pain syndromes are welcomed. Dr. Hudnut presently serves as a clinical supervisor in the Yo San and SAMRA University student intern clinics. He also investigates Health and Living with regular meditation, Ta Qi/Qi Gong, and other forays into the semi-transparent waters of our daily reality in metro L.A.

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A Summary of Chinese Medical Nomenclature Debate
At 2006 International Conference & Exposition, October 19th, 2006 Phoenix, AZ
by Xiaotian Shen, LAc, MS; Miki Shima, OMD, LAC and William Morris, OMD, MSEd, LAc

On October 19th, 2006, AAOM held a debate on issues related to Chinese medical nomenclature. Attended by noted authors, publishers, regulators and educators, this was the first national professional association meeting on nomenclature. The panelists discussed recent nomenclature trends such as standardization, language, education, and publications.

Language is the root of medical practice. The ability to convey medical practices from one culture to another is dependant upon the translation and linguistic assumptions in both the language of origin and the language of arrival. Language is also tied into the origins of becoming human, and we as professionals in our identification of self as professionals necessarily use language to accomplish that end. And as professionals sharing a cross of cultural chasms at times, it becomes of great concern for our legislative bodies, regulatory agencies, educational institutions, and the disciplines of the profession.

Standardization: To Be or Not To Be?
Standardization of nomenclature was emphasized throughout the debate. The complex needs throughout the community and its stakeholders were expressed.

The WHO (World Health Organization) and a Chinese led international organization called World Federation of Chinese Medicine Society have both started nomenclature standardization with some collaboration. The AAOM’s representative, Ms. Jeannie Kang, attended a recent conference of the World Health Organization in Seoul, Korea. This conference was held for the purpose of reaching consensus regarding traditional medicine and the inclusion into the International Classification of Disease 9 (ICD-9) codes. The countries of the Pacific Rim, China, Japan, Korea, Viet Nam, and Australia were represented.

However, this medicine has never been captured in healthcare coding systems or in those countries where the medicine originated. The purpose of the classification is to promote standardization and traditional medicine terminology and data for communication, sharing of knowledge and resources, analyzing, and reporting. Its aims are to avoid duplication of effort and to create economies of scale, to raise the standard of traditional medicine in clinical practice, public health, research, clinical trials, education, policy development, resource allocation, and to allow exchange of health records and inclusion of traditional medicine data in health information systems.

The Healthcare Information System is global, and the information technology sector is pushing to advance the use of electronic records. The healthcare system is going to be computerized, and traditional medicine must be included. This process will help the people of the world, whether young or old, rich or poor, healthy or sick, no matter the country of residence. This then substantiates the need for standardization for which traditional medicine will be included in the ICD 11 released for global use by 2013, no later than 2014. Traditional medicine will be included, plus the writing of a Chapter 24, which will be solely dedicated to traditional medicine from around the world.

According to Doreen Chen and Xiaotian Shen, who both attended the 3rd International Conference of Traditional Chinese Medicine in September 2006 at Toronto Canada, during that meeting the president of this World Federation of Chinese Medicine Societies (WFCMS), Professor Lee announced that China has now revised and published the translation of basic theory terms in Chinese medicine. This has compile of 1,200 terms in English and also 850,000 words in Chinese medicine with 10 kinds related to English translation material.

The efforts in standardization of Chinese medicine by WHO and WFCMS have made the clinicians, educators, scholar, regulators and publishers in the US think about our own responses. What are the advantages and disadvantages of standardization? Shall the profession allow solutions to emerge organically, or should we work together and create our version of standards and protocol? The panelists in this AAOM conference had a hot discussion on a wide range of topics in this field.

Debate on the Standardization of Translation
There have been previous discussions regarding translation and nomenclature among the writers, publishers, educators, and practitioners such as the Council of Oriental Medical Publishers (COMP). However, this was the first such discussion that included regulatory agencies, practitioners, and educators in the debate.

Miki Shima pointed out that when the World Health Organization (WHO) and other agencies attempt to standardize Chinese terminology and translation, the American interests are not prepared to respond. He further suggests that we have a dictionary that was translated by English men, and it’s been around for a long time and used in schools as a textbook, yet it is definitely British, and we need to come up with an American version of the translation. Rather than dominate the profession with one language base such as Chinese, there is a need to include other languages such as Korean and Japanese and to be inclusive rather than exclusive. There is a risk in that standardization always involves exclusion of certain cultures and methodologies.

With worry about the beauty of language and culture on his mind, Miki Shima also said, “I am strongly opposed to this standardized approach because, number one, standardization kills diversity of opinions, and, number two, it also kills the layer of subtle nuances in oriental languages being translated into modern English. And number three, it also kills the diversity of the cultures presented in this profession.”
Pros and Cons, Difficulties and Challenges in the Standardization of Traditional Medicine

Miki Shima further addressed that translation of Chinese medical literature into modern English is very difficult because Chinese medical literature has gone through four major historical changes. In the process of its development, the language environment has also changed from dynasty to dynasty. Therefore it is difficult or almost impossible to translate all these translations or nuances into standardized word to word modern English translation.

Charles Chase considered a standard terminology based on Chinese medical assumptions to be problematic. The same terminology in traditional Oriental medicine in different contexts could mean different things, and sometimes there are also many ways to represent the same item in this medicine. In precisely the way that we might limit our vision of what's possible is if we think it's the only way to properly describe a method or a situation. Even if a single standard is adopted nationwide, there are still going to be people who are publishing worthwhile material using some other term set. Regardless of what the experts decide here, not everybody is going to use a fixed term set.

Z’ev Rosenberg argued that standardization is not specifically about term sets but about standards of methodology in terms of the source and target languages. It’s not a single best nomenclature set, but rather, finding more productive Chinese or English or Korean equivalents. Miki Shima added that the communication is between the two language groups, English and other Asian languages, instead of term sets. Standardization is a process of collecting every possible English equivalent to Chinese, Japanese, Korean terminology.

Robert Felt of Paradigm Publications, stated that standards aren’t out to take people’s freedom. Many panelists suggested that all parties should work together and establish a freely accessible data base of Chinese medical terminology in English. Some publishers believe that they can also benefit from standardization if a situation is created where appropriate investment can be made to the field and freely available glossaries can be made, because the standardized language can help them to sell textbook to the schools. Felt suggests that the critical question is not is this easy to read; the critical question is do the students gain and retain the information? “I basically care less about words than I care about concepts,” Felt said.

While Felt thinks that transparency is about clear English language, Dan Bensky, from a translator and writer’s perspective, believes that language transparency is a very big concern for the translators, but not necessarily a particularly big issue for students and practitioners.

Dan Bensky also pointed out that standards could have a lot of power. They have a certain kind of hegemony, whether they're de facto or set up. When the modern world deals with traditional Chinese medicine, it has a tendency to squeeze the life out of it and to flatten it. Regardless of how you determine the standards, you may have gained the right answers to the wrong questions. When people start standardizing the language, you end up doing everything in too narrow of a term, while Chinese medicine has a lot of depth to it. A distorted understanding in the language could be a dangerous thing for the patients. Therefore, there are a lot of responsibilities in the translation and standardization of medical terminology.

In a careful process of translation, it may be a good idea to have the momentum be as close to the original as one can, but the translator has to be really modest and realistic in what that means because the translation is not going to be very close most of the time. But Chinese have different understandings of how the things go and even what individual words mean. Dan Bensky thinks standardization is actually something that’s not going to happen. Linking the translation in a word by word or even in a sentence by sentence level to original the Chinese text is a kind of quality. Chinese medicine is not a linear type of thing. Nobody who does translation ever really tries to have a single English word for a single Chinese word because that’s very disrespectful to the Chinese language. Every language, every word has multiple meanings.

Bensky conveyed the importance that translation reflects someone or some groups of people’s specific understandings. There is no way to have a translation that reflects the text in some kind of abstract way, as if Chinese is some kind of algebraic equation or may be some kind of computer language.

Z’ev Rosenberg identified an evolving standard of the literature. The first translations were basically assumptions on the part of mainland Chinese for what Western doctors would find acceptable and use in their practices of acupuncture. They were very simplified and served as the basis for the practice of acupuncture for some years until more Japanese-based methods became introduced, as well as more sophisticated Chinese methods later on as well. Later it started to get some native Western speaker-based translations, but some textbooks about twenty years old still remain the authoritative sources in many cases. Over time, books tend to fall behind the curve of what students really need and of what the knowledge is. A teacher of Chinese medicine in this country is also an interpreter at this point of the translation work of other people. So for a teacher to understand as much as possible what the author means and to explain that to students, the teacher needs to have lexicons and explanations of the terms, even if there are variances between different publishers.

When it comes to standardization, regulators also have their concerns. Steve Given presented for the Council of Colleges which represents fifty-five institutions of acupuncture and Oriental medicine that are either accredited or candidate institutions in the United States. He reported on a survey recently sent to the institutions regarding translation. The results show that 64.7% of the institutional responses suggested that there was translation going on of some type at the institution. Faculty was essentially the largest group. In virtually all institutions where there is translation, a key player in this is the faculty. On average 31% of the faculty at a given institution do some translation. Students were reported to continued on page 18
be participating in translation 24% of the time and in 18% of the time administrators were reported to be translating as well. People tend to use a wide range of references when they translate. When it comes to the source languages, by far the largest is Chinese with 58.8%, followed by Japanese, 11.8%; Korean, 17.6%; English, 11.8%, and German, 5.9%.

According to the survey, faculty and students feel that making the classical sources of Chinese medicine available to the profession is one of the most important tasks of research and teaching. In this process, each translator is given adequate amounts of creative freedom since none of the faculty and students resonate strongly with attempts to standardize English TCM terminology. Steve Given conveyed the importance of academic freedom and that diversity is one of the strengths of our profession. Further, as institutions, we must reflect in our policies, and in our activities this idea that diversity strengthens profession, that we have a variety of translational needs and a variety of issues where translation is really important.

Mr. Fratkin believes it is unlikely that all publishers will adopt a standard dictionary. The publishing houses such as Eastland Press, Paradigm Publications, Blue Poppy and Churchill-Livingston have been using their own terminology and will still do so for the foreseeable future. He also hopes that this conference will send a clear message to the Chinese publishers that we are not in consensus on recommending a single dictionary. Fratkin also suggests that AAOM should reach out to some translators in China and encourages readers to read more literatures on the modern practice of Chinese medicine translated by native Chinese speaking authors.

Weiyi Ding presented on behalf of the NCCAOM. She conveyed the need for standardized TCM nomenclature for the purposes of national examinations. Based upon her 20 years of experience as an educator and clinician, Ding also thinks clarity and specificity in language can only help learners better study the contents. She further advocates that if the community could begin to have some very basic and common TCM terms standardized gradually, the long term final results will be very beneficial to everyone in this community.

Solutions?

Heretofore, the myriad of issues and challenges surrounding nomenclature have not had a forum of public expression, where those involved and those impacted can discuss these matters face-to-face, or via internet where point-counter-point discourse can occur, or input from the profession can be heard and integrated as deemed appropriate. A transparent process and public forum for this to occur must become available.

Mr. Miki Shima suggested that AAOM should take a leadership in this field, create a subcommittee on this issue, and set up a website with all the terminology that the Chinese government and the WHO have worked out. At the same time, the publishing companies in this country also have their own glossary. AAOM can get each of their glossaries and put them on the site in a systematic manner so people can look at the Chinese and offer their own opinions.

Charles Chase thinks when it comes to a computerized database, it could be very difficult to search a database if we have to decide: are we going to search liver Chi, are we going to search liver constrain, are we going to search liver depression, all of those things. It was very complex to decide. On another hand, if a native Chinese language speaker has to know five, six different ways to search a biomedical term, it’s not too much to ask the Western students to know five, six, seven different ways of referring to a Chinese medical term. We need to be able to know how to ask a database the same thing in many different ways. If we ask that database the question in one way, then we get a single answer; we’ll get a number of hits if the database is big enough. But if we look at the same item from many perspectives, the greater the versatility we have in asking a database something, the more kinds of information we will have.

With a vision to bring a free and accurate encyclopedia of Chinese medicine to every user, Xiaotian Shen recommended that parties in this community can develop and maintain an online database of Chinese medical terminology. It should be a wiki-based open content, free of charge, allowing everyone the opportunity to contribute his/her knowledge of Chinese medicine to this bank of information. This is the best way to make sure the process of standardization is owned not by just a small group of elite, which in return also provides this standardization a solid foundation of acceptance.

Z’ev Rosenberg makes recommendations for all the publishers to work together with teachers, institutions, and students. There should be an open communications between publishers, authors, and teachers of Asian medicine on subject matter, which, in the future, could lead to the establishment of a think tank or get-togethers of teachers and students on specific issues of communication and conceptual materials in the fields of Oriental medicine. He also suggests that learners of Chinese medicine use multiple sources to avoid possible bias accrued in translation. A dictionary is also necessary because it provides at least a working definition so that students can have a basic understanding of what it is they’re talking about. Z’ev has advocated on an open terminological and translation standard that is freely available to teachers and students of Chinese medicine with comparative term choice lists. Further editions of textbooks or new textbooks should have ample footnotes explaining concepts, source text, and applications of specific terms. Specialized glosses characterized by the subject matter (such as gynecology or dermatology, etc.) are needed.

Jake Fratkin believes the true spirit of the Chinese language is to use simple terms when explaining complex subjects. When we use unusual, uncommon, or obtuse terms we go against the Asian custom of employing simple words in simple sentences. Creating an unnatural medical language in English reminds people of the Western medical model of using Latin as the foundation, ultimately creating a glossary and language that the common person was not meant to understand. But Xiaotian Shen argued that a lot of terminologies used in Chinese medicine are not commonly used or understood vocabularies to native Chinese people, either. Chinese medical terminology is still a “foreign” language to general Chinese population, the same as Western medical terminology is to regular Westerners.

Adam Burke reminded his audiences that in the 1950’s when Chinese tried to standardize its traditional medicine in order to train a large number of people, there were committees that hammered out, and argued, disagreements and agreements, and finally came up with a consensus of what the medicine was, what the appropriate color of the tongue should be, what the appropriate formula should be, and what a pulse really feels like. This is very useful as an educator when you are coming up with
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curriculum, when you have learning objectives, or when you want to standardize things so you can train large numbers of people. However, the challenge and the potentially serious cost of this is that by coming up with a consensus or an agreement of something that’s singular, you lose the vagaries, the richness, and the poetry of the human experience which is inherent in Chinese medicine. It is one of the things that make it so beautiful. Second, is this notion that we are traditional, and that tradition has a dynamic legacy that has evolved as generation to generation passes on information. It is very important to conserve the potential enrichment of this medicine in this culture so the practitioners can begin to practice this medicine in a very personal way.

Weiyi Ding recommended that in the process of standardization both Chinese medicinal clinicians and language experts should be involved. AAOM should take the leadership and form a translation subcommittee to bring all these experts together.

Debate on the Name of Traditional Eastern Asian Medicine

According to Adam Burke, at the moment the California Acupuncture Board is looking at this issue of the naming of the medicine in California. He believes that to have some kind of common unifying name that people can understand and uniquely associate with this medicine is ultimately very advantageous. He sees Chinese medicine as having a huge opportunity to make an impact on the culture of the U.S., but if it is diffused and not clearly delineated, or not understood as a product to be sold, thus we miss a potential opportunity. Dr. Burke suggests that the luminaries in this field (e.g., publishers; translators, OM practitioners, national organizations, regulatory communities, and school administrators, etc.) begin contemplation and discourse on the naming of our medicine.

As many people have expressed today, Chinese medicine is evolving. There have been at least four major periods of this evolution in terms of literature that has been talked about. Interestingly, during this talk today, many of the different speakers have used different names: Chinese medicine, traditional medicine, AOM, and traditional Chinese medicine. So even today the panelists do not consciously or unconsciously have a common term to describe what we practice or what we think we practice.

Potentially that is an issue. Certainly traditional Chinese medicine is a cultural phenomenon, and one of the things that are happening is its interfacing with Western culture.

The term Oriental medicine has been used quite frequently throughout the creation of our identity in the United States, and it is an interesting term. It’s certainly a term that still has common uses. The word Oriens is Latin meaning from the East or rising sun. That’s compared to occidental or occident, which means to set, and which is more related to the West. But the term “Oriental” is coming under fire these days from a number of areas, most significantly from the Asian community in places like California and Washington state where they have a significant political clout. For example, they are beginning to have this particular term eliminated from state documents. It is considered to be both anachronistic (representing the 19th century and a colonialist attitude towards the East), and it’s also considered to be pejorative by many people. Recently in the state of Washington passed a law eliminating the term “Oriental” from any past, current, or future legislation and being replaced with the term “Asian.”

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We are looking at renaming ourselves, but the term “Asian medicine” can also be hugely inappropriate to describe this particular medicine that we’re talking about today. As an example, Asians constitute about four percent of the U.S. population, or about 12 million people. The largest percentage of the Asian population in the U.S. is Chinese, or approximately two and a half million people. The problem with using the word “Asian” to describe our medicine is that Asia is not China by any stretch of the imagination. There’s a lot of disagreement about what Asia is, but no one says Asia is China. Asia goes from the Middle East, essentially, Uzbekistan, and all those countries above Afghanistan. It goes up north to Mongolia and Siberia. It goes to the east to Japan. It goes to the southeast to Indonesia, to Thailand, to Burma. It goes to the south to India. And obviously to all of us who are informed in this world, all of those areas, or many of those areas, have very well-established medical traditions. Their legacy is as rich, as deep, as profound, and as honored as Chinese medicine. Asian medicine includes ari veda (phonetic), and includes Arabic unani. It includes Indonesian jamo, Japanese campo (phonetic), Vietnamese medicine, and Tibetan medicine.

So if we were to use that term “Asian”, it can be really misleading. It is critically important to think about this now because doctoral programs are coming out with the term “acupuncture and Oriental medicine,” as an example, which might be very old very soon. Probably more accurate would be a referral of ourselves as “East Asian medicine” because East Asia is really the area of the world that we’re talking about: China, Japan, Korea, Macao, Hong Kong, Taiwan. That is where the bulk of this medicine originated and surely lives—the linguistic, cultural, geographic, and social home for this medicine, you might say. So if we’re going to define it in that kind of geographic relationship, probably “East Asian” would be the most appropriate descriptor for that.

What’s Important in Translation

Charles Chase pointed out that it is very important to note that accuracy in translation may be inversely proportionate to precision. There’s an idea in translation theory that you should have a native speaker in both the target and source languages.

Students and teachers of Oriental medicine need to memorize something on the order of a couple of hundred characters, so that when one individual uses one term and another individual uses another term, they all know what that Chinese character is being referenced.

One member of the audience shared his understanding of translation with all the participants in the meeting: people seem to think translation is choosing one English equivalent for an original Chinese character or set of characters, but translation is also an academic subject. It’s a skill, and while many different types of people can translate, they have different levels of expertise, expressing different levels of quality of the translation.

Doreen Chen believes it is time for us now to unify the nomenclature of Chinese medicine. She agrees with Dan Bensky’s opinion that those who engage in Chinese medical translation must have an adequate understanding of Chinese medicine and an adequate understanding of the language. The translators need to have two skills: linguistic skills and Chinese medical skills.

Dr. Xiaotian Shen further pointed out that translation in Chinese medicine is only limited between Chinese and a target language. A very important part of this process is the translation of classic Chinese into the modern Chinese. He believes that if a translator does not understand classic Chinese well enough, he/she will not be able to do a good translation because the translator is using secondhand information as the foundation of translation. To be a good translator in Chinese medicine, one has to be good at traditional medicine, classic Chinese, modern Chinese, and target language.

Xiaotian Shen also pointed out that often, information gets lost in translation. It can, first get lost in the evolution process of Chinese language, secondly, it can get lost in the development of Chinese medicine since people had different understandings of the connotations of certain terminology in different periods of time, and, thirdly, it can get lost in translation from today’s Chinese to a target language.

“Wiseman endeavored to apply, in the main, one English word for one Chinese word and his work is largely successful. I have adopted his translations for the most part due to their consistency as well as the trend of other English language publishers to adopt Wiseman’s translations.”

—Jake Paul Fratkin

Discussions on Wiseman’s Set of Nomenclature

Nigel Wiseman is one of the highly respected writers in the field of TCM translation. His work has influenced many authors and teachers including many panelists in this meeting. In many ways his terminology has become people’s default terminology. Some publishers here in the U.S. demand that their writers use Wiseman’s terminology. Chip Chase believes Wiseman’s term set is right more often than it is wrong, and that it is fairly comprehensive. But, also he feels that it is important to not get too comfortable with any term set. If practitioners or students of acupuncture get used to using a single set of English words to describe the Chinese medical process, they tend to get less engaged in the process of being further informed with a deepened understanding of this medicine. It should not be viewed as a problem that learners of acupuncture wrestle with these term choices. This plurality is not a liability at all; it’s an asset. Learners of Chinese medicine need to have enough familiarity with the language that they can identify the source term in question and this requires that translations have adequate glosses.

Jake Paul Fratkin said, “Wiseman endeavored to apply, in the main, one English word for one Chinese word and his work is largely successful. I have adopted his translations for the most part due to their consistency as well as the trend of other English language publishers to adopt Wiseman’s translations.”

This was the first installment of a debate that will continue. The needs of various parts of the community for linguistics that are at once fluid and standardized are part of this postmodern world where Oriental medicine is emerging into a substantial part of the Western healthcare system.
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Nomenclature Debates continued from page 20

Master Xiaotian Shen, OMD, LAc, was a physician of traditional Chinese medicine at the Teaching Hospital of Sichuan College of Medicinal C.E, a contributor to various professional journals, and a participant of several research projects. He is a frequent presenter at international conferences. His educational experiences in China and abroad and his interest in public health have furthered AOMA’s clinical training collaborations in the Austin healthcare community. Xiaotian Shen is currently serving as the Dean of Clinic at the Academy of Oriental Medicine.

Miki Shima, OMD, LAc, served on the California Acupuncture Board and as President of the California Acupuncture Association (now known as CSOMA). He is the author of The Medical I Ching - Oracle of the Healer Within, Channel Divergences. Dr. Shima is an internationally recognized Master of Oriental Medicine. Dr. Shima and Charles Chase, DiplAc, DiplCH, have co-authored: Personal Expositions on the Eight Extraordinary Vessels by Li Shi-zhen, which is the definitive book on the subject, published by Eastland Press in 2006. AAAOM is honored to have awarded Dr. Shima the Lifetime Achievement Award in 2004.

William Morris, OMD, MSEd, LAc, is president emeritus 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 serves as a site team chair for the Accreditation Commission and is a member of the Commission’s Doctoral Task Force. Among the many interests related to academic medicine, Dr. Morris also provides prepublication editorial review for Elsevier projects that involve Oriental medicine.
Beyond the Basics – Understanding the Greater Implications of the NADA Protocol  by Rachel Toomin, LAc, AP, RT (NADA)

Many are familiar with the NADA 5-point protocol. When originally developed, its usage was thought to be relevant solely during initial detoxification and drug withdrawal. Over the years we have seen its appropriate application expand to a wide variety of uses such as those listed below:
- Long-term recovery support
- Various compulsive disorders
- Acute and post-traumatic stress
- Attention deficit disorder
- Various mental/emotional imbalances
- Menopausal-type symptoms as sequella of tamoxifen therapy

As acupuncturists, we are able to look more deeply at the dynamics that occur by increasing our understanding of the various aspects that come into play when treating the five points (Lung, Liver, Kidney, Shenmen and Sympathetic). Insight reveals the nature of the NADA protocol’s widespread success.

The Five Zang

With the NADA protocol, treatment accesses all the zang organs. The lung, liver and kidney points clearly connect to their associated organs. One common understanding of ear points considers that the liver point is only on the right ear, with the spleen being on the left. In needling bilaterally, we include action on the spleen. Shenmen relates to the heart. The sympathetic point has a calming effect on the digestion, so it could be said to affect the spleen/stomach. The calming of the sympathetic nervous system can also be viewed as calming the liver, and subsequently relieving the stomach. We can associate the sympathetic point with the kidney energy because the nervous system is associated with the brain, and the brain is associated with the kidney. The sympathetic response is fight-or-flight which speaks to both the aggressive aspect of the liver, the will to stay and fight (kidney), or the fear aspect of the kidney with the “flight” option, and the will to run. The implications for the sympathetic point alone are quite broad. The 5-point NADA protocol has a noticeable balancing effect on the body. The connection with the five zang organs is consistent with that result.

Curious Points/Jing

Consider that the NADA protocol is an ear treatment. Although several channels pass by and through the ear, auricular points are not considered channel points. All auricular points, including the NADA protocol, fall into the category of curious/extraordinary points. Curious points access the jing. The jing is a deep source of the body’s energy and brings an individual’s reserves into play as they deal with emotional issues, addictions, etc. Also, jing is the essence that becomes the ying/nutritive qi, so activating that energy supports the body from its deepest foundations.

The JingShen

The Yang polarity of each internal organ allows the organ to metabolize the jing. This is especially true with regard to the jingshen. Jing is the quintessence and shen is the mental/spirit. Jingshen is the energetic quintessence, the purest form of energy susceptible for transformation into the mental/spirit energy. In the Ling Shu, when the ancients spoke of Shen in this context, they always said jingshen.

The NADA protocol, as ear/curious points, acts on this jingshen via the aspect of curious points in general as well as through the organs that are specific to the protocol. When treating the lung point there is an action on the jingshen po, the sensitive soul. When treating the liver point there is an action on the jingshen hun, the creative soul. The right ear spleen point acts on the jingshen yi, the energetic center of thought and mindfulness. Treating the shenmen point, acts on the jingshen shen, the mental/spirit. In treating the kidney point, the effect is on the jingshen chi/chi, the will.

Application of the NADA protocol supports much more than the physical detoxification of the body. Because of this access to the jingshen, the treatment supports strength of mind and spirit with a release of anxiety through treatment of the jingshen shen. The jingshen hun supports the creative soul (so clients may create a new way of life for themselves) and the release of anger and frustration. The jingshen po refers to the sensitive soul and a release from grief and the sense of loss, whether of addictive substances/behaviors or with regard to trauma. The jingshen yi supports the ability to think clearly while releasing the obsessive thinking that goes with compulsive behaviors. With the jingshen chi/chi, the treatment supports strength of will which is so important in the ability to face and put aside the
Oncology Acupuncture at Memorial Sloan-Kettering Cancer Center by Dr. K. Simon Yeung, MBA, PharmD, LAc

The Integrative Medicine Service (IMS) at Memorial Sloan-Kettering Cancer Center (MSKCC) was established in 1999 to complement mainstream medical care and address the emotional, social, and spiritual needs of patients and families. The Service includes inpatient and outpatient clinical care, research, and education and training. In addition, it provides free access to otherwise unavailable information about over-the-counter products and unproven cancer treatments via its “AboutHerbs” database.

The IMS team of researchers and acupuncturists has collaborated in several clinical trials on acupuncture. A prospective randomized trial was conducted to determine whether acupuncture reduces post-chemotherapy fatigue. Results showed more than 30% improvement following acupuncture. We also evaluated the benefits of acupuncture in the control of post-thoracotomy pain in a pilot trial. The treatment was well tolerated by the majority of patients and there were no reports of adverse events. The data also suggested a decreasing severity of pain over time. Based on this information, we designed a large scale randomized-placebo control study to confirm this clinical effect. Another phase III trial is currently underway to assess the effects of acupuncture for the treatment of pain and dysfunction after neck dissection. We are also interested in the basic physiological mechanism of acupuncture by using fMRI technology to determine the neurologic changes caused by acupuncture in humans.

Integrative medicine combines the discipline of modern science with the wisdom of ancient healing. For people living with chronic or life-threatening illness, it can transform the physical, emotional, and spiritual dimensions of their lives.

NADA Protocol continued from page 22

Addictive behavior or move beyond a traumatic experience. Releasing the fear of living without an addictive crutch or the fear of re-traumatization through intrusive memories or re-telling of the traumatic incident supports the recovery process and living with life on life’s terms.

Learning about NADA involves much more than becoming familiar with the five ear points and their locations. The NADA Training includes discussion regarding the interface between acupuncture and modern treatment modalities, thorough description of substance abuse programs and the dynamics involved in that treatment and client management issues and strategies. There are also distinctions involved in treating various populations—whether in criminal justice settings, mental institutions, addiction treatment programs, smoking cessation, various compulsive disorders or in trauma recovery situations. The nature of addiction and the particulars about the various substances of abuse are covered, as well as signs of relapse and how to interact with clients to potentially avert them. The topic of research brings up positive research data as well as negative data. We look at the research methods to understand the relevance of good research models and the foibles that set up negative results in poorly designed research. A holistic approach to understanding addictions/mental health issues and treatment, as well as the depth of understanding of acupuncture’s role in that system, makes for a balanced experience for clients, programs, and practitioners.

Learn more about the various applications of the NADA Protocol. Attend the didactic portion of the NADA Training at the upcoming AAAOM conference in New Orleans this May.

References

1. Lingshu, Chapter 32: “Shen arises from the merging of celestial Jing (innate) and cereal Jing (acquired).” “The union of the two Jing form the Shen.”
2. Lingshu, Chapter 8: Regarding paragraph 8, Ma Yuan Tai’s commentary states, ‘This paragraph is about the Wu Shen (five mental energies): Shen (mind); Hun (vegetative soul); Po (sensitive soul); Yi (thought); Chi/Zhi (will).’
3. The term “Chi/Zhi” is used here to distinguish the will of the kidney from the “Zhi” (intelligence).
4. Lingshu, Chapter 8, paragraph 2: “This is why: fear, reflection and preoccupation harm the Shen (mind) and the disturbed Shen then engenders a state of permanent panic; sadness and grief disrupt the interior and cause loss of the joy in living; excessive joy disperses the Shen, which then no longer conserves itself; worry and depression block the circulation of energy; excessive anger leads to blind, embarrassing, and uncontrollable actions; fright puts the Shen into a state of restless wandering, with no way to hold it back.”
5. Lingshu, Chapter 8, Paragraph 1: Qibo responds to Huangdi: In man, virtue (De) is created by heaven, and energy (Qi) by the earth. Consequentially, man is born with both De and Qi. Jing (quintessence, innate essence) is present at birth. The union of the two Jings bears the name of Shen (mind); the motivation to serve things is called Xin (heart); that which the heart records and memorizes is called Yi (thought); that which the thoughts retain is called Chi/Zhi (will); that which results from the will through the consideration of external manifestations is called Lu (preoccupation); the organization of things following preoccupation is called Zhi (intelligence). This is why Zhi (intelligence) maintains life, and life must conform to the four seasons and adapt to cold and heat, harmonize with joy, and anger, economize Yin and Yang, and regulate Hard and Soft… In this way, energy imbalance cannot last, and we can live for a long time.

Internal Branches of the Gall Bladder Meridian
To Treat Gynecology by Susie Hayes, MS, LAc

“The mediocre doctor believes that the study of the Primary Meridians is an easy thing; the good doctor studies the Primary Meridians all their lives.” —Lingshu

This article is derived from the ancient medical texts as taught by Dr. Tran Viet Dzung.

Many gynecology pathologies are fire pathologies due to the physiological increase in heat (hormones) and loss of blood (yin) during the menstrual cycle. The uterus is a curious organ, storing jing (yang), therefore the uterus is also prone to heat pathologies such as pain, bleeding, and tumors. Certain internal vessels provide energetic methods to bring water to the genitals/uterus to treat common heat pathologies seen in gynecology. The internal branches of the gall bladder (GB) meridian, a yang meridian carrying water, are important to consider, especially when treating hip pain, lower back pain, sciatica, groin pain, and any inflammation in the genitals/uterus in women.

From GB29 (femur jialiao) there are two very important internal pathways—the posterior branch and the anterior branch. The posterior branch departs from GB29 and connects with UB31 (shangliao), UB32 (ciliao), UB33 (zhongliao), UB34 (xialiao), and DU1 (changqiang), then returns to GB30 (huantiao). The anterior branch leaves from GB29 to the genitals and then reconnects at GB30. There is no direct pathway of energy between GB29 and GB30. These internal pathways explain common symptoms associated with coxalgia when, at certain times in their cycle, women experience hip pain radiating to the sacrum, to the groin, and/or down the leg. In this case, palpate GB29 and GB30, and if they are tender needling them deeply is indicated to relieve the symptoms and reestablish the physiological flow of energy. These internal pathways from GB29 bring water from the shao yang to treat pain in the channels, irrigate the uterus, and treat any inflammation in the genital region.

The Lingshu describes another internal branch departing from GB1 down the face and penetrating at ST13 (qihu) into the thorax through the diaphragm, liver, and gallbladder, then joining yang ming at ST30 (qichong). From ST30 it passes into the genitals and then connects with GB30. This internal branch should be considered when treating groin pain as well as when treating fertility to bring the humidity from yang ming (ST30) to the uterus. The GB meridian brings water to the genitals first via the anterior internal branch departing from GB29, second from this internal branch that arrives at ST30, and third from the posterior branch from GB29 that connects with UB31-34 where the internal branch of the bladder also brings water internally to the uterus.

In treatment for hip pain, needle GB29 (directed toward the pain posteriorly, anteriorly, or perpendicularly) and GB30, where tender. If the pain radiates posterior, you could add UB31, 32, 33, 34 (based on tenderness) and/or DU1. When needling the sacral foramen points, the needle must touch the hole in order to affect the internal branch of the bladder bringing water from tai yang to irrigate the uterus. Or you could needle only UB32, with your intention being to have an effect on all the points. For groin pain, needle ST30 (located approximately 2 cun lateral to CV2 (yuque), tender on palpation) and GB29 or GB27 (wushu) and GB28 (weidao) with the two needles directed toward each other. For example, use one needle from ST30, directed toward GB27 and 28 and a longer needle threaded from GB27 through GB28 toward ST30. Add electro-stimulation on both needles with the setting on continual dispersion and set the intensity at a comfortable level for the patient in order to treat the pain.

If appropriate you can needle a combination of these points—for example with hip pain radiating to the groin, you could needle GB30, tape the needle and lead in place if using electro, and have the patient lay on their back. Then needle UB29 and/or UB27-28 and ST30 with electro as mentioned above (avoid electro if the patient is bleeding or in a weak energetic state) and continue with the rest of the treatment as indicated. Moxa on GB30 is also indicated.

Susie Hayes will present a two day lecture on “Acupuncture for Women’s Health” at the AAAOM Convention in New Orleans, May 11-12, 2007. The course will expand on theory and treatment for women’s health issues commonly seen in the clinic. Susie practices acupuncture in Kirkland, WA, and has taught Women’s Health at Bastyr University and the National Alliance Conferences. For a course description, visit www.aaaomonline.org.
The Pachydermic Whole
by Lisa Rohleder, MAcOM, LAc

Do you know the Indian parable of the seven blind men and the elephant? One of its versions goes like this: a raja and his retinue were passing through a village where all of the inhabitants had been born blind. They never left the village and had little experience of the larger world. As a diversion, the raja suggested that the people of the village be introduced to an elephant, an animal which none of them had ever encountered.

Seven men were duly elected from the villagers to go and meet the elephant and then return to the village to describe to the others what an elephant was like. The men surrounded the elephant and began to explore the contours of its body with their fingers. “Ah, an elephant is like a wall!” cried the man who was touching its back. “No, an elephant is like a fan!” replied the man who was touching its back. “No, an elephant is like a pillar!” shouted the one who was circling its leg. “An elephant is most like a rope!” snapped the man who had hold of its tail. “No, an elephant is like a brush!” argued the man standing next to him, whose fingers were wrapped around the tuft of its tail. “You idiots!” yelled the one who had grasped the elephant’s tusk, “Isn’t it obvious that an elephant is exactly like a plowshare!” “No, no, no!” replied the man whose fingers had found the elephant’s trunk, “It’s perfectly clear that an elephant is a new species of snake!” Whereupon the elephant let out its breath in a huff of exasperation. “A snake that puffs like a bellows!” amended the last blind man. A fierce debate erupted and went on for hours to the raja’s great amusement.

This parable, which may be Buddhist or Jainist in origin, has been interpreted many different ways. From a religious perspective, it is generally understood to be about humanity’s inability to directly apprehend the nature of ultimate reality. On a humbler level it reflects people’s inclination to defend their own inevitably limited perspectives.

I like this story because it helps me think about acupuncture in America. The image of the elephant is analogous to the mind-boggling plurality and diversity which characterizes acupuncture itself, and we twenty-first century American acupuncturists are like the blind men. We are trying to understand something that is huge, unfamiliar, alive, and composed of dramatically different parts that somehow all fit together.

Acupuncture is based on Zhang-Fu theory, the Five Elements, the Ba Gua and the Six Stages. If we wait long enough, somebody is going to be able to explain how it’s based on biochemistry! It is both scholarly and practical. You can take the same acupuncture points and apply strong stimulation, light stimulation, needle-less insertion, tuning forks, or lasers, and it’s all still acupuncture. How are we to wrap our minds around that?

The implication of the original parable is that none of the blind men are getting it right; that’s why the raja is laughing. I don’t see it quite that way. From an acupuncturist’s perspective, our elephant is really all of these things because each of those perspectives really works clinically; they all get good results in the real world. There are talented, devoted, effective practitioners looking at acupuncture from each of a thousand radically different perspectives, they’re all taking good care of people, and they’re all right. Each of the incredibly varied parts of the elephant can do something uniquely useful.

And yet it is also true that we’re all still blind. We can’t really ever get our heads around the entirety of acupuncture. It’s too vast, too old, and too wonderfully strange. Probably none of us is going to become sufficiently enlightened this lifetime to understand everything that acupuncture really is; our eyes are not going to open up enough to see the whole elephant. Our raja is the Yellow Emperor, and somewhere he’s laughing his head off, though not, I think, unkindly.

That’s OK. We can still talk to each other about how to use a rope.

Diversity, complexity, and ambiguity make things interesting. If we’re going to make any progress toward apprehending the truth of what we’re holding, we need to listen to each other. Each of us contributing through our inevitably limited perspective is going to bring us as close to the big picture as we’re likely to get. Besides all of the different philosophies and all of the different styles that make up our elephant, there are the technical, scholarly, artistic, and spiritual aspects of the “pachydermic whole” for us to investigate and discuss.

I think perhaps I have gotten hold of a part of the long tradition of acupuncture that is radically simple and radically humane. It is flexible and incredibly strong, and it is able to reach out to a wide range of patients. It is the part that has always belonged to ordinary people rather than to institutions and bureaucracies. I can’t see the whole elephant any better than anybody else, but I have a pretty good idea of how to use the part that I’m holding, and I’m dying to talk about it to anyone who will listen, which is what I hope to do in New Orleans in May.

I originally wrote this article for the AOM Alliance Forum; I’m revising it now for the new AAAOM American Acupuncturist. What I respected about the AOM Alliance is that it recognized that different parts of the elephant can do different things. The Alliance didn’t try to make the elephant’s tail look like or act like its tusks. I hope the new AAAOM is that will continue to embrace the diversity of AOM practitioners and viewpoints that make up acupuncture in America.

There is another way to think about the story of the blind men and the elephant with respect to acupuncture and that is to consider the perspective of our patients. Acupuncture’s extraordinary flexibility allows it to be many things to many people. For some, it is a source of hope when conventional therapies have failed. For others, it is an avenue for an inward journey of self-discovery, the means by which they can reconnect their minds and their bodies. Gathering in New Orleans reminds us that acupuncture can create an inner sanctuary for people whose lives have been racked by trauma. In the same way, acupuncture creates stability and centeredness for people in recovery from addiction. Each patient discovers through personal experience what acupuncture means within his or her own life in a way that is infinitely more powerful than any expert explaining that process in the abstract or from the outside. I have been practicing for thirteen years, and I am still amazed at the way my patients form unique relationships with the mystery of acupuncture, separate even from their relationships with me.

The most urgent issue facing our profession is that of access. Patients cannot value acupuncture unless they can experience it. We practitioners can argue for another century about which of our viewpoints is correct, but everything we say about acupuncture is meaningless unless patients have access to it in much greater numbers than they currently do. Elephants are not native to America, and our precious, ancient medicine will remain an exotic luxury for a privileged few unless something changes. That something is us. May reunification open the way for change.
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Julienne Bien is a pioneer in her field of color harmonics. She is a designer and manufacturer of the Lumilight Series of color therapy equipment. Julienne is author and producer of the five program audio/visual training series “Energetically Correct: A Journey into Color Harmonics” and the book, Golden Light—A Journey with Advanced Colorworks. She presents her theories across North America through public speaking engagements, print, TV, and radio media.

Diana Fried, MAC, LAc, MA, is the executive director of Acupuncturists Without Borders. Diana has many years of experience and training in emotional/trauma healing work, along with work in international grassroots community development. Her work in Mexico, Central America and Africa has included disaster relief work which led her to create her current organization, most closely identified with relief work performed in New Orleans following Hurricane Katrina.

Michael Gaeta, MS, LAc, LDN, is past president for the Acupuncture Society of New York. Michael brings to his teachings 16 years of creating the Hands-On Health Wholistic Centers, a successful group practice with three locations in New York, as well as 13 years of national teaching experience. He and his team use acupuncture, nutrition, bodywork therapy, and herbal medicine to help people heal, grow, and evolve. His mission in teaching is to inspire great success, deep transformation, and world service.

Neil Gumenick, MAC (UK), LAc, DiplAc, is founder and director of the Institute of Classical Five-Element Acupuncture, Inc. in Santa Monica, CA, which offers part-time graduate training to acupuncturists, physicians, and students in this unique system of medicine. Neil holds three degrees and an advanced teaching credential from the College of Traditional Acupuncture (UK). He is one of only six practitioners in the world to be designated as a master apprentice to the late Professor J.R. Worsley. He is currently writing, in collaboration with Dr. J.B. Worsley, the definitive text “The Practice of Classical Five-Element Acupuncture.”

Susie Hayes, MS, LAc, is founder of Energetic Medicine based in Kirkland, WA. She is a speaker on acupuncture, women’s health, and the practical fusion of Western and energetic medicine at Bastyr University and AOM Alliance conferences. Susie has appeared on the Discovery Channel performing acupuncture to induce labor. She served on the board of the Acupuncture Association of Washington and is founder of Advanced Acupuncture Intensives.

Floyd Herdrich, MAC, BAc (UK), DiplAc, ABT (NCCAOM) is immediate past president of the AOM Alliance and a member of the Board of Directors of the new AAOAM, as well as a former board member of the original AAOAM. He has studied with The School of Tai Chi, Inc. for 24 years and teaches with school approval. Floyd has been teaching Tai Chi Chuan for approximately 15 years, along with a practice in Classical Five Element Acupuncture, as a senior student of Professor J.R. Worsley.

Bruce Hocking, DAc, MDMA, is the founder of the International Association of Electro Therapeutic Point Stimulation Therapists (I.A.E.T.P.T.) and the developer of ETPS Neuropathic Therapy. He is an accomplished healer, speaker, and teacher. Bruce first studied classical acupuncture under Dr. Al McDowell in Toronto, CA. He then studied in Southeast Asia, obtaining his doctorate in acupuncture. He continued his studies in Asia and received a master’s degree in Alternative Medicine (MDMA).

Lupine Hudson, BA, is co-founder and coordinator of All Things at Working Class Acupuncture in Portland, OR. With over 15 years of volunteer program management experience in governments, on campuses, and for non-profits, Lupine is finally putting her political science degree to work spreading WCA propaganda. She administers, organizes, manages, and proselytizes about WCA and accessible health care.

Chris Huson, MAC, LAc, graduated from the Northwest Institute of Acupuncture and Oriental Medicine (NIOM) in Seattle in 1992. He received post-graduate training in pediatric acupuncture in Seattle in 1997. Chris served on the AOM Alliance board from 2000-2002 and has been practicing acupuncture and Oriental medicine at his clinic, Capitol Hill Neighborhood Acupuncture, since 1993. In his free time he is the ringmaster of a fire circus in Seattle, the Cirque de Flambe.

Jeff Nagel, MA, LAc, began studying the Tao Healing & Internal Martial Arts in 1969. He is an advanced practitioner, a well-seasoned, generous teacher-researcher and chi kung cultivator. Jeff practices in San Diego, CA and teaches workshops in Oriental Medicine, the Tao Healing Arts and Chi Kung to acupuncturists around the U.S. He has studied extensively with various teachers including: Taoist Grandmaster Share K. Lew, the 23rd generation of the Yellow Dragon Monastery.

Lisa Rohleder, MACOM, LAc, is the Founder of Working Class Acupuncture in Portland, OR. From a working class background near Baltimore, MD, she currently lives in a working class house with her working class partner, and she works in the same working class neighborhood in her working class clinic in Portland, OR. She is someone who thinks a lot about social justice and social entrepreneurship. Her most recent publication, The Remedy: Integrating Acupuncture into American Healthcare, is available at www.lulu.com.

Rachel Toomim, LAc, AP, RT (NADA), is a long-time board member for the AOM Alliance. Rachel currently serves on the board of the new AAOAM, as well as being the vice-president of NADA. She has practiced acupuncture for over 18 years and educates health care and criminal justice professionals in the use and implementation of acupuncture, clinically and programmatically. Rachel has served on the faculty of the University of Miami School of Complementary and Alternative Medicine. As an experienced innovator in the drug court field she received the distinguished Chief Justice Commemoration from the Supreme Court of Florida. Rachel is the only acupuncturist to have designed and implemented drug court programs, serving as project director overseeing all court activities and as clinical director overseeing all treatment activities. More recently, she was part of a two person independent team as the first acupuncturists from outside Louisiana to provide acupuncture relief treatments shortly after Katrina hit the Gulf Coast.

James S. Turner, Esq., is a founder and partner in the Washington DC law firm of Swankin and Turner. Jim Turner worked as an original Nader’s Raider and wrote The Chemical Feast: The Nader Report on Food Protection at FDA (1970). He incorporated the NCCAOM, was a public member of the NCCAOM from 1985—1996, co-organized the National Acupuncture Foundation in 1991, served as chair until 2003, and serves as a current board member. Jim served in the US Delegation to the Codex Alimentarius Commission meetings in Rome in 2005. He served on the AOM Alliance board and continues his service with the AAOAM board as a public member.

Skip Van Meter, BA, MA, MACOM, LAc, is lead acupuncturist and co-founder of Working Class Acupuncture in Portland, OR. Skip’s early life was spent acquiring knowledge about geology, urban planning and in teaching high school. He has now been an acupuncturist for 13 years, probably using about a million needles per year poking his patients. He likes all things soccer, has three fabulous sons, and a great dog.

K. Simon Yeung, LAc, MBA, PharmD, is an acupuncturist and research pharmacist, as well as clinical coordinator for the Integrative Medicine Service at the Memorial Sloan-Kettering Cancer Center. Dr. Yeung holds an MS degree from the Pacific College of Oriental Medicine and a doctor of pharmacy degree from the University of Florida. He provides acupuncture treatments for cancer patients in the hospital and also lectures frequently to other healthcare professionals and counsels cancer patients on complementary therapies. Dr. Yeung is a co-author of the “PDQ Integrative Oncology” as well as other book chapters on herb-drug interactions and has served as a science consultant for the Federal Trade Commission. Currently, he is the co-investigator and coordinator of several clinical trials on acupuncture and on botanicals.

Yi Lily Zhang, PT, LAc, MS, has served as the head acupuncturist at the Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center. She participates in numerous acupuncture research projects and is actively involved in patient education. She provides in-service lectures to staff members about the benefits of complementary medicine and also works in the MSKCC’s Rehabilitation department as a physical therapist and maintains a private practice. Lily received formal TCM training both in China and in the U.S. She holds an MS degree from Pacific College of Oriental Medicine and is currently pursuing the doctoral program in physical therapy at Boston University. Her unique approach of combining traditional Chinese healing methods with her expertise in physical therapy has been extremely effective, enabling her to work with clients from different backgrounds and history.
NEW ORLEANS 2007 CONFERENCE SCHEDULE

THURSDAY, MAY 10, 2007

Rachel Toomim 8:00 am – 12 Noon * CEUs pending - See Below

A. The NADA Training—Didactic Portion - Part 1 of 8

This is a 4-Day Workshop – Class Size is Limited

The NADA Protocol is recognized world-wide as the acupuncture protocol for addictions, mental health, and relief work. Topics covered will include drug pharmacology for various abused substances, Chinese medicine principles involved in addiction/mental health treatment, the five-point NADA protocol, and how acupuncture assists recovery biochemically, psychologically, socially and therapeutically. Space is limited. Locations to obtain the clinical portion of training for obtaining a NADA certificate will be discussed.

Learn to integrate the NADA Protocol into various treatment settings, including:

- • Dis Israel Disorder  • Detoxification  • Withdrawal and Craving
- • Relapse Prevention  • Recovery Maintenance
- • Attention Deficit Disorder  • Acute/Post-Traumatic Stress

If permission is granted from the Medical Board, we will apply our skills in the community.

*Comprehensive Workshop Schedule & Total CEUs Pending:
Thursday 8am-noon, 2-6pm  8 CEUs Friday 8am-noon, 2-6pm  8 CEUs Saturday 8am-11:30am, 230-6pm 7 CEUs Sunday 8am-noon, 1-4:30pm  7.5 CEUs

THURSDAY, MAY 10, 2007

Rachel Toomim 2:00 pm – 6:00 pm * CEUs pending - See Below

B. The NADA Training—Didactic Portion - Part 2 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule: Thursday 8am-noon, 2-6pm  8 CEUs Friday 8am-noon, 2-6pm  8 CEUs Saturday 8am-11:30am, 2:30-6pm  7 CEUs Sunday 8am-noon, 1-4:30pm  7.5 CEUs

FRIDAY, MAY 11, 2007

Floyd Herdrich 7:00 am – 8:00 am 1 CEU Pending

C. Yang-style Short Form As Modified by Master Cheng, Man-ch'ing

This three hour introduction, for beginners and advanced students, will teach the opening moves in detail with focus on the internal principles of Tai Chi Chuan. This course will follow the teaching method of The School of Tai Chi, Inc. (www.taichifoundation.org) founded by Patrick Watson, senior student to Professor Cheng, with specific instruction to teach teachers. The student will be able to apply these principles directly to the clinic setting.

Rachel Toomim 8:00 am - 12 Noon * CEUs pending - See Below

D. The NADA Training—Didactic Portion – Part 3 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm  8 CEUs Friday 8am-noon, 2-6pm  8 CEUs Saturday 8am-11:30am, 2:30-6pm  7 CEUs Sunday 8am-noon, 1-4:30pm  7.5 CEUs

FRIDAY, MAY 11, 2007

Floyd Herdrich 7:00 am – 8:00 am 1 CEU Pending

C. Yang-style Short Form As Modified by Master Cheng, Man-ch'ing

This three hour introduction, for beginners and advanced students, will teach the opening moves in detail with focus on the internal principles of Tai Chi Chuan. This course will follow the teaching method of The School of Tai Chi, Inc. (www.taichifoundation.org) founded by Patrick Watson, senior student to Professor Cheng, with specific instruction to teach teachers. The student will be able to apply these principles directly to the clinic setting.

Rachel Toomim 8:00 am - 12 Noon * CEUs pending - See Below

D. The NADA Training—Didactic Portion – Part 3 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm  8 CEUs Friday 8am-noon, 2-6pm  8 CEUs Saturday 8am-11:30am, 2:30-6pm  7 CEUs Sunday 8am-noon, 1-4:30pm  7.5 CEUs

Susie Hayes 9:00 am – 12 Noon *CEUs Pending – See Below

E. Treating Gynecology/Obstetrics with Acupuncture, Part 1 of 4

Learn advanced acupuncture techniques based on the Classic Texts, as taught by Dr. Tran Viet Dzung. This two day course will be an in-depth training in advanced techniques in Obstetrics and Gynecology. Increase your ability to treat infertility, pregnancy, menopause, fibroids, low libido, excess bleeding & pain, and much more.

The course will make sense out of what you practice daily in the clinic and learned in acupuncture school. You will learn why certain points are indicated for certain conditions and how to needle to have a desired effect. The knowledge gained in the course will increase your confidence in your intention with each needle insertion and in prescribing solid treatment plans, ultimately achieving more immediate clinical results. As taught by Dr. Tran Viet Dzung from the ancient classical texts, explanations and acupuncture techniques are provided, including the three natural ways to irritate the uterus. She will discuss specific protocols for treating hot flashes, menstrual problems, infertility, hormonal and blood problems, insomnia, emotional imbalances, and other common women’s health complaints seen in the clinic. In order to understand the etiology, pathology, and treatment of gynecology, she will explore theory relating to primary and secondary vessels, internal branches, 5-element theory and specific needling techniques. Case studies are included. You will leave with complete point combinations and treatment protocols for women’s health conditions and have a better understanding of how and why acupuncture works. As a result, you will be smarter in applying ancient medical theory in your modern medical practice.

**CEUs Pending:** Friday 9am-noon, 1:30-6pm  7.5 CEUs and Saturday 8:30-11:30am & 2:30-5:30pm – 3 CEUs – 6 CEUs

FRIDAY, MAY 11, 2007

Susie Hayes 1:30 pm – 6:00 pm *CEUs Pending – See Below

F. Treating Gynecology/Obstetrics with Acupuncture, Part 2 of 4

Reference course description provided Friday am.

Total CEUs Pending: Friday 9am-noon, 1:30-6pm  7.5 CEUs and Saturday 8:30-11:30am & 2:30-5:30pm – 3 CEUs – 6 CEUs

Bruce Hocking 2:00 pm – 6:00 pm 4 CEUs Pending

G. ETPS Neuro-Anatomical Acupuncture For Chronic Back Pain

Bruce Hocking brings a multi-system approach to pain treatment for long-term relief. His 7-step process includes calming the nervous system, manually balancing the sacrum to realign the skeletal structure, treating sources of radiculopathy, treating the joints, re-polarization to unlock emotional, energetic and physical scars, treating the emotional (limbic) system, and balancing the meridians. Learn his 30- second psoas release and sacral re-balance.

Rachel Toomim 2:00 pm – 6:00 pm * CEUs pending - See Below

H. The NADA Training—Didactic Portion - Part 4 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

**Comprehensive Workshop Schedule & Total CEUs Pending:** Thursday 8am-noon, 2-6pm  8 CEUs Friday 8am-noon, 2-6pm  8 CEUs Saturday 8am-11:30am, 2:30-6pm  7 CEUs Sunday 8am-noon, 1-4:30pm  7.5 CEUs

Jim Turner 3:30 pm– 5:00 pm 1.5 CEUs Pending

I. CODEX ALIMENTARIUS

Threat to DSHEA and Access to Herbs and Supplements

Learn how consumer access to herbal products and other dietary supplements are threatened by various attacks on current U.S. and European law. Access to these products can survive "The Clash of CODEX guidelines, European directives and American Law." Be informed on what is happening in the Western world and what is being done about it from someone who is on the front lines of the battle.

THE AMERICAN ACUPUNCTURIST 29
I. (A) AAAOM – SO STUDENT CAUCUS
5:00 pm – 10:00 pm

The AAAOM invites all students to attend a hosted dinner by the American Acupuncture Council (AAC) followed by a Student Caucus meeting conducted by the AAAOM-Student Organization (AAAMO-SO). All students attending for the discounted conference rate MUST ATTEND. An agenda for this landmark meeting will be available online by March 15, 2007.

SATURDAY, MAY 12, 2007
Floyd Herdrich 7:00 am – 8:00 am 1 CEU Pending

J. Yang-style Short Form As Modified by Master Cheng, Man-ch'ing
This three hour introduction, for beginners and advanced students, will teach the opening moves in detail with focus on the internal principles of Tai Chi Chuan. This course will follow the teaching method of The School of T’ai Chi, Inc. (www.taichifoundation.org) founded by Patrick Watson, senior student to Professor Cheng, with specific instruction to teach teachers. The student will be able to apply these principles directly to the clinic setting.

Chris Huson 8:00 am – 11:30 am 3.5 CEUs Pending

K. Pediatric Acupuncture : The Treatment of Children with TCM
Learn the essentials of treating pediatric patients in this lightning survey of Pediatric TCM. Children respond quickly and strongly to TCM! This class will address the various aspects of health and illness in children and will show practitioners how to use their skills to treat pediatric patients. Diagnosis, treatment, treatment expectations, outcomes measurement, patient compliance, and professional outreach will be outlined as this lecture explores clinically tested TCM treatment strategies for the relief of acute and chronic illness in children.

Lisa Rohleder, Lupine Hudson, and Skip Van Meter 8:00 am – 11:30 am 3 CEUs Pending – See Below

L. The Complete Working Class Acupuncture Training Course
Part 1 of 4
Join practitioners from around the country who want to make their practices accessible to patients through a low-cost, high-volume business strategy designed to make healthcare affordable. This course includes marketing that works, creating the community clinic structure, the art of the sliding scale, acupuncture techniques, and Jingji pulse diagnosis with practical application. The goal of Working Class Acupuncture is to create a national community of like-minded practitioners in independent clinics that provide low-cost, high quality acupuncture using our practice model. We believe that there are a virtually unlimited number of potential patients who could benefit enormously from acupuncture if they could afford it. Our model is a viable way for self-employed practitioners to earn a good living while providing care to people from a wide variety of communities. We are enthusiastic about sharing our methods and philosophy.

Total CEUs Pending: Saturday 8-11:30am, 2:15-6:45pm - 8 CEUs and Sunday 8-noon, 1-5pm 8CEUs

Rachel Toomim 8:00 pm – 12 Noon * CEUs pending - See Below

M. The NADA Training—Didactic Portion - Part 5 of 8
This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm 8 CEUs Friday 8am-noon, 2-6pm 8 CEUs Saturday 8am-11:30am, 2:30-6pm 7 CEUs Sunday 8am-noon, 1-4:30pm 7.5 CEUs

Diana Fried 8:30 am -11:30 am 3 CEUs Pending

N. Acupuncturists Without Borders—Training for the Public
The Executive Director of Acupuncturists Without Borders will offer a course open to the public. She will be teaching participants stress-reducing self care techniques using qi-gong, acupressure, and the application of acupressure beads to ear points.

No need to be an acupuncturist or health care provider, this session is for anyone who wants to learn the basic foundation of the techniques used during the post-Katrina relief work offered by Acupuncturists Without Borders.

Susie Hayes 8:30 – 11:30 am *CEUs Pending – See Below

O. Treating Gynecology/Obstetrics with Acupuncture, Part 3 of 4

Reference course description provided Friday am.

Total CEUs Pending: Friday 9am-noon, 1:30-6pm 7.5 CEUs and Saturday 8:30-11:30am & 2:30-5:30pm – 3 CEUs – 6 CEUs

AAOM MEMBERSHIP MEETING AND LUNCHEON
12 Noon – 2:00 pm
All paid attendees welcome! (Excludes students at $60 rate.) Extra luncheon tickets available for purchase by all at $35 each.

SATURDAY, MAY 12, 2007
Susie Hayes 1:30 pm – 6:00 pm *4.5 CEUs – See Below

P. Treating Gynecology/Obstetrics with Acupuncture, Part 4 of 4

Reference course description provided Friday am.

CEUs Pending: Friday 9am-noon, 1:30-6pm 7.5 CEUs and Saturday 8:30-11:30am & 2:30-5:30pm – 3 CEUs – 6 CEUs

Rachel Toomim 2:00 pm – 6:00 pm * CEUs pending - See Below

Q. The NADA Training—Didactic Portion, Part 6 of 8
This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm 8 CEUs Friday 8am-noon, 2-6pm 8 CEUs Saturday 8am-11:30am, 2:30-6pm 7 CEUs Sunday 8am-noon, 1-4:30pm 7.5 CEUs

Lisa Rohleder, Lupine Hudson, and Skip Van Meter 2:15 pm – 6:45 pm 4 CEUs Pending – See Below

R. The Complete Working Class Acupuncture Training Course, Part 2 of 4

Please reference workshop overview provided on the Saturday am Schedule.

*Total CEUs Pending: Saturday 8-11:30am, 2:15-6:45pm - 8 CEUs and Sunday 8-noon, 1-5pm 8CEUs

Michael Gaeta 2:15 pm – 6:15 pm 4 CEUs Pending

S. Integrity in the Healing Relationship; Ethics for AOM Professionals

Fulfills NCCAOM Recertification Requirement for Ethics Training

This seminar covers the essentials of clear, clean, and creative relationships with patients. It begins with the importance of and practical tools for self-cultivation and spiritual practice. It continues with topics such as how to cultivate and sustain healthy therapeutic relationships, Confucian ideals, avoiding common pitfalls, boundaries, risk management, and deepening one’s character and integrity. Participants leave the course with a clearer sense of how to live their student, professional, and personal lives with greater depth, effectiveness, and character.

Neil Gumenick 2:15 pm – 6:15 pm 4 CEUs Pending

T. The Initial Consultation - The Foundation of Practice
This is where it all begins. The Initial Consultation not only provides us with our diagnosis and plan of treatment, but it sets the tone for all that happens in our professional relationship with the patient. Everything is incredibly significant and meaningful diagnostically – from the first phone contact to the end-of-session goodbye. Come and learn how to do an initial consultation consciously, professionally, and in a way that is deeply satisfying to both the patient and to you.
Jeff Nagel 2:15 pm – 6:15 pm CEUs Pending: 4

U. Trigrams—Meridians & Chi Kung Acupuncture - Non-Insertion

Keys to Healing Pain & Injury with Master Tung’s Special Points

A practical, hands-on introduction to the high level effectiveness of non-insertion style acupuncture through giving and receiving treatments with a partner during class. The teachings include chi kung self-cultivation techniques for the practitioner and the transmission of internal and external chi (energy-information-intelligence-movement) through the needle for both diagnosis and treatment of many kinds of pain and injury. The class will highlight several styles of acupuncture including Taoist I-Ching Medicine and Master Tung’s special points of the Lo Shu magic square along with internal-external herbal polarity medicine.

Julienne Bien 2:30 pm -5:30 pm 3 CEUs Pending

V. Beauty is in the ‘PHI’ of the Beholder: Our Inner Rainbow

This multi-media presentation provides comprehensive, interactive training for applying color light facial and body rejuvenation treatments. It is ideal for pre and post anti-aging procedures. Julienne will highlight the science, theory, and practical application of color light treatments and its mind/body benefits. She will introduce her new series of seven geometric screen enhancers designed to create aesthetic symmetry by energetically balancing the body through the use of color light and geometry. This needle-free, non-chemical, and non-invasive approach to beauty and health provides deep toning that nourishes every cell in the body. Color applications can even address energetic symptoms of the common cold, stomach upset, or headaches. It provides deep toning that awakens that ‘youthful glow.’ These protocols are among hundreds that can be offered as a stand alone treatment or as a complementary enhancement to most therapies. Harnessing the power of color light creates an environment for complete mind/body improvement. This therapy can benefit adults—even the elderly—as well as children.

SUNDAY, MAY 13, 2007

Floyd Herdridh 7:00 am – 8:00 am 1 CEU Pending

W. Yang-style Short Form As Modified by Master Cheng, Man-ch'ing

This three hour introduction, for beginners and advanced students, will teach the opening moves in detail with focus on the internal principles of Tai Chi Chuan. This course will follow the teaching method of The School of Tai Chi, Inc. (www.taichifoundation.org) founded by Patrick Watson, senior student to Professor Cheng, with specific instruction to teach teachers. The student will be able to apply these principles directly to the clinic setting.

Michael Gaeta 8:00 am – 12 Noon 4 CEUs Pending

X. Growing a Thriving Practice (without insurance)

AOM practitioners need emotional and spiritual maturity, expertise in treating people, and business skills. In this seminar you will learn practical, effective, and ethical business systems based in self-cultivation, integrity, and a spiritual perspective. Learn how to run and expand your clinic, improve how you connect and speak with patients, and provide outstanding patient care for superb clinical and business results.

Jeff Nagel 8:00 am – 12 Noon 4 CEUs Pending

Y. Rejuvenation—Longevity & Reversing Disease

Special Methods of Taoist I-Ching Lesser & Greater Medicine

We grow old from the feet up and in the joints first...Following the wisdom traditions of the naturalist schools “food is more important than herbs, chi is more important than food and emptiness is the most important” this class introduces practitioners to special highly effective, simple, rarely taught healing arts from the Classical Chinese Medicine Treasure Chest. Teachings include special chi kung cultivation methods to promote qi, chi and also includes internal arts universal standing post methods to absorb, collect, and exchange the 5 elements, 12 organ-meridian energies with nature, the great medicine. The class culminates with the healing applications of how to make one’s own personal chi-vibrational medicine during treatment and combine it with Taoist I-Ching acupuncture and herbal polarity medicine for rejuvenation, longevity, and reversing disease.

Lisa Rohleder, Lupine Hudson, and Skip Van Meter 8:00 am – 12 Noon *CEUs Pending – See Below

Z. The Complete Working Class Acupuncture Training Course, Part 3 of 4

Please reference workshop overview provided on the Saturday am Schedule.

*Total CEUs Pending: Saturday 8-11:30am, 2:15-6:45pm - 8 CEUs and Sunday 8-noon, 1-5pm 8CEUs

Rachel Toomim 8:00 am - 12 Noon * CEUs pending - See Below

aa. The NADA Training—Didactic Portion – Part 7 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm 8 CEUs. Friday 8am-noon, 2-6pm 8 CEUs. Saturday 8am-11:30am, 2:30-6:30pm 7 CEUs. Sunday 8am-noon, 1-4:30pm 7.5 CEUs

K. Simon Yeung & Yi Lily Zhang 8:00 am – 12 Noon 4 CEUs Pending

bb. Oncology Acupuncture - Part 1 of 2

Integrating Acupuncture into Mainstream Cancer Treatment Centers

Topics include: Pathophysiology of cancer and treatments for different types of cancer; Interpretation of signs/symptoms from both biomedicine and TCM perspectives; Integrating acupuncture treatment into cancer therapy; Practicing acupuncture in a mainstream healthcare setting; Patient assessment and development of a clinical plan including interpretation of clinical data; Introduction to the latest cutting-edge acupuncture and clinical research conducted at MSKCC and its impact on future acupuncture practice.

This course is a condensed version of the Acupuncture for the Cancer Patient seminar offered by the Memorial Sloan-Kettering Cancer Center.

SUNDAY, MAY 13, 2007

Lisa Rohleder, Lupine Hudson, and Skip Van Meter 1:00 pm – 5:00 pm *CEUs Pending – See Below

cc. The Complete Working Class Acupuncture Training Course, Part 4 of 4

Please reference workshop overview provided on the Saturday am Schedule.

*Total CEUs Pending: Saturday 8-11:30am, 2:15-6:45pm - 8 CEUs and Sunday 8-noon, 1-5pm 8CEUs

K. Simon Yeung & Yi Lily Zhang 1:00 pm – 5:00 pm 4 CEUs Pending

dd. Oncology Acupuncture - Part 2 of 2 Integrating Acupuncture into Mainstream Cancer Treatment Centers

Please reference the workshop overview listed for Sunday am as Part I of II.

Rachel Toomim 1:30 pm – 4:30 pm * CEUs pending - See Below

ee. The NADA Training—Didactic Portion – Part 8 of 8

This is a 4-Day Workshop – Class Size is Limited

Please reference the Thursday, May 10, 2007, am class schedule for the complete workshop overview.

*Comprehensive Workshop Schedule & Total CEUs Pending: Thursday 8am-noon, 2-6pm 8 CEUS. Friday 8am-noon, 2-6pm 8 CEUS. Saturday 8am-11:30am, 2:30-6:30pm 7 CEUs. Sunday 8am-noon, 1-4:30pm 7.5 CEUs
### Thursday May 10, 2007
#### AM Workshops
7:00 am – 12 Noon
- 7:00 am: Registration Opens
- **A. NADA – Part 1 of 8**
  - 8:00 am – 12 Noon
  - 4 CEUs Pending

#### Multi-Part Classes
Should be taken in their entirety!
- Attendees may NOT select two workshops that have competing timeframes:
  - Please select ONE CLASS ONLY.

### Friday May 11, 2007
#### AM Workshops
7:00 am – 12 Noon
- 6:30 am: Registration Opens
- **C. Yang-style**
  - 7:00 – 8:00 am
  - 1 CEU Pending
- **D. NADA – Part 3 of 8**
  - 8:00 am – 12 Noon
  - 4 CEUs Pending
- **E. OB/GYN – Part 1 of 4**
  - 9:00 am – 12 Noon
  - 3 CEUs Pending

### Saturday May 12, 2007
#### AM Workshops
7:00 am – 12 Noon
- 6:30 am: Registration Opens
- **J. Yang-style**
  - 7:00 – 8:00 am
  - 1 CEU Pending
- **C. Yang-style**
  - 7:00 – 8:00 am
  - 1 CEU Pending
- **D. NADA – Part 3 of 8**
  - 8:00 am – 12 Noon
  - 4 CEUs Pending
- **E. OB/GYN – Part 1 of 4**
  - 9:00 am – 12 Noon
  - 3 CEUs Pending

### Sunday May 13, 2007
#### AM Workshops
7:00 am – 12 Noon
- 6:30 am: Registration Opens
- **W. Yang-style**
  - 7:00 – 8:00 am
  - 1 CEU Pending
- **X. Growing a Practice**
  - 8:00 am – 12 Noon
  - 4 CEUs Pending
- **Y. Rejuvenation**
  - 8:00 am – 12 Noon
  - 4 CEUs Pending

### Total Pending CEUs:
- Thursday: 8
- Friday: 9.5
- Saturday: 9.5
- Sunday: 9

### EXPO TOTAL PENDING: 36
### Registration Contact information:
(Please Select and √ Check Classes Above)

**Attendees may NOT select two workshops that have competing timeframes: Please select ONE ONLY.**

To Register: (1) Select workshops, (2) complete the registration form, and (3) total fees that correlate with the workshops selected. Fax both pages to (916) 443-4766, or mail to the contact information provided. You may register by phone by calling toll free: 866-455-7999.

#### IMPORTANT:
There are no-host lunches from 12 Noon – 2:00 PM on Thursday, Friday, and Sunday – May 10, 11 & 13. (Note: Please check the conference schedule as certain classes convene earlier than 2:00 PM.) A Saturday luncheon is included in your conference fee if attending a full day of fee-paid classes on Saturday. (This EXCLUDES students attending on the discounted conference rate, although lunches may be purchased at an add-on fee of $35). **Note: We recommend taking the multi-part workshops (2-8 Modules) in their entirety.**

### Rate Structure & Registration

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<th>NADA Thurs-Sun Pre-Reg. Required</th>
<th>OB/GYN Fri-Sat Pre-Reg. Required</th>
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**Total Conference Fee $________

Registration Contact information:

**Attendees may NOT select two workshops that have competing timeframes: Please select ONE ONLY.**

To Register: (1) Select workshops, (2) complete the registration form, and (3) total fees that correlate with the workshops selected. Fax both pages to (916) 443-4766, or mail to the contact information provided. You may register by phone by calling toll free: 866-455-7999.

**Dr Mr Ms Mrs (Circle) Full Name: ____________________________________________**

**License # ________________________________________________________________**

**Initials (Circle): LAc DiplAc OMD DOM PhD DO MD RN DC ND MS MACMT Other: ____________________________**

**Billing Address: __________________________________________________________**

**City: ___________________________________ State: __________ Zip: __________**

**Tel: (__________) _____________ Fax: (__________) __________________________**

**Email: _________________________________________________________________**

**Are you requesting Vegetarian Meals? ___Yes ___No**

**Method of Payment: ___ Visa ___ MC**

**Card #: ________________________________________________________________**

**Name as it appears on card: ______________________________________________**

**Expiration date: ______/______/____ Signature: _____________________________**

**Date: ______/______/____**

**Early Bird Cut-off Date:**
Registration must be received by: April 8, 2007.

**$60 Student Enrollment!**
Each student attendee will receive a CD conference binder. (Students must provide, at time of registration, a copy of a valid student ID.) Those registering for the $60 rate must be AAAOM Student Members to receive Student Rates, and to register and attend the Student Caucus hosted dinner and meeting on Friday evening, May 11, 2007. (Discounted registration EXCLUDES attendance in NADA, OB/GYN and WAC Workshops.)
American Association of Acupuncture & Oriental Medicine Student Organization (AAAOM-SO) Update Report

All Aboard the Orient Express! for the AAAOM-SO February 2 for 1

Membership Special and Scholarship Lottery

During February the American Association of Acupuncture & Oriental Medicine Student Organization (AAAOM-SO) offered 2 Student Memberships for the price of 1, and one $250.00 Lottery Scholarship to student members joining or renewing in February in each of the six AAAOM-SO Regions!!! Students without partners were matched to allow all the 2 for 1 benefit. At print deadline for this issue of the American Acupuncturist, there are 67 new and renewing student members with less than a week left in the campaign. We will announce the final outcome in the April Qi Unity Report.

Student Organization Leadership Attends Portland Meetings

AAAOM-SO Co-Presidents Rhonda Wilbur and Koala Moore attended the February 16-18 Portland AAAOM board meeting, the first following the recent Reunification. The AAAOM Board welcomed the student organization leadership whole-heartedly and expressed considerable appreciation for the progress and accomplishments of the AAAOM-SO Board and Joint Task Forces. The co-presidents were included in meetings, dinners, and even a site visit of the Portland Hilton, which is the destination of the AAAOM Portland Expo and Conference scheduled for 10/19-21/07.

The AAAOM-SO members were given the opportunity to present current agenda items, as well as the 2 for 1 Student Membership and Scholarship Lottery presentation “All Aboard the Orient Express!” Plans for welcoming AOM Alliance Students, the AAAOM-SO Spring Board Meeting, AAAOM-SO Joint Committee representative positions, and initiating the Portland Expo Silent Auction joint project were among the items discussed. The next in-person AAAOM board meeting will be held at the AAAOM New Orleans Conference, May 9 – 13, 2007.

AAAOM-SO Welcomes Alliance Students!

The former AOM and AOM Alliance have given us the magnificent gift of a united future to all students and professionals of acupuncture and Oriental medicine nationwide with their decision for the recent Reunification and incorporation of the new AAAOM! The AAAOM-SO is delighted and excited to welcome the former AOM Alliance students!

AAAOM-SO Leadership is currently working with former AOM Alliance member Sheldon Blumenfeld and others. The AAAOM-SO positions of vice president, SE regional director, and co-chair of the Legislative Task Force have been opened and will be filled with former AOM Alliance Student Leadership so that the current AAAOM-SO Board and Joint Task Forces can fully incorporate the spirit of reunification within the student organization. There is such wisdom in unity and teams. “We are all angels with just one wing, and it’s only when we embrace that we can fly!” To all former Alliance student members, the AAAOM-SO looks forward to flying, even soaring, together with you!

AAAOM-SO Spring Board Meeting Scheduled for Great River Symposium

The Great River Symposium, held at NWHSU/MCAOM during 3/30 – 4/1, will be the site of the AAAOM-SO Spring Board Meeting. The Great River Symposium is the largest of its kind in the Midwest, and due to its exceptional reputation it is growing rapidly. This year Jeffrey Yuen, Lyra Heller, Michael Schroeder, Sam Collins, Robert Hayden, John Pirog, Dean Lloyd, and Brian Turner are among the celebrated guest speakers.

The cost of this symposium is surprisingly low at only $199 Friday through Sunday, including meals, for all those registering prior to 3/21/07. Student symposium cost is only $99 for the three days. Hotel rooms must be secured by 3/19/07 in order to receive conference rates.

NWHSU/MCAOM has generously offered the AAAOM-SO a free booth and meeting rooms during the symposium.

The AAAOM-SO Student Caucus will be held Friday, March 30, from 6:00 PM - 9:00 PM, and students nationwide are encouraged to attend. For information regarding the Great River Symposium visit www.nwhealth.edu/alumni/greatriver/index.html.
In Tribute and Appreciation

William Morris OMD, MSEd, LAc
President Emeritus, AAOM

From an ethos that followed “the path of the great unification,” your presidency and leadership has transitioned our profession from the divides of separation to the strength of unity. In leaving your tenure of leadership with the AAOM, the imprint of your journey will be forever felt, for it stands as a cornerstone in the foundation upon which the AAAOM will grow, prosper and forever shift the awareness, outreach and access to acupuncture and Oriental medicine in the U. S.

We honor the support and partnership shared in our collaborative endeavors over the years we have worked together, and we embrace the wisdom you shall impart to the future leadership of the AAAOM.

With much appreciation and respect,
The past AAOM Board of Directors and
The AAAOM Board of Directors and
Staff
We know there are many questions relating to the Reunification as it impacts membership in the AAAOM. We are pleased to provide the following:

• Reunification Questions and Answers
• Membership Classifications and Rates
• Benefits

Membership

Q. If I have membership in both the AAOM and the Alliance, will my membership automatically be extended?
A. If you have a professional level membership in good standing in both organizations, your new membership in the AAAOM will be appended to include the remaining renewal terms of both. As an example if you have a 5-month term remaining in your AAOM membership and a 6 Month term for AOM Alliance, your AAAOM renewal will reflect an 11 month term remaining in your renewal cycle. The effective date will be February 1, 2007. In using this example, a membership with a combined value of 11 months to termination would renew January 1, 2008. To discuss this matter, please contact the AAAOM office toll free at 866-455-7999.

Q. Can I get my membership dues refunded?
A. There is no mechanism in place to refund memberships. The reunification of the profession represents an extraordinary leap for our profession to achieve its goals. In addition, the best way to move the profession forward is to have one strong, unified organization that can represent acupuncture and Oriental medicine.

Q. But what about the differences between the AAOM and the Alliance?
A. There was general agreement that the differences between the two organizations no longer justified having two organizations vying for the same membership. It is important for the complex needs of our profession to be addressed from within one house.

Q. Why was the membership consulted on this before it happened?
A. The membership of both organizations have regularly given input to the leadership that a single national association is the best way for our profession to achieve its goals.

ISSUES

Q. Is the AAAOM just for TCM practitioners?
A. The AAAOM represents all professional acupuncturists. There are also membership categories for students, schools, businesses, state associations, allied members, the public and other parties who have an interest in the profession.

If you don’t see your question answered here, please contact the office. We would love to hear from you and address your request.

AAAOM Membership Categories and Rate Structures

AAAOM Membership Categories: Following, please find a complete listing, description a membership rate for all AAAOM Membership categories:

Student ($50): Enrolled full or part time in an accredited school of Oriental medicine. The student applicant must forward to the AAAOM a copy of their student ID card.

First Year Practitioner ($100): Within the first 12 months (cumulative) of actively treating patients.

Second Year Practitioner ($150): Between the 12th and 24th month (cumulative) of actively treating patients.

Professional Practitioner ($250): Treating patients within and after the third year.

Professional Partnership ($225 ea): Individual practitioners who work at the same office address. (One issue of American Acupuncturist will be sent to this address.)

Joint Professional ($200): Applicants hold concurrent membership in the State Association. This applies to any of the applicant’s office locations. The applicant must forward to the AAAOM evidence of such membership.
Allied Professional ($250): Applicants who are licensed as RN’s, Acu Detox, or other healthcare related fields of complimentary medicine.

State Associations ($250): Applicant serves the needs and interests of OM Practitioners, and advocates for the profession and practice of Oriental medicine. (typically 501(c)(6) organizations.) ($25 per member, to a maximum of $250)

Member Organizations ($250): Applicant advocates for the profession and practice of Oriental medicine. May or may not be membership-based. (typically is a tax-exempt organization.)

School of OM ($450): An accredited institution of higher education focusing on the profession and practice of Oriental medicine. Or, a publicly funded library holding academically-related research materials on Oriental medicine.

General Business ($450): Companies that serve and support the individual practitioner of Oriental medicine.

Friend of OM ($50): Non-practitioners who wish to support Oriental medicine through their contribution.

OM Advocate (Free): Registrants will receive AAAOM’s news alerts via e-mail, and can participate in AAAOM’s national healthcare program.

AAAOM Membership Benefits

AAAOM benefits are the direct result of what our members have said they look for in Oriental medicine representation. Through their membership dues, AAAOM members empower the Association to further their professional status and the cause of the profession, including:

• Leadership on behalf of Oriental medicine to increase and maintain the current scope of practice and access to herbs through legislative and legal realms.

• Educating top officials at Health and Human Services (HHS), U.S. Food and Drug Administration (FDA), the National Institutes of Health (NIH) and communicating the significance of Oriental medicine.

• Protecting the profession’s access to herbs.

• Working with national insurance companies to accept and increase coverage for Oriental medicine modalities.

• Patient Referrals: Patient referrals through our online interactive Referral Search, via telephone and email request, via free Acufinder.com listing.

• Real Time Communication & Networking: Informing and educating members on new topics of interest (Scope of Practice and Management Issues) through the American Acupuncturist, the American Acupuncturist News Edition (quarterly), through the Qi Unity Report (our monthly E Newsletter), News Alerts, Action Alerts, special Task Forces and Blue Ribbon committees and discussion boards.

• Public Awareness and Outreach Programs via press releases, OM articles and interviews with media and press, public information documents and regional and national OM Public Information Training Programs and OM Advocacy events, and discussion boards.

• Malpractice Insurance: Our bargaining power has made it possible to provide AAAOM members with high quality malpractice insurance through the American Acupuncture Council (AAC). Visit “Insurance” at www.aaaomonline.org.

• National Health Care Program, providing student health insurance, practitioner short-term health insurance (18 Month Duration), life insurance, and much more. Visit “Insurance” at www.aaaomonline.org.

• Biz-card Website: A one page website for practitioners desiring a web presence to deliver personal timely content to public visitors (April 2007)

• National Legislative Advocacy Program, providing direct access to state legislators, congressional and senate representatives and other decision makers at state and national levels. ALLOWS “REAL TIME” ACCESS for grassroots advocacy campaigns designed to protect and advance the profession at a moment’s notice.

• Job Target - Online Employment Board: list your resume for free, research and apply for job openings across the nation and internationally.

• Discount Credit Card Processing: Increase the level of your sales by providing the convenience of credit card payment to your patients, and end trips to the bank by converting checks into electronic deposits.

• Document Repository (Online Library) providing member access to a myriad of OM research, resources and documentation.

• Product and Service Discounts with AAAOM business members—are on offer available on a monthly and/or quarterly basis. Watch for Special Promotions of overstocked or special purchase products and services.

• Discounted CEUs: Registration Discounts for AAAOM’s Annual Exposition and International Conference.

• OM Promotional and Educational Materials to attract and educate your patient base.

• Annual OM Research Forum: On a first come, first serve basis—Free participation in AAAOM’s Annual Research Forum for and about the profession! Let your voice be heard as you participate in designing the future of your profession!
2007 Advertising Contract

The American Acupuncturist (Readership 18,000+)

Name ____________________________________________ Title ____________________________

Company ____________________________________________ Phone ____________________________

Address ____________________________________________ Email ____________________________

City/St/Zip __________________________________________ Signature __________________________

Space Reservation (PLEASE USE A SEPARATE SHEET FOR EACH AD)

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BLACK AND WHITE

1/6 page (2.3" x 4.75") ❑ One Time ❑ Multiple _____ times

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1/3 page (4.75" x 4.75") ❑ One Time ❑ Multiple _____ times

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The advertiser agrees to pay, and will assume the responsibility for payment by the advertiser’s authorized
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standards of The American Acupuncturist. Ad material will not be returned unless specifically marked.

Send to:

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Fax: 916-443-4766
Toll Free: 866-455-7999
www.aaaomonline.org
editor@aaaomonline.org

Sub-Total Amount:__________________________________ ❑ Check ❑ Credit Card

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Rates (SINGLE ISSUE PRICE)

AAAOM Member Non-Member

B&W $350 $455

$425 $550

$500 $650

$720 $936

$1,145 $1,489

$25/line $40/line

$50/unit* $65*

$845 $1,099

$1,305 $1,697

$2,250** N/A

$2,000 $2,450

$1,800 $2,250

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CANCELLATION POLICY: No cancellations will
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ART GUIDELINES: ACCEPTABLE MEDIA and
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CLASSIFIED & CALENDAR OF EVENTS SUB-
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*Classifieds: American Acupuncturist Only - 50 words/per unit

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editor@aaaomonline.org

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<td>Acupuncture and OM Society of Oregon</td>
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