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MERIDIANS

The Journal of Acupuncture and Oriental Medicine

INSIDE

Acupuncture and Chinese Herbal Medicine Treatment of Acute Supraorbital Neuralgia: A Case Report

Appropriate Research Methods for Chinese Medicine: A Call for Standardized Case Reports

Acupuncture as a First Line of Treatment for Pain: An Evidence-Based Option to Decrease Opioid Dependence

Chinese Medicine and Psychoanalysis, Part II: The Metal Element and the Anal Character Type

Clinical Pearls: How do You Treat Alopecia in Your Clinic?

Book Review: *Neither Donkey nor Horse: Medicine in the Struggle...*

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CONTENTS

Volume 3, No.3 · Summer 2016

ORIGINAL RESEARCH

Acupuncture and Chinese Herbal Medicine Treatment of Acute Supraorbital Neuralgia: A Case Report
Ting Jing, LAc and Professor Shen-tian Sun 5

PERSPECTIVES

Appropriate Research Methods for Chinese Medicine: A Call for Standardized Case Reports
Adam Gries, DAOM, LAc 11

Acupuncture as a First Line of Treatment for Pain: An Evidence-Based Option to Decrease Opioid Dependence 15

Chinese Medicine and Psychoanalysis, Part II: The Metal Element and the Anal Character Type
Lonny S. Jarrett, MS, MAc 22

ICIMH 2016: International Congress on Integrative Medicine and Health
Jennifer A. M. Stone, LAc 38

CLINICAL PEARLS

How do You Treat Alopecia in Your Clinic? 30

BOOK REVIEW

Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity By Sean Hsiang-Lin Lei
Reviewed by Deborah Espesete, MPH, MAcOM, Dipl OM (NCCAOM) 36

Letter from Editor in Chief 2

Meridians JAOM Editorial Board 3

MJAOM Advertising Index 28

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MERIDIANS

The Journal of Acupuncture and Oriental Medicine

Letter from Editor in Chief Jennifer A. M. Stone, LAc

Welcome to the summer 2016 issue of Meridians JAOM.

First, I want to especially welcome all NCCAOM Diplomates who are accessing our *Meridians JAOM* issues for the first time. We are pleased to have been selected as the official publication of the National Certification Commission for Acupuncture and Oriental Medicine, and we offer this free online access to each issue, including all past issues, as a benefit to the entire Academy of Diplomates.

In this issue, we present the commentary, "Appropriate Research Methods for Chinese Medicine: A Call for Standardized Case Reports," written by Adam Gries, DAOM, LAc. Gries makes a strong case for our profession to write more case reports, made easier when utilizing standardized case report templates that are now available to any of us. Our ways of treatment represents thousands of years of experimentation and modification of our medicine, and this empirical case report data can be used to provide lofty, provable weight for validation among peers and critics.

Our featured case study in this issue is prepared by Ting Jing, LAc, a doctoral candidate at the Oregon College of Oriental Medicine and Professor Shen-tian Sun, director of the No. 2 Affiliated Hospital of the Heilongjiang College of Traditional Chinese Medicine, China. "Acupuncture and Chinese Herbal Medicine Treatment of Acute Supraorbital Neuralgia: A Case Report" discusses the successful use of scalp acupuncture in a 32-year-old patient with the relatively rare and extremely painful disorder, supraorbital neuralgia.

In this issue we feature a valuable resource prepared by the Joint Opioid Task Force, an inter-organizational effort initiated by The American Society of Acupuncturists and the Acupuncture Now Foundation, "Acupuncture as a First Line of Treatment for Pain: An Evidence-Based Option to Decrease Opioid Dependence." Both groups collaborated to create and submit this position paper to the Center for Disease Control this past January. It discusses the widespread, life-threatening uses of opioids and the effectiveness of acupuncture as a first option for non-pharmacologic pain management. Contributors include Matthew Bauer, LAc; Bonnie Bolash, LAc, Dipl Ac (NCCAOM); Lindy Camardella, LAc; Mel Hopper Koppelman, MSc; Lindsay Meade, LAc; David W. Miller, MD, LAc; and John McDonald, PhD, FAACMA.

We are very pleased to present to our readers the second part of Lonny Jarrett's exploration into psychoanalysis, "Chinese Medicine and Psychoanalysis, Part II: The Metal Element and the Anal Character Type." In this piece, the metal element is further examined in relationship to materialism, capitalism, Martin Luther's Enlightenment, and the emergence of linear time. Both Chinese medicine and psychoanalysis are described as qualitative functional models that endeavor to articulate the interior dimension of the human condition. Jarrett explains that an understanding of the evolution of the self and culture as seen through the lens of psychoanalysis is imperative for the practitioner who aspires to practice an integral medicine that leaves no part of humanity behind.

The book chosen to be reviewed for this issue is "Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity" by Sean Hsiang-Lin Lei, reviewed by Deborah Espesete, MPH, MAcOM, Dipl OM (NCCAOM). Lei's book is a political adaptation story of healthcare policy in China during the beginning of the 20th century when the Nationalist Party took

Meridians JAOM welcomes letters to the editor from our readership. Please send them to info@meridiansjaom.com and be sure to include your full name and any licenses and/or titles, your phone number, and email address.

control. It explores the development of healthcare policy and public health administration in China following a devastating plague and relates how that policy was influenced by two frequently opposed groups of practitioners—those practicing China's traditional medicines and medical practitioners trained in western science.

In May, I was given the opportunity to attend the 5th International Congress on Integrative Medicine and Health (ICIMH), held at the Green Valley Ranch Resort in Las Vegas, Nevada. Attended by more than 500 people representing 30 countries, participants and presenters included representatives from over 75 American medical schools, including Harvard, Yale, Stanford, Johns Hopkins, and Columbia University. I prepared a conference report on some key aspects to encourage our readers who might want to attend the World Congress of Integrative Medicine and Health in 2017 in Berlin.

In this issue we also include new Clinical Pearls selected by Editor Mitchell Harris. He presents discussions on the topic: "How Do You Treat Alopecia in Your Clinic?" We hope these Clinical Pearls as well as our previously presented Clinical Pearls are valuable resources for your own practice regimen.

As always, we invite your questions, submissions, feedback, and letters to the editor, info@meridiansjaom.com.

In Health,

Editor in Chief **Jennifer A. M. Stone,** LAc

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Acupuncture and Chinese Herbal Medicine Treatment of Acute Supraorbital Neuralgia: A Case Report

By Ting Jing, LAc and
Professor Shen-tian Sun

Please see bios at the end of the article.

Abstract

Although a relatively rare disorder, supraorbital neuralgia is the most frequently encountered extracranial neuralgia of the terminal branches of the trigeminal nerve. Etiology and pathogenesis of supraorbital neuralgia is largely unknown in western medicine. Peripheral nerve blocks of the supraorbital, supratrochlear, or occipital nerve have been utilized for the relief of headaches, but the relief of these methods may be short-lived. In this case, a combination of acupuncture (transcranial repetitive acupuncture stimulation performed on scalp) and Chinese herbs were used successfully in resolving acute supraorbital neuralgia in a 32-year-old male patient.

Key Words: supraorbital neuralgia, acupuncture, transcranial repetitive acupuncture stimulation, scalp, Chinese herbal medicine

Background

Biomedicine

Although relatively rare, supraorbital neuralgia (SON) is the most frequently encountered extracranial neuralgia of the terminal branches of the trigeminal nerve. It is characterized by the following triad: 1) forehead pain in the territory supplied by the supraorbital nerve, without side shift; 2) tenderness on either the supraorbital notch or the trajectory of the nerve; and 3) absolute, but transitory, relief of symptoms upon supraorbital nerve blockade. Such constantly present, specific features have been selected as diagnostic criteria.[1]

The supraorbital nerve (SONe) is purely a general sensory (afferent) nerve. The concept of neuralgia admits pain of different clinical phenotypes, provided it occurs within the area supplied by a given nerve. The forehead is innervated by the supraorbital and supratrochlear nerves, both stemming from the V-1 trigeminal nerve.[2]

Trigeminal neuralgia (TN) is by far the most frequently diagnosed form of neuralgia with mean incidence of 4 per 100,000 populations and a mean age of 50 years at the time of examination. TN is usually unilateral, affecting the maxillary (35%), mandibular (30%), both (20%), ophthalmic and maxillary (10%) and ophthalmic (4%) branches and all branches of the trigeminal nerve (1%).

This type of headache is frequently accompanied by fever, an aversion to cold, a red face and eyes, a cough with yellow phlegm, a red tongue with yellow coating and rapid pulse.

From the [illegible] Foot-*Tai yang* [illegible] forehead, and on to the governing vessel then [illegible] where a branch goes to the temple. In this case, patient's severe tenderness on BL-2, and aversion to any pressure, showed Wind-Heat and Phlegm invaded to Bladder meridian of Foot-*Tai yang*, caused *qi* obstruction and Blood stasis.

Liver meridian Foot-*Jue yin* ascends along the neck and posterior aspect of the throat to the nasopharynx to link with the tissues surrounding the eye (the "eye system"). The Liver meridian links eye system, so eyes diseases relate to the liver. In this case, patient had pain around his right eye, with a thin pulse on left middle position, indicating a kind of *qi* stagnation on the Liver channel.

Treatment Principle and Protocols

According to the etiology and pathogenesis of this case, the treatment of this disease should be focused on Wind-Fire-Phlegm. Our treatment principles for the patient's presenting complaint were to expel the Bladder Wind-Heat, drain Fire, disperse the Phlegm, move the *qi*, eliminate Blood stasis, tonify Liver and relieve the pain. In order to get quick and effect results, Chinese herbal medicine and acupuncture were utilized for treatment at each session.

Table 1. Chinese Herb Medicine: These herbs were prescribed in bulk form for the patient to take twice a day for 7 days.

Gegen	50 g	Baizhi	15 g
Chuanxiong	15 g	Juhua	25 g
Xixin	5 g	Shigao	25 g
Zhizi	25 g	Jiangcan	25 g
Wugong	2 pieces	Biba	15 g
Chaozaoren	30 g	Baihe	25 g
Baishao	25 g	Shenggancao	15 g

Ge Gen, sweet and acrid taste and cool nature, has the action of expelling the external Wind pathogen and clearing Heat by diaphoresis. In this formula it is accompanied by Juhua, Zhizi and Shigao. It is used together to treat headache caused by exterior Wind-Heat attack. Biba, Baizhi and Xixin are warm herbs; they were used together to alleviate pain and balance the formula at the same time. Jiangcan and Wugong were used to dispel Wind, transform Phlegm, and stop the pain. Baihe, Baishao and Chaozaoren used together to nourish Liver Blood and Liver *yin*, calm the spirit, and stop the pain.

Acupuncture Protocol: the following points were used once a day for seven days.

Scalp acupuncture points: DU-20, Emotional Area [illegible] (This area [illegible] between [illegible] about [illegible] to Ningshen.)

Body acupuncture points: BL-62 (ShenMai), S-13 (Houxi), BL-2 (Zanzhu), GB-14 (Yangbai), E-Yuyao, LV-3 (Taichong)

Type of needles: Andi sterile acupuncture needles, gauge and length: 0.35×40 mm

Technique needed for scalp points: Transcranial repetitive acupuncture stimulation technique[16] was performed on the scalp. Needles were rotated and twisted at least 200 times per minute with the thumb and index finger. Three to five are required for this procedure. The needles should be twirled and twisted as vigorously as the patient can tolerate and repeated every 10 minutes.

Technique needed for the body points: Each needle was inserted and retained for 30 minutes at the standard angle and depth. Each needle was inserted and manipulated until the patient felt a dull pulling sensation at the needle site. This traditional method of needling is called *de qi*.

Rationale:

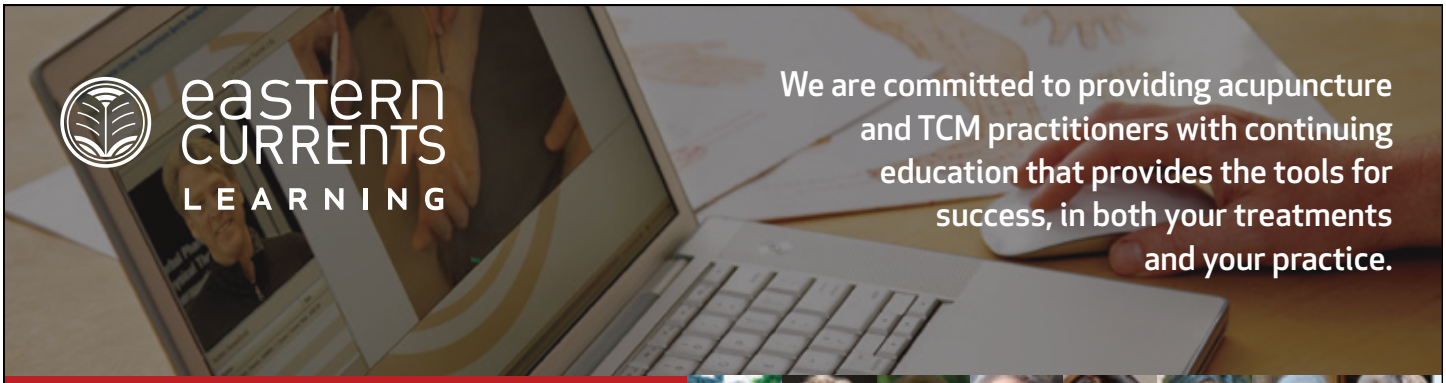
Emotional area relates to the prefrontal lobe. This area is usually used for pain management. BL-62 (ShenMai) and S-13 (Houxi) are points on Tai Yang meridian, downward points used to treat upward diseases in Foot-Tai *yang* meridian. BL-2 is a local point used to treat the tenderness on supraorbital notch. GB-14 and E-yuyao are local points, which can benefit the eyes, relax sinews and stop the pain. LV-3 was used to move the *qi*, promote *qi* circulation, calm the mind, and relieve pain.

Results and Follow Up

After seven days of treatment, the score for the patient's daytime pain was 1, for night pain it was 3, on a scale from 0-10 (0 = no pain).The pain occurred 1-2 times a day, lasting about 10 minutes each time. The patient's sleep was greatly improved, and his anxiety score was 2, on a scale from 0 to10 (0 = no anxiety). The energy level of the patient was 6 on a scale from 0-10 (0 = no energy). Because of the improvement of the symptoms, the patient was willing and able to return to his work.

Discussion

Supraorbital neuralgia is a relatively infrequent disorder. Conventional management for supraorbital neuralgia often involves the combined use of a range of pharmacological and nondrug approaches. Side effects of medications are sometimes



The emotional area on the scalp relates physio-anatomically to the functional projection area of prefrontal cortex (PFC). In mammalian brain anatomy, the PFC is the cerebral cortex, which covers the front part of the frontal lobe. The PFC contains Brodmann areas 9 through 12, 24, 32, 44, 45, 46, and 47. It is involved in intelligence, planning, decision making, and social behavior through extensive connections with other brain regions.[12] The prefrontal lobe exerts active control on pain perception by modulating cortico-subcortical and cortico-cortcial pathways.[13] In other words, the PFC plays an important role in pain perception and pain modulation. This is the reason why the emotional area is usually used for pain management.

Based on his many years of clinical practice and scientific research, author Sun suggests that scalp acupuncture, from the point of view of modern neurophysiology, can be called "transcranial repetitive acupuncture stimulation therapy." Transcranial repetitive acupuncture stimulation, transcranial electrical stimulation (TES) and repetitive transcranial magnetic stimulation (rTMS) are collectively known as transcranial stimulation techniques. Common ground between them is that the same region or zone on the scalp are selected and used to perform stimulation. These regions or zones on the surface of scalp are regarded as projection areas of functional localization of the cerebral cortex.

To become clinically effective, scalp acupuncture requires a certain amount of stimulation. From the point of view of author Sun, "Enough stimulation is more important than points or zone selected on the scalp; you can miss a point, but you have to perform enough stimulation on needles!"[14]

[Note to western readers: one thing we need to address here is that some ingredients in this formula are toxic and banned by FDA, such as Xi Xin and Wu Gong. As a matter of fact, these ingredients are still being used in traditional Chinese medicine clinical practice in China. For this reason, the herbal formula used in this case study cannot be applied in the U.S. or other countries where above ingredients are banned and could be a limitation of the applicability of this case report.]

Conclusion

Although this article discusses just one case, the combined interventions of acupuncture and Chinese herbal medicine for the management of supraorbital neuralgia showed significant findings in the improvement of a number of variables. Pain, the frequency of pain, anxiety, energy level, and quality of life all improved. The incidence of side effects was low, especially when compared to standard medical treatment. While a single case report cannot validate the effectiveness of using acupuncture and TCM for this disease, additional controlled clinical trials can be conducted to verify the causality.

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Professor Shen-tian Sun is a famous acupuncturist and neurologist in China and an esteemed mentor for masters and doctoral students. He founded acupuncture as an academic field in Heilongjian Province. He served multiple terms as the chairman of the Department of Acupuncture and Moxibustion of Heilongjiang College of Traditional Chinese Medicine and he is the director of the No. 2 Affiliated Hospital of the Heilongjiang University of Chinese Medicine. He is also the recipient of prestigious Chinese government stipends. Professor Sun was esteemed as "Needle Sun" because of his extraordinary expertise in acupuncture and his virtue as a medical professional. At the age of 77, he is still practicing in his private clinic, treating a daily average of 60-70 patients. This is where he treated the above discussed patient.

Appropriate Research Methods for Chinese Medicine: A Call for Standardized Case Reports

By Adam Gries, DAOM, LAc

Adam Gries, DAOM, LAc received his master's in 2002 and his doctorate in 2015 from the Pacific College of Oriental Medicine-San Diego. In his Raleigh, North Carolina, practice, he utilizes Japanese acupuncture to address the foundational relationships established in classic texts, while relying on orthopedic acupuncture to address issues at the musculoskeletal level. Dr. Gries combines this *yin/yang* approach with an emphasis on emotional/cognitive healing. He values the opportunity to navigate through the physical, emotional, and psychological components of health to help patients reclaim a sense of peace. Please contact him at: www.AwakeningsHealth.com

As practitioners, we can agree that Chinese medicine (CM) has stood the test of time. Perhaps the most amazing aspect of CM's longevity is that, while there have been additions to its technical aspects (i.e., the advancement of diagnostic technology and the use of instruments such as lasers), the foundational structure and guiding theories have remained intact. Practitioners today can still apply the *Nei Jing*, which covers theoretical and clinical conversations between an emperor and his doctor dating back nearly 5,000 years.

How is it that 5,000-year-old conversations are still so relevant to medical practice today? The answer is simple: Chinese medicine is based on relationships that tie our health to the fundamental principles that govern the natural order. These are formed by:

1. Intellectually and systematically observing the structure and behavior of the natural world
2. Creating hypotheses about how these structures and behaviors manifest within human physiology on mental, emotional, and physical levels
3. Experimenting to see how affecting these structural and behavioral changes can maximize the healing potential within us

This systematic approach is one way to define "science." The science of CM is tied to the inter-dynamic relationships that govern all life. That may sound like a brazen supposition, but thousands of years of experimentation, untold case studies, and empirical data provide lofty, provable weight for validation.

Some medical approaches, however, continue to reject CM's premises. Their methodological gold standard for validating evidence outright dismisses the aforementioned evidence. Their gold standard is based on randomized controlled trials (RCTs). Yes, RCTs have a definite place in advanced methodological research, but these should not and cannot encompass the full scope of science-based research practices.

Science has yet to accurately quantify or identify a specific mechanism of action that explains how acupuncture works. We should not be attempting to fit acupuncture into pre-existing physiological models just so we can test its clinical validity with RCTs. We should

be focusing use of RCTs on ways to define a true mechanism of action while relying on broader research methods for validating clinical efficacy.

The RCT was primarily designed to work within the rather isolated approach of allopathic care. Unfortunately, western medicine has positioned itself as the central cog for medical intervention, and, accordingly, RCTs have become the central mechanism for validating *all* medical research. I believe this myopic approach needs to expand and encompass the full spectrum of scientific medical paradigms.

There are two major shortcomings of relying on RCTs to validate efficacy of Chinese medicine:

1. Chinese medicine, emphasizing interdependent relationships, cannot be measured by isolating these components to control for variables. The interaction *between* variables is how the real world works. In essence, when we reduce something to its parts, we lose the synergy that is invariably intertwined with change. The sooner prevailing research standards account for this multi-dimensional component to clinical efficacy, the sooner we can move forward in establishing a more balanced approach to health care.

   When ignoring all the variables at play, RCTs are not an effective means to determine how treatments work in a clinical setting. If we don't fully understand the effect of doctor/patient interaction and acupuncture's mechanisms of action, it is shortsighted, if not negligent, to simply ignore these aspects or insert mechanisms that do not necessarily envelop the scope of the involved inter-relationships.

2. One subjective factor that plays a role in successful treatment is patient preference—how they feel about a particular treatment. This is a major source of dissonance between RCT validation and a more combined approach to validate medical efficacy. Removing the subjective and qualitative aspects of the clinical experience compromises the scope of a complete form of medicine and passes judgment on it within that compromised state.

Emerging RCTs that refute acupuncture's efficacy cannot be regarded as authoritative research as long as they are embedded with these shortcomings. By the same measure, I do not put much weight on RCTs that *substantiate* acupuncture's efficacy. As acupuncturists, we cannot simply pick and choose which RCTs we want to use to validate CM. When research fails to encompass the full scope of acupuncture's effects, even its endorsements do not necessarily draw authoritative conclusions.

Chinese medicine practitioners need to do and publish workable alternatives to RCTs. Dr. Wayne Jonas, president of the Samueli Institute, a non-profit research institute, has gathered a succinct, inclusive list of appropriately viable research methods.[1]

These are:

1. Basic science research
2. Observational research (case reports)
3. Qualitative research
4. Clinical research (RCTs)
5. Health systems research

Benefits of utilizing this "evidence house" include studies derived from a group of important platforms. This allows a broader scope for the proper placement of a variety of credible medical approaches.

Basic science research is geared to provide foundational understanding of organisms and diseases[2] rather than provide a clear physiological platform to support the mechanism of action (MoA). This is perhaps the most important reason why modern science has failed to place CM into an appropriate research design box. With no clear MoA, and relying on RCTs as the most respected and sole means for validation, acupuncture's biological plausibility has been forced into the reductionist linear boxes of the existing measurable physiological systems.

"When our acupuncture community can show the complexity and depth that is entailed beyond the simple placement of needles, we preserve and further validate the true 'wholeness' of our medicine. Rather than sit on the sidelines and complain about how CM is being bastardized, we need to support the proper methodology for validating a holistic approach in a clinical setting."

Ultimately, basic research tests a hypothesis in an isolated environment. It cannot directly correlate with clinical expectations because it fails to encompass systemic inter-relationships found in clinical settings. This is why RCTs became the gold standard for testing clinical validity; they add the element of clinical application.

However, just as basic research does not encompass the complex nature of interactive human dynamics, RCTs' applications are limited within the full scope of interactive health care. That may be why almost 40% of "proven" RCT research is disproven within 10 years.[3] It is time for researchers to expand their capacity to account for the variables that impact both the healing capacity and the overall physiology of the human body.

Observational research does include the case report (among other methods). Most importantly, observational research also allows for multiple influences to affect an outcome. It is this component within viable research methods that provides the greatest potential for validating CM while maintaining its integrity.

If we are to rely more heavily upon case reports to validate the medicine, our profession is in need of improved case report research education. Only a small number of practitioners take time and effort to write and pursue publication of case reports. Why is this? Resources for writing and opportunities to publish these are out there even for practitioners who are not students.

Guidelines and a generalized template for case report formats can be found on the *Global Advances in Health and Medicine* website.[4] It also offers case report writing workshops to help raise the quality of reports. *Meridians: The Journal of Acupuncture and Oriental Medicine* offers links to scientific writing resources that include case reports.[5] The resources are here for all of us to utilize.

To maximize the number of quality, viable case reports, I believe that a unified worldwide effort to amass them is warranted. This large repository of reports on a variety of firsthand, treated conditions will then enable a sample size to provide weighted validation of the data set. In effect, we need to generate a vast resource of well-done case reports if our findings are to hold any weight within the rigorously examined medical paradigms.

The missing piece to actualizing this necessary change is for all practitioners to write case reports and contribute to this resource.

What if a portion of *all* master's and doctoral level education was aimed at producing high-quality case reports? Why can't practitioners regard time spent on this as having great value? Think of it as a way to keep the tradition and integrity of our lineage alive. Case reports can be seen a response to the poor generalizability of RCTs in clinical settings. They can successfully bridge the gap between the valuable intuitive approach of AOM treatment and the reductionist rigidity of RCTs.

In fact, this movement has begun. Several DAOM programs do include the writing of case reports in their curriculum. The NCCAOM awards PDAs for published articles, including case reports. (A peer reviewed, published case report is worth 10 PDAs and a case report in a non-peer reviewed publication is worth 5 PDAs. [6]) The seeds of change have been planted. It is time to expand this; it is critical for the future of our profession.

Prevailing RCT research is not the only manner in which acupuncture is being reduced to its parts. "Dry needling" and "medical acupuncture" approaches have also stripped "true acupuncture" down to a compartmentalized system. It is more important than ever not only to capitalize on the movement towards increased data collection but to ensure that the quality of work is being held to a standard worthy of our medicine's ancestral roots.

When our acupuncture community can show the complexity and depth that is entailed beyond the simple placement of needles, we preserve and further validate the true "wholeness" of our medicine. Rather than sit on the sidelines and complain about how CM is being bastardized, we need to support the proper methodology for validating a holistic approach in a clinical setting. The western medical establishment will not change its perspectives and embrace CM on its own. We need to provide the structure for this today. It is this 21st century model that can set the stage for the medical renaissance that unites world health care.

> [**Note:** RCTs *can* and *do* have a place in the future of CM research design; they help lead us to discover and identify the complexity for a mechanism of action of our medicine. In fact, this process is well underway. A 2014 study published in *Q JM: An International Journal of Medicine* shows how acupuncture stimulation affects the neuro, endocrine, and immune systems in a dual-directional capacity.[7] This type of research moves beyond the one-directional, linear

scope of most available RCT research. The *Taiwanese Journal of Obstetrics and Gynecology* published a set of three comparative reviews done from 2012 to 2013 that went beyond linear systems by pointing to a mechanism of action supported by the "chaotic wave theory of fractal continuum." [8,9,10]]

We are just beginning to see RCTs moving beyond the western understanding of human physiology. This holds potential for groundbreaking discoveries about human physiological systems as well as systems that fully support the mechanistic scope of acupuncture. Case reports alone cannot provide this type of information. Clearly, there is usefulness of both types of research in the forward progress of Chinese medicine—its acceptance and its use.

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Acupuncture as a First Line of Treatment for Pain: An Evidence-Based Option to Decrease Opioid Dependence

"The Joint Acupuncture Opioid Task Force is an inter-organizational effort initiated by The American Society of Acupuncturists and the Acupuncture Now Foundation. Both groups collaborated to create this position paper on the widespread, life-threatening uses of opioids and the effectiveness of acupuncture as a first option for non-pharmacologic pain management."

The Joint Acupuncture Opioid Task Force is an inter-organizational effort initiated by The American Society of Acupuncturists and the Acupuncture Now Foundation. Both groups collaborated to create this position paper on the widespread, life-threatening uses of opioids and the effectiveness of acupuncture as a first option for non-pharmacologic pain management. Contributors to date include Matthew Bauer, LAc; Bonnie Bolash, LAc, Dipl Ac (NCCAOM); Lindy Camardella, LAc; Mel Hopper Koppelman, MSc; Lindsay Meade, LAc; David W. Miller, MD, LAc; and John McDonald, Phd, FAACMA.

The Joint Acupuncture Opioid Task Force invites participation from other similarly-minded organizations as it continues to develop both this paper and additional resources.

January 12, 2016

FROM: Joint Acupuncture Opioid Task Force, Acupuncture Now Foundation and the American Society of Acupuncturists

TO: Centers for Disease Control

RE: Federal Register Notice: Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain, Docket CDC-2015-0112

Research has shown that acupuncture can effectively stimulate the production of the body's own "endogenous opioids" as well as natural anti-inflammatory compounds [34,35,38]. In other words, acupuncture can facilitate the better usage of the body's own natural chemistry thereby creating the potential for similar or sometimes more effective benefits than synthetic drugs, without the risks of addiction or side effects. This being the case, acupuncture has the potential to reduce or even in some cases eliminate the need for opioids and non-opioid drugs while also helping to treat opioid addiction [42,43,44,45].

Before detailing the relevant research, we want to acknowledge three important statements contained within the current guideline draft as they relate to the contextual evidence review. First, the guideline is not meant to "provide detailed recommendations on the use of non-pharmacologic and non-opioid pharmacologic treatments for chronic pain." Second, recognize that, "reviewing the effectiveness of such strategies as alternatives to opioid therapy provides important contextual information to providers considering opioid therapy and available

options for their patients." And third, due to time constraints, "a rapid review was required for the contextual evidence review for the current guideline."

We strongly believe that the CDC is undervaluing the best chance we have as a nation to address this crisis: non-pharmacologic alternatives. Our healthcare system has become overly dependent on the use of drugs as the primary means of addressing health issues including chronic pain. While it is useful to refine guidelines on how these drugs are prescribed, we feel it would be fruitful and to the public benefit for policymakers to consider the significant potential of non-drug alternatives. Of these, acupuncture is a highly promising and increasingly researched tool.

The tendency to rely on pharmacologic rather than non-pharmacologic approaches is in part influenced by the disparity in the financial interests promoting them. In light of this, support from philanthropic and governmental sources is needed to work with experts in non-pharmacologic alternatives to investigate and develop their potential. We ask the CDC to seek the input of such authorities in the development of guidelines for the use of non-pharmacologic therapies, and not leave this important topic to solely a rapid review of contextual evidence within a drug prescribing guideline.

While acupuncture has consistently been found to provide significant improvements in common, chronic pain conditions, a frequent criticism is that "real" (verum) acupuncture often does not statistically outperform the sham control. This criticism has been debunked in a landmark meta-analysis undertaken to reduce some of the common disparities found in acupuncture trial reporting standards [1]. This study found that when key reporting data were standardized, verum acupuncture outperformed sham.

Critics fixated on how much of acupuncture's clinical benefits may be due to placebo effects are overlooking perhaps the most important point: the risk to benefit ratio of acupuncture for common chronic pain conditions is clearly superior to opioid medications and often better than other non-opioid therapies, regardless of mechanism. A very recent systematic review and network meta-analyses of 21 different interventions for sciatica found that acupuncture produced better outcomes for global effect and pain reduction than all other therapies except a Cytokine-modulating procedure still in experimental stages [5].

Considering the magnitude of the opioid crisis, non-opioid alternative approaches to the management of chronic pain that are shown to be safer, while of equal or superior clinical effectiveness to opioids, should not merely be categorized as a "possible option." The research presented below demonstrates these positions and we urge policy makers to carefully consider this information and contact us with and questions.

Sincerely,

The Joint Acupuncture Opioid Task Force Member organizations:
The Acupuncture Now Foundation
www.AcupunctureNowFoundation.org
The American Society of Acupuncturists
https://www.facebook.com/AmericanSocietyofAcupuncturists/?fref=ts

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1. Acupuncture is an effective, safe, and cost-effective treatment for various types of pain. Acupuncture should be recommended for the treatment of pain before opiates are prescribed.

1.1 Effectiveness/efficacy of acupuncture for different types of pain

There is growing research evidence to support the effectiveness and efficacy of acupuncture for the relief of pain, especially chronic pain (See Table 1). Acupuncture has been shown to be effective for treating various types of pain with the strongest evidence around back pain, neck pain, shoulder pain, chronic headache, and osteoarthritis [1]. In an individual patient meta-analysis of 17,922 people from 29 randomized controlled trials (RCTs), it was concluded that the effect sizes in comparison to no acupuncture controls were 0.55 SD (95% CI, 0.51-0.58) for back and neck pain, 0.57 SD (95% CI, 0.50-0.64) for osteoarthritis and 0.42 SD (95% CI, 0.37-0.46) for chronic headache [1]. No meta-analysis was performed on shoulder pain as there were only three eligible RCTs. In all analyses, true acupuncture was significantly superior to no acupuncture and sham acupuncture controls ($p<0.001$) [1].

Table 1. Effectiveness and Harms of Acupuncture

Author, Year	Topic/Intervention	Participants/Population	Primary Outcomes	Key Findings	Study Quality
Vickers et al., 2012	Acupuncture versus sham acupuncture and no acupuncture in back, neck, shoulder pain; chronic headache, osteoarthritis	Systematic review of 31 randomized controlled trials (17,922 subjects) and meta-analysis of individual patient data from 29 of these 31 RCTs in back, neck, shoulder pain; chronic headache, osteoarthritis	A variety of pain severity and disability scores such as VAS, WOMAC, Roland Morris Disability Questionnaire	Acupuncture was superior to sham acupuncture and no acupuncture for each pain condition	High quality evidence
Weidenhammer et al., 2007	Acupuncture for headache, low back pain, osteoarthritis	Open pragmatic trial of 454, 920 subjects with headache, low back pain, osteoarthritis	Treating physician rating of "marked, moderate, minimal or poor improvement (which included no improvement and worse)"	Physician ratings: 22% marked, 54% moderate, 16% minimal and 4% poor improvement	Low quality evidence Open pragmatic trial with no blinding and no external assessors
Corbett et al., 2013	Comparison of 22 physical therapies for knee osteoarthritis pain	Review of 152 trials and network meta- analysis of 12 randomized controlled trials with low risk of bias comparing 22 physical therapies in knee osteoarthritis pain	Knee pain	Acupuncture was equal to balneotherapy and superior to sham acupuncture, muscle-strengthening exercise, Tai Chi, weight loss, standard care and aerobic exercise (in ranked order)	110 of 152 studies analysed were of poor quality. Network meta-analysis included 12 RCTs with low risk of bias.
Ji et al., 2015	Acupuncture versus standard pharmaceutical care in sciatica	Systematic review and meta-analysis of 12 randomized controlled trials in sciatica	Effectiveness, pain intensity, pain threshold	Acupuncture was superior to standard pharmaceutical care in effectiveness, reducing pain intensity and pain threshold	Low to moderate quality evidence
Lewis et al., 2015	Comparison of 21 different interventions for sciatica	Systematic review and network meta- analyses of 122 studies including 90 randomized or quasi-randomized controlled trials comparing 21 different interventions for sciatica	Global effect, pain intensity	In global effect and reduction in pain intensity, acupuncture was second only to biological agents (cytokine modulating drugs), and superior to all other interventions tested including non-opioid and opioid medications	9% of studies had a strong overall quality rating; 7% of studies had a strong overall external validity rating; 21% of studies used both adequate randomization and adequate or partially adequate allocation concealment
Gadau et al., 2014	Acupuncture and/or moxibustion versus sham acupuncture, another form of acupuncture, or conventional treatment in lateral elbow pain	Systematic review of 19 randomized controlled trials	Pain, grip strength	Acupuncture is more effective than sham acupuncture (moderate quality studies) Acupuncture or moxibustion is more effective than conventional treatment (low quality studies)	Low to moderate quality evidence
Cho et al., 2015	Real versus sham acupuncture in acute post-operative pain after back surgery	Systematic review and meta-analysis of 5 trials	24-hour post-operative pain intensity on VAS; 24-hour opiate demands	Real acupuncture was superior to sham in reducing pain intensity but not opiate demand at 24- hours	3 of 5 trials were high quality

Table 1. Effectiveness and Harms of Acupuncture continued

Levett et al., 2014	Acupuncture, standard care, sham acupuncture, acupressure and mixed controls in various combinations in labor pain	A critical narrative review of 4 systematic reviews in labor pain	Pain intensity, analgesic use, length of labor	Acupuncture reduces pain intensity, analgesic use and length of labor	Conflicting evidence
Clark et al, 2012	Acupuncture versus various comparators including standard care, sham acupuncture and other forms of acupuncture in plantar heel pain	Systematic review of 5 randomized controlled trials and 3 non-randomized comparative trials	Various pain and disability scales (morning pain, walking pain, tenderness)	Acupuncture for plantar heel pain is supported by evidence which is equivalent to evidence supporting standard care (stretching, night splints, dexamethasone)	"Evidence at level I and II supporting the effectiveness of acupuncture for heel pain, leading to a recommendation at Grade B"
Deare et al, 2014	Manual and electroacupuncture compared with sham acupuncture, standard therapy and no treatment in fibromyalgia	Cochrane systematic review of 9 randomized controlled trials in fibromyalgia	Pain, stiffness, sleep, fatigue and global wellbeing	Acupuncture improves pain and stiffness compared to standard therapy and no treatment but not compared to sham acupuncture	Low to moderate quality evidence
Smith e al, 2011	Acupuncture or acupressure versus placebo control, usual care or pharmacological treatment in primary dysmenorrhea	Cochrane systematic review of 10 randomized controlled trials (944 subjects) on acupuncture (6) or acupressure (4) for primary dysmenorrhea	Pain relief, analgesic use, quality of life, improvement in menstrual symptoms, absenteeism	Acupuncture was superior to placebo and Chinese herbs in pain relief, and superior to medication and Chinese herbs in reducing menstrual symptoms.	Conflicting evidence
Abaraogu et al, 2015	Acupuncture or acupressure versus placebo control, wait list or pharmacological treatment in primary dysmenorrhea	Systematic review of 8 randomized controlled trials (>3,000 subjects) and and meta-analysis of 4 RCTs	Pain intensity (VAS, McGill), quality of life, blood nitric oxide	Acupuncture and acupressure reduced pain, while acupuncture also improved quality of life	Moderate quality evidence
Chen et al, 2013	Acupuncture or acupressure at acupoint SP 6 versus minimal stimulation at SP 6 or stimulation of another point in primary dysmenorrhea	Meta-analysis of acupuncture (3) and acupressure (4) randomized controlled trials in primary dysmenorrhea	Pain intensity (VAS)	Acupuncture is effective and acupressure may be effective at SP 6 for pain relief	Acupuncture trials had low to moderate risk of bias. Acupressure trials had high risk of bias.
Cho et al, 2010	Acupuncture versus sham acupuncture, pharmacological treatment or Chinese herbs in primary dysmenorrhea	Systematic review of 27 randomized controlled trials in primary dysmenorrhea	Pain intensity (VAS, menstrual pain Reduction Score, other pain scores)	Acupuncture was superior to pharmacological treatment or Chinese herbs in pain relief	Only 5 out of 27 trials had low risk of bias
Chung et al, 2012	Acupoint stimulation versus non- acupoint stimulation or medication in primary dysmenorrhea	Systematic review of 30 randomized controlled trials (>3,000 subjects) and and meta-analysis of 25 RCTs	Pain ntensity, plasma PGF(2α)/ PGE(2) ratio	Acupoint stimulation was superior in short-term pain relief to stimulation on non-acupoints. Non-invasive stimulation of acupoints was more effective than invasive stimulation	Some trials were of low quality
Xu et al, 2014	Various forms of acupoint stimulation (including acupuncture, moxibustion and other methods) versus a variety of controls in primary dysmenorrhea	Meta-analysis of 20 randomized controlled trials (2,134 subjects) of acupoint stimulation for primary dysmenorrhea	Pain relief	Acupoint stimulation was more effective than controls for pain relief	Low to moderate quality evidence

In the largest study of its kind conducted to date, 454,920 patients were treated with acupuncture for headache, low back pain, and/or osteoarthritis in an open pragmatic trial. Effectiveness was rated by the 8,727 treating physicians as marked or moderate in 76% of cases [2].

In a network meta-analysis comparing different physical therapies for pain in knee osteoarthritis, acupuncture was found to be superior to sham acupuncture, muscle- strengthening exercise, Tai Chi, weight loss, standard care, and aerobic exercise (in ranked order) Acupuncture was found to be statistically significantly better than muscle-strengthening exercise (standardized mean difference: 0.49, 95% credible interval 0.00-0.98) [3].

A systematic review and meta-analysis on acupuncture for **sciatica** concluded that acupuncture was superior to standard pharmaceutical care (such as ibuprofen, diclofenac, and prednisone) in reducing pain intensity (MD −1.25, 95% CI: −1.63 to −0.86), and pain threshold (MD: 1.08, 95% CI: 0.98–1.17), however, some of the included studies had a high risk of bias [4].

A systematic review and network meta-analyses of 21 different interventions for sciatica found that acupuncture was second in global effect only to biological agents, and superior to all other interventions including non-opioid medications and opioid medications [5].

A systematic review on acupuncture and moxibustion for **lateral elbow pain** found that acupuncture and moxibustion were superior or equal to standard care, however again most of the included studies had a high risk of bias in at least one domain [6].

A systematic review on acupuncture for **plantar heel pain** found that evidence supporting the effectiveness of acupuncture was comparable to the evidence available for standard care interventions, such as stretching, night splints or dexamethasone [7].

The use of acupuncture to relieve **pain associated with surgical procedures** captured the world's attention when journalist James Reston (who was accompanying President Richard Nixon on a trip to China) underwent an appendectomy using acupuncture analgesia. Since then, acupuncture has been used before, during and after surgery to manage pain and to improve post-surgical recovery in a variety of contexts [8-16]. It is noteworthy that acupuncture has been reported to be effective in pain relief during and after surgical procedures on children and animals [10, 16-18].

A Cochrane systematic review on acupuncture or acupressure for **primary dysmenorrhea** found that both acupuncture and acupressure were more effective in reducing pain than placebo controls [19]. Five other systematic reviews and/or meta-analyses on various forms of acupoint stimulation including acupuncture, acupressure and moxibustion for primary dysmenorrhea have reported similar outcomes [20-24].

"Some studies have reported reduced consumption of opioid-like medication (OLM) by more than 60% following surgery when acupuncture is used [31, 32]."

The effectiveness of acupuncture for **labor pain** is still unclear, largely due to the heterogeneity of designs and methods in studies which have produced mixed results, withsome studies reporting reduction of pain during labor, reduced use of opioid medications and epidural analgesia and a shorter second stage of labor, while other studies reported no reduction in analgesic medications [25-27].

A systematic review on acupuncture for **trigeminal neuralgia** suggests that acupuncture may be equal or superior to carbamazepine, but the evidence is weakened by the low methodological quality of some included studies [28].

A Cochrane systematic review on acupuncture for **fibromyalgia** found low to moderate-level evidence that acupuncture improves pain and stiffness compared with no treatment and standard therapy. Furthermore, electroacupuncture is probably better than manual acupuncture for pain in fibromyalgia [29].

1.2 Safety of acupuncture for pain management

The strongest evidence for the safety of acupuncture in chronic pain management comes from an open pragmatic trial involving 454,920 patients who were treated for headache, low back pain and/or osteoarthritis. Minor adverse events were reported in 7.9% of patients while only 0.003% (13 patients) experienced severe adverse events. Minor adverse events included needling pain, hematoma and bleeding, while serious adverse events included pneumothorax, acute hyper-or hypotensive crisis, erysipelas, asthma attack and aggravation of suicidal thoughts [2].

1.3 Cost-effectiveness of acupuncture for pain management

In a systematic review of 8 cost-utility and cost-effectiveness studies of acupuncture for chronic pain the cost per quality adjusted life year (QALY) gained was below the thresholds used by the UK National Institute for Health and Clinical Excellence for "willingness to pay." The chronic pain conditions included in the systematic review included low back pain, neck pain, dysmenorrhea, migraine and headache, and osteoarthritis [30].

1.4 Can adjunctive acupuncture treatment reduce the use of opioid-like medications?

Some studies have reported reduced consumption of opioid-like medication (OLM) by more than 60% following surgery when acupuncture is used [31, 32]. A pilot RCT also showed a reduction of 39% in OLM use in non-malignant pain after acupuncture, an effect which lasted less than 8 weeks after acupuncture treatment ceased [33].

2. Acupuncture analgesic mechanisms have been extensively researched and include the production and release of endogenous opioids

Mechanisms underlying acupuncture analgesia have been extensively researched for over 60 years. In animal models acupuncture and/or electroacupuncture has been shown to be effective for the alleviation of inflammatory, neuropathic, cancer, and visceral pain.

Ascending neural pathways involving Aδ, Aβ and C sensory fibres have been mapped, the mesolimbic loop of analgesia in the brain and brain stem has been identified and descending pathways have also been mapped. Numerous mediators have been identified including opioid and non-opioid neuropeptides, serotonin, norepinephrine, dopamine, cytokines, glutamate, nitric oxide and gamma-amino-butyric-acid (GABA). Acupuncture analgesia has been shown to involve several classes of opioid neuropeptides including enkephalins, endorphins, dynorphins, endomorphins and nociceptin (also known as Orphanin FQ). Among the non-opioid neuropeptides, substance P (SP), vaso-active intestinal peptide (VIP) and calcitonin gene-related peptide (CGRP) have been investigated for their roles in both the analgesic and anti-inflammatory effects of acupuncture [34-38].

Given that acupuncture analgesia activates the production and release of endogenous opioidsand activates μ,δ and κ receptors, it is feasible that acupuncture, used in conjunction with OLM, might alleviate pain with a lower OLM dose for patients already taking OLM [34]. For patients not yet prescribed OLM, acupuncture should be recommended prior to OLM prescription commencing. This would be in line with exiting guidelines which recommend non-opiate alternatives which are safe and effective should first be exhausted before resorting to OLM.

3. Acupuncture analgesic mechanisms have been extensively researched and include the production and release of endogenous opioids

Adverse neuroplasticity can present a challenge in pain management as neuroplastic changes can be associated with chronic severe pain which is resistant to treatment. There is evidence that acupuncture has the capacity to reverse adverse neuroplastic changes in the spinal dorsal horn as well as in the somatosensory cortex in chronic pain [39-41]. This suggests that acupuncture may have an important role in treating chronic pain which involves adverse neuroplastic changes.

4. Acupuncture is a useful adjunctive therapy in opiate dependency and rehabilitation

In 1973 Drs Wen and Cheung from Hong Kong published an accidental finding that ear acupuncture treatment for respiratory patients had apparently alleviated opioid withdrawal signs and symptoms [42]. These findings were replicated by others around the world including in New York and Sydney in the mid-1970s. In 1985 Dr Michael Smith and colleagues in New York went on to establish the National Acupuncture Detoxification Association (NADA), which today operates in over 40 countries with an estimated 25,000 providers [43]. In a recent RCT, in 28 newborns with Neonatal Abstinence Syndrome, laser acupuncture plus OLM significantly reduced the duration of oral morphine therapy when compared to OLM alone [44]. The mechanism for acupuncture in opiate withdrawal was found to be mediated by the endogenous opioid dynorphin binding to κ opioid receptors [45].

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continued on page 28

Chinese Medicine and Psychoanalysis, Part II: The Metal Element and the Anal Character Type

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Abstract

This article considers Freud's writings about the anal character type and its relevance to the metal element and its correspondences. The metal element is further examined in relationship to materialism, capitalism, Martin Luther's Enlightenment, and the emergence of linear time. Both Chinese medicine and psychoanalysis are described as qualitative functional models that endeavor to articulate the interior dimension of the human condition. As archetypes of health, the similarity is noted between Laozi's idealized infant whose spontaneity is said to flow from its "fullness of *jing*" and Freud's idealized view of the infant's "unrepressed libido."

Psychoanalytic theory is critiqued regarding its relevance to the outlook and therapeutic goals of Chinese medicine while striving toward a deeper synthesis in our understanding of the human condition. Freud is critiqued for seeing every higher human capacity as a reflection and sublimation of the first two stages of infantile development. It is noted that, while analysis offers many concepts such as repression, sublimation, and shadow that are essential to an integral understanding of the human condition, it limits itself to those stages of development that culminate in the formation of a healthy ego. Wilber's "pre/trans-fallacy" is discussed in relation to the analyst's conflation of the pre-personal stages with the more highly evolved trans-personal stages of development that lie beyond ego.

Psychoanalysis is credited as an evolutionary step in functional medicine conceiving all internal dimensions of the human being as constituting "self" as opposed to a collection of spirits as originally conceived in the Chinese tradition. I suggest that an understanding of the evolution of the self and culture as seen through the lens of psychoanalysis is imperative for the practitioner who aspires to practice an integral medicine that leaves no part of humanity behind.

Key Words: Chinese medicine, acupuncture, psychoanalysis, anal character type, mind, ego, metal element, pre/trans-fallacy

The Anal Character Type

Freud's essay, "Character and Anal Eroticism," describes a constellation of adult character traits, orderliness, parsimony, and obstinacy, which he associates with the sublimation of infantile anal eroticism.[1] Interestingly, these traits also correlate with the "Parkinson's personality type."[2] I find that a significant number of my patients with Parkinson disease have a constitutional dynamic implicating the metal and wood elements.

From a psychoanalytical perspective, during the anal-erotic stage (18 months to three years), Eros is concentrated in the area of the anus. The major conflict of this stage involves toilet training and the child's discovery of having power over its parents through the manipulation of both urination and bowel movements. The quality of the parents' reactions to the infant during this time, the amount of shame involved, and other factors such as trauma are thought to engender distortions that manifest as the anal character type in later life.

In Freud's view, the infantile fascination with feces, that which is unclean, is repressed and thereby sublimated into an adult obsession with cleanliness. Feces represent that which is seen as "not self," possessing no value, and is one of the first things in life the child is charged with letting go of that has been part of the self. As such, it represents a first intimation of loss and death.

In CM, "letting go," grieving, feces, and death are all associated through the metal element. Numerically, metal is the fourth element to arise cosmologically. The number four *si* (四) and the word for death *si* (死) are homophones. While heaven, earth, and *qi* "remain as one," the fourth stage of cosmogenesis involves the fall (fall being the season of metal and death) to the ten thousand things, the loss of wholeness.[3]

We may understand the characteristic of "obstinacy" in relationship to the functioning of metal in terms of "rigidity," the stubborn refusal to change due to pride. Cinnabar, the first herb discussed in the *Shennong bencao*, is the archetype of the metal element. This rock, in the form of mercuric sulfide, signifies a fixed sense of self—the concretized ego. With the application of the heart's fire across the *ke* cycle, impurities are burned away. Quicksilver, a metal that flows like water, is produced, symbolizing flexible consciousness and the conception of a new self.[4]

Parsimony, the adult hoarding of money, is held as the result of having sublimated anal eroticism.[5] Hence, the adult's hoarding of gold is a reflection of the child's withholding of feces or, in Freud's own words, "It is possible that the contrast between the most precious substance known to men and the most worthless, which they reject as waste matter ('refuse'), has led to this specific identification of gold with faeces."[6]

In this sense, eroticism does not necessarily mean that the child is having sexual fantasies pertaining to the anus. Rather, it refers to the concentration of Eros (life force) there during a specific stage of development. The trait of parsimony is taken as an adult reflection of the infant withholding feces in an exertion of power and denial of death. In other words, one's fascination with what is unclean and of no value has been sublimated into what is deemed by culture to have great value: money, power, and the ego's imagined immortality.

In denial of death, the adult thus holds onto money rather than feces. The retention of feces by the infant and the adult hoarding of money are both substitute gratifications for connection to spirit, for lost wholeness, for realization of that self beyond ego that is unborn and will not die. Wealth, as some of us know, is rarely fulfilling in and of itself. For it is spirit that is immortal, transcends form, and has ultimate value.

The metal element is particularly concerned with value, and this is imaged in the names of acupuncture points like Lu-11 (*Shaoshang*, Little Merchant), LI-1 (*Shangyang*, Merchant *Yang*), and Lu-1 (*Zhongfu*, Central Treasury). Fall, the season associated with metal, is the time that merchants adjusted the scales in the marketplace to ensure fair trade.[7]

Metal, Money, Materialism: The Enlightenment of Martin Luther

The rise of capitalism in Protestant Europe in the 16th century holds some interesting associations with both the metal element and anality.[8] Capitalism emerged with the waning of feudalism and the rise of cities as centralized locations for commerce and exchange. Lacking spirit and lusting for money, the Catholic Church began selling indulgences and in fall (October 31st) 1517, Martin Luther famously affixed his list of grievances to the church's front door. Aided by the newly invented printing press his edicts spread through Europe within two months.

In his work, "Life Against Death, the Psychoanalytic Meaning of History," Norman O. Brown reflects on Martin Luther's enlightenment and the implications for capitalism and modern culture.[9] What is not so widely known is that Martin Luther was enlightened when in the privy in a tower at the Wittenberg monastery.[10] Martin Luther seems to have become enlightened to the absolutist black and white nature of righteous indignation. Such black and white moral distinctions are typical of the pre-modern traditions rooted in mythic world views.

From such a perspective you are either in or you are out, with us or against us, going to heaven or to hell, true self or evil other. The colon and the lungs are membranes that embody in their functioning a drawing of the distinction between self and not-self to engender the virtues of transparency and purity within. Righteousness (*yi*, 義), being aligned in service to what is recognized as being higher, is the virtue assigned the metal element in the Bai Hu Dong.[11]

The analyst Jacques Lacan postulated that the unconscious is structured as a language.[12] From this perspective, virtues represent innate potentials and their manifest distortions can be understood as "mistranslations" that corrupt development. In his text *The Atman Project*, Ken Wilber discusses at length the relationship between "translation" and "transformation."[13] The relationship between virtue and its distortion comprises a significant dimension of my own work as well.[14]

The dysfunctional ego mistranslates the virtue of righteousness as "self-righteousness" or seeing one's self (body, ego, tribe, clan, creation myth, nation state) as pure and everyone and everything else as "other," somehow soiled, and less than. Pride, as associated with dysfunction in the metal element, may be likened to the moon imagining that its beauty is a reflection of its own worth, failing to embrace that it is merely a vehicle for the transmission of the sun's light (spirit). Thus is born the illusion of self-image.

Martin Luther's writing is filled with references to the devil as feces, going so far as making the threat to "throw him into my anus, where he belongs."[15] The devil represents all that we deem unclean and bury in the depths of our bodies and awareness, denying that it represents any part of our own selves. Luther's protestations against the Roman Catholic Church selling indulgences can be seen as a sublimation, or even perhaps a shadow projection, of his own rejection of whatever he let go of as he renounced materialism in the monastery privy—his feces, his ego, the devil.

Figure 1a. Bosch's Garden of Earthly Delights. Note the imagery of the devil seated on a toilet defecating the souls of the damned into a pool of feces while an individual simultaneously defecates gold coins into the same pool. Black crows fly out of the anus of the body being consumed by the devil.

The connection between material wealth and the function of the anus is featured in Hieronymus Bosch's (1450-1516) painting, "The Garden of Earthly Delights." The devil is shown evacuating damned souls into a cesspool; one is depicted as defecating coins into the same pool. Another detail depicts two ears configured with a knife between them—a metaphor for the male genitalia. A demon is piercing the ear with a needle at acupuncture points thought to stimulate and diminish sexual desire. These points have become known as the Jerome and Bosch points.[16] [Fig.1b]

Figure 1b. Two ears and a knife serve here as a metaphor for the male genitalia. A demon is poking the ear with a needle at locations that Nogier termed the "Jerome and Bosch points," which have come to be used to sedate (the inferior "Jerome" point) and stimulate (the superior "Bosch" point) sexual desire respectively.[17]

From the perspective of Freudian analysis, one might view gold as sublimated feces. The case can be made that the distortions of capitalism and materialism leading to the war on nature represent repressions of anal eroticism. In other words, the unwholesome accumulation of wealth with the attendant destruction of the biosphere (the feminine as in mother earth) are the result of the ego's own immortality project, the acceptance of a substitute gratification for unity, humanity's denial of death, and the stubborn refusal to truly live.

Neumann points out the significance of the transition from circular to linear time as being congruent with the shift from hunting and foraging to farming, which was necessary to sustain the existence of cities.[18] Cities today, largely constructed of stone and steel, are compelling manifestations of the metal element as archetype.

While hunting and gathering was based on daily survival, farming necessitated and allowed the capacity to look to the future and plan. It also accommodated the accumulation of wealth and other excess resources by an upper class. With farming came capitalism and with that came financial interest—the delayed gratification of saving money now for a better future. Humans no longer lived in heaven (Eden); heaven was now something to be attained after death. The world, the body, and the biosphere are treated as dregs, while heaven, imagined as the future destination of the soul, always exists as "eventually" and never as "right here and now." Hence, Brown elaborates capitalism, interest, and the gold standard as the cultural products of sublimation.[19]

Conclusions

Laozi's infant with "fullness of *jing*" and Freud's fully alive and unrepressed infant flooded with "Eros" are similar views of an optimum state of healthy spontaneity that are lost in early childhood and whose return is an essential foundation of healing. In positing the ultimate expression of human health, Brown asks us to "imagine an unrepressed man—a man strong enough to live and therefore strong enough to die…."[20] Brown imagines such a human as one fully expressed and without repression, perhaps not too different from the sage Huzi who, Zhuangzi tells us, "has not yet emerged from his source."[21]

It is interesting that in outlining the anal character type, Freud essentially corroborates several key associations of the metal constitutional type. Of course, the "syndrome pattern" that Freud points to is more extreme than the average metal constitution; however, the traits of "orderliness, parsimony, and obstinacy" and their opposites are common characteristics associated with the metal element.

In his article, Freud notes the importance of considering if there are additional character complexes associated with other erotogenic zones and notes that the only one he is aware of is the association of "intense 'burning' ambition of people who earlier suffered from enuresis."[22] Again, Freud elaborates a relationship long recognized in Chinese medicine between the bladder and ambition (*zhi*, 志), the spirit associated with the water element.

Freud and the ancient Chinese were both thinking synthetically, mapping the interior dimension of the human being using functional metaphors, whether "Eros" or *yang*, and it's not surprising that two radically different perspectives, separated by culture and time, elaborate such correlations. Freud's adaption of the concept of sublimation from alchemy aligns well with eastern teachings such as Kundalini and Tantra relative to harnessing lower potentials to cultivate higher capacities. In my text, *Nourishing Destiny*, I discuss at length the cultivation of virtue through the reframing of one's relationship to the contents of the mind, thought, feeling, emotion, and sensation.[23]

One of Freud's and psychoanalysis' most significant contributions was in identifying the inner dimension of the human being as "self" and not as an "other." In pre-modern Chinese culture, hidden motivations—what we might consider to be various types of mental illness or symptomatology—were often attributed to ghosts and "possession by internal and external evils" later objectified as "syndrome patterns." *Gu* (蠱) and *gui* （鬼） were conceived of as an "evil (*xie*: 邪) other" and not as manifestations of self. However, it was recognized that for any invasion there is a corresponding vulnerability that allows it. In modern traditional Chinese medicine, it is not unusual to hear a patient's belligerence objectified as *yang* fire rising. This language sounds like a strict thermodynamic statement—one that fails to account for a patient's conscious and unconsciously made choices rooted in specific values that must be reframed if medicine is to attain to the heart of the issue.

Concepts such as the unconscious and shadow, suppression, repression, sublimation, negation, transference, displacement, disassociation, defense mechanisms, discussions of Eros and Thanatos as the life and death impulses, Jung's archetypes, etc. have expanded our knowledge of the human condition beyond that found exclusively in any of the pre-modern traditions. Many of the precepts that we postmodern healers take for granted are either elaborations or reactions to Freud's work; therefore, it can be quite helpful to become familiar with the basis of his and the other analysts' works for the sake of explicating our own assumptions so that we may scrutinize them. Further, the inclination of psychoanalysis to understand culture as the external projection of an internal process can help the evolution of culture become more self-aware.

There are those who would debate whether or not the Chinese medicine physician *should* be concerned with these realms. My answer is that one *cannot* touch a patient *without* influencing these dimensions. The only question is, "To what degree is the practitioner aware of emergence in the more subtle realms of the patient's expression as treatment progresses?" Put simply, to be ignorant of the structure and function of the human mind, as explicated by Freud and those who followed, is to compromise quality of care by denying a significant dimension of the best of our available knowledge.

Such an exclusion is not necessarily different than when a biomedical physician prescribes medicine symptomatically while failing to appreciate the functional precepts of health inherent in Chinese medicine—a failure that often has dire consequences for the functional integrity of the patient. An understanding of these dimensions is essential if one purports to practice an integral/holistic medicine, a medicine in which no aspect of the patient is excluded. Being a healer today requires a greater embrace and understanding of human complexity than ever before.

Critique

Perhaps three of the most influential thinkers of the last century were Marx, Freud, and Einstein. Wilber has suggested that Marx made it as far as the first chakra, reducing all human complexity to the least common denominator of his "means of production" and that Freud made it as far as the second chakra by reducing everything to sexuality.[24] Einstein's elaboration of relativity helped set the philosophical foundation for the flowering of pluralism and relativism in the second half of the 20th century. (I speculate that Einstein's philosophical view was coming from a high fourth chakra level corresponding to that of an ego well-rooted in pluralism.)

With the advent of modernism and a retreat from the repression endemic in the pre-modern era, I understand the analysts' emphasis on sexuality as representing their own liberation (similar to how teenagers often act when they first leave their parents' home for college). With his emphasis on history as the cause of self, Freud appears to hold that who an individual is in any moment is most significantly determined by his past. The human being is seen as the momentary effect of a previous cause, and therapy seeks to make that cause—hidden in the shadows—conscious.

Its goal, not unlike Laozi's (Laozi literally means "old infant"), is to return to the state of infancy, where Eros unsuppressed—a

"fullness of *jing*"—floods one's being. Taking this perspective to its theoretical conclusion, Reich considered that the ultimate expression of freedom was to be found in orgasm.[25] For Reich, orgasm represented a transcendence of ego and flooding of Eros that recaptured the state of the infant and liberated the adult. (Let it suffice to say that if orgasms had the potential to liberate, the world would be in a very different condition today!)

A significant weakness in Freud's perspective is that he tends to view the higher as a repression, sublimation, or some type of expression of the lower. Describing the soul or the emergence of virtue as an expression of repressed or sublimated infantile sexuality is like describing Shakespeare as a collection of carbon atoms or the reduction of a symphonic piece to a collection of mathematical equations that represent the interactions of sound waves. Rather, we must understand higher emergence to represent an evolution of the lower that includes but transcends it.

Freud sees the whole of human progress as a reflection of the first two chakras and Eros as a "polymorphous perverse field" that the healthy adult seeks to return to. We may, however, recognize that Eros actually has a *telos*, a direction, and therefore hold the emergence of higher capacities not merely as a reaction formation to denied infantile states of eroticism, which trivializes them, but actually as the primary directive of the entire human project.

Virtue is not a consolation prize; rather, it is the point of the whole endeavor. Wisdom is not merely the result of sublimating fear and channeling it in a more productive way. The emergence of wisdom represents the actual transcendence of fear that involves a significant shift of identification away from the ego's inherently self-centered motives and toward the emergence of a deeper and higher self. Such a self has evolved to experience ease in the face of the unknown, embracing a passion to create a better future, the torpedoes be damned. Such are the virtues of soul depth and spiritual self-confidence.

Freud and psychoanalysis in general seem to have worked entirely within the stages of human development up to and including ego, possessing little if any understanding of the transpersonal realms that lay beyond it (the psychic, subtle, causal, and non-dual). In Wilber's text, *The Atman Project*, he elaborates the state and stage schemas devised by the developmental psychologists and correlates them with the stages identified by the pre-modern traditions.[26]

He presents the stages of evolution beyond ego (4th chakra) described in the eastern traditions up through the psychic (5th chakra), subtle (6th chakra), causal (7th chakra), and non-dual (8th chakra), continuing down through the bardo realms as stages of "involution" described in Tibetan Buddhism to fully elaborate the cycle of state and stage development from birth, to death, and beyond into a new incarnation.

Freud mistakes the expression and experience of the higher realms, for instance those manifested by authentic shaman, as regression to a state of infancy or psychoses. On the other hand, Jung elevates "pre-rational mythology to trans-rational glory."[27] This category error is a perfect example of Wilber's "pre/trans" fallacy where higher expressions are conflated with those that are lower.[28]

An example of this would be to conflate the spontaneity of Laozi's infant with that of the sage. Though both share the virtue of spontaneity (*ziran*: 自然), the infant is spontaneously selfish while the sage is spontaneously selfless. We must recognize that between these two expressions there is a lifetime of intentional cultivation. There thus exists a simplicity before complexity (the infant) and a simplicity after complexity (the sage), and we are at peril of negating developmental hierarchy by confusing the two.

Evolution of consciousness proceeds as the life force (Eros) ascends through ever-higher centers (the chakras represent one such model). Each center engenders higher capacities that include the lower centers while also transcending their limitations. For example, Eros manifesting through the first and second chakra has no inherent morality and its primary directive is survival. Any ethic one might bring to the expression of sexuality is not inherent within the impulse itself but rather arises from higher centers associated with the mind and heart (3rd and 4th chakra in some systems) and beyond.

Freud sees the higher as an expression of the lower rather than as an evolution of the lower. From my perspective, as we evolve, a shift in motivation occurs from one that is initially self-centered to that of an increasing embrace of selflessness as "other" is recognized as "self." Using Chinese medicine terminology, we might say that our sense of self shifts from our microcosmic *shen* (small "s") to the macrocosmic *Shen* (large "S").

With this evolution there is an accompanying increase of dignity manifesting as the capacity to bear what one must for the sake of others. Hence, for virtue's sake, a healthy individual might be expected to suppress unwholesome dimensions of the self rather than feel free under the pretense of transparency to enact and speak every deed and word that crosses her mind. In this way, without denying the less-developed dimensions of the self, we may endeavor to bring the best part of ourselves forward into relationship.

During the stages of infancy up through the formation of a healthy and well-balanced ego, the individual is shaped most significantly by genetically programmed and culturally reinforced habits. As the individual transcends ego, a cataclysmic shift (for the ego) occurs where "who one is" in any moment is relatively less impacted by history and is relatively more impacted by the better future she is striving to create. Precisely at this moment where the world seems to shift upon its axis, one begins to self-consciously guide the life

"A mind conditioned by ego orients the self in time and space by habitually keeping awareness focused on the past and on the known, with that step beyond the known inducing terror—hence, the terror that both mediators and seekers in general often experience in the moment prior to letting go of the mind."

impulse rather than have their behavior dictated by an unconscious denial of it.

Having a healthy ego is the theoretical endpoint of psychoanalysis as it lacks an appreciation for the higher trans-personal realms (having conflated them with the pre-personal realm of the infant). A healthy ego is one that is mature, responsible, autonomous, and respects the autonomy of other healthy egos. Self-reflection is a very highly evolved capacity, yet it seems that humanity is now stuck in a hall of mirrors, with every surface reflecting "I," "me," and "mine," thus creating the illusion of the personal self as the center of its very own universe. Hence, ego is a healthy stage of development foundational for further growth, yet, like any stage, it is innately limited and causes problems when there is a failure to move beyond it.

The mind is an evolutionarily-evolved mechanism dependent on the structure and functioning of the human nervous system. Its job is "to know," by orienting us in time and space through the storage and retrieval of memories in the forms of thought, feeling, emotion, sensation, and imagery. A mind conditioned by ego orients the self in time and space by habitually keeping awareness focused on the past and on the known, with that step beyond the known inducing terror—hence, the terror that both mediators and seekers in general often experience in the moment prior to letting go of the mind.

It appears that the one thing the ego simply cannot do is transcend itself. In this sense the ego can be thought of as a motive to maintain the *status quo* as resistance to the next stage higher of development. To become our next higher, more integrous self, we must die to who we are now. This always appears as an epic step *forward* (not backward as conceived by the traditions) unimagined by both the ego and Freud.

To truly live is to evolve. As practitioners of perhaps the most highly evolved holistic medicine, it does not seem too far a stretch for us to endeavor to catalyze the emergence of that human who would be, to paraphrase Brown, "strong enough to die and therefore courageous enough to truly live."

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ADVERTISING INDEX

CLINICAL PEARLS

The topic discussed in this issue is:

How do You Treat Alopecia in Your Clinic?

Alopecia is the medical term for baldness. This loss includes hair on top of the head and any areas on the face and body. Hair loss may occur as a natural part of aging, due to a disease or injury or due to drugs and medications. If hair loss is caused by an infection or another condition, such as discoid lupus, treating the underlying problem may help prevent further loss. While not life threatening, hair loss can have a large emotional impact and for that reason treatment is often sought.

Main Causes from a Western Medical Perspective:

Male and female pattern baldness: Male-pattern baldness commonly runs in families and may be influenced by levels of hormones. At a given time, different areas of the scalp may be affected. The cause of female-pattern baldness is not very clear but it can be associated with changes in hormone levels. Finasteride is often used to treat male-pattern baldness. This prescription prevents the hormone testosterone being converted to the hormone dihydrotestosterone (DHT).

"In general, alopecia is interpreted typically as a result of Blood vacuity syndrome, with the invasion of Wind leading to a loss of hair. "

Alopecia areata: This type of hair loss is commonly seen as an autoimmune disease, occurring when the immune system damages the hair follicles. There is no completely effective treatment for alopecia areata, but the follicles are not permanently damaged. Hair may grow back in a few months or years. Beyond "watchful waiting," some treatments include: corticosteroids as topicals and injections, minoxidil lotion, immunotherapy, dithranol cream, and ultraviolet light treatment. While some of these treatments may have benefits, they may have unknown long-term effects such as local irritations. Treatments also may not be specifically licensed to treat alopecia areata.

Scarring alopecia: This condition is caused by permanent damage to the hair follicles often due to other skin conditions.

Anagen effluvium: This type of hair loss is most commonly caused by drugs used with cancer chemotherapy, immunotherapy, and radiotherapy. There may be severe hair loss of scalp, body, eyebrows, etc.

Telogen effluvium: This is a temporary form of hair loss that is seen due to various transient changes. Hormonal changes associated with pregnancy are a common cause. Emotional stress, short term illness, operations, severe infections, chronic illness, malnutrition, crash diets, lack of important nutrients in diet, use of certain drugs, such as blood clotting medications, beta blockers, etc. can also contribute.

Practitioners, we welcome your Clinical Pearls about each of our topics. Please see our website for the topic and submission information for our fall v.3 #4 issue: www.meridiansjaom.com Also check us out on Facebook.

Western Treatments Used to Treat Alopecia:

- ***Tattooing or dermatography*** generally produces good long-term results, although it is usually expensive and can only be used to replicate very short hair.
- ***Wigs*** made of synthetic and real human hair varieties can be a useful treatment for people with extensive hair loss.
- More dramatic treatments are surgical in nature. Men and women considering ***hair loss surgery*** for male-pattern or female-pattern baldness should only consider this after trying less invasive treatments and much depends on the skill of the surgeon.
  - A different procedure called ***hair transplants*** are performed under local anesthetics. This removes a small piece of scalp from an area where there's plenty of hair and it is grafted onto an area where there's no hair.
  - ***Scalp reduction*** is a different technique that involves removing pieces of bald scalp from the crown and the top of the head to move hairy parts of the scalp closer together.
  - ***Artificial hair implantation*** involves implanting synthetic fibers into the scalp under local anesthetic. Hair implantation carries serious risks of infection and scarring.
  - Lastly, the latest research into hair loss treatments is studying ***hair cell cloning***. This technique involves taking small amounts of a person's remaining hair cells, multiplying them, and injecting them into areas for pattern baldness.

Main Causes from an Eastern Medical Perspective:

Alopecia in Chinese traditional medicine is called *you-feng*, or Oily-Wind, reflecting the belief that Wind is an important etiology in rapid hair loss. The word for oil, which can mean glossy, is in reference to the idea of what the scalp looks like when hair is lost—appearing now sometimes suddenly shiny and smooth. The hair follicles becoming nourished again is the guiding principle to restoring growth.

In general, alopecia is interpreted typically as a result of Blood vacuity syndrome, with the invasion of Wind leading to a loss of hair. The condition is secondarily complicated by Blood Stasis and/or Blood Heat. Additional etiologies are excess Fire consuming *yin* and Blood, and Blood Stasis obstructs flow of new Blood. Stress can interrupt the flow of *qi* via the Liver and thus Blood can become stagnant. Stress and worry can impair Spleen function causing less Blood to be made overall. The Kidney and Heart systems can play a major role in dictating *Jing* essence and Blood circulation respectively.

East Asian Medical Treatments to Treat Hair Loss:

Acupuncture; internal and topical herbal medicine; plum blossom or seven star needle; moxibustion; gua sha; lifestyle and food therapy. Treatment of appropriate pattern-based diagnosis and etiologies are critical and can be widely varied.

Outside of TCM, other holistic treatments can be applied, including application of natural oils and creams to the local area and electrical stimulation or microcurrent via acupuncture.

Post-natal *qi* and blood production originate from food and air, thus lifestyle, proper breath and nutrition are important supplemental elements to typical treatments using herbs, acupuncture, and moxibustion.

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How do You Treat Alopecia in Your Clinic?

By Marie-France Collin, LAc, Dipl OM (NCCAOM)

"Because I think it is important to take steps to determine if the body is responding to something such as an allergic reaction, I referred her to a holistic medical doctor I have used for many years who performs a computerized biofeedback food and allergy test."

Marie-France Collin, LAc, Dipl OM (NCCAOM) is a certified and licensed acupuncturist and herbalist with over 20 years of experience, living and working in Asia. She is the chairperson of the Acupuncture Department at Pacific College of Oriental Medicine in Chicago. Her extensive knowledge and expertise allow her to successfully treat a wide variety of conditions with success. Marie-France offers acupuncture sessions and herbal therapy as well as accessory techniques such as *Tui Na*, cupping, gua sha, *Chi Nei Tsang*, auriculotherapy, and moxibustion. She can be reached at mariefrance33@hotmail.com

I see a couple of alopecia cases every year, and from these experiences I have found some important contributors that aid in diagnosing the condition. The patients I have seen are mostly women for whom the link was a lack of period, whether at a younger age or around menopause, aggravated by stress factors such as family pressure or work.

One good example of how I have used TCM and other modalities together to successfully treat alopecia is given in this example. A 21-year-old student presented with partial hair loss, more precisely on the corners of the head and the vertex. She was very distraught due to the fact that her hair was falling by the handful, so much so that she stopped washing it. She also developed hives due to the stress. She was applying black dye on the areas to feel more comfortable.

This condition had started 2 years prior and had worsened in the past 3 months. After further intake, it was revealed she had irregular periods varying from every 2 weeks to 6 months and a diagnosis of polycystic ovarian syndrome. Her periods had stopped 14 months prior, when she went off the contraception pill. She also had dizziness, difficult bowel movements, difficulty sleeping and studying, and was going to bed at 1 a.m.

Because I think it is important to take steps to determine if the body is responding to something such as an allergic reaction, I referred her to a holistic medical doctor I have used for many years who performs a computerized biofeedback food and allergy test. The idea to do food allergy tests for hair loss came upon hearing a lecture from Dr. Raphael Nogier, whose father, Dr. Paul Nogier, is known as the "French father of auriculotherapy." Dr. Raphael Nogier had discussed a case of severe alopecia, almost balding, for which he performed food allergies and intolerance test that he has developed, and after the patient took out those foods, his hair slowly grew back within 2 years.

Given the results of this test, I advised her to eliminate all "toxic" foods her immune system was rejecting, including wheat, dairy, corn, sugar, and food additives. She had been advised by her previous practitioner to add "good fat" such as avocado, olive oil, omega 3-rich food, and more vegetables, to which I concurred. I also recommended that she go to bed much earlier.

I completed acupuncture treatments mainly based on Blood deficiency with plum blossom sessions, tapping lightly around the head and particularly the balding areas so as to increase blood flow to the head. Additionally, I prescribed a combination of *He Shou Wu, Gou Qi Zi* and *Shu Di Huang,* boiled as a raw decoction but to be applied externally and delicately with a sponge, daily, until it soaked in. It was to be left on until the next day. She was told to do this daily until her hair grew back. I have previously used this combination of herbs with similar success.

The patient seemed to be compliant and followed all the advice. Her pulses, which were very thin, started filling up. Her hair grew back slowly and she didn't have to apply the dye anymore. Fewer hairs fell out when she touched her head. This improvement started happening around the 7th weekly session. She had approximately a 70% improvement of the hair growth and was very satisfied with her experience.

continued on page 35

How do You Treat Alopecia in Your Clinic?

By Malina Chin OTR/L, LAc

Malina Chin OTR/L, LAc received her BS in Occupational Therapy from the University of Illinois Medical Center in 1984. She also earned a BS in nutrition and an MSOM from Midwest College of Oriental Medicine. Since 2005, Malina has been the owner of Vital Points Therapy, which provides acupuncture, nutritional education, occupational therapy, massage, and tai chi classes. She can be reached at vitalpoints-therapy@gmail.com

Hair loss is a distressing and enigmatic disorder that is poorly understood. Chinese medicine treats hair thinning and hair loss as part of a total health system. Main complaints may be hair thinning with an accumulation of hair at the bottom of the shower, in the hair brush, or falling out. More serious complaints would be bare spots and, eventually, balding with bare skin/scalp are seen.

TCM Diagnosis: Blood deficiency, *jing* deficiency, *qi* deficiency, Heat, Wind, and various combinations such as:

- Blood deficiency: usually heavy bleeding, postpartum, surgery
- *Jing* deficiency: frequent sex, inherited jing deficiency, frequent pregnancies
- Kidney deficiency with fire: menopausal women, overworked condition, frequent pregnancies
- Liver Blood deficiency with fire: stress, anger, cold extremities
- Wind Heat/Cold with Blood deficiency: virus or bacterial attack, autoimmune reaction to one's own hair follicles
- Damp Phlegm blocking *qi*: hormonal imbalance, thyroid/endocrine imbalance
- *Shen* disturb with Liver Fire: Extreme stress, anger (picture someone tearing their hair out)

Acupuncture treatment per diagnosis:

Decrease Heat: LI-11, LV-1
Build Blood: LV-8, ST-36
Move *qi*: SP-10, RN-6
Calm Wind: GB-20, LI-4, LV-3
Build *jing*: ST-29, UB-23
Dry Phlegm: ST-40, UB-8, LU-10
Calm *shen*: *Jing* well, LV-2, PC-6

Local Points: Goal is to move and bring Blood to the scalp.

Microstim: According to Carolyn McMakin, DO and her work on microstim and human tissue response, local points on scalp can also be electrically stimulated following the meridian that is involved (where the balding or thinning is located). Her work and research aims to show that microstim increases cellular growth by a large percentage, and I feel this is worthwhile information to include for acupuncturists to know about.

Gua sha: Blunted hard comb that is traditionally run over the scalp to stimulate Blood. Gua sha combs are made of bone, jade or horn. They have sharp/hard points that scrape the scalp to stimulate Blood. I recommend using natural oils which can be applied and combed into the scalp with gua sha combs.

Magnet combs: Sharp combs with magnets to attract iron from the Blood to the surface.

Seven star needle: Daily patient use, clean it with hydrogen peroxide. I use the seven star needle on the scalp in patterns following the general meridians of the Gallbladder, Bladder, Du or San Jiao, where the balding may present. I teach my patients to swab with iodine to prepare the scalp and how to tap the scalp in the area of thinning or balding. The idea is to bring Blood to the surface. I want to see some Blood on the surface but not severe bleeding. Follow up with more iodine and the topicals that are appropriate for that person and soak the seven star needle in hydrogen peroxide.

continued on page 40

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How do You Treat Alopecia in Your Clinic?

By Jennifer A. M. Stone, LAc

A 1991 graduate of the Midwest College of Oriental Medicine in Chicago, Illinois, Jennifer A. M. Stone, LAc is an adjunct clinic and research faculty member in the Indiana University School of Medicine, Department of Radiation Oncology. She is co-principal investigator of a cancer study, which is examining the impact of acupuncture on chemotherapy-induced peripheral neuropathy. She has participated in NIH-funded research on animal and human subjects. She maintains a clinic, East West Acupuncture, Inc., in Bloomington, Indiana.

Alopecia areata (AA) is a common autoimmune disorder that targets hair follicles. Swarms of lymphocytes surround the basis of the follicles, inducing loss of pigmented terminal hair and subsequently inhibit further hair growth. Treatment options are limited and include non-targeted approaches, such as corticosteroids, topical calcineurin inhibitors, narrow band ultraviolet B phototherapy, and other immune-modifying agents.[1]

Although acupuncture is used for many dermatological diseases, there is no critically appraised evidence such as a systematic review or meta-analysis of the potential benefits and harm of acupuncture for AA. A group from the Korea Institute of Oriental Medicine is currently preparing a systematic review of studies using acupuncture for alopecia.[2] Just recently, Dr. Sivarama Prasad Vinjamury, MD (Ayurveda), MAOM, MPH and colleagues at the Southern California University of Health Sciences in Whittier, California, prepared an informative case study published in the fall 2015 issue of *Meridians:JAOM* using traditional Chinese medicine (TCM) and Ayurvedic medicine synergistically to successfully regrow hair on a 55-year-old Caucasian female diagnosed with alopecia areata.[3]

I have been successfully treating AA in my clinic for 25 years using a local and systemic approach. I first diagnose the root (from a TCM perspective) of the autoimmune disorder. Most autoimmune conditions come from Kidney deficiencies, and some patients with excess inflammation present with Spleen deficiency and dampness. Often there is a branch of Wind Heat or Wind Cold.

I treat the condition with acupuncture and herbs to target the root and branch pattern by using the plum blossom technique on the affected area on the scalp. I generally use a plum blossom needle on adult patients. I use a modified plum blossom technique on children, using a Seirin 3 gauge needle with light stimulation. I needle the bald area in the scalp without retaining the needles until the skin is pink, which indicates proliferation of blood into the capillaries.

Weekly treatment for 4 to 6 weeks is performed until visible signs of new hair growth appear in the entire are of baldness. New hair stubble is usually observed by week two. Often the hair growth returns in patches; therefore, extra needling is done on the more stubborn areas. Once uniform hair growth is restored, patients are instructed to discontinue treatment during remission and asked to resume treatment for future episodes.

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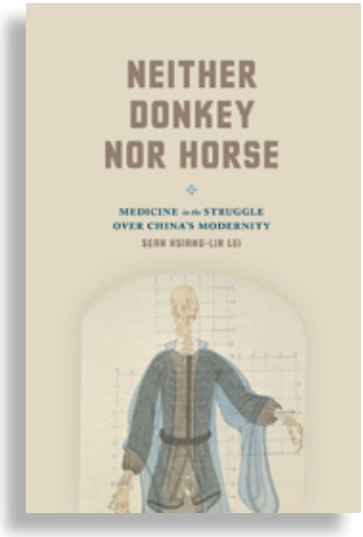
COLLIN CLINICAL PEARL CONTINUED FROM PAGE 33

To increase flow of blood, my view is that it is necessary first to have an adequate food intake so the body can manufacture *qi* and blood, for which we need to insure that the stomach and spleen are functioning properly. The liver then comes into the equation in its role of storing blood. If there is a menstrual disorder connection, we should not forget to look at the kidney, which also has its role to play in the formation of blood and *jing*, and the heart for its circulation and affliction by stress or trauma.

BOOK REVIEW

Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity By Sean Hsiang-Lin Lei

Book Review by Deborah Espesete, MPH, MAcOM, Dipl OM (NCCAOM)



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Deborah E. Espesete, MAcOM, MPH, DiplOM (NCCAOM) is a practicing acupuncturist, adjunct clinical and classroom faculty and College Research Committee member at Oregon College of Oriental Medicine in Portland, Oregon. She has national board certification for acupuncture, Chinese herbs, *qigong* and bodywork.

Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity, written by Sean Hsiang-Lin Lei, is a political adaptation story of healthcare policy in China during the beginning of the 20th century when the Nationalist Party took control. The major catalyst in this story of Chinese health policy is the emergence of a previously unrecognized and especially devastating form of plague. This outbreak took an estimated 60,000 lives in 1910 and became known as the "Manchurian Plague Epidemic."[1] Lei's book explores the development of healthcare policy and public health administration in China following this epidemic and how that policy was influenced by two frequently opposed groups of practitioners, the main characters in this account—those practicing China's traditional medicines and medical practitioners trained in western science.

The practitioners trained in western science in the early 1900s are freshly equipped with microscopes to identify "necessary" cause of disease and thus the ability to identify treatments that are "specific" to the cause of disease. They seek proof of causation by the highest standard of randomized controlled trials (RCT) (chapter nine). The practitioners of China's traditional medicines have only just recently organized as an association of "national medicine" so they can participate in the new Nationalist political arena (chapter five) They are equipped with clinical evidence collected from their hands-on practices, case studies, case series, and ancient texts.

The ongoing opposition between these two groups is based on a dichotomy, new at the time and oh so familiar now, between western medicine and traditional medicine, e.g., quantitative vs. qualitative[2] and RCT vs. case study, where each medicine has evolved from a unique way of knowing and identifying the truth,[3] and which are frequently interpreted as mutually exclusive of the other.

The book relates that in the early 1900s there is a global urgency to find a new treatment for malaria and in China the two fields of medicine clash over how to design research for investigating the traditional Chinese herbs (chapter nine). Western scientists are following protocols for documenting efficacy of Chinese herbs and demand that ethical research start with pre-clinical trials and RCTs, yet they find no outcome that is useful.

In reverse, and condemned by the western practitioners, a clinical-trial research design is built around a case report of a successful malaria treatment using the herb *Changshan*. This study finds clinical evidence for an effective new malaria treatment. (Please note the difference between efficacy and effectiveness studies. Efficacy studies explore mechanism and actions, i.e., the effects of a substance, and usually occur as lab-based RCTS. Effectiveness studies, such as observational studies, explore how effective a treatment might be in a real-world clinical setting.)[4]

The initial conflict between the two fields of medicine focuses on the best standard of treatment for Manchurian plague (chapter two). At that time, evidence from Europe indicated that plague was caused by *Yersinia pestis*,[5] a bacterium that is spread by flea bites, aka the dreaded black plague.[6] Important to the Manchurian plague epidemic, however, *Yersinia* was found only in the lungs, which indicated an airborne route of transmission and not transmission by flea bites. Transmission of plague via airborne droplets, known as pneumonic plague, can be highly contagious and is spread person-to-person by droplets rather than by flea bites.

The confusion around transmission of Manchurian plague is the basis of the battle between western and traditional medicine practitioners in China. The traditional practitioners fight for providing

individual care with Chinese herbs, but they have no success in managing the outbreak. Once the transmission of Manchurian plague is identified as airborne, western-trained practitioners demand the quarantine of fleeing plague cases and their accompanying family and contacts. Individual care is presented here as unsuccessful because it does not recognize epidemic controls and does not offer an herbal treatment that is specific to *Yersinia*. (chapters two and eight)

This book is a fascinating cross-sectional study of an important confluence of both western medicine and the traditional medicines of China and their coevolution (chapters one, four, seven and eleven). What emerges is a parallel process of defining a "modern" China (chapter one) and the creation of a national Chinese health policy where one had previously not existed that integrates western and traditional medicines (chapter three), and an administrative structure to offer affordable and community-based medical care that is acceptable to rural communities via traditional medicine practitioners (chapters six and ten). This process, though awkward within a newly developing Nationalist government and contradictory in core identities and standard practices, ultimately helps to shape what "modern" China will become (chapters one and eleven).

Interestingly, this somewhat awkward coevolution of established traditional medicines and newly emerged standards of science was also occurring globally. A worthy description of medical evolution in the United States at this time is *Arrowsmith*, Sinclair Lewis' novel about a medical researcher in 1920s' New York and the global search for a new malaria treatment.[7]

Neither Donkey nor Horse is an important book for the global community of traditional medicines. It deserves to be accompanied by countless more scholarly works about coevolution and adaptation by traditional medicine. Let me suggest a couple of strategies for making your way through this heavily footnoted and very detailed book: First, if you are determined to read the entire text, use two bookmarks to more easily follow Lei's detailed descriptions of political players and theory development, where one marks your progress in the main text and another is used to keep track of the informative footnotes at the end of the book.

If readers become discouraged from tracking the increasing depth of details as they get further into the book, then consider reading chapters one, ten, eleven and the conclusion sections of the remaining chapters. The conclusion sections of most chapters give an abridged retelling of the chapter. Once you've read the first chapter and the chapter conclusions, you can delve into those that especially pique your interest.

I believe this book is an important read for all types of medicine practitioners. Everyone will find something of interest regarding research design, policy development, healthcare administration, medical education, professional organization, or infectious disease control and response. These areas are as relevant today as they were a century ago. As new global health issues, such as the outbreak of the *Zika* and the *Ebola* viruses, emerge and require continued adaptation of healthcare policy and research methods, the lessons revealed in this story will no doubt continue to be essential.

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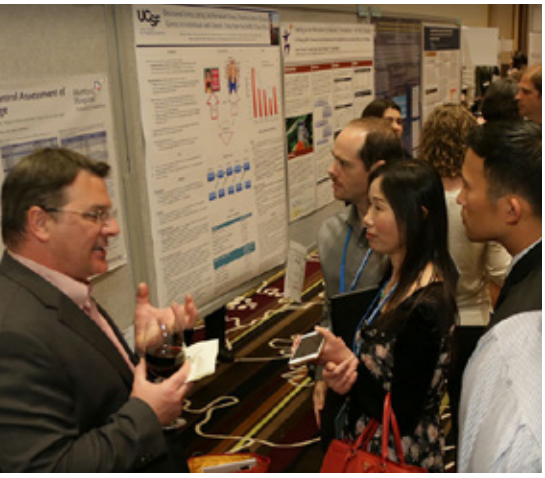

ICIMH 2016: International Congress on Integrative Medicine and Health

Jennifer A. M. Stone, LAc

Please see bio on page 35.

The 5th International Congress on Integrative Medicine and Health (ICIMH) was held at the Green Valley Ranch Resort in Las Vegas, Nevada, May 17-20, 2016. The more than 500 participants and presenters represented 30 countries; there were representatives from over 75 American medical schools, including Harvard, Yale, Stanford, Johns Hopkins, and Columbia University.

ICIMH is convened every other year by the Academic Consortium of Integrative Medicine and Health in association with the International Society for Complementary Research, the Integrative Health Policy Consortium, the Academic Consortium for Complementary and Alternative Health Care, and the Academy of Integrative Health and Medicine. This Congress focused on four content areas: research, policy, education and clinical care. It showcased original scientific research through its twelve pre-congress workshops, nine plenary sessions, forty concurrent workshops, sixteen oral abstract presentations, over 380 poster presentations, and experiential sessions, including yoga, *tai qi, qigong,* and meditation.

A highlight of the pre-conference session was a valuable interactive workshop sponsored by The National Center for Integrative Primary Healthcare titled, "Enhancing Inter-Professional Integrative Health Education." Presenters from several of the major medical schools in the U.S. asked breakout groups to discuss their greatest challenges with incorporating integrative medicine into the curriculum of their own medical schools. Solutions about combating these challenges were discussed.

The plenary sessions began with world famous neuroscientist, Dr. Richard Davidson, PhD from the Center for Investigating Healthy Minds, Waisman Center, University of Wisconsin, who popularized the idea that based on what is known about the plasticity of the brain, one can learn happiness and compassion as skills just as one learns to play a musical instrument. Dr. Davidson discussed mastering the skills of well-being from a neuroscientist's point of view. Immediately following was a discussion on the "Human Microbiome and Health," presented by Dr. David Relman, MD from the Department of Microbiology and Immunology, Stanford University School of Medicine. Dr. Relman discussed why understanding the human microbiome might lead to advancements in how we treat certain diseases.

Workshop sessions included presentations on technology and research, competencies for integrative environments, credentialing in the VA system, comparative effectiveness

research, as well as incorporating mindfulness, meditation, *qigong*, yoga and using music therapy in research. I attended a valuable session moderated by Wen Chen and Partap Khalsa, both from the National Center for Complementary and Integrative Therapies (NCCIH) on using quantitative sensory testing to better understand how integrative approaches to pain management influence brain circuitry and endogenous pain modulation. Currently, the NCCIH is interested in funding mechanisms behind the effects of proven therapies such as acupuncture, yoga, and meditation.

Another exciting presentation was delivered by Judson Brewer, a psychiatrist and neuroscientist at the University of Massachusetts. He presented on using brain imaging to see how both stress and mindfulness can impact our brains. Dr. Brewer showed a segment of a "60 Minutes" video in which Brewer scanned Anderson Cooper's brain. When Brewer told Cooper to think about something anxiety-provoking, electrodes attached to Cooper's head showed that the cells in his brain's posterior cingulate immediately started firing. But then, enlisting a mindfulness technique, Cooper let go of those stressful thoughts and refocused on his breath—his brain cells quieted down within seconds.

The conference highlight was a keynote by Dr. Ted Kaptchuk of the Harvard Medical School. He gave a fun and captivating presentation on his years of placebo research. He discussed how integrative interventions in research involve additional patient provider contact, which increases the placebo effect. A take-home message for me was to add a 3rd arm (such as needleless placebo) whenever possible in my clinical study designs that will help offset the placebo effect.

I had the opportunity to speak with a number of practitioners of Chinese medicine about the conference highlights. Here are some comments and perspectives:

Arnaldo Oliveira, PhD, DAOM, LAc, Dipl OM (NCCAOM)
Honolulu, Hawaii

The conference was well-put together with a clear emphasis on mindfulness. It was good to hear my European colleagues showcase their work on integrative medicine, which made me reflect that we must pursue comprehensive healthcare reform that creates a public health system in this country.

Claudia Citkovitz, PhD, LAc
New York, New York

I'm sure I wasn't the only one who joked about the oxymoron of an integrative health conference in Vegas....and then ate my words. It was actually one of the loveliest such events I've been to, with lots of great spaces and opportunities for conversation and cross-pollination.

My notepad is full of excited scribbles on everything from the trainability of happiness (compassion is easier than resilience—who knew?), to the size, diversity, and myriad functions of my bacterial entourage, to an ever-increasing respect for Ted Kaptchuk's work on placebo.

Beth Sommers PhD, MPH, LAc
Boston, Massachusetts

I was inspired by the directions that the integrative health movement is taking. Attending ICIMH 2016 gave me a glimpse into the developing blueprint for global health that is being co-created by clinicians, scientists, researchers and public health activists.

Silos have definitely been phased out in favor of multi-disciplinary and even trans-disciplinary efforts. Through educating tomorrow's healthcare leaders and providers, a patient-centric vision is emerging which is empowering for the public and game-changing for health policy-makers.

In 2016, international thought-leaders in health can agree that acupuncture is efficacious, safe, cost-effective, and in demand by the public as well as providers. I never could have imagined this as a student at the New England School of Acupuncture in 1979! It is a privilege and an honor to participate in this movement.

Beth Howlett, DAOM, LAc
Portland, Oregon

The ICIMH conference was an immersive experience, with unique opportunities for networking with the leading minds in integrative medicine research. Multiple breakout sessions demonstrated the intersection of research, policy and education in advancing IM as an inclusive movement with a focus on person-centered care. I am so grateful for the connections, ideas and best practices I gathered over my days in Las Vegas.

ICIMH 2016 CONTINUED FROM PAGE 39

Carla J. Wilson, PhD, DAOM, LAc
San Francisco, California

The ICIMH was, to date, the most comprehensive conference I've attended. The plenary speakers were inspiring and the lectures and workshops provided new knowledge along with opportunities to connect with leaders in education, policy, research, and clinical care.

A special highlight of the conference took place at the Thursday morning plenary with Lorimer Mosley. Dr. Mosley used wonderful stories to describe how the body, brain, and mind interact and how complex and magnificent this relationship is. His humorous and provoking talk, "Pain and the Brain: Conceptual and Clinical Consideration," explored the relationship between the body, the brain, and the mind. Also a plus was that there was time to connect with old friends and have some fun around the pool and desert gardens.

Next year's World Congress of Integrative Medicine & Health will take place at the Maritim proARTE Hotel in Berlin, Germany, May 3-5, 2017. The Congress is convened by the European Society of Integrative Medicine (ESIM) and serves as the 10th European Congress for Integrative Medicine and the 12th International Congress on Complementary Medicine Research, sponsored by the International Society for Complementary Medicine Research (ISCMR). This Congress will take place in association with a number of international organizations, including the Academic Consortium for Integrative Medicine and Health (ACIMH) in North America and others from around the globe. For more information visit: http://www.imconsortium.org/events/upcoming-conferences/world-congress.cfm

CHIN CLINICAL PEARL CONTINUED FROM PAGE 34

Topical: Oils/topicals can be used with gua sha and applied with fingertips. Each topical can be selected to support the patient's particular needs. For example in hormonal imbalance and/or Blood deficiency one can use wheat germ oil with gua sha, and iodine to move Blood. In addition, diet and herbs to support Blood. Remember that herbal formulas and supplements that are ingested can usually be applied as a topical.

This is not a complete list but some I suggest to my patients:
– Iodine 10% as betadine supports thyroid and endocrine function
– Avocado oil is high in oleic acid, potassium, and an anti-inflammatory
– Coconut oil is an anti-viral, anti bacterial
– Castor oil detoxifies and pulls toxins
– Vitamin C cream is an antioxidant
– Aspirin cream thins Blood (do not use aggressive gua sha as this is a bleeding risk)
– Wheat germ oil supports hormones

Diet: Start with a 24 hour fast, then complete either a detox or elimination diet to reset the gut. A ketogenic diet to support hormones and reset insulin sensitivity can also be used. Eliminate sugars and added toxins from foods, drinks and applied products. Add pro-biotics, such as fermented foods, to restore proper gut bacteria balance.

Herbs: Appropriate formulas for TCM diagnosis, i.e., *xue fu zhu yu tang*

Calm *Shen*: Teach meditation, *qi gong* to balance, re-frame story the story one's life, Reiki, etc.

As we support clients with alopecia, I know that it is an enigmatic problem that can be distressing. Our clients are looking to resolve this as quickly as possible. Patient and doctor must agree on the final goal and the process to reach that goal. There may be idealized goals vs. what is achievable. Having a multi-step and clear treatment plan that a client can follow at home is essential. Making these changes and dealing with the emotions will improve the quality of life even if the hair growth is slow.

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