



# MERIDIANS

The Journal of Acupuncture and Oriental Medicine

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An Investigation of Clinical Trials

Treatment of Severe Idiopathic Constipation with Acupuncture and Chinese Herbal  
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The NCCAOM also celebrates another achievement this year! The 2018 Standard Occupational Classification Manual published by the Office of Management and Budget now features “Acupuncturists” with its own classification as a federally-recognized labor category. The new designation is the result of a decade-long initiative spearheaded by NCCAOM in conjunction with other leading acupuncture professional organizations.

# MERIDIANS

## The Journal of Acupuncture and Oriental Medicine

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# MERIDIANS

The Journal of  
Acupuncture and  
Oriental Medicine

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



Hello acupuncture and EAM students,

Welcome to the spring 2018 special student edition of *Meridians: The Journal of Acupuncture and Oriental Medicine*.

When I graduated from AOM School in 1991, prior to the explosion of the Internet and the era of evidence-based medicine, my greatest resource was a small poorly translated paperback book of case studies from China. I used that book so much in my first years of practice that all the pages fell out. The reports of successful treatments and strategies of my predecessors helped me translate what I learned in school into what I thought was the

most optimum treatment regimen for each of my patients in my clinic.

Much has changed in 27 years. Information is now easily available and accessible. PubMed, the public database for the National Library of Medicine, was established in 1996, and today, just 21 years later, it contains over 27,800 publications on acupuncture alone, published in thousands of journals internationally.

Meridians: JAOM is our profession's foremost peer reviewed scientific journal published in the U.S. The people who read it are acupuncturists and also academics from other fields (anthropologists, historians, scientists, allied health professionals, etc.). They access Meridians: JAOM when they are conducting their own research or writing papers that require acupuncture and Chinese medicine references.

Experienced clinicians and new practitioners use reports of clinical trials, case studies, and clinical pearls to help them make choices on how to treat patients in their clinics. DAOM students use the Meridians website as a resource for guidelines on scientific writing, preparing scientific posters, protocol design, navigating the NIH and federal funding, etc. [www.meridiansjaom.com](http://www.meridiansjaom.com)

This special issue was prepared so that you can own and read a paper copy of it. Many in our profession display the print copy of the journal in our clinic waiting room; we also access previous issues online. This can provide a valuable resource for you when treating individual patients with individual patterns and diagnoses in your clinic.

This special issue presents a manuscript on the use of acupuncture and acupuncture-like techniques for the treatment of pediatric asthma, a case study on the use of herbal medicine for the treatment of severe constipation, and one of our archived Clinical Pearls articles, authored by practitioners like you who have treated and are sharing their methods for postpartum depression.

We also feature an interview with Jun Mao, who heads the Integrative Medicine Service and holds the Laurance S. Rockefeller chair in integrative medicine at the Memorial Sloan Kettering Cancer Center and a review of the book, *The Birth of Acupuncture in America: The White Crane's Gift*, by Steven Rosenblatt, MD, PhD, LAc and Keith Kirts. Also included is a short piece I prepared on tips I've learned from expert researchers and mentors on how to write strong papers. And don't

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

forget to take a look at our wonderful ongoing feature, another of Yair Maimon's and Bartosz Chmielnicki's visual interpretations, this time about the *Guan Chong* point.

We sincerely thank all involved in helping Meridians: JAOM and our profession continue to evolve as we take our rightful place among the leading medical professions in the U.S. and internationally. We look forward to continuing this privilege for many issues to come.

As always, we invite your feedback, questions, submissions and letters to the editor: [info@meridiansjaom.com](mailto:info@meridiansjaom.com)

Jennifer A.M. Stone, LAc

Editor in Chief

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## Case Report

# Treatment of Severe Idiopathic Constipation with Acupuncture and Chinese Herbal Medicine

By Melissa Zebrasky, Dipl OM (NCCAOM), LAc

Melissa Zebrasky, Dipl OM (NCCAOM), LAc received degrees in nutrition, acupuncture, and Oriental medicine from the Midwest College of Oriental Medicine. Nationally board certified in both acupuncture and Chinese medicine, she has been practicing in Elm Grove, Wisconsin, since 2003. Melissa is currently a post-graduate Doctoral Fellow at Pacific College of Oriental Medicine and an instructor at Marquette University, where she teaches Chinese medicine fundamentals in the Physician Assistant program.

## Abstract

This case report reviews the effects of acupuncture and Chinese herbal medicine therapy to treat severe chronic constipation. A 25-year-old female patient presented with a history of severe idiopathic constipation. The patient was hospitalized and seen by a gastroenterologist who prescribed enemas and Miralax; however, the patient did not respond to these interventions and continued to experience constipation, bloating and abdominal discomfort. She was diagnosed with what is identified as a “straitened Spleen” in the *Shang Han Lun* (On Cold Damage). Within a short time of starting treatment utilizing acupuncture and Chinese herbal medicine, the patient began to have daily bowel movements and a significant reduction in abdominal bloating and discomfort. Three years into acupuncture and Chinese herbal medicine treatment (now on a monthly maintenance schedule), the patient’s digestive complaints have generally resolved. Her secondary complaints of dysmenorrhea and premenstrual syndrome, although not specifically addressed, significantly decreased as well. Improvement of the patient’s foundational imbalances through the application of acupuncture and Chinese herbal medicine therapy warrants further study.

**Key Words:** Straitened Spleen, chronic constipation, IBS-C, acupuncture, Chinese herbal medicine

## Introduction

Constipation is one of the most common chronic gastrointestinal disorders in adults.<sup>1</sup> *Diagnostic Approach to Chronic Constipation* reports that constipation annually accounts for 2.5 million physician visits and 92,000 hospitalizations in the U.S.<sup>1</sup> Constipation compromises quality of life, social functioning, and the ability to perform activities of daily living.<sup>1</sup> Constipation in various forms is reported in 15% to 25% of the general population, more commonly reported in women than in men, and more in patients with concurrent psychiatric illnesses.<sup>2</sup> Constipation is most common in the elderly and in children.<sup>3</sup>

Chronic constipation is defined as infrequent bowel movements, generally less than three per week, straining to pass stools, passing hard or lumpy stools, a subjective feeling of a blockage preventing the passing of stool, the subjective feeling that stool cannot be completely emptied, or needing to manually help remove stool from the rectum, with two or more of these symptoms having been experienced in the previous three months.<sup>4</sup> In *Diagnostic Approach to Chronic Constipation*, Jamshed, Lee and Olden define primary or functional constipation as when onset of constipation symptoms is at least six months prior to diagnosis and when symptoms have been present for the past three months.

Primary constipation is divided into normal transit, slow transit or outlet constipation. Normal transit constipation is defined as a perception of constipation on patient self-report; however, stool movement is normal through the colon. Patients report symptoms of abdominal pain and bloating. Normal transit constipation has been associated with increased psychosocial stress, and usually responds to medical therapy, such as fiber supplementation or laxatives.<sup>1</sup>

Slow transit constipation is defined as prolonged transit time through the colon, confirmed by radiopaque markers that are delayed on motility study. Patients with slow transit constipation have normal resting colonic motility but do not have the increase in peristaltic activity that should occur after meals. The administration of bisacodyl and cholinergic agents does not cause an increase in peristaltic waves in these patients as it does in persons without constipation.<sup>1</sup>

In a case series of 64 patients, slow transit constipation was a primary cause of constipation in young women with very infrequent bowel movements. Typical symptoms associated with slow transit constipation included infrequent urge to defecate, bloating and abdominal discomfort. It further stated that patients with severe slow transit constipation generally do not respond to fiber supplementation or laxatives, although one clinical trial demonstrated a response to biofeedback.<sup>1</sup>

Outlet constipation, or pelvic floor dysfunction, is defined as incoordination of the muscles of the pelvic floor during attempted evacuation. Outlet constipation is not caused by muscle or neurologic pathology, and most patients have normal colonic transit time. In people with this condition, stool is not expelled when it reaches the rectum. Common symptoms include prolonged or excessive straining, soft stools that are difficult to pass, and rectal discomfort. It is common for patients to require manual aid to evacuate stool from the rectum. The exact etiology of outlet constipation remains unclear. Outlet constipation does not respond to traditional medical treatment but may respond to biofeedback and relaxation training.<sup>1</sup> Secondary constipation is constipation caused by medical conditions or medication use.<sup>1</sup>

Unlike primary or functional constipation, irritable bowel syndrome-constipation predominant (IBS-C) is defined by abdominal pain or discomfort, bloating and/or distention, associated with disordered bowel habits, including constipation.<sup>5</sup> Constipation is a symptom, not a disease,<sup>6</sup> whereas IBS-C is a diagnosable condition.<sup>7</sup> It appears that the patient's chronic constipation, along with abdominal pain and bloating, may fit the criteria of IBS-C.

## Case History

The patient, a 25-year-old Caucasian female, 5'2" and 117 lbs., BMI of 21, had a history of severe constipation since childhood. Her bowel movements occurred at a frequency of once per week to once per month. Her history of multiple gastrointestinal complaints included bulimia nervosa beginning in adolescence around 13 or 14 years of age, resolving with psychotherapy around age 18. She also reported that in 2009 she experienced a significant amount of stress for several days. This led to nausea and vomiting. Her vomitus was hot, yellow liquid. She was prescribed Zofran as needed, which greatly reduced these episodes.

In 2011, she reported that her constipation became increasingly severe, with painful abdominal bloating and a sour stomach accompanying the constipation. She also reported having bleeding anal fissures and experiencing a burning sensation with bowel movements. There was no record of the patient's condition during 2012.

In 2013, she was hospitalized with severe constipation and abdominal pain. All biomedical diagnostic tests were within normal limits. She was treated with enemas and advised by the attending gastroenterologist to take Miralax daily. Despite this regimen, she had no significant reduction in symptoms and continued to suffer from severe constipation as well as abdominal pain and bloating. Because she had no relief, she reported she left the hospital against medical advice and started receiving regular colonics. At this time, she began taking 6 Colonmax at bedtime to try to have more regular bowel movements.

During this time, her bowel movements were gray and covered in mucus and she experienced sour stomach and some nausea. She reported an increase of bloating and abdominal discomfort just prior to and at onset of menses, with symptoms resolving after day 2-3 of her menstrual cycle.

In early February 2015, she sought acupuncture treatment. At the time of initial acupuncture treatment, the patient, a full-time college student, reported having small, pebble-like stools and infrequent bowel movements.



## Clinical Findings

The patient reported she felt “dry and thirsty” and often drank three liters of water per day. She also reported frequent urination and some urinary incontinence, which disturbed her sleep; she woke several times during the night to empty her bladder. She had difficulty falling back to sleep and reported poor sleep generally, along with regular nocturnal sweating. Over the years, the patient had many cavities and root canals, bleeding gums, and frequent open sores on the mouth and lips, which she described as having a burning sensation. She also reported a history of anxiety, fear and depression since childhood.

### Diagnostic Focus and Assessment

The patient’s tongue was large, flat, and reddish-purple, with a slight depression from the center to the root of the tongue with red spots covering the tip of the tongue. It had a thin, glossy clear coat. The sublingual veins were fine, purple and distended. The patient’s pulse was fine, wiry and rapid at all positions.

**Diagnosis:** Dryness Heat evil affecting the Stomach, Heart and Stomach excess Dry Heat transferring to the Uterus, Spleen and Stomach *qi xu*, Liver *qi* constraint

**Treatment Strategy:** clear Stomach Heat, calm *shen* and Heart, moisten Large Intestine, tonify Spleen and Stomach *qi*, free course Liver *qi*

### Therapeutic Focus and Assessment

Needles were inserted using reinforcing technique and retained 30 minutes and received mild reinforcing stimulation 15 minutes into treatment. Reinforcing technique consisted of light and gentle needle insertion until a mild *de qi* sensation was achieved, along with a *qi* supporting intention by the practitioner with needle insertion.

Acupuncture points used: Yintang (M-HN-3), Sanyinjiao (SP-6), Zhaohai (KD-6), Daheng (SP-15), Zusanli (ST-36), Taichong (LV-3), Shenmen (HT-7), Qihai (Ren-6), Zhongwan (Ren-12)

#### See Table 1

Needles used at Ren-6, Ren-12, ST-36, SP-6, SP-15, and LV-3 were .20 x 25 mm

Needles used at HT-7, PC-6, and KD-6 were .20 x 13 mm

Acupoints used in every treatment session included Yintang, Ren-6, Ren-12, SP-15, LV-3 and ST-36. For each treatment, either HT-7 or PC-6 and KD-6 or SP-6 was used, alternating every other treatment. Treatment frequency began at twice per week, decreased to weekly treatments when bowel movements became regular within 3-4 weeks, and were reduced to once per month when symptoms significantly diminished. The patient is currently receiving maintenance treatment at a frequency of once per month.

Table 1. Acupuncture Points

Acupuncture Point	Meaning	Function
Yintang, M-HN-3	Hall of Impression	calms the spirit and treats insomnia
Sanyinjiao, SP-6	3 Yin Intersection	nourishes the <i>yin</i> of the Spleen, Liver and Kidneys, harmonizes the Liver, tonifies the Kidneys, calm the spirit and invigorates the Blood
Zhaohai, KD-6	Shining Sea	nourishes the Kidneys and clears Deficiency Heat, calms the spirit and regulates the lower <i>jiao</i> , indicated in the treatment of nourishing <i>yin</i> and clearing Deficiency Heat specifically from the Heart, Intestines, Uterus and genitals, and regulates the lower <i>jiao</i>
Daheng, SP-15	Great Horizontal	promotes the function of the Intestines and regulates and moves <i>qi</i>
Zusanli, ST-36	Leg Three Miles	the <i>he-sea</i> and earth point of the Stomach channel, a Gao Wu command point, a Ma Dan-yang heavenly star point and the point of the sea of water and grain, used to harmonize the Stomach, fortify the Spleen, support correct <i>qi</i> , tonify <i>qi</i> , nourish Blood and <i>yin</i> , clear Fire and calm the spirit
Taichong, LV-3	Great Rushing	used to resolve stagnation, tonify Liver <i>yin</i> , and calm the mind to treat anxiety, anger and insomnia, a <i>shu-stream</i> point, earth point, <i>yuan</i> source point and heavenly star point
Shenmen, HT-7	Spirit Gate	used to pacify the mind and calm the spirit, treats emotional issues that result in physical symptoms, regulates and tonifies the Heart, a <i>yuan-source</i> point, <i>shu-stream</i> point and earth point
Qihai, Ren-6	Sea of Qi	used to tonify <i>qi</i> and regulate <i>qi</i> and Blood, used to treat dysmenorrhea and relieve pain and distention in the lower abdomen
Zhongwan, Ren-12	Middle Cavity	the front <i>mu</i> point of the Stomach, used to harmonize the middle <i>jiao</i> and descend rebellion, regulate the <i>qi</i> and alleviate pain, tonify Stomach <i>qi</i> and fortify the Spleen

## Chinese Herbal Medicine

### Herbal Prescription

TBF and TBF-1: 1 QD bedtime each. Both formulas were initially prescribed at 9 QD each and over a period of one year were reduced to 1 QD each, based on the consistency and frequency of the patient's bowel movements.

Longevity 1, Longevity 2, Longevity 3 & DH 3: 1 BID each

Immune Qi: 2 BID

Dosage of herbs refers to capsules, which contain 0.5 g of herbal formula per capsule. These are custom herbal formulas developed by Dr. Zhijiang Chen, manufactured by E-Fong Chinese Herbs.

#### See Table 2

TBF and TBF-1 formulas are used to moisten the Intestine, clear *yangming fu* Heat and to promote bowel movement. Caution should be used when prescribing purgatives long-term in order to not create dependence and to preserve *yangming fu* organ *qi* and *yin* fluid. The patient began with a larger dose of both formulas (9 QD) and slowly decreased the dose over time (1 QD) in accordance with the consistency and regularity of her bowel movements.

Although the initial recommended dose of 9 g per day of these formulas combined was somewhat large, the dose was determined by the patient's intestinal response and adjusted accordingly. The patient discussed her gastrointestinal status with the practitioner on an almost daily basis and was instructed to reduce the dosage if loose stools were experienced. The dose of 9 g per day may be excessive for some patients but this amount allowed the patient to have bowel movements of normal frequency and consistency. It almost completely resolved her other gastrointestinal symptoms as well.

High doses of herbal formulas always require close monitoring by the practitioner so that a formula may be modified or discontinued per the patient's reaction. Prior to acupuncture and herbal treatment, the patient sought medical attention that gave no relief and actually required immediate intervention to avoid a possibly serious medical complication. With consistent treatment, the patient responded well to this treatment regimen such that the dose was slowly reduced over time to 1 g per day.

The formula prescribed in *Shang Han Lun* (On Cold Damage) to treat a "strained Spleen" is *Ma Zi Ren Wan* (Hemp Seed Pill).<sup>8</sup> TBF and TBF-1, which have a similar function of clearing Heat, moistening the Intestines and freeing the stool, were used as a substitution. The reason for the substitution is the strength of

*Continued on page 10*

Table 2. Chinese Herbal Formulas

Formula	Ingredients
TBF	<i>fan xie ye</i> (Folium Sennae) 10%, <i>lu hui</i> (Herba Aloes) 5%, <i>sheng di huang</i> (Radix Rehmanniae Glutinosae) 10%, <i>ma chi xian</i> (Herba Portulacae Oleraceae) 20%, <i>jue ming zi</i> (Semen Cassiae) 10%, <i>hei zhi ma</i> (Semen Sesame Nigrum) 15%, <i>ya ma zi</i> (Semen Lini) 10%, <i>niu bang zi</i> (Fructus Arctii Lappae) 10%, <i>zi su zi</i> (Fructus Perillae Frutescentis) 10%
TBF-1	<i>fan xie ye</i> (Folium Sennae) 10%, <i>lu hui</i> (Herba Aloes) 10%, <i>sheng da huang</i> (Radix et Rhizoma Rhei) 5%, <i>ma chi xian</i> (Herba Portulacae Oleraceae) 15%, <i>yu li ren</i> (Semen Pruni) 10%, <i>jue ming zi</i> (Semen Cassiae) 10%, <i>niu bang zi</i> (Fructus Arctii Lappae) 15%, <i>hei zhi ma</i> (Semen Sesami Nigrum) 10%, <i>gua lou ren</i> (Semen Trichosanthis) 15%
Longevity 1	<i>sheng di huang</i> (Radix Rehmanniae) 20%, <i>xuan shen</i> (Radix Scrophulariae) 20%, <i>bai shao</i> (Radix Paeoniae Alba) 20%, <i>ge gen</i> (Radix Puerariae) 10%, <i>sheng ma</i> (Rhizoma Cimicifugae) 5%, <i>niu bang zi</i> (Fructus Arctii) 5%, <i>fu ling</i> (Poria Cocos) 5%, <i>ge gen hua</i> (Flos Puerariae) 5%, <i>jin ying zi</i> (Fructus Rosae Laevigatae) 5%, <i>mai men dong</i> (Radix Ophiopogonis) 5%
Longevity 2	<i>tian men dong</i> (Radix Asparagi) 15%, <i>zhi mu</i> (Rhizoma Anemarrhenae) 15%, <i>niu zhen zi</i> (Fructus Ligustri Lucidi) 10%, <i>bai shao</i> (Radix Paeoniae Alba) 10%, <i>han lian cao</i> (Herba Ecliptae) 10%, <i>yu zhu</i> (Rhizoma Polygonati Odorati) 10%, <i>bai he</i> (Bulbus Lilii) 10%, <i>shan yao</i> (Rhizoma Dioscoreae) 10%, <i>sang shen</i> (Fructus Mori) 10%
Longevity 3	<i>huang jing</i> (Rhizoma Polygonati) 10%, <i>ma chi xian</i> (Herba Portulacae Oleraceae) 15%, <i>sang shen</i> (Fructus Mori) 10%, <i>nu zhen zi</i> (Fructus Ligustri Lucidi) 10%, <i>sang ji shen</i> (Herba Taxilli) 10%, <i>sang zhi</i> (Ramulus Mori) 10%, <i>ye jiao teng</i> (Caulis Polygoni Multiflori) 10%, <i>bei sha shen</i> (Radix Glehniae) 10%, <i>han lian cao</i> (Herba Ecliptae) 10%, <i>dong gua ren</i> (Semen Benincasae) 5%
DH-3	<i>xuan shen</i> (Radix Scrophulariae) 10%, <i>zhi mu</i> (Rhizoma Anemarrhenae) 10%, <i>sang bai pi</i> (Cortex Mori) 10%, <i>di gu pi</i> (Cortex Lycii) 10%, <i>bai shao</i> (Radix Paeoniae Alba) 10%, <i>bai mao gen</i> (Rhizoma Imperatae) 10%, <i>pi pa ye</i> (Folium Eriobotryae) 10%, <i>sang ye</i> (Folium Mori) 10%, <i>qing hao</i> (Herba Artemisiae Annuae) 10%, <i>yu zhu</i> (Rhizoma Polygonati Odorati) 10%
Immune Qi	<i>huang qi</i> (Radix Astragali) 15%, <i>dang shen</i> (Radix Codonopsis) 10%, <i>bai zhu</i> (Rhizoma Atractylodis Macrocephalae) 15%, <i>lian zi</i> (Semen Nelumbinis) 10%, <i>qian shi</i> (Semen Euryales) 10%, <i>bai bian dou</i> (Semen Lablab Album) 10%, <i>gui zhi</i> (Ramulus Cinnamomi) 5%, <i>fang feng</i> (Radix Saposhnikoviae) 5%, <i>bai shao</i> (Radix Paeoniae Alba) 10%, <i>xiang fu</i> (Rhizoma Cyperi) 10%



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the TBF and TBF-1 formulas. The combination of herbs in these formulas (see Table 2 for listed ingredients) has a stronger purging and cooling action than *Ma Zi Ren Wan* (Hemp Seed Pill). Because of the patient's severe condition, a higher strength purgative was required to promote regular bowel movements.

The TBF and TBF-1 formulas contain *fan xie ye* and *lu hui*, which both clear Heat and promote bowel movement. TBF-1 also contains *sheng da huang*, a purgative that clears Heat as well, but also Toxicity. *Gua lou* clears Heat, moistens Dryness of the Intestines specifically. *Ma chi xian* clears Heat and Toxicity from the Intestines. *Jue ming zi* clears Intestinal Heat, lubricates the Intestines and relaxes the bowels. *Hei zhi ma* and *niu bang zi* moisten the Intestines and promote bowel movement. *Sheng di huang* clears Heat and nourishes *yin*. *Zi su zi* moistens the Intestine and unblocks the stool.

Two separate formulas were used because of the slightly different emphasis of each formula. TBF is a formula that frees the stool primarily through moistening and lubricating the Large Intestines, with a mild purging action. TBF-1 is a stronger purgative and has a greater Heat-clearing function than TBF.

In acute cases of constipation, such as an external invasion of heat attacking the *yangming* channel and *fu* Bowel systems with the "four greats," where *yin* and Fluids have not yet been damaged, using TBF-1 would be appropriate. If the etiology of constipation was a *yin* and Fluid vacuity, with no clear signs of Heat evil, TBF would be appropriate. Because the patient presented with both a *yangming* Dry Heat pattern and a *yin* and Fluid vacuity, both herbal formulas were prescribed.

The function of the Longevity formulas is to nourish *yin*, which has been damaged by the long-standing yangming *fu* Heat evil. With severe, prolonged Dry Heat evil present in the body, a systemic *yin* vacuity had resulted, affecting multiple organ systems. Dryness of the Stomach and Intestines was clearly seen in the symptoms of bulimia nervosa, mouth and lip sores, bleeding gums, dry mouth, multiple dental carries and root canals, nausea, vomiting, strong sugar and chocolate cravings and severe constipation. Liver dryness and heat manifested as dry eyes, distorted vision and frequent anger and irritation. The Heart was affected by the Dry Heat Evil as well, seen with red spots covering the tip of the tongue, insomnia, and anxiety.

Frequent night time urination was a sign of heat in the Kidneys causing the urine to be excreted at an accelerated rate. Nocturnal sweating was a further Kidney *yin* vacuity symptom. The patient reported a constant sensation of feeling total body dryness, which was not ameliorated by adequate water intake. These symptoms were indicative of serious insult to *yin* fluids, requiring an herbal prescription which addressed the severity and pervasive nature of the patient's symptoms. Multiple *yin* nourishing formulas were

"As Chinese medicine herbalists, we have the ability to customize prescriptions for patients in several possible ways. One strategy to customizing a prescription is to use multiple formulas at a low dose when the patient's presentation is complex, due to the strength of the pathogen and years—or even decades—of pathological influence, leading to multiple pattern diagnosis."

prescribed at a low dose total of 4 g per day to address the *yin* vacuity and Dry Heat affecting multiple organ systems and layers of the body.

As Chinese medicine herbalists, we have the ability to customize prescriptions for patients in several possible ways. One strategy to customizing a prescription is to use multiple formulas at a low dose when the patient's presentation is complex, due to the strength of the pathogen and years—or even decades—of pathological influence, leading to multiple pattern diagnosis.

The function of the Longevity formulas is to nourish *yin* and fluids, which have been damaged by the long-standing heat evil. Longevity 1 distributes the cooling and *yin* nourishing herbs in all directions and levels of the body. *Sheng di huang* and *xuan shen* penetrate to the Blood and *ying* level, *bai shao* harmonizes *ying* and *wei, ge gen* and *niu bang zi* treat the exterior and muscle levels, *sheng ma* is lifting to the upper *jiao*, *fu ling* and *ge gen hua* treat the middle *jiao*, *jin ying zi* is astringing and directing to the lower *jiao*, and *mai men dong* treats the upper and middle *jiao*.

Longevity 2 contains cooling and *yin* nourishing herbs specific to the five *zang* organs. *Tian men dong* and *zhi mu* enter the Kidneys, *niu zhen zi* and *han lain cao* enter the Spleen, *bai shao* enters the Liver, *yu zhu* and *shan yao* enter the Lung, and *bai he* and *sang shen* enter the Heart.

Longevity 3 specifically addresses nourishing the *yin* of the brain and joints. *Ma chi xian* and *dong gua ren* nourish the *yin*, *sang shen* specifically nourishes the brain, *nu zhen zi* and *han lian cao* cool the Blood, *huang jing* tonifies *qi*, essence and *yin*, *bei sha shen* generates Fluids and *sang ji shen*, *sang zhi* and *ye jiao teng* all nourish the joints.

The function of the DH 3 formula is to clear Dry Heat. *Sang bai pi* is cold and drains the Heat downwards, *di gu pi* and *sang ye* are cold, bitter and also cool the Blood, *bai mao gen* is cold and drains Damp Heat, *pi pa ye* is cold and bitter and enters the Lung and Stomach, *qing hao* is bitter and cold and enters the Liver and Kidney and *yu zhu* nourishes *yin*, extinguishes Wind and softens the sinews. The properties of the individual herbs are bitter, cooling and nourishing Fluid. These four formulas are recommended in order to address the *yin* vacuity and Dry Heat affecting multiple organ systems and layers of the body.

Immune *Qi* was prescribed to strengthen the healthy *qi* and *yang* of digestion. Pathological Heat can destroy or impair the healthy *qi* of the body as mentioned in *Su Wen* (Plain Questions) chapter 5. "Heat harms the *qi*. Harmed *qi* causes pain."<sup>9</sup> This formula was used to support the Spleen and Stomach. The patient responded exceptionally well to adding this formula to the initially prescribed Heat clearing, *yin* fluid nourishing foundation formulas.

## Follow Up and Outcomes

Within 3-4 weeks of receiving twice a week acupuncture treatments, the patient began to experience regular, generally daily, bowel movements. The patient was then seen weekly for 12 weeks, at which time her gastrointestinal complaints were basically resolved. She was then seen twice a month for four months and is currently seen once per month on a maintenance schedule.

According to the patient, she has a daily bowel movement, with the exception of 1-2 days per month. Her complaints of abdominal bloating and discomfort have been generally occurring only prior to the onset of menses, 0-2 times per month.

She reported that when she had significant emotional stress, poor sleep, lack of exercise and poor dietary choices, her gastrointestinal symptoms had a tendency to reappear. When her lifestyle habits returned to normal, they subside. She said her secondary complaints of PMS and dysmenorrhea "improved significantly," with overall subjective symptomatic relief.

The patient regularly vacationed several times a year. During this time, she had always experienced an exacerbation of her symptoms of constipation, bloating, and abdominal discomfort. While on vacation several times during the past two years, she has experienced no constipation or bloating.

She is currently a part-time MBA student and enjoys her full-time work at an insurance agency. She was recently married and reports having a healthy, supportive marriage.

## Discussion

Line 247, p. 351-352 in the *Shang Han Lun* (On Cold Damage) says: "[When] the instep *yang* pulse is floating and rough, floating [means] strong *qi* in the Stomach, and rough [means] urination is

*Continued on page 13*



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### MAZIN AL-KHAFAJI

Doctor of Chinese Medicine (Shanghai);  
FRCHM, ATCM; CEO of Avicenna Centre for  
Chinese Medicine & Dermatology-M



Mazin is recognised as one of the leading experts in the field of TCM, and over the past 3 decades has taught his successful approach to clinical practice to thousands of students worldwide.

Raised and educated in both the Middle East & UK, Mazin began his studies in acupuncture as well as modern & classical Chinese in 1978. From 1983 onwards he studied in China and graduated as a Doctor of Chinese Medicine from Shanghai College of Traditional Chinese Medicine in 1987, specializing in Internal Medicine.

On his return to England he founded The Skin Clinic & Avicenna Centre for Chinese Medicine where he has been in practice for the past 30 years. He has since set-up the Avicenna Herbal Dispensary and Dermatology-M, a range of topical products to use as supportive treatment to internal therapy. Mazin lectures widely at postgraduate level and at conferences worldwide. For more information about Mazin and his work visit [Avicenna.co.uk](http://Avicenna.co.uk), [Mazin-Al-Khafaji.com](http://Mazin-Al-Khafaji.com) & [Dermatology-M.com](http://Dermatology-M.com)

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frequent. The floating and rough [qualities of the pulse] indicate contention and the stool is hard, [which means] the spleen is straitened; [therefore,] Hemp Seed Pill (*Ma Zi Ren Wan*) governs.”<sup>8</sup>

“Straitened” is not a term frequently used in the modern Chinese medicine vernacular. Looking at its definition, it is commonly used to describe “tight of resources” or “constrained” and is derived from pí yuē, 脾约.<sup>10</sup> The Spleen cannot perform its normal function of fluid distribution because of the Dry Heat Stomach evil. The Spleen is tasked with irrigating the four sides of the body after receiving fluids from the Stomach.<sup>8</sup> Because the Stomach contains the Dry Heat evil, the Spleen is constrained and unable to perform its functions correctly, resulting in disturbed fluid movement. Water improperly moves into the Bladder and therefore insufficient water moves into the Intestines.<sup>8</sup> Frequent urination and hard, dry stools are the result of the Spleen being “straitened.”<sup>8</sup>

According to the commentary, the “strong *qi* in the Stomach” refers to strong evil *qi*, not healthy Stomach *qi*.<sup>8</sup> The treatment strategy is to moisten the Intestines and enrich Dryness and moderately free the stool. The commentary adds, “one knows that this is Dryness Heat evil.”<sup>8</sup> The patient’s chief complaint of severe constipation since childhood was chronic Dryness Heat evil affecting the Stomach. The Stomach Heat is consuming digestive fluid, which results in dry stools.<sup>8</sup> The Dryness and Heat of the Stomach affect the ability of the Spleen to regulate fluids. Frequent urination is due to Dry Heat forcing the urine to be excreted.<sup>8</sup> The patient’s reported sensation of dryness is due to the Heat consuming fluids.

The presence of Heat in the digestive organs was seen in the patient’s history of a burning sensation with bowel movements and bleeding anal fissures. According to Giovanni Maciocia, “Constipation with small, bitty stools like goats’ stools indicates stagnation of Liver-*qi* and Heat in the Intestines.”<sup>11</sup> At the initial patient intake, the patient reported small, pellet-like stools. Heat in the Stomach is transferred to the Intestines as a *yangming* paired organ and a continuation of the alimentary tract.

The Dryness Heat evil in the Stomach is reflected in her history of bulimia nervosa and her wanting to consume excessive amounts of food, specifically sugar and chocolate. The Stomach Heat evil affected her teeth and gums, causing her teeth to excessively decay and her gums to bleed. The patient also had a history of frequent open sores on the lips, reflecting Stomach and Heart Heat according to *Practical Therapeutics of Traditional Chinese Medicine*.<sup>12</sup>

The patient reported a history of vomiting and sour stomach, which reflects both Stomach Heat and Wood invading Earth. Maciocia states, “sour vomiting: invasion of Stomach by Liver.”<sup>11</sup> The patient’s symptomology suggested an accompanying pattern of Liver *qi* constraint, with a wiry pulse, reddish-purple tongue body and distended, purple sublingual veins. The patient complained of

“‘Straitened’ is not a term frequently used in the modern Chinese medicine vernacular. Looking at its definition, it is commonly used to describe ‘tight of resources’ or ‘constrained’ and is derived from pí yuē, 脾约.”

irritability and breast tenderness accompanying her menses, also suggestive of Liver *qi* constraint. The presence of pellet-like stools indicated Liver *qi* constraint as well as hot, sour vomitus, which reflected Liver invading Stomach.

The patient has a brown mottled birthmark at ST-25 on the L. This is a possible indication of stomach pathology from the time of birth. She reported relief after a bowel movement, indicating an excess condition, one of excess Dry Heat. *The Foundations of Chinese Medicine* describes the presentation: “Amelioration of a condition after a bowel movement suggests a Full condition.”<sup>11</sup>

With Dryness Heat evil attacking the Stomach, a Spleen and Stomach *qi* vacuity resulted. As mentioned earlier, with long-standing or strong Heat, *qi* vacuity may result. *Su Wen* (Plain Questions) chapter 5: “Heat harms the *qi*. Harmed *qi* causes pain.”<sup>9</sup> Although the primary pathology may be one of excess due to excess Stomach Heat and Liver *qi* constraint, there was a possibility of Spleen and Stomach *qi* vacuity as a secondary pattern related to her chief complaint. According to the *Su Wen* (Plain Questions), pathological Heat may damage or consume healthy *qi*.<sup>9</sup> The patient’s digestive complaints were both severe and long-standing, resulting in significant stress to the healthy *qi* of the digestive system.

The patient reported experiencing abdominal bloating after meals, especially if eating more complex foods which are difficult to digest, and after eating raw or cold foods and responded positively to external application of heat on the abdomen. The patient also reported fatigue, which consistently responded to rest. For these reasons, a digestive *qi* tonifying formula was prescribed, with positive results.

During one trip, the patient ran out of the formula, which resulted in a return of some of her previous digestive complaints. When she was able to resume taking it, her digestive complaints again resolved. Although the patient’s primary presentation was not Spleen and Stomach *qi* vacuity, she responded very well to the *qi* tonifying formula.

According to Dr. Zhijiang Chen, the depression in the center of the tongue is an indication of Heat damaging digestive *qi*.<sup>13</sup> This

is validated by the reddish-purple color of the tongue, indicating Heat as the root, leading to a depression or sinking of the tongue in the center, a sign of vacuity. The diagnosis of Spleen and Stomach *qi* vacuity may be subtle or slightly vague; however, she has responded positively to the Spleen and Stomach *qi* tonifying formula. Long standing excess pathology, in this case Dry Heat, over time, may result in a secondary vacuity pattern due to consumption of resources, such as *qi* and/or *yin*, which were both observed in the patient's presentation. It may not be an elegant diagnostic strategy, but it may add to the confirmation of the diagnosis.

The patient presented with severe gastrointestinal symptoms, having a bowel movement between once per week to once per month, along with daily bloating and abdominal discomfort. She had a poor response to biomedical interventions and sought acupuncture and Chinese herbal medicine treatment. Her chronic constipation, abdominal bloating and discomfort generally resolved, having daily bowel movements and infrequent, 0-2 occurrences per month of mild gastrointestinal symptoms.

The patient reports that symptoms return when identifiable factors such as poor dietary choices, lack of sleep or exercise or emotional stress are significant. A "straitened Spleen" is not a

common diagnosis in modern TCM; however, this case illustrates how ancient Chinese medical texts can have a very practical role in modern day diagnosis and treatment. With the presentation of chronic constipation and frequent urination, this patient was diagnosed with a "straitened Spleen," or a depleted Spleen unable to perform its irrigating functions due to the constraint of Dry Heat evil in the Stomach.

## Conclusion

"Straitened Spleen" is a diagnostic pattern identified in the *Shang Han Lun*, one of the oldest surviving and most respected Chinese medicine texts, by Zhang Zhong Jing, circa 150-219 CE.<sup>8</sup> The knowledge contained within this text has relevant application in modern clinical practice. The diagnosis of "straitened Spleen" and the ensuing acupuncture and Chinese herbal treatment resulted in nearly complete resolution of the patient's chief and secondary complaints.

By addressing the chief complaint and underlying pathology affecting all systems, the patient's secondary complaint related to PMS and dysmenorrhea symptoms improved significantly. The patient had a positive response to the TCM therapeutic interventions; however, further data and research investigating the treatment of chronic constipation and IBS-C with acupuncture and Chinese medicine are warranted.

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Jun Mao, MD, MSCE. Photo Courtesy of the Society for Integrative Oncology

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

## Interview: Jun J. Mao, MD, MSCE

Jun J. Mao, MD, MSCE, is the chief of the Integrative Medicine Service and holds the Laurance S. Rockefeller Chair in Integrative Medicine at Memorial Sloan Kettering Cancer Center. He is a board-certified family physician and a licensed acupuncturist who combines western and eastern approaches to manage pain and symptoms in cancer patients. Dr. Mao's program of research focuses on investigating the effects, mechanisms, and integration of complementary and integrative medicine for symptom management in cancer.

He has received extensive peer-reviewed funding from the National Institutes of Health in the U.S. and has published over 100 peer-reviewed research manuscripts in top oncology journals such as the *Journal of Clinical Oncology*, *Cancer*, *European Journal of Cancer*, and the *Journal of the National Cancer Institute*. Dr. Mao's research has contributed to the evidence-based growth of acupuncture in cancer care. He is the immediate past president of the Society for Integrative Oncology, an international organization with nearly 500 members from over 20 countries dedicated to the science and integration of evidence-based complementary approaches in conventional cancer care.

**JS:** *From your point of view as a medical doctor I'm interested in how the topics of traditional Chinese medicine and acupuncture have become more mainstream in the last 15-20 years. What helped acupuncture and traditional Chinese medicine in the U.S. grow from an unconventional alternative to be more recognized and accepted in mainstream medicine?*

There is a biological mechanism, evidenced through basic science research, that provides a basis for physicians and other healthcare providers to understand acupuncture. Large clinical trials, especially in the area of pain, have also changed both public and medical communities' perceptions about acupuncture. And last but not least, more rigorous education, credentialing, and licensing practices have increased acupuncture's legitimacy. All of these have led acupuncture to become more mainstream.

“... there has to be more bilateral communication between medical and acupuncture communities. Acupuncturists need to engage with and be part of the large healthcare delivery system so they can offer and provide care. This won't be easy because it's hard to change the culture of conventional/traditional academic medicine.”

**JS:** *As a medical doctor who practices integrative medicine, have you experienced skepticism about this approach from your colleagues? If so, has that changed in the past 10 years?*

I definitely sense a change in the overall attitude of the medical community. There are always going to be very skeptical and critical people, but the majority of nurses and doctors are more willing to send their patients to acupuncture now than they were ten years ago.

**JS:** *How are licensed acupuncturists perceived by the western medical community?*

I don't think there's just one perception. I think a lot of physicians simply don't know or work with any licensed acupuncturists, so they are a little more cautious because many licensed acupuncturists do not practice in medical settings. Based on my experience, the licensed acupuncturists who do practice in medical settings have earned respect from physicians, nurses, and other health care providers through their hard work and professionalism in this field.

**JS:** *What obstacles do you think our profession faces in the current medical culture?*

I think insurance coverage is one major obstacle. The second obstacle is dealing with a lack of awareness about what acupuncture is and how it can be beneficial—for both patients and conventional healthcare providers. Third, I think many acupuncturists are more interested in working in their

private practices and have little interaction with the medical community at large. Without dialogue and communication between the western medical community and acupuncturists, it's very hard for them to be part of a cohesive healthcare delivery system.

**JS:** *What do you think the acupuncture profession needs to focus on in the future to overcome these obstacles?*

First, wider insurance coverage is critical to make sure that acupuncture can be delivered to diverse populations in an equitable way. Second, I really believe there has to be more bilateral communication between medical and acupuncture communities. Acupuncturists need to engage with and be part of the large healthcare delivery system so they can offer and provide care. This won't be easy because it's hard to change the culture of conventional/traditional academic medicine. Third, ongoing rigorous education for this profession is necessary to ensure that care delivery is of the highest quality, safety, and clinical effectiveness. In clinical practice, not all acupuncturists are created equal. Some have very good results and others have more questionable results, so we need to ensure that the quality of the interventions is as beneficial as possible.



# Three Chinese Medicine Interventions Used in the Treatment of Pediatric Asthma: An Investigation of Clinical Trials

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*Please see bios at end of the article.*

## Abstract

This investigation examines literature published on different acupuncture and Chinese medicine interventions for the treatment of asthma in children. Databases that were searched included EBSCO, google scholar, PubMed and secondary sources for reports of randomized controlled trials and clinical trials published in English in the last 12 years. Eight randomized controlled trials and one experimental trial on the use of acupuncture and Chinese medicine in children with asthma were identified and are discussed. Findings suggest children can benefit from acupuncture and Chinese medicine treatments to manage asthma symptoms and attacks. Children show fewer febrile infections and some respiratory improvement when treated with acupuncture and Chinese medicine. However, different treatments were not compared, and effects of treatment were not sustained after the treatment period, which might warrant more investigation into comparative effectiveness studies and maintenance treatment for pediatric asthma patients.

**Key Words:** Pediatric acupuncture, *shonishin*, air pollution, asthma

## Introduction

Asthma is the number one chronic illness among children in the U.S.<sup>1</sup> The American Lung Association describes asthma as a disease that cannot be treated—its symptoms can only be managed.<sup>2</sup> Asthma is a chronic condition with inflammation and obstruction of the lung airways. This can cause chest tightness or pain, coughing or wheezing, and shortness of breath, which may lead to difficulty sleeping.<sup>2-4</sup>

According to the Centers for Disease Control and Prevention (CDC), in 2015, more than six million children suffered from asthma in the U.S., i.e., one in ten school-age children have asthma.<sup>5</sup> Asthma in children caused 136,669 hospitalizations in 2015 at a cost of \$56 billion.<sup>5</sup>

Children may be more susceptible to asthma than adults because their lungs are the last organ to develop in utero, and they continue to develop as children grow. Boys are more likely to suffer from asthma than girls;<sup>6,7</sup> however, in adulthood these numbers are

reversed—females have higher rates of asthma when compared to males.<sup>6</sup> Children's organs and immune systems are not totally developed, which increases their risk of disease.<sup>8</sup>

Generally, children spend more time outdoors and are physically more active than adults; therefore, they are more exposed to polluted air. Adults usually breathe through their noses, which filters some of the air pollution, while children breathe through their mouths, which also increases their exposure to air pollution.<sup>8</sup>

Asthma incidence is higher in people who live below the poverty line and, due to racial disparities, African American children are four times more susceptible to death from asthma than white children.<sup>3,9</sup> A study in Washington, D.C. showed an increase in asthma emergency room visits for children living in low-income areas when compared with those living in other areas of the city.<sup>10</sup>

A growing number of studies describe a relationship between air pollution and the incidence of asthma in children.<sup>3,7,8,11,12-16</sup> Environmental triggers increase the use of asthma medication, such as inhaled corticosteroids, nebulizers, bronchodilators and  $\beta_2$  agonists, which have side effects, including hoarseness, increased wheezing, increased risk for cataracts in adulthood, and slowed growth.<sup>4,17</sup>

Acupuncture and Chinese medicine (ACM) have been used more frequently in the U.S., where studies have shown that ACM may improve asthma conditions in children. This includes techniques such as electro-acupuncture, massage, herbal decoctions, moxibustion and acupuncture-like transcutaneous electrical nerve stimulation.<sup>18-29</sup>

Needleless acupuncture is helpful in the treatment of children due to the fear that needles may cause and the difficulty younger children may have staying still when compared to adults. Acupuncture treatment given to children with asthma may activate their bodies' anti-inflammatory responses by increasing natural killer cells, while decreasing eosinophils, lymphocytes, endorphins and adrenocorticotrophic hormone.<sup>19,22</sup>

ACM sees children's organs (*zang fu*) as not being fully developed—their *qi* is not "hard and secure;"<sup>30</sup> therefore, children are more likely to get sick than adults. The *Ling Shu* ("Spiritual Pivot") says, "Children's flesh is fragile, their blood is scanty, and their *qi* is weak."<sup>30</sup> Additionally, children's *yin* and *yang* are not completely unified and *yang* usually prevails. When in excess, it can manifest in disease.<sup>30</sup>

Internal causes of asthma are Lung, Spleen, and Kidney deficiency. The Lungs help to disperse and descend fluids, the Spleen transforms and transports, and the Kidney warms. When these organs are deficient and cannot perform their normal functions, Phlegm and Dampness will occur.<sup>31</sup>

On the other hand, asthma can also be caused by external factors, including exogenous pathogens of Wind-Heat and Wind-Cold.<sup>31</sup> Lungs control the *wei qi* (defensive *qi*) and when the body is attacked by pathogens, the *wei qi* is obstructed and the Lungs cannot maintain the normal functions of disperse and descend. This can cause the Lung *qi* to counter-flow and cause coughing and wheezing.<sup>31,32</sup> Phlegm combined with rebellious *qi* manifests into asthma.

Asthma can be seen as Cold or Hot with syndromes of Lung *qi* deficiency, Spleen *qi* deficiency or Kidney *qi* deficiency.<sup>31</sup> Depending on the diagnosis, this can be treated using different herbal formulas and acupoints.

Many of the studies investigating the effects of ACM in children use the Spirometry test to assess lung function. This measures how much air is inhaled and exhaled and how quickly the exhalation occurs. Spirometry usually measures the forced expiratory volume in one second ( $FEV_1$ ),<sup>18,22,24-26</sup> peak expiratory flow (PEF)<sup>18,20,21,23,25</sup> and forced vital capacity (FVC).<sup>20,21,25</sup>  $FEV_1$  is the measurement used to diagnose obstructive lung diseases, such as asthma.<sup>18,22,24-26</sup>  $FEV_1$  is the ratio of air volume a person expires in the first second of forced expiration as a proportion of total air volume in the lungs.  $FEV_1$ 's normal values are around 80%.

PEF is measured to determine a person's maximum speed of expiration.<sup>18,20,21,23,25</sup> The normal values of PEF depend on sex, height and weight. FVC is the amount of air that can be exhaled after taking the deepest breath possible. Additionally, the inflammation of the airways can be quantitatively measured by the fractional exhaled nitric oxide (FENO).<sup>19</sup> FENO helps to identify, treat, and manage steroid-responsive patients.

Furthermore, blood can be drawn to measure other biological markers, including cytokines,<sup>24</sup> immunoglobulin E (IgE)<sup>24-26</sup> and T and B cells.<sup>24</sup> Asthma results from an allergic reaction in which the immune systems overreacts to an allergen by producing antibodies called IgE. IgE travels to cells that release certain chemicals, causing an allergic reaction, such as asthma.

## Methods

Database resources including EBSCO, google scholar and PubMed as well as secondary sources were reviewed. The search strategy focused on answering the research question: "What evidence exists for using or integrating acupuncture and Chinese medicine into the treatment of asthma in children?" Search terms included "pediatric acupuncture," "acupuncture and Oriental medicine," "traditional Chinese medicine," and "asthma." Inclusion criteria were clinical trials done in the last 12 years and published in English.

## Results

Eight randomized controlled trials and one experimental trial on the use of acupuncture and Chinese medicine in children with asthma were identified. Participant ages for children ranged from six months to 18 years, with two studies that included children as part of larger groups. Studies investigated were conducted in Austria,<sup>18</sup> Denmark,<sup>22</sup> Egypt (n=2),<sup>19,20</sup> Germany (n=2),<sup>23,24</sup> and Taiwan (n=3),<sup>21,25,26</sup> This investigation found no studies conducted in the U.S.

**Table 1. AOM for the Treatment of Pediatric Patients Who Suffer from Asthma**

	Needleless Acupuncture				
	Laser Acupuncture			Acupuncture Like-TENS	
<b>Research Team</b>	Stockert et al.	Dabbous et al.	Elseify et al.	Lin et al.	Karlson & Bennicke
<b>Country of Origin</b>	Austria	Egypt	Egypt	Taiwan	Denmark
<b>Year of Study</b>	2007	2017	April 2009 - March 2010	2007	2013
<b>Study Type</b>	RCT	RCT	Experimental Trial	RCT	RCT
<b>Sample size</b>	TCM n=8 Placebo n=9	TCM n=24 sham n=24	TCM n=50	Intervention n=23 Non-intervention n=20	TCM n=26 control n=26
<b>Age</b>	6-12 years	5-16 years	7-18 years	6-12 years	6 mon. - 6 years
<b>Duration of Study</b>	10wk acupuncture 7wk probiotic follow up 3 months after intervention	13 months	10 sessions, 3times/wk Follow up 1 month after intervention	8 weeks (AL-TENS for 20s 1/wk)	12-month intervention Follow up 3 months after intervention
<b>Acupoints or Herbal Medicine</b>	Symbioflor I and 16 points were used according to diagnosis	LU5, LU7, LU9, LI4, BL13, BL23, ST36, SP6, DU24 & REN17	LU5, LU7, LU9, LI4, ST36, SP6, REN17, B13, BL23, DU14	Bilateral: UB11, UB12, UB13	LIV-2 Massage in: LU7, REN17, REN22, LI4, PC6, SP6, SP10, ST36, ST40, K3, K7, DU14, DU20 and Dingchuan.
<b>Lung Function</b>	No	Increase in all lung functions	FEV <sub>1</sub> , FVC, PEF significant increased	FEV <sub>1</sub> improved significantly	N/A
<b>Bronchial Hyperactivity</b>	Significant improvement	Decrease exhaled nitric oxide	Improvement	N/A	N/A
<b>Symptoms</b>	Acute respiratory infections in winter decreased	N/A	Frequency decreased n=48 symptom free n=2 night symptoms	Activity limitation improved	Decreased significantly
<b>Medication Use</b>	N/A	Reduction of inhaled corticosteroids	Reduction of: total number, daily dose of inhaled corticosteroid, and $\beta$ 2 agonist	N/A	Use of steroids and $\beta$ -agonists was greatly reduced
<b>Immunity</b>	N/A	N/A	N/A	N/A	N/A

## Needleless Studies

### Laser Acupuncture Studies

Stockert et al.<sup>18</sup> studied 17 children between the ages of 6 to 12 years whose FEV<sub>1</sub> was lower than 85% and where the PEF varied more than 15% during the day. This randomized, placebo-controlled study gave the children ten session treatments and a follow-up visit three months later during which Asthma Quality of Life Questionnaires were assessed.

The intervention group was treated with laser acupuncture on 16 acupoints at each session. Additionally, a probiotic treatment (Symbioflor I, which contains the natural intestinal bacterium *Enterococcus faecalis*) was given for seven weeks.<sup>18</sup> (See Table 1 for this study and all other study data and results).

The study results showed that the FEV<sub>1</sub> had no additional benefits from acupuncture and probiotics; however, the children showed improvement in bronchial hyperreactivity and fewer acute respiratory infections in the winter months. Additionally, their FEV<sub>1</sub> values at the beginning of the study were in normal age range.

The treatment using laser acupuncture, particularly of Lung meridian of hand *taiyin* and Large Intestine meridian of hand *yangming*, improved bronchial hyperreactivity and therefore might prevent acute conditions.<sup>18</sup> The limitations of this study were the strict participation requirements that may have led to a small number of patients. There were no adverse events from either the laser acupuncture or the probiotic treatment in this trial.

Dabbous et al.<sup>19</sup> randomly recruited 48 boys and girls with asthma, ranging from 5-16 years of age. Children with severe chronic conditions, lower respiratory tract infections, cardiorespiratory conditions, and those who used steroids in the month before recruitment were excluded from the study. Patient diagnosis was performed before and after laser acupuncture treatment. All the participants maintained their asthma medication during the study.

Using the same acupoints, the intervention group received laser acupuncture and the control group received sham (placebo) acupuncture. Both groups were evaluated by the Global Initiative of Asthma Guidelines (GINA), including symptoms during the day and night, use of emergency inhaler, and limitations when doing activities or exercise. Furthermore, the spirometry test was used to measure lung function and the FENO test was used to measure the exhaled breath condensate.<sup>19</sup>

Acupuncture		Herbal Medicine	
Scheewe et al.	Joos et al.	Chan et al.	Hsu, Lu & Chang
Germany	Germany	Taiwan	Taiwan
2011	2007	2006	2005
RCT	RCT	RCT	RCT
TCM n=46 control n=47	TCM n=2 Placebo. n=18	TCM n=28 Placebo n=24	Group A n=40 Group B n=40 Placebo n=20
12-17 years	16-65 years	8-15 years	5-55 years
4 weeks	4 weeks	12 weeks	4 months
Every patient of TCM group: BL13, Ren17, Lu7 Pts used depending on diagnosis: St40, S41, KD6, LI11, BL42	All patients of TCM group: BL13, BI17, LI4, LU7 Used per diagnosis: LU5, LU6, ST36, ST40, KD3, KD7, SP6, SP9, REN6, REN12 HT7 Placebo group (No Manipulation): SJ3, SJ19, GB8, GB34, BL38, BL55, ST4, ST6, ST32, SJ14, SJ23, SI5	Ding Chuan Tang: - Ginkgo Biloba - Ephedra Sinica - Tussilago Farfara - Morus Alba - Pinellia Ternata - Perilla Frutescens - Prunus Armeniaca - Scutellaria Baricalensis - Glycyrrhiza Uralensis	Modified Mai Men Dong Tang: -Ophiopogon -American Ginseng -Pinellia -Raw Licorice -Lantern Tridax
No	N/A	PEF increased	Showed improvement
Significant improvement	N/A	N/A	N/A
Quality of life improved	Improvement	Asthma attacks decreased	Symptoms decreased
Medication intake was decreased	N/A	Medication usage decreased	N/A
N/A	CD3+, CD4+ increase IL-6, IL-10 decreased IL-8 increase eosinophils decreased	N/A	IgE levels in group A decreased, but not statistically significant

This study<sup>19</sup> showed significant improvement with the use of laser acupuncture. Almost 92% of the children in the intervention group showed improvement compared to 25% in the control group. The intervention group showed both an increase in all lung functions compared to the control group and a significant reduction ( $p < 0.001$ ) of the dose of medication (inhaled corticosteroids).

After the acupuncture sessions, the FENO test showed a decrease of the concentration of exhaled nitric oxide for the intervention group when compared to the control group. However, the FENO concentration in exhalation had no significant correlation with spirometric values.<sup>19</sup>

Elseify et al.<sup>20</sup> conducted a clinical trial with 50 children diagnosed with asthma. Elseify et al. randomly selected 20 boys and 30 girls between the ages of seven and 18 years from the Outpatient Chest Clinic of Ain Shams University Children hospital and the National Research Center Outpatient Clinic of Acupuncture to be subjected to laser acupuncture for 10 sessions, three times per week. Patients with congenital malformations, heart, liver or kidney disease and other chronic conditions were excluded from the study.

Daytime and nighttime symptoms, number, dosage and frequency of medication intake, asthma control questionnaire as well as spirometry levels were recorded both at the beginning of the study and one month after last treatment. Before each laser acupuncture session, rescue medication (short-acting  $\beta_2$  agonists) and frequency of symptoms were recorded. At every session laser acupuncture was performed for 20 seconds at each point.

During the course of treatment, the frequency of symptoms decreased. At the end of the study, all the children showed no daytime symptoms and no overuse of rescue medication, while two children had nocturnal symptoms and limitation of activity.<sup>20</sup>

The total number of medications was reduced at the end of the study. Mean values of spirometry tests and asthma control questionnaire significantly improved ( $p < 0.001$ ). This study found no adverse effects with laser acupuncture treatment.

## Acupuncture-like TENS

Lin et al.<sup>21</sup> investigated the effects of acupuncture-like transcutaneous electrical nerve stimulation (AL-TENS) in 43 children diagnosed with intermittent to mild persistent asthma. The effects of AL-TENS in the quality of life and pulmonary function were particularly analyzed. Children were randomly assigned to two groups. It is noted that Lin et al.'s usage of the terms "experimental group" and "control group" is not consistent throughout the publication. For that reason, we refer to the "control group" and "experimental group" as "intervention group" and "non-intervention group," respectively.

In this study,<sup>21</sup> AL-TENS was administered to the intervention group, while the non-intervention group received no AL-TENS. Pulmonary function (via spirometry tests—FVC, FEV<sub>1</sub>, PEF and FEV<sub>1</sub>/FVC), heart rate variability (used to measure autonomic nervous activity by analyzing the variations in the intervals between heart beats) and quality of life (assessed through the pediatric asthma quality of life questionnaire—activity limitation, symptoms and emotional function) were measured in both groups at the beginning and end of the study (after eight weeks).

At the end of the study, FEV<sub>1</sub> improvements were significantly different ( $p < .05$ ) between the two groups, while changes in pulmonary function showed no statistical difference ( $p < .05$ ).<sup>26</sup> Quality of life assessment scale showed significant differences ( $p < .001$ ) between the groups.

Limitations of this study include AL-TENS's frequency might not be sufficient to affect the autonomous nervous system and, therefore, the variability in heart rate. Planned recruitment ( $n=46$ ) failed to account for dropout rate, thereby failing to meet the power needs to show differences between groups ( $n=22$ ). Unexplained participant retention is a threat to internal validity.

## Acupuncture Studies

Karlson & Bennicke<sup>22</sup> studied acupuncture to treat asthma in patients from six months to six years of age. One hundred twenty-two patients who had asthma symptoms during four of the 14 days of the enrollment period were randomly chosen. The study excluded children who had severe chronic conditions, used steroids during the enrollment period, or did not complete or submit the asthma diaries.

To avoid variations of seasons and weather changes, this prospective, randomized, controlled clinical trial was unblinded and conducted for one entire year. Asthma diaries were used by the parents to record symptoms, medication, and general condition of the child. The parents completed diaries and questionnaires before the treatment, after three months of acupuncture, and at the end of the 12 months.<sup>22</sup> The participants were advised to avoid cow's milk but following this was voluntary, and at the end of 12 months, all the children had consumed dairy products.

Statistically significant reductions were observed in subjective asthma symptoms and in use of inhaled steroids (IHS) and  $\beta_2$  agonists in both groups at 3 mo. Compared with the control group, the reduction in asthma symptoms ( $p=.0376$ ) and use of IHS ( $p=.0005$ ) was significantly larger in the intervention group. Between groups, the asthma symptoms also decreased ( $p=.0376$ ) after three months of acupuncture treatment, but the difference in asthma symptoms was not observed at the end of 12 months ( $p=.148$ ). At 12 months, the use of steroids was greatly reduced in both groups ( $p < .0001$ ), but the intervention group had a greater reduction ( $p=.0005$ ) when compared to the control group.<sup>22</sup>



After the observation period, general asthma symptoms and use of medication did not show differences between the groups. The improvements shown by the control group might be explained by the fact that infants with asthma may have spontaneous healing.<sup>22</sup> A limitation of this study was the subjective way in which the data were collected through questionnaires and diaries.

The randomized controlled study conducted by Scheewe et al.<sup>23</sup> looked at the effects of ACM in children and adolescents who suffered from asthma. Children with co-morbidities that may affect asthma were excluded from the study. This study measured lung function, peak flow variability, symptoms, quality of life and anxiety sensation. During the study, use of glucocorticosteroids and  $\beta_2$  agonists was continued or modified according to the child's progress. The intervention group received 12 acupuncture treatments in a 4-week period. The control group did not receive acupuncture.

Scheewe et al.<sup>23</sup> acquired data through two questionnaires: (1) Asthma Quality of Life Questionnaires designed to measure emotions and symptoms before and after the observation period, and (2) State-Trait Anxiety for Children designed to assess anxiety as an asthma trigger. Spirometry was used to determine the lung function and bronchial hyperactivity through FEV<sub>1</sub>.

In this study,<sup>23</sup> both the intervention and control groups showed improvement in overall condition but no improvement was seen in lung function and quality of life between groups. Significant differences were shown for combined scores of peak expiratory flow and anxiety ( $p < 0.01$ ). However, the spirometry test did not reveal differences between groups. The intervention group showed improvement in bronchial hyperactivity. Seventy percent of participants from both groups reported improvement in their quality of life four months after the intervention.<sup>23</sup>

In a randomized, single-blind, controlled study, Joos et al.<sup>24</sup> investigated the effects of acupuncture in asthma patients 16–65 years of age. Participants with another serious illness who received any other treatment therapy and/or had an oral dosage of steroids higher than 7.5 mg/day were excluded from the study. Both the intervention group and the control group received 12 acupuncture treatments. In the control group, acupuncture points not specific for asthma were randomly selected. Additionally, the needle insertion was shallower than the intervention group and the needles were not manipulated. (See Table 1 for specific points used).

Eosinophils, lymphocytes (pan-T lymphocytes (CD3<sup>+</sup>), helper T-cells (CD4<sup>+</sup>), cytotoxic T-cells (CD8<sup>+</sup>), activated T-lymphocytes (CD25<sup>+</sup>), B-cells (DC19<sup>+</sup>), and natural killer cells (NK CD16<sup>+</sup>) were lab tested.<sup>24</sup> The ELISA test was used to determine IgE concentrations. At the end of the 4-week period, participants responded to questions about their wellbeing and improvement in their asthma condition.

Participants reported improvement in the condition after four weeks of acupuncture treatment with significant difference

between groups: in the intervention group, 79% participants reported improvement compared to 47% of the control group.<sup>23</sup> In the intervention group, CD3<sup>+</sup> ( $p=0.005$ ), CD4<sup>+</sup> ( $p=0.011$ ) cells showed a significant increase. Additionally, CD8<sup>+</sup>, CD25<sup>+</sup> and B cells increased but with no significance.

Number of NK cells decreased during the intervention and returned to normal levels after the intervention. In the intervention group, the concentration of cytokines decreased significantly IL-6 ( $p=0.026$ ) and IL-10 ( $p=0.002$ ) which normally follows reduction of inflammation and may indicate immune modulation. The cytokine IL-8 significantly increased ( $p=0.050$ ) after treatment as well. In the intervention group, the eosinophils decreased by 25%. In the control group, the CD4<sup>+</sup> lymphocytes increased by 22%.<sup>24</sup>

There were two fainting episodes during acupuncture treatment in the intervention group, and the participants recovered quickly when needles were removed.<sup>24</sup> Limitations of this study include assessment of symptoms by therapists with risk of bias, small sample of participants, large disparities between sexes and inclusion of adults as well as children. There was no subgroup analysis of children, limiting drawing any specific conclusions. Additionally, this intervention was done in a short period of time.

## Herbal Medicine Studies

Chan et al.<sup>25</sup> conducted a randomized double-blind and active controlled study that considered the use of the herbal formula *Ding Chuan Tang* (Arrests Wheezing Decoction) to measure its side effects and action in the airway hyper-responsiveness (AHR) in children. The AHR measures limitations of airflow while reflecting the increased sensitivity of the airways on inspiration. *Ding Chuan Tang* is a common herbal formula used for patients with asthma. It redirects the lung *qi*, arrests wheezing, clears Heat and transforms Phlegm.<sup>33</sup>

This double-blinded study<sup>25</sup> was conducted with 52 participants who were sensitive to mites and diagnosed with mild to moderate asthma. Participants used  $\beta_2$  agonists and steroids. They ingested the herbal formula in the form of capsule; the intervention group received *Ding Chuan Tang* capsules. The control group received capsules with starches. Both the formula and the placebo capsules looked the same.

The participants were trained to take FEV<sub>1</sub> test at home, asked to keep a diary, and take the formula (or placebo for control group) twice a day for a period of 12 weeks. In the diaries, participants listed their symptoms, asthma attacks, use of  $\beta_2$  agonists and corticosteroids or emergency medication and any other asthma treatment used.<sup>25</sup>

The participants visited an allergist and a Chinese medicine doctor five times during the intervention period to check for adverse effects of the herbal medication.<sup>25</sup> Parents received calls to survey compliance with the study.

Asthma symptoms were assessed through diary cards, and lung function was measured through a methacholine challenge test and a spirometric function test.<sup>25</sup> Additionally, IgE, leukotriene C4, histamines, and kidney and liver functions were measured through blood samples collected at the first and last clinical visits.

This study showed no significant differences between groups at baseline with respect to AHR, serum IgE levels, medication usage and PEF.<sup>25</sup> In addition, the control group did not show a significant difference in the values of FEV<sub>1</sub> (p=0.594) and FVC (p=0.602) when compared to the intervention group at the beginning and end of intervention. When compared to the beginning of the study, the log transformed AHR values were much higher at 12 weeks in the intervention group and showed no significant improvement for the control group (p=0.574). The PEF increased for 12 weeks in both groups but with no significant difference (p=0.091) between groups.

Asthma attacks and medication usage decreased in the intervention group when compared to the control group.<sup>25</sup> After analyzing kidney, liver, and heart functions, the use of the formula *Ding Chuan Tang* showed no adverse effects. Participants reported upper respiratory tract infection, throat irritation, and headaches. However, the difference between groups' responses was small and the intervention group showed fewer complications than the control group. A limitation of this study is that a singular ACM diagnosis was followed for each and all intervention patients, contrary to providing each patient with an individualized diagnosis and treatment.

*Mai Men Dong Tang* (Ophiopogonis decoction) is another Chinese herbal formula used and studied for the treatment of asthma. This herbal formula is known to benefit the Stomach, generate fluids and direct the rebellious *qi* downward, alleviating coughing, wheezing and shortness of breath.<sup>33</sup>

In a randomized, placebo-controlled, double-blind study, Hsu, Lu and Chang<sup>26</sup> studied the efficacy and side effects of modified *Mai Men Dong Tang* in patients with asthma in a 4-month period. The study excluded participants who showed acute respiratory infections at recruitment, systemic glucocorticosteroids treatment in three months prior to the study or for more than thirty days in the two years prior to the study. Additionally, participants with serious reactions to theophylline or glucocorticosteroids, attention deficit disorder or other psychological or emotional disorders were excluded from the study. Spirometry testing was used to assess lung function and blood was drawn to measure IgE.

Participants were randomly assigned to three different groups: group A received 800 mg of modified *Mai Men Dong Tang*; group B received 400 mg of modified *Mai Men Dong Tang*; group C received a placebo twice a day. All groups received the herbal treatment in capsule form and all capsules for the different groups looked identical. Participants were given bronchodilators, oral corticosteroids and other emergency medications as needed. Symptoms and medication use were recorded in diary cards.<sup>26</sup>

The IgE amount was measured using the ELISA test.<sup>26</sup> The primary statistical outcome was the change in FEV<sub>1</sub>, while the secondary outcome was the scores for asthma symptoms (measured on a 4-point scale and expressed as median with range) and changes in the total value of IgE.

By the end of the intervention, seven participants in group A dropped out of the study, eleven dropped out from group B, and three dropped out in group C.<sup>26</sup> Reasons for dropout were not due to adverse effects of treatment. After the intervention, both groups that received modified *Mai Men Dong Tang* showed improvement in their lung function, and most patients showed improvement of more than 10% when compared to the beginning of the intervention.

The asthma symptoms of both group A and B decreased after four months.<sup>26</sup> The total IgE levels in group A experienced a non-statistically (p=0.108) significant decrease after treatment. Lab results indicated no adverse effects of modified *Mai Men Dong Tang* on liver and kidney functions.

## Discussion

The methods used in these studies revealed that for children who suffer from asthma, acupuncture and Chinese medicine interventions may help and have minimal side effects. Significant improvement in bronchial hyperactivity and fewer acute respiratory infections in the winter months were reported with laser acupuncture and probiotics.<sup>18</sup>

A comprehensive systematic review of the efficacy of acupuncture for children with asthma was conducted by Chi Feng Liu and Li Wei Chen in Taiwan and published in 2015. In contrast with the Liu and Chien's literature review,<sup>34</sup> this investigation looked at studies with needleless interventions (laser acupuncture,<sup>18,19,20</sup> herbal medicine<sup>25,26</sup> and acupuncture-like transcutaneous electrical nerve stimulation<sup>21</sup>) and needle interventions<sup>22,23,24</sup> and compared their results.

Similarly with the findings of Liu and Chien's review,<sup>34</sup> this investigation found that laser acupuncture has an improvement in the lung function, reduction of medication dosage, and decrease of the concentration of exhaled nitric oxide.<sup>19</sup> Additionally,

“The methods used in these studies revealed that for children who suffer from asthma, acupuncture and Chinese medicine interventions may help and have minimal side effects. Significant improvement in bronchial hyperactivity and fewer acute respiratory infections in the winter months were reported with laser acupuncture and probiotics.”

studies with both acupuncture interventions and needleless laser acupuncture interventions reported a decrease of asthma symptoms and intake reduction of corticosteroids and  $\beta$  agonist medication.<sup>20,22</sup>

Better quality of life, significant improvement in bronchial hyperactivity, and decreased medication intake was reported to have occurred with acupuncture treatments.<sup>23</sup> Another acupuncture study, performed in children and adults (ages 16–65 years), reported a significant increase in markers of the immune system and a significant decreased concentration of pro-inflammatory cytokines, which may indicate immune modulation.<sup>24</sup>

Studies using herbal formulas showed a decrease in asthma attacks and medication usage,<sup>25</sup> improvement in lung function, and decreased asthma symptoms.<sup>26</sup> Both studies using herbal formulas<sup>25,26</sup> showed no adverse effects in kidney, liver and heart functions.

Limitations in the literature on ACM as treatment for childhood asthma include generalizability, failure to address various causes of asthma and differing effects of asthma depending on childhood age group.<sup>22</sup> Additionally, ACM treatments were not sustained after the treatment period,<sup>22</sup> and this investigation did not find studies comparing acupuncture to needleless acupuncture in the treatment of pediatric asthma.

## Conclusion

Acupuncture and Chinese medicine can be used to treat children who suffer from asthma to decrease symptoms and prevent asthma attacks. However, conducting adaptive clinical trials might be beneficial to investigate maintenance doses of acupuncture and herbal medicine, since studies show that ACM treatment benefits were not sustained long after the interventions.

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## CLINICAL PEARLS



The topic selected for this issue is:

### How Do You Treat *Postpartum Depression* in Your Clinic?

*Reprinted from Meridians: The Journal of Acupuncture and Oriental Medicine, Vol. 2, No.3*

Postpartum depression (PPD) is a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities caring for a newborn infant.<sup>1</sup> According to the American Psychological Association, 9-16% of postpartum women will experience PPD. The Center for Disease Control estimates this number to be higher, between 11 and 20%. The number is likely even higher, as both represent only diagnosed cases. The statistics also leave out those women who miscarry or deliver stillborns. Many more cases are undiagnosed and therefore go untreated.

Postpartum depression, also known as postnatal depression, is a collection of symptoms that affect a mother's ability to care for herself, her newborn, and her family. These signs and symptoms can include the mother feeling angry, inconsolable, anxious, irritable, withdrawn, and fearful. Yet it is much more than a collection of negative feelings in oneself. These emotions can lead to a lack of interest in the baby's or the mother's own life. More severe cases can indicate the new parent is thinking of abandonment, suicide, or harming her infant.

It must be noted that these negative feelings typically persist for more than a couple of weeks. The DSM-V claims that PPD needs to appear in the first four to six weeks postpartum, but some women will recollect that their depression began months after giving birth. A well-known method of screening for PPD is the Edinburgh Postnatal Depression Scale.<sup>2</sup> These "baby blues," a colloquial term for PPD, are treated in a western medical setting through a combination of professional counseling, antidepressants, and hormone therapy.<sup>3</sup> For the very severe cases, electroconvulsive therapy is used.

From the traditional Chinese medicine (TCM) perspective, PPD is commonly given a diagnosis of *qi*, blood, and *yin* deficiency, Blood stasis, or invasion of Cold and Wind. There are other diagnoses, but *qi*, blood and *yin* deficiency is most commonly given. Treatment can consist of a combination of herbal formulas, food therapies, and acupuncture within the scope of practice for an acupuncturist or TCM doctor. Other complementary treatments can assist the TCM modalities in improving the status of the patient.

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## How do You Treat *Postpartum Depression* in Your Clinic?

By Dylan Jawahir, LMT, Dipl OM (NCCAOM), LAc

Dylan Jawahir, LMT, Dipl OM (NCCAOM), LAc focuses on injury, rehabilitation, and pain management at his clinic, August Point Wellness, LLC, in San Diego, California. Dylan has served on the board of directors of the California State Oriental Medical Association and was an editor of *All Things Healing*. He currently writes for the Jiu Jitsu Global Federation and various online publications. Jawahir balances his medical practice with martial practice of Korean Tae Kwon Do and Brazilian Jiu Jitsu. He has practiced acupuncture for five years and massage therapy for eleven years. Dylan can be reached at: [dylan@augustpoint.com](mailto:dylan@augustpoint.com) or visit his website: [www.AugustPoint.com](http://www.AugustPoint.com)

Postpartum depression is a difficult assessment to make. There are several important factors that come into play to gain insight into a specific case.

First and foremost, I take a patient history. I ask the patient about her physical and emotional state during the pregnancy. I ask whether or not a support network of friends and family was available during pregnancy and if this is still the case. Dietary intake during the pregnancy is very important. I ask about cravings during the neonatal period and which of the five flavors entice the patient at the present time. Tongue and pulse are also assessed.

After doing a patient history, I look at the patient. I observe her skin, eyes, hair, nails and clothing. I palpate the channels and feel the abdomen. I then inquire about her emotional status. For me, the Edinburgh Postnatal Test is a great tool to use when assessing the patient's current state of mind.

“First and foremost, I take a patient history. I ask the patient about her physical and emotional state during the pregnancy. I ask whether or not a support network of friends and family was available during pregnancy and if this is still the case. Dietary intake during the pregnancy is very important.”

I believe that many cases of PPD have some degree of blood stasis and *qi* and blood deficiency. For this scenario, I use a three pronged approach; food therapy, acupuncture, and herbal medicine are my general recommendations.

I ask the patient to increase her intake of magnesium and iron-rich foods. This can take the form of plants, such as chlorella, dark leafy greens, aloe vera gel, whole grains, and legumes. Many plants have an effect of coursing Liver *qi*—important in moving emotional stagnation. When diet won't allow adequate mineral intake, I recommend a magnesium and iron supplement. Other foods I suggest for depression are brown rice, cucumber, apples, cabbage, fresh wheat germ, kuzu root, wild blue-green micro-algae, and apple cider vinegar.<sup>1</sup> I also ask the patient to reduce intake of processed foods, artificial sweeteners, and sugar.

The acupuncture treatment is geared to help supplement as well as move *qi* and blood. SP-6, SP-10, ST-36, REN-17, and LV-3 are used. Retention time is 20-30 minutes and patient is lying face up on a heated table, with emphasis on warming the low back.

The herbal formulation I use for my patients with this condition is Gui Pi Tang. The formulation is modified to address more specific signs and symptoms depending on the patient.

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# How do You Treat *Postpartum Depression* in Your Clinic?

By Atara Noiade, EAMP, DOM

Dr. Noiade, EAMP, DOM holds an MScI in Biosciences/Regulatory Affairs from Johns Hopkins University. She is an NCCAOM Diplomate in OM and Herbal Medicine and has served as chair of the Herbal Medicine Committee of the American Association of Acupuncture and Oriental Medicine. She practices Chinese medicine on Bainbridge Island, Washington.

A woman experiencing symptoms of PPD can be overwhelmed in her efforts to both care for a new infant and endeavor to overcome the powerful effects that PPD can have on her health. PPD can feel very isolating, especially if the patient does not have family to help with the infant. One of the most helpful things a practitioner can do is to reassure the patient that others go through this too and that she is not alone.<sup>1</sup>

In Chinese medicine, PPD typically manifests as *xue xu* lending to *shen* imbalance and sometimes *yin xu*, or it may present as blood stasis.<sup>2</sup> Some women may display extreme behaviors, such as obsession or psychotic behavior. The Golden Mirror text, circa 1742, describes "absurd speaking, seeing ghosts and manic behavior after childbirth."<sup>3</sup> In treating PPD due to *xue xu* it is important to nourish the blood, calm the *shen*, and tonify the heart. The following treatment can be applied:

- 1) DU-20: benefits brain, calms spirit
- 2) CV-4: tonify Kidney *jing, yin, yang, qi*, and *xue*: apply loose moxa on needle; be sure patient is not pregnant again before applying
- 3) SP-6: tonify *yin* and *xue*, calms *shen* (unless patient pregnant again)
- 4) ST-36: tonify *qi* and *xue*, treat lassitude, treat depression and/or psychotic behavior with loose moxa on needle
- 5) PC-6: calm *shen*
- 6) CV-14: tonify Heart *qi*, calm *shen*
- 7) CV-15: source point of five *yin* organs, calm *shen*
- 8) LV-8: tonify *xue* and *yin* from emotional and physical strain
- 9) LV-3: tonify Liver *xue*, move Liver *qi*

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I have found it effective to alternate the formulas Tian Wang Bu Xin Dan and Jia Wei Xiao Yao Wan to nourish and center in tonifying the heart and addressing *xue xu* with *qi* stagnation and *shen* imbalance. If using Jia Wei Xiao Yan San, Golden Flower Chinese Herbs produces a gentle version, Free and Easy Wanderer Plus, which has had positive results in depressed patients.<sup>4</sup>

It is also important to provide your patient with a daily action plan and to review a checklist of this plan. Giving the depressed patient a routine assists the patient in staying focused. An effective aspect of this treatment is physical activity. This moves the *qi* and blood and helps lift the patient's mood. A simple example of a plan I use can be found in the references section.<sup>5</sup> I also suggest to the depressed patient that she incorporate the six healing sounds from the Microcosmic Orbit into a sitting meditation.<sup>6</sup> This is a very relaxing breathing exercise which can assist in calming the *shen* and clearing the mind.

## How Do You Treat *Postpartum Depression* in Your Clinic?

By Michelle Young, MSOM, DiplOM (NCCAOM), LAc

Michelle Young, MSOM, DiplOM (NCCAOM), LAc has practiced for seven years in a multidisciplinary clinic in Chicago's effervescent Wicker Park neighborhood. Her treatments focus on pain management, fertility and pregnancy support, and mental health. She is also a certified doula. She may be reached at [michelle@division-chiroandacu.com](mailto:michelle@division-chiroandacu.com).

Depression following childbirth is often the result of deficiencies in the body. For nine months, the growing fetus siphons off the mother's Kidney *qi*, since it is needed for development. Women will lose approximately 500 ml (about a half of a quart) of blood in childbirth. Additionally, the commitment to breastfeeding further depletes the mother's vital resources. When the blood is deficient, the *shen* has no residence and can become anxious and depressed.

Prevention of these deficiencies is key! Although more research is still needed on this topic, placentophagy is common among mammals and has been part of the *Materia Medica* for over 2,000 years. Placenta hominis, *zi he che*, is considered rich in iron, protein, minerals and hormones that level out the postpartum emotional roller coaster. Low levels of the corticotropin releasing hormone are implicated in postpartum depression and can be regulated by consuming placenta.

For women who are prone to depression or being overly emotional, I recommend they consult a placenta encapsulationist and medicinally consume their placentas in pill form during the post-partum period. *Zi he che* can also be taken in patent herbal formulas; it is instead sourced from a pig or cow.

My acupuncture treatment plan is geared toward the most common blood deficiency type of postpartum depression. It focuses on calming the *shen*, nourishing Blood and vitalizing Kidney *qi*.

I needle these points: ST-36: reinforce; SP-6: regulate hormones; KD-3: nourish Kidney *yin*; HT-7: calm *shen* and build HT blood; CV-6: tonify Essence and resolve depression (angle slightly upward); SP-4 + PC-6: open the Chong Mai and build blood; CV-15: calm *shen*; DU-24: raise clear *yang*; GB-13: stabilize moods

"My acupuncture treatment plan is geared toward the most common blood deficiency type of post-partum depression. It focuses on calming the *shen*, nourishing Blood and vitalizing Kidney *qi*."

### Optional:

LV-8: to nourish the Liver Blood; KD-16: to remove energetic blockages in the abdomen, harmonize Heart and Kidney; KD-2: in place of KD-3 for empty heat and to quell fear.

All of these points are needled bilaterally, except SP4/PC6 contralaterally. Do not do more than 15 points total so as not to drain the patient. I use #34 (0.22) gauge needles on the

torso and #36 (0.20) gauge needles on the extremities. I retain the needles for 35 minutes and see the patient two times per week for the first two weeks and weekly for five more weeks or as needed. Regarding herbal formulas, I will consider Si Wu Tang, Gui Pi Tang or Bu Zhong Yi Qi Tang.

Postpartum weight gain may lead women to under eat after the birth of their child, so they may not get enough calories to sustain their energy and moods. Warm, nourishing foods and 60-80 g per day of protein are recommended.

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## Writing a Solid Scientific Paper That Will Sail Through the Peer Review Process: Valuable tricks from the experts

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

Research is new to our profession in both the U.S. and China. Together we're navigating this new system, learning new rules as we learn the language of research. In major research universities, PhD candidates team up with mentors to write their first papers. Usually these mentors are senior faculty with many years of research and writing experience under their belt. A co-author who is a highly respected, well-funded senior researcher makes a paper way more valuable and it will be cited more often.

Since we don't yet have the well-funded senior researchers in our East Asian and Chinese medicine schools, we need to find them elsewhere. Today all major research universities are being encouraged by the National Institutes of Health (NIH) to work with collaborators outside of the university, and they like to collaborate with EA and CM Schools. Faculty from schools such as Oregon College of Oriental Medicine and Pacific College of Oriental Medicine NY have teamed up with highly respected senior research professors from outside universities and conducted research and published papers together.

I was first introduced to research in the late 90s when Indiana University School of Medicine received a large grant from the NIH to bring complementary medicine training into the curriculum. I was hired by the university to teach classes in complementary medicine and to host medical student interns in my TCM clinic. The program lasted five years (the duration of the grant) and I began to understand that funding for what was then called "complementary and alternative medicine" came from the federal government. I realized that our profession needed access to that funding so I began to learn the rules and play the game of research, with the ultimate goal of winning. The prize is federal funding.

My first published piece was a case study that appeared in *Alternative Therapies in Health and Medicine*, January 2009.<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/19161048> My mentor, a PhD neuroscience researcher from Indiana University School of Medicine, gave me one of her published case studies in a Word document to use as a template. She instructed to keep the format and structure but to remove her data and cut and paste my words and my data into the paper.

This mentor carefully edited my words to remove all bias and opinion. She advised me to bring on a co-author to check the final piece for accuracy. Because the topic was infertility



“The program lasted five years (the duration of the grant) and I began to understand that funding for what was then called ‘complementary and alternative medicine’ came from the federal government. I realized that our profession needed access to that funding so I began to learn the rules and play the game of research, with the ultimate goal of winning. The prize is federal funding.”

and PCOS, I found an ObGyn researcher who agreed to co-author with me. We submitted the piece to a journal that had a complementary medicine audience, so we kept the Chinese medicine discussion at an elementary level.

Shortly after that paper was published, Peter Johnstone, MD was recruited to Indiana University School of Medicine to serve as chair of the Department of Radiation Oncology. At that time, Peter had over 150 publications on MEDLINE and he was also a medical acupuncturist. He became my next mentor and, over the next several years we published three papers and a book chapter together.<sup>2,3,4,5</sup> I am very grateful for the mentoring I received early in my career from expert researchers at the Indiana University School of Medicine.

As noted, our journal, *Meridians: JAOM*, offers a complete [Author Guidelines](#) as well as additional research resources on the Meridians: JAOM website, [www.meridiansjaom.com](http://www.meridiansjaom.com). We feature pieces by both experienced researchers and first-time authors on a wide range of topics as we endeavor to enhance research literacy in our profession. Please see excerpt on pages 34-35 and visit <http://www.meridiansjaom.com/author-guidelines.html> for the full text.

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## Valuable Tricks from the Experts:

- ✓ **Read the journal's Author Guidelines before you begin to write your paper.** This can be found on the website of the journal you have selected for your submission. Cut and paste their requirements—from the title page through its entire format—into a Word document before you begin. (It's on page 2 and 3 of the *Meridians: JAOM* [Author Guidelines](#).) This list will remind you about what is required, including the format for the title page, keywords, and abstract, and it will force you to stick closely with the structure the experts use.
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- ✓ **Write to a broad audience.** If your paper is published in *Meridians: JAOM*, it will become part of EBSCO's academic research database. Most of the readers will be academics from other fields, not necessarily Chinese medicine doctors. Keep the Chinese medicine language to an elementary level. Report in great detail what treatment was delivered. List and describe what herbs were used and limit your justification (why the treatment was used) to just one sentence.
- ✓ **Do not persuade** the reader to believe that your treatment was best. Just state what you did, when you did it, and what the results were. Let the readers decide for themselves.
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- ✓ **Always look for recent publications** written on your topic to cite in your paper. I was dinged for not having the most recent literature review cited in one of my publications. Go to PubMed and make sure you are including all the most recent publications. Do not exclude papers with negative findings—report them and discuss the negative findings.
- ✓ **Recruit co-authors.** Research is a team effort. Papers with more than one author are always more respected than a paper written by only a single author. If you are writing a paper on the mechanisms behind the effects of acupuncture, bring in a neuroscience co-author. If you're writing a paper on allergies, bring in an allergist as a co-author. Your co-author does not have to be involved when you write your first draft. They are normally sent the final draft to check for accuracy of the content that is related to their field. On your paper's byline, the lead author (you) is listed first, followed by the co-authors who help to validate the content in the paper.

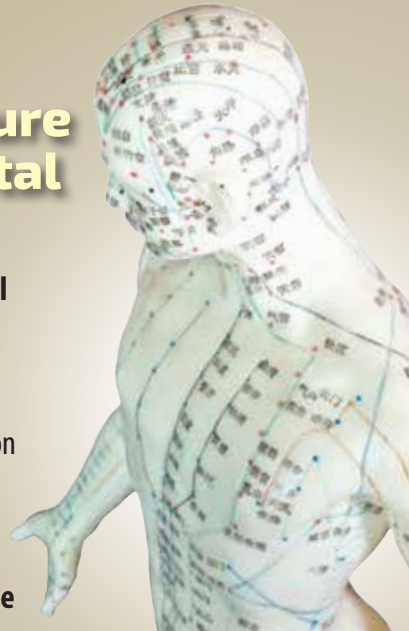
*Continued on page 34*



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## Excerpts from Meridians: JAOM Author Guidelines

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### Title Page Should Include:

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### Abstract

- Limit Abstracts to 250-300 words
- Do NOT include abbreviations of terms such as "TCM" in the abstract
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- Abstracts for research articles can include five short paragraphs labeled:
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**Meridians: JAOM's [Author Research/Resources](#) has a valuable five-part article by Jennifer A. M. Stone on how to write a research paper as well as many other resources.**

### Key Words

- Provide 3-8 relevant, medically-based words or terms separated by commas
- Use terms from the medical subject headings (MeSH)
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- **Introduction:**
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  - Describe the methods, apparatus and procedures in sufficient detail
  - Identify precisely all drugs and chemicals used, including their generic name(s), dose(s) and route(s) of administration

- Identify all herbal formulas used, including formula name, manufacturer, dose(s) and routes(s) of administration. Don't list each herb in the formula unless it is a custom formula. This individual listing of formulas may be set up as a Table.

- **Results:**

- Present the results in the text, in tables as necessary, and through illustrations concisely and in a logical sequence
- Do not repeat all of the data in the text that is contained in the tables or illustrations
- Summarize only the important observations

- **Discussion:**

- Include the interpretation and significance of the findings and their limitations as well as implications for future research
- State new hypotheses when warranted; clearly label them as such
- Do not repeat information from the Results section

- **Conclusion:**

- Emphasize any important new findings per your article
- Include implications of these findings and their limitations
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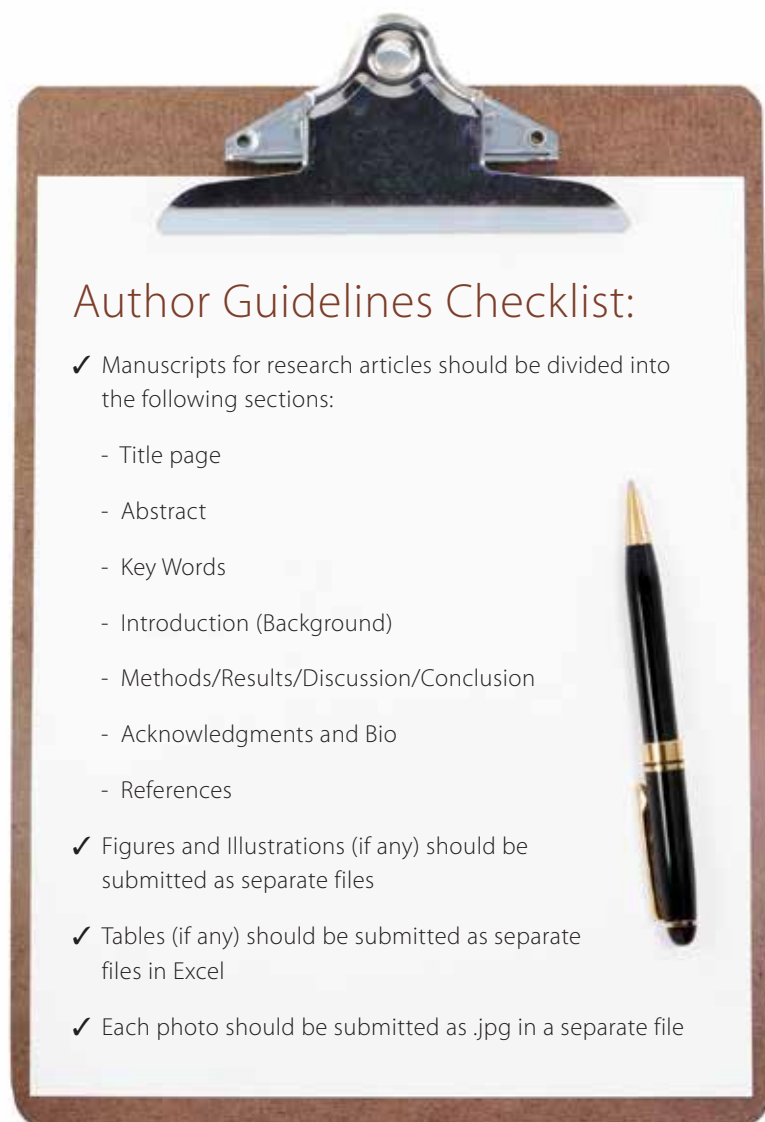
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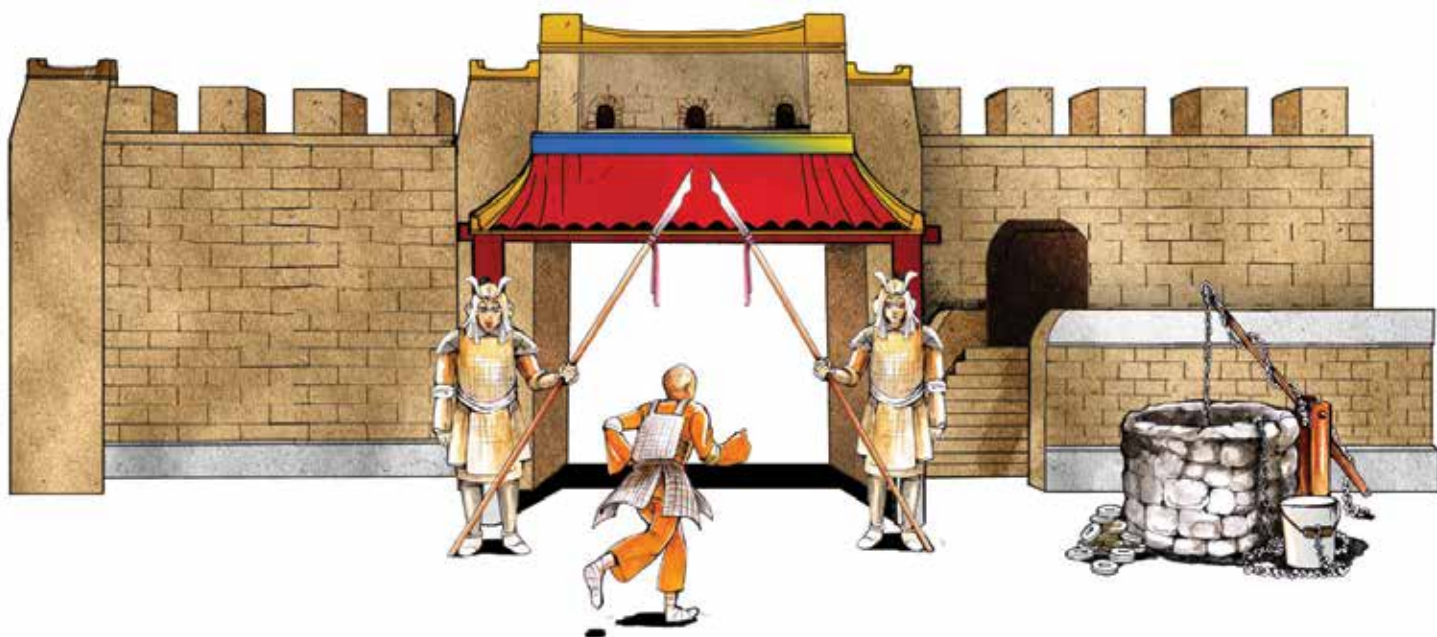
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## TH-1 關衝 *Guan Chong*, Passage Surge

By Maimon Yair, DOM, PhD, Ac and Bartosz Chmielnicki, MD

*Please see bios at end of the article.*

### Explanation of the picture:

*Guan Chong*, Passage Surge, is a Metal and *jing well* point. Both aspects are shown in this picture. The well on the right represents the depth of *qi* at this point. Next to the well is a heap of coins and a metal bucket; both symbolize the Metal quality of the point.

The name of this point is portrayed as a border gate guarded by two soldiers. A monk running towards the gate expresses the surge of yang energy rushing out from the inside the body. One of the soldiers who shows his tongue has big ears; tongue and ears indicate the areas which this point can treat.

### Characters of the Name:

關 *Guan* – a door that is locked or guarded, a gateway, or border crossing

關 *Guan* – *Guan* is a pictograph of a guarded border gate. Points with *Guan* in names are checkpoints, which the body can open or close, thus regulating *qi* and Heat.

衝 *Chong* – to surge

The character is composed of the following two parts: the central part is the character *chong* 重 (to repeat, has great weight) that is put between two parts of the character 行 *xing* (to walk). Together they mean repeated action taken with great effort; to rush forward; a highway (where one can travel fast); the main, central place (where all the highways meet or begin). It also brings a meaning of power—of moving with great power.

\*The pictures are part of a project called the "Gates of Life" portraying the nature, action and *qi* transformation of acupuncture channels and points made by the CAM team © (Chmielnick, Ayal, Maimon). Illustration by painter Mrs. Martyna "Matti" Janik.

## Meaning of the Name:

### Passage Surge

The name refers to surge of *yang qi* rising to the surface from the *Lower Jiao*

Both Pericardium and Triple Heater compose the Ministerial Fire – the function of connecting the Imperial Fire of the Heart and *shen* residing in the *Upper Jiao*, and the Fire of *MingMen DanTian* in the *Lower Jiao*. Pericardium channel starts in the center of the chest and communicates with the three Heaters. The Triple Heater channel starts from the *MingMen* and distributes the *yan qi* from the Kidneys, and the *Lower Jiao* through the body.

TH-1 is the first point on the channel, receiving the energy from Pc-9, *Zhong Chong*, the Central Surge. The Metal quality enables TH-1 to concentrate this energy as well as to provide the correct flow of *qi*, releasing stagnations and Heat from the other side of the channel as well as from the *Lower Jiao* where the channel originates.

## Locations:

*ShaoChong* is located on the dorsal side of the ring finger at the junction of lines drawn along the ulnar border of the nail, where it meets a line drawn from the base of the nail just near the nail's corner.

## Main Actions and Indications:

### *Jing well point*

*Jing well* points are very dynamic in nature, representing the place of change between opposing forces of *yin* and *yang*, as the energy flows at these points according to the daily circulation, from *yin* channel to the *yang* channel and from *yang* channel to *yin* channel. Therefore *TH-1* strongly moves stagnations and releases Heat.

TH-1 can be used for internal condition relieving stagnation in the *Upper* and *Lower Jiao*:

- in *Upper Jiao* treating stagnation of Fire in the Heart manifesting in conditions such as angina pectoris, chest pain, and heart pain accompanied with symptoms such as deviated tongue, indicating blood stagnation with Heat and Wind
- in the *Lower Jiao* – treating stagnation and Heat in the intestines, uterus, kidney, manifesting in conditions such as constipation and uterine bleeding

TH-1 can also be used for external stagnation relieving stagnation along the Triple Heater channel. Treating stagnation along the

trajectory of the channel especially: shoulder pains, ear aches, temporal headaches.

### Metal point

The Metal quality of TH-1 enables this point to concentrate and order the flow of *qi* coming from the previous channel, the Pericardium, resolving stagnations and relieving Heat. Therefore, it is classically indicated in case of febrile diseases, especially fever without sweating.

Another aspect of the Metal quality is expressed in protecting the borders. TH-1 is used to expel external Wind and Wind Heat pathologies leading to conditions such as throat *bi* syndrome, dry mouth, pain in the shoulders, and ringing in the ears.

## Affecting Tendon Muscular Meridian:

Triple Heater Sinew channel starts at TH-1 and flows superficially through the elbow, shoulder, neck. It sends internal branch to the root of the tongue and external branch through the outer corner of the eye towards the corner of the forehead. Its trajectory explains the influence of TH-1 on tongue disorders.

### **Yair Maimon, DOM, PhD, Ac**

Dr. Maimon heads the Tal Center at the Integrative Cancer Research Center, Institute of Oncology-Sheba Academic Hospital, Tel Hashomer, Israel. He serves as the president of the International Congress of Chinese Medicine in Israel (ICCM) and the head of the Refuot Integrative Medical Center. With over 30 years of clinical, academic, and research experience in the field of integrative and Chinese medicine, Dr. Yair combines scientific research with the inspiration from a deep understanding of Chinese medicine. He has been a keynote speaker for numerous congresses and TCM postgraduate courses. Dr. Maimon is the founder and director of a new innovative eLearning academy, the TCM Academy of Integrative Medicine, [www.tcm.ac](http://www.tcm.ac).

### **Bartosz Chmielnicki, MD**

Bartosz Chmielnicki is a medical doctor who has been practicing and teaching acupuncture since 2004. In 2008 he established the Compleo – TCM clinic in Katowice, Poland, and soon after he opened the Academy of Acupuncture there. Dr. Chmielnicki heads the ACUART International School of Classical Acupuncture, [www.acuart.pl](http://www.acuart.pl). He teaches at many international conferences as well as in schools in Poland, Germany, Czech Republic and Israel.

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# Acupuncture in Cancer Study Reignites Debate about Controversial Technique: A Comment

By David W. Miller, MD, LAc



The December 11, 2017 issue of *Nature* included a piece by Jo Marchant, “Acupuncture in Cancer Study Reignites Debate about Controversial Technique.”<sup>1</sup> The American Society of Acupuncturists (ASA) was thrilled to see such an esteemed journal approach this topic and truly give it fair consideration.

Speaking for the ASA as its chairperson, we would like to make one point of clarification regarding the article’s statement, “Integrating acupuncture into mainstream medical care, rather than outsourcing it to independent, and perhaps unregulated, acupuncturists, minimizes the risk of lending authority to unscientific practitioners...” The ASA fully supports bringing *fully trained and Licensed Acupuncturists* into the mainstream treatment clinic. We also agree that it is critical for clinics and hospitals to choose properly regulated providers that are well versed in the classical and modern science of this practice.

The general designation “acupuncturists” is vague and fails to distinguish licensed, regulated practitioners from others who use this title. Acupuncture is an ancient and complex art, and no other licensure group is more devoted to the dedicated study of this field in both its ancient and modern understandings than Licensed Acupuncturists (or state equivalent designation).

Practitioners in this professional group largely graduate from schools accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is itself U.S. Department of Education certified.<sup>2</sup> More than 17,000 of these graduates hold current certification with the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), which provides board-type certification and is itself regulated by the National Commission for Certifying Agencies (NCCA).<sup>3</sup> All but three states regulate acupuncture, and action is underway to regulate in those remaining locales.

No other licensure group requires the minimum 1905 hours of formal acupuncture study that is requisite for obtaining this license. Many programs exceed 3000 hours of study in the field, and no other programs have any type of objective certification standards or independent, psychometrically sound competency testing.

Problematically, many licensure types and individuals that also call themselves “acupuncturists” may be practicing acupuncture with as little as 12-54 hours of training. Many states have no regulation on the number of hours required to practice for some non-acupuncturist license holders. It is critical to our profession that we not support this low-level of education in our medical institutions. Licensed Acupuncturists are the only professional group most likely to provide comprehensive acupuncture treatment in the context of ancient and modern understandings, and most likely to have the greatest amount of hands-on clinical experience.

As we wish for patients to have the greatest chances for success and want to frame our science most comprehensively, we should encourage and facilitate patients receiving care from the licensed, regulated professional group most highly trained in the practice: Licensed Acupuncturists.

David W. Miller, MD, LAc can be reached at [Chair@asacu.org](mailto:Chair@asacu.org)

1. *Nature* 552, 157-158 (2017)
2. [www.acaom.org](http://www.acaom.org)
3. [www.nccaom.org](http://www.nccaom.org)



## Remembering Michael O. Smith, MD

October 1942-December 2017

By Shane Haggard, LAc

It was the mid-90s and I was working in the mental health/addictions field. The methods of treating addiction were rapidly changing. Hospitals were being forced to work miracles with addicted patients with fewer resources and shortened stays. I had worked in healthcare administration for about 13 years at that point. My positions in these hospitals ranged from admissions director, utilization review management, and finally, compliance officer.

During my tenure at Fairbanks Hospital, a local hospital in the Indianapolis area, I had the great fortune of working with a forward-thinking physician. Rebecca Kelly, MD (addictionologist) introduced the idea of using acupuncture to detoxify addicts and alcoholics. She shared the work of Michael Smith, MD and a protocol he developed known by the acronym NADA (National Acupuncture Detoxification Association). Dr. Smith, the director of Lincoln Medical Center in the South Bronx, had been training people for many years to administer a five point acupuncture treatment in ears.

My initial introduction to Dr. Smith was at a talk he gave in Columbus, Ohio. He spoke of the benefits of NADA. One of the great things he said during this talk still resonates with me today. He said we in the addictions field treat the patient by taking away all of his/her coping mechanisms (the drugs). We offer nothing in return to help them over the hump. NADA is a way of taking away the chemicals but offering something in its place. That was the day I received acupuncture for the first time. I had no way of knowing it was going to change the trajectory of my entire life.

The approval for training was granted and two physicians, a nurse, and myself were sent to New York City. The training was offered free of charge to anyone who would make the pilgrimage to the South Bronx. I will never forget coming out of the subway hole that first day; the South Bronx can be a fairly intimidating place. Our instructions were to head north four blocks and over two. We arrived at Lincoln Medical Center, our home for the next two weeks.

Addicts are addicts, but I was about to be introduced to some very hard-core addicts. I was terrified and excited all at the same time. The first days were spent laying the ground work for the days to come. We would finally be shuffled to the treatment room to practice our newly acquired skills. The large room consisted of rows of chairs lined against the walls.

The facility offered outpatient services, free of charge to anyone wishing to enter and receive treatment. Patients would be seated and the acupuncture detox specialist in training would insert the needles as a part of the training. I remember very clearly the looks of gratitude and humility on each and every face.

This scary place soon became a part of my soul. The light burning in each patient was brought to the forefront at this magical facility surrounded by an outside world of daily temptations. We returned each day, learning more about acupuncture and NADA.

We returned to the hospital and agreed to incorporate NADA into the daily patient schedule. Training of staff and patients began almost immediately.

The hospital board was going to be a tough sell on this way out idea. Our board consisted of very traditional 12 step recovering alcoholics with very confining antiquated ideas. The traditional belief was a solid 12 step program that included a sponsor. That's all.

The medical director who supported this program began asking me to come to the unit and administer the protocol. I informed him we had not been given the green light on starting the program. His reply, "it is easier to ask forgiveness than permission." The NADA program was implemented and continues today to offer patients the serenity acupuncture provides.

I had the great fortune to return to Lincoln Medical Center one year later to learn to be a trainer. The hospital was very supportive of the program and wanted to be assured we had enough trained people to meet the demand. Through administering NADA to the patients on a daily basis, I was able to see the benefits. They required less detox medications, their sleep improved, and they were more focused and engaged in the treatment process.

The program had been operational for many months when I began to investigate what it would take to train in full body acupuncture. Dr. Kelly was convinced it was my calling. I was infatuated with acupuncture and Asian medicine. The closest schools were in Chicago, a three and a half hour drive from home. Giving up on the idea of learning acupuncture, I continued my studies in nursing and enrolled in reflexology school.

It would be almost a year before I was introduced to Jennifer Stone, LAc. Dr. Kelly had previously asked her to speak at the hospital regarding her experience with acupuncture and addictions. Dr. Kelly discovered I could train via apprenticeship and be eligible to sit for the NCCAOM Boards. Her plans were to convince Jennifer that I needed to train with her. In short, several weeks later, Jennifer agreed to take me on as an apprentice. She sent a formal letter of acceptance and the outline we would follow. I spent the next four years apprenticing.

Jennifer was at the forefront of everything acupuncture for the State of Indiana. During my time with her she helped author and lobbied to pass the Indiana Practice Act for Acupuncturists, the new law that made it legal for us to practice in Indiana. She founded and for many years led the Indiana Acupuncture Association, now called Indiana Society of Acupuncturists. She and I became business partners and worked together for about 12 years. I had the great fortune to ride on her coattails while developing my own style and method of delivery to patients.

Acupuncture has changed my life in ways I can't even begin to explain. It is truly the best work I have ever had the privilege of doing. This is certainly not the life I envisioned for myself. I have been practicing for nearly 20 years. I have been in private practice for about 18 yrs. Additionally, I have had the opportunity to be a part of animal and human acupuncture research.

I always dreamed of a day I could go mainstream with acupuncture and Asian medicine. That wish was granted almost two years ago. I work in a private facility owned by a major world-wide organization. I work side by side with western practitioners who value what I bring to the facility. I continue with my private practice and lecture on the virtues and advantages of acupuncture/Asian medicine.

We lost Michael Smith, MD in December 2017. It is through his work and the vision of those around me I have been able to make a small mark in the Asian medicine world. His dry subtle yet humorous approach to life and his teachings will be missed. He certainly changed my life and I am sure many others' lives as well.



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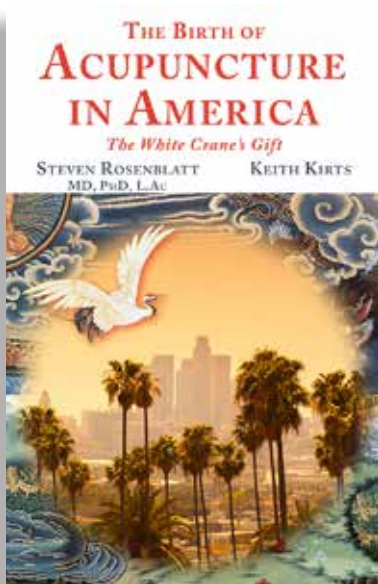
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## BOOK REVIEW



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### *The Birth of Acupuncture in America: The White Crane's Gift*

by Steven Rosenblatt, MD, PhD, LAc and Keith Kirts

Reviewed by Mitchell Harris, LAc

*The Birth of Acupuncture in America: The White Crane's Gift* is a book on a topic that receives surprisingly little in-depth attention: the origins of clinical acupuncture in the United States. Against the backdrop of the cultural revolution that was taking place during the 1960s and 70s on the West Coast, this book explores this history in an intentionally lighthearted yet significant way. This narrative takes place between students/teachers and eastern/western narrators as they merge together—sometimes with apparent magical vision and luck.

Most acupuncture students know the story of John Reston, the journalist from the *New York Times*, who accompanied Nixon to China in 1971 when the President attempted to open it for trade with the U.S. After Reston's emergency appendectomy and recovery, he discovered acupuncture when doctors performed it on him and he started feeling better. He then toured hospitals in China where acupuncture and moxibustion were being used to help post-operative patients. Upon publication of his *New York Times* article about this, the door opened to acupuncture as a possible medical option in the U.S.

For most American practitioners who studied at a U.S.-based Chinese medical school, the history lesson stopped there. Although both coasts and California in particular became early adopters of serious acupuncture education, traditional Chinese medicine (TCM) programs include little to no history classes on this topic.

Steven Rosenblatt, MD, PhD, LAc and Keith Kirts aim to remedy this injustice. Their book tells us the beginnings of how acupuncture came to be a respected medicine, first in Los Angeles and eventually in most of the United States. It introduces the main teacher of these first "Lo-Fan" students, including Dr. Rosenblatt, and does not shy away from attempting to explore the sometimes confusing, humorous and loving way these cultures, teachers, and students clashed and meshed, despite—or because of—the sometimes significant cultural divides this old world medicine has crossed.

To convey the ambitious narrative concepts, the authors structure the book using several interesting devices. First, with a nod in the prologue to the classic text, *Huang Di Nei Jing*, where the wise imperial acupuncturist Li Po is asked questions by the youthful and curious Yellow Emperor in the traditional question and answer style. The two authors play the parts here—Keith Kirts as the simpleton and Steven Rosenblatt as the knowing doctor, but this time on a Malibu fishing pier rather than in a Chinese court.

Second, there are competing west/east narratives. The first is the mentioned conversation between the authors, while the second are Dr. Ju's thoughts, which are cleverly employed by use of fictional journal entries. These entries are culled together from Dr. Ju's teachings,

interviews with his old friends, and students' recollections. The result is that the reader sees Dr. Ju and his inner struggles more honestly, intimately, often times mixed with his sense of humor.

The book takes us through the initial and significant moments between Dr. Ju and his prospective students, all of whom were curious UCLA graduate students studying brain chemistry and the psychology pain. Steven Rosenblatt and his friends become interested about this non-invasive medicine that has a significant cultural and clinical history. They raised money for him to create a lecture series and, in keeping with Chinese tradition, show him they were serious students worthy of his time. The narrative convincingly conveys Dr. Ju's emotions and ideas as he educates these intelligent, studious—if a somewhat, to him, wild bunch of educated, wild-haired hippies.

Dr. Ju came from Canton at a low point in acupuncture's history in China. He had a prophetic vision that he would bring this medicine to these western students to save it from possibly fading from significance in his country. Through the journal entries we see his vision, his ideas, and his struggles to bring acupuncture from China to the U.S., which offered youthful energy and drive.

Under his tutelage, Dr. Ju's students start to study eastern culture and movement (*qi gong* and martial arts) and began to merge their education on neurochemistry with the Taoist ideas of *qi* or energy—as we are introduced to it throughout and in section two of the book. Dr. Ju began to treat patients and teach his students at UCLA in the department of psychology. The climax of this particular narrative was his arrest for practicing without a license outside of UCLA as this was before there were any licenses given for this practice. Sadly, this act sent him back to China while another Chinese doctor and acupuncturist, Dr. So, took his place to keep the UCLA acupuncture clinic going.

Based on the first part of the title, *The Birth of Acupuncture in America*, it is fair to expect a somewhat deep dive into the historical aspects about acupuncture taking hold in Los Angeles. The focus actually centers more on the teacher and the moment his vision blossoms and is transmitted to future teachers (another form of energy transference). With this, the last portion of the title rings more true: this book is more about the *gift* of this medicine from one teacher and culture to another.

While the first section of the book is unnamed, the second section of the book, titled *The Practice*, introduces the reader to concepts of *qi* or “energy” in Chinese medicine. The discussion about energy (a word some in the field of TCM consider overloaded already) may also raise some questions for those of us educated in the TCM post 1970s. The information is a mixture of eastern and western concepts of energy. For example, homeopathy is a medicine Dr. Rosenblatt utilizes and discusses as an energetic correlate to acupuncture, but it should be noted it is not taught in most American Chinese medicine colleges and has no major cultural link to China.

In my experience, not many acupuncture students know that practicing Chinese medicine was considered a felony crime before there were state laws and practice acts. This book is useful in that it reminds us of these issues when acupuncture first came to the U.S. shores. The merger of Chinese and Jewish humor (from the two main narrators) also adds a nice touch of levity and acumen to this courageous tale of unique people from two cultures being united to create what they would simply call quality human health care to alleviate suffering.

In summary, *The Birth of Acupuncture in America: The White Crane's Gift* is about a moment of birth, recognition and divine luck, like any birth. Once it arrives it seems pre-destined, but it is easy to forget how magical this moment initially was. This book focuses lovingly on what it considers the parents of that movement—ultimately the specific teacher and students teaching natural law truths about energy and healing.

*“The secrete goal that we were all involved together, Dr. Ju and later, Dr. So, and all of these American students, was somehow to train enough acupuncturists and put them out into America like yeast. To make three dimensional bread, not flatbread. Really there shouldn't be Eastern and Western medicine – there should only be good medicine.” (p.89)*

For anyone interested in how acupuncture came to the U.S.—at least from a Southern California perspective—this book is an enjoyable read. The second section in particular may serve more as an exercise in what Dr. Rosenblatt considers to be energetic models and a curiosity to established practitioners as opposed to those new to this field looking for a basic overview.

Regardless, the narrative's careful writing as well as its humor makes me feel its words are a helpful continuum of the lucky conception that all of us who practice this legally sanctioned medicine in the U.S. share to this day. For those of us who don't yet live in a state with a sanctioned practice act for acupuncture, as there are still a couple, here's hoping the white crane flies there soon—to complete Dr. Ju's vision and inspire a few more students to become acupuncturists along the way.

**Mitchell Harris, LAc practices traditional East Asian medicine at his clinics in Rogers Park and Lakeview in Chicago. Mitchell is the dual chair of clinical procedure and faculty governance at Pacific College of Oriental Medicine where he also teaches and supervises in the residency program. He is the Clinical Peals editor for Meridians: JAOM and the creator of the tincture line Herbs From East. Mitchell is also the co-founder of the integrative medical video website IMNEducation.com. He can be reached at [info@healthfromeast.com](mailto:info@healthfromeast.com).**

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