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Adrenal Fatigue Syndrome May be Due to Kidney Deficiency:
A Case Report

Characteristics of Two Groups of Five Element Acupuncture Patients
in the United States

Interview: Galina V. Roofener, LAc, LCH, Practitioner at the Cleveland Clinic

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MERIDIANS

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



Welcome to our 2017 summer issue. We are pleased to present original research on the demographics of patients who receive Five Element acupuncture, prepared by faculty at Maryland University of Integrated Health. We also have a short perspective piece on MUIH's new curriculum. Our case report discusses the utilization of a new objective measure for assessing Kidney deficiency. In addition, I interviewed Galina Roofener, researcher and Chinese herbalist on staff at the Cleveland Clinic's Wellness Institute. We also have a book review, clinical pearls, and again doctors Yair Maimon, DOM, PhD, Ac from Israel and Bartosz Chmielnicki, MD from Poland grace our pages with their

perspective on the *jing well* point, UB-67.

Our feature manuscript, "Characteristics of Two Groups of Five Element Acupuncture Patients in the United States," by Tracy Hockmeyer, PhD, LAc and colleagues from MUIH, surveyed patients of students and alumni on topics such as: 1) Motivations for seeking care; 2) Global health; 3) Health-related behaviors; 4) Basic demographics. They had 126 respondents who completed the questionnaire and the results are fascinating.

Our case report in this issue is entitled "Adrenal Fatigue Syndrome may be due to Kidney Deficiency: A Case Report," by Harry G. Hong, PhD, MD (China), LAc. It concerns a patient with menopausal symptoms and insomnia as well as a history of adrenal fatigue. Hong discusses the use of the free saliva cortisol test as an objective biomarker for measuring Kidney deficiency.

Heidi Most, DAc, LAc, Dipl Ac (NCCAOM) and Celeste Homan, MS, LAc prepared a report on a new acupuncture curriculum at Maryland University of Integrated Health entitled "Expansion of the MUIH Acupuncture Curriculum as Illustrated through the Treatment Planning Rubric." The rubric is introduced to MUIH students early on and provides a roadmap for their education and clinical experience.

While attending the Society for Acupuncture Research conference in San Francisco, I had the pleasure of meeting Galina Roofener, LAc, LCH. Galina is the Chinese herbalist on staff at the Cleveland Clinic's Wellness Institute, and she is principal investigator for a project to research safety of traditional Chinese herbal medicine that is practiced at the Cleveland Clinic. I had the opportunity to interview Galina on the Cleveland Clinic's Chinese herbal medicine program, a model, she says, that is reproducible and can be used anywhere with no financial investment. This program can easily be applied to large hospital systems or small private practices.

We have a report on the Society for Acupuncture Research 2017 Conference: Advancing the Precision Medicine Initiative through Acupuncture Research, prepared by Arnaldo Oliveira, PhD, DAOM, LAc. The conference was held in San Francisco, California and was attended by 215 participants representing 21 countries.

For our featured book review, we are pleased to present *The Yin and Yang of Climate Crisis: Healing Personal, Cultural and Ecological Imbalance with Chinese Medicine* by Brendan Kelly, LAc, reviewed by our Public Health Editor, Elizabeth Sommers, PhD, MPH, LAc. She reports that practitioners of

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Asian and Chinese medicine will appreciate the perspectives presented in the book. Using the principles of the Five Phases (also known as Five Element Theory), holism, and *yin* and *yang*, the author offers comprehensive descriptions of the changes in earth's environment from perspectives that can particularly resonate with students of Asian philosophy and medicine.

Clinical pearls provide personal reports of how experienced clinicians treat a condition. They are a valuable resource for new practitioners. In this issue we present robust pearls on the diagnosis and treatment of plantar fasciitis according to the philosophy of traditional Chinese medicine.

Last but certainly not least, doctors Yair Maimon, DOM, PhD, Ac and Bartosz Chmielnicki, MD present a perspective on the *jing well* point, UB-67, using a stunning visual image to express the quality of the point. The *LingShu* explains that *taiyang* starts from *zhiiyin* because it is dominated by energy of Cold. To describe this core *yin*, an icy cavern is portrayed in the picture.

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

Jennifer Stone, LAc

Editor in Chief

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Case Report

Adrenal Fatigue Syndrome May be Due to Kidney Deficiency



By Harry G. Hong, PhD, MD
(China), LAc

Dr. Harry Hong, originally trained in China as a medical doctor specializing in traditional Chinese medicine, received his MS in molecular biology from the University of Idaho and his PhD in biochemistry from the Medical College of Ohio. He did postdoctoral research at the National Institute of Health. Dr. Hong has been practicing holistic medicine for more than 20 years. He also teaches doctoral level courses at the Atlantic Institute of Oriental Medicine in Ft. Lauderdale, Florida.

Abstract

According to Chinese medicine, chronic illness may cause a Kidney deficiency syndrome. In modern Chinese medical literature, Kidney deficiency syndromes have been associated with dysfunction of the neuroendocrine system, especially the hypothalamus-pituitary-adrenal axis.

This long-term case, which follows a menopausal patient with insomnia, appears to show a correlation between her Kidney deficiency diagnoses and adrenal fatigue. Free saliva cortisol tests of this patient at various intervals, when compared with her symptomatic presentation, indicate that the stressed stage and fatigued stage of adrenal fatigue syndrome may be related to Kidney *yin* deficiency and Kidney *yang* deficiency categories, respectively.

This case suggests that the free saliva cortisol test may possibly be useful as an objective biomarker indicating a likelihood of a Kidney deficiency syndrome diagnosis. To further study the correlation of adrenal fatigue syndrome and Kidney deficiency syndrome, and to assess clinical applications of the free saliva cortisol test in diagnosis of Kidney deficiency syndrome, larger clinical studies are warranted. Making connections between Chinese medicine syndromes and biomedical pathophysiology may facilitate the development of objective instruments to inform diagnosis, which may in turn improve clinical outcomes of traditional Chinese medicine.

Key Words: Chinese medicine syndrome, Kidney deficiency syndrome, pattern differentiation, *bian zheng*, adrenal fatigue syndrome, free salivary cortisol test, hypothalamus-pituitary-adrenal axis

Introduction

Chinese medicine syndrome diagnosis, also known as *bian zheng* or pattern differentiation, is an integral and essential part of traditional practice.¹ A Chinese medicine



syndrome is a characteristic profile, based on traditional theory, of all clinical manifestations that can be identified. Biomedical diagnosis is based on a pathophysiological state of disease.¹ Successful Chinese medicine treatment relies on correct pattern differentiation.^{2,3} Recent advances in biomedical technologies make new biomedical interpretations of pattern diagnoses possible.²⁻⁵ However, due to the philosophical nature of Chinese medicine theories, making definitive connections to biomedical pathophysiology remains challenging.

The efficacy of Chinese medicine therapies has been the subject of study for the past several decades. Adapting Chinese medicine therapies to fit within a well-designed clinical trial has been difficult, due in part to the subjective nature of Chinese medicine diagnosis—the consistency rate of Chinese medicine syndrome diagnosis can be as low as 30% among TCM practitioners.⁶ Objectivity in the diagnostic process becomes urgent and necessary in Chinese medicine research.^{7,8}

Kidney deficiency syndromes, including Kidney *yin*, Kidney *yang*, and Kidney *qi* deficiency, are among the most commonly observed patterns for chronic illnesses, such as autoimmune,⁹ neurodegenerative,¹⁰ female hormonal, metabolic, and cardiovascular diseases.¹¹ In one study, rheumatoid arthritis patients with Kidney deficiency syndromes were associated with a more severe autoimmune response and faster disease progression.⁹

Attempts have been made to correlate Kidney deficiency syndromes with biomedical markers, such as low cortisol,¹² low levels of reproductive hormones,¹³ and low bone density.¹⁴ Chinese

kidney-tonic herbs such as *yin yang huo* (Epimedium)¹⁵ and *gu sui bu* (Drynariae),¹⁶ as well as classical formulas, such as *Zuo Gui Wan* (Restore the Left Kidney) and *You Gui Wan* (Restore the Right Kidney),¹⁷ have also been studied regarding their effect on dysfunction of the hypothalamus-pituitary axis.

Various laboratory studies suggested that the dysfunction of the hypothalamus-pituitary-thyroid axis,¹⁸ hypothalamus-pituitary-thymus axis,¹⁷ and hypothalamus-pituitary-gonadal axis¹⁹ are all associated with Kidney *yang* deficiency. Despite these findings, it remains unclear whether Kidney patterns truly reflect these biomedical pathological states.

Clinical study of identification of Kidney patterns has been limited to patient-reported outcomes and symptom analysis.²⁰ Symptoms of both Kidney *yin* and *yang* deficiencies may include joint weakness and pain, forgetfulness and dizzy spells, tinnitus, low libido and vaginal dryness, and increased nocturnal urination.²¹ The symptoms specific to Kidney *yin* deficiency syndrome may include hot flashes, night sweats, feeling hot in palms and soles, thirst, dry eyes and skin, insomnia, and increased dreaming.

Those specific to Kidney *yang* deficiency syndrome are an overall feeling of cold, the feeling of cold in the lower back, frequent urination, increased urine volume, urinary incontinence and edema, and lethargy.²¹ A questionnaire was developed to measure Kidney *yin* and *yang* deficiency clinically for middle-aged women with menopausal symptoms.²¹ However, objective validation of the syndrome is still not available.

Adrenal Fatigue Syndrome

Adrenal fatigue syndrome (AFS) is a collection of signs and symptoms that results when the function of the hypothalamic-pituitary-adrenal axis (HPA) decreases below normal. It consists of many nonspecific but debilitating symptoms, such as fatigue that cannot be relieved by sleep, difficulty concentrating, insomnia, inability to lose weight, feeling anxious, allergies, or brain fog.²²

There are two collective stress responding systems in the body—the autonomic nervous system (ANS) and the HPA axis. These two systems are mediated by largely overlapping circuits in the brain. The ANS provides the most immediate response to stressor exposure through



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“When under chronic stress in the early stage of HPA dysfunction, known as the stressed stage, the adrenal glands increase cortisol output but are unable to keep up with the body’s demand. Dysfunction of the HPA system causes disruption of the cortisol circadian rhythms, where cortisol production starts to rapidly decline during the day and increase at night. This results in clinical symptoms, such as insomnia, fatigue, and mood disorders.”

its sympathetic and parasympathetic branches.²³ Activation of the HPA axis results in elevations in circulating epinephrine and cortisol. The hormonal mechanism of HPA induction is slower than the mechanisms that drive sympathetic activation, but it provides an amplified and prolonged systemic reaction.²³

Cortisol is the primary hormone responsible for the stress response and maintaining homeostasis after exposure to stress.²⁴ The circadian rhythm of cortisol is regulated by the hypothalamus. Normal individuals have very low cortisol levels at midnight, which increase to a peak in the morning and then decline slowly throughout the day.²⁵ Cortisol influences a wide range of cognitive functions, including memory performance and executive function. The free salivary cortisol test (FSCT) is a common test of the cortisol circadian rhythm used to determine proper stages of AFS. The test has been studied extensively to assess HPA function for related diseases.^{26,27}

When under chronic stress in the early stage of HPA dysfunction, known as the stressed stage, the adrenal glands increase cortisol output but are unable to keep up with the body’s demand. Dysfunction of the HPA system causes disruption of the cortisol circadian rhythms, where cortisol production starts to rapidly decline during the day and increase at night. This results in clinical symptoms, such as insomnia, fatigue, and mood disorders.^{22,28}

In the later stage of HPA dysfunction, called the fatigued stage, the adrenals are exhausted due to dramatic reduction of total cortisol output. The HPA system is unable to maintain homeostasis, and cortisol circadian rhythm shows reduction to a flat line. Symptoms may include fatigue that is not relieved by sleep, brain fog, lethargy, hypoglycemia, and the inability to maintain sleep at night.^{22,28} The HPA axis controls homeostasis of all hormones, and dysfunction affects multiple endocrine pathways, including thyroid metabolism.^{31,32} Pregnenolone metabolism is also affected, which influences the production of progesterone, aldosterone, estrogen, and testosterone.³²

Case Description

Patient History

This patient, a married Caucasian housewife with two adult children, suffered from insomnia and fatigue for many years. She and her husband had a busy lifestyle and traveled abroad extensively. She was tested with FSCT at her first clinic visit. For the nine years following, she periodically took nutritional supplements for symptoms only, but she never completed any systematic treatment due to her busy schedule. At that point, she had a second FSCT test and received treatment for approximately a year before a third test was performed. Her symptoms, treatment protocols and FSCT results are presented here.

Test-1 Period

During her first test period, she was 44 years old; her main complaint was difficulty falling asleep. Once she fell asleep, she was able to sleep through the night, but she felt unrested in the morning. Overall, she had low energy during the day and experienced sugar cravings between 2 pm and 4 pm.

The patient also experienced perimenopausal symptoms. Although she still had a regular menstrual cycle, she started to show hot flashes, night sweats, dry skin, low libido, vaginal dryness, and irritability. She had an overall warm body and felt hot in her hands and feet. She also complained of food sensitivities and indigestion, including symptoms of bloating, gas, constipation, hives and skin rashes.

Her tongue was red with a dry thick white coating, and her pulse was deep and taut. According to Chinese medicine pattern differentiation, the patient’s insomnia, fatigue, perimenopausal symptoms and red tongue indicated Kidney *yin* deficiency with Heat. Her digestive symptoms, skin breakout, and thick white tongue coating were clear signs of Spleen Dampness and Heat. Her emotions and irritability indicated Liver *qi* stagnation.

The first FSCT showed an increase in production of free salivary cortisol. The morning cortisol level was extremely high, followed by a gradual drop, with the lowest level around 4 pm, and with a slight increase at night. The overall cortisol production was much higher than normal range (Table 1A and Figure 1).

Figure 1. Salivary Cortisol Rhythm

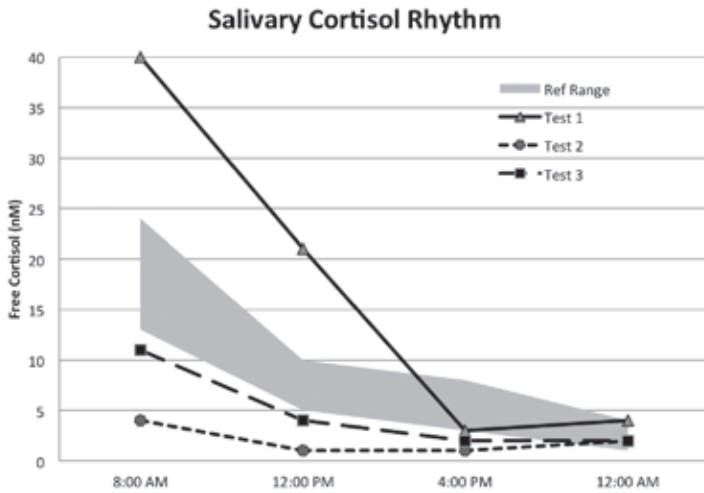


Table 1. Free Salivary Cortisol Test

A. Test 1

Time	Result (nM)	Description	Reference Values (nM)
08:00 AM	40	Elevated	13-23
12:00 Noon	21	Elevated	5-10
04:00 PM	3	Borderline	3-8
12:00 Midnight	4	Borderline	1-3
Total	68	Elevated	23-42

B. Test 2

Time	Result (nM)	Description	Reference Values (nM)
08:00 AM	4	Depressed	13-24
12:00 Noon	1	Depressed	5-10
04:00 PM	1	Depressed	3-8
12:00 Midnight	2	Normal	1-4
Total	8	Depressed	23-42

C. Test 3

Time	Result (nM)	Description	Reference Values (nM)
08:00 AM	11	Depressed	13-24
12:00 Noon	5	Borderline	5-10
04:00 PM	2	Depressed	3-8
12:00 Midnight	2	Normal	1-4
Total	20	Depressed	23-42

Patient information, AFS stages, and corresponding Chinese medicine diagnoses are summarized in Table 2.

Table 2. Summary of Patient Information with Corresponding CMSs and AFS Stages

	Test-1 Period	Test-2 Period	Test-3 Period
Patient Age	44	53	54
Free Cortisol Salivary Test	Elevated (Table 1a and Figure 1)	Depressed (Table 1b and Figure 1)	Depressed (Table 1c and Figure 1)
Other Tests	Not available	Elevated thyroid peroxidase antibodies with normal free T3/T4 and TSH level	Not available
Tongue	Red with thick white coating	Purple and pale with white coating	Pale and light red color with white coating
Pulse	Deep and taut	Deep, thin and weak pulse	The same as Test-2 period
Main CMS or Patterns	Kidney <i>yin</i> deficiency with Heat Spleen Dampness and Heat Liver <i>qi</i> stagnation	Kidney <i>yin</i> and <i>yang</i> deficiency Spleen Dampness and Heat Heart <i>qi</i> and <i>yin</i> deficiency with Heat Disharmony of Heart and Kidney	The same as Test-2 period
HPA Stress Response	Resisted or maladapted	Exhausted	Exhausted
AFS Stages	Stressed stage	Fatigued stage	Fatigued stage

*AFS-adrenal fatigue syndrome; CMS-Chinese medicine syndrome; HPA-hypothalamus-pituitary-adrenal axis

Test-2 Period

The patient was 57 years old when the test-2 was performed. Her insomnia symptoms changed from difficulty falling asleep to difficulty staying asleep and waking up too early in the morning, with inability to fall back asleep. Her symptoms also included fatigue, lethargy, brain fog, poor memory, anxiety, frequent heart palpitations, cold hands and feet, cold body overall, and sweating and agitation, especially before meals. At night she would often wake up hungry, with heart palpitations and night sweats. Her allergy and sensitivities persisted.

Menstruation stopped four years prior to her second test. She continued to suffer from low libido and vaginal dryness and she occasionally felt warm at night. She craved salt and sugar and had frequent urination with clear urine and increased urine volume. Her blood work showed elevated thyroid peroxidase antibodies with normal free T3/T4 and TSH levels. Her tongue looked dark, pale, and purplish, with watery white coating. Her pulse was deep, thin, and weak.

Chinese medicine pattern differentiation of the patient at the time of the second test had shifted from Kidney *yin* deficiency to Kidney *yang* deficiency as evidenced by the presence of cold hands and feet, feeling of cold, and frequent clear urination. Meanwhile, she also showed symptoms of heart palpitation and anxiousness during the day as well as waking up at night with heart palpitation and difficulty in falling back asleep again. These are signs of Heart *qi* and *yin* deficiency with Heat and disharmony of Heart and Kidney, respectively.

The second FSCT showed a depressed production of cortisol level, with a cortisol rhythm as nearly a flat line. All four time points

except the one at midnight were below normal range and overall cortisol production was much lower than normal range as well (Table 1B and Figure 1).

Treatment

The treatment principle for this patient was to tonify Kidney *yang* with Chinese herbs and to support adrenal function with nutritional supplementation. All Chinese herbal formulae were from the *Guang Ci Tang*, and nutritional supplements were from Apex Energetics, except for Probiotic Pearls (Enzymatic Therapy). She was prescribed *Shi Quan Da Bu Wan* (TotalTonic) for tonifying *qi*, blood, *yin* and *yang*, and *An Shen Bu Xin Wan* (SpiritCalm) for supporting Heart *yin* and clearing Heat. Both herbal formula were taken five pills twice a day. She was also prescribed nutritional supplement Adreno-Zyme one pill in the morning to support adrenal function and Glysen one pill at bedtime to stabilize blood glucose. The ingredients of the herbal formula are listed in Table 3.

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Table 3. Ingredients of Chinese Herbal Formula

Name	Ingredients
An Shen Bu Xin Wan (SpiritCalm)	Dan Shen (Radix Salviae Miltiorrhizae), Wu Wei Zi (Fructus Schisandrae Chinensis), Shi Chang Pu (Rhizoma Acori Tatarinowii), Zhen Zhu Mu (Concha Margaritifera Usta), Shou Wu Teng (Caulis Polygoni Multiflori), He Huan Pi (Cortex Albiziae), Tu Si Zi (Semen Cuscutae Chinensis), Mo Han Lian Herba Ecliptae Prostratae), Nu Zhen Zi (Fructus Ligustri Lucidi), and Sheng Di Huang (Radix Rehmanniae Glutinosae)
Shi Quan Da Bu Wan (TotalTonic)	Dang Shen (Radix Codonopsis Pilosulae), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Fu Ling (Sclerotium Poriae Cocos), Gan Cao (Radix Glycyrrhizae Uralensis), Dang Gui (Radix Angelicae Sinensis), Bai Shao (Radix Paeoniae Lactiflorae), Chuan Xiong (Rhizoma Ligustici Chuanxiong), Shu Di Huang (Radix Rehmanniae Preparata), Huang Qi (Radix Astragali Membranacei), and Rou Gui (Cortex Cinnamomi Cassiae)
Gui Pi Wan (SpleenVive)	Dang Shen (Radix Codonopsis Pilosulae), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Huang Qi (Radix Astragali Membranacei), Gan Cao (Radix Glycyrrhizae Uralensis), Fu Ling (Sclerotium Poriae Cocos), Yuan Zhi (Radix Polygalae Tenuifoliae), Suan Zao Ren (Semen Ziziphi Spinosa), Long Yan Rou (Arillus Euphorbiae Longanae), Dang Gui (Radix Angelicae Sinensis), Tu Mu Xiang (Radix Inulae, Da Zao (Fructus Jujubae), and Sheng Jiang (Rhizoma Zingiberis Officinalis Recens)
Te Xiao Zao Ren An Mian Wan (Sleepeace)	Suan Zao Ren (Semen Ziziphi Spinosa), Yuan Zhi (Radix Polygalae Tenuifoliae), Shou Wu Teng (Caulis Polygoni Multiflori), Dan Shen (Radix Salviae Miltiorrhizae), Wu Wei Zi (Fructus Schisandrae Chinensis), Zhi Mu (Rhizoma Anemarrhenae Asphodeloidis), Bai Zi Ren (Semen Biotae Orientalis), Hu Po (Succinum), and Gou Teng (Ramulus Uncariae Cum Uncis)

Source: <http://www.activeherbwholesale.com/GCT.html>

The patient came back for re-evaluation once a month. Her symptoms, tongue, and pulse were checked. After two months of treatment, her Chinese herbal formula was changed from the earlier combination to *Gui Pi Wan* (SpleenVive) supporting Heart and Spleen *qi* and *Te Xiao Zan Ren An Mian Wan* (Sleepeace) tonifying Blood. The two herbal combinations were alternated every two months to prevent sensitivity reactions.

Her nutritional supplements were also changed from the earlier combination to Proglyco-SP and StressZyme to support adrenal function and reduce stress to improve sleep, respectively. The two nutritional supplements were also alternated every two months for the same purpose.

After six months of therapy, her fatigue, sleeping, and anxiety symptoms were improved, although her pulse and tongue did

not show significant change. She then started receiving intestinal cleansing therapy using Myco-Zyme and liver support using Metacrine-DX periodically. Both supplements were taken one pill a day to address Spleen Dampness and Heat and Liver stagnation. Probiotic Pearls were also used to supply healthy bacteria in the gut. The three supplements were given in addition to the above treatment. The whole treatment lasted for about a year until a third FSCT was done.

Result and Test-3 Period

About one year after the above treatment started, the patient's overall condition showed improvement, with better sleep and more energy during the day. She reported that half the time she slept through the night and felt more rested in the morning. Her cold hands and feet were warmer, and she was no longer feeling cold all the time. Her sensitivity and digestive issues were also improved significantly. Her skin breakouts were minimal.

Her anxiety symptoms still showed fluctuation, depending on the stress level in her life. She still craved salt and sugar and had frequent urination with clear urine and increased urine volume. Her tongue looked pale with slight red color and thin white coating. Her pulse was still deep, thin and weak. Chinese medicine pattern differentiation of the patient at this period of time remained the same as that of the Test-2 period.

The third FSCT, taken one year after the patient had been treated, still showed a depressed production of cortisol level but did indicate an improved cortisol rhythm—higher in the morning and lower in the night. All four time points except the one at midnight were still below normal range, and overall cortisol production was still lower than normal level. However, the cortisol circadian curve improved from the second test (Table 1C and Figure 1). This test still showed a profile of adrenal fatigue but some improvement compared to the second one.

Discussion

During the Test-1 period, the patient was experiencing much stress in her life. The cortisol diurnal rhythm and higher-than-normal total cortisol production indicated a maladapted or stressed HPA response. The lower-than-normal cortisol level at 4 pm was consistent with her symptoms of fatigue and sugar craving around that period of time, and the increase in cortisol level at midnight was likely the reason for her insomnia symptoms such as difficulty to fall asleep. This was a typical case of AFS stressed stage. The above symptoms of AFS stressed stage shows consistency with the pattern differentiation of Kidney *yin* deficiency with Heat. Thus, it is likely that the AFS stressed stage and Kidney *yin* deficiency with Heat describes the same functional condition for this patient.

In addition to insomnia, the patient had clear signs of parasympathetic suppression, such as dry skin, dry mouth, indigestion, and constipation. Her sensitivity-related symptoms were likely related to neuroimmune dysfunction due to autonomic and HPA stresses. She also showed perimenopausal symptoms including hot flashes, night sweats, low libido and vaginal dryness, which are a result of female hormone imbalance possibly caused disruption of the HPA axis.

Test-2 showed that cortisol diurnal rhythm and total cortisol production changed from a stressed profile to an exhausted one. The flat-line cortisol rhythm indicated a depressed and fatigued HPA function after nine years of chronic stress. Her insomnia symptoms were consistent with the FSCT. Overall low cortisol production helped her to fall asleep, but the low cortisol level caused her difficulty in staying asleep.

At the time of the second test, she had persistent menopausal symptoms. However, her body temperature changed from extremely hot to cold hands and feet and a general feeling of cold. This suggests that her estrogen and progesterone continued to drop to a lower level, while her thyroid function may have been affected by long-term cortisol suppression. Other symptoms, such as fatigue, lethargy, and brain fog support the diagnosis of functional hypothyroidism, although her lab test showed normal T3 and T4 levels.

The symptoms of anxiousness and heart palpitation can be a result of neurotransmitter imbalance, including epinephrine and norepinephrine. Meanwhile, hypoglycemia, often seen in AFS fatigue stage, may be a trigger for heart palpitation, sugar craving, and anxiousness. Aldosterone is a mineralocorticoid that is crucial for sodium conservation in the kidney, salivary glands, sweat glands, and colon.²⁹ Hypoaldosteronism due to adrenal insufficiency in AFS fatigue stage may result in loss of sodium and water, frequent urination, increased urine volume, dehydration, and salt craving.

The above symptoms of AFS fatigued stage, such as cold hands and feet and feeling of cold as well as frequent clear urination, are consistent with a pattern of Kidney *yang* deficiency. This suggests that AFS fatigued stage may describe a functional status similar to a Kidney *yang* deficiency pattern.

In the Test-3 period, the patient's symptoms and FSCT showed improvement. The sign of Kidney *yang* deficiency—cold hands and feet, and feeling of cold—was improved. Her tongue color changed from dark and purplish to pale with slight red color. The results showed clearly that the patient improved from both HPA function and Chinese medicine perspectives.

It is noteworthy that with long-term stress, HPA stressed response occurs prior to a fatigued response, as Kidney *yin* deficiency

generally does precede the Kidney *yang* deficiency pattern.^{30,31} This case report suggests that cortisol as an objective biomarker may be helpful in informing the diagnosis of Kidney deficiency syndromes as well as improving consistency in Chinese medicine research. Further studies verifying a correlation of FSCT values with AFS are recommended, and if successful, other diseases with KDS patterns may be studied for a similar correlation.

Conclusion

This single case study suggests a notable relationship between cortisol levels as determined by FSCT testing and Chinese medicine Kidney deficiency syndromes. It appears that the AFS stressed stage and fatigued stage may be associated with Kidney *yin* and Kidney *yang* deficiency patterns, respectively. The study also suggests that in addition to traditional diagnostic method, FSCT may provide an objective biomarker for Chinese medicine clinicians and researchers to diagnose Kidney deficiency syndromes and improve clinical outcomes. To further assess the clinical applications of FSCT in Kidney deficiency syndrome diagnosis and treatment assessment, additional clinical studies are warranted.

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Characteristics of Two Groups of Five Element Acupuncture Patients in the United States

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Please see bios at end of the article.

Abstract

Objectives: Five Element style acupuncture is distinct from the more common traditional Chinese medicine style. Patients receiving Five Element acupuncture treatment in the United States have not been described; the purpose of this cross-sectional descriptive study was to characterize this sub-population of acupuncture patients.

Methods: Patients of alumni/students of U.S. Five Element acupuncture schools were provided a link to an anonymous online survey. The bulk of the questionnaire was extracted from the Adult Alternative Medicine supplement to the 2012 NHIS and included The PROMIS Global Short Form v1.1. Questions addressed included: 1) Motivations for seeking care; 2) Global health; 3) Health-related behaviors; 4) Basic demographics. Descriptive statistics were performed for each section of the survey on participants who completed the questionnaire (n = 126).

Results: Mean (SD) respondent age was 50.8 (13.3) years; 78.4% were female; 96.6% were white. Most respondents reported seeking acupuncture for specific health concerns (81.0%), focus on the “whole” person (73.0%), and general wellness/disease prevention (65.1%). 50.9% reported \geq \$100,000 annual household income; 55.6% completed a “Master’s degree or higher.”

Discussion: Results suggest Five Element patients seek acupuncture for both general well-being and health concerns, supporting previous findings of acupuncture most often sought to treat a specific health condition and more recent findings of a growing number using acupuncture to promote general wellness. The results support previous findings that acupuncture use may be associated with socioeconomic factors.

Key Words: acupuncture, survey, health utilization, mind-body, Five Element

Introduction

The use of complementary and alternative medicine (CAM) therapies has gained in popularity in the United States over recent years.¹ The use of acupuncture specifically has followed this trend with an estimated 2.2 million U.S. adult users in 2002 and 3.5 million users in 2012.¹ While more of the U.S. population is seeking acupuncture care, detailed reports describing these patients are lacking.

Acupuncture is characterized by a diversity of styles and approaches (e.g., traditional Chinese medicine, Japanese, Korean, western medical, Five Element),² raising the possibility that patient populations vary by style. Five Element acupuncture is defined by its diagnostic focus on an individual's "causative factors" as opposed to the traditional Chinese medicine (TCM) style with diagnosis primarily based on syndrome patterns. Five Element acupuncture also emphasizes a mind-body-spirit framework for diagnosis and treatment. Both TCM and Five Element styles are rooted in traditional acupuncture theory, and they are the common traditional approaches used by U.S. acupuncturists today.

To date, empirical evidence has not revealed any significant evidence for the style of acupuncture modifying health outcomes.³ However, qualitative studies have claimed to identify the significance of an acupuncturist's affiliation to a traditional or western theoretical base and the therapeutic theory that underpins their treatment as being possible outcome modifiers.^{4,5}

A narrative review of psychosocial predictors of treatment outcomes in acupuncture for pain highlighted the need for a greater focus on examining the role of factors related to the therapeutic relationship,⁶ and there is preliminary evidence for the importance of the practitioner/patient relationship on therapeutic outcomes.⁷ More recently, a randomized controlled trial examining factors contributing to the successful treatment of patients with chronic pain with medical acupuncture found the only significant factor was the therapeutic relationship.⁸

Five Element acupuncture emphasizes the practitioner/patient relationship as well as addressing patient-centered outcomes. A recent randomized controlled trial (RCT) that examined Five Element acupuncture as a complement to usual care for medically unexplained physical symptoms found the addition of acupuncture resulted in improved well-being and health status compared to usual care alone.⁹ Nested within this RCT was a longitudinal qualitative study that examined patients' experiences of Five Element acupuncture, "which came to be valued for the amount of time allotted with a caring practitioner who listened and responded through the giving of acupuncture and advice, and for the interactive and holistic nature of the sessions."¹⁰

"To date, empirical evidence has not revealed any significant evidence for the style of acupuncture modifying health outcomes. However, qualitative studies have claimed to identify the significance of an acupuncturist's affiliation to a traditional or western theoretical base and the therapeutic theory that underpins their treatment as being possible outcome modifiers."

Additionally, some reported their interaction with the practitioner "led them to make cognitive or behavioural changes in their broader lives."¹⁰ The combined preliminary evidence pointing to the practitioner/patient relationship being a potential outcome modifier and the findings of these studies specifically examining Five Element acupuncture warrant further investigation.

While research describing acupuncture users does exist,^{11,12} patients receiving Five Element acupuncture treatment have not been specifically surveyed or described. The purpose of this current study was to describe the adult patient population receiving care from Five Element-based U.S. acupuncturists. A better understanding of the patient population can help guide Five Element-based education, clinical, and research initiatives.

Methods

Study Design

The study employed a cross-sectional, descriptive survey design. The objectives of the study were to characterize patients of Five Element-based acupuncturists in terms of: 1) motivations for seeking care; 2) global physical and mental health; 3) health-related behaviors; 4) basic demographics.

The Institutional Review Board at Maryland University of Integrative Health (MUIH) reviewed the protocol and ruled it exempt from oversight. Participants were fully informed of both the purpose of the survey and the minimal risks associated with survey completion. Consent was implied by clicking on the "accept" button on the opening page of the survey.

Study Population

Patients of alumni and students from the two primary Five Element acupuncture schools in the U.S.: Maryland University of Integrative Health, Laurel, MD (MUIH) and Academy for Five Element Acupuncture, Gainesville, FL (Florida) were used as a convenience sample. Participants were recruited through their acupuncturist and provided with a link to an anonymous online survey.

The survey included questions regarding: 1) motivations for seeking care (including factors related to health and well-being, health-related behaviors, alignment with principles/philosophy of CAM; health problems, symptoms, and conditions, and experience with conventional care) (sections 1 and 2); 2) self-reported physical, mental, and social health (section 3); 3) health-related behaviors (including mindfulness-practices, physical activity, diet, alcohol and tobacco use, and sleep) (section 4); and 4) basic demographics (including age, sex, race/ethnicity, household income, education) (section 5). The bulk of the questions were extracted from the Adult Alternative Medicine supplement to the 2012 National Health Interview Survey.¹³ The Global Short Form v1.1, developed by Patient Reported Outcomes Measurement Information System (PROMIS), was included to measure self-assessed physical, mental, and social health.¹⁴

Recruitment

Participants were adult patients of practitioners who self-identified as practicing Five Element acupuncture. Participants were recruited through an email sent through deans (or program heads) of two Five Element acupuncture schools to 1157 alumni and student practitioners and through them to their patients (the total number of patients reached is not known).

The email to the school deans included: 1) text to send to school alumni and student practitioners requesting their participation and describing the study; and 2) text for the alumni/student practitioners to e-mail to their patients with a link to the survey. A follow-up notice was also sent from the deans to the alumni/student practitioners two weeks later.

Detailed information about the study was provided to patients on the opening page of the online survey. The survey was administered using the SurveyMonkey™ online platform, took approximately ten minutes to complete, and was open for 30 days with no maximum enrollment. SurveyMonkey™ has setting options for ensuring anonymity of participants (e.g., disabling storage of IP addresses) and these settings were used for the current survey. All surveys were conducted using an SSL encrypted connection. To protect privacy, all personal information collected in the survey met common standards for de-identified health information as defined in 45 C.F.R. § 164.514(b). The electronic data were password protected and only accessible by faculty and staff directly involved in the research study.

Outcome Measures

Global physical and mental health were scored based on the scoring guidelines for the PROMIS questionnaire providing a Global Physical Health component and Global Mental Health component using the tables provided.¹⁴ Raw scores were converted to T-scores and mean (SD) was computed for each to compare to the general U.S. population, with a standardized t-score of 50 representing the U.S. general population average.¹⁴

Statistical Analyses

Survey data were uploaded from SurveyMonkey™ for analysis in SPSS. Descriptive statistics were performed for each section of the survey with data solicited from both sites combined. Subject data were included in the analyses only for participants who fully completed Sections 1-4; participants who skipped questions in the demographic section (Section 5) were not excluded.

Results

Study Recruitment

One hundred and ninety-three potential participants clicked on the study survey link and 192 participants answered at least a portion of the survey. One hundred and twenty-six respondents met the criteria for inclusion in data analyses of fully answering Sections 1-4, leaving a sample of $n = 126$ for the reported results.

Demographics

Mean (SD) respondent age was 50.8 (13.3) years with a range of 24–79 years. Respondents were 78.4% female and a majority “Not Hispanic or Latino” (98.4%). Participants were 96.6% “White,” 3.4% “Asian,” 1.7% “Black or African American,” and 1.7% “Other.”

A majority of respondents were “Employed or self-employed for wages” (66.4%), 17.6% were “Retired,” 7.2% were “A homemaker,” 2.4% were “Seeking employment,” 4.0% were “A student,” and 2.4% were “Unable to work.” With regards to marital/relationship status, 75.8% were “Married or living with a partner,” 9.7% “Divorced or Separated,” and 14.5% “None of the above.”

The majority of participants (50.9%) reported household income in the past year of \$100,000 or more; 13.6% reported “\$80,000–\$99,999,” 12.7% reported “\$60,000–\$79,999,” 11.0% reported “\$40,000–\$59,999,” 8.5% reported “\$20,000–\$39,999,” and 3.4% reported “less than \$20,000.” 55.6% of respondents have completed a “Master’s degree or higher,” 29.8% a “Bachelor’s degree,” 12.9% “Some college,” and 1.6% “High school diploma or GED.”

98.3% of respondents reported having received “2 or more” treatments from their current acupuncturists.

Motivation for Seeking Care

A majority of respondents reported seeking acupuncture for general wellness/disease prevention (65.1%) and to improve physical well-being (67.5%), 55.6% for stress reduction, and 44.4% to improve energy. Additional reasons endorsed for seeking acupuncture included that “it focuses on the whole person” (73.0%) and that “it treats the causes” (61.1%). Most participants (73.8%) were not seeking acupuncture for behavioral reasons such as to eat healthier. [See Table 1]

Eighty-one percent of respondents reported seeking acupuncture for a specific health problem, including 31.7% to reduce feelings of anxiety, nervousness or worry and 33.3% to address frequent stress. Musculoskeletal conditions and pain were other key reasons for seeking acupuncture. [See Table 2]

Patients reported wanting to try acupuncture in addition to conventional medical treatment (42.1%) as well as instead of conventional treatment (28.6%). Prescription (50.0%) and over-the-counter medication (42.9%) were reported as the most frequently used conventional treatments to address health concerns. 30.2% of patients reported using acupuncture because the conventional medical treatments did not work. [See Table 2]

Table 1. Reasons for Seeking Acupuncture Treatment

Health and Wellness Reasons	Response Count (%)
For general wellness or general disease prevention	82 (65.1)
To improve my energy	56 (44.4)
To improve my immune function	43 (34.1)
To improve my athletic or sports performance	7 (5.6)
To improve my memory or concentration	14 (11.1)
To improve my physical well-being	85 (67.5)
To help me to sleep better	40 (31.8)
To give me a sense of control over my health	30 (23.8)
To help to reduce my stress level or relax	70 (55.6)
To make me feel better emotionally	58 (46.0)
To explore the meaning/purpose in my life	19 (15.1)
None of the above	6 (4.8)
To eat healthier	11 (8.7)
To cut back or stop drinking alcohol	0 (0.0)
To cut back or stop smoking cigarettes (or other tobacco products)	3 (2.4)
To exercise more regularly	9 (7.1)
To learn mindfulness practices such as meditation	19 (15.1)
To make choices in dietary supplements	2 (1.6)
None of the above	93 (73.8)
It is natural	67 (53.2)
It focuses on the whole person, mind, body, and spirit	92 (73.0)
It treats the cause and not just the symptoms	77 (61.1)
It was part of my upbringing	1 (0.8)
It is compatible with my beliefs	34 (27.0)
None of the above	16 (12.7)

Table 2. Seeking Acupuncture for Specific Health Problems, Symptom, or Conditions

Specific Health Concerns	Response Count (%)
Feeling anxious, nervous or worried	40 (31.7)
Frequent stress	42 (33.3)
Severe headache or migraine	14 (11.1)
Joint pain or stiffness/Other joint condition	34 (27.0)
Fatigue or lack of energy more than 3 days	26 (20.6)
Muscle or bone pain	31 (24.6)
Fibromyalgia	3 (2.4)
Stomach or intestinal illness	20 (15.9)
Back pain or problem	30 (23.8)
High cholesterol	2 (1.6)
Arthritis	16 (12.7)
Chronic pain	17 (13.5)
Neck pain or problem	26 (20.6)
Respiratory allergy	10 (7.9)
Gynecologic problem	9 (7.1)
Insomnia or trouble sleeping	21 (16.7)
Menopause	6 (4.8)
Other (please specify)	26 (20.6)
Conventional medical Treatments Used to Address Health Concerns	
Surgery	15 (11.9)
Prescription medication	63 (50.0)
Over-the-counter medication	54 (42.9)
Physical therapy	36 (28.6)
Mental health counseling	32 (25.4)
None of the above	10 (7.9)
Other (please specify)	8 (6.3)
Reasons for Seeking Acupuncture Related to Conventional Treatments	
I was referred by my Medical Doctor or other conventional medical provider (examples physical therapist or psychotherapist)	6 (4.8)
Conventional medical treatments were too expensive	2 (1.6)
These medical treatments did not work for the health problem I want to treat or prevent	38 (30.2)
Prescription or over-the-counter medications caused side effects	27 (21.4)
I want to try acupuncture in addition to my conventional medical treatment	53 (42.1)
I want to try Acupuncture instead of conventional medical treatment	36 (28.6)
I want a more collaborative relationship with my healthcare provider	30 (23.8)
None of the above	5 (4.0)

Global Health

Participants most commonly rated their general health (41.3%), quality of life (54.8%), physical health (45.2%), mental health (39.7%), satisfaction with social relationships (38.9%), and ability to carry out social roles (48.4%) as “Very Good” [See Figure 1]. 78.6% of respondents reported being able to “Completely” carry out physical activities of daily living, 45.2% of respondents reported “Sometimes” being bothered by emotional problems, 54.8% reported “Mild” fatigue, and 73.0% reported pain of “3” or less on a scale of 0-10. Only 9.7% reported pain of “6” or greater. The raw summation scores for Global Physical and Mental Health were mean (SD) 16.0 (1.9) and 14.6 (3.2) respectively. Mean (SD) T-scores for these raw values based on the PROMIS conversion chart were 51.5 (6.2) and 50.4 (7.8).

Health-Related Behaviors

“Meditation, guided imagery, or progressive relaxation” (50.8%) was the most frequently reported mindfulness practice (at least once per month) among respondents, followed by yoga (39.7%).

77.0% percent reported 30 minutes or more of physical activity at least 3 days per week, with 75.4% engaging in “Cardiovascular exercise” and 73.8% engaging in “Lifestyle physical activity.” 49.2% of respondents reported between 7.1 – 8.0 hours of sleep/ day of on average over the past year. [See Table 3]

90.4% of respondents reported consuming “0-7” alcohol beverages per week; 8.7% “8-14” and 0.8% “15 or more.” For tobacco use, 64.2% reported “Never,” 27.7% “Former,” 6.3% “Current occasional use,” and 1.6% “Current daily use.”

Forty-six percent of respondents reported that their diet overall is “Good,” 35.7% “Very Good,” and 7.9% “Excellent.” 0.8% reported a “Poor” diet and 9.5% a “Fairly” healthy diet. Respondents generally endorsed an “Omnivorous” diet (80.1%), with 12.6% reporting “Semi-vegetarian,” 3.9% “Pesco-vegetarian,” 2.4% “Vegetarian,” and 0.8% “Vegan.”

Discussion

This study investigated the motivations, health status, behaviors, and demographics of patients receiving Five Element acupuncture. The authors are unaware of any previous research attempting to characterize this patient population. Although findings should be interpreted with caution due to the non-representative sample, the Five Element patients participating in this survey primarily reported seeking acupuncture for general well-being and were generally healthy, Caucasian, female, older adults, with high levels of education and income.

Figure 1

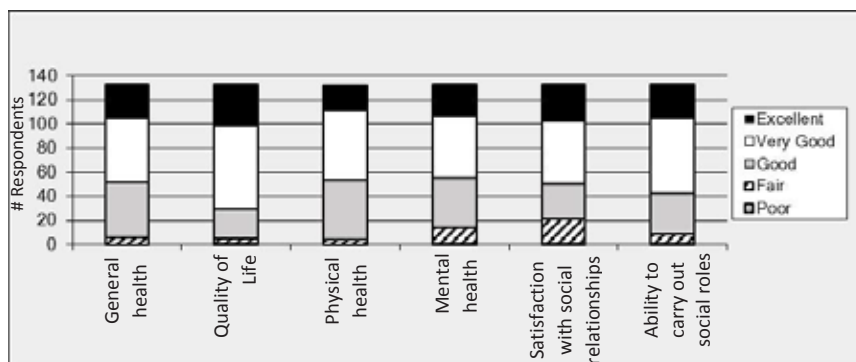


Table 3. Physical Activity and Sleep Per Week

Which types of activities do you engage in for 30 minutes at least once per week? Check all that apply.	
Answer Options	Response
Count (%)	42 (33.3)
0 days	7 (5.5)
1 day	6 (4.8)
2 days	16 (12.7)
3 days	34 (27.0)
4 days	12 (9.5)
5 days	23 (18.3)
6 days	13 (10.3)
7 days	15 (11.9)
Which types of activities do you engage in for 30 minutes at least once per week? Check all that apply.	
Cardiovascular exercise (raises heart rate)	95 (75.4)
Strength training (using weight or resistance to build strength)	44 (34.9)
Stretching (extending a body part to its full length)	76 (60.3)
Lifestyle physical activity (active chores, hobbies, or work)	93 (73.8)
None of the above	4 (3.2)
Average sleep duration over the past year:	
< 6 hours/day	6 (4.8)
6.0 - 6.5 hours/day	19 (15.1)
6.6 - 7.0 hours/day	26 (20.6)
7.1 - 7.5 hours/day	30 (23.8)
7.6 - 8.0 hours/day	32 (25.4)
> 8 hours/day	13 (10.3)

Given the primarily older sample, the high level of reported good health and functioning among participants in this survey is noteworthy. These findings are in contrast to a previous study on non-specified forms of acupuncture reporting poorer self-reported health status associated with acupuncture use.¹¹ The reported high levels of income and education among respondents suggests that Five Element acupuncture may be too costly for people at lower income levels.

This survey did not assess whether patients were paying out of pocket or using insurance for payment and that may be a consideration for utilization of acupuncture. One study showed that community acupuncture patients were more socioeconomically diverse compared to acupuncture patients nationwide,¹⁵ so services like community acupuncture may offer a possibility for persons to receive care and benefit. This is particularly relevant given that previous research suggest that acupuncture usage is not driven by health status or condition but rather by socioeconomic factors.¹⁶

Respondents were overwhelmingly white and not Hispanic or Latino, suggesting an opportunity for Five Element practitioners to reach out to persons of other racial and ethnic backgrounds. Offering services such as community acupuncture in primarily

“Respondents were overwhelmingly white and not Hispanic or Latino, suggesting an opportunity for Five Element practitioners to reach out to persons of other racial and ethnic backgrounds.”

African American and Latino communities may be one way to introduce acupuncture to these groups and make the potential treatment benefits accessible to a larger population who may be unfamiliar with the practice.

These results are consistent with previous research that shows complementary and alternative medicine (CAM) being used for disease prevention and to improve health and well-being,^{17,18} and also to improve chronic disease symptoms or conventional medicine side effects.^{19,20} However, our respondents reported they were not seeking acupuncture to change behavior, which distinguishes acupuncture from other modalities such as nutritional or yoga therapy in which behavior change is generally accepted to be part of the treatment.

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These findings suggest that patients may view receiving acupuncture as a process done “to them” as opposed to being part of the process. This is in contrast to the Five Element philosophy that generally encourages the patient to be in partnership with their practitioner in their healing. This potential gap between patient and practitioner expectations of role in treatment may be an important point to investigate further to promote greater patient empowerment and possibly decrease this potential gap.

Patient-reported physical and mental health (measured via the PROMIS Global Short Form v1.1) indicate that the health of our population was not different from the general U.S. population (a standardized t-score of 50 represents the U.S. general population average)¹⁴ These findings suggest that patients seeking Five Element acupuncture may not be seeking it when in worse health or functioning level compared to the U.S. population in general. This general good health and functioning may be a result of receiving acupuncture or a result of self-selection of those who seek acupuncture as being in better health overall. More research is needed to address the directionality of this relationship.

Interestingly, many respondents reported being bothered by emotional problems such as anxiety and depression, and indeed, many also indicated anxiety and depression as a motivating factor in seeking care. Thus, it appears that patients seeking Five Element acupuncture may be doing so to address emotional problems. This speaks to the philosophy of Five Element acupuncture for treating patients from a mind-body-spirit framework, which may attract certain patients. Systematic reviews and meta-analyses support the use of acupuncture for anxiety and depression.^{21,22,23}

Fifty-one percent of participants reported practicing meditation compared to 8% in the general U.S. population.¹ Similarly, 40% reported yoga practice compared to previous survey reports in which yoga practice was reported by just 10.1% of U.S. adults.¹ These preliminary findings suggest that those engaging in Five Element acupuncture may be more likely to engage in other CAM practices such as meditation and yoga.

Of interest, almost half of respondents reported between 7.1–8.0 hours of sleep/ day on average over the past year, which is the recommended average for adults. According to a survey by the National Sleep Foundation, only 31% of American adults report getting this amount of sleep.²⁴ The Five Element patients responding to this survey got better sleep compared to the general population. This is despite 31.8% of respondents reporting that they were partially seeking acupuncture to “sleep better.” Given the number of mental, emotional, and health benefits associated with sufficient sleep,²⁵ future studies should attempt to elucidate the relationship between sleep and usage of Five Element acupuncture.

The rate of engagement in physical activity reported in our sample is higher than other surveys reporting 30% of the U.S. population as

inactive.²⁶ Compared to other populations, there was low alcohol and tobacco use reported in our sample (our sample: 91% 0-7 drinks/ week and 8% current tobacco use versus other sample: 52% regular drinkers, 18% current tobacco users.²⁶)

An important limitation of the study is the unknown, but low, ratio of survey respondents to participant contact attempts (1157 alumni and student practitioners were contacted, with only 192 surveys completed). Selection bias in patients who chose to participate is likely, and the results of this survey cannot be considered generalizable to the population of patients choosing Five Element acupuncture.

Another limitation is that not all participants answered all questions (some skipped responses for each question), so again there may be some selection bias for each question. The number of responses skipped was similar for each category, and we only included participants in the analyses who completed all questions in Sections 1-4.

It should also be noted that both sites (MUIH and Florida) teach a type of Five Element acupuncture based on Professor J.R. Worsely's theory and therefore might not be generalizable to all Five Element acupuncture styles. Finally, due to an error in the survey link, we were unable to determine which responses came from which sites (MUIH or Florida), so we are unable to determine if there were any differences in responses based on the different sites.

Conclusion

These reported results from the multi-dimensional questionnaire elicited a range of data useful for guiding educational, clinical, and research initiatives. One clinical initiative clearly is to expand utilization of Five Element acupuncture. Increasing the number of community acupuncture offerings as well as encouraging practitioners to set up practices in more diverse communities should be considered.

With regards to education, given that respondents reported seeking Five Element acupuncture treatment for feelings of anxiety, nervousness, worry, and stress, student practitioners should be trained to be comfortable working with a range of emotional disorders. Research initiatives include assessing if some of the characteristics reported in the population are a result of the acupuncture treatment: specifically assessing outcomes from the start of treatment and assessing improvements in general health and well-being.

In summary, this study suggests that some Five Element patients seek acupuncture for both general well-being and health concerns. Previous findings indicate that acupuncture has been

most often sought to treat a specific health condition, and more recent findings show a growing number using acupuncture to promote general wellness. This study supports previous findings that acupuncture use is driven by socioeconomic factors and suggests that efforts to promote utilization of this unique treatment modality are needed.

Acknowledgments

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Expansion of the MUIH Acupuncture Curriculum as Illustrated Through the Treatment Planning Rubric

By Heidi Most, DAc, LAc, Dipl Ac (NCCAOM) and Celeste Homan, MS, LAc

Heidi Most received her Doctorate of Acupuncture from the Maryland University of Integrative Health and her diplomate in Acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine. As associate professor at MUIH, she develops and teaches courses for acupuncture, integrative sciences, nutrition and health-wellness coaching programs.

Celeste Homan, MS, LAc received her Master's Degree from Tai Sophia (now MUIH) in 1998 and is now an assistant professor at MUIH. She has published several articles based on the clinical application of her post-graduate studies with Jeffrey Yuen. Celeste also holds a Master of Science Degree in Engineering from the Johns Hopkins University.

The vision of the Maryland University of Integrative Health is to integrate healing traditions and contemporary science, acknowledge the wisdom of the body and nature as a teacher, and focus on the interconnection of mind, body and spirit. The school was founded as the College of Chinese Acupuncture in 1974 by Bob Duggan and Dianne Connelly. Its name was changed to the Traditional Acupuncture Institute, then it became Tai Sophia, and finally it was renamed the Maryland University of Integrative Health to reflect its expansion to include additional modalities of traditional medicine.

From the beginning, our roots have been solidly grounded in the five elements. As the acupuncture program has evolved we have incorporated other Oriental medical perspectives in our treatment planning rubric and approach to patient care. Guided by the five elements, our treatments seek to address each patient's body, mind, and spirit and to encourage their blossoming in life. In addition, we recognize that addressing the balance of the substances, organs and channels is an important part of treating the whole person.

In the first three trimesters, students study the classical theories of *yin/yang* and five elements as well as organs, substances, and channels in health and disharmony. As they progress, they learn to assess and treat according to pattern differentiation of the organs, substances, channels, five elements and eight principles.

Our textbooks are grounded in the *Huang Di Nei Jing* and *Nan Jing*, and their interpreters include J. R. Worsley, Father Claude Larre and Elisabeth Rochat de la Valle, Lonnie Jarrett, John and Angie Hicks, Dr. Wang Ju-Yi as well as Giovanni Maciocia and Peter Deadman. Another critically important part of our curriculum focuses on the cultivation of healing presence in our student practitioners, in recognition of the significance of the patient/practitioner relationship in healing.

The heart of the curriculum change can be summed up in our treatment planning rubric, found at the end of this article. This rubric is introduced to the students early on and provides a roadmap through their education and clinical experience.

Perhaps the heart of the rubric is the first step of "observation." Observation can be summarized by the Four Inspections, but they are very clearly delineated. Included are palpation of the channels, front *mu*/back *shu* points and pulse, observation of morphology of the body,

“We present these ideas in the hopes that our treatment planning rubric might be useful to other acupuncture and Oriental medicine schools. We welcome feedback! Please address comments and questions to hmost@muih.edu.”

skin, hair, nails, and tongue, and the Worsley observations of color, sound odor and emotion. We also observe the patient’s posture, the clarity of their thoughts, and the brightness of their eyes. Of course, the patient’s report is of critical importance.

Out of this arises an assessment of the energetic physiology of the patient. Based on our observations, what is the status of the five elements, the substances, the organs, and the channels? Are there pathogenic factors? Do we need to prioritize the body, mind or spirit? What do these findings say about the patient’s constitutional type? The assessment step allows us to synthesize a variety of theoretical viewpoints into a single treatment strategy that prioritizes causation.

Once a treatment strategy has been identified, an intervention is chosen to carry out that strategy. Points and/or herbs are selected to support the patient’s physiology. Lifestyle recommendations are offered. Once we treat, we observe changes in our patient and then reflect back on whether our approach had the desired effect. This reflection often leads us to a refinement of the treatment strategy and long term plan.

The rubric guides the students in clinic but it is also a useful guide to the students as they begin their study of Oriental medicine. Every course can be traced back to one or more of the steps in the treatment planning rubric. This helps the student understand why the course is relevant and how it leads to his/her development as an excellent practitioner.

The new curriculum was launched in January 2016, and our first cohort has completed four trimesters. Surveys were sent out to the first cohort. Data are not complete at this time but preliminary verbal reports have been positive, though adjustments need to be made in refining the delivery. On the whole, the essence of the curriculum changes has been well received, and we believe this is fulfilling our intention of developing practitioners who are rigorous in their observations and clinical thinking.

We present these ideas in the hopes that our treatment planning rubric might be useful to other acupuncture and Oriental medicine schools. We welcome feedback! Please address comments and questions to hmost@muih.edu.

Treatment Planning Rubric

Treatment Date: _____ Patient initials: _____

- 1. Observations:** To see, to hear, to ask, to feel
Color, Sound, Odor, Emotion, Palpation including 3 *jiao*, channels, alarm points, and pulse, visual observations of the tongue, skin, hair, nails, and major anatomical structures, B/M/S observations (e.g., posture, eyes, cognition, focus), patient’s report/ request
- 2. Assessment:** Relevant theoretical principles based on observations including etiology: Constitutional factor, status of the five phases, organs, channels, substances, pathogenic factors, body/mind/spirit
- 3. Treatment Strategy:** The plan and intended outcome of treatment: Address your assessment, B/M/S levels (e.g., support the constitution, clear blocks to treatment, treat all patterns of disharmony, clear pathogenic factors); lifestyle recommendations; distinction of short and long term goals
- 4. Treatment:** Point selection and techniques: Point combinations, needling technique, moxa, cupping, *gua sha*, bleeding, *tui na*, microsystem, acupressure, talk therapy, lifestyle recommendations
- 5. Final Observations:** Changes observed during and immediately after treatment; comparison to previously recorded observations
- 6. Reflective thinking:** What was learned, re-examine clinical assessment, and refine treatment strategy as needed to support subsequent treatment



Society for Acupuncture Research 2017 Conference:

Advancing the Precision Medicine Initiative Through Acupuncture Research

Arnaldo Oliveira, PhD, DAOM, LAc

Arnaldo Oliveira, PhD, DAOM, LAc is a facial-trauma surgeon trained in Brazil at the Universidade Federal Fluminense. He holds a master's degree in organizational change and a PhD in organization and management. He received a master of science in Oriental medicine from the Institute of Clinical Acupuncture and Oriental Medicine, Honolulu, Hawaii, and received his doctor of acupuncture and Oriental medicine (DAOM) from the Oregon College of Oriental Medicine in Portland, Oregon. Dr. Oliveira practices acupuncture and Oriental medicine in Honolulu, Hawaii, and specializes in electro-acupuncture according to Voll.

Photos courtesy of the Society for Acupuncture Research.

The 2017 International Conference of the Society for Acupuncture Research, held in San Francisco, California, was attended by 215 participants representing 21 countries and included acupuncturists, medical doctors, dentists, psychologists, naturopaths, researchers, and students. It was co-sponsored by the Department of Anesthesia at Stanford University and received grant support from the National Center for Complementary and Integrative Health and the National Cancer Institute. The well-designed workshops and symposia panels and their renowned speakers were perfectly integrated with the Conference theme: "Advancing the Precision Medicine Initiative through Acupuncture Research."

Four pre-conference workshops focused on different aspects of acupuncture research: (1) Designing Precision/Personalized Research in Acupuncture; (2) Successes and Challenges of International Collaborations in Acupuncture Research; (3) Integrating Acupuncture into Oncology and Mainstream Medical Centers – The Research Evidence; and (4) High-Tech / Low-Tech: Instruments for Objective and Subjective Research Applications for Acupuncture. There were seven symposia panels, two sessions of plenary abstract presentations, one lunch workshop with Wen Chen, PhD from the National Center for Complementary and Integrative Health (NCCIH), one lunch presentation with Rosa Schnyer, DAOM, LAc, Ryan Milley, LAc, and Robert Davis, LAc, and two poster sessions.



Claudia Witt, MD, MBA

The opening symposia panel, chaired by Rosa Schnyer, DAOM, LAc, centered on the role of acupuncture in precision medicine. Lixing Lao, PhD, LAc, Claudia Witt, MD, MBA, and Herman A. Van Wietmarschen, PhD discussed the methodological considerations of what is known as "precision medicine." Using this approach to disease prevention and treatment based on people's individual differences in environment, genes, and lifestyle was discussed.

Research methodologies that focus on precision medicine can potentially help the development of the right therapies for the right patient at the right dose. A combination of genetic,

“The opening symposia panel, chaired by Rosa Schnyer, DAOM, LAc, centered on the role of acupuncture in precision medicine....Research methodologies that focus on precision medicine can potentially help the development of the right therapies for the right patient at the right dose.”

proteomic, cellular, molecular pathways can be associated to TCM’s diagnosis, treatment principles, and herbal drugs that emphasize the healing of the entire person and deliver personalized therapies to every individual patient.



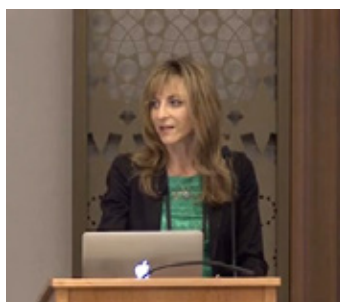
Hugh MacPherson, PhD

The second panel, “Clinical/Policy Research on the Role of Acupuncture in Mainstream Medicine,” was chaired by Richard Hammerschlag, PhD. Panelists included Sean Mackey, MD, PhD, Ben Kligler, MD, MPH, and Hugh

MacPherson, PhD, LAc. The presentations highlighted the impact of pain on public health (44% of people in the U.S. have chronic pain), how acupuncture is effective for the treatment of pain, and the roadblocks in terms of public policy and reimbursement. Also discussed was how innovative solutions can improve access to health care. Dr. MacPherson spoke about recent evidence coming from the Acupuncture Trialists’ Collaboration on acupuncture for chronic back pain.

“Electronic Symptom Drawings: A New Tool for Mapping and Quantitative Assessments of Bodily Complaints” was the title of the third panel, chaired by Lixing Lao, PhD, LAc. He and Shellie A. Boudreau, PhD, Florian Beissner, PhD, and Younbyoung Chae, KMD, LAc presented different perspectives regarding electronic symptom drawings.

The fourth panel, “Sex Differences in Acupuncture Responders – State of Evidence,” and chaired by Peter Wayne, PhD, included Beth Darnall, PhD, Claudia Witt, MD, MBA, Helene Langevin, MD, LAc, Richard E. Harris, PhD, and Weidong Lu, MB, PhD, MPH. This panel discussed the already established evidence that gender differences affect disease. Panelists also presented recent research showing different patterns of brain connectivity of males and females during acupuncture treatment. For instance, Dr. Harris staged a study done by Qiu, et al. (*Brain Research*, 2010) that



Beth Darnall, PhD

hypothesized that women and men may respond differently to acupuncture. Data of 19 females and 19 males who had brain fMRI during acupuncture on LI4, LV3, and ST36 were analyzed. Significant gender differences were observed at the limbic–paralimbic–neocortical (LPNN), the default mode (DMN), and the sensation networks in the brain. Females showed greater connectivity in the DMN, whereas males presented larger connectivity within the sensory cortex.

The fifth Symposia panel, “Updates from Across the Acupuncture Research Spectrum: From Basic to Clinical” was chaired by Helene Langevin, MD, LAc, and presented by Elisabet Stener-Victorin, PhD, Jiande Chen, PhD, and Vitaly Napadow, PhD, LAc. This panel showcased research on polycystic ovarian syndrome, functional gut diseases, and neuro-imaging acupuncture effects for neuropathic pain and the role of objective outcomes in carpal tunnel syndrome.

The very high quality of the research presented kept the audience in awe with the excellent work done by these renowned panelists. For instance, Dr. Napadow’s study, which was published in the journal *Brain* last March, found that acupuncture improved the outcomes for carpal tunnel syndrome by remapping the brain. In his own words: “Acupuncture (particularly EA) is a somatosensory-guided neuromodulatory therapy that may work by inputting regulated afference into the nervous system, serving to reorganize S1.”

The next event included “Abstract Oral Presentations: Basic Science” chaired by Claudia Witt, MD, MBA. Jiang-Ti Kong, MD also presented abstracts on clinical research. The abstracts were presented in two different rooms, and due to the high significance of the papers and competency of the authors, it was very hard to choose which one to attend.



Symposia Panel 5: Updates from Across the Acupuncture Research Spectrum: From Basic to Clinical: left to right - Jiande Chen, PhD, Vitaly Napadow, PhD, LAc, Elisabet Stener-Victorin, PhD

Before the next Symposia panel, a “power lunch” organized by Rosa Schnyer, DAOM, LAc, Ryan Milley, LAc, and Robert Davis, LAc focused on “Research Evidence

for Personalized Approaches with Acupuncture.” During this interactive event the attendees had the chance to discuss the meaning of providing “personalized, preventive, and participatory” health care in the acupuncture practice.

The flow of ideas perfectly integrated with Symposia panel six: “The Power of Research in Healthcare Policy: Lessons from Oregon and Vermont,” moderated by Janet Kahn, PhD and presented by Robert Davis, LAc and Laura E. Ocker, LAc. The presentations demonstrated how research could be the unifying force in the engagement of different factors, such as acupuncture boards, health insurance companies, the medical community, academic institutions, and policymakers, all for the advancement of health care.

The final Symposia panel, “The Role of Acupuncture in Precision Treatment of Cancer” was chaired by Vitaly Napadow and presented by Jun Mao, MD, Weidong Lu, PhD, MPH, and Richard E. Harris, PhD. The discourses highlighted the importance of growing clinical evidence showing that acupuncture plays an important role in the treatment of cancer by alleviating pain, reducing nausea, improving quality of life, and so forth.

Evidence gained from recent clinical trials shows that oncology acupuncture is an emerging subspecialty. In Dr. Lu’s words, *“Oncology acupuncture concerns the safety, effectiveness, implementation, and mechanisms of acupuncture and related knowledge in the field of oncology through rigorous scientific validation and exploration, for alleviating symptoms, minimizing side effects of primary treatments, improving quality of life, and supporting cancer patients during the entire cancer care continuum.”*

One hundred and twenty high-quality research posters were accepted and seventy-five posters were presented onsite in two poster sessions. Three studies on the subject of pain displayed particularly interesting conclusions. The first, “Systematic Review of Acupuncture for Low Back Pain: Efficacy and Clinical-Meaningful Change,” was by Lisa Jean Taylor-Swanson, PhD, LAc

“This meeting was well planned, designed, and delivered. The acupuncture community and those involved in acupuncture research can enthusiastically anticipate the next conference, scheduled for 2019 on the east coast of the United States of America. Until then, support the most excellent work done by the Society for Acupuncture Research by becoming a member.”

Jennifer A. Stone, LAc, Megan K. Gale, MSAOM, EAMP, Amanda Gaitaud, LAc, Christopher Huson, LAc, EAMP, Fujio MacPherson, Jessica Martens, LAc, EAMP, Jacob Godwin, DAOM, LAc, and Mercy Yule, LAc. In these controversial times concerning acupuncture for the treatment of back pain, this review offered evidence for the use of acupuncture as a safe and effective option.

The second poster, “Acupuncture Augmentation of Lidocaine Treatment for Provoked, Localized Vulvodynia – A Pilot Study” was by Lee E. Hullender Rubin, DAOM, LAc, FABORM, Scott D. Mist, PhD, Rosa N. Schnyer, DAOM, LAc, and Catherine M. Leclair, MD. Results of this early-phase study showed that acupuncture augmentation of lidocaine might reduce vestibular pain in women with provoked-localized vulvodynia.

The third poster was “Acupuncture Electroanalgesia for a Complicated Dental Extraction with Bucosinusal Communication in an Allergic Patient” by Jeronimo Manço de Oliveira Neto, DMD, PhD, Adriano Dias Marangoni, DMD, Glaucelino Nascimento, DMD, PhD, and Maria Cristina Borsato, DMD, PhD. In this case report, the authors used electroacupuncture stimulation and a very low dose of dental anesthetics to induce analgesia in a patient with known allergies to nonsteroidal anti-inflammatory drugs.

Praise to the Society for Acupuncture Research board of directors and staff. This 2017 International Conference of the Society for Acupuncture Research co-sponsored by the Department of Anesthesia at Stanford University was a complete success in all aspects. This meeting was well planned, designed, and delivered. The acupuncture community and those involved in acupuncture research can enthusiastically anticipate the next conference, scheduled for 2019 on the east coast of the United States. Until then, support the most excellent work done by the Society for Acupuncture Research by becoming a member.



Interviewed by Editor in Chief
Jennifer A. M. Stone, LAc

Galina V. Roofener, LAc, LCH is licensed and nationally board-certified in Ohio and Florida. She works for Cleveland Clinic as an acupuncturist and Chinese herbalist. She serves on the State Medical Board of Ohio's Acupuncture and Oriental Medicine Advisory Panel and is a member of the NCCAOM Hospital-Based Practice Task Force Committee.

Interview:

Galina V. Roofener, LAc, LCH, Practitioner at the Cleveland Clinic

"The Safety of Custom Traditional Chinese Herbal Medicine Practice at Cleveland Clinic" was presented as a poster at the April 2017 Society for Acupuncture Research Conference. The presenter of this preliminary research data, Galina V. Roofener, LAc, LCH, is interviewed by Meridians: JAOM Editor in Chief Jennifer A. M. Stone, LAc.

JS: Galina V. Roofener is a Chinese herbalist on staff at Cleveland Clinic's Wellness Institute and primary investigator for this research project. Galina, what prompted you to research safety of traditional Chinese herbal medicine as practiced at Cleveland Clinic? Can you share a bit of the history and details of this research?

GR: Our research is a retrospective observational study of safety data. We looked at the amount of adverse events in real life clinical practice. Our focus is very pragmatic; we are not evaluating a particular product but rather a practice model. The main reason that adverse events can result in banned products in the U.S. seems to be a problem of improper practice. This can include the lack of records, labeling standards, intake directions and knowledge of reporting procedures, not necessarily just a product itself.

In 2013, a law was enacted in the state of Ohio that permitted the practice of traditional herbal medicine. Jamie Starkey, LAc, manager of the Traditional Chinese Medicine Program at Cleveland Clinic's Wellness Institute, together with the late Tanya I. Edwards, MD, the former medical director of Cleveland Clinic's Center for Integrative & Lifestyle Medicine, initiated the creation of the Traditional Chinese Herbal Medicine Clinic (TCHMC) at Cleveland Clinic. Our major goal was to create a reproducible model of TCHMC—to be practiced by any hospital system or private practice at multiple locations within a hospital system, in different sites, and with clear safety measure standards and referral guidelines. Since different states have different rules, we wanted to create a program that was flexible across the board, with full hospital-based and practice-compliant procedures.

JS: Other hospital-based Chinese herbal medicine clinics were operational prior to Cleveland Clinic. What makes this model different?

GR: In the U.S., traditional Chinese herbal medicine is commonly practiced alongside acupuncture and prescribed at the same visit. We separated the acupuncture and herbal medicine treatments. The main reason is that not every patient condition is appropriate

for receiving both types of therapy, and we didn't want that to become confusing for the patient or referring physicians. We do not accept patients younger than 12 years of age, patients who are taking more than five pharmaceuticals, or patients who are on heavy anticoagulants or active chemo.

On the administrative level there is good reason to keep the programs separate as well. Billing and recordkeeping utilizing electronic medical records (EMR) is different for acupuncture than for Chinese herbal medicine.

Additionally, the State Medical Board of Ohio has stricter safety reporting requirements for Chinese herbal medicine—another reason we separated our acupuncture and Chinese herbal medicine service lines.

JS: Why did Cleveland Clinic choose to outsource Chinese herbal medicines?

GR: Creating a model that was reproducible and can go anywhere with no financial investment is more appealing to large hospital systems or small start-up private practices. For the best quality control consistency we chose to use a single manufacturer that is able to produce a wide range of formulas and single herbal granules and has extremely strict testing standards. Keeping this kind of inventory onsite would be a huge expense and complication.

It is time consuming to compound and dispense a formula; therefore, financially it is not feasible to do this in-house. Hiring in-house staff that are not trained in traditional herbal medical prescriptionology and not trained to run a traditional Chinese medicine (TCM) herbal medicine-compounding dispensary leads to a higher incidence of clinical error and mistakes. In addition, if we did this in-house, we would become subject to FDA herbal compounding pharmacy regulations for dietary supplement labels under FDA cGMP, including the listing of all potential allergens. This is more than a hospital can deal with and we would be limited to patent formulas only. That was not an option for our vision. The only solution was to utilize an established model of conventional medicine practice and outsource compounding to a specialized herbal pharmacy.

An effective practice model should include the ease of online prescription submission, the reliability of compounding practices, the labeling according to FDA laws, and the excellent customer service for our patients (which reduces any line of error on our part).

JS: Galina, how do you address common concerns MDs have that include the adverse effects of Chinese herbal medicines as well as herb/drug interactions?

“Hiring in-house staff that are not trained in traditional herbal medical prescriptionology and not trained to run a traditional Chinese medicine (TCM) herbal medicine-compounding dispensary leads to a higher incidence of clinical error and mistakes.”

GR: One of my key roles at Cleveland Clinic is to educate healthcare practitioners about TCM. The topic of herb/drug interactions is hot for discussion right now, although TCM is slow to be adopted and incorporated into current conventional healthcare models. The insufficiency of reputable research data on the safety of TCHM side effects, adverse events, and interactions with pharmaceutical medications remains TCHM's biggest obstacle. That was the main reason that prompted us to do our research project.

The majority of the adverse events reported in the past were associated with damage to the liver and/or kidneys. Dr. Edwards and Ms. Starkey designed a Chinese herbal clinic model based upon the principle of safety first. Use of a complete metabolic panel (CMP) is a standard tool to monitor the safety of drugs. In our model of practice, before a patient is able to receive a Chinese herbal medicine prescription we draw CMP labs to establish the baseline functions of liver and kidneys. We repeat CMPs after one month, six months, and one year after the start of TCHM treatment. Additionally, we have one dedicated physician who oversees and is constantly monitoring our CMP results. We are able to gather her clinical input and move forward with the safest and most effective plan for the patient.

Within the two years reflected in the research, the CMPs did not detect any changes caused by herbs. Patients reported three cases of mild adverse events, which included anxiety, nausea and pruritus that equals 1.46% rate of occurrence. All events were reported to the State of Ohio Medical Board according to Ohio law but none required FDA reporting.

This study illustrates THCM as practiced at Cleveland Clinic's Wellness Institute is likely to be safe. This includes TCHM formulas compounded from concentrated 5:1 extract granules manufactured according to ISO/TC249 international standards, compounded according to FDA regulation Title 21 CFR 111. and prescribed according to TCM principles by a licensed Chinese herbalist. I hope it will pave the pathway for incorporation of TCHM clinics into other hospitals.

Safety of Custom Traditional Chinese Herbal Medicine Practice at Cleveland Clinic

Galina V. Roofener LAc, LCH; Jamie Starkey LAc; Yanming Huang LAc, LCH; Susan Veleber LAc, LCH; Brenda Powell MD
Cleveland Clinic Wellness Institute, Department of Integrative and Lifestyle Medicine

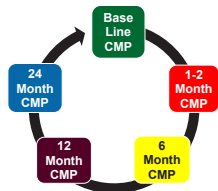
AIM

To evaluate the safety of Traditional Chinese Herbal Medicine (TCHM) as practiced at the Cleveland Clinic Center for Integrative and Lifestyle Medicine (CILM):

- Outpatient facility
- Vigorously tested herbs
- Custom prescriptions for each patient

TCHM AT CILM

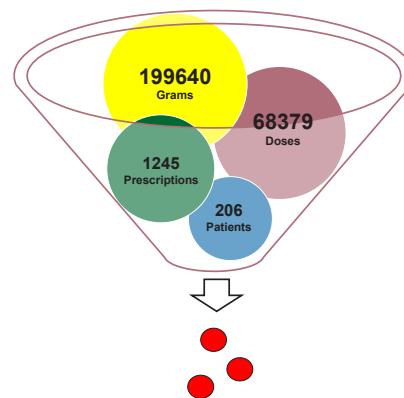
- Under supervision of a physician, licensed Chinese Herbalists prescribe custom herbal formulas based on TCHM diagnosis
- Patients are re-evaluated in person on an as-needed basis
- Detailed treatment plan, progress, adverse events and hospitalizations are documented in the patient's medical record
- A complete metabolic panel (CMP) is ordered at baseline, 1-2 months, 6 months, 12 months and 24 months of herbal intake



METHODS

- Review of medical records of patients referred to TCHM clinic from June 1, 2014 to June 1, 2016
- Exclusion criteria:
 - Patients younger than 12 years old
 - Patients on Heparin, Warfarin or Coumadin
 - Patients on Interferon or active chemotherapy
 - Patients with liver or kidney failure
 - Patients with a liver or kidney transplant
- Safety was evaluated using CMP results with emphasis on kidney and liver functions

24 MONTHS DATA



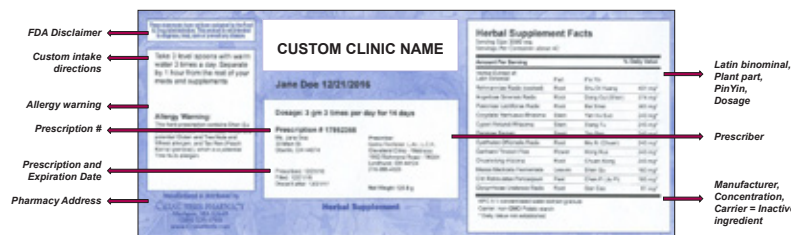
3 Mild Adverse Events

- No abnormal findings on CMP that could be attributed to herbs
- Three cases of mild adverse events (1.5%) were reported, which included anxiety, nausea and pruritus.
- These events were reported to The State of Ohio Medical Board according to Ohio law but none required FDA reporting

CONCLUSIONS

- This chart review illustrates TCHM, as practiced at Cleveland Clinic CILM, is likely to be safe

FDA ADHERANT TCHM LABEL



All TCHM formulas are custom compounded from concentrated 5:1 water-decocted extract granules manufactured according to ISO/TC249 international standards, ISO/IEC 17025:2005 testing lab and FDA GMP Title 21 CFR 111



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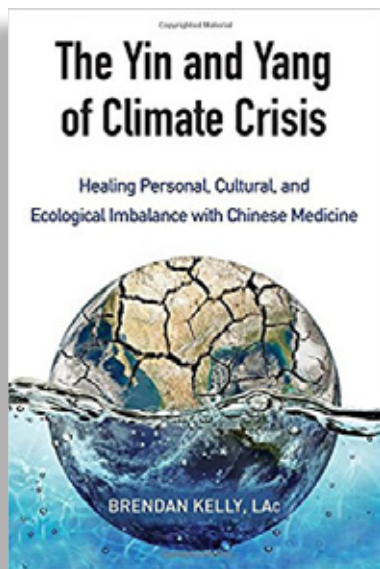
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BOOK REVIEW



The Yin and Yang of Climate Crisis: Healing Personal, Cultural and Ecological Imbalance with Chinese Medicine

North Atlantic Books, Berkeley, CA

2015

249 pages

ISSBN

Paperback: 9781583949511

Ebook: 9781583949528

The Yin and Yang of Climate Crisis: Healing Personal, Cultural and Ecological Imbalance with Chinese Medicine by Brendan Kelly, LAc

Reviewed by Elizabeth Sommers, PhD, MPH, LAc

Practitioners of Asian and Chinese medicine will appreciate the perspectives presented in *The Yin and Yang of Climate Crisis: Healing Personal, Cultural and Ecological Imbalance with Chinese Medicine* by Brendan Kelly, LAc. Using the principles of the Five Phases (also known as Five Element Theory), holism, and *yin* and *yang*, the author offers comprehensive descriptions of the changes in earth's environment from perspectives that can particularly resonate with students of Asian philosophy and medicine.

Recognizing that organs are more than discrete bundles of tissue, Kelly demonstrates the fundamental connectedness of humans, living creatures and the planet. He draws from the mind/body/spirit comprehensive approach that we know from traditional Chinese medicine by using theories of correspondence to illustrate issues such as desertification of land, heat melting the polar ice caps, and the depletion of oil. For example, each organ comprises a system that can be associated with emotions, parts of the body, seasons of the year, physical environment, and time of day. These commonalities are juxtaposed with the reductionist world-view that fails to appreciate the paradigm of connectedness or correspondence. It is precisely this reductionist approach that has been mis-applied by under-estimating the role of human activity in influencing climatic change.

Offering illustrations from case studies, Kelly recognizes that the body can be viewed as the microcosm for the planet. Excess of *yang* energy can manifest in both the body and in the environment. In the body, a patient might experience hot flashes, restless sleep, tinnitus, or severe headaches in a pattern demonstrating excessive Heat energy. At the planetary level, excessive *yang* energy manifests as glacier melts or the acidification of the ocean. A correlated depletion of *yin* could manifest as earth's lessened ability to promote balance in the face of increasing greenhouse gases. The cycles of creation and constraint, as demonstrated by Phase Theory, are disrupted and nature struggles to maintain a balance.

Kelly's interpretations of the Five Elements elegantly illustrate natural resources. He describes the water element as having both *yin* and *yang* properties. We are reminded that the kidneys are simultaneously the most *yin* and the most *yang* of all organs. *Yin* quality is demonstrated by water's mutable nature of flexibility and humility. Yet we all have seen evidence of the *yang* forcefulness of water—think of flooding, tsunamis or tropical storms. Through the force of time, water wears away rock.

The kidneys also house the body's *jing*. Our *jing* is our generative or creative force, coming from our hereditary lineage or ancestral energy. Each individual's unique manifestation of mind, body and spirit arises from our *jing*. The nature of our *jing* plays a role in determining our physical

“Just as we have learned to crave more and more, he believes that we can learn a new lesson based on conservation, reducing, reusing and recycling. We can turn the anger and irritation of the Liver into the strategizing and thoughtful approach of ensuring sustainability.”

health and longevity and is also a wellspring of energy that we can tap into during times of illness or chronic stress. We can cultivate our *jing* through practices like tai qi or qi gong.

The kidneys of Mother Earth house the planet's *jing*, which is how Kelly refers to oil reserves. The *yin* nature of oil reveals itself as dark, heavy, and concentrated. Burning oil can result in a global *jing* deficiency. This deficiency becomes more strained and extreme through the necessity of accessing oil through deep-delving into the earth in locations that are remote, such as the Arctic and deep regions of the ocean.

Thus, a *jing* deficiency for an individual will look like depletion (e.g., profound lack of energy, inability to recover from illness). Culturally, depletion of *jing* might be described by failing to appreciate that widespread over-use of oil could result in fundamental imbalances in the earth. This kind of arrogance is also coupled with the extremes of capitalism and a materialistic culture that fails to appreciate the toll that our collective lifestyle takes on the planet.

The concept of continuous growth can be illustrated by the wood element—the liver. Springtime is the phase of the annual cycles that corresponds to the liver. The tendency to overgrow—to expand excessively—can be exemplified by the concept of an endless spring. Just as the energy of spring gives forth to summer, the energy of the Liver needs to be channeled and budgeted toward nourishing the heart. Stagnation in overgrowth translates into diminished energy for the heart function.

By linking the cycle of the Five Phases to economics, Kelly explores some uncharted, and vastly under-appreciated, territory. The planetary challenge of climate change is intimately connected to society's endless demand for development. Just as we have learned to crave more and more, he believes that we can learn a new lesson based on conservation, reducing, reusing and recycling. We can turn the anger and irritation of the Liver into the strategizing and thoughtful approach of ensuring sustainability.

Kelly reflects on his motivations for writing this book: “Soon after graduating from Chinese medicine school, it became clear to me that the heat and inflammation that were so common in the treatment room was directly connected to the rapid warming described by climatologists. With over 20 years' involvement in ecological issues, it was also clear that the holism of Chinese medicine had much to offer the discussion about creating long-term sustainability. After several years of

research about climate change and classical and contemporary Chinese medicine, I felt compelled to write about how what was happening within us and within our culture was mirrored by what was happening with the climate.”

The book's final chapter, “The Opportunities of Climate Change,” returns to the concept of seasonality. The Sheng cycle is a way to visualize the continual change as displayed in the natural world. Just as each season evolves and sets the stage for the next season, the energy of the earth—and the energy within each one of us—needs to be allowed to change and reach fruition. Constraint results in stagnation and imbalance.

Kelly reflects a positive, constructive and optimistic outlook in this work. He recognizes that, in the deepest part of midnight, morning begins. The crisis of climate change can galvanize us to life-saving action that transforms into the opportunity for healing. The book is a significant contribution to public health because of its appreciation of the linkages that connect individuals, populations, and the global community. This is an important book that can broaden our understanding and motivate us to action. It is a most welcome approach to translating our medicine into creating and promoting policies that can heal ourselves and our planet.

Elizabeth Sommers, PhD, MPH, LAc is based in the Integrative Medicine and Health Disparities Program of Boston Medical Center. She has published in the areas of acupuncture detoxification, health economics, and treatment of HIV/AIDS. Dr. Sommers contributes to *Acupuncture Today*, *Meridians: The Journal of Acupuncture and Oriental Medicine*, and *Journal of Alternative and Complementary Medicine*. As a founder and former chair of the American Public Health Association's Section on Integrative, Complementary and Traditional Health Practices, she currently serves on APHA's Governing Council. She is committed to ensuring that healthcare including wellness is a right not a privilege.

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Clinical Acupuncture

Jul. 7-10: 9am - 6pm

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Speaker: Marie-France Collin L.Ac.

Marie-France has traveled around the world and lived over 20 years in Asia. She followed renowned acupuncturists that allowed her to develop a depth of knowledge beyond what is taught in North American acupuncture schools.

This class is aimed at exploring the significance of the Eight Extraordinary Vessels and their applications. Students will learn the historical development of their usage, order of their formation and its meaning, pathologies, trajectories with point actions and indications, treatment principles and frequency, needle technique, pulses, criteria for choosing with which vessel to start the treatment, coupling them or not and how.

TCM Classic Formulas, Herbs and Patterns

Aug. 11-14: 9am - 6pm

32 CEUs, \$800

Speaker: Dr. Huang Huang

Dr. Huang serves in Nanjing University of Traditional Chinese Medicine (TCM) as mentor of doctoral students. Dr. Huang has

Acupuncture

Herb

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Tui Na

Tai Chi

Qi Gong

been working in classic formulas and herbs as a professor, practitioner and researcher for decades.

In this seminar, Dr. Huang will talk about abundant classic formulas mainly from Shang Han Lun and Jin Gui Yao Lue, the herbs' nature and functions, and formulas' indications. He will explain the formula usage based on classical theories and modern modification.

經方藥證

Aug. 18-21: 9am - 6pm

32 CEUs, \$800

Speaker: 黃煌教授

黃煌，江蘇省名中醫，南京中醫藥大學基礎醫學院教授、博士生導師。以經方醫學流派的研究為主攻方向，尤以經方的方證與藥證為研究重點。現致力於經方的普及推廣工作，主持全球最大的公益性經方學術網站“經方醫學論壇”。他的學術觀點鮮明且有新意，結合臨床緊密，實用性強。

本次課程將著重講解幾種經典藥方，《傷寒論》與《金匱要略》中的病例，以及經典藥方的現代應用等。

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CLINICAL PEARLS



The topic discussed in this issue is:

How Do You Treat Plantar Fasciitis in Your Clinic?

The plantar fascia is a long, thin ligament that lies directly beneath the skin on the bottom of your foot designed to absorb the high stresses and strains we place on our feet. It connects the heel to the front of your foot and supports the arch of your foot. Sometimes, too much pressure damages or tears the tissues. The body's natural response to injury is inflammation, which results in the heel pain and stiffness of plantar fasciitis.

In most cases, this condition develops without a specific, identifiable reason. There are, however, many factors that can make you more prone to the condition including: tighter calf muscles that make it difficult to flex your foot and bring your toes; obesity, high arches; repetitive impact activity (running/sports); new or increased activity.

“The most common symptoms of plantar fasciitis include: pain on the bottom of the foot near the heel; pain with the first few steps after getting out of bed in the morning or after a long period of rest, such as after a long car ride; greater pain after (not during) exercise or activity.”

The most common symptoms of plantar fasciitis include: pain on the bottom of the foot near the heel; pain with the first few steps after getting out of bed in the morning or after a long period of rest, such as after a long car ride; greater pain after (not during) exercise or activity. Although many people with plantar fasciitis have heel spurs, they are not the cause of plantar fasciitis pain. The pain can be

treated without removing the spur if one is present. Stretching and strengthening exercises or use of specialized devices may provide symptom relief. These include: physical therapy and athletic taping; night splints; injections; extracorporeal shock wave therapy; orthotics; surgical or other procedures.

According to East Asian medicine, plantar fasciitis is most commonly diagnosed under the category of “accident/trauma.” It is usually a repetitive stress disorder due to the accumulation of micro-trauma. However, occasionally it may occur as an acute strain. Inflammation is at the level of the tendons, ligaments and bone. There is *qi* and Blood stagnation in the channels and collaterals. Internal organ imbalances may possibly contribute, such as Liver *qi* stagnation, Liver *yin* deficiency and Liver Blood deficiency, Spleen vacuity, and local and adjacent points at the site of injury.

Acupuncture treatment may utilize connecting channel and muscle groups to the local area and possibly the extraordinary point *Shimian* M-LE-5 as the “target” zone for local treatment. This point is located on the center of the heel in the region of the attachment of the plantar fascia to the calcaneus. Palpation will reliably help determine the precise site for needle insertion.

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CLINICAL PEARLS

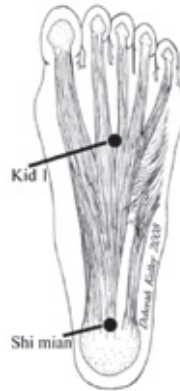
HOW DO YOU TREAT PLANTAR FASCIITIS IN YOUR CLINIC?

Variations of paired needles at *Shimian* M-LE-5, possibly with electrical stimulation and/or thread moxa, are often effective as local points. Numerous other secondary points may be considered on the Kidney, Bladder and other related channels. Including complementary procedures, such as orthotics that correct the biomechanics of the foot, often enhance clinical results.

Acupuncture is recommended twice a week for three weeks and then re-evaluate. Most uncomplicated cases will show improvement within six treatments. In chronic cases, continue treatment at least once weekly after the first three-week period.

The goal of treatment is to use acupuncture points and techniques that may have an immediate effect on the patient, such

The extraordinary point *Shimian* M-LE-5



as a decrease in pain or an increase in range of motion. This may include starting with the opposite extremity.

Warm needling may also be considered in this treatment. Some practitioners avoid needling directly into the heel and therefore use only thread moxa. While they report good results with this technique, the inclusion of the needle is recommended. Alternatively, you may follow the needle treatment with thread moxa at the site of insertion. Consider five small, rice grain-size threads on each point needed.



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How Do You Treat Plantar Fasciitis in Your Clinic?

By Amy Chang, CKTP, LAc

Amy Chang is a doctoral student at the Oregon College of Oriental Medicine and a clinic supervisor at Acupuncture & Integrative Medicine College in Berkeley, California. She is a licensed acupuncturist and certified Kinesio Taping practitioner (CKTP). Amy reads, speaks, and writes Chinese and English with native fluency. She can be reached at anywhereclinic@gmail.com.

Since the majority of patients presenting with heel pain as a chief complaint developed plantar fasciitis due to calf tightness, I approach the condition from a primarily musculoskeletal angle using meridian diagnosis and a few concepts from the *Su Wen* (Plain Questions). I always choose a Kidney point because Kidney governs Bone and prolonged standing harms the Bones.¹ Then I pair the Kidney point with a Bladder point because the gastrocnemius and soleus are on the Foot *Tai Yang* Bladder channel. I usually combine *Tai Xi* KI-3 and *Kun Lun* BL-60 for their proximity to the Achilles tendon.

I add *San Yin Jiao* SP-6 to move blood and relax the soleus muscle, and *Xuan Zhong* GB-39 to soften the Sinews. Clinically I've observed *San Yin Jiao* SP-6 to be anecdotally beneficial for fallen arches. Its location also coincides with one of the manual motor points of soleus² and *Ren Huang* 77.21 (Human Emperor).³

Yin Ling Quan SP-9 and *Yang Ling Quan* GB-34 may also be used if the patient presents with Dampness. *Zhao Hai* KI-6/*Shen Mai* BL-62 may replace *Tai Xi* KI-3/*Kun Lun* BL-60 if the *Yin/Yang Qiao Mai* are involved. Master Tung points that coincide with standard channel points for this presentation are *Tian Huang Fu* 77.19 (SP-8) and *Di Huang* 77.20 (SP-7) may be

combined with *Ren Huang* 77.21 (SP-6) for severe Kidney deficiency.

The key is to use something from each of the Kidney, Bladder, Spleen and Gallbladder channels to relieve bone pain (associated

“The key is to use something from each of the Kidney, Bladder, Spleen and Gallbladder channels to relieve bone pain (associated with Water) through elongating leg muscles (associated with Earth) to smooth the plantar fascia sinews (associated with Wood).”

with Water) through elongating leg muscles (associated with Earth) to smooth the plantar fascia sinews (associated with Wood). Needles (0.20 x 30 mm) are inserted manually and retained for 30-45 minutes with minimal manipulation.

After acupuncture, I apply a 14-18" length of Kinesio Tape to the plantar fascia from *Yong Quan* KI-1 toward *Cheng Shan* BL-57. The first 4" of tape are applied in fan cut with 0% tension. To support the Achilles tendon, stretch the tape 50%. To keep the gastrocnemius and soleus muscles long and relaxed, stretch the tape 25%.

Then I place a 10" length of Kinesio Tape at 100% stretch across the sole of the foot for arch support and to keep the fan cut ends from unfurling. The excess tape is placed at 0% stretch over the dorsum. This tape application stretches the calf very slightly for the duration that the patient wears the tape application. Standard recommended duration is 3-5 days; the tape is latex-free and water-resistant. Patients may bathe or swim 30 minutes after tape is applied.

I have found manual acupuncture followed by Kinesio Taping to be quite effective at controlling heel pain associated with plantar fasciitis. Some patients report lasting pain relief using the Kinesio Taping protocol without acupuncture.

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How Do You Treat Plantar Fasciitis in Your Clinic?

By Brent Garcia, CMTPT, LMT, LAc

Brent Garcia, CMTPT, LMT, LAc combines clinical bodywork with traditional and modern systems of East Asian medicine. He is a certified myofascial trigger point therapist (CMTPT)—a practice which uses researched-based muscle pain referral patterns to find and treat the source of muscle pain. He can be reached at brent@brentgarcia.com and www.brentgarcia.com

Ice, ibuprofen, stretching and rest are all well and good, but plantar fasciitis is too painful to be left up to such imprecise treatments. Orthopedic needling of myofascial trigger points combined with a root treatment by an experienced East Asian medicine practitioner can provide lasting relief for patients with this condition.

People suffering from plantar fasciitis experience pain, swelling, inflammation and weakness in the arch of the foot and the heel. However, the source of this pain rests primarily in the calf. In fact, one cannot treat plantar fasciitis effectively without treating the calf.

Janet Travell and David Simons, authors of *Myofascial Pain & Dysfunction: The Trigger Point Manual*, found that 70 percent of the time, the place where you feel pain is not the source of that pain. Rather, there is a referral pattern pointing to other parts of the body that must be treated to address the dysfunction.

When it comes to the plantar midfoot, or arch, number one on the list of referring muscles is the gastrocnemius. Others include the flexor digitorum longus, adductor hallucis, soleus and tibialis posterior. Of those five muscles, four live in the calf, not the foot. Topping the list of referring muscles for heel pain is the soleus, also located in the calf, as well as abductor hallucis in the foot.

“... the source of this pain rests primarily in the calf. In fact, one cannot treat plantar fasciitis effectively without treating the calf.”

I have found orthopedic needling to be the most effective way to treat muscle pain. According to Matt Callison, LAc, author of *Motor Point Index: An Acupuncturist's Guide to Locating and*

Treating Motor Points, orthopedic needling is done by inserting a filament into the point on the muscle where the main bundle of nerve innervations is found. The intention is to cause a local twitch response in the muscle belly. Enacting this quick little contraction followed by deep relaxation is like hitting the reset button on the muscle.

Orthopedic needling points are very often distinct from traditional points on the meridians. The main points needed for plantar fasciitis are:

Gastroc medial head: three to four cun below KD-10

Gastroc lateral head: two to three cun below UB-39

Soleus #1: Posterior border of the fibula, three cun inferior to the fibular head

Soleus #2: One cun posterior to S-8

Soleus #3: Halfway between SP-8 and SP-7

Abductor hallucis: KD-2

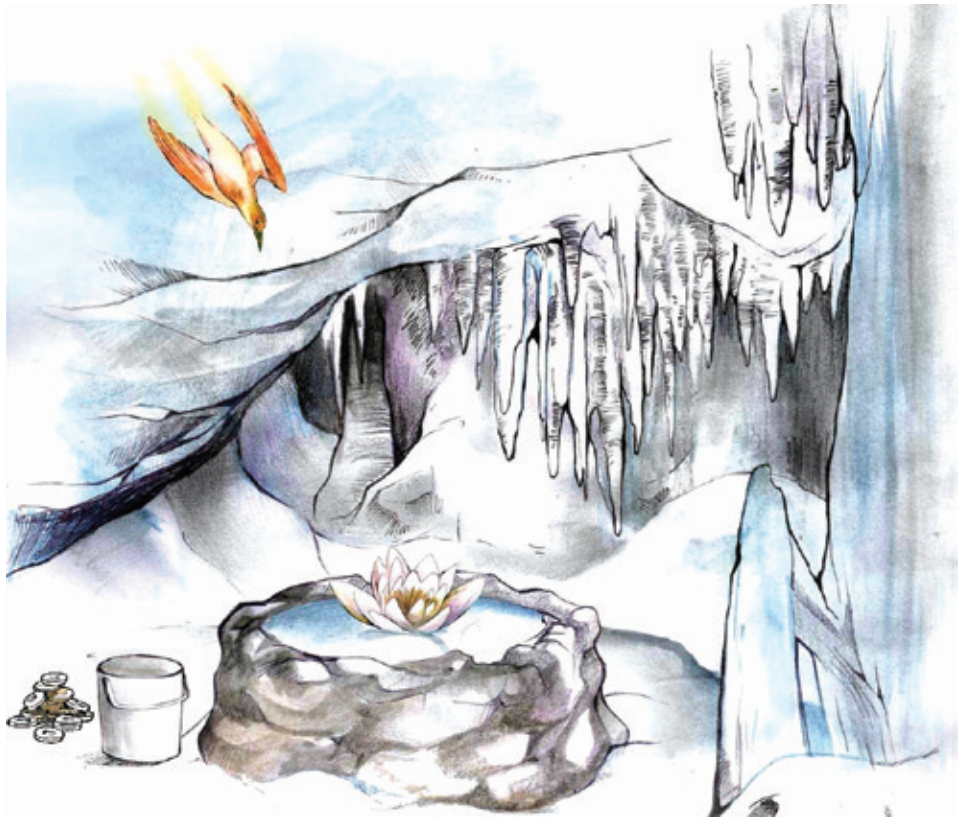
Often I'll also needle GB-34 to relax the tendons and sinews. Once the muscle is reset, it needs to move gently through its full range of motion (ROM). I personally have not needled the foot directly in the case of plantar fasciitis for two main reasons: One, as a certified myofascial trigger point therapist, I often will do manual massage and ROM to the feet both before and after treatment. Two, needling the foot orthopedically requires the patient to

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References

Callison, M. (2012). *Motor Point Index: An Acupuncturist's Guide to Locating and Treating Motor Points*. San Diego, CA: AcuSport Seminars.

Travell, JG & Simons, DG. (1993). *Myofascial pain and dysfunction: The trigger point manual* (Vol. 2). Philadelphia, PA: Lippincott Williams & Wilkins.



Bl – 67 至陰 *Zhi Yin/ Reaching Yin*

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

Please see bios at end of the article.

Zhang Shi, in his commentary to Chapter II, paragraph 7, of *LingShu*, explains that *taiyang* starts from *zhiiyin* because is dominated by energy of Cold. That is why, to describe this core *yin*, an icy cavern is portrayed in the picture. Bl-67 is a Metal point and *jing-well* point. Both functions are also depicted in form of a well—a metal bucket for water and a heap of metal coins. To express the strong *yang* energy which is attaining the *yin* at this point, a darting bird is flying down with great force, expressing the nature of this point to bring down excess of *yang* from above. The bird is also present in the Chinese character *Zhi* 至, which is part of Bl-67 name. The lotus flower on top of the well symbolizes the fetus and this strong-point effect during delivery and fetal malposition.

Characters of the Name:

至 – *Zhi* This character is composed of two parts: the higher part shows a bird, the lower is a symbol of Earth. Together they portrait a bird darting straight down from the sky toward the earth. The character means to arrive, to reach, and extreme, extremity, or solstice.

陰 – *Yin* This character consists of two parts: The first one is 阜 *Fu* meaning a hill, and the second one is 侖 *Yin* meaning cloudy weather. Together they depict a shady side of a hill—and mean *yin*, the counterpart of *yang*.

This picture is 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 (Ayal, Chmielnicki , Maimon).

Meaning of the Name:

Approaching Yin

BL-67 as the last point and the Metal point on the Bladder channel. It condensates the *yang* energy from the longest channel in the body and directs it to the most *yin*, inner division of *shaoyin* represented by the Kidney channel. Therefore, BL-67 is the place where the *yang* channel of Bladder reaches or approaches the *yin* realm of Kidney. All actions and indications for BL-67 are related to its ability of bringing *yang* energy into *yin* (downward and inward).

Reaching the Yin

This translation refers to the location of the point—where foot *taiyang* channel reaches the meridian of foot *shaoyin*.

Actions and Indications:

This point takes *yang* energy from the upper and outer parts of the body and moves it inwards and downwards towards the *yin*.

1) On the physical level:

- **clears excesses of yang pathogens (Wind, Heat) from the head**

ZhiYin is a Metal point on Bladder channel, so its function is related with downward and inward movement. Moreover, it is a *jing-well* point having strong effect on the other side of the channel, which is the head. Indications related to this function are headache, neck pain, redness of the eyes, and nosebleed.

- **ensures physiological position of the fetus, starts labor**

The main action of this point is bringing *yang* from outside inwards. It is also the last point of the Bladder, where the *yang* energy changes polarity and enters the Kidney tonifying *qi*. This impulse is used for inducing the labor if it is delayed or for expelling the placenta to complete the labor. The same

energy enables the fetus to take a physiological position before the labor. In Chinese medicine the gestation period consist of 10 months. The first month relates to the starting movement of new life by the Liver, moving along with the five element cycle. The last month is governed by the Bladder and hence the last point on the Bladder has this effect on the completion of this prenatal cycle. Turning the fetus is probably the most known function of this point—noticed, proved, but not understood by western medical science.

- **supplies yang needed in treatment of pain, Cold and Bi syndrome**

In *JiaYiJing* BL-67 is indicated in case of Cold-related pain and *Bi* syndrome because of its characteristic described above and the tendino-muscular channel beginning at this point.

2) On the psycho-emotional level:

- **helps in treating Water-related fear**

ZhiYin, being the last point on Bladder channel, which shares its characteristic with other *jing-well* points has a special effect creating inner transformation.

- **coming from yin-yang polarity change.**

Bladder is the longest channel, part of *TaiYang* division, running along the back and the most *yang* parts of the body. It carries a very protective quality. When the Bladder is deficient, one feels unprotected and experiences fear. This manifests in various conditions, such as anxiety, fear from unknown reasons, fear of urinating in unfamiliar places, or even a general fear of water. This can also be experienced as the ongoing turning on of a “survival mode” causing adrenal over activity. It can even trigger high blood pressure, headaches, and so on. Bladder channel starts at the eyes, and over-activity of sympathetic flight or a fright condition can be also noticed in patients when observing over-dilated pupils, as often seen in fear.

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 has served as chairman 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 inspiration from a deep understanding of Chinese medicine. He has been a keynote speaker for numerous congresses and TCM postgraduate courses. Email: yair@tcm.org.il

Bartosz Chmielnicki, MD

Bartosz Chmielnicki is a medical doctor, practicing and teaching acupuncture since 2004. In 2008 he established the Compleo-TCM clinic in Katowice, Poland, and soon after he opened an Academy of Acupuncture there. Dr. Chmielnicki teaches at many international conferences as well as in schools in Poland, Germany, the Czech Republic, and Israel. For the past five years, he has been working on a project with artist Rani Ayal and Yair Maimon, PhD to visually present acupuncture point names and physiology together.

lay still for too long and can be painful if they happen to move. However, other practitioners have reported needling the foot directly is acceptable and can produce results.

I have found it effective to utilize root treatments while also treating the specific muscles outlined above. I prefer using Japanese acupuncture and moxibustion techniques to tonify the most deficient *zang* organs. As practitioners of East Asian medicine, what separates us from others who use acupuncture techniques is that we treat the whole body.

I like to see the patient once a week for 3-5 visits and then reassess. Please note that this treatment time is based upon the

patient taking an active role with their self-care. If they are willing to do this, their recovery time will be greatly reduced. This is why I always include active and passive stretching in my treatments and teach the patient self-care techniques for continued treatment at home. I also recommend the topical herbal liniment *Zheng Gu Shui* be applied to the affected areas.

Results are quicker and longer lasting if patients take an active role in their healing. Regardless of the condition being acute or chronic, I suggest that pain be the guide for how often and how intensely one should do self-care. The rule is the patient should start saying "Never painful" before one eases up on treatment frequency.

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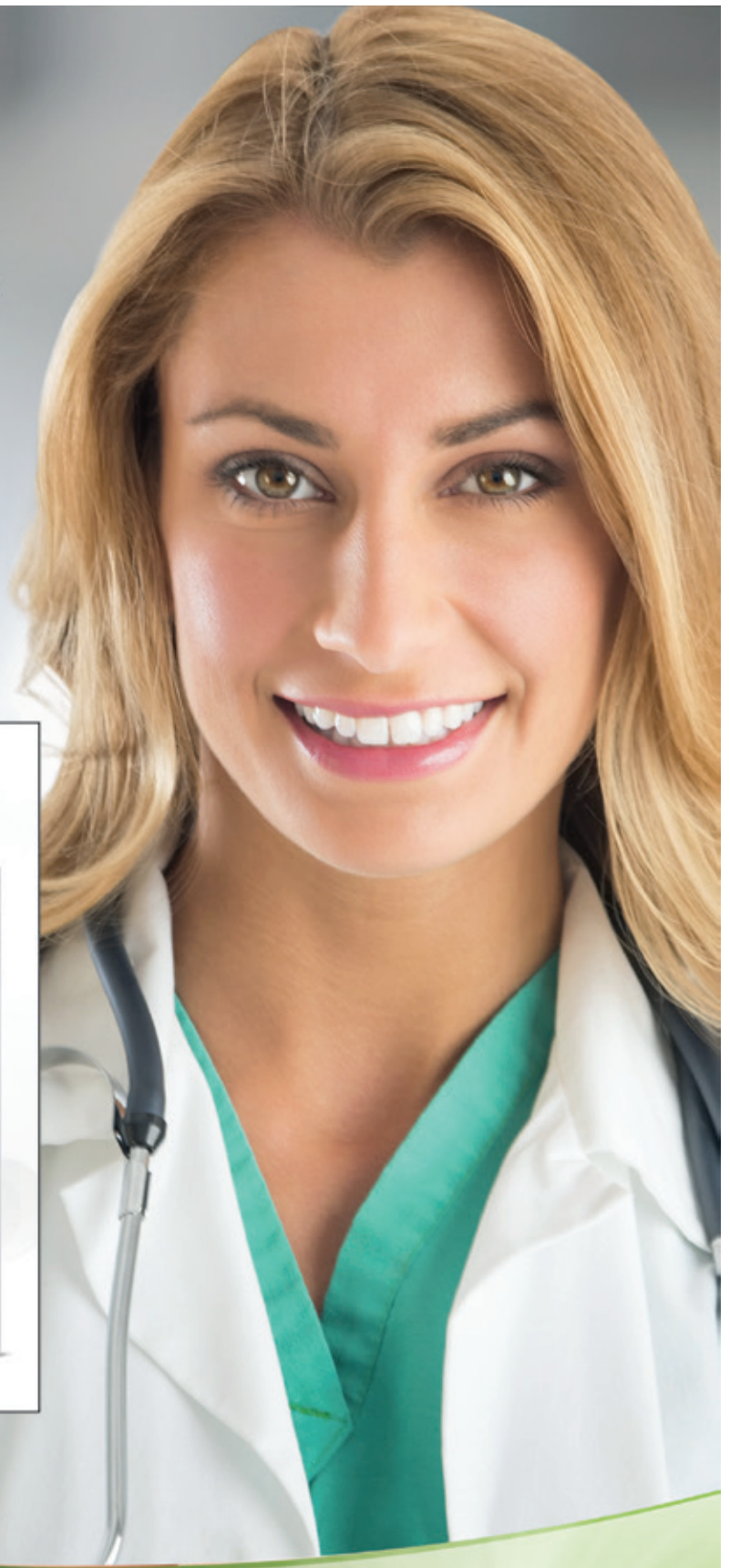
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