

# The Colorado Acupuncturist

A Publication of the Acupuncture Association of Colorado

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## **President's Report**

**By Nancy Bilello**

Happy Holidays to one and all! As usual, there is a lot happening in our world of Acupuncture and Oriental Medicine. The AAC Board had our quarterly meeting on Nov. 18<sup>th</sup>. We truly have a dynamic board with lots of varied interests and skills and, most importantly, motivation to get things done! Please remember that any and all AAC members are always welcome to attend the quarterly board meetings. The meetings are generally long – about 3 hours – and include reports from committee members and discussion of pertinent topics. If anyone out there has thought (with great trepidation, no doubt) about joining the Board, but were not sure what it involves, etc., coming to a Board meeting might give you an idea about what it's all about. Just let me know in advance. Our next meeting will be sometime in Feb. and exact date and time will be announced to the membership.

One of the current hot topics in our profession is entry level doctorate programs (aka first professional doctorate). ACAOM (the Accreditation Commission for Acupuncture and Oriental Medicine) has posted information on this topic for public comment. Please visit their web site at [www.acaom.org](http://www.acaom.org) to see details and submit your own comments.

I hope that by now all of our members are aware that we have two AAC members on the national AAAOM Board – Jeanette Rockers and Phranque Wright. (Although Phranque has moved out of state, he is an AAC member for life for his extraordinary contributions while he served us as Secretary.) I am also pleased to announce that Nancy Robertson, our School Representative AAC board member, was also elected to be the Regional Director of Students for the Rocky Mountain Region of the AAAOM!

All of the new Board members for the AAAOM are now posted on their web site. Even if you are not a member of our national organization, I encourage you to check out their web site at [www.aaaomonline.org](http://www.aaaomonline.org) to see what they're doing.

There is a Blue Ribbon Commission that was appointed by the Colorado Governor's office to address the health care situation in our state. This commission is reviewing proposals for affordable and accessible health care. I am happy to report that Insurance Committee Chair Abbye Silverstein has taken the reins on this matter by attending public meetings and getting Acupuncture on the agenda! Please read her report for more information.

I wish you all a safe and happy holiday season. Stay warm!

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President Nancy Bilello, R.N., L.Ac. (NCCAOM), 720-280-4905, nancyacu@comcast.net

Vice President Amy Dickinson, L.Ac., M.T.C.M., CA Board Certified, (720) 470-7079, amydickinson\_lac@yahoo.com

Treasurer Jeanette Rockers, L.Ac., Dipl. Ac. (NCCAOM) 303-756-4770, jeanette.rockers@gmail.com

Secretary Melinda Cobb, L.Ac., M.S.T.C.M., Dipl. O.M. (NCCAOM) 303-572-8744 or 1 (888) 383-0011, acupuncture4life@comcast.net

## **Committee Chairpersons**

Conference Committee Amy Dickinson, L.Ac., M.T.C.M., CA Board Certified, (720) 470-7079, amydickinson\_lac@yahoo.com

Insurance Committee Abbye Silverstein, L.Ac., M.Ac., (NCCAOM), silverbyrd@hotmail.com

Education Committee Li Xin Zhang, M.D. (China), L.Ac. (NCCAOM), 303-832-7070, lxac@yahoo.com

Bylaws Committee Jan Vanderlinden, M.S., L.Ac. (NCCAOM), 303-442-4973, janmichalvan@comcast.net

## **Membership Benefits Committee Daniel Hudson, L.Ac. (NCCAOM),**

Public Relations Committee, Terry Fox, L.Ac., (NCCAOM), (970) 218-5909, artesianspringom@mac.com

Ad-hoc Festivals Committee, Carol Sidell, L.Ac. (NCCAOM), (303)442-3712, carolsidell@hotmail.com

Legislative Committee Nancy Bilello, R.N., L.Ac. (NCCAOM), 720-280-4905, nancyacu@comcast.net

Research Committee Drew Henderson, L.Ac., Dipl. OM. (NCCAOM), 303-440-7004, hendergier@aol.com

Student Representative and Ad-hoc Research Committee Nancy Robertson, (303) 955-4137, Nance\_2017@yahoo.com

## **Editorial Staff**

**Editor** - Melinda Cobb L.Ac., M.S.T.C.M., Dipl. O.M. (NCCAOM) 303-572-8744 or 1 (888) 383-0011, acupuncture4life@comcast.net

**Ad Manager** - Marlene Bunch L.Ac., Dipl. Ac. (NCCAOM) 303-282-7600, mmbunch@att.net

The Acupuncture Association of Colorado, Inc., as a nonprofit association, is a professional organization of acupuncture and Oriental medicine throughout the state of Colorado. The Association will encourage and foster the healing art known as acupuncture and Oriental medicine, promote acceptance of a uniform standard recognition for the unique skills and abilities of acupuncture and Oriental medicine throughout the state of Colorado, work in association with the existing Colorado medical community, and foster, encourage and promote constant upgrading of the skills, abilities, qualifications and educational requirements of acupuncturists and practitioners of Oriental medicine.

The Colorado Acupuncturist is published quarterly by the AAC. Letters, articles, research papers, news, book reviews, artwork, and advertisements are welcome (Please contact Melinda at acupuncture4life@comcast.net). Materials in the journal are the opinions of the authors and do not necessarily represent those of the AAC.

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January issue - December 1st

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## The New AAC Board:

By Melinda Cobb

Elections were held on Sunday Sept. 16th, 2007 during our annual fall conference business meeting. We would like to announce the new AAC board and give you a little of their history and experience. Our new board is very dedicated and is looking forward to the many challenges we must meet to become even more successful as acupuncture practitioners in the State of Colorado.



**Nancy Bilello,  
President and Legislative  
Committee**

Nancy Bilello, RN, L.Ac., originally hails from the New York area and moved to Denver in 1989. Nancy lived in Japan for 4 years and traveled extensively in Asia, which inspired her to study oriental medicine. Nancy has also studied meditation and yoga and she graduated from the Colorado School of Traditional Chinese Medicine in 1998. She has been in private practice for 8 years now. Currently, Nancy practices 3 days a week in Englewood and is also an acupuncture practitioner at Kaiser Permanente, working two days a week there. Nancy's specialty is oncology (she is also a former oncology RN) and she loves being able to help patients who are undergoing treatment for cancer. In addition to working full time and assuming responsibilities on the AAC Board, she is an avid hiker, gardener and cat lover!



**Amy Dickinson,  
Vice President and Conference Committee**

Amy Dickinson, BA, L.Ac., MTCM. grew up in Boulder. Following her graduation from CU, she taught English in Japan and traveled extensively in Asia. She earned her Master's Degree in Traditional Chinese Medicine from Five Branches College and Clinic in Santa Cruz, CA. During her four year course of study, she was an Advanced Intern at the Zhejiang College of Traditional Chinese Medicine in Hangzhou, China, working under some of the most respected Doctors of Chinese Medicine in the world. Amy passed the California Acupuncture Licensing Exam, considered by many as the highest credential in



**Jeanette Rockers, Treasurer  
and AAAOM Director**

Jeanette Rockers studied Classical Five Element Acupuncture at ITEA in Louisville Colorado, and has private practices in Denver, Colorado and Parsons, Kansas. She studied advanced Classical Five Element Acupuncture with JR and Judy Worsley in the Masters Apprentice Program. Jeanette has served as president of the board of ITEA, currently serves as Treasurer of the Acupuncture Association of Colorado, and is a Director on the board of the American Association of Acupuncture and Oriental Medicine. Prior to her acupuncture studies, Jeanette earned a BS and MA in Biology, worked as a biology teacher and park interpretive naturalist, and sees her love of the natural world folding perfectly into the work she does now in Classical Five Element Acupuncture.

Jeanette grew up in Kansas, lived and worked in Minneapolis and Chicago before moving to Denver 30 years ago, and now lives and practices in Southeast Denver.



**Melinda Cobb, Secretary,  
Newsletter Editor and  
Bylaws Committee**

Melinda Cobb, L.Ac., Dipl. O.M., MSTCM is a Denver native and graduated from the Colorado School of Traditional Chinese Medicine in 2005. Melinda also graduated with the honor of Summa Cum Laude from Regis University in 2006 with a B.S. in Applied Psychology. Additionally, Melinda has a practice in Wheat Ridge called Acupuncture For Life and is the Assistant Academic Dean for the Colorado School of Traditional Chinese Medicine. She has also recently completed a 3 year, 500 hour internship with Judi Terrill studying Five Element acupuncture. Melinda specializes in treating deeply rooted physical and emotional diseases and illnesses by using an integrated mixture of Five Element Acupuncture with Traditional Chinese Medicine. Her interest for acupuncture was peaked by her mother's initial debilitating stroke that led to months of rehab at Craig Hospital. After learning more about acupuncture and the many illnesses it can treat, she decided to study and learn from her many teachers.



**Jan Vanderlinden,  
Humanitarian Fund, Bylaws Com-  
mittee and Ethics Committee**

Jan Vanderlinden MFA, MS, L.Ac., grew up in Arvada Colorado. Jan went to New York to study painting and earned a Masters in Fine Arts. She also began her studies of martial arts - Qi Gong, Tai Chi Chuan, Xing Yi Quan and Ba Gua Zhang - which led to the study of acupuncture and Chinese medicine. Jan graduated from Tristate College of Acupuncture in 1999 and then began an extensive medical apprenticeship with her martial arts instructor. Jan Vanderlinden has a private practice in Boulder called Blue Heron Health, which combines Chinese acupuncture, Tui-na, Craniosacral therapy and Chinese herbs. Jan specializes in musculo-skeletal issues and sports medicine due to her background in Kung Fu medicine. Jan currently serves on the AAC board as the committee chairperson for the Ethics Committee, Bylaws Committee and the Humanitarian fund.



**Abby Silverstein,  
Insurance Committee**

Abby Silverstein is a Colorado licensed Acupuncturist. She holds a Masters of Acupuncture from the Traditional Acupuncture Institute in Laurel, Maryland and has been in private practice since 1999. When she lived in the Maryland suburbs, she worked at the Baltimore Women's Detention Acudetox Clinic and a Washington, D.C. AIDS Clinic. While living in South Florida, she was an instructor and clinical supervisor at the Academy for Five Element Acupuncture. She developed and taught an NCCAOM exam prep course emphasizing the integration of Five Element and TCM. During her tenure at the school, she was instrumental in developing and implementing two off-site NADA / acudetox programs. Her background also includes training at a Master's level in humanistic / transpersonal psychology counseling with 3 years in addictions counseling as well as 16 years in corporate human resources specializing in recruiting and training and development. Currently, Abby is the clinic director, a clinic supervisor and associate professor at Southwest Acupuncture College in Gunbarrel, CO.



**Dr. Li Xin Zhang, (OMD China)  
Education Committee**

By Chinese tradition, Dr. Zhang (OMD in China) began his medical training at the age of nine as the tenth generation heir to his family's medical lineage. After graduating at the top of his class at Heilongjiang Medical School, he joined the Red Cross Hospital's one thousand doctor staff and served as a resident acupuncture doctor. In 1992, he became Chief Doctor of the acupuncture department and in addition to his normal acupuncture patient load, he directed the treatment of hundreds of other hospital patients each day.

A number of Dr. Zhang's medical research studies were published in 1993 when he was appointed national consultant to the Chinese Family Doctors' Association. He was also named consultant to the Chinese Olympic Training Center, where he worked with the volleyball, soccer, swim, gymnastics and weightlifting teams. He has published research indicating the successful treatment of post-stroke victims who responded well to acupuncture treatment.

Distinguished in his field, Dr. Zhang has been featured in both the Chinese national press and television. Dr. Zhang has been in the U.S.A., practicing and teaching acupuncture since 1996.



**Carol Sidell,  
Ad Hoc Festivals Committee**

Carol Sidell, L.Ac., attended college in Seattle, WA and has worked as a Dental Hygienist in both Colorado and Washington. Carol also lived and worked in Olympia, WA, where she also served as the Board Director for the Special Olympics. She also attended college in Boulder at University of Colorado and also attended Southwest Acupuncture College and is a licensed acupuncturist. Carol is currently a member of the National Ski Patrol Association and has worked on the Ski patrol in Eldora. Presently, Carol is an instructor for Basic Life Support and stays current with outdoor emergency care techniques. Carol maintains a private practice in Boulder and her focus is treating primarily sports injuries.



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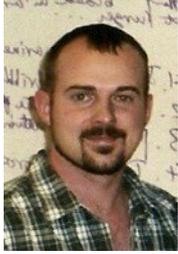


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**Terry Fox,  
Public Relations Committee**

Terry O. Fox is originally from Wyoming. He graduated from Casper College in Casper, Wyoming in 1997 with an Associates Degree in English. That same year his interests turned from English to Alternative Medicine. In 1999 he graduated from the Utah College of Massage Therapy in Salt Lake City with a 1,143 hour certificate in Massage Therapy. Terry then spent four years as the primary massage therapist working in the Integrated Therapies Department of Iverson Memorial Hospital in Laramie, Wyoming providing medical massage on an inpatient and outpatient basis. His specialized bodywork modalities include Swedish and Russian Massage, Craniosacral Therapy and Acupressure. In 2006, he earned his Masters Degree from the Colorado School of Traditional Chinese Medicine. The program consisted of 2,520 hours of training in the five branches of Oriental Medicine: Acupuncture, Herbal Medicine, Nutrition, Bodywork and Energy Enhancing Exercise. Terry is nationally certified by the NCCAOM in Acupuncture and licensed by the State of Colorado.



**Nancy Robertson,  
Student Representative**

Nancy Robertson is in her 3rd year at the Institute of Taoist Education and Acupuncture. Most days you may find her treating in the student clinic in Louisville. Originally from Upstate New York, where in her previous life she worked as a database administrator. Her decision to go into acupuncture was based on the amazing results she saw in herself and her family after treatments. This fall at the AAAOM conference in Portland, she was elected to the AAAOM- Student Organization as the Mountain District Student Representative. She feels it is important for students within Colorado to become more politically involved via the organizations. It is a great way to learn about the profession and what impacts us all as acupuncturists.



**Drew Henderson, Past President,  
Research Committee**

Drew Henderson, L. Ac., Dipl. O.M., is a Licensed Acupuncturist practicing in the Boulder area for more than 12 years. Drew teaches at Southwest Acupuncture College in Boulder and at the Colorado School of TCM in Denver, as well as ITEA in Louisville. He is also a past president of the Acupuncture Association of Colorado, and currently is on the medical staff at Boulder Community Hospital.

### **Treasurer's Report**

By Jeanette Rockers

The AAC had an excellent financial year this year on several fronts. While this was our first full year of paying rent and phone for the first time at our offices, (how did we get away with that for so long?) We held the line on overall expenses, while increasing membership and conference attendance. Our annual operating budget is about fifty-five thousand dollars, thirty-seven of that comes from dues this year, the rest from annual conference, and now festivals are making an impact on our income. Thanks to each of you that renewed, and welcome to new members. Each member is actually supporting efforts for every practicing professional in the state, so get your colleagues to join and share the load. Thanks go to Melinda Cobb, our secretary, for efforts at increasing membership, and to Amy Dickenson our new Conference Chair for such a successful annual meeting on her first time out. Also, thanks to all of you who volunteered to help with festivals and 9Health, we spread the word very effectively for each of you through these venues, and add to the coffers as well with the festivals.

We also made an annual contribution to our Political Fund of over eighteen thousand dollars, which comes directly from member dues. This money will prove important to any legal expenses we may incur as a result of the Physical therapy/dry needling issue that our legislative Committee is engaged in now. Unfortunately, we may need all of it.

I am constantly made aware of the wise decisions our founding members made 25 years ago when they set up our organization and put this vehicle for funding political issues in place. At times like these we need to focus our volunteer board on solving the issues, not rallying money and troops. The structure gives us that freedom. Though the organization will always need the engagement of licensed professionals in the state, the structure for providing us with a fund is one of the reasons our organization continues to serve us.

If anyone is interested in more detailed reporting of our finances, please feel free to call me. I am happy to provide our financials or answer any questions you may have. In service, Jeanette Rockers



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### Secretary's Report

By Melinda Cobb

I wanted to congratulate our members and to thank them for caring about the future of our profession by joining and supporting the Acupuncture Association of Colorado. As of today, we have exactly 300 members in our organization which represents 1/3<sup>rd</sup> of all active licensed professional acupuncturists in the State of Colorado!

Our goal is to continue increasing the membership numbers in order to become a stronger organization. Our numbers give us more power when it comes to voting issues/candidates with the AAAOM. It also gives us power within the State on the current political issues. The current issue with DORA and the imminent decision regarding the use of acupuncture needles by a PT will be forthcoming. We will need all the support we can get if we have to finance legal counsel. Please talk to your peers and ask them join the AAC so that we can continue to pursue these important issues.

Currently, I am updating the AAC Yahoo group listings. If you are a member and do not receive regular announcements, please contact me at 303-572-8744 and I will make sure that you are signed up. The announcements are a way for us to keep in touch with you and to give you any new or special updates.

I am also going to be providing all of you with the new 2008 directories which will include all of our new members that joined since last January and new board members information.

Thanks again for all of your support and I hope that all of you have a joyful and prosperous new year!

**The Blue Ribbon Commission for Health Care Reform**, by Abbye Silverstein, L.Ac, Dipl. Ac.

Under Governors Owens and Ritter, the commission was appointed to study and establish health care reform models to expand coverage especially for the underinsured and uninsured and those at financial hardship due to medical expenses and to decrease health care costs for Colorado residents. The 27 commissioners were appointed by Democrats and Republicans of the House, Senate and Governors including providers, consumers, employers, health plans and health experts. They began in November 2006 and will present their findings to the House, Senate and Governor on Jan 31, 2008.

The commission received 30 proposals and narrowed it down to four with a fifth being a hybrid the commission created. The criteria for the proposals were: comprehensiveness, access, coverage, affordability, portability, benefits, quality, efficiency, consumer choice and empowerment, wellness and prevention, and sustainability. Of the 5 proposals the only one to address all criteria was a single-payer program, **Colorado Health Services Program** presented by Health Care for All Colorado Coalition written by Dr. Rocky White.

What is a single-payer program? A single-payer program reimburses all payments to providers from one source. In this case the source/organization would be state (Colorado) based. It would be administered and governed like a public utility. An advisory board would oversee the annual budget and determine provider rates. A review board would be present to evaluate and mediate discrepancies. The basic benefit package is based on Medicare including primary care, hospitalization, lab, emergency, auto and worker's comp, mental health, substance abuse, dental and other benefits and eventually long term care (those with higher income excluded). Patient information would be a statewide network reducing cost, improving quality and utilization of information. Providers using this system would be rewarded with training funds. This plan would save \$1.4 billion. All uninsured would be covered.

The other four proposals meet a majority of the criteria, but not all. To read more about all the proposals go to [www. Colorado.gov/208commission](http://www.Colorado.gov/208commission).

So, what does ALL this have to do with acupuncture? In late October 2007, I attended a Town Meeting in Fort Collins to find out more about this Blue Ribbon Commission. I was asked if I wanted to speak and for a moment I thought SPEAK????

And then, I snapped to my senses and said YES! What was I going to say in 30 seconds, so I spoke before 6 commissioners and a group of 100 people representing the AAC as the Insurance Committee Chair, the Clinic Director of Southwest Acupuncture College and a practicing L.Ac provider in Colorado. I asked that the 208 Commission make Acupuncture/Acupuncturists providers of this statewide healthcare system.

To my amazement, I received a round of applause from the Commission and the audience. At the end of the meeting, I addressed several commissioners privately and asked what we/AAC needed to do to get accepted as a provider. They informed me that no other complementary medicine organization has come forward, so they were pleased I spoke and would welcome a presentation paper from the AAC. Thursday, November 29, 2007, I attended another Town Meeting in Johnstown/Milliken, I handed the completed "AAC Fact Sheet on AOM" to Dr. Mark Wallace, a commissioner who told me he would bring it to the meeting. AAC will send 27 copies to the commission for their review.

Once the commission approves acupuncturists as a provider, we will be able to treat many more people who have been financially denied access to our medicine. The process of choosing a plan for Colorado will be decided by the Colorado House and Senate. We as practitioners and consumers have a voice in this process and need to petition our state assembly and senate members to ensure us as providers. This is our future, being accepted as part of the health care system. The federal government is looking towards the states to sort this health care dilemma out and WE are part of the solution. Let's make our voice(s) known!

*The following is fact sheet that was submitted to the Blue Ribbon Commission on Health Care Reform by Abbye Silverstein :*

**Acupuncture Association of Colorado  
Acupuncture and Oriental Medicine Fact Sheet**

**About Acupuncture and Oriental Medicine**

Oriental Medicine is a comprehensive health care system encompassing a variety of traditional health care therapies that have been used for more than 3,000 years to diagnose and treat illness, prevent disease and improve well-being.

Acupuncture is one of the essential elements of Oriental medicine and the oldest, most commonly used medical procedures in the world, originating in China more than 2,000 years ago. (<http://nccam.nih.gov/health/acupuncture/>)

The term acupuncture describes a family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practices of acu-

puncture incorporate medical traditions from China, Japan, Korea and other countries. The acupuncture technique that has been most studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. (<http://nccam.nih.gov/health/acupuncture/>)

In the past two decades acupuncture has grown in popularity in the United States. The report from a Consensus Development Conference on Acupuncture held at the National Institutes of Health (NIH) in 1997, stated that acupuncture is being "widely" practiced by thousands of physicians, dentists, acupuncturists and other practitioners for relief or prevention of pain and other various health conditions. (<http://nccam.nih.gov/health/acupuncture/>)

Acupuncture and Oriental Medicine Relieves the Following Symptoms

Acupuncture has been shown to provide generalized oxygenation and increased blood flow to specific areas of treatment. Also, it aids production of cortisone and other anti inflammatory secretions and can increase the internal production of endorphins, the body's natural painkillers. (Inside Bay Area, July 23, 2006)

According to the British Medical Journal, acupuncture is an effective treatment for tension headache. The medical journal Lancet reported that acupuncture could reduce pain and improve joint function. (Toronto Star Newspaper, May 5, 2006)

The World Health Organization recognizes acupuncture and oriental medicine as effective for over 43 common ailments including:

- Food allergies
- Peptic Ulcers
- Hypertension
- Emphysema
- Constipation
- Depression
- Asthma
- Anorexia
- Anxiety
- Bronchitis
- Incontinence
- Nicotine Addiction
- Chemotherapy
- Headaches
- Irritable Bowel Syndrome
- Postoperative pain and nausea
- Dizziness, nausea and vomiting
- Urinary Tract Infection, Hypertension
- Infertility in Men and Women
- Painful menstruation hypertension
- Low back, neck, shoulder pain
- Dental pain
- Sexual Dysfunction
- Chronic Diarrhea
- Anemia
- Sinusitis
- Indigestion
- Insomnia
- Allergies
- Gastritis
- Alcoholism
- Drug Addiction
- Migraine
- Infertility
- Arthritis

Industry Statistics Nationally and in Colorado

According to the 2002 National Health Interview survey, the largest and most comprehensive survey of complimentary and alternative medicine (CAM) use by American adults to date; an estimated 8.2 million U.S. adults have used acupuncture and an estimated 2.1 million U.S. adults have used acupuncture in 2001 (<http://nccam.nih.gov/health/acupuncture/>)

Acupuncture is used to treat addiction in over 800 drug dependency programs in more than 20 states (National Acupuncture Detoxification Association web site: [www.acudetox.org](http://www.acudetox.org)). **In Colorado**, acudetox programs are administered in Denver, Boulder and Larimer counties. Most of these programs are through the Drug Courts and Criminal Justice system.

The American Hospital Association found that more than a quarter of the 1,400 surveyed hospitals are offering complementary and alternative medicine programs to the patients they serve. (<http://www.cbsnews.com/stories/2006/07/20/health/webmd.main1823747.shtml>)

**In Colorado**, acupuncture is being offered to their patients at: University of Colorado Hospital in Aurora, Longmont United Hospital in Longmont, Porter Adventist Hospital in Denver, Penrose Hospital in Colorado Springs, Kaiser Permanente facilities in Denver Boulder metro area and Colorado Springs.

**In Colorado**, there are three schools that train acupuncturists and provide affordable acupuncture treatment at their student clinics.

Southwest Acupuncture College

(**SWAC**) in Boulder provides over 10,000 treatments a year serving the community within a 50 mile radius. The majority of the patients receiving treatment at S SWAC are 50+ years old and pay substantially below market value fees.

Colorado School of Traditional Chinese Medicine

(**CSTCM**) in Denver provides about 6,000 treatments serving the community within a 50 mile radius.

Institute for Taoist Education and Acupuncture

(**ITEA**) in Louisville provides 2,000-2,500 treatments a year serving the Denver- Boulder area. The average age of their patients is 45 years old.

**In Colorado**, Governor Ritter and Denver Mayor Hickenlooper formally proclaimed **October 24, 2007 Acupuncture and Oriental Medicine Day**. Over 160 people participated in receiving free acupuncture treatments throughout the state.

## The AAC Humanitarian Fund

By Jan Vanderlinden

Why would anyone want to go some place that is unsafe, where everyone else is fleeing for their lives? Why would anyone choose to give up their precious time and money to go somewhere designated as a "disaster" and work for nothing? The simple answer is – those who choose to help whoever needs help. As acupuncturists, most of us feel an acute social responsibility to provide health care to people in need, whether they can afford it or not. This is selflessness and this is also knowing that with acupuncture we can tremendously help those out who are in desperate need.

The Humanitarian Fund was designed to acknowledge members for such compassion and for the unselfishness of their human spirit. It was also designed to increase public awareness of the tremendous value that acupuncture can be as we treat people who are suffering from great trauma and shock. In this way we can experientially prove that acupuncture really is a great medicine. At the same time, we are also making a statement that acupuncture needs to be made available to a much broader segment of society (i.e. everyone), simply because it can make such a difference and is cost effective.

In September of 2005 the AAC created the Humanitarian Fund to "support in principal and action furthering the practice of Acupuncture and Oriental Medicine (AOM) through community service and cross-cultural exchanges on a local, national and global level." The Humanitarian Fund is designed to help those members of the Acupuncture Association of Colorado who have made or plan to make such an effort by helping to reimburse a percentage of expenses they incur. This includes travel expenses or acupuncture supplies.

In November of 2005, Karen Marks, L.Ac. was the first AAC member who was awarded for her work in treating Katrina survivors in Louisiana. This year the AAC is proud to acknowledge Jennifer Leonard, L.Ac. for her efforts in treating residents and fire fighters around the San Diego wild fires. Jennifer has also provided us with an informative article about her experience in this same newsletter.

Anyone who wishes to donate to the AAC Humanitarian Fund, can access the AAC website at [acucol.com](http://acucol.com) and click on the Humanitarian Fund link or you can also follow this link at,

<http://acucol.com/Main/humanitarian.htm>

At this time, contributions made to the humanitarian fund cannot be earmarked for any particular person or project. Instead, they go into a pool from which the board awards worthy projects each year. It's also a great way to contribute to the community at large, and to our profession as well. Unfortunately, these contributions are not tax deductible at this time.

Any member of the association may apply for help from the humanitarian fund for volunteer efforts in the community. The AAC is committed to supporting member's efforts to serve their own and other communities. You can find out how to apply by going to the AAC website and clicking Humanitarian Fund. You can also contact me directly with any questions or concerns at 303-442-4973.





Damage from the San Diego Fires

### Acupuncture Without Borders Help Victims and Rescue Workers of the San Diego Fires

*The following narrative was written by Jennifer Leonard who is a recent recipient of the AAC Humanitarian Award (December, 2007)*

I was fortunate to be able to join Acupuncturists Without Borders (AWB) in relief efforts for the victims of the San Diego Fires that burned for weeks in October. The area that I was positioned in was 60 miles southeast of metro San Diego, and less than 5 miles from the Mexican Border.

As I drove toward Barrett, CA on my first morning of volunteering, I began to smell the pervasive scent of burned wood. I was still 15 miles away from my destination, yet I was surrounded by scorched landscape. Low bushes, oak trees, prairie grasses and buildings alike had been reduced to piles of charcoal or blackened skeletons of their former structures. "Dramatic" couldn't explain the wide-open landscape, etched with distinct fire lines and seemingly of another planet in comparison to the untouched strip malls and gas stations not more than 3 miles behind me.

Arriving in Barrett, I met our group at a locally famous restaurant, known among Sunday motorcycle riders as the best place to stop along some of the most scenic roadways in Southern California. Sadly, riders were now coming to stare in awe at the destruction rather than the natural beauty. The restaurant was owned by a local couple that had been spared the destruction of fire but had no utilities to open their business. They had donated their space as a central location to all relief agencies that had come to Barrett, including Acupuncturists Without Borders, allowing us to operate out of a tent on the porch. We shared the space with FEMA, Red Cross, local and state police, as well



Red Cross worker receiving acupuncture

Destroyed Motor Home in San Diego County



as any other first responders and emergency workers who were present. Residents of the small border town wandered in and out of the parking lot, looking for food, clothes, services and even socialization as a way to find some familiarity within the chaos. Some stopped to inquire about the services we offered and seemed too pre-occupied to think about something as strange as acupuncture. I hadn't been there long but I started to question the role of acupuncture in this setting. I learned soon enough.

The acupuncturists who had been working for the past 2 weeks were exhausted, yet they all remained inspired by the experience and ready to lead those of us new to the scene into action. I was stationed 10 miles further up the road in a small town called Potrero where I was given permission to treat in the back yard of the California Department of Forestry Fire Department. I was a little skeptical as to how many people would find me and be open to the services I had to offer. But, it wasn't long before I could put those concerns to rest.

(Cont'd page 13)



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(Cont'd from page 12)

That first day, I treated many of the Potrero residents and volunteers. I used only the NADA 5 point protocol, adding some points on the hand from time to time. I was nervous at first, wanting this to be helpful but not really sure how these simple needles were going to impact the people who had been so devastated by the fires. What I saw suspended all doubt. Throughout the day, I saw this simple protocol relax people, relieve pain and lull them into a soft sense of comfort as they shared their stories of loss and heroics with me- an unexpected gift. Some were very forthcoming in telling me about how the needles made them feel, while others simply sat in silence and offered deep gratitude when they left. I did not know exactly how the acupuncture affected these more reserved people but the change could be seen in their demeanor, and in their bodies and eyes. I began to see how this service helps those in crisis. The short period of relaxation, relief, and reprieve allowed them to carry on with strength in the face of rebuilding their beloved community as well as their personal lives. One woman who spoke only Spanish came for pain relief. Her daughter told me that in all the stress of the fires, her arthritis and osteoporosis pain had been terrible. By the time I removed the needles, the 86-year-old woman was doing a (careful) dance and smiling.

One memorable group of 6 found relief in joking and laughing for the entire 45 minutes that they sat with needles in their ears. Relaxation showed itself in the form of endless puns and comedic conversation, which was another pleasant surprise to me. As they joked and laughed like old friends, I learned that only 4 of the 6 people knew each other before coming to have acupuncture. While sitting with needles in their ears, the bonds of this small community grew even tighter. They left with promises of being in touch to share ways of helping each other access resources to help them through the rebuilding.

Another surprising group was the fire fighting team that was housed at the fire station. They appeared to be a young but tough group. I have to admit that I was apprehensive as to how to explain to them how they would benefit from taking a short break and sitting with needles in their ears. I did my best but, at this point, I had learned to let the medicine do most of the explaining. It also helped matters that the fire chief had experienced acupuncture before, so he showed them there was no harm in acupuncture and sat for 30 minutes as an example to them.

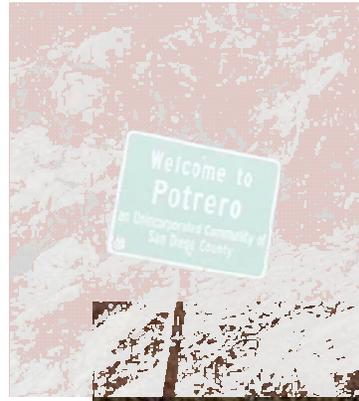
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His team of 6 followed his example and then became my most faithful group for the next 3 days. It made me laugh to pull up to the firehouse on the second day to hear one of them say, "Hey look! It's the acupuncture lady. Nap time!" They reported the best sleep and energy they had had in weeks. This was yet another lesson to me on how this medicine can help the recovery process after a crisis. I was becoming convinced that it was more effective here, in this situation, then anywhere else I had administered acupuncture. There was no need to enhance it with music, lighting or other such modifications many of us make in private practice. Here were the results of acupuncture in its raw, pure form.

I treated in Potrero for 3 days which was a very short stint compared to those who had been involved before I came. Yet, in those 3 days, I observed the strength in the bonds of a community like none other I had ever experienced. I also experienced first hand how I could help in its recovery by using acupuncture. Even though the media largely ignored this small town, which is far from the commercial structure of San Diego and had no high profile houses or names that were affected. It was in this small community, nestled in the hills adjacent to Mexico that I saw the impact that this medicine can make. It is daunting to think that my small effort and even smaller needles could aid in the recovery from such an overwhelming disaster. I almost felt guilty, leaving with the gifts that were shared with me through stories, conversations and the overall experience of being invited into such a community. I know that these lessons and experiences will carry over into my practice as well as into my daily life, which really was the most enduring gift of all.

"You must be the change you want to see in the world." ~ [Mahatma Gandhi](#)



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### The Quality Control Crisis in China and Our Profession

#### An Open Letter from Ted Kaptchuk

Dear Colleague,

The news reports on quality control for foods and drugs manufactured in China are staggering and have become routine scandalous news. Reports of serious health threats involving Chinese products – from toothpaste and cold remedies adulterated with industrial poisons, to tainted pet food ingredients and fish contaminated with carcinogens and excessive antibiotic residues – are on the front pages on an almost daily basis. Reports are continuing to emerge about Chinese herbal products. On July 13, The New York Times (page A10) quoted a Chinese professor of pharmacology as saying “you don’t know what horrible conditions some drugs makers have been in. For example, in some traditional Chinese medicine companies, workers stirred the drugs with their feet.” For those of us who have been in the acupuncture profession for a long time these reports have not been a complete surprise. For example, the New England Journal of Medicine (1998; 339:847) reported that

a survey of 260 Asian-manufactured patent medicines collected from California retail herbal stores found 7% contained undeclared pharmaceuticals, including chlorpheniramine, methyltestosterone and phenacetin. A systematic review of such surveys performed in Asia found rates of contamination and adulteration as high as 24% (Journal of Internal Medicine 2002; 252: 107-113). A just-published survey in Legal Medicine (2007; 9: 358) of ninety “representative” Chinese “natural” herbal products in New York City’s Chinatown found some products with up to nine western pharmaceuticals (Miller & Legal Medicine 2007).

Drugs found in the “herbal” samples included: promethazine, chlormethiazole, diclofenac, cholordiazepoxide, triameterene, and diphen-hydramine. It is no wonder that despite China’s manufacturers becoming a global workhorse, China has not been able to export Western pharmaceuticals to the US: only 20% of Chinese-manufactured Western pharmaceuticals meet FDA standards for quality control (“Medicines from Afar Raise Safety Concerns”, NY Times, October 29, 1998, pp. 1, 32). No one as yet has quantified how many Chinese herbal products would meet FDA standards, but it is likely to be a much lower number than that of western pharmaceuticals.

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I do not consider myself a business person. I became directly involved with the Chinese herbal business after a work-study period in Chinese herbal pharmacies and manufacturers in Asia. From these experiences, I realized that the quality control in Chinese herbal products was a potential threat to developing Asian medicine as a viable health care option in the West. After I returned to the United States, I tried to contribute by helping to develop, what I believe, are the first American manufactured Chinese herbal products. I remain proud of my efforts to contribute in this way and hope they helped encourage other Western manufacturers to begin producing high quality Chinese herbal medicines. However, this letter is not intended to promote any particular products. Instead, I want to raise the entire question of quality control, and raise the awareness that practitioners need to confirm the quality of all herbal products used in their practices. Our patients' health and our profession's reputation are both at stake. We need to be confident in the quality, safety, and even identity of the products that we prescribe to patients. Some companies advertise that Chinese herbs do not need to be tested for pesticides, heavy metals or bio-burdens and I strongly believe the evidence shows otherwise. As practitioners of Chinese Medicine, I think we should only use products that are tested extensively in American or European laboratories. We need to examine Certificates of Analyses detailing the testing the product has undergone, the limits shown, and the equipment and tests used.

Taiwan, for example, finds 150 part per million for heavy metal screening acceptable. The US Pharmacopoeia has much lower limits, not to exceed 10 parts per million for lead (less for the other metals). One must also look at the equipment used, as well as the standards and procedures, which a good Certificate of Analysis will list. Not all equipment and standards are alike; some equipment is not equipped to detect low levels of activity, or will post false positives or negatives.

To assure safety, products should be tested for a wide array of pesticides, as well as heavy metals and bio-burdens, using the latest technology by laboratories that are well established, or with in-house laboratories that are regularly tested and validated in the United States or Europe. Microbiological testing should include total plate count, E. coli, yeast and mold, staphylococcus, and salmonella. Total plate count excluded, these bio-burdens should not be found in products.

Identity of herbs should be properly established as well, ask your manufacturer about their procedural controls. Companies that choose to have their products manufactured in an Asian country should do proper testing locally to ensure that their products actually contain

what they are supposed to contain, in appropriate levels and quality. With the release of final cGMP's by the FDA, products in the US will have to meet rigorous standards and testing for purity, efficacy, safety and quality, further ensuring a quality product. I would like to urge all my colleagues to only use herbal products that have undergone quality control checks at independent Western-based laboratories. Certificates of Analysis from China should no be considered reliable. Patients should be told about our efforts at quality control.

We cannot continue to assume that all Chinese herbal products are safe and of the required quality, we must do our part to demand and ensure that they are. Our schools need to teach the upcoming practitioner generation the skills to question and judge quality control processes. Following the ongoing response from Chinese authorities regarding the numerous and ongoing reports of adulteration, it has become clear that China does not have in place the means to control and inspect products for either internal consumption, or for export. The fact that the adulterated toothpaste is still being sold in China is an example of how far the Chinese authorities have to come before we can be assured of ongoing and effective quality processes and controls.

Finally, I expect that some of my colleagues may believe that this letter has misrepresentations in terms of facts, inferences or correct approaches to the crisis of quality control in China. Disagreement is inevitable as we face a difficult crisis. I would like to plead that any discussion or debate this letter may provoke should not be personally- or commercially-driven, but be undertaken in the spirit of how best to meet the challenges of providing the highest quality care to our patients. We have to work as a community to insure the quality of our work.

Sincerely,

Ted Kaptchuk  
Cambridge, Massachusetts

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(Cont'd next Column)

(Cont'd on Page 18)

(Cont'd from page 17)

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## Calendar of Events

- Jan 19th Rapport : What It is and What It is Not** taught by Hilary Skellon, Daughter of Professor J. R. Worsley. 9:00 AM - 1:30 PM at ITEA Campus 325 W. South Boulder Rd. in Louisville, CO. Rapport is the art and skill of being completely present with another person. Class will begin with a video of Professor Worsley, who was the Master of rapport. It will be followed by exercises to deepen awareness of the many places and times a practitioner can gain rapport with a client. Exercises will cover such things as touch, conversation, voice tones and positioning. Some relevant Spirits of Points will be taught, as applicable, during the day. PDA's/CEUs: 4. Cost: \$85 for each class (\$75 if you sign up for the entire series at \$450). We are also offering a 10% discount to AAC members.
- Jan 27th An Introduction to Classical 5 Element Acupuncture** by Jill Williams who trained in the Worsley tradition. 9:30 AM -12:30 PM, 1:30 PM - 6:00 PM. CSTCM Campus, Room A. 8 PDA's/CEU's for licensed practitioners. Please register by calling 303-329-6355 x15
- Feb 2-3 Core Patterns of the Shanghan Lun (Discussion of Cold Damage) A Clinical Approach** with Arnaud Versluys, Craig Mitchell and Dan Bensky. 9:00AM to 5:30 PM at Southwest Acupuncture College Boulder Campus. This is a three weekend course that delves into the core elements of the Shanghan Lun, which is the foundation of all East-Asian herbal medicine. Application of the Shanghan Lun in the modern clinical practice will also be presented. 42 PDA's/CEU's. Cost is \$950.00 for Practitioners and \$799.00 for students. To register please contact Chatauqua Health 303-545-5792 x106.
- March 1-2**  
**April 5-6**
- Feb. 3rd AAC Quarterly Board Meeting** will be held at 3:00 PM at ITEA 325 W. South Boulder Rd. in Louisville, CO 80027.
- Feb. 3rd Five Element Nutrition** by Erin Livers. 10:00 AM - 2:00 PM at CSTCM Campus, Room A. Learn how to correct energetic and elemental imbalances in your patients with diet. Very specific diet and recipe recommendations will be given. Learn the energetic qualities of foods and cooking methods that allow you to design a more comprehensive program for your patients care. PDA's/CEU's: 4. Cost is \$55.00. AAC members receive a discount. Please register by calling 303-329-6355 x15
- Feb. 9th Odor, Color, Sound and Emotion** taught by Hilary Skellon, Daughter of Professor J. R. Worsley. 9:00 AM - 1:30 PM at ITEA 325 W. South Boulder Rd. in Louisville, CO. The second in a series, these classes will supplement and enhance learning in the Classical Five-Element tradition. Odor is the first diagnostic skill – once this is evident, the others follow. Odor puts awareness where it needs to be for diagnosis. Hilary will provide excellent 'hands on' support for you to deepen these observational skills, both in the class and outside it. No matter what your level of expertise you can always gain more facility in the determination of odor, color, sound and emotion. PDA's/CEUs: 4. Cost: \$85 for each class (\$75 if you sign up for the entire series at \$450). We are also offering a 10% discount to AAC members.
- Feb. 24th Pet Health Care Seminar** by Dede Berry. 9:AM to 5:30 PM at CSTCM Campus, Room A. Participants will be taught about the safe and effective use of Chinese herbs for the treatment of dogs and cats. This course will also cover animal diagnosis according to 5 Elements, 8 principles, tongue & pulses. In addition, the course will cover specific animal pathologies and symptoms including: respiratory, dermatological, digestive, urological, musculoskeletal, neurological, behavior, infectious diseases, and liver disorders. 7 PDA's/CEU's. Cost is \$100.00 or AAC members \$90.00 and students \$80.00. Please register by calling 303-329-6355 x15
- March 1st Pulses - Correcting Blocks and Splits** taught by Hilary Skellon, Daughter of Professor J. R. Worsley. 9:00 AM - 1:30 PM at ITEA 325 W. South Boulder Rd. in Louisville, CO. Classical Five-Element Acupuncture balances energy between meridian pathways, but at times this balance is blocked. Reading all twelve pulses carefully and delicately can show us how to help a client's energy move freely to balance once more. Hilary will review, in meaning and location, points needed for correcting blocks, and will review protocol for these corrections, adhering to natural law. Blocks to treatment and select Spirits of Points will be included in this day. Cost: \$85 for each class (\$75 if you sign up for the entire series at \$450). We are also offering a 10% discount to AAC members.
- March 23 How the Psyche Affects the Human Body** taught by Melanie Smithson MA, LPC, CHT and Gail Smithson, L.Ac. 9:30 AM - 1:30 PM at CSTCM Campus, Room A. Cost is \$70.00 Practitioners and \$60 students and AAC members. This course will provide an overview of the relationship between emotions and physical health. We will look at how practitioners diagnose and support people with emotional issues. We will also explore how practitioners can help facilitate the process of recovery and when to refer to a mental health practitioner. Please register by calling 303-329-6355 x15
- April 13th, and 20th Advanced Tui Na Seminar** by Dr. Li Lu. 9:00 Am to 6:00 PM both days at CSTCM Campus, Room A. Acquire all of the tools and secrets of Tui Na Doctor Li Lu and his many Masters from China. Discover unknown and rarely used points that yield amazing results. Learn Dr. Li Lu's diagnostic system and learn how to spend 3 to 5 minutes on Tui Na to reduce pain and improve range of motion immediately. 16 PDA's/CEU's Cost is \$240.00 before March 30th and \$280.00 thereafter. AAC members and students receive \$24.00 off. Please register by calling 303-329-6355 x15



Acupuncture Association of Colorado

4380 Harlan St., Suite 203

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