

A Personal Tribute to Ron Rosen, O.M.D., L.Ac. By Diana Horowitz, et al

Ron Rosen, O.M.D., L.Ac., (affectionately known as "Doc"), suffered from a cerebral stroke and passed away on Sunday, July 22nd, 2007 while at home surrounded by loved ones. Doc had a profound impact on the acupuncture profession and community. To read an abbreviated list of Doc's contributions to the Oriental Medicine community, please go to a temporary webpage on the AAC's website, www.acucol.com.

I personally met Doc a few months after moving to Denver in 2003, as a recent graduate from acupuncture school in New York City. Doc was one of the few master practitioners who welcomed fledgling practitioners into his clinic. I worked at his Denver office for about a year and a half, first as an observer, and later as an associate. Doc had a persona that was "Larger Than Life". I grew to appreciate and respect his depth of experience and knowledge about Chinese medicine, his ramblings that deliberately hid astute powers of observation, his insufferable jokes and stories, his fluency in eight languages, and his fierce compassion for marginalized people in the world. He delighted in shocking waiters by ordering Chinese food in fluent Cantonese or Ashkenazi food in Yiddish. Doc would stop traffic to hand food to homeless people and offer them free treatments at his clinic. He was that kind of person.

I humbly acknowledge that although Doc unforgettably affected my life, I merely knew him for four years, a flash in the pan of many acupuncturists who knew Doc for over 25 years. We all have our own stories to tell about how this extraordinary man influenced our personal and professional lives. Please read on to honor the experiences of other AAC members.

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www.acucol.com

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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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Ron Rosen Tribute (Cont'd)

As a first year student at CSTCM, I was aware that we were required to spend a certain amount of clinic hours observing senior practitioners in the community. I contacted Ron Rosen and soon understood that he was one of the few senior practitioners who graciously and openly welcomed students to sit in his clinic and learn from him. I spent many hours with him in his clinic during my schooling, but the one memory that stands apart from all others is the week I spent with him and two other students at the Lakota Sundance on the Rosebud Reservation in July of 1998. We camped out for the entire week. We had no clocks or watches, no access to newspapers, radio or television. For that one sliver of time, I knew what it was to be a little apart from the "real world". Everyone's energy was focused on the Sundance. We were there to serve as medics. We set up a medical tent with donated supplies. During the day we treated anyone who showed up. Injuries ranged from mild headaches to severe lacerations. Poison ivy was everywhere. We treated mostly with acupuncture needles, but also used a little Western medicine, a little homeopathy and a lot of common sense! There was a line outside the tent all day long. The people of Rosebud did not have easy access to medical clinics and this was a chance for them to be seen and cared for on their own land. We also had time to observe the rituals of the Sundance and to participate in some of the activities. Doc obviously was an important part of the Lakota family and it was a privilege to have been able to accompany him to such a sacred place. Although no photographs were allowed, I will never forget the faces and events I witnessed there. I am forever grateful for this experience and for everything I learned from Doc over the years." – Nancy Bilello, L.Ac.

When I first met Ron Rosen, I thought I'd met someone of my grandparent's age and sensibilities. That impression was wiped away as fast as Doc turned a top hat into a kerchief. He was a medical magician as well – helping people I thought were beyond the help of Oriental medicine, or any medicine for that matter.

(Cont'd next column)

Unsolicited, he gave me keys to his clinic telling me, "Whenever you need to treat someone in Denver, just use my office." I'll be forever indebted to him for his generosity and kindness. He was an amazing man. I just wish I had gotten to know him better. – Jeffrey Wolfe, M.S., L.Ac.

"I was going to school at CSTCM and was in my third semester. I had chronic fatigue and under-treated hypothyroidism. I was having a daily struggle of whether or not I could make it through school and was coming to the conclusion I was going to have to drop out because of health reasons. Ron was teaching the class where various teachers came in and taught techniques. He was teaching special needling techniques. His passion for Chinese Medicine convinced me that day that I HAD to finish school. I told him about it on graduation day as an 'oh, by the way'. It brought tears to his eyes. I will always be grateful to him." – Anonymous AAC member

"I met Ron on my return to Denver from acupuncture college in 1983. We were both members of the same synagogue, early members of the Acupuncture Association of Colorado, where he succeeded me as president. We both worked on the licensure of acupuncture in the state. We both had sons the same age, both named Ari, they had their first haircuts at three years old not far apart according to Jewish tradition.

Ron was one of the most passionate human beings I ever met. I always marveled at how he cared for other people, and would travel around the world to help them with Chinese medicine. We were in contact just before he went to Thailand to help tsunami survivors. I was touched that he decided to take on the hardship to travel so far to do this, but always worried that perhaps he pushed himself too much beyond his physical limits.

I moved out to San Diego 18 years ago when I remarried and started a new family. I only came back to Denver a few times for visits, but

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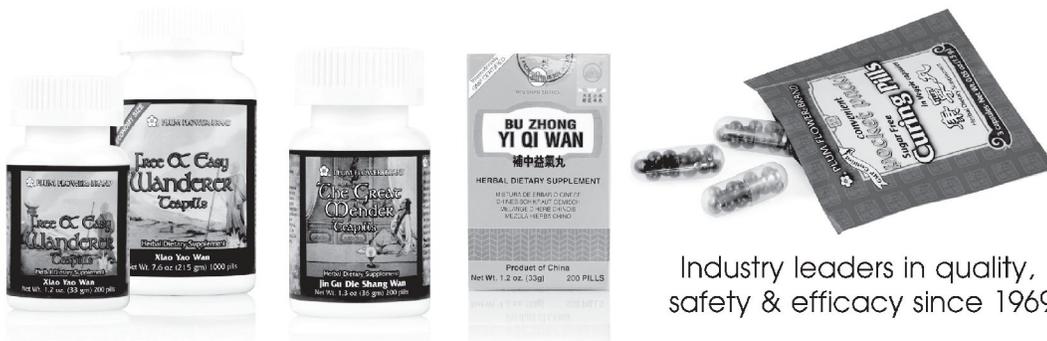
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had been planning to come soon. I was very sad I could not make it for the wedding just a short time ago. I wanted to see Ron happy, and starting his own new chapter in life.

I took the news of his passing very hard. We had both shared the experience of being a part of the first generation of Chinese medicine doctors in America, along with Donn Hayes, who will be reading my words for the AAC memorial service. I am comforted by the happiness he received in his new marriage, and for all of his great accomplishments in this short lifetime. I will always remember him and the adventures we shared. We will all carry Ron in our memories forever. G-d bless you Ron, on your final journey back to your beloved Creator." - *Z'ev Rosenberg, L.Ac., San Diego, CA*

On Sunday 12th August I attended a 'Memorial' event for Ron Rosen at the Mercury Cafe in Denver. It was a remarkable occasion, unlike anything I have experienced in my life before. His new wife Carol, his daughter Crystal, his son Ari, his step-son Lonnie, and his granddaughter were present.

There was an 'open mic', and anybody could step up and speak. There were people from across the cultural spectrum. There were some in suits, and other in tattered street clothes; those who had stood on the front-line shoulder to shoulder with 'Doc' as a Street Medic as they were hit with percussion grenades and baton charges at political demonstrations, and others who had accompanied him into the jungle to teach native people Chinese Medicine in defiance of Death Squads; there was a Native American Shaman and an older gentleman who told how he could walk because of Ron; there were people breaking down in tears and others singing songs of celebration and praise; and there were numerous acupuncturists telling how he took them under his wing and cared for and nurtured and encouraged and inspired them in their early years.

Everybody said what they had to say, for as long as they needed to say it about their relationship, respect and love for this great soul we knew as 'Doc'. Each person spoke for 5-10 minutes. The event went on for three hours.

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As far as I am aware, Ron was the first Acupuncturist in the State and without him we may not be licensed as a profession in Colorado - it was something to do with 'Kitchen Politics' with him and one of the key legislators talking late into the night in north Denver, before the critical final vote. One of my favorite photographs is of the group of Acupuncturists who finally saw this across the finish line in 1989, with Ron, in a suit and tie (which I suspect he rented for the occasion), standing, with a beaming smile ear to ear, behind Governor Roy Romer as he signed the Bill into law.

Ron was also something of an icon for Acupuncture and Oriental Medicine in the State - wherever I went in the AOM community in the country, when I told people I was from Colorado they would invariably ask 'How's Ron Rosen?'

At his Memorial, Ron was described as a Warrior, a Wizard, a Healer, an Inspiration, an Entertainer, a Magician and 'a little bit loco'. All true. He was also my best friend in Acupuncture, cultivated over 25 years. And he was the bravest man I have ever known - he gave it everything he had, all the time. What a guy!

He is now buried in the sacred mound of the Chiefs of the Lakota Indians in South Dakota.

I know that I speak for multitudes when I say "Thank You, Ron... for everything". Rest in Peace now - *Jim MacRitchie, Founding President AAC*



President's Update

By Judy Lemieux – Outgoing President

Our board has been very busy this past year. Our new Secretary, Melinda Cobb has done a fantastic job of filling Phranque's shoes. The secretary position is a lot of work and requires much dedication to our organization. Amy Dickinson, our new Conference Chair who has stepped in for Joanne Neville, did a fantastic job pulling together our conference this year. Nancy Bilello has been extremely busy dealing with our state and legislative issues, including the ongoing concern with PT use of dry needling and its impact on our practice act (please review Nancy's report). Jeanette has done a wonderful job of keeping us on track financially and in the black with our budget. Diana Horowitz, our VP and chairman of our PR committee, has done incredible work bringing the practice of AOM and the AAC into the public's eye. If you haven't seen our upgraded website yet, please take a look. Membership Benefits continue to be on a roll thanks to Linda Raford. Don't forget that we have discount malpractice insurance for our professional members with Wood Insurance Group. If you haven't seen our wide variety of benefits yet, please stop by the membership & benefits table to pick up your insurance folder and other membership benefits materials (and renew your membership or join the association if you haven't done so yet!).

Board terms are ending for Diana Horowitz, Nancy Bilello and I. These are all three-year terms. We also need people to chair ad-hoc committees for Festival Coordination, Humanitarian Fund, Research and Membership Benefits. Students will elect a new student representative for the next year as well. All committees, including ad-hoc committees, need a second chair volunteer to help them in their work. If you are interested in any of these positions, please speak up. We welcome any and all input!

What can you do as a member?

Get involved with the board as a board member, ad-hoc committee chairperson, or as a committee volunteer. Volunteer to participate in AOM Day, the 9News Health Fairs, Dragon Boat Festival or other events. If you've had an itch to get involved with the AAC in any way, now is the time to do it. If you're interested, please get in touch with any current board member or the AAC office. The best way to support and promote our form of healthcare is to help create a strong state association.

It has been a pleasure to serve you these past four years. I am proud to be part of an association that is, and will continue to be, a strong voice for our profession.

(Cont'd next column)

Vice President, Public Relations and Humanitarian Fund Committee Reports by Diana Horowitz:

There's a lot of news to report to the AAC's membership. Our participation in the **Dragon Boat Festival** on July 29th - 30th was successful in many respects. In the past, the festival was just an opportunity for us to increase the public's awareness of AOM, not necessarily a money-making endeavor. However, this year the Association grossed approximately \$2,000 in treatment donations, over three times more income than in any previous year!

Why was the Dragon Boat Festival so successful? Our tent was located in the main marketplace area, and open at three sides, which greatly increased our visibility to the public.

- The AAC shared a large tent with the Colorado School of Traditional Chinese Medicine and the Massage Therapy Institute of Colorado. A synergy developed between us, where we referred interested passers-by to the appropriate organization.
- The festival is growing exponentially every year - there were an estimated 80,000 people present from all over the state & country!
- The weather was pleasant and relatively cool, though we still gave out hundreds of paper fans with the AAC's information on them.
- Last but not least, AAC member volunteers skillfully and efficiently gave mini acupuncture treatments to the public for a suggested donation and answered their plethora of questions. We treated 119 people in two days! Our work increased the viewer traffic on the AAC's website, and referrals to AAC member's individual acupuncture practices.

I want to publicly acknowledge the DBF volunteers for their efforts. They are: Melinda Cobb, Jessica Hardy, Diana Horowitz, Linda Gibbons, Kate Kellogg, Bonnie Kenny, Kyle Liston, Misun Oh, Rachel Rose, Julie Roth, Sylvia Salcedo, Jan Vanderlinden, (all L.Ac's) and Molly Monahan, our dedicated student representative who bridged communication between the four organizations (AAC, CSTCM, DBF and MTIC) while preparing to pass all of her boards and graduate!!! I also would like to apologize for forgetting to acknowledge Molly's contributions in a previous email announcement!

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The two-day **Boulder Asian Festival** at the Pearl Street Mall was also well done! The volunteers made it through a torrential rainstorm and a wind storm during the festival. Thank you, BAF volunteers: Jan Vanderlinden (Coordinator), Amy Dickinson, Douglas Frank, Sarah Looney, Christina Shao (plus help from her office members May Shao and Dr. Lee Li, who kept the tent from blowing over).

There has also been a disappointingly low amount of activity in the AAC's Humanitarian Fund this year, both in contributions to and in applications for funding. Please go to the AAC's website at www.acucol.com to review the purpose of the fund, download an application, and to make a credit card contribution.

As many of you already know, "Doc" Ron Rosen, O.M.D., L.Ac., an esteemed member of our AOM community, unexpectedly passed away in late July.

(Cont'd next column)

At the yearly conference in September, we gave the first **Ron Rosen Humanitarian Service Award** to Ron Rosen's widow, Carol Garlington. In Rosen's memory, this prestigious award will be given to future AAC members who demonstrate extraordinary social service to underserved communities. We hope that the Ron Rosen Humanitarian Service award will inspire AAC members to share their skills and passion for AOM with everyone who needs them, irrespective of monetary gain.

Lastly, my three year term on the board as Vice President, Public Relations Chair and Ad Hoc Humanitarian Fund Chair ended on September 16th, (although I will finish organizing AOM Day activities through October 24th). Please welcome Terry Fox, L.Ac. as your new Public Relations Chair, and Carol Sidell, L.Ac. as your new Events Coordinator. It has been a pleasure getting to know and to serve the Colorado acupuncture community.

Legislative Committee Report

by Nancy Bilello

The main work of the legislative committee remains the dry needling issue. We (Judy Lemieux, Valerie Hobbs, Leo Boyle and I) met with DORA and the PT advisory committee on 7/25/07 to hear DORA's final vote on the policy issue. As we had been foretold, but quite unfortunately, Rose McCool announced her decision to uphold the policy. This issue will now go into a rule making process which, in some ways, is a good thing for us because it gives us a chance to present our case again and might eventually lead us to the legislature.

The next step in this long and winding road is a DORA hearing scheduled for Wed. Oct. 10 at DORA. During this meeting/hearing, we will again present all of our evidence as well as any new evidence we feel pertinent to this issue. After this hearing there will also be a procedure which will also include going before the legislature in what is called a review process. This is, I feel, where we may have the best chance of getting the policy overturned. During the review process, legislators will have a chance to determine whether or not the policy was instated under correct statutory guidelines. Because the AAC and other interested parties were never notified of the policy to begin with and because the policy contradicts our own Practice Act, it is reasonable to hope that the legislators will find fault with the process.

It is also possible that we may have to hire professional legal assistance (yes, an attorney!) to help us with the process at some point, but we are not at that point yet. It is certain that we will call on the AAC membership to contact influential legislators to inform and educate them on the issue.

Judy Lemieux, Valerie Hobbs and I also met with Leo Boyle on Wed. the 29th of Aug. to discuss further strategy and prepare for the next meeting with DORA this October 10th. I will keep you all informed as things develop.



Secretaries Report

by Melinda Cobb

Currently we have 234 members that include 6 Associate members, 21 Student members and 207 Professional members. We also have 57 members from last year who are late sending their membership dues. I have been contacting those members by phone to remind them to mail in their dues for 2007. If they all send in their membership renewals, then we will have a membership total of 291. This is an increase in memberships from last year.

I began a membership drive in May and contacted licensed acupuncturist's who were past members of the Association. I have also been recruiting new members and sending out information to newly licensed acupuncturists and we have had 25 new members from that. Thanks to Molly Monahan our past Student Rep and interest from ITEA, we have also enjoyed an increase in our student population to 11 new student members this year.

I also worked out a discount for copying charges with OfficeMax and have saved the AAC hundreds of dollars with all of the copies that we have to make. This includes the quarterly newsletters, the annual directory, and any other copies that have to be made such as the conference and mailings.

Presently, we are listing seminars on our website and in our newsletter. If you are planning on hosting a seminar or teaching a seminar please contact me and we will list it in our newsletter and on our website. The only requirement is that you offer a 10-20% discount for our members.

I have also been working on two new spread sheets to track membership and conference sign ups. In the past this was done by hand and was the only record. Now we can share these records online between other board members and this is helping us to become more efficient and specific as we grow our organization.

As Phranque, my mentor, had said many times in his past reports, "the more members we have, the greater our voice on a national level. With more members, we will be able to accomplish more for the public in education and being present and forefront to show that acupuncture really has a place in the western world.

Thank you for giving me the opportunity to serve in this position and your continued support with the Acupuncture Association of Colorado in promoting education and awareness of acupuncture throughout the State of Colorado.

Annual Conference with Jake Fratkin, Randy Bimestefer and Daisy Dong

by Amy Dickinson

The 24th annual AAC Conference was a re-sounding success! This conference is the second primary sources of income for the AAC which helps to pay for political lobbying and the day to day costs of running a business. After reading through the conference evaluations we can proudly say that close to 100% of the attendees were extremely satisfied with the course topic, the speakers, and the location.

Approximately 75 members attended either one or both days of the seminar. Many vendors contributed free samples to give out to conference attendees. This year we enjoyed a large amount of vendor interest as well. We were very fortunate to get dynamic, nationally known speakers to create interest in the seminars. Dr. Jake Fratkin, Acupuncturist of the Year (1999) and Teacher of the Year (2006), presented with Randy Bimestefer on Saturday. The subject was "Adrenal Fatigue, Hypothyroidism, and Insulin Resistance". This particular duo has toured nationally lecturing on Functional Medicine. Participants went home with a new confidence in treating these diseases and a better understanding of utilizing lab testing and supplements to help fight against disease.

We were also very fortunate to secure Daisy Dong as our Sunday speaker. Daisy spoke on "Integrative Medicine: Cancer and TCM support therapies". Those of us treating patients with this devastating disease came out with a much greater understanding of the disease and its treatment. TCM is extremely beneficial in these cases, and participants were able to learn how to optimize their efforts.

The AAC thanks you for coming! We depend on your financial support through membership and conference attendance to enable us to work hard for YOU. We want to continue to provide members with a quality product in terms of their annual conference, and comments can be directed towards me at amydickinson_lac@yahoo.com. We thank our fabulous speakers and volunteers and look forward to another excellent conference next year!



Judy Lemieux, Randy Bimestefer, Jake Fratkin and Amy Dickinson



Conference attendees following the notes with Jake and Randy.



Diana Horowitz, Kyle Liston, Donn Hayes, Carol, Jim MacRitchie, and Valerie Hobbs at the Ron Rosen memorial.

Welcome New Pro Members!

Jennifer Leonard	Arvada
Pei Fen Yan	Boulder
Mary Wright	Boulder
Michael Young	Boulder/Longmont
Shijin Ma	Boulder
Mary Berg Malkiel	Boulder
Stephen Harms	Boulder
Karen Looney	Boulder
Carol Conigliaro	Boulder
Carol Sidell	Boulder
Lenny Socolov	Boulder
Seoung Ryong Jee	Centennial
Henry Wu	Cherry Hills Village
Suzanne Cameron	Colorado Springs
Carol Penno	Colorado Springs
Benjamin Hawes	Cortez
Terrell Kennet	Denver
Yongok Mar	Denver
Cammy Polson	Denver
Bruce Stoebner	Denver
Shawn Kirby (pending)	
Heather Biery	Durango
Randi Savage	Erie
Nancy Cohn Morgon	Grand Junction
Jack Schnefer	Louisville
Akhil Kaplan (pending)	Louisville
Tracey Sobel	Lyons
Hosan Kozan (pending)	Nederland
Elena Williams	Parker
Colleen Ragan	Rapid City, SD
Kelley McDanel	Steamboat Springs
John Holt Jr.	Telluride
Yan Cui	Wheat Ridge
Nicole Bauer	Woodland Park



Welcome New Student Members!

Sarito Carroll (SWAC)	Ann Suter (ITEA)
Nicole Green (ITEA)	Sharon Gatt (ITEA)
Joseph Powell (ITEA)	H. Fern Martin (ITEA)
Pamela Russell (ITEA)	Jan Foster Miller (ITEA)
Nancy Robertson (ITEA)	Brian Mears (SWAC)
Monica Edlauer	

Welcome New Associate Members!

Jean Holland	Aurora, CO
Mark Evans	Berlin, NH
Charles Kilgore	Torrington, WY

*Associate members are usually located out of state or are retired or semi-retired professional acupuncturists.



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Research Committee

by Drew Henderson

The Research Committee has not been active as a committee and we welcome anyone who feels they would like to lead this committee, either as a board member, or as a committee chair on an ad hoc basis. There are many members who are interested in research and several of us who would like to work as a group to foster the goals as outlined below. These goals are still in a draft state, and are open to change or refocussing, depending on the specific interests and talents of the members of the group that takes up this work.

Goals of the Research Committee:

Develop (and offer to our members) guidelines for evaluating research, with a clear explanation of the terms involved. This can be useful when discussing research results with the public during lectures, with physicians and with your current or prospective patients.

Make a database of research available to our members.

Provide information from this research as well as evaluation of it for members to use as talking points for:

- Giving presentations
- For current and potential patients.
- The medical community MD's, hospitals, clinics
- Legislators, when promoting our legislation or defending against hostile legislation
- The media
- Insurance companies, especially in terms of cost savings to them when they do cover acupuncture.

This is important because the goal of workers compensation is to get patients to regain their ability to function as quickly as possible.

- Businesses and how to keep their employees healthy, reduce medical costs and lost work due to sicktime.
- Assist other committees by providing this information when needed legislative insurance education, P.R. membership benefits
- Promote this as a benefit to gain and retain members.

If anyone is interested in working with any aspect of this committee, please contact Drew Henderson at 303-517-3177, or Hendergier@aol.com



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Education Committee Report

by Lixin Zhang

Since I join AAC last year I talked to a lot people to figure out what we should do about the Education Committee. I believe that AAC should have a task to help our members to continue to improve their self in addition to our annual meeting. I did try to attend every meeting to get to know our board, where they are and what their opinions are about acupuncture and acupuncture business. I think that it is still a long way to educate American's and our members to build a healthy Chinese medicine community. George W. Bush is not only in the white house, he is every where in U.S. but Confucius said "The man who moved the mountains started with small stones."

Chinese medicine is not like western medicine based on modern science and technology. Chinese medicine is based on general philosophy and Chinese culture which is very different with American culture. We can not use American culture to judge acupuncture just like we can not use science to value Jesus! As we all know that no matter who you are, as long as you use anatomy and physiology you are in western medicine.

It is the same thing in Chinese medicine, as long as you use a needle and acupoints to treat any disease, you are a Chinese acupuncturist. Well, we are in freedom country. Freedom means that we allow people to have a different idea and we allow people to choose to be stupid. Any one has a right to call or treat himself a dog instead of a human being.

Chinese acupuncture does not solely use needles and points for problems but also utilizes Chinese culture to analyze issues, maintain good health and prevent future issues. Acupuncture school can help us learn how to use needles and acupuncture points but to maintain good health and prevent future disease; this is our life time project.

Developing the Chinese culture in the U.S. is every individual acupuncturist's job. This past year, I went to Jan's (Jan Vanderlindin) Chinese New Year party at her clinic in Boulder. All her patients and her friends respect the Chinese culture. Some of them even wore traditional Chinese costumes. I have talked to every patient of mine and no one dislikes the Chinese culture. So any acupuncturist who does not like the Chinese culture, I am sorry for you because you have the wrong job.

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Education Committee Report (Cont'd)

by Lixin Zhang

Well, Chinese culture can not come here directly to solve American issues. How can we make it fit American culture, help America to improve our health and life and to make America strong is not an easy job. But as long as we keep working on it, little by a little, then I believe that the mountains can be moved.

So, my recommendations for the coming year are to participate in more Chinese cultural events. We should do Chinese Qigong like Master Li's and do Tai ji on a regular basis and we should have more Chinese experts to provide us with seminars for our education.



New Vendors Attend the Annual AAC Conference

by Melinda Cobb

The AAC would like to recognize and honor the vendors that support our conference. For every conference that we host, the vendors pay to participate and it is because of them that we can afford to provide a more informative conference. The vendors pay to rent a table or booth area and pay for traveling and lodging fees to be able to support the AAC. The conference enables them to come and show off their wares and to meet our members in person. This also helps us to offset the cost of putting on the conference and, at the same time, they get to showcase what they do best. Whether it is Chinese herbs or tools of the trade, the vendors bring them for all conference attendees to see and feel.

This year we enjoyed the company of Daniel Hudson and Caylor Wadlington with Arbor International Inc. or Yin Care, Blue Poppy Enterprises, Golden Flower Chinese Herbs also making donations of gifts, Divine Farmer Herbs from Boulder, Erika Hansen with Chinese Herb Brew, Lhasa OMS donating free gifts, Samuel Chang with Qualiherbs the Finest corporation. Samuel Chang also makes a financial contribution to the AAC each year and we honor him for that generosity. Geina Horton representing Secara Herbal Company, Flora Sweed with Alpha Medibill Solutions, Kirsten representing Yan Jing Supply, Ryan Frace representing Xymogen NuMedica, and Acupuncture Media Works donating free gifts.

Amy Dickinson, who stepped up to become the Conference Committee Chairperson and who is now the Vice President of the AAC, arranged for vendors to donate free gifts which were put into swag bags and handed out to everyone in attendance. The bags were donated from Lhasa OMS and we inserted bottles of herbs donated from Golden Flower, needle samples donated from Lhasa OMS, herb samples from Secara, Acupuncture Media Works samples, and Blue Poppy herb samples.



Geina Horton representing Secara Herbs

There was also a drawing after the business meeting on Sunday and the vendors donated more items to be used as door prizes. This is a great incentive to stay and have a catered lunch and participate in the business meeting.

The AAC would like to thank our vendors for their donations and for their continued support. They help make our conference enjoyable, educational and fun.

Please support these vendors in the future whenever you can. Thank you for your continued support.

Sham Acupuncture is a Sham

by Dr. Phranque Wright; L.Ac. DAOM, NCCAOM
Dipl. Ac.

Recently an announcement was made on CNN concerning the results of acupuncture vs. sham acupuncture vs. other modalities for chronic back pain {*German Acupuncture Trials (GERAC) for Chronic Low Back Pain: Randomized, Multi-center, Blinded, Parallel-Group Trial with 3 Groups. From Pubmed.com*} Though the results were quite positive for the acupuncture community (42-47% success long-term for acu and "sham" respectively vs. 27% success for "other modalities") there was a negative "backslap" in the same breath. This backslap was the notion that "fake acupuncture" was nearly just as good as "real" acupuncture. Upon further reading, one finds that the "Fake" acupuncture was "shallower needling on 'non' traditional points". One could read that as "Japanese Acupuncture," or "Tong Style" or "Musculo-skeletal meridian" acupuncture; modalities that uses shallower needling and uses points that are not always mapped in the same way that Traditional Chinese Medicine (TCM) dictates. After reading the whole study, it was discovered that this "sham" was also termed "minimal acupuncture" and it was admitted that there is no proven method of "sham" in acupuncture. The problem is that instead of "minimal" the term "fake" was given to the public. It was also stated in the actual study report that the results were more than placebo effect; something that didn't quite make it into the public's eye.

The term "sham" in this study is a replacement for the word "placebo" which is what would be used in drug tests. However, **the definition of placebo is "an inactive substance given as if it were a dose of a real drug."⁵ The key word here is "inactive". The use of placebo pills in drug trials is a very important and quite useful device, because it is known what effects the placebo pill has; since they are generally made of sugar...⁵ they are considered to have no effect in comparison to the drug tested. In addition, the study generally would have an idea of the mechanism of the drug i.e. 'entering the blood', 'changing cellular function...and other such physiological manipulations.⁹ In Chinese Medicine though – the physiology is considered to work through the 'meridians', 'stimulating qi function', 'raising or reducing yang and/or yin'...other such workings. Western medicine has not yet found a single physiological mechanism that explains what Chinese Medicine does, most especially in the matter of acupuncture.*

(Cont'd next column)

**Though it has been discovered that acupuncture 'releases endorphins', 'stimulates hormones' and other such western ideas, there has yet to be discovered the "one mechanism" that explains why acupuncture can do what it does.⁴ One can look into the PDR and see the "therapeutic class", "pharmacokinetic distribution" "pharmacokinetic absorption" and "pharmacokinetic metabolism" of most all drugs⁹. Yet, no one can say, "acupuncture actions enter the blood stream" or "acupuncture treatments are distributed to the liver, brain and heart" or even, "acupuncture actions remain in the body for 'x' number of minutes, hours or days." Without this knowledge, without the slightest idea of where acupuncture treatments begin, flow, remain and exit, there cannot exist a 'Placebo' for acupuncture. What happens is unknown the same way the acupuncture mechanisms are unknown and being 'unknown' is not the same as being 'inactive', which is the core of the definition of placebo.*

One of the major problems of research projects that tests with "placebo" or "sham" acupuncture is the fact that Western medicine (the controllers of the experiments' science) and Chinese Medicine (the science of the medicine being tested) works on completely different conceptual ideas of the make up of the human body. Western medicine sees the body as a biochemical entity whereas Chinese medicine sees the body as an energetic (Qi) system. To try to manipulate one using the terms of the other is disrespectful to both medicines.

Western medicine does not contain the concepts that Chinese medicine takes for granted, such as meridian therapy, micro systems (auricular acupuncture, abdominal acupuncture, scalp acupuncture, etc), distant points, and whole body connections (Lung to skin to Sadness to Large Intestine connections) for example. Nor is Western medicine aware of the variety of styles that practice the medicine (Japanese systems, Korean systems, 5-Element systems, Toyohari systems, etc). Also, practitioners of AOM do so with more insight, clinical experience and hands-on analysis beyond what textbooks say. Without this insight, acupuncture research, when trying to use "sham acupuncture" is doing so blindly.

One great example is an experiment done awhile back where "fake points" were used on the abdomen to treat knee pain. The experiment showed that "real acupuncture" was no better than 'sham' acupuncture because these points, when used, gave similar results as the local points. {Effectiveness of Acupuncture as Adjunctive Therapy in Osteoarthritis of the Knee A Randomized, Controlled Trial Berman, Lao, Langenberg, Lee, Gilpin, and Hochberg from Annals of Internal Medicine} The points, however, were "knee points" in the abdominal microsystem (as noted by Dr. Roger Lore DAOM). To practitioners of this system, it was a no brainer – "those are the points we use for knee pain."

(Cont'd on page 15)

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To the experimenters it was “fake points” and “same as placebo” is what the public heard. The public never heard that these were “knee points on the stomach system” and that is a shame and “one step forward; two steps back” for our medicine. This most recent study is a similar problem.

What the Research world needs is Licensed Acupuncturists and Doctors of Acupuncture and Oriental Medicine to be consulted when forming acupuncture research models. More importantly, L.Ac's and DAOM's need to be part of the public announcements of the studies or at least, should read the entire study before making any conclusions. Reading the whole recent German study will show how it really could benefit AOM better than the “fake” acupuncture announcements did.

What follows here are ten criteria to look for when reading a research project on Acupuncture as presented. Each and every time you read a research project, see if these ten points apply and are reached properly before judging the results of the project.

Criteria for judging strengths and weaknesses of clinical trials of acupuncture by Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine, Portland, OR 97216

rhamerschlag@ocom.edu

Note: This is not meant to be a complete list, but careful application of these criteria will provide a useful initial assessment of the quality of the design and reporting of a clinical trial. The more positive answers to the following questions, the better the research.

1. Were the training and clinical experience of the acupuncturist(s) stated?
2. Were inclusion and exclusion criteria for patient selection presented?
3. Were patients assigned to the treatment group and the control or comparison group by a process described as randomized? *And*, was the randomization process stated?
4. Was demographic and medical history information presented for the patients assigned to the treatment and control/comparison groups? (This provides an indication of whether the groups were comparable at the start of the trial, i.e. whether the randomization was successful.)
5. Were rationales presented for the choice of acupoints and/or herbs and treatment parameters? (e.g., Were AOM texts or previous clinical trials cited? Were practitioners surveyed?)
6. Were the acupuncture and control/comparison treatments described in sufficient detail that you could repeat them?

(Cont'd next column)



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7. Were the clinical endpoints (the means used to assess effectiveness of treatment) described in sufficient detail that you could use them to repeat the study?
8. Was the assessor of treatment effectiveness described as blinded? (Did the assessor *not* know the group assignments of the patients?)
9. Were patients asked to validate the placebo/sham control treatment? (Were they asked to guess their group assignment?) *[This criterion is not applicable for clinical trials that compare acupuncture to another active treatment.]*
10. Was follow-up data presented? (Was there a check on whether the treatment benefits were long lasting?) *[This criterion may not be applicable for self-limiting conditions, e.g. childbirth.]*

Beyond being part of the study's creation, L.Ac's and DAOM's need to be part of the public announcements. When research results are posted, it is sometimes assumed that the results are positive for the acupuncture community, but often, as the above mentioned projects, may have a backslap tacked onto it. In studies that give negative results, the announcements are “blanket statements” against acupuncture and this needs to be rectified. When assisting research project creations and results, it is the opinion of this author that these following points need to be followed:

(Cont'd on page 18)

1. **When Research has already been done on medications, there is no longer a need for “pla-cebo” when testing that drug against acupuncture.** The experiments given, which showed the drug to “be effective” is showing it more effective than placebo; so acupuncture should only be tested against the medications and shown to be “better”, “as good” or “less effective” than the drug itself – this comparison, since the drug is already better than placebo, should show acupuncture compared to something already better than placebo.
2. **“Sham Acupuncture” should not be used until an actual legitimate “sham” can be produced (see above argument from capstone project).**
3. **When the results are in and Acupuncture is shown to be “not as good” as a drug, the results should show that “This point combination” is not as good as a drug.** This is a very important point because many times we will see articles that state “Acupuncture is not good for x, y, or z. Whereas one would never see an article that says, “Pharmaceuticals are not good for x, y, or z.” What they would say is “Drug-X is not good for x, y or z”. For example, Viagra is not good for reducing inflammation, but you would never hear “Pharmaceuticals are not good for reducing inflammation”. In respect of the entire Acupuncture community, the whole system should not be thrown out just because one group of needle combinations did not work for a particular ailment.
4. **When being tested against other modalities (physical therapy, surgery, counseling, exercise, chiropractic, etc) again, there is no need for “Placebo” if the other modality is “accepted forms of treatment.”** As an accepted form of treatment, it is something already used by the western world and known to be effective. Again, like in #1 along with #3, it should only be shown to be “as good as” “better” or “not as effective as” and only what was tested should be noted as such.
5. **When shown to be “better” or “as effective” it should point out the extra advantages of acupuncture treatments.** These extra advantages can include but not be limited to: Less expensive, less invasive, minimal to no side effects, faster results (when applicable), also help other aspects of health (i.e. reduces stress) and so forth.

(Cont'd next column)

Including and excluding these points helps to eliminate backslaps AOM receives with the positive or negative research results and gives an extra boost to the positive ones. Though the general western world does not understand the theories we follow in our medicine, it does not mean that our medicine is not legitimate, complete, effective or acceptable on its own terms.

What it does mean is that our medicine is different and equally effective if not at times better, less invasive or a great addition to current treatments. Quantum physics is a western science that can help explain how our medicine works, but western medicine has not yet embraced this modern science. Instead of trying to make us catch up with them, why don't they try to catch up with us?

These portions come from Dr. Wrights Capstone report:

4. Richard Hammerschlag during OCOM Research lectures
5. Mosby Medical Dictionary
9. Physician's Drug Handbook 11th Edition; Lippincott Williams and Wilkins Philadelphia et al, 2005
13. Impact of acupuncture goes beyond the acknowledged placebo effect Published: Wednesday, 4-May-2005 Medical Research News <http://www.soton.ac.uk>

Copies of this study, **“German Acupuncture Trials (GERAC) for Chronic Low Back Pain: Randomized, Multi-center, Blinded, Parallel-Group Trial with 3 Groups.”** can be obtained electronically by contacting Melinda Cobb at acupuncture4life@comcast.net. Please request the copy and leave contact information and the entire study will either be emailed or USPS mailed to your address.



Calendar of Events

- Oct 5** CF-EA Workshop for ITEA Alumni - Free! Topics will include pulse taking, point location and question about points, alarm points review. Cost is free to alumni but register early as space is limited. ITEA Campus, 608 Main St., Louisville, CO. To register please contact finance@itea.edu or phone ITEA at (720) 890-8922.
- Oct 7** Herbal Acupuncture Treatment of Asthma by Dongming Fan (PhD in China), L.Ac.
4 CEU's (PDA's) at the CSTCM Campus 1441 York St. Cost is \$60.00 for practitioners / \$50.00 AAC members / \$30.00 for students. Contact Tanya Carleton (303) 329-6355 x-15
- Oct 14** Japanese Style Acu Moxa Techniques, by Parago Jones, L.Ac., Dipl. Ac.
9am-1pm; CEU's (PDA's) = 4 at the CSTCM Campus 1441 York St. Cost is \$60.00 practitioners, \$50.00 students and AAC members. Contact Tanya Carleton (303) 329-6355 x-15
- Oct 19-21** AAAOM International Conference and Exposition. Portland, Oregon
Website link: <http://www.aaaomonline.org/expo2007.asp>
- 
- Oct 24** **AOM Day: Acupuncture and Oriental Medicine Day**
Many of our professional members will be donating their time for free treatments to the public on this day. We also have two school clinics participating in AOM Day this year! Participants will be helping to expand public awareness regarding acupuncture and helping to increase public acceptance. Please visit the AAC website at: <http://acucol.com/>
- Oct 26** Time: 9:00 AM - 12 Noon. Western Medical Tests, Suzanne Williamson, D.C., has prepared this course to give acupuncturists an overview of the commonly used tests found in the U.S. The course helps acupuncturists interface with the Western Medical profession, and better understand what clients are experiencing. Cost: \$120 to audit, \$290 for ITEA credit, 10% discount for AAC members. Location: ITEA, 325 S. Boulder Road, Louisville, CO
To register please contact ITEA at finance@itea.edu or call ITEA at (720) 890-8922
- Nov. 6-8** Time: Monday, 9:00 AM - 6:00 PM / Tuesday - Wednesday, 9:00 AM – 1:00 PM
Lectures on Chinese History and Philosophy with Elisabeth Rochat, sponsored by ITEA. Cost: \$75 per each half day attended (ITEA students and faculty free of charge). Location: ITEA, 325 S. Boulder Road, Louisville, CO
To register please contact ITEA at finance@itea.edu or call ITEA at (720) 890-8922
- Nov. 18** **AAC Quarterly Board Meeting** will be held at 3:00 PM at ITEA 325 W. South Boulder Rd. in Louisville, CO 80027.
- 
- Nov. 18** Dave Teitler (aka Dr. Dave) presents "*Treating Cough and Sinusitis in the Dry Western Climate - Managing the complexities of year-round "Autumn Dryness"*". 9 am to 1 pm. Cost is \$60.00 with a 10% discount to AAC members. CSTCM Campus 1441 York St. Contact Tanya Carleton at (303) 329-6355 x-15
- Dec. 8, 9, 10** Advanced Training Seminar by Hilary Skellon, with Kathleen Robinson. Time: 9:00 AM – 5:00 PM, ITEA
Cost three-days: \$490 (\$450 before November 1, 2007), Cost one-day: \$185 (\$170 before November 1, 2007)
Location: ITEA, 325 S. Boulder Road, Louisville, CO 80027 RSVP at finance@itea.edu, or call (720) 890-8922

Acupuncture Association of Colorado

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