

# The Colorado Acupuncturist

A Publication of the Acupuncture Association of Colorado

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*The mission of the AAC is to provide a unified voice to practitioners and students of AOM by involving and communicating with members, educating the public, and influencing legislation to promote and protect AOM in Colorado.*

— AAC Mission Statement, adopted May 9, 2009

## Year of the Tiger February 14, 2010



## Feeling Empowered

By Tina Laue, L.Ac.



### What does the AAC Board do?

The AAC is the place people come to when things affect our practice of Acupuncture and when other parties want to infringe on it. At the last board meeting I got to cast my vote on a sensitive issue and it felt great. With membership numbers at a low ebb, I work the PR angle and try to figure out how to get more people in every members practice!!

***But I just want to say that it felt great to be on the Board, not to be a victim, but a participant!!*** I encourage everybody to become a participant in my PR Committee. There are jobs big and small and lots of fun and ideas that will help boost the PR in your own practice!

### ***Here's what I need right now!***

- We need to develop a set of guidelines for our articles and our image.
- We need to clarify the messages we want to get out so there is consistency in our PR campaign.
- We need to compile a list of media, contact numbers and emails and deadlines for articles.
- We need to finish fleshing out the calendar of events the PR Committee is responsible for, as this year we will market them like they have never been marketed before!! ***Please turn to page 6 to continue ....***

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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 Lisa Lowe at [lisa@oldtownacu.com](mailto:lisa@oldtownacu.com) (please type "AAC" in subject line). Materials in the journal are the opinions of the authors and do not necessarily represent those of the AAC.*

## **Advertising rates per issue:**

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## **Deadlines are as follows:**

April issue - March 1st

July issue - June 1st

October issue - September 1st

January issue - December 1st

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# The Shape of Qi

Enhancing the vocabulary of contact in acupuncture

**By Charles Chace**

The following is an abridged version of a paper published in the January, 2008 issue of the Lantern. It explores the integration of osteopathic palpatory sensibilities into the practice of acupuncture, particularly with regard to pulse diagnosis and the overall assessment of qi. I am not suggesting that we can become better acupuncturists by becoming osteopaths. On the contrary, my fundamental premise is that we can adapt some of the conceptual maps and sensibilities of cranial osteopathy to our own modality without ever having to concern ourselves with dural restrictions or sphenobasilar lesions. An unabridged version of this paper is available at [www.fivepetalshealth.com/shapeofqi.pdf](http://www.fivepetalshealth.com/shapeofqi.pdf).

My starting premise is that the state of a person's qi at any given moment is palpable anywhere on the body, and that the information we receive in this manner is of clinical relevance. I am developing a consensual vocabulary for these perceptions as a means of refining our own skills and communication.

We take it as a matter of principle that qi is pervasive throughout the body. It is therefore rather ironic to consider the lengths to which we go to abstract it into its expressions in the pulse, tongue and abdomen. We spend most of our formal training in acupuncture school learning to work with these abstractions and very little time learning to directly engage the qi. Still, many of us naturally develop some facility for this kind of assessment simply through years of clinical practice. Yet it is precisely because we are left to stumble upon this on our own that we often lack the capacity to communicate our perceptions in a manner that makes sense to others. Students, especially, are left thinking that what their teachers are describing is just another one of those arcane experiences that maybe they too will have after a few decades of practice. Their problem is not so much that they lack the experience or capacity to feel such things; it is that their teachers so often lack the words to clearly communicate what they are experiencing. What we as acupuncturists lack is a consensual vocabulary of qi: a verbal and conceptual map that allows us to more fully engage the terrain that we traverse every time we contact our patients.

## **The qi shapes the pulse**

Chinese medical pulse diagnosis contains some of the most nuanced vocabulary that we have for tracking the qi. The Toyohari style in particular has a highly formalized criterion for the most general attributes of a positive pulse change. By and large, effective needling should produce four fundamental changes in both the pulse and the qi. There should be a palpable settling, slowing, increased suppleness, and integration, both during and after needling. These attributes are not limited to the pulse but are characteristics of positive changes in the overall qi that are perceptible anywhere on the body. Many Toyohari practitioners tend to use a slightly different set of terms but I prefer the terms settling, slowing, suppleness, and integration, these because I believe they more accurately reflect what we feel in both the pulse and the qi as a whole.

## **Settling**

I prefer the word settle to sink because deep pulses should ultimately move upward towards the middle depth. Nevertheless, effective needling inevitably elicits some experience of settling or sinking that is perceptible to the person needling and the person taking the pulse, even in patients with deep pulses. I think that the word settling is both a more general and a more inclusive term, evoking a sense of grounding that is often, but not invariably, characterized by a sinking in the pulse.

## **Slowing**

We expect that effective needling will speed up the pulses of patients with severe bradycardia, but then pulses in our culture are more often rapid than they are slow. The pulse rate will palpably slow by anywhere from two to 10 beats a minute. Sometimes though, the pulse simply feels less rushed after needling without there being an actual change in the rate. The phenomenon of slowing is part of a more generalized sense of relaxation in the qi that occurs with effective needling.

## **Suppleness**

This relaxation does not imply a loss of form or structure. The pulse should simply become more supple in that hard, wiry or tense pulses should soften, and yet soft and scattered pulses should also become better defined. The radial artery becomes lithe. When experienced in the qi as a whole, this quality of suppleness feels wonderfully fluid while still conveying a sense of structure and integration.

## **Integration**

In terms of pulse diagnosis the quality of integration can be seen as a subcategory of the other. The pulse as a whole becomes more coherent, and better organized. This is undeniably the most subtle of the qualities discussed thus far but it nevertheless has some very tangible expressions. In the Toyohari style, this sense of integration is often referred to as consolidation. It is not enough for a pulse to become stronger; its strength should be contained within well defined boundaries without feeling hard or constrained. When experienced in the qi, the quality of integration is much more easily distinguished as a distinct characteristic of its own. The qi is often perceived as being segmented or stratified. With effective treatment, we experience a homogenisation and an increased coherence within the qi. Integration is, in essence, our fundamental concern when assessing qi as a whole and the rest of this discussion should be understood in the context of this quality.

## The Shape of Qi Con't from pg 3

It is evident that all of these factors depend upon one another and must present together for an optimal change in the pulse and qi. Our fundamental premise is that any therapeutic intervention on the qi will influence the pulse in the manner just described. This is not so much a characteristic of the radial pulse as it is a characteristic of the qi as it is expressed throughout the body. As such, it is indeed perceptible anywhere in the body. Moreover, nearly everything that can be perceived in the pulse can be felt in the qi anywhere in the body.

### Varieties of palpatory experience

Much of the highly nuanced language of pulse diagnosis can be readily adapted to the palpation of qi. For instance, one of the easiest pulses for a beginner to feel is a floating pulse. Floating or buoyant pulses are very common in people who are stressed out. It comes as no surprise then that the qi of people who are stressed also tends to float. By this I mean that we experience their qi as being closer to the surface of their body. In such individuals, it may also be difficult to feel their qi down "close to the bone"; it is somehow unrooted in the same way that their pulses and their very being can be. Regardless of whether we are supplementing or draining, pulses generally become slower and suppler when we have needled effectively, and this is accompanied by an overall sense of settling that is palpable even in very deep pulses. The same is true of the qi.

The settling I am referring to does not mean that the qi is collapsing and no longer able to hold itself up. This is the settling of qi back to a state of stillness and clarity like the clearing of sediment in a stream. It is the ground in which all of the other positive changes occur and its full expression is described in cranial osteopathy as "neutral" or "holistic shift" wherein all the tissues and physiological functions of the body both settle and homogenize. The tissues reach a state of harmonic resonance such that distinctions between them become meaningless. The salient characteristic of neutral is an ever deepening dynamic stillness. Everything becomes very integrated, undifferentiated, absolutely quiet, and yet vibrantly alive. It is from this place that the inherent intelligence of the self regulating mechanisms of the body take over and do whatever needs to be done. This is as good a definition of an effective root treatment as one could ask for and acupuncture can be a powerful tool in facilitating such a holistic shift. When needling, if we do not perceive this settling and homogenization in the qi, we almost certainly will not feel it in the pulse. But when all of the body's tissues, fluids, flows and functions begin to speak to us in a single coherent voice, it will tell us what it needs if we know how to listen. The sense of systemic integration that is perceptible in the qi when simply touching the body informs and enriches the relatively mechanical experience of a supple, relaxed, pulse that we define as perfectly balanced.

*Chip Chace has practiced acupuncture for over twenty-five years and is on the faculty of the Seattle Institute of Oriental Medicine where he teaches palpatory approaches to acupuncture. He maintains a clinical practice in Boulder, Colorado.*

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## AAC Student Rep Report

Erik Gasner [aacstudentrep@yahoo.com](mailto:aacstudentrep@yahoo.com)

In pursuing Acupuncture and Oriental Medicine, I never intended to get mixed up in politics. Come on... I like Taiji, Shiatsu, and I am growing quite fond of Japanese Acupuncture. I want to practice medicine, ski, kayak, and just live. I thought I would just do the work, practice the art, and keep things simple. I now find myself as a member of the AAC board, representing students in Colorado, and working to make AOM a household name. I have realized the art of medicine is not separate from caring for the medicine as an entity, an entity which must come to its true place in our current systems. Our media, culture, and political climate will dictate the expanses or limitations of AOM if we as practitioners, stewards of the art, do not give it shape and direction.

Currently, energy is surging within the AAC. We have two fantastic new board members, a couple key positions will be changing hands, and our new board/committee structure is in place, which I know will give us a strong, effective presence this year. The legislative and public relations seasons are kicking in to high gear already. No doubt the recent NADA/ Acu-detox Specialist issue is going to be a hot topic, and our 2013 sunset review is right around the corner. I have also volunteered to co-chair the revitalized public relations committee with Tina Laue. Both Tina and I feel that the current debate over healthcare cost and reform is an ideal backdrop for making AOM more well known in the state.

Students and professors I have had the pleasure of meeting with over the past year often have strong opinions on legislative and public relations issues. I get some of the best opinions, questions, and insights from all of you, thanks. I invite you all to get involved so that you too can learn the ways, means, and sometimes unspoken rules that actually shape the policies of your practice. It is challenging and empowering to know what is happening behind the scenes, and to work for the best possible outcomes.

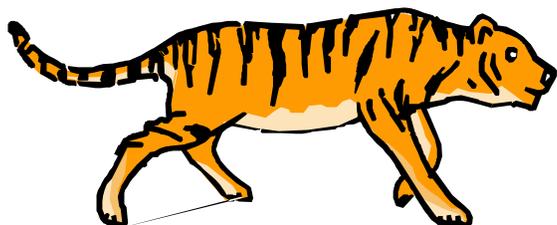
I want to promote what is in the best interest of current and future AOM practitioners.

***So here is what I need you to do for me... all of you... students, LAc's, and professors.***

Get involved and become a member of the AAC. Recruit your friends, classmates, and professors. Let me know your thoughts and ask lots of questions. If you are so inclined, serve a go-round with the board. Take your turn to contribute. Care for the medicine so you may use it to care for others.

I'll even help you get started... Here's what the AAC wants to hear from you about:

- NADA and legislation designating "Acu-detox Specialists": What is your opinion? Are AOM schools and practitioners doing enough to treat marginalized populations like addicts? What perspective does our medicine have to offer on addiction and treating addiction?
- Sunset Review 2013, our opportunity to revise, clarify, and expand our scope of practice to fit the our emerging needs in practicing AOM: What changes would you like to see? What additional tools do you need for your practice? How can we best protect our scope of practice?
- Public Relations: What media outlets do you use? Where should AOM be seen, heard, or read? What message does the public need to hear about AOM? What events or issues do you want to see the AAC get involved with? Are you willing to be a volunteer for the public relations committee, writing the occasional press release or working events?
- Attention ITEA and CSTCM students!: I would really like to have smoother communication with your campuses, since I am at SWAC. I need a volunteer from each campus to exchange information between the AAC and your fellow students. All you have to do is hold an occasional meeting when something big comes up, and send me questions and comments.
- **Remember student memberships are ONLY \$60 for the ENTIRE TIME you are in school. If you are a student or professor, not a member, and are reading this... You have been called out!!! Join your professional association and complete your art!!!**



"The living self has one purpose only: to come into its own fullness of being, as a tree comes into full blossom, or a bird into spring beauty, or a tiger into lustre"

## Feeling Empowered

Continued from page 1

### **We currently have:**

January – Nothing – We need to come up with a topic, and get it written and put out there. New Year's resolutions is one idea. H1N1 is another.

February – Nothing – (Chinese New Years is in February)

March – Nothing – or prelude to 9 Health Fairs which are in April could begin

April – 9 Health Fairs

May - ? Boulder Creek Fest falls on Memorial Day weekend?? – Mother's Day – could do women's health focus

June – Father's Day – could be a men's health focus

July – Dragon Boat Festival – promote new experiences with acupuncture

August – Boulder Asian Festival

September – Labor Day / Grandparents Day – could do issues dealing with stress and aging

October – AOM Day

November – Veterans Day – very big one – we could arrange low cost treatments for Veterans with participating clinics? Be ready for a lot of television and radio media sponsored by the AAC.

December – needs a topic

So my idea is to have one person write an article and to have it peer reviewed, edited, etc. and for this one article to be sent out to our network of PR people who will submit it to the various newspapers, media, etc. by their deadlines. I want to get several people ready and willing to speak on radio and TV. I would like all our members to use our article and if they are having a hard time marketing their practices, to run with it. We will have a call for the public to go to [www.acucol.com](http://www.acucol.com) and find an AAC member practitioner. We could even see if all members wanted to run a coupon?? The point of the plan is to get people talking about acupuncture, then get them calling our members to make an appointment.

- **Call to Action: Submit any suggestions for a focus to the articles for the months that are empty!!**
- **Call to Action: Write an Article. I have people willing to edit, proofread and help. If you love to write, then write!!! We will help you to develop!**
- **Call to Action: Help to develop the guidelines.**
- **Call to Action: Got a paper you want to see the article in? Submit it to me!! Are you willing to go a step further and submit the monthly article to them and make sure it gets in on the deadline??**

I have also asked Lyna Norberg and Brenda Scott to help me evaluate the 9 Health Fairs and get things ready for our budgeting meeting in January. I want a clear goal to shoot for in increasing our scope to include tongue and pulse exam at the fairs using Acupuncture Media Works form and organizing a more professional and uniform look for all the booths.

- **Call to Action: Start thinking about participating in the 9 Health Fairs in April.**

*Hint: I am hoping to set up some practice sessions where we prep with what we are going to say to patients and how to give a report of findings for the 9 Health Fair.*

I am so excited to get some things going. Please contact me at 303-881-1971 or [tinalaue@goodneedles.com](mailto:tinalaue@goodneedles.com) with your ideas!!

**DID YOU KNOW THAT WHEN YOU SEARCH FROM WWW.ACUCOL.COM FOR A PRACTITIONER THAT IT WILL ONLY PULL UP AAC MEMBERS!!**

I didn't know this and I don't think a lot of our members do either. I would just go to [www.acufinder.com](http://www.acufinder.com) directly and then I would get irritated that all practitioners would show up!! I encourage us to refer to other AAC members and to give the [www.acucol.com](http://www.acucol.com) website when helping prospective patients find an acupuncturist near them. It's time for our organization to grow!

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## Vice President's Report

**Denise Ellinger, L.Ac.** 303.377.3201  
rejuvenate@acubeady.com

Greetings AAC members. I am excited to have the opportunity to participate in the AAC Board as Vice President. The Executive committee and Committee heads are dedicated to continue the legacy of past board members to build a stronger acupuncture presence in the state of Colorado.

Your continued commitment as a member of the AAC is the first building block. We have many goals and plans we would like to accomplish up to and including our Sunset review. We are looking at expanding our presence to the general public and have a very innovative PR committee brimming with ideas. Our Community Committee has been formed to help create a more cohesive acupuncture community. One of my goals as Vice President will be to create a stronger connection with the schools and the acupuncture community.

Where do you fit in this equation? Besides your membership, I'd like to ask you to think about what you want to see the AAC accomplish over the next year and the year after. Your ideas are a vital part of directing where we should and can go. Without your voice and participation success becomes a bigger hill to climb. Please feel free to discuss or send your ideas to the any member of the board.



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# Code of Conduct

By Geina Horton, L.Ac.



It is time to elevate our profession with a Code of Conduct among acupuncturists. Something similar to our code of Ethics but a more defined code, focused on the inner personal relationships among individual acupuncturists that reflects healthy behavioral practices. There are multifaceted issues to be addressed regarding our professional conduct, one of which is **mentoring**. Another is **competitiveness**.

As an instructor at CSTCM I have recently received feedback from students in regards to the lack of mentorship opportunities due to competitiveness in the market place. We practice this beautiful, artful medicine that has been traditionally handed down to us from generation to generation yet what motivates us not to pass it down ourselves? Of course there are those diminishing ancient secrets that many will never have the opportunity to learn but shouldn't we teach our newer practitioners what was passed on to us to help continue the growth of TCM on our Western continent? Part of our commitment to Chinese Medicine includes passing it on to the next generation as it was passed on to us. ***Please consider mentoring a student and teaching this modality to the next generation.***

In 1980 there were less than 100 acupuncturists registered in the State of Colorado. Now at the end of 2009 there are many more licensed and that number continues to grow annually. With this growth in numbers, and in the eye of the patient, we are trusted caretakers and expected to behave in a manner that reflects good boundaries and professionalism. Not only should we represent the patient's very best interest, we now should consider representing the best interest of each other in order to continue the growth of our industry.

Concerning the growing competition in the market place take a moment to review our current generational history. Around 25 or 30 years ago, seeds had just begun to be planted in our country by a small group of acupuncturists about Traditional Chinese Medicine and all that it had to offer. These seeds germinated mostly in the costal cities of New York and San Francisco. The seeds eventually took root in Colorado. By the mid eighties the practice of TCM continued to spread as patient testimonials alerted the media and TCM received more attention in the news. By the mid nineties Colorado's growing community of acupuncturists knew that they were practicing at the grass roots level of marketing and were becoming an important medical modality. Meanwhile during that same era in California, Acupuncturists were already accepted as Primary Care Providers and there were thousands of them. As the past ten years have gone by we have grown past the "knee high" stage of grass root and are now in a "waist deep" era in most major cities in America.

In regards to competitiveness, consider this. Healthy competition is important in the marketing world. It fuels public interest. McDonalds and Taco Bell frequently set up across the street from each other. Macy's is usually at the same mall as Nordstrom's. Competitive grocery store chains are often only blocks from each other. Acupuncturists too can be successful in this manner; however it is understandable that someone might feel threatened if another practitioner were to open next door and frankly that does appear to over saturate a neighborhood when you get right down to it. And although we can offer special discounts and offers to attract the new clients, we cannot of course bad mouth the neighbor. That's just plain distasteful and not supportive of our industry overall. Being a patient advocate on the other hand is the right thing to do.

Part of being a patient advocate includes encouraging patients to go where they feel the most comfortable and get the best treatment, whether it is with you or the Acupuncturist next door. With this in mind we should work side by side to help our patients needs be met. Helping patients navigate their freedom to choose a practitioner that is right for them is in turn a behavior that can in the end attend to patients truest needs, whether it is with you or at a "competitors" practice.

*Geina Horton, L.Ac. Has been practicing Chinese Medicine for over 10 years. She is Faculty member at the Colorado School of Traditional Chinese Medicine currently teaching Practice Management to students that are preparing to graduate. She also teaches freshmen their first time needling classes. Geina is an active member of the Acupuncture Association of Colorado as well as a member of the American Association of Oriental Medicine.*



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- \***March** 20th & 21st, Auricular Advanced III, Sat-9:30pm-5pm and Sun 9:30am-3pm.
- \***April** 10th & 11th, Auricular Medicine IV, Sat-9:30pm - 5pm & Sun 9:30am - 3pm.
- \***May** 15th & 16th, Auricular Diagnosis V, Sat-9:30pm-5pm and Sun 9:30am-pm.
- \***June** 12th & 13th, Psychological Disorders, Auricular VI, Sat-9:30pm-5pm & Sun 9:30am - 3pm.
- \***July** 10th & 11th, Addictions workshop, Auricular VII, Sat-9:30pm-5pm and Sun 9:30am-3pm.
- \***August** 14th & 15th, Auricular Basics I, Sat-9:30pm-5pm & Sun 9:30am-3pm.
- \***September** 11th & 12th, Auricular Intermediate II, Sat-9:30pm-5pm & Sun 9:30am-3pm.
- \***October** 9th & 10th, Auricular Advanced III, Sat-9:30pm - 5pm & Sun 9:30am-3pm.
- \***November** 13th & 14th, Auricular Medicine IV, Sat-9:30pm-5pm & Sun 9:30am-3pm.



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**For more info** contact *Dr. Ed Sullivan, INSTRUCTOR* (Member of Colorado School of Traditional Chinese Medicine (CSTCM) Faculty at: 720-422-8705 or e-mail at [dredsullivan@yahoo.com](mailto:dredsullivan@yahoo.com)  
You can also visit the IBEM web site at: [IBMCOLLEGE.org](http://IBMCOLLEGE.org)

## Code of Conduct Cont'd from page 9

If we can somehow learn to trust that there ARE enough patients to go around and that marketing and self promotion can be done with a high standard of ethical behavior, we will take this profession to the height of its potential. And have you thought of what it might be like in another 25 years when people won't even remember when there wasn't an acupuncturist in their neighborhood and in every neighborhood, in every town in America?

We have all committed ourselves to being bound to the ethical standard that the NCCAOM put forth on us, as well as what our State demands of us, however, where is the Code of Conduct in our profession that commits us to treating each other with due respect? It is in our hearts. It is where we should look when thinking of the threat that we might perceive a student will present after learning our "material". It is where we should look when a new patient asks for a referral less expensive or closer to their neighborhood. It is where we should look before we speak poorly of each other or tell patients that we are better than the others. It is the place to visit before divulging private issues about each other, to each other. How we speak of and to each other is what the issue today is really all about.

So the proposal I set forth today is to define and present a code of Conduct within this organization that will promote this profession to rise to its highest growth potential and set a clear example of what we collectively have on the level of integrity in our hearts.

I am hopeful that the members of ACC can support this suggestion as I am offering to prepare a rough draft for the Board to review and finalize and adopt as part of our pledge as members of the AAC.

In closing I invite each of you to visit your heart, mentor each other, support each other and promote our ancient art and our love for this medicine with the highest behavioral integrity and respect towards each other.



## Treating Depression: Releasing the Spirit A Case Study

Martha Lucas, Ph.D., L.Ac.

Treating emotional conditions is one of the strengths of Acupuncture and Oriental Medicine. Though most of us are not psychotherapists, we have very unique tools to help people who are suffering through “disorders” of the Spirit. We understand the Spirit, the Shen ... we know it’s home. We can explain it to people in a common sense manner so that it’s not a mystery. While taking someone’s pulse we can see his or her history of depression; we can draw it and show it to them in their pulse picture. Explaining how the energy of depression affects the flow of their Qi through the pulse positions gives them a fairly clear picture of their emotional and energetic situation. Teaching patients how Qi flows, how the organs support each other, and how emotional imbalances change a healthy picture is an important part of my practice.

I’d like to share a case study of depression to demonstrate the power of acupuncture and herbs in getting someone’s life back on track. It is an example of how our medicine can help patients feel “more like myself and able to move on with my life after years of being immobile”. I’ll call the patient “Jill”. Jill, 58 years old, was referred to me by her daughter-in-law who had come to me for fertility treatment. She told Jill that acupuncture worked for infertility so why not try it for depression. During Jill’s initial visit, she cried through the entire interview and medical history questionnaire. She was taking 450 mg a day of Welbutrin for about the last 5 months and had taken antidepressants on and off for about 20 years. Yet she spent most days sad, crying, and basically homebound. On taking her pulses, I could see that she has a fairly long history of depression. I was talking with her as I was taking them and said that it felt to me like her depression was fairly old, perhaps going back to when she was a young adult. I further explained that her Qi was completely blocked between the middle and upper jiaos so that her heart, her Spirit, her Shen were not receiving the kind of energetic support that they need to help keep us serene and happy. I explained that that was one of the issues that I would be resolving using acupuncture. At this point she told me that she had been married to an alcoholic for 36 years, that she had lived a lie all of those years, and that he had suddenly died two years earlier. Bingo! Years of stifling your self, years of “living a lie” as she described it, and years of stagnating your Qi rather than feeling your emotions. That continued blocking of the flow of emotions and the flow of Qi can cause depression.

We talked about bit about how antidepressants work in energetic terms. I explained that antidepressants prevent the Qi emotions & feelings from getting to the sensory or feeling level in the pulse. That’s their job: they stop you from feeling sad. The problem is that they may also block other emotional feelings or energies and so the person becomes “flat”. They don’t have any real downs but they don’t have any real ups either. So the antidepressants do a job; they prevent you from feeling too sad so that you can get on with your life. This “window” gives us practitioners of AOM an opportunity to work to rebalance the patient so that he or she can be more emotionally whole and, if they desire to do so, work with their physician to stop taking antidepressants. This is something that Jill definitely wanted to do. She felt the 450 mg a day of Welbutrin that she was taking wasn’t working and wanted to stop taking it.

I told her that the treatment plan was to put her on an herbal formula called *Upward Bound*\* which is one of the formulas that my mentor, Jim Ramholz, developed and by far the most effective formula I have found for depression. I would also expect to see her at least twice a week for acupuncture for 2 weeks and then we would reassess how often she needed to be seen. During that first treatment I needled Kidney 6, 16, and 27 to help bring old stuck energy up to the Shaoyin to recycle out (in other words help bring it up so it could be processed), Liver 14 and Lung 1 to help open the chest and allow Qi to flow, Ear Shenmen and Sympathetic, Heart 7, Du 20 and Du 24 to help calm and nourish the Shen.

Her next visit was two days later. She reported that she was still crying fairly often so I increased her herb dosage. I had expected her to still be crying because part of the goal of the last treatment was to bring old stuck emotions to the surface to be processed. The formula is built to help with that processing as well as to nourish the Shen. The acupuncture prescription for this visit included the same points with the addition of Ren 12 and 14 to build her digestive Qi and further open the chest for processing. Three days later was her next visit where she said that she had had a really good Friday and Saturday but Sunday was kind of up and down. Wow! To go from continuous crying to having some good days and then an up and down day was a really good result in a short period of time. Her pulses were responding to the “opening” work by allowing some Qi, just the littlest flow, into the Heart position. The combination of using the acupuncture and herbal prescription to release energy was



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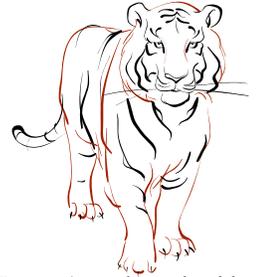
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doing its work – helping Jill process emotional energy rather than stuffing it. On the fourth visit she reported that she felt like a “different person” .... she felt as though she was being more of whom she thought she was than this person who was consumed with sadness. At this point we decided to extend her treatments to a week apart. She was so pleased because she had a trip coming up to visit her son and granddaughter and she really wanted to be stable for that visit.

This case demonstrates how knowing where depression shows itself in the pulses, how its position in the pulses allows you to see its history, and how creating a new point prescription each time that matches the pulses can lead to fairly dramatic results. And, don't forget the herbal prescription. The correct prescription is hugely important in offering the patient the necessary support. This sort of plan allows the patient to feel more “normal” sooner so that he or she can move forward with life in their healing process. Once we can see the “history” of the mental emotional condition, we can rectify it using appropriate acupuncture points, herbs, and other supportive therapies that are within our medicine. “Normalizing”, balancing a pulse can indeed “normalize” the patient to the point where life can be lived rather than continue to fade away in a sad, dark room.

\**Upward Bound* is available from NORCA

Martha Lucas, Ph.D., L.Ac. is an instructor and practitioner of Oriental Medicine. She teaches courses in Cosmetic Acupuncture and Pulse Diagnosis. She can be reached at [DrMLucas@AcupunctureWoman.com](mailto:DrMLucas@AcupunctureWoman.com) or at her seminar offices, 303-349-2932.



“You can't catch a cub without going into the tiger's den.”  
Chinese Proverb



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## Treasurers Report

**Jeanette Rockers, L.Ac.**

A 2009 year end look at the financial condition of your association reveals some news that is good, along with some that is disappointing. The sad news is a 9% drop in membership income. We on the board always appreciate those of you who are reading this, as this means you are supporting your association through joining every year. But those professionals who chose not to join the state organization create a ripple effect for us all. The cuts that will need to be made involve things that now won't happen. That website upgrade we have been preparing for, new banners we need to advertise the AAC at summer festivals, marketing efforts on your behalf will all need to be carefully looked at in light of the pared down budget.

There is a lot of good news. First, your board has made, over the last 25 years, the old-fashioned decision to only spend what we make in a year, and keep reserves for emergencies. This means that we have a safety net, and now with the very important Sunset Review of our Practice Act coming up, a safety net feels pretty good.

More good news comes in the form of Karen Marks, who is mentoring into the Treasurers position on the board. I am thrilled to be working with Karen who understands Quickbooks and brings a great skill set to the board, and I feel relieved to be leaving this job to a super competent businesswoman.

As I prepare to leave this board position my feelings are mixed, knowing it is time, feeling I did my best to inform the board in ways to safeguard our resources and help spend them wisely, but also knowing that I will miss these good people for whom I have the highest regard. We are so lucky in Colorado to have the professional association that we do, please encourage your non-member colleagues to join you in supporting it.

Thank you for the privilege of allowing me to serve our profession in this way.



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## President's Report

**Nancy Bilello RN, L.Ac.**

Well, for those of you who were not at the Conference and do not receive my emails, I am happy to announce that the conference, though not as well attended as we had hoped, was nonetheless a success. Misha Cohen was our speaker for both days and spoke on a variety of topics. The audience was very interactive and we all felt we came away with things we could use in our practice as well as some things to ponder for the future.

We also had our Annual Business Meeting on Sunday. A BIG Thank You to those who did not attend the Conference but showed up especially for the Business Meeting! At the meeting several Board position changes were announced:

- Amy Dickenson resigned her position as V.P. We all will miss Amy very much and our heartfelt thanks go out to her for all her help over the past few years. All the best to you, Amy!
- As many of you know, this will be my last year as President and Legislative Chair of the AAC. I am happy to report that current Board member **Denise Ellinger** has stepped up into the Vice Pres. position and will be mentoring in to the Pres. position over the coming year. I am equally happy to report that AAC member **Linda Gibbons** has volunteered to take over the Legislative position and will also be mentoring in this year. Thanks so much to both of these members for heeding the call to help our association and our profession prosper and grow!
- Jeanette Rockers who has been our faithful Treasurer for about 6 years now will also be resigning, but will stay on to mentor **Karen Marks** into that position. Again, I would like to express my delight and appreciation for Karen's willingness to join the Board and take on the responsibility of Treasurer. Welcome Karen!

I am hoping that in the future, the AAC Board will continue to mentor new Board members into their positions so we can cut down on burn out and confusion and become much more productive.

The AAC will also be looking at furthering member benefits, especially in the area of assisting members to market their practices; this is a request we frequently hear from people and we really want to work on this. Please let any of us know if you have any ideas in this area. The PR committee is also already hard at work thinking of new ways to get our message out to the public. The Community Committee will be looking at improving the Conference and improving member benefits, so we are looking at 2010 as a year of growth and positive change.

We could still use some help on the Community Committee. This committee is responsible for planning the conference, recruiting and retaining members, putting out the newsletter and generally building our profession from the inside out. If you have an interest in helping out in this area, please contact Lisa Lowe at [lisa@oldtownacupuncture.com](mailto:lisa@oldtownacupuncture.com) or Jan Vanderlinden at [janmichalvan@comcast.net](mailto:janmichalvan@comcast.net).

## Legislation 101

*This is the third in a series of articles about various aspects of the legislative/political process as it affects the profession of acupuncture. While some of this information may seem overly simplified to some of you, I hope others will find it helpful. I do not in anyway profess to be a legal or political expert, so my facts may at times be a little off or incomplete, but I will endeavor to share with you what I have learned over many years of engaging in various legislative activities. I welcome comments and/or corrections.*

### Exploring DORA (continued)

In my last column on legislation, I introduced you to a little bit of what DORA (the Department of Regulatory Agencies) does and why and how it affects the profession of AOM. To recap:

- DORA is the state's regulatory agency, overseen by the Governor
- DORA regulates many different professions and its mission is to protect the consumer
- DORA's website is [www.dora.co.state.us](http://www.dora.co.state.us) and is fairly user friendly
- The former Director of DORA was Rico Munn; a new Director has been appointed by the Governor, and her name is Barbara Kelley
- The Dep't. that affects us is the Dept. of Registrations
- Rosemary McCool is the director of that department
- Under Rosemary is the Office of Allied Health Professions which specifically deals with Acupuncture
- The director of that office is Cindy Klyn
- The Office of Policy, Research and Regulatory Reform is the Office that deals with all Sunset/Sunrise Reviews
- The Director of that office is Bruce Harrelson
- We have met and will continue to meet with Ms. McCool, Ms. Klyn and Mr. Harrelson

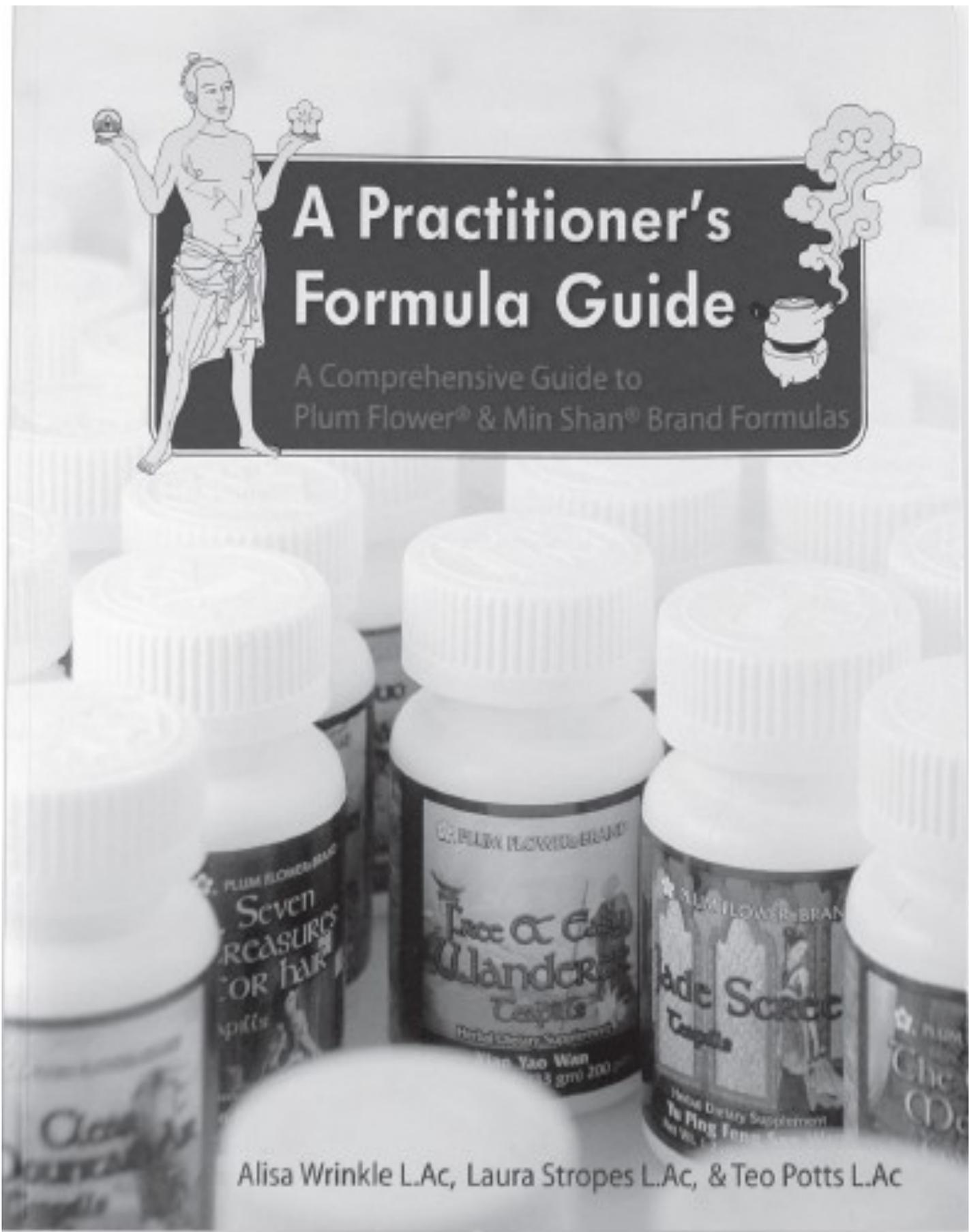
DORA is also the agency that conducts rulemaking hearings for each profession. A Rulemaking generally occurs when someone within a profession wants to clarify, add or subtract something in their Practice Act. Rulemakings often, but not always, occur after a bill has been passed. Bills are passed in the Colorado State Legislature through the House of Representatives and the Senate. Bills are usually broadly worded; legislators are not inclined to argue the finer points and a bill must be broad enough to contain the basic necessary elements of the issue, profession, etc. Any details that need to be "flushed out" are addressed within DORA at rulemaking hearings.

**For example: In 2009, the Chiropractic profession had its Sunset Review passed, and it declares that:**  
*"Chiropractic" includes treatment by acupuncture when performed by an appropriately trained chiropractor as determined by the Colorado state board of chiropractic examiners. Nothing in this section shall apply to persons using acupuncture not licensed by the board.*

This passage does not delineate training requirements – that was done in a Rulemaking at DORA. DORA as well as the Secretary of State post notices of rulemaking hearings and any interested parties are invited to submit concerns in writing ahead of the rulemaking hearing or are entitled to testify at the rulemaking hearing itself. The AAC has done both of these things. At the hearing, all concerns of interested parties are heard and, after a reasonable amount of time (usually about a month) the final decisions are posted. There is an appeal process as well.

Any consumer is able to receive email notices of Rulemaking hearings on topics of interest to the individual. To receive these notices, go to DORA's home page at [www.dora.co.state.us](http://www.dora.co.state.us) and click on "Receive Notices of Rulemaking" in the gray box on the right hand side of the page. You will be able to choose which topics you wish to receive notices for.

In my next column, we will move from DORA and cross the street to the State Capitol to see what goes on there!



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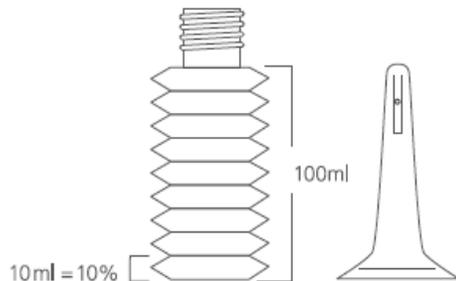
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-  PANAX NOTO-GINSENG
-  POTENTILLA ANSERINA L.
-  BROWN'S LILY BULB
-  **CHINESE NAME**
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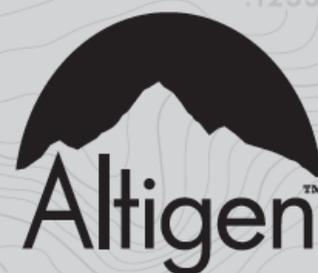
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## Misha Cohen Conference

By Jan Vanderlinden, L.Ac.

### *Research Interests You?*

It was a great pleasure to host Misha Cohen, OMD, L.Ac. at the 2009 AAC Conference. Her presentation was packed with information on her two main subjects - endometriosis and HPV related cancers. Misha has a distinguished career in the field of AOM medicine. She has been practicing traditional Asian medicine for the past 33 years. She has particularly emphasized thoroughly engaging the practices of western science and western scientific research. She is Research Chairperson of [Quan Yin Healing Arts Center](#), and Research Specialist of Integrative Medicine at the University of California Institute for Health and Aging, all in San Francisco. She is also an elected Fellow to the National Academy of Acupuncture and Oriental Medicine. And she has conducted numerous studies of Chinese herbal formulas in particular.

This is one of the things that makes Misha's work unique. While there have been studies on acupuncture by LAc.'s and other practitioners, Misha pointed out that most of the research into our herbal traditions is conducted by other practitioners - ND's, western practitioners, etc. These practitioners and scientists do not understand the importance of synergy, nor the importance of proper diagnosis, or other concerns of AOM practitioners. As Misha discussed endometriosis and HPV cancers, she explained her thinking process and the procedures she used to organize material and conduct research. It is a step by step approach that leads to groundbreaking results.

Part of the process of conducting research involves studying the pharmacological effects of Chinese herbs. For instance, Mo Yao (myrrh resin) is anti-inflammatory, antipyretic, antibacterial, antiseptic, antifungal, and astringent. In other words, it breaks up blood stasis to stop pain, reduces swelling, and generates flesh. When a formula is studied each individual herb is analyzed in this way. This does not incorporate the synergy of a formula, but is a stepping stone to addition inquiry. One of Misha's inquiries is - how few herbs can we use? What is essential for a formula and what is not?

Every stage of the inquiry leads to the next step. Her discussion of HPV related anal cancers I found unexpectedly interesting. It is certainly not a condition I see regularly in my practice. However, Misha does, having seen HIV positive clients for decades. The mainstay of western treatment for anal neoplasia is ablation - an invasive, painful procedure which is associated with frequent recurrences in HIV positive people. It is, in addition, not appropriate for large and/or circumferential lesions or medically frail people. Her proposal was to evaluate the safety, feasibility and efficacy of a multi-modality TCM treatment. These clients had no really good treatment available to them. They had histologically proven anal neoplasia that could be monitored and measured. Treatment included acupuncture, moxibustion and a TCM ointment developed by Misha and Andy Ellis for the treatment of dysplasia based on TCM dermatology and modern research. The results were quite encouraging - of the seven clients who completed the trial two had complete regression, two partial, three had recurrence and there was no progression to cancer in any participant.

This study has led to a Phase II study which has so far resulted in complete regression for three of eleven participants. This also suggests exciting potential translation experiments on HPV-related cervical cancers. Successful treatment of HPV-related anal and cervical cancers by treating pre-cancerous lesions is an exciting probability.

Misha's final subject, which she had actually woven through the entire weekend, was a discussion of the role of clinical research in modern herbal practice. She suggested various ways that individual practitioners could design clinical trials with data gathered from their own caseload. This might be based on regularly collected lab tests or tongue photos. Misha pointed out that it is really critical that we research our own herbal tradition - either as individual practitioners or in conjunction with hospitals - in order to keep our herbal tradition alive.

Misha is a particularly modest and gracious person. She was very generous with her information and took great pleasure in discussing with participants their discoveries and ideas. She is interested in sharing her 33 years of experience and teaching how to conduct research to individuals who are deeply interested. She is creating a two year program to do just that. If you are interested in research I strongly urge you to contact Misha - she has a wealth of knowledge she is ready and willing to share.

## Walking the Path Carved by Those Who Came Before Me

by Tina Laue, L.Ac.

I am so excited to be on the board and to be helping to shape our public relations strategy for the AAC. Somehow, inside me there is a strong need to be of service and to help all of us who are walking this path as Healers. I have had amazing support and strong committee members who are helping me to clarify the things we need to change and how we can evaluate the usefulness of the events we are currently doing.

That being said, I stuck my foot in my mouth with a colleague the other day. In my excitement to figure out how we can do things better and my evaluating of what we are currently doing, I have been insensitive to those who have come before me and carved out the trail that I am walking on.

Here I am, walking along a trail and I start thinking we should pave it and put a sign up next to the beginning and then...

I have failed to appreciate that I am walking on a trail that many people in the AAC have struggled and sweated and toiled to create. As a profession, Acupuncturists still have some goals that need to be accomplished. On the AAC Discussion Groups I hear the questions of people who want to know why we don't have insurance parity, or what will be happening in our profession when our Sunset Review happens. Sometimes our frustration gets vented at the people that are on the board and the comments are less than constructive.

I encourage us all to get involved and to remember to be thankful that those board members are there to ask!!! Keeping our criticism constructive and tempered with respect for each other and gratitude for the service will make us all stronger. An example of constructive criticism is to say "I wonder if it would work if we do such and such instead of what we are doing now" rather than "I don't like what is currently happening."

Ever since I talked with this colleague the other day, I have been thinking and thinking and the result is an immense gratitude to all who have tried to get things going and got up and tried again. I am grateful that this person shared how they feel and that I was forgiven!! I want to take this opportunity to say how grateful I am to everyone who has worked on the board in the past and in the present and to apologize to anyone who may have felt that I wasn't respectful of the work that they have done in getting us where we are today.

There is still work to do, improvement to be made, new goals to attain, but rather than simply letting in new inspiration, I now look under my feet and see the trail.

## Symbols of Chinese New Year

### *Red envelopes*

Called "hong bao" in Mandarin, red envelopes filled with money are typically only given to children or unmarried adults with no job. If you're single and working and making money, you still have to give the younger ones the hong bao money. The color red denotes good luck/fortune and happiness/abundance in the Chinese Culture and is often worn or used for decoration in other celebrations.



## Save the Dates: The 9 Health Fairs will be held this April 17<sup>th</sup> – 25<sup>th</sup>.

We are involved in the 9 Health Fairs as an Interactive Educational Center (IEC). **IEC representatives are not allowed to treat, perform screenings, make diagnoses or provide referrals of any kind, regardless of their qualifications.**

I've wanted to expand our scope at these fairs to include tongue and pulse and health screenings. I know that some people have done this on the sly in the past and that people have lined up for it, but in this venue we need to be respectful of the 9 Health Fair rules. I've talked about expanding our scope and it will not happen right now. Despite this, I feel that our presence at the fairs does raise public awareness of acupuncture and does bring us into the mainstream. So I'm throwing out the challenge to all of us. How do we educate people about acupuncture? What do we need to do at these fairs to raise interest and make it so dynamic that the public gets excited and is beating down our doors???

### Some thoughts:

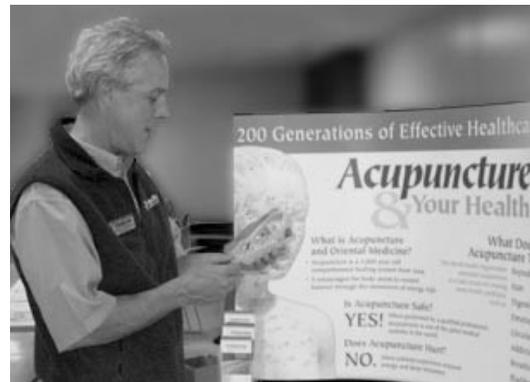
- What if we did this the whole month of April?
- What if I promoted this in conjunction with the 9 Health Fairs and got people in your offices?
- Would you want to participate?
- Would you be interested in offering a free screening or a low cost treatment?

### What will change this year

\*more professional look to our booth with colorful displays

\*training sessions where we practice educating the public and doing a health screening

I am really excited to take on this challenge and I hope that you are too. It's time to quit focusing on what we can't have and make the most of this opportunity. I look forward to hearing from you at [tinalaue@goodneedles.com](mailto:tinalaue@goodneedles.com) or at 303-881-1971.



## Symbols of Chinese New Year



### *Festival of Lanterns*

The 15th day of the New Year is known as The Festival of Lanterns and marks the end of the Chinese New Year celebrations. All types of lanterns are lit throughout the streets and often poems and riddles are written for entertainment. There are also lanterns on wheels created in the form of either a rabbit or the animal of the year—Tiger for 2010. The rabbit lantern stems from a Chinese myth or fairytale about a female goddess named “Chang E” who jumped into the moon. So she wouldn't travel alone, she brought a rabbit to keep her company. It is said that if the heart is pure enough, one can see the goddess Chang E and her rabbit on the moon on this day.

**Calendar of Events—  
AAC Members receive 10% discount**

<b>Date</b>	<b>Title</b>	<b>Contact</b>
1/24/10	NCCAOM Exam Prep review class 9:00am – 4:00pm (Acupuncture 9-12, Chinese Herbal Medicine 1-4).	Free for CSTCM students or grads who will be taking the Board exams in 2010. \$60 for non-CSTCM students, and other Licensed Acupuncturists
2/21 /2010	NCCAOM Exam Prep practice exams 9:00am – 4:00pm (Acupuncture 9-12, Chinese Herbal Medicine 1-4)	CSTCM
3/21/10	Trauma Seminar with Daisy Dong	CSTCM
3/6 & 7, 6/19 & 20, 10/2 & 3	Auricular Medicine—diagnosis and treatment with Dr Li Chun Huang	YAO Company \$350. per weekend, 16 CEU's each.
March 13 <sup>th</sup> 2010 at Southwest Acupuncture College	“FDA Good Manufacturing Procedures: Dispensary Guidelines and Procedures.” with Eric Brand. new FDA regulations regarding good manufacturing	Sponsored by the AAC and Blue Poppy. Contact Blue Poppy \$149. Counts for 8 CEU's
6/20/10	Hormone Harmony Seminar with Kimball Cicciu 9:00am – 6:00pm.	\$125, AAC member Practitioners & stu- dents \$105

<b>Name</b>	<b>Contact Information</b>
<b>AAC– Acupuncture Association of Colorado</b>	Melinda Cobb, Secretary, Executive Board Member 303-572-8744 or melinda.cobb@gmail.com www.acucol.com or info@acucol.com
<b>Blue Poppy</b>	1990 57th Court, Unit A Boulder CO 80301 303-447-8372 www.bluepoppy.com
<b>CSTCM—Colorado School of Traditional Chinese Medicine</b>	1441 York Street [Colfax & York] Denver, CO 80206 303-329-6355 www.cstem.edu
<b>ITEA—Institute of Taoist Education And Acupuncture, Inc</b>	325 W. South Boulder Rd, #2 , Louisville CO 80027 720-890-8922 www.itea.edu
<b>SWAC—Southwest Acupuncture College</b>	6620 Gunpark Drive Boulder CO 80301 303-581-9955 www.acupuncturecollege.edu
<b>Yao Company</b>	1305 S. Washington St Denver, CO 80210 303-777-7891

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