

# The Colorado Acupuncturist

A Publication of the Acupuncture Association of Colorado

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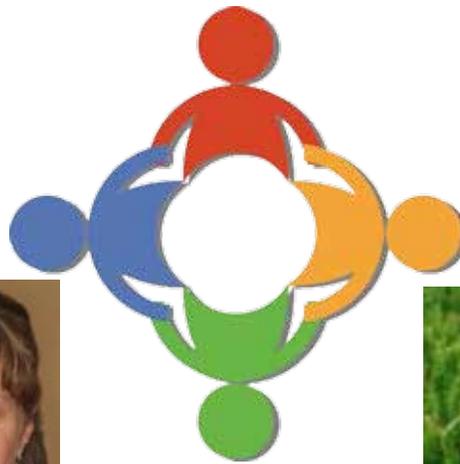
*The mission of the AAC is to provide a unified voice to practitioners and students of AOM by involving and communicating with members, educating the public, and influencing legislation to promote and protect AOM in Colorado.*

## AAC 29th Annual Conference - 2012

# The Body Tells The Story: Unlock the Unanswered Questions



**Donn Hayes:**  
Lineage,  
MSU, Ashi



**Hilary Skellon,  
Jim Damman &  
Kathleen  
Robinson:**  
Five Element



**Denise Elliger:** Facial  
Diagnosis

**Greg Cicciu:** Pulse  
Diagnosis



**Marilyn Allen:**  
Insurance Ethics



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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 Charissa Haines at [Editor@acucol.com](mailto:Editor@acucol.com). Materials in the journal are the opinions of the authors and do not necessarily represent those of the AAC.*

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Spring (April issue)  
Summer (July issue)  
Fall (October issue)  
Winter (January issue)

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**President's Column: Greg Shim, L.Ac., M.Ed., MTCM  
(or - "Ramblings of a Mad Acupuncturist")**

Nice guys finish last. That's what's been going through my head these last couple of months. I'm a nice guy, and most acupuncturists I know are nice gals and guys, so why do some of us finish last? For me, it's a matter of giving someone else the benefit of the doubt, trusting that what a person says is the same as what a person will do. I have recently been learning otherwise.

This doesn't mean I've become jaded with my fellow human beings, but it does mean that I'm starting to pay better attention to the interactions I have with people. My patients come to me because they know I'm going to get what they want done, and I'm sure that's why your patients go to you. Why then do I bend over backwards and give some people excuse after excuse to do something that most likely will not get done? Does, "Nice Guy Syndrome" mean I'm fated to continue this path? I'm starting to see that it does not.



I can still be nice, but now I'm holding people accountable – which means I must first hold myself accountable. I'm reading my bills more carefully, and I'm taking action to make my clinic run more smoothly. I was hoping to create an easy practice management tool set to share with members, but I think the current project is scrapped. So now I'm on a new direction – one that seems to already be operable.

While I love the medicine, I know that without good management, I won't be able to do what I love. To that, once I feel I have a strong tool set, I'll be sharing it with all of you. What I hope you'll be sharing is your time and funds to help us with our profession's practice act. Hold yourself accountable to the direction of our profession and trust that your involvement, and only your involvement, will make Colorado a great place to practice our medicine.

My family and I recently saw the movie Brave. I'll leave you, until next time, with this quote:

*"Some say fate is beyond our command, but I know better. Our destiny is within us. You just have to be brave enough to see it."*





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# SECRETARY'S UPDATE

**Sandra Lillie, L.Ac.**



I am involved mostly in legal and housekeeping duties. There are issues of protocol and professionalism which still come up often, and my job varies with these issues. Again, I have taken minutes of the meeting and gotten them reviewed. I have kept the Board and the Executive Committee advised of the possibilities and restrictions on Board actions written in the Bylaws. I have also kept professional policies and procedures in the interplay of the Board and Board Committees. I have monitored requests for Charissa Haines' valuable assistance to keep within the parameters of her contract. As a member of the Executive Committee of the Board, I have voted on day-to-day for running the AAC Board, and as Secretary I have seen that these actions are recorded in the minutes of the Board.

As Chair of the Newsletter/Website Committee, I want to thank the members of the committee for their ideas and insights into how to make the newsletter a valid and useful source of information for Colorado acupuncturists. They are Donn Hayes, Dallas Cox, Charissa Haines, Donna Sigmund and myself. Please contact any of us with suggestions.

As a member of the Sunset Review Committee, I have attended many of the meetings and I give input when asked. I am really respectful of the involvement members have with their senators and representatives as we negotiate the waters of elections and support for the AAC, and of acupuncture as a discipline in healthcare.

## **Flashback - IN APPRECIATION OF AAC'S NEW STUDENT MEMBERS!**

(From "Dialogues", Vol. 2, No. 1, July 1987)

### **SAMPLE NATIONAL EXAM TEST QUESTIONS**

*We have been able to obtain some sample test questions which should accurately represent the style and content of the National Exam. We present them to help you study for the upcoming exam to be presented on Sept. 12th and 13th, 1987. The questions are the contribution of Scott Graysmith.*

1. If Ming Men refers to the Essential Fire of the Pericardium, what is Ming Women?
2. Where are they found?
3. If Qi is formless, and yet is everywhere, how much is there in a quart jar?
4. The Three Burning Spaces are Tucson, Los Angeles and Louis' Disco. True or False?
5. If you crossed a blond, green-eyed pachyderm with a mosquito, what would you get? Define this in Chinese medical terms.
6. Compare and contrast Hua Tu.
7. If Earth is the Center, and Water is Winter, what element defines Reaganomics? Note: Hot Air is not considered an element.
8. Discuss the karmic implications of Wei Qi versus a Fur Coat. Define this in terms of Felix Mann.
9. Discuss Structural Integration Therapy in terms of the Great Compendium. Include quotes.
10. A patient comes in who is blind in both ears, deaf in his right hand, and has empty pulses; examination shows that his head matches. Develop a treatment plan which includes another career.
11. Howard Wilfarht presents with an excess of Kidney Yang, which he claims is due to the fact that his wife, Ophelia Bodee is making major snugglebunnies with Oral Sexton. Define a treatment plan which does not include Ann Landers, Lao Tsu, or the Shang Han Lun. Be sure to footnote.

:)                    :)                    :)                    :)

**CLICK HERE FOR A VIDEO THAT WILL BE SHOWN AT THE CONFERENCE AND MAY MAKE YOU ASK - WHAT DOES THIS HAVE TO DO WITH ORIENTAL MEDICINE?**

<http://vimeo.com/31158841>

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**COME TO THE CONFERENCE TO FIND OUT!!!**

AAC 29th Annual  
Conference 2012

## The Body Tells The Story: Unlock the Unanswered Questions



**October 6 - October 7, 2012  
at the DoubleTree Hotel  
Denver, Colorado**



### Conference Schedule

#### Saturday, October 6, 2012

- 7:30-8:00 a.m.** - Member's Registration & visit vendors  
**8:00-9:30 a.m.** - AAC Annual Meeting  
**8:30-9:30 a.m.** - Registration for Non-Member Attendees, Members and visit vendors  
**10:00 a.m.-Noon** - **Donn Hayes** - Lineage, thought experiments and MSU. What is our tradition? How do we step into its stream and contribute to its history?  
**Noon-1:00 p.m.** - Lunch and visit vendors  
**1:00-2:00 p.m.** - **Donn Hayes** - What is the Point? Ashi points as both diagnosis and treatment. A deeper look.  
**2:00-3:00 p.m.** - **Denise Ellinger** - The ABC's of Facial Diagnosis. Learn the psychological aspects, organ relationships and macro within micro.  
**3:00-3:30 p.m.** - Break and visit vendors  
**3:30-5:00 p.m.** - **Greg Cicciu** - Core Knowledge of Pulse Diagnosis: yin and yang of the pulse; physical organ vs. the function of the organ of the pulse; Qualitative vs Quantitative.

#### Sunday, October 7, 2012

- 8:00-8:45 a.m.** - Registration & visit vendors  
**9:00-10:00 a.m.** - **Worsley Five-Element (Hilary Skellon, Jim Damman, Kathleen Robinson)** - In depth learning about your patient through the use of your senses.  
**10:00-10:30 a.m.** - Break and visit vendors

- 10:30 a.m.-12:30 p.m.** - **Worsley Five-Element Continued (Hilary Skellon, Jim Damman, Kathleen Robinson)**  
**12:30-1:30 p.m.** - Lunch and visit vendors  
**1:30-3:00 p.m.** - **Marilyn Allen** - An Ethical Practice through Patient Education  
**3:00-3:30 p.m.** - Break and visit vendors  
**3:30 p.m.-5:00 p.m.** - **Marilyn Allen** - The Professional Referral

**PLEASE SUPPORT THE VENDORS WHO WILL BE PARTICIPATING IN THE AAC ANNUAL CONFERENCE!!**

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**(And the others who have committed to participating!)**

## Legislative Report

Linda Gibbons, L.Ac., Legislative Chair

The 2012 legislative session ended in mid-May on a quiet note, at least for acupuncturists.

Even though the legislature is now out of session, the AAC will be active throughout the summer garnering support from legislators for our Sunset Review coming up in the 2012 legislative session. This involves several activities, including:

- The AAC will be giving donations to legislators whose support we will need for passing our upcoming Sunset Review bill. This will include both Republicans and Democrats.
- We encourage all licensed acupuncturists to know who their Colorado legislators are in their home and business districts. Attend fund-raisers and let them know about our Sunset Review coming up. An individual contribution to their campaign funds will be helpful to our cause.

We will also be meeting with the American Medical Association in August regarding adding the ability for L.Ac.'s to order laboratory testing into our Sunset Review. We are hoping to smooth out any concerns they may have now rather than wait until we are in the middle of the Sunset Review process.

We concluded a series of meetings with the physical therapists this spring regarding dry needling. We did not reach a consensus on the future of dry needling in Colorado, but at least a dialog has been started.

Finally, my term as Legislative chair is ending in October. I am very excited to announce that Anne Chew has offered to step into this role. Anne has been a valuable member of the Sunset Review committee and has also attended some meetings relating to legislative issues this year. She will be a welcome addition to the AAC board.



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## Chinese Characters by Elisabeth Rochat

### TO TREAT 治 ZHI

To treat, to cure, to heal. To govern, to regulate, to direct. To put in order.

The character for to treat or to govern 治 is made with, on the left, the image of the water : 氵 = 水 .

On the right, a phonetic part which is also present in several others characters, including shi 始 : to begin, beginning, and tai 胎 : fetus, the fetus being the best image for the beginning of life, the starting of a development.

Of Yu the Great, one of the main important legendary figures of China, it is said that he “treated” (zhi shui 治水) the water to express that he was able to deal efficiently with the floods, digging canals to channel the water to the sea. He understood the proper nature of water which is to go down and helped it to follow its natural tendency. He was then worth to be given the government of the Empire since he was able to rule people with a real awareness of their true nature.

The ruler of men is the one who knows the nature of things, the natural propensities of the beings. To govern (zhi 治) is to keep or to put back in the natural order.

The authentic practitioner is the one able to do the same with the qi of the patient : to treat (zhi 治) is to put them back in the natural flow of life thanks to a deep understanding of the natural order of life inside the patient as well as outside in nature.

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# Regional Focus - Durango

by Dallas Cox, L.Ac.

The AAC newsletter staff would like to highlight providers from diverse areas of the state. Our first installment will introduce **Caleb Gates** who is an Acupuncture Provider in the Durango area.

Tell us who you are and where you are from.

I am (Caleb Gates) from Denver, Colorado.

Where did you study Chinese Medicine?

I studied at Colorado School of Traditional Chinese Medicine.

What brought you to the field of Chinese Medicine?

I would have muscle spasms in my back from construction work and river guiding which sometimes kept me out of work for 2 to 4 weeks. A friend suggested I try acupuncture. I was ready to try anything that would help me. The healing success I had plus my attraction to Qigong and Tai Chi for maintaining and improving my health also fueled my interest. My acupuncturist really inspired me.

You practice in Durango, Colorado. Tell us how you ended up there.

I wanted to return to Western Colorado.

What is it like to practice Acupuncture in Durango?

Practicing in Durango is like anywhere else. You build your relationships with clients and build your referrals. The Durango community, like much of Colorado, is open to using acupuncture.

What is happening with the Acupuncture Community in Durango?

There are some community acupuncture clinics and some integrative clinics. Mercy Hospital has an acupuncturist on staff. I initiated a breakfast group for a few years when I arrived in Durango which was a fun way to connect with acupuncturists.

What is the focus of your practice?

I treat musculoskeletal, digestive, metabolic and allergy related issues in addition to stress and anxiety.

Any suggestions how the AAC could better serve Durango Area providers?

I think AAC did a great job of reaching out to Durango area providers to get feedback on the sunset review. I think a lot of acupuncturists are pretty independent so it is hard to get them together as a group.

Tell us one thing you'd like people to know about you personally.

I like to be outside especially on rivers. I had a lot of healing time on rivers. I was down in the Grand Canyon and Stash said, "Caleb took a president down the river." The other friend said, "Which one?" I responded, "The Gunnison" and Stash broke up laughing. For me it's all about the river not which President. We guided Jimmy Carter.



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# The Many Paths of Acupuncture

(Series of articles that feature different scopes of practice)

## Unique Training for Unique Situations: Acupuncturists Without Borders

Written by Randi Savage RN, MS, Lic. Acupuncturist

**Aug 23, 2005:** Hurricane Katrina forms over the Bahamas as a Category 1 hurricane. By Aug. 29, Katrina becomes a Category 3 hurricane and makes landfall over New Orleans causing severe destruction as a result of flooding and high winds (over 125 mph). Over 80% of the city was flooded for weeks. Three weeks later, Hurricane Rita headed for the Gulf Coast. On Sept. 24, 2005, Rita made landfall in Texas and Louisiana as a Category 3 hurricane. An estimated 2.5 – 3.7 million people fled prior to Rita's landfall, making it the largest evacuation in United States' history. Already devastated by Hurricane Katrina, the Industrial Canal in New Orleans was again flooded by Hurricane Rita as the broken levees were breached once more. In the immediate aftermath of Hurricanes Katrina and Rita, Acupuncturists Without Borders (AWB) was started by Diana Fried.

From October of 2005 to November 2006, AWB provided free community acupuncture treatments to survivors of the hurricanes in Louisiana, including evacuees, residents, first responders, emergency personnel, volunteers and other care providers. AWB treated close to 8000 individuals in New Orleans and the surrounding areas with a tremendously positive response and high demand to expand its services. AWB organized over 25 teams to travel to New Orleans with more than 75 acupuncturists participating in the program.

The mission of AWB is to provide immediate disaster relief and recovery to communities that are in crisis resulting from disaster or human conflict. AWB provides unique training for acupuncturists in the U.S. and abroad regarding how to set up clinics to provide disaster relief services. As part of the training, acupuncturists also learn to establish clinics to treat veterans of war. AWB has trained over 2000 acupuncturists in the U.S. with more than 100 trained in the state of Colorado.

The Military Stress Recovery project was started as a pilot program in Albuquerque, New Mexico in the fall of 2006. This pilot clinic has been an inspiration for approximately 30 clinics around the country. Currently, there are two clinics in Colorado. AWB conducted a survey of the Veteran's attending the clinic in New Mexico and many have

reported numerous benefits (survey results from the Albuquerque clinic):

The first veteran's clinic in Colorado was established in 2008 in Louisville at the Institute of Taoist Education and Acupuncture (ITEA) by one of the school's clinical students, Brad Austin, Lic. Acupuncturist. This free veteran's clinic is run by clinical students every Wednesday evening from 6-8 pm. The school also offers ongoing discounted treatments to veterans. Over 480 treatments have been given to veterans in the veteran's and student clinics.

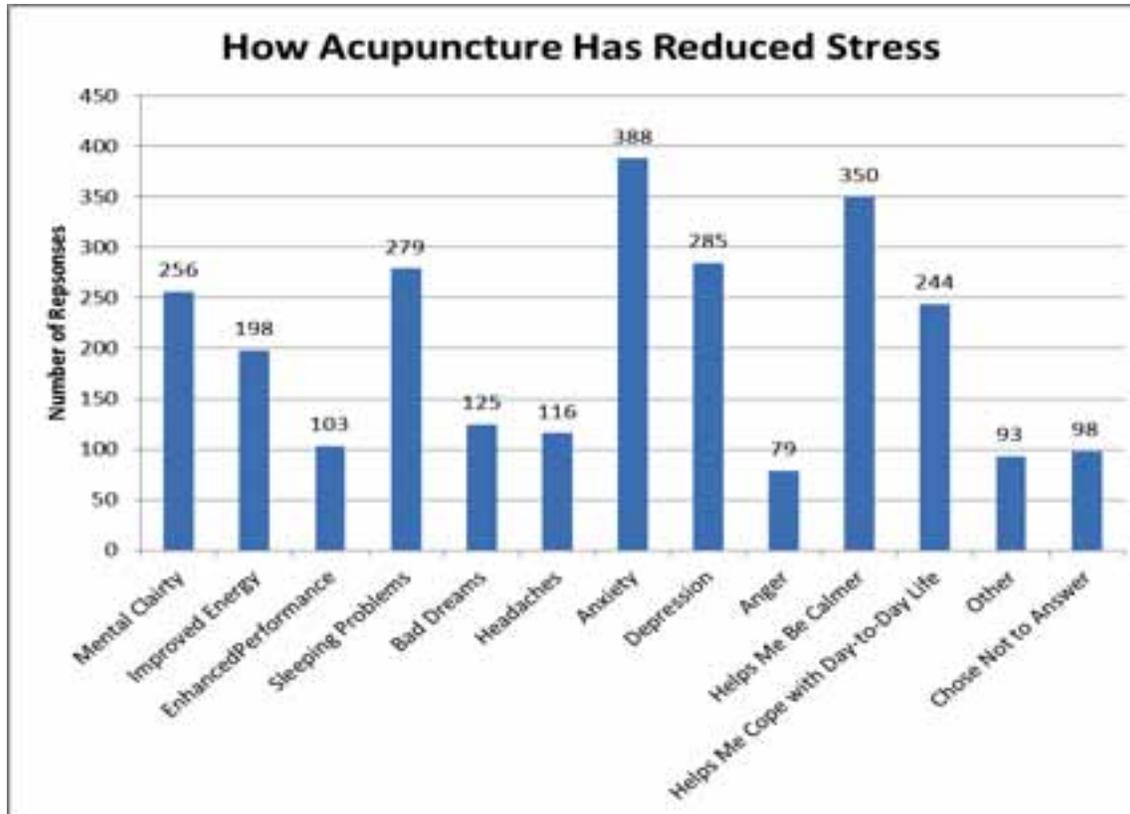
The second Veteran's clinic was started in September of 2009 in Lakewood, Colorado by a group of local acupuncturists after attending an AWB training. The core group has been responsible for developing, organizing and marketing their clinic. On average, they tend to get about 15 Veteran's per week. However, as of late, attendance has dropped off somewhat. At this time, the clinic is in need of new volunteers who have a strong desire to market the clinic, have new ideas for expanding the clinic, or just want to volunteer time. The clinic is offered every Wednesday evening from 5:30 pm-7:00 pm at Full Moon Books.

## Disaster Relief in Colorado

In September of 2010, Boulder area residents dealt with the Fourmile Canyon Fire, which still has the unfortunate designation of being the most expensive wildfire in Colorado state history. The fire burned 169 homes and other personal property in the foothills just northwest of Boulder. Jonathan Major (ITEA graduate) lived and worked in Boulder at the time. He was feeling the stress from people in his community as the fire worsened and became the worst fire ever reported in Colorado history. While attending a yoga class, he experienced a calling during one of the heart opening meditations, "I wanted to help both the individuals fighting the fire and those displaced by it. My inspiration spawned from the sense that our community's health was at risk and that the tension of people around me was building



(Continued on page 11)



in the face of nature’s power.” When he returned home that evening, he put the wheels in motion by setting up a Disaster Relief Clinic in Boulder for those who were affected by the fire. During a four- day period of time, over 70 treatments were given. Jonathan wrote in an article for ITEA’s newsletter, “I feel the clinic played a role in supporting many individuals affected by the fires. As a group we were able to introduce the idea of community style acupuncture and its effectiveness in helping people integrate their traumatic experiences. We also offered an opportunity for acupuncturists from different schools and trainings to come together and work with the community.”

The High Park Fire started burning west of Fort Collins on June 9, 2011. So far, it is the second largest fire in Colorado history, as well as the most destructive. At the writing of this article, the fire remains 65% contained. At least 257 homes have been lost, including an unknown number of other structures. The total cost to fight the fire is estimated at \$33.1 million and growing. On Tuesday, June 12, Kyle Liston, RN, Lic. Acupuncturist got the ball rolling to start acupuncture disaster relief efforts for those being affected by the fire. Kyle contacted AWB for support. The next day, Kyle and I began to formulate a plan. I conducted an “emergency” training on how to set up an AWB supported clinic on June 15 in Fort Collins. Several local acupuncturists attended the training. Together many of us coordinated

the efforts of locating space, supplies, volunteer schedules, volunteers, and other essentials in order to make the clinic happen. The first clinic was located at the Azlan Recreational Center and then moved to the CSU campus. Once at the CSU campus, more evacuees were treated since many other disaster relief agencies were housed in the same area, making it easier to market and reach the evacuees.

Several issues have come up during the planning phases for the High Park Fire relief efforts: coordinating efforts with local agencies that provide relief: Red Cross, hospitals, county mental health personnel, evacuee shelters, volunteers, and the Medical Reserve Corp. In Jonathan Major’s article, he writes, “Our long-term intentions are to create a team of people to assist in situations like the Fourmile fire. We would like to have all supplies ready and volunteers in place. We are driven to find ways of collaborating with the Red Cross, the fire department and other relief workers to collaborate as a team from the get go, rather than scrambling during a crisis to get a clinic set up. Ultimately, the success of any kind of relief effort relies on community support and action.”

Since the Fourmile Canyon Fire, some progress has been made to coordinate these efforts. AWB has been working with the Medical Reserve Corp on a National level. Renee Barsa, AWB Volunteer for the National Disaster Relief Project has a “goal is to help establish a team of AWB-

(Continued on page 12)

# The Colorado Acupuncturist

(AWB – Continued from page 11)

trained acupuncturists in every Medical Reserve Corps unit in every county across the nation, allowing all survivors of disasters to have free and easy access to ear acupuncture. It is a goal that together we can accomplish! This is a historical chance for AWB-trainees volunteering with the Medical Reserve Corps to have immediate access to disaster sites and an established organization to work from. We have the opportunity and the green light to integrate our model of trauma treatment into the existing western structure, to transform the face of disaster care across the country.”

## Why should you get involved and get trained?

My heart sunk in September of 2010 when I volunteered to work the Fourmile Canyon Acupuncture Disaster Relief Clinic. I had the opportunity to treat a woman who had no idea if she would have a home to return to after the fire. She had been staying at the local shelter for several days. She contemplated the loss of everything: her home, the 40 plus years of memories created in the home, a lifetime, her lifetime. What would have been saved, if anything? Her feelings of anxiety, depression, and loss of hope filled the space between us. As I needled the Sympathetic Point, she took a sigh of relief. Next I inserted a needle into Shen Men and tears began to roll down her face. I touched her shoulder and signaled it was time to let the treatment do its work. She closed her eyes and rested. As I watched her relax into the treatment, I witnessed another human being's suffering dissipate. In that moment, I was so glad I had the skills and a supportive touch to help. My heart opened and my spirit was called to volunteer to serve others in need. Providing acupuncture to those in need is an honor and an opportunity to give back to our community.

As I complete this article on June 27, 2012, there are more fires that have started: Waldo Canyon Fire west of Colorado Springs and the Flagstaff Mountain fire in Boulder. At this time, the news media is reporting that the Waldo Canyon fire will probably go down as the worst fire in history in the state of Colorado. Fires will continue to burn in our communities around our state this summer and in the future. It is essential that the acupuncturists in the state of Colorado begin to streamline the process of setting up mobile disaster relief clinics and begin working side by side with other professionals working to assist those being affected by the fires. It is vital that other disaster relief agencies and governmental agencies recognize how effective the NADA Protocol can be in relieving many of the “side effects” of Acute and Post Traumatic Stress related to disaster situations.

## What can you do?

- Volunteer at the local Veteran’s clinic in Lakewood or start your own!
- Join your local Medical Reserve Corp.
- Work on the AAC Disaster Relief Committee.
- Volunteer your time at one of the fire relief clinics (if they are still burning).
- Donate money to the cause-AWB, ITEA, AAC, local volunteer fire departments, etc...
- Sign up for the next AWB training in your area (Healing Community Trauma Training: How to Do Acupuncture for Traumatic Events: July 14 - 15, 2012 Southwest College of Oriental Medicine, Boulder).

For more information about AWB visit: [www.ACWB.info](http://www.ACWB.info)

ITEA Veteran’s Clinic: For more information, call (720) 890-8922 or email [president@itea.edu](mailto:president@itea.edu)

Lakewood Veteran’s Clinic: Contact (720) 431-2779 or visit: [www.DenverMetroMilitaryAcupuncture@gmail.com](mailto:www.DenverMetroMilitaryAcupuncture@gmail.com)  
[www.DenverMetroMilitaryAcupuncture.vpweb.com](http://www.DenverMetroMilitaryAcupuncture.vpweb.com)

*Randi Savage RN, MS, Lic. Acupuncturist: Randi lives in Erie, CO and has practices in both Longmont and Erie. Randi is Vice President of the Board for Acupuncturists Without Borders. She is currently working with AWB and the AAC to get a state system in place for acupuncturists so they can provide timely and efficient disaster relief to those being affected in CO. Randi is dedicated to teaching the effectiveness of acupuncture during disasters and traumatic events. She presented a program at Denver University on “The Effective Use of Auricular Acupuncture During Trauma and Disaster Situations”. If you are interested in this presentation, have any questions, comments, or would like to get in touch with Randi: [rlsavage1830@msn.com](mailto:rlsavage1830@msn.com) or 303-710-9849.*



## Student Representative

by Anh Tran



As a Colorado native, I can truly say that there are no shortages on beautiful sunny days here. With 300 or more days of sunshine, how can I complain about anything? In the spring/summer time you would find me sitting outside soaking up rays at a coffee shop while studying or hiking somewhere along endless amounts of trails in the mountains when I need to get back in touch with the earth and increasing mileage on my bike every spring/summer to fulfill my quick errands. This summer we have been torched with triple digits and dry winds. A perfect brew to set a dangerous fire.

In the Mile High, we have seen at least nine fires arise this year. There are many who have fled their homes with no place to go. Homeowners are devastated by the loss of their home. I have never personally experienced a mountain fire, but know from personal experience what it feels like to have your home caught on fire. I grew up in the suburbs of Aurora and for the first time ever, my parents purchased their first home in the United States. Imagine the joy of purchasing your first home with a growing family.

(I am the oldest of eight children.) I grew up in this house with fond memories of playing house cooking fake hamburgers and lobster, and school with my siblings claiming that I was Ms. O'Neal, the wife of Shaquille O'Neal the famous basketball player. I made little crowns out of weeds growing from the backyard, and played hide and seek with the neighborhood kids. In 2008, a few days after Independence Day weekend our house caught on fire. My mother was in the home with my four youngest siblings still inside the home. Luckily, we had a neighbor witness the fire who quickly ran over and warned everyone to get out of the house. I came home quickly after hearing the news. Every piece of my home melting away piece by piece only drew a deep hole in my gut. I was devastated. Every memory of my childhood was there. I only imagine my parents thoughts of a dream of coming to America and building a life here with their children, only to have it set into flames. Within minutes half of the house was gone. I couldn't believe how reckless fire can be. It was hypnotic to watch the fire move every direction and burn through anything it touched. To make the story short, my family came out safely, but my childhood home was gone. It took almost two full years for the house to be restructured and built back up again.

After this unfortunate accident I had questions running through my mind. Such as: who started the fire? How can I mentally prepare myself to support my family? Why did it happen to us? As a victim in a tragedy you go through phases of sadness, depression, and anger. What's the next step to all of this? You move on, you receive support from the community and most importantly have home insurance. They cannot replace all the pictures taken through the years, nor replace the drawing my brother made of him and I standing together hand in hand with a lopsided sun. All I can do is be positive, and be thankful that my life was not harm and that I still have my family.

I would like to send out all the positive energy to the families who have lost everything. The only thing we can all hope for is a massive rain storm that will dampen the fire and help everyone rebuild their homes again. "Be content with what you have; rejoice in the way things are. When you realize there is nothing lacking, the whole world belongs to you." Lao Tzu

Let's keep enjoying the beautiful days the world has given us, and help those who are in need.



# Community Committee Chair Report

## Submitted by Mark Ashmun LA.c M.S.

Since my last report I have been working on getting vendors for our annual conference. My leads have been primarily from prior conferences and ones I have sought out from various acupuncture periodicals. We currently have 9 vendors, and need 7 more to fill the 20 booths we have. I have 3 goodie bag vendors and one tea/coffee sponsorship. Four tables are for the speakers. Currently we are hosting the morning Continental Breakfast for the annual meeting and 3 tea/coffee breaks. Those attending the annual meeting and registered for the conference will get free Breakfast and those not attending the conference but the annual meeting shall pay \$10.00 fee to eat, RSVP of course. I feel our attendees shall have quite the selection based upon the vendors and speakers. It's going to be great people! I have managed to get the help of 4 persons with the conference, Jan V. for the PDA's/CEU's, Heather C. with vendor and participant recruitment, Ahn T. with student volunteers and of course Denny and Charissa on the finer details. Thank you ever so much. Could not have pulled it off without you! We still need more participants so spread the word and get them in! I think the venue this year shall be great, am I have gained valuable insight on what it takes to pull off a conference, holy mackerel! Being in this particular position in the AAC has allowed me the opportunity to interact with a number of wonderful colleagues. I have a new appreciation for what past board members have done for our ability to practice Oriental Medicine. It has become very evident to me that those few of us who volunteer their time to the association have carried a majority of the work load for our practice. It is a calling to serve. I am pleased to see quite a large support for the fire victims from the acupuncture community, not to forget the Sunset Review Committee and our current stellar board! I continue to carry the message to other acupuncturists/students to join, support and play an active role in our profession. Guilting them into joining and being part of the solution, works sometimes! Jezz folks are you going to just let us do all the work..haha! Oh well.



Some of my obstacles have been time constraints on my part; we all have other commitments and obligations, no excuses



though I stepped into this as we all did and feel each of us has played a vital role in maintaining our profession and giving back to the acupuncture community as a whole. I humbly thank my fellow board members and those who have volunteered their time; I could not have done it without you! I am confident that this year's conference year shall be as successful as it was last year. I have put the Think Tank Group and Acupuncturists Happy Hour on the back burner for now, just too many other responsibilities and time constraints. I shall attempt to integrate this idea with others at the conference and gather support to see this through after the conference and into next year. Our plan is to utilize this group as a spring board for a grass roots revival of acupuncture in Colorado. We shall unite our community together in order to perpetuate a boarder level of acceptance and encourage more cohesiveness amongst acupuncturists. We intend to open this Think Tank/Graduate program to all, students, current practitioners and those interested in Oriental Medicine. This is something that will be fun, innovative, and

controversial in topic. I believe it will stimulate us to become more awareness of how we practice Oriental Medicine!

In parting my friends, smile to those you meet and be part of the solution not a contributor to the problem.

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## PR Committee Update

### PR Committee Chair: Tina Laue, L.Ac.

As a newer committee, the PR Committee continues to work on defining itself while adding subcommittees to gain more L.Ac.'s input and to continue to keep us current and growing in our profession.

The PR Committee continues to oversee public education including festivals, the 9 Health Fair, invitations to speak, newspaper and social media, and AOM Day.

#### Subcommittee updates:

##### Facebook:

Our Facebook pages has 397 fans now and Holly Barrett has graciously joined the AAC and agreed to post interesting content. Thank you to Holly for your time and support and doing a great job! The current plan is for Holly to be in this position for 6 months and then to recruit someone new.

Charissa Haines, our office administrator is also now able to post updates to this page. The AAC is working on getting more coordinated in its communication with all Licensed Acupuncturist's – whether they are members or not.

##### 9 Health Fairs:

We had a great Health Fair as usual. Our subcommittee meeting agrees that we would like to have more dynamic fair kits, such as having point man, needles, cups, and more in the kit. Erik Gasner did a great job running the fair and coordinating the volunteers.

We are still looking for two of the kits to return to the AAC office. Over time, sadly, supplies seem to just drift out of the office. Please remember to return things you use promptly so they are there for our whole profession to access, not collecting dust at a volunteer's house!

##### AOM Day:

Jacqui Strike is coordinating the planning for this event, coming up on October 24th. If you want to get involved please contact her at [Prcomm@acucol.com](mailto:Prcomm@acucol.com).

##### Dragon Boat Festival:

The board voted to not participate in the Dragon Boat Festival this year. As this festival is a costly one to be part of, as the temperature has been hot enough to make treating the public unsafe, as we feel that our exposure is weak because there are also many other acupuncturists participating on their own, as there are other festivals we can participate in that are less costly, as we were unable to find a person committed to run the event this year.

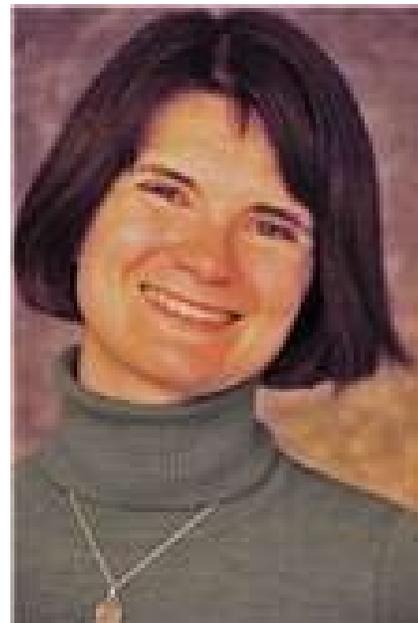
Chris Duxbury-Edwards of CSTCM has agreed to distribute the AAC brochure at their booth at the Dragon Boat Festival. The AAC appreciates this support from the school.

##### Festivals:

Tina Laue, L.Ac., Jacqui Strike, L.Ac., and Bonnie Cashwell, L.Ac. worked the Women's Refugee Health Walk with a free information booth. The event was moving, but I felt the population would be better supported not by an information booth, but by a clinic that treats the refugees. I expressed to Lutheran Family Services who put on the event that if they were interested in providing space and overseeing this project, that I was sure we could gather Acupuncturists and donors who would be happy to provide materials and time. We had no response and the organization does not seem interested in pursuing it at this time.

##### Speaking:

Tina Laue, L.Ac. presented a Lunch and Learn for the nursing students at Platt College of Nursing in Aurora. The response



# The Colorado Acupuncturist

*(PR Report - Continued from page 16)*

was very positive. The students were also offered the opportunity to experience acupuncture. One student said, "I thought I knew what Acupuncture was, but I didn't."

Speaking on behalf of the AAC to other professions is a very worthwhile endeavor. Because you are there representing your profession and all your colleagues, the stigma of being out to sell them something is removed. Often, because people connect with an Acupuncturist that they meet, you also gain business in your practice and hopefully you gain business for your colleagues via our AAC Database by handing out the AAC brochure. This creates a huge win/win/win. You often gain business. The AAC becomes more known. Your colleagues gain business.

## Areas of need for PR:

Anyone with PR and marketing background is asked to step forward and take a leadership position with the AAC. You can either replace the Acting PR Committee Chair if you are more qualified and actually take on the three year board position and become a board member. You are also invited to pick a project and be a sub-committee chair. Examples might be: speaker's bureau, or media outreach, or 9 Health Fair, or AOM Day. If you see a need for something at the AAC – remember this is your organization and your vision and talents are welcome to further our profession! Contact Jacqui Strike at [prcomm@acucol.com](mailto:prcomm@acucol.com) to join us and help.

## *Thank You Acupuncture Association of Colorado and Members: Farewell for Now from Tina Laue, L.Ac., PR Committee Chair*

I wanted to take this opportunity to say farewell. Instead of being at our annual meeting, I will be giving birth to my first son, Nolan Michael. Jacqui Strike has agreed to step in as Acting Public Relations Committee Chair starting at our next board meeting and she is an amazing woman and a powerful addition to the AAC board!

Serving on the board has been a wonderful experience. I joined the board soon after I started my new practice and had the privilege of getting to know so many wonderful acupuncturists in our community. I learned how important the AAC is in our profession. I got to be part of the decisions made and my energy and efforts have helped to shape what the AAC is today. I feel very proud of that.

I will continue to be a part of the AAC, as a member and a volunteer. Every profession needs an Association to be strong. If you would see your profession thrive, join and support both our local and national organization. Do not be divisive, do not point out the flaws unless you are willing to get into the trenches and remedy them. This is your organization, this is my organization, and AOM is our passion.

Our organization cannot succeed without a strong and organized leadership team and effective communication. Clear goals and hard work will make us strong and cohesive.

I invite you to join the PR Committee and to consider a three year term on the AAC board. It will change you and make you stronger. As you consider the energy and commitment I gave to all of you, I ask that some of you step up and give that time and energy back to myself and the other members. Take your turn and be of service.

Thank you all for being wonderful colleagues.

Warmly –

Tina Laue, L.Ac.

## GHOSTS IN THE MACHINE

### Approaching Paranormal Phenomena within the TCM Framework

by Charles Chace, Dipl. Ac., Dipl. C.H., FNAAOM

This article originally appeared in the *European Journal of Oriental Medicine*

**Abstract:** The TCM literature generally focuses on complaints defined in somato-psychic terms. These descriptions do not necessarily match all patients who come for herbal or acupuncture therapy. The present article presents two case histories where patients were troubled by phenomena commonly described as paranormal. Their treatment is described in detail and on the basis of the comments are made about the applicability of TCM to such problems. Although it is often suggested that special therapeutic techniques such as shamanism or exorcism are needed to help individuals with these problems, the Chinese medical literature contains references to, for instance, "ghost points" and herbal treatments. If TCM is to be mixed with other approaches, it is important to integrate these approaches into the framework already at hand.

**Keywords:** Paranormal phenomena, herbal medicine, spirit disturbance.

Given an emphasis on internal medicine and the predominance of Chinese herbal medicine in my practice, my patients frequently suffer from serious problems. Like all of us, I also encounter clients whose complaints stretch the bounds of TCM theory.

In September of 1989 I saw a client (S.K.) who for the last few years had been suffering from out-of-body experiences within 5 to 10 minutes of going to sleep. She would travel to a variety of different places none of which were pleasant, always accompanied by a sound of wind. These episodes began during a period of intensive zazen practice and had continued to the time of her first consultation. She made passing references to some past trauma and childhood memories which had been brought up during this practice, and this may have perhaps partly catalyzed her out-of-body experiences. She was, however, clearly unwilling to talk about these with me and I chose not to push the matter. There were times during which the episodes would happen repeatedly over the course of a single night. While many people foster astral travel in their psychic lives, I perceived these here to constitute an impediment to S.K.'s physical and mental health. She described the experiences as "not fun," in that they were quite frightening and she felt that she had no control over her participation in them.

#### Case notes

S.K. reported that her energy level was good, she slept 6 to 7 hours per

night, and had a good appetite, although if anything, her stools tended to be on the soft side. Her hearing was perhaps slightly diminished, and since last year her left eye had been fogging over. Her menses were regular with a light flow which started out with spotting. She had been having nosebleeds recently, and had awakened with a stabbing left frontal headache twice in the last month. S.K. complained of cold hands and feet and an overall aversion to the cold. She drank coffee and chewed tobacco, but had not consumed any alcohol for three years. She described herself as having been an alcohol abuser in years past.

Her tongue was very red with a center crack, a red tip and a dry yellow moss. Her pulse was strong, rapid and definitively wiry, and the right cubit position was particularly strong.

#### Agitated *hun*

My diagnosis was that of hot liver wind agitating the *hun*, which wandered around unchecked as S.K. slept. The strength in the right cubit position of the pulse suggested an involvement of the *po* as well. However, I viewed this as a secondary issue. Treatment measures were initially aimed at extinguishing liver wind and clearing heat, incorporating the use of heavy spirit settling medicinals to keep the *hun* at home, while we calmed down the wind. The following prescription was administered:

Concha Haliotidis ( <i>shi jue ming</i> )	36 grams.
Os Draconis ( <i>long gu</i> )	36 grams
Concha Ostreae ( <i>mu li</i> )	6 grams

Haematitum ( <i>chi shi</i> )	36 grams
Magnetitum ( <i>ci shi</i> )	36 grams
Fructus Schizandrae ( <i>wu wei zi</i> )	21 grams
Radix Achyranthes ( <i>huai niu xi</i> )	21 grams
Ramulus Loranthi ( <i>sang ji sheng</i> )	21 grams
Rhizoma Gastrodiae ( <i>tian ma</i> )	27 grams
Ramulus Uncariae ( <i>gou teng</i> )	27 grams
Sclerotium Poria Cocos ( <i>fu ling</i> )	21 grams

This was decocted and 1/2 half cup was taken twice daily over a five day period. No acupuncture was administered on the first visit.

One week later S.K. reported that she had ("for the time being" as she put it) experienced no more out-of-body episodes. She had been going through caffeine withdrawal in the past few days, as I had encouraged her to abstain from any stimulants whatsoever. Her pulse was less wiry, her tongue was less red and the moss was less yellow as well. I asked her to continue the above prescription and carried out the following acupuncture treatment: Bl 47, *hun men* and Bl 42, *po hu*, needles with even technique.

A few days later although her sleep was restless, she had remained free of any further out-of-body experiences. Her tongue moss was more white, although quite dry. She continued on the previous prescription and *hun men* and *po hu* were needled with even technique, while Ki 1, *yong quan*, was needled with draining technique to further ground the *hun* in her body.

## Ghosts in the Machine

### Disturbing dreams

S.K. continued on the herbal prescription for another three weeks with no further out-of-body episodes. She did have some rather unusual experiences while dreaming however. She would feel a presence against her back curled up behind her like a weight or a pressure, and there would be a sense of a hand or arm across her throat. This would cause her to panic and she would then wake up.

Her pulse was still strong but no longer rapid. This turn of events I interpreted as a good sign. Her *hun* was not getting as far when it did go out for a walk.

I saw S.K. again in early November and she reported that she was no longer leaving her body, and that the bodily sensations she did experience were slight and intermittent. Her sleep, however, was quite restless and she was having nightmares. She was also having some constipation with a hard dry stool. Semen Cannabis (*huo ma ren*) 21g and Rhizoma Rhei (*da huang*) 12g were added to move the bowels and moisten the intestines.

Two weeks later S.K. reported that her sleep was improved but that she was having some minor gastric distention. The heavy minerals were taking their toll on her digestive system. At this point I switched her to a liquid extract composed of Gastrodia and Uncaria and Bupleuri and Dragon Bone three droppers administered three times daily. Liv 2, *xing jian*, GB 44, *zu qiao yin* and LI 5, *yang xi* were needled with reducing technique. Bl 47, *hun men* was needled with even technique.

In early December S.K. reported that she was sleeping normally but was not remembering her dreams. She continued on this for the next two months as her sleep continued to improve. She would occasionally experience waves or body rushes just as she was falling asleep but would then sleep and dream normally.

Two or three of the following points were needled during three more sessions spread over a month to consolidate the union of the *hun* in the liver: Liv2, *xing jian*, P 6, *nei guan*, N-HN-

54, *an mian*, GB 20, *feng chi*, Bl 18, *gan shu*, Ht 7, *shen men*.

### Discerning a pattern

While it could be argued that the involuntary astral travel experienced by S.K. were "really just bad dreams" she certainly perceived them as something more than that. In our profession we often need to reassure patients that they are not crazy, and that despite the failure of a biomedical diagnostic procedure in defining pathology, a pattern is discernible and treatable within the context of Chinese medicine. It stands to reason that if we take seriously the subjective complaints of one client for whom biomedicine can discern no pathology, we cannot tell another client that his/her experiences cannot be happening to them, because it stretches the bounds of our own perception of reality. In these cases I therefore accept the experience of my clients at face value, while trying to remain skeptical enough to consider the larger picture. Aside from being the only ethical option, this is also essential for me to build a relationship based on trust. Only when I sense disingenuousness on the part of the patient may I begin to doubt the entire proposition.

My assessment of this case was that S.K. was suffering from a hot liver wind condition which was predominantly a repletion pattern. Her markedly red tongue with its yellow coat, accompanied by a strong, wiry and rapid pulse confirmed this assessment, as did the fogging over of the left eye and the nosebleeds. Her cold hands and feet suggested that this liver heat had, to a certain extent, imploded upon itself, a situation which seemed consistent with the mental unrest. This condition, based as it was around a disorder of the liver, which is the residence of the *hun*, created an internal environment conducive to its wanderings.

There has been some discussion throughout history over whether the *hun*, the *po* and the spirit are actual entities which exist independently, or are simply by-products of physio-energetic function. These views have been summarized by Cheng Zhi-qing in his essay, "Comments on the *hun* and *po*".<sup>1</sup> According to Cheng, one viewpoint,

rooted in a pre-Confucian shamanic tradition, holds that the *hun* disengages from the body at death, becoming an astral entity which ultimately evaporates due to the lack of nourishment provided by a corporeal body. A discussion of spirit disorders with a decidedly materialistic bent by Chen Jiayang, a specialist in psychiatric disorders describes the *hun* in the following way: "What is referred to as *hun* is similar to *shen*, and manifests as a sort of formless impetus".<sup>2</sup> These two views of the *hun*, one rather arcane and the other mundane, corresponded closely to the situation at hand, with the exception that S.K.'s *hun* had a place to come home to in the morning. This case made it clear to me that the *hun* at least had the potential for creating the perception within an individual of independent action. It should be mentioned that in Daoist circles the capacity of any aspect of one's spirit to act outside of the confines of one's corporeal body is limited either to those individuals who have attained very high levels of spiritual purification or are themselves deceased.<sup>3</sup> Most ghosts, specters and such like belong to the latter category.

### Insufficiency

The emphasis on disorders of the *hun* in mainstream Chinese medical thought lies largely in vacuity patterns. Zhang Zhong-jing for instance states that "All disturbances of the *hun* and *po* are due to insufficiency of qi and blood". While heat can be of a purely excess nature, internal wind by its nature must have an element of vacuity.<sup>4</sup> The repletion issues in this case were so pervasive however, that Zhang Zhong-jing notwithstanding, I felt it best to address those first, fully expecting the vacuity component to emerge more fully as things calmed down. It did occur to me however that the situation might have been one of such a chaotic exuberance of qi and blood, that the *hun* was driven out of its abode by the ruckus. The classical citations available to me for such a scenario pertaining specifically to the *hun* were, however, rather scarce.

The prescription was a modification of Tian Ma Gou Teng Yin (Gastrodia

and Uncaria Decoction) which is crafted to settle the liver, extinguish wind, clear heat and supplement the liver and kidneys. While this base prescription reflects a predominantly repletion pattern, the presence of Cortex Eucommiae (*du zhong*) and Ramulus Loranthus (*sang ji sheng*) acknowledges an underlying vacuity of liver and kidneys. Fructus Schizandrae (*wu wei zi*) was, however, used instead of Cortex Eucommiae, as it enters the lung channel, the home of the *po*, and calms the spirit. Given the severity of the condition and its emphasis on the spirit, medicinals for settling the spirit including Concha Ostrea, Concha Haliotidis, Magnetitum etc. were added to the base prescription. As these tend to be hard on digestion, my original plan was for their short term use. When S.K. responded well, however, and showed no signs of gastric disturbance, I opted to leave well enough alone until I received some clue that a change was indicated. Her pulse, though gradually calming down, remained strong and wiry and her tongue even at its best

was clearly red. Indeed, it was only after two months that she began to feel some gastric distention, which was relieved when she took a similar prescription in tincture form.

### Adjusting the prescription

Case histories published in the Chinese medical literature reflect a tendency toward prescription modification based on even small changes in the condition of a patient. This, of course, is an attempt to reflect the pathological state of the patient at a given point in time as accurately as possible in the prescription. It is a fundamental tenet of prescribing Chinese herbal medicine and is often essential for optimal results. It has been my experience, however, that when a given modification does not yield satisfactory results, a simple return to the previous prescription does not always work. The change in prescription while not effective may have nonetheless produced some shift in the capacity of the patient to respond to the previous prescription even if the pattern looks the same. This

observation is reflected in the homeopathic literature which holds that a new remedy is not to be administered until the previous remedy has completely ceased to work, lest the case become disordered.<sup>5</sup> In the case of S.K., given the focus of the symptoms on the mental plane, I was not inclined to mess around as long as things were progressing slowly and steadily in a positive direction. It may be that some modification in the prescription would have produced a faster result, however, I felt that there was a greater likelihood of disrupting the progression of the healing process.

Wang Le-ting's combination of Bl 47, *hun men* and Bl 42, *po hu* formed the basis for acupuncture treatment. According to Wang Le-ting "combining *po hu* and *hun men* adjusts the qi and blood while settling the heart and *shen*. It rectifies the *hun* and settles the *po*".<sup>6</sup> The points on the outer bladder line on the back are thought by some schools to influence more of the spirit aspect of

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## A Student Perspective at Southwest Acupuncture College ~ Boulder

by Jennifer Brittenham

It all comes down to what you want out of school.

As an older student, my intentions for returning back to school were much more focused and determined. I work part time while enrolled full time, and commute from Denver to attend Southwest Acupuncture College in Boulder.

The first (and probably the most important) people I get to work with regularly are SWAC administrators & staff. Valerie Hobbs, Melanie Crane, Terri Billman, Heather Lang and Tina Gentry-Deets. Each have exceeded my expectations every semester. They are prompt, available, knowledgeable, considerate, efficient, respectful. In 20 years of professional work behind me, I can't tell you how impressed I remain with this group of individuals.

SWAC teachers have also exceeded my expectations and continue to surprise me. Example: students requested more practice time and poof, lunchtime practice sessions were created, scheduled and attended ~ this kind of outreach to students is not often found.

SWAC clinic, by far, exceeds my expectations each semester. How they devised the clinic selection process is still a mystery to me but it runs like clockwork so I don't question it. What I do know is I have two more years to work in clinics with the likes of Michael Young, Ted Hall and Nina Herrick, just to name a few. To date I've been fortunate to have worked with

(Continued on page 21)

to influence more of the spirit aspect of their corresponding organs. Although I needed *po hu* as part of the set combination due to the size of the pulse in the right cubit position, I de-emphasized it in my overall diagnosis. While the *hun* and the *po* are generally referred to in tandem, they are in fact distinct. Chen Jia-yang cites the *po* as the aspect of spirit which facilitates bodily movement. "In the *po* we see all the movement of the bodily structures in all its forms." S.K.'s condition seemed to be focused more on dysfunction of the *hun*.

My emphasis with acupuncture, especially at the beginning was on the spirit disorder itself, as opposed to attempting to address the organ imbalance which precipitated it. Ki 1, *yong quan*, was chosen to literally root the *hun* in her body, given its function of stabilizing the spirit disposition and downbearing inversion conditions. GB 44, *zu qiao yin*, was chosen for its effect on nightmares, and Li 5, *yang xi*, was chosen for its influence on spirit disorders due to hot wind. As S.K. improved and her *hun* was staying closer to home, I began to include points with a greater influence on organ function such as P 6, *nei guan*, and Liv 2, *xing jian*.

### Shamanic soul retrieval and the wandering *hun*

In addition to seeing myself, S.K. was working with a shamanic healer and together they performed a ceremony she referred to as a soul retrieval. While this had no clear immediate symptomatic effect, it did wonders for her overall peace of mind and was clearly of great benefit. Such interventions directly at the level of spirit cannot be underplayed, especially when the disharmony is primarily one of the spirit. This case made it clear to me that a wandering *hun* may manifest in an essentially repletion type pattern. It also seems likely that the herbal medicine had a direct effect on keeping her *hun* at home, both by literally chaining it to a rock with heavy minerals and by clearing away some of the chaos creat-

Amy Dickinson, Abbye Silverstein, Dong Ming Fan and Mei Lie Benink and I'm amazed at how much I've already learned.

It may sound overly optimistic but I feel like I'll be ready to practice when I graduate, I'll have passed my boards before the last day of class, I'll have made contacts that will last a lifetime, and I'll have been in respectable good company and ready for licensure.

School is not easy, it's way too expensive, stressful, and there are no guarantees of success when you're finished. So for me it was important to find the right school that could provide me with the kind of instruction I knew I would need, in a facility I was comfortable working and learning in with people who love their jobs. That's what I have found at SWAC. The rest is up to me.

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## Ghosts in the Machine

ed by liver heat and wind. As I said above, I'm now inclined to see the *hun* as a potentially discrete entity which is housed in the liver. While it is generated by the liver, it nevertheless has some autonomy.

My experience with Chinese herbal medicine in dealing with spirit disorders in the past has been that this modality has been most effective in cases which have a clear biochemical component. The practice of Chinese herbal medicine is the business of prescribing drugs and its influence extends outward from an epicenter located on a biochemical level. Herbal medicine works best on the material substrata which houses the spirit, as opposed to the spirit itself. The above case has, however, tempered this perspective somewhat. Acupuncture, it seems to me, with its capacity for directly manipulating the qi, has a much greater potential for directly influencing the spirit. The fact that when doing acupuncture, one often gets the sense that one is working with a radionics box seems uniquely appropriate for working with the most confounding radionics box we know of, the spirit-mind.

Nonetheless I have found it useful to keep in mind that touching the qi is not the same as touching the spirit, even though spirit is a species of qi. It has become evident to me that while the Chinese medical model may often provide a nice context for understanding a variety of spirit disharmonies, this does not always translate into clinical effectiveness. It's easier to talk a good game than it is to play one, and touching a person's spirit is not a trivial matter.

### Poltergeists

In the course of treating a 58 year old client, J.S., for recurrent dental and gastro-intestinal problems, she began complaining of "poltergeists." She had suffered from dental caries, periodontal pockets and oral ulcers all her life, as well as frequent stomach aches, gastric tension and constipation. She had a slight build, her hearing was oversensitive and she suffered from frequent anxiety attacks as well as *deja vu* expe-

riences when over stressed. Her tongue body was small, a little pale and slightly cyan with a red tip. Her pulse was empty on the right, and deep but unrooted in the left *chi* position.

My initial diagnosis was a depletion of liver and kidney yin and essence, binding heat in the stomach, and a generalized qi depression. The following prescription was administered:

Radix Puerariae ( <i>ge gen</i> )	45 grams
Herba Menthae ( <i>bo he</i> )	21 grams
Radix Scutellariae ( <i>huang qin</i> )	18 grams
Rhizoma Cimicifugae ( <i>sheng ma</i> )	21 gr.
Radix Glycyrrhizae ( <i>gan cao</i> )	12 grams
Radix Conquitus Rehmanniae ( <i>sheng di huang</i> )	18 grams
Radix Dioscoreae ( <i>shan yao</i> )	18 grams
Fructus Corni ( <i>shan zhu yu</i> )	18 grams
Fructus Psoraleae ( <i>bu gu zhi</i> )	18 grams
Fructus Lycii ( <i>gou qi zi</i> )	18 grams
Radix Paeoniae Rubrae ( <i>chi shao</i> )	12 gr.
Radix Scrophulariae ( <i>xuan shen</i> )	8 grams

Two *bao* (packets) taken over five days each.

J.S. improved rapidly over the next 10 days. Her tongue tip became less red, the color of the tongue body was less cyan, and her pulse had become more rooted. As a consequence of dealing with family matters, however, her anxiety attacks had been more frequent, so I shifted the emphasis of the prescription toward supplementation of the kidneys and settling the spirit:

Radix Dioscorea ( <i>shan yao</i> )	21 grams
Radix Rehmanniae Coquitae ( <i>shu di huang</i> )	18 grams
Tuber Ophiopogonis ( <i>mai men dong</i> )	18 grams
Cortex Albizziae ( <i>he huan pi</i> )	21 grams
Caulis Polygonum Multiflorii ( <i>he shou wu</i> )	21 grams
Fructus Psoralea ( <i>bu gu zhi</i> )	18 grams
Radix Pueraria ( <i>ge gen</i> )	21 grams
Herba Mentha ( <i>bo he</i> )	21 grams
Radix Scutellariae ( <i>huang qin</i> )	18 grams
Rhizoma Cimicifugae ( <i>sheng ma</i> )	18 gr.
Radix Glycyrrhizae ( <i>gan cao</i> )	18 grams
Radix Paeoniae Rubrae ( <i>chi shao</i> )	12 gr.
Radix Scrophulariae ( <i>xuan shen</i> )	18 gr.

I did not see her for a number of weeks as her mother had been visiting and she was busy being both host and

nursemaid. She reported having been worn ragged by her familial obligations. She then recounted the events she associated with a poltergeist. Doors would open before she reached the handle, and water faucets would turn on as she passed them and she remembered that the flowers needed watering. She would also find objects moved from where she had left them. This sort of thing had apparently happened to her a number of times before, and as we investigated this, she realized that this had always occurred during periods when she was especially depleted, both emotionally and physically.

This situation I also viewed as a case of wandering *hun*. I felt, however, that there was a greater involvement of the *po* than in the above case, as the *po*'s function in the "movement of bodily structure" seemed to be anticipating the actual movement of the body itself. Given the constitutional weakness of her liver and kidneys and the added stress in her life, she had depleted herself to the point where her *hun* was acting on her slightest volition. It didn't seem to be waiting for her corporeal body to tag along.

She had not taken herbs during the period that we had not seen each other. Although she still had a bag she had not had the time to cook them up. As the prescription addressed the essential kidney vacuity and generally calmed her spirit, I suggested she begin again with the above prescription.

I needled Bl 47, *hun men* and Bl 42, *po hu* with even technique, drained Du 20, *bai hui* and reinforced Ki 1, *yang quan*. These latter two points were needled with the intent of grounding her *hun* in her body.

The strange experiences ceased immediately for J.S. and did not recur. It therefore did not seem necessary to change the herbal prescription. A week later J.S. did mention, however, that similar things had been happening to family members and close friends. We did the same acupuncture treatment and these seemed to cease as well. We were then able to address some of the more down-to-earth issues confronting J.S. and she continued to improve nicely.

J.S.'s case fits more neatly with the classical view of how *hun* disorders should manifest themselves. Supple-

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(Flashback - Ghosts - continued from page 22)

mentation of liver and kidney was in order, in conjunction with measures for calming the spirit. Although the prescription was relatively generalized, the acupuncture focused the effect on grounding the *hun*.

In both of these cases, I tried to conceptualize the etiology in terms of an internal disorder, rather than as the result of a more exogenous ghostly intrusion. While this approach seems to have been clinically effective, S.K.'s experience of a hand around her throat and the fact that the poltergeist phenomena actually moved distally to J.S.'s sphere of influence before resolving, are loose ends which leave me somewhat unsettled. It is entirely possible that S.K.'s past trauma had manifested itself in a body sensation of a hand around her throat and was working itself out within the context of her ongoing pattern. It is also possible that what J.S.'s friends and relatives experienced was unrelated to her own trials with unusual phenomena. These solutions are somehow unsatisfying.

Considerations involving external demonic influences open up issues

extending far beyond the scope of this essay. Nonetheless, in reviewing the above two cases, it strikes me that an exogenous visitation of some kind might have been at work as well. The typical view of ghosts and demons throughout Chinese history has largely been that such specters act independently of human influence, and that the free wandering disembodied *hun* were indeed intrinsically malevolent.<sup>8</sup> Sun Si-miao is perhaps the reference of choice in matters, providing a wide range of remedies for demonological afflictions. In addition, Sun Si-miao is the original source of Bian Que's ghost points.

The notion of a fully autonomous demonological influence in the two cases above is not completely satisfying either. Xu Da-chun, the master physician and scholar, has asserted that demon spirits were akin to other pathogenic influences such as wind, cold and heat. If the integrity of the essence and spirit is intact, then there is no place for the intruder to enter. "When one's protective influences are depleted one absorbs cold, when one's

constructive influences are depleted one absorbs heat and when one's spirit influences are depleted one absorbs demons."<sup>9</sup> Here Xu Da-chun is clearly allowing for the existence of exogenous demonological factors, while placing the cause of their visitation of some pathology within the one being visited. Later on, however, he does say that there are illnesses resulting from one having offended demon spirits and these are curable with prayer. This situation may pertain even to some offense committed by their ancestors. Some of the hatreds incurred in this manner are so deep as to be incurable by any means, even prayer.

Xu Da-chun's perspective is mirrored and developed more fully in the Tibetan Buddhist view of demonology. It provides, for myself, the most personally satisfying framework for understanding these matters. "Demons" are viewed as manifestations of negative qi resulting from internal weaknesses or delusions. This incorporates a view of demons in the metaphoric sense of

(Continued on page 24)



## Ghosts in the Machine

"one's personal demons," as well as a more literal understanding of a demon external to oneself which acts in the world.<sup>10</sup> The key point here is that there is some predisposing imbalance within a patient which allows the specter access.

There is a large corpus of information pertaining to the diagnosis of demonological visitation in the Tibetan literature, much of which relates to possession resulting in insanity. Of interest to practitioners in the sphere of Chinese medicine, however, is the *gdon tsa* or ghost pulse, "characterized by highly irregular or patternless beating," and referred to in our tradition as an interrupted pulse.<sup>11</sup> An interrupted pulse in Chinese medicine indicates a debility of visceral qi and in particular an insufficiency of heart qi. It may also indicate blood stasis or phlegm turbidity obstructing the yang qi in the chest. Here we have some clear parameters for evaluating a predisposition to such visitations. Also of interest is Daoist diagnostic of *qi se* or qi color surrounding a patient which is used in Daoist traditions.<sup>12</sup> This is ostensibly aura reading and the presence of ghostly visitations is evident in the color on one's aura.

Flaws has pointed out that the presence of ghosts was included in the etiological category of *bu nei bu wai yin* (neither inside nor outside) through the early decades of this century.<sup>13</sup> Up until recent times, patients in China would consult both a physician and a shaman for a given malady. TCM has largely expunged this component of therapy from our repertoire. I think his case for the re-incorporation of this category has some merit.

My experience in addressing specters of an external nature has been quite limited. Acupuncture often seems to be the therapy of choice, especially when its likely origins in demonology are considered. Bian Que's ghost points are perennial favorites for evicting spooks. Window of the Sky points are frequently used in a number of sects of Chinese Daoism for similar purpose.<sup>14</sup> There is, of course, a great

deal of exorcistic literature available in both the Tibetan and Chinese cultures in the form of chants and spells. The transferability of these approaches to the West is questionable however. This is not only because Western culture is radically different from that of Asia, but also because there is so little in the way of consensual cultural values in the West itself.

In the future, I think that even the most down-to-earth of us will be seeing more of this sort of thing in our clinics. Western civilization as a whole is awakening to the fact that there are more things in heaven and earth than are dreamed of in our philosophies. If spooks are beginning to play a larger role in our cultural conscious, then we are more likely to experience spooks. By the same token, as our environment and the overall quality of life deteriorates, the internal predispositions necessary for the manifestation of such unusual phenomena are further reinforced. Conceptual and therapeutic frameworks which will allow us to deal with this kind of thing must be incorporated into existing paradigms.

I personally have no strong inclinations toward shamanic practice. Shamanic practice is, however, of value in a wide range of situations, and I see it as a specialty branch of medicine. Some of us may specialize in internal medicine, others in *qi gong* or *tui na*, and others yet may emphasize shamanic practice. I don't feel that I must be a shaman in the purest sense of the word to be an effective healer. It is only necessary that I understand a patient's shamanic journey within the context of the therapy they are participating in with me.

For myself, the most important thing to consider in applying shamanic approaches, or any other modality for that matter, is how that modality can be integrated into the existing framework that I use. I feel that a willy-nilly mixture of disparate approaches ultimately makes for poor therapy. The intention of the practitioner becomes divided at the very least, and this is clearly detrimental to the therapeutic effect, particularly in the arcane business of spirit disorders. In utilizing other approaches and traditions, the

most essential consideration is that we be certain that these threads match the fabric already at hand.

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<b>Date</b>	<b>Title/Description</b>	<b>Contact</b>
9/15 & 9/16	Five Element Acupuncture: Level 1	abbytesilverstein@gmail.com 970-672-4762
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11/10 & 11/11	Five Element Acupuncture: Level 1	abbytesilverstein@gmail.com 970-672-4762

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