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INSIDE

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The Journal of the American Society of Acupuncturists

Letter from Editor in Chief Jennifer A. M. Stone, MSOM, LAc

JASA welcomes letters to the editor from our readership. Please send them to meridiansjaom@gmail.com and be sure to include your full name and any licenses and/or titles, your phone number, and email address.

Welcome to the summer issue of JASA, *The Journal of The American Society of Acupuncturists*!

This year we've had a lot of activity surrounding the subject of acupuncture, particularly concerning the Centers for Medicaid and Medicare Services (CMS) and the U.S. Department of Health and Human Services (HHS). A lot of people have questions about what it all means.

CMS Chronic Low Back Pain Study

In my last letter I discussed the NIH review of applications and the efforts by teams of researchers who are competing for the historic NIH funded research study: *Pragmatic Randomized Controlled Trial of Acupuncture for Management of Chronic Low Back Pain in Older Adults*. The request for applications was issued by the National Center for Complementary and Integrative Health (NCCIH) and the National Institute of Aging (NIA). The application deadline was March 15th 2019.

The winning teams will get $1.25 million to conduct the study. You can read the funding opportunity announcement here: https://grants.nih.gov/grants/guide/rfa-files/RFA-AT-19-005.html

This pragmatic (real life scenario) study required that acupuncture be imbedded into healthcare delivery systems in a real-world setting. To be eligible for the study, the research team had to involve at least two different health care systems. Not two different clinics, *two different whole healthcare systems*. To be more competitive, some teams are including 4-6 different healthcare systems in different regions of the country.

Though no decision has been made yet on which teams will win the funding and conduct the study, on July 15th 2019 a decision memo was posted by the CMS that provides more information on the study. In the first section, first line reads:

> **The Centers for Medicare & Medicaid Services (CMS) proposes to cover acupuncture under section 1862(a)(1)(E) of the Social Security Act (the Act), with the support of the Agency for Healthcare Research and Quality under section 1142 of the Act. We propose that coverage would be available for Medicare patients with chronic low back pain in clinical trials supported by the National Institutes of Health (NIH) or in CMS approved studies meeting AHRQ criteria.**
>
> **Note:** For more on this CMS press release, see: https://www.acupuncturetoday.com/digital/index.php?i=737&s=51674&l=14&a_id=33698&pn=68&r=t&Page=68

This indicates that for this CMS sponsored study on seniors with chronic low back pain, the CMS will pay for the all acupuncture treatments for each patient. All patients (subjects) enrolled in the study will get 12 acupuncture treatments. All acupuncture treatments will be provided by a physician acupuncturist or an LAc who graduated from an ACAOM accredited school and is NCCAOM certified.

For this study, all acupuncturists who will perform the acupuncture treatments must be under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist. Here's why: these licensed professionals are all approved Medicare providers and have

the authority to bill Medicare but acupuncturists do not. Although licensed, many acupuncturists will be part of these research teams but the licensed acupuncturists can't bill CMS for the service because they are not Medicare providers.

The CMS chronic low back pain study is large and highly competitive, so teams who have applied include multiple senior research scientists who have a track record of successful federally funded trials and experience on grant review committees. These are scientists and academics—deans, department chairs and directors at some of the top medical schools in the U.S.

The medical school or research institution appoints a scientist or faculty member as a Principal Investigator (PI) for their institution. The PI designs and leads the research project and assembles the team. The institution gets the money. The PI manages it.

Usually PIs are research scientists with an MS or PhD, and they're university faculty with a title, for example, "associate research professor" or something similar. MD and LAc clinicians are not usually PIs unless they have a specific interest in team building and research trial design.

If the study involves clinical research, the PI must work with a clinician to recruit patients/subjects for the study. If the study involves acupuncture, the PI must consult and work with an acupuncturist right from the beginning of the study design and provide the acupuncture intervention in the study.

When clinical acupuncturists tell me they are interested in doing research, I tell them to get connected to a large university, medical school or some kind of research institution. Clinical research is a group effort. Find people at the university who have the same research interests that you do and set up a meeting. They need you as much as you need them.

This issue presents a piece by Yan Chen, OTD, LAc. She assembled a team from the Won Institute that conducted a small feasibility study using the NADA points for test anxiety in students. It provides a good example of how a small study can be done in an acupuncture school without the enormous burden of applying for federal funding.

Additionally, we have included a paper prepared by a collaborative team of researchers and clinicians from The Center for Comprehensive Wellness at Columbia University Medical Center and New York-Presbyterian/ Morgan Stanley Children's Hospital. Doing projects like these can provide experience so you can find out if you do want to pursue federally funded projects.

JASA is the only peer reviewed scientific acupuncture and Chinese medicine journal published in the U.S. The articles in JASA and other peer reviewed journals provide evidence that changes healthcare policy provide more access to acupuncture for the American people. As I said in JASA's spring issue, it's this kind of research and dissemination of results that puts our medicine in the limelight and instills respect by the general public—our potential patients.

If you want more information on this topic or how to become connected to an academic research team of a medical school, please contact me: meridiansjaom@gmail.com

Respectfully,
Jennifer A. M. Stone, MSOM, LAc
Editor in Chief, JASA

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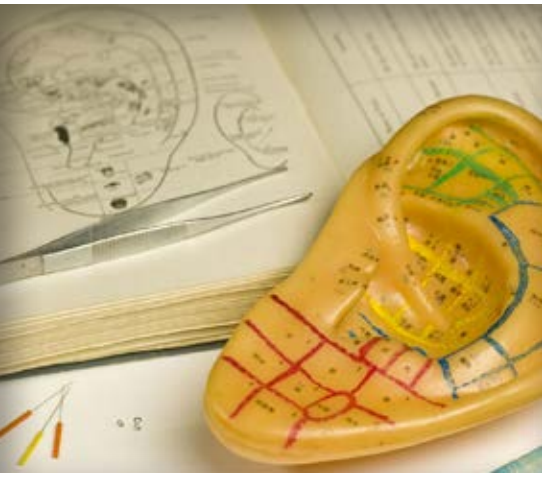

The Effects of Auricular Point Acupressure on Graduate Students' Perception of Anxiety and Quality of Life: A Feasibility Study

By Yan Chen, OTD, LAc;
Tracey E. Recigno, OTD, OTR/L;
Doreen F. Lafferty, LAc, OTR/L, MT

Please see bios at end of the article.

Abstract

Objective: The purpose of this study is to evaluate the effects of the auricular point acupressure approach on graduate school students' perceived level of anxiety and their quality of life.

Method: This exploratory study used a one-group pre-test/post-test design. The Hamilton Anxiety Scale (HAM-A) was used to measure the perceived anxiety level, and the World Health Organization Quality of Life (WHOQOL) – BREF was utilized to evaluate the quality of life.

Result: Ten students were recruited and eight of them completed the study. Participants showed significant reductions in perceived level of anxiety. However, the pre-test/post-test changes of (WHOQOL) – BREF in this scoring were not significant in any areas.

Conclusion: The use of auricular point acupressure can be a beneficial complementary health approach for graduate school students who have increased perceived levels of anxiety. Students studying other professions may be able to utilize this technique in the higher education setting to reduce students' perceived level of anxiety and thus promote their health and wellbeing. Further research on this technique is suggested.

Introduction

Graduate school students often report an increased level of perceived anxiety. A Healthy Minds Study (2016-2017) data report indicated that approximately 26% of the students experienced anxiety disorder, about 31% had elevated levels of generalized anxiety, and 11% of the students had suicidal ideation.[1] Some symptoms of anxiety also include excessive worries about certain topics and activities, breathing difficulties, feeling tired, and insomnia.[2]

For severe anxiety cases, medical intervention might be needed. Different types of coping strategies that graduate students prefer to utilize are "confrontive coping, distancing, accepting responsibility and escape avoidance," depending on their age, contextual, and perceived contextual factors.[3]

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A Model for Integrating Acupuncture into Supportive Care in Oncology

Reprinted from *Meridians Journal of Acupuncture and Oriental Medicine* vol 3, #2

By Douglas McDaniel, MTOM, LAc; Katherine Taromina, MS, LAc; Raquel Similio, MS, LAc; Elena J Ladas, PhD, RD*

Please see bios at the end of the article.

All authors are affiliated with Columbia University Medical Center, Center for Comprehensive Wellness, Division of Pediatric Hematology/Oncology/ Stem Cell Transplant.

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Abstract

Evidence for the efficacy of the use of acupuncture for supportive care in an oncology setting has prompted clinicians to establish guidelines to safely and effectively deliver acupuncture services within the context of conventional care. Developing standard operating procedures and adhering to established practice guidelines facilitates the safe provision of acupuncture services. We provide a feasible model for the provision of acupuncture alongside conventional medical care to adults and children undergoing treatment for cancer at an urban, academic medical center.

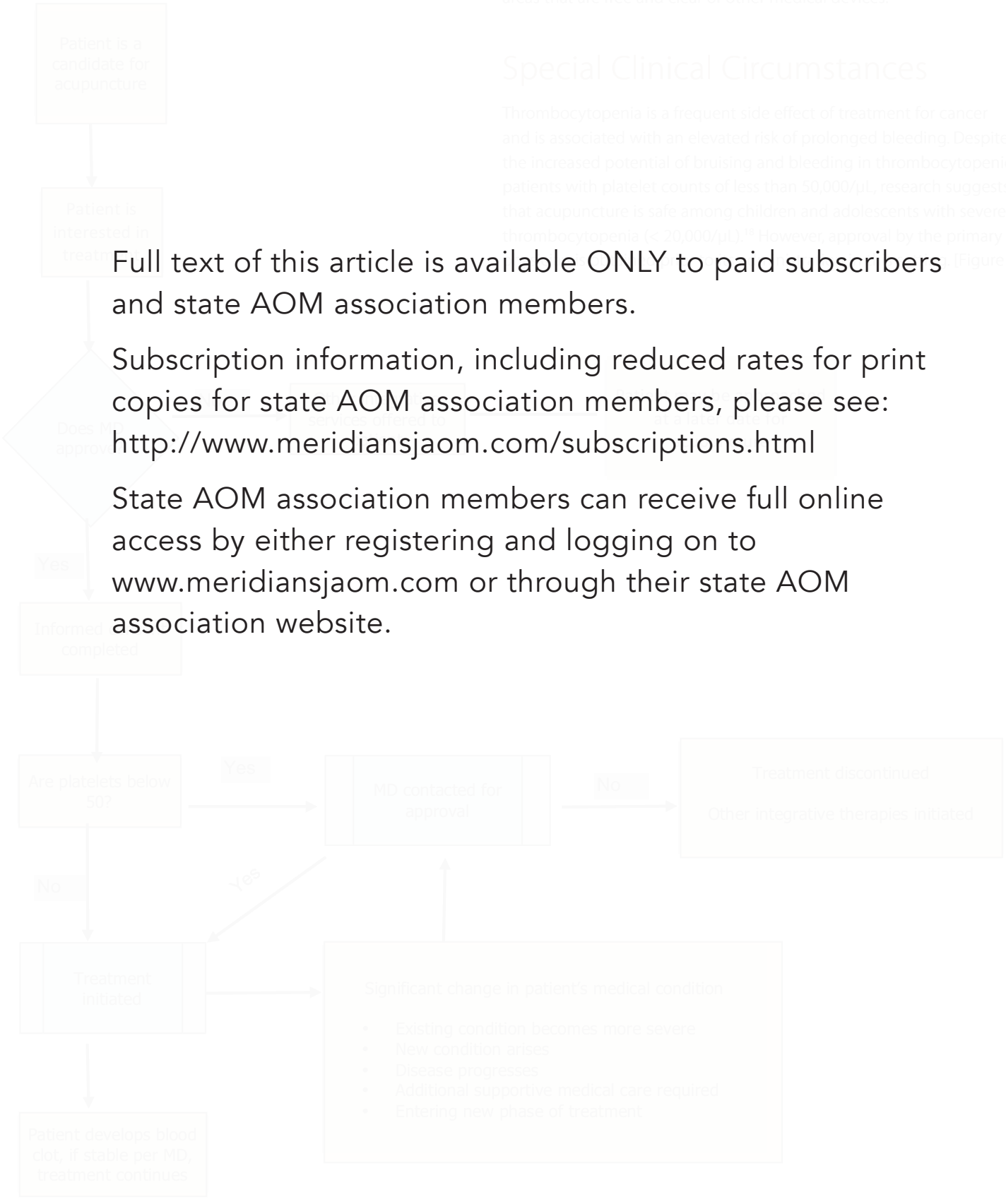
Key Words: medical oncology, pediatric oncology, neoplasms, integrative medicine, acupuncture, medicine, traditional Chinese medicine, clinical practice guidelines

Introduction

Acupuncture has emerged as having a therapeutic role for symptom management among adults and children with cancer.[1] A literature search reveals close to 800 articles published over the past decade on the role of acupuncture within cancer care. Systematic reviews have found that acupuncture is an effective supportive care modality for the management of chemotherapy-induced nausea/vomiting, pain, radiation induced xerostomia and anxiety.[2,3] Clinical studies have also reported that acupuncture may be effective in reducing hot flashes experienced by adults with breast and pancreatic cancer, decreasing lymphedema, and for the management of insomnia.[2,4,5,6]

There is still much to learn about the mechanisms by which acupuncture may impart a beneficial effect to adults and children with cancer. Several studies demonstrate that acupuncture may have a regulatory effect on the neural, endocrine and immunologic systems.[7,8] The effect of acupuncture on adrenocorticotropic hormone and serotonin, dopamine, and norepinephrine may explain its effect on pain, depression and anxiety.[5,9] Evidence also suggests acupuncture needling may encourage connective tissue health and promote analgesic effects.[10]

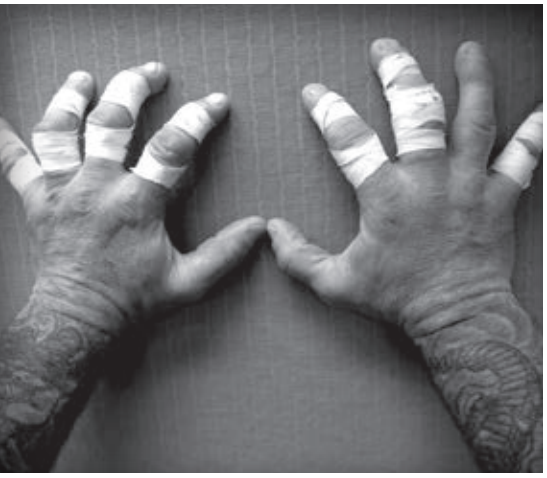
Figure 1 Acupuncuture Clinical Care Model



navigate necessary medical equipment. During these times, acupuncture point prescriptions may need modification and are only administered to areas that are free and clear of other medical devices.

Special Clinical Circumstances

Thrombocytopenia is a frequent side effect of treatment for cancer and is associated with an elevated risk of prolonged bleeding. Despite the increased potential of bruising and bleeding in thrombocytopenic patients with platelet counts of less than 50,000/μL, research suggests that acupuncture is safe among children and adolescents with severe thrombocytopenia (< 20,000/μL).[15] However, approval by the primary [illegible] [Figure 1]



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Case Report

Treatment of Joint Injuries and Inflammation in a Professional Brazilian Jiu-Jitsu Athlete

By Ryan Luna, LAc

Ryan Luna, LAc completed his Master's Degree in Acupuncture and Oriental Medicine at Texas Health and Science University in Austin, Texas, in 2014 and is currently working to complete his doctoral degree at Oregon College of Oriental Medicine in Portland, Oregon. Ryan is also researching the interconnections of religion and medicine in the Song dynasty as part of a graduate program at Cal State Long Beach. He may be reached at: mynameisRyanLuna@gmail.com

Abstract

Brazilian Jiu-Jitsu is a grappling martial art that has become quite popular all over the world. This case report concerns the use of traditional Chinese medical bloodletting and acupuncture to treat proximal interphalangeal joint inflammation and injury in an athlete competing in this sport. A total of three acupuncture and bloodletting treatments within a fourteen-day period improved the patient's range of motion and strength of grip. The patient also indicated that pain reduction occurred over the course of the treatments. Traditional Chinese acupuncture and bloodletting may be a useful complementary therapy in the treatment of Brazilian Jiu-Jitsu athletes and warrants further research.

Key Words: Brazilian Jiu-Jitsu, hand pain, finger pain, sports acupuncture

Introduction

Biomedicine

Proximal interphalangeal (PIP) joint injuries are common in sports activities. These include collateral ligament injuries, volar plate injuries, dislocations, and intraarticular fractures.[1] A sudden abduction or adduction injury to a finger may either partially or completely tear a collateral ligament.[2] If the ligamentous tear in incomplete, the finger is painful and swollen but the injured joint is stable.[2]

According to a study titled "Clinical Outcomes of Operative Repair of Complete Rupture of the Proximal Interphalangeal Joint Ligament," collateral ligament injury of the proximal interphalangeal (PIP) joint is an injury commonly encountered by orthopedic surgeons.[3] The treatment goals of PIP joint collateral ligament injury are recovery of joint stability and achievement of normal ranges of motion. Patients also desire rapid functional recovery, limited pain during treatment, and good appearance of the PIP joint. The general consensus is that incomplete rupture of the PIP collateral ligament should not be treated operatively.[3]

In a study surveying the acute injuries of BJJ athletes in five competitions, the most common injury was found in the elbow.[4] Despite the lack of studies involving the injury of Brazilian Jiu-Jitsu (BJJ) athletes specifically, data is available about other "grappling type" arts. In a study surveying Taiwanese elite wrestlers, the top three injured sites for males were waist, ankle joint and finger areas.[5] In a literature review on common judo injuries, during the 2008 and 2012 Olympic Games, sprains, strains, and contusions—usually of the knee, shoulder, and fingers—were most frequently reported.[6]

PIP joint inflammation is a chronic condition that can develop in BJJ athletes over time. One of the fundamental techniques in BJJ is obtaining [illegible] (the jacket used in competition, also sometimes called "kimono"). Repetitive [illegible] inflammation.

TCM

In traditional [illegible] "miscellaneous" external cause of disease. Because the nature of martial arts [illegible] likely to experience trauma, the TCM perspective of trauma deserves [illegible]

Figure 1. Ef[illegible]

Slight trauma	*Qi* stagnation
Severe trauma	*Qi* stagnation & Blood stasis
External factor w/ old trauma	Painful obstruction syndrome w/ *qi* stagnation & Blood stasis

Figure 2. Differences between *qi* stagnation and Blood stasis/stagnation

QI STAGNATION	BLOOD STASIS
Moving pain or a generalized pain, difficult to identify	Fixed, easy to locate
Onset occurs around stress	Onset not affected by stress
Pain is of a dull, radiating nature, can occur any time	Pain is sharp, stabbing, and intense, could be worse at night

Different types of physical trauma can occur in an individual and this can affect *qi* and Blood in different ways. Pain will present with different characteristics in the patient, usually manifesting in symptoms predominantly present as either *qi* or Blood stagnation (See Figure 2).

Figure 3. Internal causes of musculoskeletal pain according to TCM

Qi and Blood deficiency	Pale face, shortness of breath, fatigue, T: pale, P: deep, weak
Liver *qi* stagnation	Irritable, flank pain, frequent sighing, T: slightly red, P: wiry
Liver Blood deficiency	Pale lips & nails, dizziness, poor sleep, T: pale, P: weak
Spleen *yang/qi* deficiency	Fatigue, poor digestion, loose stools, cold limbs, T: swollen, pale, P: slippery or weak
Kidney *yin* deficiency	Low back pain, dizziness, tinnitus, poor memory, night sweats, thirst
[illegible] deficiency	Low back pain, cold limbs, pale face, fatigue, T: swollen, P: deep, weak

Figure 4. TCM treatment principles with basic acupoints

Qi and Blood [illegible]	Tonify *qi* [illegible]	Ren 6 *Qihai*, tonify *qi*, move *qi* [illegible] *Zusanli*, Tonify *qi* & blood
Liver *qi* [illegible]	[illegible]	LV 3 *Taichong*, soothe Liver, move LV *qi*
[illegible]	[illegible]	BL 18 *Ganshu*, LV *Shu* point BL 17 *Geshu*, influential point of Blood
[illegible] deficiency	*qi* & *yang*	[illegible] *shu* point of SP SP 6 *Sanyinjiao*, tonify SP
Kidney *yin* deficiency	Tonify Kidney *yin*	BL 23 *Shensu*, *shu* point of KD KD 3 *Taixi*, *shu* stream KD point
Kidney *yang* deficiency	Tonify Kidney *yang*	(Same as above) + DU 4 *Mingmen* Strengthen KD *Yang*

TCM internal causes of musculoskeletal pain are described in Figure 3. Treatment principles and main points are listed in Figure 4.

Description

The 32-year-old male patient presented with hand pain in the PIP joints in his right hand. He experienced this pain on and off for a few years, with a recent flare-up due to over-training before a competition. The patient explained that his grip "gives out" and that his hand felt weak. His hand appeared swollen in the PIP joints, and he was experienced pain upon slight palpation in PIP joint medial and lateral collateral area.

The patient, a professional athlete, considered his diet to be healthy. He said he maintained a regular exercise schedule but had a tendency to over-exercise. He had a wiry pulse upon palpation and his tongue was slightly red with minimal tooth marks.

Figure 5: Basic anatomy of the metatarsals

Acupuncture and the Opioid Crisis in Colorado

By James Yardley, MAcOM

This information was created for the Acupuncture Association of Colorado by the author for policymakers in Colorado.

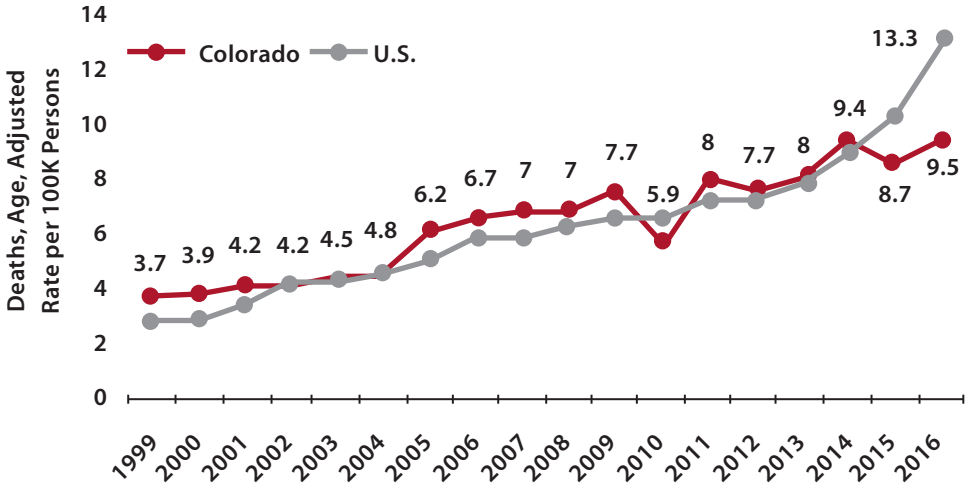
James M. Yardley received his Master's in Acupuncture and Oriental Medicine from the Oregon College of Oriental Medicine in 2019. Previously, he earned a BS in Integrative Health from the Metropolitan State University of Denver and had a fulfilling career in music. A resident of Portland, Oregon, James is passionate about seeking ways that integrative medicine can transform health care for all. He may be reached at Jamesmilesyardley@gmail.com.

Problem

Colorado has a growing opioid crisis on its hands...

- **Drug overdose death rates in Colorado continue to increase,** fueled by opioid addiction… **opioid overdoses "nearly quadrupled** from 2.5 deaths per 100,000 population in 1999, to 9.8 in 2017."[1]
- **Opioid overdoses take more lives in Colorado than any other type of drug,** including alcohol, methamphetamines, heroin and cocaine.[1]
- **The number of people in treatment for opioid use disorders at state licensed facilities has increased 189%** from 2,748 in 2011 to 7,949 admissions in 2016.[2]
- **Heroin-related deaths have nearly tripled in six years:** 2011 - 79 deaths, to 2016 - 228 deaths.[2]

Rate of Opioid-Related Overdose Deaths in Colorado



Source: CDC WONDER

Solution

Acupuncture is effective for pain management…

- "**Acupuncture has a clinically relevant effect on chronic pain that persists over time…** Referral for acupuncture treatment is a reasonable option for chronic pain patients."[3]
- **The American College of Physicians Clinical Practice Guidelines strongly recommends acupuncture** as a non-pharmacological treatment for acute, subacute, and chronic low back pain.[4]
- **Acupuncture resulted in pain relief and better function** in low back pain compared with nonsteroidal anti-inflammatory drugs and was associated with a greater likelihood of overall improvement at the end of treatment.[5]
- Evidence supports the use of acupuncture in osteoarthritis by **reducing pain, improving mobility and quality of life.**[6,7,8]

Acupuncture's role in recovery management…

- Studies show acupuncture and electroacupuncture **significantly reduce patients' postoperative analgesic requirement, reducing the consumption of opioid-like medications by more than 60% following surgery.**[9,10,11]
- Utilizing electroacupuncture is shown to reduce opioid use across a wide range of major and minor surgical procedures.[12,13,14]
- When acupuncture was incorporated into treatments for pain at a United States Air Force medical center, **opioid prescriptions decreased by 45%,** muscle relaxants by 34%, NSAIDs by 42%, and benzodiazepines by14%.[15]
- "Patients treated with acupuncture had **significantly less pain and used fewer opioid analgesics on Day 1 after surgery** compared with usual treatment," according to meta-analysis from 2016 of 13 studies including 682 patients.[16]

Acupuncture also provides opioids—the natural ones…

- Acupuncture works to block pain by activating a variety of bioactive chemicals, including several classes of opioid neuropeptides through peripheral, spinal, and supraspinal mechanisms. Endogenous opioids desensitize peripheral pain receptors and reduce proinflammatory cytokines peripherally and in the spinal cord.[17,18]

…and can therefore treat opioid addiction itself

- The World Health Organization and the National Institutes of Health have accepted **acupuncture as a therapy for drug treatment for over 20 years**.
- The World Health Association has approved **acupuncture for the treatment of these significant withdrawal symptoms:** vomiting, insomnia, emotional upheaval, muscle spasms, sweats.
- The **U.S. Center for Substance Abuse Treatment** (2007), **the United Nations** (2006), and the **U.S. Department of Defense/ Veterans Affairs** (2010) have each published **best practice guidelines highlighting the value of acupuncture for chemical dependency.**[19]

Acknowledgment: The author thanks Beth Howlett, MAcOM, LAc, Mark VanOtterloo, DAOM, LAc, and Jessica Sylvanson, MAcOM, LAc for their guidance and help with this report.

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Dear Editor...

By Megan Kingsley Gale, MSAOM, Dipl OM (NCCAOM)

Dear Editor,

In 2016 I created and now facilitate a wisdom-sharing resource, the ***Hospital-Based Practice Handbook Project for Acupuncturists and their Hospital Sponsors (Administrators)***. When hospitals decide to offer new integrative medicine approaches, such as the hiring of licensed acupuncturists, this handbook can serve as a valuable resource to help facilitate a smooth, error-free process.

The ***Hospital-Based Practice Handbook Project for Acupuncturists and their Hospital Sponsors (Administrators)***, i.e., the *Project*, supports this challenging new avenue of employment for acupuncturists (LAcs). The *Project* also enables hospital program managers to learn and share the latest evidence-based practices and research in the integrative medicine field and include the LAcs in each step.

"Specifically, the *Project* facilitates a clear understanding of how acupuncturists' procedures and approaches can complement ongoing patient care in each service line."

A Resource for Licensed Acupuncturists

More acupuncturists are being hired in more hospitals. This is a good thing. The *Project* is designed to streamline these hiring procedures and promote the integration of acupuncturists into any hospital's biopsychosocial patient-centered care model.

Specifically, the *Project* facilitates a clear understanding of how acupuncturists' procedures and approaches can complement ongoing patient care in each service line. This can thereby reduce miscommunication about the hiring of licensed acupuncturists as well as illustrate the value of LAcs as professionals rather than technicians.

The *Project* helps hospitals streamline the hiring of licensed acupuncturists by providing the hiring staff and credentialing team with published standards on hiring and credentialing of them. The *Project* connects users to resources that include basic program frameworks—from standard operating procedures (SOPs) to clinical outcome metrics.

A resource for Acupuncturists' Program Managers

Whether the goal is to address increased patient demand for integrative health services or to meet Joint Commission, CDC, and HHS/CMS recommendations for non-pharm options for pain management, this resource is an important asset for the champions and change-makers in the healthcare field. It provides documentation standards and templates as well as practical program standards and outcome metrics.

"The *Project* is designed for use by all healthcare professionals, not just licensed acupuncturists. It can help both program managers and LAcs streamline a set of new programs before they are implemented or assist with the move into new areas by connecting colleagues such that everyone can learn from each other's successes and failures."

The *Project* is a knowledge-sharing network designed to quickly and successfully implement a cross-section of programs, from new program setup to selection of relevant metrics that track cost savings and patient-centered outcomes. Whether it's program success in these patient-centered outcomes or improved access to non-pharm pain care, the *Project* provides versatile applications for all hospital programs. It also presents effective models for revenue generation as well as service reimbursement.

The *Project* supports individual program managers as well as their hospital by facilitating connections between other managers who work with integrative health (IH) professionals or run IH programs. This is important because it helps in-house acupuncturists understand the pressures and standards the facility is working toward; for example, it's handy for developing (or improving) a clinic's outcome measures to align its metrics with the facility's larger mission and vision.

The *Project* connects standards of practice in documentation (coding, use of relevant research-validated metrics), compliance, billing and reimbursement models, and research. It also connects user to resources in health policy, thus directly affecting an acupuncturist's hospital-based practice.

A Resource for All

The *Project* is designed for use by all healthcare professionals, not just licensed acupuncturists. It can help both program managers and LAcs streamline a set of new programs before they are implemented or assist with the move into new areas by connecting colleagues such that everyone can learn from each other's successes and failures.

The *Project* connects users to relevant published research and program frameworks (from feasibility studies to pragmatic trials). This offers great potential for collaboration in multi-site research projects.

The *Project* hosts discussions of relevant research in the field as well as vetted recommendations for continuing education resources, whether it's through courses or conferences. Included are both closed group resources for discussion and social support through connections to mentors and existing resources and the beta-testing of new resources.

Project Resources include:

- Email list with newsletter
- Published resources available via the website, blog, public Facebook page, and YouTube channel
- Closed online discussion groups

Welcome to the *Project*!

Megan Kingsley Gale, MSAOM, Dipl OM (NCCAOM)
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The topic selected for this issue is:

How Do You Treat Lyme Disease in Your Clinic?

By Jennifer A. M. Stone, MSOM, LAc

Jennifer A. M. Stone MSOM, LAc is an assistant research faculty at the Indiana University School of Medicine, Department of Anesthesia and Department of Pediatric Oncology. She has participated in NIH funded research on both animal and human subjects. She serves as Editor In Chief of JASA: *The Journal of The American Society of Acupuncturists* and for 28 years has maintained a clinic, East West Acupuncture in Bloomington, IN. Her IUSM team recently proposed a research study to investigate the immunomodulatory mechanisms, including mesenchymal stem cells, on the effects of acupuncture in patients with postherpetic neuralgia.

Lyme disease is estimated to affect more than 300,000 each year.[1] The diagnosis and treatment of Lyme in the U.S. comes with controversy. Acute onset of the disease follows a bite from an infected deer tick. Though most tick bites manifest with itching and swelling, the Lyme-infected tick bite has a unique rash around it that looks like a bulls-eye. In the first few days, patients will experience high fever, chills, sweats, extreme body aches, swollen lymph nodes, joint pain and swelling, and sometimes Bell's palsy, an asymmetrical facial droop caused by dysfunction of the trigeminal nerve.

Diagnosis

The Center for Disease Control (CDC) currently recommends a two-step process when testing blood for evidence of antibodies against the Lyme disease bacteria *Borrelia burgdorferi*. Both steps can be done using the same blood sample.

The first step uses a testing procedure called "EIA" (enzyme immunoassay) or, rarely, an "IFA" (indirect immunofluorescence assay). If this first step is negative, no further testing of the specimen is recommended. If the first step is positive or indeterminate, the second step should be performed. The second step uses a test called an immunoblot test, commonly, a "Western blot" test. Results are considered positive for Lyme only if the EIA/IFA and the immunoblot are both positive.[1,2]

Treatment

Antibiotics commonly used for oral treatment include doxycycline, amoxicillin, or cefuroxime axetil. People with certain neurological or cardiac forms of illness may require intravenous treatment with antibiotics such as ceftriaxone or penicillin.[3]

Although most cases of Lyme disease can be cured with a 2-4 week course of oral antibiotics, patients can sometimes have symptoms of pain, fatigue, or difficulty thinking that linger for more than six months after they complete their antibiotics. This condition is called "Post-Treatment Lyme Disease Syndrome" (PTLDS).

Post-Treatment Lyme Disease Syndrome (PTLDS)

Why some patients experience PTLDS is not known. Some experts believe that the infection can trigger an "auto-immune" response causing symptoms that continue after the infection is gone. Other experts hypothesize that PTLDS results from a persistent but difficult to detect infection. Finally, some believe that the symptoms of PTLDS are due to other causes unrelated to the patient's *Borrelia burgdorferi* infection.

Though short-term antibiotic treatment is an accepted and proven treatment for early Lyme disease, some doctors are treating PTLDS with long-term antibiotic treatment. Long-term antibiotic treatment for Lyme disease has been associated with serious, sometimes deadly complications. Studies funded by the National Institute for Allergy and Infectious Diseases (NIAID) have found that outcomes are no better for patients who received additional prolonged antibiotic treatment than for patients who received placebo.[4]

"Long-term antibiotic treatment for Lyme disease has been associated with serious, sometimes deadly complications."

Chinese Medicine

During the acute phase of Lyme disease, acupuncture and Chinese medicine can be used to ease the febrile symptoms as an adjunct to western antibiotic therapy. In treating PTLDS, Chinese medicine as well as acupuncture include treatment modalities that are more suited to managing the multiple symptom cluster of PTLDS, thus making Chinese medicine a valuable option in caring for patients with these difficult conditions.

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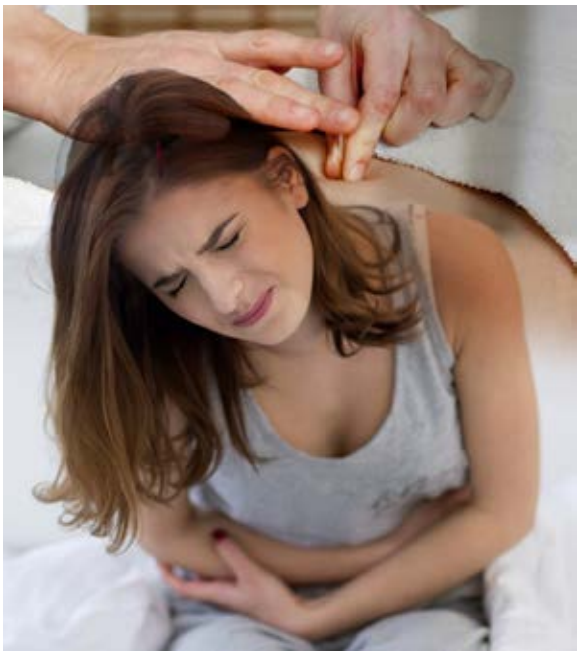
Read a different perspective on the treatment of Lyme disease by the founder of the Lyme Research & Healing Center, Greg Lee, LAc in September's issue of *Acupuncture Today*: https://www.acupuncturetoday.com/mpacms/at/home.php



JASA: *The Journal of the American Society of Acupuncturists* is seeking submissions for the fall 2019 issue's Clinical Pearl topic: "How Do You Treat Leaky Gut Syndrome in Your Clinic?" Clinical Pearl submissions may be sent to Clinical Pearls Editor Tracy Soltesz at kesrya@gmail.com by September 15, 2019.

Please refer to our website for Author Guidelines and submission information: http://www.meridiansjaom.com/author-guidelines.html

How Do You Treat Lyme Disease in Your Clinic?

By Munleen K. Soni, DSOM, LAc

Munleen Soni is the CEO and sole practitioner for An Xuan Healing in Portland, Oregon, and is affiliated with the National University of Natural Medicine. She also serves as treasurer of the Oregon Association for Acupuncture & Oriental Medicine. After completing an Intensive Medical Gross Anatomy Bootcamp and a year of osteopathic medical school in rural Appalachia, a health crisis led her to pursue her life-long passion to provide palliative, restorative and minimally invasive health care via acupuncture and herbs.

While the diagnostic label of "Lyme disease" relays symptomatic information, it does not translate or correlate to an actual diagnosis within classical Chinese medicine. Typical clinical presentation is categorized by an initial dermal lesion with neuro-muscular complications such as but not limited too joint pain, headaches, fatigue and additional complications that may lead to a sequelae.

Broadly speaking this particular range of signs fall into the realm of *shaoyang*, which is associated with governing the exterior and interior. This is especially pertinent given that Lyme disease originates as an exogenous acute attack with associated chronic, latent presentations. To date only acute cases affecting females ranging in age from 25-70 have been treated.

In terms of climatology, areas associated with Borrelia burgdorferi are cold damp environments, which implies the need for a warming and invigorating treatment strategy. With respect to herbal prescriptions, a base formula using the following four warming herbs are utilized: *fuzi, xixin, gan jiang* and *guizhi*. Together they are invigorating and able to intercept at all depths and regions of the body from the entire vertebral column, interstices, joints, muscles and dermis. In cases where there are elevated levels of ESR or WBC counts indicative of rheumatic activity combined with reported inflammation in joint spaces, *chai hu* is incorporated.

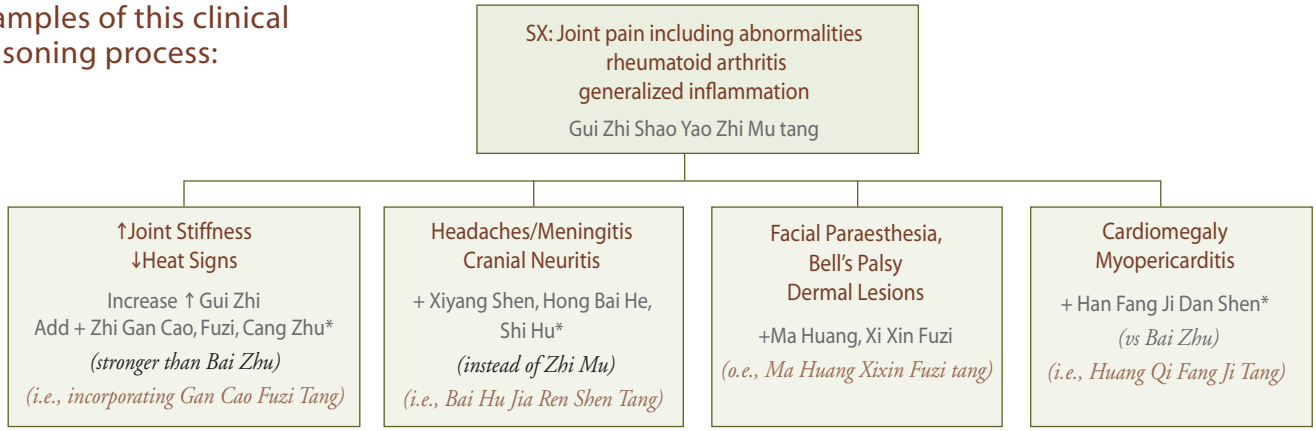
Treatment with acupuncture and moxibustion begins with the scalp and ear needled first to quickly minimize pain and discomfort, followed by the selection of points on channels based on the pulse and facial diagnoses. Emphasis is granted to both *shaoyang* and its pair *jueyin*, immunodefensive *wei* energy that exudates by the *chong mai,* and the Kidneys as they provide the foundation for health.

An example of this would be the following acupuncture points: SP4 and XB5 to access the *chong mai*, LR3, XB6 to SJ5; GB39, GB40, GB34, KI6 (classical location on calcaneum), KI16, and CV22 (Window of the Sky to facilitate normalizing *wei* energies). In certain cases where there is pronounced deficient Heat or listless energy *miyabi* moxa is added directly onto select points.

"Broadly speaking this particular range of signs fall into the realm of *shaoyang*, which is associated with governing the exterior and interior. This is especially pertinent given that Lyme disease originates as an exogenous acute attack with associated chronic, latent presentations."

Clinically a modification of *gui zhi shao yao zhi mu tang* has been shown to reverse inflammation, restore range of motion, and prevent the need for corticosteroids and antibiotics. Modifications to attenuate for the actual clinical presentations are utilized to engender the most accurate, biospecific therapeutic innovation. Chronicity results often require at least six months to a year of regular intake of a formula with consistent follow up for acupuncture.

Examples of this clinical reasoning process:



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How Do You Treat Lyme Disease in Your Clinic?

By Amy Moll, DAOM, LAc, Dipl OM (NCCAOM)

Amy Moll, DAOM, LAc, Dipl OM (NCCAOM) is in private practice in Bend, Oregon, where she specializes in neurological disorders, chronic pain, and concussion recovery. She is a faculty member of the Carrick Institute of Clinical Neuroscience and Rehabilitation. In addition to lecturing around the country, Molly provides online education and training in topics in neurology at www.Acupunctureneurology.com. She can be reached at amy@acupunctureneurology.com.

Patients with Lyme disease (*borrelia sp*) and other tick-borne infections often present with dysautonomia, a dysregulation of autonomic nervous system functioning as a result of damage and inflammation inflicted upon neural tissues by the spirochete. The autonomic nervous system includes higher cortical areas of the insular cortex and prefrontal cortex, and the thalamus and hypothalamus as well as key areas in the mesencephalon, pons, and medulla.

Functional neurological examinations of the cranial nerves can provide objective markers of function of these key areas of the midbrain and lower brainstem. Patients may present with hippus—an oscillating constriction and dilation of the pupils in response to light, poor ability to hold gaze on a steady target, intrusions in horizontal and vertical pursuits, deviations of the tongue, poor soft palate movement, and hyper-or hypo gag reflexes.

Patients with Lyme frequently present with elevated resting heart rates in the 90-95 beats per minute (bpm) range. Thirty bpm or greater spikes in heart rate can be observed when they go from supine to standing.

Sign and symptoms of dysautonomia can include poor regulation of body temperature, leading to spontaneous sweating, chills, fevers, and hot flashes. Dysregulation of the heart rate can lead to tachycardia and postural orthostatic tachycardia. Other signs of dysautonomia include frequent dizziness, fatigue, blurry vision, nausea, headaches, chronic low-level anxiety, tingling and numbness that moves around, sleep disorders, immune system imbalances, and chronic pain.

Dysautonomia parallels closely the Chinese medicine concept of a *ying wei* disharmony. *Ying wei* disharmonies lead to imbalances in circadian rhythms and affect circulation to the *yin* Organs. When *wei qi* remains active at night, and *ying* is not allowed to properly circulate, this leads to insomnia, chronic low-level anxiety, and immune imbalances. *Ying wei* disharmonies also manifest with temperature fluctuations, tachycardia, fevers, dizziness, nausea, digestive imbalances, numbness and tingling, fatigue and headaches.

> "When *wei qi* remains active at night, and ying is not allowed to properly circulate, this leads to insomnia, chronic low-level anxiety, and immune imbalances."

Patients with *borrelia* infections frequently present with a long list of fluctuating symptoms and complaints in addition to neurological findings indicative of dysautonomia. Treating a *ying wei* disharmony with the classical formula *gui zhi tang* or its associated formulas can effectively resolve a wide variety of these symptoms by addressing the dysautonomia.

Acupuncture can also effectively address dysautonomia through harmonizing the *ying* and the *wei*. *Wei qi* is circulated through the extraordinary vessels of the *ren, du*, and *chong*. The confluence points of LU7, SI3, and SP4 respectively aid in the circulation of *wei qi*. *Wei qi* can be tonified with ST36, UB12, and LU9. *Ying qi* can be nourished through SP4, SP6, and SP21.

The use of entry and exit points also unblock the *ying qi*. Through the integration of neurological examinations, neurophysiology, and the application of acupuncture and Chinese herbs, dysautonomia in *Borrelia* and other tick-born infections can be monitored and effectively treated resulting in improvements in a wide variety of common symptoms and ailments.

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How Do You Treat Lyme Disease in Your Clinic?

By Amy Mager, DACM, LAc, Dipl OM (NCCAOM) and
Christine Cronin, DAOM, LAc

Amy Mager, MSTCM, DACM, Dipl OM (NCCAOM) received her MSTCM from the American College of Traditional Chinese Medicine at CIIS in 1986 and her DACM from the Pacific College of Oriental Medicine in 2019. Amy is also an ABORM Fellow. She serves as the American Society of Acupuncturists' vice chair and is interim chair of the Acupuncture Society of Massachusetts. Amy specializes in fertility, pregnancy, postpartum, intractable pain and "the intractable and atypical."

Christine Cronin DAOM, LAc is an alumna of Pacific College of Oriental Medicine-San Diego. Currently, Dr. Cronin currently serves as the chair of the Acupuncture Department at this campus. She also is a Board Member at Large for the American Society of Acupuncturists and coordinates the ASA's newsletter.

In some instances, Lyme disease does not present with any of the expected signs and symptoms. During one three week period, for example, three atypical Lyme cases presented at clinic. Recognizing atypical presentation is a crucial first step to successful treatment planning.

The CDC[1] states the following signs and symptoms for Lyme disease: "Fever, chills, headache, fatigue, muscle and joint aches, and swollen lymph nodes. Erythema Migrans (EM) rash (i.e., bullseye rash) only occurs in approximately 70 to 80 percent of infected persons. If the rash appears, it begins at the tick bite site 3-30 days after the tick bite (average is about 7 days)."

"One of the benefits of our profession's training involves asking the 10 questions and watching our patients as well as listening to them. We listen to their voice, their tone, and observe how they conduct themselves."

Although one of the patients had several of these symptoms, these two patients did not have any of these above-listed signs or symptoms:

Patient 1: This 60-year-old female's chief complaint was unclear thinking. The patient reported that "something is wrong, I just know it and I can't pinpoint it." She kept the tick and showed it to her regular physician who said that because it was not a deer tick there was no point in testing it. I encouraged her to have the tick tested at a local university, which she did. The tick came back positive for Lyme so her physician then agreed to order testing for Lyme and other tick-borne diseases. These came back positive for Lyme and Babesiosis. It is important to remember that even with common Lyme symptoms, other presentations are possible and every patient that is able to save the tick should get it tested.

Patient 2: This 48-year-old male Community Service Agriculture farmer complained of severe knee pain. The patient denied exposure to Lyme because he "always" wears long pants and long shirts while working on his inner city CSA farm. For the past 18 years, his only form of transportation has been by bicycle. After one long bike ride, he felt knee pain for three days while pulling his mom in a device behind the bike and later when playing tennis.

After three days, the knee pain went away, and the next day the patient felt no pain in his knee. The following day, however, the patient was unable to bear weight. The patient's knee was greatly swollen. The swelling and misshapen configuration of the knee told me, "pay attention, this is atypical." I gave an acupuncture treatment to the patient, used liniment on his knee, gave him crutches I had on hand, and urged him to get a Lyme blood test.

After initially rejecting this suggestion, after three days of continued symptoms he called me to inquire more about the test. I urged him again to get tested and he agreed to this. The test came back positive for Lyme. Additionally, the test indicated he had had Lyme for

continued on page 40

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Report on the Society of Acupuncture Research International Conference

By Megan Kingsley Gale, MSAOM, Dipl OM (NCCAOM)

The 19th annual Society of Acupuncture Research Conference[1] was held June 27-29 at the University of Vermont Davis Center, Burlington, Vermont. Established in 1993, SAR membership includes "basic and translational scientists, clinical epidemiologists and trialists, and practicing acupuncturists who engage in research and education from 28 countries."[2]

This year's conference theme, "Acupuncture Research, Health Care Policy, and Community Health…Closing the Loop," emphasized the goal of acupuncture research as being organized, coherent, and accessible so it may inform by use of evidence-based decision-making. "The goal is to support a reality where integration and cross-pollination can flourish—in both the intradisciplinary sense between various acupuncture stakeholders and the interdisciplinary sense between acupuncture and other health care disciplines."[3]

This was my first SAR conference. At the hospital-based practice pre-conference session, I was finally able to meet in person the colleagues I have been working with remotely for years and cheer on my colleagues who were presenting their work. During each day, there was great sense of comraderie, connections were made, wisdom was shared, and excellent, heartfelt work was presented from many disciplines. The whole conference felt to me like a tipping point—just before hitting critical mass, this butterfly was emerging from its cocoon.

"The goal is to support a reality where integration and cross-pollination can flourish—in both the intradisciplinary sense between various acupuncture stakeholders and the interdisciplinary sense between acupuncture and other health care disciplines."[3]

One outstanding presentation, "The Risks and Rewards of Using the Electronic Health Record (EHR) for Research," was by Jeff Dusek, PhD, director of research at the Connor Integrative Health

SAR Research Dissemination group. Photo credit: JASA

Network, University Hospitals, Cleveland, Ohio. Dr. Dusek discussed the ability to obtain detailed, patient-level data via extracts from the electronic health record. While the electronic health record is foremost a clinical tool and not designed for research purposes, using data in the EHR for research is possible, although it necessitates a lot of work.

Dr. Dusek's advice to those interested in this type of research: "Develop a study protocol and get IRB approval. Reach out to the hospital informatics team as you are developing the protocol to make sure that the elements you want are in the EHR. Be prepared to work with the informatics team BEFORE you submit and AFTER you obtain approval to make sure that your specifications document is accurate. The process is iterative! Include a biostatistician on the team! You may need lots of their time. Be patient—these steps can take a great deal of time. Start with a small data extract (1-2 months of data) and test out the concepts before getting to the complicated datasets."

New metrics to consider when measuring our clinical work

Therapeutic alliance was discussed by three impressive researchers: Lisa Conboy, MA, MS, ScD, Vitaly Napadow, PhD, LicAc and Hugh MacPherson, PhD. Dr. Conboy presented "The Development of the Therapeutic Alliance in Acupuncture Treatments of Gulf War Illness (GWI)" with Saadat Bagherigaleh, MD, MAOM, New England School of Acupuncture at MCPHS University.

Dr. Napadow, associate professor at the Harvard Medical School and director at the Center for Integrative Pain NeuroImaging, presented on "neural mechanisms supporting patient/clinician therapeutic alliance during acupuncture." His work showed how the level of electroacupuncture analgesia (pain relief for the patient) is correlated to how much the clinician's face mirrors the patient's face.

Dr. MacPherson, University of York,[4] presented on "Pragmatic Trial Designs to Identify Specific Effects Beyond Needling and Their Impact," which looks at lifestyle advice. He also discussed the teaching of self-care, which considers the integral aspects of usual patient care in an acupuncturist's clinical practice. Dr. MacPherson elegantly differentiated the East Asian medicine lifestyle/wellness advice from "nonspecific effects."

For those working to use research to change/inform healthcare policy and coverage of care patients are requesting and need

Arya Nielsen, PhD, Icahn School of Medicine at Mount Sinai, Department of Family Medicine and Community Health, presented on her multi-year work with The Joint Commission (TJC) on nonpharmacological pain relief options officially being recognized as the first line of pain relief care. She stressed that TJC accredited facilities must provide nonpharmacologic options for inpatient pain care.[5]

Lisa Taylor-Swanson, PhD presented "Intersections of Practice, Research, and Policy: Update on Washington State Labor & Industries Coverage of Acupuncture for Injured Workers." Her team's research translated acupuncture for low back pain evidence that resulted in a policy change at Washington State's Department of Labor and Industries to: (1) add licensed

Below from left to right: Jennifer Stone, LAc; Lisa Taylor-Swanson, PhD; and Megan Kingsley Gale, LAc. Photo credit: JASA

acupuncturists to the list of approved provider types within the state workers' comp system and (2) include coverage of acupuncture services for approved claims related to low back pain. Dr. Taylor-Swanson received the Society of Acupuncture Research's Outstanding Clinical Research Presentation Award at the conclusion of the conference.

Laura Ocker, MAcOM, LAc from the Multnomah County Health Department discussed her experience with using research to encourage health policy change for Oregon's Medicaid program. Ben Kliger, MD, MPH, director of the Integrative Health Coordinating Center at the Veterans Health Administration's Office of Patient Centered Care & Cultural Transformation, presented on "Using Acupuncture to Advocate for Evidence-Based Health Care Policy." The VHA has now approved the following integrative health treatment options: acupuncture, *tai chi, yoga,* meditation, massage therapy, guided imagery, hypnosis, biofeedback, and chiropractic care.

Above from left to right: LiMing Sing, LAc; Helene Langevin, MD, Director of the National Center for Complementary and Integrative Health at the National Institutes of Health; David Miller, MD, LAc. Photo credit: JASA

How to access more information about this SAR conference

"The Society for Acupuncture Research is a phenomenal year-round resource for research questions; your membership also helps support collaboration between the researchers and practitioners helping to craft the research initiatives that inform the public, regulators, and insurance companies https://sar.memberclicks.net/ " –Claudia Citkovitz

Access more information about the conference and related SAR resources at their website www.acupunctureresearch.org. The next SAR conference held in the U.S. will take place in 2021.

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BOOK REVIEW

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357 pages

Published by
The Contemporary Oriental Medicine Foundation, Gainsville, FL

Contemporary Oriental Medicine Concepts

by Dr. Leon I. Hammer, MD

Reviewed by Kathryn Nemirovsky, MSOM, LAc

There are books written for the practitioner of Chinese medicine that can and should also be read by Western physicians who wish to understand what our medicine has to offer. Among those, there are some that have the potential to deeply inspire as well as educate.
Dr. Leon Hammer's *Contemporary Oriental Medicine Concepts* is one such book. It will grip the seasoned practitioner wishing to delve deeper and invoke humility in new practitioners upon realizing just how meager a foundation their degree program has bestowed upon them—and for both it will drive home how much more there is to learn in order to practice a medicine that is truly preventative and truly holistic.

Concepts is essentially an encapsulation of Contemporary Oriental Medicine (COM), the synthesis of Dr. Hammer's own life's work as a practitioner of western medicine and his twenty-seven years of study with internationally recognized master of Chinese medicine, Dr. J. F. Shen. Among Dr. Hammer's gifts are the formulation of a medicine that lives and evolves in the present day and a profound understanding of diagnosis and treatment; one that is not currently offered in either acupuncture school or western medical training.

In the spirit of holism, the book is laid out in a somewhat nonlinear fashion. This might present a slight challenge for those expecting a more orthodox textbook presentation, or for those unfamiliar with either Dr. Hammer's work or with Chinese medicine in general. But I believe the richness of content will be enough to carry most readers, including those introduced to the material for the first time. The fundamental ideas of COM are relevant and essential regardless of treatment style, and the information in this book alone is enough to form the basis of a full, thriving, and continually maturing lifelong practice.

"The fundamental ideas of COM are relevant and essential regardless of treatment style, and the information in this book alone is enough to form the basis of a full, thriving, and continually maturing lifelong practice."

The chapters include (not necessarily in this order and not limited to) an introduction to basic COM terminology and ideas, philosophy, symptoms, etiology, homeostatic strategies, signs and ecology, terrain (innate capacities) and lifestyle, diagnosis and management. Also included are discussions on organ system pathologies, most notably a detailed exploration of liver conditions and corresponding pulse diagnoses.

Readers should be aware that the discussions on pulse in Concepts are limited, and those looking for a comprehensive understanding of the Shen-Hammer pulse system should also read Dr. Hammer's second book, *Chinese Pulse Diagnosis, A Contemporary Approach* (or better yet, study the pulse system directly with a qualified instructor). Also included in this book are discussions about important COM concepts such as heart shock, the separation of *yin* and *yang*, and *qi* wild conditions. There is also a section on blocks as well as some discussion on the use of herbal formulas.

The depth Dr. Hammer offers on diagnosis, pathology, and treatment is reflected in the seamlessness of his thinking as both a western physician and a practitioner of Chinese medicine. This is beautifully illustrated in his descriptions of physiology that nod to both western and eastern perspectives simultaneously without favoring or diminishing either one. I have found this particularly useful in clinic as it allows for communication with the patient in a way that has the most potential to affect change. Having been a student of the Shen-Hammer pulse system for many years, I've had countless conversations with patients, for example, about the physiological processes involved in over-exercising, an idea integral to COM but anathema to conventional notions of health.

One of the great strengths of Concepts is that it presents COM as an antidote to superficial ideas of "integrative medicine," which ultimately subsume the fundamental tenets of Chinese medicine into a primarily western bioscience model. Indeed, this is one of the most important contributions of Dr. Hammer's work—a reflection not only of a long life exceedingly well lived, but also a life force of unceasing curiosity and striving for a continually greater understanding of what holistic and humanistic medicine really means.

Kathryn Nemirovsky, MSOM, LAc holds a Master of Oriental Medicine degree from the New York College of Health Professions. Always seeking to enhance her knowledge, Kathryn completed six years of post-graduate studies with Lonny Jarrett, which included training in Contemporary Chinese Pulse Diagnosis, also known as the Shen-Hammer system. Kathryn practices acupuncture and herbal medicine in Crofton and Columbia, Maryland. She served as board secretary for the Maryland Acupuncture Society from 2016-2019.

Sp – 1 隱白 *Yin Bai*, Hidden Clarity

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

Please see bios at end of the article.

The pictures are part of a project called the "Gates of Life" portraying the nature, action, and *qi* transformation of acupuncture channels and points made by the CAM team © (Chmielnick, Ayal, Maimon). Illustration by painter Mrs. Martyna "Matti" Janik.

Explanation of the picture:

Sp – 1 *Yin bai* is a *jing-well* point, a Wood point on the Spleen meridian, and one of the *SunSiMiao* Ghost Points. All of these functions are shown on the picture. The ghost behind the tree and the skeletal buried in ground represent this hidden nature of the point. The well and tree each signify that this is a Wood point and the flow of the *qi* here is characterized by the well.

Etymologically, the Spleen is connected to a servant girl who is humbly doing her job without any wish of admiration. Her pure white dress under an ugly brown coat symbolizes hidden (white) purity.

As a *Jing-Well* point, Sp-1 has strong effect on the other end of meridian, causing an opening of a chest, which is symbolized by the laced neckline of the girl's white dress.

This point also has a gynecological reference. The woman is warming the food, which expresses the production and purification of blood. The red blood-stained cloth laying against the stone hints to the point ability's to stop bleeding.

Sp – 1 *Yin bai* is the source of the *ChongMai*—the woman is standing stands at the entry of a hidden deep cave. This cave also represents the hidden passage of the moving into the *TaiYin* from *TaiYang*.

Characters of the Name:

隱 – ***Yin*** – a hill, work done with two hands, concealment, **hidden**, mysterious, secret

白 – ***Bai*** – white, **clear**, obvious, common. Etymologically this evokes a symbol of a pure white cotton ball or a full moon rising above the horizon—symbol of *TaiYin*

Meaning of the Name:

Hidden Clarity

Clarity mentioned in the name can be understood in several ways. It involves the relation of the point to the movement of *qi* and its relation to the mind. Clear *yang qi* is passing from the Stomach channel to the Spleen channel, from *yang* to *yin*. This movement thus relates to the point's effect on *qi*. The dynamic of movement from Stomach *qi* to Spleen also has an effect on *yin* aspect of the *shen*, which is connected to the Spleen, therefore influencing clarity of the mind.

Stomach channel, which is active before the Spleen in the diurnal cycle of *qi* circulation, brings bright *yang* energy downwards and inwards to the **hidden** realm of *yin*. The last three points on the Stomach channel reflect the process of passing the energy into the Spleen channel.

Sp-1 begins the transformation of this powerful *yang* into nourishing *yin,* i.e., matter. in this point bright yang energy is concealed in *yin* still full of *yang* movement, therefore the point indicates internal excesses of *yang* or Heat, especially effecting the blood vessels, which are under the domain of the spleen there for treating symptoms such as uterine bleeding or hemorrhoids. Moreover, the name reflects the influence of Sp-1 – the *jing-well* point on the *Yin* Earth channel of the Spleen – on the *yi* aspect of *shen*, which results in clarity of thoughts and the mind in general.

Other names:

陰 白– ***YinBai*** – Clear *yin*

鬼眼 – ***GuiYan*** – Ghost (in the) Eye This name shows the presence of Ghosts when they cause sudden hysteric or panic attacks with wide open eyes. The eyes are so wide open that one can see white sclera that surrounds the iris, which is normally hidden, or the eye is open so wide that it covers/hides the whiteness of the sclera.

Another possibility is that the eyes are reflecting a very strange gaze, like seeing a ghost.

Main Actions and Indications:

1. Sp-1 is a *jing-well* point and the first point of the channel

1.1 The flow of *qi* proceeds with the digested *yang* and *guqi* from the *YangMing* –Stomach channel to the Spleen.

Qi circulates in the body in cycles. The diurnal cycle symbolically describes metabolic changes in the body. Here the *yang qi* from the *YangMing* channels enters the realm of *yin* but *yang* movement is still strong. Therefore, this point can treat *yang* and Heat and is used in cases of *yang* or Heat associated with internal stagnation and excesses, such as uterine bleeding, hemorrhoids, blood in stool or urine, febrile diseases with bleeding, nosebleed and so on. The same action enables this point to open skin pores and induce sweating in patients with high fever.

This action of *Yang*/heat management allows Sp-1 also to calm the Heart and *shen.* As with many other *jing-well* points, this point is also used to restore consciousness.

1.2 TMM channel originates at Sp-1

Sp-1, as the point where TMM channel starts, is used to treat all sinew problems alongside this channel, for example, pain, swellings, or itching. TMM channel binds at the ribs and spreads in the chest, which further explains the action of opening or unbinding the chest performed by Sp-1.

2. Sp-1 is the Wood point

Wood phase is controlling the Earth phase, which means it gives the Earth proper structure, direction and movement. Activity of Wood movement prevents stagnations in Earth.

Sp-1, as a Wood point, is very dynamic in nature. It speeds up metabolism and prevents stagnations, therefore, this point is widely used in different digestion problems, such as abdominal distension, no desire to eat or drink, vomiting, diarrhea and so on.

Sp-1 is a very effective point in stopping bleeding that results from both excess and deficiency.

3. Sp-1 is the root of *ChongMai*

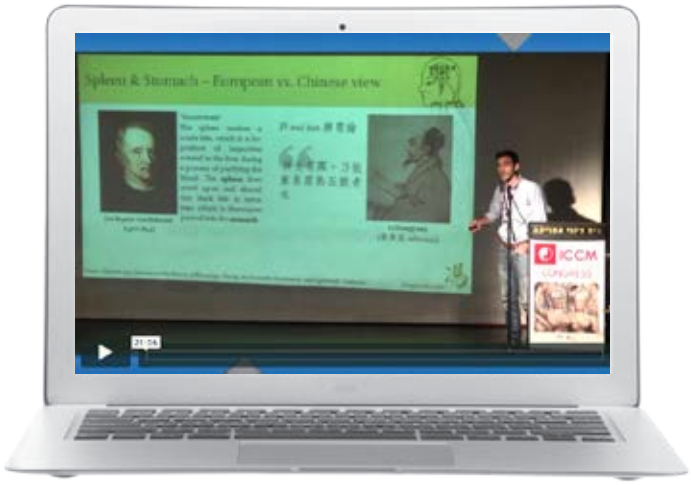
The leg branch of *ChongMai* channel originates from St-30 and flows down the leg through St-36, St-37, St-39 to the foot. It ends at both Liv-1 and Sp-1. The connection of Sp-1 and *ChongMai* further explains its influence on the Blood, blood vessel and especially the uterus.

4. Sp-1 is one of the *SunSiMiao* Ghost points

and indicates its potential to treat deep-seated traumas and gynecological problems rooted in trauma.

Yair Maimon, DOM, PhD, Ac
Dr. Maimon heads the Tal Integrative Cancer Research Center, Institute of Oncology-Sheba Academic Hospital, Tel Hashomer, Israel. He serves as the president of the International Congress of Chinese Medicine in Israel (ICCM) and the head of the Refuot Integrative Medicine Center. With over 30 years of clinical, academic, and research experience in the field of integrative and Chinese medicine, Dr. Maimon combines scientific research with the inspiration from a deep understanding of Chinese medicine. He has been a keynote speaker for numerous congresses and TCM postgraduate courses. Dr. Maimon is the founder and director of a new innovative eLearning academy, the TCM Academy of Integrative Medicine, www.tcm.ac.

Bartosz Chmielnicki, MD
Bartosz Chmielnicki is a medical doctor who has been practicing and teaching acupuncture since 2004. In 2008 he established the Compleo-TCM clinic in Katowice, Poland, and soon after he opened the Academy of Acupuncture there. Dr. Chmielnicki heads the ACUART International School of Classical Acupuncture, www.acuart.pl. He teaches at many international conferences as well as in schools in Poland, Germany, Czech Republic, and Israel.



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https://www.tcm.ac/course/the-anatomical-identity-of-the-spleen-in-chinese-medicine/

at least six months and had been exposed to Lyme previously. His wife reported to me she removed ticks from him every day!

The patient's physician prescribed antibiotics, and I affirmed that this treatment course could also help reduce the possibility of his developing long term neurological consequences of Lyme's disease. The patient felt significantly better within 48 hours of starting the antibiotics, and within 72 hours he no longer needed crutches and was bearing weight normally.

One of the benefits of our profession's training involves asking the 10 questions and watching our patients as well as listening to them. We listen to their voice, their tone, and observe how they conduct themselves. To diagnose, we take the pulse, look at the eyes and palpate the channels. It is easy to close the aperture of the lens we look through, but to best serve our patients, we can also widen that aperture and pay attention. Seeing beyond the chief complaint within the context of our traditional Chinese medicine diagnostic training by, for example, recognizing atypical Lyme disease presentation, can start a patient on the correct road to recovery.

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