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The NCCAOM Board of Commissioners and staff are delighted to announce an organizational rebranding that includes a fresh look for the NCCAOM website, logo and service marks for each area of certification. This effort reflects an update to NCCAOM’s external brand, with a more modern and visually pleasing style.

We encourage all NCCAOM Diplomates to use this new designation to help distinguish their national credentials to the public, media and other healthcare providers.

NEW WEBSITE COMING SOON!
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Like us on Facebook! https://www.facebook.com/MeridiansJournal
Welcome to the fall 2018 issue of Meridians: JAOM.

The leaders on the Meridians: JAOM editorial board and the leaders of the national organization, the American Society of Acupuncturists (ASA), continuously look for ways to provide resources to help acupuncturists in the clinic, in academia, and in political activism. We have two new resources that we’ve prepared for clinicians to make available as a handout for their patients.

“The Relationship Between Acupuncture & Dry Needling – Clarifying Myths & Misinformation” is a pamphlet prepared by the ASA and sponsored by Lhasa/OMS. Lhasa/OMS has printed 3000 hard copies and will put one in every needle box order. Clinicians can then print as many copies as they wish to make available to their patients. It is also posted on the MJAOM website and can be easily printed out.

The second resource, published in this fall issue of Meridians: JAOM, is called “Opioid Facts for Patients.” I first prepared this fact sheet for my own patients, mostly seniors who are dependent on the narcotics they have been prescribed for many years. Their doctors are now weaning them off of this kind of medication and they’re terrified of losing the medicine that relieves them of their pain. Some of my colleagues who are pain management physicians and nurse practitioners have also found this useful for their own patients.

A downloadable, print-ready PDF version of each of these resources and more are at the Meridians: JAOM website: http://meridiansjaom.com/author-research-resources.html

In this fall issue we’re pleased to present two original research pieces. The first is an expertly written protocol design manuscript prepared by Lee Hullender Rubin, DAOM, LAc, FABORM and colleagues entitled “Acupuncture Augmentation of Lidocaine Therapy for Provoked, Localized Vulvodynia: A Protocol for a Feasibility and Acceptability Study.” Protocol design posters and manuscripts are a good way for researchers to invite feedback on their research design when they’re still in the planning process.

The second original research piece prepared by Donald Lefeber, MAOM, LAc and colleagues is an exploratory study to determine if changes in a patient’s fine motor control can be detected and quantified using what is called an RU-Fit device following acupuncture treatment.

Included in this issue are two case reports about unique treatment strategies for orthopedic injuries. The first case discusses the use of acupuncture and moxibustion for the treatment of two displaced fractures of the left clavicle in a patient who refused recommended surgery. The second study is about the successful use of acupuncture with gua sha on a patient who suffered recurring ankle sprains.

Accomplished author and scholar Lonny Jarrett has a wide background in the field of neuro and chemical biology and over 30 years of clinical AOM experience. For this issue, he presents “Catalyzing Emergence: Integral, Evolutionary, and Spiritual Perspectives on Chinese Medicine, Part I,” the first of three parts.
LETTER FROM EDITOR IN CHIEF

Peter Deadman is the well-known author of the comprehensive text, *A Manual of Acupuncture*. His most recent book is *Live Well Live Long: Teachings from the Chinese Nourishment of Life Tradition and Modern Research*. Editorial board member Shane Haggard, LAc gives us his review of Peter’s new book and includes an interview with Peter about what inspires him to write and how he uses the artistic process when writing this and his other compelling books.

Regarding artistic processes, those of you who have consistently read our issues of *Meridians: JAOM* have no doubt seen the beautiful paintings that were each designed to define a particular point. Found towards the end of each of the issues, the paintings are created by Mrs. Martyna Janik and are discussed and defined by Yair Maimon, DOM, PhD, Ac and Bartosz Chmielnicki, MD. Don’t miss the one in this fall issue!

As always, we invite your questions, feedback, submissions and letters to the editor. Please contact us at meridiansjaom@gmail.com.

Respectfully,

Jen
Editor in Chief, *Meridians: JAOM*

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Acupuncture Augmentation of Lidocaine Therapy for Provoked, Localized Vulvodynia: A Protocol for a Feasibility and Acceptability Study

Abstract

Provoked localized vulvodynia (PLV) is a prevalent sexual pain condition in women for which acupuncture’s effectiveness is unknown. In this IRB-approved feasibility study, our objective is to assess the feasibility and acceptability of acupuncture augmentation of lidocaine, a first-line usual care therapy, as a treatment for PLV pain. Thirty women with PLV will be randomized to either the traditional acupuncture (TA) with lidocaine 5% cream group or to the nontraditional acupuncture (NTA) with lidocaine 5% cream group. Each will also be diagnosed according to her traditional Chinese medicine (TCM) pattern. The course of TA treatment includes manual and electrical-stimulated acupuncture using a semi-standardized protocol based on this TCM diagnosis. The NTA treatment includes standardized minimal needling and sham electro-acupuncture on points located away from classically described acupoints and/or channels not traditionally associated with vulvar pain. Participants will attend 18 sessions over a twelve-week period and a follow-up at 24 weeks. The primary outcome measure will be the change in Tampon Test pain score from baseline to week 12.

Key Words: vulvodynia, acupuncture, dyspareunia, vulvar pain

Introduction

Vulvodynia is a pain disorder presenting as pain and discomfort in the vulva with no identifiable cause that is present for a duration of at least three months. The pain can be limited to a specific area (localized vulvodynia), be present in the whole vulva (generalized vulvodynia), or be present in both areas (mixed vulvodynia). Vulvodynia pain can also be present constantly (unprovoked) or with specific touch or pressure (provoked).

Provoked, localized vulvodynia (PLV) is defined as pain localized to the vulvar vestibule provoked by touch.1,2 PLV is the most common vulvodynia presentation; it is estimated to affect 8-15% of women,3,4 who often describe the pain as burning or searing with touch or pressure to the vestibular skin. PLV is also known as vulvar vestibulitis or provoked...
vestibulodynia. While the cause is unclear, several factors are associated with PLV, including genetic, hormonal, inflammatory, immunological, neurological, psychosocial, and structural defects. As a diagnosis of exclusion, other infectious and dermatologic causes of pain are first investigated before PLV is assigned. Treatment for PLV is often multi-modal, treating not only the physical but emotional and sexual distress that accompanies a disorder that profoundly impairs intimacy. Therapies include a combination of topical agents and oral medications, pelvic floor physical therapy, and advanced behavioral therapies. 6,7

A topical anesthetic liquid or cream such as lidocaine is a common first-line therapy. Frequent daily lidocaine use has been associated with 20-50% reduction in PLV pain scores in women. 8-10 However, in a large randomized clinical trial, lidocaine showed no difference in pain relief compared with placebo. 11

Aims: While acupuncture is effective in alleviating the symptom of pain in some chronic pain conditions, its impact on relieving PLV pain is not well understood. Acupuncture is a modality within the system of traditional Chinese medicine (TCM) frequently sought for the treatment of pain, 12 and it is a potential therapy for PLV. 7 Studies evaluating acupuncture's effect to reduce PLV pain are promising but are few in number and difficult to interpret. The studies used different vulvodynia classifications and different acupuncture treatments, methods, and frequency of sessions. Only one had a control arm. 13-17 Clearly, more research is needed to better understand acupuncture's role in vulvodynia treatment.

Methods

In this study, we aim to evaluate if acupuncture augmentation of lidocaine is an acceptable, low side-effect medical treatment for PLV pain. Acupuncture is predominantly sought for the treatment of pain, and we expect that PLV acupuncture will be effective. The purpose of this feasibility study is to determine the feasibility and acceptability of acupuncture augmentation of lidocaine as a treatment for PLV pain.

‘In this study, we aim to evaluate if acupuncture augmentation of lidocaine is an acceptable, low side-effect medical treatment for PLV pain. Acupuncture is predominantly sought for the treatment of pain, and we expect it could effectively treat PLV.’

Recruitment and Consent: The recruitment process is described in the Methods section. Established patients at the Center for Women’s Health (CWH) Program in Vulvar Health at OHSU will be invited to participate in this study. Patients will attend a scheduled appointment at the CWH and be screened for eligibility. For those who are eligible, informed consent will be obtained and a physical exam will be performed.

Full text of this article is available ONLY to paid subscribers and state AOM association members.

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State AOM association members can receive full online access by either registering and logging on to www.meridiansjaom.com or through their state AOM association website.
Diagnostic Criteria for PLV: A vulvar health specialist at the CWH Program in Vulvar Health will confirm the diagnosis of PLV according to methods agreed upon to participant screening and enrollment. The major module is the most sign of the pain model to exist and be treated by the researcher. Right hand of inclusion criteria were shown below to be the standard of the described points (1:00, 5:00, 7:00, and 11:00) must provoke localized moistened cotton swab (Cotton Swab Test) to the vestibule at four medial to Hart's line and lateral to the hymen. Light touch of a and enrollment. The vulvar vestibule is the moist skin of the vulva

Lidocaine: We will allocate fifteen subjects to the TA and lidocaine 5% cream group. We will randomize the baseline visit and select the length of needles based on size of the participant and adjust location. We will use an insertion guide tube to insert the needles in the Japanese style, which is gentle and usually painless. We will retain the length of needles based on use of the participant and accept location. We will use a rotating or lifting/thrusting method to elicit a very mild sensation of tingling, heaviness, mild pressure, or a muscle twitch. Participants will retain needles for 30 minutes for all visits.

Randomization: We will complete all baseline assessments prior to randomization. Consent equipment will be prepared with computer-generated randomization using the balanced allocation method, with four key baseline demographics for each randomization unit: age, BMI, and pain duration at the baseline visit. We will allocate fifteen subjects to the TA and lidocaine cream groups.

Lidocaine: Pain points in both the treatment and control groups will receive lidocaine cream for self-application and will apply four times daily to the pain area. The study nurse will provide training and a written medication sheet to the patient. All participants may use oral acetaminophen every 4-6 hours, up to 4 g maximum per day as rescue pain treatment.

TCM Diagnosis: The participant will be interviewed according to TCM system with primary and secondary diagnoses. At this point, participants will be assigned an acupuncture point diagnosis. We will collect all data entries using the electronic medical record system, and consent forms. Participants will be interviewed and discharged in their first treatment. They will receive baseline treatments for the first six weeks and then receive treatments for their next visit.

• Acupuncture in the previous 3 months.
• Unwilling to refrain from beginning other treatments.
• Non-menstrual pelvic or low abdominal pain for more than 3 months.
• Menopausal.
• Started or changed neuropathic medication dose in the previous 6 months.
• Menstrual cycles.< 27 days.
•  Co-existing vulvar diagnoses (e.g., herpes simplex, lichen planus)
•  VAS vestibular touch pain with Cotton Swab Test test > 40/100 mm, and
• Confirmed diagnosis of PLV using Friedrich's criteria for at least 3 months, 19

We will allocate all participants using a balanced allocation system, one participant for each treatment arm, to either the TA or lidocaine 5% cream group. We will use an insertion guide tube to insert the needles in the Japanese style, which is gentle and usually painless. We will retain the length of needles based on use of the participant and accept location. We will use a rotating or lifting/thrusting method to elicit a very mild sensation of tingling, heaviness, mild pressure, or a muscle twitch. Participants will retain needles for 30 minutes for all visits.

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Table 1: Vulvodynia TCM diagnosis descriptions and points for anterior treatments

<table>
<thead>
<tr>
<th>Diagnostic Criteria</th>
<th>TCM Diagnosis Pattern</th>
<th>Acupuncture Protocol - Supine Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qi Stagnation and Blood Stasis</td>
<td>zhongji CV-3, qichong ST-30, ligou LR-5</td>
<td></td>
<td>Enduring and lancinating vulvar pain that may migrate to the perineum, low abdomen, or low back; possible mental emotional depression, irritability, insomnia, restlessness; poor appetite and symptoms of hot or cold; purple tongue or purple-spotted tongue; wiry and choppy pulse.</td>
</tr>
<tr>
<td>Fire in the Liver Channel</td>
<td>shanghai LR-5, gezie ST-34</td>
<td></td>
<td>Burning and lancinating vulvar pain that is ameliorated with cold; pain worse in hot climate/weather and may radiate with redness; possible burning or painful urination; yellow dry tongue, yellow tongue coating; forceful, rapid, surging pulse.</td>
</tr>
<tr>
<td>Cold in the Liver Channel</td>
<td></td>
<td></td>
<td>Localized and lancinating vulvar pain that may also be burning, but is relieved by warmth. Pain is worse in cold climate/weather. Varying degrees of cold; aversion to cold; pronounced lack of warmth in the extremities; with thirst, sensations of heat, and mental agitation. Tight, wiry pulse or slow pulse; pale tongue with moist, white coating.</td>
</tr>
<tr>
<td>Liver Qi Stagnation</td>
<td>taichong LR-3</td>
<td></td>
<td>Mental depression; rashness; impatience; exaggerated emotional response; pains that rapidly change in location and intensity or distending pain in chest and/or rib-side; oppression in the chest; menstrual pain; menstrual block; painful distention of the breasts; breast lumps; menstrual irregularities. May have normal tongue or slightly swollen tongue with slimy, white coating; wiry pulse.</td>
</tr>
<tr>
<td>Liver/Spleen Disharmony</td>
<td>zhangmen LR-13</td>
<td></td>
<td>Abdominal distension and painful diarrhea that are worse with stress or emotional upset; chest, breast, and rib-side distention and pain; irritability; fatigue; lack of strength; cold hands and feet; orthostatic hypotension; easy bruising; and possible menstrual irregularities. A pale, but dark, possibly swollen tongue with thin, white coating; a fine, wiry pulse.</td>
</tr>
<tr>
<td>Damp-Heat Accumulation in the Lower Burner</td>
<td>yanglingquan GB-34</td>
<td></td>
<td>Genital irritation, burning hot feeling in the vulva; vaginal itch, itching pain in the low abdomen; lack of appetite; feeling hot; possible swelling of the vulva; possible burning or painful urination; small amounts of dark-colored turbid urine and constipation in severe cases. Irritated and/or foul-smelling discharge. Tongue coating is thick, yellow, and slimy; dry, yellow coating; tense, rapid pulse.</td>
</tr>
<tr>
<td>Phlegm/Damp Accumulation</td>
<td>yiningquan SP-9</td>
<td></td>
<td>Extended illness that does not resolve; dull complexion with obviously greasy skin; odorless, greasy secretions from the armpits, genitals, palms, and soles; lack of concentration or poor memory; excessive salivation with expectoration; heavy, thick, yellow, or greasy stools; congestion of the sinuses; weakness; fatigue; difficulty with breathing; numbness of the limbs; dizziness; sensitivity to petrol or perfumes; numbness of the limbs; fatigue; difficulty with breathing; numbness of the limbs; dizziness; sensitivity to petrol or perfumes. Symptoms may worsen with weather or seasonal changes, particularly damp weather. Tongue coating is thick, yellow, and slimy; pulse is slippery.</td>
</tr>
<tr>
<td>spleen Qi Deficiency</td>
<td>zusanli ST-36</td>
<td></td>
<td>Withered, yellow complexion; mental exhaustion; full or heavy feeling in the limbs; fatigue; reduced appetite; indigestion; frequent urge to urinate with a long, clear, urethral content; possible incontinence; possible swelling of the lower abdomen; branches, and capillary network; edema; pale, fat tongue with white coating; deficient, weak pulse.</td>
</tr>
<tr>
<td>Heart Blood Deficiency</td>
<td>shenmen HT-7</td>
<td></td>
<td>Pale, lusterless, or withered complexion; dizzy head; blurry vision; pale tongue; pale lips; pale white nails; palpitations; insomnia; poor memory; profuse dreaming; Pale, fat tongue with white coating; deficient, weak pulse.</td>
</tr>
<tr>
<td>Blood Stasis</td>
<td>xuanzhong SP-10</td>
<td></td>
<td>Senile path with lower abdominal distention and pain which refuses pressure. The skin may be dry, rough, and freckled with red spots and/or purple macules, red thread marks prominent veins on the abdomen. Membranous blood is dark and possibly clotted. Dark tongue with stasis, macules or spots, and a weak and/or choppy pulse.</td>
</tr>
</tbody>
</table>

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Autumn is the season when the Lung and its associated orifice, the nose, are most susceptible to dryness and the variety of irritations that wind-born external pathogens can bring. Traditional Chinese Medicine provides some guidelines for the prevention and treatment of external wind conditions associated with the season. Here are a few formulas we suggest:

- **Sheng Mai Formula** (Sheng Mai San)
- **Jade Windscreen Formula** (Yu Ping Feng San)
- **Ling Zhi Lung Formula** (Ling Zhi Fei Pian)
- **Xanthium Nasal Formula** (Jia Wei Cang Er Pian)
- **Xanthium & Magnolia Formula** (Jia Wei Xin Yi San)
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To date, five studies have investigated acupuncture as a treatment for PLV. Overall, researchers have found that acupuncture reduced pain, improved the quality of life, and was well tolerated by participants.

Assessments: All participants, regardless of group, will have the following assessments conducted to assess the efficacy of the intervention. The Outcomes Measurement Information System (PROMIS) is a validated assessment of PLV pain. We will also assess baseline measures from the participant-reported Tampon Test at their first acupuncture treatment. We will collect additional data from participants completing the Tampon Test every week for 12 weeks, all participants will perform a Tampon Test at the consented participant’s first visit to WHRU. At their first acupuncture treatment, we will collect additional data from participants completing the Tampon Test every week for 12 weeks, all participants will perform a Tampon Test at the consented participant’s first visit to WHRU. Patients will fill out the PROMIS questionnaires and we will assess who meet the eligibility criteria among those who responded to recruitment and by monitoring compliance of participation by the study assistants. Every Tuesday for 12 weeks, all participants will perform a Tampon Test with a study-provided Original Regular Tampax 

Table: Schedule of Assessments

<table>
<thead>
<tr>
<th>Baseline Visit</th>
<th>4</th>
<th>12</th>
<th>19</th>
<th>20</th>
</tr>
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<tbody>
<tr>
<td>Tampon Test</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Expectation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROMIS Scales</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cotton Swab Test</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Blinding Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TCM Diagnosis</td>
<td></td>
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</tbody>
</table>
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Conclusion

In the feasibility study, we expect acupuncture augmentation of lidocaine to a treatment for PLV will be feasible and provide pain relief. We also expect to better understand common TCM diagnoses for PLV patients and learn more about how PLV can be characterized based on TCM diagnosis. Our study will improve existing knowledge and gather feedback on acupuncture as a therapy for PLV.

Acknowledgments

On this study, we would like to acknowledge the support of NIH NCATS grant collection was completed with REDCap and funded by an Oregon Translational Sciences (NCATS) at the National Institutes of Health number (UL1TR000128) from the National Center for Advancing Translational Research Institute (OCTRI), grant Oriental Medicine, Oregon College of Oriental Medicine, and University Women’s Health Research Unit, Council of College of Osteopathic Medicine; Alicia Roselle, LAc; and Jennifer Ward, LAc for their study of lidocaine as a treatment for PLV will be feasible, acceptable, and provide pain relief. We also expect to better understand how PLV can be characterized based on TCM diagnosis.

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In clinical practice since 2002, Lee Hullender Rubin is a Doctor of Acupuncture and Oriental Medicine, a licensed acupuncturist, and a Fellow of the American Board of Oriental Reproductive Medicine. She specializes in reproductive medicine, chronic pain, women's health, female pelvic pain, vulvovaginal pain, anxiety, and depression. She was in private practice from 2002 to 2010 in Washington, where she also started and managed an acupuncture program at Northwest Center for Reproductive Sciences, a conventional fertility clinic. In 2010, she relocated to Portland, Oregon, to pursue academia and a post-doctoral research fellowship funded by the National Institutes of Health at the Oregon College of Oriental Medicine (OCOM). Upon completion of her fellowship, she resumed private practice within an interdisciplinary gynecology practice and was staff acupuncturist at Oregon Reproductive Medicine. In 2018, she joined the Osher Center for Integrative Medicine at the University of California San Francisco. She has authored several publications and was invited to present her research at the Mayo Clinic and Columbia University. She has presented at research congresses for the American Society of Reproductive Medicine, Society for Acupuncture Research, International Research Congress for Integrative Medicine and Health, British Acupuncture Council, and the International Society for the Study of Vulvovaginal Diseases.

Press Release

NIH names Dr. Helene Langevin director of the National Center for Complementary and Integrative Health

August 29, 2018

National Institutes of Health Director Francis S. Collins, M.D., Ph.D., announced today the selection of Helene M. Langevin, M.D., C.M., as director of the National Center for Complementary and Integrative Health (NCCIH). Dr. Langevin is expected to join NIH in November 2018.

“Helene’s distinguished career and leadership in the integrative health community, along with her research on the role of non-pharmacological treatment for pain, makes her ideally suited to lead NCCIH,” said Dr. Collins. “We are so pleased to have her join the NIH leadership team.”

As NCCIH director, Dr. Langevin will oversee the federal government’s lead agency for scientific research on the diverse medical and health care systems, practices and products that are not generally considered part of conventional medicine. With an annual budget of approximately $142 million, NCCIH funds and conducts research to help answer important scientific and public health questions about natural products, mind and body practices and pain management. The center also coordinates and collaborates with other research institutes and federal programs on research into complementary and integrative health.

Dr. Langevin comes to NIH from the Osher Center for Integrative Medicine, jointly based at Brigham and Women’s Hospital and Harvard Medical School, Boston. She has served as director of the Osher Center and professor-in-residence of medicine at Harvard Medical School since 2012. She has also served as a visiting professor of neurological sciences at the University of Vermont Larner College of Medicine, Burlington.

As the principal investigator of several NIH-funded studies, Dr. Langevin’s research interests have centered around the role of connective tissue in low back pain and the mechanisms of acupuncture, manual and movement-based therapies. Her more recent work has focused on the effects of stretching on inflammation resolution mechanisms within connective tissue.

Dr. Langevin received an M.D. degree from McGill University, Montreal. She completed her post-doctoral research fellowship in neurochemistry at the MRC Neurochemical Pharmacology Unit in Cambridge, England, and a residency in internal medicine and fellowship in endocrinology and metabolism at Johns Hopkins Hospital in Baltimore.

“I want to recognize and thank Dr. David Shurtleff for his outstanding leadership as acting director of NCCIH for the past year,” added Dr. Collins. “David is an incredible asset to the NIH community and showed admirable commitment and dedication in this role.”

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Can Acupuncture Therapy be Quantified?

Abstract

**Context:** Currently there is a high demand for evidence-based research in the field of acupuncture. The practice of acupuncture has existed for thousands of years and purportedly has been successful at managing a wide array of health conditions. Producing objective/quantitative data that rules out any possibility of placebo effect has proved burdensome.

**Objectives:** This exploratory study sought to determine if changes in a patient’s fine motor control could be detected and quantified following an acupuncture treatment.

**Design, Setting, Participants, Interventions:** This study looked at acupuncture patients undergoing treatment for general minor injury or pain relief to determine if quantifiable changes could be detected in the fine motor control of the hands after the treatments.

Two groups of 50 subjects were used in the study. The test group was given a fine motor control test prior to and after their acupuncture therapy to determine if any changes could be measured.

The control group was given two fine motor control tests without any intervention with a 40-minute delay between the tests to replicate the test group timing. This study was conducted at a non-profit community clinic between 9/28/16 and 2/19/17.

**Results:** Of the 50 subjects (sample error ±14%) studied, 74% experienced an immediate positive effect on their fine motor control capabilities, averaging ~+5% improvement in their fine motor control capabilities. Of the 23 subjects receiving continued therapy, 94% experienced a long-term positive improvement in their fine motor control capabilities. The 50 subjects in the control group not receiving any acupuncture treatments had a positive improvement averaging ~+0.6% in only 23% of the subjects. A t-test comparison between the test group and the control group indicated a significant difference between the two groups with p<0.001.

**Conclusions:** The RU-Fit device can be used to measure fine motor movement improvements in patients with pain following acupuncture treatment. Test reports can provide the patient with a review chart demonstrating the improvements in their fine motor control following acupuncture treatment and quantify long-term improvement over multiple treatments.

**Trial Registration:** The ARIPi trial is registered at the US National Institutes of Health (ClinicalTrials.gov) #NCT03459872 Unique Protocol ID: RU-Fit Acu 1
Introduction

Outcome-based rehabilitation requires that a given treatment be capable of being objectively evaluated. If quantitative measurements are available, monitoring any changes in the patient caused by the applied treatment is quite compelling. The primary objective is to demonstrate that changes in the fine motor control of the hands provides a clear indication whether or not a specific rehabilitation treatment has in fact provided an appropriate improvement in the patient’s physiological abilities, such as reaction times, coordination, or timing jitter between the hands’ digits. While this study concentrated on changes due to acupuncture, the same approach would work for a number of clinical, physical therapy, homeopathic, or chiropractic treatments.

Reaction Times

A seemingly obvious physical marker of change is reaction times. However, reaction times vary considerably for people depending on gender, dominant hand, age, types of stimulus used, dehydration, fatigue level, types of distractions present, and many other factors. Multiple tests on the same non-injured subject over many months have shown that reaction times can vary on the order of 25-30%. This variability makes using reaction times unreliable or possibly misleading as a biomarker to determine whether real changes have occurred in a subject based on acupuncture treatment. Reaction times are shown in Figure 1, which lists reaction times as published by different groups using visual and sound stimuli. Different stimuli and sound stimuli would provide different results.

Fine Motor Control (Coordination)

Fine motor control (FMC) is defined as the coordination of small muscle movements producing small, precise skills like writing, painting, or threading a needle, as opposed to gross motor skills like walking or running. These precise hand movements may be studied by measuring the forces applied by the hands as a function of time using force plates placed under the hands. Acupuncture can cause a physical change in the motor cortex, quantitative data supporting acupuncture therapy would be produced when the data looked at the effects of acupuncture and other mitigants associated with physical therapy, chiropractic, or clinical medicine treatments could be demonstrated in a similar manner.

Acupuncture and FMC

This research was intended to determine if a measurable, repeatable, and reproducible method could be developed to demonstrate that acupuncture does or does not affect the fine motor control of the patient. If acupuncture does cause a physical change in the motor cortex, quantitative data supporting acupuncture therapy would be produced when the data looked at the effects of acupuncture and other mitigants associated with physical therapy, chiropractic, or clinical medicine treatments could be demonstrated in a similar manner.

Figure 1. Changes in Reaction Time Variance Over Time

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Test population

Age, gender, and dominant hand were collected for demographic purposes. Age, gender, and race were not considered to be a statistically significant factor in a study including only two groups of 50 subjects each. No patient was excluded based on these factors. If this study did not see or exclude subjects less than 18 years of age, it did not include any pregnant women.

Individual treatment regimens were tailored for each subject. Acupuncture guidelines, the acupuncture needles were removed, and the patient was re-tested with the FMC test system. The RU-Fit™ system provided by RedOak Instruments was used to collect the FMC data. The RU-Fit medical device evaluation criteria and standards were used to determine by a software program using a 2-D visual stimulus to prompt the subject to complete coordination tasks with each of the hands separately. The FMC testing is non-invasive.

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FMC Equipment used

The RU-Fit™ system provided by RedOak Instruments was used to collect the FMC data. The RU-Fit medical device evaluation criteria and standards were used to determine by a software program using a 2-D visual stimulus to prompt the subject to complete coordination tasks with each of the hands separately. The FMC testing is non-invasive.

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Table 1. Demographics

<table>
<thead>
<tr>
<th>Average Age</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>47.1 ± 17.4</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>44.5 ± 20.8</td>
<td>60%</td>
<td>40%</td>
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</tbody>
</table>

Table 2. RU-Fit Medical Device Evaluation Criteria & Standards

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Body Function/Structure Classification</th>
<th>Acceptability</th>
<th>Interpretability</th>
<th>Precision</th>
<th>Responsiveness</th>
<th>Validity</th>
<th>Reliability</th>
<th>Appropriateness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

After a preset duration determined by established clinical and acupuncture guidelines the acupuncture needles were removed and the patient was re-tested with the FMC test system. The RU-Fit™ system provided by RedOak Instruments was used to collect the FMC data. The RU-Fit medical device evaluation criteria and standards were used to determine by a software program using a 2-D visual stimulus to prompt the subject to complete coordination tasks with each of the hands separately. The FMC testing is non-invasive.
Differentiation: Reaction Times vs. Fine Motor Control

A reliable, reproducible physical measurement is desired to determine whether or not a change has been effected by the acupuncture treatment. As mentioned above, reaction times by themselves are insufficient for this task. Figure 1 represents the variance in the measured reaction times over a five-year period for a healthy, non-injured male. The average reaction times and standard deviations for the left and right hands are shown:

- Left hand: 281 ±22 ms
- Right hand: 278 ±22 ms

Changes in the timing jitter in Figure 2 show that the timing jitter variance is much smaller than the reaction time variance. While the standard deviation for the reaction times was ±8%, the timing jitter variance had a standard deviation of only ±1%.

The units used for this study are based on the probability that a subject's results are within normal standards. As such, the output is expressed as a percentage; 100% implies normal capability. During this study, a stated +10% difference refers to the difference between two measurements, such as 84% on the first measurement and 94% on the second measurement. Scores of 64% and 74% would provide the same +10% difference.

Results

Timing jitter and coordination were used to differentiate the test subjects in the following analysis for the 50 control and 50 test subjects. For the test group, Figure 3 shows a nearly +5% average change occurred between the two FMC tests, implying that acupuncture can show a measureable change within 30 minutes of the acupuncture treatment. Not all of the changes were positive.

- In this series, 74% of the test group saw a positive effect the day of the treatment. Eighteen percent saw a negative effect and 8% saw no change after acupuncture. Only half (25) of the test subjects returned for additional testing. Of the 25 test subjects returning for additional acupuncture treatments, 23 (92%) demonstrated a net positive improvement in subsequent weeks. This will be discussed further below.

The control group is shown in Figure 4. This group only saw a negligible change between the tests, which is within the ±1% variation seen in Figure 2. In the control group, 23% had a positive change, 45% had a negative change and 32% showed no change between the tests. See Table 3.

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The positive change detected in the test group is not observed in the control group. The test group improved quite quickly and a measurable improvement (average +5%) was observed within 30 minutes of the conclusion of the acupuncture therapy in 74% of the subjects. This was significantly better than the changes observed in the control group, which was on average +0.1% and positive in only 23% of the group.

In a sample of 50 subjects, our sample uncertainty is ±14%. A t-test comparison implies these groups are significantly different with a p-value less than 0.001. In addition, the acupuncture therapy used in the study was successfully modified based on past recorded treatments in several of the test subjects.

Discussion

Half of the test group returned for multiple tests, which allowed for a review of multiple acupuncture treatments for some of these subjects. Figure 5 and Figure 6 show the data for a stroke rehab patient, showing that the left hand (Fig. 5) improved quickly over the 13-week period of treatment. The right hand (Fig. 6) shows a trending improvement but did not respond as well to the treatment. Note that for the left hand (Fig. 5), the second test (solid symbol) is always better (higher) than the first test (open symbol), demonstrating an improvement immediately after the acupuncture treatment. This is not true for the right hand, even though the right hand did improve over the treatment period. The results from Figures 5 and 6 were used to modify the acupuncture treatment to improve the outcome, as seen for the right hand in late October/early November, resulting in a higher plateau in December.
Subject P-8 presented with “soreness” in the shoulders. This test subject returned over a ten-month period for occasional therapy and the results of his tests are shown in Figures 7 and 8. In this case the subject reported a drop in capability immediately after treatment in both hands. However, when the subject was re-tested, he noted an improvement in fine motor control. It was suspected that a delay in the second FMC test of an hour or so might have shown an improvement. This will need to be tested to determine the optimal time after acupuncture to observe an improvement.

Figure 7. Left Hand P-8
Figure 8. Right Hand P-8

An example where no changes were observed over time can be seen in Figure 9. These results were for a subject seeking smoking remediation. A small improvement occurred after the first treatment, but no changes were observed through the subsequent weeks of testing. Pain is not usually associated with smoking. However, “jittery” nerves have been associated with smoking. We were curious if any changes in fine motor control would be noticeable during this pilot study, as the patient did mention having experienced some symptoms.

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Case Report

Acupuncture and Moxibustion for the Treatment of Two Oblique Displaced Fractures of the Left Clavicle

Abstract

Surgical intervention has become the most common treatment for displaced clavicle fractures. In the past, this injury was primarily treated with non-surgical, conservative treatment using figure-eight bandages or immobilization slings. Further complicating the issue is the lack of definitive research on which treatment method is superior, and several randomized trials comparing non-surgical and surgical treatment have not shown compelling evidence in favor of surgery. This is a single case study of a 28-year-old male with two oblique displaced fractures of the left clavicle following a bicycle accident. His medical team recommended surgery; however, he declined due to lack of health insurance. Starting two and a half weeks after his accident, he received three acupuncture treatments with moxibustion over a four-week period. The clavicle bone healed completely without surgery. He reports no residual dysfunction to his left arm and has full range of motion and muscle strength. Further research may show that acupuncture and moxibustion can be an appropriate adjunctive therapy to aid in the healing of clavicle fractures.

Key Words: clavicle fracture, traditional Chinese medicine, Oriental medicine, acupuncture, moxibustion, moxa

Introduction and Biomedical Background

Fractures of the clavicle bone comprise 2.6–5% of all fractures in adults. They occur most commonly in men (68%), with males aged 15–24 years representing 21% of all clavicle fractures. The majority of these injuries (94%) involve a direct fall on the shoulder, while 6% result from a fall onto an outstretched hand. Fractures are often sustained during sports activities or traffic accidents, with same-level falls and bicycle accidents being the most common injury mechanisms.
ACUPUNCTURE AND MOXIBUSTION FOR THE TREATMENT OF TWO OBLIQUE DISPLACED FRACTURES OF THE LEFT CLAVICLE

Patients with this condition will present with a history of recent trauma, a severe extremity and shoulder disability and an inability to raise the injured arm to abduct the injured shoulder with little or no pain and swelling present. Moxibustion is generally recommended prior to performing acupuncture in this type of injury due to the presence of stasis, the lack of local blood circulation, and the presence of injury.1

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The final stage, called “natural cure stage,” occurs seven weeks post-fracture. Treatment principles focus on tonifying the Liver and Kidney, replenishing qi and Blood, strengthening muscles, tendons, and bones, and warming the channels to promote the flow of qi and relieve rigidity of joints. EA and moxa may be used during this stage.

Moxa is generally used in the intermediate and natural cure stages after the initial inflammation and swelling dissipates. During these stages, it is used to reduce residual swelling, pain, and stiffness; disperse accumulations of stagnant Blood and fluids; and warm injured areas that are cold to the touch (inadequate circulation) or for chronic injuries that ache in cold, damp weather. Moxa is contraindicated over open lesions or skin ulcerations or when the injured area is hot, red, and painful.

Case History

In April 2014, a 28-year-old male presented with a fractured left clavicle. Two and a half weeks prior to this appointment, the patient was in a bicycle accident where he flipped over the handlebars, landing on the concrete sidewalk. He knew this was a serious injury because he immediately felt extreme pain and was unable to use his left arm. He was wearing a backpack at the time and the weight of it pulled on the fracture. He remembered “lying on the sidewalk in the rain, in excruciating pain.”

He went to urgent care and was diagnosed by x-ray (Figure 1) with two oblique displaced fractures of the left clavicle with a floating bone in the middle. Urgent care referred him to an orthopedic surgeon; however, this patient did not have health insurance and could not afford the recommended surgery. He wanted to try other options and decided to see if acupuncture and moxa could provide some relief.

Significant Ten Question Findings

The patient reported pain intensity of 5-6/10 while his left arm was immobilized in a sling and could rise to 8-9/10 when his arm was jostled or bumped. He stated that the muscles surrounding the fracture site were more painful than the fracture itself. He reported occasional numbness in his left pinky and ring fingers while lying down, which went away when he sat or stood up. He also reported generalized muscle fatigue and overall exhaustion. No range of motion testing was performed.

Patient had a history of previous fracture to his left scapula from a motorbike crash in Thailand in 2000. He did not need surgery after that accident, though he stated that his left shoulder had been weaker since the injury. The patient worked as a personal trainer and was in excellent physical health. At the time of treatment, he was unable to work due to his injury.

Objective

The patient was 6 feet tall and weighed 195 pounds. Tongue was slightly puffy with thin white coat and red/purple body. Pulse was wiry. Left shoulder was approximately two inches lower than right shoulder and appeared to be hanging when not in the sling. The area of broken bones was clearly apparent when viewing. There was light yellow bruising in the affected area. The area was tender to palpation, and there was a discernible indentation when the arm was bent. There was hyperesthesia and touch in bilateral fingertips.

Diagnostic Assessment + Etiology and Pathogenesis

The TCM disease diagnosis was Blood stasis and qi and Blood stagnation due to trauma, with obstruction to the Kidney, Stomach, and Lung channels.

When treating fractures, the emphasis should be on regulating the flow of qi and Blood both systemically and locally. “Treatment protocols should focus on the removal of stasis by invigorating Blood circulation,” Ping states that “without vigorous Blood circulation the fractures will never heal.” Full text of this article is available ONLY to paid subscribers and state AOM association members.

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Table 1. Actions and Indications of Acupuncture Point Selection

<table>
<thead>
<tr>
<th>Acupuncture Point</th>
<th>Action and Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>LI-11 Binao</td>
<td>tonifies Jing</td>
</tr>
<tr>
<td>LI-14 Quchi</td>
<td>clears Heat, dissipates swelling</td>
</tr>
<tr>
<td>GB-34 Yanglingquan</td>
<td>tonifies Shao yang, benefits sinews</td>
</tr>
<tr>
<td>ST-36 Zusanli</td>
<td>clears Heat, dissipates swelling</td>
</tr>
<tr>
<td>Ear Shenmen (B)</td>
<td>clears Heat, dissipates swelling</td>
</tr>
<tr>
<td>KI-3 Taixi</td>
<td>tonifies Shao yang, benefits sinews</td>
</tr>
<tr>
<td>LU-7 Lieque</td>
<td>clears Heat, dissipates swelling</td>
</tr>
<tr>
<td>LI-4 Hegu</td>
<td>clears Heat, dissipates swelling</td>
</tr>
<tr>
<td>Baxie</td>
<td>clears Heat, dissipates swelling</td>
</tr>
</tbody>
</table>

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“This is an unusual case for several reasons. First, the patient had never received acupuncture prior to his first session and only tried it because he lacked health insurance for the recommended surgery. Second, the results could be due to a spontaneous healing. Neither the patient nor the practitioner expected such a drastic improvement after the first session. At best, they hoped for local pain relief and improved circulation in his arm and pinky finger. Everyone was pleasantly surprised by the results.

In addition, the patient was a young, healthy male who worked as a personal trainer. He had a better-than-average understanding of his body and was in good physical condition prior to the injury. He also knew which exercises and activities to perform and not do to avoid re-injury. Although these factors may influence the outcome, they cannot be solely attributed to the specific course of treatment. However, this case is unique and the results that are worth sharing with the acupuncture community.

There is minimal research on the use of acupuncture as a treatment option for displaced clavicle fractures. A few case reports and a recent study in which acupuncture was used in patients with various types of fractures. These studies showed that the inclusion of acupuncture during the recovery phase may accelerate the healing process of fractures in patients with various types of fractures. The use of acupuncture for the treatment of acute fractures is associated with increased healing rates and reduced pain. This case study can serve as a pointer to further discussion and subsequent research on the potential benefits of acupuncture and moxibustion for the treatment of acute fractures.

Discussion

There is minimal research on the use of acupuncture or moxibustion for the treatment of displaced clavicle fractures. A few case reports and a recent study in which acupuncture was used in patients with various types of fractures. These studies showed that the inclusion of acupuncture during the recovery phase may accelerate the healing process of fractures in patients with various types of fractures. The use of acupuncture for the treatment of acute fractures is associated with increased healing rates and reduced pain. This case study can serve as a pointer to further discussion and subsequent research on the potential benefits of acupuncture and moxibustion for the treatment of acute fractures.

Conclusion

Acupuncture may be an appropriate adjunctive therapy to aid in the healing process of fractures. Research has shown that the inclusion of acupuncture may accelerate the healing process of fractures and reduce pain. This case study can serve as a pointer to further discussion and subsequent research on the potential benefits of acupuncture and moxibustion for the treatment of acute fractures.

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Catalyzing Emergence: Integral, Evolutionary, and Spiritual Perspectives on Chinese Medicine, Part I

By Lonny S. Jarrett

Lonny S. Jarrett has been practicing Chinese medicine in Stockbridge, Massachusetts, since 1986. He has been teaching and publishing on integral and evolutionary perspectives on medicine for over three decades. Lonny is a founding member of the Acupuncture Society of Massachusetts and a fellow of the National Academy of Acupuncture and Oriental Medicine. Lonny is the author of Nourishing Destiny: The Inner Tradition of Chinese Medicine and The Clinical Practice of Chinese Medicine. He holds a master’s degree in neurobiology and a fourth-degree black belt in Tae Kwon Do. He was recently featured in The Great Work of Your Life: A Guide for the Journey to Your True Calling by bestselling author Stephen Cope. Lonny hosts nourishingdestiny.com, an online community for 3,000 practitioners of Chinese medicine worldwide. His teaching schedule is at www.chinesemedicine.courses, and his texts are available from spiritpathpress.com.

“May I be the doctor and the medicine.”
—Shantideva’s Bodhisattva vow

As evidenced in the Shen Nong Ben Cao, Baobuzi, and the Shanhaijing, Chinese medicine (CM) was born in magical thinking. It developed through mythic influences evident even in the opening lines of the Neijing, which describe “the people of high antiquity who exceeded 100 years of age and remained strong because they followed yin and yang.” It matured to a rational stage of expression in the Han dynasty when the classic texts, the Neijing, Nanjing, and Lingshu, were written. “Chinese” medicine has evolved through each stage of culture to become a world medicine. Having transcended the worldviews of Daoism, Confucianism, Buddhism, Marxism, and modernism, CM is now, at its leading edge, stepping beyond postmodernism to embrace integral values.

As we transcend nationalism and the relevance of geographically and demographically isolated nation states, we need new social, political, ethical, fiscal, legal, educational, military, and medical systems to address the realities of a global world. Practitioners of CM are potentially advanced holistic systems thinkers who understand the relationship of consciousness to biology, physiology, biosphere, culture, and kosmos. It will take just such an appreciation to birth the new culture that is imperative for us to manifest if we are to successfully face the challenges that confront us. Medicine is politics and a potent vehicle for cultural change. We practitioners of CM are well situated to help catalyze this emergence.

While the tradition of CM is rooted in an ecological perspective, it reflects in some respects values and insights that have been transcended as our understanding of humanity and its place in the universe has evolved over the 2500 years since the classics were written. To live up to our potential as healers of individuals, cultures, and the planet, the embrace of a more highly evolved perspective that utilizes the best of our knowledge is essential. During my time in clinical practice, three main perspectives on medicine have impressed themselves

Note: This article is abstracted from Jarrett’s new book in progress, tentatively titled Deepening Perspectives on Chinese Medicine, in which he focuses on integral, evolutionary, and spiritual perspectives on the practice of Chinese medicine. It is the first of three parts that will be published in Meridians: The Journal of Acupuncture and Oriental Medicine.

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upon me. These are the integral, evolutionary, and spiritual perspectives. In my eyes, these present different facets of a single view. Looking through this view, the goal of medicine is to catalyze the emergence of a more deeply and highly integrated self, culture, and kosmos. My new text, in the works, will present these perspectives in depth as a unified view.

In this series of three articles, I’ll briefly introduce them and offer a few ideas of their importance in a medical context. Here, in Part I, I’ll create a context for understanding Integral Medicine, outlining the Four Quadrants as perspectives through which all sentient beings view the world. Part II will discuss the relationship between state and stage development and the dynamics of stage pathology. I will examine repression, shadow, and projection as they manifest in stage specific allergies and fixations. Part III will focus on lines of development and typing systems. It will also discuss my understanding of the evolutionary and spiritual perspectives for the practice of medicine.

I. Integral Medicine

Theoretical Foundations

“…..the process, being integral, accepts our nature such as it stands organised by our past evolution and without rejecting anything essential compels all to undergo a divine change.”

—Sri Aurobindo

In formulating integral yoga, the Indian sage Sri Aurobindo conceived of a practice that left no significant dimension of the self behind. He asserts that, “The self contains the universe,” but this knowledge is valueless for Yoga if it is only an intellectual and metaphysical notion void of life and barren of consequence; a mental realisation alone cannot be sufficient for the seeker. For what Yoga searches after is not truth of thought alone or truth of mind alone, but the dynamic truth of a living and revealing spiritual experience.

In my experience, the awareness of most people is constrained to the biographical dimension of the self. That self, born in time, consists of so many moments strung together like pearls on a necklace, creating the illusion of a separate existence. Upon dying, each pearl, each moment, spills like so many drops of water back into the ocean, the source of self.

We understand Chinese medicine to be holistic, to address body, mind, and spirit, recognizing no separation between them. In integral medicine, we endeavor to practice a medicine that leaves no dimension of the self behind. Yet we practitioners will only be able to access dimensions of the self in patients to the precise degree that we have an authentic living and developing relationship to those dimensions within ourselves. For the practitioner of integral medicine, the body, mind, ego, soul, conscience, spirit, emptiness, and the authentic self must be more than philosophical abstractions. The dictum “to know the patient, know the self,” is based on the nondual recognition that patient and practitioner are one.

From this perspective, a foundation of efficacy in treatment is the practitioner’s orientation toward, and actualization of, evolving integrity across all lines of development and through all dimensions of the self. The practitioner of integral medicine endeavors to have an uncommon integrity, one that speaks prior to words or therapeutic actions—an integrity so compelling that it challenges the patient’s cynicism regarding the degree of wholeness that they might obtain if they cared to. All knowledge and technique serve the healer’s developing integrity. Hence the Bodhisattva vow affirms, “May I be the doctor and the medicine.”

In this context, the force of the practitioner’s integrity creates an alignment through resonance with the upright influences in the patient’s core (Heart/Kidney axis) prior to acting. In medicine we can eliminate what is false (stagnation) and tonify the presence of what is true (jing, qi, shen, for example). Subtle alignment within the patient, reinforced through therapeutic action, initiates a dual process. On the one hand, all forces within and without that support the expression of the upright will marshal themselves to catalyze the emergence of a more highly developed and integrated self. Simultaneously, all forces of resistance committed to maintaining the status quo will emerge as resistance in the form of repression, denial, and self-defeating behaviors. It is the degree of the practitioner’s victory over these forces within their own self that imparts the humility, compassion, and knowledge necessary to guide the patient, offering hope, inspiration, and the strength of doubtless conviction in the positivity of the process.

Integral Theory

I have endeavored throughout my career to forge a medicine coherent with the time, culture, and place in which I practice. My first article in the profession, entitled “The Holographic Paradigm and Acupuncture,” was based on The Holographic Paradigm, edited by Ken Wilber. This work was elaborated upon in Nourishing Destiny and in my Clinical Practice text. In Clinical Practice, I presented a state and stage perspective of the evolution of CM, discussing the clinical import of an evolutionary perspective and presenting a case study.

My new text will, in part, address Integral Theory in detail as it relates to the practice of medicine. Wilber has been at the forefront of shaping Integral Theory and the field of transpersonal psychology for nearly the last 50 years. Integral Theory offers an overarching meta-perspective, a map of maps, providing a compelling top-down view of human history, individual and cultural development, and our place in the Kosmos. This excerpt will discuss quadrants, the first element of Integral Theory. The remaining four elements, states, stages, lines, and types, will be discussed in subsequent issues of this journal.
The Four Quadrants

The quadrants are four basic perspectives through which all sentient beings view the world (Fig. 1). These perspectives are enacted through at least eight methodologies, as illustrated in Fig. 2. The methodology we use brings forth the phenomena we experience, thus defining our reality by disclosing the world-space in which we live. The direction or telos of development in each quadrant is toward increased stages of complexity and integration. An integral approach always considers an “All-Quadrant All-Level” (AQAL) perspective on emergent phenomena.11

Figure 1: The AQAL Map


Integral philosophy recognizes that experience is viewed through four primary perspectives and that all phenomena can be viewed in terms of those four perspectives. The Upper Left Quadrant (UL) is the domain of individual (“I”) inner subjective experience and development. These are enacted phenomenologically through meditation, contemplation, and introspection. The validity claim is truthfulness, sincerity, and authenticity relative to subjective reality. Here the self-line of development evolves from embeddedness in the unconscious, through ego formation, and into the transpersonal stages.

The Lower Left Quadrant (LL) is the domain of the interior of the collective (“We”). It is the sphere of culture, intersubjectivity, and mutual resonance between two or more individuals. This domain is enacted with hermeneutics, the study of meaning. Validity claims in the LL involve justness and mutual understanding.

The Upper Right Quadrant (UR) is the domain of the exterior-objective perspective of the physical body of a human being (“It”). It is enacted through empirical methods of quantification that we identify with Western, materialistic, reductionist science. The validity claim of the UR is objective truth.

The Lower Right (LR) is the domain of the exterior-objective view of the collective (“Its”). This is the domain where two or more individual “Its” interact with each other. This perspective is enacted through systems theory and its validity claim is “functional fit.” Humans exist in relationship to two exteriors. The first is the cosmos, a subset of which includes nature in the sense of the earth’s biosphere or “GAIA.”12 The second are the social systems that we create. The structure of society from its architecture and use of space, through its laws, rules, and regulations, constitute the exterior of the collective.

The individual (“I,” UL) is situated in a culture of shared values (“We,” LL), a body (“It,” UR), and a society and ecosphere (“Its,” LR). All four quadrants are inextricably linked and arise together. We are always implicitly taking these four perspectives. An understanding of Integral Theory helps to make them explicit, imparting insight into those we may be repressing, denying, or not sufficiently attending to.

These four quadrants correlate with Plato’s “the true” (UR and LR), “the good” (LL), and “the beautiful” (UL). Those are the major domains explored through quantitative science (UR and LR), ethics (LL), and art (UL).13

Wilber has further divided each quadrant into an inner and outer view or “zone,” yielding eight irreducible perspectives that are enacted through specific methodologies (see Figure 2).14 The integral approach entails holding a Four-Quadrant, Eight-Zone (4Q8Z) perspective on phenomena.

Each quadrant, zone, and methodology reveals only partial aspects of any phenomena being assessed. Hence we say that the perspective of each quadrant and zone is “enacted” through a specific methodology. For example, taking a patient’s blood pressure, viewing an x-ray, or measuring blood levels of creatinine is the enactment of the perspective of the UR quadrant. Those methodologies will reveal nothing about the patient’s belief system, hopes and dreams, or level of ego maturity, all of which fall in the domain of the UL as enacted through the patient’s introspection and related through subjective report, or as revealed in the LL through therapeutic rapport. Similarly, empathically feeling into the patient’s emotional state (UL) won’t tell you anything about their bone density or the functioning of their heart valves (except through association, inference, and intuition that will always need to be verified quantitatively). Hence the perspective and methodology we use brings forth the phenomenon we are studying.
"From an integral perspective, we appreciate that the more angles we can view a phenomenon from, the more perspectives we can embrace, and the more whole and nuanced our understanding of and response to it can be."

If I take a patient’s blood pressure, the phenomena of the heart and circulatory system present as a ratio of two numbers. If I empathically contemplate their heart, what may arise is a sense of woundedness, betrayal, dysfunctional protection, and lack of compassion toward the self. Each perspective and methodology yields a “true but partial” view of whatever we are studying (in medicine, the patient). A great strength of CM is the number of perspectives it correlates to arrive at diagnosis, prognosis, and treatment plan (for example, asking, looking, feeling, pulse, tongue, eye, hara, face, history, quality of rapport, etc.).

From an integral perspective, we appreciate that the more angles we can view a phenomenon from, the more perspectives we can embrace, and the more whole and nuanced our understanding of and response to it can be. Wilber emphasizes the imperative of holding a 4Q8Z perspective and terms this “Integral Methodological Pluralism (IMP).” The salient point is that the perspective, methodology, and validity claim of each quadrant is irreducible to the others and any approach that leaves out any of the quadrants or zones “is a less than adequate approach according to available and reliable human knowledge at this time.”

**Figure 2: Four Quadrants, Eight Zones**


**Figure 2 Legend:** Here each of the four quadrants is divided into an inner and outer zone (the zones are designated Z1-8), yielding a 4Q8Z perspective. The methodology for enacting the perspective of each zone is listed. An integral embrace recognizes the necessity of holding a 4Q8Z perspective on all phenomena, taking into account the “true but partial” nature of each perspective, methodology, and validity claim.

**Integral Methodological Pluralism as a Unifying Force in Medicine**

Integral Methodological Pluralism (IMP) provides the strongest philosophical argument for the appreciation of CM on its own terms. The ecological view of CM offers us a relatively holistic picture of the human condition and our place in the Kosmos. Still, because the medicine arose in a pre-technological era, the strength of its methods and perspectives are significantly centered in the left hand quadrants (contemplation, UL; cultivation of therapeutic rapport, LL). Consider that if the fundamental contemplative insights of East Asian culture are taken as an absolute perspective, the entire form of the universe as revealed with great nuance by modern technology from the subatomic to the galactic scale of proportion is a mere illusion. From the standpoint of these contemplative traditions, the body, the material universe, is a thin veil stretched over an infinite metaphysical (qualitative, functional) sea. From a depth view of CM, the physical organs are merely the tip of a profoundly submerged functional iceberg. On the other hand, from the perspective of Western science, consciousness is a mere byproduct of the physical substrate of biochemical reactions. The inner states and stages of development described with breathtaking nuance by the contemplative traditions of the East simply aren’t revealed by x-rays, CAT scans, or electrophoretic gels. From the perspective of an upper right quadrant absolutist, consciousness, let alone soul and spirit, are so much metaphysical mumbo jumbo.

Note that I am not claiming that CM is strictly a product of the left hand quadrants, as physical observations (UR) such as tongue, abdominal palpation, face reading, and pulse play an important role diagnostically. However, all such observations are always being assimilated subjectively by the practitioner according to their own stage development. The capacity to gather nuanced data regarding the body’s physical structure has greatly increased in the technological era under the auspices of materialistic and reductionist sciences. In terms of the right hand quadrants, we can understand CM as a highly sophisticated and nuanced functional language of the inner zones (5 and 7). These zones relate to the inner self-organizing forces of autopoiesis within the body, society, and the environment that maintain homeostasis, self-renewal, and define the boundary between self and other.

Chinese medicine’s analysis of physical structure is primitive compared to that of modern science. However, its analysis of the inner configurative forces within the self and their relationship to the body and to behavior is quite nuanced and advanced. Another
of Chinese medicine’s great strengths is its synthetic capacity to assimilate the findings of reductionist science and medicine, a capacity that reductionist medicine lacks in relationship to the functional insights of CM.

Significantly, IMP does away with this seeming unbridgeable gap between the perspectives of East and West by offering us a "post-metaphysical" view of the self in all its assessable dimensions. The 4Q8Z perspective reveals that, all the way down and all the way up, for every exterior surface that can be measured, there is a corresponding interior dimension, and that for every inner state of being from the gross through the subtle to the highest of nondual experience and beyond, there are exterior surfaces (the brain, brain states, ecosystems, societal structures) of increasing complexity and integration. Consciousness and form, being and becoming, emptiness and luminosity, arise together as one. This view is wholly consistent with Buddhism’s principle of dependent origination, the recognition that each thing that arises in a given moment is dependent on everything else that arises with it for its existence. This is a significant basis of the inductive synthetic view at the heart of CM as I’ve elaborated it in my texts. 19

The use of the term “integrative” in relationship to medicine has most significantly been a metaphor for “assimilation." 20 The validity claims, methodologies, and left quadrant perspectives of CM have been largely ignored while it has been subjected to reductionist perspectives and methodologies suitable to study of the right hand quadrants. Hence the authentic nature of the medicine is compromised as it is assimilated into a societal system (LR) whose materialistic values have little to do with its own core values. Embrace of the integral perspective should foster mutual respect between all clinicians regardless of paradigm as we come to appreciate the validity claims and methodologies of each perspective.

Integral Methodological Pluralism should also have a unifying influence within the culture of CM. The clinicians in their contemplation of clinical experience (UL), the academics in the hermeneutic determination of textual meaning (LL), and those researchers concerned with "evidence based medicine" (UR and LR) are all invited to stop making ultimate validity claims for their perspectives and methodologies and appreciate the “true but partial” nature of their own and each other’s insights. Hence, we may better value all contributions to the co-creation of our medicine.

A Four-Quadrant Perspective on Acupoint GB-40

As a quick demonstration of how the four quadrants can be practically applied to CM, Figure 3 below depicts a four-quadrant (4Q) analysis of acupoint function.

Figure 3: Four Quadrant Analysis of GB-40

![Figure 3: Four Quadrant Analysis of GB-40](image)

Figure 3 Legend: 4Q perspective on the function of GB-40, Qiu Xu, “Wilderness Mound.” 22

In Figure 3, I present a 4Q perspective on the function of acupuncture point GB-40 as inspired by Jungian theorist Erich Neumann’s presentation of the different faces of the feminine archetype. 23 Points, herbs, syndrome patterns, exit/entry combinations, and Yi Jing hexagrams can all be differentiated in this way (as can any phenomena). Points can be thought of as archetypes (in the Jungian sense), strange attractors of specific types of content that coalesce around themes with manifestations from the primordial, through the gross, subtle, and causal realms in all four quadrants. 24

The UL specifies the patient’s internal experience centered around the themes of pathology and virtue, excess and deficiency, associated with qualities of subjective experiences associated with the Wood element. The LL depicts shared social values relative to the Wood element. Some shared postmodern values include social justice, the importance of holding many perspectives, rejection of prejudice, and the relativistic notion that ‘all perspectives are equal.’”

“The UL specifies the patient’s internal experience centered around the themes of pathology and virtue, excess and deficiency, associated with qualities of subjective experiences associated with the Wood element. The LL depicts shared social values relative to the Wood element. Some shared postmodern values include social justice, the importance of holding many perspectives, rejection of prejudice, and the relativistic notion that ‘all perspectives are equal.’”

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CATALYZING EMERGENCE: INTEGRAL, EVOLUTIONARY, AND SPIRITUAL PERSPECTIVES ON CHINESE MEDICINE, PART I
the Wood element. The LL depicts shared social values relative to the Wood element. Some shared postmodern values include social justice, the importance of holding many perspectives, rejection of prejudice, and the relativistic notion that “all perspectives are equal.” The UR lists locations, structures, and types of symptoms that can be measured and observed in the body and in behavior as associated with the Wood element. The LR depicts social structures relative to the enactment of justice, a theme for Wood. It also lists some environmental and cosmological associations of the Wood element.

Gallbladder-40, named “Wilderness Mound,” is situated by the lateral malleolus (UR, Structure) an embodied metaphor for climbing a hill to gain perspective (UL, Consciousness). Consider the application of this point to the symptom of “depression.” The UR is the face of the patient’s inner subjective experience. Depression can often be a displacement for the repression of anger, the emotion associated with Wood. Repression of anger constrains perspective and can inflate and/or lower self-esteem. The patient may fluctuate between passive aggressive projection of their sense of victimization and outright belligerence. Physically, they may feel pain and reduced range of motion along the Gallbladder channel.

In the UR quadrant we can quantitatively assess parameters such as vision, blood pressure, liver enzymes, the presence of gall stones, degree of limitation in ROM in the joints associated with the GB official and channel, and the quality of their nails. Repression can present as tension in the diaphragm, the physical embodiment of “wall” as the demarcation between the unconscious and consciousness. We can also note their relative expression of ease, tension, and arrogance through touch and observation. Observations are made on a continuum from subtle “energetic” emanations of CSOE, to more embodied expressions of Wood in terms of the continuum of flow and constraint on the pulse, up through more explicit embodiments revealed through abdominal diagnosis, posture, speech, and behavior.

In the LL quadrant we may determine that culturally given values such as ‘non-judgment’ and moral relativism are constraining and depressing the expression of Liver qi and yang. The imperative of Liver yang is to rise, judge, and create clarity through establishing a hierarchy of motives in service of decisively choosing and striving toward what is higher and more wholesome. In the LR quadrant we may determine that the patient is oppressed by certain cultural structures that contribute to their sense of victimization, rage, and low esteem. We may also note a vulnerability to wind as well as a love of heights, agitation at the sound of thunder, and attraction to the color green. Of course, any dynamic is possible, but it will center around these as GB-40 attracts and coalesces content involving these themes.

With treatment we expect wholesome, integrative, and evolutionary change in all four quadrants. Changes such as increased ROM, lower blood pressure, less tense pulse, decreased shout in the voice, healthier nails, and better vision can all be verified through measurement and observation (UR). In the UL we expect the patient’s subjective experience to change as a victimized relationship to perceived injustice is transformed into the virtues of benevolence, compassion, and humility. The practitioner can assess the authenticity of the patient’s self-report, noting renewed creativity, increased perspective, ease in the face of stress, improved decision making, and less repression of anger with concomitant alleviation of depression.

We expect their quality of relationships (LL) to change as exemplified in real time through our subjective experience (UL) of them and in our relationship to them (LL). In this regard, I always take it as compelling when I meet a family member or associate of a patient who informs me of the magnitude of positive change witnessed and the wholesome effects in the family and at work (LL). This is evidence of better functional fit, indicating evolution in the LR as well.

In the LR the patient is expected to have a more wholesome and less victimized relationship to social structures, eventually becoming a force for positive change. In addition, they are expected to have less vulnerability to wind externally (LR) and manifest less wind internally. Internal wind may be evidenced in the UR as confusion and belligerence, in the LL as erratic communication, and in the UR as restricted blood flow and blurry vision.

The relevance of archetypes to point and herb function will be elaborated in my future writing. The salient point here is that any statement that we make in CM such as “Liver fire rising,” “deficient Spleen qi,” or “fire constitution” has manifestations in all four quadrants. Similarly, any biomedical diagnosis such as “headache” or “arthritis” will also have four quadrant implications. Every internal state and stage found through subtle “energetic diagnosis” is simultaneously expressed in all four quadrants just as any objective physical finding (UR) such as “high blood pressure” will have subjective (UL), inter-subjective (LL), and societal (LR) implications. Every physical finding has its interior correlation in thought, feeling, sensation, and emotion, just as every inner state is embodied physically. Congealed Blood, for example, exists on a physical continuum from subtle (initial silting of Blood felt on the pulse) through gross manifestations (tumor) as well as on an internal continuum from subtle feelings of betrayal, denial, and repression, all the way through the experience of extreme physical pain.

“In the LR the patient is expected to have a more wholesome and less victimized relationship to social structures, eventually becoming a force for positive change.”
Conclusion

In Part I of this series, I've laid the foundation for understanding the integral perspective as a foundation for the emergence of an integral medicine, a medicine that leaves no significant dimension of the self behind. We’ve seen how methodologies enact perspectives to reveal true but partial insight into phenomena. Through adopting the 4QBZ perspective of Integral Methodological Pluralism, we can begin to construct an integral medicine based on the value of evolution in all dimensions of the self. I have suggested that the practitioner's own evolving integrity is an important foundation for integral medicine's capacity to catalyze the emergence of a more deeply and highly integrated self.

In Part II of this series, I will discuss the relationship between state and stage development and the dynamics of stage pathology. I will examine repression, shadow, and projection as they manifest in stage specific allergies and fixations.

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1. “Thou shalt follow the laws of yin and yang.”
2. Cosmos with a “c” denotes the material universe. Kosmos with a “k” includes all exterior surfaces, as well as the corresponding interior dimension of evolving consciousness, thus leaving no part behind.
10. For an overview see Wilber, K. (2000). In the field of transpersonal psychology, nearly all subsequent work is inspired by, or a reaction to, Wilber's contribution. The field of transpersonal psychology addresses subtle dimension of the self, such as soul and spirit beyond the realm of the purely personal, the ego.
11. As well as consideration of states, lines, and types.
12. The GAIA hypothesis postulates that the earth and all life upon it form an interwoven, synergistic, homeostatic system. See: J. E. Lovelock (1972).
13. These designations are a simplification. Each quadrant has its own kind of truth, methodologies, and validity claims. The right quadrants represent “objective” truth, and the upper left quadrant includes a line of personal moral development congruent with ethics.
15. Wilber, K, 2006, p.33
16. The methodologies are elaborated in Wilber, 2017.
22. Neumann, E, 1955, p.82
23. The issue of archetypes and their “pre-” and “trans-” faces is significant and I’ll address it in detail in future writing.
24. For a discussion of Wilderness Mound in relationship to perspective, see Jarrett, LS, 2004, p.541
25. For a discussion of consciousness, unconsciousness and the diaphragm, see Jarrett, LS, 2016.
27. Chapter eight of the Neijing associates the character zheng with the Gallbladder, describing its function as “rectifier” and calling it the “officer of zhong zheng (中正).” Zhen Lifen tells us: “中正 is the title of an official responsible for assessing the moral standing of certain people.” Wang Bing comments of the Gallbladder, “it is tough, upright, and determined; hence it is the official functioning as rectifier. It is straightforward and knows no doubts; hence judgments and decisions originate from there.” See Unschuld & Tessenau, 2011, p.156.
Case Report

Local Acupuncture and Distal Gua Sha for the Treatment of Recurring Ankle Sprains

Abstract

Ankle sprains are the most common form of sports injury and have a 38% rate of recurrence within three years. Treatment often focuses on the injury, with little attention paid to the underlying cause. In this case report, the extraordinary vessels are used to treat the injury locally and to diminish the likelihood of reinjury. Gua sha is used along the affected channels to treat the sinew channel and further reinforce the extraordinary vessel treatment. With this treatment strategy, the patient made a full recovery and was still pain-free with no instances of reinjury two years after the final treatment.

Key Words: gua sha, extraordinary vessels, recurring ankle sprain, acupuncture

Introduction

Biomedical Perspective

Ankle sprains are the most common sports-related injury and among the most common recurring injuries. Up to 33% of patients continue to experience pain one year after an ankle sprain, and 38% of patients experience a re-sprain within three years. Studies of risk factors that may predispose a person to ankle sprain have been largely inconclusive. Inversion or lateral ankle sprains account for approximately 80% of all ankle sprains. The anterior talofibular ligament is involved in almost all lateral ankle sprains. They are generally caused by a single motion of inversion and plantar flexion.

Ankle sprains are graded on a 1-3 scale. A grade 1 sprain is considered mild and constitutes slight stretching and microscopic tears of the ligament fibers. There may be some mild swelling. A grade 2 sprain is considered moderate and constitutes partial tearing of the ligament. There may be moderate swelling and localized tenderness. Grade 3 is considered severe and constitutes a complete tear of the ligament. There may be severe swelling, bruising, and tenderness.

By Mark Parzynski, DAOM, LAc

Mark Parzynski, DAOM, LAc is an acupuncturist in Portland, Oregon, and is dedicated to the use and preservation of East Asian non-needling modalities. He serves as faculty at the Oregon College of Oriental Medicine and teaches TaiJi Quan at the Lan Su Chinese Garden.
The extraordinary vessels are the first meridians that form in the human body and make up the very core of who a person is. If they are out of balance, there will always be an underlying pathology. If they are out of balance, there will always be an underlying pathology. The extraordinary vessels are the first meridians that form in the human body and make up the very core of who a person is. If they are out of balance, there will always be an underlying pathology. If they are out of balance, there will always be an underlying pathology.

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The patient’s hair had begun to gray prematurely and her complexion was pale. She reported being tired and having a high stress level. Her pulse was deep in the chi and guan positions and tight in the cun. Her tongue was pale with a dusky center and slightly red tip. Abdominal palpation revealed tightness at ST-25 Tian Shu and cold in the Kidney diagnostic area located 3 cun below the umbilicus with tension at the anterior superior iliac spine (ASIS) bilaterally.

**Diagnostic Assessment**

The early history of ankle injuries combined with premature graying of the hair points to the possibility of a congenital issue relating to extraordinary vessels. Her abdominal pattern was related to the yang qiao mai and du mai in Dr. Yoshiro Manaka’s hara diagnosis system. The nature of the injury relating to mobility and walking further confirmed the diagnosis of yang qiao mai. The injury was also recurring in nature and had its main focal point directly inferior to the confluent point for the yang qiao mai. The ankle sprain was caused by inversion, which is generally thought of as yin qiao mai, leading to the conclusion that the yin and yang qiao mai were out of balance. Tension along the iliotibial tract with a positive sha test on the low back indicated stagnation in the Bladder and Gallbladder sinew channels.
Table 1. Acupuncture Points

<table>
<thead>
<tr>
<th>Point</th>
<th>Action</th>
<th>Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB-34 Yang Ling Quan</td>
<td>This is an influential point of the tendons and sinews and is located in the elbow and calf tendons throughout the body. GB-34 Yang Ling Quan is located on the ying meridian.</td>
<td>The point felt tight on palpation and was needled until the tension began to relax. The needle depth was approximately 20 mm. The needle was not retained.</td>
</tr>
<tr>
<td>BL-62 Shen Mai</td>
<td>Releases the tendons and harmonizes the collateral.</td>
<td>Needled slightly distal to the traditional point location to access the muscle motor point of soleus and invoke muscular fasciculation. The needle depth was 40 mm. The needle was withdrawn directly after fasciculation occurred.</td>
</tr>
<tr>
<td>BL-61 Shen Men</td>
<td>Confluent point of yin qiao mai used in coordination with BL-62 Shen Men to balance the ying and yang qi mer. This is also a paired point to the du mer.</td>
<td>Needle depth was approximately 2 mm using vibratory needling technique. The needle was withdrawn when the practitioner felt an opening sensation at the tip of the needle.</td>
</tr>
<tr>
<td>KD-6 Zhao Hai</td>
<td>Confluent point of yin qiao mai. Used in coordination with BL-61 Shen Men to balance the yin and yang qi mer.</td>
<td>Needle depth was approximately 2 mm using vibratory needling technique. The needle was withdrawn when the practitioner felt an opening sensation at the tip of the needle.</td>
</tr>
</tbody>
</table>

Outcomes and Prognosis

On the second office visit, the patient reported that pain was diminished. On the third office visit, the patient reported no pain when the foot was in the resting position. Passive inversion and plantar flexion invoked a 2/10 below the ankle midpoint. By the fourth office visit, the pain was gone completely and full range of motion was restored although the patient reported feeling instability and the guarded testing was given. She also indicated she no longer had any back pain and inspection showed she no longer had any low back pain. On the fifth office visit, the patient reported feeling unstable and guarded. On both the fifth and sixth office visits, the patient reported a steady increase in pain or weakness and no repeated instances of rolling her ankle. On the seventh office visit, full range of motion tests were performed. The patient had returned to her full activities and felt stable even when running.

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Discussion

In this case using acupuncture and gua sha to treat recurring ankle sprains through the extraordinary veins and meridians appears to have completely healed the patient’s ankle and increased stability so as to reduce the chance of injury. However, more studies of a narrower focus are needed to understand each component of this treatment followed by a long-term study on one patient’s observation on the effect on local structure or tissue.

The acupuncture in this case was targeted to treat local structures while accessing relevant extraordinary veins and meridians involved the anterior talofibular ligament itself, as it is positioned directly under BL-62 Shen Mai and soleus, which is a key structural marker in the assessment of this case. The constant dull ache the patient felt in her low back. This symptom may not have been reported by the patient if she had not been asked about it, yet it points to the possibility of long-term structural issues at the sacroiliac joint. This area is related to the bladder meridian, which is linked to the lower back and is related to a deeper cause. Recurrence and onset early in life may be key markers indicating assessment for an extraordinary vessel approach to treatment.

Before a long-term study can be conducted, several questions need to be answered. First, what is the relationship between structure and activity of the body and recurrence of ankle sprains? Second, is gua sha an effective treatment to correct the structural imbalance in the kinetic chain over a long period of time and play a role in patient’s pain and instability of the ankle?

Before a long-term study can be conducted several questions need to be answered. First, what is the relationship between structure and activity of the body and recurrence of ankle sprains? Second, is gua sha an effective treatment to correct the structural imbalance in the kinetic chain over a long period of time and play a role in patient’s pain and instability of the ankle?

Conclusion

In this case using acupuncture and gua sha to treat recurring ankle sprains through the extraordinary veins and meridians appears to have completely healed the patient’s ankle and increased stability so as to reduce the chance of injury. However, more studies of a narrower focus are needed to understand each component of this treatment followed by a long-term study on one patient’s observation on the effect on local structure or tissue.

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The science of medicine, the art of healing
Why did this happen? Why was I prescribed a drug that is causing a national crisis?

Simply put, at the time they were becoming more widely prescribed, no one realized how dangerous opioids were. Doctors get their information from scientific research, conferences, National Institutes of Health guidelines, and agencies that accredit their hospitals. Previously, these sources led doctors to believe that opioids were safe, but new information shows that the risk of addiction is high and that other strategies for managing pain are preferable.

In January 1980, a letter published in the New England Journal of Medicine entitled “Addiction Rare in Patients Treated with Narcotics” generated much attention in the medical field.1 As a result, doctors believed that it was safe to prescribe narcotics to their patients.

In the 1990s, the Joint Commission—a nonprofit company that accredits hospitals and other U.S. healthcare organizations—recognized pain as the fifth vital sign, giving pain equal status with blood pressure, heart rate, respiratory rate, and temperature as vital signs. The policy encouraged healthcare providers to ask patients about their pain. Unfortunately, the Joint Commission set pain management standards too high, which contributed to doctors overprescribing opioids to keep their hospital’s Joint Commission accreditation.

The initial promotion and marketing of OxyContin was an organized effort throughout 1996-2001 to dismiss the risk of opioid addiction. Purdue Pharma hosted over forty promotional conferences in the United States. Coupling a convincing “Partners Against Pain” campaign with an incentivized bonus system, Purdue trained its sales force to convey the message that the risk of addiction was under 1%, ultimately influencing the prescribing habits of the medical professionals that attended these conferences.

Opioid Facts for Patients

by Jennifer A.M. Stone, LAc

Doctors eventually learned that the Joint Commission and the pharmaceutical companies were wrong. Addiction is common, but dependence is guaranteed. Daily use of opioid drugs causes dependence on the drug, and discontinuing them will result in withdrawal symptoms, such as restlessness, irritability, tremors, insomnia, and increased pain that lasts 2-10 days.

I have done nothing wrong. I always take my medication as prescribed. Why do I have to be weaned off of my medication?

In light of new information about the risk of opioid dependence, there has been a national effort to drastically reduce the number of opioid prescriptions. New state and federal guidelines designed to protect the public are making it more difficult for doctors to prescribe opioids, pharmacies are limiting the amount of opioids patients can receive, and pharmaceutical companies are making fewer opioids.

My pain is severe and has worsened over the years. I need my pain medication! What am I supposed to take for my pain?

Some of your pain might be caused by the opioid pain medication itself. In the last twenty years, doctors and researchers have discovered that long-term use of opioid medications can cause abnormal pain in healthy nerves. This is called “hyperalgesia.” Opioid drugs can cause morphine-induced hyperalgesia or opioid-induced hyperalgesia. New research is exploring why opioids can increase pain.2

Fortunately, opioid-induced hyperalgesia is completely reversible. Nerves begin to recover and repair once narcotic opioid use is discontinued. One to three months after the opioid is out of your system and your nerves have had the chance to recover, your doctor will reassess your pain and prescribe new medication or non-pharmacological treatment for your pain.
What kind of withdrawal symptoms can I expect?
Opioid withdrawal systems last for 2-10 days and include insomnia, tremors, anxiety, palpitations, restlessness, irritability, hot flashes, chills, and increased pain. If you slowly wean yourself off the medication, you reduce the withdrawal symptoms. Your doctor can temporarily prescribe heart medication that will help reduce withdrawal symptoms. Acupuncture and melatonin can reduce symptoms of withdrawal.1

Are there other benefits to going off of opioid medication?
• Normal bowel function, less need for laxatives
• Increased energy/motivation
• Decreased pain
• More restful sleep
• Better focus and presence

What can I do for my pain? What can I take?
Joint pain and inflammation respond well to non-steroidal anti-inflammatory drugs and anti-inflammatory herbs such as turmeric, cayenne, and ginger. Tylenol and B-vitamins are better for nerve pain. CBD Hemp Oil has been shown to improve both nerve pain and pain from inflammation.4

Non-drug approaches: Researchers at the NIH reviewed 105 U.S.-based randomized controlled trials, from the past 50 years, that were relevant to pain patients in the United States.5 The review focused on U.S.-based trial results on seven approaches used for one or more of five painful conditions—back pain, osteoarthritis, neck pain, fibromyalgia, and severe headaches and migraine—and found promise in the following for safety and effectiveness in treating pain:
• Acupuncture and yoga for back pain
• Acupuncture and tai chi for osteoarthritis of the knee
• Massage therapy for neck pain with adequate doses and for short-term benefit
• Relaxation techniques for severe headaches and migraine

Though the evidence was weaker, the researchers also found that massage therapy, spinal manipulation, and osteopathic manipulation may provide some help for back pain, and relaxation approaches and tai chi might help people with fibromyalgia.

References

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BOOK REVIEW

Live Well Live Long by Peter Deadman
Reviewed by Shane Haggard, LAc

In Live Well Live Long: Teachings from the Chinese Nourishment of Life Tradition and Modern Research, Peter Deadman takes a topic that often times can be confusing and complex to understand—how to live a nourishing life—and reduces it into manageable, bite-size pieces. Deadman begins the journey with yangsheng, which is translated into two words: “yang,” to nurture or nourish, and “sheng,” life or vitality.

The book is organized by sections, with a main topic leading into sub-categories that present more in-depth views about the main subject. Topics include diet and exercise, sleep and sex, aging and dying, and more. This layout offers the reader the ability to focus on a specific area of interest, although I found each chapter nicely blended into the next.

Deadman’s engaging writing style lets readers easily understand each concept and how it applies to their lives. The beginning chapters establish the basics, making proceeding chapters relatable and easy to comprehend. I wish I had such a resource available to me twenty years ago when I first started learning about Asian medicine.

The timing of this book is spot-on with the present health movement in the United States. The pendulum is swinging back to the basics: plant-based diets, work/life balance, and reconnection with the self. The information is as relevant today as it was more than two thousand years ago, when Asian cultures first began practicing yangsheng. The author has diligently done his research by consistently tying its scientific basis back to the subject matter.

Deadman does an amazing job of including data from pre-birth to death and every facet in between. Chapters 4, “Why We Get Ill,” and 5, “Cultivating the Mind and Emotions,” cover extremely important factors in understanding quality of life. Understanding why we become ill and what part emotions often play are essential to understanding the self. I found chapter 19, “Death,” especially interesting. I have often said that we do not teach one another how to grieve or accept death. This brief chapter prompts readers to further examine their beliefs around death.

I would recommend this book to anyone seeking a deeper understanding of Asian medicine. I have recommended it to many patients who have given me positive feedback about it. This book is now in my top three recommendations for beginners in this field.

Interview with Peter Deadman, author of Live Well Live Long

SH: What inspired you to tackle this subject matter?

PD: My first career was in natural foods—co-founding a macrobiotic/organic/natural foods restaurant to feed students in our local (Sussex) university in 1971, then expanding that into a shop, bakery, and distribution warehouse. We turned it into a co-operative in 1981, and it is now a thriving business supplying mostly organic products both to our city (Brighton & Hove) and nationwide (www.infinityfoods.co.uk). The motivation for all this was a belief that we can empower ourselves to maintain health and even cure some diseases through good diet, as well as benefit the natural environment through nature-friendly farming practices. In furtherance of
these aims, we also set up the Brighton Natural Health Centre charity (www.bnhc.co.uk) to teach (at the time hard-to-find) classes in other life- and health-enhancing practices (yoga, tai chi, nutrition, dance, meditation, qigong, etc.). My own interest in macrobiotic philosophy led to a fascination with first Japanese, then Chinese medicine, and I quit the business in the late 1970s (though I am still a co-op member) to study acupuncture and Chinese herbal medicine.

How long did it take to research and write Live Well Live Long?

PD: The book is really an expression of everything I’ve been interested in and studied since my discovery of dietary medicine… right on through my study of Chinese medicine and qigong. So in a sense I researched it for nearly 50 years, but the more focused research and writing took around two years.

What kind of research and preparation do you do? How long do you spend on writing?

PD: It varies book by book, but for Live Well Live Long, I started by setting out the list of subjects/chapters (of course it slowly grew over time), then researching them. That process is so much easier nowadays with the internet, especially the often unfairly maligned Wikipedia. I also spent many rich and happy days in the wonderful British Library, where you can request just about any book ever published in English (and it’s free too). Since I don’t read Chinese, I was indebted to the many scholars who had translated and written about sometimes obscure aspects of Chinese health practices and philosophy.

How did publishing your first book change your writing process for this book?

PD: Actually, my first book was a co-written 1973 diet book called Nature’s Foods. That taught me that to write a book (like most achievements), you start with an idea, then just keep going. Inspiration plus perspiration, if you will. That lesson was enhanced by the long (eight years) and massive effort involved in writing A Manual of Acupuncture. After that, everything else seemed manageable. I should also mention that before starting Live Well Live Long, I’d written a young adult novel. Though I was happy with much of it, it became apparent that it needed a major redrafting. So in a sense, I wrote Live Well Live Long as an avoidance tactic since that rewrite seemed very challenging.

What is the most difficult part of your artistic process?

PD: I don’t find it difficult. I saw a newspaper article once where famous writers were asked how much they enjoyed writing and most of them hated it. They might have loved the creative part and hated the editing, or vice-versa, but there was only one (Will Self) who loved the whole package, and I have to admit I feel the same.

What did you edit out of this book? Do you have any regrets for not including the edited matter?

PD: I can’t recall editing much out—content-wise, at least, although I had absorbed one of the first lessons in a creative writing course I took, which is that good writing needs constant cutting of the superfluous to allow the gold to shine through more clearly. So I edited out lots of unnecessary words.

Do you read your own reviews? If so, what do you generally take away from doing so?

PD: Yes, I read all my reviews. I soak up any praise (it’s nourishing) and also welcome—even yearn for—useful criticism, but it’s rare to find it. I can give an example from the young adult novel I mentioned. I was very pleased with many aspects of it but also knew that something fairly major wasn’t right. I asked friends to read it and let me know what they thought, and I also paid a professional to give me feedback, but none of it hit the mark. Then I found a professional critic of young adult and children’s literature, and he spelled out very clearly what the problem was. It was a blow, as it went to the very heart of the book (the plot), but I was grateful too.

Do you find writing a spiritual practice?

PD: I don’t like (and try to avoid using) the word “spiritual.” Its origin is in the separation of spirit and matter found in Christianity and other “sky god” religions that I find problematic. It’s difficult to find another word, though… I sometimes use “transformational.” I do find writing one of the most richly satisfying experiences I have—whether it’s poetry, short stories, longer fiction, nonfiction, or even emails. It’s my preferred creative outlet.

Did you hide any secrets in this book that only a few people will find?

PD: No. But it’s full of secrets hidden in plain sight, and they can be hard to see sometimes. What I mean is that the most profound ideas are often the simplest, but it usually takes a long time for us to grasp them, and in fact they can deepen every time we revisit them.

Is there any one section of the book you feel is more valuable than another?

PD: I think the three things that I felt I learned most about were how important it is to learn to manage our emotions, how important our connection with the natural world is, and what an incredible role the microbiota plays in our physical and emotional health.

“The book is really an expression of everything I’ve been interested in and studied since my discovery of dietary medicine… right on through my study of Chinese medicine and qigong. So in a sense I researched it for nearly 50 years, but the more focused research and writing took around two years.”

continued on page 48
LU – 11 少商 Shao Shang. Lesser Shang

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

Explanation of the picture:

LU-11, Shao Shang, is a Jing/Well point, a Wood point on the Lung meridian, and one of the SunSiMiao Ghost Points. All of these functions are shown in the picture.

Shang is a note related to Metal on the Chinese 5-tone music scale. Shang may also mean merchant or trader. Both possible translations are depicted in the form of a woman (Yin channel) merchant playing Guqin—the ancient Chinese zither. She pulls the strings by her thumb—a hint for the location of the point.

LU-11 is used for releasing Heat, especially from the throat. Therefore, there is an extinguished bonfire drawn near the well, and the merchant has a red collar indicating presence of heat in this area.

The drum that lies nearby the tree is a rhythm-giving instrument, related to Shang position in ancient Chinese rituals. That function is similar to the function of the lungs. Additionally, the sound of a drum is similar to thunder, which was associated with military power and victory in battle—a symbol of WeiQi.

The ghost whispering in her ear reminds that LU-11 is the second of the SunSiMiao Ghost Points.

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.

doi: 10.32472/5.4/7
Characters of the Name:

少 Shao – The character shows something small (小) divided even smaller and means little, few, lesser.

商 Shang – This character means to express inner feelings, to deliberate.

Shang is also a name of the second Chinese dynasty, from which is derived the meaning of exchange, trade, merchant.

Meaning of the Name:

Lesser Shang

ShaoShan is the Jing/Well and the Wood point of the Lung channel, the Yin of Metal, as opposed to Shang Yang, the Jing/Well point of the Large Intestine, the Yang of Metal.

The people of Shang were very much developed, and early in history they were able to build carts pulled by oxen so they could transport goods. They began to travel and exchange things with their neighbors. Gradually ‘the people of Shang’ became synonymous with merchants. A good merchant must know the real value of a thing in order to sell or buy it for proper price. This knowledge is a physiology of Metal phase. A merchant also needs to be aware of what to keep in stock and what can be sold—another quality of Metal.

Additionally, etymologically 肺 (Lung), by radical 市 is related to 市 (market) and 布 (distribute). As a Wood point, LU-11 controls the expanding movement of the Lungs, helping especially in distribution of Water in the Upper Jiao.

Other Names:

鬼信 GuiXin – Ghost Symptoms, Ghost Faith

LU-11 is the 2nd of the SunSiMiao Ghost Points, indicated for “hearing voices”—accepting perverse ghosts’ advice and rejecting the correct (yi) advice of Heaven. Hence, when the ghost points are related to ZangFu, LU-11 is correlated to treat ghost in the Heart, the place of connecting heaven in man.

Main Actions and Indications:

This point initiates the functions of the channel: connecting with Heaven Da Qi and receiving Heavenly influences:

1. LU-11 is a Jing/Well point and the last point of the channel:

1.1 Revives consciousness and influences the other end of the channel

Jing/Well points are characterised by very dynamic movement and change. LU-11 shares with other Jing/Well points the function of waking up consciousness. It also releases extreme Heat from the Lungs and the respiratory system and is effective in treating delirium resulting from high fever, especially in children. Preferable needle technique in this case would be bleeding the point.

LU-11 strongly affects the other end of the channel, in this case the throat and the respiratory system, and is effective in the treatment of any acute inflammatory processes, pain, and swellings.

1.2 TMM

The Sinew channels originate from the Jing/Well points. It travels through the thenar eminence and along the arm covering muscles: abductor pollicis longus, brachioradialis, brachialis, biceps brachii, deltoid, and then to the chest through serratus anterior and pectoralis major. Therefore LU-11 is used in the treatment of pain or sprain of these muscles.

2. LU-11 is a Wood point

The energy of Wood is reflected in dynamic movement and change. LU-11 strongly moves stagnations, especially on the other side of the channel: in the throat and chest. This function is empowered by the Jing/Well quality of this point.

LU-11 is a Wood point on the Lung channel characterized by the energy of Metal. Therefore on the psycho-emotional level it helps in balancing between Hun and Po, enhancing the Lung’s ability of controlling the Wood Phase. It is effective in the treatment of Heat stagnated in the body due to Hun/Po struggle resulting in strange, autoimmune diseases of the Lungs and skin.

As a Wood point, LU-11 also controls the pores of the skin and opens them in case of external pathogen invasion.

When reduced, especially bled, LU-11 releases Heat, especially from the other side of the channel.

3. LU-11 is the second of the SunSiMiao’s Ghost points, called GuiXin, Ghost Faith

The physiology of Metal phase and Lung organ expressed by the Hand TaiYin channel of the Lung is connecting man with heaven, or bringing in heavenly rules and order. As the second stage of possession, the ghost wants to block this connection by attacking the senses, especially the sense of hearing. Therefore LU-11 is indicated in the treatment of symptoms such as hearing voices, schizophrenia, multiple personalities and so on.
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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BOOK REVIEW: LIVE WELL LIVE LONG CONTINUED FROM PAGE 44

Which part of the book was the most difficult for you to write?

PD: The sex chapter. It’s probably always hard to write about sex and—especially in this context. It’s a potential minefield, particularly when presenting quite a few male-centric ideas (since I was committed to relating the tradition as accurately as possible) without offence. Also because the Chinese idea of loss of jing via male ejaculation is totally at odds with modern ideas about sex. That was a real exception in the book, as in most every other case, traditional teachings and modern research findings matched pretty well.

What do you hope the reader takes away from your book?

PD: Many different things: that traditional knowledge is a treasure chest (especially the Chinese tradition); that we have to find ways to love and care for ourselves before we can take care of this body-mind; that at the heart of it the tools for helping us be well and happy are pretty simple (based on those precious core theories of yinyang, the middle way, stopping before completion, learning from nature, etc.); and that these simple ideas can help us chart a smart way through the cacophony of health advice we are continually exposed to. I also hope that some of the Daoist (and my own) love and respect for nature helps teach us all to care for our environment better.

Shane Haggard, LAc worked for over 20 years as an administrator in the western healthcare system in administrative directorship roles before he became an acupuncturist and Asian medicine practitioner. In 1997, he designed and implemented the acupuncture detox program at Fairbanks Hospital, which continues today. Shane was Indiana’s first certified NADA trainer and served as a NADA consultant for the Acupuncture Task Force of the Medical Licensing Board. He also was responsible for both the NADA verbiage in the Indiana Practice Act and the rules and regulations that accompany the law.

Shane has participated as co-investigator in both animal and human studies acupuncture research projects at Indiana University School of Medicine. He is a former faculty member of the Indiana Therapeutic Massage School, where he enjoyed teaching and lecturing extensively on Asian medicine.
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