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Ancient Wisdom - Modern Healthcare

IN this issue

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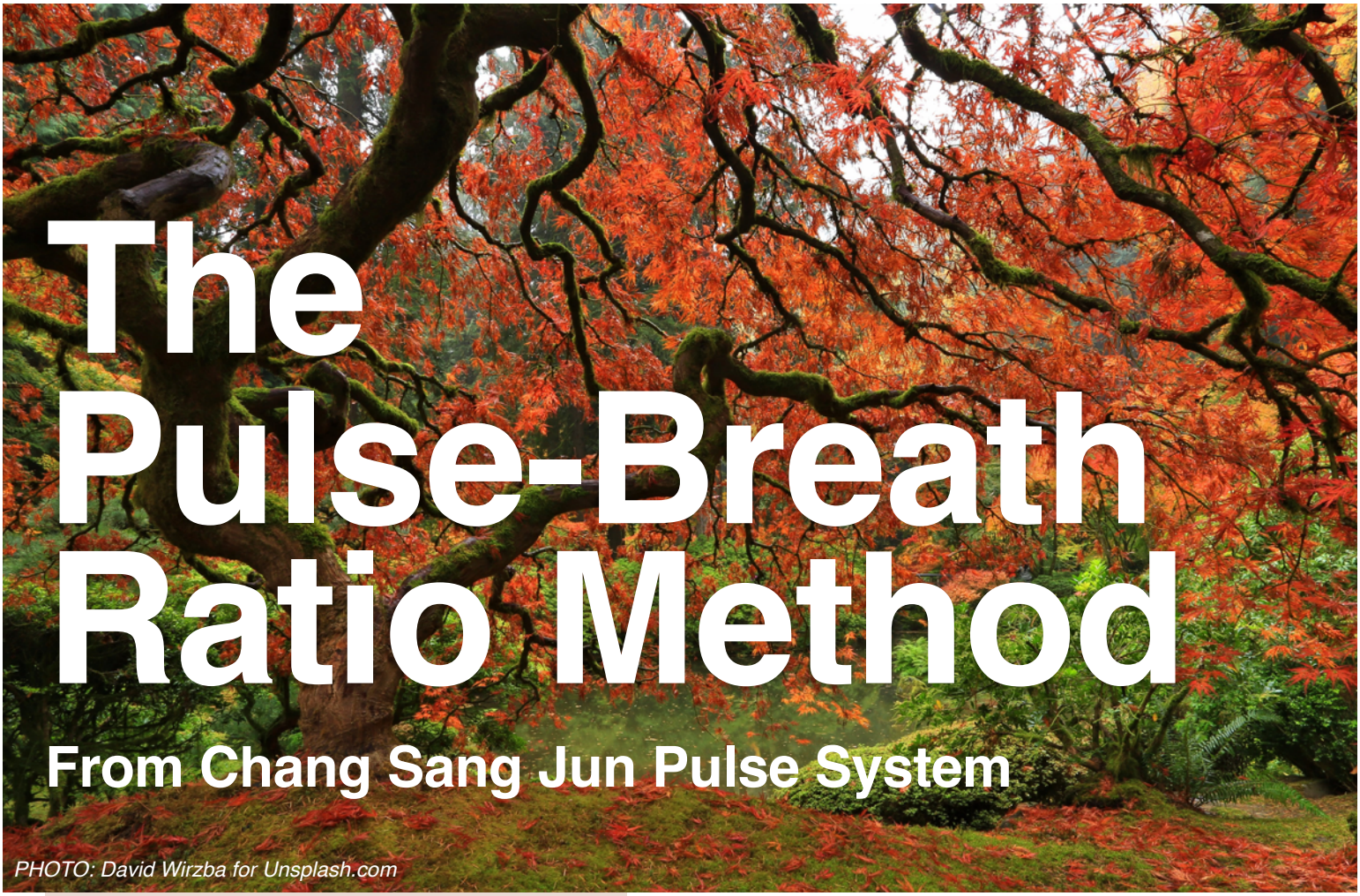

The Pulse-Breath Ratio Method

From Chang Sang Jun Pulse System

PHOTO: David Wirzba for Unsplash.com

A Barometer for Yin-Yang and Guideline for Clinical Practice

by Dr. Jianying Gao, Dr. TCM

Founded on a combination of knowledge inherited from his ancestors and years of clinical experience, Professor Shusen Li has developed a method to determine syndrome differentiations, point prescriptions and herbal prescriptions using a patient's pulse-breath ratio.

Throughout the long history of TCM, many different pulse-taking methods have been developed. However, few of them can offer a practitioner easy-learning and clear standards of pulse-taking parameters. Pulse-breath ratio of Chang Sang Jun pulse system can be considered one of the first standards of TCM that is itemized and based on objective facts.

The issue with pulse-taking within TCM is that the concept is easy to understand but is difficult to put into practice. I propose that we standardize pulse-taking by using the Chang Sang Jun Pulse-Breath Ratio as a primitive guideline for pulse diagnosis.

WHAT IS PULSE-BREATH RATIO?

The pulse is the number of beats per minute of the radial artery near the radial styloid process (Cun Kou Pulse). The breath is the number of breaths per minute, where one breath includes one inhalation and one exhalation. For the pulse-breath ratio, divide the beats of the pulse per minute by the number of breaths per minute.

PHOTO: Olena Ivanova for Unsplash.com

ORIGIN OF PULSE-BREATH RATIO — YELLOW EMPEROR'S CLASSICS

Yellow Emperor's Classics, Simple Questions, Chapter 18:

"…there are two pulse beats to one exhalation, and two pulse beats to one inhalation with a stop in between exhalation and inhalation. There are five pulse beats to one respiration because there is one extra beat during sighing in between exhalation and inhalation. This is the manifestation of pulse in normal person. A normal person will not display the pulse of disease… If there is only one pulse beat to one exhalation and one pulse beat to one inhalation, it is symptomatic of scanty energy. If there are three pulse beats to one exhalation and three use beats to one inhalation, and hasty…" - Henry C. Lu

HOW TO MEASURE PULSE-BREATH RATIO?

1. Ask the patient to relax.
2. Record the number of beats per minute in the patient's pulse.
3. Ask the patient to breathe naturally whilst observing the rise and fall of the chest or abdomen.
4. Record the number of breaths per minute.
5. Calculate the pulse-breath ratio using the following equation:

The pulse-breath ratio groups patients into three categories and a few sub-categories, as shown in the table below. (Table 1)

For patients who are grouped under the Diminished Qi category, the root cause is Stomach Qi Deficiency (a lack of Stomach Qi). For those grouped under the Unrest Qi category, the root cause is excessive Stomach Qi, meaning the Qi is exuberant.

TABLE 1: GROUPING OF PULSE-BREATH RATIO

Diminished Qi	Normal	Unrest Qi
Ratio <4: Diminished Qi	Ratio between 4 and 5	Ratio >5: Unrest Qi
Ratio <3: Distinctively dimished Qi		Ratio >6: Distinctively unrest Qi
Ratio <2: Dangerous		Ratio >8: Dangerous

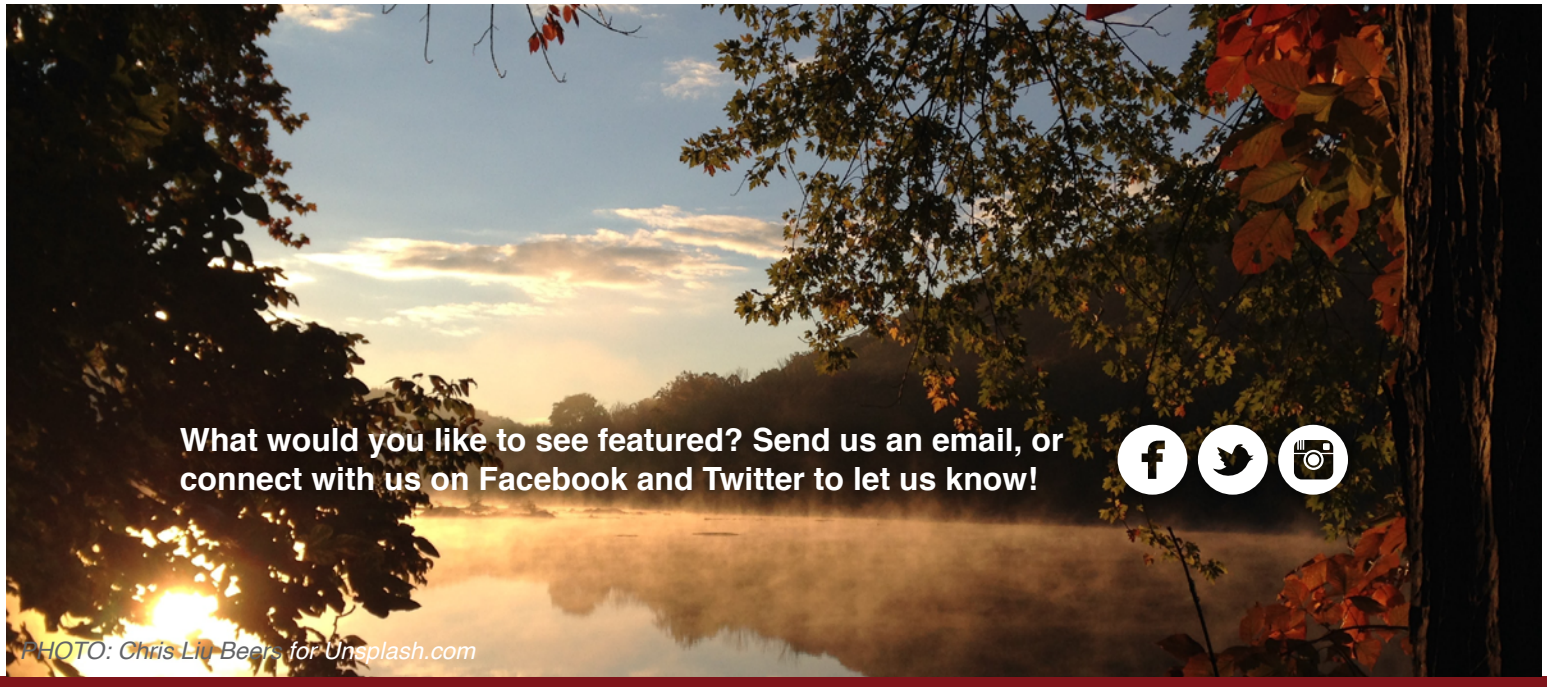

PHOTO: Chris Liu-Beers for Unsplash.com

CLINICAL SIGNIFICANCE OF PULSE-BREATH RATIO:

The breath is governed by the Lungs and the blood vessels (pulse) are governed by the Heart. Both functions are supported by Stomach Qi. Therefore, by measuring the breath in relation to the pulse, the pulse-breath ratio reflects the condition of Stomach Qi.

Yellow Emperor's Classics, Simple Questions, Chapter 18:

> "The regular qi of a normal person is supplied by the stomach. {The stomach [qi] is the regular qi of the normal person.} When someone has no stomach qi, that is caked "movement contrary [to a regular course].' A movement contrary [to a regular course results in] death."
> - Paul U. Unschuld

Yellow Emperor's Classics, Spiritual Pivots, Chapter 62:

> "…The stomach is the sea [supplying the] five-zang and six- fu organs. It's clear qi flows upward into the lung. The qi of the lung moves along the major yin [conduit]. Their movement follows the coming and going of breathing. The facts is: when a person exhales once, the vessels move twice. When he inhales once, the vessels, again move twice. As exhalation and inhalation never come to an end, so does the movement [of the vessels] never stop."
> - Paul U. Unschuld

With doubts clarified and philosophy restored from original texts of the Yellow Emperor's Classics, and the addition of accurate timing of the modern day, the Pulse-Breath Ratio developed by Professor Sushen Li, only requires two minutes to calculate in a busy clinical practice.

Puzzling:

Yellow Emperor's Classics, Simple Questions, Chapter 18:

> "As a rule, one takes [someone] who is not ill [as a standard] to assess a patient's [conditions]. The physician is not ill. Hence one takes the normal breathing [of the healthy physicial] as a pattern for assessing the patient's [condition]."
> - Paul U. Unschuld

DO YOU COUNT THE PRACTITIONER'S BREATH, OR THE PATIENT'S?

When diagnosing and treating a patient who you suspect has a disrupted pulse and/or breath, you should find a reference point. In the past, practitioners did not have the luxury of a clock that would accurately measure time, so they adapted their own frequency of breathing to assess the patient. However, because Stomach Qi is responsible for circulation of blood, and is used as reference for the measurement of pulse-breath being observed, it is imperative it belong to the patient.

PHOTO: Daniel Kim for Unsplash.com

TABLE 2: SYNDROME CHARACTERISTICS, AND TREATMENTS RECOMMENDATIONS OF DIFFERENT PULSE-BREATH RATIO BODY CONSTITUTION GROUPS

Ratio	Group	Core Characteristics of Syndromes	Basic Herbal Prescriptions Recommendations	Basic Acupuncture Recommendations
<4	Diminished Qi	Deficient / cold syndromes	Xiao Jian Zhong Tang modified	Tonify needling manipulation or apply moxibustion ST36, RN6, LU9
4-i	Normal	Normal or combination of deficiency and excess syndromes	Xiao Jian Zhong Tang with Da Chai Hu Tang modified (for those with signs and symptoms)	Harmonize the body in accordance to differentiated syndromes diagnosis.
>5	Unrest Qi	Excess / heat syndromes	Da Chai Hu Tang modified	Reduce Hand Yang meridians, tonify Hand Yin meridians

- Dr. Jianying Gao

In Dr.Gao's next article set to appear in the Winter issue, she will discuss more about the pulse-breath method's ratios for clinical application and how to use it at home for the maintenance of health.

REFERENCE

Theory is used under the licence of "Pulse-Breath Ratio Modality from Chang Sang Jun Pulse System" All rights reserved.

Academic support: Chang Sang Jun Classical Pulse Association (China Association of TCM)

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ABOUT THE AUTHOR

Dr. Jianying Gao, Dr. TCM

Dr. Jianying Gao received her Traditional Chinese Medical degree from China and is a Registered Dr. TCM with CTCMA in British Columbia, Canada. Dr. Gao is a passionate, influential doctor and educator with an excellent reputation amongst her students and patients.

Coming from a long line of TCM doctors in her family, she has been practicing TCM for 23 years both in China and Canada.

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Acupuncture in Hospitals

ATCMA's new Acupuncture in Hospitals Project

by Whitney Horstman, R.TCMP, MSOM

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I am pulling needles from the sleepy blissed-out nurse midwife who just finished her shift when there is a gentle knock on the door. One of the birthing unit nurses pokes her head around the doorframe and says, "The patient in room 2 has stalled labor and would like to try acupuncture before we push Pitocin."

It's 2011, and I'm a student acupuncturist at the Traditional Chinese Medicine College of Hawaii. Under the supervision of our clinic instructor (credentialed with North Hawaii Community Hospital), me and two other clinical interns provide acupuncture to hospital patients and healthcare providers for a clinic shift once per week. The experience is fantastic for us as students, giving us direct experience with active labor assistance, post birth recovery, hospitalized oncology treatment support, and a variety of medical/surgical conditions. We spend approximately half of each shift providing treatments to hospital employees, allowing opportunity for outreach and networking within the local medical community.

The British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA) is currently working on a project called Acupuncture in Hospitals. The distant end goal is to have paid positions for acupuncturists in healthcare facilities. The more immediate goal is a series of pilot

projects to begin establishing a local evidence base of tracked measurable outcomes to demonstrate the value of acupuncture to facility-based healthcare, structured similarly to programs currently running in California. To begin with these projects might solely focus on providing acupuncture to healthcare staff within hospitals and healthcare facilities to create advocacy for inpatient care.

> *Ideally, inpatient treatments would then gain approval once popular support for the idea was established and eventually staff positions would be created for acupuncturists.*

Here in British Columbia, acupuncture in healthcare facilities is currently limited to rehab and addictions and/or mental health programs in Vancouver Coastal Health, but a wide range of programs exists across North America. These examples merely scratch the surface:

- Mount Sinai in Toronto has run an acupuncture clinic in conjunction with the Michener Institute for Applied Health Sciences since 2000 and their website mentions acupuncture specifically in sections for Sports Medicine, Arthritis and Autoimmune Disease, and the Urologic Wellness Centre.
- Sunnybrook Hospital in North Toronto partners with The Canadian Centre for Acupuncture to run the St. John's Rehab's Acupuncture Clinic.
- The Mayo Clinic in Rochester, MN performs over 1,100 treatments a year by licensed acupuncturists and MDs with acupuncture training.
- The Cleveland Clinic in Cleveland, OH employs six acupuncturists.
- Abbot Northwestern health system in Minneapolis, MN has acupuncturists in their emergency departments for the past few years as part of a pilot program.
- Johns Hopkins Integrative Medicine Center in Baltimore, MD offers acupuncture in multiple locations across their system.

Positioning acupuncture in healthcare facilities in BC raises the prestige of the profession and diversifies the career opportunities for acupuncturists. In the absence of funding sources for high quality clinical trials, this type of cumulative empirical data gathering from within the healthcare system itself is a good strategy for building validation for our work and protecting the future of acupuncture in BC. These efforts also benefit our patients as it increases their access to acupuncture in a variety of settings and improves the chances of subsidized treatment costs for lower income populations.

Pilot projects will require collaboration with healthcare facilities, treatment space, and funding for supplies.

To that end, the ATCMA is requesting anyone who has prior experience with acupuncture in healthcare facilities anywhere in the world to contact the Association to share your experience. Likewise, we welcome any leads or ideas for connecting with existing programs, departments, or individual MDs who might be receptive and are positioned to assist in launching a project.

Connections to facilities that are under-served or are over-busy are especially valuable, as acupuncture will have greater opportunity to demonstrate value in those conditions.

Information can be emailed to:
info@atcma.org

- Whitney Horstman

ABOUT THE AUTHOR

Whitney Horstman, R.TCMP, MSOM

Whitney serves on the Executive Board of the ATCMA as Secretary on the ATCMA Board of Directors, and practices in Victoria.

Educated in the US, she practiced TCM in Hawaii, New Mexico, and Minnesota before settling in British Columbia, and brings her experience with multiple healthcare systems to the Acupuncture in Hospitals project.

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Soul Searching + The PSP

by Dr. Kimberley Schneberk, Dr. TCM

PHOTO: Lum3n for Unsplash.com

In a bid to update a previously dated Continuing Education Units (CEU) model, which required completing 50 units every two years for a practitioner to renew their registration, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) is introducing a new Practice Support Program (PSP). The new and improved method includes a self-reflective assessment portion, of which I recently completed.

What a breath of fresh air! I would need multiple limbs to tell you how many courses I have attended over the past 18+ years to meet the previous CEU requirement. While each course was interesting, none of them ever ensured my ongoing competence in any relatable area of practice.

The PSP, still a work in progress, is designed to address your career span competencies, which include self-reflection, patient and peer feedback, communication, ethics and safety as well as goal setting for the purpose of personal and professional development. Over time, the program is designed to highlight areas that would benefit from deeper reflection and improvement to help guide you when it comes to pursuing continuing education or other, as necessary. It is truly valuable work, and whilst completing the inaugural roll-out of the PSP myself, it had me thinking and reflecting on my own goals, practice and overall self - it's obviously working already!

- Who am I? Existential crisis, anyone?
- What are my goals?
- How well do I practice, communicate and interact with my peers?
- How effective am I?
- Am I safe and thoughtful?
- In what areas do I need to focus more attention, and where do I often fall short?

These are tough questions to answer on any given day, never mind at the tail end of a global pandemic where our "everything's" for tolerance and change have been questioned and tested to the nth degree. But I digress.

Who am I? This is not a question the PSP asks directly. However, if you're anything like me, this is a question that I considered organically as part of the process.

Like most, I wear many hats. I am a practitioner, Board member, publisher, colleague, wife, daughter, a kid/dog-mom, friend, trail runner, ocean swimmer and most consistently, a quick-witted smart-ass. I'm honest to a fault, direct in my communication and as a result have most often been described as 'smart, but intimidating' by colleagues, friends and others who don't like me much (although I'm sure the latter would leave the 'smart' part out). Given the various sources of this observation, I reluctantly admit it to be (mostly) accurate. The fact that these people can honestly communicate their observations to me, also tells me that although I may seem intimidating, I'm not beyond approach for communication.

> *On the other hand, patients describe me as being understanding, knowledgeable, open and compassionate, which suggests that there are two versions of me; one that resides outside of the clinic room, and another within.*

One could argue that this polarity is an example of the natural forces of Yin and Yang at play, which

incidentally would get me off the hook for any further self-reflection. Balance is balance, right?

But is that what I want? Does that make me a good colleague *and* a good practitioner, or better in one role than the other? Am I missing out on opportunities for growth? How can I do better? This is the purpose of the PSP.

As for some of the other questions surrounding the effectiveness of practice, including communication and safety, I score myself well. I am not tooting my own horn. This is about careful and honest reflection about my day-to-day interactions and practices. Patients trust me and I trust my decision-making processes. I practise within my skill set and refer when necessary. That is not to say that I can't improve in any of these areas. Like our patients, we are all works in progress, susceptible to the inner and outer influences that shape our experiences and daily interactions. Some days we are 'on it', and others, not so much. Where we are consistent, or not as consistent, is what matters.

An area where I feel I've improved the most in my career so far is in collaboration with other healthcare professionals. I am thankful to other TCM practitioners, chiropractors, naturopathic doctors, registered massage therapists, physiotherapists, MD's, nurses, psychiatrists, kinesiologists and occupational therapists for teaching me how to collaborate more effectively. It's not a skill set I learned in school, but I believe it's an area necessary for successful practice and improved patient outcomes. I hope to continue to improve in this area, especially in the coming years as amalgamation looms on the horizon in BC.

> *I hope all healthcare professionals hone this skill. Collaboration and interprofessional communication are certainly not TCM/A profession specific topics!*

However, it's not all unicorns, rainbows and ticking the right boxes. I'm not that great. I falter in other goal-setting sections of the PSP that will be released

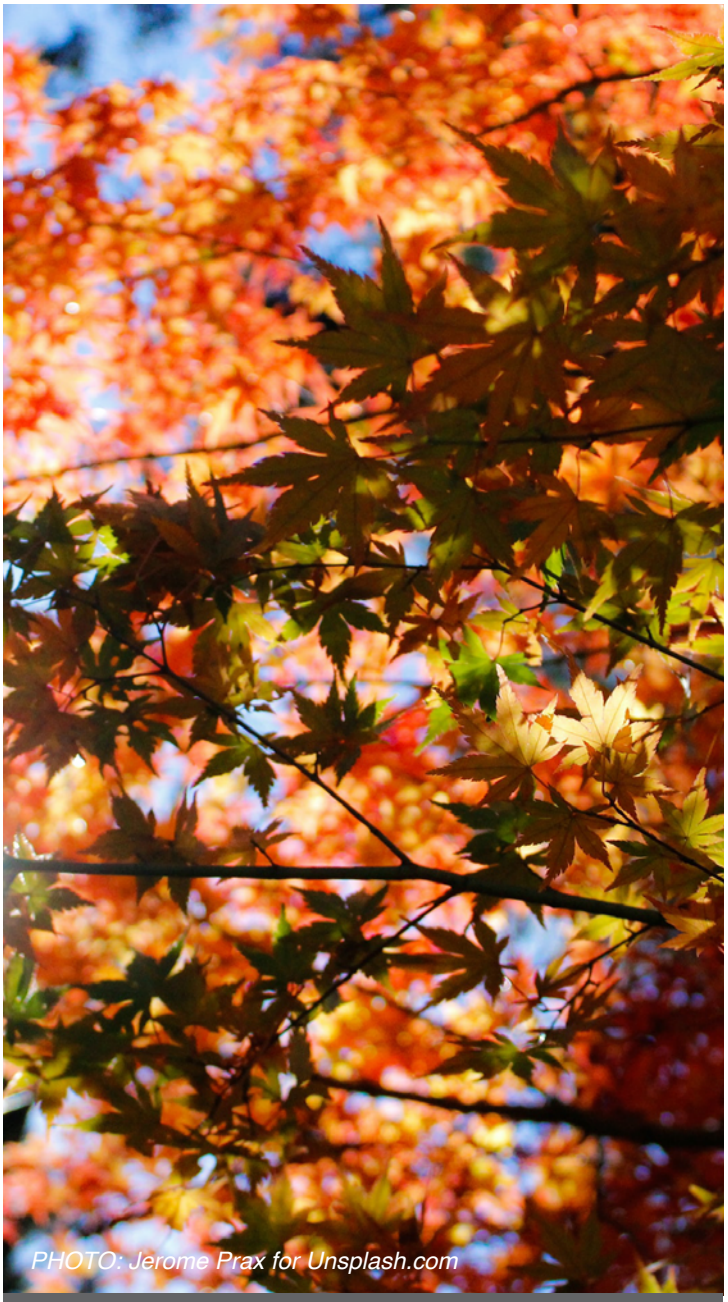


PHOTO: Jerome Prax for Unsplash.com

later. Goal setting questions have never been my strong suit. Whenever asked about where I see myself in 5 or 10 years, I freeze. I have no idea. I'm more of a 'tomorrow is promised to no one, but I'd better have my bills paid just in case' kind of girl. I like to cover my bases but not get too far ahead of myself, either. Questions about the future seem too intangible and more appropriate for an episode of Fantasy Island, where a mysterious Mr. Roarke might caution his guests to be careful of what they wish for, just before the scene fades to black.

A question asking where I might dream to be in five to ten years, is easier to answer because it's non-committal. Compare that to a question asking where I see myself in five to ten years, is trickier because it represents a commitment to the future, which terrifies me. Perhaps it is a fear of failure that keeps me clinging to the present. Or perhaps I just don't grasp the full importance of the exercise. Obviously, it's an area that, for me, requires more work and because it's framed in that way, it's one that I can commit to pursuing.

Wherever you are practicing, if this type of reflective tool isn't being used as part of your ongoing personal or professional pursuit of excellence, I highly suggest you try incorporating something similar. If you are already practising where this type of tool is used as part of your ongoing career competence, I'd be interested in hearing about how it has helped or hindered you! For those of us shifting how we measure ongoing competence, it's sure to be an interesting journey. We have so much to learn about ourselves and one another. Start study groups, perform clinical rounds, share your knowledge and experience, and be open to learning from others. Our patients will only benefit from it, and we just might become better practitioners in the process.

- Dr. Kimberley Schneberk

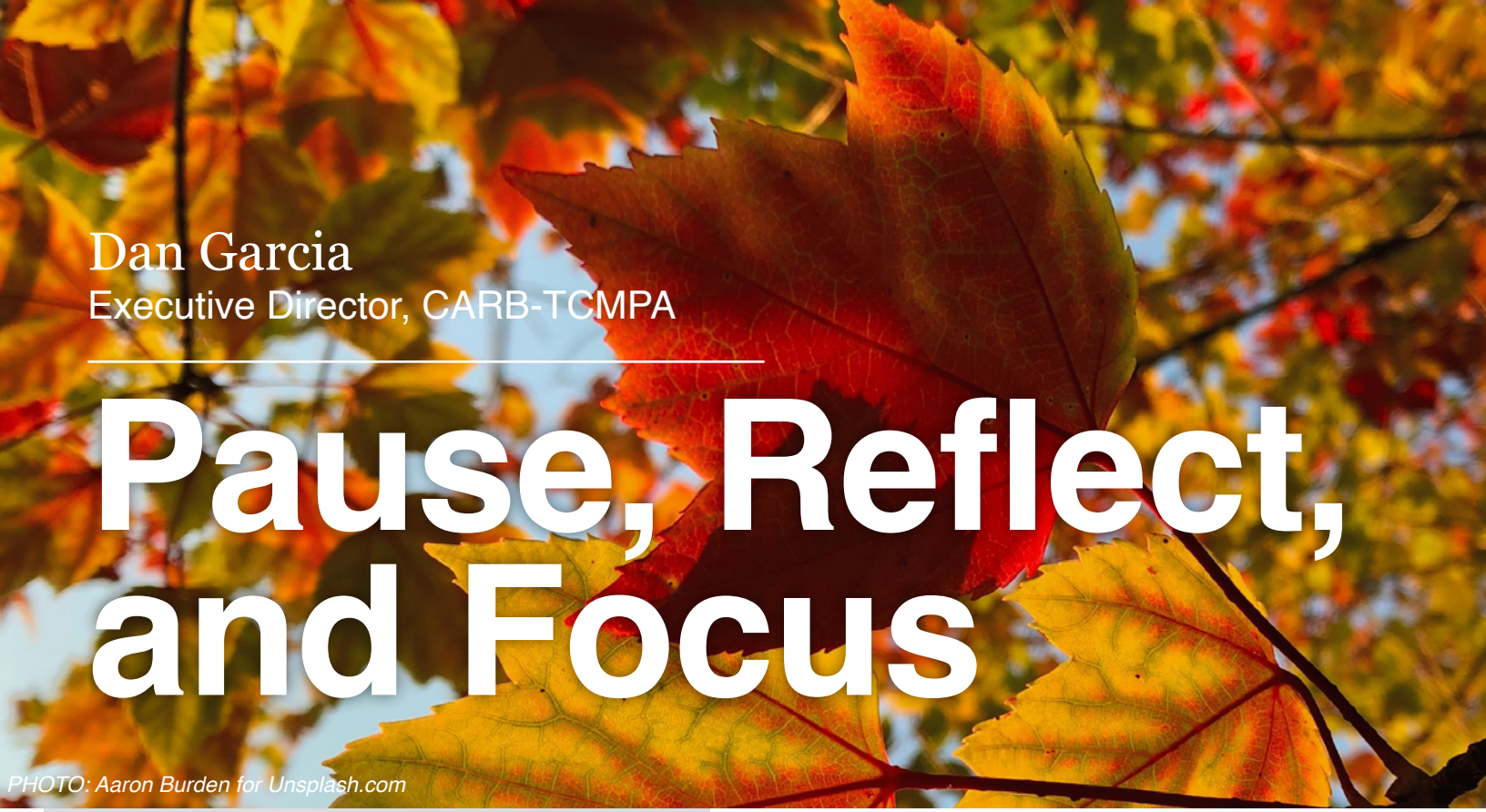
ABOUT THE AUTHOR

Dr. Kimberley Schneberk, Dr. TCM

Dr. Schneberk, a CTCMA registrant since 2003, has focused much of her professional practice in the treatment of addiction and mental illness, developing and implementing TCM-based programs for various public and private agencies in BC. She maintains a full-time private practice in North Vancouver and serves as an appointee to the Ministry of Health's Special Audit Committee for Acupuncture, Medical Services.

Well-published in her own right, in 2015 Dr. Schneberk founded Canada's first online TCM publication, Medicinal Roots Magazine. Her abiding professional interests are in ethics and quality assurance, wanting to see fellow practitioners excel in these areas.

PHOTO: Fumiaka Hayashi for Unsplash.com



Dan Garcia
Executive Director, CARB-TCMPA

Pause, Reflect, and Focus

PHOTO: Aaron Burden for Unsplash.com

As summer comes to an end and we begin to prepare for the fall and winter months, this is a busy time of year for many of us. It is often easy to fall back into our personal and professional routines with all of the day-to-day activities that demand our attention.

This can also be an important moment to reflect and refocus. As we approach the National Day for Truth and Reconciliation (September 30), I encourage you to learn something new about the Indigenous communities in your area, and for each of us to consider our own roles in reconciliation.

At CARB-TCMPA we are preparing for the next administration of the Pan-Canadian Exams. The October 2021 administration takes a slightly different approach than our previous two sittings with staggered exam dates; the TCM Herbalists and TCM Practitioners will write their exams on October 6 and 7, and candidates writing the Acupuncturists exam will do so on October 27 and 28. Not only does this provide greater flexibility for candidates who choose to write more than one exam, it allows us to better control the cost of the examination program and keep the exam fees as low as possible.

Following the additional support from the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC and Government of BC, the Chinese versions of the Pan-Canadian Exams will be available to eligible candidates in October 2022 and October 2023. It is important for future candidates to understand that the April 2022 and April 2023 exams will only be available in English. We are working closely with CTCMA and intend to enter into a longer term, collaborative agreement with the College to help ensure that the translated exams continue to be made available in a sustainable and defensible manner in 2024 and beyond.

> *We continue to make progress on the development of the TCM education accreditation standards and program.*

In early September we continued our national consultation process and met with the owners and senior administrators of TCM programs to review and discuss the second draft of the standards. We are grateful for the positive feedback and reception of the second draft, their continued engagement and

participation, and development opportunities that they have identified. Some of our upcoming activities in this project include the recruitment and training of program assessors, conducting a pilot program of the standards and process, and development of the other program assets. More information on this project will be shared as it becomes available.

In some regulatory news, Paul Hu is no longer with the College of Acupuncturists of Alberta. Paul has been a member of the CARB-TCMPA Board of Directors for several years and was most recently serving as the Board's Vice-President. His contributions to the profession at a provincial and national level have been instrumental in moving the profession in Canada forward. On behalf of CARB-TCMPA, we wish Paul all the best in his future endeavours. The CAA has announced Ms. Jennifer Galarneau as the interim Registrar and Executive Director in addition to her position as Complaints Director.

- Dan Garcia

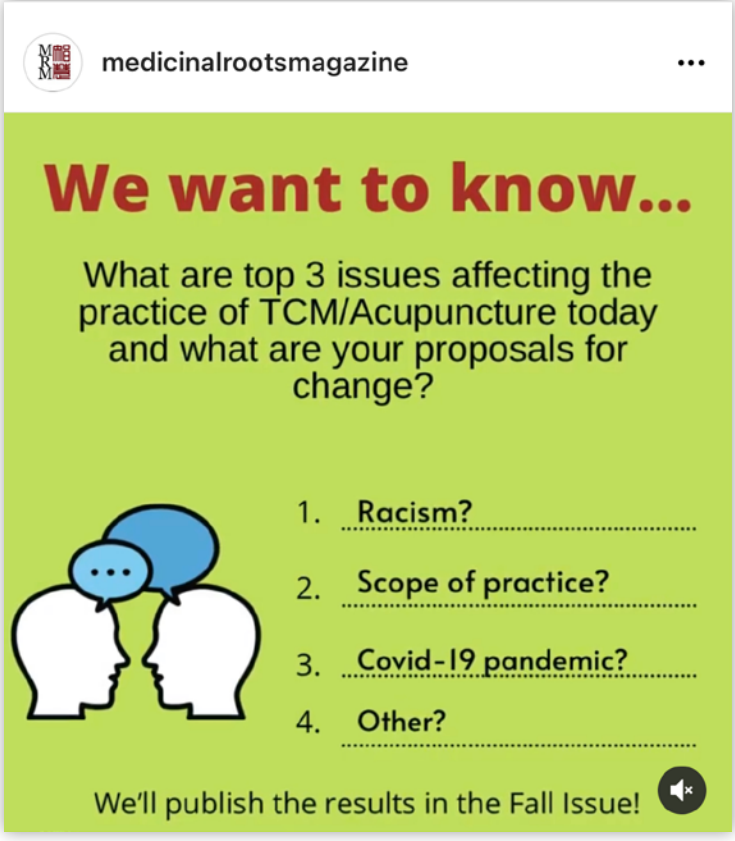
For the most up-to-date information on CARB's activities, follow us on LinkedIn: www.linkedin.com/company/carb-tcmpa

ABOUT CARB-TCMPA

The Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is the national forum and voice of provincial regulatory authorities that are established by their respective provincial legislation. Through collaborative activities, CARB-TCMPA promotes quality practice and labour mobility across Canada. For more information about CARB-TCMPA, visit: **carb-tcmpa.org**

What Are the Top 3 Issues Affecting the Practice of TCM / Acupuncture Today?

PHOTO: Katie Moum for Unsplash.com



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HIGHLIGHTS FROM THE MRM INSTAGRAM PAGE

rainbow_pauline007 Equal status for both conventional medicine and TCM!

5w 3 likes Reply

Hide replies

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5w Reply

medicinalrootsmagazine @rainbowonex3 any thoughts on how to better achieve this?

rainbow_pauline007 @medicinalrootsmagazine

4w 1 like Reply

rainbow_pauline007 Some countries did better than others ie Australia. First hand observational studing experience in clinical settings from a HK heart & chest orthopaedic trama unit when I was 19 for 3 months under a very experienced trilingual white Australian Christian MD using TCM on many young people 25plus. Worth looking at Aussies practices.

4w 1 like Reply

medicinalrootsmagazine @rainbowonex3 thank you for sharing this!

4w Reply

rainbow_pauline007 @medicinalrootsmagazine HK The government's launch of the first Chinese medicine hospital project is an important milestone. With a capacity of 400 beds and an annual 310,000 outpatient services, the HK$8.62 billion (US$1.1 billion) facility being built in Tseung Kwan O is set to be ready for use by 2025.30 Jun 2021

4w 1 like Reply

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HIGHLIGHTS FROM THE MRM FACEBOOK PAGE

Yana Dee
Non-Asian discrimination. So many patients believe that only Asian looking people are good acupuncturists.

Like · Reply · Message · 4w 1

Micki Du
If u are good than actually nobody cares if u are Asian or what else. 😉

Andre Shih
Public awareness of what acupuncture can treat, insurance coverage, scope of practice.

Like · Reply · 4w 1

Dr.Kim TCM
Andre Shih how do you see these things being better addressed?

Like · Reply · Commented on by **Kimberley Schneberk** · 4w

Sarah Jenkins
Public awareness around our qualifications, Acupuncture + Chinese medicine research developments, treatment dosage

Like · Reply · 4w 2

Dr.Kim TCM
Sarah Jenkins any ideas around how to achieve this? 😁

Jason Tutt Admin

1. Insurance coverage: requires a stronger research base for Acupuncture's effectiveness on specific conditions being treated as well as educating insurance companies and unions (ie nurses, teachers)

2. Scope of practice: requires an acceptance of the profession that modernization does not threaten their ability to practice nor does it threaten the profession as a whole. Understanding that modernization is necessary to stay competitive. Cooperation from Ministry of Health and potentially MLA's.

3. Evidence based practice: a shift towards practices that are supported by empirical and published evidence. Questionable practices are being phased out in most professions. This is something that should be enforced by the College.

Clayton Willoughby
Not much different than Jason and others. For me it's all about relevance if this profession is to thrive. TCM will always exist, but whether it lives in the margins or on the main page is up to more than just us.

Scope of Practice: Everyone and everything deserves the right to grow and evolve, our practice deserves the right to expand. There is reason to restrict certain practices based on public safety, but the idea of restricting practice because of jealousy or greed is something horrible.

Science First: Maybe it's slightly contradictory to the above and even below, but not every way of practicing or every practice stands up to scrutiny. It's very difficult to justify ourselves and our practice if we diagnose and treat via muscle testing or a pendulum. How do we explain that a tuning for with the frequency of Jupiter is better than the frequency of Mercury clinically? I don't mean to attack or criticise, so I hope people don't feel that. But this is science, not religion and "Because I say so" is not enough of an explanation for our practice. There is absolutely zero chance we can find a unified theory of acupuncture, the history is too long and it's practice in influenced by the cultures of dozens of countries. But we can do better, we can all ask ourselves if treatment X causes effect Y which leads to result Z and it can be verifiable and repeatable by others.

Inclusion: Seeing the example image with 'racism' as the number one issue struck me as very strange, but I respect my peers for putting it there and thought about it. And while I wouldn't necessarily describe the issue as racism, there are some very shocking divides. It's obvious to everyone that this medicine is primarily Chinese but the Chinese diaspora is broad and there are countless divisions there. The practice of acupuncture in the West is different if you're in Europe or North America to the point where examining the aspects of practice is almost an encyclopaedia of unique perspectives.
Key concepts of ownership/gatekeeping and control are worth examining as an academic, but normal people don't need that, in acupuncture or society. We just need to accept each other and work together moving forward for everyone, even if that means pulling in slightly different directions.

Like · Reply · 4w 3

Dr.Kim TCM
Clayton Willoughby very well said 👏 Thank you for sharing your thoughts so well!

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Medicinal Roots Magazine

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