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MEDICINAL ROOTS 智慧 MAGAZINE

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Accessible Acupuncture *in an* Integrative Health Clinic *in* Rural Nepal

PHOTO: Sylwia Bartyzel for Unsplash.com

by **Dr. Agni Larsen, Dr.TCM**

This past May 2022, I embarked on a post-pandemic journey to Nepal as a volunteer for the Acupuncture Relief Project Inc. (ARP) with my husband and fellow Chinese Medicine Practitioner Gavin. Both of us were eager for the journey, having booked and raised funds for the trip two years prior with plans to travel in May 2020. This best laid scheme fell to the wayside when the coronavirus ramped up globally, so we put Nepal on the backburner until lockdowns abated.

Fast forward to 2022 and you can imagine that we were well keen to fly, so we booked our recommended PCR tests and made the twenty-two-hour journey across the Pacific. On the way, we tacked on a twenty-hour layover in the greenest and cleanest city in the world, Singapore, where we treated ourselves to kopi tarik, teh halia and kaya toast at the hawker stalls and hunted down the requisite fresh Musang King durian, which besides being my favourite fruit, offers me a connective ancestral experience as a first generation Canadian descended on my dad's side from the Straits Chinese and the Baba-Nyonya of Malaysia.

*When we landed in Nepal
and exited the airport,
the sounds and smells of
Kathmandu – the grotesque
burning of garbage,
pollution, urine, sickly sweet
rosewater, and delectably
delicious samosas and puri
sizzling in oil - hit me.*

Eleven years ago, I lived in Nepal from 2008-2011 and the return aroused a familiar ineffable longing for deep cultural and spiritual immersion. Our star guide and amazing human, Tsering Sangpo Sherpa spotted us, and we walked together through the cloud of taxi toots bargaining for a cheaper ride sans seatbelts to Thamel, the tourist scribble of streets to the northwest of Kathmandu's vast sprawl. Thamel perpetually houses around eighty percent of the city's travelling foreigner population at any one time and is home to late-night bars, imitation name brand trekking gear and a whole smorgasbord of restaurants. We spent two nights in the city eating momos, getting lost in used bookstores and traipsing the backpacker maze of Thamel. Then we embarked on a three-hour car journey with Tsering to the

village of Bajrabarahi in Makawanpur district where The Acupuncture Relief Project (ARP) operates out of an integrated medicine clinic.

To provide some background, ARP is a volunteer-based, non-profit organization whose mission is to provide free medical support to those affected by poverty, conflict and disaster while offering meaningful professional development to the medical practitioners who provide treatments. Andrew Schlabach, who has a private acupuncture practice in Portland, OR is co-founder and president of ARP. The clinic space at Bajrabarahi, where we were volunteering, was inaugurated in 2015, when the ARP was offered an abandoned building following a previous two-year clinic pilot project from 2013-2015 in Kogate, Nepal. The organization was asked to create a joint clinic venture by the District Health Office in Makawanpur. This became Nepal's first integrated health model for rural areas and was an inspiring model for Gavin and I to witness firsthand. Coming from the Pacific Northwest coast of Canada where Chinese culture and concurrently Chinese Medicine is highly prevalent, yet compared to China and Australia we are still making baby steps toward integration with biomedicine in hospital settings.

Currently, the Bajrabarahi clinic acts as a training facility for Nepalese students studying acupuncture and rural health at the Rural Health Education and Service Center (RHESC) in Kathmandu.



PHOTO: Isabel Retamales for Unsplash.com

International volunteer practitioners like us arrive on the scene through the Bajrabarahi Clinic Volunteer Program which invites qualified health practitioners to work and live at the clinic for a duration of three weeks to several months. During the rampant time of Covid-19, from May 2020-March 2022 the clinic was closed to international volunteers, so Gavin and I were the second and third persons to arrive from abroad, after Michelle May, a Denver, CO based acupuncturist whose venture began in March 2022.

Conducting an initial intake at the clinic included taking a patient's blood pressure, blood glucose levels, pulse rate, and temperature as well as traditional Chinese Medicine tongue and pulse diagnosis.

Gavin and I were pleased by the clinic structure which boasted four hospital beds with privacy curtains, one massage table, two massage chairs for back treatments and four plastic chairs with footstools for community style acupuncture. The space was stocked with Chinese herbs, acupuncture needles, cups, gua sha, moxibustion supplies, e-stim machines alongside Western medication and diagnostic equipment. Referrals to the health post next door and outlying hospitals in Palung and Kathmandu were fundamental, since the patient base is mostly subsistence farmers who were arriving at the clinic as their first point of access to primary care.

In my three-week block at Bajrabarahi, I treated goiter, uterine prolapse, post-stroke rehabilitation patients, drum distention, sciatica, lipomas, UTIs, headache, tinnitus, acid reflux, epigastric pain, diarrhea, constipation, mild to severe asthma, diabetes, and numerous high blood pressure patients. It was common to observe elderly patients with the Chinese Medicine syndrome pattern "Yīn Deficiency Heat" manifesting as dryness and burning sensations in the soles of their feet and lower body, in conjunction with Damp Accumulation indicated by greasy tongue coats, knee pain, arthritis and diabetes due to reliance on dairy, white flour and white rice. Acupuncture points like Kidney-1, Yǒng Quán 涌泉 and Kidney-2, Rán Gǔ 然谷 situated on the feet were useful, as was electro-stimulation to patients affected by hemiplegia post-stroke. Every local knee acupuncture point you can think of was applied and I personally needled Liver-7 Xī Guān 膝关 and its opposite Gallbladder-33 Xī Yáng Guān 膝阳关 more consistently than ever before!

Delving into the clinic's Chinese herbs, Gavin and I were informed that they did not get many volunteer herbalists at the centre, mostly just those trained in acupuncture, so they were happy to have us and we were given free rein to prescribe Chinese herbal formulas and make the most out of their stash.

I utilized Píng Chuǎn Wán 平喘丸 to clear heat, dispel wind-cold, transform phlegm, and diffuse the Lung to treat asthma; Huò Xiāng Zhèng Qì Sǎn 藿香正气散, to harmonize the Stomach and transform dampness to treat nausea and abdominal pain; Táo Hóng Sì Wù Tāng 桃红四物汤 to nourish and circulates blood to treat menstrual cramps; Dú Huó Jì Shēng Tāng 独活寄生汤 to expel wind-dampness, tonify deficiency and disperse obstruction to treat low



PHOTO: Ashish Acharya for Unsplash.com

back pain and knee arthritis; Bǔ Zhōng Yì Qì Tāng 补中益气汤 to tonify and raise sinking qì to rectify uterine prolapse, and Nǚ Kē Bā Zhēn Wán 女科八珍丸 to replenish qì and blood and treat anorexia, lack of strength, fatigue, dizziness, and anemia. Gavin loved using the topical Demon Strength Battle Balm containing pain-relieving Chinese herbs like safflower, frankincense, myrrh, sappan wood, angelica sinensis root, and corydalis.

We both witnessed firsthand how community acupuncture was a powerful healing tool and low-cost model that provided effective healing care in this integrative clinic.

Access to basic care provided to the community had a touching impact on people in the village. Everywhere we walked outside of working hours we were invited in for tea. In Nepal, one of the poorest countries in the world, acupuncture that does not depend on the accessibility of expensive medications is exceptionally effective at treating pain, neurological conditions, digestive disorders, reproductive health, stress, and anxiety. Before speaking with me, many female patients confessed they would simply wait-out UTIs in the past due the delicate nature of bringing up urogenital health in Nepal's old-school patriarchal climate and would do nothing to address uterine prolapse postpartum after many childbirths. I noted that women new to

the clinic were at first hesitant and remiss to discuss their periods, but loyal patients who had attended the clinic for years answered questions about menstruation and hormonal changes with no qualms and it was refreshing to see new patients open up as they overheard others divulge due to the shared nature of the community space.

Many Nepalese patients knew nothing of acupuncture prior to visiting ARP's clinic in Bajarabarahi and were fascinated by the volunteer-based model complete with language interpreters in which they could access comprehensive treatment and experience continuously beneficial effects post-treatment due to the nature of Chinese Medicine treating not merely symptoms but addressing the root cause of illness. Sharing clinic space and learning from experienced local acupuncturists Satyamohan Dangol and Sushila Gurung, inspiring intern Sanita Gopali, interpreters Amrita Gopalee and Sushila Waiba, led to the diminution of language as a barrier subsequently leading to a well-thought-out beneficial space for patients of all ethnic backgrounds (of which there are over 126 in Nepal!) speaking Nepali, Newari, Tamang, and other local languages to receive treatment and heal.

Our workday schedule was six days on, one day off, Monday-Saturday, 8:30am-4pm, wherein we treated twenty or more patients per day. This was a "slow" time of year moving into summer heat and Satya and Sushila let us know that when the clinic is busier, they can see up to 20 patients each in a morning alone. We had days off due to municipality and district elections and spent time exploring neighbouring villages, hiking, and playing the formidable Russian card game Durak with the team.



PHOTO: Raimond Klavins for Unsplash.com

We washed our laundry by hand in buckets and went without toilet paper or tissue for our whole stay, situations that momentarily forced us out of our comfort zone but soon became habitual and reminded me of why I love travelling.

After three weeks of immersion at the clinic, we travelled onward with Tsering, (who also runs a trekking company, Sherpa Khumbiyila Adventures Pvt. Ltd.), to the Annapurna region for the Ghorepani Poon Hill Trek. This is the Himalayan expedition J.R.R. Tolkien is rumoured to have ventured along in Nepal which inspired him to write the Lord of the Rings! We bonded with Tsering on route and learned much from his experience with ARP since he had been working with them since 2010. First, he was a medical interpreter for the Acupuncture Relief Project, then advisor to the board of directors and director of Good Health Nepal. At Present he runs the office of Suswaasthya Nepal (Good Health Nepal), a non-profit partnership with ARP. The Kathmandu-based NGO works to improve local village economies by training and employing medical interpreters who serve alongside the clinical practitioners. Good Health Nepal also works with the Nepali government, District Health Office, and Village Development Committees to establish clinic locations, advance cooperative relations, and discover possibilities for healthcare expansion in Nepal. Back in Kathmandu I caught up with old friends and haunts before a dizzying return to Vancouver, BC via Singapore and more fresh durian!

How can I sum up the entire experience? Eye-opening, heartening, collaborative, deeply soul nourishing, and connective.

I am so very glad that ARP exists and that I had the opportunity to contribute my energy to their cause in a small way. I am excited for the continuous waves of international volunteers and the experiences

they will glean abroad. I am equally in awe of the Nepalese we met and became very close with through proximity, necessity and pure joy and am grateful to the project staff who took us into their homes and hearts. That indescribable yearning for Nepal remains.

- Dr. Agni Larsen

For those inspired by Dr. Larsen's adventures and want more information regarding volunteer work in Nepal, here is the contact information for ARP and her guide:

Acupuncture Relief Project
<https://acupuncturereliefproject.org>

Tsering Sangpo Sherpa
Sherpa Khumbiyila Adventures Pvt. Ltd.



ABOUT THE AUTHOR

Dr. Agni Larsen, Dr. TCM

Dr. Agni Larsen is a Registered Doctor of Traditional Chinese Medicine in Vancouver, B.C. who practices out of Empower Health and Unplug Hour Wellness, two integrative health clinics. She has a focus on mental and emotional health, optimal digestion, hormone balancing, skincare, and pain modulation. Dr. Agni also teaches for the Chinese Medicine program at Pacific Rim College.



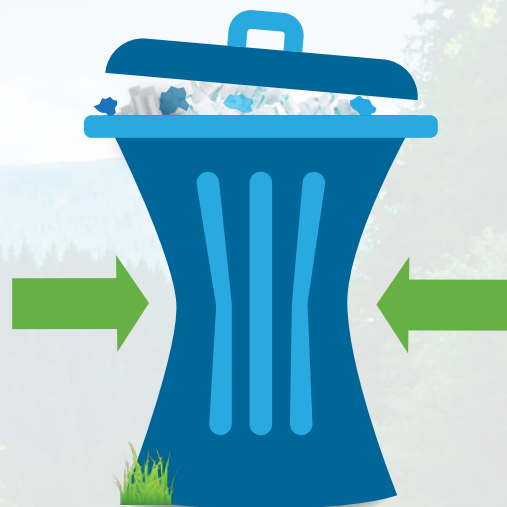
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A Brief Introduction to Balance System Acupuncture

PHOTO: Aaron Burden for Unsplash.com

by Jillian Wone, R.Ac, RMT

Like many people practicing Chinese Medicine, I'm constantly hearing about continuing education courses that will give me more tools to benefit my patients. It's important to me that these courses also fit into the way that I currently practice. This is why I was so intrigued when in late 2019, I heard about the Tan Academy of Balance Certificate program in collaboration with Langara College. It is the first accredited post-secondary institution offering a Certificate Program in Acupuncture with testing in Canada!

Upon finishing Levels 1 and 2, which are prerequisites for the certificate program, I was pleased that I had a working understanding of the Balance Method itself and a clear understanding of the framework in the certificate program.

I recalled how in Acupuncture school I felt frustrated at the inherent disconnect between the point prescriptions we learned, which are based on Zang-Fu diagnosis, and patients' presentations.

I intuitively understood that acupuncture is limitless in the combination of point possibilities we have at our disposal, yet we were learning only a handful of specific point prescriptions for each condition.

This disconnect stems from the surprising fact that while Chinese herbal medicine has always been used with a Zang-Fu diagnosis, Acupuncture was classically used with Channel Theory Diagnostics!

It's interesting to read about the how and why this happened, for which I have included some great resources in the references at the end of this article.

In the Balance System of Acupuncture (BSA), Channel Theory is the diagnostic tool.

This key difference is the reason that the Balance System is so efficient.

Channel Theory diagnosis explains the empirical points that we use for certain ailments. Let's unpack how this works with one of my favorite examples: Large Intestine 4 (LI4) for headaches.

Dr. Richard Teh-Fu Tan, who methodically synthesized the prior teachings of Dr. Chao Chen and Dr. Wei Chi Young with his own construct of the 12 Systems and more, simplified the steps needed to be efficient, and made sure that they are easy to remember in the clinic. They include the following:

1. Find the 'sick' channel.
2. Find what channel treats that 'sick' channel
3. Select the correct points on the treatment channel

Let's go through this together for a sinus pain headache; something that we've all seen so commonly this year.

1. FIND THE 'SICK' CHANNEL.

Foot Yangming Stomach channel. This channel runs from ST1 to ST3, lateral to the nose. As such, it is the 'sick' channel

2. FIND WHAT CHANNEL TREATS THE 'SICK' CHANNEL.

Use the 6 channel theory and the channel of the same name, which in this case is Yangming, to treat the sick channel. Therefore, Hand Yangming Large Intestine channel treats the sick channel of Foot Yangming Stomach. For this system, it is treated contra-laterally.

3. SELECT THE CORRECT POINTS ON THE TREATMENT CHANNEL.

There are a variety of imaging formats to use, we are going to use the hand in this example. By placing an image of the face over an image of a hand, the correspondence is as follows:

- Fingertips correspond to the top of the head,
- MCP joints correspond to the eyes,
- The wrist corresponds to the chin, and
- LI4, which is located almost half way between the MCP joints and the wrist, corresponds to the area of ST3-ST4 on the face, which is half way between the eyes and the chin.



PHOTO: Gabriel Garcia for Unsplash.com

In this example, if the pain is worse on the left sinus, we would needle the right Large Intestine channel, due to this system working contra-laterally.

Therefore, LI4 treats sinus pressure and pain lateral to the nose, which explains why that is primarily what kind of headache it treats.

What attracted me to this way of treating is the systematic way in which we can figure out the most appropriate course forward with the three steps.

This, partnered with the creativity and subtle palpation required to make the point prescription effective immediately, had my attention immediately.

One benefit of BSA, and the one that's transformed my practice the most, is Li Gan Jian Ying, which literally means "set up a pole and see the shadow". In our case, the pole is the acupuncture needle, and the shadow is an immediate reduction in pain and an increase in range of motion. Patients do notice that "a-ha" moment after a needle is placed and that effect almost always continues to improve throughout their time on the table.

Further study within the Balance System framework has given me the skills to work with seasonal allergies and other issues occurring cyclically by harmonizing a patient's constitution within the seasons.

It has also taught me to create strategies that can address the five elements when strong sedation or

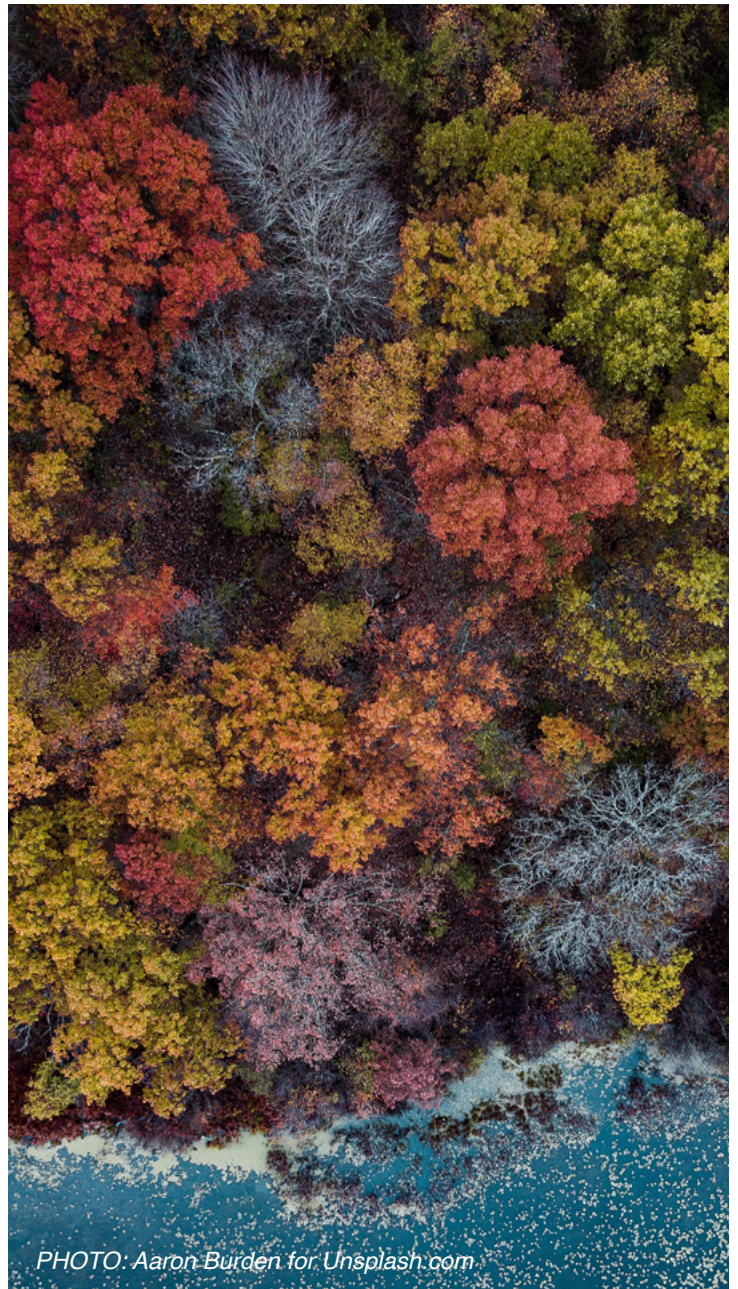


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tonification are needed, as well as clear approaches to addressing digestive, gynaecological, immune and anxiety disorders. The effects are not limited to musculoskeletal pain and discomfort.

I've also rediscovered the 12 Magical Points, which was Dr. Richard Teh-Fu Tan's OMD dissertation, as one of the most effective treatments to address chronic migraines as well as concussion syndromes - notoriously hard to remedy. By using this protocol, one can frequently alleviate the symptoms of a mild or acute concussion and de-layer the more problematic symptoms within a post-concussion syndrome. This allows for further refined treatments to focus on the deeper symptom picture.

The confidence that I have now in my practice is a direct result of my daily experiences using the BSA. The logical nature behind the protocols means that even with a complicated case before me, I can formulate an effective treatment.

Joining this classic lineage has also given me a new Acupuncture "family" that also speaks my language, is there for feedback, continued learning and to celebrate our clinical and professional wins, big or small.

THIS is what we should have learned in school!

- Jillian Wone

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ABOUT THE AUTHOR

Jillian Wone, R.Ac, RMT

Jillian is a passionate Balance System Acupuncture practitioner. Her practice has been illuminated since she graduated from the BSA Certificate Program through Langara College. Having received her BSA Teaching Certificate this summer, she cannot wait to help others discover the effective and logical beauty of this method.

Jillian lives and practices in Vancouver, BC with her husband and two kids, one of whom chose to be under the desk with an iPad while Jillian wrote most of this article.



PHOTO: Aaron Burden for Unsplash.com



Dan Garcia
Executive Director, CARB-TCMPA

Autumn...The Time to Gather, Celebrate, and Prepare

PHOTO: Robert Wiedemann for Unsplash.com

For many of us, the harvest season is one of gathering, celebration, and preparation.

Having our essentials in place for the winter months is an important aspect of preparedness for the uncertainty ahead while also recognizing the fruits of our labour. Many graduates are preparing to write the Pan-Canadian Exams (PCE) in October and embark on the next stage of their journey as registered practitioners. At CARB-TCMPA, we are preparing for the evolving high-stakes credentialing environment and the future of the examination program.

The estimated candidate volume for this October represents a 33% increase compared to the October 2021 PCE administration. As many of you know, 2021 was the first year that we had two exam sittings in a single calendar year. The limited historical data on candidate volume makes it a bit more challenging for us to estimate the number of candidates for each sitting. This October we are expecting about:

- 343 candidates to write the Acupuncturists exam,
- 91 candidates for the TCM Herbalists exam, and
- 118 candidates to attempt the TCM Practitioners exam.

The most common challenges and technical issues that candidates are experiencing are loss of internet connectivity, and candidates not testing out their computer before their exam to confirm that it meets the minimum requirements. It is extremely important that candidates test out their exam day computer in advance of their exam and confirm that it meets the minimum requirements. Failure to do so can affect their ability to successfully appeal their exam attempt if they experience technical issues during their exam. We will continue to remind candidates of the important steps to take before their exam.

We continue to encourage test-takers to review the [Candidate Handbook](#) and [Online Proctoring Checklist](#) available on the [CARB website](#). These resources will help increase their preparedness for the exam and reduce the possibility of experiencing issues on their exam day.

We are actively exploring the possibility of implementing changes to the delivery method for the Pan-Canadian Exams. One of the challenges

that we experienced in the past two years was the permanent closure of several test centres across Canada. These are privately owned and operated facilities that work with our exam administration partners, Measure Learning. We recognize that writing the exams from home is not easy or feasible for all the PCE test-takers.

To help make the exams more accessible, we are contemplating a hybrid exam administration approach. If this option is possible, we may be able to allow candidates to choose between writing at home through online proctoring or going to a designated testing centre. This will depend on the availability of test centres in 2023 and beyond, and we will share more information about this possibility as it becomes available. The majority of candidates writing the exams in October will be doing so through online proctoring.

The next exam administration dates for the TCM Herbalists exam are October 3rd and 4th; the TCM Practitioners exams will be held on October 5th

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and 6th; and the Acupuncturists exam will be held on October 26th and 27th. This information along with future exam dates, deadlines, and past exam results are available on the CARB website.

Shifting the focus to the accreditation standards development project for TCM/A education programs, we received some feedback on the draft accreditation standards from schools during the last consultation in early 2022. We are in the process of refining the final draft standards before moving to the next phase of the project which includes piloting the standards and assessment process.

This is an important juncture in this development project where we need to determine which organization will be best positioned to implement the accreditation program. We have been soliciting feedback and guidance from our member regulatory bodies on how this accreditation program could be implemented following the conclusion of this development work. This is one of the key decisions that we will be making in the coming weeks and then we will move into preparations to pilot the program.

The piloting phase of this project will likely include recruiting and training assessors, developing the evaluation criteria and administration assets, and working with our members to identify potential sites to pilot this program. One of the key priorities in this phase will be to pilot the program with a representative group of schools that include big and small privately-owned programs, as well as with public schools from a mix of provinces.

I know that this project has exceeded our initial timelines and that was a conscious decision we made to ensure that there was sufficient time and engagement to solicit feedback from several stakeholder groups. Thank you to all of you who have provided us feedback and I look forward to sharing more information on this project in the near future.

On behalf of CARB-TCMPA, we wish you a Happy Mid-Autumn festival!

- Dan Garcia



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

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Extended Health Benefits

The Ins and Outs for (Canadian) Patients

PHOTO: Aaron Burden for Unsplash.com

by **Suzanne Williams,**
Executive Director, ATCMA

Oh, extended health insurance! How we love/hate you so. Can you relate? The list of pros and cons on insurance is long, and the number of items in each category varies depending on who is making the list. Patients generally love it, while practitioners generally love/hate it.

For example:

PRO: Extended health benefits provide access to acupuncture services that are not otherwise covered by provincial public medical plans.

CON: Coverage for acupuncture is often limited and lumped in with other registered allied health modalities like chiropractic and massage therapy.

PRO: Direct billing is convenient for patients.

CON: It can be an administrative burden to clinics. Patients do not make the link between investing in their health by paying out of pocket, even if they will ultimately be reimbursed.

PRO: There are numerous extended health benefits providers from which employers and individuals can purchase a myriad of insurance plans.

CON: There are NUMEROUS extended health benefits providers from which employers and individuals can purchase a myriad of insurance plans.

ATCMA members ask us on a near-daily basis for help clarifying their understanding of extended health benefits plans and providers. Part of the ATCMA's mandate to advocate for the profession includes working with insurers to ensure that coverage reflects current practices and costs in acupuncture

services. While our experience is BC-centred, we believe that our experience insight could be helpful to all practitioners north of the 49th (ish) parallel, as we meet regularly with large insurers that cover motor vehicle and workplace accidents, and we continually updating fee and service information to push for better coverage by private extended health plan vendors.

Here are the most critical and regular questions that we are asked:

Q: Does the public health system cover acupuncture at all?

A: Yes, but not enough! The ATCMA continues to advocate for increased coverage by MSP and expansion of programmes by regional health authorities so that more British Columbians can be helped by acupuncture.

MSP:

Thanks to years of effort by previous ATCMA board members, the Medical Services Plan of BC offers supplementary coverage for individuals who meet certain criteria, for example: income level; participation in a publicly funded programme (refugees, inmates, long term care); individuals with valid B.C. Medical Plan coverage through the First Nations Health Authority.

MSP covers \$23 per visit for a combined annual limit of ten visits per calendar year for approved providers of: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy, and non-surgical podiatry. If you wish to offer services to patients covered by MSP, you must register as a provider, and you can choose to bill MSP directly or have your

patient pay first, then be reimbursed by MSP for the portion they cover. Most patients need to apply for coverage, and they can do so on the MSP website.

More information is available at: <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/services-covered-by-msp/supplementary-benefits>

HEALTH AUTHORITIES:

Some health authorities in BC also offer acupuncture in select programme areas. For example, Vancouver Coastal Health incorporates acupuncture into its mental health and substance use programmes. This is thanks to a small but highly dedicated collection of practitioners who have been advocating for and implementing acupuncture in hospital and off-site programmes for decades. The ATCMA has begun to support them by advocating for fair compensation for their services and urging VCH to allow them to practice within their full scope and abilities.

If you are a BC R.Ac. who is interested in providing services to publicly supported programmes through your regional health authority or through the First Nations Health Authority, reach out to the ATCMA and we will do our best to connect you with the right programmes or people.

Q: Do all extended health insurance plans cover acupuncture?

A: No. While all insurers that the ATCMA is aware of do offer coverage for acupuncture services, not all plans offered by insurers include acupuncture coverage. Confusing, right?



PHOTO: Aaron Burden for Unsplash.com

The bottom line is that not every individual extended health benefits plan covers acupuncture. It depends on the plan that has been negotiated and purchased by your patient's employer, or the plan that your patient has purchased on their own. You will not be able to determine whether acupuncture is covered based on the insurer. For example, two patients covered by Sun Life may have very different plans - one may cover acupuncture and one might not. Please have your patients check the details of their own plan as this is the fastest and easiest way to confirm coverage.

Patients may complain to you that their insurance does not cover enough acupuncture to meet their financial and health needs. When a patient tells you this, you must tell them that they need to let their employer or plan provider know that they want more acupuncture coverage! The ATCMA continually lobbies insurers to move away from the typical practice of offering combined coverage for all auxiliary and allied health modalities with caps

on individual modalities. We hear from the public and practitioners that they want flexible spending accounts that allow them to allocate their coverage to the modalities that they want. Insurers tell the ATCMA that plan holders, i.e., your patients, must drive this change.

Q: I provide acupuncture services to ICBC customers who have been in motor vehicle accidents. Why don't they care about my patients' pain? Why do I have to periodically apply to ICBC to extend coverage for my patients' treatments?

A: It's not that ICBC doesn't care about your patients' pain. It's that they care about how that pain affects your patients' ability to function in daily life.

To make treatment funding decisions, ICBC claim specialists need to understand how a modality is improving a customer's function, which can be objectively evaluated, vs. how that treatment has reduced their pain, which cannot be objectively



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measured. The change in the system was implemented in 2019 when ICBC's Enhanced Care programme came into effect. Acupuncture has only been covered by ICBC since 2018 (thanks to years of effort by previous ATCMA board members), so we understand that acupuncturists might not be used to assessing ICBC patients' progress by function rather than by the pain scale. ICBC requires periodic treatment plan extension requests so that they can evaluate the functional improvements a patient is seeing because of the treatments they are receiving. Remember, most ICBC customers are using more than one treatment modality, so coverage decisions are based on the whole treatment picture, not on acupuncture alone.

We understand that working with ICBC can be confusing, and the ATCMA continually educates ICBC about acupuncture and the challenges that practitioners face in dealing with ICBC. The ATCMA Insurance Committee Chair and Executive Director meet with ICBC every two weeks to discuss those issues and more. We have the distinct privilege of being able to ask specific questions on specific ICBC claims on behalf of our members while ensuring confidentiality. If you have a question about an ICBC case you're handling, reach out to us and we'll do our best to get answers for you and your patients.

Q: Do extended health insurance plans cover non-needle modalities like cupping, Tuina, Guasha, Qigong or Chinese herbal medicine?

A: For acupuncture services, it depends on the insurer. More specifically, it depends on the definition that the insurer uses for "acupuncture". Most insurers define acupuncture as the insertion of needles subcutaneously in multiple sites on the body. In other words, to have your service covered you must give a full acupuncture treatment that includes the insertion of needles in more than just Yin Tang (for example). You can use other modalities within that treatment, but you must insert needles. Without debating the possibility of treatment with just one needle, think of it this way – are you administering a treatment that fully addresses the patient's chief concern, and would your treatment pass an ethical sniff test?

Some insurers, like ICBC, cover "acupuncture services", which generally follows the definition of acupuncture as described in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation under the Health Professions Act. That means that non-needle techniques like laser acupuncture, magnetic therapy, acupressure, moxibustion and Ba Guan are included in coverage.

What would you like to see featured? Send us an email, or connect with us on Facebook and Twitter to let us know!



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Some insurers, such as Pacific Blue Cross, separate out acupuncture and acupressure. Those of you who direct bill to PBC will notice this when you submit claims. That means acupuncture can be claimed as the service when needles are inserted, but acupressure can be claimed as a standalone service. Other modalities may be used within the same treatment, as long as multiple needles were inserted (for acupuncture) or more than one acupoint was manually stimulated (for acupressure).

Chinese herbal medicine is not covered by any insurer that the ATCMA is aware of. Herbal medications are considered “natural health products” by Health Canada, so they can be purchased by anyone even without a prescription.

There is currently no specific schedule of herbal formulas or individual herbs regulated by the CTCMA that can only be prescribed by a licensed professional. (vs. being available for purchase without a prescription). Until that changes, we do not anticipate that Chinese herbal medicine will be covered by insurers.

The ATCMA is compiling a guide that outlines the definition of acupuncture or acupuncture services by insurer in BC and discusses other practices and procedures related to extended health insurance coverage as well as working effectively with ICBC. This guide will be made exclusively available to ATCMA members as their dues pay for our ongoing work in this arena (and much more!). We are also continuing our efforts to persuade insurers to broaden their coverage to acupuncture services as defined in the HPA TCMPA Regulation.

These are the most critical and common questions on extended healthcare insurance coverage that the ATCMA office is asked, but we receive many other inquiries and have answers to many other questions. We invite all MRM readers to reach out to us if you are in BC, or to the local professional association in your province if you need help navigating the complex world of insurance in your region. It's our job and we love doing it! Your support as a member means that we have the resources to investigate the business side of practice so that you can provide the best possible patient care. Help us help you - join your local association today.

- *Suzanne Williams, Executive Director, ATCMA*



Suzanne Williams,
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ABOUT THE AUTHOR

Suzanne is the Executive Director of the ATCMA and an active practicing Registered Acupuncturist in Vancouver, BC. She graduated from ICTCMV and Langara College's Balance System of Acupuncture Certificate Program and is currently working towards her R.TCM.P designation. Suzanne studied and worked in Taiwan, Hong Kong and mainland China for over 12 years and speaks and reads Mandarin Chinese. She draws on her career in business market research and consulting in China and Canada to advocate for the BC TCM and Acupuncture profession and grow the range of benefits for the ATCMA membership.

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