

Summer 2019

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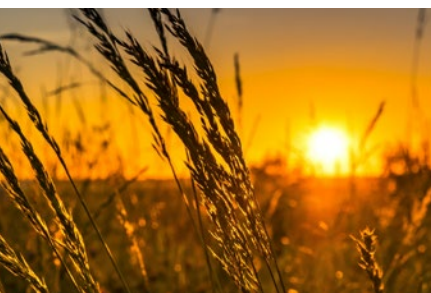


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East Asian Medicine and Influenza, *A Perspective*

by Martin Retherford, BASc, MBA, MSOM, Dipl OM, DOM

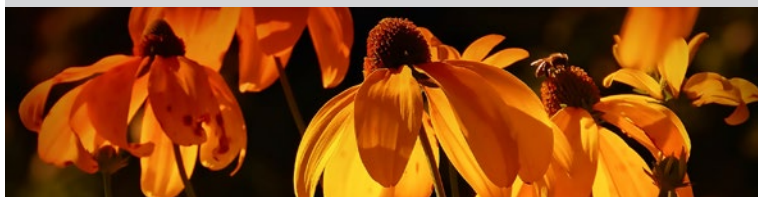
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*Influenza, a perennial
on the illness spectrum.
Highly communicable, in
recent years, controversial
because of approaches
used to try to minimize
impact.*

Influenza as a syndrome in East Asian Medicine (EAM) is considered Shang Han (Cold Disease). Attributed to EAM pathogens of Wind and Cold, some of the symptoms include (Scheid et al, 2009)¹:

- Alternating Fever and Chills without Sweating
- Stiff and Rigid Upper Back and Neck
- Normal Tongue Presentation
- Floating, Tight Pulse
- Affected Channels include Tai Yang and Yang Ming

¹ Scheid, V., Bensky, D., Ellis, A., & Barolet, R. (2009). Chinese Herbal Medicine: Formulas & Strategies 2nd Ed. Seattle, WA: Eastland Press, pp.19-21.



The Cleveland Clinic outlines the following symptoms (Cleveland Clinic, 2016)²:

- Moderate to High Fever
- Dry Cough
- Headache
- Sore Throat
- Chills
- Runny Nose
- Loss of Appetite
- Muscle Ache
- Tiredness

In EAM the symptom mix actually determines the appropriate formulation to use according to the Shang Han Lun (Treatise on Cold Damage) (Zhongjing et al, 1999)³. Depending on formulation indicated, various upper respiratory infections (URI's) can be treated, both viral and bacterial. The exploration of this article is on a formula called Ge Gen Tang (aka Ke Ken Tang). Ge Gen Tang (GGT) is considered a variation of Gui Zhi Tang, specific to treating deficient Wind Cold with Body Ache/ Upper Back and Neck stiffness and in instances with diarrhea.

² Cleveland Clinic. (2016). Influenza (Flu). Retrieved from <https://my.clevelandclinic.org/health/diseases/4335-influenza-flu>

³ Zhongjing, Z., Mitchell, C., Feng, Y., & Wiseman, N. (1999). Shang Han Lun: On Cold Damage, Translation and Commentaries London, England: Churchill Livingstone.

There has been biomarker research done on GGT seeking to understand why it is used so ubiquitously for colds and flu symptoms over the last ~1,800 years. Wu et al (2011)⁴ gives us some detail on GGT's effect on the influenza A virus and Enterovirus 71. "KKT inhibits influenza virus replication but not entry, and it exhibits a broad spectrum inhibitory activity against human influenza A viruses and enterovirus 71. KKT does not inhibit viral polymerase activity but directly blocks the virus-induced phosphatidylinositol 3-kinase/Akt signaling pathway, which in turns causes retention of viral nucleoprotein in the nucleus, thereby interfering with virus propagation."

Chang et al (2012)⁵ goes on to state "GGT is effective against HRSV-induced plaque formation in airway epithelium" capturing additional effects of GGT's broad spectrum antiviral capability.

GGT as a formulation was captured as a component of the Shang Han Lun circa 220AD (Scheid et al 2009)¹. The Shang Han Lun is one of the older texts on illness in EAM and specifies use of herbs depending on illness presentation. Acupuncture, though, as a modality predates even the earliest written texts (White et al, 2004)⁶, possibly originating from before 6000BCE and is used by this author exclusively to treat colds and flu symptoms to great effect.

⁴ Wu, M., Yen, H., Chang, C., Peng, T., Hsieh, C., Chen, C., ... Lin, T. (2011, April 12). Mechanism of action of the suppression of influenza virus replication by Ko-Ken Tang through inhibition of the phosphatidylinositol 3-kinase/Akt si... - PubMed - NCBI. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21232589>

⁵ Chang, J., Wang, K., Shieh, D., Hsu, F., & Chiang, L. (2012, January 6). Ge-Gen-Tang has anti-viral activity against human respiratory syncytial virus in human respiratory tract cell lines. - PubMed - NCBI. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22120014>

⁶ White, A., & Ernst, E. (2004, May 1). A brief history of acupuncture. Retrieved from <https://academic.oup.com/rheumatology/article/43/5/662/1788282>



PHOTO: Pixabay.com

In the past few years, Influenza A and B have been a point of medical discussion as it pertains to vaccination. The vaccines have been largely ineffective according to review.

(Demicheli et al, 2018)⁷. PBS also recently did a piece on the possibility of a universal vaccine capable of successfully dealing with all strains, known and unknown. Precisely because of poor efficacy of existing vaccines, but a universal vaccine is not yet available (PBS, 2019)⁸.

Part of the reason for seeking a vaccine is a serious complication of URI/influenza related infection. The complication is called “Cytokine Storm”. Cytokines are extracellular proteins of immune cells; they are involved in the communication of the immune system and in both initiating and modulating immune response. A viral URI can induce a cytokine expression that can be so severe that it is referred to as a storm (Qiang et al, 2016)(9). Complications of such a storm can be pneumonia or even heart attack due to an excessive inflammatory immune response. This is at least part of the reason why URI/Influenza can be deadly.

The implication is that the use of an appropriate EAM treatment approach for URI/Influenza, may also be beneficial in the prevention of the possibility of cytokine storm resulting in pneumonia and or heart attack by altering viral pathogenesis and resultant cytokine expression. More research is needed.

- Martin Retherford

⁷ Demicheli, V., Jefferson, T., Ferroni, E., Rivetti, A., & Di Pietrantonj, C. (2018). Vaccines to prevent influenza in healthy adults. Retrieved from https://www.cochrane.org/CD001269/ARI_vaccines-prevent-influenza-healthy-adults?fbclid=IwAR323GaX9YKngogGbeWQQmdJAdRZocZ_K77U0DT9wSC8Yrphyn_H9kv5VR8

⁸ Brangham, W., & Kane, J. (2019, June 20). A universal flu vaccine could finally be within sight [Video file]. Retrieved from <https://www.pbs.org/newshour/show/how-close-are-scientists-to-a-universal-flu-vaccine>

⁹ Liu, Q., Zhou, Y., & Yang, Z. (2015, July 20). The cytokine storm of severe influenza and development of immunomodulatory therapy. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711683/>



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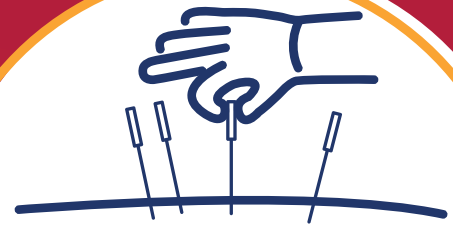
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Love, Light and Spiritual Bypassing

Acupuncture's Social Media Message

Russell Brown, L. Ac.

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*I am calling for an
immediate and total
embargo on acupuncturists
posting photographs of
lattes with foam art in the
shape of a heart.*

Or a leaf.

I think a lot about how acupuncturists in 2019 are meant to use social media. What do we actually expect technology like Instagram and Facebook and Twitter to do for us, both as individual practitioners and as a collective profession whose central tenants

predate the Age of Reason? Attract new patients? Educate? Define a brand? Express the practitioner's personality? Build some kind of community? Proselytize? Or maybe it's just a personal dopamine drip and an outlet for sh*tts and giggles?

How do we use it to translate and relay generations of wisdom and some of humanity's most beautiful poetry into posts that will be digested and then scrolled away in restaurant bathrooms and while driving? Is it a photo highlighting the source point of the Large Intestine? An Instagram live stream about ways to fight allergy season? Photos of celebrities with cup marks? Stock photography of beach chairs? Iced matcha recipes? Curated rows of pastel cliché gratitude quotes in Brooklynese fonts, excruciatingly scribbled to look casual?

Unfortunately, the Su Wen does not have a chapter on effective hashtagging. But I don't think the answer is a series of semi-identical selfies at the super bloom.

We know we are “supposed” to use social media but we often don’t know what exactly to use it for, or how to use it for what we think we should use it for. And the result is maybe more than a little embarrassing—and I say this as someone who once posted a “Pilates of the Caribbean” meme of Johnny Depp stretching and more than a few photos of my perfect dog. More often than not, it misses how it can be useful in a way that’s specific to acupuncture and its history.

*So let’s pause for a moment
to reframe the discussion.
We are the latest generation
in a millennia-old lineage
of physicians. But let us
remember: we are also the
descendants of the political
activists and revolutionaries
who fought for the survival
of our profession for
hundreds of years.*

Acupuncture fell out of favor with the Chinese ruling class in the 1800s; was abolished from the Imperial Medical College by the Qing emperor in 1822; and was formally outlawed in 1929. It only survived because of the barefoot doctors who trained themselves and continued to use it, despite threat of punishment, to treat large, poor underserved rural populations. The Chinese Communist party revived acupuncture in the 1940s but only as a political move, playing on nationalism to win over the lower class—and because it couldn’t afford Western medical treatments for its troops during the revolution. This Communist revival is the reason why it is practiced in hospitals though China and taught in schools today.

Chinese immigrant Gold Rush miners brought acupuncture to North America and though they faced intense systemic racism, they kept practicing it despite decades of boycotts, criminal prosecution, and physical violence. In 1970s New York City, the Black Panther Party and the Young Lords, a Puerto

Rican activist group, championed acupuncture as an inexpensive heroin addiction treatment for poor people of color and worked with acupuncturists in China and Montreal to create volunteer-based, community detox centers across the country that defied the biases of the American Medical Association. These centers also pioneered the NADA protocol we still use. In the ‘80s and ‘90s, TCM practitioners mobilized to keep HIV patients from being admitted to hospitals—which could be a death sentence for the immune-compromised.

Acupuncture has been continuously used by parties in power to exert control over marginalized populations, and by marginalized populations to reclaim and exert their own power. Which is why it needs to be said: we are not the descendants of “wellness influencers” or Brené Brown or Goop editors telling you where in your body to forgive yourself.

*We are the descendants of
people like Miriam Lee, a
Chinese immigrant who
was a nurse, midwife, and
acupuncturist for decades
before she moved to the
United States in 1966 when
acupuncture was illegal.*



PHOTO: Svenja M for Unsplash.com

So (Miriam Lee) worked on a Hewlett Packard assembly line and quietly but defiantly gave treatments out of her near San Francisco until she was arrested and jailed in 1974 for practicing medicine without a license.

Most people know that Dr. Lee's patients flooded the courtroom in such fierce protest that acupuncture was immediately made a legal "experimental procedure" in California. But few recognize that Dr. Lee was no timid victim—by most accounts, she baited the state to arrest her as part of a long-game strategy to advance her pro-acupuncture agenda; she was also dining with senators and using what little money she made to personally payroll a full-time lobbyist on behalf of the profession. This is our lineage.

Modern acupuncturists have always been activists and will need to be for the foreseeable future. If you need convincing that Miriam Lee's fight is still our fight, think about how health insurance companies are backtracking on supportive fee schedules and pushing us off on third-party payers, or consider dry needling legislation. The relative luxury and privilege we enjoy as practitioners in this moment cannot be taken for granted. Which is what it can seem like

when, according to social media, everything is a wellness "journey" and sounds like brand copy for oat milk and upscale candles. I understand the instinct to assume the benevolent healer voice and align with New Thought authors and fitness intuition yoga gurus. But that voice—with its hot buzzwords like "self-care" and "manifesting"—is optional, and not even suggested. It should not be in the place of active gratitude for something that other people fought for and from which we benefit.

And are we still working through how silence isn't neutral? How many patients are we really winning by maintaining coy ambivalence about what our values are beyond "live, laugh, love"? We cannot rest on "live, laugh, love." Neither can our patients. Political realities like racism, the attack on female bodily autonomy, and immigration injustice are the things that make them sick. Why would we be comfortable posting Boomerangs about "Love Cupping" or pictures of our new martial arts trophies or stories about how cutting our hair is a spiritual victory, but be averse to posting about anything political?

Internet frivolity of course has its place but we cannot totally exempt ourselves from real conversations

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about what is actually happening in the world by claiming “I’m just not that political.” We have, in fact, all chosen a career that was created and fostered by immigrants and Communists. We are political by definition. And let’s just say it—any political faction that aligns with white supremacy and white supremacists probably isn’t real cool with acupuncture. We do not have the luxury of entirely “sitting it out.”

We all have different practices and different needs, different ways of communicating and different relationships with our communities. Do what you can and what is appropriate for you, but I know that my patients expect my social media to have a certain perspective. I use humor to deflate mystical superiority and pop culture memes to sugarcoat dense ancient things. And I post my notes about treatment protocols because they want to see the heady stuff, too. I also post photos of my dog Backpack because, as I’ve said, he is perfect. But I’m also not shy about politics—I post a completed sample ballot prior to every election. Most of my patients expect me to have opinions on issues. I want them to know how I feel about things that matter, the things that may be challenging their essential right to exist. It’s a form of care.

I’m really not mad at Brené Brown—who is a dynamic writer and speaker—or photographs of beach chairs—which are comfortable when you don’t feel like going in the water or when just want to read a book. But you can understand the frustration with practitioners who think Brené and chairs are enough—for our profession, our patients, and the world we are healing our patients to live in.

Too often we act as though the acupuncture needle is a soft tool for gentle healing when in fact it’s a blunt instrument. And like any blunt instrument, the most useful part is its edge.

- Russell Brown



ABOUT THE AUTHOR

Russell Brown, L. Ac.

Russell graduated from the University of California, Berkeley and worked in feature film development before receiving his acupuncture license in 2007.

He opened Poke Acupuncture in Los Angeles in 2009. Russell has operated pro-bono acupuncture clinics for the HIV/AIDS community at the Immune Enhancement Project in San Francisco and Being Alive in L.A., and was the in-house acupuncturist for the Alexandria House, a transitional home for women also in L.A.

He was a columnist for the feminist newsletter Lenny Letter and wrote a book on meditation titled Maya Angelou’s Meditation 1814.

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Yin Qiao: Hermit, Sage and Monk

by Dr. Yvonne R. Farrell, DAOM, LAc

PHOTO: Antonio Grosz on Unsplash.com

The Qiao mai represent our capacity to relate to the reality of the moment. The pathway of these vessels begins in the feet (UB-62 & Ki-6) and intersects in the eyes (UB-1).

These pathways allow the Qiao mai to impact how we take a stand and how we see things. The polarity between the Yin and Yang Qiao is the dance between the internalized nature of Shao Yin and the externalized nature of Tai Yang. What do we know and accept about ourselves (Shao Yin) and then how do we move in the world (Tai Yang) based on that awareness?

As discussed in the last article, the Yang Qiao influences the large muscles of locomotion. It allows us to put one foot in front of the other and move forward. Moving forward in life is more effective when it comes from a place of internal alignment. In contrast, the strength of the Yin Qiao is its capacity to create and support alignment that is structural, emotional and spiritual in nature. This allows us to move in the world in the most authentic way possible.

The pathway of the Yin Qiao begins in the region of the medial malleolus. It extends from Ki-6 to Ki-2 activating the arch of the foot. The arch of the foot is very important in creating a healthy alignment. When the arch drops, as it does in flat feet, we see the skeletal structure collapse. It is a common practice for chiropractors to support spinal alignment through the use of orthotics, which lift the arch of the foot. When the arch is too lifted, we see the yang channels begin to compensate by bracing in order to create stability in the structure. We might see feet that grip the ground like a bird on a perch when the arch of the foot is too high. Like Goldilocks testing the bears' porridge and chairs, we need the arch of the foot to be "just right".

When the Yin Qiao is open and transporting efficiently, not only can we maintain structural alignment, but we also feel aligned internally. From this place of internal alignment, we can move in the world with more integrity.

When you add the visual aspect of the Yin Qiao (UB-1) to the nature of this vessel, you see the opportunity to add insight to the alignment. This aspect of the Yin Qiao allows us to direct the Wei Qi inward through the eyes for the purpose of self-illumination. We gain insight through self-reflection. This insight leads to self-awareness and the capacity to be at ease with our selves. When we lack insight and alignment we may be prone to self-derision, self-loathing or a skewed self-image.

*It is as if the turbid Yin
creates a veil, or cloud, that
blocks our ability to see the
truth of who we are.*

This is why it is common to use moxa in Yin qiao treatments. The moxa rids the body of the Yin pathogens and restores the circulation of Qi, Blood and Body Fluids, lifting the veil and allowing us to access insight once again.

Stagnation in this system leads to an accumulation of Yin pathogens. We see symptoms associated with Yin stasis, Yin stagnation and emotional constraint manifested as a lack of self-acceptance. The physical manifestations of this Yin accumulation may include: abdominal and gynecological masses, goiter, breast lumps, brain tumors, Gu (worms),

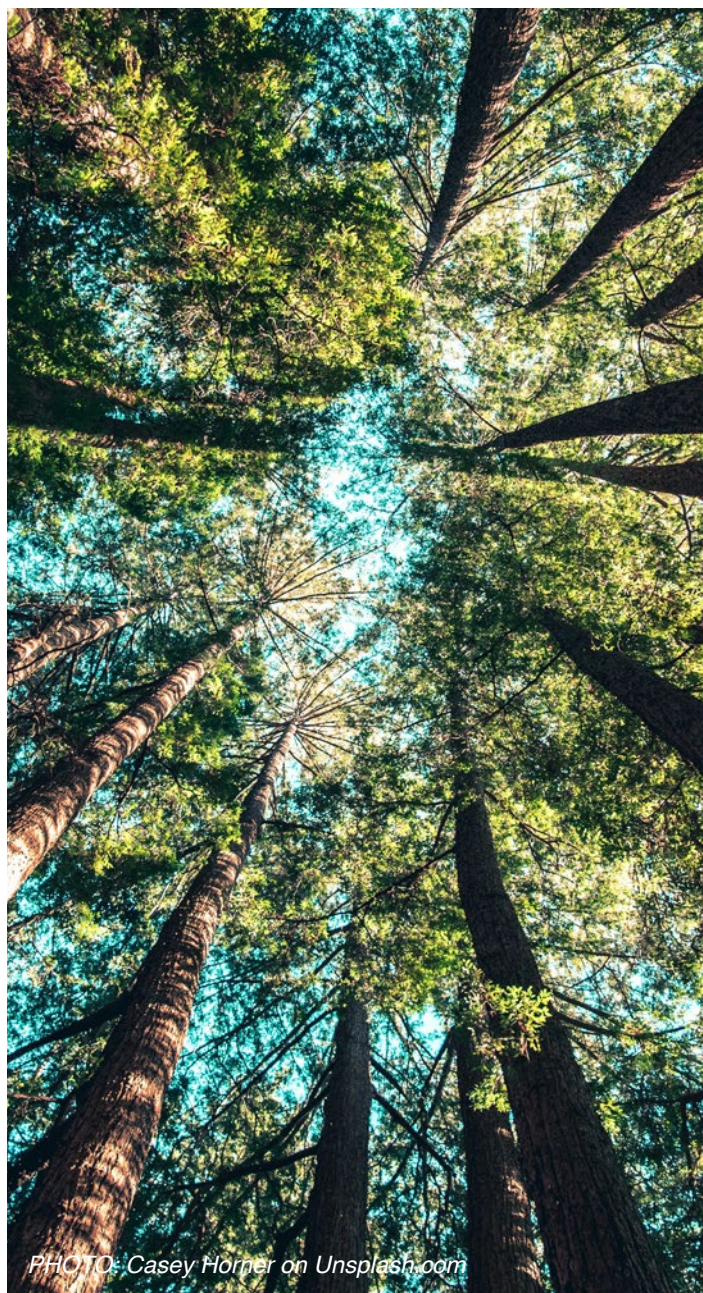


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Gui (ghosts) and joint pain. We may also see the accumulation of Yin as obesity, hyperlipidemia or hormonal imbalances affecting fluid volume, blood glucose levels, menopausal hormones and thyroid function.

The archetypal nature of the Yin Qiao is best represented by the Hermit. The nature of the Hermit also includes the Sage and the Monk. The Universal nature of these archetypes is expressed as the ability to retreat INTO life. This is a withdrawal into a hermitage, which might be seen as a mountain cave, meditation room, forest glade or fairy circle in order to investigate the deeper, darker places in ourselves and gain self-awareness. We shine a light on the deep recesses in order to see the truth of who we are.

When there is pathology in the Yin Qiao the withdrawal is driven by fear and avoidance. This is not just about introversion. We all, extroverts and introverts alike, have times when we embrace this archetype.

When we are traumatized or our sense of self is challenged, we take a step back and take a little time to try to figure things out. We try to learn something about ourselves so that we can move forward after

trauma with new insight and integrity. This is a Yin Qiao act. Although it may be easier for an introvert to enter this state, not all introverts experience self-illumination from the retreat into the cave. Many enter the cave in order to escape or avoid the reality of their lives.

The Qiao vessels respond to changes in light and dark so the nature of the Yin Qiao is seasonal. The health of the Yin Qiao can be seen in knowing when to go inward and when to emerge once again into the sunlight.

The path of the Hermit is a mystical one that holds a great appeal for many. It is attractive to seekers pursuing spiritual growth. However, a weekend yoga retreat does not fulfill the requirements of this archetype. It is an arduous path and it requires dedication and diligence. One must often renounce the comfort of false belief. When we shine a light on the depths of who we are, we often see the lies we have been telling ourselves. It ain't always pretty in there.

All religious and spiritual traditions have their versions of the Hermit/Sage/Monk. One that holds some interest for me is St. Teresa of Avila. St. Teresa was a strong woman who gave up a very comfortable and affluent life in order to pursue spiritual growth. She was a Carmelite nun who went against her father's wishes to enter the order. She was instrumental in reforming the order. St. Teresa taught the nuns under her charge to think and pray on their own, and to focus deeply in order to hear the word of God in their interior, in what she called the "Interior Castle."

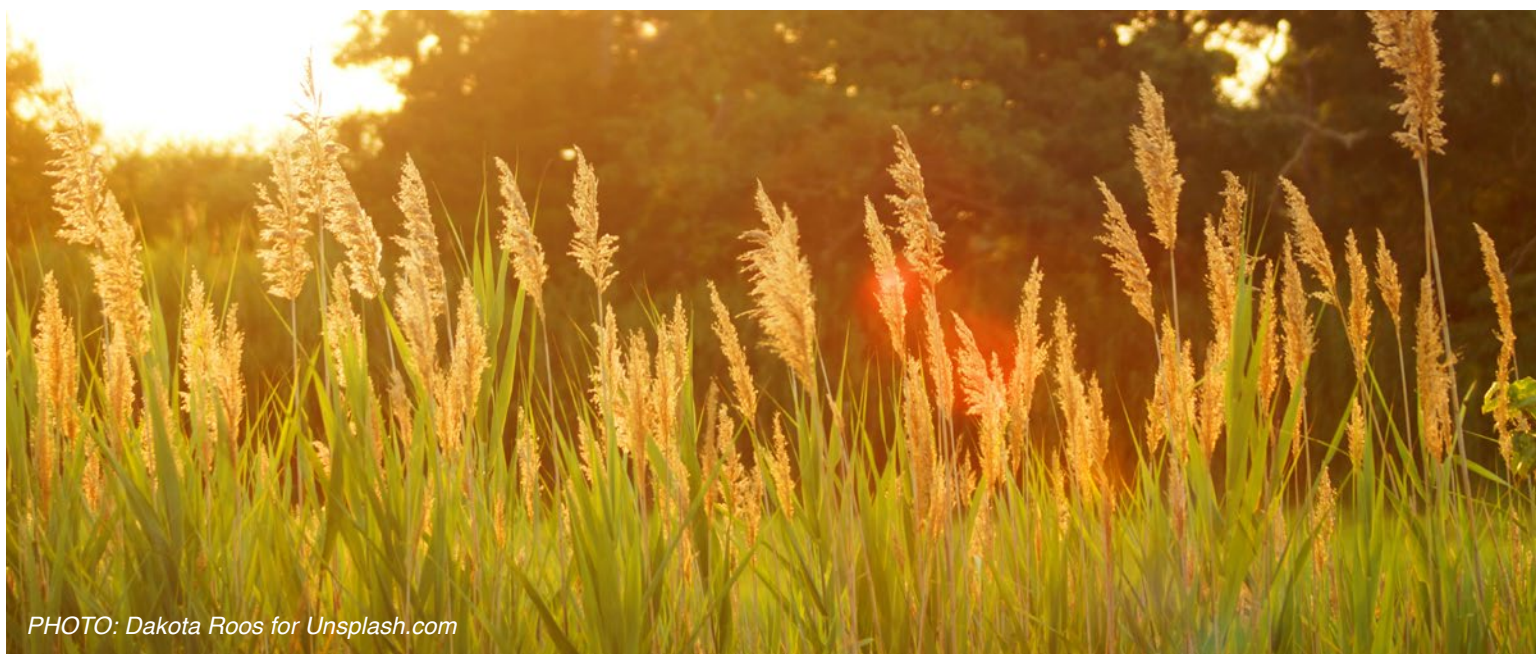


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I also see an aspect of the Yin Qiao in the Matrix movies. These movies are rich with symbolism both religious and philosophical. But the thing that strikes me as relating to the Yin Qiao is the journey inward the main character Neo must make in order to see the lie he is living and to embrace the truth of who he is. The scene with the Oracle exemplifies this journey. *“Do not try and bend the spoon. That’s impossible. Instead, only try to realize the truth [...] There is no spoon [...] you’ll see that it is not the spoon that bends. It is only yourself.”* He must stop looking at what is out there and turn his vision inward to see the truth.

CASE STUDY: POSSESSION IMPEDING INSIGHT

A 32-year-old female patient came to see me with a diagnosis of Body Dysmorphic Disorder. Her chief complaint was actually depression and she had been given the diagnosis of BDD when she was in her late teens when she experienced both anxiety and depression that was accompanied by the self-destructive habit of picking at her scalp until she had

sores that would become infected. She was fairly average in build, not too heavy, not too thin but she was constantly worried about being too fat. She was also uncomfortable with several of her physical attributes including her hips and her hair, which she felt was not thick enough or easily controlled. After years of therapy and medication, she was currently managing better than her teen years. But the depression was causing her to spend too many hours in the day sleeping. This was of particular concern for her because the lethargy accompanying this made it difficult to maintain her weight by exercising. She had a history of digestive problems like gas and bloating, worse after eating, abdominal pain, alternating constipation and diarrhea and recurring vaginal yeast infections. Her lower belly was quite cold. Her pulse was slippery on the left and she presented with a Yin Qiao pulse on the right. Her tongue was pale-dusky and the coat was thick, greasy and white.

HER FIRST TREATMENT WAS AS FOLLOWS:

- **Right Ki-6:** master point of the Yin Qiao
- **Ki-8:** Jiao Yin: Exchange of Trust. This is the Xi-cleft point of the Yin Qiao and it was used to unblock the system and allow for the removal of Yin pathogens (Gu/Gui).
- **Ren-8:** Moxa, salt and ginger to warm the abdomen, remove cold and damp and restore circulation.
- **St-9:** Welcome Human. Used to help the patient “swallow” the truth of who she is.
- **UB-1:** Bright Eyes. This point was used to help the patient to “see” the truth and change her perspective.

This treatment significantly altered the thickness of the tongue coat and lessened the digestive signs and symptoms but it also increased the anxiety. When we lift the veil the truth can be uncomfortable. The second treatment I added the influence of the Ren mai (Lu-7) to support self-love and substituted Ki-2 for Ki-8. Ki-2: Blazing Valley is useful for the deficiency Heat that flared a little when the Cold-Damp was removed. Eventually after several months of treatment the patient became more accepting of herself. The depression was relieved and her need for extra sleep was gone.



ABOUT THE AUTHOR

Yvonne has been practicing and teaching since 1987. She received her Masters and Doctoral degrees from Emperor’s College in Santa Monica, California. Her first book, *Psycho-Emotional Pain and the Eight Extraordinary Vessels* was published by Singing Dragon in 2016. Book Two is in the works.

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The nature of Yin Qiao pathology is often intractable and requires patience on the part of the patient and practitioner. The Dampness that impedes our capacity for self-illumination is quite stubborn. Like the Hermit's journey inward it requires dedication and diligence. To find our way through the veil of Yin and reach self-acceptance is a challenging and often painfully slow process.

The gift of persistence is the capacity to breathe into our own existence with ease and grace. It brings the joyful recognition that we are enough. Once we come to accept the truth of who we are, life is so much easier than feeding the lies.

I leave you with Lao Tzu: *"Because one believes in oneself, one doesn't try to convince others. Because once one is content with oneself, one doesn't need others' approval. **Because one accepts oneself, the whole world accepts him or her.**"*

- Yvonne Farrell

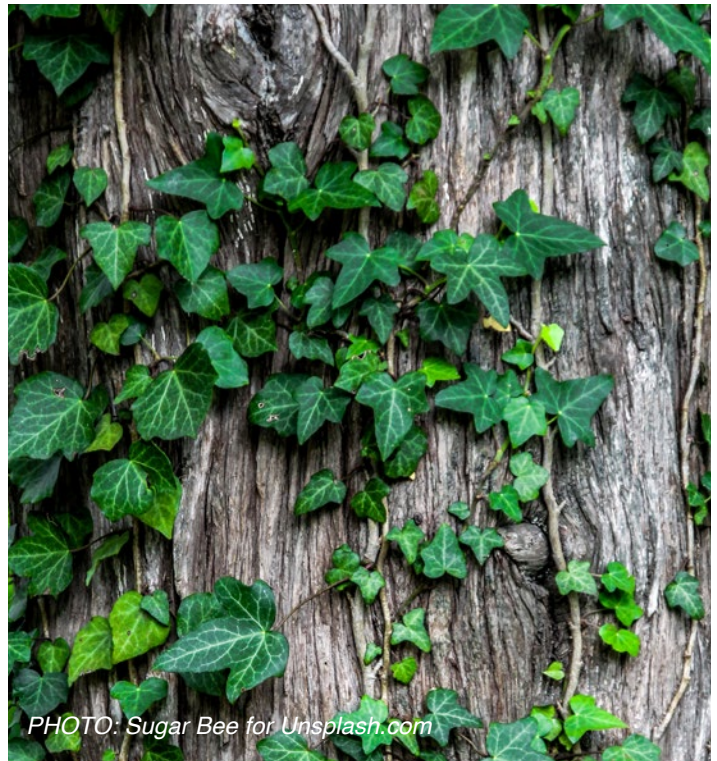
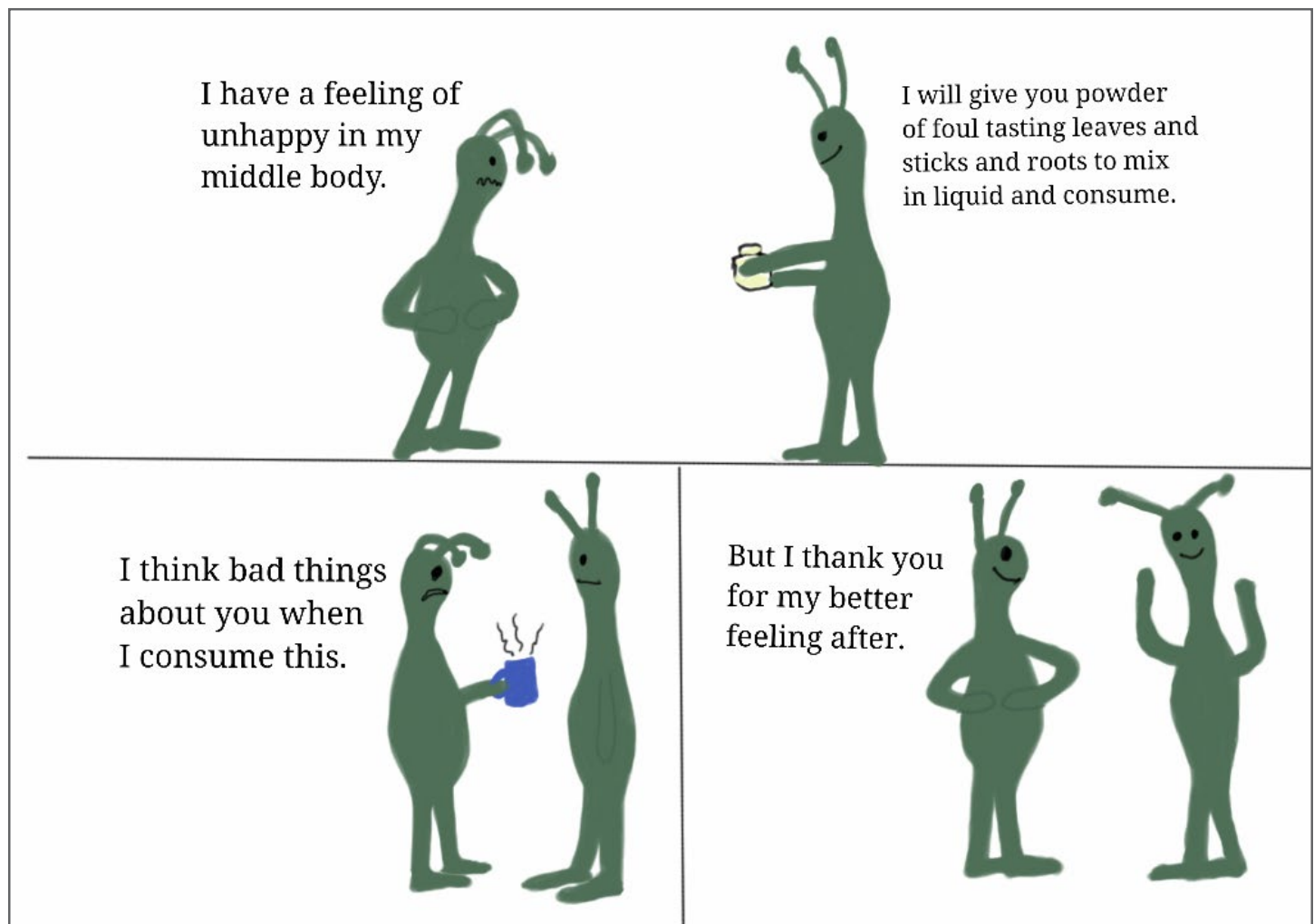


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Editorial cartoon, submitted by Dr. Melissa Carr, Dr.TCM



BC Gains Acupuncture Coverage for Traffic Injuries

by **Jason Tutt**

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There is no question; one of the biggest barriers limiting acupuncture from becoming part of mainstream healthcare is its inconsistent insurance coverage for patients across Canada and the United States.

In Canada for instance, federal employees receive extended health benefits through the Public Service Health Care Plan (PSHCP) administered by Sun Life. The PSHCP provides coverage for

chiropractic; massage therapy, physical therapy and even naturopathy from their respective qualified practitioners. The exception is that a medical doctor while covered under this plan for federal employees, must administer acupuncture.

In my opinion, there is no good reason for this discrepancy other than to save money, and yet the problem has resisted lobbying from various provincial TCM & Acupuncture associations for decades in Canada.

Part of the problem in Canada, is acupuncture is only regulated across five of the ten provinces and three territories. Despite this, close to 90% of Canadians have access to a registered acupuncturist but when insurance companies look at the country as a whole, they still see only five of the ten provinces and three territories with acupuncture regulation.

With the exception of the PSHCP, each province is unique in how acupuncturists are reimbursed by insurance plans. Extended health insurance companies like Sun Life and Blue Cross cover around \$100 per acupuncture treatment, generally to a maximum of \$500 per year, while Manulife and Great West Life usually only cover around \$80 per treatment. The biggest inconsistency in acupuncture coverage is from auto insurance companies paying for therapies to aid in the recovery of traffic injuries. British Columbia and Quebec provide auto insurance through provincially managed crown corporations called ICBC and SAAQ while most other provinces provide auto insurance through private companies allowing for more competition.

Alberta's auto insurance companies must provide acupuncture coverage for traffic injuries but are limited to \$250 per accident as laid out in the Standard owner's automobile insurance policy. Ontario's Insurance Act states that auto insurance companies may pay for all reasonable and necessary acupuncture expenses on a case-by-case basis if they agree it's essential for the treatment of the claimant. They are however under no obligation to approve acupuncture treatment, and what constitutes "reasonable" is arbitrary.

Quebec's auto insurance company, Société de l'assurance automobile du Québec (SAAQ) may provide acupuncture coverage if the treatment is prescribed by a physician at a maximum of \$26 per treatment, and there does not appear to be a maximum per accident. Lastly, up until March 31, 2019 in British Columbia, the Insurance Corporation of British Columbia (ICBC) would provide acupuncture coverage on a case-by-case basis similar to Ontario where if it were essential for the treatment of the claimant, all reasonable and necessary expenses would be reimbursed. Referrals from physicians were often but not always required before approval was granted and the decision ultimately came down to the individual claims adjustor's opinion about acupuncture.

On April 1, 2019, ICBC's new Insurance Regulation came into effect changing acupuncture from a "may pay" to a "must pay" service. Starting on the date of the accident, those injured in an automobile accident in BC must be reimbursed for acupuncture services, which are paid directly to the practitioner from ICBC. The Insurance Regulation requires ICBC to pay \$105 for the first visit, and \$88 for each subsequent

visit for a maximum of twelve visits within the first twelve weeks following an accident.

If a patient has not fully recovered after twelve visits or twelve weeks whichever comes first, the practitioner is able to file for an extension and as long as the treatment appears to be working and there is an end in sight, it will usually be approved.

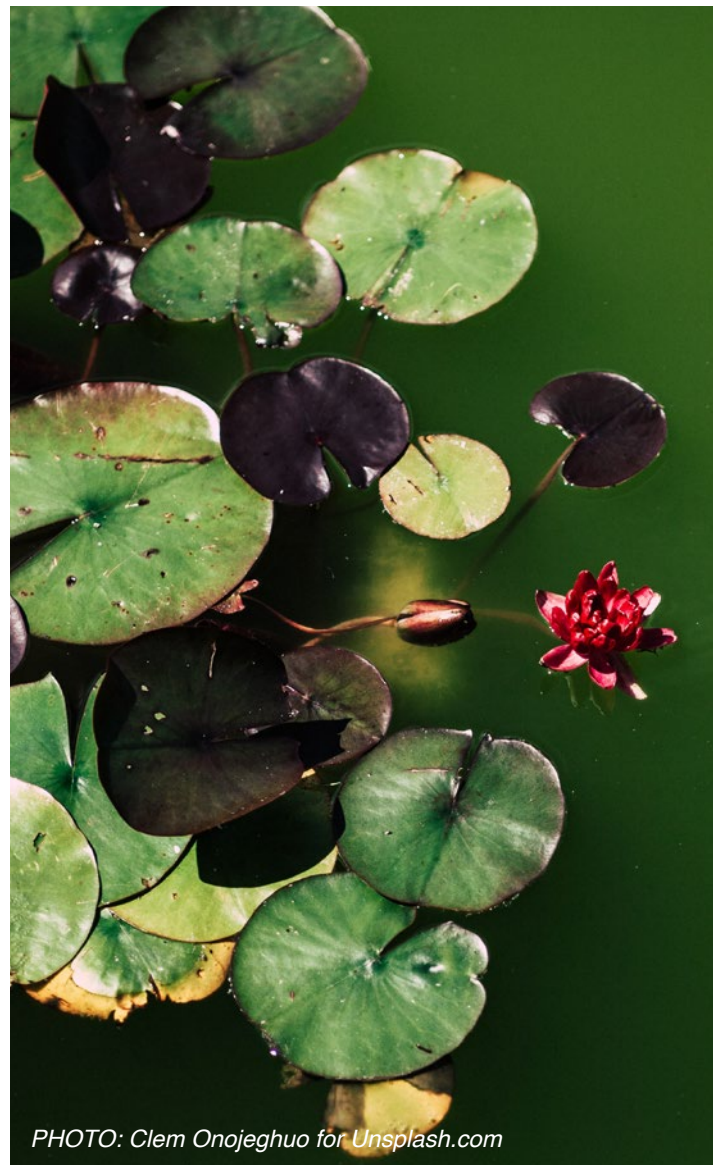


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The updated Insurance Regulation means each patient injured in an automobile accident must be covered for at least \$1,073 in acupuncture services, a huge win for acupuncture in BC and Canada. Here's how the BC Association of Traditional Chinese Medicine & Acupuncture Practitioners (ATCMA) changed the mind of a provincially run crown corporation to not only require acupuncture coverage but to pay a fair market rate close to what many acupuncturists charge for their services in 2019.

STEP 1: PROVE ACUPUNCTURE WORKS FOR PAIN.

The ATCMA provided ICBC with two binders of quality research for acupuncture's effectiveness and efficacy on the treatment of back, neck and shoulder pain including the number of treatments required to get an effect and how much they would improve after a course of treatments. Safety statistics were also included to demonstrate acupuncture is safe and rarely causes serious adverse events.

STEP 2: PROVE THAT ADDING COVERAGE FOR ACUPUNCTURE WOULD NOT INCREASE COSTS TO CONSUMERS FOR THEIR POLICIES AND MAY IN FACT REDUCE COSTS.

The ATCMA obtained 16 years of statistical data from Quebec's SAAQ comparing the average costs and number of treatments per case for acupuncture, chiropractic and physical therapy. Acupuncture was similar in cost to chiropractic and significantly cheaper than physical therapy.

STEP 3: DEMONSTRATE THE RISKS TO CONSUMERS AND THE INSURANCE COMPANY OF LIMITING THE TYPES OF TREATMENTS CLAIMANTS COULD RECEIVE TO EXCLUDE ACUPUNCTURE.

When recovering from a minor injury such as whiplash, the biggest risk is delayed recovery. Once the minor injury has persisted for more than 12 to 16 weeks, long-term nervous system changes may start to occur leading to chronic pain. Once the minor injury has become a chronic pain injury, it is much more difficult to resolve and much more expensive to the insurance company.

According to the Ontario Protocol for Traffic Injury Management Collaboration (OPTIMa), risk factors for delayed recovery include but are not limited to; older age, poor recovery expectation, and depression, anxiety and frustration about pain. The ATCMA provided ICBC with statistical data demonstrating why acupuncture is an ideal treatment choice to address the risk of delayed recovery.

First, Acupuncture is gaining popularity across Canada, but especially in BC and the current regulation is no longer sufficient.

*25% of Canadians and
32% of British Columbians
had used acupuncture in
the previous 12 months
preceding a survey on
complementary and
alternative medicine use in
2006.*

The data also showed;

OLDER AGE:

The average age of British Columbians seeking acupuncture for the first time were 38 years old, compared with 29 years old for Chiropractic and 34 years old for Massage Therapy.

POOR RECOVERY EXPECTATION:

Chinese Canadians were significantly more likely to believe that Acupuncture and Traditional Chinese Medicine could prevent disease from getting worse, and this belief was strongest in Chinese immigrants aged 55 years and older who are at a higher risk for delayed recovery. They were also less likely to believe the same about massage therapy.

DEPRESSION, ANXIETY AND FRUSTRATION ABOUT PAIN:

By limiting treatment options for older Canadians especially those of Chinese descent, a population that is growing rapidly across Canada, we were likely contributing to unnecessary depression and

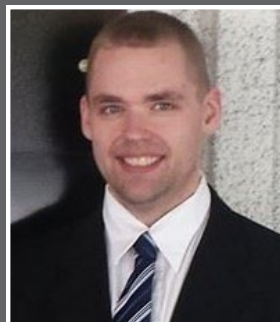
anxiety by denying them access to the treatments they felt would help them the most.

Since older Canadians were more likely open to trying acupuncture for the first time, and those of Chinese descent were most likely to believe Acupuncture would help them the most, the ATCMA suggested that not providing access to acupuncture for traffic injuries, put claimants at risk for delayed recovery which would ultimately cost ICBC more money in the long run. ICBC agreed that under the current coverage scheme, which excluded acupuncture, no longer reflected the changing demographics and needs of British Columbians.

The final step for us was convincing ICBC that acupuncture was a valid treatment option; that treatment would in fact not increase costs to consumers, but rather help to reduce them in the long run.

This is how BC gained acupuncture coverage for traffic injuries, and we hope it will help pave the way for other provinces in Canada moving forward.

- Jason Tutt



ABOUT THE AUTHOR

Jason Tutt is a registered Acupuncturist practicing in British Columbia who has served on the board of directors for the BC Acupuncture & TCM Association from 2016 – 2018, has been the President of the BC chapter for the Chinese Medicine and Acupuncture Association of Canada since 2016 and is currently serving on the Patient Relations Committee and the Registration Committee for the College of Traditional Chinese Medicine of BC.

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