MEDICINAL ROOTS ### MAGAZINE

Ancient Wisdom - Modern Healthcare





this issue



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For the MRM Fall 2023 issue

Deadline of September 8, 2023. Please check our Submission Guidelines for more information.



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by Care Motika, R.Ac

Acupuncture point names echo anatomical as well as geographical landmarks. They create a metaphor where the title of a point location can create a world within itself and anchor us more deeply to place.

Metaphor in this case means that an acupuncture point name can be representative or symbolic of something else. For instance, the acupuncture point at the bottom of the foot called Bubbling Spring or Kidney 1, can conjure a felt experience based on the image that is created by the name. We could ask, where are these points in our environment? Kidney 1 for example, where is that bubbling spring? This can be the basis for a metaphor that is both internal and external as the point resides on the sole of the foot and somewhere in the environment as well. It can also act as a universal image in that we all know what a spring is and can feel the action behind the word bubbling.

Continued...

Large Intestine 4 or *He Gu*, translated as *Meeting Place in the Valley*, refers to the connection between the first and second metacarpal bones on the wrist. The description of the bones on our wrist coupled with imagination become a *valley*. A felt experience of this *valley* in the body may reflect a greater perception of external environments. It can impart itself to a broadened sense of what ecologies are around, i.e., valleys, deserts, mountains, and oceans.

However, ecology extends beyond geography into a connection with the greater world, as it is looking at relationships between beings and their environments.

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Consider, the acupuncture point, *Wilderness Mound* or *Gallbladder 40*, which acupuncturist Russell Brown describes as, "about being lost and climbing to the top of the hill so that you can see 360 degrees around. It's about encouraging perspective and having the vision to move forward even though you don't know where you're going." What he has described is a point on the ankle with a metaphor that lives in the body and uses anatomy to anchor that information. While it is an interpretation, the choice of metaphor carries potency to the patient. Perhaps, literally climbing a hill is not an option for someone but the imagery within their own body can carry them into a new possibility.

We can further see this illustrated by acupuncture point names and locations such as, *Kunlun Mountain*, (later named, *Bladder 60*) that recalls a mountain range in China. This point looks like a mountain and thus opens a reflective narrative between the body and the environment. In the words of acupuncturist and poet, Lorie Dechar, "The mountain symbolizes

COMPLEMENTARY & ALTERNATIVE MEDICINE



the stabilized wholeness of the self, our capacity for reflective, restful tranquility and determined effective movement". The effect of this imagery is provocative in connecting people with a sensory awareness of stability residing within that point. The metaphor of the mountain can be effective whether we are connected to the land from which the name came or not. The body speaking through this anatomical mountain can relay some other kind of message about place and ecology.

We are using acupuncture point names to find a connection between our environment and self. This can explain why many acupuncture point names are describing ecologies and environments around and within them.

Acupuncture points are reflected through the similarities and likenesses within the body. As described through the example of Kunlun Mountain, but also through many other acupuncture points such as, Middle Palace or Lung 1. The name Middle Palace has to do with the breath and the lungs acting as a palace or mid-point between Heaven and Earth. Through this point, Chinese medicine suggests that our lungs and breath, act as our link to life and our corporeal experience. Lorie Dechar explains that the name speaks to, "our first howl of life to the gossamer thread of the last breath". Many acupuncture point names speak to a communion between human and place.

Bridges can be built through the connection between acupuncture point poetics and the environment. Acupuncture point poetics are an effective way to begin to encourage positive use of metaphor with



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Heather Sell, Advertising Director **Medicinal Roots Magazine** medicinalrootsadvertising@gmail.com our patients. One that can connect us back to our ecological selves, awareness, and our sense of place. With our current ecological crisis, bridging the divide between anthropocentric focus to a wider view is more crucial than ever.

Point poetics can be a generative way to support our patients in this time of ecological overwhelm. Practitioners can use the poetry of acupuncture points to help bridge the illusional gap between humans and habitat.

Making connections to acupuncture point poetics can impart an empathy that can have the potential to turn overwhelm into curiosity and to meet ecotrauma with an understanding that we are not isolated but more interconnected than we realize.

- Care Motika



ABOUT THE AUTHOR

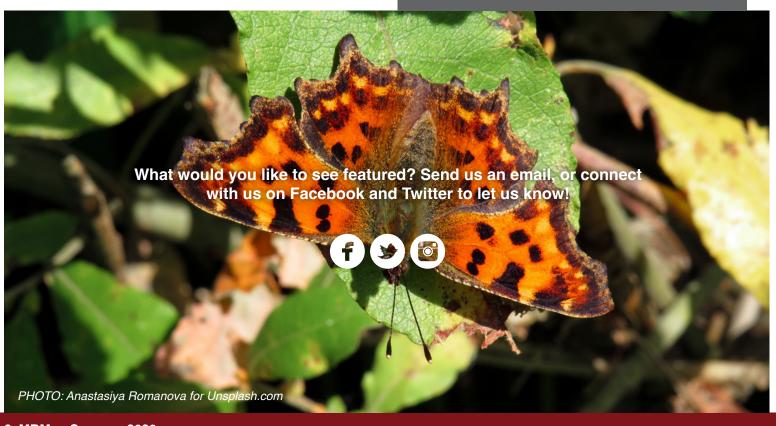
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by Christiaan Spangenberg

INTRODUCTION

Have vou ever wondered where the superabundance of our exotic garden flora came from? And perhaps even beyond their regional origin, as to their traditional uses and cultural contexts? Though garden centers and nurseries are becoming increasingly fastidious about providing plant origin and cultural use for non-native plants and curious botanical oddities, we are still living in a time when plant descriptions tend to foreground the aesthetic and growing aspects alone. I encourage you to take an interest in the cultural heritage of both native and non-native plants in our gardens and parks. This curiosity has the capacity to deepen our connection to the natural world, reconsider how we might use, or benefit from, these plants, and make space for a dialogue with the original stewards and Indigenous communities who used these plants.

Plant-awareness disparity (formerly called 'plant blindness') has emerged in the last few decades as a contemporary and concerning form of cognitive bias (Parsley, 2020). This is the tendency not to notice plants in one's environment, which over time, reinforces an anthropocentric view that plants are not important. The urban context and lifestyle for most of us in the Global North makes plant-awareness disparity a critical issue. This dilemma deepens when we consider the disinterest and lack of cultural engagement with both native and non-native plant species beyond aesthetic ends. In this article, I will present an overview of medicinal plants in horticulture, with a focus on plant species used in Traditional Chinese Medicine.

FEATURE: CONTEXTUALIZING TCM PLANTS IN HORTICULTURE

I am poring over an English copy of the *Ben Cao Gang Mu*, marveling at species names and their literary references, beguiled by the Wade-Giles system of rendering Chinese. Poring over the *Ben Cao Gang Mu*, a 16th century Chinese materia medica written by Chinese scholar and physician Li Shizhen, is not only historically fascinating as a summary of pharmaceutical knowledge in China up to the 16th century, but relevant as a basis for the Chinese materia medica today. However, this text has the capacity to delight a nurseryman as much as a practitioner of Traditional Chinese Medicine—for the fact that they can find therein a curated assortment of plant species that have haunted our gardens for more than a hundred years.

Familiar names crop up in the text, listed besides unique plant species that you would only encounter in botanical gardens. But these familiar names are not uncommon in our landscape. A springtime walk

in my neighbourhood can bring me face to face with goumi berry shrubs (*Eleaegnus multiflora*) in my neighbour's yard, leafed-out goji berry plants (*Lycium barbarum*) enclosing a Chinese kitchen garden, the golden flowers of weeping forsythia (*Forsythia suspensa*) majestic empress trees (*Paulownia imperialis*), and windmill palms (*Trachycarpus fortunei*). My local garden center carries mulberry trees (*Morus alba*), schisandra vines (*Schisandra chinensis*), and Chinese jujube trees (*Ziziphus jujube*) nestled alongside currants, blueberries, and raspberries. In the summer, sweet annie (*Artemisia annua*) and safflower (*Carthamus tinctoris*) are specialty ingredients of flower bouquets at farmer's markets and florist shops.

How did these plants find their way into our gardens (and bouquets)? The terrestrial flora of the world is estimated to number between 300,00 to 400,000 plants, of which 35,500 are estimated to have medicinal properties of some kind (Simmonds, Howes, Irving, 2016). Sheer random chance alone

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would account for a proportion of garden annuals and perennials to possess medicinal virtues of some kind. However, the history of horticulture is filled to the brim with eminent triumphs and retrospective misgivings of purposeful plant introductions. Where some medicinal herbs have long legacies in the Western herb garden, or in larger-scale cultivation culinary and aromatic herbs such as lavender, chamomile, and peppermint—a far greater number of medicinal plants have inconspicuously found their way into horticulture, prized for their beauty and rarity rather than their curative properties.

To put it plainly, globalization, and the transfer of plants over the last 200 years especially—with so much plant hunting occurring during the 19th and 20th centuries - have seen gardens accumulate an international flora. Many garden plants popular today, such as rhododendrons, clematis, roses, and tulips, were a part of this transfer, and through this global plant trade, an untold number of medicinal plants and genera have entered the horticulture and

PHOTO: Agastache 'Beelicious Pink', an ornamental, provided by Christiaan Spangenberg.

nursery industries as well. The medicinal qualities of some species and genera are better known than others: Echinaceae, for instance, is perhaps equally as well-known as an herbal remedy as it is as a genera of hardy garden perennials. But a genus like Agastache is more acclaimed in Western gardens for its ornamental aspects, and rare is the gardener who is acquainted with the medicinal use of a plant like the Chinese rice paper plant (*Tetrapanax* papyrifera), a plant which won the British Royal Horticultural Society's Award of Garden Merit (Royal Horticultural Society). These examples, and many more, easily show how medicinal plants have a muchdeserved place outside the herb garden as highly aesthetic garden plants. The unfortunate truth today is that all too often, medicinal plants in horticulture are known and appreciated solely for their aesthetic qualities. This is evident in breeding efforts, which have tended to focus on diversifying and amplifying the aesthetic qualities of these plants, resulting in a cornucopia of ornamental cultivars. However, in part



PHOTO: Tetrapanax papyrifera, provided by Christiaan Spangenberg.

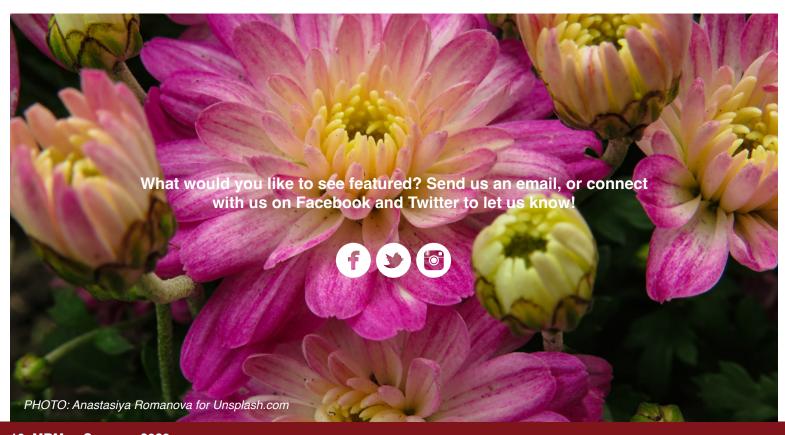
due to breeding efforts, which select for ornamental over medicinal qualities,

it is generally not recommended that you grow plants sourced from garden nurseries for medicinal purposes, as their safe use and medicinal efficacy cannot be guaranteed (Schafer, 2011).

Sourcing medicinal plants from specialty nurseries and seed firms is a better way to proceed to ensure you acquire the medicinal varieties.

The history of horticulture and botany alike are inextricably bound up with colonialism. The first botanical gardens in Europe served as laboratory sites for scientific study and plant acclimatization, as they do now. Between the 15th to 19th centuries, botanical gardens were especially important for the documentation, transfer, introduction, and cultivation

of exotic plant species with economic, medicinal, and agricultural value (Schiebinger & Swan, 2005). These institutions functioned as sociopolitical centers for botanical exploration and bioprospecting taking place in the 'New World'. European plant hunters and botanists scoured the continents for plants for scientific research and brought back plant species that were integrated into the medicine, agriculture, and gardens of Europe. The frenzy for rare and interesting plants among gardeners would reach an apex in 18th century Victorian England (Schiebinger and Swan, 2005). The British Robert Fortune (1812-1880) is a notable plant-hunter of this era, who introduced tea seedlings (Camellia sinensis) outside China for large-scale cultivation in India and introduced a range of over 120 ornamental species to British gardens, including the Chinese windmill palm (Trachycarpus fortunei), whose charred leaves are the medicinal material zong lu tan (Musgrave & Musgrave, 2000). The German botanist Philipp Franz von Siebold (1796-1866) is another horticultural luminary, whose 8-year residence as physician in Edo-period Japan was intensively spent on ethnographical and botanical collection. Von Siebold introduced a myriad of ornamental species,



such as Fatsia japonica, Epimedium grandiflorum, as well as Fallopia japonica—the now infamously invasive Japanese knotweed, but whose roots are the potent medicinal material hu zhang in Traditional Chinese Medicine.

While early European explorers and naturalists were reportedly more open to the traditional knowledge of local Indigenous communities on the plants in their region—especially medicinal plants—the Western development of botany as a universal science led to the exclusion of local Indigenous knowledge and cultural traditions from systematized botanical research in favor of objective scientific knowledge (Schiebinger & Swan, 2005). On the other hand, through many of these later naturalists, a vast breadth of medicinal plants unwittingly entered Western horticulture, much of it detached from its traditional context and uses and admired for its beauty in the garden. Something of this legacy remains with us today in contemporary gardening culture, this normative 'seeing' or aestheticized perception of plants that tends to exclude their other use-values, or at the very least, minimizes or downplays them as trivial historical facts. The other prevailing attitude in gardening culture today is an overly inflated assessment of plants in terms of their use-value or productivity, whether agricultural or ecological, which sometimes foregoes and forgets other aspects of the plant.

What would be beneficial for all of us who garden and grow plants is to explore an ethnobotanical curiosity and wonder for plants. The field of ethnobotany is the specialized study of how human communities around the world make use of their local plants in their region, and their traditions, relations with, and

knowledge-systems around plants. Nancy Turner is an example of a leading ethnobotanist in Canada today, who has respectfully collaborated with Indigenous communities in British Columbia for the last few decades to document and promote their traditional knowledge of their plants and habitats. Her approach and work illustrate the development of the field of ethnobotany from primarily drawing up lists of useful plants based on geographical region or Indigenous community to a multidisciplinary and decolonial endeavor that is significantly oriented around supporting the land's rights, title, and food sovereignty of Indigenous communities around the world. Ethnobotany invites us to explore the cultural context of plants and plant-use. In reading texts like the Ben Cao Gang Mu, other materia medicas, and herbals, we can begin to consider these traditional uses for medicinal plants in our gardens.

Yet learning about where plants come from, and their uses, goes beyond just exploring and appreciating their geographical context and practical benefits. An ethnobotanical curiosity and wonder can lead us beyond use-value, and into a relation with the plants, and their human communities that are the traditional stewards and users of these plants. Acknowledging the multi-functionality, and the traditional uses of these plants that grow in our gardens and landscape, is a step towards making space for a dialogue with Indigenous and rural communities whose culture and traditional knowledge have historically, and to the present day, been repressed and are under threat. This would necessarily be a dialogue of restorative justice, of supporting Indigenous communities regenerating their nationhood and place-relationships, while decolonizing power structures and dynamics in horticulture that



disempower Indigenous communities and cultures (Lowman & Barker, 2015). But perhaps it would also be a dialogue about learning how to stand in relation to the land, and an exploration of ways to collaborate on promoting and protecting traditional uses of the plants we take for granted in our landscape and gardens.

PLANT PROFILE: CHOCOLATE VINE (MU TONG)

The following Plant Profile was written by Pam Murphy, a member of the Pacific Northwest Palm and Exotic Plant Society who lives in Vancouver, and has much experience growing all kinds of edible plants.

If I told you there was an easy to grow edible plant that can reach lengths of up to 12 meters, has colorful but delicate chocolate-scented blossoms, and produces squat purple bananashaped fruit, you would probably think I had been out in the sun too long. But believe it or not, these are just some of the characteristics of the Chocolate Vine (*Akebia quinata*, or Mu Tong 木通 in Traditional Chinese Medicine), also known as the five-leafed akebia.

PHOTO: Akebia quinata, provided by Pam Murphy

Native to China, Korea and Japan, this woody perennial vine can grow to great lengths, but is easily trained on a trellis or other support. Hardy in zones 5–9, it can be semi-evergreen, and will tolerate full sun to heavy shade. It can handle almost any type of soil pH and is not fussy about soil type, even growing in moist conditions if the drainage is good. And once established it is drought tolerant. So, requiring little more than regular watering it sounds like the perfect low maintenance plant, but be warned that this fast-growing vine will also climb into, smother, and even kill small trees and shrubs if not regularly trimmed and kept under control.

In early spring the Chocolate Vine 木通 will erupt into masses of small purple or white flowers, depending upon the cultivar. It is during this time that the plant earns its name of "chocolate" vine due to the light chocolatey scent of these flowers. And upon seeing these small blooms, it is hard to imagine the end result will be clusters of fat 10cm long fruit. But to acquire this unusual fruit, you will need to plant at least two vines to achieve good cross



PHOTO: Akebia quinata, provided by Pam Murphy

pollination. And it is even better if you can get two different varieties. The fruit will be ready to harvest in September, but you will have to watch carefully as it only takes a few days for the fruit to turn from green to purple. And once the color change has happened, it may take as little as one day before the fruit will split to reveal the seedy pulp inside — what my husband and I affectionately refer to as 'alien slugs'. It is at this point that you will want to harvest; before they open completely, and every flying and crawling creature discovers this tasty feast. The fruit has a mild taste and texture reminiscent of tapioca, and the seeds, although bitter if chewed, can either be swallowed whole or spit out.

The Chocolate Vine 木通 is not only easy to care for but is surprisingly easy to propagate. You can do so with cuttings taken in the summer months, or even by layering new growth from the base of the plant. Taking time but little effort, this "layering" is accomplished by burying the new growth in the soil while still attached to the parent plant and then ing for roots to appear. Best if done in either spring or Fall, it is a slower



PHOTO: Akebia quinata, provided by Pam Murphy

method than cuttings, but the results can be a larger healthy vine. And if you have the time and patience, you can even grow them from seed. Simply gather some of the seeds in September and then, after cleaning, store them in your refrigerator until early next spring. At this time, you will remove them from the cold and soak for 24 hours before surface sowing; do not cover as the seeds require light to germinate. Or you can simply scatter seeds in the Fall and wait for them to pop up on their own in spring. Seed grown vines can begin to produce fruit in two to three years. Or you can just purchase the plants, as most larger garden centers and nurseries should have them in stock.

In Traditional Chinese *Medicine, the stems of* chocolate vine (Akebia quinata) are the medicinal material mu tong, and the fruits are the medicinal material yu zi zhi. The stems are bitter and cold, acting on the channels of the heart, small intestine, and bladder, and work to drain dampness, clear heat, and promote urination (Leon & Yu-Lin, 2017).

Continued...

In Traditional Chinese Medicine, mu tong is used in formula to treat gastric ulcers, kidney infection and inflammation, menstrual disorders, and pain, and to stimulate lactation in nursing mothers. The fruit is used in Traditional Chinese Medicine as a remedy for indigestion, diarrhoea, and chronic abdominal pain.

Please note that mu tong has also been used to refer to Aristolochia manshuriensis and Clematis armandii, and that Aristolochia manshuriensis is not used medicinally any more given its high toxicity (Leon & Yu-Lin, 2017). Mu Tong in this plant profile refers specifically to the chocolate vine, which is Akebia quinata.

- Christiaan Spangenberg

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Christiaan Spangenberg

Christiaan Spangenberg is a gardener and medicinal herb grower of German-Chinese heritage based out of Vancouver, British Columbia. He is a recent graduate from the Global Resource Systems program at the University of British Columbia, where he studied ethnobotany and the cultivation of Asian medicinal plants, and is also a member of a working group of TCM practitioners, herb growers, and researchers in British Columbia that are working towards establishing a market for organic and locally-grown Asian medicinal herbs in the province. Christiaan is passionate about the cultivation and conservation of Asian medicinal herbs, and he is interested in exploring opportunities for dialogue between different fields that could lead to interdisciplinary collaboration. He is currently growing traditional Chinese medicinal plants at two community garden and farm sites in Vancouver to promote Asian herbal medicine and medicinal plant cultivation.

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A Call to Action:

Your Natural Health Products Are at Risk



by Dr. John Stan and Kelly Kitchen

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TIME TO SPEAK UP AND MAKE OUR COLLECTIVE VOICES HEARD

Whether you are a TCM/Acupuncturist, Naturopath, Physiotherapist, Chiropractor, Massage practitioner or other allied health practitioner. A concerning effort by the Natural and Non-Prescription Health Products Directorate (NNHPD), a division of Health Canada (HC), is in play that requires your action right now.

Unless we engage now and interrupt the sequence of dominoes currently falling, your access to TCM single herbs, formulas and the Natural Health products currently being used in your practice or for personal care will be severely reduced by the spring of 2025.

THE DEADLINE TO ACT IS NOW!

The cutoff date and time for input is July 26, 2023, at 11:59 p.m. Eastern Daylight Time (EDT).

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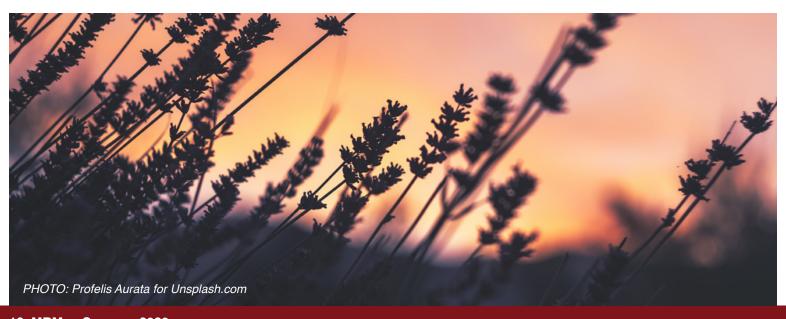
Any action taken after this date and time will have little or no impact and be mostly inconsequential. The NNHPD has put forth a proposed Cost Recovery Fee Structure that, if implemented, will eliminate several products. You can read the details here: https://www.canada.ca/content/dam/hc-sc/documents/programs/consultation-proposed-fees-natural-health-products/overview/overview.pdf, but we will outline the main concerns below

HERE ARE THE FACTS:

PRE-AMBLE OF WHAT GOT US TO THIS POINT

- HC initiated a regulatory framework for herbal medicines that pushed this category of products into a pharmaceutical type of framework in 2004.
- At that time, there was significant public outcry that forced the government to pull back on their initial attempt to control the public's and health care professionals' access to herbal products. These "Natural" substances have been in use by professionals and individuals to support health and wellness with success with little to no adverse effects.
- As a result of this outcry, HC created a third category of products different from pharmaceuticals, called Natural Health

- Products (NHP). This imposed a broad set of regulatory requirements for Importers and Distributors to meet to import and sell products in Canada. These requirements were harsh and difficult for many companies to comply with; however, they were not as restrictive as the regulations pharmaceutical companies must deal with.
- The reason why is that NHPs are low risk products! Yet, since the initial backing down in 2004, HC has continued to push this new category of products under the umbrella of pharmaceutical regulations. There is apparent resistance to having two sets of regulations and would prefer to group everything under the Pharmaceutical regulations.
- In addition, although initially promised at the onset, there are currently no plans to create a category of professionally dispensed NHPs. Which means HC views NHPs as "self-care" products where individuals can sidestep the practitioner and read a label and make their own choices about a NHP and its use. This is why dose levels on products have been dumbed down and cautions and warnings are excessively and ridiculously long for substances that have had minimal reports of adverse events.



• Small companies like ours, with much effort and expense, have jumped through the hoops to continue to provide quality NHPs to the professional community. Much larger companies have more easily done so because they sell primarily in the retail market generating a much larger revenue stream. The domino effect is pushing aside the medium to small companies and their unique products. Already, Canadians have lost access to NHPs from small manufacturers unable to meet HC requirements.

THE CURRENT REASON FOR THE CALL TO ACTION

- HC has put forth a new proposal to collect fees from businesses manufacturing, importing, and selling NHPs. The fees are multilayered and include Importer fee, manufacturer fee, and right to sell fee, along with a set of licensing fees for new NHPs.
- In addition to the Importer and Manufacturing fee amounts, there is a proposed "Right to Sell fee" for each NHP which is most concerning and alarming. This annual fee for the right to sell an NHP is \$542.00" for each product. For TCM supply companies with 400 to 1000 licenses for this can range in an annual cost from \$200,000.00 to over \$500,000.00. These are unsustainable figures for medium to small companies, and the result will be the loss of access to these products in Canada. Other Natural Health product suppliers servicing the Naturopathic profession will also suffer.
- Medium to small companies will not be able to afford to keep the full range of TCM single herbs and lesser used TCM formulas. Other prepared NHP formulas

- and supplements lines also will have been limited to only the most popular.
- The crazy making part of this is that NNHPD continues to stress "these proposed regulations do not limit the practitioner from compounding or dispensing formulas in the clinic". But it does in fact limit practitioner access to the source materials practitioners use for compounding in the clinic!
- If we don't act now and raise our collective voice to the loudest of decibels, we will lose access to single herbs, formulas and likely double the cost of those that do survive this money grab by HC. This increased cost will make them inaccessible to many practitioners and patients.
- We also now need to push back to prevent NHPs from being dragged into the pharmaceutical disease model. This model is what big business is pushing for, as it frames the patient as the victim and the pill as the savior. The result is the patient remains a victim on multiple medications or NHPs and reliant on the pharmacy for supplies for life (no wonder big business is pushing this model). Our model is the opposite, as we claim that disease is a reflection of an imbalance. Once this imbalance is corrected with natural substances, lifestyle and dietary changes, the patient is empowered and healthier than at the onset of the problem.
- YOU NEED TO GET ACTIVE TODAY! Why? Because you care about preserving the right to individual choice; you care about natural health products and their use in maintaining and supporting health; and you believe in the body's ability to heal given the proper circumstances. This is in serious jeopardy unless action is taken.

Continued...

HERE IS WHAT TO DO:

- Buy a packet or two of envelopes.
 - Download the provided Practitioner to Health Minister Letter and Patient to Health Minister Letter. Adjust the "Practitioner" to include your business name and your address. Use the suggested content and adjust if you like to make them your own words. Send your personal letter to the Minister of Health. Do not just email it to his office. We have been informed emails are easily dismissed, but when wheel barrels of letters come in, they cannot be ignored or dismissed. With the "Patient" letter, print out a number of the letters to have on hand for your patients. Explain the situation to your patients and ask each of them to address and sign the letter. Once they sign it, you put it in an envelope, address it using the patient's address as the return address on the envelope and mail it. Note: No stamp is required when mailing a letter to an MP. Yes, we all will have to invest some money for envelopes, paper, and our time, but this small investment saves your right to access natural products in the future. Do this until the last patient on July 26. Mail frequently your daily batch of letters to the Health Minister. Imagine if all of us sent in 5 to 20 letters a day the Health Minister's office will be receiving thousands of letters. THIS IS WHAT WILL MAKE A DIFFERENCE!
- As soon as possible, reply to the NNHPD request for feedback. https://www.canada.ca/en/health-canada/programs/consultation-proposed-fees-natural-health-products.html

Continued...



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- Before filling out, see the attachment "Practitioner Personal or response suggestions". Here. we outlined the questions they are asking and have offered a response that you can copy and paste into the appropriate box or paste into a letter that you mail into the NNHPD. You can modify them as needed and add your own thoughts. But the more practitioners reflect that they need their supply chain protected, the more the NNHPD and the folks at HC will have to listen to the Roar!
- Next, find out who your MP is and request a face to face or Zoom meeting with them. We created a "List of Concerns" document included with this article that you can use to prep yourself and print out the second section to leave with the Minster.

The actions we are suggesting are important to protect our right to Life, Liberty and Security of Person as listed in Section 7 of the Canadian Charter of Rights and Freedoms. By taking the above actions you are protecting your right to access NHPs required for your business and personal self-care.

Other resources that come from the retail segment of Natural Health Products are listed below for your reference. The ones we have suggested above are for health professionals.

- Canadian Health Food Association (CHFA): https://www.saveoursupplements.ca/
- Natural Health **Products** Protection Association (NHPPA): http://nhppa.org/

Thank you for your engagement and participation! Let's protect our Natural Products today!

- Dr. John Stan and Kelly Kitchen



Dr. John D. Stan, Dr.TCM



Kelly Kitchen, BEd, BPE, MA, RHN

ABOUT THE AUTHORS

John Stan and Kelly Kitchen, as owners of Eastern Currents LTD, are committed to servicing the needs of Acupuncturists/TCM practitioners and health practitioners across Canada.

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by Suzanne Williams, Executive Director, ATCMA

Greetings from BC! We hope your summer is off to a great start, and is brightening alongside the longer days leading up to summer solstice, the mid-point of summer in the Chinese solar calendar.

We at the ATCMA have been busy working on seminars, professional advocacy and member benefits, always striving to strengthen our profession and support members. Here's what we've been up to, and what we have in the works.

Our eight-person board includes returning and new members whose passion and dedication is shining through this year. Here are just some of the programs and projects we have underway:

PROFESSIONAL ADVOCACY

The most important but perhaps least visible part of the ATCMA's job is professional advocacy. We constantly work behind the scenes to make the professional lives of BC practitioners better by giving

Continued...

them a voice with government, crown corporations, other healthcare professions, health authorities and the public. Our current advocacy work is focused on:

- Amalgamation of the CTCMA with the Colleges of Chiropractors, Naturopathic Doctors and Registered Massage Therapists. We talk with the CTCMA to understand the state of the process and share our concerns. We liaise with the associations representing our future College cohort to discuss and devise plans for action on areas of common concern, and to build mutual support. ATCMA members will continue to receive updates as and when we have new information to share via our member newsletter.
- The Health Professions and Occupations Act (HPOA). This monster piece of legislation is still being assessed by lawyers from other healthcare professions, and we benefit from their knowledge via the Coalition of Health Profession Associations. We have individual and shared areas of concern about the new Act and its impact on the lives of practitioners. We are working on clarifying facts vs. myths about the HPOA and will share this information via the CHPA in the coming weeks.

- MSP rates. We are working with the Chiropractic, Physiotherapy, RMT and Podiatrist associations to advocate for an increase in the dollar amount per session covered by MSP for British Columbians on MSP Premium Assistance.
- We meet with ICBC at least twice a month to discuss updates on ICBC policy and practices, and troubleshoot specific issues related to acupuncturists treating ICBC customers. If you are an ATCMA member facing a challenge with ICBC in caring for their customers, please reach out to us as we can help escalate and resolve issues. We worked with ICBC to resolve the issue of treatment plan rejections for nonsensical reasons, and are working on the issue of partial approvals with them now. Other ICBC funded modalities share many of our concerns and are experiencing similar issues, so rest assured that acupuncturists are not being unfairly treated by ICBC.
- We haven't forgotten about Point Injection Therapy! Although College amalgamation is underway, we continue to advocate for the addition of PIT to our scope of practice. We reach out to potentially helpful figures in government to press the issue on our behalf. This is a slow process, but we will continue to persist.



EDUCATION AND OUTREACH

It was great to connect with the FLOW23 attendees March, meeting future members and putting faces to names for our ATCMA members. Thank you to Eastern Currents and Net of Knowledge for letting us join the weekend of inspiration, connection and learning!

We are baby-stepping back into in-person educational events! On May 7 we hosted two bilingual seminars at Langara College. Qu Yan, DTCM, Instructor, Kwantlen Polytechnic University presented on the Theory and Application of Huangdi's Internal Acupuncture, while Peggy Yu, MA, RCC, R.Ac, CTCMA Board of Directors gave an overview of the CTCMA Quality Assurance Program – Practice Support Program. Recordings of both seminars are now available online via our website. Remember, recorded seminars are always free for ATCMA members. We have plenty of CEU-earning videos for you to watch!

As this issue of MRM reaches publication, we will be well into World TCM and Acupuncture Culture Week events, co-hosted with our friends at the Canadian

Home of TCM Society. It includes seminars for TCM and Acupuncture practitioners on June 18, 21, covering topics related to TCM and Acupuncture in the United States and Canada. On June 24, practitioners will offer free consultations for the public alongside an exhibition of achievements in TCM and Acupuncture.

We continue to offer educational seminars online and in person, but we want to know what you, our members and members-to-be, would like us to offer as continuing education. What are your gaps in education on technique, Chinese medicine understanding, ethics, safety, jurisprudence and business practice management? Let us know so that we can programme educational seminars that will support your practice and your bottom line.

MEMBERSHIP

Starting in August, our membership pricing will change for the better! We will offer reduced, graduated rates for first and second year practitioners to help ease their cost burden as they build their practices. Stay tuned for alerts on our social media and in our newsletter.



We are excited to introduce the world's most powerful and advanced therapeutic magnets - Q Magnets!

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We are developing membership kits on a variety of topics, including ICBC, ethics and jurisprudence, as well as adding a resources section to the members-only section of our website that will offer links to research articles/portals, practice management resources and more.

BFL insurance renewal time is almost here! We are working with them, our insurance partner, to understand whether slimmed down and lower cost liability insurance is possible. In the meantime, they have negotiated the best possible rates for our members and will release their 2023-24 rate sheet soon.

These are just the highlights of our work, as much more goes on behind the scenes by our staff and board members. While we remain busy, we love serving the profession and working on behalf of members and colleagues every day. We always welcome feedback from members (and members-to-be!) on our programmes. Let us know how we can continue to serve you well, and what we can do to serve you better.

Our inbox is always open! info@atcma.org

- Suzanne Williams



ABOUT THE <u>AUT</u>HOR

Suzanne Williams, R.TCM.P, BA, APMCP, MBA

Suzanne is the Executive Director of the BC Association of TCM and Acupuncture Practitioners (ATCMA). She is an active practising Acupuncturist and Practitioner in Vancouver, B.C. Suzanne graduated from TCICTCM and was in the first Cohort of Balance System Acupuncture students at Langara College. Suzanne shares her love of Balance System Acupuncture with practitioners as a certified Instructor with the Tan Academy of Balance. Having studied and worked in Taiwan, Hong Kong, and mainland China for over 12 years, Suzanne speaks and reads Mandarin Chinese. She draws on her career in business market research and consulting in China and Canada to advocate for the TCM and Acupuncture profession in British Columbia.





Joining CARB-TCMPA this spring as the organization's first full-time Executive Director feels appropriate in the context of Traditional Chinese Medicine: it is a time for creation, renewal, and growth.

As I worked in my garden over the May long weekend, I reflected on my transition and the exciting opportunity to support the CARB-TCMPA Board as it continues to nurture a sustainable and resilient framework for the regulators of Traditional Chinese Medicine and Acupuncture in Canada.

My journey to CARB-TCMPA is the culmination of over 18 years of experience in the public and notfor-profit sectors. Most recently, I served as Chief Executive Officer and Registrar of the College of Opticians of Alberta and had the privilege to support the organization through the COVID-19 pandemic and significant changes to the regulation of health professions in the province. Prior to my work with the COA, I served as Registrar of the Association of Science and Engineering Technology Professionals of Alberta, where I had the opportunity to lead implementation of a new competency-based assessment framework, including high-stakes entry-to-practice examinations for the profession. I have also contributed as a board member with groups such as the National Alliance of Canadian Optician Regulators, Alberta Federation of Regulated Health Professions, Canadian Association for Prior Learning Assessment, and Technology Accreditation Canada. I hope to bring my diverse knowledge and experience to CARB-TCMPA in a way that supports the continued success of the organization.

Traditional Chinese
Medicine and Acupuncture
are important elements of
my own wellbeing. I have
a long-term interest in
eastern religious philosophy
and holistic approaches to
managing health.

During a period of illness, I worked with a Registered Acupuncturist and TCM Practitioner in my community to better manage my physical health. I was impressed by the comprehensive assessment process and effectiveness of the treatments. I now incorporate elements of TCM/A into my regular wellbeing routine to help maintain balance. It is inspiring to see this personal experience come into alignment with my professional interests through CARB-TCMPA.



A more comprehensive organizational update from CARB-TCMPA will be submitted for the next issue of Medicinal Roots. In the meantime, here are the latest statistics for the April 2023 sitting of the Pan-Canadian Examinations. A total of 331 candidates wrote the exams, including 248 for the Acupuncturists Exam, 13 for the TCM Herbalists Exam, and 70 for the TCM Practitioners Exam. Examination pass rates will be published on the CARB-TCMPA website when this information becomes available.

I look forward to connecting with CARB-TCMPA's stakeholders in the coming months. Like the trees and flowers beginning to bloom around us, I wish you all a lovely spring season full of health, growth, and new possibilities.

- Jennifer Bertrand



ABOUT THE AUTHOR

Jennifer Bertrand, MA, CAE, ACC

Jennifer is the Executive Director of The Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA).

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



Medicinal Roots Magazine (MRM) encourages all article submissions addressing any topic related to the practices of acupuncture and Traditional Chinese Medicine (TCM).

If you have an article of interest to our readers, please check our <u>Submission Guidelines</u>

Fall 2023 Deadline:

September 8, 2023

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