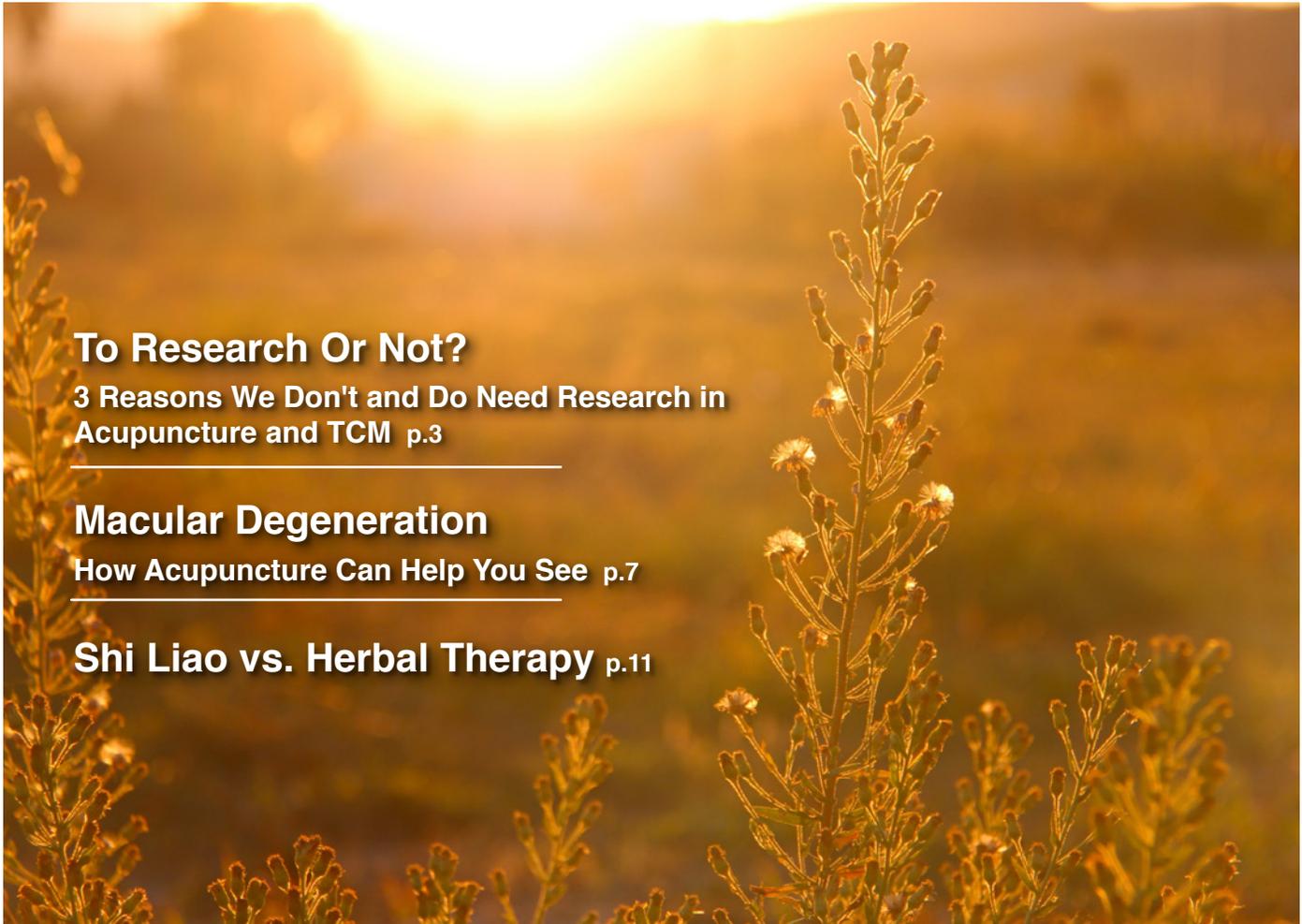


Summer 2017

MEDICINAL ROOTS 相慧 MAGAZINE

Ancient Wisdom - Modern Healthcare



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3 Reasons We Don't and Do Need Research in Acupuncture and TCM

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Photo Submissions: This issue features photography from Laura Breeden, L.Ac.



TO RESEARCH OR NOT?

3 reasons why we don't need research in Acupuncture and Traditional Chinese Medicine, and 3 reasons why we do.

Dr. Sonia F. Tan

PHOTO: Laura Breeden

Which camp are you in? Camp No: You don't think we need research to prove our medicine works, right? After all, we've been around and working for over 3,000 years—that's the best evidence yet Camp Yes: We do need research to explain and justify our medicine in quantifiable and biomedical terms people are familiar with in the West. I'm going to tell you I am in both camps and why you should camp with me in both areas.

3 REASONS WHY WE DON'T NEED RESEARCH IN ACUPUNCTURE AND TCM

ONE: We have 3,000 years of history with documented clinical evidence on conditions and effective treatments. If the medicine didn't work, it wouldn't still be around now in effective use with over one-third of the world's population. Enough said.

TWO: We use a different language than Biomedicine to look at the body and its operations. As a result, it is not possible to translate everything accurately

in Biomedical terms. In fact, it doesn't do it justice because we would be missing parts and pieces that are lost in translation, and then we are not looking at TCM and Acupuncture as a whole. By trying to translate we would lose the ability to fully understand the medicine because things are lost in translation. Furthermore, in trying to explain our medicine using biomedical language, we would miss many pieces of the pie on how this dynamic system works as a whole.

It is best to understand each paradigm in its complete whole on its own, rather than breaking it down into parts that will not give us the whole picture.

In addition, the modern scientific method is based on a biomedical model of understanding the body as parts and separately functioning systems, which doesn't necessarily fit the TCM and Acupuncture method of a dynamic interrelated medicine model. They are simply two different paradigms, two different languages addressing the body, and are understood best separately.

THREE: There is relevance in Phenomenology, and using the experiences and results of the patient is evidence enough of its own, and valid. What exactly is Phenomenology? Phenomenology is studied in the sociology world and, in a nutshell, refers to studying the enigma of the living body through the accounts of what was experienced, and by doing so, we experience what Nature "really" is (Rehorick, 1986). Furthermore, Phenomenology can restore, affect, influence and change persons—it transforms and shifts lives—and these transformations are more than mere influence (Rehorick, 2008). When we allow experiences with the unfamiliar, it brings us closer to the idea of a "pure" experience, and in fact,

this should be taken into account into any empirical research (Rehorick, 2008). The phenomenologist Zaner argues that failure to acknowledge uncanny experiences is an obstacle to the arousal of self-awareness (Zaner, 1981).

We fail to acknowledge phenomenon because the unfamiliar fractures our world.

In our normal world, we are dominated by vision and sound. To experience a vibrational energy such as an earthquake or a "De Qi" response, is an alteration of our conventional perception of our world. Our world is now altered. Examples of shielding actions we take to protect ourselves from "perceiving and experiencing" the uncanny, in order to maintain "stability and integrity" in our perceived lifeworld are (A) Shielding using scientific explanation—using the finite paradigm of scientific



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meaning to serve as a bridge between the unfamiliar and the reality everyday life (Shutz, 1971); (B) Shielding by typification—using common sense or past experiences of the familiar to make sense of the unknown (Rehorick, 1986); and (C) Shielding through possibilizing—using what “could have been” to restore one’s balance and “reground” oneself, searching for the possibilities within the limits of the actual to resolve one’s imbalance (Rehorick, 1986). All of the above have the potential for the individual to make assessment errors. If we continue to attend to the parts of perception rather than looking and perceiving as a whole full experience, we will continue to make experience errors (Merleau-Potny, 1962). Phenomenology is simply allowing the perception and experience of the unfamiliar to be a whole and complete experience, without any need for explanation (e.g. shielding) or gathering information and facts from a distance. By embodying a direct, full experience as a source of knowledge, we are accepting the pureness of the experience as valid, and by doing so, we are closer to what true “Nature” of the living body really is. Moreover, by allowing and accepting a full experience and all experiences—yes that means “anecdotal”—we have more accurate “data” from which science can draw, and the more experiential “data” we have, the more “science” can draw from. So in fact, phenomenology is necessary - and where it ends, science begins - and it is the bridge to empirical research. Furthermore, a doctor is not doing their job if they do not listen to all of a patient’s experience.

3 REASONS WHY WE DO NEED RESEARCH IN ACUPUNCTURE AND TCM

ONE: We need to modernize our medicine. We have new ways in modern biomedicine to be able to explain evidence. Did you know there is a new “sham” acupuncture needle used in some clinical trials that actually feels like a needle is inserted but no needle punctures the skin? What about looking at lab analyses done with herbal medicine examining the active ingredient to help explain its efficacy? We should embrace new technology and analysis measures because these methods of explanation in the scientific method are the more commonly accepted in today’s society and help enhance and deepen our understanding.

TWO: It can quantify our results in ways we can’t quantify in the TCM paradigm, and by doing so,

provides us another lens into supportive evidence in our medicine. There are ways we can quantify qualitative data (Tan, 2016). There are also ways we can quantify TCM data in Biomedicine data. Yes, it may still be looking at a piece of our medicine, however, it is more information for that piece. The more information we have, the more likely it will connect with someone who can relate to that information, because that’s the kind of information they understand. If you cannot help them understand, you cannot connect with them at their level. If you cannot connect with them at their level, they are not accepting or engaged in the medicine. If they are not accepting or engaged in the medicine, they will not be supportive of it, or if it’s a patient, they will not continue to invest their time in using TCM and Acupuncture to restore their health.



ABOUT THE AUTHOR

Sonia F. Tan is the Founder & Clinic Director of Red Tree Wellness Inc., a Doctor of Acupuncture and Oriental Medicine, a Registered Acupuncturist, and a Registered Traditional Chinese Medicine (TCM) Practitioner. Sonia obtained her clinical research Doctorate degree from Yo San University of TCM in Los Angeles, California. Sonia is a Co-Founder and Co-Director of the BC Sport Acupuncture Association (BCSAA) and an Accredited Sports Acupuncturist. Sonia is also a Certified Gold Level practitioner of the late Dr. Richard Tehfu Tan and the Balance Method of Acupuncture. Following in the footsteps of her grandfather, Sonia is immersed in all aspects of Chinese Metaphysics, and thoroughly enjoys educating and inspiring about all things Acupuncture and TCM.

THREE: It helps us bridge the gap between TCM and Western biomedicine. We can use these pieces of evidence in the biomedical language, to help reach out and connect with a doctor or a patient who only understands biomedical language.

By providing them with context and language that they understand, we are possibilizing, in Phenomenology terms, which means we are restoring balance to a world that is unfamiliar to them with the familiar.

This creates understanding and further acceptance in their world that would otherwise be unbalanced because of this uncanny “phenomenological experience” that does not make sense not them. Making sense to them makes them feel safer about it and more open and accepting to it. This also relates to point two above. When we now connect with a biomedicine thinker by making them feel safe and accepting of TCM and Acupuncture, they become supportive of it and are willing to invest their time in our medicine to restore health. The door to TCM and Acupuncture has been opened, wider.

WHY BE A PROPONENT OF BOTH CAMPS?

I believe our medicine is a stand-alone outstanding system. Everyday I am amazed by the magic of this complex and dynamic time-tested medicine. I also believe that in order for us to spread the magic of TCM and Acupuncture more widely, it is important learn the language of biomedicine more effectively, in particular, learn to explain it in their terms. I'm sure some of you are saying, why don't they learn our language? And some do. However, the vast majority of the North American and European culture operates now in a Biomedicine paradigm. Why fight the giant? Why not work with it? Then you can open the minds and eyes of biomedical health practitioners and patients, and not only bridge the gap of understanding and open the doors to an

alternative viable option, but also begin to spread the power of this medicine further into this world. When we cast our net wider, we can help more people.

JOIN ME IN BEING A LEADER AND A VOICE in both the valid phenomenology of our medicine and the quantifiable research evidence, and pass it on. Start to bridge your own internal gap, and then pass it on to your patients and fellow healthcare colleagues. Open those doors. Open more doors. Spread the magic of Acupuncture and TCM even wider. Widen your net, help even more people restore health, and be part of a ripple effect. After all, that is what we are here for.

- Dr. Sonia Tan

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge and Kegan Paul.

Rehorick, D. (1986). *Shaking the Foundations of Life-world: A Phenomenological Account of an Earthquake Experience*. *Human Studies*, 9: 379-391.

Rehorik, D., & Bentz, V. (2008). *Transformative Phenomenology: Changing Ourselves, Lifeworlds, and Professional Practice*. Lexington Books: United States of America.

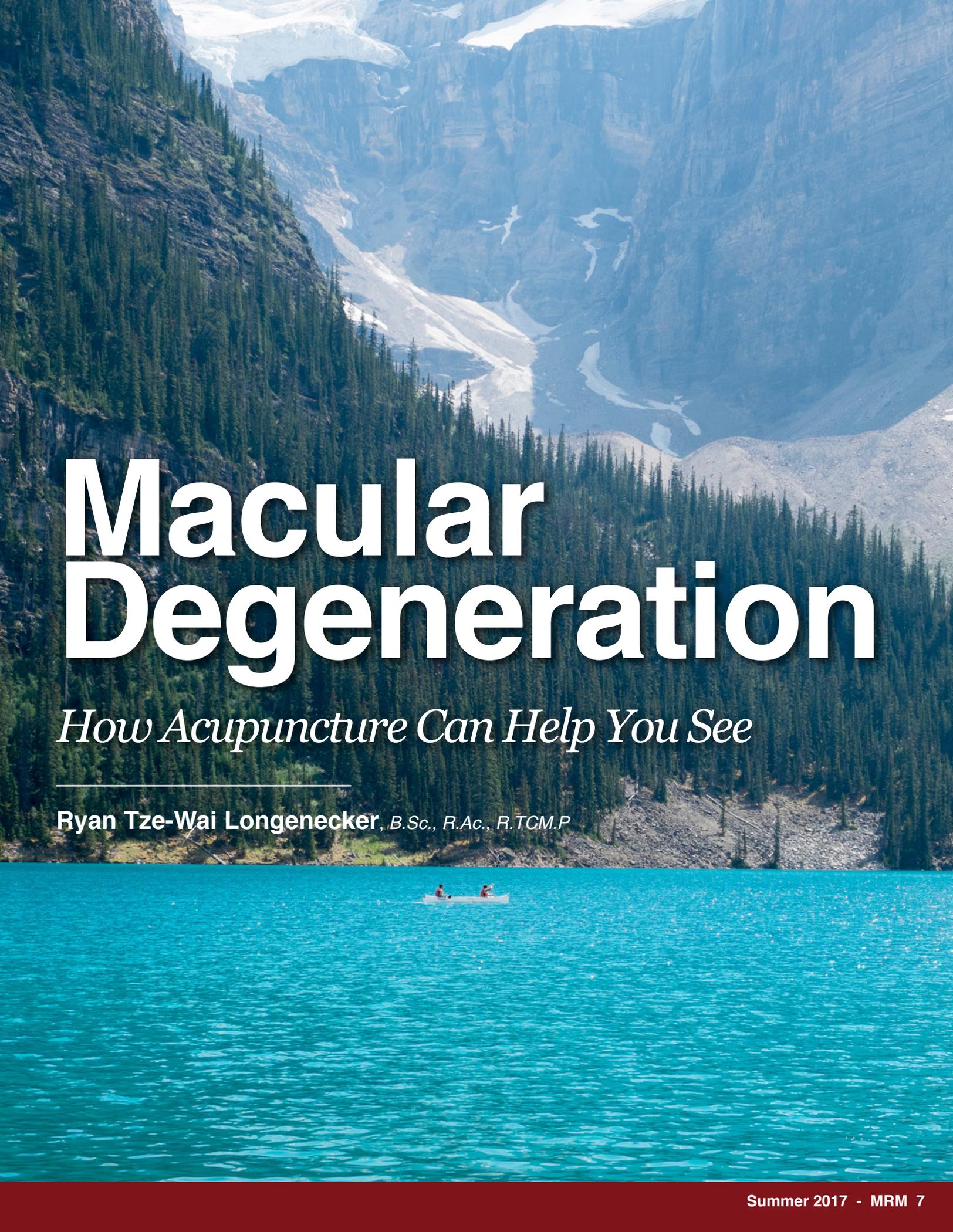
Shutz, A. (1971). *Collected Papers, Vol. 1: The Problem of Social Reality*. The Hague: Martinus Nijhoff.

Tan, S. (2016). *A Novel Approach to treating Allergic Rhinitis using Acupuncture and Traditional Chinese Medicine*. Capstone dissertation. Los Angeles: Yo San University.

Zaner, R. (1981). *The Context of Self: A Phenomenological Inquiry Using Medicine as a Clue*. Athens, Ohio: Ohio University Press.



PHOTO: Laura Breeden



Macular Degeneration

How Acupuncture Can Help You See

Ryan Tze-Wai Longenecker, B.Sc., R.Ac., R.TCM.P

When thinking about the “five senses”, most would agree that our vision and eyesight are the most important sense.



Difficulty in seeing can affect our entire life, from the ability to complete daily tasks, our ability to form relationships with others, and our sense of self-worth. One of the leading causes of irreversible blindness in North America is the occurrence of Age-Related Macular Degeneration (AMD or ARMD).

Traditional Chinese Medicine has recognized this disease for thousands of years, and has grouped it into the category of "blurring vision". However, I have found clinically that trying to treat the symptom of "blurring vision" to be too generic. Western medicine has identified roughly 10,000 diseases associated with the eye, and many of them can have symptoms of blurring vision. So while we must be able to differentiate the root differentiation effectively, an understanding of the physiology of the eye is also key to understanding the causative factors and treatment action.

Macular degeneration is linked to aging and primarily affects people over the age of 50, but there are cases of juvenile macular degeneration, called Stargardt's disease. The risk of getting age-related macular degeneration increases from 2% in your 50s, up to 30% after 75. It is estimated that roughly 11 million people suffer from this in the United States alone. Worldwide, the number of people living with macular degeneration is expected to reach 196 million by 2020.

Macular degeneration refers to the systemic breakdown of the macula, the portion in the back of the eye which contains the photoreceptors responsible for detecting light and making vision possible. Macular degeneration has a gradual onset and first presents as a blurring in the central vision. Objects may appear blurred or wavy, and there may be difficulty focusing on objects. As the disease progresses, the blind spot in the central vision enlarges, and the end prognosis is complete blindness. An accompanying characteristic is the formation of drusen deposits. Drusen is a collection of yellow or white deposits, made up of fatty lip

and extracellular material. The drusen accumulates in the retina and can block the function of the photoreceptors. There are also two different types of macular degeneration, "dry" and "wet". Dry macular degeneration encompasses 90% of cases, the term "dry" referring to the lack of bleeding present in the retina. Wet macular degeneration encompasses 10% of cases and is always an advanced form of dry-type. Wet macular degeneration occurs when abnormal blood vessels leak blood into the macula. This will occlude vision even further, and have long lasting effects that damage the retina.

There is currently no known cure for macular degeneration. However, there are a few drugs that help to prevent the progression to the wet-type, as well as attempt to slow progression of the disease. These drugs are injected directly into the eye, usually every few weeks.

Clinically, there are some very simple ways to track the progression and improvement of patients suffering from macular degeneration. One of the best methods is the use of a visual acuity chart (both near and far) to determine their ability to read and recognize letters. As the patient improves, they should be able to read further down the chart, and recognize the letters easier. Another method is the use of an Amsler grid. A patient with AMD will see the lines on the grid as wavy, but as they progress, the waviness should diminish.

In TCM theory, the back of the eye (retina) is attributed to the Kidney energy.

The age-related degeneration changes result from a deficiency of the Kidney essence. As Kidney-Jing declines, the nourishment to the upper body and retina decreases, resulting in the breakdown of the macula. In addition, our central vision can

be attributed to yin energy, and peripheral vision corresponds to yang. Thus, macular degeneration treatment involves tonification of Kidney-Yin and Kidney-Jing. A typical formula for this would be Qi Ju Di Huang Tang. Acupuncture points which would benefit are KID-7 (fuliu), UB-23 (shenshu), and UB-67(zhiyin).

Progression of the dry-type to the wet-type indicates a progression from a Kidney pattern to a Spleen pattern. The Spleen is responsible for containing the blood within the vessels. Thus, an impairment of the Spleen may cause the bleeding in the retina, characteristic of the wet-AMD. For this reason, treatments should also focus on nourishing the Spleen and the Earth element. A typical formula for this would be Bu Zhong Yi Qi Tang. Acupuncture points which would benefit are St-36 (zusanli), UB-20 (pishu), and Du-4 (mingmen).

Findings of drusen in the retina must be confirmed by an optometrist or ophthalmologist. This is typically done through a fundus examination wherein they view the back of the eye through the pupil via an ophthalmoscope. Findings of drusen will indicate an accumulation of Phlegm-dampness in the body. Predominantly yellow drusen will indicate heat type

and white drusen will indicate cold. Thus, findings of drusen should also focus on the elimination of phlegm-dampness from the body by adding a formula such as Er Chen Tang.

As Traditional Chinese Medicine Practitioners, we know that the body cannot be divided into individual subsections, but rather our health is integrated and relies on our whole body working in harmony to function properly.

It is imperative that we continue this strategy of holism when addressing disease, and attempting to gain harmony with our Western counterparts in medicine.

- Ryan Longenecker



ABOUT THE AUTHOR

Ryan Tze-Wai Longenecker is the owner and clinician of the award-winning Avenue Acupuncture clinic in Toronto, ON. For the past 10 years, his clinical focus has been on the treatment of chronic pain and degenerative eye diseases. He is an acupuncture instructor and has trained martial arts for the past 20 years.

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SHI LIAO us. HERBAL THERAPY

Ali Jopp, R.TCM.P, R.Ac.

There is a common saying in Chinese that “the benefits of medicine are not as great as those of good nutrition” (yào bǔ bù rú shí bǔ 药补不如食补).

An equally familiar statement to the practitioner of Traditional Chinese Medicine (TCM) is “Spleen governs later heaven” (pí zhǔ hòu tiān 脾主后天); that is, our constitution is affected by the foods we eat and how well it is metabolized.

Clinically, as practitioners of TCM we focus on giving our patients treatments like acupuncture, moxibustion, and herbal medicine, sometimes overlooking a common cause of disease and straightforward method of treatment: diet.

There are many excellent ways to approach healthy eating and diet. For anyone who practices TCM understanding the principles of food from a TCM perspective is ideal. Not only is it adaptable to many different diets but it also:

1. offers insight to the patient’s constitution and etiology of disease according to TCM principles,
2. can offer information about how to cure the

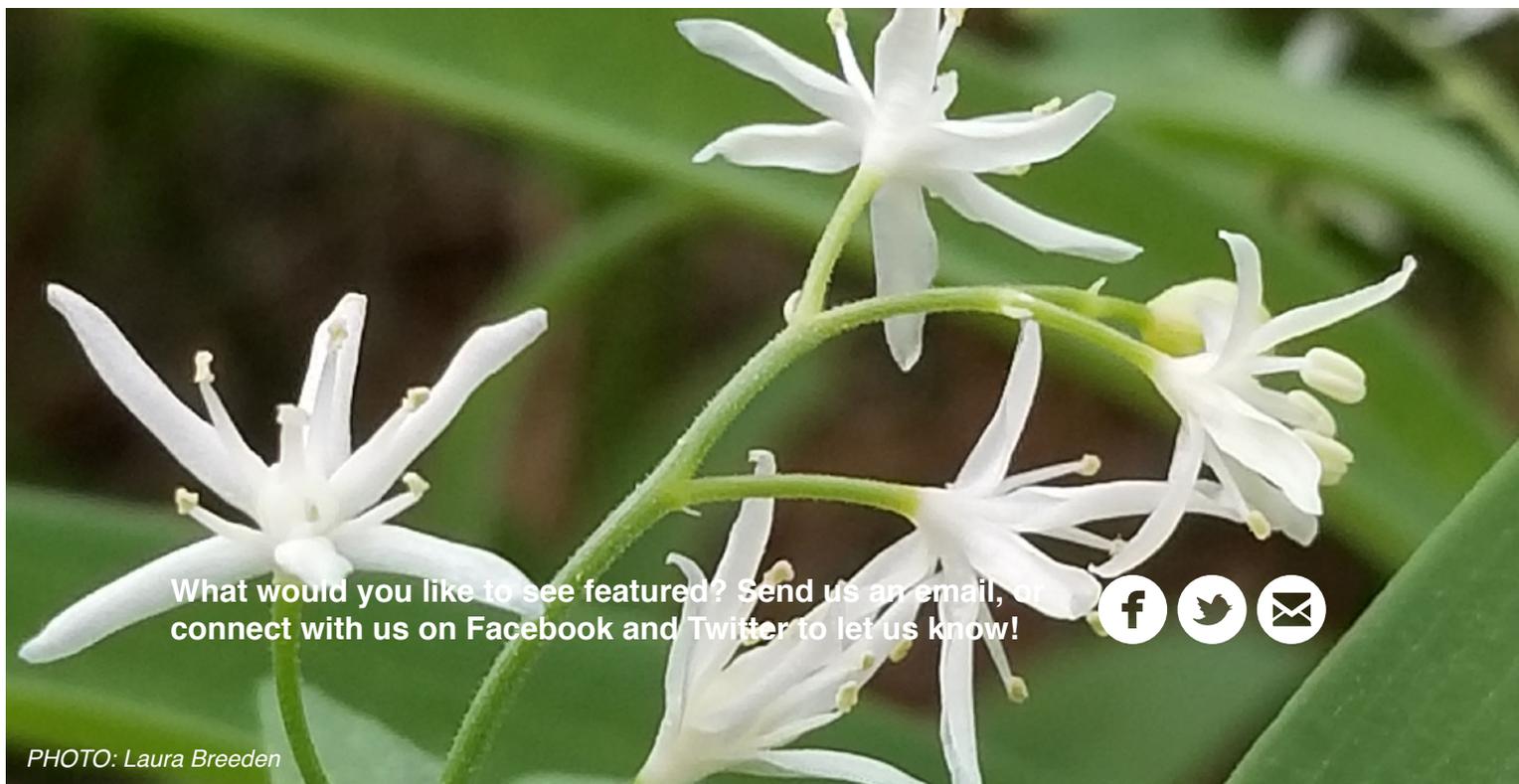
disease according to TCM principles, and

3. can increase the efficacy of treatments and improve the patient’s quality of life.

The first moment I realized the profundity of food therapy was as a student. A patient, who had all the hallmark symptoms of cold-damp in the Stomach, confessed she was eating tablespoons of sunflower and pumpkin seed butter every day. Nuts and seeds, regardless of thermal nature, are oily and moist in nature and therefore, especially when eaten in excess, have the potential to create dampness. Pumpkin seed has a cold thermal nature.¹ Her treatment was simple: reducing intake of nut butter and have a daily cup of fennel (xiǎo huí xiāng 小茴香) and dried tangerine peel (chén pí 陈皮) tea. She returned the next week and reported her symptoms were almost completely eliminated.

While good nutrition may be superior to medicine; food and medicine overlap constantly in Chinese Medicine.

1Ni, Maoshing, and Cathy McNease. The Tao Of Nutrition. Tao of Healing Press. 2009



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PHOTO: Laura Breeden

A common expression is that “medicine and food share the same origin” (yào shí tóng yuán 药食同源); in part because they share the same descriptive categories, and because many medicines are also eaten as foods or condiments.

Foods, like herbs, are categorized based on their thermal nature (a continuum from cold → hot), taste (bitter, pungent, salty, sour, sweet, bland, and astringent), movements (up, down, in and out) and actions on organ systems. Preparation methods can change the nature of a food. Pickling cools food, steaming is a neutral cooking method, and deep-frying increases the warmth of foods.

Medicinal substances are generally more potent than food, although as mentioned above, many items considered to be food are medicine from a TCM perspective. Examples of this include: rice (jīng mǐ 粳米), black sesame seed (hēi zhī ma 黑芝麻), watermelon (xī guā 西瓜), fenugreek (hú lú bā 葫芦巴), dried ginger (gān jiāng 干姜), and fennel (xiǎo huí xiāng 小茴香).

Considering the quality of each food may change our approach to diet: rice can tonify qi, black sesame seed can nourish yin and blood, watermelon, known as the “natural Bái Hǔ Tāng”² (白虎汤, White Tiger Decoction) is cold and can clear heat; fenugreek, dried ginger, and fennel all can dramatically warm the body. Because they have unique properties, they are ideal for some constitutions and not for others. Almost everyone could tonify their qi through eating rice; however, anyone who has dampness should avoid yin tonics like sesame seed; fenugreek, dried ginger, and fennel are acrid, warm and drying and need to be used with caution, if at all, in cases of excess heat or blood, qi, and yin deficiency.

If someone tends to eat foods that have a certain thermal nature, taste or preparation method, its cumulative effect can cause significant changes in their post-natal qi or constitution.

²Bensky, Dan, et al. *Chinese Herbal Medicine Materia Medica*. 3rd ed. Eastland Press, 2004.

For instance, another patient of mine who presented with symptoms of Damp-Heat was eating tablespoons of cinnamon and dried ginger every day. Through eliminating those foods, her symptoms of Heat ebbed and a “truer” pattern emerged.

Sometimes the strength of a food is not obvious from its apparent nature. Cinnamon and ginger are, arguably, intuitively spicy and hot. A deeper inquiry into TCM diet therapy would show that lamb is also considered to have a hot thermal nature. Understanding the intricacies of food diagnosis can be helpful. At this point, I have seen a number of patients who have developed acne or other skin rashes and heat symptoms after overconsuming lamb for a long period of time.

Many people regularly eat in a way that is considered imbalanced from a TCM perspective, therefore diet should be considered accordingly. A consideration of diet will aid our diagnosis and treatment. Furthermore, we have a unique perspective on diet and the potential to offer helpful information to



ABOUT THE AUTHOR

Ali Jopp is a R.TCMP (CTCMA) and R.Ac (NSAA) based out of Halifax, NS. She chose to practice TCM after personally experiencing its potency and is devoted to helping her patients finding their highest state of health through the most effective and complete treatments possible. In addition to her clinical practice, she teaches for TCM Review, a leading North American Company for board exam preparation, as well as privately tutoring students on all aspects of Chinese Medicine. She maintains an Instagram account devoted to TCM food therapy @alljoppacupuncture.

our patients that might otherwise be unknown or overlooked.

CASE STUDY:

In addition to the above two patients, wherein changes in diet dramatically improved their condition, I've included a simple case study to indicate the effectiveness of using diet as both diagnostic tool and as treatment method.

A 40 years old male patient had the chief complaints of extreme sensations of heat, thirst, hunger and constipation (approximately 1 bm / week). He also had dark yellow urine, and, although he slept poorly during the night, his energy levels were adequate. He had a rapid, full pulse and a bright red tongue that was without coating. His pattern was one of extreme heat.

The first round of treatment included eliminating or reducing some particularly “hot” natured foods, for example: wine and hard alcohol, coffee, lamb, curries and spices like cinnamon and ginger.

Simultaneously, we increased “cool” fruits and vegetables in his diet, for example: bok choy, pears, asparagus, broccoli, spinach, zucchini, and celery. He also continued to eat whole grains and legumes and some beef.

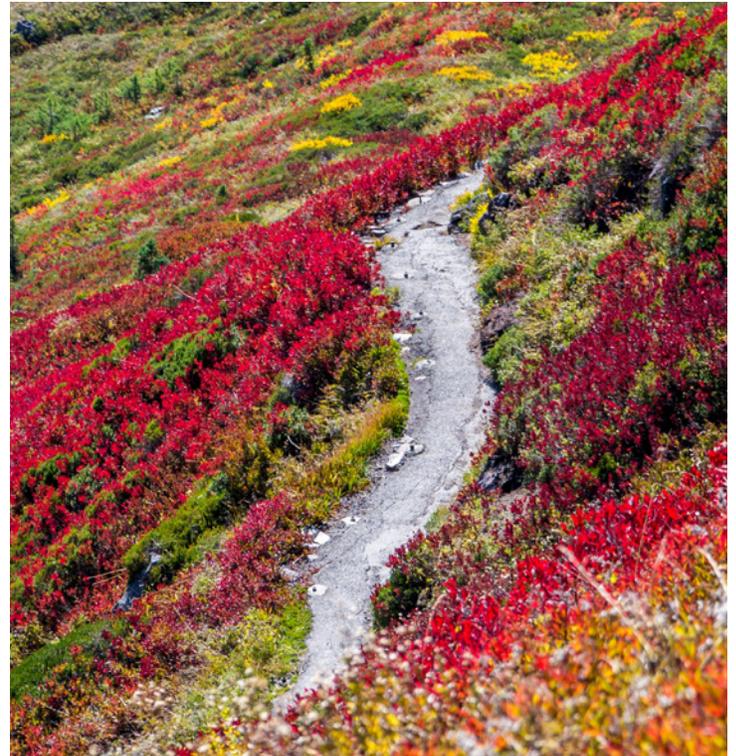
His heat symptoms were reduced within two weeks. Notable changes included a decrease in thirst and hunger and temperature, improved sleep and more regular bowel movements (1 bm / 2 days), however, the symptoms didn't disappear entirely.

The following weeks were particularly interesting to me. The patient would occasionally have “flare-ups” with symptoms of extreme heat, although he completely abstained from any “hot” natured foods. When we closely examined his diet, we discovered that his flare ups would occur whenever he ate cheese pizza. Arguably, cheese pizza isn't a healthy food; however, in TCM diet therapy, cheese and wheat

can both generate dampness, additionally, cheese can be considered an obstructive substance³. This is significant because obstructive and damp foods can cause or worsen qi stagnation and qi stagnation can lead to heat. The fact that these obstructive foods worsened his condition indicated the potential that, although he presented with heat, the root cause of his disease was due to qi stagnation. Further conversation with the patient did, indeed, confirm this diagnosis, as it was caused by long standing emotional repression, and treatment proceeded accordingly.

- Ali Jopp

³Liu, Jilin and Gordon Peck. *Chinese Dietary Therapy*. Churchill Livingstone, 2004.



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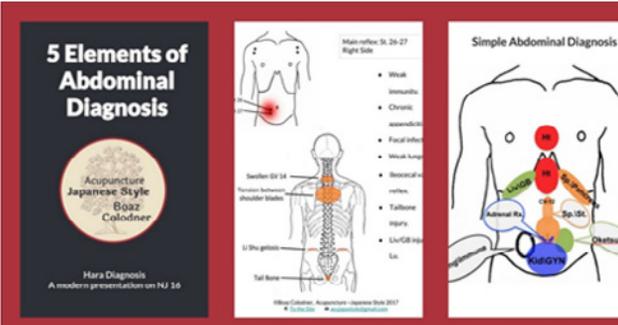
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THE SKINNY ON FOOD ALLERGIES

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May 18 · 🌐

"...changing your diet to avoid allergens does not get to the root cause of why the allergy occurred in the first place."
Food allergies - what's your take? What kind of feedback are you giving your patients?
#TCM #ChineseMedicine #DietTherapy

Traditional Chinese Medicine World Foundation Like Page
May 12 · 🌐

Here's why you may have food #allergies -- and what you can do to reverse them.



The Skinny on Food Allergies | TCM World

"I always look at the TCM energetics of the food that are causing the disharmony- it tends to be an indication of the pattern involved. Then I add in foods that work with the syndrome pattern. Mostly, but not always, it is a Spleen/Stomach Disharmony."

- Ali Jopp

"I always: identify foods sensitive to with IgG and IgA antibodies tests, then leaky gut and/or SIBO/SIYO treatment and liver support, then reintroduce foods. If that fails look to other pathogens: Lyme, parasites, or tick born disease (these can shut down Antibodies and PREVENT parasite elimination). I might do more digging, if that does not work."

- Stephen Little



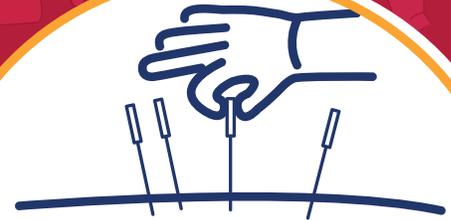
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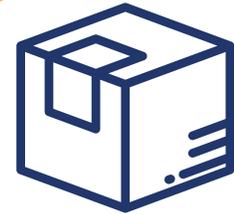
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