OM TODAY

Quarterly Newsletter of
THE ORIENTAL MEDICINE ASSOCIATION
"Representing & Serving Oriental Medicine in New Mexico Since 1979"

SUMMER 2010

Wet Acupuncture:
Hollow & Solid Needle Technique In Injection Therapy

Dr. G.P. McRostie

As acupuncturists, we are trained in the use and manipulation of needles with more sophistication than any other field of medicine. Hollow needles can be purchased in a variety of gauges and many are available in similar diameters to acupuncture needles. One major factor of our training to our advantage is that, as acupuncturists, we can feel with the tip of the needle for the exact aspect of tissue we want to affect — e.g. the center of a muscle spasm, the ligamentous attachments, or the bursa between the gluteus medius/maximus/ piriformis musculature. This ability to differentiate by utilizing needle insertion as a palpatory technique can also help identify abdominal adhesions as a result of inflammatory response vs. surgical or traumatic injury where there are external scars as landmarks, and help redirect the treatment approach for quicker and more lasting effect.

Ten years ago I observed an epinephrine dependent asthmatic patient. This patient needed 2.0 cc intramuscular epinephrine four to six times daily to avoid hospitalization and had been doing this for some years. As you may know it is very difficult to cure asthma with elevated amounts of artificial steroids in the body. We observed that by injecting Feishu with 0.2 cc, the patient had the same effective relief.

There is an experiment of great interest that has been completed twice to my knowledge: once in Taiwan and once in France. Please excuse the invasiveness of the procedure and take notice of its implications. A radioactive isotope was injected into an acupuncture point on the leg and on x-ray fluoroscopy was observed to follow the meridian through the body, crossing muscles and tissues where there is no anatomically 'accepted' vessel to provide for this transportation.

In the summer of 1990, I was presented with a patient who had pneumonia, was nursing her third child, had been on antibiotics for two and one half months and continued to be very ill. Using the neurologic protocols I have established in my practice, I treated her with ascorbic acid injections intramuscularly at Zhongfu, Chize, Lieque, Feishu, and Fenglong. Twenty four hours later, her lungs were clear. In viral pneumonia which is often unresponsive to antibiotics, this has become part of my standard treatment protocol. I have experimented with subcutaneous injection of 0.1 cc 500 mg./ml as well as intramuscular injections at the appropriate acupuncture points in treatment of pneumonia.

"...it is very difficult to cure asthma with elevated amounts of artificial steroids in the body. By injecting Feishu with one tenth the amount previously injected randomly, the patient had the same effective relief."

Subcutaneous injection is effective, but does not as deeply alter the overall course of the disease as intramuscular injection. Conceptually, I parallel the depth of

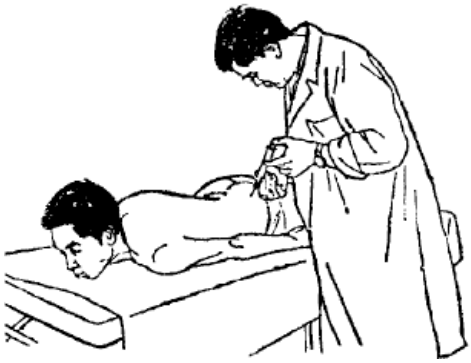
Banner photo Raul Diaz

Wet Acupuncture, continued…

the injection with the level of the disease as in the six stages of penetration of perverse evil, however I do not limit the concept to external invasive factors. Subcutaneous injection will often eliminate fever within five minutes, but if the disturbance is into the shao yang layer the fever will return. For a more lasting effect I would use the intramuscular approach in such a patient. I have also seen this to be extremely effective with influenza (visible improvements in fifteen minutes), chronic bacterial infections of the lower abdomen, EBV, herpes, etc., combined with the appropriate selection of acupuncture points and depth of insertion. Injectable vitamin C is also excellent used around topical infections, boils, septic puncture wounds, etc. The drawback of ascorbic acid injection is the burning pain which follows and last for five minutes or so. This can be effectively mitigated by a thirty per cent dilution with .5 per cent lidocaine (without preservatives) if you have an M.D., D.O., or D.P.M. provide the service. It can also be administered with simultaneous application of medical qi gong for pain relief. Also, it seems to be more painful for the more acute patient. In treating severe conditions, the prolonged point stimulation can be an advantage in using injection therapy in acupuncture points, much as we use shin needles.

In combining injection therapy with acupuncture points I have also found vitamin B_{12} to be very useful for chronic anemia problems due to chemotherapy, for example, or as a stimulus neurologically as in epileptic seizures and chronic yin deficient syndromes.

In my opinion, it is significant to consider that vitamin C is a cofactor in the biochemistry of norepinephrine development and that B_{12} converts norepinephrine to epinephrine. There is a decided clinical difference in the effect of both these vitamins taken orally vs. intramuscular injection, although at this time I have not completed the work necessary to elaborate in detail. The effect of cyanocobalamin is different from hydroxyocobalamin for some patients and it can also be ordered combined with B complex and C. We do know oral B_{12} metabolism is dependent on the intrinsic factor. I believe I have seen injection of B_{12} help patients subsequently have better assimilation of B_{12}. I've seen B_{12} injection resolve yin deficiency syndromes in patients with heavy metal or other chemical toxicity. Vegan patients who do not eat dairy products can become B_{12} and yin



deficient over time. This is not necessarily defined by blood test. I usually consider vitamin C and B_{12} injection therapy with patients who have chronic spleen and immune deficiency problems when those immune deficiency syndromes are localized to an organ system.The six stages must also be considered in these cases.

Another very useful substance is bee venom for Bi syndrome treatment. I have had patients with twenty years of pain become asymptomatic in two visits. It has the effect of activating the immune response locally over ligaments, bones, and joints as well as in treatment of chronic recurrent infection as in annual pneumonia syndromes and chronic cystitis. In this latter application I use the neural lymphatic pathways rather than acupuncture points (often the Mu and Xu points) to affect the organ directly. With apitherapy, the injection of bee venom, there is a risk of anaphylactic shock reaction. Epinephrine is the antidote in an emergency, although I have never found it necessary when using applied kinesiology screening beforehand.

I have also found homeopathic injections to be very significant in certain instances. By and large, oral homeopathic administration is systemic in effect and is the approach of choice. However in specific ligament and muscle trauma use of injectables such as BHI Traumeel or Zeel formula in ah shi points provides quick response which is very useful to the competitive athlete. The Zeel formulation has also been found useful as an alternative to direct moxa for ligament laxity due to older traumatic syndromes and Bi syndromes.

I have also begun experimenting with the use of injecting homeopathic nosodes such as pneumococcus in the acupuncture points for chronic recurrent pneumonia and other 'incurable' viral problems such as herpes with good initial response. However, years need to pass before definite conclusions can be drawn.

Finally, I want to mention the potential of German developments in neural therapy. The original work has been done using procaine, however using 0.5 per cent lidocaine without preservatives elicits less reactions according to Dietrich Klinghardt, M.D. This is a very simple and directly effective procedure and I am investigating several alternatives to using lidocaine but do not have conclusive information as yet.

Wet Acupuncture, continued…

Sometimes following surgery the fascial sheaths covering each layer of tissue will become adhered to each other, hence after abdominal surgery for example the abdominal wall becomes adhered to the intestine, ovary, uterus, bladder and the iliopsoas muscle and the simple act of walking creates constant tugging and stretching on tissues which are designed to be left to the quiescent activities of the parasympathetic nervous system. When this surgical sequela occurs it is usually due to post surgical inflammation, common surgical interventions — appendectomy, hysterectomy, ectopic pregnancy, ovariectomy, cholecystectomy and cyst or lumptectomy operations — are inflammatory in nature. Typically you will find a new symptom pattern with onset in the adhesive syndrome six months to a year following the surgery. The treatment method is very simple. Insertion of 28 gauge needle lengthwise subcutaneously to the surface of the scar tissue. On withdrawal of the syringe you inject the solution, leaving an inflation of the scar tissue. Most commonly there is an immediate temporary elimination of symptoms. The symptoms may be disparate from the surgical site and is varied as low back pain following tubal ligation or migraines following Caesarian section. The treatment most often needs to be repeated three times for permanent effect.

There are many herbal injectables being utilized in China and I am writing to some of my teachers to try and get more information on the treatments being used there. At Zi Yuan Hospital, Beijing, for example, the treatment result for stroke patients is better than ninety per cent of any residual symptoms if treatment is begun within three months. The Oriental medical doctors there are willing to come here and teach, but they need guaranties of income in order to obtain permission from their government to leave the Peoples Republic of China. Any thoughts on how to accomplish this would be appreciated.

In Xi Yuan Hospital, I observed a wonderful openness of the traditional Chines physicians to investigation. They utilized CAT scans before, during, and after treatment of stroke patients, and Western cardiac monitors with heart patients etc. They would encourage us as Oriental medical doctors to document our work via laboratory diagnostic procedures as well. I would suggest research in the form of urinalysis before and after cystitis treatment, for example. This can only improve and refine our methodologies and help us to become more effective in our work. It would also have the added benefit of providing the medical community at large an avenue to understand what we are doing in TCM.

In this manner through the NMAAOM, even without research grant monies, we could pool our data and accumulate information that would demand the attention of any intelligent medical personnel. In this regard, our training or continuing education would need to include more use of laboratory procedures or possibly those who do not care to do this themselves could agree on a particular facility and utilize their lab personnel to bridge the gap in training orientation.

In closing, injection therapy is a new field of development and initially has some very dynamic possibilities in patient care. Utilization of homeopathic nosodes in acupuncture points is just in the beginning stages and the preliminary observations are exciting. Homeopathic pneumococcus, streptococcus, herpes, Epstein-Bar virus, et.al., are available as are homeopathic antibiotics which have been found useful in chronic yin deficient syndromes following long term or recurrent antibiotic administration. Also, injectable versions of herbals are just beginning to be made in the U.S. We know some specific herbal relationships for streptococcus and arrhythmia, for example. Indeed, the pharmaceutical drugs have been in large developed from herbal materials initially. The interest is to consider the system as a whole and use substances and treatments that work to restore the patients' vital health rather than stop the disease process which we know as a natural product of the physical system under certain conditions.

— Dr. G.P. McRostie

Editor's Note: This article was originally published nearly twenty years ago in the newsletter of this association. While still highly relevant in treatment strategies, it also sheds light on a sluggishness of qi within our profession.

Twenty years on, New Mexico DOMs still do not have access to injectable Chinese herbs.

We still do not have access to lidocaine, much to the detriment of our clients.

Due to inaction on the part of the BAOM, those who wish to become certified in expanded practice modalities are unable to do so.

Letter from The OMA's President

Today, I begin my 60th year of life. The yang of the summer solstice expands my thoughts towards freedom, specifically medical freedom of choice. Most of us take for granted the scope of practice we enjoy in New Mexico. A few decades ago some of our colleagues did jail time for practicing acupuncture. Even now, in some states, acupuncture is not legal and in others herbal medicine and body work therapy are forbidden.

New Mexico is now at the leading edge of the evolution of oriental medicine. Here, while some of us are perfecting ways to tonify and harmonize qi at the cellular level using intravenous therapy, others are polishing their needling skills in order to better move qi in the traditional way. The tools and our skill in wielding those tools are evolving. The foundation principles are eternal – from the tao, yin and yang emerge, followed by the development of qi, blood and more. Oriental medicine, like any system of medicine, is developmental. Its "truth" is absolutely dependent on the perception, experience and wisdom of those who use its map with an understanding that the map is not the terrain. The tools, while secondary to the principles, are also essential. Over the coming millennia, new tools will continually be developed.

In New Mexico, doctors of oriental medicine are authorized by law to practice the full scope of oriental medicine, both traditional and contemporary. In New Mexico law, oriental medicine is much more than TCM. And D.O.M.s who are board certified in oriental medicine expanded practice have been authorized by law, for over a decade, to use tools that were not even conceived of a century or two ago. Many of these physicians are now expert in the use of these new tools for balancing yin and yang, harmonizing qi, tonifying blood, clearing heat, resolving dampness, and so on.

But there is always a dark side to the light. We all understand that absolute yang cannot exist. That little spot of yin must always be there in the larger yang field. And so New Mexico has also emerged as the place where the heated, ideological struggle for control of the future of oriental medicine has escalated to a level that is causing unease. While unpleasant now, the struggle is good. Qi must flow. Oriental medicine will continue to evolve.

It is unfortunate that a few of our colleagues feel it is their responsibility to restrict the medical freedom of choice of others. The most commonly expressed rationalization for this is that the public must be protected from danger. However, there has never been a disciplinary action relating to expanded practice by the BAOM against a D.O.M. who is board certified in expanded practice. Is there actually a danger to the public, or is the real risk to an entrenched, stagnant ideology?

Unfortunately, this question has been overshadowed by a more pressing one. In its attempt to limit oriental medicine expanded practice, the BAOM has partnered with the pharmaceutical industry and its champion, the FDA. Although the current focus is on expanded practice, is the end game so unclear? A few years ago our profession and others allowed the FDA to make ma huang virtually illegal. Other herbs are being targeted. What will be next? Use of herbal medicines is currently allowed by the FDA under the Dietary Supplement Health and Education Act of 1994 (DSHEA). A dietary supplement is

President's Letter, continued…

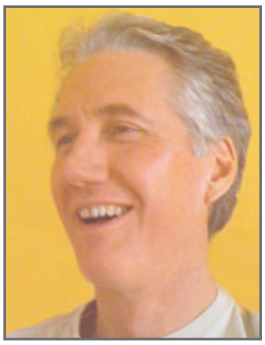
defined as a vitamin, mineral, herb or other botanical, amino acid and dietary substance that supplements the diet by increasing dietary intake, as well as concentrates, metabolites, constituents, extracts, or combinations of these, so long as it is not promoted on its label or in labeling as a treatment, prevention or cure for a specific disease or condition. I suspect most of us use herbs to treat or prevent diseases and conditions. Be aware! If we use herbs this way, we have moved from using dietary supplements to drugs, and in the eyes of the FDA and the New Mexico Board of Pharmacy these herbs/drugs are unapproved. It's a slippery slope.

For the past three years, our licensing board has focused most of its time, energy and financial resources on attempting to restrict the expanded practice substances authorized by the Practice Act since 2000. Meanwhile, the herbal medicines and other dietary supplements we all use have emerged as the major source of competition for Big Pharma. Is the BAOM's attempt to restrict the substances used in expanded practice just the tip of a much larger thrust? Will the BAOM next attempt to also restrict the herbs and supplements we use? Is the BAOM being used as a pawn in a bigger game?

The OMA is asking for your support in defending medical freedom of choice for us all. It will be far more difficult to fend off the FDA when they go for oriental medicine's jugular if we've been playing footsies with them for the advancement of short-sighted objectives. Join us today, and let's get to work establishing medical freedom of choice for all of us.

It's simple to join The OMA, and your membership will be valid until just before the Annual Meeting in 2011. Send your check for $250.00 with your name, address, email address, phone number and New Mexico Board of Acupuncture and Oriental Medicine license number to:

The Oriental Medicine Association
P.O. Box 91293
Albuquerque, NM 87199-1293



—Glenn Wilcox, D.O.M.
President

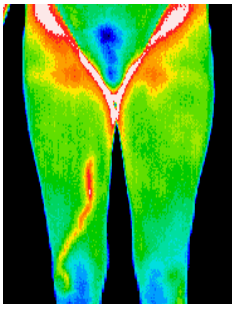
Thermography:
Painless Breast Screening & Imaging Pain

Dr. Carla Garcia

Digital Infrared Thermal Imaging (DITI) is a non-invasive diagnostic technique that converts infrared radiation emitted from the skin surface into electrical impulses that are visualized in color. The spectrum of colors, indicate an increase or decrease in the amount of infrared radiation being emitted from the body surface. Since there is a high degree of thermal symmetry in the normal body, subtle abnormal temperature asymmetries can be easily identified. Medical thermography's major clinical value is in its high sensitivity to pathology in the vascular, muscular, neural and skeletal systems and as such can contribute to diagnosis by the clinician.

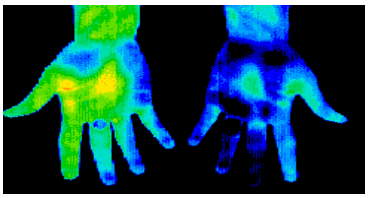
Images are compiled from more than 80,000 (eighty thousand) individual temperature measurements that should be sensitive to within one hundredth of a degree centigrade. A color scale, normally 16 colors is divided between a range of temperature. In this case the 16 colors are divided into an 8 degree range which gives half a degree per color for visual interpretation.

Thermography can graphically display and record the subjective feeling of pain by objectively displaying the changes in skin surface temperature that are produced by pain states.



This view of the upper legs shows a patient who had unexplained pain in the right leg for over a year. The thermogram shows a varicosity that a vascular surgeon was able to treat with minimal intervention due to the accuracy of the localization.

Skin blood flow is under the control of the sympathetic nervous system. In normal people there is a symmetrical dermal pattern which is consistent and reproducible for any individual. Both hot and cold responses may coexist if the pain associated with an inflammatory focus excites

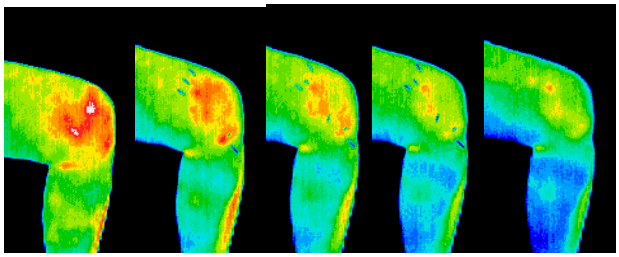


Glove-like hypothermia RSD (CRPS) of the left hand.

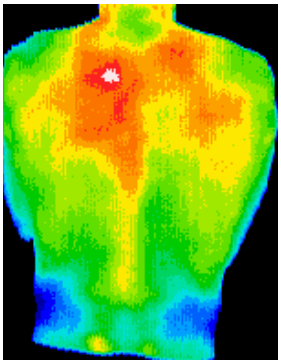
an increase in sympathetic activity. Also, vascular conditions are readily demonstrated by DITI including Raynauds, CRPS, Limb Ischemia, DVT, etc.

Medical DITI is a monitor of thermal abnormalities present in a number of diseases and physical injuries. It is used as an aid for diagnosis and prognosis, as well as therapy follow-up and rehabilitation monitoring.

For acupuncturists, the following image confirms that "a picture is worth a thousand words".



In this comparative study over time, (30 minutes) a significant change in the temperature differentials in the medial left leg is due to the acupuncture treatment.



Trigger point in upper left rhomboid

Patient had stiffness in his upper left shoulder…… one treatment guided by thermography resolved the problem permanently.

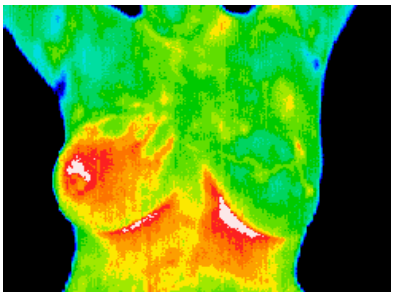
"Mammography, like ultrasound and MRI, is an anatomical study. Thermography is a physiological study. Physiological changes can precede anatomical detection by several years."

Medical thermography was approved by the FDA in 1982 for breast cancer detection and risk assessment, as an adjunct to mammography. There are vast differences between screening modalities. Mammography, like ultrasound and MRI, is an anatomical study. Thermography is a physiological study. Physiological changes can precede anatomical detection by several years. Cancer cells recruit new blood vessels in order to satisfy the increased metabolic demands of the tumor colony. These new blood vessels bring more heat to the

Thermography, continued…

area; helping the thermographer to identify possible neoplasias.

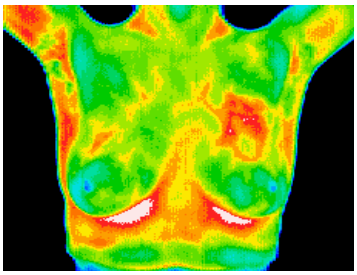
Using DITI for breast screening provides a totally safe and non invasive method of detecting changes in the breasts that can result in the earliest possible detection of breast disease. DITI can detect and record physiological changes years before there is any clinical evidence of disease.



Inflammatory carcinoma in the right breast. There were no clinical indications at this stage.

(Thermography can show significant indicators several months before any of the clinical signs of inflammatory breast disease, skin discoloration, swelling and pain). Inflammatory breast disease cannot be detected by mammography and is most commonly seen in younger women, the prognosis is always poor. Early detection provides the best hope of survival.

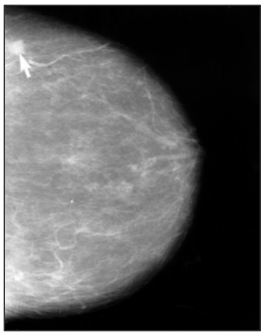
All women can benefit from DITI breast screening. However, it is especially appropriate for younger women (30 - 50) whose denser breast tissue makes it more difficult for mammography to be effective. Also for women of all ages who, for many reasons, are unable to undergo routine mammography. Because pre-menopausal breast tissue is denser and more vascular than post menopausal breast tissue, any pathology taking place will have a better vascular supply and there will be increased cell changes and faster development of pathology in the younger women.



This 37 year old patient presented for routine thermographic breast screening.

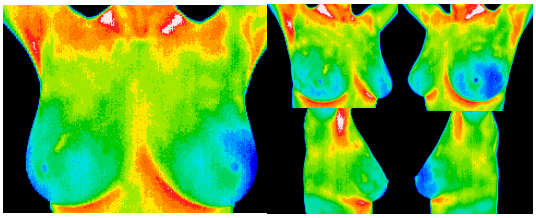
This patient was not in a high risk category and had no family history. The vascular asymmetry in the upper left breast and the local hypothermia at 11 o'clock was particularly suspicious. Subsequent clinical investigation indicated a palpable mass at the position indicated. A biopsy was performed and a DCIS of 2 cm was diagnosed. Unfortunately this patient only survived for 12 months after diagnosis.

The disadvantage with mammography is that with radiographically dense breasts it is difficult to differentiate between normal and abnormal density in the early stages of pathology. For many patients this results in repeated mammograms that increase exposure to ionizing radiation. At a recent breast cancer seminar, a nationally known breast specialist described it as "similar to looking for a polar bear on an ice cap".



The arrow in the upper left corner identifies the calcification seen on a mammogram that is indicative of cancer.

The picture below shows the five views that are used in thermographic breast screening. Anterior, lateral and oblique views provide images of the axilla, sternum, brachial plexus and thyroid.



Being able to detect and monitor suspicious changes at a very early stage provides the opportunity for intervention and far greater treatment options. The complete test only takes ten minutes, there is no body contact, no radiation of any kind and once a baseline has been established a comparison study is performed annually.

Clinical Thermography is just a simple test of physiology that relies on the sympathetic nerve control of skin blood flow and the ability of the sympathetic system to respond and react to pathology anywhere in the body.

Thank you to all my patients and referring physicians who have allowed me to use their images and case studies in articles and presentations.

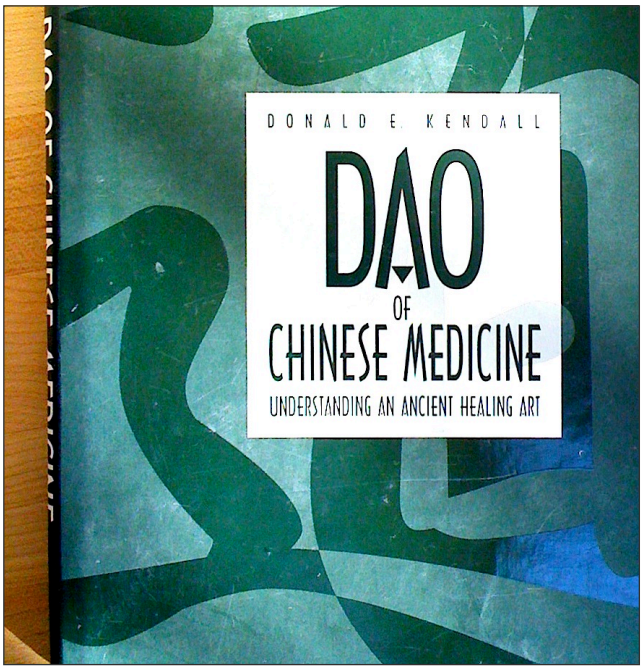
— Carla Garcia, D.O.M.

Book Review:

Dao of Chinese Medicine

Understanding an Ancient Healing Art

by Dr. Donald E. Kendall
Oxford University Press



That this paradigm-shaking work was published in 2002, illustrates just how slowly the world changes.

When Deke Kendall submitted this manuscript to Oxford University Press, he was essentially told, "Why, we can't publish this. It flies in the face of everything we've been told about qi and the magic meridians of Chinese medicine." Kendall was persuasive enough that Oxford decided to check it out. This book underwent three years of peer review before they were comfortable in publishing it — *extensive* peer review, all over the world. Experts in Taiwan, China, Hong Kong, linguists and philologists, historians eastern and western all had a go at it. No one said, "This is bunk."

My goodness, what does this book say? And why has it not influenced the perspectives of our practices?

From the summit of a vast mountain of evidence, Kendall reveals that westerners have been misguided in their understanding of the medicine, due primarily to the influence of Georges Solié de Morant's mistranslations of Chinese texts and misconceptions of Chinese medicine. Solié de Morant was neither a linguist of ancient Chinese, nor a medical professional when he witnessed Chinese medicine practiced in its homeland. But he was highly enamored of esoteric aspects of Ayurveda. Unfortunately, he projected this fascination through the very impressive books by which he introduced Chinese medicine to Europe in the early half of the twentieth century.

"Chinese medicine is best characterized as physiological medicine, which depends on maintaining the internal functional balance, which in turn relies on the vascular circulation of blood, vital air (qi), and vital substances."

Specifically, Solié de Morant made two choices which have left the western world with a distorted understanding of Chinese medicine basics to this day:

- Nowhere in Chinese dictionaries is the word "qi" defined as "energy." The definition and the context of qi in the medicine is *vital air*. "Energy", as a definition, is purely an invention of Solié de Morant.
- The second misconception perpetrated by Solié de Morant is the word "meridian". Jing, as in jingluo, refers specifically to "vessels", not meridians. *Unfortunately this error has been widely promoted in the West, as noted by Unschuld (1998): "Solié de Morant coined the term 'meridian', which despite its lack of faithfulness to the underlying Chinese concepts, has been retained by nearly all authors writing for a Western public."*

When I received my initial training in Oriental medicine, consensus among Chinese teachers at school implied that early Chinese doctors were never too interested in dissection and examination of the body's interior. Kendall dispels that notion by revealing that in 500 years of early investigation the ancient Chinese developed a clear and extensive understanding of the body's organs, glands, and other structural and functional features — their size, weight, functions, and relationships to each other. And their data matches modern measurements. This information is all recorded in the *Neijing* and *Nanjing*. Yet by the time of perhaps the Tang Dynasty (618-907), Kendall says, "it had already been forgotten that Chinese medicine had a physiological basis."

It's difficult to know where to stop elucidating the degree of misinformation Kendall reveals in the basic understanding taught to Western practitioners. If we absorb the entirety of the evidence, the mere volume of misconception is staggering. If we care to contemplate the *implications* of the misinformation, this is when the work truly becomes a paradigm shift. This is not just,

Dao of Chinese Medicine, continued…

"Oh, we've got a couple of pieces wrong." It's much deeper than that. This information allows the medicine to unfold into amazing new levels, if the practitioner is inquisitive and humble enough to entertain such possibilities, and then actually go there.

"After a period of time, the classics took on a certain reverence, and the idea of altering the content or adding new information was out of the question. Even today many devotees of Chinese medicine consider every word of the *Neijing* to be absolutely correct."

To me, we are, first of all, teachers of this medicine — even before we are its practitioners. And from the perspective of Kendall's treatise, we are misrepresenting the medicine to those we teach. Is this a problem? The medicine works very well, doesn't it? I believe that Kendall would join me in responding, "Yes", to this question. Just as it speaks highly of the medicine that, even in politically eviscerated form, Traditional Chinese Medicine (TCM) works very well, *all* styles of Oriental medicine in the West work exceptionally well. But I would enjoin the reader to actually *read* this book, in its entirety, with an open heart, before deciding that we are not doing a disservice to the medicine, nor to the public we presumably serve.

Kendall suggests that the paradigm we (Westerners) have been taught is not only difficult for our clients to understand — not to mention those millions of Americans who have yet to even *try* Oriental medicine. It is difficult for *us* to understand. Anyone who is truly observant at any seminar on the subject would have a hard time denying this.

Speaking of seminars, let's take a quick look at practical applications of the viewpoints which Kendall advances. Many D.O.M.s focus on the treatment of pain. Acupuncture especially, (wet *or* dry) excels at pain relief. *Dao of Chinese Medicine* contains excellent illustrations of which muscles are influenced by which "meridians". But, before we take a look, let's take a little quiz:

- Which vessel do you suppose controls the rhomboids? *Don't look!*
- How about the lateral and medial pterygoids? (which can cause some serious problems)
- Adductor pollicis?

I'd venture to guess that honest D.O.M.s, unfamiliar with Deke Kendall's work, and who haven't peeked at the chart, would answer:

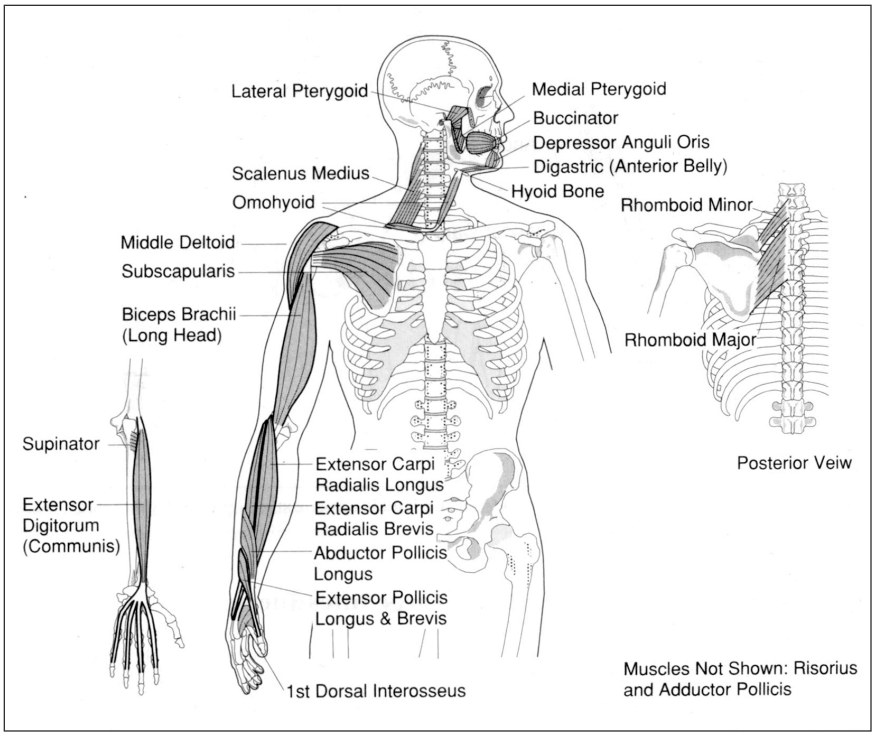
- ✓ Urinary Bladder.
- ✓ Then some confused speculation about Gall Bladder, San Jiao, or Small Intestine.
- ✓ And Lung.

All of them are controlled by hand Yangming, or Large Intestine. Subscapularis, as well. These are examples of extreme importance to a D.O.M. managing pain.

Let's say you have a new client with chronic, active trigger points. *Baaad* trigger points. Trigger points, so invested in pain, they know nothing else. To me, such trigger points demand injections, and that's what they get. But the injections are always followed by acupuncture to re-educate the behavior of these wayward little entities — give them an experience of harmony to emulate when they come around. It's important that I know precisely which vessels to engage. If I'm using acupuncture alone, then it's doubly important.

One is tempted to say that the clinical implications of Kendall's work are even more exciting than the theoretical. But that would be foolish, because there is no separation. The entire book is extremely stimulating at all levels, if one is truly devoted to the practice of this medicine.

I must agree with Robert Doane that *Dao of Chinese Medicine* is the most important book on Oriental medicine in the English language. And perhaps that qualification itself is unnecessary. Do yourself the favor



Kendall's chart of muscles influenced by hand Yangming.

Dao of Chinese Medicine, continued…

of reading it. Please don't wait fifty years for it to become the standard of Oriental medicine education.

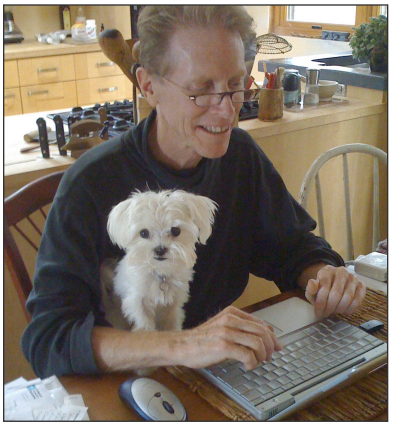
Just in case I've said something that suggests a diminishment of Oriental medicine, Dr. Kendall's dedication to his book reads:
Dedicated to the ancient Chinese physicians, and subsequent practitioners, whose genius gave the world the great treasure of Chinese medicine.

Please note, if you are eager to dig deeper, Lotus Institute is offering a one day webinar entitled "Understanding Needling Therapy" by Dr. Kendall on Saturday, June 26th, 2010. Kendall promises "integrating our understanding of blood vessels, lymphatics, hormones, nutrients, and immune substances, and of the role of acupuncture in restoring physiological balance."

Of course, the seminar will be live, on-site in Los Angeles, as well, but this is very short notice for this rare event. If you have attended Lotus seminars in person or on the web, you're familiar with the excellence of their programs. This, I'm sure, will be no exception.

Dao of Chinese Medicine
Donald E. Kendall
© Oxford University Press 2002
Hardcover: 356 pages
ISBN 0-19-592104-6

—Dr. Larry Horton



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OM TODAY

OM TODAY is published by The Oriental Medicine Association, a professional, non-profit corporation registered in the State of New Mexico.

Submissions, editorials, and comments may be sent to the editor at:

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Albuquerque, NM 87199
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Publishing dates are:
March 21st
June 21st
September 21st
December 21st

Submission dates close on:
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