

FALL 2020 EDITION

FSOMA JOURNAL

A Publication of the
Florida State Oriental Medical Association
www.FSOMA.org



Contents

- 2 From the President
- 3 FSOMA Board
- 4 5 Ways to Support the Future of your Profession
- 5 Ophthalmic Acupuncture: A Bright Future for Patients Experiencing Acute & Degenerative Vision Loss
- 8 Beyond Free Wanderer: Options for Liver-Spleen Disharmonys
- 11 A Covid-19 Acupuncture Case Study
- 27 Membership Benefits
- 30 COVID-19 Vaccine Development & the Role of Nanotechnology
- 41 "Diving Medical Acupuncture: Treatment and Prevention of Diving Medical Problems with a Focus on ENT disorders"
- 42 FSOMA Committee Report 2020
- 46 Supporting Ovarian Reserve with Chinese Medicine
- 52 Corporate Start-Up for Acupuncturists
- 54 In Praise of Trees
- 62 Affiliates

From the President

BY SANDRA KAHN, AP, DOM, RN, DIPL.AC

Hello My Fellow Acupuncturists!

It is hard to believe that we are just a couple of months away from saying good-bye to 2020... and what a year it has been!

Remember last year at this time the personal and professional plans you were making for 2020, excited about what the new year was going to bring, the goals you wanted to achieve?

Well, needless to say, those plans were quite diverted this year. And of course, as you know you are not alone. Your fellow colleagues have been through the same experience...many have made life decisions that they never thought they would have to make.

Your FSOMA Board of Directors and Management Team acknowledged this challenging time and assured their presence and commitment to you.

One of the biggest decisions we had to make was to move forward with our annual conference on a virtual platform which because of YOU and our exhibitors it was a success!

I, as your President, have taken on the responsibility of the leadership of this great association for the past 4 years with the best team that I could ever ask for. This team is caring, creative, committed, and love to give back to their profession.

On November 14th FSOMA will be holding its Annual Meeting at which time the results of the annual election for board members will be announced, and the Board of Directors will determine as per the By-Laws who will be your next President as I have completed my 2 consecutive terms.

When I reflect back at my 4 years of serving you as your President, I see all the great accomplishments that the association has achieved for the betterment of you, our members, and the advancement of our profession. I am also so grateful for all who have volunteered their time to make FSOMA the awesome organization that it is.

It has been my honor, pleasure, and privilege to serve as your President, and I will remain as an advisor and always be a part of FSOMA.

Thank you to all of you for your continued support and I look forward to continuing my time with you and FSOMA.

Sandra Kahn, AP, RN
FSOMA - President



BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

Sandra Kahn RN AP
President

David Bibbey AP
Vice President

Rafael Perez AP
Treasurer

Jennifer Broadwell AP
Secretary

DIRECTORS

Gretchen Gonzalez AP

Hongjian He AP

Joshuah Jackson AP

Evelyn Lopez AP

OFFICE

Ellen Teeter AP
Executive Director

Natalia Morrison AP
Communications

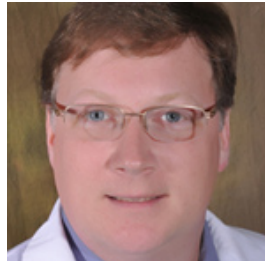
MEET YOUR FSOMA BOARD



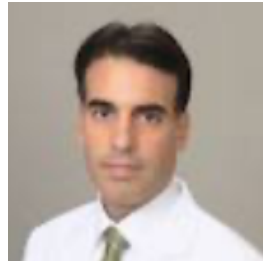
EXECUTIVE COMMITTEE



Sandra Kahn RN AP
President



David Bibbey AP
Vice President



Rafael Perez AP
Treasurer
Nominations Committee
Board Development Committee



Jennifer Broadwell AP
Secretary
ASA, FSOMA REP
Advocacy Committee

DIRECTORS



Gretchen Gonzalez AP
Conference Committee



Hongjian He AP
Legislative Committee



Joshua Jackson AP
ASA Insurance Committee
CEU/Speaker Committee Chair
Ethics Committee



Evelyn Lopez AP
Publications Committee

5 WAYS TO SUPPORT THE FUTURE OF YOUR PROFESSION



Yes! The future of this powerful profession is in your hands. And YES! there is something you can do that will ensure that the Oriental Medicine and Acupuncture profession continues to evolve, grow, expand and continues to be recognized at all levels of society.

Simple steps to be involved and pro-active:

1. Connect with your state association - Why? Shows them you are listening and watching.
 - Sign up for their email list
 - Follow on social media
 - Check us out at @yourfsoma
2. Get involved in a Committee - Why? Your voice matters.
 - FSOMA has several committees you can learn from
 - www.fsoma.org/committees
3. Meet with your local legislators and politicians - Why? Put a friendly face on your profession
 - www.myfloridahouse.gov/Sections/Representatives/myrepresentative.aspx
4. Make a 1x donation to your state association - Why? More resources = bigger noise!
 - FSOMA has 3 donation based initiatives
 - FORWARD FUND: to promote advocacy projects
 - www.fsoma.org/foward-fund
 - SCHOLARSHIP FUND: for students currently enrolled in an AOM school
 - www.fsoma.org/lynn-thames-memorial-scholarship-fund
 - LEGAL DEFENSE: protecting our medicine
 - www.fsoma.org/legal-defense-fund
5. Become a member of your state association - Why? Because we are stronger together
 - www.fsoma.org/join
 - CEU discounts
 - financial planning benefits
 - free 15 min legal assistance
 - supply and product discounts

Are you an **out of state practitioner** and want to support FSOMA?
- Join as an Allied Health Professional

Ophthalmic Acupuncture: A Bright Future for Patients Experiencing Acute & Degenerative Vision Loss

BY DR. ANDY ROSENFARB, ND, LAC, DIPL AC, DIPL CH

Approximately 285 million people are visually impaired worldwide. 39 million are blind and 246 million have low vision. Many of these conditions are considered untreatable by conventional medicine, often leaving patients in a hopeless situation.

My interest in treating degenerative eye diseases began when I was an acupuncture student at Pacific College in San Diego. As a result of the intense reading, writing, studying, and computer work, my eyesight was noticeably deteriorating, and my corrective prescription was getting progressively stronger.

A few years into my clinical practice, I took on a few cases of degenerative eye conditions including glaucoma, cataracts, and macular degeneration.

Some cases were mild, and some were severe - some patients were legally blind.

I found that I became rather frustrated with my results. A few patients showed some minor improvements, but nothing exceptional. I began to seek the aid of others in the AOM field who had had success treating eye diseases. For the most part, other than suggestions of reviewing my diagnosis, everyone seemed to have the same points - herbal formula suggestions. I tried them all, but to no avail!

One day I was reading a health magazine and came across an

acupuncturist in Arkansas who was treating people with macular degeneration. Dr. Per Otte claimed to have excellent results using a unique and unfamiliar ophthalmic acupuncture system called "Micro Acupuncture". I called to find out what ophthalmic acupuncture methods he was using, and to see if and how I could learn this system.

The long and short of that story is that I would have to wait three years before I could get out to train with him. Finally, I made it to his clinic to train, and was amazed at Dr. Otte's success rate and overwhelming testimonials given by each patient I talked to - most had macular degeneration.

So what is Micro Acupuncture?

Micro Acupuncture is a relatively new acupuncture system that involves 48 acupuncture points located only in the hands and feet and is generally not associated with any other acupuncture system. This system was developed in Denmark in 1984. Micro Acupuncture 48 (MA48) is currently the Gold Standard in ophthalmic acupuncture system for treating eye conditions. MA48 is also used for a variety of health conditions, and effective for treating pain and neurological conditions.

In Chinese Medicine there are three main factors that we need to look at when we treat degenerative eye diseases:

- 1) Qi & Blood stasis w/Cold Deficiency (malnutrition & hypoxia)
- 2) Qi & Blood Stasis w/ Heat (Inflammation)
- 3) Toxic Accumulation of Metabolic Waste (damp, phlegm, blood stasis)

The most commonly treated conventional ophthalmic conditions that seem to respond very well to ophthalmic acupuncture include Macular Degeneration, Glaucoma, Diabetic Retinopathy, Usher's Syndrome, Optic Nerve Atrophy and Retinitis Pigmentosa, and eye stroke/retinal occlusion.

I have found that it is not always best to rely on the patient's subjective reports for confirming a definitive response or non-response. For this reason, I recommend that ALL eye patients have vision testing done before they begin and then again after a series of treatments. This vision test enables us to map the progress of the patient over time and confirm measurable response.

When treating eye patients in conjunction with micro acupuncture, I usually recommend Chinese herbs and nutritional supplements. Among the most common supplements I suggest for eye diseases are: Ginko Biloba, Fish oil, Lutein, Bilberry, L-Taurine, Zeaxanthin, etc. Chinese herbal formulas are prescribed (as expected) based on individual TCM pattern diagnosis, rather than just giving everyone a generic formula like Qi Ju Di Huang Wan.

Also, I have found that a significant number of my patients have Free Radical Damage and Oxidative Stress. In these cases, administering antioxidants is extremely important in overall vision preservation. Specifically, carotenoids antioxidants like lutein & zeaxanthin (found in Gou Qi Zi) seem to offer the best antioxidant protection for the retina and optic nerve.

Ophthalmic Acupuncture & TCM Ophthalmology can offer much hope to this desperate population. Conventional biomedicine has little (if anything) to offer people dealing with acute and/or progressive vision loss. Therefore, ophthalmic acupuncture is their best hope for vision recovery and long-term vision preservation.



Andy Rosenfarb is a world-renowned expert in the field of Ophthalmic Acupuncture & Chinese Medical Ophthalmology. Dr. Rosenfarb holds training courses in Ophthalmic Acupuncture regularly in both the US and abroad. He is also an Executive Council Member of the Specialty Committee of Ophthalmology, of the World Federation of Chinese Medicine. He has published six books on Chinese Medical Ophthalmology and Ophthalmic Acupuncture including The Black Book of Micro Acupuncture 48. His clinical practice is located in Westfield, New Jersey. www.acuvisionacupuncture.com

Authentic Herbs

Sourced directly from over 300 Dao Di farms across 22 provinces to ensure authenticity and sustainability

World-Class Quality

Our granules are produced using patented technology to industry-leading standards by the global leader in Chinese herbal extracts

Potent and Pure

Ours are the only herbs trusted by 70% of China's AAA-level TCM hospitals, both for patient care and for clinical research



TIANJIANG®



Treasure of the East®

www.TreasureOfTheEast.com

herbs@treasureoftheeast.com | 607-275-9700

Proudly distributed in Florida by **acumarket**
THE SUPPLIER WHO SUPPORTS YOU

Beyond Free Wanderer: Options for Liver-Spleen Disharmonys

BY ROBERT HAYDEN, AP

In clinical practice in the West, few would dismiss the usefulness of formulas that harmonize Liver and Spleen. This ubiquitous pathomechanism brought on by the stresses of modern living, combined with the standard American diet and irregular eating habits, make Wood-Earth Disharmony one of the pre-eminent pattern presentations of our time. In his Clinical Handbook of Internal Medicine, Will Maclean refers to the process of Liver overacting on Spleen and the subsequent generation of dampness and heat as the "PPT", or "Primary Pathological Triad".

Fewer still would dispute the utility of one particular harmonizing formula, namely Xiao Yao San, often translated as Free Wanderer. Xiao Yao San elegantly addresses both Liver qi stagnation and Liver blood deficiency with Chai Hu, Bai Shao and Dang Gui, and Spleen qi deficiency with Bai Zhu, Fu Ling and Gan Cao. If there is heat generated by stagnation, a popular dui yao addition is Mu Dan Pi and Shan Zhi Zi, a modification usually referred to as Jia Wei Xiao Yao San.

As handy as these two formulas can be, however, in clinic there may be alternatives which address Liver-Spleen Disharmony in a way that is more appropriate to a particular patient.

We can modify Xiao Yao San, of course, but if the patient or practitioner is more predisposed to premade products, there are still good options out there. In this brief article, I will highlight a few of my favorites.

Dang Gui Shao Yao San: Let's face it, some people don't do well with Chai Hu, either because of its ascending nature or some other reason. There may be more blood pathology (deficiency and stasis) than Liver qi stagnation, and significant dampness in the lower body, which would call for modification of Xiao Yao San. In cases like these, I am fond of using Dang Gui Shao Yao San (sometimes called Tang Kuei and Peony Combination). In Bensky it is found among the blood tonics, but the acrid-sour combination which is a characteristic of harmonizing formulas is still present in the Dang Gui and Bai Shao pair. Chuan Xiong adds more qi- and blood-moving acidity. Xiao Yao's Spleen-supplementing pairing of Bai Zhu and Fu Ling is still present, but it is augmented by Ze Xie, which further drains damp yet won't damage Yin. The large portion of Bai Shao makes it particularly good for abdominal cramps; the original indication for the formula was abdominal pain during pregnancy. It is excellent at regulating menses, especially in cases where there is water swelling in the lower jiao.

My students have often heard me refer to this as "puffy crampy woman formula". It is available through all the classic granule companies, as well as Golden Flower.

Yi Gan San: An under-utilized formula is Liver-Restraining Powder, or Yi Gan San. It is appropriate for Liver-Spleen disharmony where depressive heat has generated Liver Wind. The formula is quite similar to Xiao Yao San, but eliminates Bai Shao, and includes Gou Teng to extinguish Wind and calm the spirit, and Chuan Xiong to move blood, treat headache and stop pain. It is excellent for cases involving headache, especially where there are Wind symptoms like dizziness, clenching of the jaw, and spasm of the scalene and SCM muscles. It was originally indicated for children with restless sleep, anxiety, and teeth grinding, and a modified version of it (named Peaceful Focus) is available in liquid form for pediatric patients through Blue Poppy. Blue Poppy also makes Yi Gan San in an unmodified capsule form and it is available through the big granule companies as well.

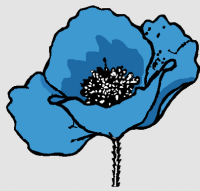
Salvia 10: A favorite modern formula of mine is Golden Flower's Salvia 10. It is intended as a formula for depression, but to me the formula structure appears much like a harmonizing prescription. Imagine Xiao Yao San with the primary Liver components on a deeper level: blood stasis and blood heat. Replace Chai Hu with Yu Jin to move both qi and blood;

Dang Gui with Dan Shen to invigorate and generate new blood; and Bai Shao with Chi Shao to cool blood while still keeping the acid-sour harmonizing dynamic. Include He Huan Hua as an assistant to lift qi depression and calm the spirit. Then augment the Spleen deficiency component by including Liu Jun Zi Tang, which also transforms phlegm. Now we have a Liver-Spleen harmonizing formula which can address deeper issues of trauma, which I have found responds well to blood-moving, blood-cooling and phlegm-transforming strategies. The formula is available from Golden Flower.

I hope this article has been beneficial. Sometimes looking beyond the tried-and-true options can introduce us to a new favorite formula, or even stimulate some ideas for how to modify an existing one.



Robert Hayden MSOM AP has been practicing and teaching acupuncture and Chinese medicine since 1995. He has taught in six different Asian medicine programs, as well as his own professional continuing education courses. He has a practice in Hollywood, Florida. He can be contacted at kampo36@yahoo.com. <https://presencecommunityacupuncture.com>



Blue Poppy

THE CHOICE OF PRACTITIONERS SINCE 1982



FSOMA
members get
5% off Blue Poppy's
brand products.



BLUE POPPY
IS A PROUD
FSOMA
SUPPORTER
& BUSINESS
MEMBER

BLUEPOPPY.COM (800) 487-9296

A Covid-19 Acupuncture Case Study

BY MARC MASTRANDREA, L.AC (無為)

Mrs. Deer (her spirit animal, not her real name)

Patient: Female, 59 years old, 190 lbs, resides in New York

Upon first hospitalization: severe pneumonia, COVID-19, X-Rays showing GGO and severe phlegm build up in lungs.

Mrs. Deer started feeling sick March 14, 2020. She exhibited with low grade fever, exhaustion, and somnolence. She began to have a dry cough 6 days later and on March 20 she began to have trouble breathing. By March 22 she was hospitalized due to breathing complications.

While in the hospital, she had lung X-Rays and a COVID-19 test. The X-Rays revealed GGO (ground glass opacity) in her lungs. The image was so remarkable that without a COVID-19 test back yet, her doctor diagnosed her with COVID-19. She had a fever the entire time she was in the hospital. She was treated with Hydroxychloroquine and Azythromycin and albuterol sulfate inhaler. Nebulizers were not used due to aerosolization.

Mrs. Deer had severe adverse reactions to the Hydroxychloroquine/Azythromycin combo. The medication resulted in her loss of bowel control, wide spread urticaria, and strong delusions.

She remained in the hospital until March 26, when she was released after her fever reduced and breathing stabilized. Her doctors requested that she do as much as possible not to return to the hospital, due to her medical history, as they were worried she would not survive the ventilation process. Within one week, her condition began to decline sharply again and by April 4, with her breathing severely compromised, her family was worried about her survival. Taking into consideration the percentage of deaths of patients in NY when put on ventilation for COVID-19, and her medical history, her family decided to try other means of treatment.

Medical History:

Mrs. Deer was a marathon runner who had exercise induced asthma. 10 years ago she went for a routine colonoscopy. She had an asthma attack while under anesthesia and aspirated, scarring her lungs. She has been on prednisone and albuterol inhalers for varying times over the last decade, due to the respiratory issues that started due to that event. She regularly uses a nebulizer. She has gained 80 lbs over the past 10 years due to being on prednisone for long durations of time during the past decade. Since the aspiration, she has become more inclined to catch colds and have mild respiratory disorders turn more severe lung ailments.

She had her gallbladder removed in July, 2017. Her gallbladder had adhered to the surrounding tissues and structures, and was filled with stones. At the time, her doctors suspected the gallstones were due to the heavy use of steroid therapy such as prednisone.

Mrs. Deer has a history of high blood pressure during 'white coat' encounters. She was put on Losartan, an Angiotensin II blocker.

Mrs. Deer also has skin allergies. She is allergic to pollen, bees and she says most trees and plants. She has carried an epi-pen (which she has had to use before) and takes Zyrtec. Due to this, she refuses herbal medicine. Therefore, the treatment was entirely acupuncture based.

Day 1

Mrs. Deer was breathless and spoke sparingly and quickly. At times she was gasping for air. She was sitting on her couch hunched over and not moving much. She had severe and sometimes stabbing upper mid back pain, that wrapped around the sides to the front and into the chest. This pain was exacerbated by cough and gasping, and would sometimes cause her to cry out if she was coughing or wheezing. She had a heightened sense of taste, and swollen skin that was painful when touched.

Pulses:

Her right pulses were overall wiry and rapid.

Rt Cun: weak, irregular, slightly choppy

Rt Guan: thin

Rt Chi: tight and wiry

Left Pulses were very wiry and full and forceful.

Lt Cun: forceful wiry

Lt Guan: forceful wiry

Lt Chi: tight forcefully wiry

The full wiry quality of the left pulses is a sign of a severe case of phlegm mixed with perverse heat that have accumulated in the chest. It also is a sign of the back pain she is experiencing in the back and around the diaphragm. The weak and choppy pulse in the right cun position is a sign of severe damage to the fluids of the lung and damage to Ying Qi, including blood. The thinness of the Rt Cun is a sign of deficiency of the Stomach and Spleen which cannot transform the dampness which transformed to phlegm in the chest. Tightness in the Chi position of the Rt Chi is a sign of back pain.

Day 1 Tongue Coat (Pre-Treatment)





We're Your **BILLING SOLUTION**

Specializing in Acupuncture, Chiropractic, Massage, Physical Therapy and Much More!

WE OFFER THE FOLLOWING SERVICES:

- ✓ **Billing & Collections**
- ✓ **Insurance & Benefits Verification**
- ✓ **Follow-up With Insurance Carriers**
- ✓ **Electronic Claims Submissions**
- ✓ **End Of Month Reports**
- ✓ **Plus Much More...**

- ✓ Are you a newly licensed physician and don't know what to do?
- ✓ Are you losing valuable income because you don't accept medical insurance?
- ✓ Are you frustrated by complications of the billing process and calling the Insurance companies for unpaid claims?
- ✓ Are you dissatisfied with your current biller?

THEN STOP RIGHT THERE!!!

LET US SUBMIT CLAIMS THAT GET YOU PAID!!!

CALL NOW!!!

INTERESTED IN SEEING VA PATIENTS?

WE'LL GET YOU STARTED!!!!!!

(754) 205-6154

www.tothepointbillingsolutions.com

Thick sticky yellow coat, much of which was dry. Coat covers from mid lung area back through the red of the tongue. Tongue body, particularly beneath the coat, was red. The crack in the center line beneath the coat shows the compromised actions of the Stomach and Spleen.

Examination of the patient's back revealed a large lump of what seems to be tightened muscle along the Du channel from BL-13 to BL-17.

Diagnosis:

Phlegm heat toxins obstructing the Lungs and the Du Channel creating rebellious Qi

Treatment principle:

Transform and clear phlegm heat, open the chest, tonify the kidneys to

anchor lung qi, open Du Mai and clear obstruction.

Treatment:

KI-3, LU-6, LU-7, LU-9, LI-11, LI-4, SJ-5, PC-6, BL-12, SP-9, ST-36, ST-40, LU-5, CV-17, Local needling around the ridge of the lump along the spine

- KI-3/Lu-6 as a pair anchors Qi and benefits the Lung, arrests wheezing by disseminating and descending Lung Qi, alleviate stagnation
- Lu-7/Lu-9 - transforms phlegm, subdues rebellious Qi, calms cough, arrests wheezing bypromotes the descending of lung qi
- LI-11/LI-4 clears heat and regulates Wei Qi and sweating

- SJ-5/PC-6 is a combination used to release the front and back, relax the diaphragm and help regulate heart rate, the combo has been used to regulate and stop Atrial fibrillations
- BL-12 directed downwards to BL-13 to descend Lung Qi
- SP-9/ST-36 fortifying the Stomach and Spleen to resolve dampness
- ST-40 - transform phlegm and damp, clear phlegm from lungs and alleviate cough and wheezing
- Lu-5 clear heat and descend rebellious Lung Qi

Needling along lump was to disperse stagnation and release the back.

Laser Acupuncture:

The Avant LZ30 class 3 laser was used for all laser treatments. Using lymphatic setting on SCM bilateral from sternum to jawline, one minute per section applied directly to skin. Acupuncture pointer used to treat the following points: SP-6, KD-3, UB13, UB-23, LI-11.

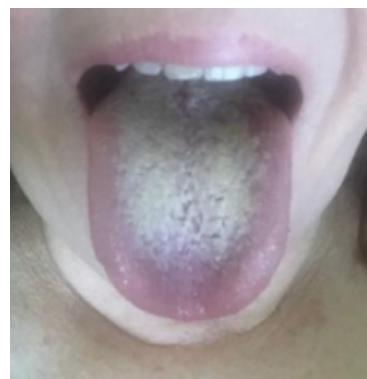
At the end of the treatment, after much reduction and clearing of heat, Moxa was done to strengthen Qi from being so weak. Moxa was done to back - along the ridge found along the spine, upper back along Bladder shu points and along the back around BL-23.

Tongue at end of Day 1 treatment



Her tongue coat began to break up by the end of the treatment, with the phlegm coat moving forward on the tongue and the color around the edges changing from yellow to white, and sides of the coat becoming frothy. The breaking up of the coat and moving forward on the tongue represents the breakup of the phlegm and movement upward by the lungs. The yellow to white representing the clearing of heat from the chest and the frothiness and fluid entering the coat is a sign that the congealed phlegm heat in the chest is now softening and becoming pliable and more fluid as it is broken down.

There was a day between Day 1 and Day 2 of treatment. The following is a picture of the patient's tongue between the two days of treatment



Thick coat reducing, yellow color consistently clearing, color of tongue body is becoming darker red. The coat reducing is a sign of phlegm being transformed and broken up; the yellow to white is a sign of clearing of heat in the phlegm; however the reddening of the tongue is a sign that the heat internally is becoming fire.

Day 2

Since first treatment, Mrs. Deer started expectorating bits of brown and green phlegm. She feels 20% of her cough has become productive. Her breathing is much better, however she is still having difficulty breathing and is wheezing a bit. Her chest has opened, but most of the pain moves around side and back. Her skin pain is reduced quite a bit and she is sitting up more and not as slumped over like the first day.

The night after she was treated, Mrs. Deer ate a full meal for the first time in nearly 4 weeks (since the ordeal started). She is craving ice water.

Pulses

Right Pulse is much thinner than day one but still wiry, rapid

Rt Cun: wiry slightly rapid

Rt Guan: wiry (softened a bit compared to last treatment)

Rt Chi: thin wiry

Left Pulse

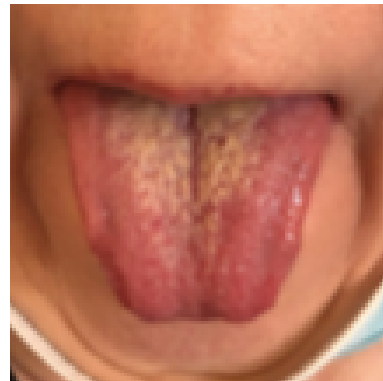
Lt Cun: wiry Rapid

Lt Guan: tight, slightly rapid

LT Chi: weak

The rapidity of the pulse is a sign of severe heat. The wiriness of the pulse is a sign of phlegm heat obstruction. The reduction in fullness compared to day 1 is a sign of a decline in perverse heat. The strengthening of the pulse over all on the right cun is a sign of an increase in lung qi and the kidneys, despite being weak now grasping the Qi.

Patient's Tongue prior to treatment Day 2



Coat has lessened substantially; tongue body has become more red. These are signs of the phlegm decreasing, however the heat is increasing as a result of the phlegm and damp clearing.

Diagnosis:

Phlegm heat toxins obstructing the Lungs

Treatment principle:

Transform and clear phlegm heat, arrest wheezing, strengthen the kidneys to anchor lung qi

Treatment:

Cupped patient's back to help clear phlegm from lungs.

Sliding Cupping upwards from BL-17.

BUY ACUFAST AND PARTICIPATE IN OUR **ACUPUNCTURE NEEDLE WASTE REDUCTION PROGRAM**



*While reducing waste, you can also grow a forest.
Because you care about your patients and the planet!
Learn more at www.acufastneedles.com*



Cups also applied to BL-23 to anchor Lung Qi to Kidneys.

Cups applied to SP21 Da Bao to open the chest and invigorate blood Qi.

BL-13, BL-17, BL-18, BL-20, BL-21, BL-23, KI-3, Lu-6, SP-9, LI-11, LI-4

- BL-13/BL-17/BL-18 to open the chest, release the diaphragm and clear heat
- BL-20/21 to strengthen ability of the Spleen and Stomach to transform phlegm
- BL-23 tonify the kidneys to grasp Lung Qi
- KI-3/Lu-6 as a pair anchors Qi and benefits the Lung, arrests wheezing by disseminating and descending Lung Qi, alleviate stagnation
- SP-9 to strengthen the spleen and resolve dampness
- LI-11/LI-4 pair clears heat and regulates Wei Qi and sweating

Laser Acupuncture:

Lymphatic setting used on SCM bilateral from sternum jawline, one minute per section applied directly to skin. Acupuncture pointer used to treat the following points: SP-6, SP-9, TH-5, UB13, UB-23, LI-11. Each point treated bilaterally for one minute per point.

Patient's tongue post treatment Day 2



The redness was less in the tongue body which is a sign of clearing heat. The thick yellow coat started moving upward on the tongue due to cupping. This is a sign of the solidified phlegm breaking up and moving upward.

Day 3

The night after Day 2 treatment, Mrs. Deer had difficulty sleeping due to coughing. Post cupping, she began coughing more than she had in the prior four weeks before getting sick. Her back pain is significantly less. She has strong feelings of heat in the body. She is breathing rapidly, at times has trouble catching her breath - but significantly better. She is sitting up and walking around a bit. She is craving ice water.

Pulses:

Right Pulses: Thin and Wiry

Rt Cun: Empty Thin and Wiry, at deeper level tight lacking force

Rt Guan: Empty Thin and Wiry, at deeper level tight lacking force

RT Chi: Very Thin, vessel is tight but pulse is rather faint

Left Pulse: Thin

LT Cun: Weak

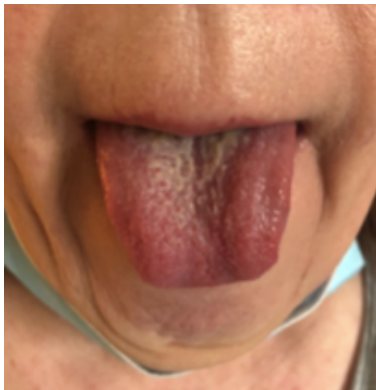
LT Guan: Thin and Wiry

LT Chi: faint

Thin and wiry aspect of the pulse is a sign of damage to qi and blood causing deficiency due to the phlegm and inflammatory heat. The emptiness is a sign of damaged Upright Qi and yin by the pathogen, resulting in an increase of heat.

The weak Left Cun position is a sign of poor sleep, which reduces Heart Yang. The thin and wiry feeling at the left guan position is a sign of phlegm heat and stagnation in the middle jiao. The reduction in force is a sign the phlegm is continuing to be significantly cleared.

Patient's tongue prior to treatment Day 3



Tongue coat has greatly reduced, but body of tongue has increased showing an increase of heat/fire. This is a sign that as the patient's phlegm is clearing, however she is severely yin deficient with a full expression of heat.

Diagnosis:

Phlegm heat in chest with underlying fire in Shao yang

Treatment Principle:

Clear phlegm heat, Drain Shao Yang, Consolidate Lung Divergent to assist in clearing phlegm heat

Treatment:

GB-44, GB-43, GB-25, KI-3, LU-6, LI-1, LI-18, ST-12, LU-1, GB-22, LU-3, LU-11

- GB-44/GB-43 are paired to disperse and clear damp and heat from Shao Yang and GB Divergent (post needling this pair, the lung pulse gained a strength), open and benefit the chest and costal region
- GB-25 as the Mu point of the Kidney's on foot Shao Yang and the GB Divergent this point anchors Lung Qi to Kidneys and assists the function of Kidney's grasping qi to subdue wheezing
- KI-3/LU-6 as a pair anchors Qi and benefits the Lung, arrests wheezing by disseminating and descending Lung Qi, alleviate stagnation
- LI-1 clears heat and reduces swelling and oppression, this point is being used in conjunction with LI/LU Divergent channel to clear heat internally along the Divergent channel
- LI-18/ST-12/LU-1/GB-22 are used together as the Large Intestine/Lung Divergent divergent channel to stabilize and consolidate lung Qi and clear phlegm and heat
- LU-11/LU-10 paired to clear heat and transform phlegm particular from the inner pathway of the Lung Divergent channels
- LU-3 clears lung heat, descends lung qi, cools heat in the Ying and blood and opens the portals
- LI/LU divergent was done DSD to consolidate the body's resources to assist the body in clearing phlegm and heat

Patient's tongue post Day 3 treatment



Day 4

The night of the 3rd treatment between 2-3am, Mrs. Deer awoke and began coughing up substantial thick white sticky phlegm. This is a sign that the consolidation of lung Qi via the LI/ LU divergent treatment was able to invigorate the lungs and clear the phlegm in the chest. Patient had been feeling heat in the extremities, particularly palms, also feeling heat in the chest. She was carrying on conversations without the sound of breathlessness and drinking ice water. She was feeling some low and mid back pain.

Pulse:

Right Pulse: Stronger than Day 3 and rapid

RT Cun: Rapid with more substance to this pulse

RT Guan: Rapid with substance

Left Pulse: Thinner than right side

LT Cun: Thin and empty

LT Guan: Wiry rapid but less forceful than day before

LT Chi: Thin less rapid

The increase in pulse strength particularly in the right cun position

is a sign of the consolidation of Lung Qi, particularly yang to push the phlegm out. Heat is coming to the surface.

Patient's tongue prior to treatment Day 4



Tongue red body, fairly coatless with small patches of coat and froth. It is quite clear that the phlegm has substantially broken up overnight.

Diagnosis:

Heat obstructing the Lungs

Treatment principle:

Clear heat, Consolidate Lung Divergent to clear residual phlegm and heat

Treatment:

ST-36, Du-14, LI-11, LI-4, LI-18, ST-12, LU-1, GB-22, GB-21, BL-40

- ST-36/Du-14 bled to clear heat (ST-36 blood was dark due to blood stasis due to heat, Du-14 blood more bright due to the heat rising to the surface)
- LI-11 paired with ST-36/Du-14 to clear heat - after these three used, rapidity in the pulses of the Stomach and Kidney feel significantly less rapid.

Stock Up on Fall Essentials



• Immune System Support • Lung Health • Sleep & Anxiety

Take \$20 off an order of \$100 or more
Enter code **Fall20** at checkout. Expires Dec 20

FREE shipping on orders \$150+
FLAT RATE \$9.95 on orders under \$150



www.mayway.com 1-800-2-MAYWAY

After the above groups of points, the rapidity in the pulses reduced substantially.

- BL-40 right side for back pain
- LI-18/ST-12/LU-1/GB-2 are used together as the Large Intestine/Lung Divergent channel to stabilize and consolidate lung Qi and clear phlegm and heat
 - These points will consolidate the Yang Qi of the Lung Divergent to arrest wheezing.
- GB-21 is a point along the LI Divergent channel that helps to transform stasis in the chest and clear heat. It releases the Jing well points and as such can assist in opening the exterior.

LI/LU divergent was done DSD to consolidate the body's resources to assist the body in clearing heat.

Tongue Post treatment Day 4



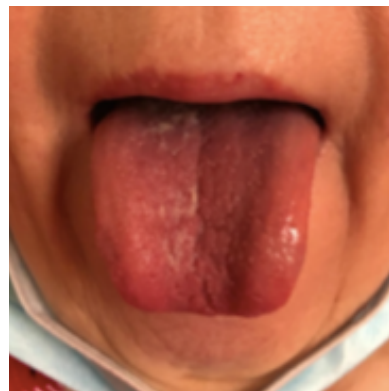
Tongue fairly coatless, less red, patchiness of froth and phlegm reduced.

Day 5

Back pain alleviated from day before. Having headache that feels like it is

wrapping around her head. Having red/purple rashes on the skin - these started when she was given Hydroxychloroquine in the hospital, they subsided a bit after, but now have returned. Her breathing is considerably better, little breathlessness, no gasping, respiration far less rapid, coughing reduced. Still takes nebulizer as she has been since before her bout with COVID. When first released from the hospital, she was taking the nebulizer every 2hours 45 minutes. Since beginning the acupuncture, the time between her nebulizer use is 4 hours. She has returned to online teaching from home, and after a few hours of teaching she feels slightly breathless. Feeling less hot, palms still feel quite warm. Mouth is quite dry. Craving Ice Water

Patient's tongue prior to treatment Day 5



Coatless and Red with cracks in the tongue body.

Since the clearing of dampness and phlegm the heat has become predominant. Qi and Yin deficiency are apparent.

Pulse:

Right

Rt Cun: Slightly empty but stronger than previous days

Rt Guan: still a bit thin but stronger than previous days

Rt Chi: Thin

Left

Lt Cun: Empty

Lt Guan:

Lt Chi:

Diagnosis:

Heat in the chest with yin deficiency

Treatment Principle:

Clear heat, nourish yin, consolidate LI/LU divergent to assist in clearing heat from the chest

Treatment:

ST-36, Du-14, LI-11, LI-4 KI-3, LU-6, SP-6, LI-18, ST-12, LU-1, GB-22, GB-21

- ST-36/Du-14 bled to clear heat (ST-36 blood was dark due to blood stasis due to heat, Du-14 blood more bright due to the heat rising to the surface), after bleeding her headache resolved
- LI-11/LI-4 paired with ST-36/Du-14 to clear heat - after these three used rapidity in the pulses of the Stomach and Kidney feel that significantly less rapid
- KI-3/Lu-6 as a pair anchors Qi and benefits the Lung, arrests

wheezing by disseminating and descending Lung Qi, alleviate stagnation

- SP-6 tonifies Kidneys and nourishes Yin

LI/LU divergent was done DSD to consolidate the body's resources to assist the body in clearing heat.

After above needling, her pulses showed the decline in heat, but deficiency remained in Mrs. Deer's pulses. Moxa to Ren-6, upper bladder shu points, LU-9 - Moxa was done at the points listed to tonify Kidney and Lung Qi - she immediately broke into sweats which she had not done since we began treating her - afterwards she felt much better and had quite a bit of energy.

Patient's tongue post treatment Day 5



Treatment Day 5B (she received a second evening treatment to increase the dosage) Palms no longer feel palpable warm, her body temperature is feeling far more comfortable.

Since the clearing of dampness and phlegm the heat has become predominant. Qi and Yin deficiency are apparent.

Pulse:

Right

Rt Cun: Slightly empty but stronger than previous days

Rt Guan: still a bit thin but stronger than previous days

Rt Chi: Thin

Left

Lt Cun: Empty

Lt Guan:

Lt Chi:

Diagnosis:

Heat in the chest with yin deficiency

Treatment Principle:

Clear heat, nourish yin, consolidate LI/LU divergent to assist in clearing heat from the chest

Treatment:

ST-36, Du-14, LI-11, LI-4 KI-3, LU-6, SP-6, LI-18, ST-12, LU-1, GB-22, GB-21

- ST-36/Du-14 bled to clear heat (ST-36 blood was dark due to blood stasis due to heat, Du-14 blood more bright due to the heat rising to the surface), after bleeding her headache resolved
- LI-11/LI-4 paired with ST-36/Du-14 to clear heat - after these three used rapidity in the pulses of the Stomach and Kidney feel that significantly less rapid
- KI-3/Lu-6 as a pair anchors Qi and benefits the Lung, arrests

wheezing by disseminating and descending Lung Qi, alleviate stagnation

- SP-6 tonifies Kidneys and nourishes Yin

LI/LU divergent was done DSD to consolidate the body's resources to assist the body in clearing heat.

After above needling, her pulses showed the decline in heat, but deficiency remained in Mrs. Deer's pulses. Moxa to Ren-6, upper bladder shu points, LU-9 - Moxa was done at the points listed to tonify Kidney and Lung Qi - she immediately broke into sweats which she had not done since we began treating her - afterwards she felt much better and had quite a bit of energy.

Patient's tongue post treatment Day 5



Treatment Day 5B (she received a second evening treatment to increase the dosage) Palms no longer feel palpable warm, her body temperature is feeling far more comfortable.



THANKSGIVING SALE

Save 30% on all on-demand CEU/PDA/CPD courses

Exclusively on healthyseminars.com

Save 30%

on all on-demand courses

Coupon Code: GRATEFUL30

Coupon valid until November 27, 2020

Cannot be applied retroactively

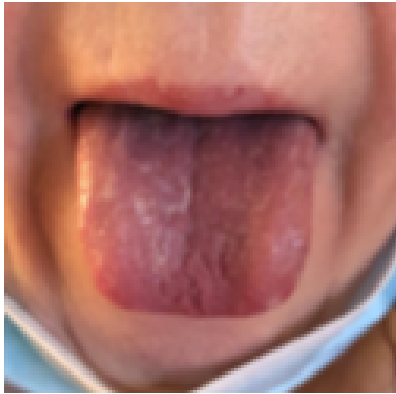


Healthy Seminars

Formerly  **Pro^d**
Seminars

Go to healthyseminars.com to save 30%

Patient's tongue prior to treatment
Day 5B



tongue body starting to lighten, not as red, sign of heat clearing, cracks in tongue a sign she still has yin deficiency.

Pulses:

overall less rapid

Diagnosis:

Heat in the chest with yin deficiency.

Treatment principle:

Clear heat, nourish yin, consolidate LI/LU divergent to assist in clearing heat.

Treatment:

LI-11, LI-4, KI-2, SP-6, LI-18, REN-23, ST-12, LU-1, GB-22, GB-21

- LI-11/LI-4 clears heat and regulates Wei Qi and sweating
- SP-6/KI-2 used to clear deficient heat and nourish yin and tonify Kidneys
- LI-18/ST-12/LU-1/GB-22 are used together as the Large Intestine/Lung Divergent channel to stabilize and consolidate lung Qi and clear phlegm and heat.

These points will consolidate the Yang Qi of the Lung Divergent to arrest wheezing.

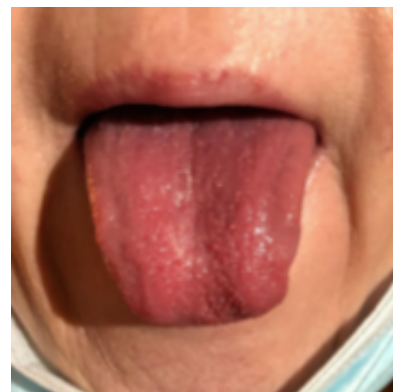
- GB-21 is a point along the LI Divergent channel that helps to transform stasis in the chest and clear heat. It releases the Jing well points and as such can assist in opening the exterior.

LI/LU divergent was done DSD to consolidate the body's resources to assist the body in clearing heat

Laser Treatment:

Inflammation setting on SCM bilateral from sternum jawline, one minute per section applied directly to skin. Acupuncture pointer used to treat the following points: Spleen channel from SP-6 to SP-9, KD-3, UB13, UB-23, LI-11. Each point treated bilaterally for one minute per point.

Patient's tongue Post treatment
Day 5B



Tongue is red, but is not as red as prior days. The picture was taken at night using a phone light, so the color is not under natural full spectrum light. The cracks of the tongue appear to be closing a bit and up close in person, you can see a very slight

layer of white coat. This would appear to represent the slow building of yin qi again.

Day 6

When arriving to see Mrs. Deer, she was walking around her house, had done her hair, and was folding blankets. Her coughing has lessened and is not strong barking coughs like before. She still can become breathless with exercise and moving too much. Her appetite is not strong but her sense of taste and smell are very very acute, so currently she is not eating much. She reiterated she hadn't really eaten much in the last 4 weeks. Today she says she feels sufficiently cooler and does not feel any urge to drink ice water. Today she was treated lying on her back. All previous days she was treated sitting down.

Pulses:

Right Pulse is thin, slightly wiry, more substance than yesterday - no longer empty
RT Kidney pulse weak

Left Pulse is thin slightly wiry
LT Kidney Weak

The pulses show that there is still stagnation and deficiency, but Mrs. Deer is now slowly recovering Qi and Yin.

Palpation of San Jiao Channel of the neck revealed a tight SCM at the attachment near GB-12/ SJ-16.

Patient's tongue prior to treatment Day 6



Fluid on the tongue more than yesterday. Coat on tongue very thin. The tongue on this day shows signs that the strong pathogenic full heat has cleared and now Mrs. Deer is in the convalescing stage. She is Qi and Yin deficient.

Diagnosis:

Lung Qi and Yin deficiency with Kidney and Spleen Qi deficiency with stagnation in Shao Yang

Treatment Principle:

Consolidate Qi and Yin to nourish via SJ/PC Divergent and the body and clear stagnation from Shao Yang via GB Divergent Channel

Treatment:

SJ-16, CV-12, CV-23, GB-1, GB-30, GB-25, GB-24, GB-43, GB-44

SJ-16/CV-12 as the confluence of the SJ/PC divergent will consolidate Qi to help clear heat, regulate and descend Qi and fortify the fluid production of the Stomach to be able to ascend Yin to Lungs and portals.

CV-23 nourishes yin qi in the upper

YOUR MEMBERSHIP BENEFITS



- Free & unlimited access to the FSOMA *Building Better Business, practice management webinars*
- Eligible for *group benefits* - policies covering short or long term disability, accident plans, critical illness plans, a dental PPO and access to Telehealth (without health insurance) and more.
- *Malpractice Insurance Discounts* on AAC & CM&F policies
- 10% off *Long Term Disability Plans* (Mutual of Omaha)
- *Financial Protection Savings* (dental, vision, accident, short term disability, critical illness, cancer, well-care card)
- Free *CEBroker* Professional Account - ability to track multiple licenses
- Free 15 minute *business legal consultation*, and reduced rates on continued services. Contract review, partnership agreements, corporate law, estate planning
- Free 15 minute *healthcare legal consultation*, and reduced legal fees
- Exclusive pricing and discounts on all FSOMA hosted *courses & the Annual FSOMACon*
- *Business Help Desk* with support on Business and Insurance Billing questions
- *Exclusive FSOMA weekly E-News* featuring: job opportunities, National and local legislative update, and much more.
- *Free marketing*: 1 e-blast and 1 e-news advertisements or announcements each year in the FSOMA E-classifieds.
- Be listed on "*Find an Acupuncturists*" search engine
- *Free Audio Courses* from FSOMA Conferences prior to 2014. (CEUs available at \$25/3 hours)
- *Office Depot Discount* Program saving you money on office supplies.
- *FSOMA Journal*, providing current information on legislation, case studies and clinical articles.
- Free *Membership in the Acupuncture Society of America (ASA)*
- Free access to *Journal of Acupuncture Society of America (JASA)*

jiao - a point shared by both PC and GB Divergent.

GB-1/GB-30 as confluence for the GB Divergent assist in the body rousing blood to clear wind, heat, and Stagnation from Shao Yang.

GB-25 as the KI Mu point, this point was used to strengthen the function of the divergent to assist in the process of KI grasping Lung Qi to strengthen breathing.

GB-24 the GB Mu point was used to clear heat, spread qi and relieve rebellious qi symptoms.

GB-43/44 were paired to clear the heat and stagnation from Stagnation.

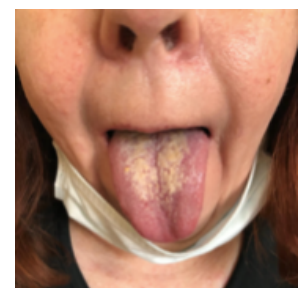
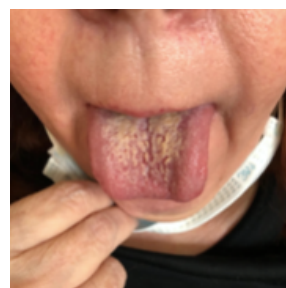
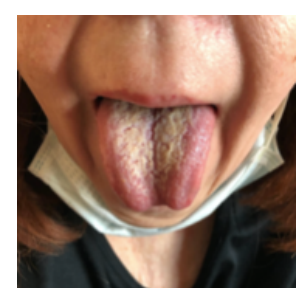
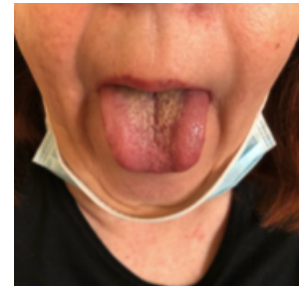
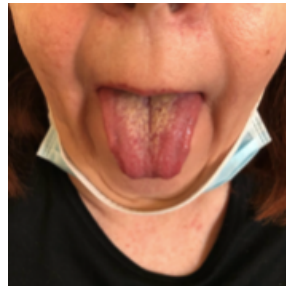
SJ/PC was an SDS treatment to consolidate and nourish QI and Yin.

GB Divergent was a DSD treatment to disperse remaining heat.

Patient's tongue post treatment Day 6



Below are pictures showing progression of cupping the patient. Tongue shows the phlegm breaking up and moving towards the tip of the tongue (follow progression from top to bottom):



Today, Mrs. Deer is in the minor convalescing stage. 7 days ago, she was critical and had determined not to be ventilated or intubated. Her sister, a physician of acupuncture, sought out help. The case was taken, analyzed, and treatment began in earnest with effective dosage and a discerning eye for changes in the pulse, tongue and patient's condition, on a minute to minute bases (when in front of her) and a daily bases between treatments. Mrs. Deer had severe lung scarring before coming down with COVID-19. She has been on prednisone and albuterol for the majority of the last decade and is not able to exercise much due to the severe asthma she developed due to the lung aspiration. She was overweight by 80 lbs at the time of coming down with COVID-19 and has excess water weight due to prednisone. Prior to knowing she had COVID-19, she was taking ibuprofen to bring down her fever. She is 59. These things all put her in the crucial category for COVID-19 being deadly. However, within 3 days, she was out of the severely critical stage and by the fourth day she was back to teaching online. In another 3 days, she was folding clothes and walking people to the door as they left. Chinese medicine has the ability to treat COVID-19, and treat it fast and effectively. We have the ability to treat at every stage of the disease and save lives. We hope this case study gains traction and puts Chinese medicine physicians, who are able in mind and body, into the ranks of

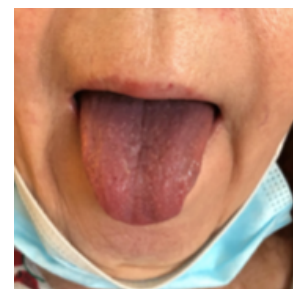
frontline healthcare workers treating COVID-19 patients. Chinese Medicine has and will continue to save countless lives.

- The Balko Boys

Pre-Treatment Day 1



Post Treatment 7 Days Later



Marc Mastrandrea, L.Ac (無為) just a guy from a place on a journey.

Marc been practicing chinese medicine for over a decade. He has lived, studied and taught Chinese medicine, Daoism, culture, language and Bagua Zhang in China for a number of years. He recently started a YouTube channel about traditional Chinese cuisine and Chinese dietary medicine with his best friend on YouTube, find more about what he is doing by subscribing to the 'Wok Drop' and by following The Society for Cultural Wisdom and Resourcefulness on Facebook.

COVID-19 Vaccine Development & the Role of Nanotechnology

BY DR. TONI KREHEL, AP

Emerging new Vaccine Technology – Gene Expansion

As of June 2020, there are 157+ COVID-19 vaccines in “warp speed” development: 24 are traditional vaccines using attenuated live or inactivated viruses; the other 133 are a new novel type of vaccine using a genomic approach and emerging nanotechnology.

The COVID-19 vaccines in development as of June 2020 include:

15	live attenuated vaccines (LAVs)	<i>whole pathogen weakened</i>	<i>can transfer actual virus in pathogenic form plus unknown viruses from the foreign tissue cultures can reactivate latent infections can combine with other circulating viruses</i>
9	inactivated vaccines (IVs)	<i>whole pathogen inactivated</i>	<i>safer than LAVs but lowered immune response so need adjuvants to stimulate</i>
53	subunit vaccines	<i>subunits of viruses or virus-like particles VLPs;</i>	<i>for genetic engineering of antigen in vivo using RNA, DNA or viral vectors need adjuvants to stimulate immune</i>
9	VLP vaccines	<i>subunits of viruses or virus-like particles</i>	<i>for genetic engineering of antigen in vivo using RNA, DNA or viral vectors need adjuvants to stimulate immune</i>
36	viral vector vaccines	<i>uses live attenuated and genetically engineered viruses to deliver DNA encoding antigens from an unrelated organism into host cells</i>	<i>for genetic engineering of antigen in vivo using RNA, DNA or viral vectors used as an adjuvant in other vaccines; stimulates strong immune responses</i>
13	DNA vaccines	<i>introduces synthetic amino acids into host cells for genetic code production</i>	<i>Used for genetic expansion uses nanotechnology for delivery</i>
20	mRNA vaccines	<i>introduces synthetic amino acids into host cells for genetic code production</i>	<i>used for genetic expansion uses nanotechnology for delivery</i>

Traditional vaccine technology relies on the usage of a whole pathogen in a live or inactivated form. Live attenuated vaccines (LAVs) bear risks of transferring to the individual the actual virus in pathogenic form, as well as unknown viruses from the foreign tissue cultures used in production. LAVs are also known to combine with other viruses circulating in the body, and to reactivate latent infections in immune-compromised individuals.

Inactivated vaccines (IVs) are safer than live viruses (LAVs), but their inactivation results in lowered immunogenicity. Strong adjuvants and multiple dose regimens are required to promote vaccine infection and establish longer-lasting immunity.

Adjuvants are chemicals, drugs, viral vector substances, and other foreign proteins added to vaccines to stimulate a stronger immune response and to prolong the inflammatory response. Aluminum hydroxide (alum), a biologically reactive neurotoxin, was the first adjuvant routinely used in vaccines (since 1927). It is added to enhance the immune response to the vaccine. It is currently used in vaccines that use attenuated/weakened and genetically engineered antigens like Hepatitis A, Hepatitis B, Diphtheria-Tetanus-containing vaccines, Hemophilus Influenza B (HIB), Human Papillomavirus (HPV), and the pneumococcal vaccine.

Note: Vaccines with aluminum adjuvant are known to have harmful effects on those with kidney-related illnesses as it is not easily excreted from the body. Aluminum can accumulate in lymphoid tissues as it circulates through the body attached to white blood cells.

By the mid-1980s, classical vaccine technology was proving to be insufficient for a number of reasons. The revolution of genetic engineering at the end of the 20th century greatly impacted vaccine development. The classical aluminum approach was unable to induce the desired immune response with emerging modern/novel “complex pathogens” and new genetically engineered vaccines. This led to a new paradigm of combining multiple adjuvants with

specific immune effects to form Adjuvant Systems.

In 2011, a new syndrome was recognized called Autoimmune/Inflammatory Syndrome Induced by Adjuvants (ASIA). Also known as Shoenfeld’s Syndrome, this syndrome includes a spectrum of immune-mediated auto-inflammatory illnesses triggered by an adjuvant stimulus. The prototypical conditions for ASIA were siliconosis, Gulf War Syndrome, macrophagic myofasciitis syndrome, and postvaccination phenomena. Since 2011, additional conditions have been added including narcolepsy, postural orthostatic hypotension (POTS), sick building syndrome, chronic fatigue syndrome (CFS), and fibromyalgia.

New modern vaccine technology includes the use of structural subunits of viruses – also known as virus-like particles (VLPs). Subunit and VLP vaccines allow for genetic engineering of antigens and their expression in vivo using RNA, DNA or viral vectors, and they are administered in combination with Adjuvant Systems to enhance the immunogenicity effect.

Viral vectors are live attenuated and genetically engineered viruses that are used to deliver DNA encoding protein antigens from an unrelated organism into host cells where they stimulate a range of immune responses. Examples of viral vectors

LEGAL DEFENSE FUND

DONATE TODAY



HELP FSOMA DEFEND OUR MEDICINE

[FSOMA.ORG/LEGAL-DEFENSE-FUND](https://fsoma.org/legal-defense-fund)

RECENT:
LEGAL ACTIONS TO REOPEN COUNTIES THAT CLOSED AP CLINICS

Together we are stronger !



include measles as well as adenoviral vectors derived from chimpanzee and human tissues. Adenoviral vectors are favored for use in viral vector vaccines due to their broad tissue tropism (ability to infect many cells) and their adjuvant qualities (they stimulate a strong immune response). In viral vector vaccines, the genetic codes for specific peptides or antigens are inserted in the genome of modified viruses capable of infecting human cells.

For example, Johnson & Johnson's viral vector COVID vaccine combines the genetic material from the SARS-CoV-2 virus that causes COVID-19 with a genetically modified adenovirus that causes the common cold. The genetic alteration of the adenovirus reportedly "disarms" it from being able to replicate. However, it acts as a "vector" carrying the SARS-CoV-2 virus's genetic code into human cells for "transcription", and where it directs the synthesis and encoding of proteins

Like live attenuated virus vaccines, viral vectors have the potential to replicate and activate autoimmune reactions and prolonged inflammation. Persistent infection ensues when virus and viral units remain in cells and replicate slowly or at low levels in a latent phase. Latent infections can be reactivated into a lytic form. Reactivation is provoked by external and/or internal cellular stimuli and typically occurs when

local immunity is compromised. Thus immune-compromised patients are highly susceptible to reinfection of latent viruses. When lytic infection is reactivated, the viral genome releases new progeny virus particles that trigger new inflammation - thus persistent infection becomes chronic inflammation disease. While viral vectors are the most effective carriers for gene delivery, the reaction problems with toxicity and insertion mutagenesis are problematic, as they have been for traditional vaccines.

Unlike traditional vaccines, the new generation of nucleic acid vaccines (DNA & RNA) delivers genetic code for in vivo production of viral proteins. RNA vaccines introduce a messenger RNA sequence (mRNA) that, through the process of 'transcription', makes an RNA copy of the gene sequence which then directs the synthesis of other proteins.

For an animated illustration showing how molecular machines transcribe the genes in the DNA of cells into portable RNA messages, how they are modified and exported from the nucleus, and how the mRNA code is read to build proteins, see [The Central Dogma: From Genomic Information to Protein Synthesis](https://www.youtube.com/watch?v=J3HVVi2k2No) (<https://www.youtube.com/watch?v=J3HVVi2k2No>)

The goal for genetic code expansion is to engineer living systems for useful purposes. The long-term effects of

the introduction and transcription of new functional synthetic/unnatural amino acids into living cells is not well known or tested. With traditional vaccines, injected toxins and other disease factors can be excreted and the adverse side effects mitigated. Altered or modified genetic material could be irreversible and irreparable.

Emerging Nanotechnology - Carrier Systems

New vaccine designs are using emerging nanotechnology platforms (1) for antigen delivery via lipid nanoparticles, (2) as vaccine adjuvants to promote and prolong inflammatory responses, and (3) as mimics of viral structures for genetic expansion.

Viral or non-viral nanoparticles are employed as “nanocarriers” and include proteinaceous biomaterials (plant viruses and bacteriophages), synthetic materials (polymer, liposomal or lipid nanoparticles), and viral vectors (repurposed mammalian viruses). Liposomes and lipid nanoparticles (LNPs) are non-viral liposome-like structures that encapsulate and deliver a broad variety of nucleic acids (RNA and DNA) and genetic payloads.

Nucleic acid DNA and mRNA vaccines use nanogels as the carrier or delivery system. Nanogels are “macromolecular systems” made with natural and synthetic polymers. Polymers are typically used to coat or

hold things together or provide structure (like Teflon, glue, plastic). The nanogel (1) encapsulates the payload, (2) protects the cargo from degradation & elimination, and (3) delivers the payload across cellular membrane. They are designed to extend the life of their payload and to deliver the payload to the desired site, by protecting the contents from natural degradation by the body’s immune system.

Nanocarriers enable co-delivery of both antigens and adjuvants to secondary lymphoid organs including lymph nodes, spleen, adenoids/tonsils, nasal lymphoid tissue, and mucosal tissues to create “depot effects” (accumulation sites) to enable a sustained/prolonged immune stimulus.

In clinical applications, liposomal drugs like polymers and nanogels accumulate at sites of increased vasculature permeability. In other words, vascular beds located throughout the body. These vascular beds serve the needs of tissues and organs by delivering oxygen and nutrients, and by removing nutritional and metabolic waste. The nanogel protects the cargo from degradation so that it can reach these areas in the body where perfusion into cells is easily accessible. Deposition of these synthetic nanoparticles into capillary beds can be problematic if accumulation of these nondegradable materials causes obstructions and prevents circulation.

Like other implantation devices, scar tissue will develop around the foreign substances making it more difficult to transform.

The human immune system is designed and driven to protect the body from any and all foreign objects. Stealth-equipped nanoparticles are no exception. It should be noted that the molecular weight of polymers is above the renal threshold, so the substances cannot be excreted from the body via the kidneys. Even if the nanogels are designed to be degraded into smaller polymer fragments to activate the release of their payload, there is a risk of abnormal cellular accumulation of polymer chains by sequestration in the lysosomal compartments of the cells. The elimination of these materials will be challenging, if not impossible.

Some COVID19 vaccine contenders and the type of vaccine in development:

Developer	Vaccine	Type
Sinovac	Formalin inactivating whole virus particles combined with an aluminum adjuvant	Inactivated vaccine
Beijing Institute of Biological Products, Sinopharm	Inactivated vaccine of SARS-CoV-2	Inactivated vaccine
Wuhan Institute of Biological Products, Sinopharm	Inactivated vaccine of SARS-CoV-2	Inactivated vaccine
Institute of Medical Biology, Chinese Academy of Medical Sciences	Inactivated vaccine of SARS-CoV-2	Inactivated vaccine
Novavax	Stable, pre-fusion S protein given with adjuvant, Matrix-M	Subunit vaccine
CanSino Biological Incorporation, Beijing Institute of Biotechnology, Canadian Center for Vaccinology	Recombinant SARS-CoV-2 vaccine that incorporates the adenovirus type 5 vector (Ad5-nCoV)	Non-replicating viral vector vaccine
University of Oxford, AstraZeneca	Chimpanzee adenovirus vaccine vector (ChAdOx1)	Non-replicating viral vector vaccine
Shenzhen Geno-Immune Medical Institute	Approach 1: modified dendritic cells expressing SARS-CoV-2 minigenes Approach 2: artificial antigen-presenting cells expressing SARS-CoV-2 minigenes	Non-replicating viral vector vaccine
Inovio Pharmaceuticals	Optimized DNA vaccine given via electroporation	DNA vaccine
Symvivo	bacTRL-Spike oral DNA vaccine encoding S of SARS-CoV-2	DNA vaccine
Moderna (U of Pittsburgh)	Prefusion stabilized S protein mRNA vaccine	DNA vaccine
BioNTech, Pfizer, Fosun Pharma	Lipid nanoparticle mRNA vaccines	DNA vaccine

New Delivery Systems

Inovio presents both a new type of vaccine and a new delivery system. The vaccine is not delivered by single syringe needle as other vaccines are, but by an injection machine called the Collectra 3PSP. The device has three needles. One injects the DNA vaccine and the other two provide electrical stimuli via electroporation to force the cell membranes open so that the foreign DNA in the vaccine can enter at approximately a thousand times the rate that the cell would typically allow.

FORWARD FUND



Created to pay for projects that involve advancing the image and utilization of Acupuncture and Oriental Medicine (AOM). This special purpose fund, was established by the Board.

The main goal is to be able to finance enhanced and added efforts at educating Florida citizens, law makers, employers and insurance companies in the value and benefits of AOM.

The Forward Fund is a special bank account, set up and reserved for special projects. These special projects, as created by the Board of Directors, include such things as:

- Acupuncture Education Day
- Exhibiting at the Worker's Compensation Institute Conference
- Lobbying
- Coalition building
- Advertising
- Special functions
- Creation and mailing of special literature or documents
- And much more ...

The funds generated at the FSOMA Conference Silent Auction supports this work.

Donate

1. Visit www.fsoma.org/forward-fund
 - Allows you to set up a monthly donation
2. Send a check made payable to:

FSOMA
PO Box 10066
Bradenton, FL 3428

Levels of Support

Wei – \$5 – \$100
Qi – \$101 – \$250
Blood – \$251 – \$499
Jing – \$500 – \$999
Double Jing – \$1000+



Another new delivery approach, called a micro-needle array, is used to increase the potency of the vaccine. The array is a finger-tip sized patch of 400 tiny needles that deliver spike proteins into the skin, where the immune reaction is the strongest. More like an inoculation than a vaccination, the point of entry is the skin, versus injecting the infection into the body. However, the nano-material delivered (virus like particles and virus vectors) is nucleic-acid based gene expansion technology designed to perform genetic engineering in vivo.

Note on aborted fetal tissue

Traditional vaccines are cultured in various kinds of animal tissue, which has become problematic in many ways. One is the now known creation of latent retroviral infections. This occurs through the transfer of unknown viruses from foreign animal tissue culture to the host. Since the 1970's, vaccine development as been transitioning from animal

tissue to the use of aborted fetal cell lines in production. These foreign proteins are essential for making subunit vaccines.

Contaminants from both animal and human tissue used in vaccine production are recognized by the immune system as 'foreign' and have the potential to trigger autoimmune responses and genomic instability.

Vaccines contaminated with human fetal DNA fragments and a retrovirus are known to cause DNA breaks and gene mutations, a phenomenon now statistically correlated to children with regressive autism. COVID and future vaccines will use aborted fetal cell lines and will employ 'gene expansion' technology with polymer nanocarrier systems to purposefully cause DNA breaks and the programming of new proteins inside host cells.

Aborted fetal tissue cell lines used in current vaccines include rubella, measles, chickenpox, hepatitis A, polio and shingles.

Current COVID-19 vaccines using aborted fetal cell lines include:

Moderna	HEK 293
Johnson & Johnson	PER.C6
Sanofi Pasteur	Fall worm cell line (insect)
Inovia	INO-400 DNA
Sinovac	PiCoVacc Vero Cells, African Green Monkey
University of Oxford, AstraZeneca	HEK 293
Pfizer	BNT 162
CanSino	HEK 293
University of Pittsburgh	HEK 293

Note on Liability Indemnification

Vaccines are liability-free products. The 1986 National Childhood Vaccine Injury Act (NCVIA) granted vaccine manufacturers and those who administer vaccines liability indemnification. They may not be sued for injuries/deaths caused by their products. Claims for vaccine injuries or deaths must be appealed to the US Court of Federal Claims vaccine court and the cases are not entitled to jury deliberation. To date, more than \$4.4 billion in compensation has been paid for injuries and deaths caused by vaccines. The influenza vaccine is the most frequently named in the majority of all Vaccine Injury Compensation Program (VICP) petitions.

The Homeland Security Act of 2002, and the 2005 Public Readiness and Emergency Preparedness Act (PREP Act), provide additional indemnification for manufacturers and providers as they exclude tort claims from products and persons that help control a public health crisis. In March 2020, Health and Human Services (HHS) issued a Notice of Declaration which confers immunity from tort litigation for those developing medical counter-measures against COVID-19. Compensation to individuals who sustain a serious injury or death will be provided through the Counter-measures Injury Compensation Program (CICP), a program that has been in place since 2000.

Updates on development

As of September 2020, there are over two hundred COVID-19 vaccines in development. The US National Institutes of Health (NIH) has partnered with more than 18 pharmaceutical companies to accelerate development of COVID-19 drug and vaccine candidates.

The adenovirus vector-based coronavirus vaccine Sputnik V, developed by the Gamaleya Research Institute of Moscow, has been approved for use before going through Phase III trials.

The US government has chosen three vaccine candidates to fund for Phase 3 trials: Moderna's mRNA vaccine, AstraZeneca's chimpanzee adenovirus vector vaccine and Pfizer's DNA vaccine.

Most vaccine candidates now being tested require two separate doses. It is not known how long the immunity will last or to what extent the virus might mutate or change in a way that makes the vaccine ineffective. The long-term side effects of the new COVID-19 vaccines will not be known for some time.

Public health officials say front-line medical workers should be given priority in any emergency use of unapproved vaccines.

COVID vaccines are being tested primarily on healthy adult volunteers under age 65. Mass vaccination of coronavirus vaccines will include a

diverse population with varying degrees of health. Currently six out of ten adults in the US suffer from a chronic disease, while an estimated 15 to 25 percent of US children and adolescents suffer from a chronic illness or disability.

Adverse reactions from these novel vaccines can be expected to include those associated with current vaccines, as well as above-stated complications from using gene expansion and nanocarrier platforms.



Dr. Toni Krehel, AP - July 2020 In private practice in Jacksonville since 1997, Dr. Krehel is a member of the Holistic Pediatric Association, Physicians for Informed Consent, Florida State Oriental Medical Association, Health Freedom Florida, director of KNOW Vaccines, and the Florida state leader for the National Vaccination Information Center since 2001.

Reference List:

- COVID-19 vaccine development and a potential nanomaterial path forward. <https://www.pharmaexcipients.com/news/covid-19/vaccine-development-potential-nanomaterial-path/> <https://www.nature.com/articles/s41565-020-0737-y>
- Table 1 COVID-19 vaccine candidates in the clinical development pipeline. <https://www.nature.com/articles/s41565-020-0737-y/tables/1>
- COVID-19 Vaccine Tracker <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-vaccine-tracker>
- Dozens of COVID-19 vaccines are in development. Here are the ones to follow. <https://www.nationalgeographic.com/science/health-and-human-body/human-diseases/coronavirus-vaccine-tracker-how-they-work-latest-developments-cvd/>

- Adjuvant Systems for Vaccines. <https://www.sciencedirect.com/science/article/pii/S0264410X19310199>
- From discovery to licensure, the Adjuvant System story <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5287309/>
- Recognizing Autoimmune/Autoinflammatory Syndrome Induced by Adjuvants (ASIA) <https://www.naturalmedicinejournal.com/print/1174>
- Virus reactivation: a panoramic view in human infections <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3142679/>
- What is Viral Vector Vaccines? <http://www.globalhealthprimer.emory.edu/targets-technologies/viral-vector-vaccines.html#:~:text=What%20is%20Viral%20Vector%20Vaccines,cells%2C%20elicit%20an%20immune%20response.>
- Genomics. <https://www.journals.elsevier.com/genomics>
- An mRNA Vaccine against SARS-CoV-2 Preliminary Report. <https://www.nejm.org/doi/full/10.1056/NEJMoa2022483>
- The Central Dogma: From Genomic Information to Protein Synthesis <https://www.youtube.com/watch?v=J3HVVv2k2No>
- Medical Nanotechnology. <https://www.sciencedirect.com/topics/engineering/medical-nanotechnology>
- Nanogels: an overview of properties, biomedical application and obstacles to clinical translation <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4862943/#R220>
- Liposomes and Lipid Nanoparticles as Delivery Vehicles for Personalized Medicine. <https://www.exeleadbiopharma.com/news/liposomes-and-lipid-nanoparticles-as-delivery-vehicles-for-personalized-medicine>
- Sputnik V: The First Registered COVID-19 Vaccine <https://sputnikvaccine.com/>
- A COVID-19 Vaccine May Be Only 50% Effective. Is That Good Enough? <https://www.npr.org/sections/health-shots/2020/09/12/911987987/a-covid-19-vaccine-may-be-only-50-effective-is-that-good-enough>
- Aborted Fetal Tissue use in COVID-10 Vaccines. <http://nodeception.org/aborted-fetal-cell-use-in-covid-19-vaccines/>
- DNA Mutations <https://www.soundchoice.org/research/>
- National Vaccine Injury Compensation Program Monthly Statistics Report. July 2020 <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf#20>
- Volunteers Suffer Serious Reactions to Johnson & Johnson's COVID-19 Vaccine <https://thevaccinereaction.org/2020/10/20-volunteers-suffer-serious-reactions-to-johnson-johnsons-covid-19-vaccine/>

LYNN THAMES MEMORIAL SCHOLARSHIP



The FSOMA Board of Directors has established the Lynn Thames Memorial Scholarship Fund for students of AOM in Florida.

We honor her service to our profession and the love she showed her students.

To donate to the Lynn Thames Memorial Scholarship Fund visit:

FSOMA.ORG/LYNN-THAMES-MEMORIAL-SCHOLARSHIP-FUND

We encourage students every year, to submit their applications for this scholarship. Applications showcase and reflect the students role as emerging leaders in the profession of Oriental Medicine & Acupuncture.



Chrissy Schlitt

(772) 567-1188 ext. 113

christine@schlittservices.com



Personal • Business • Life & Health • Financial Services

Partnering with FSOMA since 1995

**Here to help with all your insurance
needs from work to home and
everything in-between**

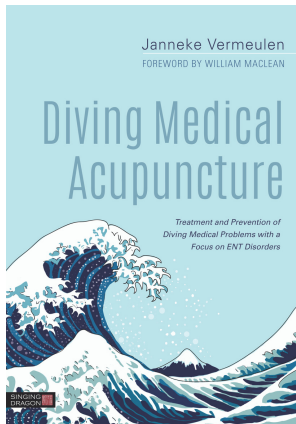
"Diving Medical Acupuncture: Treatment and Prevention of Diving Medical Problems with a Focus on ENT disorders"

BY JANNEKE VERMEULEN

FSOMA Book Review by Ellen Teeter, AP

The stated purpose of this book is to give an in-depth overview of how acupuncture can enable divers to continue safely diving.

For acupuncturists it is much, much more



Published 2018 by Jessica Kingsley Publishers, ISBN 978 1 84819 3239



Janneke Vermeulen has worked as an acupuncturist since 1994 - partly trained in China and the USA - and is a specialist in Diving Medicine, ENT, Chinese Face Reading and Diagnosis, Facial Acupuncture Renewal, and Infertility.

As a PADI Dive master, Diving Medicine is one of her profound interests. She is the only acupuncturist in the world currently using acupuncture to treat divers with specific diving problems.

"A diver would love to feel like a fish under water, so that's why an optimal health is very important!"

This is a manual for starting to develop a specialty in Dive Medicine Acupuncture, including tips for home care and diet to improve conditions.

It is an in-depth overview of the anatomical structure and function of the ear, nose, and sinuses.

It is a clinical manual for most ear, nose, and sinus disorders. In addition to sections on anatomy of ear, nose, and sinuses and techniques for clearing the ears, there is a section on common diving problems. There is also detailed clinical overview and treatment for:

- Common Cold
- Rhinosinusitis
- Allergic and Non-Allergic rhinitis
- Otitis (Ear infections / Clogged ears)
- Surfer's Ear
- Perforation of the eardrum
- Tinnitus
- TMJ Disorders
- Seasickness
- Decompression Illness
- Diving, Medication & Natural Stimulants

There is a fascinating section on how other organ systems are affected by the pressure changes of diving (and extrapolates to flying).

I found the section on Diving and meditation especially enlightening with its explanation of changes in brain waves with both meditation and diving.

This is not a huge book, but it is so packed with information that I believe is incredibly useful to acupuncturists whether you treat divers or not.

Ellen Teeter, AP

FSOMA Committee Report 2020

BY FSOMA BOARD

Membership Committee

Mission:

To foster & inspire a community of empowered members whom are engaged in their professional organization.

Your FSOMA supports Emerging Professionals and seasoned practitioners with a number of programs designed to encourage success.

AOM Schools FSOMA has representatives for each of the 6 AOM schools in Florida:

AMC

Rafael Perez rafael@fsoma.org

ATOM

Sandra Kahn president@fsoma.org

FCIM

Dwight Franklin

EWC

Ellen Teeter director@fsoma.org

Dragon Rises

David Bibbey david@fsoma.org

5 Element School

David Bibbey david@fsoma.org

If you are a student or teacher, contact the FSOMA School Representative with your questions or suggestions.

**As COVID allows we will begin meeting again with students and offering Lunch and Learns.*

Remember that the *Business Help Desk* is a member benefit where you can find unofficial mentoring for

practice building or answers to insurance billing questions.



Building Better Business was launched in October of 2019 to bring insight to the profession in topics like:

1. Practice Management
2. Marketing & PR
3. Insurance Billing
4. Clinical
5. Financial Planning

We have held 40 webinars to date which can be found at <https://fsoma.org/b-b-b> and the *FSOMA YouTube channel*. We are in the process of scheduling 2 webinars per month in 2021 and adding Branding and Sales classes along with the other categories.



2020 also brought the implementation of the *FSOMA News Updates*, with 8 (to-date) on topics like:

- Medicare Coverage: Low Back Pain
- Trends in the Profession
- Governor's order(s) on COVID
- Unemployment, PPP & EIDL Loans
- Telemedicine laws and rules
- COVID protocols for the clinic

We implanted the first *New Member Orientation* as well as several *Student Support meetings*.

2020 FSOMA Bylaws Update, Approved by Members

FSOMA wants to thank the membership for reviewing and voting for the proposed 2020 Bylaws changes. This year the Bylaws Committee edited the document's language to streamline the Association's membership categories, eliminate binary gender pronouns and to reorganize the Association's committee names and structure. The Bylaws financial policies were also updated to reflect the current Generally Accepted Accounting Principles (GAAP or U.S. GAAP).

FSOMA wants to thank and recognize Amy Sear, AP, Dipl.OM and Rev. Dr. Lisa Graham for their support and contribution to the final editing of 2020 FSOMA Bylaws.

2020-2021 FSOMA Legislative Agenda

Coronavirus legislation - The Coronavirus pandemic will have lasting effects on the State of Florida. It is anticipated that the Florida Legislature will spend much of its 2021 session contemplating its economic impact and policies that

need to be updated during times of pandemic response. FSOMA will lobby for inclusion in several bills. We may see the following bills filed, such as:

- Telehealth - bills that clarify the purpose of and expand the use of telehealth
- Essential healthcare workers -- bills that create lists of essential health care workers during times of disaster response
- Frivolous lawsuits - bills that keep unscrupulous attorneys from encouraging Floridians from filing baseless lawsuits against businesses (and health care workers) who attempted to remain open (treat patients) during the COVID pandemic.

Non-pandemic related legislation - All major Florida Medicaid Managed Care Plans include acupuncture benefits and coverage, yet Florida State Medicaid Plan does not. Long term, it is FSOMA's objective to be included in the state plan. It may be a necessary first step to advocate for a study to review acupuncture within the Medicaid system during the year 2021 - 2022. FSOMA also desires to lobby for inclusion of acupuncture in all private pay plans when the climate is right to seek such legislation. FSOMA will set a meeting with the state Surgeon General to discuss volunteerism by the profession and other was to stay top-of-mind with leaders at DOH.

FSOMA has provided 2021 financial support to:

- Rep. Colleen Burton
- Rep. Danny Perez
- Rep. Sam Garrison
- Rep. Plasencia
- Rep. Webb
- Sen. Gayle Harrell
- Sen. Ana Maria Rodrigues
- Sen. Ed Hooper
- Sen. Jim Boyd
- Sen. Ben Albritton
- Commissioner Charlie Justice – Pinellas County Commission

Legal Defense Fund



The LDF was used to send lawyer's letters to Pinellas and Palm Beach Counties with reasons they needed to reverse their decisions to close acupuncture practices as personal care services. We supplied them with a statement from the Governor's office confirming we are primary healthcare providers.

Conference Committee

The FSOMA Conference Committee kicked into hyperdrive this year as we responded to the need for a format change to allow us to produce a world class education and

networking event in the midst of a pandemic.



Going virtual for the first time was a monumental effort carried out by your FSOMA Board and in collaboration with Net of Knowledge and was made a tremendous success by all of you, our members, colleagues, sponsors and friends.

We were able to shift from our usual in-person format to holding all our classes and events and even hosting our exhibitors online and we were even able to spread our reach beyond the borders of our state. While we hope we are never again limited to only gathering in front of our computers we are so grateful for and pleased with the success of the virtual conference and the feedback from our members was so tremendous that we know we can respond to whatever the future holds in a way that continues to help us build community, educate and grow together in the profession.

As we look to 2021, the year of the Ox, we are excited to be planning our next live event which is currently planned to be held in person in at the Westin Fort Lauderdale Beach Resort on August 13-15. We are working on building a schedule of events to make

this year even more exceptional than last so please plan to join us!

CEU Committee



The CEU Committee picks the speakers for the conference and for other CEU classes offered by FSOMA. Our focus is on classes that offer immediately useable information to improve your clinical outcomes.

In addition to the speakers for the 2020 Virtual FSOMACon we have offered a number of great CEU classes by since the last Annual Meeting:

- *Telemedicine*
with Galina Roofener L.Ac AP
- *Pulse* *Diagnosis*
with Greg Cicciu, LAc
- *Functional Medicine & Building Immunity*
with Charles Bens
- *Childbirth Acupuncture: Building Confidence in Labor & Birth*
with Deb Davies L.Ac
- *Bullet Proofing your Practice*
with Mori West
- *Human Trafficking*
with Amy Sear L.Ac

Currently we are in middle of a *German Auricular Medicine Certification Course*, the last weekend is coming Nov 20-22, 2020.

[Click here for more](#)

The first 2 classes in the series are available online to complete the series.

Coming up next year, 2021 are some great classes with Galina Roofener L.Ac and many more. Check out the *FSOMA Calendar* for updates.

Supporting Ovarian Reserve with Chinese Medicine

BY ANN WANG, CMD, L.AC

Without a doubt, the work that has brought me the most joy in my 39 years of practice has been helping my patients to conceive and to bring healthy babies to term. Fertility has become one of my specialties not only because of my growing experience in the field but also because infertility has grown more common over time. Low ovarian reserve has particularly become more prevalent in recent years. A decade ago, my patients experiencing low ovarian reserve were reliably age 40 or older. Today, it's not uncommon for patients in their mid-30's to experience low ovarian reserve. At the same time, more and more patients are waiting longer to have children.

Fortunately, TCM treatment for ovarian function has been found effective in clinical studies and in my practice. TCM considers that the main pathogenesis of ovarian reserve dysfunction is **kidney deficiency and blood stasis**. Kidney deficiency in these patients often expresses as dysfunction in the liver, heart and spleen as well. The treatment is to invigorate the kidney, fill the vital essence, tonify the blood, and regulate menstruation.

I will discuss a Chinese herbal formula called **Zi Shen Yu Tai Wan** (*available from China Herb Company*), a variant called **Fertile Tonic**, and their impacts on low ovarian reserve patients in clinical

trials as well as in my own practice when combined with acupuncture. I will share specific acupuncture points for each phase of the menstrual cycle later in this article.

Zi Shen Yu Tai Wan was originally called **Shou Tai Wan** when it was developed by Dr. Zhang Xichun, a famous doctor in the Qing Dynasty.

In the early 1960s, the renowned fertility doctor and cofounder of the Guangdong University of Chinese Medicine, Dr. Luo Yuankai, modified the classical formula and named it **Bu Shen Gu Chong Wan**. Dr. Luo was later awarded by the Chinese Ministry of Public Health for his development of the formula and another formula for the induction of ovulation.

Today, the formula that Dr. Luo popularized as Bu Shen Gu Chong Wan is known across China as Zi Shen Yu Tai Wan. The formula is comprised of fifteen herbs: Tu Si Zi, Sha Shen, Shou Di Huang, Ren Shen, Sang Ji Sheng, E Jiao, He Shou Wu, Ai Ye, Bi Ji Tian, Bai Zhu, Dang Shen, Lu Jiao Shuang, Gou Qi Zi, Xu Duan, and Du Zhong. In the US, you can find a formula similar to Zi Shen Yu Tai Wan under the name **Fertile Tonic**.

In Clinical Studies

A wealth of clinical studies has been performed on Zi Shen Yu Tai Wan in China. Many of these studies focus on its impact on endometrial

receptivity or on threatened miscarriage. While these applications are complementary to the application for improving ovarian reserve, I will focus on a study focused on ovarian reserve and its symptoms conducted by Dr. Yang Shenghua of Guangzhou University of Traditional Chinese Medicine.

In this 2010-2012 study, 40 patients with ovarian reserve dysfunction in the gynecological clinic of the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine were divided into two groups: 20 patients in the Chinese medicine group and 20 patients in the Western medicine group. The Chinese medicine group participants were administered **Zi Shen Yu Tai Wan** while the Western medicine group participants were administered hormone replacement therapy (HRT) in the form of **Progynova and progesterone**. Prior to and following three months of treatment, patients' 1. perimenopausal symptoms, 2. menstrual cycle regularity, and 3. hormone levels were observed. Both groups showed improvement following treatment, though along different indicators. Dr. Yang's team reported that patients experiencing perimenopausal symptoms related to low ovarian reserves observed marked improvement after treatment with Zi Shen Yu Tai Wan compared with treatment using HRT. Patients' perimenopausal symptoms included lower back pain and knee pain, insomnia and hyperactive dreaming,

fatigue, shortness of breath, and aversion to socializing. Of patients experiencing menstrual cycle irregularity related to low ovarian function, the majority recovered to normal menstrual cycles after treatment with HRT. Zi Shen Yu Tai Wan was effective in many patients, but a smaller proportion of patients with menstrual cycle irregularity recovered fully after treatment with herbs than with HRT.

The hormones observed in the study were **follicle stimulating hormone (FSH)**, **luteinizing hormone (LH)**, **estradiol (E2)**, **inhibin B (INHB)** and **antimullerian hormone (AMH)**. The hormones FSH and AMH are indicators of ovarian reserve, while E2 is an indicator of ovarian function and egg quality. The hormone LH regulates the function of the ovaries and of the menstrual cycle, and INHB is a lagging indicator of the development of ovarian follicles.

Dr. Yang's team found that compared to patients' hormone levels prior to treatment, patients taking Zi Shen Yu Tai Wan observed improved levels of FSH and LH, but observed no significant change in E2. Patients taking HRT observed improved levels of FSH, but observed no significant change in LH or E2. Both groups showed improvement in their levels of AMH and INHB compared to their levels prior to treatment.

During the two-year period of the study, 4 out of 20 patients treated

with Zi Shen Yu Tai Wan became pregnant. An additional 8 patients improved significantly, while 6 patients improved, and 2 patients observed no response. In the Western medicine group, 2 out of 20 patients became pregnant, 7 patients improved significantly, 8 patients improved, and 3 patients showed no response. No adverse reactions were observed in the Chinese medicine group. In the Western medicine group, 3 patients reported breast swelling and pain and 2 patients reported nausea and vomiting.

After statistical analysis, Dr. Yang concluded there was no significant difference between outcomes in the traditional Chinese medicine group and the Western medicine group, but that both groups showed improvement compared indicators to prior to treatment.

In My Practice

I use a combination of acupuncture and herbs in my fertility practice. It has been my experience that, in the treatment of fertility, acupuncture is most effective for stress reduction, menstrual cycle regulation, ovulation induction, and in vitro fertilization (IVF) support. I find that herbs are most effective for restoring or improving ovarian reserve, constitutional balance, glandular function, and egg quality. The combination of acupuncture and herbs has a greater effect in fertility care than either has on its own. With acupuncture and herbs, it's possible



to help patients with many aspects of fertility, including ovarian function, egg quality, cycle regulation, avoidance of miscarriage, and IVF preparation and support.

Acupuncture. The method of acupuncture I have been using in my practice is based on Dr. Zheng Guoping's four groups of Acupuncture Fertility Assisting Points. The first group is to calm the mind, relax the body, and improve the blood calculation. The acupoints used are Shen Ting (DU-24) and He Gu (LI-04). The second group consists of auricular points to stabilize the mind, relax the body, and regulate the ovarian uterus function. There are four auricular points (the ovaries, uterus, kidneys and Shenmen), but only two points should be used at a time. The third group is a set of six fertility points for tonifying Chongren channels, regulating qi and blood, and supporting the ovary and uterus function. The acupoints are

Zhong Ji (CV-3), Guan Yuan (CV-4), Gui Lai (ST-29, bilateral), and Zi Gong (EX-CA1, bilateral). The fourth group is to invigorate the kidney and liver, regulate the blood, strength the spleen and stomach function to support the ovary and uterus. The acupoints are Tai Xi (KD-3), San Yin Jiao (SP-6), Yin Ling Quan (SP-9), Zu San Li (ST-36), Zhong Wan (CV-12) and Bai Hui (GV-20).

Additionally, I use modifications according to patient differentiation in TCM diagnosis, and differentiation according to menstruation phases. For example, in the menstrual phase, the acupoints Shi Qi Zhui (EX-B-8) and Ming Men (GV-4) are added to the four groups of Acupuncture Fertility Assisting Points described above. In the follicular phase, the acupoints Qi Hai (Ren-6), Guan Yuan (CV-4), Yang Ling Quan (GB-34) and Tai Chong (LV-3) are emphasized; during the ovulation phase, the acupoints Qi Hai (Ren-6), Guan Yuan (CV-4), Zi Gong (EX-CA1, bilateral), San Yin Jiao (SP-6), and Zu San Li (ST-36) are emphasized; and during the luteal phase, the acupoints Shen Shu (BL-23), Ge Shu (BL-17) and Fu Liu (KI-17) are added. The combination of these acupuncture points can help to improve the reproductive function, relax the body and mind, regulate the hormone, balance the yin and yang to create a healthy environment for fertility.

Herbs

Zhi Shen Yu Tai Wan is an extremely effective and widely used formula;

however, I've used a variant of it for many years in my practice that is specifically designed for Western patients with low ovarian reserve and for patients also dealing with poor egg quality. The formula Fertile Tonic, like Zhi Shen Yu Tai Wan, works to improve ovarian reserves by invigorating the kidneys, regulating the liver, and tonifying the blood.

Additionally, Fertile Tonic contains Chai Hu to smooth the Liver Qi to regulate emotions for a happy and peaceful feeling during the treatment of fertility, and Dan Shen to remove blood stasis for improved egg quality. The ingredients in Fertile Tonic are Bai Shao, Bu Gu Zhi, Chai Hu, Chuan Xiong, Dan Shen, Dang Gui, Du Zhong, Gan Cao, Gou Qi Zi, Gui Ban, Shu Di Huang, Tu Si Zi, Xian Mao, and Yin Yang Huo. It is advised when taking both Zhi Shen Yu Tai Wan and Fertile Tonic to avoid consuming radishes, coix seeds (also known as Yi Yi Ren or Jacob's Tears), and mung bean sprouts at the same time. If liver and kidney Yin deficiency patients feel dryness or bitterness in their mouths, they are advised to take the formula with water and honey.

In Conjunction

To boost ovarian reserves, improve follicular development, promote ovulation, and improve the quality of eggs, it is important to work with patients well in advance of pregnancy. Typically 3-6 months of treatment are needed prior to pregnancy to fully invigorate the kidney and the spleen. Patients

experiencing poor egg quality should take Fertile Tonic or other herbal formulas that work to revitalize the kidneys and remove blood stasis as soon in the process as possible. Low ovarian reserves may also manifest in irregular menstruation. If so, patients will benefit from acupuncture 1-2 times every week and herbs taken twice a day for 20 days starting on the 5th day of menstruation for a period of three months. While HRT is the most direct treatment for cycle regulation, acupuncture and herbs can gently and successfully regulate the cycle and the uterine environment while also addressing delayed menstruation or hypomenorrhea. Acupuncture and herbs may also be used in conjunction with HRT for severe cases or for patients who prefer to see faster results.

Low ovarian reserve patients, due to associated poor egg quality, are also often at risk of threatened miscarriage or recurrent miscarriage. In these cases, the goal is to improve luteal function and endometrial receptivity by invigorating the kidney and spleen, to nourish the blood, and to stabilize the fetus. Particularly for patients with frequent spotting, lumbar soreness and lower abdominal pain, acupuncture should be administered 1-2 times a week and herbs should be taken 12 weeks prior to pregnancy through the first 12 weeks of pregnancy.

Finally, patients undergoing IVF frequently see higher rates of success

when also undergoing TCM treatment for ovarian function. Of patients undergoing IVF, those with low ovarian reserve are more likely to respond to follicle stimulating drugs poorly (few mature eggs) or not at all (eggs are not mature). Even when mature eggs are retrieved, the eggs are more often of low quality and so they less frequently are able to develop into the stage needed to successfully transfer. Further, poor egg quality can lead to higher rates of miscarriage after successful transfer and implantation. The benefits of acupuncture and herbal treatment in advance of IVF are especially beneficial, as I've seen in my last 17 years of treating infertility patients in partnership with IVF specialists in Central New York. In patients simultaneously undergoing Chinese medicine and IVF, I've observed improved response to ovulation simulation drugs, higher numbers of retrieved mature eggs, more fertilized eggs, more quality embryos, and higher chances of conception with each round of IVF. Even after IVF, the rates of miscarriage are frequently reduced in patients undergoing treatment with acupuncture and herbs.

In Conclusion

While fertility is an extremely complex field, the herbal formulas described in this article are effective tools for building your integrative fertility practice. Particularly when combined with acupuncture, patients experiencing a wide range of fertility

issues may benefit and increase their chances of conception. It takes patience and dedication to see patients through their fertility issues; however, the rewards are tremendous for patients, their families, and practitioner alike. The fertility work I do is the work that I personally welcome and appreciate the most. I hope that you too may experience the immense joy of meeting highly anticipated newborns and the delight of seeing them grow year after year.



Ann Wang, CMD, L.Ac. is the Founder and Director of the Integrative Medicine Center in Ithaca, NY and Consultant for Treasure of the East. She received her medical degree in Chinese medicine from Shandong University of Traditional Chinese Medicine.

Previously, she was a Chief Medical Administrator of the Chinese State Administration of Traditional Chinese Medicine, an adjunct professor of the China Academy of Chinese Medical Sciences, and a faculty member at Cornell University. She is one the first overseas practitioners to be awarded the title of Doctor of Chinese Medicine, Physician in Chief by the World Federation of Chinese Medicine Societies. She is also a member of the Presidential Council of the World Federation of Chinese Medicine Societies. She specializes in pain reduction, management of chronic illness, and women's health and fertility.

Used by permission of Treasure of the East

This article was published in Pacific College's Summer 2019 issue of Oriental Medicine. Zhi Shen Yu Tai Wan is one of Dr. Wang's fertility formulas available from China Herb Company

Invest in your patients' future.
Join the Anfala Family Today!

- Bing De Ling®** - Balance & Modulate Immune Function
- Stomach Peace™** - Calm Down Stomach & Healthy G. I System
- Ai Kang™** - Detoxification & Regulate Bowel Movement
- Gan Mo Su™** - Hepatic-Biliary System Protection
- Hama Oil™** - Anti-aging & Keep Healthy Vascular System
- San Sheng Wan™** - Transform, Dispel Phlegm & Mucus

Anfala recognizes the wisdom in coupling ancient Chinese methodology with modern molecular biology for the medicinal benefit of your patients.

ANFALA IS INVITING YOU TO DO THE SAME.

ACT NOW!
CONTACT ANFALA DIRECTLY
941-365-9886
 Visit our website at www.anfala.com

Corporate Start-Up for Acupuncturists

BY CHASE HOWARD

As an Acupuncturist in a private, solo-practice or group practice, proper start-up is key. Understanding how to set up your business properly with the State and IRS, developing a business plan, and understanding all requirements will help eliminate obstacles that will slow your growth.

When working with new acupuncture businesses, consider the following:

1. Corporate Structure

- A company is considered a legal entity and recognized by both the IRS and the State. Depending on the number of owners and type of business, different options exist regarding entity type. Specifically, most healthcare professionals choose a limited liability company, corporation or a professional association. Once you choose the appropriate type of entity, you'll want to meet with your CPA to discuss taxation of the entity and how that affects the owners personally.

2. Obtaining an EIN/TID

- Before you can open a business bank account, or even do business in your city, you will need to obtain an Employer Identification Number or Tax ID for your business. Properly applying will save you time down the road with IRS tax issues.

3. Licensure

- As an Acupuncturist, you have to be licensed by the Florida Board of Acupuncture. As a business owner, you'll need additional business, state, county, and city government licensure to do business. Florida has many counties, each with different rules.
- You may need local tax licenses depending upon your offerings and services as well.

4. Operations Planning

- Starting a successful practice begins months before with business planning. Develop a business plan for financing purposes, gather information regarding day-to-day operations, explore different financing options, develop a practice culture, assess bringing on any partners, and other practice considerations.

5. Trademarks and Branding

- People recognize businesses by their logos, name, service, or specialists.
- Protecting your brand is just as important as building your business. Utilizing Federal or State trademark protections is just one method of building and creating your brand.

6. Corporate Compliance

- Once you've built the foundations of your new practice, protecting

its assets should be high on your priority list.

- As a solo practitioner, you want to take all the necessary steps to ensure your company looks and functions as an entity separate from yourself individually.
- With partners, the right agreements and contracts will ensure that the company is treated as a legitimate entity. The risk and stress of opening a practice or business demands time, attention, and experience. Before expending too much energy and financing, it is highly recommended that you gather an experienced team to handle the task and help ensure your start-up is geared for success.



Chase Howard's background is focused on both operational and business considerations for healthcare providers and businesses, as well as regulatory compliance issues. Chase lectures regularly in the community and routinely advises his clients about the issues that healthcare businesses of many kinds face, including: Physician Employment Contract Review, HR Issues in a Medical Practice, Estate Planning & Asset Protection, Operational Compliance, Fraud & Abuse, Healthcare Business Start-ups. Chase received his Bachelor of Arts in Political Science from the University of Central Florida and his Juris Doctorate from the University of Miami School of Law.



LEGAL DEFENSE FUND

DONATE TODAY



HELP FSOMA DEFEND OUR MEDICINE

[FSOMA.ORG/LEGAL-DEFENSE-FUND](https://fsoma.org/legal-defense-fund)

RECENT:
LEGAL ACTIONS TO REOPEN COUNTIES THAT
CLOSED AP CLINICS

Together we are stronger!

In Praise of Trees

BY PETER DEADMAN

As I write this, the leaves have fallen from the trees and their branches stand black against the sky. There was a time when I hated this wintry sight but now I am stopped in my tracks by the beauty of this skeletal calligraphy. I am just as moved by the soft greens and browns on the clumps of winter oaks that skirt the South Downs. And since I already loved the tender green of spring as the buds started to unfurl, the magnificence of mature summer trees, and of course the rich reds and golds of autumn, the circle of the tree year is now complete for me.

I know I am not unique in responding to trees on this visceral level. We humans are creatures of nature and have lived inseparably from trees for much of our history. They provided us with an early home, with food, shelter and medicines, and the material for that great evolutionary leap - the taming of fire. And now, in these challenging days, when the natural world we have reliably depended on for hundreds of thousands of years is being wiped out around us, befriending trees offers one way to start repairing the fabric of life. That is why, with Chinese medicine colleagues, I have set up the Chinese Medicine Forestry Trust, to seek donations from the worldwide profession in order to plant trees and help protect forests throughout the world.

Trees and human health

Heaven and Earth have the same roots as me, all things share the same body with me.

Daoist poem

It seems extraordinary, but simply looking at trees - or even just pictures of trees and natural scenes - triggers instant physiological changes. Our heart rate, blood pressure and cortisol levels drop, our facial muscles relax and we are drawn into a state of healing parasympathetic dominance. The scientific evidence for what is broadly known as ecotherapy harks back to a 1984 study into the relationship between trees and health. When two groups of patients recovering from gall bladder surgery were evaluated, those whose hospital ward windows looked out onto trees were discharged earlier and used fewer analgesics than those who were confronted by a bare brick wall.¹ This deep - and usually unconscious - healing response might explain why so many of us tune in to nature documentaries and why in the UK the BBC's *Countryfile* programme is watched by up to ten million people every week. It might also explain why paintings of trees, mountains and rivers have always hung in Chinese homes, restaurants and public buildings.

Daoist philosophy places humans at the heart of the natural world. We are neither superior nor inferior, but seamlessly integrated with all phenomena, whether living or not. Nature is a place of belonging. When we gaze on the natural world, hike amidst forests and hills, stroll through city parks and along wooded riverbanks, kick through piles of leaves, dig our hands into rich earth to plant seeds and bulbs, we are allowing the forms, smells and sounds of nature to fill our senses. Unlike the linear and conscious designs of the city (however wonderful and useful they may be), these infinitely varied and complex forms have sprung forth in response to natural laws - what the Daoists call *ziran* ('self so' or 'spontaneous'). We humans of course are also *ziran* and for all but the tiniest and most recent part of our evolution have lived inseparably from the rest of the natural world.

A 2019 meta-analysis of nine studies involving over eight million people published in *Lancet Planet Health* found that proximity to green space in cities reduces mortality from all causes.² For every 0.1 increment in 'vegetative score' within 500 metres of a person's home, there was a 4 per cent reduction in early deaths. Another study in the same journal found that making greenspaces more complex in design - mirroring the spontaneous and irregular *ziran* quality of nature - significantly increased their health benefits.³ It's both amusing and encouraging that

walkers spontaneously and anarchically create 'desire paths' in the most carefully laid out parks and gardens, much to the annoyance of their designers.

The benefits of connecting with nature are not only physical. Among children, it can improve cognitive functioning, self-control and self-discipline, while for adults, living within sight of green space results in reduced aggression and crime rates.⁴ A 2011 study of urban environments reported a 21 per cent higher risk of anxiety, a 39 per cent higher risk of mood disorders and a doubled risk of schizophrenia among those who live in or were born and brought up in cities.⁵

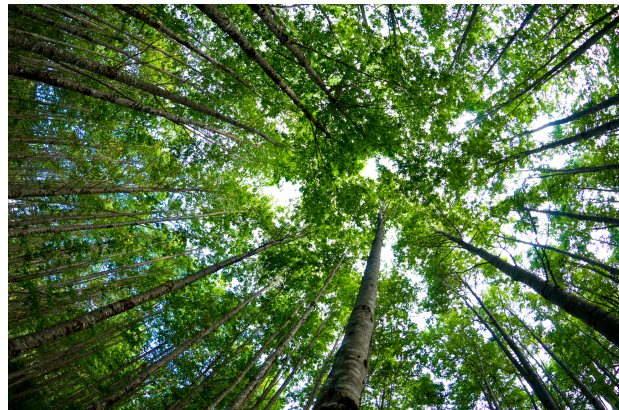
In Japan, mindfully strolling through woodland, absorbing the smells, sounds and sights, is known as *shinrin-yoku* or forest bathing. When researchers took groups of volunteers to either urban or forest environments, they found that walking in the woods significantly lowered stress levels (reducing cortisol, pulse rate, blood pressure and sympathetic nervous system activity) compared to walking in the city.⁶

'Hardiness' is a description of personality style proposed by clinical psychologist Suzanne Kobasa in 1971. It encompasses qualities such as resilience, self-control, patience, self-confidence (including the belief that we can change circumstances by our

own efforts), the appreciation of challenge as opportunity (and thus a reduced fear of change) and curiosity and interest in the outside world. These qualities - which are similar to the 'warrior spirit' cultivated in the martial arts - help us to deal with the inevitable difficulties and stresses of life.

Contact with nature - especially working in nature (for example gardening and agriculture) or experiencing its joys and challenges through activities such as walking, backpacking or wilderness camping - can increase hardiness while benefiting physical health, strength and emotional well-being. Gardening, for example, offers rich rewards. As an English saying goes, "If you want to be happy for a few hours, get drunk; if you want to be happy for a few years, get married; if you want to be happy your whole life, get a garden." Yet gardening also requires commitment, physical effort, patience (plants grow at their own speed) and resolution (dealing with pests and failures). Like many of the most worthwhile activities, it is a skill that takes many years of practice and careful observation to master. It can offer valuable social connection (especially community or allotment gardening) as well as something else - a healing, restorative connection with the natural world. The physical and mental health benefits of gardening have been demonstrated in numerous studies, with individual or community gardening playing an important role in healthy ageing.⁷

The Forest School movement uses the natural world to provide educational and developmental challenges. Children are taught to work, play and study outdoors in woodland environments throughout the year (and in most weathers) with the aim of developing such qualities as 'self regulation, intrinsic motivation, empathy, good social communication skills, independence, a positive mental attitude, self-esteem and confidence'. Research indicates these aims are largely achieved.⁸ For older children and adults, life-enhancing nature experiences and challenges are found in outward bound courses, wilderness therapy, rites of passage programmes and the growing field of ecotherapy.⁹



We all understand how medicine and healing can go beyond needles and herbs to embrace every aspect of our lives. So while we may counsel patients on the benefits of changing their diet or taking more exercise, inspiring them to spend time in natural environments (rather than in the gym) can also be an important part of the healing process.

As befits this journal, we should also remember the even more direct healing properties of trees. They make up a significant proportion of the 50,000 plant species employed as medicine and we use their bark, roots, leaves, flowers, fruits and seeds in most of the prescriptions we write. I was recently given a list of the over 200 species of Chinese medicinal trees and shrubs that Tony Harrison has grown in the Bristol herb garden. It included Nui Xi, Fu Zi, Shi Chang Pu, Sha Shen, Huo Xiang, Mu Tong, He Huan Pi, Ze Xie, Zhi Mu, Du Huo, Bai Zhi, Qian Hu, Du Huo, Tian Nan Xing, Mu Tong, Qing Hao, Yin Chen Hao, Xi Xin, Tian Men Dong, Zi Wan, Sheng Ma, Huang Qi, Bai Zhu, Chai Hu and many more.

Humans and trees working together

Not far from where I live in Sussex, the 3500 acre Knepp estate has been conducting an exciting exercise in rewilding over the past 18 years. Giving up decades of attempts to farm unforgiving clay soil, the decision was made to rewild it, in other words to let it simply do its own thing, assisted by the introduction of the nearest thing we now have to the ancient animals that roamed the English landscape - long-horned cattle for aurochs, Tamworth pigs for wild boar, and a variety of deer species. In something of a miracle, the result has been a vast explosion in biodiversity with an influx of multiple bird and insect species - many thought to be more or less extinct in this part of the country.

Much of the area has reverted to wild scrubland with self-seeded trees protected from hungry deer by the thorny plants that grow around their base.

Since woods and forests spontaneously grow in this way in a wide variety of natural environments - from the steamy rain forest to the great forests of the frozen North - it might seem that humans have no role to play - other than a purely destructive one. However, the human-tree relationship can also be positive. I often visit the River Dart in South Devon where thousands of acres of natural oak forest line the river and surrounding valleys. Wonderful as it is, however, this natural forest has fairly limited biodiversity. The tree canopy blocks much of the light and while ferns and other shade tolerant plants do grow, the variety of medium and small plants - and therefore the insects and birds that thrive on them - is limited. But wherever humans have cleared spaces or thinned the trees, precious light pours in, encouraging an explosion in biodiversity.

Around 20 years I ago, I decided to make a yurt and learnt how to coppice ash and chestnut trees. That was when I discovered that coppicing (cutting the main trunk when a tree is just a few years old, thus allowing multiple trunks/branches to sprout and be harvested for multiple uses) is an ancient practice which significantly extends the life span of

trees. And of course humans, in their restless travels and exploration, have spread tree species throughout the world – further and more effectively than animals and birds are ever capable of.

The more we learn about trees, the more wonderful they are

Many years ago, unable to sleep one night, I watched with growing amazement an Open University programme about ‘the wood-wide web’. We now know that in healthy forests, fungal networks – one single organism sometimes spreading several kilometres – run beneath the ground. They extend thin silken threads called hyphae which penetrate the root tips of trees and other plants and enter into a symbiotic mycorrhizal relationship (mykos/fungus + riza/root). The fungal mycelia feed soil nutrients such as phosphorus and nitrogen to the tree in return for photosynthate – carbon-rich sugars produced by photosynthesis and therefore unavailable to subterranean species. And not only is there a relationship between an individual tree and its fungal network, but trees can communicate with and support each other via this wood-wide web. Young seedlings, unable to photosynthesise due to dense canopy cover, are fed by neighbouring trees so they are ready to take their place in the sun when the older trees die. Indeed dying trees have been found to ‘deliberately’ donate their carbon resources to the web for the benefit of the whole tree

community. The mycorrhizal network is also a route for trees to warn each other of impending danger, for example an aphid attack that allows neighbouring trees to marshal their biochemical defences. These alarm signals are also transmitted above ground by the release of volatile chemicals. For example when elms and pines are attacked by leaf-eating caterpillars, they recognise the taste of caterpillar saliva and release pheromones to attract parasitic wasps. The wasps lay their eggs inside the caterpillars and the larvae then consume the caterpillars from the inside out. Similarly, when umbrella thorn trees start being consumed by hungry giraffes, they emit distress signals in the form of ethylene gas. Nearby trees then pump tannins into their leaves to sicken and even kill the giraffes when eaten. The giraffes, however, have countered this and learnt to browse downwind or else munch trees too far away from each other for the gas to travel.

.According to Suzanne Simard, pioneering researcher at the University of British Columbia, “a forest is a cooperative system”. But while trees clearly demonstrate this extraordinary mutual aid, Simard and her graduate students also discovered what they called ‘mother trees’. These – the biggest, oldest and most connected trees in the network – both contribute significantly to the surrounding trees and also have a specially supportive relationship with

their own seedlings. As Simard says, "If you're a mother and you have children, you recognise your children and you treat them in certain ways. We're finding that trees will do the same thing. They'll adjust their competitive behaviour to make room for their own kin and they send those signals through mycorrhizal networks."

Trees, climate change and biodiversity

When we try to pick anything out by itself, we find it hitched to everything else in the universe."

John Muir, naturalist, 1838-1914

Trees are our treasured friends in the struggle to protect the natural world against the devastation wreaked by human greed and ignorance.

- They provide a home, shelter and food to millions of species. For example it is estimated that a British oak alone supports 2300 kinds of invertebrates, birds, mammals and fungi, plus uncounted species of bacteria and other micro-organisms.¹⁰
- Trees absorb pollutants from the air, especially particulate matter and nitrous oxide (although excessively thick canopy cover by the side of roads can trap polluted air). A 2011 study estimated that trees in Greater London remove between 850 and 2000 tons of pollutants a year.¹¹
- Urban trees also play an increasingly important role in cooling the environment. When I

was first in Nanjing (one of the 'three furnaces' of China) I was proudly told that the Communist party had planted millions of plane trees and brought the fearsome summer temperatures down by several degrees.



- The deep roots of trees help secure the soil and absorb excessive water, helping to prevent flooding, mudslides and soil loss.
- Perhaps most importantly of all, trees act as carbon sinks. A large tree can absorb 4000 tons or more of carbon in its first 30-40 years (although it's shocking when we realise that this is the carbon impact of taking just four long distance flights). However the numbers we are able to plant when there is good will and sufficient resources can be staggering. A recent nationwide project in Ethiopia, for example, planted 350 million trees in a single day. The long term aim is to restore the 35 per cent tree cover of the early 20th century from its current 4 per cent by planting four billion indigenous trees.

The Chinese medicine forestry trust

We are told that we have only 12 years left to prevent catastrophic climate change and not much longer to prevent the annihilation of the insect life and soil health that our food supply depends on. Homo sapiens is being called on, for the first time in our evolutionary history, to act as a single and united species, since no nation alone, no fragmented and isolationist group, can hope to solve these problems. If there is a to be a solution, it has to be a co-operative global one - a complete political, economic and agricultural revolution. And there are signs that all over the world, the mood is beginning to turn, led in no small part by the extraordinary and novel leadership of children and young people typified by Greta Thunberg.

Many drops of water create a vast river, and change will come from our own, small individual actions - the lifestyle changes we make, our diets and consumption habits, where we choose to bank and save, the political movements we support and speak up for, the demands we make to governments worldwide. And as Chinese medicine practitioners, with our special loving and respectful relationship to the natural world, we can lead the way - making sure that our practices, conferences, meetings, schools and suppliers embrace sustainability, encouraging our professional organisations to lend support to campaigns for meaningful action, and teaching those who will

listen how real the threats are to our health and very survival.

The challenge can feel overwhelming and sometimes we need to focus on simple actions that directly help the environment and - through the medicine of positive action - counter the fear and grief that we face when we have the courage to look at the scientific evidence.



This is why we founded the **Chinese Medicine Forestry Trust** (chinesemedicineforestrytrust.com). All income goes straight to three national and international organisations - The World Land Trust, Tree Nation and The Woodland Trust - which sensitively plant and protect indigenous tree species and support communities by employing local labour. Since planting and looking after a tree can cost as little as a dollar, a regular monthly donation of a few pounds means you can go to bed every night contemplating the fact that you are personally helping to plant dozens of beautiful life-giving trees every year.

"You should not wantonly fell trees. You should not wantonly pick herbs and flowers. You should not throw poisonous substances into lakes, rivers, and seas. You should not dry up wet marshes. You should not disturb birds and other animals."

One Hundred and Eighty Precepts of Lord Lao, 4th century CE Daoist text

¹ Ulrich RS (1984). "View through a window may influence recovery from surgery", *Science*, vol 224(4647), pp420-1.

² [https://www.thelancet.com/pdfs/journals/lanplh/PIIS2542-5196\(19\)30215-3.pdf](https://www.thelancet.com/pdfs/journals/lanplh/PIIS2542-5196(19)30215-3.pdf)

³ Effects of greenspace morphology on mortality at the neighbourhood level: a cross-sectional ecological study. *The Lancet Planetary Health*, Volume 3, Issue 11, November 2019:e460-e468.

⁴ Health Council of the Netherlands and Dutch Advisory Council for Research on Spatial Planning, Nature and the Environment. "Nature and Health: The influence of nature on social, psychological and physical well-being", The Hague: Health Council of the Netherlands and RMNO, 2004. Available: http://www.gr.nl/sites/default/files/Nature_and_health.pdf

⁵ Lederbogen F et al. (2011). "City living and urban upbringing affect neural social stress processing in humans", *Nature*, vol 474(7352), pp498-501.

⁶ Park BJ et al. (2010). "The physiological effects of Shinrin-yoku (taking in the forest atmosphere or forest bathing): Evidence from field experiments in 24 forests across Japan", *Environmental Health and Preventive Medicine*, vol 15(1), pp18-26.

⁷ For example, van den Berg AE et al. (2010). "Allotment gardening and health: A comparative survey among allotment gardeners and their neighbors without an allotment", *Environmental Health*, vol 9, p74.

⁸ 'Forest Schools Research', Forest Schools Education. Retrieved from: <http://www.forestschoools.com/forest-schools-research>

⁹ 'Feel better outside, feel better inside: Ecotherapy for mental wellbeing, resilience and recovery', *Mind*. Retrieved from: <http://www.mind.org.uk/media/336359/Feel-better-outside-feel-better-inside-report.pdf>

¹⁰ <https://www.countryfile.com/wildlife/wildlife-stories/native-oak-decline-puts-thousands-of-species-at-risk/>

¹¹ <https://www.sciencefocus.com/planet-earth/do-london-plane-trees-actually-absorb-pollution-into-their-bark/>

"First published in the journal of the Register of Chinese Herbal Medicine".



Peter Deadman, co-author of *Nature's Foods* published in 1973, founder of *The Journal of Chinese Medicine (JCM)* in 1979, co-author of *A Manual of Acupuncture* (published in 1988) and most recently *Live Well Live Long* published in 2016. Currently, Peter regularly teaches Qi Gong classes in his home town of Brighton in the UK and offers weekend classes internationally.

<https://peterdeadman.co.uk/qigong/>

FSOMA Affiliates

Support YourFSOMA by visiting the url links below. When you make a purchase through the following links, FSOMA receives a small donation! Every penny counts and goes towards continuing to promote and protect our profession in Florida.

QR Scan Code
(scan with your cellphone camera to open the url link)



Acupuncture Websites Designed to Attract New Patients

acuperfectwebsite.com



The future of insurance billing education & digital coding.

aacinfonetwork.com/



Asian Therapies

Continuing Education courses on integrating Traditional Chinese Herbal Medicine and Conventional Medicine

asiantherapies.org/academy



DHA Labs will take orders and run lab tests for APs in Florida. They have great support and good pricing.

fsoma.org/dha-affiliate-page



FDA registered company with the world's largest selection of heated natural gemstone therapy mats.

healthyline.com/?wpam_id=2607



Where Acupuncturists can find a large selection of online continuing education courses and educational resources

healthyseminars.com/productsa_aid=5654ca7f4bc5a



The global market and technology leader in concentrated herbal extracts

treasureoftheeast.com/?sca_ref=254429.Mv66VPEJdB



FORWARD FUND:

Promote advocacy projects
www.fsoma.org/foward-fund

SCHOLARSHIP FUND:

Support Students currently enrolled in an AOM school
www.fsoma.org/lynn-thames-memorial-scholarship-fund

LEGAL DEFENSE:

Protect our medicine
www.fsoma.org/legal-defense-fund

Join Us

www.fsoma.org/join



**Florida State Oriental
Medical Association**



WWW.FSOMA.ORG



941-404-3484



PO BOX 10066
BRANDENTON, FL 34282



SUPPORT@FSOMA.ORG