

FALL 2021 EDITION

FSOMA JOURNAL

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www.FSOMA.org



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From the President

BY DAVID BIBBEY, A.P

Dear FSOMA Members,

As the Fall approaches and the year enters its final turn FSOMA is preparing for its 2022 strategic planning meeting. The volunteer directors relish this event because it gives the team a chance to assess progress on goals set for the previous year and focus on new challenges for the next. The annual goal each year is the same: to listen and act-on Members' suggestions and feedback and decide how best to make sure that FSOMA is meeting the Membership's needs. Everyone's input is welcome and FSOMA recognizes, and values input from AOM students, 1st, and 2nd year providers as well as the many seasoned and experienced providers from within the rest Florida profession.

One of the keys to FSOMA's success in meeting the organization's mission is members' willingness to participate on FSOMA committees and serve as Board members. This year the Association is especially fortunate to have many new candidates who have been nominated as volunteer directors. Their participation will bring fresh ideas and perspectives and strengthen the Association's ability to support students, providers, and expand patients' access to care around the State.

I would like to thank Dan Litwin, Yue Wang, Theresa Gilmore, Dickie Walls, Galina Roofener, Steve Rhodes, & Sarina Hrubesch for their willingness to join the Board and to support our profession. In a few weeks, the election and voting process will determine which nominees will begin serving terms on the FSOMA board. Reminder: all nominees and any member are welcome to join in committee work.

FSOMA Committees actually do quite-a-bit to shape and prioritize projects and initiatives designed to improve the Association's communication and benefits for Members. Through committee participation is how members can weigh-in on making sure the Association is focusing on providing help and tools that are most relevant to Members needs. It keeps the Association leadership forward-looking and helps FSOMA anticipate the next big challenge. Every licensed Acupuncturist in Florida is vested in ensuring that fresh ideas are a top priority and always percolating at FSOMA.

See if any of these Committees sound like somewhere you would like to give input.



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From the President continued ...

Legislative – work with lobbyist to watch for bills that may affect us, develop plans and strategies to advance the profession through legislative or regulatory action.

Advocacy – promote the profession through exhibiting at Acupuncture Education Day, Worker’s Compensation Institute Conference, and other medical conferences. Plan activities to put AOM in the public eye

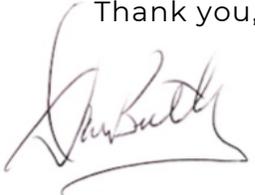
Membership – promote local connection among professionals to support each other, develop programs to support member’s businesses, connect with students and new practitioners to support Emerging Professionals

CEU/Conference – develop CEU workshops and plan conference speakers to enhance our clinical abilities.

2022 is coming fast and the FSOMA Board will be meeting in a couple of months to consider Committee assignments and next year’s Strategic Plan. Members’ input is always welcome, so please send any thoughts to Ellen Teeter, AP – FSOMA Executive Director before November 12th.

A special thank you to Hongjian He who has left the FSOMA Board of Directors to serve on the American Society of Acupuncturists Board and to Jennifer Broadwell who is leaving us to move to Tennessee.. Their passion for our profession shows in everything they do .



Thank you,


David Bibbey, L.Ac
FSOMA, President

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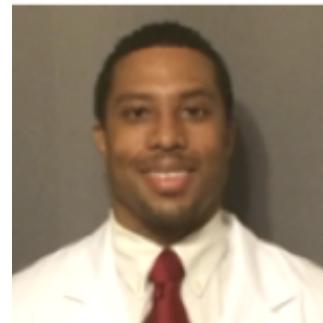
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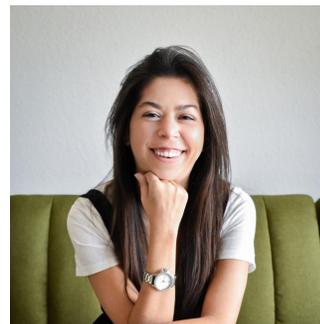


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FORWARD FUND



Created to fund projects that are engaged in advancing the image and utilization of Acupuncture and Traditional Asian Medicine. This special purpose fund was established by the FSOMA Board.

The main goal is to be able to finance, enhance, and add towards actions at educating Florida citizens, lawmakers, employers, and insurance companies on the value and benefits of Traditional Asian Medicine and Acupuncture.

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
- And much more ...

Within the last year, the Forward Fund has funded:

1. The booth for 2021 WCI which will be held in Dec 2021.
<https://www.wci360.com/>
2. Political donation of \$11,500 to legislators in order to connect more strongly

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

2021 FSOMACON Silent Auction raised \$3,555.50

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CHINESE MEDICINE AND THE BIOMEDICAL APPROACH TO COSMETIC FACIAL ACUPUNCTURE

By Dr. Shellie Goldstein

In keeping with the philosophy of Mei Rong, modern practitioners of cosmetic facial acupuncture view a disharmony in the Zang-Fu organs, meridians, Qi, blood, and fluids as the core of cosmetic-related complaints. An imbalance of any or all of these can be reflected on the face in the form of wrinkles, loss of muscle tone, decreased skin elasticity, skin problems (e.g., acne, rosacea), a withered, pale, dry appearance, and more. The etiology of these conditions is imbedded in the pattern recognition, diagnosis, and treatment of Qi, blood, and fluids as they influence and are influenced by the elements, organs, and meridians.

As practitioners of Chinese medicine, we know that patients' primary complaints are generally myriad disharmonies. As cosmetic facial acupuncturists, we find that those presenting with "sagging cheeks and loss of jaw line" often have abdominal disturbances, loose stools, and allergies, which can all be related to Spleen Qi Deficiency with Dampness. Treating the Spleen can restore facial muscle tone, address abdominal disorders such as loose stools, and resolve allergies.

Patients presenting with "forehead creasing" related to Liver Blood Deficiency and Qi Stagnation commonly experience menstrual disorders, headaches, and difficulty sleeping. Treating the Liver, often the

root of menstrual disorders, can soften forehead creases, relieve menstrual disorders, headaches, and alleviate insomnia.

Patients with signs of "premature aging" related to Kidney Yang and Essence Deficiency may feel tired, chilled, and have back pain. Treating the Kidney can delay the signs of aging, reduce fatigue, increase internal warmth, and resolve back pain.

However, identifying disharmonies from a Chinese Medicine point of view is only the first step. Equally important is the understanding of how to address these imbalances from a biomedical perspective. Cosmetic facial acupuncture training entails recognizing visual subtleties in facial structure and shape while considering morphological changes that occur over time.

Aging alters the balance, proportions, and symmetry of the face. Skeletal resorption of the head and face causes eye sockets to enlarge, the angle of the brow to drop, and the mandible to lengthen. Facial fat loss and redistribution leads to cheek flattening, thickening of the fold between the nose and mouth, and a deflated frontal appearance. Changes in facial structure can cause muscles to hyper- and/or hypo- extend. For example, the platysma muscle of the neck tightens and weakens creating

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rigid neck banding with a concurrent flaccidity producing loss of definition along the jawline and chin. Collagen and elastin depletion in the superficial tissue causes skin laxity, and epidermal wrinkling. Dermal collagen breakdown leads to skin pitting, wrinkles around the eyes, laugh lines, and dimpling particularly in the lower cheek and mouth area.



Pictured: Aging of the female face, as represented by an individual in her 20s (far left), in her 50s (center), and finally in her 70s (far right). The primary event of aging is the loss of bone, facial volume, and the resulting involution and eventual descent of soft tissues such as muscle, fascia, and retaining ligaments. Dark bone shadowing reflects skeletal resorption of the eye socket, malar area, nose and jaw line. Redistribution and loss of facial fat leads to facial hollowing, accentuated nasolabial fold and jawline fat pocketing.

For more information about cosmetic facial acupuncture and cosmetic facial acupuncture training, visit <https://www.pacificcollege.edu/face>



Dr. Shellie Goldstein is widely considered one of the worldwide experts on cosmetic facial acupuncture. She is the author of *Your Best Face Now: Look Younger in 20 Days with the Do-It-Yourself Acupressure Facelift* and creator of “Touch+Glow: The Do-It-Yourself Acupressure Facelift Kit”. As a leading authority and educator of cosmetic facial acupuncture, Dr. Goldstein founded the Academy of Advanced Cosmetic Facial Acupuncture, which has recently partnered with the Pacific College of Health Sciences to present the Facial Applications of Cosmetic Enhancement Training Program (aka the FACE program). Dr. Goldstein has been featured on major television and cable networks and in the press. She is also a columnist for *Acupuncture Today*.

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DID THE SÒNG DYNASTY PROVIDE THE BIGGEST DICHOTOMY IN CHINESE MEDICINE HISTORY?

By David Hartmann – MSc Acu, Fellow +10 AACMA, MCMBBA

Do you treat your patient, or do you treat their disease? Do you establish an underlying pattern of disharmony/diagnosis/constitution, or do you use a tried-and-true formula for different disorders? This dichotomy of seemingly opposite ideas first appeared during the Sòng dynasty (960-1279 CE) because of three key features: moveable block printing, a government-established Pharmacy Service, and almost 1000 additional medical student training slots. This article will explore the dichotomy, as well as discuss the importance of these three key features, not just for the Sòng dynasty but for our present-day view of Chinese medicine.

“Treat the Disease” OR “Treat the Person”?

The Sòng dynasty healthcare system was a dream come true for the average Chinese person. They could access chemists, apothecaries, and pharmacies for patent herbal formulas, or they could visit a local physician for specific healthcare. Now, virtually every Chinese person could gain access to treatment anytime they needed or wanted. This was unprecedented in Chinese history prior to the Sòng dynasty.

Any Chinese person could go into a pharmacy and advise the chemist that they had a complaint, such as a bad cough. The chemist would then consult the “Formulary” and prescribe

a patent formula to treat the customer’s cough. This would lay the seeds for “treating the disease and not the person.” The customer did not necessarily need to see a specialist physician anymore. This would save the average Chinese person time and money. As a result, the physicians saw their livelihoods disappear, so they began laying the groundwork for “treating the person and not the disease” (Unschuld 117).

For the physicians, it was a brilliant game-changer, and it went something like this:

Two people, Joe and Mary, visit a pharmacy with the same disorder and the chemist prescribes the same generic formula. The physician argues, however, that just because Joe and Mary have the same complaint, this does not necessarily mean they have the same internal disharmony. Alternatively, Joe and Mary visit a pharmacy with different complaints and the chemist prescribes them different herbal formulas. Once again, the physician reasons that even with different complaints, Joe and Mary could have the same underlying diagnosis.

In the end, neither the chemist nor the patient knows; only the physician knows.

Regardless, for the average Chinese person, this was a win-win; more

healthcare was available to the community than there ever had been before.

Woodblock Printing

Woodblock printing was established in China around 600 CE but did not become popular until around 1050 CE when movable block printing was invented. Prior to block printing, every text was laboriously handwritten. Block printing allowed texts to be produced quickly, and “as a consequence of advances in printing, scholars were able to communicate as never before” (Cotterell 180).

In 1057 CE, the Sòng emperor Rén Zōng, took advantage of movable block printing and established the “Bureau for Editing Medical Treatises” (Bureau). In twelve years, the Bureau collected, compared, and then produced definitive editions for 11 of their medical classics. The list included the Yellow Emperor Classic (Huáng Dì Nèi Jīng/黃帝內經) and the Treatise on Cold Injury (Shāng Hán Lùn/傷寒論).

Prior to the Sòng dynasty, only five medical texts were printed in an official capacity. But by the end of the Sòng dynasty, the Bureau had reproduced 16 classics and had printed 18 brand-new medical texts, including many of the texts we have today (Hinrichs & Barnes 104).



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Pharmacy Service

The *Sòng* government established the “Pharmacy Service” which was responsible for founding new chemists, apothecaries, and pharmacies outside of city centres. By 1150 CE, they totalled 70 outlets (Hinrichs & Barnes 101-102). These chemists had two main responsibilities: donating herbal concoctions to the Chinese population during epidemics, and selling patented herbal formulas to the general population. In 1107 CE, the Bureau wrote a Pharmacy Service patent formula text which would lay the seeds for “treating the disease and not the person.”

Increased Medical Training

Prior to the *Sòng*, medical schools were primarily dedicated to training physicians to treat the Imperial family and for government service. At its peak, the *Táng* dynasty (618-907 CE) had 40 spots available for training medical students. In the following 200 years, that number had grown to around 1000 (Hinrichs & Barnes 102). In addition, the curriculum had expanded from nine subjects to 13, which now included women’s and pediatric disorders. Graduates started to specialize in different areas of Chinese medicine.

Because the *Sòng* did not open additional government clinical placements for these new, highly-trained physicians, they applied their trade within the community. This

would lay the groundwork for “treating the person and not the disease” and the specialized medicine they provided to the individual.

Present Day

Nearly 750 years have passed since the *Sòng* dynasty was conquered by Kublai Khan, creating the *Yuán* dynasty. Yet my international travels to present workshops and conferences, visit Chinese medicine institutions and chat with practitioners, has suggested to me that we still tend to sit in one of these camps. So, do you treat the person OR do you treat the disease? Perhaps the most crucial thing to consider is whether it matters if your patient is getting good results from your treatment?

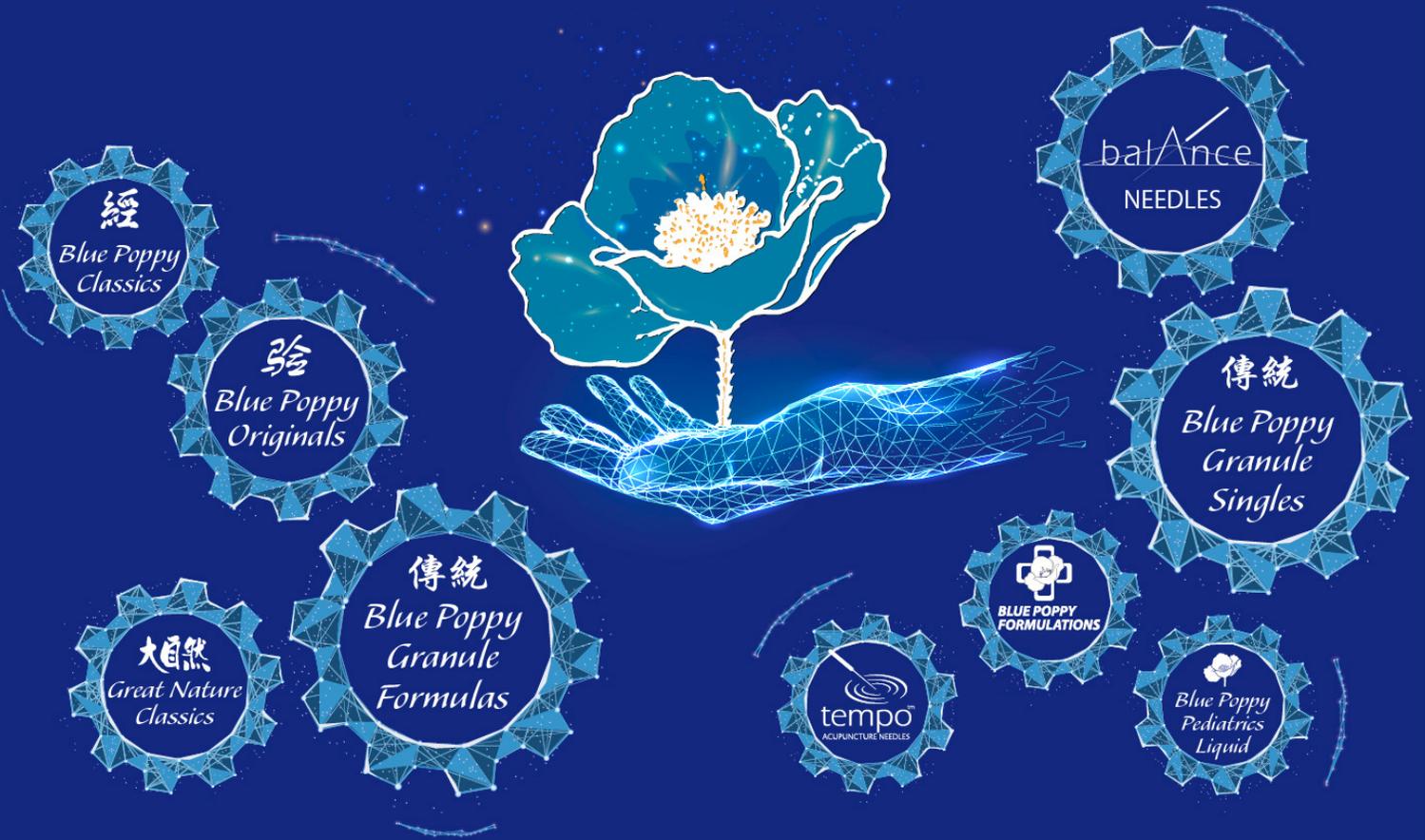
A question to ponder on a future occasion!

My unabridged version is available at: <https://davidhartmanntcm.com/articles/>

“Imperial patronage and the appearance of a mass publication industry, combined with a benevolent appreciation of public needs, drove a Song revolution in medicine and medical education, raising the status of medicine as a profession” (Buck 208).

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David Hartmann – MSc Acu, Fellow +10 AACMA, MCMBA

Module Leader for the Chinese Classics module in the online Masters program at the Northern College of Acupuncture in York, England.

David started studying a Diploma of Applied Science (Chinese Medicine) almost straight out of secondary school and graduated from the Australian College of Natural Medicine in Brisbane in 1997 at the age of just 23. David then set up his own acupuncture clinic and has been treating patients regularly since. In 2000, David started lecturing at the Australian Institute of Applied Sciences and has been teaching at various colleges ever since. In 2000, David started lecturing at the Australian Institute of Applied Sciences and has been teaching at various colleges ever since. David had a busy 2009, with his 2nd edition of the Acupoint Dictionary published with Elsevier Churchill Livingstone. He also completed his Masters of Acupuncture with his project thesis titled “How Did Ancient Confucianism View Virtue? Can It Be Incorporated Into a Modern Western World?” In more recent years, David has travelled the world delivering his own

workshops on acupuncture, as well as presenting at various conferences. He also researched and wrote a second Chinese medicine text titled *The Principles and Practical Application of Acupuncture Point Combinations*, published by Singing Dragon in 2019. David also has a PhD pending.

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FEMALE INFERTILITY & REPRODUCTIVE GYNAECOLOGY A COMPREHENSIVE CLINICAL MANUAL OF INTEGRATED CHINESE MEDICINE AND BIOMEDICINE

By Yuning Wu and Celine Leonard, with Michael Haeberle

Book Review by Angel Lyn Horner,
AP, DACM

As I first sat down to review Female Infertility & Reproductive Gynaecology, its 474 pages seemed a bit overwhelming. I have no less than five or six books on the female reproductive system in my possession. Yet I believe this book will quickly become any practitioner's practical clinic manual of choice.

Professor Yuning Wu is the principal doctor and Professor of Integrative Chinese Medicine and Western Medicine at the Beijing Hospital of Traditional Chinese Medicine; she is considered an infertility expert. At the tender age of twelve, she decided to become a doctor. She was influenced by her own grandfather's love of Chinese medicine. After some years of practice, she started to incorporate traditional Chinese methods with her biomedical knowledge of patients. To her surprise, she found that a dual approach had very effective results. She studied with many traditional practitioners and brought 50 years of experience and insight into the book, without holding anything back from practitioners that genuinely understand and want to help their patients with Chinese medicine. Celine Leonard worked with Professor Yuning Wu and helped complete the textbook, using her collection of lecture notes to produce a practical

and coherent text. Dr. Michael Haeberle brings the Biomedicine explanation to each chapter and condition covered in the text. This combination results in a beautiful and informative discussion of each condition.

When it comes to gynecology and fertility patients, one can easily get lost in biomedical diagnosis and test results. While focusing on the patient's symptoms and history from a biomedical aspect, the ability to correctly formulate and apply the essence of Chinese medicine could be lost along with its flexibility.

The book helps search out the individual patient, from diagnosis to Chinese herbal medicines as well as modifications. The practitioner can stay grounded in the beauty of their own TCM therapy and treatment while keeping the biomedical parallel in its place.

The book has been divided into two parts. Part one covers the menstrual cycle operating at its utmost potential and the complexity of regulating any disorders. Part two focuses directly on biomedical diseases of gynecology and infertility and Chinese Medical approaches using acupuncture and herbs.

All of the menstrual disorders discussed include TCM differential



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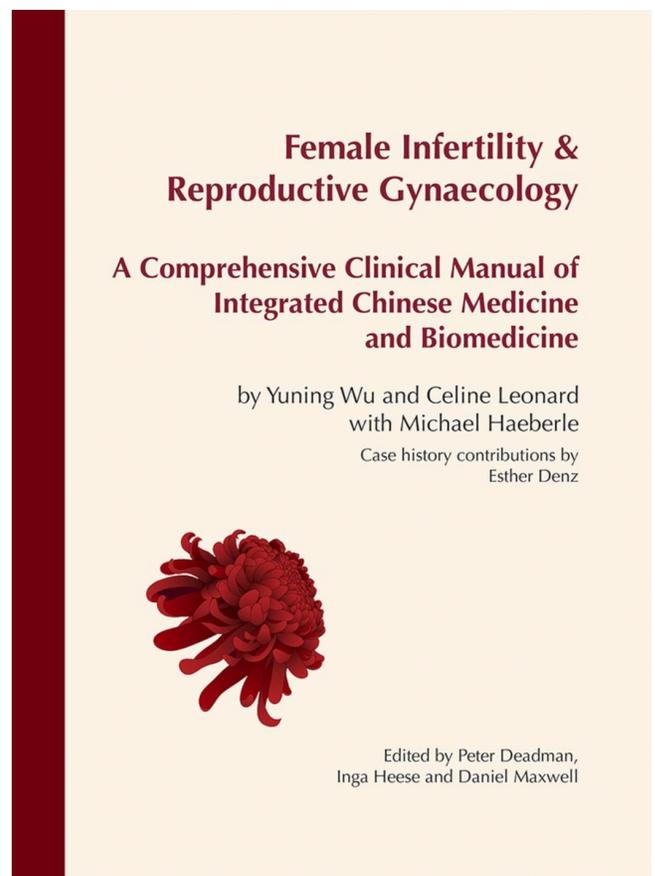
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diagnosis and herbal preparations with step-by-step modifications. Most of the acupuncture protocols are weekly or biweekly if herbal medicine is necessary. The reasoning behind each point prescription is thoroughly explained; treating pain, spreading qi, invigorating blood, clearing heat, or cooling blood.

Clinical notes added to each condition help guide the practitioner to watch for changes and add preventive measures if necessary, such as "they should keep warm and avoid cold food and drink" during menstruation or avoid cold, bitter herbs. Each clinical note is a gem of information for every condition. Dr. Yuning Wu varies treatment of "*beng lou*" (abnormal bleeding) by the woman's life-stage: puberty, reproductive age, perimenopause, and menopause. For dysmenorrhea, one has to "invigorate blood, regulate Qi and unblock the collaterals." Because a majority of PCOS patients have insulin resistance as well as a genetic predisposition, it is important to treat constitutional kidney weakness. The chapter on myoma had too many gems to describe.

The last four chapters are invaluable for today's practitioner. She covers topics such as diminished ovarian reserve (DOR) and premature ovarian failure (POF), recurrent miscarriage, immune infertility, and immune recurrent miscarriage. These are important as we see more and more young women unable to conceive or hold a pregnancy.

There is even a chapter for using Chinese medicine to support ART (Assisted Reproductive Technology). Infertility treatment is a rapidly evolving biomedicine. The book explains blood tests, diagnostic exams and procedures in ART. For example, regarding inadequate ovarian response in patients who produce many poor-quality eggs, "there may be an adverse effect on reserves of blood and jing if the patient has been stimulated to produce over 13 eggs"; she also outlines herbs to improve egg quality. Dr. Michael Haeberle gives excellent explanations of biomedical assisted reproductive treatments, and Dr. Yuning Wu links it to the essence of Chinese medicine in a beautiful manner.



Lynn Thames Memorial STUDENT SCHOLARSHIP

The text is a fine addition to one's clinical library, really a "must" for those that specialize in gynecology and reproductive medicine. I feel privileged to have had the opportunity to read, discuss and utilize it.

"A doctor who treats disease after it has happened is a medical doctor--A doctor who treats disease before it happens is a superior doctor."-Yellow Emperor

Angel Lyn Horner is a Licensed Acupuncture Physician in the State of Florida and a Licensed Massage Therapist. She holds a Master of Acupuncture and Oriental Medicine from Dragon Rises College of Oriental Medicine, a Doctorate of Acupuncture and Chinese Medicine from Pacific College of Health and Science, and a Medical Cannabis Care Certificate from Pacific College. She has been practicing for 11 years in Elkton, Florida at Countryside Acupuncture. She has a well-rounded Internal Medicine practice, offering pain control, anxiety treatments, digestive support, as well as incorporating whole food and TCM nutrition. She has found that true medicine requires adaptation and flexibility to treat the entire person.



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



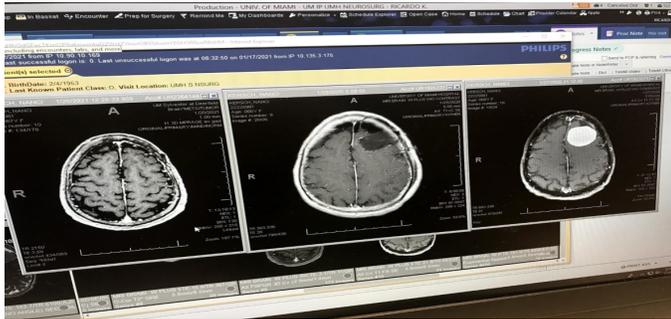
We encourage students every year, to submit their applications for this scholarship. Applications showcase and reflect the students role as emerging leaders in the profession of Oriental Medicine & Acupuncture.



QIGONG AND ONE YEAR AFTER BRAIN SURGERY

By Nanci J. Kersch, LAc

One year ago, I reported how I prepared for a (successful) brain surgery and its after-effects using acupuncture and Qigong. I am happy to report that the journey continues past my one year mark.



MRI with the tumor on the right, the hole in the meninges after the removal of the tumor (middle view), and my brain one year later (left view).

The pandemic year was a most opportune time to practice Qigong on a daily basis outside. I “lift Qi up, pour Qi down” daily, along with the “Body Mind Method” and a few intermittent practices of “Swimming Dragon” Qigong. For 431 days, I committed myself to Qigong and my health has only benefited. When I saw my neurosurgeon at the beginning of February, he said my MRI was that of a perfect brain, without any remnants of the meningioma.

In my first article, I mentioned that I started studying with Dashi Kocica in 1995, who I met at the Acupuncture Acupressure Institute. I went to China with my school and Dr. Gordon, the Qigong instructor. Chad Bailey, AP, and Renne Skuban, AP, along with others, were part of the entourage (who still practice some form of Tai Chi-Qigong).

I am currently practicing with condo-owners in my community who do not know much about acupuncture (except during the Full Moon Qigong practice once a month with Dashi). What this year and a few months have taught me is to be committed to daily exercise. Repetitive movements from the Lift Qi Up (Wisdom Qigong) have taught me that the circulation of Qi magnifies my individual (and collective) healing by using Universal Qi. The Body Mind Method has also improved my movement abilities such as stacking my spine one vertebrae at a time from the “bend body position.” This form enables me to stay fit, rehabilitate old injuries, and restore freedom of movement by applying the Qigong principle, “Where the mind goes, Qi Follows.”



Nanci doing Qigong. Picture taken by Dashi Kocica

As an acupuncturist, I am mindfully pouring Qi down into my head

(DU20), and bringing the Qi down to various points all the way down to the bottom of my feet. I feel that “pouring”--what I call “Qi balls”--into the crown of my head has benefitted my surgical site as well as the hole that was seen on the post-surgical MRI. Healing was my goal when I started the 100 day Gong (exercise challenge Dashi gave me): I press (pour) Qi into KD3, SP6, SP9, GB31, DianTian, MingMen, SP21, and other points along channels. I believe I am giving myself a treatment every day by touching numerous points as a way to provide much needed Qi. I say prayers or a meditation before and afterwards. I am so thankful to be able to give myself love, Qi, and a purposeful touch, including the much-needed daily practice of grounding, to start my day.

I have included two pictures. The first is the MRI with the tumor to the right, the hole in my meninges after the removal of the tumor (middle view) and my brain, one year later (left view). The other is a picture of me, taken by Dashi Kocica, doing the Full Moon Qigong practice reaching for the heavens.

I am grateful, blessed and happy that I have made the commitment to use our wonderful medicine to benefit myself during these trying times. See you all in Ft. Lauderdale at the convention.

Nanci J. Kersch, LAc.



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