AAAOM Reaches Out

Chemical Dependency Clinic

AAAOM is pleased to announce its clinical partnership with The Ark and The Lifestyle counseling centers, located in Plymouth and Bloomington respectively. This partnership gives AAAOM student interns the opportunity to practice addiction management and recovery acupuncture treatment protocols at both locations. The Ark and Lifestyle centers have been specializing in alcohol and drug abuse treatment in the Twin Cities for more than 20 years. Outpatient treatment recipients are given the chance to utilize acupuncture and qigong in combination with the center’s longstanding programs for providing tools for sustained sobriety. Although the program is still in its initial stages at this point, the response by the recipients of the acupuncture treatments has been very positive. Student interns who engage in this program are privileged to expand their treatment experience in a direction not often seen in the AAAOM’s Student/Faculty clinic. In addition, clinical encounters between students and outpatients at the Ark and Lifestyle centers allow students the chance to serve the needs of the larger community as they demonstrate the benefits of acupuncture to a new population of patients.

Multiple Sclerosis Pilot Study

For the last two years, the AAAOM Faculty /Student clinic has been treating MS patients in its special MS clinic with encouraging results, using clinically-tested treatment protocols. This October AAAOM steps up its commitment to research in this area by launching its first ten-week clinical trial on MS, headed by Dr. Robert Bleau with close support from other AAAOM faculty members. After filling out an exhaustive, 136-question testing instrument called the MSQLI which is used to screen and evaluate patient candidates, recipients of acupuncture treatment for relapsing and remitting MS will be evaluated before and after their ten-week treatment sequence. The controlled ten-week study utilizes a specific scalp acupuncture protocol. To administer the treatments, a small team of AAAOM student interns will work under the direct supervision of faculty practitioners.

AAAOM Meets with the Minnesota Trade Office

Recently, AAAOM President Dr. Changzhen Gong and AAAOM faculty member Leland Brenholt had lunch with Li King Feng and Rachel Olsen, both representatives of the Minnesota Trade Office. The Minnesota Trade Office (MTO) is a division of the Minnesota Department of Employment and Economic Development. The MTO has organized two trade missions to China in the last seven years, one with Governor Ventura and one just recently with Governor Pawlenty. The purpose of the trade missions was to establish strategic business ventures to exchange goods, services and technology between Minnesota and Chinese businesses. After the meeting and subsequent tour of the school, Mr. Li King Feng and Miss Olsen indicated they were impressed with the quality of our school and said they were eager to look for opportunities to strengthen the position of the school in the state of Minnesota and to include AAAOM in future China ventures and trade missions.
International Perspectives on Acupuncture

In the most recent issue of the International Journal of Clinical Acupuncture, Salvatore Salerno, an AAAOM 2007 graduate, wrote on "The Future of American Acupuncture." He noted that the strengths of Chinese medicine "lie in the diversity of ways that the medicine has helped healers find solutions to disease. To succeed in its quest for acceptance, Chinese medicine should not retreat from all the ways in which it challenges the western medical paradigm." In the same issue, Dr. Changzhen Gong wrote "A Global Landscape of Acupuncture," which is a review article of Thieme Almanac 2007: Acupuncture and Chinese Medicine. In this article, Dr. Gong reviewed acupuncture and Chinese medicine developments in education, practice, research and legislation from a global perspective. AAAOM faculty member Dr. Daiyi Tang published "On the Inherent Law of TCM in the Prevention and Therapy of Disease-The Law of Two-way Regulation and Self-stability." AAAOM graduate Julie McCormick has published a case report: "The Treatment of Bladder Dysfunction from Multiple Sclerosis with Acupuncture."

fMRI Research on Acupuncture

The American Academy of Acupuncture and Oriental Medicine has participated in the production of a research paper titled "The Similarity and Specificity of Acupoints on the Same Meridian." This research study has been accepted for poster presentation at the Society for Acupuncture Research 2007 Conference in Baltimore, MD. In addition, the research paper abstract has been accepted for publication in the Journal of Alternative and Complementary Medicine. This research on which the paper is based concerns functional magnetic resonance imaging (fMRI) applied to the acupoints Taichong (LR 3) and Zhongdu (LR 6) on the liver meridian. The functional effects of these two points and nearby control points were researched with 33 healthy human subjects. These research results confirm the TCM principle that different acupoints on the same meridian have similar effects, but also possess specific functions. A new research project with fMRI on acupuncture for hypertension started this past summer.

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Our Goal: The Best Education in Chinese Medicine

By Yubin Lu, Ph.D., Academic Dean

It has been more than 30 years since the first acupuncture school was founded in the US. By now, thousands of students have graduated from the TCM schools which have proliferated around the country. Believe it or not, acupuncture has become one of the fastest-growing professions. The basic goal of every acupuncture school is to provide their students with qualified training. The American Academy of Acupuncture and Oriental Medicine has an even loftier goal: to provide the best education in the field of Chinese medicine. We want to make AAAOM an institution in which students can absorb the essence of TCM accumulated over the past three thousand years and then carry that knowledge out into the community.

A good curriculum is the basis for constructing a good education. AAAOM's curriculum is distinguished by the emphasis it places on clinical application of the theory and fundamentals of TCM. While other schools may offer just one or two clinical-application courses, AAAOM provides clinical courses in Chinese medicine including TCM Internal Medicine, TCM Gynecology, TCM Pediatrics, and TCM Dermatology. These practice-oriented courses at AAAOM give students detailed information which they can apply directly to their clinical practice. AAAOM also presents some unique courses such as TCM Psychology, which give students a well-rounded background in TCM and lay the basis for their future development. In 2001, TCM World awarded AAAOM the honor of being chosen Best Curriculum in the whole country. In 2004, AAAOM began to improve on its own standards by revising the curriculum. We increased the required hours of biomedicine training as required by NCCAOM, and also greatly strengthened our training in acupuncture. For example, we increased the hours of our acupuncture technique classes from 30 hours to 60 hours so students could get more hands-on training.

We also have one of the best Practice Management classes in the country. Properly managed, an acupuncture practice can provide a practitioner with a good living. AAAOM's Practice Management course offers students the tools and attitudes which will support them in their efforts to build a successful clinic with a satisfied, stable patient base. Every TCM graduate should have a good practice as long as they are dedicated to their practice.

In the past few years, AAAOM has been offering advanced courses for the benefit of acupuncture practitioners and our senior students. Advanced Acupuncture Techniques, taught by Dr. Cheng Chi and Dr. Wen Jiang, introduces methods to determine the correct needling sensation to treat a particular condition, and also shows students how to obtain different sensations in the same acupoint in order to treat different diseases. Dr. Lu offers a unique class on Chinese herbs based on the interconnections of the formulas as well as that of diseases. He presents a completely new perspective on how to apply herbs and formulas correctly. Two very popular courses offered in the summer session of 2005 were "TCM Treatment of Top 30 Diseases" and "Practical Acupuncture Treatment for Common Diseases." "Top 30 Diseases" focused on an integrative approach to disease, combining Western medicine understanding and Chinese Medicine understanding with a great deal of detailed and practical information about acupuncture treatment, herbal formulas, etc. Dr. Cheng Chi taught the "Practical Acupuncture" class based on his wonderful acupuncture techniques. Dr. Chi follows the ancient tradition of passing his knowledge directly to his students, hand-to-hand.

The key factor in the success of a teaching institution is to have highly qualified instructors. The core faculty team at AAAOM has been carefully assembled with the objective of having the best instructor possible for each area of our curriculum. All our instructors have very strong backgrounds in Chinese medicine combined with extensive experience in teaching, clinical practice, and scientific research. Most of our core faculty members have Ph.D. degrees, and have many publications to their credit. Dr. Yubin Lu, AAAOM's Academic Dean, has created a new system for helping students remember the functions of Chinese herbs, and he has been recognized by the Journal of Chinese Medicine as one of the top authorities in the field of Chinese medicine. Dr. Xiangdong Yu is our resident Ph.D. expert in TCM neurology, with fourteen years of training in Chinese medicine. Dr. Daiyi Tang, who had his Ph.D. training in China and postdoctoral training in the U.S. specializes in immunology and endocrinology. Dr. Wen Jiang got her Ph.D. in acupuncture as a student of one of the top acupuncture
professors in China, and Dr. Hong Chen, who joined the faculty in 2006, is a specialist in TCM dermatology. Dr. Chen has successfully treated patients with such skin disorders as chronic eczema, psoriasis and acne, and has demonstrated the power of TCM in treating skin conditions to the student interns in AAAOM’s student/faculty clinic. Dr. Chi Cheng has practiced Chinese medicine and acupuncture for over 30 years; countless patients have benefited greatly from his wonderful acupuncture skills and TCM knowledge. The faculty members at AAAOM continually demonstrate their love of TCM to their students and patients, and are transferring their incredible knowledge to the next generation of TCM practitioners in this country.

A special goal of AAAOM is to create a Doctoral Program of Oriental Medicine. This project is in its final stages now. The doctoral program will allow serious students of TCM to expand their knowledge and secure their professional success. To me, TCM is a treasure house, and we are the explorers of that treasure house. The faculty members of AAAOM will keep working hard to transfer more treasures of TCM to our students and our patients, and through them we will benefit our profession and the entire community.

Teaching Dermatology Skills: How to Describe Skin Lesions
By Hong Chen, TCMD, Ph.D.

One of the most distinctive aspects in the practice of dermatology is the prime importance of direct visual assessment of skin conditions. Anyone who wants to practice dermatology well must learn to look closely at skin lesions and be able to distinguish their salient features. Students should use their clinic practice time to accumulate experience in this area so they can confidently diagnose patient skin conditions. Because skin lesions are the most visible and important reflection of underlying pathogenic conditions, correct assessment of lesions is therefore the key to accurate diagnosis and differential pattern diagnosis. That is why the description of skin lesions is the basic technique in dermatology.

The first distinction made in regard to skin lesions is between primary and secondary lesions. Primary-type lesions include: macules, plaque, papules, wheals, vesicles and bullae, pustules, nodules and cysts. Secondary skin lesions, which evolve from primary skin lesions, include erosion, ulcers, scars, atrophy, crusting, excoriation and lichenification.

Secondly, we need to describe the location of the skin lesion, because skin problems often have a specific predilection site. For example, major predilection sites of psoriasis are the scalp, the extensor surface of the extremities (especially the knees and elbows), and the anogenital region. Pityriasis rosea usually occurs on the trunk. Seborrheic dermatitis is generally found on the face and scalp, which are rich in seborrheic glands. Lichen simplex chronicus is found on the eyelids and neck, and anywhere easily reached by the hands. Herpes Zoster's cutaneous distribution is along the routes of the affected nerve(s).

If patient comes in with psoriasis, it is incorrect to simply state: "Patient has had psoriasis for about a year." The main complaint should be stated as a complete description of the condition: "Patient complains of plaques with silver scales for nine months." This is followed by a description of the color, how big the plaques are, whether they are well-demarcated or not, the shape and location of the lesions, condition of the patient's hair, nails and joints, etc.

Using the following photographs, try to describe the pictured skin lesions in as much detail as possible.
By Dr. Yubin Lu, TCMD, PhD, LAc

TCM students often feel overwhelmed by information in their Chinese herbal formulas class: so many formulas to remember; so many similar formulas; so many formulas with similar indications. What is the best way to learn formulas? How can a student successfully differentiate these formulas in clinic practice?

One reason the process of learning herbs is so difficult for students is because of the typical way that herbs are grouped for teaching purposes. Herbs and formulas are grouped in different categories based on their main functions, and many formulas are discussed only in terms of their main group, with very little discussion about their interconnections. But it is vital to understand the interconnections of herbs, formulas, and symptoms, because formulas often need to be modified or changed in respect to the change or development of disease patterns. Therefore, when discussing specific patterns or diseases in formulas classes or in clinical application classes, we need to discuss when a formula needs to modified and how to modify it effectively.

Believing there was a better way to teach formulas, I began to reorganize the formulas taught in my Chinese herbal formulas class about five years ago. My focus is now on tracking the possible internal connections of formulas and coordinating those with the possible changes of patterns or conditions. My goal is to help students understand better how a formula is composed and how formulas can be connected with each other based on the evolution of the health condition. Since the description and analysis of these formulas are based on the most basic concepts and theories of Chinese medicine, students are able to really integrate theory with practice as they study herbs, and are therefore more confident about learning and remembering Chinese formulas.

Here is an example of this teaching approach from a class discussion of formulas that treat asthma:

Dyspnea and asthma are differentiated by symptom and pattern. Dyspnea (Chuan) does not produce a wheezing sound, while asthma (Xiao) is marked by both dyspnea and the wheezing sound. Dyspnea symptoms are a sign that lung qi cannot disperse properly, while the wheezing sound in asthma is explained as constriction of the respiratory tract due to either phlegm or cold.

First, asthma or dyspnea could be the result of pathogens (generally pathogenic cold) blocking the way for lung qi to disperse. In this case, difficulty breathing would be the main manifestation. The treatment for difficult breathing should be to open the lung qi pathways and disperse pathogens, with Ma Huang being the main herb used. Therefore, Ma Huang Tang and its modified formulas such as Xiao Qing Long Tang and Da Qing Long Tang should be used. If the pathogens enter the interior with stagnation of lung qi and turn into pathogenic heat with the obstruction of lung qi, Ma Xing Shi Gan Tang should be the choice.

Secondly, phlegm generated in the interior is very often the underlying reason for asthma. This is the mechanism which allows asthma to have a remission stage and an attack stage. In the remission stage, spleen qi deficiency or even kidney yang deficiency should be considered as the principle causative factors, because that is why there is a constant generation of phlegm. Then, if there is an
invasion of wind-cold or in certain other circumstances, the phlegm may be triggered to rise from the middle jiao to the lung or the respiratory tract and block the movement of lung qi, which precipitates an attack stage. That is why asthma patients always demonstrate a wheezing sound when there is an acute attack. If the asthma or dyspnea symptoms are diagnosed as a case of qi stagnation in the chest due to damp phlegm obstructing in the lung as a result of spleen deficiency, there will be rapid breathing or shortness of breath because when the damp phlegm travels upward from the spleen to the lung, it will, first of all, prevent lung qi from descending. Very often this is seen in chronic asthma patients who are having an acute attack, and the treatment should be to redirect rising qi downward and dissolve phlegm. Su Zi, which functions to redirect rising qi and dissolve phlegm, is the main herb to use in this circumstance. San Zi Yang Qin Tang, Su Zi Jiang qi Tang, etc., are the formulas for this type.

With these general ideas in mind, we can now analyze these formulas.

When there is wind-cold invasion, especially when cold predominates, the patient may have difficult breathing because stagnant pathogenic cold inhibits the dispersing movement of lung qi. Ma Huang Tang should be the main and basic formula for this type, since Ma Huang and Gui Zhi in this formula work on dispersing cold and redirecting lung qi. Xing Ren helps lung qi to descend and, together with Ma Huang, regulates the flow of lung qi.

If the pathogenic cold is severe and causes very severe stagnation of yang qi, the patient may feel restlessness in addition to other symptoms. In that case, we should strengthen the force of the herbs used for dispersing cold and relieving stagnation by using the formula Da Qing Long Tang, which has increased dosages of Ma Huang and Gui Zhi, as well as containing Shi Gao, which is pungent and clears heat.

If pathogenic cold enters the lung and turns into pathogenic heat, the case will be marked by two kinds of pathologic changes: heat and stagnation (in asthma and dyspnea patients, the stagnation will already be present). That is why such patients may have high fever together with very difficult breathing. In this case, we still need to disperse the stagnation but we also need to clear heat. The best formula will be Ma Xing Shi Gan Tang, which uses Ma Huang to disperse lung qi stagnation and Shi Gao to disperse stagnation and clear heat.

If wind-cold invasion is complicated by original water retention in the interior and the wind-cold invasion triggers the retained water to go up from the spleen to the lung, there will be a concomitant wheezing sound. Then, in addition to dispersing the wind cold with Ma Huang and Gui Zhi, we also need to warm up the interior and get rid of the retained water. This is the basis for the recommended formula Xiao Qing Long Tang.

Asthma which is mainly caused by ascending phlegm or damp-phlegm in the middle jiao demonstrates rapid breathing and wheezing sounds in the respiratory tract as the main manifestations. The treatment for this pattern should focus on redirecting qi downward and dissolving phlegm. This is why many formulas treating this type of asthma employ Su Zi as the principal herb, since Su Zi can redirect qi and dissolve phlegm. In addition, herbs that support digestion, thereby reducing the generation of phlegm and helping to redirect qi downward should be used, such as Lai Fu Zi and Bai Jie Zi. The composition of the formula San Zi Yang Qin Tang is based on this idea. If a patient has yang deficiency, he is also likely to have more water dampness or phlegm generation. Then, you may need to warm up yang by using Rou Gui and also use Ban Xia, Sheng Jiang, Qian Hu and Hou Po to move qi, transform dampness and dissolve phlegm. That is how the formula Su Zi Jiang Qi Tang was created.

The above is just an example of the direction I have taken in my formulas class. It offers students very clear guidelines to understand the formulas and see how one formula can morph into another by modifying the formulas with the appropriate herbs based on changes in the pathogenesis. Many students have said that even though they could not remember the individual ingredients of a formula, they can still find their way to the most appropriate formula by doing some modifications based on their deeper understanding of the interconnections within formulas. In this way, creative thinking has opened a new door for formula study at AAAOM.

### Xiao Qing Long Tang

- **Ma Huang**
- **Gui Zhi**
- **Bai Shao**
- **Wu Wei Zi**
- **Gan Jiang**
- **Xi Xin**
- **Ban Xia**
- **Zhi Gan Cao**
Five Steps to Successful Point Location

By Wen Jiang, TCMD, Ph.D., L.Ac.

Ascertaining the exact location of an acupoint is the first and most important step when applying acupuncture. For beginning TCM students, it can be frustrating to remember so many points and their exact locations. However, after applying the following point location "tricks" students will find it much easier to zero in on the correct location. They will then have enough confidence to proceed to the next step: inserting the needle into the point.

1. Differentiate Between Yin and Yang Meridians:
For the points located on the limbs, first remember that all the yang meridians pass along the lateral side of the limbs while all the yin meridians pass along the medial side of the limbs. Always look for yang points along the lateral side of the limb, and for yin points along the medial side of the limb. LU 7 is an example of a point that many students find difficulty in locating because the lung meridian passes through the radial side of the arm, very close to the border between medial and lateral. However, even though LU 7 is close to the lateral side, it is still on the medial side. If a student locates this point too far on the radial side, they wind up on the yang/lateral side and miss the point.

2. Follow the Meridian Distribution Sequence:
Most acupoints are located on the meridians, and each meridian follows a specific pathway through the body. If you are uncertain about the location of a point, the first thing to do is make sure you know the meridian pathway. Sometimes we say "The point can little bit away from its location, but it can't be away from its meridian." An example of this concept is distinguishing between the locations of SP 6 and KI 8. These two points are very close: SP 6 is 3 cun superior to the tip of medial malleolus, and KI 8 is 2 cun superior to the tip of malleolus. However, if we know the meridian distribution, then it is easy to differentiate between and locate these two points. The kidney meridian always runs along the medial posterior side of the leg and the spleen meridian is always anterior to it.

3. Be Familiar with Body Anatomy:
Acupoints are usually located on prominences or depressions along muscles and tendons, or beside bones and blood vessels. Familiarity with body anatomy can help locate points quickly and precisely. For example, GB 20 is a very commonly-used point, but many students get confused when they try to locate this point. It is very simple: find the "big tendon" on the neck, go lateral to it, palpate the deepest depression, and there it is. Another example is DU 20. The common method for locating this point is to find the place where the ear apex line crosses the anterior-posterior midline. However, some people have an unusually high anterior hairline. So when locating this point, we should palpate along that crossing point to find a little dent in the skull which is usually slightly posterior to the crossing point, and DU 20 is in the little dent.

4. Know the Acupoint's Chinese Meaning:
A lot of point names indicate the point location, and often tell us about point functions and indications as well. Remembering a point's Chinese name is a useful tool to help locate the point. Consider LI 11, whose Chinese name is "Qu Chi": Qu means "curve" or "bend," while Chi means "pool." From this we know that when we locate this point we need to bend the elbow and find a shallow depression, or "pool" at the "bend" of the arm. "Pool" also indicates that the water is fairly shallow, so we can insert the needle shallowly and still get a strong Qi sensation.

5. Choose the Correct Measurement Method:
TCM provides several different measurement methods for locating points, such as bone measurement method, finger "cun" measurement method, etc. Different measurement methods can be used for different body areas. In my experience, the most precise method is the bone measurement method, especially for acupoints located on the limbs. However, even using the bone measurement method, it is still necessary to double check the point with anatomical markers. ST 36 is a good example because it may be the most commonly-used point in the clinic. Its location seems easy to find: 3 cun below the patella, and one finger lateral to the anterior tibial crest. Many practitioners just use the four-finger measurement to locate this point, and are satisfied they have located it properly. However, there are so many individual variations in body size that even using the patient's own 3 cun measurement can be misleading. The best method is to divide the patient's tibia into 3 cun measurements and double check with the other bone landmarks for this point.

Only when we locate the point precisely can we get the best therapeutic effect.
A Journey from Student to Teacher

By Leland Brenholt, L.Ac.

It is strange to be on this side of the table in the classroom. A little more than three years ago I was sitting at these tables as a student; now I am humbled by the honor that has been given to me to stand here as an instructor.

I simply love this medicine and the culture from which it has emerged. I love the clinical encounters I experience as a practitioner and supervisor, and the daily opportunity to witness healing that sometimes borders on the miraculous. I love the level of scholarship I have the privilege to engage in with my amazing fellow faculty members and especially with the students.

Within five minutes of starting each class, I am awed and enchanted with the minds that sit in my room. Their passion and hunger for knowledge has refueled my own academic thirst. During two years of private practice in northern Minnesota, I was deeply touched by the role I have had the privilege to play in other people's lives. I also found myself asking a great number of questions that only time and more experience would answer.

I remember very clearly sitting in Dr. Lu's TCM theory class almost eight years ago.

In those days AAAOM occupied a collection of rooms in the corner of the first floor of the University Technology Center in Dinkytown. The school was comprised of two class rooms, four treatment rooms and a small series of adjoining offices which served as reception, administration office and pharmacy. The on consultation room was little more than a closet with a window and enough room for a desk and two chairs. About forty of us were full-time students with full-time day jobs. As the school was still in its accreditation candidacy there was no financial aid available, so we all paid for tuition and books out of pocket.

In his second Theory lecture, Dr. Lu discussed how TCM was based on the laws of nature and that these laws were both immutable and in constant dynamic equilibrium. I was totally hooked. I knew right then I had found something that would sustain my philosophical and scientific curiosity, while affording me the opportunity to offer service to others. Wednesday became my favorite day of the week, as Dr. Lu initiated his students further into the history and mysterious arts of Oriental medicine.

Almost a decade since that first class, I am ever more the student, still hungry to know more. The profession of a clinician is a humbling one - there is so much to learn, so much skill to acquire, so much wisdom to be gleaned from every clinical encounter. It is said that the skill of pulse taking alone requires ten years of practice merely to achieve the status of "novice."

This spring I visited my friend and fellow AAAOM graduate Brian Grossum in Jinan city, Shandong province, China. Brian and his family have been living in China for more than a year while he studies for his PhD in TCM. Every morning we would go to the park and practice Tai Ji with master Zheng, grab a quick breakfast from a street vendor in the open market, and head over to the teaching hospital for classes. After the first week of observing Dr. Shan (who would sometimes treat up to 60 patients in one morning), I leaned over to Brian and whispered: "When do we get to see the ancient secret acupuncture techniques?"

Brian chuckled quietly and said: "I spent almost a year waiting to see the secret techniques and I finally asked one of the physicians. They just laughed and said there are none."

To me, that was one of the most eye-opening moments of the whole experience at the Chinese TCM hospital: as students here at AAAOM we had received the SAME training as our Chinese counterparts. I realized how authentic this school is in almost all aspects to what one would expect to find in China. The herbal pharmacy, the artwork adorning our space, the skills and patience of the faculty, the academic expectations, the emphasis on effective clinical care - these are truly treasures imported directly from China to our community here in Minnesota. And what an honor it is to be a part of it. In the last decade the school has not only grown in terms of facilities and student body, but AAAOM has started to position itself as the resource center for TCM in the metropolitan community. With our new clinical venture into chemical dependency treatment and the beginning of a significant multiple sclerosis study headed by Dr. Robert Bleau, now is the very best time to be a part of this amazing school. We are a dragon awakening upon the Midwestern prairie.
AAAOM Faculty Spotlight: Dr. Daiyi Tang

By Leila Nielsen

Dr. Tang has been a core faculty member at AAAOM since 2005. In addition to a busy schedule of teaching and clinical supervision, Dr. Tang treats patients at AAAOM and TCM Health Center, and he has been Editor-in-Chief of the International Journal of Clinical Acupuncture for three years.

L.N.: Why did you decide to study Chinese medicine?

Dr. Tang: My father was a very good TCM practitioner - a doctor of Chinese medicine in my home city of Chong Qing. He was successful and widely respected, and I wanted to follow him into that profession. I also learned a lot from my grandfather. When he was a young man he spent four years as a Buddhist monk. As part of Buddhist practice he learned about Qi Gong and passed that knowledge along to me.

L.N.: With a Ph.D. in Chinese medicine, you must have spent a long time in school.

Dr. Tang: Yes - eight years for my B.S. and M.S. degrees, and an additional three years to earn my Ph.D. My B.S. degree was in TCM clinical medicine, and my M.S. centered on the integration of Western and Chinese medicine in relation to allergies and immunology. The work I did for my doctorate continued the integration of TCM and Western medicine, focused in the areas of immunology and endocrinology. I attended Chengdu University of TCM for the B.S. and M.S. degrees, then transferred to Peking Union Medical College for my doctoral studies. Peking Union is one of the top universities in China. I was fortunate to be able to attend there and do my clinical work and research in their hospital.

L.N.: What was the subject of your doctoral research?

Dr. Tang: It was very interesting, because I could combine the integrated Chinese and Western medicine focus of my Master’s work with the intensive study of immunology and endocrinology. We would diagnose such diseases as diabetes and hypertension from the Western perspective, and then treat them with acupuncture and Chinese herbs. Some patients received only Western-type care, some only TCM treatment, and some received a combination of the two. Then we could compare the results and see what combinations helped the patients most. I was especially interested in treating chronic complications of diabetes such as heart disease, eye problems, and neuropathy. We experimented with variations of herbal formulas, many of which are used to treat diabetic patients in Chinese clinics today. That makes me feel good.

I also did a lot of work in the field of immunology on what is called Type I hypersensitivity diseases. Type I includes eczema, asthma, and allergic rhinitis.

L.N.: Did you use drugs like steroids to treat these problems, or only Chinese herbs and acupuncture?

Dr. Tang: We would use steroid drugs in acute situations. In general, Western drugs and Chinese herbs are more effective than acupuncture for immunologic and allergic diseases, although acupuncture is effective to treat an acute asthma attack. Chinese herbs work more slowly than steroids, but have much fewer side effects. Not only that, but patients feel better for longer with Chinese herbs.

L.N.: What kind of work have you done since you came to the States?

Dr. Tang: At Eastern Virginia Medical School I did lab research on diabetes in pregnancy. One of the Ob/Gyn doctors there who did in vitro fertilization became very interested in Chinese medicine and herbs. He is now using a Chinese herb formula I provided to improve sperm count in his patients.

I taught at an acupuncture school in New Mexico for two years, then moved to the New York College of Health Professions, where I was the Chair of Acupuncture. In January of 2005 I came to AAAOM. Editing the International Journal takes a lot of time, but is very rewarding professionally.

L.N.: How do you like Minnesota, and what do you do for relaxation?

Dr. Tang: Minnesota is even colder than Beijing, but I like being here. The people here are very kind. I really enjoy teaching, and am looking forward to the doctorate program starting at AAAOM so I can teach my specialty more intensively. For relaxation I love to play tennis, and of course I practice Qi Gong and Tai Chi regularly.
Fear of Needles

By Daiyi Tang, Ph.D. L.Ac.

A question often raised by student interns in clinic practice is how best to deal with their patients’ fear of needles. Some patients have such severe needle phobia it makes it almost impossible to treat them. The first thing to do is find out the basis for the patient’s fear. There are many reasons patients fear needles, but fear of pain is the most common, especially in children. Other patients are worried about potential harmful side effects of needling such as cross infections, local infections, pneumothorax, etc. There are some basic principles we can follow to deal with these issues during acupuncture treatment.

First, we can explain and demonstrate acupuncture treatment to the patients thoroughly and carefully. Emphasize that acupuncture needles come in sterile packaging and are always disposed of after one use. Reassure patients that there are very few adverse side effects when treatments are performed by well-trained practitioners.

Secondly, for patients who are afraid of needle pain, we can do light massage on the acupoints before inserting the needle. This will reduce the patient’s nervousness and relax the muscle tissue around the points for easier insertion. Many acupuncturists prefer not to do massage during an acupuncture treatment. However, the ancient Chinese medicine classics indicate that they were often used together, because massage can treat diseases which are unresponsive to acupuncture, and acupuncture can treat diseases which are unresponsive to massage. Both massage and acupuncture function to unblock the meridians and collaterals, support vital qi, remove pathogenic factors, harmonize qi and blood, and harmonize yin and yang. In fact, several ancient texts suggest that massage is required before an acupuncture treatment.

A third technique is to gradually improve a patient’s tolerance for needling by working up from thinner or shorter needles to thicker or longer needles, or by gradually increasing the number of points used in a treatment.

Finally, for patients who are really hypersensitive to needles, we can use painless acupuncture therapeutics. In this format, diseases are treated or prevented through painless, non-wound producing stimulation or manipulation of the acupoints. The acupoints are stimulated manually or with a variety of tools, both ancient and modern. Manual manipulation techniques include needle-like finger pressing, herb pressing, compressing, sticking, smearing, scraping and thumping. The ancient tools used include spoon needles, round-point needles, warm moxibustion and cupping. Modern tools employ electricity, magnetism, freezing cold, and heat for acupoint therapy. The tools used include ultrasonic needles, music frequency, electric needles, laser needles, infrared needles, ultraviolet needles, electric pressing therapy, electric stimulation therapy, ultra wave, microwave needles, etc. Painless acupuncture therapeutics, which eliminate invasive aspects of needling, are especially useful for infants, children, and patients who are prone to needle shock.

Food As Medicine

By Cheng Chi, TCMD, L.Ac.

Five Bean Soup

Five bean soup is one of the best dietary recipes available for longevity. Beans are a common and beneficial food, promoting good health. Each kind of bean has its own therapeutic function, and together they help to create the good health that is the foundation of longevity. Eat five bean soup every day for the best results.

Ingredients:
- Soy beans 200g (1 cup)
- Black beans 200g
- Red beans (Adzuki beans) 200g
- White beans (Hyacinth beans) 200g
- Green beans (Mung beans) 200g

Preparation:
Mix the five cups of beans together, rinse and soak in water for 24 hours. Bring the beans to a boil in 2 liters of water, then reduce heat, simmering for 2-3 hours until the beans are soft but still have their shape.

Service: This recipe will serve 6-8 people. As medicine, eat a cup of five bean soup every day, preferably for breakfast. Function: Tonify qi, drain dampness, clear heat, clear toxic heat.

Comments:
- Soy beans and white beans (Bai Bian Dou) are a rich source of protein and can tonify spleen qi. Bai Bian Dou is used in Chinese medicine to tonify spleen qi and drain dampness. Both together are used to strengthen and increase spleen qi and treat fatigue.
- Red beans (Chi Xiao Dou) function to drain dampness and clear edema. For people with water retention, a good treatment is red bean congee or porridge. Red bean is a TCM herb used to treat water retention due to spleen qi deficiency, and is very good for whole body swelling and foot edema.
- Black beans have a strong ability to detoxify. It is a good summer food, as it can clear heat and detoxify. As an herb, its function is to clear heat and detoxify. It is very good for treating heat-related problems like acne, eczema, soreness, redness, and swelling.
- Green beans (Lu Dou) are cool by nature and have the function of clearing heat. They are very good for clearing summer heat. In China, people like to have a traditional soup, "Lu Dou Tang" (green bean soup) in summer. You can find it in homes and restaurants because it is very helpful to treat body heat and dampness. It is also good for preventing summer heat and stroke.
- So, the five ingredients in this recipe, have five main functions.
AAAOM Open Houses
The next Open Houses for prospective students will be held on Sunday, November 4 and Sunday, November 18, from 2:00 - 5:00 p.m. We hope to see you there!

First Day of Winter Trimester
The first day of classes of 2008’s Winter Trimester will be Wednesday, January 2. Applications are now being accepted and prospective students are encouraged to register early. For application information, please call 651-631-0204.

Tai Chi and Healing Qigong Classes
AAAOM offers ongoing 10-week Healing Qigong classes on Saturdays from 9:00 am to 12:00 pm, beginning January 5, 2008 and 12-week Tai Chi classes on Wednesdays from 6:00 - 8:30 pm beginning January 2, 2008. For class and registration information, please call 651-631-0204.