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Alternative Medicine

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Introduction

The Eastern Journal of Complementary and Alternative Medicine, EJCAM, is a peer reviewed journal affiliated with the Eastern School of Acupuncture and Traditional Medicine. EJCAM however acts independently from the school in pursuit of its own mission.

At EJCAM we consider the center of alternative medicine to be the medicine that derives from indigenous Chinese medicine that has a history of over 3000 years. In the United States, Chinese medicine has a relatively short history. It became better known here when the US and China developed relations in the 1970's. Since that time Chinese medicine has gained acceptance but has met with resistance from the scientific community. The resistance stems from the fact that acupuncture, herbs, and other forms of traditional medicine are derived from experience. In today's world medicine is accepted when science proves its statistical significance. Greater acceptance of traditional medicine will be achieved when scientific study provides the proof beyond what experience has already shown.

There are however whispers within the academic and lay world that medicine derived from experience does indeed have merit. This growing traction for experienced based medicine shows that traditional medicine is becoming more accepted. Using science and experience together can provide the best results for thinking researchers and practitioners.

Researchers in the field of traditional medicine still, however, need access to qualified peer review and widespread distribution of their work in order to achieve acceptance in the US. EJCAM aims to provide that review and distribution. The vision of EJCAM includes greater acceptance of traditional medicine and a healthcare field that offers people the best of traditional and western medicine. The words western, traditional, and complementary are only labels and ultimately should not separate the result that can be achieved. Integrated, these types can be truly powerful. At EJCAM we are all of these. This integration can be a true blessing for humanity.

The articles and writings within EJCAM have all been given by dedicated people with no compensation for their work. The peer reviewers and editorial staff do their job truly out of the love for the medicine and the chance to add to that medicine whether it is western, traditional, or complementary. For everyone around our world who endeavors with this spirit, EJCAM is with you and honors your work.



The Mission of the Eastern Journal of Complementary and Alternative Medicine

The mission of EJCAM is to publish and distribute peer reviewed articles of complementary and alternative medicine that stimulate the knowledge of all medical professional healers and enhance the health and wellbeing of all people.

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Publisher

EJCAM is affiliated with the Eastern School of Acupuncture and Traditional Medicine which acts as the publisher and ownership of the journal is with the EJCAM Editorial Board. The Eastern School of Acupuncture and Traditional Medicine is located at 440 Franklin Street, Bloomfield, New Jersey, 07003. Correspondence to info@esatm.edu or 973-746-8717. Aida Morales-Almanzar, CEO

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Message to Authors

Authors are welcome to submit articles to EJCAM about topics such as acupuncture, moxabustion, Asian medicine, and complimentary or integrative western medicine. EJCAM publishes original research, clinical practice articles, case studies, systematic reviews, meta-analyses, literature reviews, conference proceedings, translations, and related topics. Capstone and thesis projects may also be submitted.

All submissions will be online. All submissions must meet review by the editor according to standards accepted by academic journals that utilize AMA reference. If initially acceptable, submissions are sent to peer reviewers who have expertise in the topic submitted. Articles reviewed by peer reviewers will result in the following: acceptance, acceptance with minor changes, rejection, or returned for major revisions.

EJCAM accepts original unpublished articles. If articles are accepted, authors provide publication rights to EJCAM. EJCAM reserves the right to reprint, under the discretion of the editor in chief and EJCAM Board, certain studies or articles previously published in other journals. Dual simultaneous publication may be considered under special circumstances. In special circumstances, EJCAM will republish articles that fit our mission and have authors' permission. In all cases, authors retain rights to intellectual properties. Authors provide rights to EJCAM for electronic and print publication and distribution as well as archiving storage.

Please submit article manuscripts to EJCAM Editor at gormleydmd@aol.com with subject "EJCAM Submit". Submissions will be acknowledged and the review process may take up to 90 days. At the end of the review process authors will be notified of manuscript status.

Message from the Editor

Our journal name is the Eastern Journal of Complementary and Alternative Medicine, EJCAM. This name indicates our roots of origin with the Eastern School of Acupuncture and Traditional Medicine and identifies the basis of our medicine. According to the National Institute of Health the following definitions apply: If a non-mainstream practice is used together with conventional medicine, it's considered "complementary." If a non-mainstream practice is used in place of conventional medicine, it's considered "alternative." EJCAM is both but also joins conventional medicine science and traditional medicine experience.

We live in a time where information and ideas are expanding at great speed. Ideas and information needs to be shared. Our intention is to attract manuscripts of academic and research nature that will improve knowledge in the world of complementary and alternative medicine. EJCAM will spread knowledge.

Students, teachers, and practitioners of complementary and alternative medicine come from a wide range of backgrounds. The basic connection of these backgrounds and purposes is to improve life.



As EJCAM continues to develop we take a humble approach to our contribution to the lofty goal of improving life. We welcome assistance from all who believe in this goal. EJCAM aims to benefit many.

For EJCAM Volume 3 we have an interesting mix of articles including a case study on Sjogrens syndrome, an interview with Master Acupuncturist, Kiiko Matsumoto, progress review of ongoing research to reduce post-operative dental pain medication, a transcript presentation on cardiovascular disease by Caldwell Esselstyn MD, and an article by Giovanni Maciocia on anxiety provided for EJCAM republication by his son Sebastian. Our aim was to be ready to publish in the summer of each year but we have been able to shorten that time each year. We hope this early release is an indication of our growth with EJCAM.

To all of our readers, writers, practitioners, students, teachers, patients and researchers, please enjoy our EJCAM Volume 3 and consider contributing to our next edition.

Welcome to our journal, EJCAM, Volume 3.

Thomas J Gormley, Editor in chief

PS As I am putting this EJCAM Volume 3 together in mid-December 2018, I have just learned of the impending closing of Tri-State College of Acupuncture on December 15, 2018. Not having attended TSCA I do not know about the school though I do know graduates from their program. This news comes with some sadness as I am sure all of those involved over the years have done hard and enthusiastic work to teach and learn the ways of Chinese medicine. Good-bye TSCA but good luck and wellbeing to everyone who was part of the school.

A case study of Sjogrens syndrome treated with acupuncture

By Thomas J Gormley, DMD, LAc, MSAc

Abstract

Sjogrens syndrome is an autoimmune disease that can affect one or multiple organ systems. The usual symptoms include dryness and fatigue. The cause of autoimmune disease can be known or unknown and the process can be acute or chronic. In Chinese medicine Sjogrens syndrome can fit several patterns. In the case studied, the pattern was diagnosed and treated as kidney yin and spleen qi deficiency with spleen channel stagnation. This affected the spleen organ function of transformation and transportation of an 82-year-old female who had been treated with bunion surgery.

Key words: Sjogrens syndrome, dry mouth, acupuncture, bunion surgery

Introduction

According to the Sjogrens Syndrome Foundation, Sjogrens is a systemic disease, affecting the entire body. Symptoms may remain steady, worsen, or, uncommonly, go into remission. While many patients experience dry eyes, dry mouth, fatigue and joint pain, Sjogrens can also cause dysfunction of organs such as the kidneys, gastrointestinal system, blood vessels, lungs, liver, pancreas, and the central nervous system. Patients also have a higher risk of developing lymphoma. Today, as many as four million Americans are living with this disease and experience mild discomfort. Others suffer debilitating symptoms that greatly impair their functioning. Sjogrens affects women 9 times more than men. 1

The cause of Sjogrens is unknown but may be linked to an infection that leads to your own white blood cells attacking your glands that secrete saliva and tears. The treatment usually involves medication to artificially provide mouth or eye lubrication or medicine to stimulate gland secretion. 2

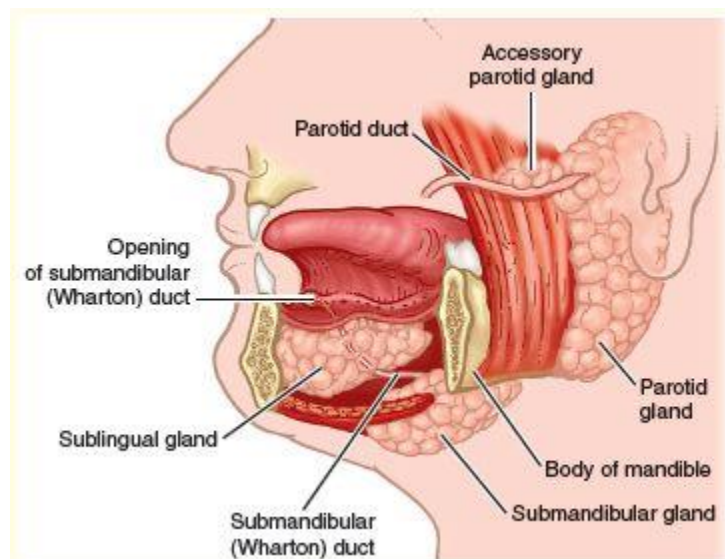


Figure 1, Salivary Glands

Normal function to achieve mouth moisture is derived from the major and minor salivary glands. The major glands include the parotids, submandibulars, and sublinguals. Figure 1, Salivary Glands, shows the salivary glands which are located in the tissues surrounding the oral cavity. 3 The minor salivary glands include the individual secretion glands of the mucous membrane which surrounds the oral cavity. 4 These are exocrine glands that secrete saliva which is formed in the gland and flows through the ducts. Blood flow to the glands supplies fluid and nutrients that the gland utilizes to generate saliva and store it. Sympathetic and parasympathetic nerves activate secretion of saliva through the autonomic nervous system. Innervation is supplied by cervical and vertebral nerves. 5

Saliva flows into the mouth in a similar fashion as does the sweat and sebaceous glands of the skin. It is understood that the skin is an external surface. The mouth and the rest of the digestive canal are also external surfaces though they are located deep inside the body. We don't have to think about secreting saliva. As long as the body is healthy and well-nourished saliva will flow when needed. 6 It is common knowledge that the very thought of eating food can stimulate salivary flow. The famous experiment conducted by Pavlov proved this long ago and is likely the basis for food commercials being presented at certain times of the day to motivate people to either go to the refrigerator or to the local fast food restaurant.

Although treatment of xerostomia (dry mouth) with acupuncture has been mentioned in the literature, research of the academic literature did not show a link between bunion surgery and Sjogrens syndrome. 7 However, Chinese medicine can lead a practitioner to make diagnoses and treatment based on traditional experience of classical patterns not available to western medicine. This case will illustrate how attention to treatment progress and patient history can lead to a better course of treatment and improvement of a western named disease utilizing Chinese medicine principles. A very interesting aspect of the case presented is the effect of bunion surgery as a possible influence in the development of Sjogrens syndrome for the case patient.

"Bunion surgery is done to reduce the pain and correct the deformity caused by a bunion. A bunion (hallux valgus) is an enlargement of the bone or tissue around a joint at the base of the big toe or at the base of the little toe. This one is called a "bunionette" or "tailor's bunion." Bunions often form when the joint is stressed over a prolonged period. Most bunions form in women, primarily because women may be more likely to wear tight, pointed, and confining shoes. Bunions may be inherited as a family trait. Bunions may also result from arthritis. This often affects the big toe joint." 8

What are the risks of bunion surgery? As with any surgical procedure, complications can happen. Some possible complications may include: stiffness, numbness, swelling, delayed healing, or infection. Other complications may include recurrence of the bunion, nerve damage, and continued pain. The surgery may also result in overcorrection of the problem, in which the big toe extends away from the other toes. There may be other risks depending on specific medical conditions. 9

The surgical procedure consists of anesthetizing the local foot area and cutting, realigning, and possibly removing portions of bone, ligaments, and tendons of the affected foot based upon the severity of the bunion. 9



Figure 2, Bunion Surgery Scar

The picture above shows a typical scar left after bunion surgery. This scar is on the medial side of the right foot, and extends over the metatarsal across the joint to the proximal phalanx of the big toe. This scar is similar to the case study patient's scar.

Case study

An 82-year-old female retired teacher came for acupuncture treatment with the chief complaint of severe dry mouth and persistent cough for the past 5 years. She was under the care of her physician for the past 4 years and was diagnosed with Sjogrens syndrome. She was in generally good health taking antihypertensive medication (Norvasc) and eye drops for dry eyes (Evorax). She had previously taken dry mouth medication (Pilocarpine) but the medication proved ineffectual for her symptoms.

Her lab test for SS-A and SS-B (Sjogren) showed a level of >8.0 and the reference range for negative was <1.0 . The interpretation by the lab was "positive" for Sjogren A and B. The blood test used was an antinuclear antibody test which screens for proteins the body makes to fight off bacteria, viruses, and other germs. "Sometimes, your immune system can mistake parts of your own body for foreign invaders. It releases special antibodies, called "autoantibodies," that attack your cells and tissues. Autoantibodies can damage your joints, skin, muscles, and other parts of your body. Antinuclear antibodies (ANAs) are a type of autoantibody that attacks proteins inside your cells. People with some

autoimmune diseases will test positive for ANAs.” Autoimmune diseases like lupus or Sjogren’s produce ANAs. 10

Combining the lab results with the patient’s history and symptoms was conclusive for a diagnosis of Sjogrens. Other than Sjogrens, her intake was unremarkable for someone her age. She had no children and was unmarried. She attended Alcoholics Anonymous for alcoholism but said she was sober for many years. Her vital signs were all normal on blood pressure meds. Her oral exam indicated a well-cared for mouth with a few restored teeth. Her gingiva and mucosa were normal but very dry. She had a persistent dry cough which repeated about once a minute. Her symptoms included swallowing and speaking difficulty, mouth and throat irritation, and a persistent cough. She could not eat a normal diet and her lips would stick together. She had to sip water almost continuously and found this easier than keeping supplied with artificial saliva substitute (Biotene). She did not want dental care and was interested in improving her dry mouth condition.

Evaluation of her tongue and pulse for Chinese medical diagnosis was inconclusive except for dry tongue which was expected.

Research of the Chinese medical texts included voluminous information regarding the influence of Qi, yin, blood and various organs and channels that could affect saliva. TCM theory of why saliva is not secreted goes to the basic theory of function of Qi. Functions of Qi include consolidating and governing. This means “controlling and adjusting the secretion and excretion of sweat, urine and saliva, and preventing the body fluid from escaping.” 11 Maciocia indicates that the spleen has the main influence on saliva. “Saliva is a translation of the Chinese word ‘xian’. This fluid is described as a thin, watery fluid in the mouth that has the function of moistening the mouth and aiding digestion.” 12 Information found in Chinese medical texts indicates that the lung element is the main contributor to dryness when not functioning properly. The lung also controls saliva. The spleen is also a main contributor due to its control of the mouth and lips and being responsible for transportation and transformation. The liver controls the eyes and the heart controls the tongue. All of these would influence the development of this problem. 12

The plan chosen was to use a treatment protocol that would tonify yin, and move Qi both distally and locally and to unblock the channels that coursed through the mouth and throat. Indications below are from Deadman 13 and reflect an application to the case.

Points selected included:

Spleen 6, Sanyinjiao, to tonify 3-foot yin channels, which includes both Kidney and Spleen

Large Intestine 4, Hegu, to augment the face and mouth,

San Jiao 5, Waiguan, to activate the channel and benefit the cheek, mouth, tongue, and lips and to stimulate water passages

Kidney 3, Taixi, nourishes Kidney yin, benefits the lung, and recruits Kidney Qi which courses through the throat

Ren 24, Chengjiang, to benefit dry mouth with wasting and thirsting disorder and to move Qi locally,

Large Intestine 20, Yingxiang, to move Qi locally,

Stomach 3, Juliao, to move Qi locally

Stomach 5, Daying, to move Qi locally

Stomach 7, Xiaguan, to move Qi locally

Acupoints were treated with a teishin (Figure 3) instead of needles. The patient elected this option at the time of intake. The teishin is considered one of the 9 original Chinese medicine needles. The modern version used in this case has a 3-millimeter rounded tip which is lightly spring loaded to activate acupoints. The technique used for this patient was to place the tip of the teishin on the acupoint and use rapid alternating moderate pressing and releasing for a count of 30 seconds on each point. Use of the teishin is considered acupuncture. 14



Figure 3, Teishin

Treatment was completed and retreatment followed. After 3 visits using the same protocol the patient reported that she had improved only slightly. At the 4th visit she indicated that she was coughing less around 10 to 11AM. This is the horary time of the spleen channel. The spleen channel was inspected and discovered that there was a scar on the medial large toe between Spleen 2, Dadu, and Spleen 3, Taibai. Please refer to Figure 2. On further questioning the patient reported that she had bunion surgery on that toe. (This was not originally reported on intake and the patient said she did not think it was relevant to her dry mouth problem.) The evaluation became more interesting when she was asked when the surgery was done in relation to the onset of the dry mouth problem. The surgery was done about 1 year before the dry mouth became a problem. The possibility of the scar being a block in the spleen channel disrupting normal spleen function of transportation and transformation was then considered.

“A different explanation of how a scar tissue can be harmful to the body is electro physical. Comparing the electromagnetic flow in and around normal tissue with scar tissue clearly shows a difference: the electrical resistance of the scar tissue is much greater than healthy tissue. Such resistance can be measured with a simple point locator or even an OHM meter. Scar tissue changes the electromagnetic flow through the tissue, thus disturbing the basis of the median phenomenon, resulting in a poor supply of Qi and blood to the Zang-Fu. This event of energetic flow in a meridian system may not be scientifically explained or proven yet, but in the acupuncture practice it works remarkably well. Scars

blocking a meridian at a key point, for example, may cause pain (stagnation or deficiency pain) or functional disturbances at a distal area on the same related meridian. A blockage of a meridian may also cause a Qi or blood deficiency in the organ it corresponds to, thus creating an internal disease. Treating the scar tissue can open the blockage and help the body to heal.” 15

Her treatment regimen was adjusted by treating the scar according to the protocol for restoring channel flow in a scar disrupted channel. This consisted of surrounding the dragon and treating direct since the scar was not itself painful. Appointment time was scheduled at 10AM to benefit from the maximum effect of the horary principal which is that the strongest Qi flows during the horary 2-hour portion of the 24-hour cycle. 16

Improvement was occurring and after 3 more treatments her salivary flow had improved approximately 50% from the pre-treatment baseline. After 7 visits she was speaking more clearly and swallowing better. The 50% improvement estimate was the patient’s own evaluation based on her ability to speak and swallow better and her feeling of having more moisture in her mouth without adding water. Her speaking was noticeably improved and her oral tissue was noticeably moister than originally evaluated. She was not taking any medications to improve salivation or using any oral rinses. Her persistent cough had reduced from coughing almost every minute to rarely coughing.

At this time, she was instructed to massage the area of Spleen 2 and Spleen 3 at 10AM each day and advise me on her progress. She could treat herself but return if she desired additional care. After 6 months contact discontinued.

At 4 years after treatment ended, she was contacted by telephone and reported that she was speaking and swallowing as well as when she stopped treatment. She was stable.

Discussion

Sjogrens syndrome was medically diagnosed and treated with a western medical protocol for 4 years with limited success since undesirable symptoms persisted according to the patient’s complaint. According to Chinese medicine, the diagnosis was a combination of Kidney Yin and Spleen Qi deficiency due to local stagnation of the Spleen channel. The use of acupuncture to treat these patterns is a common practice in Chinese medicine as indicated by its inclusion in the scholarly texts. 12,16 This method is based on experience, history, and interpretation of ancient writings.

Bunion surgery is a common procedure and obviously necessary at times. However, Chinese medicine concludes that surgical scars on meridian pathways can result in disruption of Qi and blood flow and ultimate disease patterns. Attention to scars on meridians that are involved in the diagnostic pattern is important. Treating the scar to unblock the channel proved instrumental to the improvement of this case.

Conclusion

It cannot be stated academically that the acupuncture was successful in reducing the symptoms of Sjogrens syndrome since this one case is considered anecdotal. However, Chinese medicine is observational and practitioners would consider that the treatment brought about improved balance and reduction of disease to be considered clinically successful. In order to state that the acupuncture was causal, a double blinded controlled study of adequate sample size would be required. A study of this

nature is recommended to further the investigation of acupuncture being used for Sjogrens syndrome, and the influence of bunion scars.

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Interview with Master Acupuncturist, Kiiko Matsumoto

Conducted by EJCAM editor, Dr Thomas Gormley.

Each volume of EJCAM will include an interview with important people in the field of complementary and alternative medicine. In this volume Kiiko Matsumoto, LAc is the interviewee. Kiiko Matsumoto was chosen because of her unique style of acupuncture that she has been teaching and writing about for the eastern and western world of medicine. The focus of this interview will focus on how she developed as a student of Japanese masters, and how her style differs from traditional Chinese medicine. Questions were prepared by EJCAM editor, Dr Thomas Gormley, who has studied her style for years and has had the opportunity to work directly with her during clinical patient care.

“Master Kiiko, thank you for taking time from your busy schedule and agreeing to do this interview. The purpose of this interview is to help people learn about your work and style of acupuncture medicine.”

1. Where were you trained in acupuncture?

I attended acupuncture school in Japan, and that is also where I did my apprenticeship.

2. Who among your teachers influenced you the most, and what would you say about that teacher?

I was most influenced by master Kiyoshi Nagano who I was drawn to work with after finding a series of articles he had written that showed a deep knowledge of Western medicine and classic acupuncture texts. I had never seen that before and I knew that I wanted to learn from him. He was an amazing diagnostician, and could tell things about patients that regular doctors need blood tests for. He was very strong willed, and committed to very powerful and unique treatments.

3. What was the greatest asset your teachers provided you in your development as an acupuncturist?

Learning that it was okay to go my own way, to be creative and not worry about what others in the profession thought about me. That was an important lesson that I learned from Nagano.

4. You are considered a master. Each master adapts to make their own style. In what ways have you made changes to make your own style?

I am constantly learning from my patients, and I always try to improve my treatments. I like to revisit points, rereading how they are discussed in classical texts and associating that with possible overlaps with Western medicine either due to their location or the words that are used to describe their indication.

5. I have heard you tell that you like the food gobo. Besides nutrition, does gobo provide health benefits and do you recommend it to patients?

I think that it's important to eat food to balance the good bacteria in the colon. It's better to feed it than to kill it. So, I recommend this to patients who have been on antibiotics, or who have digestion problems. It also has a lot of antioxidants, so it's great for patients who are concerned about cell problems like cancer. It's also loaded with fiber so it's good for constipation.

6. Are there any additional foods that you promote for health?

I recommend kombu tea for anxiety, it has a salty taste.

7. Did you ever consider using herbs in your treatment style?

No, I have never felt the need, though I know some of my patients occasionally seek them out on their own.

8. Do you think that hara palpation is more important than tongue and pulse for diagnosis in your method?

For me yes, I was never as good as Nagano at pulse diagnosis, but I discovered a way to use the hara so that I could be as good at diagnosing. I find that I can feel changes and discrepancies more easily with that. I do check pulse, but only for speed and strength.

9. I have observed you using the Jue points on the bottom of the foot. How do you know when to use them?

I like these points because they have a universal usage, so long as you pick the right channel. Anytime there is stubborn pain or a complicated issue like anxiety or blood pressure, I look to the Jue.

10. You enjoy referring to history when you teach. Why is this so important to you?

I believe that there has been a lot of knowledge lost between the original classical texts and how acupuncture is mainly practiced today. When I spend time reading the classical texts, I find a wealth of information and a lot of inspiration to start rethinking points I thought I was already familiar with.

11. You have written many books and articles. Are you currently working on a new book? If so please give us a preview.

I am currently working on a new book with my student Monika Kobylecka. We have been working on this for many years. It will pick up from where I left off with my Clinical Strategies Volume 2, readdress the treatment of many things in different ways, and introduce new strategies I have developed in the last 15 years.

12. If a patient would like you to treat them, how and where can they see you?

I see patients at my acupuncture clinic in Newton, Massachusetts. All they need to do is call me and book an appointment, I can usually get people in within one week of them calling.

14. How can practitioners who have not experienced your teaching learn how to use your style?

On kiikomatsumoto.com we have a page devoted to seminars that I teach around the world. Interested students can look for one near to them if they would like to register. We list new classes all the time, so it's worth checking back if there isn't one somewhere convenient. I also recommend looking into the Yu Yao Society (yuyaosociety.com) which is run by my student Grace and offers introductory courses on my style throughout the year.

“Thank you, Master Kiiko Matsumoto, for agreeing to do this interview and may you have continued success in your teaching, studying, and practicing.”

An Update on progress of Research Study: Modulating post-operative dental pain with acupressure on distal points after common emergency procedures

By Gormley T, Loutfy R, and Ephros H

Abstract: This is an update on progress of the ongoing research study of modulating post-operative dental pain with acupressure on distal points after common emergency procedures.

Key Words: acupressure, post-operative pain, dental, acupoints, root canal therapy, dental extractions, analgesics, opioids

Introduction: Readers should refer to the original article “Proposing research of modulating post-operative dental pain with acupressure after common emergency procedures” published in EJCAM Volume 2 in August, 2018 for complete information on the study proposal. Copies are viewable online at: www.esatm.org/library, or request a copy be emailed from the authors listed below. Briefly, Acupuncture and acupressure can reduce pain, inflammation and swelling by stimulating various immune system activity which can reduce the dependence on pain relief medications.¹⁻²⁻³⁻⁴ Reducing pain with less dependence on analgesic medications especially opioids is an important issue.⁵ Post-operative acupressure can be completed within minutes following dental procedures that can cause post-operative pain.⁶

Objective: The objective of this study will be to determine the effectiveness of a short treatment of acupressure on distal acupoints on reducing post-operative pain subsequent to dental procedures of simple extractions, surgical extractions, and root canal therapy performed in a general dental clinic by resident dentists.

Variables: independent: simple extractions, multiple extractions, surgical extractions, pulpectomy; dependent: pain severity, pain duration.

Hypothesis: A short session of acupressure completed after dental procedures can reduce the severity and duration of post-operative dental pain.

Study Update: Of the complete numbered tasks to be performed, the following have been addressed:

1. Completion of study proposal
2. Acceptance and review by study participants
3. Submittal for publication
4. Training of all participants
5. Begin admitting patients and data collection

Tasks 1, 2, and 3 were completed when the proposal was accepted for publication in EJCAM Volume 2, May, 2018.

A task not enumerated on the original list, but should have been, was submittal and acceptance by the Institutional Review Board, IRB. This work depended mainly on proper completion of the “Informed

Consent Document, ICD” according to standards acceptable to the IRB committee. This was approved on August 15, 2018. (This gave us a 1-year calendar to complete data collection according to the proposal.)

Task 4, Training of all participants was completed on August 16, 2018. This training included: Certification in Protecting Human Research Subjects, how to do acupuncture, and how to participate in this research study, interface with patients, and data collection. This training was completed by all study participants.

Task 5, Admitting patients and data collection began at the last week of August, 2018. This task is ongoing and as of November 18, 2018 there are 10 control patient data and 10 study patient data completed. Data collection is 20% complete however 25% of the study time has been consumed. At this rate the number of participants may fall short of the goal of 50 participants in each group and may affect statistical outcome. This aspect will be reviewed by both study directors and accommodations made if possible.

No untoward complications have been reported including side effects of acupuncture.

Budget is online with study projections.

Results of study progress is as follows:

1. Some patients were excluded according to study exclusion criteria: age, pregnancy, current medications.
2. A reasonable percentage of patients declined to participate for undisclosed reasons. In discussion with study participants, the observation was made that volunteers were enthusiastic to assist with the study while decliners did not want to be burdened and wanted to leave the clinic directly after completion of emergency care.
3. Of the 10 control group patients enrolled in the study, all 10 used over the counter post-operative medicine such as acetaminophen or ibuprofen during their post-operative 24-hour period.
4. Of the 10 treatment group patients enrolled in the study, all 10 successfully used self acupuncture for post-operative pain relief. 1 patient of these 10, however had a reported pain level that increased significantly from pre-operative level 1 to post-operative level 8. This patient used self acupuncture but after 3 self administrations they reported that they diverted to use of medication. The study design advised treatment group patients to resort to acetaminophen or ibuprofen if acupuncture did not adequately control post-operative pain. This case result was likely due to the fact that the extraction procedure required significant osseous surgery to remove a fractured dental root tip. In the not too distant years past, patients having osseous surgery would have been prescribed opioid prescription medication. One interpretation of this particular case would be that acupuncture may have assisted in reducing the type of medication from opioid type to over the counter type.
5. Despite having limited data for this interim review, the summary of results indicates that the hypothesis of reducing patients’ dependence on post-operative medication following common emergency dental procedures is promising. Pain was modulated in 90% of cases when patients are treated post-operatively with acupuncture and instructed to self-treat in the subsequent 24-hour period to alleviate pain and avoid post-operative pain-relieving pain medication.

6. If the treatment group was chosen to represent emergency dental procedures except those requiring osseous surgery, then the results to date would show a success rate of 100%.

Other than the simple percentage observation indicated above, no statistical analysis has been completed. Results to date however are very promising, and a full report will be provided after study completion in late August 2019.

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Dr. Caldwell Esselstyn on Making Heart Attacks History (Full Transcript)

Dr Esselstyn generously gave permission to EJCAM to publish one of his transcripts on heart disease in 2017 but only the audio was available. EJCAM editor would have to transcribe Dr Esselstyn's talk. Opportunity does happen when you keep digging, and thanks to The Singju Post, they provided this full transcript of September 25, 2016, which your editor found online in September 2018. P Sanjit of the Singju Post gave permission to EJCAM to republish this talk.

Dr. Caldwell Esselstyn on Making Heart Attacks History (Full Transcript)

TSP Staff September 25, 2016 7:13 am

Full transcript of Dr. Caldwell Esselstyn's TEDx Talk: Making Heart Attacks History at TEDxCambridge 2011 conference.

Dr. Caldwell Esselstyn – American physician, author and former Olympic rowing champion

Coronary artery disease is the leading killer of women and men in Western civilization. Yet the truth be known it is nothing more than a toothless paper tiger that need never exist. And if it does exist it need never ever progress. This is a food borne illness.

My story begins actually in the late 1970s, early eighties when I was chairman of the Breast Cancer Task Force at the Cleveland Clinic. And my frustration was that no matter for how many women I was doing breast surgery, I was doing nothing for the next unsuspecting victim and this led to a bit of global research. It was quite striking to find that breast cancer rates in Kenya were something like 30 or 40 times less frequent than in the United States. And if you looked at breast cancer rates in rural Japan in the 1950s, it was very infrequently identified, and yet as soon as the Japanese women would migrate to the United States, by the second and third generation they now had the same rate of breast cancer as their Caucasian counterparts.

But even more powerful perhaps was data on cancer of the prostate. In 1958, in the entire nation of Japan, how many autopsy proven deaths were there from cancer of the prostate? 18. That's the most mind-boggling public health figure I think I've ever heard. But I made a decision then, that I was concerned that my bones would long be dust before I could really get answers between nutrition and cancer. And so I chose to deal with cardiovascular disease, which is the leading killer of women and men in Western civilization. And it was quite striking that in this global review there were a number of cultures, by heritage and tradition, that simply lacked any cardiovascular disease. They were plant-based.

And so with that information I came back to Cleveland and with my wife and I decided to go on this plant-based diet for a year. And then I asked cardiology if I could have about twenty-four patients, which is the number that I can handle and still carry out my surgical obligations. And the 24 patients that I received were as my late brother-in-law used to say, the walking dead. But they were most cooperative and it was within about say 15 months of starting this program that we had something striking to develop.

I was treating a 52 year old gentleman who in addition to his heart disease had a partially blocked artery in his right thigh. And he told me about the fact that when he was crossing the sky alley to my office he had to stop five times because of pain in his calf, because of this blocked artery. So I had him go to the vascular lab and we got his pulse volume. And then I forgot all about his leg, so focused on his heart. Eight months later he said “Dr. Esselstyn, do you recall when I first started seeing you, I had to stop five times crossing the sky alley here to your office? This last month it got to be four times and it was three, two, one,”. He said “I don’t stop anymore, the pain is gone”.

“Don, back you go to the vascular lab.”

I think if you look here you can see the difference in pulse volume when I first saw and here we were eight months later, it was now almost two times greater. So the thing that was so exciting about this was, in science we had demonstrated what we call proof of concept. Not only that, but this occurred one year before the invention of the statin drugs. So this was so powerful, because it showed us that indeed with nutrition, we can actually not only halt this disease, but we could reverse it. And not shortly thereafter, what occurred, we saw this now in the heart, this is a 54 year old security guard where our angiography core laboratory described this as a 30% improvement.

But what really got our attention was a fellow surgeon at the clinic who at age 44 in 1996, began to get chest pain, he did not have hypertension, he did not have diabetes, he did not have a strong family history, he was not overweight and cardiology worked him up in October of 1996, could find nothing.

Three weeks later, he was finishing his surgical schedule, sat down to write postoperative orders, splitting headache, immediately followed by this crushing elephant in his chest, pain in his shoulder down his arm. Joe was having a heart attack, whipped down to the cath lab, start the catheterization, cardiac arrest, resuscitate and finish the catheterization. And then he was sent up to the floors and discharge three days later, but very depressed. Why? Because what they identified was that his left anterior descending coronary artery, in the front of the heart, the entire lower third was moth-eaten and diseased, over too long a segment to have sense, too far down the artery to have a bypass.

So he was very depressed about this, so my wife Anne and I had him out to the house with his wife for supper, two weeks after his heart attack. “Joe, you’ve been eating this typical Western diet, you got the typical Western disease, we’ve got 10 years of data, how about going plant-based?”

“Okay Ess, I’ll give it a shot, they couldn’t offer me anything else.”

He became the absolute personification of commitment to plant-based nutrition, and over the next 30 months he then had another angiogram. You know, up in the surgical suites, our offices are three doors apart, and at noontime of the day that I knew earlier that morning he had his follow-up angiogram, I found myself letting myself into his office. There he was sitting behind his desk, “Joe, I understand you had the old follow-up angiogram this morning, mind sharing with me how did it go?”

Got up from around his desk, put his arms around me, “I think we’re doing okay.”

“Well, any chance I could see the follow-up angiogram?”

“Yeah!”

So it was really quite striking and exciting to see what actually can happen. When you give the body every opportunity it can, the healing capacity is incredible.

So now let's talk a little bit about how do you injure the artery in the first place, what seems to be going wrong? Now on the right, there is a seriously diseased artery, and you probably say that's going to have a heart attack. No, that only causes about 10% of heart attacks, but it certainly will cause chest pain and shortness of breath. What I really want you to notice is on the left and here on the inside of this artery, there's a very, very, tiny little dark single layer of cell, "magic carpet", that all experts would agree is where the inception of this disease occurs. This magic carpet is called the endothelium. And the endothelium has an absolutely magic molecule that it produces — it's a gas, nitric oxide.

Nitric oxide has a number of wonderful functions. Nitric oxide keeps our blood flowing smoothly like Teflon, rather than velcro. Two, nitric oxide is the strongest vasodilator in the body. When you climb stairs, the arteries to your heart dilate, the arteries to your legs dilate. Nitric oxide inhibits inflammation from the wall of the artery, protect you from getting hypertension, and most importantly nitric oxide in plentiful amounts will protect you from ever developing blockages or plaque.

All right, how do those 90% of heart attacks occur? You will see here the artery is divided and what you're looking at in the first serial on the left, is that when you start eating that cheeseburger, the pizza, the milkshake, your blood flow gets sticky. And certain elements like your endothelial cells get sticky, your LDL cholesterol gets sticky, and then the LDL bad cholesterol migrates into the sub endothelial space where it sets up this absolute cauldron of inflammation. And that cauldron of inflammation begins making inflammatory enzymes that gradually begin to thin out this delicate cap over the plaque. It gets thinner and thinner until it's thin as a cobweb and then the sheer force of blood going over that thinned out plaque ruptures and now we have spillage of plaque content into the flowing blood, which activates our platelets, our clotting factor.

Now we are at the beginning of a clot, a thrombosis, which is in and of itself, self-propagating. So in a matter of minutes, now we have an artery that is totally blocked, and all the downstream heart muscle has been deprived of oxygen and nutrients and starts to die. That's the heart attack.

But there is something absolutely magically exciting about this series, because if I can convince you that all you have to do is change your nutrition so your internal biochemistry is such that you will not injure or thin out the cap over your plaque, you will actually diminish your plaque, and you will strengthen the cap over the plaque.

All right, how do we do this? It's very easy, we avoid the foods that injure the endothelium. What are they? Even pure virgin olive oil, corn oil, soybean oil, safflower oil, sunflower oil, coconut oil, palm oil, dairy. Anything with a mother or a face, meat, fish — meat, fish, chicken and turkey and also caffeine in coffee and fructose.

All right, what are you going to eat? All those marvelous whole grains for your cereal, bread and pasta. 101 different types of legumes, vegetables, which are red, yellow and green leafy and fruit. But especially the green leafy vegetables are like water on the fire. What green leafy vegetables? Bok choy, swiss chard, kale, collards, collard greens, pink greens, mustard greens, brussels sprouts, broccoli, cauliflower, cilantro, parsley, spinach and arugula and I'm out of breath. But remember, no oil!

Now conventional cardiology with all those procedures and all that expense, is high mortality, high morbidity and sadly it does not cure the disease and the expense is unsustainable. However when you're treating causality with plant-based nutrition, no mortality with the diet, no morbidity with the diet, and what happens with the passage of time, the benefits just continue to improve.

And lastly nobody has greater fear of another heart attack than somebody who's already had a heart attack, and how empowering it can be for them and their family to know that they themselves can now become the locus of control for this disease, destroying it. Whereas in the past it had been trying to destroy them.

And that lastly I want to just share with you, this isn't just that original earlier study. But what we're about to publish — another 200 patients, and the reason we have 91% compliance is because we have a very strong intense single five hour counseling seminar and that's the same amount of time the cardiac surgeon has, but I have the patient when they're awake.

So how do we do? If we look at the vertical axis what you're seeing here is the average of about three independent cohorts cardiology studies that are quite well known, and the recurrent cardiac events after four years run about 20% on average. Our own, which is called Treating The Cause, is a half of 1%, that means roughly a 40 fold difference.

So in summary, it is really so exciting what happens when you treat the causation of disease, because it is not only prompt, it is powerful and it is persistent. And for those who in the future are coming down with cardiovascular disease, I hope it is going to be unconscionable not to inform them of the power of this option from which they can thrive.

Thank you.

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<https://singjupost.com/dr-caldwell-esselstyn-on-making-heart-attacks-history-full-transcript/?singlepage=1>

Pangam Khuman (pangamba777@gmail.com)

Hi Thomas,

It's with great pleasure we give the permission to publish the said transcript in your journal. Please do give full credit and link to the Singju Post. <https://singjupost.com>

Regards,

P. Sanjit

Sebastian Maciocia generously responded to EJCAM editor's request to provide EJCAM with an article written by his father Giovanni who passed away last year. So, thank Giovanni Maciocia posthumously for all of his work and specifically this article and thank Sebastian for sharing his father's work with EJCAM readers.

Anxiety

By Giovanni Maciocia

Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, keep focused on an important speech. In general, it helps one cope. But when anxiety becomes an excessive, irrational dread of everyday situations, it has become a disabling disorder.

1. ANXIETY IN WESTERN MEDICINE

The anxiety disorders discussed in Western medicine are:

- generalized anxiety disorder
- panic disorder
- obsessive-compulsive disorder
- post-traumatic stress disorder
- social phobia (or social anxiety disorder)
- specific phobias.

Each anxiety disorder has its own distinct features, but they are all bound together by the common theme of excessive, irrational fear, worry and dread.

A chronic state of anxiety is usually called Generalized Anxiety Disorder. The essential characteristic of Generalized Anxiety Disorder (GAD) is an excessive uncontrollable worry about everyday things. This constant worry affects daily functioning and can cause physical symptoms. GAD can occur with other anxiety disorders, depressive disorders, or substance abuse. GAD is often difficult to diagnose because it lacks some of the dramatic symptoms, such as unprovoked panic attacks, that are seen with other anxiety disorders; for a diagnosis to be made, worry must be present more days than not for at least 6 months.

Physical symptoms may include:

- Muscle tension
- Sweating
- Nausea
- Cold, clammy hands
- Difficulty in swallowing
- Jumpiness

- Gastrointestinal discomfort or diarrhea
- Irritability, feeling on edge
- Tiredness
- Insomnia

A panic attack is defined as the abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- a feeling of imminent danger or doom
- the need to escape
- palpitations
- sweating
- trembling
- shortness of breath or a smothering feeling
- a feeling of choking
- chest pain or discomfort
- nausea or abdominal discomfort
- dizziness or lightheadedness
- a sense of things being unreal, depersonalization
- a fear of losing control or "going crazy"
- a fear of dying
- tingling sensations
- chills or hot flushes.

2. ANXIETY IN CHINESE MEDICINE

"Anxiety" is a modern term that does not have an exact equivalent in Chinese medicine. I shall discuss the view of anxiety in Chinese medicine according to the following topics:

a) Chinese Disease Entities Corresponding to Anxiety There is no Chinese medicine term that corresponds exactly to what we call "anxiety" but several ancient Chinese disease entities closely resemble anxiety. The two main disease entities that correspond to Anxiety are:

- "Fear and Palpitations" (Jing Ji)
- "Panic Throbbing" (Zheng Chong)

Both these conditions involve a state of fear, worry and anxiety, the first with palpitations and the second with a throbbing sensation in the chest and below the umbilicus. "Fear and Palpitations" is usually caused by external events such as a fright or shock and it comes and goes: it is more frequently of a Full nature, "Panic Throbbing" is not caused by external events and it is continuous: this condition is usually of an Empty nature and is more serious than the first. In chronic cases, "Fear and Palpitations" may turn into "Panic Throbbing". In severe cases, "Panic Throbbing" may correspond to panic attacks. Despite the name "Fear and Palpitations", such states of fear and anxiety may occur without palpitations.

b) Rebellious Qi of The Penetrating Vessel (Chong Mai) There is a third Chinese condition that may correspond to anxiety and especially to panic attacks and that is the condition of Rebellious Qi of the Penetrating Vessel (Chong Mai) causing the symptom of "internal urgency" (li ji).

One of the most common pathologies of the Penetrating Vessel is rebellious Qi and "internal urgency" (Li Ji): this has been recognized since the times of the "Classic of Difficulties" (Nan Jing). Chapter 29 of the "Classic of Difficulties" says: "The pathology of the Penetrating Vessel is rebellious Qi with internal urgency (li ji)."

"Internal urgency" indicates a feeling of anxiety and restlessness: in severe cases, there may be panic attacks with palpitations. On a physical level, it may also be interpreted as an uncomfortable, tight sensation from the lower abdomen radiating upwards towards the heart.

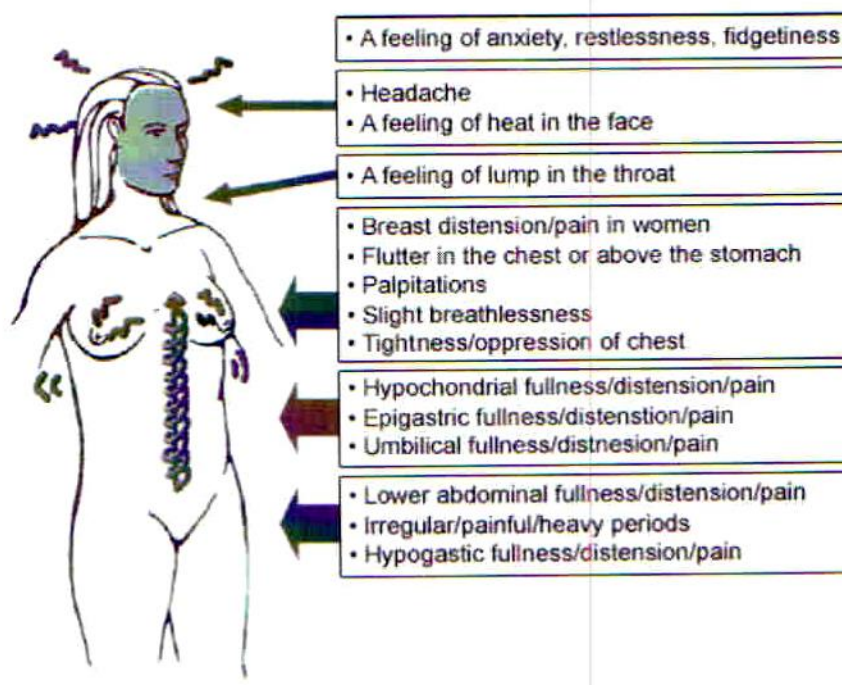
Palpitations is frequently associated with the anxiety or panic attacks deriving from rebellious Qi of the Penetrating Vessel because this vessel flows through the heart. This type of anxiety or panic attack may also be accompanied by a throbbing abdominal sensation which is also due to rebellious Qi of the Penetrating Vessel in the abdomen. From this point of view, Rebellious Qi of the Penetrating Vessel could be considered as a form of "Panic Throbbing" (Zheng Chong).

Rebellious Qi of the Penetrating Vessel causes various symptoms at different levels of the abdomen and chest. It causes primarily fullness, distension or pain in these areas. By plotting the pathway of the Penetrating Vessel, we can list the possible symptoms of rebellious Qi of the Penetrating Vessel starting from the bottom:

- Cold feet
- Fullness/distension/pain of the lower abdomen
- Hypogastric fullness/distension/pain
- Painful periods, irregular periods
- Fullness/distension/pain of the umbilical area
- Fullness/distension/pain of the epigastrium
- Feeling of tightness below the xiphoid process
- Feeling of tightness of the chest
- Palpitations

- Feeling of distension of the breasts in women
- Slight breathlessness
- Sighing
- Feeling of lump in the throat
- Feeling of heat of the face
- Headache
- Anxiety, mental restlessness, "internal urgency" (li ji).

See diagram below.



c) "Palpitations" In Chinese Diagnosis On the subject of "palpitations", it is worth explaining what this term indicates. If we ask most Western patients whether they have "palpitations", most of them will reply in the negative because they think that by "palpitations" we mean "tachycardia", i.e. a rapid beat of the heart. In reality, "palpitations" denotes simply an uncomfortable, subjective sensation of the heart beating in the chest: it has nothing to do with the speed or rate of the heart.

Therefore, when I want to ask a Western patient about this symptom, I do not ask "Do you get palpitations?" but ask instead "Are you sometimes aware of your heart beating in an uncomfortable way?" If we ask in this manner, we will see that palpitations are a more common symptom than we think.

3. DIFFERENTIATION AND TREATMENT

Heart and Gall-Bladder Deficiency

Clinical manifestations: Palpitations, anxiety, timidity, easily frightened, lack of self-assertion, easily discouraged, cannot sit or lie down, insomnia, waking up early in the morning. Tongue: Pale. Pulse: Weak.

Mental-emotional profile: This person is timid, shy and lacking in drive. He or she is easily discouraged and finds it difficult to make decisions. The anxiety is mild.

Treatment principle: Tonify the Heart and Gall-Bladder, calm the Mind.

Acupuncture Points:

HE-7 Shenmen, HE-5 Tongli, BL-15 Xinshu, Ren-14 Juque, G.B.-40 Qiuxu, ST-36 Zusanli.

Herbal therapy:

Prescription: AN SHEN DING ZHI WAN Calming the Mind and settling the Spirit Pill Variation

Prescription: PING BU ZHEN XIN DAN Variation Calming and Tonifying the Heart Pill Variation.

Prescription: WU WEI ZI TANG Variation Schisandra Decoction Variation.

Three Treasures remedy Breaking Cloud. Breaking Clouds tonifies and lifts Qi and strengthens the Heart and Gall-Bladder.

Heart-Blood Deficiency

Clinical manifestations: Palpitations, anxiety, dizziness, pale face, insomnia, poor memory, tiredness. Tongue: Pale and Thin. Pulse: Choppy or Fine.

Mental-emotional profile: This person is most likely to be a woman, pale, depressed and anxious. The anxiety is mild and she hides it well.

Treatment principle: Nourish Heart-Blood, calm the Mind.

Acupuncture Points:

HE-7 Shenmen, Ren-14 Juque, ST-36 Zusanli, SP-6 Sanyinjiao.

Herbal therapy:

Prescription: GUI PI TANG Variation Tonifying the Spleen Decoction Variation.

Three Treasures remedy Calm the Shen. Calm the Shen is a variation of Gui Pi Tang and it nourishes Heart-Blood and calms the Mind.

Kidney- And Heart-Yin Deficiency with Empty Heat

Clinical manifestations: Palpitations, anxiety that is worse in the evening, mental restlessness, insomnia, night-sweating, feeling of heat in the evening, five-palm heat, dizziness, tinnitus. Tongue: Red without coating. Pulse: Floating-Empty and Rapid.

Mental-emotional profile: This person is more likely to be middle-aged. The anxiety is marked and is experienced more in the evenings. In women, this type of anxiety is markedly aggravated with the onset of the menopause. There is a characteristic restlessness and fidgetiness.

Treatment principle: Nourish Heart- and Kidney-Yin, clear Empty Heat, calm the Mind.

Acupuncture Points:

HE-7 Shenmen, Ren-14 Juque, KI-3 Taixi, Ren-4 Guanyuan, SP-6 Sanyinjiao, HE-6 Yinxi, KI-7 Fuliu.

Herbal therapy:

Prescription TIAN WANG BU XIN DAN Heavenly Emperor Tonifying the Heart Pill Three Treasures remedy

Heavenly Empress (Women's Treasure) Heavenly Empress nourishes Heart- and Kidney-Yin, clears Empty Heat and calms the Mind. Please note that although this remedy is part of the Women's Treasure range, it is equally suitable for men as it is a variation of Tian Wang Bu Xin Dan Heavenly Emperor Tonifying the Heart Pill.

Lung- And Heart-Qi Deficiency

Clinical manifestations: Palpitations, anxiety, timidity, easily frightened, sadness, tendency to crying, weak voice, slight breathlessness, propensity to catching colds. Tongue: Pale. Pulse: Weak on both Front positions.

Mental-emotional profile: This person is anxious but also sad. They are often affected by grief following a loss. They will tend to be pale and speak with a weak voice. The anxiety is experienced in the chest.

Treatment principle: Tonify Heart- and Lung-Qi, calm the Mind.

Acupuncture Points:

HE-5 Tongli, HE-7 Shenmen, BL-15 Xinshu, Ren-14 Juque, LU-9 Taiyuan, LU-7 Lieque, BL-13 Feishu, Du-12 Shenzhu, Ren-12 Zhongwan, Ren-6 Qihai, ST-36 Zusanli.

Herbal therapy:

Prescription YANG XIN TANG, Nourishing the Heart Decoction

Prescription BU FEI TANG Variation Tonifying the Lungs Decoction Variation.

Lung- And Heart-Qi Stagnation

Clinical manifestations: Palpitations, anxiety, a feeling of distension or oppression of the chest, depression, a slight feeling of a lump in the throat, slight shortness of breath, sighing, sadness, chest and upper epigastric distension, slightly purple lips, pale complexion. Tongue: slightly Pale-Purple on the sides in the chest area. Pulse: Empty but very slightly Overflowing on both Front positions.

Mental-emotional profile: This person is anxious but also worried and sad. They will tend to be pale and speak with a weak voice. The anxiety is experienced in the chest.

Treatment principle: Move Qi in the Heart and Lung, relax the chest, calm the Mind.

Acupuncture Points:

HE-5 Tongli, HE-7 Shenmen, P-6 Neiguan, Ren-15 Jiuwei, Ren-17 Shanzhong, LU-7 Lieque, ST-40 Fenglong.

Herbal therapy:

Prescription BAN XIA HOU PO TANG Pinellia-Magnolia Decoction.

Three Treasures remedy Open the Heart Open the Heart moves Qi of the Heart and Lungs and calms the Mind. It has a special action on the chest and it is therefore particularly indicated when there are chest symptoms such as a feeling of tightness or oppression of the chest.

Heart-Blood Stasis

Clinical manifestations: Palpitations, anxiety, insomnia, agitation, poor memory, chest pain. Tongue: Purple on the sides (chest area). Pulse: Wiry, Choppy or Firm.

Mental-emotional profile: This person will tend to be middle-aged. The anxiety is experienced more in the evening and often also in the middle of the night, when they might wake up with a panicky feeling.

Treatment principle:

Invigorate Heart-Blood, eliminate stasis, calm the Mind.

Acupuncture Points:

HE-5 Tongli, P-6 Neiguan, Ren-14 Juque, Ren-15 Jiuwei, LIV-3 Taichong, SP-6 Sanyinjiao.

Herbal therapy:

Prescription TAO REN HONG HUA JIAN Persica-Carthamus Decoction

Three Treasures remedy Red Stirring Red Stirring invigorates Heart-Blood. It can be used to invigorate Blood in the Heart but it does not have a pronounced calming the Mind effect. This should therefore be integrated with acupuncture.

Phlegm-Heat Harassing the Heart

Clinical manifestations: Palpitations, anxiety, insomnia, dreaming a lot, feeling of oppression of the chest, sputum in the throat, slightly Amanic@ behaviour. Tongue: Red, Swollen with sticky-yellow coating. Pulse: Slippery-Rapid.

Mental-emotional profile: In this case, the anxiety is marked, to the point of agitation. The person may be hyperactive and slightly chaotic.

Treatment principle: Resolve Phlegm, clear Heart-Heat, calm the Mind, open the Mind's orifices.

Acupuncture Points:

P-5 Jianshi, HE-8 Shaofu, Ren-12 Zhongwan, ST-40 Fenglong, ST-8 Touwei, G.B.-13 Benshen, Ren15 Jiuwei, Du-24 Shenting.

Herbal therapy:

Prescription WEN DAN TANG Warming the Gall-Bladder Decoction

Prescription GUI SHEN TANG Restoring the Mind Decoction

Three Treasures remedy Clear the Soul Clear the Soul clears Heat and resolves Phlegm from the Heart and Lungs and calms the Mind. Settling the Soul Settling the Soul clears Heat and resolves Phlegm from the Heart and Liver, calms the Mind and settles the Ethereal Soul.

4. CASE HISTORIES

Case history 1

A 42-year-old woman had been suffering from anxiety ever since the birth of her second child 5 years previously. Her anxiety was mild but constant and disabling. She had a vague feeling of anxiety without being able to pin-point the cause or the object of it. She also slept badly. Her health was otherwise good apart from complaining of palpitations, blurred vision and tingling of the limbs. Her tongue was Pale and her pulse Choppy.

Diagnosis

This is a very clear example of anxiety deriving from Heart-Blood deficiency as evidenced by the anxiety, insomnia and palpitations. There was some Liver-Blood deficiency as evidenced by the blurred vision and tingling. Her tongue and pulse confirm the Blood deficiency. In her case, the Blood deficiency arose after the birth of her second child: this is a common cause of Blood deficiency in women and one that may also give rise to post-natal depression.

Treatment I treated this patient primarily with acupuncture and with an herbal remedy. The points I used were selected from the following: - Ren-4 Guanyuan, ST-36 Zusanli, LIV-8 Ququan and SP-6 Sanyinjiao to nourish Liver-Blood. - HE-7 Shenmen to nourish Heart-Blood. - Du-24 Shenting and Ren-15 Jiuwei to calm the Mind. In addition to acupuncture, I used the Three Treasures remedy Calm the Shen which nourishes Liver and Heart-Blood and calms the Mind.

I treated her for 9 months after which her anxiety was completely relieved.

Case history 2

A 50-year-old woman had been suffering with anxiety for a long time. She experienced her anxiety more in the daytime and her sleep was good. She worried very easily about the smallest things. She was rather overweight and felt cold easily. She suffered from lower backache and dizziness and her urination was frequent and her urine pale. I enquired about her working life and she had been overworking for many years, leaving home early in the morning and returning in the evening. Her tongue was Pale and her pulse was Weak and Deep, particularly on both Rear positions.

Diagnosis

In this case, the anxiety derives clearly from a deficiency of the Kidneys and specifically Kidney-Yang. Fear is the emotion pertaining to the Kidneys.

Treatment: I treated this patient with a combination of acupuncture and an herbal remedy. The acupuncture points I used were selected from the following: Ren-4 Guanyuan with moxa, BL-23 Shenshu, KI-7 Fuliu, KI-3 Taixi to tonify Kidney-Yang, Du-24 Shenting and Ren-15 Jiuwei to calm the mind.

I also used the Three Treasures remedy Strengthen the Root which is a variation of You Gui Wan Restoring the Right (Kidney) Pill to tonify Kidney-Yang.

END NOTES

1. Classic of Difficulties, p. 73-4.

Biography

Giovanni Maciocia passed away March 9, 2018

The following appeared online at: <http://www.giovanni-maciocia.com/biography/default.html> on 01-24-2019 and was taken from Dr Ted Kaptchuk's foreword to Giovanni's book Obstetrics and Gynaecology in Chinese Medicine

Giovanni Maciocia is one of the most highly respected practitioners of acupuncture and Chinese herbal medicine in Europe. Originally from a medical family in Italy, he trained in England at the International College of Oriental medicine graduating in acupuncture in 1974 after a three-year course. He has been in practice since then.

In 1980, 1982 and 1987 he attended three postgraduate courses in acupuncture in China at the Nanjing University of Traditional Chinese Medicine of the duration of three months each, gaining invaluable knowledge and clinical experience. He reads Chinese and has therefore access to all the Chinese medicine textbooks, old and modern, published in China.

Giovanni Maciocia is the author of "Tongue Diagnosis in Chinese Medicine", "The Foundations of Chinese Medicine", "The Practice of Chinese Medicine", "Obstetrics and Gynaecology in Chinese Medicine" "Diagnosis in Chinese Medicine" and "The Channels of Acupuncture" which have become textbooks for all major acupuncture colleges in the world. Giovanni has recently finished writing a new book on emotional and mental problems which will be published in 2009 under the title "The Psyche in Chinese Medicine – Treatment of Emotional and Mental Disharmonies with Acupuncture and Chinese Herbs".

Giovanni also studied Western herbalism and graduated from the National Institute of Medical Herbalists in 1977: he has been practising herbal medicine since then.

In 1996, Giovanni Maciocia was appointed Visiting Professor of the Nanjing University of Traditional Chinese Medicine, a foremost teaching institution in China.

Giovanni is the author of many articles published in professional journals and his article on M.E. (post-viral fatigue syndrome) has been published in a Chinese medical journal, an honour rarely bestowed on foreign writers in China. Giovanni has extensive experience in teaching having taught acupuncture and Chinese medicine since 1974 in several schools all over the world. He is well known for his rigorous and meticulous style combining a thorough knowledge of Chinese medicine with 28-years clinical experience. While firmly rooted in traditional Chinese medicine, Giovanni's ideas are often innovative as the theories of Chinese medicine need to be adapted to Western conditions and new Western diseases. For example, Giovanni has formulated an innovative and original new theory on the aetiology and pathology of asthma and allergic rhinitis. He also formulated a theory on the aetiology, pathology,

diagnosis and treatment of M.E. (Post-Viral Fatigue Syndrome) entirely from scratch as this, being a new disease, did not exist in the Chinese literature.

Giovanni has been practising Tai Ji Chuan, Ba Gua and Xing Yi since 1975. He currently lives and works in Santa Barbara, California where he lectures.