Eastern Journal of Complementary & Alternative Medicine

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Contents

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.

Disclaimer

The opinions, ideas, and views contained and published in EJCAM, are those of the authors and not those of the editor, editorial board, or publisher. The editor, editorial board, publisher, or the college affiliate do not endorse any ideas, treatment concepts, diagnoses, products or materials presented by the article authors or any advertisers presented within EJCAM.

Reading an article within EJCAM does not qualify any person, group, or practitioner to use those ideas, practices, treatment protocols, devices, or materials in their practice. It is understood that further study is needed and readers are expected to use their clinical judgment and further education when necessary before implementing any new procedure.

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Editors

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 need 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 4 we have an interesting mix of articles including a case study on orofacial dyskinesia, an interview with acupuncturist, Tinna Kim, an article by Giovanni Maciocia on Influenza A (H1N1) provided for EJCAM republication by his son Sebastian, a prototype for starting an Integrative Medical Hospital Division and a report of human research on acupressure eliminating use of post-operative pain medication after emergency dental procedures.

The majority of this EJCAM Volume 4 was developed during the relative peace of Pre-Covid-19 virus. Now in late March 2020 all of our lives have changed. For those of us in health care, we are either so busy we cannot read this or our practices have been reduced by social distancing rules. My practice has become an emergency practice and my hours are limited. I am still teaching at my hospital, but we have to develop some novel ways to accomplish this. Some of us are doing telemedicine. Whatever your role is during this crisis, please do your best to keep everyone safe, but please try to learn from this. Within this crisis there will be some valuable lessons. Don't miss learning! Then share your learned wisdom with the rest of us.

To all of our readers, writers, practitioners, students, teachers, patients and researchers, please enjoy our EJCAM Volume 4 and consider contributing to our next edition.

Welcome to our journal, EJCAM, Volume 4.

Thomas J Gormley, Editor in chief

A Case Study of Orofacial Dyskinesia Treated with Acupuncture

By Dr Thomas J Gormley

Abstract

Tardive dyskinesia is a disease of the neuromuscular system that results in involuntary movement of various parts of the body. Orofacial dyskinesia is a localized version that affects the mouth and face. The case studied in this article was diagnosed as orofacial dyskinesia and involved uncontrollable quick extension of the tongue on the right side of the mouth followed by tongue retraction and then sucking in through the lips with a sound of sucking. The organs affected include the lips, tongue, and face. The cause of these motions is attributable to older age and prescribed medications. In Chinese medicine tardive dyskinesia corresponds to various disease conditions attributable to an imbalance of yin and yang mostly considered liver yang rising due to liver wind. Chinese medicine treatment for liver yang rising is commonly done and often successful. In western medicine treatment can be difficult and mostly relies on moderating prescribed medications.

Key words: Tardive dyskinesia, orofacial dyskinesia, involuntary movement, acupuncture, electrical acupuncture, scalp acupuncture

Introduction

According to the National Organization for Rare Diseases, “Tardive dyskinesia is characterized by involuntary and abnormal movements of the jaw, lips and tongue. Typical symptoms include facial grimacing, sticking out the tongue, sucking or fish-like movements of the mouth. In some cases, the arms and or legs may also be affected by involuntary rapid, jerking movements (chorea), or slow, writhing movements (athetosis). Symptoms of tardive dystonia include slower, twisting movements of larger muscles of the neck and trunk as well as the face.” (1)

“Tardive dyskinesia, TD, affects individuals who have been taking neuroleptic drugs for a long period of time. A high percentage of schizophrenic people who have spent long periods of time taking these drugs have a high risk of developing TD. However, neuroleptic drugs are also prescribed for depression, some digestive disorders, and other neurologic illnesses.” (1)

“Treatment of TD initially consists of discontinuing the neuroleptic drug as soon as involuntary facial, neck, trunk, or extremity movements are identified in people taking neuroleptic drugs if this is felt to be safe psychiatrically. Use of an “atypical” neuroleptic drug is often used in place of traditional neuroleptics if felt to be psychiatrically appropriate. However, the “atypical” neuroleptic drugs are also capable of causing or perpetuating TD. In some cases, physicians may be forced to reinstitute a neuroleptic drug if the TD symptoms do not disappear and become very severe after medication is discontinued.” (1)

According to several experts including documentation from the Mayo Clinic and Web MD, there is no cure for TD. However, adjusting medications can help. (2)

In Chinese medicine tremor or spasticity, excess movement, of the 4 limbs would be considered a result of liver wind. Liver wind stirring internally is gan feng nei dong. (3)

Case study

A 68-year-old retired male patient came to have treatment with a chief complaint of “making sounds with his mouth.” He reported making the sounds beginning 6 months previously and his wife advised him to seek treatment. He had previously been diagnosed by his physician as having orofacial dyskinesia and was advised to see a dentist. After doing a search with his insurance he found my office nearby and was in the network for dental care.

Upon arriving and providing background information, he reported a medical history of the following:

1. Seasonal allergies
2. Bilateral knee joint replacement and right shoulder joint replacement
3. Hypertension
4. Arthritis in several joints
5. Dental implant at tooth #13

His medications included:

1. Meloxicam
2. Omeprazole
3. Zolpidem
4. Lisinopril
5. Amoxicillin 2 grams pre operatively for surgery when needed

On evaluation he revealed no history of tics but possibly restless leg. His mouth was slightly dry, and his dentition was healthy. He slept 5 to 6 hours at night and napped about 20 minutes daily, but felt fatigued. During the evaluation he presented with a good spirit but admitted to some emotional drain with his marital relationship of 30 some years. He said he had previous acupuncture for tinnitus but that was not resolved and he was told acupuncture would not help his tinnitus. He had been dismissed after several visits.

Aside from the stated western medical diagnoses, I considered that he was suffering from fatigue and mild depression based on the interview.

The Chinese medical diagnosis for this patient was complex, but the initial approach was to begin with a treatment to support his shen, balance his liver qi, and provide local support to the affected organ system including his mouth, lips, tongue, and face.

Points selected included:

Spleen 6, San Yin Jiao, to support Qi especially with spleen Qi deficiency and fatigue, and calm the mind. The spleen dominates the muscles and opens into the mouth.

Stomach 36, Zu San Li, to support the Qi and blood, tonify the shen, and expel wind

Kidney 3, Taixi, nourishes Kidney yin, benefits the lung, and recruits Kidney Qi which courses through the throat. This point and the previous 2 points to support spleen Qi.

Large Intestine 4, Hegu, to augment the face and mouth, and bring Qi down

Liver 3, Taichong, balances liver Qi and calms rising liver yang. Used with Li 4 as 4 gates to calm the entire body and face.

Heart 7, Shen Men, Spirit Gate, is an excellent point for calming anxiety and emotional problems. The heart opens into the tongue. (4)

Speech #3, and voluntary movement area located 2 cun on line distally superior to auricle, to improve neurological system control of mouth and speech function. (5)

Ashwagandha is an ayurvedic herb often used to treat stress and anxiety. (6)

Electrical Stimulation, E-stim, is used to augment the effect of normal acupuncture and can assist cases of depleted Qi or electron deficiency. The process of using different frequency measured in Hertz, Hz, to stimulate various neurotransmitters and biochemicals was learned through study with Dr Jeremy Steiner at Eastern School of Acupuncture and Traditional Medicine. (7)

The patient's treatment is listed by the dates below. All needles used were 40-gauge, 1 inch, stainless, DBC needles and E-stim was done with E Stim II units:

6/11, E-stim on 4 gates bilaterally (2Hz for 30 minutes, 15Hz for 30minutes with black lead on Lv 3 and red lead on Li 4), Bilateral needle St 36, Ht 7, Sp 6. Recommendations to hydrate more, supplement ashwagandha 500mg once per day, and do mild Qi gong breathing of long slow exhales especially when stressed.

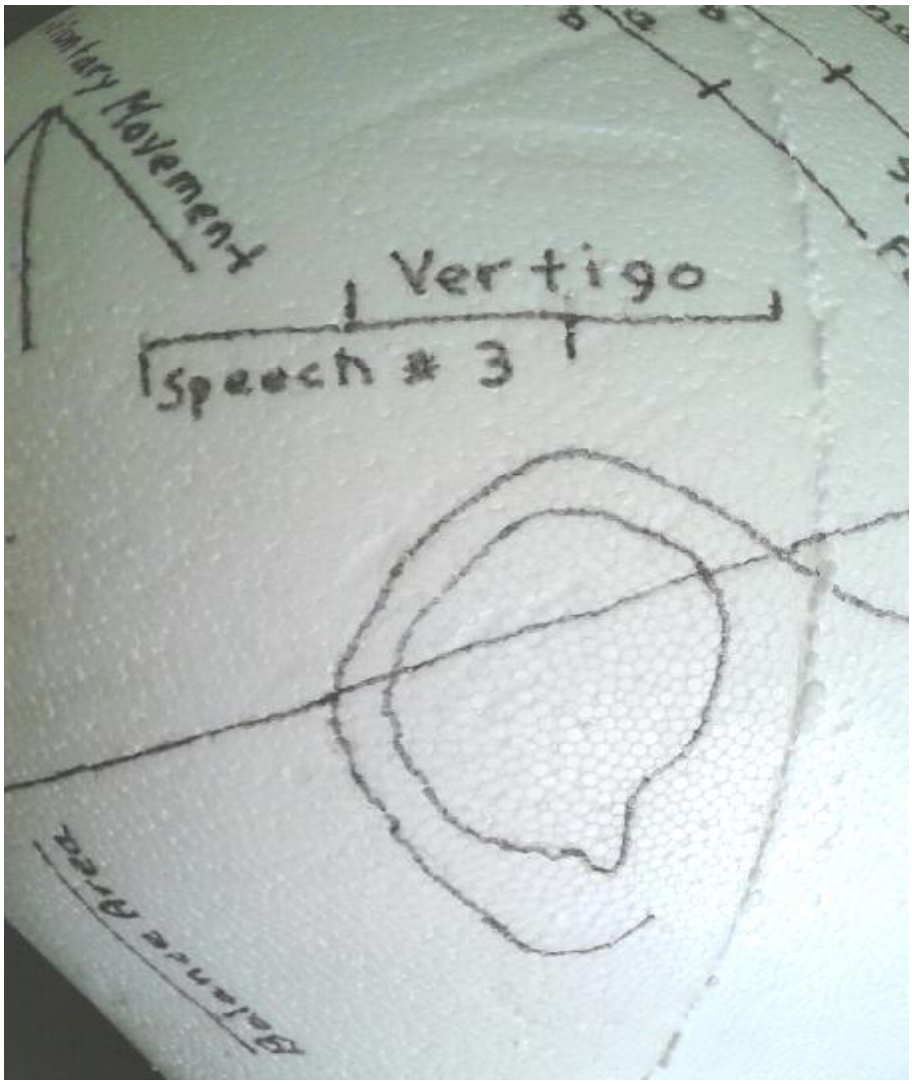
6/18, 1-week later the patient reported a definite improvement. He was supplementing with ashwagandha for 5 days and hydrating better. Treatment consisted of repeat treatment except E-stim frequency was changed to 30HZ for 20 minutes followed by 80HZ for 20 minutes on 4 gates. All other points were the same.

6/25, 1-week later the patient reported that the tongue sucking and sucking noise had completely stopped except for one incident when he was stuck in traffic and abused by an aggressive driver. He was reminded of qi gong that he could do while driving if such an episode recurred. Treatment consisted of E-stim on 4 gates with 50HZ for 20 minutes and 100HZ for 20 minutes. Kd 3 was added to the other treatment points to supplement Yin.

7/24, 4 weeks later the patient reported that the problem occasionally occurred and he would like additional treatment. At this visit a different approach was used consisting of scalp acupuncture and body points with E-stim. The points used were scalp speech point #3 on the left side threaded toward the voluntary movement area and Li 4 on the right side. The left brain is associated with the right body. I use scalp points routinely with stroke patients and when possible, I ask the patient to move the neuromuscular weak body part while the E- stim is activated. In this case the problem body part was over activated so considering yin and yang principles, the patient was asked to move the opposing side of his mouth with the similar tongue sucking and sucking sound while not moving the right side.

Needle placement at Li 4 was perpendicular at .5 cun. Needle placement at Scalp speech #3 and voluntary movement lines (subcutaneous threaded needle placement was at 15 degrees to skin surface on line from speech area into movement area).

Figure 1 below, shows cutaneous skull area of voluntary movement and speech 3, superior and distal to auricle



8/24 One month later the patient was evaluated and reported that he was not having any more problems with the involuntary mouth and tongue. He was pleased with the result of treatment and considered that he was back to normal regarding this problem.

Discussion

Orofacial dyskinesia is a problem related to medication usage which interferes with normal neuromuscular activity. In Chinese medicine it falls into the category of liver wind. Western medicine would consider adjusting medications to help alleviate OD. This was not possible using alternative

therapy. The treatment detailed above on the level of Chinese medicine did have a positive effect on the patient's chief complaint.

Conclusion

It cannot be stated academically that the acupuncture was successful in reducing the symptoms of Orofacial Dyskinesia 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 Orofacial Dyskinesia.

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About the author

Dr Thomas Gormley is a graduate of New Jersey Institute of Technology, Rutgers Dental School, and The Eastern School of Acupuncture and Traditional Medicine. He maintains a private practice in Belleville, New Jersey, and is Teaching Attending Dept of Dentistry, and Chief of Integrative Medicine Dept of Family Medicine for St Joseph's University Medical Center in Paterson, New Jersey and Assistant Clinical Professor for New York Medical College. He integrates western medicine, nutrition, and Asian medicine for dental and medical diseases. He can be contacted at gormleyth@sjhmc.org.

Dr Gormley receives no financial benefit related to this article.

Interview with Hospital Acupuncturist, Dr Tinna Kim

By Dr Thomas Gormley and Dr Tinna Kim

Each volume of EJCAM includes an interview with an important person in the field of complementary and alternative medicine. In this volume Tinna Kim LAc DAOM is the interviewee. Dr Tinna Kim was chosen because of her work in hospital acupuncture and her commitment to support this medicine. Besides having a private practice in acupuncture and oriental medicine, Dr Kim has been working in hospital oriental medicine for several years. She worked at Morristown Memorial Hospital before coming to St Joseph's University Hospital. As Chief of Integrative Medicine at St Joseph's, Dr Gormley interviewed Dr Kim as part of the application process. At St Joseph's Dr Kim now works in the Department of Pediatric Hematology Oncology as an acupuncturist caring for children and families receiving cancer care.

"Dr Kim, 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 oriental medicine especially your work in hospital acupuncture."

1. Where were you trained in acupuncture?

I completed my MSTOM at Pacific College of Oriental Medicine (PCOM)- NY followed by a visit to China under the supervision of Dr Helen Zhang and an extended visit to Kyung Hee University's International Student of Oriental Medicine Residency program in Seoul, South Korea. I then completed my Doctor of Acupuncture and Oriental Medicine (DAOM) at Oregon College of Oriental Medicine (OCOM) in Portland, OR.

2. How did you come to choose acupuncture and oriental medicine as your profession?

Growing up in a Korean-American household, acupuncture and herbal medicine was nearly synonymous with medicine in general. My grandmother was my primary caregiver while my parents worked out of the home. Her day-to-day way of living included herbal remedies as just a part of life; teas, soups, congees incorporated what I later learned to be herbs and being carried off to an acupuncturist to be bled, cupped and needled after a sprained ankle while playing soccer was the norm. When I was in high school, my grandmother suffered a substantial stroke which dramatically altered her physical abilities. In addition to the standard care we provide to stroke patients in the United States: pharmaceuticals, physical and occupational therapy; I watched my parents take her to acupuncture 3 times a week to Dr. Won in Flushing Queens. I heard her medical providers marvel at her recovery, her attitude and her energy; she was 82 at the time. At 96 she used to wait for me at the bus stop at 10:30 at night when I would come home from acupuncture school. This modality was just 'normal' to me.

Fast forward several years and academic degrees later- I was working at a community agency in Rochester, NY providing counseling services to school aged children and their families. My day to day challenges included school attendance and group counseling regarding incarceration and how to make friends. Frustrated by my perceived limited ability to impact the lives of my clients, I sought help of my own. My parents suggested learning acupuncture to use as a tool to use with my clients. With their support and the amazing all-encompassing beauty of our medicine- here I am today.

3. Who among your teachers influenced you the most, and what would you say about them?

I have been honored to have so many amazing, dedicated teachers- it is impossible to name them. I have learned something from every teacher I have ever been lucky enough to be enrolled with. I think the voice that rings in my head when I'm working with patients- and the first that comes to mind today is Dr. Wen Chiang (John) Pai- "Are you sure?" I feel like more than the teachers who stood at the front of the classroom, or whose treatments I observed in clinic, I have learned most of my colleagues in class and in discussion or at work and from my patients themselves.

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

The greatest asset my teachers provided in my development as an acupuncturist is the repeated reinforcement of the question- what is the diagnosis? Our medicine is rich and has so many answers, but which is the most appropriate answer to the situation in front of you right now. We consider the past, and consider the future; consider my experience and what I don't know. What can I do for my patient right now? Often times the help I can provide is not about cure- it is about relief; it's not about helping a patient be "all better" it's about doing what I can so another doctor can do what they can. The greatest assets my teachers have provided me is to always be learning and always be open.

5. How did you come to work in a hospital setting?

I saw a job posting for an associate at an Integrative Health Clinic at a local hospital while I was pursuing my DAOM. I had no idea such a clinic even existed in my own backyard. I contacted the director just wanting to hear about what they were doing- suspecting that my own clinic hours and academic requirements would make me unavailable to actually apply for the job posted. I met with the medical director; she was just as curious about me. What started as an office tour turned into a job interview followed by an invitation to join the team. My interest in the hospital work stemmed from my observations in China and Korea; abroad they seemed to have such a seamless integration of biomedical and classical medicine. I wanted to see what the status was more locally.

6. What was your function at Morristown Hospital?

Initially I treated patients in the outpatient clinic- the stuff every acupuncturist treats in their office on the day-to-day. Subsequently, I was able to be integrated into the Pediatric Hematology Oncology Department as part of the integrative team providing services to inpatient and outpatients, families and staff at the Valerie Fund Morristown-Goryeb Children's Hospital. I also treated patients at the Chambers Center for wellbeing, the outpatient integrative medicine department for Atlantic Health. In additional to treating patients, I gave presentations to the resident and medical students, doctors and staff of various departments regarding basic information about Traditional Chinese Medicine; appropriate referrals and ability to collaborate with acupuncture and integrative medicine at large.

7. What do you primarily do at the St Joseph's university Hospital?

At St Joseph's I treat inpatient and outpatients, families and staff in the Pediatric Hematology Oncology Department. In addition to this population- my colleagues and I treat Pediatric patients at large, as well as any other patient referred to us by the St Joseph's physicians.

8. If you compare private vs hospital practice, please expand about the positives and negatives of each.

Comparing private vs hospital practice- bottom line- in terms of what I do, things are very much the same: I talk to patients, consider diagnosis and implement a treatment. The difference that I appreciate the most is that at the hospital I have the opportunity to observe and discuss a patient's case with other people who have knowledge and expertise beyond my own. Also, the ability to evaluate red flags, align goals and interpret behavior with colleagues is an amazing resource. When working in private practice I appreciate being able to work to the full limits of my scope of practice and being the ultimate decision maker. The negative of working in this hospital is the constant hum of compliance to policy and awareness that the medicine I practice isn't fully understood or held with the same regard as biomedicine.

9. What would you additionally like to accomplish at St Joseph's University Hospital?

St Josephs is a unique position right now in New Jersey with a team of acupuncturists ready to serve its local population. I hope to engage with opportunities to raise awareness for our medicine and help inform the doctors and students at this institution about acupuncture. Also, with the announced changes in Centers of Medicare/Medicaid Services (CMS) to provide acupuncture for low back pain. I hope to see St Joseph's become a leader in implementing those policies to make acupuncture available to the community, but also that the need would in turn create more jobs for NJ acupuncturists and stand as an example to other institutions to the value of collaboration between acupuncture and biomedicine.

Thank you, Dr Gormley, for this opportunity to be interviewed and share a little about myself and my love of our medicine, also thank you for your contribution to our shared community at large with this publication. Since I have this opportunity to stand on this soapbox, I would just like to encourage my colleagues- to join your state associations. I have witnessed so much positive and negative in the world of TCM- but to continue help our profession thrive, we each need to do what we can to help. There is nobody else out there fighting for the scope and protection of our profession outside of our state associations. They are almost exclusively all volunteers, pouring their time, heart and efforts into preserving acupuncture for acupuncturists and keeping food in our families' bellies and roofs over our heads. I know how hard it is for so many of my colleagues out there. Hospital positions are few and far between, and opportunities to study in China, Korea or a DAOM are privileged. Hopefully, our world is changing for the better, but without the support of each and every acupuncturist out there, our profession is at risk and joining your state association is a great start to fighting for what we love.

A Credentialing and Delineation of Privileges Prototype for Hospitals Adding Integrative Medicine

By Dr Thomas Gormley, Chief of Integrative Medicine Department of Family Medicine St Joseph's University Medical Center

"This format was developed for the St Joseph's University Hospital's new Division of Integrative Medicine and can be adapted by hospitals freely to use in the establishment of similar divisions or departments for credentialing and privileging of practitioners."

Prototype

Integrative medicine emphasizes many different approaches to healing and combines them together to create the best possible treatment plan for a given individual. Conventional medicine is included in integrative medicine. Acupuncture, medical acupuncture, dry needling, acupressure, massage and bodywork therapy, yoga, tai chi, and qi gong are examples of healing techniques that can be integrated into a conventional treatment plan for the purpose of reducing pain, improving outcome, and reducing treatment time.

Division of Integrative Medicine

The Division of Integrative Medicine, which is part of the Department of Family Medicine, is responsible for reviewing credentials of all individuals who practice alternative skills at St Joseph's Health as well as promoting integrative medicine hospital wide. The Chief of Integrative Medicine is in charge of the Division of Integrative Medicine and reports directly to the Department Head of Family Medicine.

The following skills or practices are included within the credentialing responsibility of the Division of Integrative Medicine:

1. Acupuncture
2. Medical Acupuncture
3. Dry Needling
4. Acupressure
5. Massage and bodywork therapy
6. Yoga
8. Tai Chi
9. Qi Gong
10. Other alternative practice to be determined

Delineation of privileges

<u>Acupuncture</u>

An acupuncturist seeking to apply to St Joseph's Health must hold an active New Jersey acupuncture license and be currently board certified by the National Certification Commission of Acupuncture and Oriental Medicine, NCCAOM. Professional liability insurance with limits of $1 million/$3 million and a minimum of 30 NCCAOM approved credit hours of continuing education every 2 years is also required.

It is the responsibility of the acupuncturist applying for position to be able to exhibit the necessary attributes including education and experience required to practice acupuncture in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Acupuncturists may apply for privileges that correspond to consecutive codes ACUPUNC-1.01 through ACUPUNC-1.24 as follows.

Acupuncture Privileges

Approval	Code	Description					
	ACUPUNC-1.01	Insert acupuncture needles					
	ACUPUNC-1.02	Perform oriental massage					
	ACUPUNC-1.03	Aromatherapy: use of natural plant extracts					
	ACUPUNC-1.04	Consultation					
	ACUPUNC-1.05	Acupressure: pressing on point locations without needles					
	ACUPUNC-1.06	Electroacupuncture: is passing a small electric current between acupuncture needles					
	ACUPUNC-1.07	Cupping: placing small cups on the skin to achieve suction					
	ACUPUNC-1.08	Moxabustion burning herbs on the skin directly or indirectly					
	ACUPUNC-1.09	Teishin and manual stimulation by an instrument that does not pierce the skin					
	ACUPUNC-1.10	Gwa-sha scraping technique to produce petechiae					
	ACUPUNC-1.11	Cold laser used for needless acupuncture					
	ACUPUNC-1.12	Tui-Na form of therapeutic massage					
	ACUPUNC-1.13	Massage bodywork and somatic therapy					

	ACUPUNC-1.14	Ultrasonic stimulation of tissue					
	ACUPUNC-1.15	Thermal methods					
	ACUPUNC-1.16	Herbal applications on the skin					
	ACUPUNC-1.17	Magnetic applications on and between points					
	ACUPUNC-1.18	Breathing techniques and exercise to promote health and energetic balance					
	ACUPUNC-1.19	Acupatches: act to hold pressure seeds to the skin					
	ACUPUNC-1.20	Nutrition					
	ACUPUNC-1.21	Lifestyle					
	ACUPUNC-1.22	Qi Gong					
	ACUPUNC-1.23	Tai Chi					
	ACUPUNC-1.25	Group demonstration					

Medical Acupuncture

A person licensed in New Jersey as a physician and surgeon or dentist and is in good standing, provided his course of training has included acupuncture may apply for privileges as a Medical Acupuncturist at St Joseph's Health. The required course of training in acupuncture shall be for a minimum of 300 hours and shall include a clinical training program of not less than 150 hours. A person licensed in New Jersey as a physician and surgeon or dentist, who practices acupuncture as permitted pursuant to this section, shall be subject to oversight by the New Jersey State Board of Medical Examiners or the New Jersey State Board of Dentistry. The applicant seeking to apply to St Joseph's Health must hold an active New Jersey Medical or Dental license and be currently board eligible in Medical Acupuncture. Professional liability insurance with limits of $1 million/$3 million and a letter from their insurer indicating coverage for acupuncture is required. A minimum of 10 credit hours of continuing education in medical acupuncture every 2 years is also required.

It is the responsibility of the acupuncturist applying for position to be able to exhibit the necessary attributes including education and experience required to practice medical acupuncture in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Medical Acupuncturists may apply for privileges that correspond to consecutive codes ACUPUNC-1.01 through ACUPUNC-1.22 as follows.

Acupuncture Privileges

Approval	Code	Description					

	ACUPUNC-1.01	Insert acupuncture needles					
	ACUPUNC-1.02	Perform oriental massage					
	ACUPUNC-1.03	Aromatherapy: use of natural plant extracts					
	ACUPUNC-1.04	Consultation					
	ACUPUNC-1.05	Acupressure: pressing on point locations without needles					
	ACUPUNC-1.06	Electroacupuncture: is passing a small electric current between acupuncture needles					
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	ACUPUNC-1.12	Tui-Na form of therapeutic massage					
	ACUPUNC-1.13	Massage bodywork and somatic therapy					
	ACUPUNC-1.14	Ultrasonic stimulation of tissue					
	ACUPUNC-1.15	Thermal methods					
	ACUPUNC-1.16	Herbal applications on the skin					
	ACUPUNC-1.17	Magnetic applications on and between points					
	ACUPUNC-1.18	Breathing techniques and exercise to promote health and energetic balance					
	ACUPUNC-1.19	Acupatches: act to hold pressure seeds to the skin					
	ACUPUNC-1.20	Nutrition					
	ACUPUNC-1.21	Lifestyle					
	ACUPUNC-1.25	Group Demonstration					

Dry Needling

A person licensed in New Jersey as a physician and surgeon or dentist and is in good standing, provided his course of training has included dry needling may apply for credentials to practice dry needling. The required course of training in dry needling shall be for a minimum of 300 hours and shall include a clinical training program of not less than 150 hours. A person licensed in New Jersey as a physician and surgeon or dentist, who practices dry needling shall be subject to oversight by the New Jersey State Board of Medical Examiners or the New Jersey State Board of Dentistry. The applicant seeking to apply to St Joseph's Health must hold an active New Jersey Medical or Dental license. Professional liability insurance with limits of $1 million/$3 million and a letter from their insurer indicating coverage for dry needling is required. A minimum of 10 credit hours of continuing education in dry needling every 2 years is also required.

It is the responsibility of the physician or dentist applying for position to be able to exhibit the necessary attributes including education and experience required to practice dry needling in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Practitioners of dry needling may apply for privileges that correspond to codes ACUPUNC-1.01, 1.04, 1.05, and / or 1.09. as follows.

Dry Needling Privileges

Approval	Code	Description					
	ACUPUNC-1.01	Insert acupuncture needles					
	ACUPUNC-1.04	Consultation					
	ACUPUNC-1.05	Acupressure: pressing on point locations without needles					
	ACUPUNC-1.09	Teishin and manual stimulation by an instrument that does not pierce the skin					

Massage and Bodywork Therapy

An applicant seeking to apply to St Joseph's Health for a position to practice massage and bodywork therapy must hold an active New Jersey Massage and Bodywork Therapy license. Professional liability insurance with limits of $1 million/$3 million and a minimum of 20 approved credit hours of continuing education of which 2 hours must be in ethics every 2 years is required.

It is the responsibility of the massage and bodywork therapist applying for position to be able to exhibit the necessary attributes including education and experience required to practice massage and bodywork therapy in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Massage and bodywork therapists may apply for privileges that correspond to consecutive codes MASSAGE 1.01 and 1.02 as follows:

Massage and Bodywork Therapy Privileges

Approval	Code	Description					
	MASSAGE 1.01	Massage and bodywork therapy					
	MASSAGE-1.02	Consultation					
	MASSAGE-1.03	Group Demonstration					

Yoga

A person seeking to apply to St Joseph's Health as a Yoga therapist must be currently certified by a recognized Yoga national certifying agency. The applicant must hold professional liability insurance with limits of $1 million/$3 million and have a letter from their insurer that Yoga is covered by the insurer. A minimum of 2 approved credit hours of continuing education in Yoga and 2 hours of ethics every 2 years is also required.

It is the responsibility of the applicant to be able to exhibit the necessary attributes including education and experience required to practice in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Yoga Privileges

Approval	Code	Description					
	Yoga-101	Yoga patient therapy with no hand contact					
	Yoga-1.02	Yoga group demonstration					
	Yoga-1.03	Consultation					

Tai Chi

A person seeking to apply to St Joseph's Health as a Tai Chi therapist must be currently certified by a recognized Tai Chi national certifying agency. The applicant must hold professional liability insurance with limits of $1 million/$3 million and have a letter from their insurer that Tai Chi is covered by the insurer. A minimum of 2 approved credit hours of continuing education in Tai Chi every 2 years and 2 hours of ethics is required.

It is the responsibility of the applicant to be able to exhibit the necessary attributes including education and experience required to practice in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Tai Chi Privileges

Approval	Code	Description					
	Tai Chi-101	Tai Chi patient therapy					
	Tai Chi-1.02	Tai Chi group demonstration					
	Tai Chi-1.03	Consultation					

Qi Gong

A person seeking to apply to St Joseph's Health as a Qi Gong therapist must be currently certified by a recognized Qi Gong national certifying agency. The applicant must hold professional liability insurance with limits of $1 million/$3 million and have a letter from their insurer that Qi Gong is covered by the

insurer. A minimum of 2 approved credit hours of continuing education in Qi Gong and 2 hours of ethics every 2 years is required.

It is the responsibility of the applicant to be able to exhibit the necessary attributes including education and experience required to practice in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Qi Gong Privileges

Approval	Code	Description					
	Qi Gong-101	Qi Gong patient therapy with no hand contact					
	Qi Gong-1.02	Qi Gong group demonstration					
	Qi Gong-1.03	Consultation					

Acupressure

A person seeking to apply to St Joseph's Health as an acupressure therapist must have a minimum of 8 hours of classroom and clinical training by a recognized school that teaches acupressure. The applicant must hold professional liability insurance with limits of $1 million/$3 million and have a letter from their insurer that acupressure is covered by the insurer. A minimum of 2 approved credit hours of continuing education in acupressure and 2 hours of ethics every 2 years is required.

It is the responsibility of the applicant to be able to exhibit the necessary attributes including education and experience required to practice in the Department of Family Medicine. This shall be determined by the Chief of Integrative Medicine and the Chairman Department of Family Medicine.

The aforementioned requirements shall again be subject to review and approval by the Chief of Integrative Medicine and the Chairman Department of Family Medicine when reappointment is sought.

Acupressure Privileges

Approval	Code	Description					
	ACUPRESS-1.01	Acupressure: pressing on point locations without needles					
	ACUPRESS-1.02	Acupressure group demonstration					

	ACUPRESS-1.03	Consultation					

Other alternative practices

Alternative practices not covered in the practices delineated above will be subject to review on a case by case basis and will require credentialing by the Division of Integrative Medicine and the Department of Family Medicine.

Influenza A (H1N1)

By Giovanni Maciocia 2009

Sebastian Maciocia generously responded to EJCAM editor's request to provide EJCAM with an article written by his father Giovanni who passed away. 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.

Background

The new strain of influenza A (H1N1) was first reported from Mexico this year (2009). The spectrum of disease caused by new influenza A (H1N1) virus infection ranges from nonfebrile, mild upper-respiratory tract illness to severe or fatal pneumonia. Most cases appear to have uncomplicated, typical influenza-like illness and recover spontaneously. The most commonly reported symptoms include cough, fever, sore throat, malaise and headache.

Most commonly reported symptoms include:

cough

fever

sore throat

malaise

headache

Fever has been absent in some outpatients and in up to 1 in 6 surviving hospitalized patients. Gastrointestinal symptoms (nausea, vomiting and/or diarrhoea) have occurred in up to 38% of outpatients in the United States.1

Almost one-half of the patients hospitalized in the United States, and 21 of 45 (46%) fatal cases in Mexico for whom data are available, have had underlying conditions, including pregnancy, asthma, other lung diseases, diabetes, morbid obesity, autoimmune disorders and associated immunosuppressive therapies, neurological disorders and cardiovascular disease. Among 45 fatal cases in Mexico, 54% were among previously healthy people, most of whom were aged 20–59 years. Case fatality ratios were lower in children and teenagers than in adults, for reasons to be determined. Rapidly progressive respiratory disease has accounted for most severe or fatal cases.

"Rapidly progressive respiratory disease has accounted for most severe or fatal cases" From

the Chinese medicine viewpoint, this is due to transmission of external pathogenic factor from the Wei Level to the Qi Level with the pattern of Lung-Heat and then eventually to the Ying and Blood Level.

“Rapidly progressive respiratory disease has accounted for most severe or fatal cases” From the Chinese medicine viewpoint, this is due to transmission of external pathogenic factor from the Wei Level to the Qi Level with the pattern of Lung-Heat and then eventually to the Ying and Blood Level.

In Mexico, the median time from onset of illness to hospitalization was 6 days (range, 1–0 days) in 45 fatal cases, compared with a median of 4 days in hospitalized cases in the United States. In fatal cases, the presenting manifestations have included fever, shortness of breath, myalgia, severe malaise, tachycardia, tachypnoea, low oxygen saturation and, sometimes, hypotension and cyanosis. Several patients experienced cardiopulmonary arrest shortly after arrival at hospital. Diarrhoea has been uncommon in hospitalized cases.2

Signs of influenza A(H1N1) are flu-like, including fever, cough, headache, muscle and joint pain, sore throat and runny nose, and sometimes vomiting and diarrhoea.

WEN BING AND THE FOUR LEVELS

Acute respiratory infections cannot be diagnosed and treated properly without a thorough understanding of the theory of the 4 Levels. From the Chinese medicine point of view, the beginning stages of an acute respiratory infection usually manifest with symptoms of invasion of Wind. These can be interpreted either from the perspective of the 6 Stages from the Shang Han Lun or that of the Four Level from the Wen Bing School. In my experience, the latter is clinically more relevant.

The “Discussion of Cold-induced Diseases” (Shang Han Lun) by Zhang Zhong Jing provided the earliest framework for the diagnosis and treatment of diseases from exterior Wind-Cold. Although this famous classic does also discuss invasions of Wind-Heat and their treatment, a comprehensive theory of exterior diseases from Wind-Heat was not developed until the late 1600s by the School of Warm Diseases (Wen Bing). Thus, the two schools of thought which form the pillars for the diagnosis and treatment of exterior diseases in Chinese medicine are separated by about 15 centuries: they are the School of Cold-induced Diseases (School of

Shang Han) based on the “Discussion of Cold-induced Diseases” (“Shang Han Lun”) by Zhang Zhong Jing ©. AD 220) and the School of Warm Diseases (Wen Bing School) which started in the late 1600s and early 1700s. The main advocates of this school were Wu You Ke (1582-1652), Ye Tian Shi (1667-1746) and Wu Ju Tong (1758-1836).

WEN BING - THE FOUR LEVELS

What does “Wen Bing” mean? The above-mentioned doctors from this school of thought introduced important innovations to the theory of Wind in Chinese medicine. The School of Wen Bing postulates that some exterior pathogenic factors go beyond the natural characters of “Wind”; they are so virulent and strong that, no matter how strong a person’s body’s Qi may be, men, women and children fall ill by the dozen. More importantly, for the first time in the history of Chinese medicine, these doctors recognized that some external pathogenic factors are infectious.

A further innovative idea stemming from this school was that the pathogenic factors causing Wen Bing, all of them falling under the category of Wind-Heat, enter via the nose and mouth, rather than via the skin as happens for Wind-Cold.

The essential characteristics of Wen Bing diseases therefore are:

1. They manifest with the general symptoms and signs of Wind-Heat in the early stages (Wind-Heat is intended here in a broad sense as it may also manifest as Damp-Heat, Summer-Heat, Winter-Heat, Spring-Heat and Dry-Heat);
2. There is always a fever;
3. They are infectious;
4. The Wind-Heat penetrates via the nose and mouth;
5. The pathogenic factor is particularly strong;
6. The Wind-Heat has a strong tendency to become interior Heat;
7. Once in the Interior, the Heat has a strong tendency to dry up body fluids.

It is easy to see how this theory corresponds perfectly to the modern view of infectious viral diseases such as influenza.

An influenza epidemic or pandemic is a typical Wen Bing disease. This is because it is very virulent and has a strong tendency to enter the Qi level (causing chest infections)

very quickly.

We may not always be able to stop a Wen Bing disease at the Wei Level: even though we may not stop them at the Exterior level, Chinese medicine can certainly achieve the following aims:

Alleviate the symptoms

Shorten the course of the disease

Prevent transmission to the Ying and Blood levels (see below)

Prevent complications

Prevent the formation of residual pathogenic factors

The Four Levels

The 4 Levels are:

1. Wei-Qi Level (Wei Level)

Wind-Heat

Damp-Heat

Summer-Heat

Wind-Dry-Heat

2. Qi Level

Lung-Heat

Stomach-Heat

Stomach and Intestines Dry-Heat

Gall-Bladder Heat

Stomach and Spleen Damp-Heat

3. Ying-Qi Level

Heat in Pericardium

Heat in Nutritive Qi

4. Blood Level

Heat Victorious agitates Blood

Heat Victorious stirs Wind

Empty-Wind agitates in the Interior

Collapse of Yin

Collapse of Yang

The first Level concerns the exterior stage of an invasion of Wind-Heat, the other three Levels describe pathological conditions which arise when the pathogenic factor penetrates the Interior and turns into Heat. The four Levels represent different levels of energetic depth, the first being the Exterior and the other three being the Interior. The interesting part of this theory is the distinction, within the Interior, of three different levels, the Qi Level being the most superficial (within the Interior) and the Blood Level the deepest.

Wei Level

The main symptoms of invasion of Wind-Heat are aversion to cold, shivering, fever, sore throat, swollen tonsils, headache and body-aches, sneezing, cough, runny nose with yellow discharge, slightly dark urine, slightly Red sides of the tongue and a Floating-Rapid pulse. It is worth noting that in Wind-Heat too there is aversion to cold as this is due to Wind-Heat obstructing the Wei Qi which therefore fails to warm the muscles. This corresponds to the beginning stages of influenza when the patient has “aversion to cold”.

With our treatment, we should always aim at expelling the Wind at the Wei Level: even though this may not be entirely possible, it will make the symptoms of the Qi Level milder and it will prevent complications.

Qi Level

At the Qi Level. Wind penetrates into the Interior and it changes into interior Heat or Phlegm-Heat. With influenza, this usually manifests with bronchitis or pneumonia. The Qi Level is a crucial level as the pathogenic factor can be expelled completely or it can get worse by penetrating further into the Interior at the Ying or Blood level.

The Qi Level symptoms are symptoms of Interior Full Heat: high fever, thirst, sweating, feeling of heat, red face.

At the Qi Level, the tongue is Red with a thick-yellow coating and the pulse is Full and Rapid. As long as there is a coating, the patient is still at the Qi Level. When the coating falls off, the patient is at the Ying or Blood level.

Ying/Blood Level

At the Ying and/or Blood Level, Heat has injured Yin so that the tongue has no coating (and it is Red). The Ying or Blood Levels are always dangerous because it may lead to mortality. Internal Wind may develop at the Blood Level and convulsion in children during febrile diseases always indicate the presence of internal Wind at the Blood Level.

The symptoms of the Ying Level are fever at night, mental confusion, delirium, cold hands, Red tongue without coating. The symptoms of the Blood Level are fever at night, possibly convulsions, maculae, bleeding, Red tongue without coating.

Influenza

Infection from the common cold or influenza virus takes place through the upper respiratory tract and may occur in any season but it is more frequent in Winter or Spring. From the Chinese point of view, they usually manifest with symptoms either of Wind-Heat.

Influenza is a viral infection of the upper respiratory tract. Influenza may be caused by the influenza viruses A, B or C. The present influenza epidemic is of the A type, H1N1 strain.

AETIOLOGY AND PATHOLOGY

An invasion of an exterior pathogenic factor is due to a temporary and relative imbalance between it and the body's Qi. This imbalance may occur either because the body's Qi is temporarily and relatively weak or because the pathogenic factor is very strong. The body's Qi may be temporarily and relatively weak due to overwork, excessive sexual activity, irregular diet and emotional stress or a combination of these. When the body is thus weakened, even a mild pathogenic factor may cause an external invasion of Wind.

“Wind” indicates both an aetiological factor and a pathological condition. As an aetiological factor, it literally refers to climatic influences and especially sudden changes of weather to which the body cannot adapt. As a pathological condition, "Wind" refers to a complex of symptoms and signs manifesting as Wind-Cold or Wind-Heat. In clinical practice, this is the most important aspect of the concept of Wind. Thus, the diagnosis of "Wind" invasion is made not on the basis of the history (no need to ask the patient whether he or she has been exposed to wind), but on the basis of the symptoms and signs. If a person has all the symptoms and signs of "Wind" (aversion to cold, shivering, fever, sneezing, runny nose, headache and a Floating pulse), then the condition is one of exterior Wind, no matter what

climate that person has been exposed to in the previous days or hours.

Indeed, there are also chronic conditions which manifest with symptoms of "Wind" and are treated as such even though they have no relation to climatic factors. For example, allergic rhinitis (due to house-dust mites or pollen) manifests with symptoms and signs of "Wind" and is treated as such.

Influenza may manifest primarily with symptoms of Wind-Heat.

Simultaneous cold feeling and fever

The simultaneous fever and shivers are the most characteristic symptom of the beginning stages of an invasion of Wind: they indicate that there is an invasion of an exterior pathogenic factor and that this factor is still at the Exterior level. A long as there are shivers the pathogenic factor is on the Exterior.

I shall now discuss in detail the pathology and clinical significance of the “aversion to cold” and “fever” in the beginning stage of invasion of exterior Wind.

Aversion to cold

In Exterior patterns, the aversion to cold and cold feeling is due to the fact that the external Wind obstructs the space between skin and muscles where the Wei Qi circulates; as Wei Qi warms the muscles, its obstruction by Wind causes the patient to feel cold and shiver (even if the pathogenic factor is Wind-Heat). Thus, Wei Qi is not necessarily weak but only obstructed in the space between skin and muscles.

Thus, in Exterior patterns, both Wind-Cold and Wind-Heat cause a cold feeling and shivering: it is a common misconception that this is not the case with Wind-Heat. Since the cold feeling is caused by the obstruction of Wei Qi by Wind (whether it is Wind-Cold or Wind-Heat) in the space between skin and muscles, the cold feeling and shivering is present also in invasions of Wind-Heat, albeit to a lesser degree than in Wind-Cold.

Thus, generally speaking, there are three aspects to the “cold feeling” in invasions of exterior Wind: the patients feels cold, he or she has “waves” of shivers, and he or she is reluctant to go out and wants to stay indoors. Except in mild cases, the cold feeling is not relieved by covering oneself.

In conclusion, a feeling of cold in exterior invasions is due to the obstruction of Wei Qi in the

space between skin and muscles and it indicates that the pathogenic factor is on the Exterior: as soon as the feeling of cold goes, the pathogenic factor is in the Interior.

Fever

As for “fever” it is important to understand that the Chinese term fa shao or fa re do not necessarily indicate “fever”. “Fever” is a sign in modern Western medicine, not in old Chinese medicine. In old China, there were obviously no thermometers and the symptom fa shao or fa re described in the old texts do not necessarily mean that the patient has an actual fever. It literally means “emitting burning heat” and it indicates that the patient’s body feels hot, almost burning to the touch: the areas touched were usually the forehead and especially the dorsum of the hands (as opposed to the palms which tend to reflect more Empty Heat).

In fact, it is a characteristic of fa re (so-called “fever”) in the exterior stage of invasions of Wind that the dorsum of the hands feel hot compared to the palms and the upper back feels hot compared to the chest. This objective hot feeling of the patient’s body may or may not be accompanied by an actual fever. When the symptoms of shivers and feeling cold occurs simultaneously with the objective sign of the patient’s body feeling hot to the touch (or having an actual fever), it indicates an acute invasion of external Wind and it denotes that the pathogenic factor is still on the Exterior. In particular, it is the symptoms of shivering and feeling cold that indicate that the pathogenic factor is on the Exterior: the moment the patient does not feel cold any longer but feels hot and, if in bed, he or she throws off the blankets, it means that the pathogenic factor is in the Interior and it has turned into Heat.

The fever, or hot feeling of the body in external invasions of Wind is due to the struggle between the body’s Qi (Upright Qi) and the external pathogenic factor. hus, the strength of the fever (or hot feeling of the body) reflects the intensity of this struggle: this depends on the relative strength of the external pathogenic factor and the strength of the Upright Qi. The stronger the external pathogenic factor, the higher the fever (or hot feeling of the body); likewise, the stronger the Upright Qi, the higher the fever (or hot feeling of the body). Thus the fever will be highest when both the external pathogenic factor and the Upright Qi are strong. Thus, there are three possible situations:

Strong pathogenic factor and strong Upright Qi: high fever (or hot feeling of the body)

Strong pathogenic factor with weak Upright Qi or vice versa: medium fever (or hot feeling of the body)

Weak pathogenic factor and weak Upright Qi: low fever (or hot feeling of the body) or no fever

However, the relative strength of the pathogenic factor and the Upright Qi is only one factor which determines the intensity of the fever (or hot feeling of the body). Another factor is simply the constitution of a person: a person with a Yang constitution (i.e. with predominance of Yang) will be more prone to invasions of Wind-Heat rather than Wind-Cold and will be more prone to have a higher fever (or hot feeling of the body). Indeed, it could be said that the constitution of a person is the main factor which determines whether a person who falls prey to an invasion of Wind develops Wind-Cold or Wind-Heat.

Were it not so, in cold, Northern countries nobody should fall prey to invasions of Wind-Heat which is not the case. This is also the reason why, in children, invasions of Wind-Heat are far more prevalent than Wind-Cold: this is because children are naturally Yang in nature compared to adults. There are, however, also new, artificial factors which may predispose a person to invasions of Wind-Heat when succumbing to Wind and these are very dry, centrally-heated places, hot working conditions (e.g. cooks, metal workers), etc.

An influenza epidemic definitely manifests with symptoms of Wind-Heat in all cases.

The most important thing to establish when we see a patient suffering from an acute respiratory infection is whether the stage of the condition is external or internal, i.e. whether the pathogenic factor is still on the Exterior or is in the Interior. In terms of levels, this means distinguishing whether the patient is still at the Wei level or at the Qi level. The differentiation between the Wei and the Qi level is relatively easy: if the patient suffers from aversion to cold, he or she is still at the Wei level; if he or she does not suffer from aversion to cold but, on the contrary, from aversion to heat, the patient is at the Qi level.

Thus, influenza will always start with manifestations similar to the Wei-Qi level of the 4 Levels. If the pathogenic factor is not expelled at the beginning stages, it will penetrate into the Interior and thus become Interior Heat.

Once the pathogenic factor penetrates into the Interior, the body's Qi carries on its fight

against it in the Interior: this causes a high fever and a feeling of heat, in marked contrast to the aversion to cold and the shivering which occur when the body's Qi fights the pathogenic factor on the Exterior. At the exterior level, the internal organs are not affected and it is only the Lung's Wei-Qi portion which is involved. When the pathogenic factor becomes interior, the organs are affected and especially the Lungs and/or Stomach (see below).

This stage of development in the pathology of these diseases is crucial as, if the pathogenic factor is not cleared, it may either penetrate more deeply and cause serious problems (at the Ying-Qi or Blood Level) or give rise to residual Heat which is often the cause of chronic post-viral fatigue syndromes.

In the Interior, the main patterns appearing will be one of the Qi-Level patterns within the 4 Levels. In general, at the Qi Level, either the Stomach or Lung or both are affected.

TREATMENT WITH THREE TREASURES REMEDIES

EXPEL WIND-HEAT

Invasions of Wind-Heat manifest with aversion to cold, fever, thirst, sore throat, body aches, headache, tonsillitis, ear infection, cough, Floating-Rapid pulse and tongue red on the sides. The dosage is at least 9 tablets a day. This is the remedy of choice for influenza: use 12 tablets a day. Expel Wind-Heat should be a stand-by remedy in any household with children. Please note that this remedy is used only in the beginning stages when the external Wind is still on the Exterior: at this time, the patient will have 'aversion to cold' as described above.

Acupuncture

LU-7 Lieque, L.I.-4 Hegu, T.B.-5 Waiguan, Du-14 Dazhui, L.I.-11 Quchi, LU-11 Shaoshang (in case of tonsillitis), BL-12 Fengmen with cupping, BL-13 Feishu.

CLEAR METAL

Clear Metal was formulated to treat the Qi Level of influenza. The simplest and clearest sign that the invasion of Wind has moved from the Exterior (Wei Level) to the Interior (Qi Level) is that the patient feels no longer cold and does not shiver but feels instead hot and thirsty. The most common patterns at this level are either Lung-Heat of Lung-Phlegm-Heat so that the patient develops bronchitis or pneumonia.

Clear Metal was formulated to treat primarily Lung-Heat at the Qi Level when the patient

displays the following symptoms: cough, slight breathlessness, fever, feeling of heat, thirst, tightness of the chest and upper back. Clear Metal has also a strong anti-viral action.
The dosage for an adult is at least 9 tablets per day. This dose can be exceeded in severe cases.

Acupuncture

LU-7 Lieque, LU-10 Yuji, Du-14 Dazhui, L.I.-11 Quchi, LU-5 Chize, BL-13 Feishu, LU-1 Zhongfu.

RINGING METAL

Ringing Metal, a variation of Qing Qi Hua Tan Tang Clearing Qi and Resolving Phlegm Decoction can be used for acute chest infections following an invasion of Wind, i.e. when the pathogenic factor is Phlegm-Heat in the Lungs at the Qi level. The main manifestations calling for this remedy in this context are: a cough following a cold or flu, expectoration of profuse sticky-yellow sputum, slight breathlessness, a feeling of oppression of the chest, possibly fever, thirst, disturbed sleep, a Full-Slippery pulse, a red tongue with sticky-yellow coating. The dosage is at least 9 tablets per day.

Acupuncture

LU-7 Lieque, LU-10 Yuji, Du-14 Dazhui, L.I.-11 Quchi, LU-5 Chize, BL-13 Feishu, LU-1 Zhongfu, Ren-12 Zhongwan, Ren-9 Shuifen, ST-40 Fenglong.

HERBAL SENTINEL

Herbal Sentinel is the remedy to take for prevention. It strengthens immunity and resistance to viruses and bacteria by tonifying Lung- and Kidney-Qi. It is to be taken continuously as long as the swine flu epidemic continues in dosages of 4 tablets a day (for an adult).
There are two Herbal Sentinel remedies: Herbal Sentinel - Yang and Herbal Sentinel - Yin. The former is for people with a tendency to Yang deficiency (with a Pale tongue); the latter for people with a tendency to Yin deficiency (with a tongue lacking in coating completely or partially).

Acupuncture

LU-7 Lieque, LU-9 Taiyuan, BL-13 Feishu, Du-12 Shenzhu, Ren-12 Zhongwan, Ren-4 Guanyuan, KI-3 Taixi, BL-23 Shenshu.

Endnotes

1. World Health Organization website, July 2009,

2. Ibid.

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

Acupressure on Distal Points Reduces Patient Use of Over the Counter Medication after Common Emergency Dental Procedures

By Gormley T, Loutfy R, Ephros H

Abstract

This study evaluated the possible effects of using acupressure to reduce patient's post-operative pain and subsequent use of over the counter, OTC, pain relieving medication after receiving common emergency dental procedures. 30 patients received emergency dental treatment of tooth extractions or endodontic therapy. 15 patients were randomly assigned to receive standard post-operative care including self use of OTC medications and 15 patients were randomly assigned to receive acupressure for post-operative pain relief or OTC medication if acupressure failed to relieve post-operative pain. Each group was evaluated for use of OTC medications to relieve post-operative pain.

Key Words

Acupressure, post-operative pain, dental, acupoints, root canal therapy, dental extractions, analgesics, opioids, over the counter

Introduction

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 was 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, amount of medication.

Hypothesis

A short session of acupressure and patient training completed after emergency dental procedures can reduce the severity and duration of post-operative dental pain and subsequent use of OTC pain relieving medications.

Inclusion criteria

Adult patients in stable health reporting for emergency care at the 11 Getty Avenue, St Joseph's Hospital Dental Clinic, Paterson, New Jersey and treated by resident dentists for simple extractions, surgical extractions, or endodontic pulpectomies.

Exclusion criteria

Pregnant females were excluded because stimulation on certain study acupressure points can cause undesirable uterine contractions. (7) Pressure should not be exerted over areas with burns, infection, contagious diseases of the skin or active cancer. (6) Patients seeking opioids by admission or matching NJ opioid screening list. (8)

Sampling procedure

Patients passing exclusion criteria were interviewed for admission to study. Patients were randomly selected for treatment or control groups based on the day of arrival for treatment. Patients arriving on Monday or Wednesday were assigned to the control group and patients arriving on Friday were assigned to the treatment group. Treatment group patients had acupressure and participated in post-operative pain scale grading. Control group patients had no acupressure and participated in post-operative pain scale grading. Both treatment and control groups had dental procedures completed by resident dentists supervised by attending licensed dental faculty members. Resident and attending dentists had previous training in acupressure by a licensed acupuncturist. The study had one year to complete the process of patient admission to the study, treatment, and data collection.

Interventions

Use of opioids, referral to medical physician or oral surgeon, failure to comply, delayed healing

Ethical issues

Patient dependence on analgesics, adequate pain relief

Procedure

Patients in the treatment group were treated with acupressure within 10 minutes of completion of dental procedures. Patients received 30 seconds of digital acupressure on bilateral acupoints Neiting (Stomach 44), Hegu (Large intestine 4), and Taichong (Liver 3) applied by the treating resident dentist on the patient's left and the attending dentist/acupuncturist on the right. (7-9) Points were marked with a black indelible marker. Patients were advised to press the points at home to assist in pain reduction.

Patients in the control group received no acupressure.

All patients were reexplained the VAS scale and were asked to judge their VAS start which was the VAS before coming to the dental clinic. They would record their continued VAS and any medication use and report this information when called by their dental resident. (10.11)

Guidelines and certifications: All study dental procedures followed the latest guidelines adopted by the World Health Organization adopted by the FDI General Assembly October, 2002 in Vienna, Austria and revised September, 2008 in Stockholm, Sweden. (12) All participants had "Human Subjects Training Certification" according to current NIH requirements. (13) St Joseph's University Medical Center Research Department oversees all human research according to established Institutional Research Board standards. (14)

Research setting

11 Getty Avenue, Paterson, New Jersey, St Joseph's University Medical Center Dental Clinic. (15)

Study instruments

Visual analog pain scale, black indelible marker.

Collection of data

Dental residents telephoned patients the following morning and subsequent days until no post-operative pain was reported. Pain scale data and analgesics use was recorded as noted on the Patient Record Form, Figure 1. Data records included patient telephone numbers on data forms and patient initials and signatures on informed consent forms. Actual patient names were used on permanent medical records during treatment and phone calling but not on study data documents.

Data analysis

Statistical analysis of accumulated study data was conducted according to current research analysis standards. Significance of 95% was used as the yardstick to prove the hypothesis. Missing, unused or spurious data was stored but was not part of study analysis.

Monitoring, supervision, and quality control

According to normal clinic procedure, once patients were diagnosed by dental residents, the diagnosis was reviewed and treatment planning options were discussed with attending dentists before presenting them to the patient. After the patient had chosen the type of care from the options proposed, the patient was given information about the research study. Patients were in no way coerced to participate and if the patient agreed to participate, they met the attending dentist to review the details and ask any questions before final acceptance as a study patient. The patient was given a copy of the research study record form and informed consent form to read and sign. The forms and contents were explained. If fully accepted and understood, the patients were either given acupressure or not according to their random selection. Patients in the control group did not know about the acupressure group and patients in the acupressure group did not know of the control group. All patients were then asked to estimate their VAS according to the VAS scale on the research study record and record the VAS and any use of medication on the form.

Patients were reminded to complete the form and expect a call between 10AM and noon the following day or three days as needed to complete data records.

Residents received training in performing acupressure and were supervised by a licensed acupuncturist during all patient treatments.

All patient information was handled securely according to HIPAA standards.

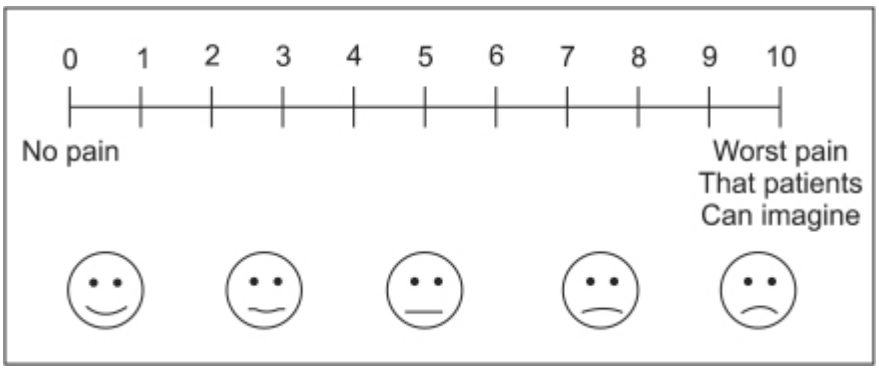
Patient Record Form, Figure 1

Dear Dental Patient, _____Date_____

Thank you for participating in our research to measure pain and the use of pain relieving medication. Please look at the picture and pick a number that shows how much pain you have just before your dental treatment started. Then pick a number for your pain before bedtime, morning pain, next night bedtime pain, and then following morning pain.

Day of treatment: Pain before treatment_____ Pain before bedtime_____

Day after treatment: Pain next morning_____ Pain next bedtime_____



Please tell us if you needed any pain medication after your dental treatment. Each time you take pain medication write the number of pills of each type you took and the time and date. Common pain medications are: Acetaminophen (Tylenol) 325 milligrams, Ibuprofen (Motrin, Advil) 200 milligrams, Aspirin (Bayer) 325 milligrams, Opioid medicine (Codeine) 5 milligrams, or other pain medications.

If you did not use medicine after your treatment, please check here ____, or fill out the form below.

Date	Time	Type of Medicine	Milligrams per pill	Number of pills

Thank you for your help. Someone from the St Joseph's Dental Clinic will call to collect this information, or you can drop it off at 11 Getty St Joseph's Dental. If you have any questions. Please call the dental clinic at 973-754-2000.

Results

Percentage analysis indicated that 87% of control patients used otc medications post-operatively while 7% of the acupressure treatment patients used OTC medications post-operatively. After 3 days post-operatively the control group used a total of 21,655 milligrams of otc medications, 16,800 mg ibuprofen, 975 mg acetaminophen, and 3,880 mg naproxen. After 3 days post-operatively 1 patient in the acupressure group used 600 milligrams of ibuprofen. That patient's treatment consisted of a surgical extraction with osseous surgery. The patient used acupressure but eventually took otc medication. In previous years this treatment would have resulted in prescribing opioids for pain relief.

Four statistical analysis procedures were conducted.

1) Normal emergency dental patients would be more likely to use OTC medications after dental emergency procedures (M= .8, V=.16) than the acupressure group t (28) =6.02, p=.00001, or p<.05.

2) Normal emergency dental patients would use more OTC medications by milligram during the first 24 hours post-operatively (M=697, V=325609) than the acupressure group t (28) =4.31, p=.00009 or p<.05.

3) Normal emergency dental patients would use OTC medications longer than 24 hours (M=.333, V=.222) than the acupressure group t (28) =2.74, p = .005, or p<.05.

4) Normal emergency dental patients would estimate their start VAS higher (M=8.07, V=4.74) than the acupressure group t (28) =1.84, p=.038 or p<.05.

All of the statements were statistically significant at a confidence level of P<.05. T-test was calculated using easycalculations.com and P values were calculated using socscistatistics.com (16,17).

Discussion

There are known side effects of the use of OTC medication. Acupuncture has been proven to have minimal side effects and acupressure by its very nature of being noninvasive is even safer. The process of explaining about acupressure and pain relief, marking points, and applying the acupressure took approximately 5 minutes in total. Dental assistants trained to do acupressure can do this.

The question of placebo is normal to ask in any research study. According to systematic review there is no such thing as sham or innocent acupuncture to make it worthy of including a placebo group in studies such as control vs treatment. (18) It is the conclusion of the researchers in our study that the acupressure group did likely include a placebo effect which consisted of the advice to the acupressure group patients that the acupressure would help reduce both the post-operative pain and the need to use OTC pain medication. In any event, any effect of placebo would only be positive and possibly add to the overwhelming positive result of what this study has shown.

Not all patients are willing to have acupressure following emergency dental procedures. Practitioners in this study estimate that half of the adult, non pregnant patients agreed to have acupressure and keep records of their VAS pain level. This percentage should be studied in the future. Research of the effect of acupressure to reduce post-operative pain and subsequent use of analgesics after many different invasive procedures should also be studied.

Conclusion

The statistics prove the hypothesis that acupressure reduces pain and the subsequent use of OTC pain medication after emergency dental procedures of extraction and endodontic procedures. Adopting acupressure in dental clinics as standard of care can have profound positive implications.

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