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The Journal of Acupuncture and Oriental Medicine

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The Development and Implementation of Multi-Step Comprehensive Exams at a College of Acupuncture and Oriental Medicine

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Intersections of Public Health and Acupuncture: Report on the 2014 Annual Meeting of the American Public Health Association

A Study on Scientific Writing: The Pilot Study

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Clinical Pearls: How Do You Treat Blocked Menses (Secondary Amenorrhea)?

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**Cover Image:** Winter frozen birch woods in morning light © Mikhail Kokhanchikov

# MERIDIANS

The Journal of  
Acupuncture and  
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## Letter from Editor in Chief Jennifer A. M. Stone, LAc



Welcome to the 2015 winter issue of Meridians JAOM. This issue features a whole medicine system multidisciplinary weight-loss study that shows promising results, a perspective piece on the use of clinical exams, and an interesting case report using AOM for the treatment of melasma.

In her "Multidisciplinary TCM-Based Weight-Loss Program: A Feasibility Study," Shasta Tierra, DAOM, LAc discusses challenges, limitations, treatment fidelity, and patient compliance in her report on 11 patients who completed a successful multidisciplinary TCM and CAM weight-loss regimen. All 11 patients who took part in the study lost weight.

Next we present a valuable report by Wen-Shuo Wu, MD (Taiwan), MSAOM, MPH and colleagues, "The Development and Implementation of Multi-Step Comprehensive Exams at a College of Acupuncture and Oriental Medicine." This Chinese and American research team developed and reports on the use of a three level pass/fail acupuncture comprehensive exam that is administered in each year during the master's program at their school. The objective of these exams is to assess progress in students' critical thinking skills and knowledge in all areas of traditional Chinese medicine. The exams are used as an academic promotion criterion, requiring students to pass each one before advancing into each of the three stages of clinical internship or graduation.

Our case report, "Melasma (Chloasma) Resolved with Acupuncture and Chinese Herbal Medicine: A Case Report" by Liz Spetnagel, DAOM, LAc discusses how a 33-year-old woman was successfully treated within 5 weeks using acupuncture and Chinese herbal medicine. The patient was compliant with the daily ingestion of herbs and achieved complete resolution of the melasma area as well as a significant reduction in other signs and symptoms associated with the diagnosis of Blood Stasis.

MJAOM Public Health Editor Elizabeth Sommers, PhD, LAc prepared a report on the 2014 Annual Meeting of the American Public Health Association. Sommers discusses current APHA campaigns of national interest and interviews four high profile academics who are also acupuncturists about their reasons and insights related to their involvement in public health efforts.

David Miller MD, LAc, Dipl OM (NCCAOM) attended the World Federation of Acupuncture-Moxibustion Societies 2014 Conference in Huston and also prepared a report for our readers. After meeting with European leaders, he discovered some interesting parallels between the current challenges being faced by the European associations and the American associations.

Our book review, *Pricking the Vessels* by Henry McCann, DAOM, LAc is reviewed by Laraine Crampton, DAOM, LAc. She summarizes the text by quoting Heiner Fruehauf, "Henry McCann's volume on the ancient Chinese methodology of bloodletting is among a rare

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group of contemporary monographs that demonstrate this development.” (Foreword, p. 9) This book is a must-have for practitioners interested in the ancient art of bloodletting therapy.

This issue’s clinical pearl topic, “How do you treat blocked menses (secondary amenorrhea) in your clinical practice?” has been expertly addressed by a group of outstanding clinicians. Several of them are noted AOM faculty members as well as practitioners. We hope this information adds valuable options to your knowledge base on this topic.

As I read many submissions from DAOM students and new investigators, I’ve noticed a lack of understanding of what the purpose of a pilot study is and what we can, and cannot, claim in reporting the data. In an attempt to help fill this gap, I have prepared a tutorial on how to design a pilot study and how to report the data collected from a pilot study. I hope you find this and the other tutorials I’ve prepared helpful. They can be found at: [http://www.meridiansjaom.com/files/Scientific\\_Writing\\_Stone.pdf](http://www.meridiansjaom.com/files/Scientific_Writing_Stone.pdf)

Please consider contributing a clinical pearl for possible publication in the spring issue of Meridians: JAOM. We invite submissions from AOM practitioners on the topic: “How do you treat thoracic pain (upper or middle back pain) in your clinic?” Please send your 400-500 word submission in a Word file, with a maximum of 5 references or notes, to MJAOM Clinical Pearls Editor Dylan Jawahir, LMT, LAc. [djawahir@meridiansjaom.com](mailto:djawahir@meridiansjaom.com). See deadline and other information on this at our website: [www.meridiansjaom.com](http://www.meridiansjaom.com)

We welcome and look forward to your submissions of articles that concern acupuncture and Oriental medicine, including original research, clinical practice, case reports, meta-analyses, nomenclature and related disciplines. Please refer to our Author Guidelines for further information.

Thank you and we hope you enjoy reading our winter 2015 issue.

**Jennifer A. M. Stone, LAc**  
Editor in Chief, MJAOM

“As I read many submissions from DAOM students and new investigators, I’ve noticed a lack of understanding of what the purpose of a pilot study is and what we can, and cannot, claim in reporting the data. In an attempt to help fill this gap, I have prepared a tutorial on how to design a pilot study and how to report the data collected from a pilot study. I hope you find this and the other tutorials I’ve prepared helpful. They can be found at: [http://www.meridiansjaom.com/files/Scientific\\_Writing\\_Stone.pdf](http://www.meridiansjaom.com/files/Scientific_Writing_Stone.pdf)”



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## Multidisciplinary TCM-Based Weight-Loss Program: A Feasibility Study

By Shasta Tierra, DAOM, LAc

A second-generation Western trained doctor of AOM, Shasta Tierra received her Doctor of Acupuncture and Oriental Medicine degree from Five Branches University. She is also a certified wellness and yoga instructor, having over 20 years of clinical experience. Shasta is the creator of *Qiyogas*, and she has done extensive research in complementary and alternative medical approaches for weight loss, fertility, and pain management. [www.wayofwellness.com](http://www.wayofwellness.com)

### Abstract

This study examines the use of a multidisciplinary TCM-based weight-loss program as well as the feasibility of both recruiting subjects and the subjects' compliance with the program. Secondary measures include quality of life, sense of wellbeing, and physical activity level.

Participants were administered interventions once a week in seven consecutive 1½ hour weekly classes. The program included an introduction to, and specific lessons in, eight modalities: diet therapy, cognitive behavior, guided imagery, yoga, *qigong*, acupuncture, meditation, and dietary supplements. Results were assessed from subjective patient intake questionnaires and objective measurements of weight, blood pressure, waist circumference, body fat caliper, body mass index (BMI), saliva pH, and waist hip ratio. Measurements were made using identical instruments. Participants were photographed at the beginning and the completion of the program.

**Results:** All the participants completed enough interventions and measures to be included in the data. All participants lost weight and reported an increase in their emotional, physical and mental wellbeing.

*Objective Findings:* Data was collected on eleven participants who ranged from 22 to 63 years of age. All eleven participants lost weight at an average of 7.68 pounds and all showed a drop in waist circumference. Body fat caliper testing showed a drop of 16.86 points (from 98 to 81.14). The participants' body mass index dropped an average of 1.32 (from 30.10 to 28.78).

*Subjective Findings:* Participants reported an increase in their quality of life as indicated by these measurements: 1) energy level increase, 2) hunger level minimal increase, 3) mood level increase, 4) quality of sleep increase, 5) hours of sleep increase, 6) exercise level increase, 7) health goals accomplished, 8) the "discover your element symptom/sign" questionnaire showed a drop of reported symptoms, 9) life goals being enhanced and, 10) a drop in carbohydrate sensitivity.

**Conclusion:** These findings show that subjects can be recruited to participate in a multidisciplinary study involving many CAM and TCM interventions. Weight was lost by all participants, demonstrating that a multidisciplinary CAM and TCM approach to weight loss shows promise and should be studied further on a larger scale using western methodological rigor.

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**Key Words:** traditional Chinese medicine, complementary and alternative medicine, yoga, Ayurveda, weight loss, whole medical system

## Introduction

Complications of obesity in the U.S. cause as many as 300,000 premature deaths each year, making it second only to cigarette smoking as a preventable cause of death. Complications of obesity are: 1) metabolic syndrome, 2) diabetes mellitus, 3) cardiovascular disease, 4) nonalcoholic steatohepatitis (fatty liver), 5) gallbladder disease, 6) gastro esophageal reflux, 7) obstructive sleep apnea, 8) reproductive system disorders, 9) many cancers, 10) osteoarthritis and, 11) social and psychological problems.<sup>1</sup>

Almost all cases of obesity result from a combination of genetic predisposition and a chronic imbalance between energy intake and energy utilization. Diagnosis is usually determined by taking a body mass index (BMI), measuring waist circumference, and sometimes doing a body composition analysis, which includes fat caliper testing.<sup>2</sup>

Psychological factors also play a role in obesity. People who are overweight or obese may feel pressure to look “normal,” and this can lead to poor self-esteem and even an inability to participate in normal daily activities leading to mental, physical, and spiritual stress.

Complementary and alternative medicine refers to unconventional practices used in conjunction with or instead of mainstream medicine. CAM therapies aim to restore balance and integrity of the body, mind, and spirit and enhance resilience. According to *The Merck Manual*, the five main CAM categories are: 1) whole medical systems such as traditional Chinese medicine (TCM) and Ayurveda, 2) mind/body medicine, 3) biologically-based practices 4) manipulative and body-based practices and, 5) energy medicine systems.<sup>3</sup>

In America almost 40 percent of adults use some form of CAM therapy, most often to treat anxiety, pain, or to modify cholesterol levels. The most common CAM therapies are dietary supplements, mind-body practices, and massage therapy.<sup>4</sup> The eight CAM therapies offered in this study were chosen because they can be implemented through self-care and because of their calming effect on the body. Self-care is an inexpensive tool patients can use to empower themselves to make positive changes in their bodies.

## Research Methods

This study was designed to assess the feasibility of recruiting patients for a multidisciplinary CAM weight-loss study and collect data on research fidelity and subject compliance.

### Study design

Figure 1 summarizes the CAM therapies for weight-loss program. Participants attended a six week long CAM therapy weight-loss program. The program included the following eight CAM interventions, primarily taught in this order although some techniques were used more than once: Class 1) diet therapy; class 2) guided imagery & cognitive behavior; class 3) yoga, *qigong*, acupuncture and meditation; class 4) dietary supplements; class 5) cognitive behavior; class 6) guided imagery and; class 7) diet therapy and class 8) cognitive behavioral therapy.

The principal investigator was a doctor of acupuncture and Oriental medicine as well as a certified wellness coach, yoga instructor, and massage therapist. The investigator administered the weight-loss program to the eleven participants for six weeks—once a week for an hour and a half at an office in

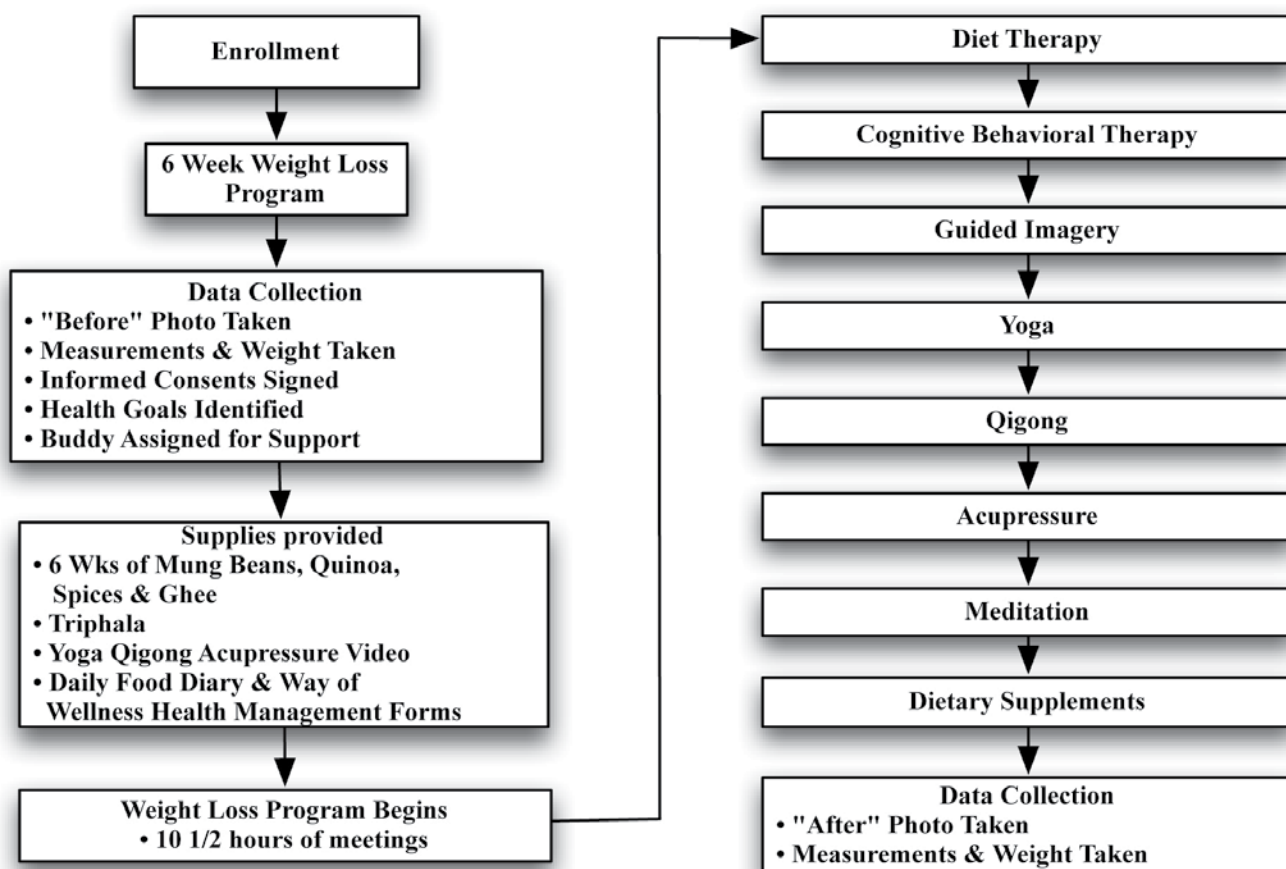
San Jose, California. Compliance was measured by weekly self-reporting questionnaire gathered at the end of the program.

Participants filled out baseline questionnaires at the first class and again at the final class. Before and after results were assessed both subjectively and objectively. The objective measurements included: 1) weight, 2) blood pressure, 3) waist circumference, 4) body composition testing using body fat caliper, 5) body mass index (BMI), 6) saliva pH, and 7) waist hip ratio. Subjective results concerned their quality of life after this program and are discussed later below.

### Participants

Participants included nine women and two men. Nine of the participants were Caucasian (two of these were men), one was Indian and one was Ethiopian (both women). There was a nominal fee for the program, which included all seven wellness coaching classes as well as supplies for the program—six weeks' worth of soup and herbal supplies.

Figure 1: Flow of CAM for Weight-Loss Program



## Interventions

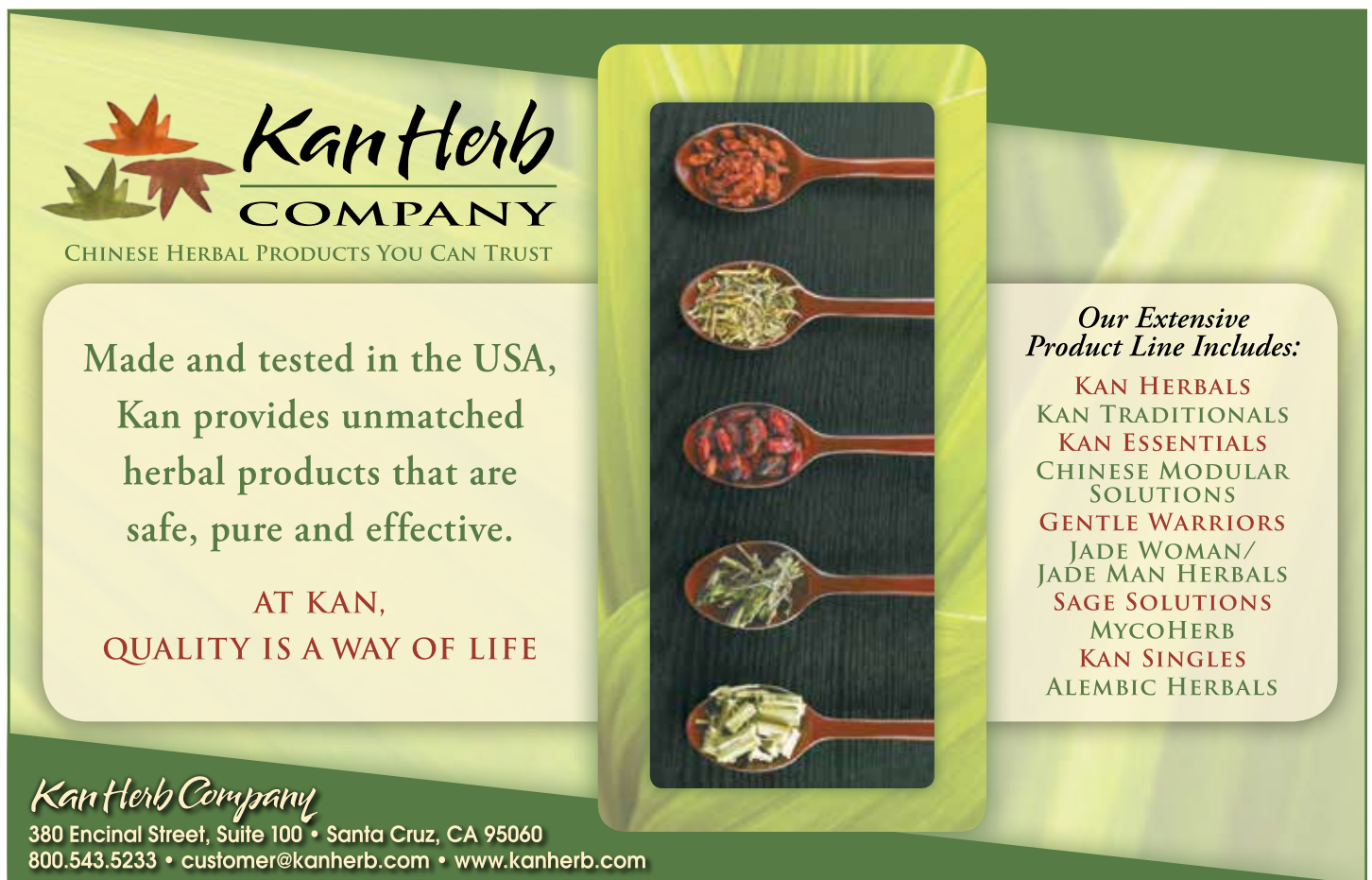
*Diet Therapy Intervention* is a CAM biologically-based practice, which entails the use of a specialized dietary regimen designed to prevent or treat a specific ailment or generally promote wellness.<sup>4</sup> All subjects received identical packets of kitchari porridge-making ingredients. Kitchari, a mix of quinoa and mung beans, is the core of Ayurvedic nutritional healing. It is the main food used in Ayurvedic cleansing therapy because of its ease of assimilation and digestion.<sup>5</sup>

The participants were instructed to eat kitchari three times a day for three weeks while doing a modified elimination diet. After the third week they were told to reintroduce the common allergen foods one at a time for four days while continuing the kitchari and keeping a food journal so as to note any unfavorable symptoms such as gas, bloating, diarrhea, pain, rashes, etc.

The focus of the diet was to replace fast-burning high carbohydrate diets with slow-burning complex carbohydrates; lean, hormone free, organic animal proteins; organic healthy fats; and anti-inflammatory spices so as to reduce sugar cravings and ingestion of quick pick-me-up foods.

Participants were encouraged to eat other anti-inflammatory and high nutrient value foods such as organic vegetables, fruits, beans/legumes, seeds, nuts, mushrooms (especially shiitake), coconut and almond milk, wild Alaskan salmon, and lean clean organic meats. These high nutrient foods are measured with the Aggregate Nutrient Density Index (ANDI) scoring system. Seven out of the eleven participants completed the three week modified elimination diet. Compliance was measured by weekly self-reporting questionnaires.

*Cognitive Behavior Therapy Intervention* is a CAM therapy categorized as mind/body medicine.<sup>7</sup> The aim of this program was for the participants to improve their eating habits, lifestyles, and physical activity levels. This included encouraging them to keep a log of their food intake, activity level, sleep, and exercise, along with meditation, yoga and *qigong*, and daily journaling about what they felt grateful for and successful at, and what gave them pleasure. It also included daily viewing of their "vision board" (a collage they created about what they envisioned themselves looking like and doing at their ideal weight). They each selected a "buddy" at the beginning of the program. These buddy teams helped each other set their health goals for each week and discuss how they did with their goals at the end of each week. The researcher buddied with the remaining participant.



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*Guided Imagery Intervention* is a CAM mind-body medicine system that has the patients use mental images to help them relax or promote healing or wellness of a particular condition.<sup>9</sup> This program used two guided imagery exercises.

The first one was taught and practiced in the second class. The participants were led through a body-scan exercise, where they closed their eyes and visually reviewed what each part of their body felt like and looked like to them. They were also asked to create an empowering affirmation about themselves such as “I am lean, healthy and strong.” They then were instructed to make a “vision board” of what they saw in their guided imagery exercise and then add the empowering affirmation to it. They were told to position this collage at their home where they would look at it every day.

The second exercise was done in the sixth class and included a body scan exercise that guided them to mentally view each part of their body and then imagine themselves in their own “healing sanctuary” (an imaginative healing space that came to their mind).

*Yoga Intervention* is a CAM therapy, which uses posture and breath by assuming various positions (called asanas) that strengthen the body and mind. This helps the nervous system become more resilient, improve the ability to breathe, and boost immunity. It also enhances balance, flexibility, and strength.<sup>8</sup> The participants were taught a twenty-six minute routine combining yoga, acupressure, and *qigong* for health and healing. It included these asanas: 1) side-arm stretch, 2) tree pose, 3) triangle pose, 4) warrior pose, 5) dancer’s pose, and 6) runners pose. They held the poses for approximately fifteen to thirty seconds each, bilaterally when applicable.

*Qigong Intervention.* *Qigong* is a TCM therapy that uses meditative exercise to enhance the mind’s capacity to effect the body and thus to preserve health and prevent or cure disease. It consists of breathing and mental exercises combined with physical exercises.<sup>9</sup>

In this program the participants learned a *qigong* method in combination with yoga and acupressure that included a four part protocol:

- *Cleansing:* *Qigong* exercises called swaying, pulling down the heavens, and counter swing
- *Collecting:* Breathing in through the nose and out the nose having their tongue touching the roof of their mouth while imagining energy circulating up their spine (governing vessel) and down their abdomen (conception vessel)
- *Circulating:* A circulating *qigong* exercise which included the microcosmic orbit exercise. The storing portion included the golden *qi* ball exercise and self-treatment of the three *tan tiens*,



“Acupressure Intervention is a TCM therapy that employs pressure by the practitioner to stimulate specific points on the body (acupressure points). This is done to unblock the flow of *qi* and help restore balance in the body.”

the three major energy centers in the body, (starting with the upper and ending with the lower) holding the hand in front of each of the energy centers for thirty to sixty seconds.

- *Storing:* Pulling down the heavens *qigong* (three times)

*Acupressure Intervention* is a TCM therapy that employs pressure by the practitioner to stimulate specific points on the body (acupressure points). This is done to unblock the flow of *qi* and help restore balance in the body. This practice is based on the belief that there is a subtle energy that resides in and around the body called “bio fields.”<sup>6</sup>

In this program the participants were trained to use self-acupressure in two ways. The first was by integrating the points when doing the asanas and *qigong* exercises in the yoga, plus the acupressure and *qigong* routine described above. The acupressure points used were: Lie Que LU-7, Shen Shu UB-23, Feng Chi GB-20, and Tong Li HT-5. The second use of acupressure points were specifically for appetite reduction and included: Tai Chong LV-3, Tian Shu ST-25, Zu San Li ST-36, and Nei Ting ST-44 and Hunger Ear point. They were instructed to press these points with their fingers or knuckles in a clockwise manner for up to fifteen seconds each once a day.<sup>10</sup>

*Meditation Intervention* is a CAM therapy that involves intentional self-regulation of breath and the focus of attention to enhance the mind’s capacity to affect the body and preserve health and prevent disease.<sup>9</sup> Some meditations emphasize one-pointed forms of concentration, such as a mantra, while others emphasize the expansion of thought. Meditation has been used to relieve stress, insomnia, anxiety, depression, pain. It has also been used in treating chronic disorders such as cardiovascular disorders as well as to promote general wellness.<sup>9</sup>

In this program the participants were trained in vipassana. Vipassana, which means “mindfulness meditation” or to see things as they really are, is a way of self-transformation through self-observation.<sup>11</sup> Originating in India more than 2,500 years ago, this ancient meditation technique aimed at helping the participants gain insight about how fears, prejudices, and emotions have influenced their lives and therefore their current health status. The intent was to enhance their awareness such that negative emotional states lose their power and ability to influence their health.<sup>12</sup>

*Dietary Supplement Intervention*, known as biologically-based practices, is the most commonly used of all of the CAM therapies.<sup>13</sup> In this instance, however, the dietary supplement used is a treatment of Ayurveda, a whole medicine system. The Ayurvedic preparation used in this program is called Triphala, manufactured by Planetary Formula Brand, taken in 1000 mg tablets, prescribed by the practitioner. This formula is regarded as a highly effective yet gentle, non-habit-forming detoxifier (It consists of three myrobalans: Embilica officinalis, Terminalia bellirica, Terminalia chebula). The participants took their doses of Triphala each night before bed. Some traditional Ayurvedic physicians use this as their sole herb due to its multiple healing properties.<sup>14</sup>

## Results

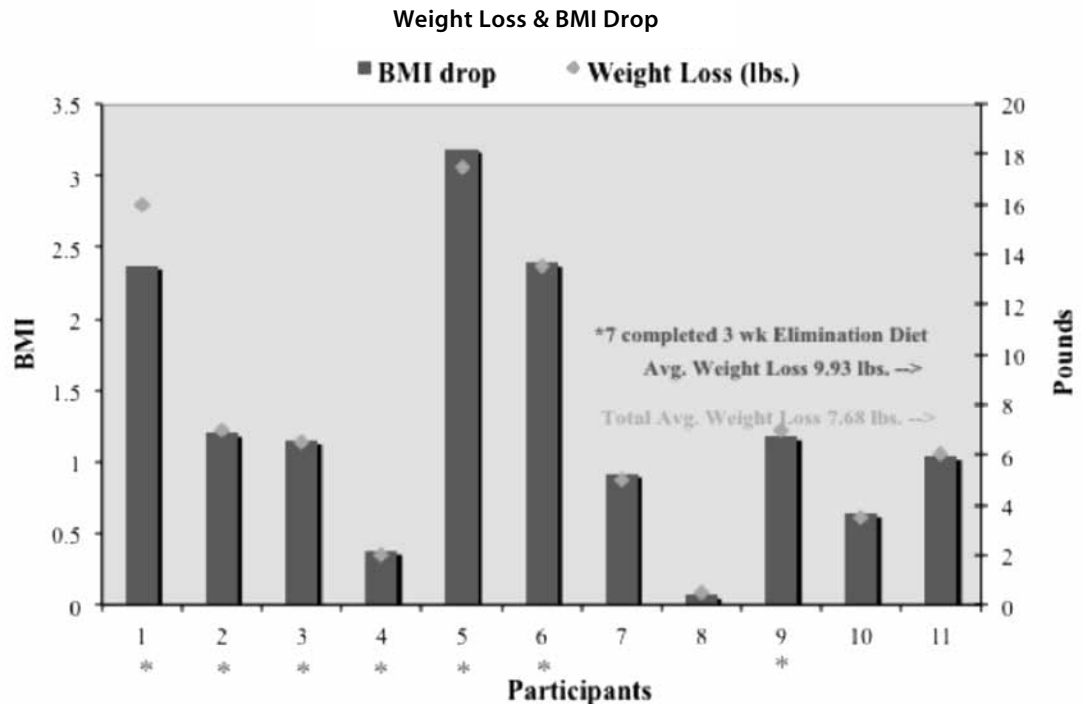
**Objective Findings:** All eleven participants lost weight—between 0.5 pounds and 17.5 pounds. Average weight loss for the participants was 7.68 pounds; however, of the participants who adhered to the three week modified elimination diet, each had a weight-loss averaging 9.93 pounds.

Waist circumference dropped in five out of seven of the participants, two stayed the same, and four out of the eleven did not provide complete data so were not counted. Body composition analysis using a body fat caliper showed a drop of 16.86 points from 98 to 81.14. The participant’s body mass index dropped an average of 1.32 from 30.10 to 28.78. The saliva pH stayed about the same (average of 6.77 to 6.89); however, one participant who complained of severe migraines had a starting pH of 5. After the program, the pH level went up into normal range of 7.2 and the

migraines were non-existent. Their waist hip ratio measurements showed a drop in six out of seven (one of the seven stayed the same) and four participants were unmeasurable due to missing data. Of the six that were reduced, two went from an unacceptable level (greater than 0.8) to an acceptable level (less than 0.8). Nine out of the 11 participants reported having food intolerance, primarily to gluten. No significant study-related adverse events were reported.

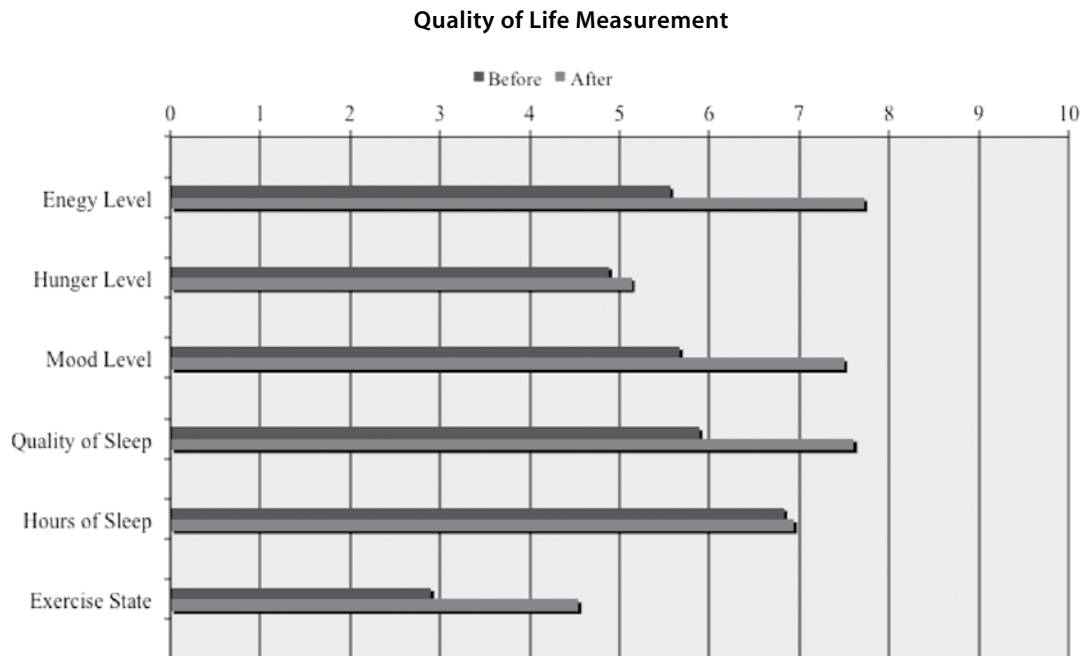
See Figure 2 for weight-loss and BMI decreases by participants. Please see Appendix A for the form used to track their results.

Figure 2: Weight Loss Dropped and BMI decreased Chart



**Subjective Findings:** The health goals were reported through questionnaires. Participants reported an increase in their quality of life as indicated by these measurements: 1) energy level increased by 22 percent, 2) hunger level stayed about the same, increasing by only 0.025 percent, 3) mood level increased 15 percent, 4) quality of sleep increased 17 percent, 5) hours of sleep increased slightly by 0.38 percent, 6) exercise level increased 55 percent, 7) health goals accomplished with 82 percent reporting “yes,” 8) “discover your element symptoms/sign” reported a 42 percent decrease, 9) life goals enhanced with 82 percent reporting “yes” and, 10) carbohydrate sensitivity symptoms dropped by 28 percent. Eighty-two percent of the participants reported that they accomplished their health goals.

Figure 3: Before and After Quality of Life Measurements



## Discussion

All the CAM therapies in this program helped the participants decrease stress and inflammation. Calming down, by use of deep breathing, meditation, yoga, acupressure, guided imagery and *qigong*, is known to decrease the heart rate, and the parasympathetic nervous system returns to a calm state. Increasing exercise, eating more fruits and vegetables, avoiding foods that cause inflammation, such as high gluten foods, dairy, eggs and peanuts, and decreasing stress have been shown to help decrease obesity.

Some chief complaints alleviated during the six week program were migraines (two participants reported an absence of migraines during the entire program), fatigue (two participants diagnosed with hypothyroidism saw their TSH levels decrease, and their severe fatigue, foggy thinking and achy body complaints were reduced), irritable bowel syndrome with severe stomach cramps (one participant experienced improvement after the first week), diabetes (one participant's blood sugar went down to a normal range for first time in a year), polycystic ovarian syndrome with anovulation (one participant's menstrual cycle returned after being absent for one year), and one participant with autoimmune Hashimoto's hypothyroidism had been suffering with infertility for three years but became pregnant soon after the program was completed.

Another participant reported cessation of her hot flashes and increased sleep during her then-current perimenopausal state. Another one, who suffered from being morbidly obese (BMI higher than 45) and battled with addiction to caffeine and nicotine, reduced her daily caffeine intake from eight cups of coffee down to one a day and from one pack of cigarettes a day down to five cigarettes per day. She also reported having more energy and that she was sleeping better. The participant who only lost 0.5 pounds acknowledged that he didn't eat the diet very often and had made a new friend who was obese. He stated that he began eating out with him as much as three times a week during the program. All in all, many of the participants reported feeling less stressed and happier overall. Pain decreased in all of the patients who initially reported having pain.

Some of the methodological challenges of TCM studies are that diagnoses may not be standardized, double or single-blinding is difficult to achieve, placebos are difficult to differentiate as some therapies have a practitioner patient component, and some therapies may not receive the exact same treatment.<sup>5</sup> Consistency is hard to control as each person may administer the therapy differently even with the same protocol. A limitation in this study was that it included too many interventions and too many variables. This factor might have been addressed early on in the design if a statistician was involved in the creation of the protocol.

“Weight-management plans might be more effective if they are personalized. Primary care physicians and CAM healthcare providers can work together to create a customized, comprehensive program for improved weight management.”

## Conclusion

CAM and TCM therapies offer a variety of mind-body approaches to health maintenance and promotion. Multiple approaches that include CAM therapies could reduce stress, control cravings, improve mental focus, and reduce excess weight. An important characteristic of individuals who succeed in weight reduction is having a sound knowledge of diet and nutrition, a healthy lifestyle, and a good sense of personal empowerment and self-esteem.<sup>13</sup>

Weight-management plans might be more effective if they are personalized. Primary care physicians and CAM healthcare providers can work together to create a customized, comprehensive program for improved weight management. Patient activation measures and the Prochaska transtheoretical model of behavior change measure looking at readiness for change and the necessary behavioral changes might help practitioners implement appropriate exercise, dietary program, lifestyle, and stress management tools.<sup>16</sup>

This study shows that the CAM and TCM therapies used in the study may lead to moderate to significant weight loss and improve the quality of life for the participants. Additionally, these findings show that subjects can be recruited to participate in a multidisciplinary study involving many CAM and TCM interventions. This study might serve to inform future researchers in design challenges of whole medical systems. Weight was lost by all participants. This demonstrates that a multidisciplinary CAM and TCM approach to weight loss shows promise and should be studied further on a larger scale using western methodological rigor.

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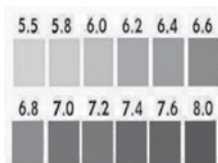
# APPENDIX

## CAM for Weight-Loss Program

Name \_\_\_\_\_

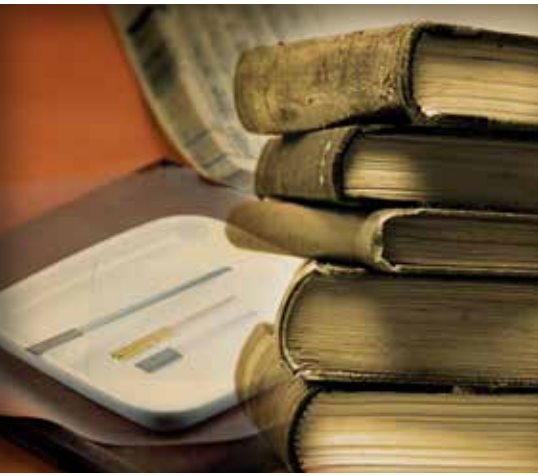
<b>Measurements</b> <i>Taken Before &amp; After</i>	Waist: _____ / _____ Thigh: _____ / _____ Hips: _____ / _____
<b>Blood Pressure</b>	Before: _____ After: _____
<b>Weight</b>	Before: _____ After: _____

<b>Caliper Measurements</b> <i>Taken Before &amp; After</i>	
Triceps: _____ / _____	
Biceps: _____ / _____	
Shoulder blade: _____ / _____	
Waist: _____ / _____	
<b>Body Mass Index (BMI):</b>	
Before: _____	
After: _____	
<i>To calculate BMI</i>	
$BMI = \text{Weight (lb.)} / (\text{Height (in)} \times \text{Height (in)} \times 703)$	
<i>Example 2:</i>	
<i>Someone who is 5'6" (5'6" = 66") and weighs 160 lb. has a BMI of 25.8</i>	
$BMI \text{ Calculation} = 160 / (66 \times 66) \times 703 = 25.8$	



*pH indicator to measure Saliva*  
6-7.4 is normal

	Start	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Date							
Saliva pH							
Energy Level (1 low-10 high)							
Hunger Level (1 low-10 high)							
Mood Level (1 low-10 high)							
Quality of Sleep (1 poor-10 excellent)							
Hours of Sleep							
Type of Physical Activity							
Duration of Physical Activity							



# The Development and Implementation of Multi-Step Comprehensive Exams at a College of Acupuncture and Oriental Medicine



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*Please see bios at the end  
of the article*

## Abstract

The College of Acupuncture and Oriental Medicine at Southern California University of Health Sciences in Whittier, California, has developed a three level pass/fail acupuncture comprehensive exam (ACE I, ACE II, ACEIII) that is administered in each year of education during the master's program. These exams include both a written exam and a practical component that uses the Objective Structured Clinical Examination (OSCE) format. The objective of these exams is to assess progress in students' critical thinking skills and knowledge in all areas of traditional Chinese medicine. The exams are used as an academic promotion criterion, requiring students to pass each one before advancing into each of the three stages of clinical internship or graduation. Lastly, the faculty uses the exam as a benchmark tool to measure outcomes with the curriculum. This paper describes the development and implementation process of these exams and the challenges faced as the format and content evolved. Additionally the details of each component in the individual exams are listed with descriptions about how they are structured, graded, and maintained. This is the first known publication that reports the intricacies of a comprehensive exam from a college of acupuncture and Oriental medicine.

**Key Words:** comprehensive exams, competency, traditional Chinese medicine, acupuncture education

## Introduction

Students in all healthcare professions endure years of sleepless nights, thousands of hours studying, and gallons of coffee as they strive for the ultimate goal of transformation from student to healthcare practitioner. Before slipping into their white coat for internship, the culmination of their medical education is the comprehensive/qualifying exam. This comprehensive exam assesses student competency "should provide insight into actual performance (what he or she does habitually when not observed) as well as the capacity to adapt to change, find and generate new knowledge, and improve overall performance."<sup>1</sup>

In the United States, the progression of the student's progress into either clinical internship or to a licensed healthcare provider status is determined by examination. These exams establish a standard of practice and safety among each medical field, whether it is a medical doctor,<sup>2</sup> nurse,<sup>3</sup> physical therapist,<sup>4</sup> chiropractor,<sup>5</sup> acupuncturist and so on. These exams are

created by professional analysis of importance in each area of patient care and then weighted by significance and difficulty.<sup>6</sup>

The Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM) also requires its colleges to implement a measurement of student achievement that tracks student progress through sequential and systematic assessments. The purpose of this paper is to describe the development and implementation of a multi-stage comprehensive exam at a college of acupuncture and Oriental medicine.

These exams are used to prepare and expose students to the challenges and content assessed on a licensure exam. Additionally, the exam results produce feedback to the educators by showing strengths and weaknesses in the academic program. They also provide students with insight on areas needing more study.<sup>7</sup> This paper briefly guides the reader through the challenges in developing and implementing such comprehensive exams. A search in scientific literature revealed no prior report such as this that deals with comprehensive exam development in the acupuncture and Oriental medicine (AOM) professional colleges.

## Development and Implementation of ACEs

The initial development of the Acupuncture Comprehensive Exams (ACE) was primarily prompted by the need to fulfill ACAOM's requirement to monitor student progress and competency, but secondarily it is used as a tool to aid students in preparing for their national or state board exams. ACE was created within the Master of Acupuncture and Oriental Medicine Program at Southern California University of Health Sciences in May 2002. In the initial years of the program's inception, a single written comprehensive exam was developed as an exit exam at the end of the program. This later evolved into three exams administered at specific times during the program and labeled as ACE I, ACE II, and ACE III (Table 1).

**Table 1: ACE Written Exam Format**

	Exam in Term	# of Questions	Duration
ACE I	4	100	2Hrs
ACE II	7	150	3Hrs
ACE III	9	200	4 Hrs

"This paper describes the development and implementation process of these exams and the challenges faced as the format and content evolved. Additionally the details of each component in the individual exams are listed with descriptions about how they are structured, graded, and maintained."



The intention of these exams is to evaluate students' knowledge, skills, and competencies as they progress in the program. ACE I and ACE II include both written and practical components, whereas ACE III is solely a written exam. All written exams are in multiple-choice format and the practical exams consist of five stations. The written assessment focuses on a basic understanding of theories and concepts, then to the assessment of an intermediate level comprehension of application, and lastly to an assessment of advanced critical thinking.

These exams are considered as independent courses and students earn a pass/fail grade. The goal of each level of exam is to gradually expose and prepare students to be diligent with the time allowed and to help them, recall, and demonstrate knowledge and competency. The college's designated ACE coordinators are faculty members of the university.

### ACE I

The first comprehensive exam, ACE I, is administered during term four of the curriculum. Students are allowed to take this exam only if they have completed the required courses for the ACE I (Figure 1). The written portion of ACE I is comprised of 100 multiple-choice questions and students are allowed two hours to complete it. The test focuses on the basic understanding of traditional Chinese medicine (TCM) theories and diagnosis, materia medica (focus on single herbs), acupuncture meridian pathways and point locations, medical terminology, general anatomy and physiology, western nutrition, and application of critical thinking.

Figure 1: ACE Written Exam Content Areas

ACE I	ACE II	ACE III
<ul style="list-style-type: none"> <li>• OM Theory I, II</li> <li>• OM Diagnosis</li> <li>• Materia Medica I, II, III, IV</li> <li>• Acup Meridian &amp; Points I, II, III</li> <li>• Medical Terms/History Taking</li> <li>• Anatomy/Physiology I, II, III</li> <li>• Physical Examination</li> <li>• Western Nutrition</li> <li>• OM Critical Thinking I</li> <li>• Clinical Observation I</li> </ul>	<ul style="list-style-type: none"> <li>• ACE I content areas &amp;</li> <li>• Formulas &amp; Strategies I, II, III</li> <li>• OM Nutrition/Diet</li> <li>• Acupuncture Prescriptions I, II</li> <li>• Acupuncture Techniques I, II</li> <li>• Tui-Na/Acupressure</li> <li>• General/ Systemic Pathology</li> <li>• Clinical Sciences/Medicine I</li> <li>• Emergency Procedures</li> <li>• NMS Examination</li> <li>• Laboratory Diagnosis</li> <li>• Imaging Interpretation</li> <li>• Classics of Chinese Medicine (Shang Han Lun)</li> <li>• Practice Management</li> <li>• Ethics in OM</li> <li>• OM Critical Thinking II</li> <li>• Clinical Internship (Supervised Practice) I, II, III;</li> </ul>	<ul style="list-style-type: none"> <li>• ACE I &amp; II content areas &amp;</li> <li>• Pharmacotoxicology</li> <li>• OM Critical Thinking III</li> <li>• OM Internal Med. I, II</li> <li>• Wen Bing Xue (TCM Classics)</li> <li>• OM Gynecology</li> <li>• Clinical Sciences II, III</li> <li>• Clinical Internship (Supervised Practice) I, II, III</li> </ul>

The practical portion of ACE1 utilizes the Objective Structured Clinical Exam (OSCE) model.<sup>8</sup> Students are examined on selected clinical skills that they have mastered for that level, performing them in a timed manner at a succession of five stations, each overseen by a proctor. Students are given 10 minutes to complete the assigned tasks at each station. These five practical stations include history-taking, physical exam, tongue diagnosis, herbal identification, and acupuncture point location.

Several stations utilize a standardized patient (SP) model of examination. A standardized patient is a person who has been trained to portray a patient with a particular medical condition. The use of SPs is a commonly used technology designed to help learners obtain interpersonal, communication, interviewing, counseling, assessment, physical exam and patient management skills as well as to serve as an assessment tool. Standardized patients provide consistency and validity in assessing practical exams.

In the history-taking station, students ask the standardized patient questions regarding a particular condition, with the standardized patient responding based on a scripted answer. This station assesses the ability of the student to ask appropriate questions and collect relevant and complete history of a condition. Additionally, the students are also evaluated for their communication/interpersonal skills.

In the tongue identification station, students are provided with color images of various pathological tongues. These tongue examples show varied colors, thickness of coating, and shapes. Each image has one to two tongue diagnostic skill questions that correspond to it.

In the herbal identification station, ten single raw herbs are placed in clean containers. Students are required to correctly identify them and then recall to which herbal category they belong. Only herbs from the university clinic are used for identification as these are the same herbs used in teaching the materia medica and formula courses. This ensures standardization and avoids herbal sample discrepancies.

In the physical exam station, the students' skills are tested on a standardized patient. These skills include measuring pulse, blood pressure, heart rate, conducting an oral HEENT exam, and auscultation of heart and lung. The abdominal portion of the exam includes auscultation and palpation for any abnormalities such as an enlarged liver/spleen, distended abdominal aorta, or any masses.

To assess point location skills, ten random acupuncture points are listed for location on a standardized patient. Students must find the acupuncture point and indicate the location by placing a small circular sticker on the point. Faculty who taught the point

location courses proctor this exam to ensure consistency with classroom instruction.

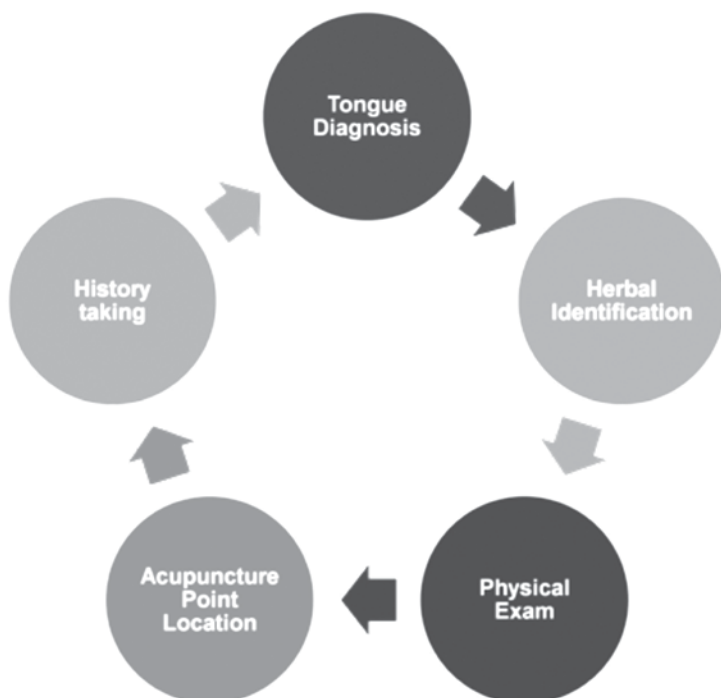
Through an anonymous survey, feedback on the exams with regard to the difficulty, clarity of questions, time allocated, etc. is collected from all students at the end of the practical exam. The survey results are used by the College to further refine the five-station exam process for future use.

## ACE II

The second comprehensive exam, ACE II, is administered during the seventh term of the student's education or when the required classes for ACE II (Figure 1) have been completed. ACE II contains written and practical components as well. The written part is comprised of 150 multiple choice questions and students are allotted three hours to complete it. The increase of fifty questions from ACE I to ACE II was added to match the increased course content at that level as well as to enable students to practice taking longer timed exams. In this exam, students are expected to have a deeper understanding of the material, so the questions are more complex and require a higher level of critical thinking.

The ACE II test includes all the previous topics covered under ACE I in addition to the following course material: herbal formulas and strategies, TCM nutrition and diet, acupuncture prescription and techniques, *tuina* and acupressure, general and systemic pathology, clinical western sciences, emergency procedures, neuromuscular examination, laboratory diagnosis, imaging interpretation, classics of Chinese medicine (*Shang Han Lun*), practice management, ethics in Oriental medicine, and critical thinking. (Figure 2).

Figure 2: ACE I Practical Exam Stations



The practical component of ACE II comprises the five station model for assessing the technical skills students now in their last year of education have acquired. The five practical skills tested are neuromuscular exams, auricular acupuncture point location, acupuncture needling technique, Occupational Safety and Health Administration (OSHA) principles, and herbal formula identification (Figure 3). This practical mimics the ACE I practical in terms of utilizing the same operating procedures including use of standardized patients.

During the neuromuscular exam, students are instructed to complete exams that test for sensory and motor function of the face and extremities on a standardized patient. Additionally, students are instructed to perform more specific diagnostic neuromuscular exams related to the shoulder, elbow, spine and knees. During each step the student must verbally explain what test is being performed and its clinical significance.

In the auricular acupuncture point location station, students are instructed to locate five points on a standardized patient's ear and place an ear seed on the point. The student is expected to properly disinfect the ear probe and the patient's ear. After the student has located all the points, these points must be verbally identified to the proctor.

The acupuncture technique station simultaneously assesses the needling skill of the student and his/her ability to follow the national standard of acupuncture safety (Clean Needle Technique). The student is instructed to correctly locate a random point that is located on the legs or arms. The student then next performs either the instructed *tonifying* or *sedating* method.

Using a standardized patient for this station is difficult because the patient would have sensitive points needled numerous times. To avoid this, standardized patients are not used and instead, students are required to needle their peer who completed the exam just prior to them and then remain at the station for the next test-taker to needle them.

Additional OSHA principles and guidelines are tested by creating mock scenarios of two situations where blood borne pathogen management is demonstrated. This may include the appropriate management of a dropped needle or the safe removal of any localized bleeding from a needle site. The student is required to demonstrate the specific order of steps taken to safely manage the two clinical situations.

The last station is herbal formula identification. The herbal ingredients consist of five randomly selected formulas placed in clean containers. Students are expected to correctly identify the formula and its formula category based on visual inspection of the herbal ingredients present in each formula.

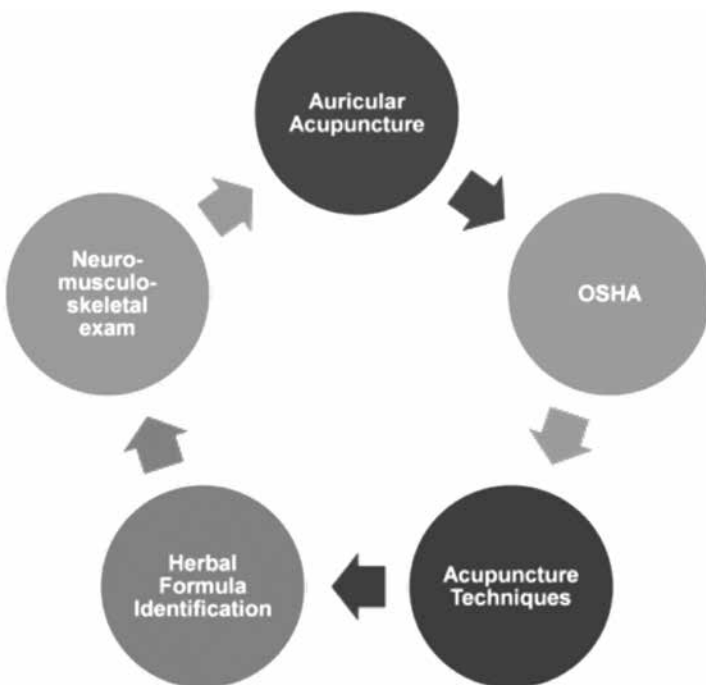
“Item analysis and sub-group analysis are done for each exam to identify the response pattern of students to individual questions. During this analysis, if a question is answered incorrectly by a majority of the students, the ACE coordinator forwards such question(s) to the entire ACE committee for reevaluation. This process is adopted to decide on the validity of the question in terms of its construction, understanding, relevance, and level of difficulty.”

### ACE III

The intention of the ACE III is to closely model a licensure exam. Students are asked to bring the printout confirmation email sent to them the week of the exam and provide proper personal identification (driver’s license, university ID card, or passport). The exam is divided into two written parts. During the morning session, two hours is granted to test TCM theory and diagnosis, western medicine, and clean needle technique (CNT). After a one hour lunch break, acupuncture theory and herbal comprehension are tested in a session that lasts for two hours.

ACE III is administered during the ninth term, just before graduation. It consists of 200 multiple choice questions covering the entire program content. The material includes the topics covered in the previous ACE exams and theory courses, internal Oriental medicine theory and treatment, TCM classics (*Wen Bing Xue* or *golden cabinet*), Oriental medicine gynecology, and clinical western sciences II, III (Figure 1). Examinees are given a total of four hours to complete the exam. Passing this exam is a prerequisite for graduation.

Figure 3: ACE II Practical Exam Stations



### Exam(s) Preparation

All the tests are very meticulously prepared. The professors teaching the topics submit questions for the written portion of each ACE exam. These questions are stored in a question bank, which is constantly updated with new questions each term. The ACE coordinators for each exam choose questions from the question bank and a draft exam is formed. Upon ACE committee approval, the exam is standardized. Standardization of an exam includes the ACE coordinator’s assurance that all the questions are unambiguous, appropriate to the level and content, and that the instructions are clear.

### Grading and Remediation

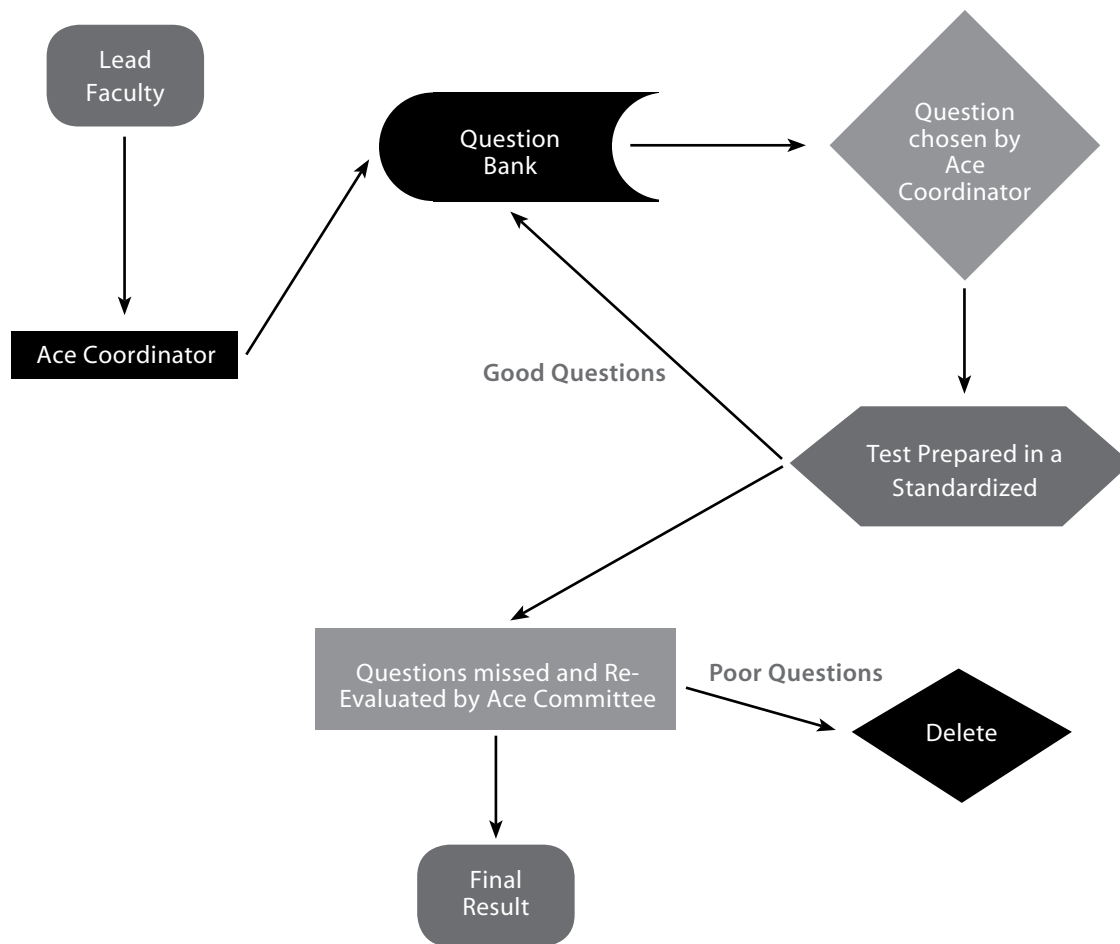
The written exams are graded using a Scranton® machine. Item analysis and sub-group analysis are done for each exam to identify the response pattern of students to individual questions. During this analysis, if a question is answered incorrectly by a majority of the students, the ACE coordinator forwards such question(s) to the entire ACE committee for reevaluation. This process is adopted to decide on the validity of the question in terms of its construction, understanding, relevance, and level of difficulty. Invalid questions are removed from the final examination result. Questions that are deemed valid and appropriate are saved in the question bank and have the possibility of being used again in future exams.

The passing score is set at 70 percent for all exams. Students who receive less than 70 percent are given another chance to retake the exam within the same term. Prior to the retake, students who failed the exam their first time are provided remediation by the ACE coordinators. During remediation coordinators identify areas the students need to emphasize to overcome their weaknesses and successfully pass the exams. Students who fail the practical exam in more than three stations are required to retake all the stations in that exam (Figure 4). Both the five station practical exams and the written ACE exams are standardized and adopt similar methods in creation, grading and remediation.

## Discussion & Lessons Learned

The College of Acupuncture and Oriental Medicine (CAOM) at Southern California University of Health Sciences (SCUHS)

FIGURE 4: Written Exam Process



gradually developed and implemented this three stage comprehensive exam given at different levels of education. These exams are used as an indicator of internal standards, as a tool to identify areas of deficiency, and also as a method to provide sufficient information to faculty and administration as they continuously develop curriculum. Additionally, these exams serve as an academic promotion criterion for students/interns to progress to the next level of internship or graduation. Lastly, ACE is intended to prepare students for board exams.

The development of these exams requires a team approach and involves manpower, budget, and systematic planning. The institution's prior experience of developing such exams for the chiropractic program was very useful for creating ACE in the acupuncture and Oriental medicine program. Infrastructure such as a standardized patient's office, which oversees the recruitment, training and scheduling of these clinical models, and managing the equipment used for the practical and OSCE format, were useful and made the job easier although it needed specific optimization to suit the needs of the program.

Due to changing needs and demands, both the written and practical ACE exams have evolved over time. For example, ACE I and ACE II written exams were added. In terms of the practical exam, originally the practical portion of ACE I was a modified version of the practical exams seen on various state and national exams. However, new practical stations such as the auricular station were added to reflect the College's curriculum as well as curricular revisions. Also, to address students' deficiencies, changes have been made based on student and faculty input.

While many state or national exams have phased out the practical section of their tests, the College's ACE I and ACE II practical stations remained. We believe that the practical stations are necessary to assess the clinical skills of our students and that a written exam cannot accomplish this sufficiently. *Tuina* was tested in ACE II during the initial years of conception, but it was later decided that auricular point location should replace it because it was more practical and helpful for students in their future practice. Additionally, neuromuscular examination was added to later versions of the ACE II practical section due to its importance as a physical exam component.

As expected, we faced and continue to face several challenges during this development and implementation process. Concerning the written part of these exams, management of the question bank is a challenge in terms of manpower and time. Ongoing communication with lead faculty and department chairs is important not only for collecting the latest test questions but also for implementing changes in the delivery and emphasis of material based on the students' performance on the ACE.

Equipment, infrastructure, scheduling and training of standardized patients, and identifying and ensuring inter-rater reliability of proctors are some of the challenges that are common with practical exams. When more than one practical station is set up for assessing a particular skill (e.g., the history-taking skill), it is important that the proctors at both these stations grade the examinees similarly. Training of proctors regarding how to score different aspects of the skills is important to arrive at homogeneity and inter-rater reliability.

Periodic ACE committee meetings and curricular changes as well as student feedback were used to address such reliability issues and refine the exam process and content through the years. The vice president of academic affairs, the dean of the College, and the ACE committee chair periodically reviewed the results of all ACEs and, if necessary, suggested modifications. This is a resource-driven exam model and process, but we feel it is one that brings with it numerous benefits to both students and the College.

## Conclusion

The integrated comprehensive exams were successfully developed and implemented within the acupuncture and Oriental medicine program. The practical exams are more resource intensive and require systematic planning to make them effective and valuable. Regardless of the challenges, such comprehensive multi-level assessments serve as useful tools to assess the program learning outcomes as well as assist in periodically making necessary curricular changes.

### BIOS:

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# Melasma (Chloasma) Resolved with Acupuncture and Chinese Herbal Medicine: A Case Report

By Liz Spetnagel, MS, DAOM, LAc

Liz Spetnagel, MS, DAOM, LAc has a degree in Asian Studies from Vassar College, graduated from Meiji College of Oriental Medicine in 2000 and obtained her DAOM from Oregon College of Oriental Medicine. She is a part time faculty member and clinic supervisor at Southwest Acupuncture College in Boulder, CO and has a private practice in Lakewood, CO. She may be contacted at [drlizspetnagel@gmail.com](mailto:drlizspetnagel@gmail.com)

## Abstract

**Background:** The standard treatment for melasma includes the use of therapeutic bleaching agents, avoidance of UVA rays and, in some cases, chemical peels or the use of laser therapy to remove epidermal and dermal pigmentation. Adverse side effect of these treatments may include, but are not limited to, hypo-pigmentation, hyper-pigmentation, burns, scarring and bacterial infections.

**Case Description:** In this case report, a 33-year-old woman was successfully treated within five weeks using acupuncture and Chinese herbal medicine (CHM), *Gui Zhi Fuling San* (Cinnamon Twig and Poria Powder), *Xue Fu Zhu Yu Tang* (Drive Out Stasis in the Mansion of Blood Powder) and *Xiao Chai Hu San* (Minor Bupleurum Decoction) for melasma.

**Results:** The patient was compliant with the daily ingestion of CHM and achieved complete resolution of the melasma area as well as a significant reduction in other signs and symptoms associated with the diagnosis of Blood Stasis. Conclusion: Acupuncture and Oriental medicine (AOM) may offer another option to women with melasma other than the current standard of care.

**Key Words:** melasma, chloasma, acupuncture

## Introduction

Melasma, also known as chloasma, is a dermatological disorder involving hyper-pigmentation of the face. Melasma usually occurs as a direct effect of estrogens. It is also commonly referred to as the "mask of pregnancy." Melasma is observed in 30-50 percent of women using oral contraceptives.<sup>1</sup> Melanocyte-stimulating hormones may be effected by levels of estrogen and progesterone and raise the level of skin pigment<sup>2,3</sup>

Exposure to UVA rays are a key factor in promoting many disorders of hyper-pigmentation. Part of treatment involves avoiding UVA exposure and using a broad spectrum sunscreen daily. Preliminary treatment utilizes the therapeutic bleaching agent, hydroquinone. Treating with hydroquinone requires a minimum of 12 weeks

of treatment and can result in hypo-pigmentation, hyper-pigmentation, secondary ochronosis, and pigmented milia. Prolonged use may also result in contact dermatitis.<sup>1,2</sup>

Melasma can be either superficial, which enhances with Wood's light,<sup>4</sup> or have a predominantly dermal deposition of pigment. The superficial presentation of melasma responds well to bleaching therapy but may take months of treatment along with the avoidance of sunlight.<sup>1</sup>

Melasma may disappear spontaneously several months after delivery when associated with pregnancy or resolve spontaneously after the cessation of oral contraceptive use.<sup>5</sup> Melasma is considered to be very difficult to treat.<sup>6</sup>

In acupuncture and Oriental medicine (AOM), melasma is referred to as facial discoloration (*li hei ban*). According to AOM theory, the possible disease causes and mechanisms of melasma are:

- Liver Depression *qi* Stagnation
- Spleen Losing Transportation and Transformation Kidney *yin* Deficiency
- Liver and Kidney Deficiency
- *Qi* Stagnation and Blood Stasis
- Spleen-Kidney *yang* Deficiency
- Spleen and Stomach Deficiency
- Invasion of Outside Wind Pathogens

In addition to treating melasma from an internal medicine perspective, there are many external herbal protocols that may also be employed.<sup>7,8,9</sup>

## Case Description

In this case, a 33-year-old woman presented with a chief complaint of a moderately sized (3 cm x 4 cm) patch of hyper-pigmented skin on her lower left cheek (Fig. 1). The patient reported the patch had appeared four days earlier. She consulted with a dermatologist the following day and received a diagnosis of melasma. She was told to expect the hyperpigmentation to increase in size and that it was likely appear on the right side of her face as well.



The patient is 5'0, with a thin body type and fit. She reported exercising 3-5 times

per week and generally experienced good to high energy. The patient is of mixed Latina and Caucasian ethnic background and has a light olive complexion.

The patient reported an irregular menstrual cycle ranging from 28-46 days. She said her menstruation can last from four to seven days with darkly colored menstrual discharge—many clots ranging in size from 3.5 cm to 4.5 cm, cramping of a stabbing nature near the ovaries, and a sore low back. The patient described these sensations as “debilitating.” She experienced four days of premenstrual discomfort, including breast tenderness, loose stool, and a tendency to feel moody or sad.

The patient also reported a history of temporal migraine headache occurring 2-4 times per week. She had two ovarian cyst ruptures, one in November 2012 and one in March 2013. Before her clinic visit, the patient noticed vaginal discharge outside of ovulation that was cloudy but with no odor or itching. She reported no recent history of oral contraception (OC) use and was not pregnant.

Upon examination she reported feeling “extremely fatigued” and had episodes of cold hands and feet. Her tongue was purple with orange sides and enlarged sublingual veins. The pulse presented thin and choppy in all positions and difficult to palpate on the right side.

## Diagnosis

The primary AOM diagnosis is Blood Stasis supported by the dark patch of skin, a stabbing feeling due to the dysmenorrhea, and menstruation with clots. The patient also presents with signs of Liver Depression *qi* Stagnation demonstrated by the breast tenderness and mood fluctuations during the premenstrual period, recurring temporal migraine headaches, and recurrences of cold hands and feet. The fatigue, premenstrual loose stool, vaginal discharge, and ovarian cysts are attributed to Spleen *xu* with phlegm formation.

## Treatment

The treatment principal was to transform stasis and move the Blood, course the Liver, and harmonize the Liver and Spleen. The patient was treated with acupuncture three times within a five week period. She was given herbal preparations to take internally as well as one supplement. The patient indicated that she was compliant with the herbal therapy.

On the third visit, the patient reported, and it was observed, that the area of hyper-pigmentation was completely resolved. (Fig.2)



The patient reported no adverse side effects with the treatment. Eight months after the patient's third and final acupuncture treatment and no continuation of herbal therapy, she reported via phone call that her skin remains clear from hyper-pigmentation and her menses are “50 percent improved” in terms of premenstrual symptoms and dysmenorrhea.

The patient was given *Xiao Chai Hu Wan* (Minor Bupleurum Pill), (4 pills TID for six weeks), *Gui Zhi Fuling San* (Cinnamon Twig and Poria Powder) (1 teaspoon in 1 cup hot water, TID) for the first two weeks and *Xue Fu Zhu Yu Tang* (Drive Out Stasis in the Mansion of Blood Powder) (1 teaspoon in 1 cup hot water, TID) for the final four weeks.

*Xiao Chai Hu Wan* (Minor Bupleurum Pill), Herbal Times®

*chai hu* (Bupleuri Radix)

*huang qin* (Scutellariae Radix)

*zhi ban xia* (Pinelliae Rhizoma Preparatum)

*ren shen* (Ginseng Radix)

*zhi gan gao* (Radix Glycyrrhizae Uralensis)

*sheng jiang* (Zingiberis Rhizoma Recens)

*da zao* (Jujubae Fructus)

*Xiao Chai Hu Wan* was used to course the Liver as well as harmonize the Liver and Spleen to address the patient's complaints of premenstrual breast tenderness, loose stool, moodiness and temporal headaches.

*Gui Zhi Fuling San* (Cinnamon Twig and Poria Powder), Treasure of the East®

*gui zhi* (Cinnamomi Ramulus)

*fu ling* (Poria)

*bai shao* (Paeoniae Radix alba)

*mu dan pi* (Moutan Cortex)

*tao ren* (Persicae Semen)

*feng mi* (Apis mellifera)

*Gui Zhi Fuling San* was used to quicken the Blood and transform stasis in order to alleviate dysmenorrhea with menstrual clots in addition to addressing the manifestation of Blood Stasis evidenced by the melasma.

*Xue Fu Zhu Yu Tang* (Drive Out Stasis in the Mansion of Blood Powder), Treasure of the East®

*tao ren* (Persicae Semen)

*hong hua* (Carthami Flos)

*chuan xiong* (Chuanxiong Rhizoma)

*sheng di huang* (Rhemanniae Radix)

*dang gui* (Angelicae sinensis Radix)

*chi shao* (Paeoniae Radix rubra)

*chai hu* (Bupleuri Radix)

*zhi ke* (Aurantii Fructus)

*gan cao* (Glycyrrhizae Radix)

*nui xi* (Achyranthis bidenatae Radix)

*jie geng* (Platycodi Radix)

*Xue Fu Zhu Yu Tang* is also used to quicken the Blood and transform stasis to alleviate dysmenorrhea with menstrual clots. Additionally, it is indicated for more systemic Blood Stasis as well having the property of addressing constrained Liver *qi*.

The patient was given acupuncture treatments three times in five weeks. For each treatment, ten points were chosen from Table 1. The points were needled with an even technique until the *deqi* sensation was noted by the patient. *Deqi*, or the arrival of *qi*, is generally described as a "sore, aching, numb, heavy and distended or swollen" sensation.<sup>10</sup> All needles were retained for 40 minutes and then removed.

Table 1:

Point	Function	Needle Size	Depth
Zhongji CV-3	regulate the uterus	0.20X30 mm	15.0 mm
Zhongwan CV-12	regulate Stomach Qi	0.20X30 mm	15.0 mm
Zigong M-CA-18	irregular menstruation	0.20X30 mm	15.0 mm
Linggu 22.05	migraine, irregular menstruation, dysmenorrhea	0.20X40 mm	30-35 mm
Dabai 22.04	with Ling Gu (22.05) to regulate Qi and Blood	0.20X40 mm	30-35 mm
Huanchao 11.06	irregular menstruation	0.20X15 mm	3.0 mm
Fuke 11.24	irregular menstruation, dysmenorrhea	0.20X15 mm	3.0 mm
Zhenjing 1010.08	calm the mind	0.20X30 mm	15.0 mm
Zhenghui 1010.01	calm the mind	0.20X30 mm	3.0 mm
Fengchi GB-20	headache	0.20X30 mm	20.0 mm
Huozhu 66.04	gynecological disorders, harmonize Liver and Spleen	0.20X40 mm	30-35 mm
Huoying 66.03	dysmenorrhea, regulate Spleen and soothe Liver	0.20X40 mm	30-35 mm
Menjin 66.05	dysmenorrhea, regulate Spleen and soothe Liver	0.20X40 mm	30-35 mm
Sanyinjiao SP-6	irregular menstruation, dysmenorrhea, headache	0.20X40 mm	30-35 mm
Xuehai SP-10	irregular menstruation, dysmenorrhea	0.20X40 mm	30-35 mm

**Needle Types Used:**

0.20X15 mm, J-Type, Seirin, Japan

0.20X30 mm, Spring Ten DBC, Korea

0.20X40 mm, Spring Ten DBC, Korea

## Additional Therapy

### Pure Encapsulations

Astaxanthin, 1 capsule twice a day with meals. Each capsule contains 4 mg astaxanthin and 10 IU vitamin E (d-alpha tocopherol). Preliminary studies indicate astaxanthin may boost the skin's natural antioxidant defenses against free radical damage induced by sun exposure.<sup>11</sup>

## Discussion

This case is unique in that the patient was neither pregnant nor using OC and immediately sought out AOM treatment. Due to a clear presentation of Blood Stasis, the treatment protocol was uncomplicated and the patient also experienced the resolution of her dysmenorrhea, premenstrual symptoms and recurring migraine headaches. No adverse side effects of treatment were noted. The inclusion of astaxanthin supplementation eliminates the possibility of the AOM protocol being solely responsible for the resolution of the melasma although no studies were found incorporating astaxanthin in the treatment of melasma.

## Conclusion

Acupuncture and Chinese herbal medicine may offer an additional treatment option for women with Blood Stasis-related melasma. Further research is needed to establish if this effect can be observed in patients with long-standing cases of melasma and in those cases associated with use of oral contraception and pregnancy.

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By Jennifer A. M. Stone, LAc,  
Editor in Chief

A 1991 graduate of The Midwest College of Oriental Medicine in Chicago, Illinois, Jennifer A.M. Stone is an adjunct clinic and research faculty member in the Indiana University School of Medicine, Department of Radiation Oncology. She has participated in NIH-funded research on animal and human subjects. Currently, Jennifer is the co-principal investigator on a cancer study, which is examining the impact of acupuncture on chemotherapy-induced peripheral neuropathy. She maintains a clinic, East West Acupuncture, Inc., in Bloomington, Indiana.

## A Study on Scientific Writing: The Pilot Study

A concern in all research universities is the lack of attention and information about pilot studies in its textbooks. This brief discussion about the definition of a pilot study may serve as a resource for investigators and authors who are designing pilot studies and reporting data from pilot studies.

Specifically, as a result of the new DAOM programs that have become part of acupuncture and Oriental medicine (AOM) academic institutions, many new AOM researchers and investigators are writing and publishing in the field. AOM school clinics have become a place for these new investigators to get their feet wet and do clinical research by designing and conducting small pilot studies.

We therefore need to ask: **What is the purpose of a pilot study?** In their manuscript *The Role and Interpretation of Pilot Studies in Clinical Research*, Leon et al. state that "Prior to initiating a full scale RCT an investigator may choose to conduct a pilot study in order to evaluate the feasibility of recruitment, randomization, retention, assessment procedures, new methods, and/or implementation of the novel intervention."

The pilot study is a very important part of the research process. It is done as a first step towards conducting a larger study. If the pilot study flows well, and the research team works well together, then both the researchers and the grantors know that the study team can successfully conduct the study again on a much larger scale.

## Reasons for Conducting Pilot Studies

(From Thabane et. al, A Tutorial on Pilot Studies (Table 2)):

**Assess the feasibility of the processes that are key to the success of the main study:**

- Recruitment rates
- Retention rates
- Refusal rates
- Failure/success rates
- (Non-) compliance or adherence rates
- Eligibility criteria: Is it obvious who meets and who does not meet the eligibility requirements? Are the eligibility criteria sufficient or too restrictive?

**Understanding of study questionnaires or data collection tools:**

Do subjects provide no answer, multiple answers, qualified answers, or unanticipated answers to study questions?

**Resources:**

- Assessing time and resource problems that can occur during the main study
- Length of time to fill out all the study forms

**Determining capacity:**

- Will the study participants overload your phone lines or overflow your waiting room?
- Determining process time: How much time does it take to mail out and receive response from a thousand surveys?
- Is the equipment readily available when and where it is needed?
- What happens when it breaks down or gets stolen?
- Can the software used for capturing data read and understand the data?
- Determining center willingness and capacity: Do the centers do what they committed to doing? Do investigators have the time to perform the tasks they committed to doing? Are there any capacity issues at each participating center?

“The pilot study is a very important part of the research process. It is done as a first step towards conducting a larger study. If the pilot study flows well, and the research team works well together, then both the researchers and the grantors know that the study team can successfully conduct the study again on a much larger scale.”

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## Management:

(This covers potential human and data management problems.)

- What are the challenges that participating centers have with managing the study?
- What challenges do study personnel have?
- Is there enough room on the data collection form for all of the data you receive?
- Are there any problems entering data into the computer?
- Can data coming from different sources be matched?
- Were any important data values forgotten about?
- Do data show too much or too little variability?

## Scientific:

This deals with the assessment of treatment safety, dose, response, effect and variance of the effect

- Is it safe to use the study drug/intervention?
- What is the safe dose level?
- Do patients respond to the drug?
- What is the estimate of the treatment effect?
- What is the estimate of the variance of the treatment effect?

A pilot study should have at least two aims.

**Aim 1:** Is there clinical benefit to using [ ] for the treatment of [ ]?

**Aim 2:** To determine the feasibility of recruiting [ ] patients for this trial.

## Primary Questions (Aims) that can be Answered in a Pilot Study

(These would be stated in the letter of intent, protocol and when the data is reported in a manuscript.)

- Can the target subjects be recruited for this study?
- Treatment fidelity: Will the subject comply with the study protocol? Will they come to all their acupuncture treatments? Will they take their herbs? Will they complete all the questionnaires? Will the treatment be administered properly?

## Personal Questions for the Research Team and Grantors:

(These concerns would not go into the letter of intent or protocol but may be discussed as useful information when reporting data in both manuscripts and oral presentations.)

- Can I assemble a team that can work well together?
- Accounting: If seed money is used, will the grant accounting/purchasing process work?

“Always discuss limitations learned from or about the pilot study. The limitations are due to the small sample size. There is not enough data to claim effectiveness or safety of the intervention.”

## What a Pilot Study Cannot Do

- A pilot study *is not* conducted for testing a hypothesis.
- A pilot study *cannot* assess the effectiveness of an intervention or new treatment! There are simply not enough subjects/patients and data for statisticians to calculate that the treatment was efficacious.
- The pilot study *cannot* determine safety of an intervention.

## Considerations in Pilot Study Design

When we design a research study, we must focus on aims and objectives. If our institution requires a letter of intent, then the aims and objectives need to be clearly stated.

**Aims:** What questions we wish to answer. Why are we doing the study?

**Objectives:** How we intend to gather data to answer the question. Questionnaires? Bloodwork?

- Statistics: Will the stat plan, database, data collection, data entry systems work?
- What can we learn from this study that we can modify/simplify/improve when we conduct the study on a larger scale?

## What Type of Study is a Pilot Study?

A pilot study may fit into the category of a Phase I or Phase II clinical trial. Data from the pilot study may be used to conduct a larger Phase II or Phase III study.

The NIH.gov website explains the different phases in research: <http://www.nlm.nih.gov/services/ctphases.html>

Clinical trials are conducted in a series of steps, called phases, and each phase is designed to answer a separate research question.

- **Phase I:** Researchers test a new drug or treatment for the first time in a small group of people to evaluate its safety, determine a safe dosage range, and identify side effects.

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## World Federation of Acupuncture-Moxibustion Societies 2014 Conference: A Report

By David Miller, MD, FAAP, LAC,  
Dipl OM (NCCAOM)

Board certified by the American Board of Pediatrics and by the National Certification Commission for Acupuncture and Oriental Medicine, David W. Miller is an instructor at Pacific College of Oriental Medicine in Chicago, Illinois, where he designed the pediatrics curriculum and supervises its pediatrics clinic. David is also vice chairman of the Council of State Associations and a board member and legislative director for the Illinois Association of Acupuncture and Oriental Medicine. He treats both adults and children in his private practice, East-West Integrated Medicine, also located in Chicago.

During the first weekend of November 2014, I had the honor of representing the Council of State Associations at the World Federation of Acupuncture-Moxibustion Societies' (WFAS) annual conference in Houston, Texas. The conference was attended by nearly 900 practitioners from all over the world, including many from mainland China, a contingent from Australia, a number of European countries, Canada, and others.

Keynote speakers included Andrew Weil, MD of the University of Arizona, Arizona Center for Integrative Medicine; Prof. Zhang Boli, President, Tianjin University of Traditional Chinese Medicine, and President, China Academy of Chinese Medical Sciences; Prof. Liu Baoyan, Executive Vice President, China Academy of Chinese Medical Sciences, and President, World Federation of Acupuncture-Moxibustion Societies; Dr. Lorenzo Cohen, Professor and Director, Integrative Medicine Program at The University of Texas MD Anderson Cancer Center; and Dr. Stephen Wong, Founding Chair for Department of Systems Medicine & Bioengineering, Houston Methodist.

"The ETCMA operates using a federated model with a central board elected by the federation. The elected board manages the policy that is developed by the coalition. Each association remains autonomous, as it represents a country rather than a state."

Pre-conference workshops were given by Prof. Yang Ling Ling, Dean, College of LOHAS, Fo Guang University, and Dr. Jake Fratkin, an internationally respected speaker on integrative medicine. Workshops were also offered by Kiiko Matsumoto and Andy Ellis on, respectively, "Post Traumatic Injury Care" and "The External Application of Chinese Herbs." Talks focused on the continued emergence of Chinese medicine in the world of integrative medicine as well as strategies to overcoming barriers to integration.

In addition to these esteemed speakers, the U.S. AOM community was represented by NCCAOM, ACAOM, and CCAOM as well as representatives from the herbal industry such as John Scott of Golden Flower Chinese Herbs, Christine Chiang of KPC herbs, and Marilyn Allen, author, editor of *Acupuncture Today*, and one of our U.S. AOM representatives to the World Health Organization.

On Thursday before the formal meeting began, I had the pleasure of taking part in a meeting John Scott arranged with representatives from the European TCM Association (ETCMA) <http://www.etcma.org>. They gave us insight regarding the European "TCM Kongress" held in Rothernburg, Germany. [http://www.tcm-kongress.de/en/index\\_pl.htm](http://www.tcm-kongress.de/en/index_pl.htm). Most interesting



“The structure of the WFAS conference was a combination of keynote speakers interspersed with workshops and abstract presentation breakout sessions. There were seven simultaneous tracks of abstract presentations offered bilingually, covering hundreds of topics. Each 20 minute presentation gave an overview of the researcher’s work. [http://www.meridiansjaom.com/files/WFAS\\_Houston\\_2014.pdf](http://www.meridiansjaom.com/files/WFAS_Houston_2014.pdf)”

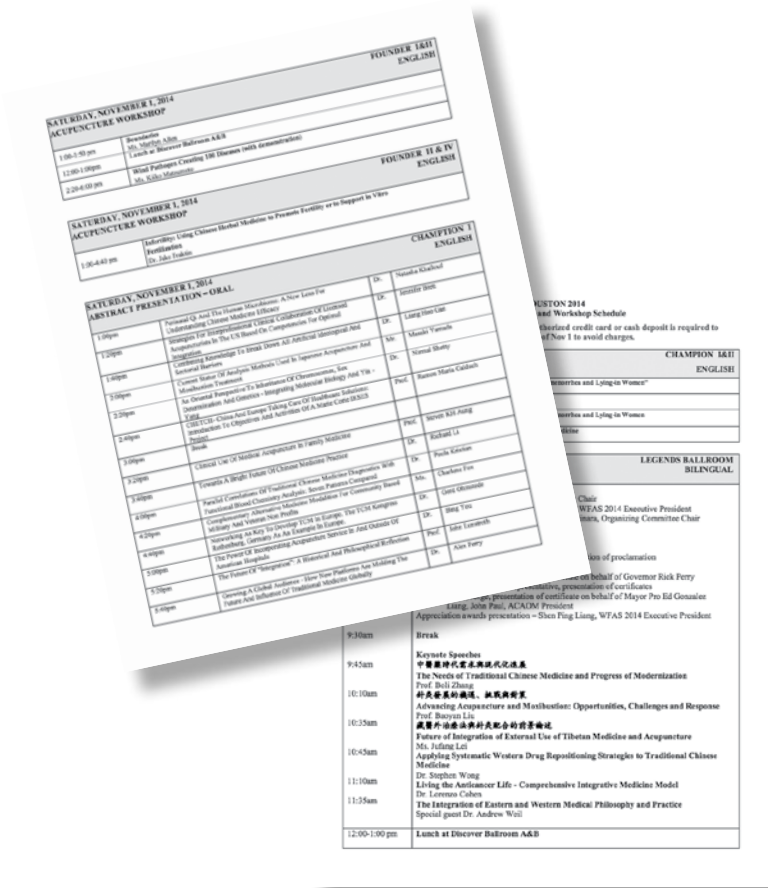
were the dramatic parallels between the challenges being faced by the European associations and the American associations. The ETCMA's structure is also nearly identical to that which is being proposed by the Council of State Associations for the restructuring of the U.S. professional system.

The ETCMA operates using a federated model with a central board elected by the federation. The elected board manages the policy that is developed by the coalition. Each association remains autonomous, as it represents a country rather than a state. The central board assists individual countries in legislative advancement, sharing resources and expertise, and then the central board itself lobbies at the level of the EU for general changes in policy Union-wide.

The structure of the WFAS conference was a combination of keynote speakers interspersed with workshops and abstract presentation breakout sessions. There were seven simultaneous tracks of abstract presentations offered bilingually, covering hundreds of topics. Each 20 minute presentation gave an overview of the researcher’s work. [http://www.meridiansjaom.com/files/WFAS\\_Houston\\_2014.pdf](http://www.meridiansjaom.com/files/WFAS_Houston_2014.pdf)

The conference provided a forum for international networking as well as getting a glimpse into how TCM is regarded internationally. There appears to be significant trends, particularly in research being done in Asia, to look at very specific biological markers in relation to treatments. The relationship between moxibustion and leptin in rats, the effects of Scutellaria on beta-lactam producing Klebsiella species, and mechanisms of laser therapy on cyclophosphamide-induced leukopenia in rats are a few such examples. A number of case series were also reported as were some specific treatment protocols found effective by respected professors.

The WFAS conference is a major world conference for international exchange of ideas and outlooks regarding TCM. This event, as well as the Rothenberg Kongress, offers American practitioners



an opportunity to meet and exchange ideas with the international community. The next WFAS conference will be held in Toronto, Canada in September 2015 <http://wfastoronto2015.com/>, while the Rothenberg Kongress will be held in Germany, May 12-16, 2015 [http://www.tcm-kongress.de/en/index\\_pl.htm](http://www.tcm-kongress.de/en/index_pl.htm). Both of these may be of interest to practitioners with an eye towards the international community.

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## CLINICAL PEARLS



The topic selected for this issue is:

How do you treat blocked menses (secondary amenorrhea) in your clinical practice?

The term “blocked menses” is used in traditional Chinese medicine to describe a type of amenorrhea that occurs sometime after a woman who has gone through menarche has begun to miss consecutive periods. One TCM definition states that three missed menstrual cycles is considered blocked menses.<sup>1</sup> The most closely matching western medical condition for blocked menses is secondary amenorrhea. The NIH defines secondary amenorrhea to be “a cessation of menstrual flow for a period of 6 months or more in the absence of pregnancy, breastfeeding, or menopause.”<sup>2</sup> Needless to say, blocked menses (secondary amenorrhea) is a pathological condition.

Analysis of blocked menses from a TCM standpoint shows that the disorder is based upon blood flow. The main categories stem from a blood deficiency or blood stagnation. In other words, there is either too little blood to fill the uterus or there is something blocking the discharge of blood from the uterus. There are subcategories to a proper traditional Chinese medical diagnosis of blocked menses that may contain some combination of blood deficiency and blood stagnation, but further explanation is beyond the scope of this journal and will not be expounded upon here.

Secondary amenorrhea can be caused by any or a combination of factors that include, but are not limited to: obesity, sudden weight loss, too much exercise, low body fat %, emotional distress, medications, PCOS, and pituitary tumors.

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Readers are encouraged to interact with us at MJAOM. If you have a question, an idea for a Clinical Pearls topic, or a suggestion on how we can improve this section, please contact MJAOM Clinical Pearls Editor Dylan Jawahir, LMT, LAc. [djawahir@meridiansjaom.com](mailto:djawahir@meridiansjaom.com).



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## How Do You Treat Blocked Menses (Secondary Amenorrhea) in Your Clinical Practice?

By Lee Hullender Rubin, DAOM, LAc, FABORM

Lee Hullender Rubin, DAOM, LAc, FABORM is an acupuncturist, herbalist, academic and clinical researcher in Portland, Oregon. In her private practice, she specializes in reproductive medicine, chronic pelvic pain, and vulvovaginal pain. An active researcher, Dr. Hullender Rubin has published several papers looking at acupuncture and East Asian medicine as an adjuvant in vitro fertilization treatment. She is currently funded by the National Vulvodynia Association to study acupuncture and lidocaine as a treatment for provoked vestibulodynia. She has been in practice for 13 years. [info@pdxacustudio.com](mailto:info@pdxacustudio.com)

A key first step in biomedical assessment is ensuring the patient is not pregnant, as it is the most common cause of secondary amenorrhea. Once the biomedical cause(s) is/are assessed, western treatment can include lifestyle recommendations to manage stress and optimize exercise routines, dietary recommendations to optimize BMI, pharmacology for hormonal imbalances, surgery for uterine abnormalities, or no treatment in the case of pregnancy.

In Chinese medicine, a regulated menstrual flow is generally managed by three primary mechanisms: 1) an abundance of vital substances *Jing*, *Qi*, *Blood*, and *Jin Ye*; 2) regulation of the extraordinary vessels *Chong* and *Ren*; and 3) the *Zang Fu* are in right relationship, thereby ensuring open communication between the Heart and Uterus via *bao mai* and Kidney and Uterus via the *bao luo*.<sup>1,2</sup>

Blocked menses can be caused by poor diet, overwork, excessive fatigue, emotional taxation, excessive blood or fluid loss, pathogenic or congenital insufficiency.<sup>1,2</sup> These can lead to patterns of overall vacuity or repletion or mixed vacuity and repletion, which impede the menstrual flow. According to the *Nei Jing*, a blockage in the *bao mai* can hinder menses.<sup>3</sup>

“Blocked menses can be caused by poor diet, overwork, excessive fatigue, emotional taxation, excessive blood or fluid loss, pathogenic or congenital insufficiency.<sup>1,2</sup>”

After making an appropriate diagnosis and herbal formula selection, a key modification to encourage the menses is to open the collateral vessels as part of your herbal formula. I learned this from my mentor, Cindy Micleu, MTCM, LAc of the Jade Institute, and have found this to be a very effective formula modification to ensure the menses resume.

In vacuity cases, such as Blood Vacuity, or Kidney Vacuity, add herbs to a formula that open and warm the collaterals with herbs such as *Spatholobi Caulis Ji Xue Teng*, *Sappan Lignum Su Mu*, or *Lindera Radix Wu Yao*. In cases with Blood Stasis and *qi* stagnation, add *Liquidambaris Fructus Lu Lu Tong* with *Cyathulae Radix Chuan Niu Xi* and *Cyperus Rhizoma Xiang Fu*. In cases where there is clumping due to heat, combining *Vaccariae Semen Wang Bu Liu Xing* with *Angelicae Sinensis Radix Dang Gui* and *Cyperus Rhizoma Xiang Fu* can promote menses. For damp-phlegm accumulation, modify formulas with *Luffae Fructus Retinervis Si Gua Lou* or *Gleditsiae Spina Zao Jia Ci* with *Citrus reticulatae vascular Ju Luo*.<sup>4</sup>

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# How Do You Treat Blocked Menses (Secondary Amenorrhea) in Your Clinical Practice?

By Henry McCann, DAOM, LAc, Dipl OM (NCCAOM)

Henry McCann, DAOM, LAc finished his doctoral degree with specialties in women's health and geriatric medicine. He is a core faculty member of the Oregon College of Oriental Medicine doctoral degree program, and he teaches Chinese medical classics at the Pacific College of Oriental Medicine. Dr. McCann regularly lectures on advanced topics in Chinese medicine in Europe and Asia and is the author of clinical manuals on Tung lineage acupuncture and bloodletting therapy. He has been in private practice for 15 years.

Secondary amenorrhea, a modern disease corresponding to Chinese medicine's menstrual block (*Jing Bi*) is a common condition seen in my clinic. The typical patients I see with this condition include women who have recently discontinued oral contraceptives, women with polycystic ovarian syndrome, or patients under considerable stress.

While causes and pattern diagnoses vary from patient to patient, in my experience many women with this disease manifest with a *Tai Yin* internal vacuity cold pattern usually combining blood vacuity with either damp accumulation or Blood Stasis or a mix of the two. Therefore, my most commonly used guiding formula for patients with secondary amenorrhea is *Dang Gui Shao Yao San* (Angelica and Peony Powder). This formula adroitly combines medicinals that nourish and/or quicken the Blood such as *Dang Gui* (Rx. Angelica sinensis), *Bai Shao* (Rx. Paeoniae), and *Chuan Xiong* (Rx. Chuanxiong) with herbs that fortify the center and percolate Dampness. Unlike many blood nourishing formulas, it avoids the use of heavy and cloying medicinals such as *Di Huang* (Rx. Rehmanniae), which in my experience usually worsens patterns of Dampness or Blood Stasis.

*Dang Gui Shao Yao San* has been used extensively since the Han Dynasty (206 BCE–220 ACE) to regulate menstruation, and modern research confirms this therapeutic function with, for example, women suffering dysmenorrhea.<sup>1</sup> Interestingly, other research suggests that *Dang Gui Shao Yao San* may have an antidepressant effect.<sup>2</sup> Considering anxiety or emotional stressors are known causes of secondary amenorrhea, this makes the use of *Dang Gui Shao Yao San* more compelling. When Blood Stasis signs and symptoms are more obvious, I typically combine this guiding formula with *Gui Zhi Fu Ling Wan* (Cinnamon Twig and Poria Pill), which I prefer over more aggressive or harsh Blood quickening medicinals or formulas.

"When Blood Stasis signs and symptoms are more obvious, I typically combine this guiding formula with *Gui Zhi Fu Ling Wan* (Cinnamon Twig and Poria Pill), which I prefer over more aggressive or harsh Blood quickening medicinals or formulas."

For this condition my preferred adjunct therapy to Chinese medicinals is the use of direct moxibustion. In my clinic this is a frequently used intervention, and I apply it mostly in the form of rice grain sized pieces of very high-grade Japanese loose moxa burned directly on the skin over some thin barrier of Shiunko cream (i.e., *Zi Yun Gao*, Purple Cloud Ointment). In my experience

this is the most effective moxibustion technique for supplementation. The most commonly used points are either Qi Hai (Ren-6) or Guan Yuan (Ren-4), chosen by palpation, followed by San Yin Jiao (SP-6).

Recently I treated a 38-year-old woman using this basic combination of *Dang Gui Shao Yao San* with *Gui Zhi Fu Ling Wan*. In addition, she was given moxibustion as described above about every other day, although no acupuncture was performed. After only two weeks of treatment, her menstrual cycle resumed.

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## How Do You Treat Blocked Menses (Secondary Amenorrhea) in Your Clinical Practice?

By Atara Noiade, DOM, EAMP

Atara Noiade, EAMP, DOM holds an MSci in Biosciences and Regulatory Affairs from Johns Hopkins University. She is an NCCAOM Diplomate in OM and Herbal Medicine and has served on the BOD Executive Committee of the American Association of Acupuncture and Oriental Medicine and as chair of the AAAOM Herbal Medicine Committee. She practices Chinese medicine on Bainbridge Island in Washington State.

Five to seven percent of women in the United States may have secondary amenorrhea lasting for three months. Six months of secondary amenorrhea is highly unusual. In Chinese medicine, lack of menstrual cycle is also referred to as *Bi Jing* ("closed menstruation"), and the root of the imbalance may often be due to overwork, anxiety, weak kidney *jing*, diet, infectious illness, severe TB, diabetes, sudden fright, great grief, and false pregnancy.

In treating secondary amenorrhea, I first and foremost rule out pregnancy. There may be many different diagnoses. In this particular case, there is *qi* stagnation and Damp Heat. The following treatment can be applied:

- 1) LI-4, SP-6, ST-44, SP-10 (Sea of Blood point): Move and regulate *qi*, clear Heat, move Blood
- 2) Use needle on BL-23 and then use indirect moxa. For chronic conditions, apply 5 direct moxa (red bean size). This nourishes and tonifies Kidneys, a strong point for irregular menses.
- 3) ST-25, CV-7, CV-6, CV-4, CV-3: Move and regulate *qi* and Blood, clear Damp Heat, nourish Blood
- 4) ST-28 and -29: Regulate menses and relieve Blood Stagnation
- 5) Apply indirect moxa to all the needles in steps 3 and 4 to accelerate *qi* and *xue* movement. Apply 5 direct moxa to CV-4

This acupuncture protocol may work for most cases regardless of Chinese medicine differential diagnosis. It promotes *qi* and *xue* movement, but is especially effective with *qi* stagnation and Damp Heat.

"In treating secondary amenorrhea, I first and foremost rule out pregnancy. There may be many different diagnoses. In this particular case, there is *qi* stagnation and Damp Heat."

For herbal treatment of secondary amenorrhea due to *qi* stagnation and damp heat, I prefer Dan Shen Hua Yu Pian, which contains Dan Shen, Huang Qi, Hong Teng, Xiang Fu, Bai Jiang Cao, Dang Gui, Mo Yao, San Leng, E Zhu, Xia Ku Cao, Zao Jiao Ci, Chuan Xiong, Rou Gui, Chai Hu, and Sheng Ma. This formula moves and regulates *qi*, clears heat and dampness, and supports the Spleen and Kidney. Golden Flower

Chinese Herbs offers this formula ("Stasis Transforming Formula") in pill form. Many women with secondary amenorrhea have an imbalance due to overwork, so it is best to prescribe a pill they can take on the go as they may not have the time to cook raw herbs.

It is beneficial to have the patient work on deep breathing and visualization techniques. When the patient is ready for bed at night, she can place her palm on her lower *dan tian* and imagine that strong energy and blood is flowing in this area.

More than 10 acupuncture treatments may be necessary to treat secondary amenorrhea.

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# How Do You Treat Blocked Menses (Secondary Amenorrhea) in Your Clinical Practice?

By Sarah J. Prater, LAc, Dipl OM (NCCAOM)

Sarah J. Prater, LAc, Dipl OM (NCCAOM) has been in private practice as an acupuncturist for six years. Currently, Sarah maintains a practice in Indianapolis, Indiana, specializing in fertility and women's health. She serves at the president of the Indiana Acupuncture and Oriental Medicine Association (IAAOM). She may be reached at [SJPrater14@gmail.com](mailto:SJPrater14@gmail.com)

In Chinese medicine, secondary amenorrhea can be broadly categorized into either deficiency or excess patterns. This major differentiation is important to the outcome of the treatment. For most patients, however, some degree of both deficiency and excess is present.

Treatment of secondary amenorrhea with acupuncture has been shown to be successful in many case studies, but larger randomized trials have not been performed.<sup>1</sup> There is, however, considerable evidence of the success in using acupuncture to treat polycystic ovary syndrome, a major cause of secondary amenorrhea.<sup>2</sup> In my practice, treating secondary amenorrhea is often an initial goal with patients who are trying to conceive and can be successfully used in conjunction with medications, hormone therapy, or other treatments.

Any treatment plan must also address lifestyle issues that may be causative or complicating factors. These include stress reduction, reaching and maintaining an ideal body mass index, and choosing an appropriate diet. All patients are encouraged to see their OB/GYN for an examination as certain structural issues would not respond to acupuncture treatment alone. Additionally, pregnancy must be ruled out.

The points I use as a base treatment are Shenshu BL-23, Dachang BL-25, Mingmen DU-4, Baihui DU-20, Sanyinjiao SP-6, Taixi KD-3, Ligou LR-5.

"Any treatment plan must also address lifestyle issues that may be causative or complicating factors. These include stress reduction, reaching and maintaining an ideal body mass index, and choosing an appropriate diet."

Continuous wave electroacupuncture at around 20 hz is administered between Shenshu BL-23 and Dachang BL-25. The intensity is set at a level that is high enough to be felt by the patient but low enough to allow them to relax.

Points are needled bilaterally without requirement of *deqi* sensation with 30mm Seirin needles of 36 gauge (0.20mm) for the electroacupuncture points and 40 gauge (0.18mm) for the other points. Needles are retained 30-40 minutes. Treatment is repeated weekly until cycle begins.

At that time, the treatment plan is reevaluated depending on the goals of the patient.

Typically, additional points would be added depending on the diagnosis of the patient. These points often include: Lieque LU-7, Zhaohai KD-6, Qihai Ren-6, Zhongji Ren-3, Hegu LI-4, Neiguan PC-6, Gongsun SP-4, Taichong LV-3, and others.

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## How Do You Treat Blocked Menses (Secondary Amenorrhea) in Your Clinical Practice?

By Jason Lee Roberg, LAc

Jason Lee Roberg, LAc is an acupuncturist and herbalist practicing at Old Town Acupuncture and Wellness in San Diego, California. His primary interest lies in the clinical applications of the Han Dynasty Classics, especially in treating chronic, recalcitrant diseases as well as prevention of both acute and chronic illness. He has been in practice for five years. Please read more on his practice website [www.jasonleelac.com](http://www.jasonleelac.com) or contact him via email at [jasonleelac@gmail.com](mailto:jasonleelac@gmail.com)

Secondary amenorrhea is a condition that I treat quite frequently. It is most commonly seen following the cessation of oral contraceptives or after a miscarriage. While there are a number of possible patterns associated with secondary amenorrhea, the formula that gives me the best results for most amenorrhea cases is undoubtedly the Han Dynasty formula *Wen Jing Tang* (Warm the Menses Decoction).

*Wen Jing Tang* was originally listed in chapter 22 of the *Jin Gui Yao Lue* (Prescriptions From the Golden Cabinet) and used to treat a variety of “below the belt disorders.” “*Wen Jing Tang* treats female cold in the lower abdomen, enduring infertility with metrorrhagia and blood loss, menorrhagia, and amenorrhea.”<sup>1</sup>

What makes *Wen Jing Tang* so unique is the formula’s ability to treat the complex overall pattern that often occurs with the hormonal changes that lead to secondary amenorrhea. The warming herbs work to warm the Liver Blood and uterus. The formula invigorates the blood, while simultaneously nourishing blood and *yin*. It also treats the middle *jiao*, and contains *ban xia* to treat phlegm and dampness and help regulate *qi* transformation.

While *Wen Jing Tang* is undoubtedly a warming formula at its core, it is important that one should not rule out the formula when heat or dryness signs are present. Remember that in the primary presentation for *Wen Jing Tang*, “vexing heat in palms, dry mouth and lips”<sup>2</sup> are present due to the blood stagnation, separation of cold and heat, and insufficiency of blood commonly seen in *jue yin* conditions.

In addition to not ruling out *Wen Jing Tang* when heat signs are present, it is also extremely important to distinguish between *jue yin* heat signs from *yang ming* or *shao yang* heat signs and symptoms. Since *Wen Jing Tang* warms the blood, much harm could be caused by

“...it is also extremely important to distinguish between *jue yin* heat signs from *yang ming* or *shao yang* heat signs and symptoms. Since *Wen Jing Tang* warms the blood, much harm could be caused by prescribing *Wen Jing Tang* if the amenorrhea is caused by deficient blood paired with *shao yang* heat...”

prescribing *Wen Jing Tang* if the amenorrhea is caused by deficient blood paired with *shao yang* heat—also called “heat entering the blood chamber.” This presentation would be better treated with the *shao yang* formula *Xiao Chai Hu Tang* (Minor Bupleurum Decoction).

Therefore, even if I suspect that a *Wen Jing Tang* pattern may be the root cause of amenorrhea, I always treat what I am seeing first in the

pulse, tongue, abdomen, and other most obvious presenting signs and symptoms. Even when more superficial heat signs are present initially, *Wen Jing Tang*, often combined with acupuncture targeting the *Chong* Channel, is frequently the final prescription that returns the patient to a normal healthy menstrual cycle.

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continued from page 27

- **Phase II:** The drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.
- **Phase III:** The drug or treatment is given to large groups of people to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.
- **Phase IV:** Studies are done after the drug or treatment has been marketed to gather information on the drug's effect in various populations as well as any side effects associated with long-term use.

### Reporting Data from a Pilot Study

When reporting the data from a pilot study, it is important to view and discuss the trial as a feasibility study. It's important to report positive findings, but we must in no way claim that the findings are evidence for the use of the new treatment. If the results are positive, it is important to report that the treatment shows promise, and further studies should be done to confirm effectiveness.

When reporting the data from an acupuncture or herb study, it is customary to state that no adverse events have occurred (if no

events occurred), but authors should be careful not to claim that the treatment or intervention is safe because there is not enough data to support claims of safety in the specific target population using the intervention in the pilot study. It is sufficient to report simply that "no adverse events were reported."

Always discuss limitations learned from or about the pilot study. The limitations are due to the small sample size. There is not enough data to claim effectiveness or safety of the intervention. We may report that the intervention showed promise, and it might be considered as a treatment option, and no adverse events were reported. But we *cannot* report that the intervention was successful, effective, or safe.

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# Intersections of Public Health and Acupuncture: Report on the 2014 Annual Meeting of the American Public Health Association

By Elizabeth Sommers, PhD, MPH, LAc

Elizabeth Sommers, PhD, MPH, LAc has degrees from Boston University School of Public Health and New England School of Acupuncture. She has worked and published in the areas of acupuncture detoxification, health economics, and treatment of HIV/AIDS. Her book "Acupuncture as an Adjuvant in the Treatment of HIV/AIDS" was published by Lambert Academic Publishing in 2014. She currently chairs the American Public Health Association's Section on Integrative, Complementary and Traditional Health Practices. A public health advocate, Dr. Sommers is committed to ensuring that healthcare including wellness is a right not a privilege.

"Over 12,500 U.S. and international delegates attended, representing the full array of public health concerns, including epidemiology; food and nutrition; ethics; maternal and child health; and occupational health and safety."

The American Public Health Association (APHA) held its 142nd annual meeting in New Orleans, Louisiana, November 15-19, 2014. The theme of this year's gathering was "Healthography: How where you live affects your health and well-being." Over 12,500 U.S. and international delegates attended, representing the full array of public health concerns, including epidemiology; food and nutrition; ethics; maternal and child health; and occupational health and safety. APHA's 450-member section on Integrative, Complementary and Traditional Health Practices (ICTHP) boasts numerous acupuncture providers, researchers, and students. ICTHP members are involved in an array of disciplines, including massage, yoga, homeopathy, Ayurvedic medicine, and traditional Hawaiian healing as well as acupuncture, traditional Chinese or Asian medicine, acupressure, *tai qi*, *gigong*, and herbal medicine.

#### Current APHA campaigns of national interest include:

- "Healthiest Generation by 2030" This focuses on policies and practices to favorably impact health of the public.
- "Facts over Fear" These efforts address the importance of having scientific information influence health policy related to the Ebola epidemic to counter the strategies of some U.S. legislators who advocate incarcerating anyone suspected of having or being diagnosed with Ebola.
- APHA also supports President Obama's appointment of Vivek Murthy, MD as the next U.S. surgeon general. One factor influencing this decision is that Dr. Murthy has indicated that guns are a public health issue and therefore his nomination has been opposed by the National Rifle Association.

Programming related to acupuncture and traditional Asian medicine included over 20 presentations, round table discussions, and poster presentations. Topics covered use of auricular acupuncture for substance use treatment; management of chronic pain; obesity control; integrating acupuncture into a community health center; acupuncture utilization by African-American women who are survivors of breast cancer; improving the Chinese

medicine knowledge base for community health practitioners and discussions of the theoretical framework of acupuncture.

I interviewed four acupuncturists about their reasons and insights related to their involvement in public health efforts. **Helen Ye, MS, LAc** is the founding executive director of the Rising Phoenix Integrative Medical Center in San Francisco. This was the first time she

attended an APHA annual meeting. Ms. Ye sees the role of acupuncturists as ambassadors to both the public as well as their professional colleagues. She feels that “patients need a sense of navigation in order to pursue referrals to other healthcare specialists.” Her work allows her to collaborate in a health team environment that enriches her knowledge and practice.

**Sivarama Prasad Vinjamury, MD (Ayurveda), MAOM, MPH** is a professor at the College of Acupuncture and Oriental Medicine, Southern California University of Health Sciences, Whittier, California. Dr. Vinjamury told me that “from a TCM perspective, disease prevention and health promotion are more important than disease management. TCM advocates healthy diet and lifestyle for maintaining good health. *Qigong, tai chi* and a diet that is warm and light in property are suggested for health promotion, which is an important tenet in public health. Many of our healthcare colleagues also focus is on promoting healthy diet and lifestyle to promote wellness and prevent lifestyle disorders.” He also said that APHA has been “helpful in enhancing my knowledge of public health issues and also my understanding of the natural strength of TCM as part of an integrative medicine strategy.”



Visit the APHA website at [www.apha.org](http://www.apha.org) to read more about the annual meeting.

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**Paul Kadetz, DPhil, MPH, MSN, MSOM, MSc, LAc**, director of the baccalaureate program in public health at Xi’an Jiaotong-Liverpool University in Jiangsu, China, has a global focus on health care and acupuncture practice. Dr. Kadetz is an acupuncturist, a TCM herbalist, and a nurse practitioner. He states that thinking about “complex systems and holism is foundational to my theoretical perspectives in public health.” He explains “...in TCM a good practitioner will consider the entire picture of their patient’s health. Concepts central to public health, such as the social determinants of health, can be understood in the context of TCM frameworks.” Kadetz describes becoming involved in APHA as “a homecoming—meeting others who were passionate about public health and practices other than biomedicine.”

Another colleague involved in researching public health aspects of acupuncture is **Adam Burke, PhD, MPH, LAc**, professor and director of the Institute for Holistic Health Studies at San Francisco State University. Dr. Burke explained that “public health recognizes the importance of accessible health care for all people, both from a purely humanitarian perspective and also from the practical perspective of cost care containment and national productivity. Of particular importance is the central role given to health promotion and health education in the public health model.”

I asked him about intersections between public health and acupuncture practice. He responded with the following: “We just finished a five year National Cancer Institute-funded study on colon cancer preventive screening. I was principal investigator on the portion of the grant in which we used traditional providers in San Francisco’s Chinatown as the providers of this information to their professional and personal social networks. We have just published those findings in the CDC’s journal, *Preventing Chronic Disease*. The results were very encouraging regarding terms of provider interest, consumer acceptance, and changes in attitudes and screening behaviors. This is a clear example of the potential for interface between public health and the acupuncture and TCM professional community. This kind of training can be built into continuing education programs, creating providers who are more informed about public issues and strategies and embedded directly in the communities of interest, with high impact potential for

behavior change.” Dr. Burke is a dedicated member of APHA and has been involved in a variety of roles within the ICTHP group, including serving as co-chair.

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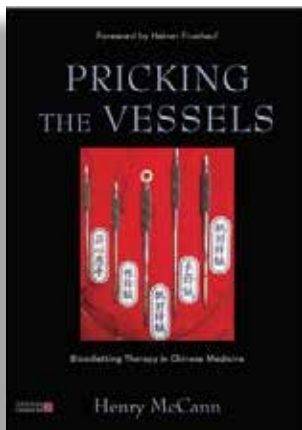
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## BOOK REVIEW



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“There is much to appreciate in McCann’s presentation of what he terms “bloodletting therapy in Chinese medicine.” Not least, in his introduction, he tackles the two most obvious elephants in the room.”

### *Pricking the Vessels*

By Henry McCann, DAOM, LAc, Dipl OM (NCCAOM)

Book Review by Laraine Crampton, DAOM, LAc

A prophetic foreword by Heiner Fruehauf sets this new book like a gem in the circle of traditional Chinese medicine history. While bemoaning the accelerating loss of living sages skilled in the full range of expression of “genuine Chinese medicine,” he speaks of his related concern that many “treatment methods that were once an integral part of the diverse microcosm of Chinese medical culture have disappeared.” Yet, Dr. Fruehauf describes the field of Chinese medicine as “maturing” in the West. His comment in support of this assertion?

*Henry McCann’s volume on the ancient Chinese methodology of bloodletting is among a rare group of contemporary monographs that demonstrate this development.* (Foreword, p. 9)

Dr. McCann’s slender volume (134 pages before appendices and indices) seemed almost too simple at first glance—definitely understated in style and length, with great economy of both words and format—but it turns out to be loaded with both breadth and depth of information.

#### SETTING THE STAGE

There is much to appreciate in McCann’s presentation of what he terms “bloodletting therapy in Chinese medicine.” Not least, in his introduction, he tackles the two most obvious elephants in the room.

On page 16, he addresses the degree to which “Chinese medicine providers often limit themselves to the practice of *either* herbal medicine, or acupuncture, or manual therapies (such as *tuina*.)” He presses for the inclusion of (at the least) acupuncture, moxibustion, and bloodletting therapy for those who choose acupuncture as their primary focus.

On page 17, Dr. McCann goes straight for the causes of “the modern aversion to bloodletting,” including “lack of understanding, lack of training, or fear that patients or legislators will not tolerate the therapies.” Because I practice in California, where a recent legal *opinion* has been circulated that “bleeding” is not within the scope of practice for acupuncture (at which point lancets and similar tools disappeared from some equipment sales), the degree to which legislative fear influences contemporary practice is increasingly clear. McCann’s book as well as appropriate training throughout the profession on these skills and applications is much needed to counteract these barriers, fears, and prejudices. McCann’s assertion is that, “Once providers have a better understanding of the theory and practice of bloodletting, they can use it effectively with patients . . . to treat a much wider range of patients and disease presentations.” (p. 18)

#### PROVIDING PERSPECTIVE AND VISION

He then goes on to support this claim as he plunges into refreshing and thorough detail in his (chapter two) overview and history of this ancient therapy; (chapter three) comprehensive exploration of scholarship into the *Huang Di Nei Jing* and references to bloodletting

therein; treatment principles related to bloodletting; and (chapter four) essential Chinese medical theory on the topic.

These brief chapters alone could readily be required reading in every school of acupuncture and Oriental medicine in the West as they provide valuable insight and motivation for practitioners. Happily, McCann continues further down the instructional road, providing insights into the classical functions of, and modern research on, bloodletting (chapter five), and a brief description of tools and techniques in chapter six.

### EQUIPPING AND ELUCIDATING

From chapter seven on (“Commonly Bled Acupuncture Points”), practitioners who want to learn from McCann have a veritable feast of information, from his organized descriptions of point categories and combinations (and a scattering of indications) in chapter eight, to use of this therapy in treatment of chronic disease (chapter nine), and chapter eleven’s discussion in precise detail of treatment of compound patterns. From my perspective, insights into approaching compound patterns is one of the most significant gifts experienced practitioners can offer to students of Chinese medicine, whether at the master’s or doctoral level or to those who have limited their practice for whatever reason to a single focus such as pain management or a limited specialty field.

Interestingly, the longest chapter (ten) in the book is a seeming diversion, with a discussion about bloodletting in the classical lineage of Master Tung’s acupuncture before moving on to compound patterns in the next chapter. Fans of Tung’s lineage work (and those who have not yet explored it) will readily forgive and appreciate this informative inclusion.

### MAKING USEFUL

As a practitioner, and not least as a writer and editor, I take pleasure in the attention to which Dr. McCann has given the three Appendices, a clear section on References, and separate, nicely-organized indices on Subject and Point.

### REACHING FOR A CRITIQUE

Given the overall quality of the well-organized material that is presented in *Pricking the Vessels*, it is a challenge to find criticisms. One of the only points that I would bring to the author for improvement would be the limited number and focus of illustrative or instructional case studies that are included, with the seemingly random decisions to incorporate them in some places but not in others. As Dr. McCann so clearly builds a powerful argument for the efficacy and importance of an array of bleeding skills and applications, it would seem wise to provide a steady

“As Dr. McCann so clearly builds a powerful argument for the efficacy and importance of an array of bleeding skills and applications, it would seem wise to provide a steady flow of abundant and diverse case studies, rather than what feels to me like a sprinkling of one or two case studies here, another there. In a future edition, an additional chapter of case studies would be useful...”



continued on page 44

continued from page 43

flow of abundant and diverse case studies, rather than what feels to me like a sprinkling of one or two case studies here, another there. In a future edition, an additional chapter of case studies would be useful, with clear documentation linking each study with the particular materials, methods, acupoints, applications and theory described elsewhere in the book.

In the best of all possible worlds, I could wish for this (expanded text, I'm imagining) to receive one more pass by an editor familiar with American styles before it is loosed on the world—not that it is sloppy or filled with errors, it is not—there are just occasional odd turns of phrase or syntax or absent punctuation that slightly snag the attention. This may be due to the British publisher observing English usages, to Dr. McCann thinking in multiple languages as he writes, or simply errors of syntax that were not caught during editing.

## PERSONAL COMMENT

This is a work that reflects scholarship, clarity, and focus. It makes me grateful all over again for the community of practitioners dedicated to teaching and promoting the full scope of Chinese medical practice for our era. Reviewing this text has opened possibilities and expanded horizons of treatment approaches for me, thus making me a better practitioner. I dislike glib reviews that say things like “you should definitely have this on your bookshelf,” but I find that I want to say that if you are treating complex cases and wanting more rapid results for your patients, reading this book is essential. It should be in your treatment room or at the least on your desk—the sooner the better. *Pricking the Vessels* offers a real contribution to our field for those who will take its contents to heart and practice.

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Laraine Crampton, DAOM, LAc is a member of the academic, qigong and clinical faculties at Yo San University of TCM. Editor and 3rd author of Chen and Chen's *Chinese Medical Herbology and Pharmacology* (AOM Press), Dr. Crampton is a strong advocate of powerful, effective and professional communication in the AOM community. In her private practice in Santa Monica, California, she focuses on disease prevention and longevity, reproductive health, chronic disease and parasitic infection and providing pain relief.

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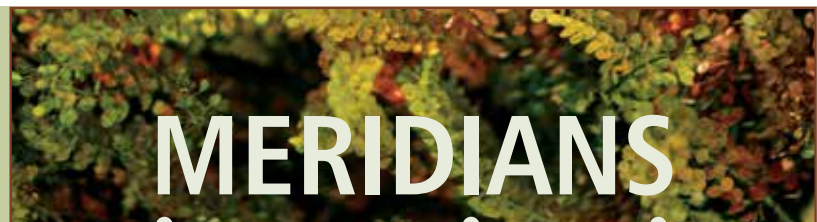
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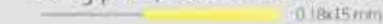
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