

# **The Evolution of Acupuncture**

## **In Alabama**

**John L. Stump, DC, PhD, EdD**

Contributions by:

Donna Retzlaff-Roberts, PhD

Kristin Kalmbacher, MD

Sarita E. Cox, ND, LAc

Foreword by:

David P. Sniezek, DC, MD, LAc, MBA, FAAIM

**Alternative Concepts Publishing**

**Fairhope, Alabama**

Copyright © 2014 by Alternative Concepts Publishing

All rights reserved

Published in the United States of America



No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, digital, electronic, mechanical, photocopying, recording, or otherwise, conveyed via the Internet or a Web site without written permission of the publisher, except in the case of brief quotations embodied in critical articles and reviews.

## **Contents**

[Title](#)

[Dedication](#)

[Acknowledgements](#)

[My Journey to Acupuncture](#)

[Foreword](#)

[Introduction](#)

[Chapter 1: The Origin and Spread of Acupuncture](#)

[Chapter 2: Alabama Acupuncture History](#)

[Chapter 3: Acupuncture Techniques and Procedures](#)

[Chapter 4: Historical Perspective](#)

[Chapter 5: Early development](#)

[Chapter 6: Acupuncture Treatment](#)

[Chapter 7: Projected Mechanisms of Action](#)

[Chapter 8: The Future of Acupuncture](#)

[Chapter 9: Economic Impact of Acupuncture](#)

[Chapter 10: A Medical Path to Acupuncture](#)

[Resource Directory](#)

[Selected Bibliography](#)

[About the Authors](#)

## **Dedication**

This book is dedicated to

The people of Alabama and the Gulf Coast

and

Those who seek and find health, harmony and happiness

with the assistance of

Acupuncture and the virtues of Oriental Medicine

## **Preface**

Great numbers of Americans are choosing alternative and complementary health care rather than conventional medical care. With this in mind, most people are becoming aware of the benefits of Acupuncture and its techniques that help to restore and maintain health. Most know that Acupuncture can relieve pain, and some know that it can help curb addiction to alcohol, drugs, cigarettes, and food. But this is about the limit of the knowledge of the average citizen on the awareness of Acupuncture in American.

Unfortunately, Alabama has not yet enacted a law to govern and regulate Acupuncture for the safety, health and education of the citizens of Alabama. This book attempts to show that Acupuncture has been used in this state from the early 1960's without any legal implications or safety violations. Many attempts have been made up to this time to enact a comprehensive written law to regulate the procedure.

It is impossible to provide in this historical thumbnail sketch on Acupuncture, an overview of a body of knowledge that is as extensive as that of western medicine. The introduction and the following topics give the reader a bit of background information and describe some of the central concepts of past and present acupuncture. The authors feel strongly that Acupuncture should be a viable alternative and preventive method of treatment for the people of Alabama due to its longevity and demonstrated cost-effectiveness. Throughout this book we have tried to avoid using technical jargon and explain terms and specialized vocabulary as they appear. At the end we have included sources for the material covered. These books and articles can serve as a guide to further knowledge on the subject of the ancient Oriental practice of Acupuncture. An appendix lists associations that can help you select the Acupuncturist suitable for your needs.

It is our hope that this book will serve the public as both a reference and an incentive to learn more about the ancient art that has proven so beneficial to mankind for thousands of years. Today Acupuncture is not only practiced in Asia but around the globe in every modern country and many third world locations as well.

# Acknowledgements

We are indebted to the following people for their support, suggestions and editing through the effort and time of putting this manuscript together: Dianne Stump, Patty Smith, Randa Fitzgerald, Judith Richards, and Terry Cline. We also give a special thank you to Rosanne Gulisano for her arduous work editing the final copy, and a noteworthy appreciation to Charles McInnis for his expertise with the mechanics of eBook editing. We also wish to acknowledge a great deal of debt to our patients for sharing their thoughts, opinions, feelings and experiences on the procedure of Acupuncture and Oriental Medicine.

## My Journey to Acupuncture

*Dr. John L. Stump*

It is my sincere belief that Acupuncture is one of the most dynamic healing systems that has ever been developed. It has been one that has truly stood the test of time. Like all other systems it has certain limitations but these are few. It nevertheless must be emphasized that Acupuncture is not a panacea, a cure for everything; furthermore, the results achieved may depend to a great extent upon the quality of training and skill, as well as the experience of a practitioner.

I also feel all the available systems of medical care—be it western medicine, osteopathy, homeopathy, chiropractic, acupuncture, or physical therapy—have an important role to play in healing the sick. No one system, when practiced in its true tradition, is any better or worse than another.

For over thirty-five years, I've lived yin and yang, being pulled by both worlds of eastern medicine and western medicine. No one has tried harder than I to blend these two worlds of healing. I am a Chiropractic physician by initial education, but have traveled to Japan, China, Korea and Europe to pursue the art and science of the ancient healing system of Acupuncture and Oriental Medicine.

From the western aspect of my training, I have learned to evaluate patients analytically, structurally and physiologically and treat them for their conditions very effectively with Chiropractic in most cases. However, my introduction to Chinese medicine theory, philosophy and practice predates my graduation as a Chiropractor.

As one of the authors of this reference book on Acupuncture in Alabama, my background plays a significant part in bringing this information to the reader. In the State of Alabama, I am a Chiropractic physician by definition and my specialty is Oriental Medicine and Acupuncture. Let me give you a thumbnail sketch of my professional situation as it developed.

In 1970 my undergraduate degree (B.S.) from the University of Maryland was complete and a broken neck didn't allow football as one of my career choices. Yet, I wanted to somehow be around health and high-energy sports. Teaching high school Biology, Health, coaching football and track, and the position of Athletic

Director kept me plenty busy, as well as challenged. An untimely auto accident ended my teaching and coaching career after three years when an 18-wheeler hit our team bus.

I was again trying to decide my future and career. A former student came to visit me in the hospital while recouping from the ruptured disc in my low back. We talked about the team and my future plans. He asked if I could at least be involved with the team as a physical trainer or a sports health advisor since I was so immersed in athletics. After that conversation I knew what I was destined to do. I believe that all of my sports injuries from high school and college occurred to teach me about understanding athletic injury. To become a team doctor was a real challenge. In the late 1960s very few sports specialty programs were available in medicine, chiropractic or any other profession. The normal route was to become an Orthopedist and then work under someone in the field like James Andrews, MD, or to become associated with a team to get experience with athletic injuries.

The Orthopedist who had taken care of my spinal injuries after the motor vehicle accident had been a former NFL guard with the Washington Redskins. Also, my head coach was a former All-American from Mississippi State and NFL defensive end with the New York Giants. They didn't come any better than G.P. 'Rock' Harrison. Both of these men agreed—medicine was too structured. They would select an alternative this late in life if it were their choice. Both agreed that I should pursue an Osteopathic or Chiropractic route, instead of medical school with its much longer residency.

Four years later I graduated from Chiropractic school where I worked closely with the Rugby team and Martial Arts club helping to take care of athletic injuries. I decided to return to the Eastern Shore of Maryland where I had played football. The Chesapeake Bay area had been my *launching pad* as a teacher and a coach now it could be the location of my sports medicine career.

I contacted some of my old classmates and found Marshall Cropper of the Pittsburgh Steelers and Washington Redskins close by in Virginia. Marshall was anxious to help me get started in the sports injury field. He called his former teammates in the NFL, both with the Steelers and the Redskins. He invited me to a meeting of the NFL alumni to present a program on 'Chiropractic care of Athletic Injuries.' After that introduction my career was launched in professional sports injury care.

I began working with the many outstanding pro-athletes' who didn't get pain relief for their injuries from traditional sports training or sports medicine care. Athletes and their coaches wanted the care to be as fast and as precise as possible to get back in the action. I was offering the athletes a faster, and at that time in the 1970's, a much different perspective on natural injury care using a combination of Acupuncture, Chiropractic and the proper nutritional care of the body during injury rehabilitation.

I went on to do post-doctoral study in Acupuncture that I had been introduced to while in Chiropractic school. I contacted my friend and classmate from Chiropractic school who lived in Japan and who had been a practicing Acupuncturist before doing his post-doctoral study in Chiropractic. Dr. Shingo Fukinbara was most helpful in helping me get registered to study Acupuncture in Japan. After three years of study, I transferred to China to do a post-doctoral program in Electro-Acupuncture.

When I returned to the United States I found Acupuncture had become the buzzword with the general public, as well as with doctors due to a very positive article written by James Reston, a reporter with the New York Times. Maryland had been among the first states to introduce legislation to allow Acupuncture to be a licensed profession. I became very involved with this political effort in order to expedite the professional

benefit to citizens of the Delmarva Peninsula, the area I had selected for my private practice. My office just happened to be on the state line between Maryland and Delaware, the Mason-Dixon Line.

During my effort to get Acupuncture nationally recognized for Delaware and Virginia, I was selected by the International Chiropractor's Association in Washington D.C. to head the Fitness and Sports Injury Council for the United States. This was a demanding position that required a lot of travel and professional education and teaching. On a trip to gather available Sports Chiropractors at the Los Angeles Olympics in 1984, I was asked to think about taking the role of Sports Medicine Chairman for the 1986 Asian Games, a preliminary for the next Olympics to be held in Seoul, Korea. After some hesitancy, I agreed and went to Seoul, South Korea after the 1984 Olympics to prepare for the upcoming Asian Games.

In Seoul, I found that Acupuncture was much more common than contemporary medicine. I had to promptly learn the language and become familiar with the Korean style of Acupuncture and traditional medicine. Koryo-Soo Ji-Chim Acupuncture was a totally different practice of Acupuncture than I had studied in Japan or China. It was fascinating to learn from Professor Fuji Ito, MD that the many forms of Acupuncture around the world use the same premise of an innate energy flow within the body. The Japanese call this energy 'Ki,' the Chinese call it 'Qi' and now the Koreans were calling it 'Wang Gi.'

My studies continued until my Korean conversational language was understandable and I passed the Acupuncture art of Koryo-Soo Ji-Chim. I must give my friend Hong Mo Yang much credit for helping me, becoming my private tutor and assistant while in Korea from 1986 until 1989.

After returning to the U.S. after the Asian Games and before the '88 Olympics, I called a friend at the University of California medical school to ask about the concept of Qi and if they were doing any research on the subject. He was surprised when I told him what the professor explained to me in Korea about human energy. He was also surprised that UCLA had just introduced a post-doctoral certification program to teach medical doctors about Acupuncture. UCLA had been doing human energy research for over ten years but had not been able to explain how Acupuncture works. Several theories are used but none comprehensively explained without question exactly how it works. 'But, the fact remains,' my friend said, 'that it has been working to stop pain and relieve all types of conditions for thousands of years. Just because we can't explain it doesn't mean it should not be used to help our patients.'

After that conversation my professional determination to legitimize the practice of acupuncture in the eyes of the general public grew. It seemed many people were traveling for care to the states that had passed laws and where their insurance coverage had a provision for acupuncture under their medical coverage just like medical, dental, chiropractic, podiatry and vision care.

I received a call from the Washington D.C. home office regarding a meeting of the International Chiropractors Association to detail the plan for the Olympic games. A comprehensive plan by the officers was made and within six months I was on my way to Seoul to prepare a Chiropractic clinic for the Olympic athletes. Chiropractic athletic care was relatively new to the Olympics, having been introduced in 1982 by Dr. George Goodheart, a Chiropractor for the winter Olympics. A number of Chiropractors such as Mike Sabia and Leroy Perry had used Applied Kinesiology, Acupuncture and Chiropractic procedures with Olympic athletes and their injuries since the 1960's. This time the Chiropractors were going to have a lead position in sports injury care in the 1988 Olympic Games because South Korea was the host country. They had not been completely satisfied that the present typical medical care offered the fastest recovery time from an injury, as was discussed at the Seoul Scientific Conference on Sports Injury at that time.

During this conference I presented a program about Chiropractic sports injury care to the Seoul Olympic Sports Symposium. After my presentation Dr. Tom Rosandich, president of the United States Sports Academy, introduced himself and stated how interested he was to discuss the theory and practice of sports injury treatment from a new perspective. He asked if I would go to the U.S. Sports Academy and present a lecture on 'Chiropractic Sports Injury Care.' I had heard of the Academy from an associate that worked for me at a Sports Medicine Center in Ocean City, Maryland. Dr. Rosandich explained that the Academy was in Daphne, Alabama, and I would have to fly into Mobile and drive across Mobile Bay to the Eastern Shore. I agreed to think about the invitation, took his business card, and went on with my duties at the Olympics.

After the Seoul Olympics, arrangements were made for me to present a number of lectures—one of them in Daphne, Alabama. On a bright, beautiful, sunny day in February, the plane left Baltimore's BWI airport and landed in Mobile with no delays. It had been windy, cold and snowy on the Eastern Shore of Maryland's Chesapeake Bay that morning and it was bright and a perfect 75 degrees on the Gulf Coast when I arrived.

I pulled my rental car into the parking lot of United States Sports Academy, an architecturally modern two-story building. The enthusiastic group of graduate students was anxious to know more about Chiropractic and Acupuncture care of sports injuries. The idea was so well received that I was asked to return to the Academy to establish a program for Chiropractors and Acupuncturist to study sports medicine.

After my return from the lecture tour, I took time to think about the whole situation and consider what I wanted to do. My decision made, I turned my practice over to my associates and moved to Daphne, Alabama. In 1989, I enrolled in the Academy's graduate program to obtain a Masters Degree in Sports Medicine. I worked part-time for the Academy setting up the program we had discussed. After my graduation with a Masters in Sports Medicine, several of the graduate faculty wanted me to work with them to inaugurate a sports medicine clinic using the protocol we had established for my Master's Thesis. This clinic would be modeled after the clinic we established in Seoul for the Olympians. After setting up the program, we found that Acupuncture was not recognized in Alabama without specialty recognition from the medical, chiropractic or osteopathic boards.

It was then I started a crusade to get Acupuncture recognized and legalized through the Alabama state legislature. I bought ten acres of property in Point Clear, Alabama and set up an Acupuncture College called the 'Alabama Oriental Studies Institute.' We had a great response from the public with over fifty enrolled the first year. During that year we were informed the Post-Secondary Accrediting Agency could not recognize the Oriental Studies Institute unless Acupuncture was recognized and legalized by law in Alabama. By that time we had established the school, hired faculty, had over fifty students, and had spent thousands of dollars. The ruling disheartened everyone and we had no choice but to close the Acupuncture Institute.

The school was re-directed into the first Massage and Shiatsu school in Alabama. During the next ten years I taught Acupuncture to physicians in Alabama and around the United States working with the International Acupuncture Institute as an Acupuncture professor.

After some legal clarification, it was now officially permitted to practice Acupuncture in the state of Alabama if your profession has a license to regulate educational and safety requirements, such as medicine, chiropractic, osteopathy, dental, veterinary and, recently, physical therapy. I've spent the past twenty-five years working to establish Acupuncture in Alabama, teaching other practitioners how to integrate these techniques of Acupuncture and Applied Kinesiology into their medical practice. In numerous ways, my journey has mirrored the growth and development of Acupuncture itself in the United States. It is a journey that, for me, is still not finished. In the past three to five years we've seen a surge of interest in the practice in

Alabama, since Acupuncture and Oriental Medicine are now much more accepted in the present medical system and promises to grow further and faster in this new century.

We here in Alabama need a new law to recognize Acupuncturist and Oriental Medicine practitioners. I feel that the standards are set very low in this state for the practice of Acupuncture at the present time, and a new licensing board needs to be established to govern the independent profession of Acupuncture for the education of the practitioners and the safety of the public.

The goal of this book is to facilitate the integration of Acupuncture into the mainstream of Alabama's medical system as a system of alternative care, and to help give the citizens of Alabama choice in their health care. Those citizens who are interested in a natural, holistic, economical and a proven approach to health care and maintenance will find this book interesting and beneficial. The narrative also discusses why Acupuncture is again being introduced to the Alabama legislature and where Alabama stands in today's total healthcare picture.

## Foreword

*Dr. David P. Sniezek, DC, MD, LAc, FAAIM*

Acupuncture is an important part of Traditional Chinese Medicine in China and has become mainstream in the United States. Western medical scholars have advanced the science of Acupuncture to the extent that Acupuncture is now being utilized in private medical practices, large healthcare organizations, and being taught in some of our elite medical schools. Through the rigors of evidence-based medicine and teaching within the medical community, Acupuncture has earned its place as a safe and effective form of treatment in the West. Acupuncture is widely accepted not only in the private sector but also in the public sector. Specifically, the U.S. Department of Defense sponsored many integrative medicine studies that resulted in white papers on Acupuncture education and treatment for military personnel and their families that have led to significant changes in how U.S. military medicine is practiced globally.

During his multiple stays in the orient over several decades, Dr. John Stump studied Acupuncture conscientiously with oriental professors and doctors. He integrated what he learned in Japan and China with Western medical maladies and successfully treated many patients. As a teacher himself, his exposure to oriental culture and medicine, and extensive training in Acupuncture and Chiropractic placed him in a unique position to distill the art, science and philosophy of oriental medicine, Chiropractic and Acupuncture into a systematic method that could be understood and applied by Western healthcare providers. His ability to impart his in depth knowledge and expertise of Chiropractic and Acupuncture is highly respected by those that have worked with him.

Dr. Stump discusses the growing acceptance of Acupuncture as a viable treatment option for many medical illnesses in his book, *The Evolution of Acupuncture in Alabama*. The book reflects his many years of experience in practicing and teaching oriental medicine and Acupuncture internationally. The book is detailed in its contents, transformative in its oriental and Western philosophies, and is based on solid ancient principles. It combines Dr. Stump's wealth of clinical experience and rigorous scholarship, and also taps into

the gleanings of his wide and varied experience. Dr. Stump also addresses the need for regulations pertaining to the practice of Acupuncture. This book will be invaluable to all providers of healthcare and those interested in understanding the need for appropriate education, training and certification for the safe and effective practice of Acupuncture anywhere.

## Introduction

*Sarita Elizabeth Cox, ND, Lac*

In 1973 the last American troops were pulling out of Vietnam. I was 5 years old. That year, the first Acupuncture acts to license professional Acupuncturists were passed in Maryland, Oregon, and Nevada, a symbol of the coast-to-coast movement that would recognize and license the practice of Oriental Medicine in our country for decades to come. Public awareness of Acupuncture had been raised in 1971 when James Reston chronicled his experience with Acupuncture in a *New York Times* article. He was treated for post-operative pain following an emergency appendectomy while accompanying Henry Kissinger on a diplomatic mission. Kissinger mentioned the event in a press conference after his trip with Reston. While the interest in Acupuncture was spurred in part by public curiosity and increasing demand, it was also because many Americans had studied in Europe or Asia and returned home to practice their newly found profession alongside the practitioners of Asian descent.

The practice of Oriental Medicine was far from new to many in the United States. In the high desert of Oregon, where I often visited to escape the rains of Portland, Kam Wah Chung and Company sits encapsulated in time. Translated as The Golden Flower of Prosperity, the John Day gathering place, post office, general store and herbal apothecary closed its doors in 1948, but its history reaches back through a century-long influx of Chinese immigrants. These immigrants were searching for gold or were sometimes forced into the hard labor of railway building in the American west. History has it that Ing (Doc) Hays was arrested three times for practicing medicine without a license, though his legacy is that of a highly regarded herbalist and generous member of his adopted community. I am certain that each state has equally intriguing histories to share regarding the arrival of Oriental Medicine within its borders.

The presence of Acupuncture in the professional health care landscape has historically been crafted by the political elements of the state. Currently forty-four states and the District of Columbia have chosen to license and regulate the profession of Acupuncture and Oriental Medicine. As the procedure of Acupuncture has been reviewed, studied and integrated into the western scope of medicine, many allied health care professionals have chosen to include it into their practice. Legal inclusion of Acupuncture is too often, however, determined by established power and influence rather than actual education and training. National, professional and even world health standards have been established, but may or may not be considered, encouraged or embraced by existing health care groups.

A constellation of forces is determining the new American health care climate. A shrinking primary health care pool, combined with reduced insurance reimbursement, is necessitating a redefinition of patient entry areas into the standard health care system. A new market for preventative and chronic care alike is deeply rooting itself into the economy with more and more Americans choosing alternative, complementary and

integrative therapies with out-of-pocket health care dollars. Federal health care initiatives, like the Affordable Health Care Act, along with professional health care non-discrimination reform, will also make their mark in the years to come. Positive patient outcomes and the maturation of Oriental medicine as a profession will continue to influence health care choice and policy. Likewise, other vitalistic, holistic, patient-centered professions, like naturopathy and homeopathy, will find their way back into the culture of American health, while new professions like health coaching will enter anew.

In 2013, as the last troops have begun pulling out of Afghanistan and the use of battlefield acupuncture has found its way into western medicine, the modality of Acupuncture has been brought into the scope of practice of many allied health care professionals. Too often these professionals have little or no acupuncture training.

It is easy to forget that Acupuncture is only one of the many modalities of an entire system of medicine with thousands of years of written history and clinical wisdom. Moxibustion, the yang to Acupuncture's yin, is a technique in which acupoints are warmed with dried mugwort to create dynamic change in the system. Dietary advice, which recognizes each food according to its thermal nature, quality, action and targeted organ system, is rich from rice porridge to bone soup. Qi Gong and meridian-based bodywork technique are foundational practices that start to round out this immense system of ancient, yet modern, medicine. The philosophy of classical Chinese medicine, based in Taoism, is the root for the many branches of this system that we call Oriental Medicine. In the forty years since the first practice acts were ratified, only six states have yet to pass a legislative act that regulates the practice of Oriental Medicine. I now practice this amazing art that we may call Oriental Medicine as a health care integrator and activist. Forty years have passed since the first practice reform acts were instituted in the Deep South and only one state, Alabama, remains unlicensed. Though I make my 'sweet home' in Alabama, I am forced to house my practice next door in Mississippi.

The authors of this book present the professional situation we find ourselves in here in our home state of Alabama. We feel that it is time that this legal licensing oversight now be addressed and corrected for the benefit of all the citizens of our great state.

## **Chapter 1: The Origin and Spread of Acupuncture**

The word *acupuncture* is derived from the Latin words *acus* (needle) and *puncture* (penetration) and coined by the French in the early 1700s. Acupuncture is said to have originated in China approximately 3000 or more years ago and is one of the oldest medical procedures in the world.

Over its long history and dissemination, Acupuncture has diversified and now encompasses a large array of styles and techniques. Common styles include Traditional Chinese, Japanese, Korean, Vietnamese, French and now American Acupuncture, as well as specialized forms such as hand, auricular, head and scalp Acupuncture.

The precise birth of Acupuncture is still a source of debate. There is no single archaeological finding that points to a momentary emergence of Acupuncture. Rather, evidence exists for a variety of potential antecedent origins.

## **A Chinese Origin**

The first written document to record the use of Acupuncture is the Nei Jing (Inner Classic of the Yellow Emperor) dated approximately 200 BC. It is a collection of 81 treatises divided into two parts at the time of its complete compilation, Acupuncture was already an accepted therapy of Chinese medicine.

The growth of Acupuncture as a medical therapy emerged around the same time Confucianism and Taoism gained prominence in China. These philosophies are imprinted in the basic principles of Acupuncture theory, and their influence is noticeably evident throughout the ancient texts. Acupuncture underwent significant development and expansion within the ensuing 1500 years and arguably climaxed in the Ming era (1368-1644) when 'The Great Compendium of Acupuncture and Moxibustion' was published in 1601. Afterwards, it experienced an up and down popularity due to political and social pressures arising from Western influences. It gained a modern resurgence after Mao Tse Tung (Also translated Mao Ze Dong) encouraged its use between ordinary citizen and 'barefoot doctors.' The popularity with the people has never ceased since that time. Historically there are around 10,000 treatises on Acupuncture from the centuries preceding the modern era. Past Acupuncture scholars freely edited prior texts and added personal interpretations, commentaries, and clinical experiences. As a result, present copies of ancient texts often represent the work of multiple Acupuncture scholars and demonstrate a combination of teachings, each susceptible to variable interpretations. This has contributed to the marked heterogeneity seen in Acupuncture practice. It is presently estimated there are over one billion people treated each day with Acupuncture procedures in Asia alone. Growth from Asia to Europe Acupuncture was disseminated to Japan and Korea in the sixth century B.C., and to Southeast Asia around the ninth century through commercial trade routes from China, and to Europe as early as the sixteenth century when Asian texts and translations were brought back by traders and missionaries. Acupuncture was a relatively established therapeutic system in some parts of Europe, such as France and England, around the early eighteenth century and persisted due to perpetual colonial influences. The colonies settled in Vietnam and other parts of Indochina by French and English traders broaden Acupuncture procedures throughout Europe.

## **The Early History of Acupuncture in the West**

Historians generally agree Acupuncture has been known and used in Europe since the seventeenth century and the first recorded use of Acupuncture was by Dr. Louis Hector Berlioz at the Paris Medical School in 1810. He treated a young woman suffering from abdominal pain. The Paris Medical Society described this as a somewhat controlled form of therapy. Dr. Berlioz continued to use Acupuncture, and claimed a great deal of success using the technique and procedure.

This is the manner it is thought that Acupuncture practice spread to England, France and nearby neighbors. The first documented British Acupuncturist John Churchill, MD who, in 1821, published a series of results on the treatment of tympani and rheumatism with Acupuncture. John Elliotson, a physician at St Thomas' Hospital in London, also investigated Acupuncture extensively in the early part of the nineteenth century. In 1823, Acupuncture was discussed in the first edition of the Lancet and in 1824, Dr. Elliotson began to use this method of treatment with patients. In 1827, Dr. Churchill published a series of results on the treatment of forty-two cases of rheumatism by Acupuncture and concluded this was an acceptable and effective method of therapy for many complaints.

The roots of Acupuncture were established in America by Franklin Bache, MD, great-grandson of Benjamin

Franklin. In 1825, the art and science of Acupuncture was brought from France to the United States and Dr. Bache became the first American physician to use Acupuncture in his practice. Other physicians were observed using Acupuncture as early as the 18th century and references appeared in the early editions of William Osler's Principle and Practice of Medicine. During the 20th century Acupuncture was practiced without licensing or regulation among the ethnic populations of the larger port cities like San Francisco, New York, Philadelphia and possibly New Orleans. It was Ah Fong, MD, who came to the United States from China in 1866, who won his license in court to practice Acupuncture in California in 1901. As a result, he became the first licensed practitioner of Traditional Chinese Medicine in the United States. Acupuncture did not enter the American mainstream until 1971. New York Times journalist James Reston visited China with the Nixon administration and reported his experience with Acupuncture for postoperative pain relief. Shortly thereafter Maryland became the first state to enact legislation and begin Acupuncture's licensing procedure in America. The state licensing procedure has continued throughout North America over the last thirty years.

## **Chapter 2: Alabama Acupuncture History**

Though our area's history stems back to June 3, 1539, when Hernando De Soto's expedition landed at Tampa Bay and the Alabama territory was explored during the first European exploration of Southeastern America in 1541, it is not certain that Acupuncture was brought to the Shores of Alabama until the late 20th Century.

Henri Amin Rathle, MD (1910–2007) of Mobile is credited with being the first physician to bring Acupuncture to Alabama. Dr. Rathle was an Egyptian of French origin who studied medicine in Egypt before coming to America. He spent his career as an Allergist by profession but had many interest including Acupuncture and art. Acupuncture was one of the interests high on his priority list. He had become acquainted with several French physicians who practiced Acupuncture in France and Egypt. He brought this interest and knowledge with him when he moved to Mobile, Alabama sometime in the early 1960's.

There were other physicians who took an interest in the little known art and science of the Far East in the early 1970s. Acupuncture was headlined in the news media all across the Country after Reston's article hit the streets. One of these physicians was Dr. Milhouse Reese, the first black Chiropractor in Alabama. Dr. Reese had been to New York City to attend a lecture on the 'Wonders of Acupuncture' in 1973. After the lecture he wanted to do a more in-depth study of Acupuncture and eventually joined a class with Bissland Acupuncture seminars with other interested physicians. However, they had to travel to New York City to attend the classes. After a year of this extensive travel Dr. Reese stopped due to the great financial and time commitment it required. However, his interest in Acupuncture continued.

By 1987, the growing numbers of Alabama doctors interested in acupuncture organized themselves into a study group. This group held a meeting on Acupuncture in Birmingham spearheaded by Mihouse Reese with other interested physicians (MD, DC, DO, DVM, DMD). Only professionals attended the meeting and there was a good representation of every profession in attendance. In 1988, Dr. Stump, the author, was the only Nationally Certified Acupuncturist in Alabama. The Acupuncture study group elected Dr. John Stump as the group's first president, named the organization the Alabama Acupuncture Council and registered it as an official organization in Alabama. There were 21 members of the Alabama Acupuncture Council with all professions represented in the council at that time. Maryland, Nevada and Oregon were the first states to

introduce Acupuncture legislation that passed in 1973. After returning to the United States from his study in Asia, Dr. Stump became involved and worked with the legislature of Delaware and with a young Delaware Senator called Joe Biden, who became interested in Stump's talk to the Delaware legislators about Acupuncture procedures. Word spread quickly through the halls on Capital Hill. As a result more states soon enacted laws governing Acupuncture. At the same time similar action was taking place in Washington D.C. and by 1989 nearly half of the states had Acupuncture laws.

Dr. Stump organized an Acupuncture Education group on the Eastern Shore of Mobile Bay where he was living after moving to Alabama. He, along with his wife, bought a ten-acre parcel of land with a large building and started the Alabama Oriental Studies Institute (AOSI). This was the first State recognized school of Acupuncture in Alabama. Subjects like Tai Chi, Qi Gong, Shorinji Kempo and several other Asian techniques were taught and established to help the public's understanding of Acupuncture and other Oriental Medicine procedures.

It didn't take long for the news of a new Acupuncture school to get around in the Mobile-Baldwin County area. The AOSI office started receiving calls daily from all over the South and soon received a telephone call from Dr. Rathle's office. Dr. Henri Rathle wanted to meet with Stump to talk about the future of Acupuncture in Alabama. The two discussed Acupuncture at great length in late 1988. Dr. Rathle was very pleased that Stump had studied in France with some of the same professors he knew. Rathle and his family became patients at the Acupuncture office in Fairhope. It seemed, Dr. Rathle was especially interested in the ancient practice of Auricular therapy and had gone to France in the early 1970's to hear a lecture by the famous French neurologist Paul Nogier, MD. Dr. Nogier is credited with founding the European Auricular micro-acupuncture system, commonly called Ear Acupuncture. Dr. Rathle joined the Alabama Acupuncture Council in 1989.

It was later found, Dr. Rathle had been instrumental in getting a double blind experimentally controlled research study introduced at UCLA Pain Management Center organized at the department of anesthesiology UCLA School of Medicine. This research study was done by Richard J. Kroeuning MD, Ph.D and Terry D. Oleson Ph.D. The study was reported in the medical journal, PAIN, and verified the scientific accuracy of the acupuncture treatment procedure and ear diagnosis.

The Alabama Oriental Studies Institute thrived with more than fifty adult students after the first year. There were many professionals, physicians, professors, attorneys, nurses, teachers, and coaches enrolled in the acupuncture classes, as well as the interested general public. The school was started to introduce and disseminate knowledge and information of the benefits of the Asian healing arts; knowledge that had been absent prior to that time in Alabama. However, after a few years the students wanted more, they wanted to be able to practice the arts, techniques and philosophy they had learned at the Alabama Oriental Studies Institute.

In order for the independent Acupuncture practitioners studying at the Alabama Oriental Studies Institute to practice, licensing of Acupuncturists had to become law because there was no law in place to cover individuals who did not have a previous physician's license.

Over time, the interests and efforts became caught in a political quagmire that was costing thousands in unnecessary expense in an attempt to get appropriate certification of laws passed here in Alabama. Few legislators could offer any solutions. Medical doctors were in not in opposition of the Acupuncture system but did not want to 'rock the boat' with their medical association or colleagues.

Dr. Stump presented a program at the University of South Alabama School of Medicine titled What is Acupuncture? After the lecture, a Chinese man came up and introduced himself as Zhando Zhao, MD, PhD. He was on the faculty at the University of South Alabama, his graduate teaching position would soon be complete and he would have to return to China if he could not find another position. He met with Dr. Stump there to discuss the possibility of employment at the Alabama Oriental Studies Institute.

At the meeting, Dr. Zhao related that his grandfather had taught him Acupuncture when he learned of his interest in health care as a young man. Zhando, whose American name is Andy, became the eighth generation in his family to practice Acupuncture. Dr. Zhao went on to obtain his MD and PhD, but his real interest was in the practice of Acupuncture. His wife, also a Medical Doctor specializing in OB-Gyn, was not licensed in the United States at the time. Zhao and Stump came to an agreement on a teaching and administrative position at the Alabama Oriental Studies Institute. Dr. Zhao worked part-time starting an Acupuncture practice in Fairhope and served as Director of Alabama Oriental Studies Institute in Point Clear on the days he was not seeing patients.

There was little help offered to get legislation passed from the chiropractic, medical, dental and veterinary societies of the state because those professional organizations (Medical, Chiropractic, Dental, Osteopathic, Veterinary, etc.) had all voted to incorporate Acupuncture into their own professional practice acts. Everyone wanted Acupuncture to succeed, but didn't want to spend the money to push it through the legislature to have the present laws changed.

All of the professionals had their Acupuncture coverage through their independent state board like the medical, chiropractic, dental and veterinary boards. Because of this, no one made the effort to introduce a law in the state legislature. As a result the AOSI school effort and finances were dispersed into a Martial Arts, Shiatsu and Massage graduate study center. However, the AOSI totally closed in 2000, when Dr. Stump suffered a stroke and the school lost its key beneficiary.

## **The Need for Legislation**

Over the past 20 years, there has been an influx of independent professionals interested in Acupuncture and Oriental Medicine. These practitioners have moved to Alabama for one reason or another. Many are either students in the university system or the husband, wife or friend of someone who works in the state who has studied or practiced Acupuncture.

One of these professionals is Sarita Cox, ND, LAc. Dr. Cox holds two professional degrees but is now unable to practice either profession in Alabama. She graduated from the University of Alabama in 1990. Following her academic dreams she moved to Oregon to embark upon a graduate path in holistic medicine at the National College of Naturopathic Medicine. During that time an interest in Acupuncture was developed and she reset her educational compass to follow the academic curriculum established by the National College in Oriental Medicine and Acupuncture in Oregon. She graduated from the Portland, Oregon College and was nationally certified in 2004. Now she is licensed to practice in Oregon, Alaska and Mississippi but not in Alabama.

She is now spearheading the acupuncture and Oriental medicine legislative effort and has formed the 'Advancement in Oriental Medicine for the State of Alabama.' She moved back to Tuscaloosa to be near her family but has to travel to her office in Mississippi to see patients.

Another instrumental personality in the development of Acupuncture in Alabama is that of Drew Henderson. Drew graduated from Spring Hill College in Mobile in 1979. Drew's father, a well-known physician in Mobile by the name of Andrew Henderson, MD, wanted his son to follow the same career path. In 1984, during Drew's graduate studies at University of Colorado at Boulder, he became interested in the medical field of Acupuncture. Thus, after entering his graduate studies in neurophysiology, he decided to stop his graduate studies in neurophysiology and enter the Colorado Traditional College of Chinese Medicine instead of traditional medical school. He graduated from the Colorado Acupuncture School in 2003. He then did post-graduate work at the Heilongjiang College of Traditional Chinese Medicine in Harbin, China. After returning to the United States, he went to work and did post-doctoral study at the Southwest Acupuncture College in Santa Fe, New Mexico. He finished a Master of Science degree in Chinese Herbal Medicine in 2006.

Dr. Henderson's story doesn't end there, he fell in love and married a girl from Colorado and later became a faculty member at the Colorado College of Traditional Chinese Medicine. But later, when Drew started thinking about moving back to Mobile to share his part of the family land inheritance, he found the state did not recognize his credentials of Acupuncture National Boards that are required to practice Acupuncture today in most all other states. Drew is now a member of the Advancement of Oriental Medicine Committee of Alabama and working to help establish a new law in Alabama that will govern Acupuncture practitioners.

Another similar situation is that of Michael Allen, the son of Dianne Allen and Dr. John Stump. After graduating from Fairhope High School and the University of Tennessee he was not sure if he wanted to pursue a graduate degree or go straight into a professional life. After a year in graduate school he decided to go to Japan and study with Dr. Stump's former Acupuncture sensei (teacher) Dr. Shingo Fukinbara for a few months to help him decide if he really wished to pursue the profession of Acupuncture and Oriental Medicine. Allen spent the next six months with Dr. Fukinbara and found he really liked the philosophy and practice of acupuncture and wanted to enter school.

Things had changed in the 30 years since Dr. Stump had studied in Japan and China. In those countries today, you have to pass a proficiency examination before you can enter the educational system and receive credit. It would take approximately four years for Allen to become proficient enough in Japanese or Chinese to enter the medical Acupuncture system today. As a result, he decided to return to the United States and apply to one of the many Acupuncture Colleges that have started in this country in the last few decades. He applied and was accepted to Southwest Acupuncture College of New Mexico and graduated four years later with his Acupuncture credentials. He took and passed the National Boards in Oriental Medicine (NCCAOM) in 2004. However, when he came back to his home in Fairhope, he was told because, of the current state law, he could not practice independently. This caused Allen to leave Alabama and move to Denver, Colorado where he could practice on his own merit. His practice blossomed and he later joined the faculty at the College of Denver Traditional Chinese Medicine. While he and his family want to move back to Alabama, current laws prohibit him from practicing his profession as an independent practitioner.

In early 2012 there was a meeting of the professional Acupuncturists who have been previously educated and nationally certified in the United States now living in Alabama. The meeting was held in one of the oldest and most historical structures at the University of Alabama, the old post office and library in Tuscaloosa. At that meeting, the Acupuncturists present committed to work on getting legislation passed in the Alabama legislation once again. During that meeting Dr. Sarita Cox was made the official president of the new association of Acupuncturists, called the Advancement of Oriental Medicine in Alabama. It was noted that she and Wendell Mew, MD, an Acupuncturist in Tuscaloosa, would try to schedule a meeting with the medical board to see if they would be in favor of the new legislation. That meeting was held in the summer of 2012. There were no objections from the medical board and it was suggested the AOMA try to secure

funding to establish a Board. This is now in the process of instrumentation.

## **Alabama Today**

As of the writing of this manuscript there is again sufficient interest in Acupuncture legislation that would govern the practice of Acupuncture and more specifically Acupuncturists. This law would have no legislative bearing on the present laws of Acupuncture practiced by any other professionals in the state. Today there are approximately 300 practitioners or more of medical, chiropractic, osteopathic, veterinary, dental, and physical therapy using Acupuncture procedures in their practice in the state of Alabama. The new legislation wouldn't have any bearing on these established professions or practices. To integrate is defined in Webster's College Dictionary as 'to meld with and become a part of the dominant culture.' American Acupuncture has resulted from the integration of conventional Western medicine and Traditional Oriental medicine. This integration is harmonious, or as the Chinese say, like 'milk dissolved in water,' not 'oil mixed with water.'

## **Why We Need a Law**

It is time for a specific law governing the entire independent practice of Acupuncture. There are over 50 non-licensed practitioners of Acupuncture in the State of Alabama from Huntsville to Mobile. They see and treat hundreds of patients and are not governed by any State or County requirements. Because patients have no knowledge of this lack of certification, patients and potential patients are put in a jeopardized health and safety position. This could be corrected with the cooperation and effort of the next legislative session if they enact a law allowing the independent practice of trained and nationally certified Acupuncturists.

Alabama is among the last few states to recognize and legislate Acupuncture safety and protection of the people of this state. By establishing a medical practice act for Acupuncturists in Alabama, it can open a door of beneficial revenue flow for the state. Licensing and accepting the opening of new clinics and offices would gain such revenue. An Acupuncture College and graduate schools would undoubtedly be established, bringing in students and needed jobs for teachers and professors associated with higher education. The patients and revenue that are now being lost to other states that recognize Acupuncture and Acupuncture procedures could be returned to Alabama.

## **Chapter 3: Acupuncture Techniques and Procedures**

A collaborated effort went into presenting some of the information that should be known about Acupuncture and Acupuncture procedures by everyone considering the use of this age-old health care system.

The techniques most frequently used in Acupuncture and studied in Acupuncture colleges are traditional Chinese medicine philosophical, anatomical and physiological information that has been handed down for hundreds of years. Today Acupuncture is taught in the west more scientifically than it is taught in Asia. The general procedure will be discussed as we go further with this explanation and discussion.

The general procedure involved in Acupuncture is the manual insertion and/or electrical stimulation of thin,

solid, metallic needles inserted into skin at precise locations. This will be the most essential information covered. Except where specifically stated, 'Acupuncture' in this book refers to these common procedures.

A general discussion of Acupuncture is presented in this text with several illustrations of the Acupuncture points on just four of the fourteen—Primary Meridians (Pathways). These are shown on the following pages. Because this is an abbreviated text, we will only illustrate four of the meridian pathways. Additional discussions of Acupuncture will be under particular headings.

As stated earlier, there are a myriad of techniques and procedures taught in Acupuncture. They are all concerned with a particular type of stimulation of meridians or points seen illustrated on the following pages. Today the practice of Acupuncture and other non-medical procedures are covered by the western medical lexicon as Complementary, Alternative, Integrative Medicine, and also discussed as Energy Medicine or Biomedicine in many academic circles. All of these can be loosely defined as 'the application of the natural sciences, especially the biological and physiological sciences, to clinical medicine.' The Acupuncture presented in this book allows the public and healthcare professionals—medical doctors (MDs), doctors of Osteopathy (DOs), doctors of Chiropractic (DCs), dentists, podiatrist, nurses, physical therapist, and others—to learn Acupuncture is a part of the clinical evaluation and care of the human body just as any of the other disciplines.

Here in this text we do not intend a philosophical debate concerning the terms used in the description of the Acupuncture procedures. We simply want to explain the age-old procedure of Oriental Medicine and Acupuncture and show that the certified practitioner can utilize it safely.

In the next few pages you will see the drawings and illustrations of the points and locations of Acupuncture meridians. There are more major meridians that are not illustrated but we want everyone to know the practice covers the entire human body and is not limited to a particular section of anatomy as in podiatry, dentistry and optometry. This brief text cannot cover all of the anatomy of the points and meridians but we wanted the reader understand the concepts.

Contemporary healthcare professionals of Acupuncture have a profound understanding of the basic biomedical science and clinical issues as the result of the fundamental education needed to pass clinical requirements for national and state boards. As a result these professionals will easily be able to meld into any clinical practice—hospital, rehabilitation center, hospice, or private practice.

What we have presented here is a brief introduction of a few of the principles and procedures that are used primarily by the Acupuncture practitioner. The National Commission on the Certification of Acupuncture does a great service for the American public in the coordination of the world wide, multi-linguistic profession of Acupuncture and Oriental Medicine. This is why it is the suggestion of the authors that the State of Alabama allow the National Commission to be the certifying body, with the State of Alabama only governing state laws and regulations over the procedures used concerning education and safety of the public.

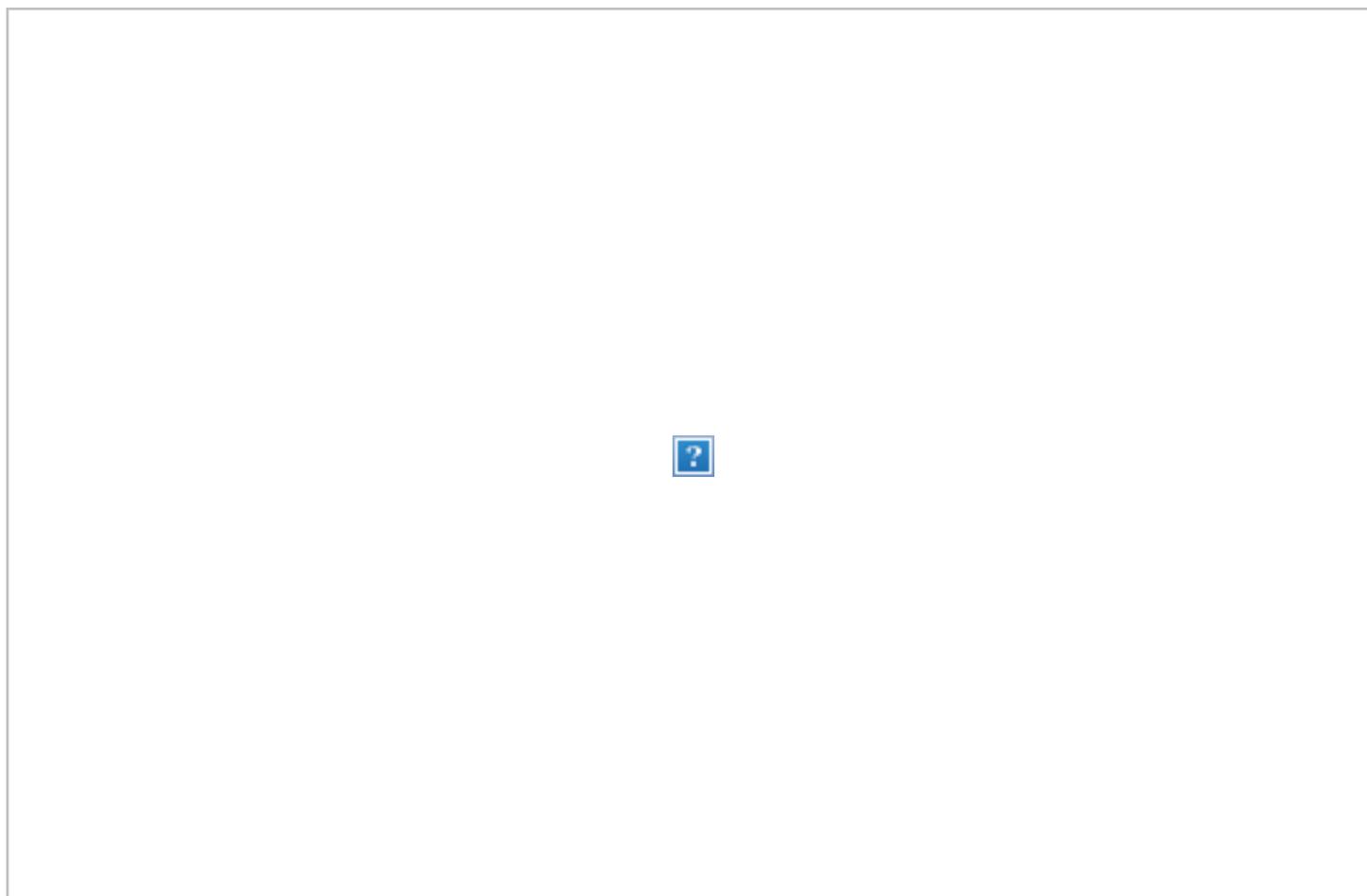
The following are simply two-dimensional illustrations of the conceived flow of the meridian energy (Qi energy) through the body. Each of the meridians has a specific number of points in specific locations. These points each have a specific anatomical and physiologic function on that meridian. This is the essence of the importance of an Acupuncture education as opposed to the general Medical education.

Remember there are numerous meridians with various functions this book can only give you the introduction

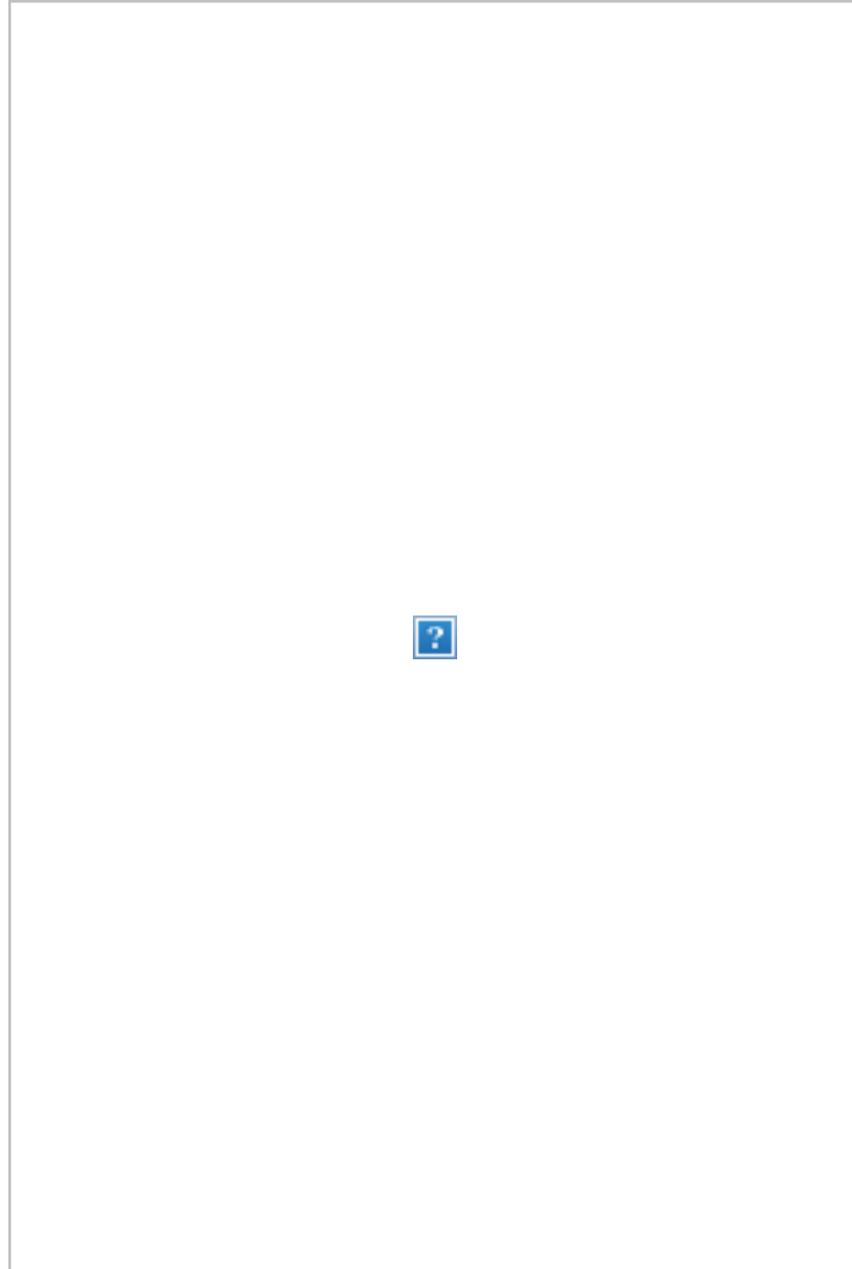
to the meridian energy flow of a few of the meridians.

For instance, the Large Intestine meridian is one of the twelve primary meridians. It starts at the forefinger (index) and flows toward the face ending at point 20 beside the nose. Auspiciously for the western world, the concepts of East have been simplified for this textbook presentation. Even at the beginning there is a need to explain, there are 14 main meridians in Traditional Chinese Medicine (TCM), 12 bilateral primary meridians in the body that are believed to carry the life force, called Qi. These meridians are associated with specific organs and/or organ functions. The twelve associated with organs are lung, large intestine, heart, small intestine, pericardium, triple warmer, liver, gall bladder, kidney, bladder, spleen and stomach. Plus, the two meridians associated more with function and direction is the conception vessel (Yin) and the governing vessel (Yang) making a total of fourteen meridians. The meridians are evaluated in classic acupuncture for balanced energy. Functionally the meridians have an ideal level of energy balanced equally between each.

### Summary of the Twelve Primary Meridians

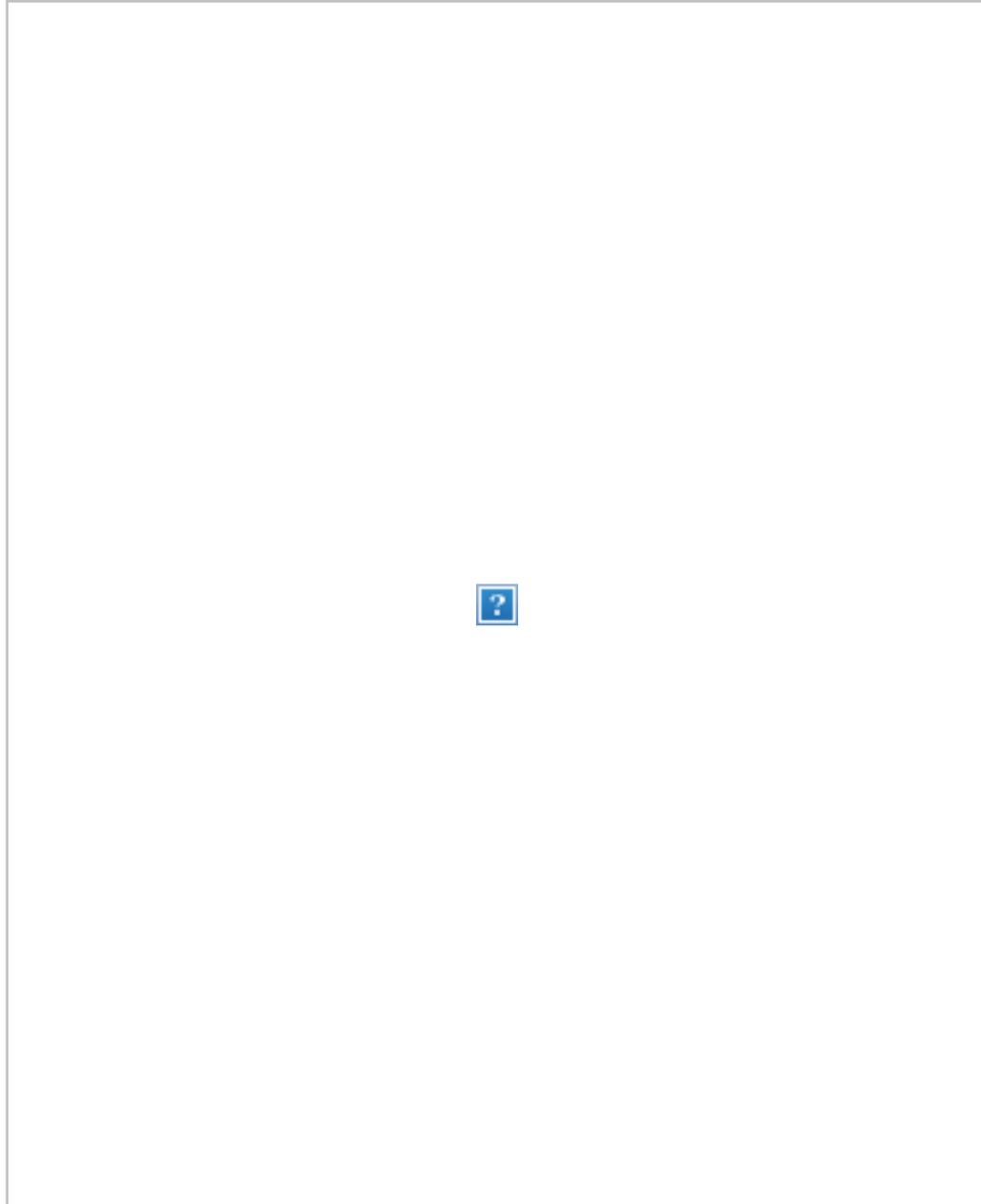


**Table I:** Summary of the Twelve Primary Meridians



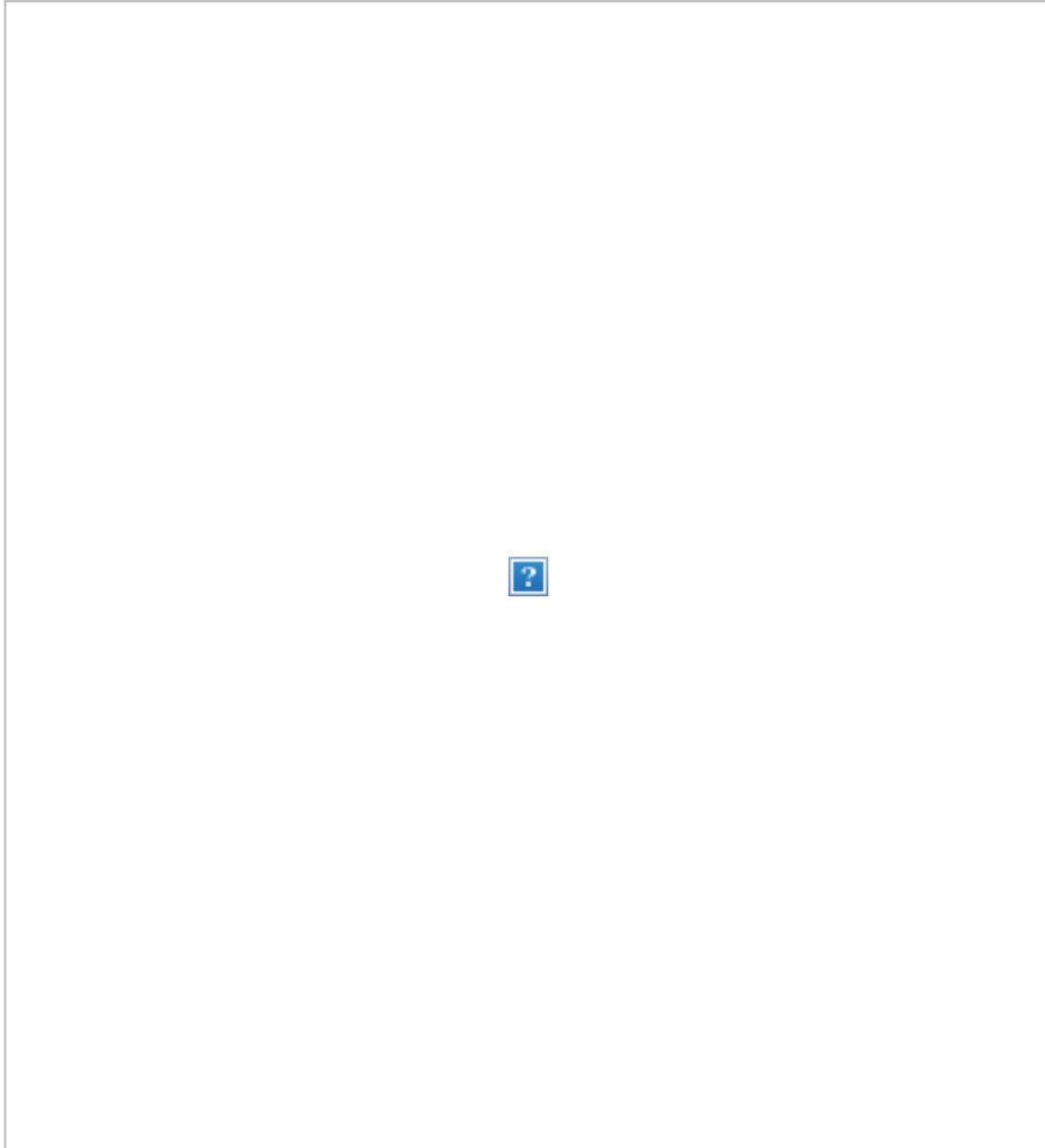
**Figure 1.** An illustration of the 20 points of the Large Intestine Meridian

The practitioner evaluates for imbalances of the energy patterns of the meridian system, to which they may attribute the cause of a condition. When an imbalance is found, the practitioner stimulates or sedates the various meridians and points with a needle or through other methods to restore balance to the system for health



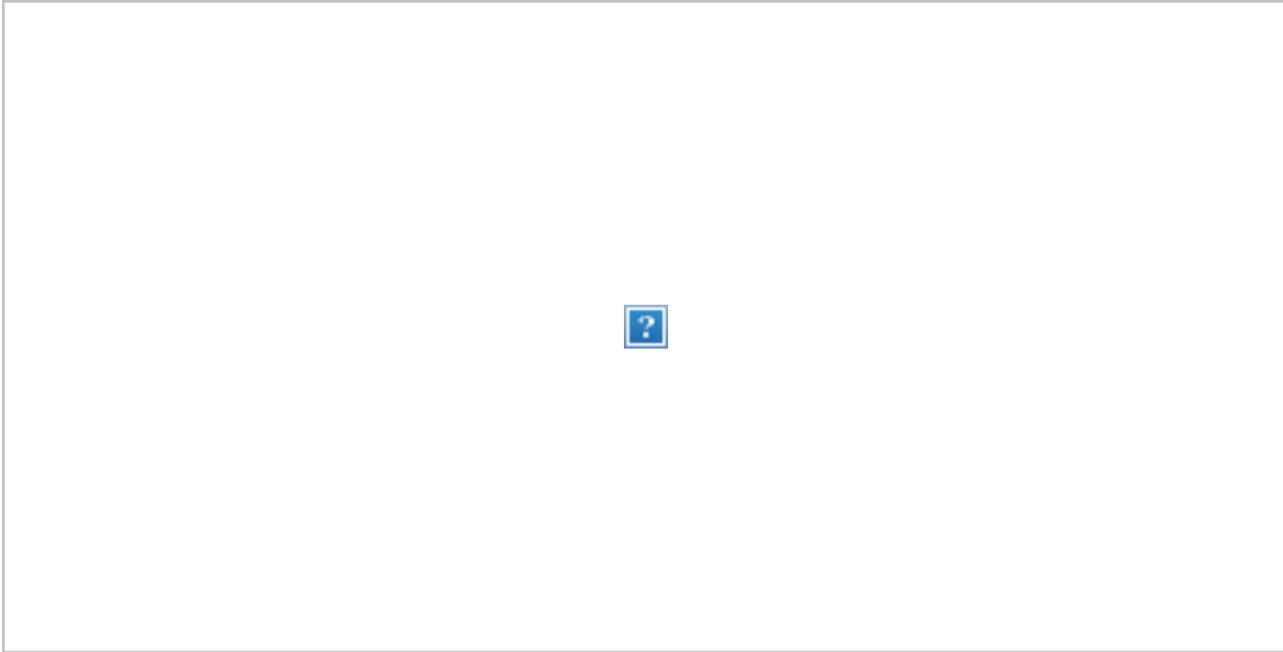
**Figure 2.** An illustration of the 9 points of the Heart Meridian

Each of the 14 meridians has a specific flow, points and function. It is beyond the scope of this text to go into each of the meridians and points used in the system of acupuncture to get the believed balance the practitioner is working toward.

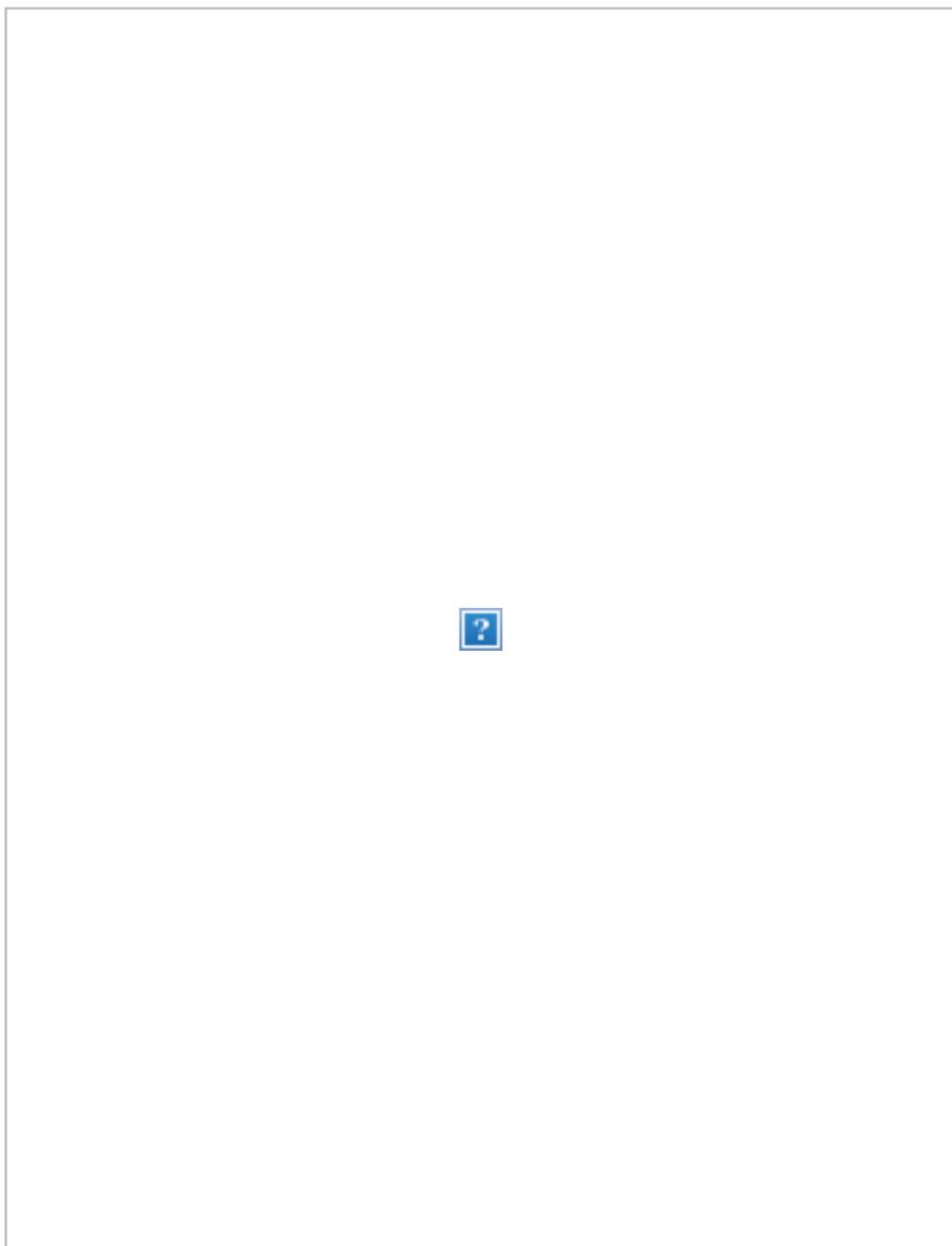


**Figure 3.** An illustration of the general circulation of energy

In the previous illustration, you can see that each meridian is associated with an organ and a specific time of day. This is the basis of understanding the holistic concepts found in acupuncture philosophy.



**Figure 4.** An illustration of *Qigon* – specific exercises given to the patients for different conditions that stimulate the flow of energy for specific meridian health.



## **Chapter 4: Historical Perspective**

Historically there are around 10,000 treatises on Acupuncture from the centuries preceding the modern era. Acupuncture is thought to be more than 5,000 years old, and it was not just practiced in China. The Egyptians talked about vessels that resembled the 12 meridians in 1550 B.C. in their medical treatises called the Papyrus Eberta. The South African Bantu tribesman scratched parts of their bodies similar to the Acupuncture point locations to correct ailments, injuries and cure disease. The Arabs cauterized their ears (Auriculotherapy and Moxabustion) with hot metal probes. The Eskimos, descendants of Asiatic culture, brought their understanding of health care with them as they migrated to the North American continent. They used sharp stones and bones for simple Acupuncture tools. Brazilian native Indians are known to have shot tiny arrows with blowpipes to diseased parts of their bodies to cure disease. All of these crude methods pre-date the written history that we will use in this text.

Past Acupuncture scholars freely edited prior texts and added personal interpretations, commentaries, and clinical experiences. As a result, present copies of ancient texts often represent the work of multiple Acupuncture scholars and demonstrate a medley of teachings, each susceptible to variable interpretations. This has contributed to the marked heterogeneity seen in Acupuncture practice.

In India, an ayurvedic form of early Acupuncture also existed. Ayurvedic Acupuncture was practiced by many in India and was taught as an Ayurvedic subject in the major ancient universities like Nalanda and Takshashila. Excavations have unearthed metal Acupuncture needles in the sites of these ancient universities. A famous physician of India, Giba [Jivaka] is said in one of the texts, such as the Chikitsa Vidya to have been born with an Acupuncture needle in the right hand and herbal container in the left hand in about the 5th century B.C.

Acupuncture was disseminated to Japan and Korea in the sixth century BC, to southeast Asia around the ninth century through commercial trade routes from China, and to Europe as early as the sixteenth century when Asian texts and translations were brought back by traders and missionaries. Acupuncture became relatively established in some parts of Europe, such as France, around the eighteenth century and persisted due to perpetual colonial influences, i.e., Indochina Laos, Cambodia, Vietnam, etc.

A survey from 2002 estimated that nearly 10 million American adults had used Acupuncture, and an estimated 2.1 million had used Acupuncture in the previous year. The five most commonly treated conditions were neck and back pain, general joint pain, headache and head/chest cold and congestion. Other commonly treated conditions include fatigue, digestion and heartburn, anxiety, insomnia and depression. Several surveys suggest that Acupuncture is the complementary and alternative medicine (CAM) therapy most likely to be recommended by physicians.

Acupuncture use has been more prevalent in certain Asian immigrant populations such as Chinese, Japanese, Korean and Vietnamese in the United States. But this is quickly changing. Today, younger college educated persons in every walk of life in the United States are trying Acupuncture and alternative treatments for injury, illness and ailments.

## Chapter 5: Early development

Ancient Acupuncture development has seemed to coincide with the rise and prominence of two major Chinese philosophies, Confucianism and Taoism. As a result, Acupuncture theory is largely grounded in these cultural philosophies.

One notable early influence of these philosophies was the recognition that one's examination and knowledge were sufficient to explain the human condition. This was a significant departure from ancient Chinese healing systems which usually ascribed illness to some unknown force or moral punishment.

The two philosophies, particularly Taoism, emphasized the importance of understanding the laws of nature and for humans to integrate and abide by these laws rather than to resist them. The human body was regarded as a microcosmic reflection of the macrocosm of the universe. For this reason, concepts used to explain nature, such as yin/yang and the Five Elements (described later), became central to Acupuncture philosophy and theory. The goal of the practitioner was to maintain the body's harmonious balance both internally and in relation to the external environment.

Eastern medicine values the clinician's initial assessment and encourages the practitioner to perfect his/her own intuition to extract additional subtleties. Eastern thought perceives the biosphere as dynamic and interconnected. With the Acupuncturist, it makes little sense to isolate a specific symptom. Symptoms necessarily arise from a particular context. Acupuncture treatments are therefore usually individualized, and two patients with the same symptoms often do not get the same treatment. The same patient also may not receive the same treatment on subsequent visits.

Three important concepts in Acupuncture practice are: Qi, Yin/Yang and Five Elements.

Qi (pronounced *chee*) is frequently translated as *vital energy*. It is thought to permeate all things, may assume different forms, and travel through pathways (meridians) located in and on the body. It can be described as stagnant, depleted, collapsed, or rebellious. Whether Qi is a quantitative force or a metaphoric way of depicting and experiencing interconnections is not clear. It likely provides a rationale for explaining change and linking phenomena.

Yin and Yang are felt to be dualistic complementary opposites and are used to describe all things in nature. Yin is used to represent more material, negative, and dense states of matter while yang represents more immaterial, positive, and rarefied states of matter. Interplay between the two opposites is dynamic and cyclical. To the Acupuncturist, health is a constant state of dynamic balance and one must employ a series of qualitative assessments to establish a patient's present disposition (table 1). The evaluation is more complex than merely designating a patient as 'more yin' or 'more yang'. An intricate set of qualitative measures, examination tools, and symptom evaluations are used.

Five Elements along with yin/yang theory form the basis of the original Chinese medical theory. The Five Elements are wood, water, fire, earth, and metal. These elements are not basic constituents of nature, but represent different basic processes, qualities, or phases of a cycle. An element can generate or counteract another element. Most vital organs, Acupuncture meridians, emotions, and other health-related variables are

assigned an element (table 2), thus providing a global description of the balancing dynamics seen in each person.

The Eastern Medical practitioner relies heavily on these principles for diagnosis and treatment selection. Once the nature of imbalance is determined, the practitioner aims to shift the homeostasis towards balance with the use of various natural interventions. Needle Acupuncture is only one important option in the use of many procedures and techniques of the Acupuncturist. If the Acupuncture procedure is successful and the illness or injury is corrected by the natural procedure it is an economical benefit to the patient and the medical system.

## **Chapter 6: Acupuncture Treatment**

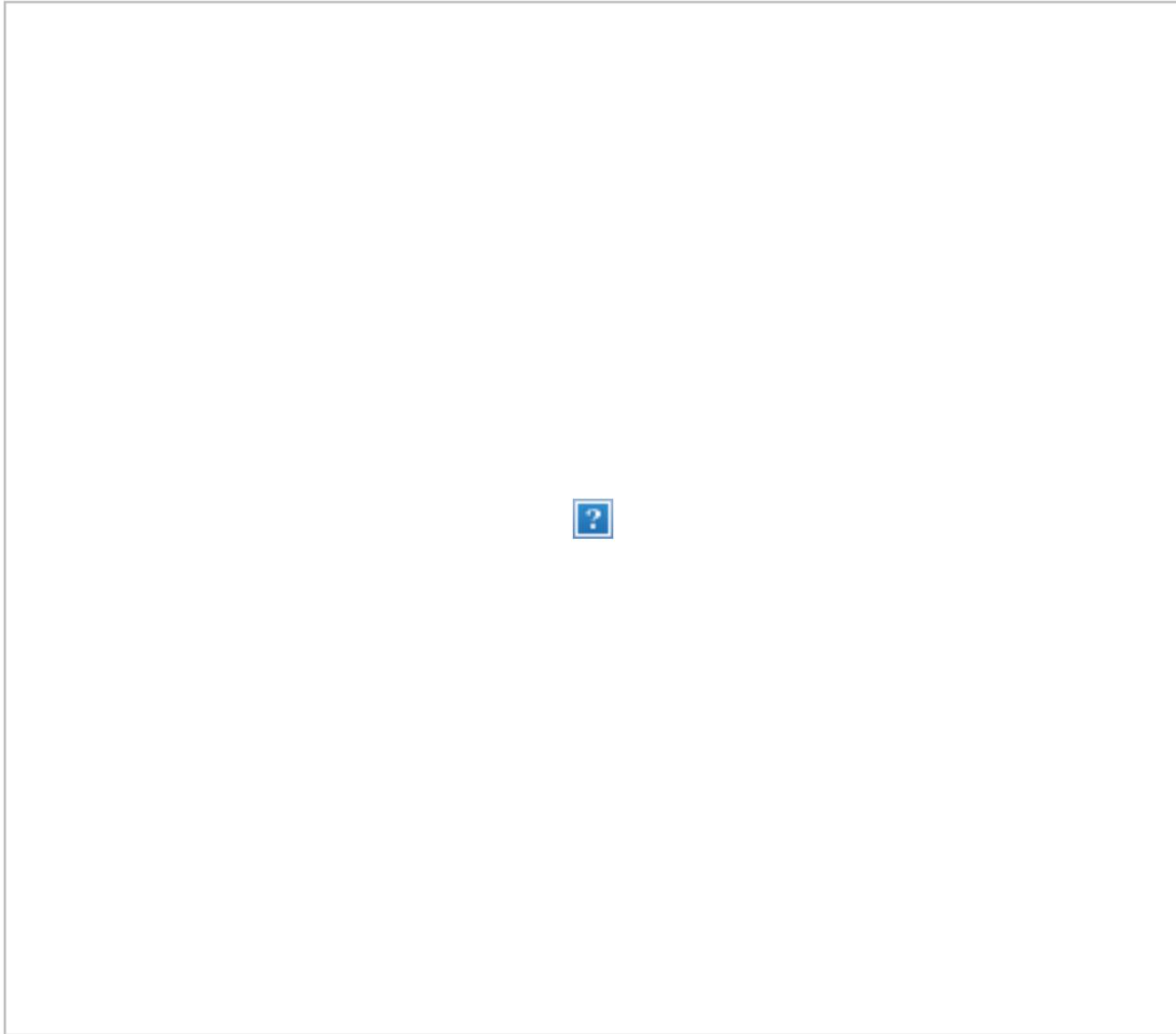
The typical Acupuncture treatment begins with a case history, examination and identification of the patient's constitutional pattern. To accomplish this, Acupuncturists use the Four Pillars of Evaluation: inspection, auscultation, inquiry, and palpation.

According to traditional Chinese medicine, practically everything, skin, complexion, bones, meridians, smells, sounds, mental state, preferences, emotions, demeanor, and body build reflects the state of the internal organs and can be used in diagnosis. The diagnostic evaluation may therefore be extensive, often incorporating ostensibly unrelated symptoms (as an example, discerning one's incapacity to make decisions, and dislike of speaking due to complaints of abdominal pain). In nearly all methods of Acupuncture, the tongue and radial pulse are often evaluated. In the Japanese style, strategic abdominal 'reflex points' also may be identified, and in Korean it is the hand points that may be primary.

Only after the evaluation and diagnosis is recognized are sterilized, fine metal needles inserted into precisely defined points to correct the disruption in harmony of the Qi. Classic theory recognizes about 365 points, said to be located on fourteen main meridians (pathways) connecting the physical, mental and emotional (spiritual) body. The fourteen main meridians are associated with specific organs, although theoretically not in the anatomical sense to which biomedical practitioners are accustomed.

Of the meridians, half are yin and the other half yang. Additional Acupuncture points (both on and off meridians) have been added over time and the total number of points has increased to at least 2000. In practice, however, the repertoire of a typical Acupuncturist may be only 100 to 150 points. Between 5 and 20 needles are used in a typical treatment session. A session may last up to one hour, although sessions can be as short as 15 minutes. Once needles (or other modality) are used, they are often left for 15–20 minutes while the patient lies or sits relaxed. Needles are removed at the end of the session. Treatments usually occur one to two times a week and the total number of sessions is variable, depending on the condition, disease severity, and chronicity.

Particularly in traditional Chinese Acupuncture, needle effectiveness is frequently measured by the elicitation of de qi. De qi is obtained by manipulation of the Acupuncture needle and is perceived as an 'aching' or 'throbbing' sensation by the patient and a 'grasp' by the Acupuncturist. For the patient, a treatment session may or may not be considered painful, there is clear cultural and interpersonal variability about this topic. Other styles, such as Japanese and Korean Acupuncture, are subtler and utilize more superficial needling with little or no manipulation and/or pain.



**Figure 6.** A drawing illustration of Moxa being burned

## **Moxibustion and other modalities**

Heat stimulation, a technique known as moxibustion, which burns the herb *Artemisia Vulgaris* near the Acupuncture point is a modality sometimes used by traditional practitioners. Point pressure is also sometimes applied in the same treatment and is known as Shiatsu. Numerous other techniques can also be used (i.e., exercise, diet, low-power laser, electricity, magnets, ultrasound and Acupuncture point injection). The type of intervention and level of stimulation varies with Acupuncture style and between Acupuncturists. Some styles, such as auricular (ear), hand, and scalp Acupuncture, limit their stimulation to a particular body part.

Acupuncture treatments are individualized and accommodate the individual and not the condition. Patients with identical problems will frequently get different treatments. Point combinations will usually vary between patients and sessions.

Acupuncture is often used in conjunction with the above-mentioned modalities. Chinese herbal interventions have historically been the mainstay of Asian therapy. Acupuncturists may also use massage or cupping (placing vacuum suction over point areas).

Lifestyle counseling, around issues such as diet, exercise, and mental health, is a component of Acupuncture care. In addition, the Acupuncture experience itself is purported to be therapeutic. Patients are frequently required to lie relaxed while the needles are left embedded in the skin. Consequently, the experience is frequently described as relaxing and comforting. Furthermore, Acupuncturists historically have considered the patient-practitioner relationship and therapeutic encounter itself to be inherently ‘potent’ and sufficient to promote healing.

## **Chapter 7: Projected Mechanisms of Action**

Multiple physiologic models have been proposed to explain the effects of Acupuncture. John Stump, DC, PhD, EdD, one of the authors of this text, just completed a textbook chapter on the various models that have been studied through Applied Kinesiology, cytokines, hormones, (cortisol and oxytocin), biomechanical effects, electromagnetic effects, the immune system, and the autonomic and somatic nervous systems and how they work (see Applied Kinesiology and Traditional Chinese Medicine in the reference section of this text).

The authors are only several of many authors who find in the proposed models that the data has been too inconsistent or inadequate to draw significant conclusions of ‘how Acupuncture works,’ other than the fact that Acupuncture does work and has for thousands of years and for millions of people.

### **Functional MRI**

Functional MRI studies have demonstrated the physiologic effects of Acupuncture. In one study, stimulating bladder points located on the foot (purported to treat visual disorders) was associated with changes in MRI signals at the visual cortex. Multiple other Acupuncture-MRI studies have also shown effects.

### **Connective Tissue**

Another theory is that Acupuncture points are associated with anatomic locations of connective tissue. A study that looked at points and meridians in the arm concluded that such an association was present. It is possible that such an association might relate to the concept of ‘grasp’ of the needle noted by ancient practitioners. Again, another area of needed research.

### **Clinical Application**

There have been hundreds of controlled trials of Acupuncture for various conditions over the past three decades of American scientific investigation. The best trials are discussed below (see ‘High-quality trials’

below).

Conditions for which Acupuncture has been studied and appears to have possible efficacy include:

Chronic pain

Postoperative nausea and vomiting

Chemotherapy induced nausea

Acute pain including dental pain

Headache

Hypertension

Acupuncture has been studied for many other conditions including stroke, depression, fibromyalgia, and tobacco and drug use, but evidence may be insufficient at this time to recommend the use of Acupuncture for all these conditions.

## **Adverse events**

Acupuncture is generally safe, but can lead to the complications seen with any type of needle use. These include; transmission of certain diseases, needle fragments left in the body, nerve damage, pneumothorax, pneumoperitoneum, organ puncture, cardiac tamponade, and osteomyelitis. Local complications include bleeding, contact dermatitis, infection, pain, and paresthesias.

Despite the variety of listed complications and the occasional case reported in major journals, major adverse events are exceedingly rare and are usually associated with poorly trained and/or unlicensed **Acupuncturists**.

Acupuncture is considered very safe, if rates of adverse effects are compared to those seen with many pharmacological treatments. Practitioners should use sterile needles to prevent transmission of disease. In America, Acupuncture practitioners are required to use disposable sterile needles in those states that have a law governing the rules and regulations of the practice of Acupuncture.

## **Precautions**

In general, local contraindications to Acupuncture include active infection at insertion sites, as well as malignancy at such sites, since there is a theoretical risk of causing metastases and dispersal of tumor cells.

Electro-Acupuncture should generally be avoided in patients with an automatic implantable cardioverterdefibrillator (AICD) or pacemaker. Disruption of the skin should be avoided in patients with severe neutropenia as seen after myelosuppressive chemotherapy.

Pregnancy is not an absolute contraindication, since Acupuncture has been used and studied for gestational conditions such as breech presentation and pregnancy-associated nausea. According to Acupuncture theory, however, some points can induce labor, the Acupuncturist should be informed of the pregnancy and treat accordingly.

Bleeding disorders and use of anticoagulants are also not absolute contraindications. Acupuncture needles are nearly always thinner than the intravenous catheters or phlebotomy needles routinely administered in hospitals and medical clinics. The Acupuncturist however, should be notified of any bleeding risks.

## **Chapter 8: The Future of Acupuncture**

In addition to Asia, Acupuncture is now widely used in Europe, South America and North America, both as a method of therapy and, in hospitals and medical centers, as a method of anesthesia. Operations with Acupuncture as the main anesthetic have been carried out in England, France, Italy, Austria, Canada and the United States, and the results have been comparable with those of the Chinese and Japanese physicians.

Since the 1950's, the USSR has also been using and researching the practice of Acupuncture extensively and the relationship between Russia and China in the scientific field is described as good. In 1972, a Russian researcher published work suggesting that Acupuncture points were points of low electrical resistance on the body. He also found a network of low resistance points in both animals and plants. The use of Acupuncture in the USSR steadily increased during the 1970's and in 1972, Acupuncture clinics were planned for all the major medical centers and hospitals in the Soviet Union. The Russians claim they have used Acupuncture with good success for a wide variety of conditions such as asthma, stomach ulcers, blood pressure and angina, as well as for pain.

In the west, Acupuncture has been used for the past 35 years mainly for pain relief. This is primarily because Acupuncture for pain is easy to learn (Biomedical Acupuncture), and does not require knowledge of traditional Chinese concepts in order to obtain results. In spite of the value of many traditional procedures, the concept of traditional Chinese medicine has seemed alien to western doctors and therefore has been rejected in favor of simpler and probably less efficient methods of treatment. Some doctors practicing dry needling technique Acupuncture in the west are simply puncturing tender points, as this seems a rational and logical approach by many physicians and physical therapists.

Acupuncture has become very popular in North America since President Nixon reopened relationships with the Chinese in the 1970s. Many research clinics are evaluating the effectiveness of Acupuncture, and also investigating the basic physiological mechanisms involved. The research output from North America is prolific and some excellent work has been done. Much of this work re-emphasizes the effectiveness of Acupuncture as an effective form of therapy for many conditions, especially pain, although it is not a guaranteed cure.

Over the last twenty years the west has developed a great deal of technological hardware that is now being applied in the field of Acupuncture. The modern Acupuncture techniques described briefly earlier use a variety of instruments and sources of stimulation, such as ultrasound, color, tapping, pressure, lasers and

electro-Acupuncture. Many of these Acupuncture techniques are still in their infancy. The practitioners and professionals may reject some instruments, others may prove to be important and beneficial for health care to both the practitioner and the medical profession.

China is a nation without enough resources and trained manpower to research and develop scientific Acupuncture. Until recently, few useful statistics were available from Acupuncture clinics in China, and most of the research into the basic mechanism of Acupuncture had come from Japan, South Korea and Western European research institutes. Within this context, it is probable that many of the major modern advances in Acupuncture will come from the west rather than from the east in the future development of Acupuncture. It is well known that Acupuncture is a very economical method of health care used by the Chinese hundreds of years for the health of their people. In addition to proven results, we in Alabama should consider this method of ancillary health care to help relieve the great burden of health care expenses on the over-taxed federal and state health care systems.

## **Chapter 9: Economic Impact of Acupuncture**

The Economic impacts of Acupuncture can be divided into two major categories.

1. Savings in medical care costs
2. Job creation

The second of these is actually the more compelling reason that Alabama would benefit from the licensing of acupuncture. However, they will be addressed in the order above.

### **Savings in Medical Costs**

Savings in medical care costs is a complex issue, which is not easily documented. There are two relevant questions here.

1. Is Acupuncture an effective alternative to conventional medicine?
2. If the answer to the first question is yes for a given condition/disorder, does Acupuncture cost less than conventional medicine?

The first question has yet to be answered in regards to the broad spectrum of medical conditions, diseases and disorders. However there is evidence of Acupuncture being effective in treating a number of specific conditions which include migraine and tension headaches (Linde et al. 2009), osteoarthritis (Witt et al., 2005), and postoperative nausea and vomiting (Ezzo et al., 2006) to name a few. Thus let us proceed to question 2 with the belief that Acupuncture is effective for a least some medical conditions.

Certainly the cost of Acupuncture is generally low as compared to conventional medicine. Conventional medicine usually involves diagnostics tests, prescription drugs, and sometimes surgery. Any and all of these tend to be costly. In contrast, an Acupuncturist typically works out of an office with fairly low overhead. One

study compared insurance claims for a group of 1688 eligible Acupuncture users to a group of 16,282 eligible non-Acupuncture users (Bonafede et al., 2008). They concluded that the use of Acupuncture produced statistically significant cost savings for “primary care, all outpatient services, pathology services, all surgery, and gastrointestinal medications.”

Another group of researchers (Jabbour et al., 2009) conducted a survey of economic evaluations of Acupuncture carried out between 1995 and 2009. Based on their analysis of numerous studies they concluded that, “Acupuncture is a safe and effective modality when performed by qualified practitioners and has the capacity to offer cost-effective treatment to society even when compared to conventional medicine.” So while there is a growing body of evidence that suggests that acupuncture can reduce the cost of medical care for society, more high quality clinical trials are needed.

## **Job Creation**

Even if one is skeptical of the potential medical benefits and/or cost savings of Acupuncture, the creation of jobs within the state is a compelling benefit that would result from licensing Acupuncture in Alabama. Licensing of Acupuncture and the associated job creation are of two varieties.

1. Licensing of qualified practitioners of Acupuncture
2. Licensing of one or more schools of Acupuncture

## **Acupuncture Schools**

According to the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) there are fifty-three accredited schools of Acupuncture in the United States. The Accreditation Commission commissions these schools for Acupuncture and Oriental Medicine (ACAOM). The ACAOM has been recognized by the U.S. Department of Education since 1988 for the accreditation of Masters level Acupuncture degrees. Unlike traditional universities which can be either public or private, all of the Acupuncture schools are privately owned and in fact about 75% of them are for-profit organizations. This is a four year graduate program, but many schools go year round, allowing the degree to be completed in three years.

Since Florida is a near neighbor of Alabama and has six accredited Acupuncture schools, we will examine the Florida schools as examples. Most have been in existence for over 20 years, which for Acupuncture schools in the U.S., is a relatively long history. Four of the six are for-profit organizations, with the other two being not-for-profit. None receive financial support from the state. The average total tuition for the degree is about \$45,000. The number of students enrolled per school ranges from 61-135, with an average of 104 students per school. The average student to faculty ratio is about ten. The number of staff averages about half the number of faculty.



**Table II: Projected Alabama Acupuncture Schools**

Most schools also operate a clinic in which faculty treat patients. This provides an additional source of income for the schools. It also serves as a training ground for students under the supervision of faculty, much like the resident training process for medical doctors in teaching hospitals. Economic Benefits of a School of Acupuncture in Alabama

If a single school of Acupuncture were created in Alabama with a target student body of 100 students; based on the numbers above from the Florida schools, one could expect that about fifteen jobs would be created. This would be about ten faculty and five staff. While fifteen new jobs may not sound very impactful, there would be additional economic benefits. Many of the 100 students could be coming from outside the state, and bring their associated spending to the area with the need to obtain housing, shop in area stores, etc. If the school was a for-profit organization, it would also pay income tax to the state. The school's revenue would come from student paid tuition and patient paid fees in the clinic.

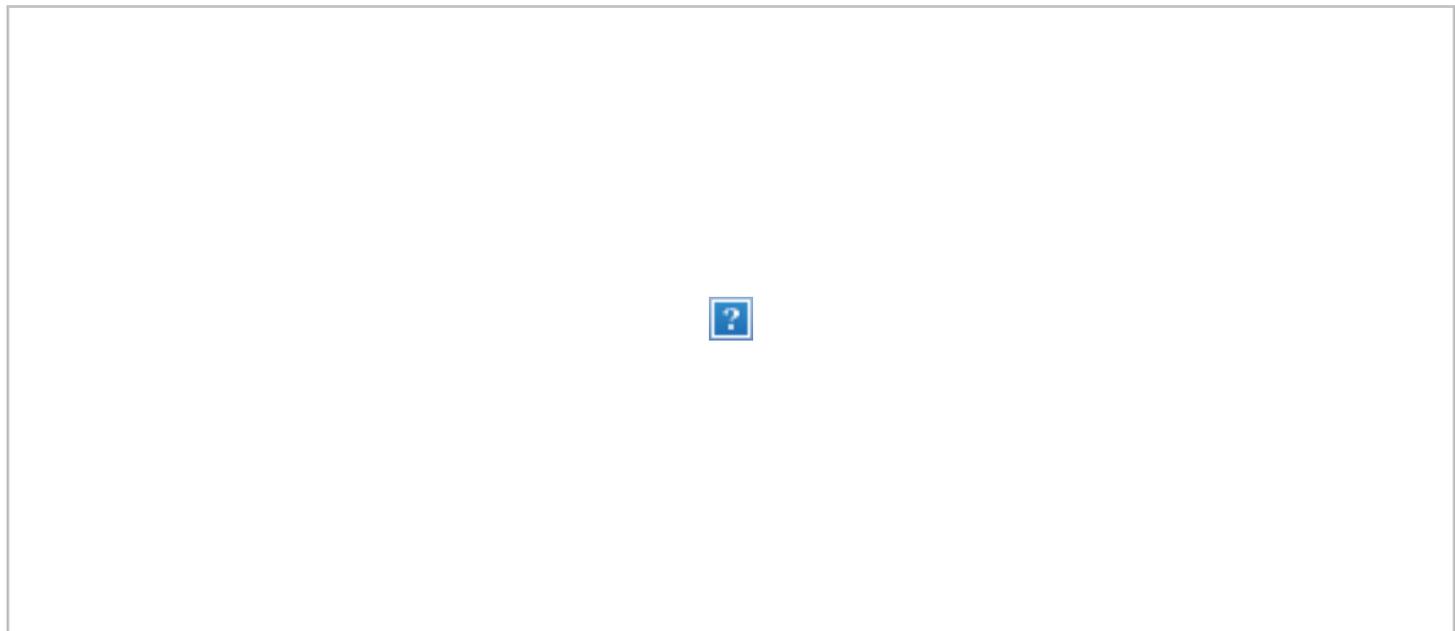
Each year the school would generate graduates, many of whom would set up a private practice in Alabama. Certainly one would expect attrition during the years of graduate school, so not all students who matriculate would eventually graduate. But supposing twenty-five new students per year, a conservative estimate might be at least ten new graduates per year who remain in the state and enter into private practice. Each new Acupuncture practice would be an additional small business for state that would hire staff (generating additional jobs) and pay taxes.

### State Licensing of Acupuncturists

Of course the ability of new graduates to enter into private practice within Alabama is dependent on the State entering into the process of licensing qualified practitioners. Even without a school of Acupuncture in Alabama to be generating new graduates, there is currently a loss of small businesses for the state due to the lack of licensing. There are trained Acupuncturists who reside in Alabama but operate their business in a neighboring state where they can be properly licensed. All of Alabama's neighboring states engage in the process of licensing properly trained Acupuncturists. Mississippi most recently joined this group in 2009, becoming the 44th state to do so. Thus any Acupuncturist who resides in Alabama and lives reasonably close to any state line is likely to open their private practice in another state.

There is no accurate way to estimate the number of small business and jobs that Alabama is currently losing.

However, one rough estimate is to compare to Florida on a per capita level. According to Acufinder.com there are 286 licensed acupuncturists in Florida. Based on the U.S. Census Bureau's 2012 estimate, Florida's population is 19.317 million. That means there are about 14.81 Acupuncturists per million residents in Florida. Acufinder.com is the self purported premier web resource for everything to do with Acupuncture. The list is not all-inclusive since Acupuncturists must choose to list their practice, so it can certainly be assumed that some practices are not listed. However, given that caveat, let us compare Alabama to Florida. There are only six Acupuncturists listed for Alabama. Given the U.S. Census Bureau's 2012 estimate for Alabama of 4.822 million people, that is 1.24 Acupuncturists per million residents. To reach the same level as Florida, Alabama would need to have at least 71 Acupuncturists, which is quite a few additional small businesses.



\* Based on U.S. Census Bureau

\*\* Based on Acufinder.com

**Table III:** Acupuncturists by State

## Conclusion

As has been discussed there are two economic benefits of licensing Acupuncture in Alabama. One is the potential for saving in the cost of medical care. The other is the creation of jobs, including the increased number of small businesses that would be operating around the state in the form of Acupuncture clinics. Additionally, the creation of jobs associated with a school of Acupuncture, and the accompanying economic impact of the students would be brought into the state.

## References

- Bonafede M, Dick A, Noyes K, Klein JD, Brown T. *The effect of acupuncture utilization on healthcare utilization Med Care.* 2008;46(1):41-8.
- Ezzo J, Richardson MA, Vickers A, et al. *Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting Cochrane Database Syst Rev.* 2006;(2):CD002285.
- Jabbour M., Spako M., Miller D., et al. *Economic evaluation in acupuncture: past and future The American Acupuncturist* 2009 (49). [http://www.aaaonline.info/eco\\_eval\\_in\\_acu.pdf](http://www.aaaonline.info/eco_eval_in_acu.pdf)
- Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR. *Acupuncture for migraine prophylaxis Cochrane Database Syst Rev.* 2009;(1):CD001218.
- Trinh KV, Graham N, Gross AR, et al. *Acupuncture for neck disorders Cochrane Database Syst Rev.* 2006;3:CD004870.
- Witt C, Brinkhaus B, Jena S, et al. *Acupuncture in patients with osteoarthritis of the knee: a randomized trial Lancet* 2005;366(9480):136-43.

## Chapter 10: A Medical Path to Acupuncture

*Kristin Kalmbacher, MD*

Becoming a physician was not on my radar as a young woman until a family member suggested it to me. It seemed like a position that society regarded highly and a worthy challenge. As an avid runner with an interest in physiology and nutrition, I considered a career in sports medicine. At that time in my young life I was not aware of the many other methods of medical practice that were as effective as allopathic care. I was also blissfully unaware that a patient's insurance or lack thereof would ultimately dictate the type of treatment I could provide.

I became interested with traditional Chinese medicine, including the practice of acupuncture, and how it works by restoring the flow of Qi or energy throughout the body. The theory is that pain and disease result from an imbalance in Qi, meaning that it is deficient, stagnant or excessive in a particular area. Pain, infertility and menstrual disorders are common conditions considered to be the result of disordered Qi in traditional Chinese medicine. In my practice I have been able to alleviate the pain from sprains, contusions and tendonitis through the use of Acupuncture and have improved the symptoms of chronic pelvic pain.

In Western medicine, it is common to label patients as non-compliant or as having psychiatric issues when their symptoms do not respond to conventional treatment, but sometimes we just do not or cannot take the time to fully understand our patients. Often the medications we have to treat them are ineffective or the side effects are intolerable. Not uncommonly, the patient and the physician simply blame the issues on getting old. Yet age is not a disease and a one-size fits-all treatment plan cannot possibly work for everyone.

It is frustrating to address issues of chronic pain and fatigue when they seem to have no identifiable source. Other problems such as addictions, neuropathy, infertility and some gastrointestinal issues can be particularly resistant to traditional medical and surgical management. I decided to study Acupuncture as it offered a way to understand and treat such complex medical conditions that resorted to prescription medications as the only means of affecting a solution. Acupuncture is cost effective and virtually side effect free. I was drawn to the concept of healing via balancing energetic flow. In western medicine we do not consider the body's electric energy except when measuring it in EKG's, EEG's or nerve conduction studies. In the past, with questionable results and without knowing why it worked, we have used electric energy in shock treatments for refractory psychiatric disorders. Yet energy is what holds our very atoms together; it is what makes our hearts pump and our neurons fire. Balancing the body's subtle energetic flows through acupuncture can lead to healing on a fundamental level and the resolution of a vast array of symptoms. More importantly, acupuncture can rectify these symptoms of 'dis-ease' and often prevent the full manifestation of disease in the future.

After graduating from medical school at Tulane in New Orleans, I moved to Savannah, Georgia for a family practice residency and a three year public health service obligation. Additionally, I worked in urgent care medicine and quickly became disillusioned with my ability to help people and the pressure to see large numbers of patients in a short time.

Patients wanted a quick fix and a prescription to cure their ailments. They did not want to take the time to take proper care of themselves with good nutrition and regular exercise. Medication alone could not fix the underlying problem. I knew I had to find a method of care that was not limited to dispensing pills and preaching about the benefits of nutrition and exercise.

I began my education in traditional Chinese medicine (TCM) and it gave me a new set of ears to hear and understand my patients. I could now take in the whole patient presentation. As individuals, their likes, dislikes, cravings, sleep patterns, moods and food preferences became information that was just as relevant as their past medical, surgical and family history.

TCM has been in place and effectively treating both the symptoms and the cause of disease thousands of years longer than our western medical system. Considering the increasing cost of our health care, it is probable that it will continue long after our system is bankrupt. Americans spend more than any other country on their health care and yet we rank 37th in positive medical outcomes. It behooves us to look at other successful health care modalities.

Since beginning my studies in TCM, I have also studied Ayurvedic (traditional Indian) medicine and am completing a second fellowship in anti-aging and regenerative medicine that looks at nutritional supplements, hormone balancing, and lifestyle modification as modalities for disease prevention and treatment. I have done my best to educate and treat my patients while staying healthy myself.

It is my belief that any health care provider should exemplify what he or she teaches and passes on those principles before writing a prescription. If your health care provider is not doing that, I would seriously consider finding another. In fact, the Latin root of doctor, means teacher not healer. As doctors we should emulate that definition, knowing that only nature and forces therein truly heal disease. Every medical modality, including chiropractic care, has its strengths and weaknesses, and each practitioner should know enough about the other disciplines to refer when necessary. Western medicine has already established such a referral system among primary care and specialty providers that could be further expanded to include all health care providers. This would be true integrative medicine and would be fundamentally preventive and cost effective.

## Summary

The authors have put this book together as an outline for the person in Alabama who may want to consider Acupuncture and Traditional Chinese Medicine for drug and surgery-free health care for an acute injury, condition or chronic ailment or illness.

One of the main reasons the authors organized this Acupuncture book was to help our citizens understand they have a right to the best and most highly trained practitioners of Acupuncture. These practitioners can and should be educated here in Alabama and be able to practice throughout the State.

We the people of Alabama need to have a law that protects the citizens from unlicensed practitioners when Acupuncture and Chinese Medicine and other Asian procedures and techniques are involved in the treatment of illness, injuries and other identified conditions.

A consortium of professional Acupuncture associations have combined to help make Acupuncture legal in the few remaining states in the U.S. where it is not, and to promote Acupuncture and Oriental Medicine (AOM) education, research, and outreach with the AOM National Organizations Strategic Plan. There are no laws governing Acupuncturists in Wyoming, North Dakota, South Dakota, Oklahoma, and yes...Alabama. These five states have not enacted a law governing the practice of Acupuncture and Oriental Medicine at this time and we want Alabama off that list.

The first state to create oversight for the practice of Acupuncture was California. In 1972, the California Board of Medical Examiners began regulating Acupuncture use in medical schools. In 1975, California Governor Jerry Brown signed a law legalizing the practice of Acupuncture by licensed Acupuncturists and the California Acupuncture Board was created.

Acupuncture Organizations nationwide have combined to create the Acupuncture Oriental Medicine National Organizations Strategic Plan. This is a master plan that states, 'By 2014, Acupuncture and Oriental Medicine (AOM), an independent, licensed profession, will be fully accessible to the public throughout American healthcare.' Key goals include the promotion of research, education, public awareness, as well as health and safety. Also central to the plan is the creation of new job opportunities for licensed Acupuncturists in multiple healthcare settings. One important goal is to obtain federal recognition for Acupuncturists in multiple insurance plans, but also to be considered in National Health programs. Probably the most crucial part of the strategic plan seeks to achieve licensure for Acupuncturists in all fifty states. The participating organizations include: American Association of Acupuncture and Oriental Medicine (AAAOM), Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), Federation of Acupuncture and Oriental Medicine Regulatory Agencies (FAOMRA), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), National Federation of Chinese Traditional Chinese Medicine Organizations (NFCTCMO), and the Society for Acupuncture Research (SAR).

A key element is working toward federal recognition of AOM under Medicare and by the Bureau of Labor Statistics (BLS). Currently, the BLS does not recognize licensed Acupuncturists as a standalone profession.

The BLS recognizes Acupuncture as a procedure that may be applied by nurses, physicians and Chiropractors, but not as a profession. A licensed Accupuncturist generally considers recognition the first step towards gaining Medicare coverage for Acupuncture services.

Section 3502 of the new health reform law recently signed by President Obama states that primary health care practitioners must ‘provide coordination of the appropriate complimentary and alternative (CAM) services to those that request such services.’ The goals of the AOM National Organizations Strategic Plan are synergistic with this legal provision. The new health reform law should help to move the BLS to formally recognize the Acupuncture profession thereby further movement toward the desired federal acknowledgment.

We need to help educate those who can help this effort by spreading the ‘Awareness of Acupuncture and Oriental Medicine in Alabama.’ The authors thank you for your effort and attempt to educate those that have not been exposed to this natural methodology and philosophy of health care. Many department and organizations of Acupuncture and Oriental Medicine are listed in the resource directory in the back of this book for your convenience. Please take a moment to look through the directory, you may find the organization that could answer one of the questions you may have about this ancient health care procedure. If you are a resident of Alabama and want more information about Acupuncture and how you can help this effort please contact:

## **Resource Directory**

### **I. Professional Organizations**

#### **1. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)**

Maryland Trade Center #3

7501 Greenway Center Drive,

Suite 820, Greenbelt, MD 20770

Phone: 301-313-0855

Fax: 301-313-0912

<http://www.acaom.org>

ACAOM is the national accrediting agency recognized by the U.S. Department of Education to accredit Master's-level programs in Acupuncture and Oriental medicine. ACAOM has over 50 schools and colleges with accredited or candidacy status with the Commission.

## **2. American Academy of Medical Acupuncture (AAMA)**

5820 Wilshire Boulevard

Suite 500

Los Angeles, California 90036

Phone: (323) 937-5514

<http://www.MedicalAcupuncture.org>

The professional organization representing primarily physicians who practice Acupuncture, this site provides information on continuing education opportunities, referrals to members, an online journal, and a searchable data base of research, in addition to links to other sites of interest.

## **3. American Association of Oriental Medicine (AAOM)**

433 Front St.

Catasauqua, PA 18032

Phone: (610) 266-1433

Fax: (610) 264-2768

Email: [aaom1@aol.com](mailto:aaom1@aol.com)

One of the two professional organizations (the other being the National Acupuncture and Oriental Medicine Alliance) representing primarily master's degree Acupuncture practitioners. The website provides referrals to members and information on state associations, legislation, conferences and related websites. It also offers a selected list of books and tapes from its conferences for sale.

## **4. American Chiropractic Association Council on Acupuncture (ACA CCA)**

510 Baxter Road, Suite 8

Chesterfield, MO 63017

Phone: 636-207-6600

Fax: 636-207-6631

Email: [ccaexec@councilofchiropracticAcupuncture.org](mailto:ccaexec@councilofchiropracticAcupuncture.org)

<http://www.councilofchiropracticAcupuncture.org/>

This professional organization represents the Chiropractic profession that practices Acupuncture. This site provides information on continuing education and referrals to members, online database of research in addition to links to other educational opportunities. \

## **5. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)**

Maryland Trade Center #3

7501 Greenway Center Drive,

Suite 820, Greenbelt, MD 20770

Phone: 301-313-0855

Fax: 301-313-0912

<http://www.acaom.org>

ACAOM is the national accrediting agency recognized by the U.S. Department of Education to accredit Master's-level programs in Acupuncture and Oriental medicine. ACAOM has over 50 schools and colleges with accredited or candidacy status with the Commission <http://www.acaom.org/accprgs.asp>

## **6. American Academy of Medical Acupuncture (AAMA)**

**5820 Wilshire Boulevard**

Suite 500

Los Angeles, California 90036

Phone: (323) 937-5514

<http://www.MedicalAcupuncture.org>

The professional organization representing primarily physicians who practice Acupuncture, this site provides information on continuing education opportunities, referrals to members, an online journal, and a searchable data base of research, in addition to links to other sites of interest.

## **7. American Association of Oriental Medicine (AAOM)**

433 Front St.

Catasauqua, PA 18032

Phone: (610) 266-1433

Fax: (610) 264-2768

Email: [aaom1@aol.com](mailto:aaom1@aol.com)

<http://www.aaom.org/>

One of the two professional organizations (the other being the National Acupuncture and Oriental Medicine Alliance) representing primarily master's degree Acupuncture practitioners. The website provides referrals to members and information on state associations, legislation, conferences and related websites. It also offers a selected list of books and tapes from its conferences for sale.

## **8. American Association of Veterinary Acupuncture**

P. O. Box 419

Hygiene, CO 80533-0419

Phone: (303) 772-6726

Email: [AAVAoffice@aol.com](mailto:AAVAoffice@aol.com)

<http://www.aava.org>

This organization provides referrals and general information on veterinary Acupuncture, including a small number of journal articles.

## **9. Community Acupuncture Network**

P.O. Box 18157

Portland, OR 97218

Email: [info@communityAcupuncturenetwork.org](mailto:info@communityAcupuncturenetwork.org) <http://www.communityacupuncturenetwork.org>

CAN's mission is to make Acupuncture more affordable and accessible by promoting Acupuncture clinics around the country that provide low-cost Acupuncture services. The organization has hundreds of Acupuncturist members, and dozens of clinics are listed on its website.

## **10. Foundation for Traditional Chinese Medicine**

122A Acomb Rd.

York YO2 4EY

Phone: (01904) 785120-784828

<http://www.ftcm.org.uk>

The foundation provides an organizational base for promoting research in Acupuncture, to bring it more centrally into the national health care system.

## **11. International Veterinary Acupuncture Society**

Grange Research Centre

Teagasc, Dunsany, Co.

Meath, Ireland

Phone: 353-46-25214

Fax: 353-46-26154

Email: [progers@grange.teagasc.ie](mailto:progers@grange.teagasc.ie)

<http://www.ivas.org>

or

1 Esker Lawns, Lucan

Dublin, Ireland

Phone: 353-1-6281-222

Email: [philrogers@tinet.ie](mailto:philrogers@tinet.ie)

This organization provides information to the public and veterinarians, including referrals, a listing of national and international organizations working on veterinary Acupuncture, a searchable data base of research and clinical information specific to treating animals. It also provide links to a wide range of sites of interest to veterinarians.

## **12. Medical Acupuncture Research Foundation**

5820 Wilshire Boulevard

Suite 500

Los Angeles, California 90036

Phone: (323) 937-5514

<http://www.medicalacupuncture.org>

The Medical Acupuncture Research Foundation (MARF) is reached through the same address and site at the American Academy of Medical Acupuncture (AAMA). The MARF is closely affiliated with the AAMA. In addition to maintaining this site, MARF holds research symposia

## **13. National Acupuncture and Oriental Medicine Alliance**

14637 Starr Road Southeast

Olalla, Washington, 98359

Voice Mail: (253) 851-6896

Fax: (253) 851-6883

<http://www.acuall.org>

This organization is the other main professional representative body for masters degree practitioners. Similar information on legislative and practice issues as that found on the AAOM website is seen here. This site does not provide referrals to practitioners but links to HealthWorld Online, which does provide this service.

## **14. National Acupuncture Detoxification Association (NADA)**

**P.O. Box 1927**

Vancouver, Washington 98668-1927

Toll-Free: (888) 765-NADA

Phone: (360) 254-0186

Fax: (360) 260-8620

Email: [nadaclear@aol.com](mailto:nadaclear@aol.com)

<http://www.acudetox.com>

A non-profit organization that strives to understand how the principles of both Chinese medicine and chemical dependency can lead to significant benefit in recovery from all forms of drug addiction and a variety of mental disorders.

### **15. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)**

11 Canal Center Plaza, Suite 300

Alexandria, VA 22314

Phone: (703) 548-9004

Fax: (703) 548-9079

Email: [info@nccaom.org](mailto:info@nccaom.org)

<http://www.nccaom.org/>

This organization is responsible for managing a national certification examination, a requirement for licensure in the majority of states. The site provides information on the examination and a searchable database of practitioners.

### **16. The Society For Acupuncture Research (SAR)**

5415 W. Cedar Lane, Suite 204-B

Bethesda, MD 20814

Phone: (301) 571-0624

Email: [society@acupunctureresearch.org](mailto:society@acupunctureresearch.org)

<http://www.acupunctureresearch.org>

This organization's primary focus is an annual symposium on Acupuncture research. In this site, interested researchers and practitioners can register for the symposium and register for affiliation status in the Society.

## **II. Colleges and Training Centers**

There are many newly accredited Acupuncture/TCM schools that are not listed below. The following web site maintains a complete list of accredited and candidate schools, published on the web site twice each year:

### **1. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)**

<http://www.acaom.org/accprgs.asp>

Accredited Programs: <http://www.acaom.org/accprgs.asp>

### **2. Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)**

1010 Wayne Avenue

Suite 1270

Silver Spring, MD 20910

Phone: (301) 608-9175

Email: [CCAOM@Compuserve.com](mailto:CCAOM@Compuserve.com)

<http://www.ccaom.org>

The CCAOM is responsible for accrediting programs that provide a masters degree in Acupuncture. In addition to this work, the council administers a clean needle technique course, a requirement for taking the NCCAOM certification examination. The following list includes all the " current and candidate members of the Council: <http://www.ccaom.org/members2.asp>

### **3. Academy for Five Element Acupuncture (AFEA)**

1170-A East Hallandale Beach Blvd.

Hallandale, FL 33009

Phone: 954-456-6336

Fax: 954-456-3944

Email: [afea@compuserve.com](mailto:afea@compuserve.com)

<http://www.acupuncturist.edu>

Offers a Masters of Acupuncture.

### **4. Academy of Chinese Culture and Health Sciences (ACCHS)**

1601 Clay Street

Oakland, CA 94612

Phone: (510) 763-7787

Fax: (510) 834-8646

Email: [acchs@best.com](mailto:acchs@best.com)

<http://www.acchs.edu>

Offers an M.S.. in Traditional Chinese Medicine.

### **5. Academy of Oriental Medicine (AOMA)**

2700 W. Anderson Lane

Suite 204

Austin, TX 78757

Phone: (512) 454-1188

Fax: (512) 454-7001

Email: [admissions@aoma.edu](mailto:admissions@aoma.edu)

<http://www.aoma.edu>

Offers Master of Acupuncture and Oriental Medicine degree.

### **6. Acupuncture & Integrative Medicine College, Berkeley (formerly Meiji College)**

2550 Shattuck Ave.

Berkeley, CA 94704

Phone: (510) 666-8248

Fax: (510) 666-0111

Email: [info@aimc.edu](mailto:info@aimc.edu)  
<http://www.aimc.edu>

Offers an M.S.. in Oriental Medicine.

**7. Acupuncture and Massage College**

10506 North Kendall Drive

Miama, FL 33176

Phone: (305) 595-9500

Fax: (305) 595-2622

<http://www.amcollege.edu>

Offers an M.S.. in Oriental medicine.

**8. American Academy of Acupuncture and Oriental Medicine**

21925 West County Rd B2

Roseville, MN 55113

Phone: (651) 631-0204

Fax: (651) 631-0361

Email: [tcmhealth@aol.com](mailto:tcmhealth@aol.com)

<http://www.aaaom.org>

Offers an M.S.. in Acupuncture and Oriental Medicine.

**9. American College of Acupuncture and Oriental Medicine (ACAOM)**

9100 Park West Drive

Houston, TX 77063

Phone: (713) 780-9777

Fax: (713) 781-5781

Email: [info@acaom.edu](mailto:info@acaom.edu)

<http://www.acaom.edu>

Offers an M.S.. in Oriental medicine.

**10. American College of Traditional Chinese Medicine (ACTCM)**

455 Arkansas Street

San Francisco, CA 94107

Phone: (415) 282-7600

Fax: (415) 282-0856

Email: [admissions@actcm.edu](mailto:admissions@actcm.edu)

<http://www.actcm.org>

Offers an M.S.. in Traditional Chinese Medicine.

**11. American Institute of Alternative Medicine**

6685 Doubletree Ave

Columbus, OH 43229

Phone: (614) 825-6278

Fax: (614) 825-6279

Email: [info@aiam.edu](mailto:info@aiam.edu)

<http://www.aiam.edu>

Offers a Diploma in Acupuncture.

**12. Arizona School of Acupuncture and Oriental Medicine**

44646 E. Fort Lowell Road, Suite 104

Tucson, AZ 85712

Phone: (520) 795-0787

Fax: (520) 795-1481

Email: [asaom@dakotacom.net](mailto:asaom@dakotacom.net)

<http://www.asaom.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

**13, Asian Institute of Medical Studies**

13131 N. Country Club Road, Suite 100

Tuscon, AZ 85716

Phone: (520) 322-6330

Fax: ((520) 322-5661

Email: [info@asianinstitute.edu](mailto:info@asianinstitute.edu)

<http://www.asianinstitute.edu>

Offers a Masters of Acupuncture and Oriental Medicine.

**14. Atlantic Institute of Oriental Medicine**

100 East Broward Blvd., Suite 100

Fort Lauderdale, FL 33301

Phone: (954) 763-9840/886-807-7087

Fax: (954) 763-9844

Email: [atom@atom.edu](mailto:atom@atom.edu)

<http://www.atom.edu>

Offers an M.S..in Oriental Medicine.

**15. Bastyr University**

14500 Juanita Drive NE

Kenmore, WA 98028

Phone: (425) 823-1300

Fax: (425) 823-6222

Email: [admiss@bastyr.edu](mailto:admiss@bastyr.edu)

<http://www.bastyr.edu>

Offers an M.S.. in Acupuncture and in Acupuncture and Oriental medicine.

**16. Colorado School of Traditional Chinese Medicine**

1441 York Street, Suite 202

Denver, CO 80206-2127

Phone: (303) 329-6355

Fax: (303) 388-8165

Email: [admin@cstem.edu](mailto:admin@cstem.edu)

<http://www.cstem.edu>

Offers an M.S.. in TCM.

**17. Dongguk-Royal University (DRU)**

440 South Shatto Place

Los Angeles, CA 90020

Toll-free: (800) 303-1800

Fax: (213) 487-0527

Email: [dru@pdc.net](mailto:dru@pdc.net)

<http://www.dru.edu>

Offers an M.S.. in Oriental medicine.

**18. Dragon Rises College of Oriental Medicine**

901 NW 8th Ave, Suite B5

Gainesville, FL 33301

352-371-2833

352-371-2867 (fax)

Email: [info@dragonrises.edu](mailto:info@dragonrises.edu)

<http://www.dragonrises.edu>

Master of Acupuncture and Oriental Medicine

**19. East West College of Natural Medicine**

3803 North Tamiami Trail

Sarasota, FL 34234

941-355-9080

941-355-3243 (fax)

Email: [registrar@ewcollege.org](mailto:registrar@ewcollege.org)

<http://www.ewcollege.org>

Master of Science in Oriental Medicine

**20. Eastern School of Acupuncture and Traditional Medicine**

427 Bloomfield Ave., Suite 301

Montclair, NJ 07042

973-746-8717

973-746-8714 (fax)

Email: [info@EasternSchool.com](mailto:info@EasternSchool.com)

<http://www.EasternSchool.com>

New Jersey's first school of Acupuncture. Graduates receive a Diploma in Acupuncture and are qualified to sit for the NCCAOM national board exam, a prerequisite for state licensure.

**21. Emperor's College of Traditional Oriental Medicine**

1807 B. Wilshire Boulevard

Santa Monica, CA 90403

Phone: (310) 453-8300

Fax: (310) 829-3838

Email: [dsl@emperors.edu](mailto:dsl@emperors.edu)

<http://www.emperors.edu>

Offers an M.S. in Traditional Oriental Medicine.

**22. Five Branches Institute: College of Traditional Chinese Medicine**

200 7th Ave.

Santa Cruz, CA 95062

Phone: (831) 4769424

Fax: (831) 476-8928

Email: [tcm@fivebranches.com](mailto:tcm@fivebranches.com)

<http://www.fivebranches.com>

Offers an M.S. in Traditional Chinese Medicine.

**23. Florida College of Integrative Medicine**

7100 Lake Elenor Drive

Orlando, FL 32809

Phone: (407) 888-8689

Fax: (407) 888-8211

Email: [info@fcim.edu](mailto:info@fcim.edu)

<http://www.fcim.edu>

Offers an M.S. in Oriental Medicine.

**24. Institute of Clinical Acupuncture and Oriental Medicine**

Chinatown Cultural Plaza

100 N. Beretania Street, Suite 203B.

Honolulu, HI 96817

Phone: (808) 521-2288

Fax: (808) 521-2271

Email: [info@orientalmedicine.edu](mailto:info@orientalmedicine.edu)

<http://www.orientalmedicine.com>

Offers an M.S.. in Oriental Medicine.

**25. Institute of Taoist Education and Acupuncture**

325 W. South Boulder Road, Ste. 2

Louisville, CO 80027

Phone: (720) 890-8922

Fax: (720) 890-7719

Email: [info@itea.edu](mailto:info@itea.edu)

<http://www.itea.edu>

Offers a Masters degree in Classical Five-Element Acupuncture.

**26. Jung Tao School of Classical Chinese Medicine**

207 Dale Adams Rd.

Sugar Grove, NC 28679

Phone: (828) 279-4181

Fax: (828) 279-411

Email: [info@jungtao.edu](mailto:info@jungtao.edu)

<http://www.jungtao.edu>

Offers a Diploma in Acupuncture.

**27. Midwest College of Oriental Medicine**

6226 Bankers Road

Suites 5 & 6

Racine, WI 53403

Phone: (414) 554-2010

Fax: (414) 554-7475

Email: [info@acupuncture.edu](mailto:info@acupuncture.edu)

<http://www.Acupuncture.edu>

Offers an M.S.. in Oriental Medicine and a certificate of completion in Acupuncture.

**28. Minnesota Institute of Acupuncture and Herbal Studies (MIAHS)**

Northwestern Health Sciences University

2501 West 84th Street

Bloomington, MN 55431

Phone: (612) 888-4777

Fax: (612) 887-1398

Email: [miahs@nwhealth.edu](mailto:miahs@nwhealth.edu)

<http://www.nwhealth.edu>

Offers a master of Acupuncture and a master of Oriental Medicine.

**29. National College of Naturopathic Medicine (NCNM)**

049 South Porter

Portland, OR 97201

Phone: (503) 499-4343

Fax: (503) 499-0022

Email: [admissions@ncnm.edu](mailto:admissions@ncnm.edu)

<http://www.ncnm.edu>

Offers an M.S.. in Oriental Medicine.

**30. New England School of Acupuncture (NESA)**

40 Belmont Street

Watertown, MA 02472

Phone: (617) 926-1788

Fax: (617) 924-4167

Email:

<http://www.nesa.edu>

Offers an M.S.. in Acupuncture.

**31. New York Chiropractic College**

2360 State route 89

Seneca Falls, NY 13148

Phone: 800-234-6922

Fax: (315) 568-3056

Email: [camsonline@nycc.edu](mailto:camsonline@nycc.edu)

<http://www.nycc.edu>

Offers an M.S.. in Acupuncture and in Oriental Medicine

**32. New York College of Health Professionals**

6801 Jericho Turnpike

Syosset, NY 11791-4465

Phone: (516) 364-0808

Fax: (516) 364-1017

Email: [nycinfo@nycollege.edu](mailto:nycinfo@nycollege.edu)

<http://www.nycollege.edu>

Offers an M.S.. in Acupuncture and in Oriental Medicine.

**33. New York College of Traditional Chinese Medicine**

155 First Street

Mineola, NY 11501

Phone: (845) 258-1732

Email: [admissions@nyctcm.edu](mailto:admissions@nyctcm.edu)

<http://www.nyctcm.edu>

Offers ACAOM accredited combined Bachelor/Masters degree programs in Acupuncture and Oriental Medicine.

**34. Oregon College of Oriental Medicine (OCOM)**

10525 SE Cherry Blossom Dr.

Portland, OR 97216

Phone: (503) 253-3443

Fax: (503) 23-2701

Email: [lpowell@teleport.com](mailto:lpowell@teleport.com)

<http://www.ocom.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

**35. Pacific College of Oriental Medicine**

7445 Mission Valley Rd.

Suites 103-106

San Diego, CA 92108

Phone: (619) 574-6909

Fax: (619) 574-6641

Email: [admissions-sd@pacificcollege.edu](mailto:admissions-sd@pacificcollege.edu)

<http://www.pacificcollege.edu>

Offers an M.S.. in Traditional Oriental Medicine.

### **36. Phoenix Institute of Herbal Medicine and Acupuncture**

301 E. Bethany Home Road.

Suite A-100

Phoenix, AZ 85012

Phone: (602) 274-1885

Fax: (602) 274-1895

Email: [contactus@pihma.edu](mailto:contactus@pihma.edu)

<http://www.pihma.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

### **37. RainStar University**

8370 East Via De Ventura Blvd.

Suite K-100

Scottsdale, AZ 85258

Phone: (480) 423-0375

Fax: (480) 990-8864

Email: [info@rainstaruniversity.com](mailto:info@rainstaruniversity.com)

<http://www.rainstaruniversity.com>

Offers an M.S.. in Acupuncture and Oriental Medicine.

### **38. Samra University of Oriental Medicine**

3000 South Robertson Blvd

4th Floor

Los Angeles, CA 90034

Phone: (310) 202-6444

Fax: (310) 202-6007

Email: [admissions@samra.edu](mailto:admissions@samra.edu)

<http://www.samra.edu>

Offers an M.S.. in Oriental Medicine.

### **39. Santa Barbara College of Oriental Medicine**

1919 State St.

Suite 204

Santa Barbara, CA 93101

Phone: (805) 898-1180

Fax: (805) 682-1864

Email: [admissions@sbcom.edu](mailto:admissions@sbcom.edu)

<http://www.sbcom.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

### **40. South Baylo University**

1126 N. Brookhurst St

Anaheim, CA 92801

Toll-Free: (888)-64BAYLO

Fax: (714) 533-6040

or

2727 W. 6th St.

Los Angeles, CA 90015

Phone: (213) 738-0712

Fax: (213) 480-1332  
Email: [ron@southbaylo.edu](mailto:ron@southbaylo.edu)  
<http://www.southbaylo.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

**41. Southern California University of Health Sciences**

16200 East Amber Valley Drive.

Whittier, CA 90604

Phone: (562) 947-8755

Fax: (562) 905-3321

Email: [admissions@scuhs.edu](mailto:admissions@scuhs.edu)

<http://www.scuhs.edu>

Offers an M.S.. in Acupuncture and Oriental Medicine.

**42. Southwest Acupuncture College**

1622 Galisteo Street

Santa Fe, NM 87505

Phone: (505) 438-8884

Fax: (505) 438-8883

Email: [SFe@Acupuncturecollege.edu](mailto:SFe@Acupuncturecollege.edu)

<http://www.acupuncturecollege.edu>

or

6658 Gunpark Dr.

Boulder, CO 80301

Phone: (303) 581-9955

Fax: (303) 581-9944

Email: [Boulder@Acupuncturecollege.edu](mailto:Boulder@Acupuncturecollege.edu)

or

7801 Academy NE

Building 1 Suite 104

Albuquerque, NM 87109

Phone: (505) 888-8898

Fax: (505) 888-1380

Email: [ABQ@Acupuncturecollege.edu](mailto:ABQ@Acupuncturecollege.edu)

Offers an M.S.. in Oriental Medicine.

**43. Swedish Institute: School of Acupuncture and Oriental Medicine**

26 West 26th St.

New York, NY 10001

Phone: (212) 924-5900

Fax: (212) 924-7600

[C:\Users\Charles\Documents\John Stump\Text Version\http\www.swedishinstitute.edu](http://www.swedishinstitute.edu)

Offers a diploma in Acupuncture.

**44. Tai Sophia Institute (TAI)**

7750 Montpelier Rd

Laurel, MD 20723

Phone: (410) 888-9048

or: (301) 725-1674

Toll free: (800) 735-2968

Email: [admissions@tai.edu](mailto:admissions@tai.edu)

<http://www.tai.edu>

Offers an M.S.. in Acupuncture.

**45. Texas College of Traditional Chinese Medicine**

4005 Manchaca Rd.  
Suite 200  
Austin, TX 78704  
Phone: (512) 444-8082  
Fax: (512) 111-6345  
Email: [texastcm@texastcm.edu](mailto:texastcm@texastcm.edu)  
<http://www.texastcm.edu>

Offers an M.S.. in Oriental Medicine.

**46. Touro College Graduate Program in Oriental Medicine**

27-33 West 23rd St  
New York, NY 10010-4204  
Phone: (212) 463-0400 x315  
Fax: (212) 463-9248  
Email: [om@touro.edu](mailto:om@touro.edu)  
<http://www.touro.edu>

Offers an M.S.. in Oriental Medicine.

**47. Tri-State College of Acupuncture**

80 8th Ave  
4th Floor  
New York, NY 10011  
Phone: (212) 242-2255  
Fax: (212) 242-2920  
Email: [tsitca@aol.com](mailto:tsitca@aol.com)

Offers an M.S.. in Acupuncture and a certificate in Chinese herbal medicine.

**48. University of Bridgeport Acupuncture Institute**

60 Lafayette St  
Bridgeport, CT 06601  
Phone: (203) 576-4122  
Fax: (203) 576-4107  
Email: [acup@bridgeport.edu](mailto:acup@bridgeport.edu)  
<http://www.bridgeport.edu>

Offers an M.S.. in Acupuncture

**49. University of East-West Medicine**

970 West El Camino Real  
Sunnyvale, CA 94087  
Phone: (408) 733-1878  
Fax: (408) 992-0448  
Email: [info@uewm.edu](mailto:info@uewm.edu)  
<http://www.uewm.edu>

Offers an M.S.. in Traditional Chinese Medicine

**50. World Medicine Institute**

1110 University Ave, Suite 103  
Honolulu, HI 96826  
Phone: (808) 949-1050  
Fax: (808) 955-0118  
Email: [worldmedicine@cs.com](mailto:worldmedicine@cs.com)  
<http://www.acupuncture-hi.com>

Offers an M.S.. in Acupuncture and Oriental Medicine

**51. Yo San University of Traditional Chinese Medicine**

1314 Second St

Santa Monica, CA 90401  
Phone: (310) 917-2202  
Fax: (310) 917-2203  
Email: [info@yosan.edu](mailto:info@yosan.edu)  
<http://www.yosan.edu>

Offers an M.S.. in Acupuncture and Traditional Chinese Medicine.

### **III. Web Resources**

Promotional and commercial sites are not included in this listing unless they provide significant impartial information resources.

#### **1. Acubriefs**

A free searchable database with over 16,000 citations, many with online links is available from this site, supported in part by a grant from the Medical Acupuncture Research foundation. Membership is required for most up to date resources.

<http://acubriefs.com>

#### **2. Acupuncture References**

A bibliography of over 2300 Acupuncture research titles between 1970 and 1997, prepared by the National Institutes of Health.

<http://www.nlm.nih.gov/archive/20040823/pubs/cbm/acupuncture>

#### **3. Acupuncture Schools.com**

Directory of Acupuncture Schools, Oriental Medicine and Chinese Medicine Schools in the United States, compiled by Chas Kroll from his independent company.

<http://www.Acupunctureschools.com>

#### **4. American Association of Veterinary Acupuncture**

P. O. Box 419

Hygiene, CO 80533-0419

Phone: (303) 772-6726

Email: [AAVAoffice@aol.com](mailto:AAVAoffice@aol.com)

<http://www.aava.org>

This organization provides referrals and general information on veterinary Acupuncture, including a small number of journal articles.

## **5. Community Acupuncture Network**

P.O. Box 18157

Portland, OR 97218

Email: [info@communityAcupuncturenetwork.org](mailto:info@communityAcupuncturenetwork.org)

<http://www.communityAcupuncturenetwork.org>

CAN's mission is to make Acupuncture more affordable and accessible by promoting Acupuncture clinics around the country that provide low-cost Acupuncture services. The organization has hundreds of Acupuncturist members, and dozens of clinics are listed on its website.

## **6. Foundation for Traditional Chinese Medicine**

122A Acomb Rd.

York YO2 4EY

Phone: (01904) 785120-784828

<http://www.ftcm.org.uk>

The foundation provides an organizational base for promoting research in Acupuncture, to bring it more centrally into the national health care system.

## **7. International Veterinary Acupuncture Society**

Grange Research Centre

Teagasc, Dunsany, Co.

Meath, Ireland

Phone: 353-46-25214

Fax: 353-46-26154

Email: [progers@grange.teagasc.ie](mailto:progers@grange.teagasc.ie)

<http://www.ivas.org>

or

1 Esker Lawns, Lucan

Dublin, Ireland

Phone: 353-1-6281-222

Email: [philrogers@tinet.ie](mailto:philrogers@tinet.ie)

This organization provides information to the public and veterinarians, including referrals, a listing of national and international organizations working on veterinary Acupuncture, a searchable data base of research and clinical information specific to treating animals. It also provides links to a wide range of sites of interest to veterinarians.

## **8. Medical Acupuncture Research Foundation**

5820 Wilshire Boulevard

Suite 500

Los Angeles, California 90036

Phone: (323) 937-5514

<http://www.MedicalAcupuncture.org>

The Medical Acupuncture Research Foundation (MARF) is reached through the same address and site at the American Academy of Medical Acupuncture (AAMA). The MARF is closely affiliated with the AAMA. In addition to maintaining this site, MARF holds research symposia

## **9. National Acupuncture and Oriental Medicine Alliance**

14637 Starr Road Southeast

Olalla, Washington, 98359

Voice Mail: (253) 851-6896

Fax: (253) 851-6883

<http://www.acuall.org>

This organization is the other main professional representative body for masters degree practitioners. Similar information on legislative and practice issues as that found on the AAOM website is seen here. This site does not provide referrals to practitioners but links to HealthWorld Online which does provide this service.

### **10. National Acupuncture Detoxification Association (NADA)**

P.O. Box 1927

Vancouver, Washington 98668-1927

Toll-Free: (888) 765-NADA

Phone: (360) 254-0186

Fax: (360) 260-8620

Email: [nadaclear@aol.com](mailto:nadaclear@aol.com)

<http://www.acudetox.com>

A non-profit organization that strives to understand how the principles of both Chinese medicine and chemical dependency can lead to significant benefit in recovery from all forms of drug addiction and a variety of mental disorders.

### **11. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)**

Canal Center Plaza, Suite 300

Alexandria, VA 22314

Phone: (703) 548-9004

Fax: (703) 548-9079

Email: [info@nccaom.org](mailto:info@nccaom.org)

<http://www.nccaom.org>

This organization is responsible for managing a national certification examination, a requirement for licensing in the majority of states. The site provides information on the examination and a searchable database of practitioners.

## **12. The Society For Acupuncture Research (SAR)**

5415 W. Cedar Lane, Suite 204-B

Bethesda, MD 20814

Phone: (301) 571-0624

Email: [society@Acupunctureresearch.org](mailto:society@Acupunctureresearch.org)

<http://www.Acupunctureresearch.org>

This organization's primary focus is an annual symposium on Acupuncture research. In this site, interested researchers and practitioners can register for the symposium and register for affiliation status in the Society

## **Selected Bibliography**

1. Unschuld, P. *Medicine in China: A History of Ideas*. University of California Press, Berkeley 1985.
2. Lu, H. *The Yellow Emperor's Book of Acupuncture*. Academy of Oriental Heritage, Vancouver 1973.
3. Kaptchuk, T. *The Web That Has No Weaver: Understanding Chinese Medicine*, 2nd ed, Contemporary Books (McGraw-Hill), Lincolnwood, IL 2000.
4. Helms, J. *Acupuncture Energetics: A Clinical Approach for Clinicians*, Medical Acupuncture Publishers, Berkeley 1995.
5. Sivin, N. *Traditional Medicine in Contemporary China*. The University of Michigan Press, Ann Arbor 1987.

6. Whit, A., Ernst E. *A Brief History of Acupuncture*. Rheumatology (Oxford) 2004;43:662
7. Osler, W. *The Principles and Practice of Medicine*. Appleton, New York 1892.
8. Reston, J. *Now About My Operation in Peking*. New York Times 1971; 1:6.
9. Barnes PM, Powell-Griner E, McFann K, Nahin RL. *Complementary and alternative medicine use among adults: United States, 2002*. Adv Data 2004; 1.
10. Stump, JL. *An Outline of Acupuncture*. Sportec Press, Delmar, DE 1982.
11. Wolsko PM, Eisenberg DM, Davis RB, Ettner SL, Phillips RS. *Insurance Coverage, medical conditions, and visits to alternative medicine providers: Results of national survey*. Arch Intern Med. 2002 162(3): 281-7.
12. Kaptchuk TJ. *Acupuncture: Theory, Efficacy and Practice*. Ann Intern Med 2002; 136:374.
13. Capra, F. *The Tao of Physics*, 4th ed, Shambhala Boston 2000.
14. Birch, S, Felt, R. *Understanding Acupuncture*. Churchill Livingstone, London 1999.
15. Maciocia, G. *The Foundations of Chinese Medicine*. Churchill Livingstone, London 1989.
16. Rothfeld, GS, Levert S. *The Acupuncture Response*. Contemporary Books (McGraw Hill), New York 2002.
17. Cargill, M. *Acupuncture: A Viable Medical Alternative*. Praeger, London 1994.
18. Shanghai College of Traditional Chinese Medicine. *Acupuncture. A Comprehensive Text*. Eastland, Seattle, WA 1987.
19. Micozzi, MS. *Fundamentals of Complementary and Alternative Medicine*. Saunders Elsevier, St Louis 2011.
20. Beijing Shanghai aNCoTCM. *Essentials of Chinese Acupuncture*. Foreign Language Press, Beijing, China 1980.
21. Lee, BY, LaRiccia, PJ, Newberg, AB. *Acupuncture in theory and practice part 2: theoretical basis and physiologic effects*. Hospital Physician 2004; 11.
22. Paterson C, Britten N. *Acupuncture as a complex intervention: a holistic model*. J Altern complement Med 2004; 10:791.

23. Pomeranz B, Cheng R, Law P. *Acupuncture reduces electrophysiological and behavioral responses to noxious stimuli: pituitary is implicated.* Exp Neurol 1977; 54:172.
24. Pomeranz B. *Do endorphins mediate Acupuncture analgesia?* Adv Biochem Psychopharmacol 1978; 18:351.
25. Pomeranz B, Paley D. *ElectroAcupuncture hypalgesia is mediated by afferent nerve impulses: an electrophysiological study in mice.* Exp Neurol 1979; 66:398.
26. Pomeranz B, Bibic L. *ElectroAcupuncture suppresses a nociceptive reflex. Naltrexone prevents but does not reverse this effect.* Brain Res 1988; 45:227.
27. Pomeranz, B, Warma N. *ElectroAcupuncture suppression of a nociceptive reflex is potentiated by two repeated electroAcupuncture treatments: the first opioid effect potentiates a second non-opioid effect.* Brain Res 1988; 452:232.
28. Pomeranz B. *Scientific research into Acupuncture for the relief of pain.* J Altern complement Med 1996; w:53.
29. Pomeranz B, Cheng R. *Suppression of noxious responses in single neurons of cat spinal cord by electroAcupuncture and its reversal by the opiate antagonist naloxone.* Exp Neurol 1979; 64:327.
30. Han JS. *Acupuncture analgesia.* Pain 1985; 21:307.
31. Han JS, Xie GX, Zhou ZF, et al. *Acupuncture mechanisms in rabbits studied with microinjection of antibodies against beta-endorphin, enkephalin and substance P.* Neuropharmacology 1984; 23:1.
32. Han JS, Tang J, Ren MF, et al. *Central neurotransmitters and Acupuncture analgesia.* AM J Chin Med 1980; 8:331.
33. Han JS, Xie GX. *Dynorphin: important mediator for electroAcupuncture analgesia in the spinal cord of the rabbit.* Pain 1984; 18:367.
34. Han Js, Xie GX, Zhou ZF, et al. *Enkephalin and beta-endorphin as mediators of electro-Acupuncture analgesia in rabbits: an antiserum microinjection study.* Adv Biochem Psychopharmacol 1982; 33:369.
35. Han JS, Fei H, Zhou ZF. *Met-enkephalin-Arg6-Phe7-like immunoreactive substances mediate electroAcupuncture analgesia in the periaqueductal gray of the rabbit.* Brain Res 1984; 322:289.
36. Han JS, Li SF, Tang J. *Tolerance to electroAcupuncture and its cross tolerance to morphine.* Neuropharmacology 1981; 20:593.
37. Cheng RS, Pomeranz B. *ElectroAcupuncture analgesia could be mediated by at least two pain-relieving mechanisms; endorphin and non-endorphin systems.* Life Sci 1979; 25:1957.

38. Cheng RS, Pomeranz BH. *ElectroAcupuncture analgesia is mediated by stereospecific opiate receptors and is reversed by antagonists of type I receptors*. Life Sci 1980; 26:631.
39. Cheng R, McKibbin L, Roy B, Pomeranz B. *ElectroAcupuncture elevates blood cortisol levels in naïve horses; sham treatment has no effect*. Int J Neurosci 1980; 10:95.
40. Cheng RS, Pomeranz B, Yu G. *ElectroAcupuncture treatment of morphine-dependent mice reduces signs of withdrawal, without showing cross-tolerance*. Eur J Pharmacol 1980; 68:477.
41. Cheng RS, Pomeranz B. *Monoaminergic mechanism of electroAcupuncture analgesia*. Brain Res 1981; 215:77.
42. Habn JS, Terenius L. *Neurochemical basis of Acupuncture analgesia*. Annu Rev Pharmacol toxicol 1982; 22:193.
43. Andersson S, Lundeberg T. *Acupuncture—from empiricism to science: functional background to Acupuncture effects in pain and disease*. Med Hypotheses 1995; 45:271.
44. Ulett GA, Han S, Han JS. *ElectroAcupuncture: mechanisms and clinical application*. Biol Psychiatry 1998; 44:129.
45. Carlsson C. *Acupuncture mechanisms for clinically relevant long-term effects—reconsideration and a hypothesis*. Acupunct Med 2002; 20:82.
46. Vickers AJ, Rees RW, Zollman CE, et al. *Acupuncture for chronic headache in primary care: large, pragmatic, randomized trial*. BMJ 2004; 325:744.
47. Guerra de Hoyos JA, Andre Cho ZH, Chung SC, Jones JP, et al. *New findings of the correlation between acupoints and corresponding brain cortices using functional MRI*. Proc Natl Acad Sci U S A 1998; 95:26780.
48. Fang JL, Krings, T, Weidemann J, et al. *Functional MRI in healthy subjects during Acupuncture: different effects of needle rotation in real and false acupoints*. Neuroradiology 2004; 46:359.
49. Wu MT, Sheen JM, Chuang KH, et al. *Neuronal specificity of Acupuncture response: a fMRI study with electroAcupuncture*. Neuroimage 2002; 16:1028.
50. Yan B, Li K, Xu J, et al. *Acupoint-specific fMRI patterns in human brain*. Neurosci Lett 2005; 383:236.
51. Yoo SS, Teh EK, Blinder RA, Jolesz FA. *Modulation of cerebellar activities by Acupuncture stimulation: evidence from fMRI study*. Neuroimage 2004; 22:932.
52. Langevin HM, Yandow JA. *Relationship of Acupuncture points and meridians to connective tissue planes*. Anat Rec 2002; 269:257.

53. Langevin HM, Churchill DL, Wu J, et al. *Evidence of connective tissue involvement in Acupuncture*. FASEB J 2002; 16:872.
54. Langevin HM, Churchill DL, Cipolla MJ. *Mechanical signaling through connective tissue: a mechanism for the therapeutic effect of Acupuncture*. FASEB J 2001; 15:2275.
55. Manheimer E, White A, Berman B, et al. *Meta-analysis: Acupuncture for low back pain*. Ann Intern med 2005; 145:651.
56. Furlan AD, van Tulder M, Cherkin D, et al. *Acupuncture and dry-needling for low back pain: an updated systematic review within the framework of the Cochrane collaboration*. Spine (Phila Pa 1976) 2005; 30:944.
57. Scharf HP, Mansmann U, Streitberger K, et al. *Acupuncture and knee osteoarthritis: a three-armed randomized trial*. Ann Intern Med 2006; 145:12.
58. Brinkhaus B, Will CM, Jena S, et al. *Acupuncture in patients with chronic low back pain: a randomized controlled trial*. Arch Intern Med 2006; 166:450.
59. White P, Lewith G, Prescott P, Conway J. *Acupuncture versus placebo for the treatment of chronic mechanical neck pain: a randomized, controlled trial*. Ann Intern Med 2004; 141:911.
60. Streitberger K, Diefenbacher M, Bauer A, et al. *Acupuncture compared to placebo-Acupuncture for postoperative nausea and vomiting prophylaxis: a randomized placebo-controlled patient and observer blind trial*. Anaesthesia 2004; 59:142.
61. Ezzo J, Vickers A, Richardson MA, et al. *Acupuncture-point stimulation for chemotherapy-induced nausea and vomiting*. J Clin Oncol 2005; 23:7188.
62. Ezzo JM, Richardson MA, Vickers A, et al. *Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting*. Cochrane Database Syst Rev 2006; :CD002285.
63. Smith CA, Collins CT, Cyna AM, Crowther CA. *Complementary and alternative therapies for pain management in labour*. Cochrane Database Syst Rev 2006; CD003521.
64. Rosted P. *The use of Acupuncture in dentistry: a review of the scientific validity of published papers*. Oral Dis 1998; 4:100.
65. Ernst E, Pittler MH. *The effectiveness of Acupuncture in treating acute dental pain: a systematic review*. Br Dent J 1998; 184:443.
66. Ahn AC, Kaptchuk TJ. *Advancing Acupuncture research*. Altern Ther Health Med 2005; 11:40.
67. Linde K, Streng A, Jürgens S, et al. *Acupuncture for patients with migraine: a randomized controlled trial*. JAMA 2005; 293:2118.

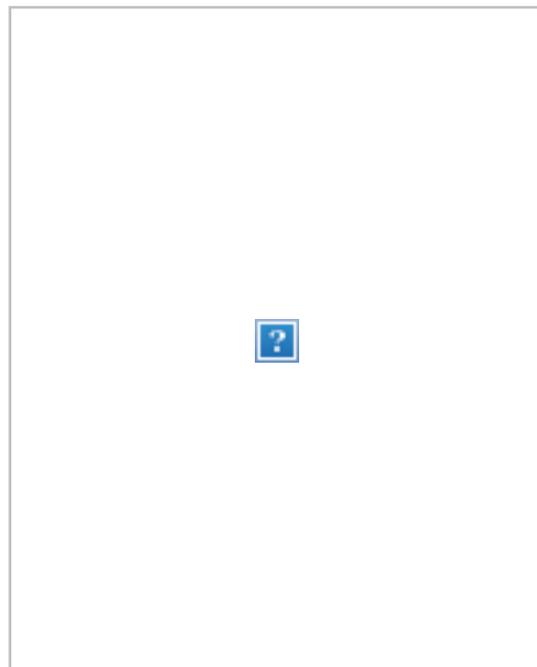
68. Flachskampf FA, Gallasch J, Gefeller O, et al. *Randomized trial of Acupuncture to lower blood pressure*. *Circulation* 2007; 115:3121.
69. Zhang SH, Liu M, Asplund K, Li L. *Acupuncture for acute stroke*. *Cochrane Database Syst Rev* 2005; :CD003317.
70. Wu HM, Tang JL, Lin XP, et al. *Acupuncture for stroke rehabilitation*. *Cochrane Database Syst Rev* 2006; 3:CD004131.
71. Smith CA, Hay PP, Macpherson H. *Acupuncture for depression*. *Cochrane Database Syst Rev* 2010; :CD004046.
72. Mayhew E, Ernst E. *Acupuncture for fibromyalgia—a systematic review of randomized clinical trials*. *Rheumatology (Oxford)* 2007; 46:801.
73. White AR, Rampes H, Campbell JL. *Acupuncture and related interventions for smoking cessation*. *Cochrane Database Syst Rev* 2006; :CD000009.
74. Lao L, Hamilton GR, Fu J, Berman BM. *Is Acupuncture safe? A systematic review of case reports*. *Altern Ther Health Med* 2003; 9:72.
75. Ernst E, white AR. *Prospective studies of the safety of Acupuncture: a systematic review*. *Am J Med* 2001; 110:481.
76. Vucicevic Z, Sharma M, Miklic S, Ferencic Z. *Multiloculated pleural empyema following Acupuncture*. *Infection* 2005; 33:297.
77. Park JH, shin HJ, choo SJ, et al. *Successful removal of migrated Acupuncture needles in a patient with cardiac tamponade by means of intraoperative transesophageal echocardiographic assistance*. *J Thorac Cardiovasc surg* 2005; 130:210.
78. Saifeldeen K, Evans M. *Acupuncture associated pneumothorax*. *Emer Med J* 2004; 21:398.
79. Studd RC, Stewart PJ. *Images in clinical medicine. Intraabdominal abscess after Acupuncture*. *N Engl J Med* 2004; 350:1763.
80. Cheng TO. *Cardiac tamponade following Acupuncture*. *Chest* 2000; 118:1836.
81. Woo PC, Li JH, Tang W, Yuen K. *Acupuncture mycobacteriosis*. *N Engl J Med* 2001; 345:842.
82. Vickers A, Wilson P, Kleijnen J. *Acupuncture*. *Qual Saf Health Care* 2002; 11:92.
83. Yamashita H, Tsukayama H, Tanno Y, Nishijo K. *Adverse events in Acupuncture and moxibustion treatment: a six=tear survey at a national clinic in Japan*. *J Altern Complement Med* 1999; 5:229.

84. Melchart D, Weidenhammer W, Streng A, et al. *Prospective investigation of adverse effects of Acupuncture in 97 733 patients*. Arch Intern Med 2004; 164:104.
85. White A, Hayhoe S, Hart A, Ernst E. *Adverse events following Acupuncture: prospective survey of 32 000 consultations with doctors and physiotherapists*. BMJ 2001; 323:485.
86. MacPherson H, Thomas K, Walters S, Fitter M. *The York Acupuncture safety study: prespective survey of 34 000 treatments by traditional Acupuncturists*. BMJ 2001; 323:486.
88. World Health Organization. *Guidelines on Basic Training and Safety in Acupuncture*. Geneva, 1999. p. 1-31.
89. Lau EW, Birnie DH, Lemery R, et al. *Acupuncture triggering inappropriate ICD shocks*. Europace 2005; 7:85.
90. Filshie J. *Safety aspects of Acupuncture in palliative care*. Acupunct Med 2001; 19:117.
91. Stones, RW, Vits K. *Pelvic girdle pain in pregnancy*. BMJ 2005; 331:249.
92. Cardini F, Lombardo P, Regalia AL, et al. *A randomized controlled trial of moxibustion for breech presentation*. BJOG 2005; 112:743.
93. Elden H, Ladfors L, Olsen MF, et al. *Effects of Acupuncture and stabilizing exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomizes shingle blind controlled trial*. BMJ 2005; 330:761.
94. Lee H, Ernst E. *Acupuncture for labor pain management: A systematic review*. Am J Obstet Gynecol 2004; 191:1573.
95. Neri I, Airola G, Contu G, et al. *Acupuncture plus moxibustion to resolve breech presentation: a randomized controlled study*. J Matern Fetal Neonatal Med 2004; 15:247.
96. Jewell D, Young G. *Interventions for nausea and vomiting in early pregnancy*. Cochrane Database Syst Rev 2003; CD000145.
97. Maciocia, G. *Obstetrics & Gynecology in Chinese Medicine*. Churchill Livingstone, London 1998.
98. Smith CA, Crowther CA. *Acupuncture for induction of labour*. Cochrane Database Syst Rev 2004; 12:CD002962.
99. Sciammarella, J. *Acupuncture in patients anticoagulated with warfin*. Medical Acupuncture 2002; 13:CD13848.

## About the Authors

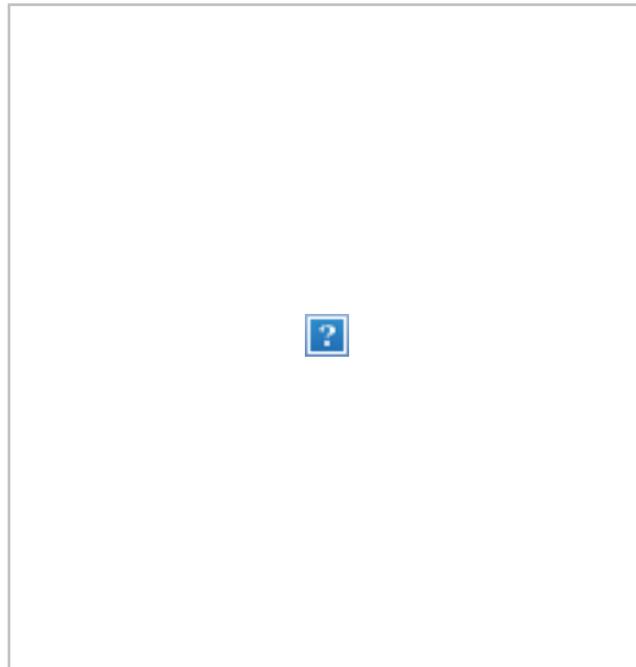


**John L. Stump**, DC, PhD, EdD, received a BS from the University of Maryland. His Masters degree from the United States Sports Academy and his DC (Doctor of Chiropractic) degree from Palmer College of Chiropractic in Davenport, Iowa. His Post-doctoral studies took him to Japan, China and South Korea that lead to an OMD (Doctor of Oriental Medicine) and a PhD in Acupuncture research before coming back to America. He returned to the United States Sports Academy where he completed an EdD (Doctor of Education). He spent three years with the 1986 Asian Games and the 1988 Olympic team in Seoul, Korea. He is now is in private practice in Fairhope, Alabama. His genre is primarily non-fiction textbooks and scientific articles and he is a member of the Writer's Guild of Alabama.

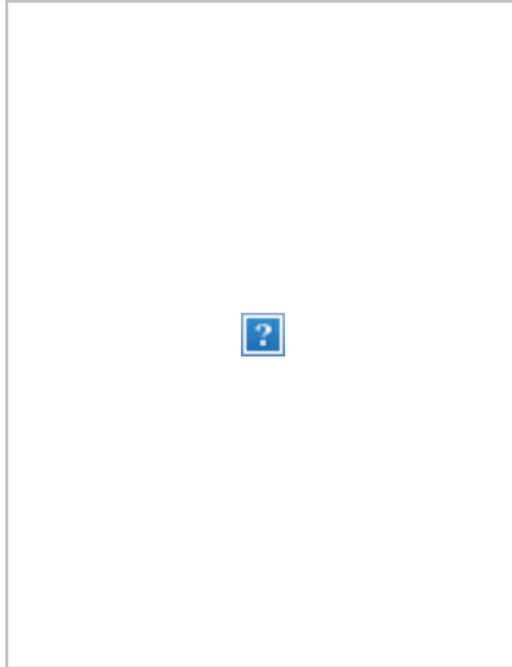


**Donna Retzlaff-Roberts** is a Professor of Management Science in the Mitchell College of Business at the University of South Alabama. She received her BS and MS from the University of Illinois–College of Engineering, and her Ph.D. in management science from the University of Cincinnati.

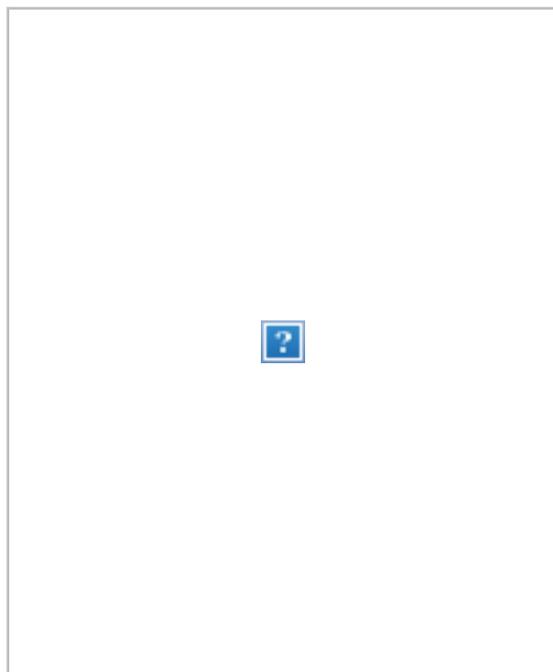
Dr. Retzlaff-Roberts has over 25 years of experience in operations research, productivity and efficiency, and computer simulation of supply chains. She has done consulting for a wide variety of organizations involving productivity and efficiency, optimization of logistics and inventory systems, and reverse logistics. She has published articles in the European Journal of Operational Research, the Journal of Productivity Analysis, International Transactions in Operational Research, Computers and Operations Research, Annals of Operations Research, Academic Medicine, and Medical Care.



**Kristin Kalmbacher**, MD, graduated from Tulane University School of Medicine in New Orleans, LA, did her residency in family practice in Savannah, GA, and served a required public service period working in Urgent Care. She expanded her medical horizons with a study of Traditional Chinese Medicine. Dr. Kalmbacher lives and practices medicine in Fairhope, AL with her husband and 3 children ages four, six and eight. She runs or swims daily, is learning to practice ju jitsu and likes nothing more than a huge oak tree, an old dog, or a good joke.



**David P. Sniezek**, DC, MD, Lic Acup, MBA, FAAIM. Integrative medicine consultant to the Washington Wizards, Children's National Medical Center and George Washington University Medical Center. Dr. David Sniezek is a pioneer in integrative rehabilitation in the Washington, DC area and has been selected as a “**Top Doctor**” and “**Top Expert in Sports Medicine**” by the *Washingtonian Magazine*. He has spent many years studying and developing best practice guidelines and practices for his patients.



**Sarita Elizabeth Cox**, ND, LAc, received her BA in English Literature from the University of Alabama and went on to become a Doctor of Naturopathic Medicine and has a Master of Science degree in Oriental Medicine. She is a licensed Acupuncturist in the State of Mississippi.

As a health care practitioner, Dr. Cox practices Naturopathic and Chinese Medicine individually tailored to support the health and well-being of patients with a spectrum of conditions. She provides diet, nutrition, lifestyle, consultation and health education to achieve optimum wellness. Dr. Cox also lectures on the subject of wellness and health care to corporations and their employees. She founded a non-profit organization, Advancement of Oriental Medicine in Alabama, advocating the legislative changes to existing state laws that do not recognize Licensed Acupuncturists or limit their capacity to practice.

