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WWWQ News 望闻问切

Newsletter of American TCM Society
美国中医药针灸学会 通讯

August 28, 2010 NO: 12 Fall Issue



About WWWQ

Wang 望: inspection
Wen 闻: listening & smelling
Wen 问: inquiry
Qie 切: palpation

ATCMS Fall Seminar Sep 26, 2010

Dear fellow members and friends:

The sweltering summer has finally left us. While coming home still embracing the excitement of Shanghai World Expo, sunshine from mountain and sea and the warmth of family vacation, you will find that an entertainment replete with knowledge has been prepared by the staff of ATCMS's Dept. of Academic Affairs----An Academic Lecture.

This lecture will be presented by Dr. Ye-Meng Chen, a senior expert of TCM/Acupuncture in New York and eastern U.S.A. And the title of his lecture is "Stroke Rehabilitation by Acupuncture and Chinese Herbs".

Dr. Ye-Mong Chen is the Academic Dean of New York College of TCM. As an intensively involved professional, Dr. Chen has won his credits through both academic and administrative achievements.

In his lecture, Dr. Chen will aim at the professional demand of the audience to systematically share his experiences and demonstrate in depth how to apply the specific herbal formulas as well as acupuncture protocols. Substantial contents of his lecture involve:

- Tradition of TCM/Acupuncture in Wind-induced Ailments.
- Gist of TCM Diagnosis in Cerebral Accident/Stroke.
- Incorporation of TCM/Acupuncture in treating Sequelae of Stroke.
- Clinical discussions on Acupuncture Treatments and the lecturer's personal experiences.
- Prevention of Stroke.
- Demonstrations of Acupuncture Techniques (point selections and scalp-needling.).

Date & time: Sunday, September 26, 2010, 12:30 noon to 4:45 p.m.

PDA: 4 credits (NCCAOM accredited).

This lecture will mean to be highly intellectual and practical. Such an excellent opportunity is rare, and we wish all of us would participate keenly to promote our profession altogether.

(Roger Tsao)

How to Become an In-network Acupuncturist

In recently years, acupuncturists begin to become recognized and accepted by the main stream of the American society. Due to demand from the health insurance market, some health insurance companies began to accept licensed Acupuncturists and to reimburse for their services. The Oxford and the Empire BCBS were the first two insurance companies to accept licensed Acupuncturists as their in-network providers, followed by Wellcare, Aetna, CIGNA, HIP, AmeriChoice, UnitedHealthcare, etc.

Coupled with the acceptance of our licensed Acupuncturists by these insurance companies, the status of acupuncturists has been gradually enhanced. Insurance companies will also publish the acupuncturists' address, phone number onto their websites to facilitate their members to locate their desired Acupuncturists.

The advantages of joining the network:

1. Recommendations by insurance companies can earn you more patients;
2. May grant additional income.

The requirements to join the network:

1. Must have an Acupuncture license recognized by the U.S. Government.
2. Must have malpractice insurance.
3. Must have a qualified clinic/office.

Insurance companies can be very strict regarding applications for licensed Acupuncturists, the forms are rather complex as well. Some inexperienced acupuncturists are often rejected because of some small mistakes. According to the agreement between the American TCM Society (ATCMS) and the Top One Medical Billing & Management, INC (TOMBM), TOMBM will provide the services to complete the applications for members of ATCMS (proved by the valid membership card), at a special discounted price. Those who are interested can contact them directly.

In TOMBM, the staffs are fluent in English, Chinese and Spanish. Not only do they have professionals who can help you with billing and collection, they also have professionals in charge of getting physicians insurance privilege, with the main goal being to help physicians fill out forms, answer questions, assist and guide the physicians to get their provider ID numbers successfully.

Top One Medical Billing & Management, Inc.,

58-30 Main St. 2nd FL. Flushing, NY 11355 Tel: 718-886-8180 Fax: 718-886-8183

(Jie Shi)

Research News in Brief

Traditional Chinese Medicine for Treatment of Cerebral Palsy in Children: A Systematic Review of Randomized Clinical Trials

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE: Volume 16, Number 4, 2010

Conclusions: Acupuncture with or without CT or other conventional therapy, tu'ina, herbal medicine, and collateral channels conduct treatment combined with CT may have benefit in children with CP

Patient-Based Outcome Assessment Instruments in Acupuncture Research

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE: Volume 16, Number 1, 2010,

CONCLUSIONS: The way a questionnaire or scale is administered can have an effect on the outcome. Also, developing and validating outcome measures can be costly and difficult. Therefore, reviewing the literature on existing measures before creating or modifying PBOA instruments can significantly reduce the burden of developing a new measure. The most commonly used items for observation of the acupuncture effects are Visual Analog Scale, Symptom Diary, Numerical Pain Rating Scales, SF-36, and depression scales such as the Beck Depression Inventory.

fMRI study of effect on brain activity according to stimulation method at LI11, ST36: painful pressure and acupuncture stimulation of same acupoints

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE: Volume 16, Number 4, 2010

CONCLUSIONS: In conclusion, brain signal activation patterns according to the stimulation methods and acupoints were observed to differ. Acupuncture stimulation activated more regions than pressure at the same acupoint. In particular, acupuncture stimulation activated the limbic system, such as the parahippocampal gyrus and anterior cingulate cortex.

Impact of acupuncture on vasomotor rhinitis: a randomized placebo-controlled pilot study.

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE Volume 15, Number 4, 2009

CONCLUSIONS: This pilot study showed significant effects of acupuncture compared to a sham treatment in the NSS on symptoms of vasomotor rhinitis. These results may justify the performance of a large randomized trial to strengthen our understanding of the therapeutic value of acupuncture in the treatment of vasomotor rhinitis.

Continue “Research News in Brief”:

Acupuncture for treating acute attacks of migraine: A randomized controlled trial

Headache: The Journal of Head & Face Pain, 2009

CONCLUSION: Verum acupuncture treatment is more effective than sham acupuncture based on either Chinese or Western nonacupoints in reducing the discomfort of acute migraine. Verum acupuncture is also clearly effective in relieving pain and preventing migraine relapse or aggravation. These findings support the contention that there are specific physiological effects that distinguish genuine acupoints from nonacupoints.

Seven-star needle stimulation improves language and social interaction of children with autistic spectrum disorders.

American Journal of Chinese Medicine.

Results showed that the treatment group demonstrated significant improvement in language and social interaction, but not in stereotyped behavior or motor function, compared to the control group. qEEG spectral amplitudes in the treatment, but not in the control group, were also reduced significantly. The results suggested that Seven-star Needle Stimulation might be an effective intervention to improve language and social functioning of children with ASD.

(Jing Huo)

Gastroesophageal Reflux Disease (GERD)

The professional term of so called "reflux", "acid reflux" or "gastric reflux" is gastroesophageal reflux disease, or GERD in brief. According to public concept in the United States, GERD is synonymous to "heartburn" and "acid regurgitation". In fact, gastric reflux is a multi-system disease. It is complex in clinical and pathological changes. GERD is one of the most common types of gastric reflux; while the other diagnosis, such as laryngopharyngeal reflux (LPR), or extra esophageal reflux disease, are not well known.

Gastric reflux is an ancient disease, as well as an epidemic condition. The incidence among adults in Europe and the United States is up to 20-25%, and the incidence rate increases with age, with 40 to 60 years for the peak age. A recent survey found that nearly half of middle-aged Americans have gastric reflux symptoms. China was considered of low incidence in gastric reflux disease. But in recent years, as the diet and lifestyle changes, as well as the improvement of medical checkup, the incidence rate showed a significant upward trend. In 1999, there was a report that the incidence of GERD in Beijing and Shanghai was 8.97% for symptomatic proved, 5.77% for endoscopic or 24 hours pH monitoring confirmed, 1.92% for endoscopic confirmed reflux esophagitis. Relevant reports in recent years Chinese cities showed the incidence rate of gastric reflux is catching up with Western countries.

Besides the high incidence, gastric reflux brings many damages to human health. In addition to the well-known erosive esophagitis and esophageal cancer, there are many complications easily overlooked, especially the symptoms outside the esophagus, such as chronic cough, hoarseness, and persistent asthmatic breath. I know a senior Chinese professor in surgery who suffered from asthma for many years until retirement and was diagnosed with GERD / LPR in the United States. After a surgery and treatment with medicine, both esophageal and respiratory symptoms were significantly improved.

The culprit that causes gastric reflux disease appears to be gastric acid, but it's actually not all. Another source of evil comes from the pepsin in the refluxed gastric juice, which has destructive effects to the mucosal barrier of the esophagus and the other organs. The pepsin's activity associated with the pH value, the highest in pH = 2.0, about half active in pH = 4.0, less than 10% active left when pH = 6.0. So, activity of pepsin is strongest in gastric juice. When refluxed to the esophagus, the pepsin activity will be reduced, but the pepsin enzyme is not denatured, by swallowing of food and saliva. Therefore, many people with gastric reflux did not show reflux symptoms and esophageal mucosal injury. As the antagonistic drugs for gastric pepsin are not yet available, many current clinical treatment programs continue to focus on the reduction of gastric acid secretion or directly target gastric acid, including antacids and anti-secretory agents (H2 receptor antagonists and proton pump inhibitors). The less well known fact is that upon reflux, although the pepsin molecules that are attached to the esophageal mucosa and the throat liner are deactivated, they can be re-activated by introducing acid, no matter from another reflux or from highly acidic food and drinks. Probably not many people noticed that Coca-Cola (classic) has a pH = 2.8, and Pepsi (diet) pH = 2.9.

Because of chronic courses, recurrent and complex symptoms, many patients need long-term follow-up and modulating. In recent years, although progress has been made in medication and micro-surgery to improve the efficacy of GERD, there are still many (in North America about 1/3) patients for various reasons who have not received satisfactory treatment. Traditional Chinese Medicine and Acupuncture has a wealth of experience and means in the treatment of gastric reflux disease. However, with the lack of sufficient academic communication and systematic clinical study, there is no consensus on syndrome differentiation and therapeutic principles and methods for the treatment of gastric reflux. The treatments are mostly based on the physician's personal experiences. Therefore, TCM lacks the voice and the position in researches and clinical practices for gastric reflux disease in the United States. Encouragingly, in recent years the effect of acupuncture for GERD was proven in a couple of controlled clinical trials. Will GERD be the next acupuncture indication, following nausea and vomiting and a variety of pain syndromes, recognized by mainstream Western medicine? This issue deserves our attention and effort.

(Ming Liu)

Headline

ATCMS Seminar on Sep 26, 2010



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Date & Time: September 26, 2010, Sunday, 12:30pm--4:45pm
12:00am--12:30pm: Registration

Location: Sheraton LaGuardia East Hotel, 2nd Floor (Phoenix Terrace)
135-20 39th Avenue, Flushing, NY 11354

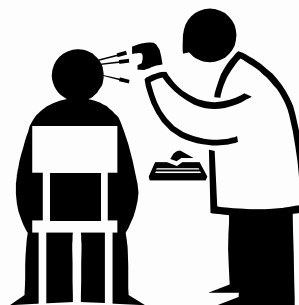
Topics and Speaker:
Stroke Rehabilitation by Acupuncture and Chinese Herbs
Dr. Yemeng Chen

Language of Presentation: Chinese

PDA Credit: NCCAOM 4 Credit Points

Fees: 1. ATCMS members (who paid 2010 membership fees): \$40
2. Students with ID: \$40
3. Others: \$80

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