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PAST, PRESENT AND FUTURE of TRADITIONAL CHINESE MEDICINE

Galina V. Roofener MSOM, Dipl. Ac. (NCCAOM)®, Dipl. C.H. (NCCAOM)®, L.Ac.

Many thousands of years ago, during the time of the Yellow Emperor, the most advanced diagnostic technologies available to physicians were observation, palpation, questioning and listening skills. In order to keep records, notes were hand written. This was enough for many generations of practitioners, but in the world of rapidly changing technologically, the old way of diagnosis and record keeping is no longer enough. We as a profession must change and adapt to current requirements and standards of health care.

The most important step forward, that is encompassing the entire world, has been the creation of a manual called “WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region”. You can download the manual here: http://www.wpro.who.int/publications/who_istrm_file.pdf. Schools in the United States have no consistency in teaching, and most use Maciocia and a multitude of other author’s writings as textbooks. Accordingly, our profession is plagued with a terribly confusing ratatouille cocktail of terminology. The first time I examined the WHO manual, my impression was: “Oh my lord! I need to go back to school to restudy the terminology!” I would highly recommend my colleagues also study this manual. I believe it will be extremely important, especially when ICD-11 become a reality.

In order to help achieve acceptance by mainstream medicine, acupuncturists must produce concise evidences of safety and effectiveness, which starts with consistent standard terminology. It is extremely difficult to speak about effectiveness if we cannot design good studies. One of the challenges of research design is language discrepancy. Working in the hospital, I must support my statements with research.

I was recently preparing a presentation on TCM for insomnia, and was reviewing available studies. It turned out to be a very difficult task, as I was not

able to find a single favorable meta-analysis study. All of them seemed to have poor design. As I examined the data, I found there were up to 78 different TCM diagnoses for insomnia. Upon closer study, I found the majority had only language and terminology differences, but the meaning was the same. Unfortunately, western medical practitioners only see computer-interpreted data, which ends up looking ridiculous. It’s true that both eastern and western medicine will usually have multiple diagnoses for a symptom, but not 78!

The WHO has been working on the future ICD-11 Diagnostic Codes, which will include chapter 26 – Traditional Medicine Conditions. This edition isn’t planned to be implemented until 2022, but the WHO has released a Beta-Version. I have already started using standard terminology codes from this Beta-Version in my clinical practice. I encourage you to explore these new diagnostic codes for yourself at <https://icd.who.int/en/>.

If you go to the above website, click on the “ICD-11 Coding Tool” option. You will be prompted for a search string. Type in a TCM diagnosis like “Qi stagnation”. A list of chapters will appear on the right side of the screen. Scroll down to find “Traditional Medicine” and click on the empty box to its left, thereby creating a check mark in the box. Now you will see a list of destination entities which contain your search string. Once you find the entity you want from the list, click on the icon after it that looks like an arrow pointing out of a box (for example SF57 Liver qi stagnation pattern (TM1)). The window will change again, showing on the left side a list of patterns which fall under the parent pattern, including SF57. On the right side it shows the parent pattern and all patterns included under SF57. You can scroll through the list on the left, expanding and contracting sections, to see all the codes under Chapter 26.

Sadly, not many TCM schools teach students standard ways of charting for a real multidisciplinary clinical

setting, where notes can be shared amongst healthcare professionals and audited for billing compliance. Understanding ICD codes and their relationship to the practice of TCM is essential. TCM practitioners must use symptoms such as Cough for ICD coding, rather than using a Western Medical Diagnosis such as Pneumonia, in order to remain within the TCM scope of practice. (This is true unless the patient was referred by MD/DO with a particular diagnosis – see example below). Some practitioners think ICD limits their treatment options. The reality is, it doesn't need to limit your style of acupuncture or herbal formulary. But, it does determine to an extent the content of your treatment notes, which must support both your TCM and ICD-10 diagnoses.

In TCM practice, diagnosis of Disease is incomplete without Pattern Differentiation. To be compliant with hospital charting, ICD billing requirements and documentation of treatment notes must support the treatment prescriptions of acupuncture points and/or herbal formulas. I now use both TCM syndrome diagnosis from future ICD-11 and current ICD-10 codes. I have provided an example below.

Billing ICD-10 diagnosis: (ex.) G43.719 Intractable chronic migraine without aura and without status migrainosus (Intractable means stubborn, non-responsive to standard treatment; chronic means longer than 3 months; status migrainosus is severe type of migraine that can last more than 72 hours) Also in my notes: Migraine due to SF52 Liver yang ascendant hyperactivity pattern (TM1)

Thanks to the efforts of the NCCAOM, TCM has achieved federal recognition as a legitimate profession. Although this is to be celebrated, it also means that acupuncturists will be subject to legal regulations more and more. On the dark side, I suspect the moment ICD-11 takes effect, all acupuncturists (even those who do not bill insurance) may be mandated to switch to Electronic Medical Records (EMR). On the bright side, EMR software can make note taking much easier, with a little adjustment.

With lower insurance reimbursement rates and skyrocketing overhead, the entire healthcare system is focusing on reducing costs. One of the most perspective developments in lowering costs is Telemedicine. This means less hospital space needed, no travelling, no parking, better access for rural areas, less exposure to other sick patients, and so on. During the last five years, the number of telemedicine visits has increased over 400%. The latest development that we have at the Cleveland Clinic is the incorporation of Telemedicine for our TCM herbal clinic. Telemedicine opens access to a much broader patient population than those in the immediate vicinity of a clinic location.

The biggest challenge we faced was gathering objective data such as pulse and tongue. We had to develop clear directions to guide our patients to provide accurate information. We even had to teach our patients how to properly photograph their tongue. The hardest though was the pulse. I researched an enormous number of pulse taking devices, but couldn't find a tool whose functions justified the cost. Most of them were developed specifically for TCM, based on palpation, and were very expensive. It was hard to ask our patients to spend that much for a tool that didn't do anything but TCM pulse. One day I stumbled across a mobile EKG device, that is widely available, affordable, FDA approved, HIPPA compliant and records standard EKG. The device could provide data for TCM pulse, and EKG data that the patient could share with their MDs if necessary. Eureka!!

I have been using this device for six months now and have taken every patient's EKG. Today I can say that the data it provides can give a clear TCM pulse pattern. I devised a way of interpreting the EKG data into TCM pulse diagnosis. I have written a textbook on how to interpret EKG from a TCM standpoint using WHO standard terminology. At this moment, "Modern TCM Pulse Diagnosis Using Mobile EKG" is in the publishing process and is expected to be released this summer.

Are there any specific telemedicine regulations that we must know in order to practice? Absolutely! First, we must be aware that phone

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conversations are NOT telemedicine. In order to bill insurance, the visit with the patient must be face to face. This also means that you must use a HIPPA compliant video conferencing software. Keep in mind that Skype and Facetime are not. Next, you must investigate telemedicine laws and acupuncture practice laws in the state where you practice and where your patient resides, and you must be compliant with all. There are a lot of peculiarities, so please read the laws carefully.

I will be teaching a telemedicine rules and regulations class at the 2019 FSOMA conference in Orlando, FL this August. I intend to record the session and will make it available on my website (www.AsianTherapies.org/Academy) after the conference.

The beauty of TCM practitioners is our ability to adapt. If we will embrace modern technological advances that enhance our ability to practice evidence-based medicine, more people will have access to our time-tested medicine.

Galina V. Roofener MSOM, Dipl. Ac. (NCCAOM)®, Dipl. C.H. (NCCAOM)®, L.Ac., L.C.H., A.P. is board certified and licensed in Ohio and Florida to practice Oriental medicine. Currently, Galina works for the Cleveland Clinic as an acupuncturist and Chinese herbalist. Cleveland Clinic was one of the first to open a hospital-based herbal clinic in the U.S. Galina can be contacted via email at GR@AsianTherapies.org.



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DIAGNOSIS AND TREATMENT OF STUBBORN TRAUMA/INJURY PAIN WITH DIT DA MANUAL THERAPY, HERBAL PATCHES, AND TUNG ACUPUNCTURE

Rene Ng, DACM, AP, LAc - 2019 Conference Speaker on "Diagnosis and Treatment of Stubborn Pain".

Understanding Dit Da

As a highly energetic young boy growing up in China, I was extremely active and naturally sustained a lot of injuries. Some were minor – just scrapes and bruises – while others were serious – broken bones, dislocations, and concussions. Whenever I got injured, the subsequent treatments would be totally different from how they would have been treated here in the USA. This was back in the 60s and 70s, and at that time (and even today), Dit Da, an ancient classical way specifically used to address trauma, was the go-to modality.

Dit Da “跌打” translates into “Fall Hit”, and refers to the Chinese Medicine modality used to treat injuries from all falls and hits. Basically, trauma. Dit Da includes the use of bone setting, and addresses muscle tears, dislocations, sprains, bruises, and any kind of musculoskeletal injury. Dit Da was originally and traditionally passed down over thousands of years from one generation to another within kung fu schools. In China, when learning kung fu, you are taught not just to break bones but also how to put them back in place. You learn to hurt people, and then you learn how to heal the injuries you caused. Kung fu masters were also Dit Da practitioners and they acquired this skill over a lifetime’s training in kung fu. So, in China, if you sustained any form of physical injury, even a simple ankle sprain, you would go see a Dit Da practitioner to get treated.



Dit Da includes the use of special massage therapy applied in conjunction with an herbal liniment called “Dit Da Jow” (Fall Hit Wine); application of external, custom-made herbal plasters tailored to the injury; intake of Chinese herbal formulas; and special nutrition that will speed up the healing of damaged tissues as well as recovery process. Treatments typically are very painful, as the injured

area is worked on directly. Pain and swelling will ameliorate naturally as the healing takes form. And the sooner an injury is treated after it is sustained, the faster it will heal. turned out to be a very difficult task, as I was not able to find a single favorable meta-analysis study.

What does a Dit Da treatment look like?

Well, let’s say you broke your arm and the ulna bone got snapped in two while you were on vacation in China. Tough luck, but that’s life. So, you get taken to see the famous local Dit Da practitioner to get treated. First of all, don’t be surprised if this practitioner is not licensed. In fact, there is a good chance he might not even have finished high school. He got his reputation not by school work or diplomas, but by successfully healing and curing traumatic injuries. And your treatment would most likely take place in the living room of the tiny apartment where he lived, not in a clinic setting. Your experience would be like this:

(1) *Fixing the bone*

You would be given some kind of herbal tea to drink which would relax you a bit and help with the pain. The Dit Da master would then start massaging your arm, doing deep tissue stretches, pushes, and pulls. Then all of a sudden without warning, you would feel a hard grip and manipulation on your arm and before you know it, your arm would have been reset. He would then continue to massage the injured area, all the while applying a dark-looking and smelly Dit Da Jow. X-rays? Nope, neither used nor needed.



(2) **Herbal Paste**

When he was done working on the arm, he would go ahead and mix up a formula of crushed herbs tailored specifically to address your unique injury. He would cook this batch of herbs in rice wine until it turned to paste. Next, he would remove the paste from the pot, let it cool down a bit, and apply it right at the place of injury. He would then wrap your arm in a sling using bandages – no hard casts are normally ever used, nor is ice.

(3) **Herbal Formula**

In the majority of cases, he would write you a prescription or maybe give you a patent formula to address damages caused by the trauma. The formula would remove blood stasis, reduce swelling, promote blood flow, and heal the broken bone along with the injured soft/connective tissues, muscles, and ligaments.

(4) **Food Therapy**

You would then be given specific instructions on what to eat and what to avoid eating, the principles of which are directly from Chinese nutrition and not from Western nutrition theories. The key is to speed up the healing process and optimize the repairing of the bone and tissues.

(5) **Follow Up**

You would likely be told to come back for treatment every day over the next week at least. Broken bones can take up to a month of treatment, sometimes longer, but the results are usually incredible and disbelieving.

Dit Da vs Tui Na

Both Dit Da and Tui Na use hand techniques to address musculoskeletal issues. However, Dit Da predates Tui Na, and it is widely acknowledged that Tui Na actually was born out of Dit Da. Certain hand techniques were taken out of the Dit Da family of techniques, systemized, and combined with certain acupuncture points to address both trauma as well as internal health issues outside of trauma. This approach and combination became Tui Na. Dit Da itself ONLY focuses on injuries and trauma.

Summary

In the USA, most folks (including Acupuncturists) have not heard of Dit Da. In fact, Dit Da practitioners are very difficult to locate, unless you look deep into Chinese communities and various Chinatowns. Even though the bone-setting and bone/joint manipulation part of Dit Da is out of the scope of practice for Acupuncturists here in the USA, combining what can be done by acupuncturists along with the physical musculoskeletal manipulations by western practitioners, Dit Da can be utilized and potentially even modernized with the inclusion of advanced tools and technology. This year at the FSOMA Conference 2019 held in Orlando, FL from August 23-25, I will be discussing more about Dit Da, how it works, teaching hand techniques and how you can incorporate Dit Da into your acupuncture practice. I will also be covering certain aspects of Master Tung's acupuncture system, along with herbal formulas and patches that can be incorporated as part of your trauma treatment protocols in your clinic.



About Dr. Rene Ng (DACM, AP, L.Ac)

Dr. Rene was born and raised in China, and is a CA- and FL- licensed Acupuncturist out of the Sarasota, FL area. He began his training in Chinese Medicine in China when he was a young kid, and learned the art of Dit Da from his parents and various kung fu and Dit Da masters. He is also an internationally recognized Wing Chun kung fu master, and has been practicing and teaching this art for over forty years in both China and the USA. He is also a board-certified diplomate of the Tung Acupuncture system under Dr. Young Wei Chieh (one of Master Tung's direct disciples), and has been using this powerful system for over 14 years. His specialties include Cancer care, MS and autoimmune disorders, Injuries, and Trauma. He can be reached at (941) 773-5156, or via email at RNG@ChineseMedicalSolutions.com. His website is <http://www.ChineseMedicalSolutions.com>.

Basics of Herbal Safety

by Robert Linde, AP, RH

There is a common fear about using herbs and drugs together. Our patients often express their concern about products from China. The misperception is that there is a lack of research on the use of herbs or the combination of herbs and drugs together. This falsehood is repeated by doctors, media and the FDA. There is actually a great deal of research in England, China, Japan, Turkey, Iran, Russia and many other countries and many of these studies are double blind, placebo-controlled, published clinical trials. We are only now seeing some herbal research in the US.

Our job as practitioners is to ensure that the quality of our products at least meets the standards set by the United States cGMP and the FDA's DSHEA. Although many of the products out there meet or exceed these legal standards, there are still many products being used that do not meet the most basic aspects of the law.

The use of herbal medicine also requires a more detailed intake, to include a detailed list of current OTC and prescription medications, to be able to safely utilize herbal formulation. As acupuncturists/herbalists, it is our responsibility to ensure the appropriate adjustments to our formulas to prevent adverse reactions or to improve outcomes of vital prescription medication.

Medications that have a narrow therapeutic margin are, in general, the greatest risk factors for adverse reactions. The most common categories of drugs that can be a problem with herbs are blood thinners, immunosuppressants, SSRI/MAOI, seizure, blood pressure, chemotherapy and blood-sugar regulating medications.

Problems can occur if there isn't proper adjusting of the dosage of the prescription medication which can only be done with the patients' prescribing physician. For example, if the patient is taking a blood-pressure-lowering medication along with a

formula such as Tian Ma Gou Teng Wan (which also lowers blood pressure), they may feel dizzy because of low blood pressure. The same doubling-up effect can occur with diabetes/blood sugar medication and some SSRI/antidepressants. If the dosage of prescription medication is lowered, we also see a reduction of side effects from the prescription drug.

Taking blood-thinning herbs can be a problem if the patient is also taking long-term, high dosage aspirin or are on blood thinning medications such as Coumadin. Taking both the drug and herbs together may lead to easy bruising, nosebleeds or risk of increased bleeding during surgery. We must continue to monitor our patient for adverse reactions and work with the physician to fine-tune the best dosages of medications and herbs.

In the case of chemotherapy drugs and some antiviral drugs for hepatitis C and HIV/AIDs, a few herbs can interfere with the effectiveness of the western drug. They can affect absorption rates or excretion rates, resulting in less drugs in the system. These adverse effects can happen up to 2 months after the last dosage of chemotherapy.

Oddly enough, the herb that has the most herb/drug interaction problems associated with it is the well-known St. John's Wort (Guan Ye Lian Qiao). This is a great herb for mild to moderate depression, as well as nerve related issues. However, taking St. John's Wort while also taking prescription antidepressants that are in the SSRI class of drugs, can cause problems. St. John's Wort has also been shown to inhibit the effect of some antiviral medications called protease inhibitors, such as Indinavir and can cause problems with blood-thinners such as Warfarin. Ultimately research has shown that St. John's Wort is processed by the P450 pathway, that half of prescription drugs also pass. This competition can alter the amount of any of the medications. In the

(Continued from page 11)

last few years, we have even seen issues with some oral contraceptive medications and Saint John's Wort.

Remember, the best way to avoid an herb/drug interaction is to stay up to date on research and then work with the patients' physician. Acupuncturists/herbalists currently are working successfully with many doctors in a team effort to decrease the prescription medication by using herbal formulas, a practice we hope will become more widespread in the future.

And most importantly, always encourage your patients to talk to their doctor about all the supplements and herbs you have prescribed. This opens critical lines of communication with other medical professions to better advance the patients' health and wellness.

To learn more about herbal safety and quality control, please join us at the FSOMA conference this August.

Bob Linde is the director of Acupuncture & Herbal Therapies and Traditions School of Herbal Studies in St. Petersburg, Fl. To learn more about Bob visit www.acuherbals.com or www.traditionsherbschool.com.



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2019 Legislative Update

David Bibbey, L.Ac – FSOMA VP

The Florida Legislature recently approved TeleHealth Legislation, which references and includes Chapter 457 licensees – Acupuncturists. Florida Chapter 456: HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS will be amended to include a new section 456.47 to provide definitions, details and compliance requirements for the FL Dept of Health, as well as, certain physician and non-physician healthcare providers.

The new law applies to approved healthcare providers who may utilize communication technologies to remotely consult, evaluate, diagnose and treat patients in Florida. Providers must hold an active/clear healthcare license issued by the State of Florida, or ANY other US State, the District of Columbia, US Territory or possession.

The new law also provides details for Practice Standards, Recordkeeping, Out-of-State Provider Registration, Discipline, Venue, Exemptions and Rulemaking for Boards.

It is important for any Florida Licensed Acupuncturist, contemplating or currently, evaluating, managing or treating patients remotely to read and understand the new law. Please consult an attorney and billing professional for any clarification needed before the law takes effect on July 1, 2019.

Areas of emphasis should include understanding the definition of telehealth, telehealth technologies, which acts constitute performing telehealth, documentation, patient privacy, recordkeeping and claims process (coding) for remote patient care.

Note:

- (1) The term “telehealth” does not include audio-only telephone calls, e-mail messages, or facsimile transmissions. See 456.47-1(a)
- (2) Under this statute, “Telehealth” applies to any act that constitutes the delivery of healthcare services for individuals physically located in Florida at the time those services are rendered using synchronous or asynchronous telecommunications technology by a telehealth provider.
- (3) “Venue” for location of patient care is established as either the county wherein the patient resides or wherein the patient is located at the time telehealth acts/services are rendered.
- (4) Nothing in the statute (456.47) permits FL licensees to perform “telehealth” in another state.
- (5) “Venue” for civil or administrative purposes is established as Leon County.
- (6) Full text of new statute: <https://www.flsenate.gov/Session/Bill/2019/23/BillText/er/PDF>

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The Allergic Reaction & Post Vaccine Syndromes

by Tony Krehel, AP

This is the fifth article in a five-part series discussing the phenomena of post vaccine syndromes within the context of Chinese Medicine.

Post vaccine syndromes present unique challenges for our healthcare system because they are often misdiagnosed and always difficult-to-treat due to the nature of internal disease processes. Traditional Chinese Medicine embodies a conceptual framework and treatment protocols for correcting immune regulation problems consistent with post vaccine syndromes.

In Chinese Medicine, the health is obtained by a correct Yin-Yang balance where the integrity of the yin is sustained by the yang energy (metabolism). This balance enables the Wei Qi to fight against exogenous aggression and the Zheng Qi to prevent internal disease. This condition of being able to resist infection and disease pathogenesis is the state of being immune. The dual-natured surveillance and purification system operates on the basis of self/non-self-determination, and its purpose is the purging of pathogenic influences from the body.

With natural infection, the pathogen is exogenous/ exterior/ yang and the battle is fought at the border with Wei Qi defense force (ala conventional warfare). With infection by injection, exogenous pathogens (foreign proteins and allergic-reaction causing adjuvants) are introduced directly into the interior/ yin, thus becoming endogenous pathogenic factors with influence on the zang and fu organs. Having by-passed the Wei Qi system, the infection at a deeper interior level presents a different immune-crisis scenario with a wide range of individual-specific manifestations.

The allergic reaction is standard operating procedure for all infections. Whether infection is via the natural environment or by injection, all infections trigger the allergic reaction process.

For the sake of efficacy (antibody production), all vaccinations must trigger an allergic reaction and are thus purposefully designed to do so. The presumption that vaccination does nothing more than safely stimulate antibody production ignores the reality of both the allergic reaction process and the stage or level at which the infection resides.

Infection "on the inside" always causes internal patterns of disease plus morbidity to varying degrees. Both the infection-fighting mechanisms and the allergic reaction recovery process are more complex due to the location of infection. The successful return to health in this case is an evolvement process dependent on numerous individual-specific factors (qi/blood/yin, constitution, genetics).

The initial immune response in the allergic reaction process includes such mechanisms as lock-down, sympathetic dominance, the vasovagal response, cardiac and respiratory distress, and the histamine reaction. Each of these actions has its own consequences or side effects that can be devastating and damaging to the body. For example, cardiac and respiratory distress are known to cause hypoxia (low oxygen), anoxia (no oxygen), ischemia (low oxygen from low blood flow) and stroke (oxygen demand exceeding oxygen supply).

Histamine produces various effects within the body including smooth muscle contraction, accelerated heart rate, vascular permeability, fluid secretion and increased mucus production. Its impact on the small blood vessels of the circulatory system, however, is particularly noteworthy for its hidden blood stasis and vascular-damaging effects. Impaired blood flow to the small blood vessels of viscera and connective tissue can manifest in blood deficiency and various bi syndromes. Insufficient blood supply can happen anywhere in the body where there are capillaries (heart, intestinal/mesenteric, kidneys, liver, skin,

endometrium, etc.). Additionally, impaired blood flow prevents the immune system from reaching the pathogens to neutralize or destroy them. This leaves the body in a state of perpetual infection – thus chronic immune disorders worsen over time. Therefore, the adverse effects of histamine release during the allergic response process are systemic and far-reaching both immediately and after the allergic reaction.

The allergic reaction caused by infection by injection can be massive and deadly (purportedly rare) or mild. With this type of infection, however, there is always morbidity to varying degrees. Regardless where on the spectrum the intensity of the allergic reaction, the pathogen is interior, and the pathogenesis is always the same. When the disease is interior, the Zheng Qi is taxed, thus leading to deficiency. Repeated invasion of pathogens into the interior is excessively taxing. The pattern is mixed excess (exuberance of pathogen on interior) and deficiency (empty complicated by fullness). The pathogen is present in the body causing the body's qi and blood to weaken. This state of health (common today) is often referred to as "immune-incompetence" or "immune deficiency".

The pathogenesis of post vaccine syndromes begins with the allergic reaction. Sequela is a medical term for a pathological condition resulting from an acute infection or injury. "That which follows" is a chronic condition of complications that begins during the acute stage of infection with the allergic reaction, the manifestation of which is dependent on individual-specific factors. Many of the side effects and syndromes associated with the aftermath of infection by injection and the allergic reaction are often missed or ignored (except in extreme cases) in the diagnosis and treatment of chronic conditions.

This article is an excerpt from the author's continuing education course Post Vaccine Syndromes: The Biomechanics of Immune Function as it relates to Vaccination within the Context of Chinese Medicine. The course material will also be presented at the FSOMA conference in Public Health Policy Trends, Modern Illnesses & Our Future Patients.

The first four parts of this series can be found in the following FSOMA Journals: Summer 2015, Spring 2016, Summer 2016, and Spring 2017. They can be read online on fsoma.org.

Toni Krehel, AP, in private practice in Jacksonville since 1997 with specialty in treatment of immune disorders and pediatrics. A member of the Holistic Pediatric Association, Physicians for Informed Consent and Health Freedom Florida, Dr. Krehel is founder/director of KNOW Vaccines, the Florida state affiliate for the National Vaccination Information Center (2001). Please contact the author or FSOMA to schedule talks/classes about post vaccine syndromes.

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RETURNING OUR FOCUS TO THE FLAVOUR AND NATURE OF HERBS - PART 1

By: JulieAnn Nugent-Head

Abstract

The foundational theories of Chinese herbal medicine originate in the Nei Jing (Inner Classic), which states that it is the flavour and nature of herbs that govern how they interact with the human body. However, this theory has more recently become superseded by theories of herbal actions, disease indications and modern research, which are invariably used in textbooks and by practitioners to inform prescription of herbal medicines. This article explains why these approaches to the practice of herbal medicine are incorrect, and how such approaches can easily damage the health of patients taking herbal medicines. The correct method of prescribing herbs based on the Nei Jing is described, and illustrated with various case examples.

Introduction

The foundations and tenets of herbal theory that have guided the great doctors of Chinese medicine through history originate in the Nei Jing (Inner Classic). However, the application of Nei Jing herbal medicine theory seems largely forgotten in today's Chinese medicine education. It is in the Nei Jing that flavour and nature are defined as the primary principles that govern how herbs interact with the human body. The Nei Jing puts forth that the flavour and nature of herbs affect the qi in specific ways, which in turn affects the organs and physiological systems, and can thus either restore them to health if prescribed correctly or damage them if used incorrectly.¹ In contrast, the current herbal paradigm tends to focus on herbal actions, disease names and modern research. Prior to the development of this modern perspective, every classical herbalist referred to the following words from the Nei Jing as their source of understanding for how herbs affect qi in the body, and put these words into action with every formula they wrote:

辛能散、能行。Xin neng san, neng xing.
Acrid can disperse, can [make things] move.

甘能補、能緩、能和。Gan neng bu, neng huan, neng he.
Sweet can build, can slow, can harmonise.

苦能泄、能燥、能堅。Ku neng xie, neng zao, neng jian.
Bitter can drain, can dry, can make firm.

酸能收、能澀。Suan neng shou, neng se.
Sour can gather, can astringe.

鹹能下、能軟。Xian neng xia, neng ruan.
Salty can descend, can soften.

淡能滲、能利。Dan neng shen, neng li.
Bland can leach, can benefit [create flow].

Understanding that these words lie behind the herb choices in every classical formula can immediately improve our effectiveness and safety in the clinic. Conversely, if we do not understand the importance of these words, we may be tempted to prescribe herbs according to their documented actions, chemical components or performance in scientific research. Such approaches to prescribing herbs can potentially harm our patients.

The modern paradigm: focus on herb action

Today's predominant herbal paradigm tends to involve studying herbs according to their actions and indications. For example, substances are labeled as 'tonify qi' herbs, 'clear heat' herbs or 'dispel winddamp' herbs. Herbal medicines are also designated according to modern scientific research as being 'antibacterial' or 'anti-viral', being able to treat or prevent cancer, or having the capacity of boosting the immune system. While it is not wrong to state that herbs may have qi-tonifying

or heat-clearing effects, or that they may even be able to successfully treat cancer, stating the potential effect of a particular herb is not the same as understanding why it will affect the body in a specific way. For example, understanding how a herb alleviates a headache and the type of headache it may treat is considerably different from having the simplistic belief that it has the function of 'treating headache'.

The Ben Cao Bei Yao (本草備要, Complete Essentials of Materia Medica) written by Wang An in the Qing Dynasty highlights the danger of an action- and indication-focused perspective:

‘如治痰之藥，有治燥痰者，有治濕痰者，諸書第以除痰概之。頭痛之藥，有治內傷頭痛者，有治外感頭痛者，諸書唯言治頭痛而已。此皆相反之證，未可混施。’

‘If a herb treats phlegm, there are those that treat dry phlegm, there are those that treat damp phlegm. All books only generalize [these herbs] as phlegm eliminating. Headache medicines: there are [those] that treat internal injury headache and [those] that treat external influence headache. Books only speak of [a herb with the action of] ‘treat headache’. All of these contradicting illnesses, it is not appropriate to confuse or muddle the application.’

It is easy to understand that the treatment for a headache caused by cold pernicious is considerably different than the treatment for a headache from internal injury. However, if we memorise herbs according to their actions and indications, it becomes easy to overlook this important distinction and prescribe herbs according to the disease label or symptom name. Furthermore, it is important to understand that herb actions and indications – such as ‘clearing heat’ or ‘treating headache’ – merely represent the historical documentation of the successful application of herbs or herbal formulas. Stated more clearly, it is not that any herb ‘treats headache’, but rather that specific herbs or not enter the body and ‘turn off’ a headache, or ‘turn on’ the immune system.

Rather, herbs affect the qi. In the way they affect the qi is beneficial to the condition being treated, then the result will be the resolution of symptoms. On the other hand, the same herb used in a different (i.e. ‘wrong’) situation may affect the qi in such a way as to aggravate the condition, and even create other symptoms.

A fundamental principle of Chinese herbal medicine involves diagnosis of the individual patient and identification of a clear strategy of treatment, before choosing a formula and considering the appropriateness of each constituent herb therein. However, diagnosing a patient with a pattern of blood deficiency and selecting the treatment methods of warming, moving and building the blood (using warm, acrid and sweet herbs) is not the same as deciding to use Si Wu Tang (Four Substance Decoction) based on the fact that it is the formula traditionally believed to ‘nourish blood’. While Bai Shao (Paeoniae Radix alba) – a constituent herb of Si Wu Tang – is indeed said to nourish the blood and regulate the menses, it is a cool, sour herb that is included in this formula to treat yin deficient heat due to lack of blood. Thus patients with blood deficiency and secondary symptoms of dry lips, mouth ulcers and other empty heat signs would benefit from having Bai Shao (Paeoniae Radix alba) in the formula, whereas it would be inappropriate for patients with blood deficiency accompanied by cold hands (showing poor circulation or qi reversal) or painful/scanty menses (showing cold, blood stasis or lack of blood and qi movement). In these examples, warming, building and moving the qi and blood are appropriate, while cooling and gathering are not. Therefore, using Si Wu Tang as an unmodified unit – to which herbs are then added for patients with cold hands or scanty menses – is less elegant than recognising that Dang Gui (Angelicae sinensis Radix) and Chuan Xiong (Chuanxiong Rhizoma) are the only two appropriate constituents therein. If one has only studied the actions and indications of Bai Shao (Paeoniae Radix alba) – such as that it ‘nourishes the blood’ or ‘softens the Liver’ – it is easy to include this apparently benign herb in prescriptions where its effect on the qi will not be conducive to successful treatment. Any herb in a

classical formula, no matter how complete the formula may seem, may have a flavour and nature that could be detrimental to the health of any specific patient. By emphasising the flavour and nature of herbs as our pivotal focus it becomes evident that the appropriateness of each herb in a formula should be considered individually, instead of using any formula as an unmodified unit to which herbs are added for the individual patient.

The historical importance of flavor and nature

Students and practitioners of Chinese medicine may wonder how the great doctors of history were able to create such powerful formulas that remain so relevant today. The truth is that they did not create formulas to be used as unmodified building blocks. Following the theories of the Nei Jing, they recognised the causative factor in their patients that was creating an imbalance in the yin and yang and resulting in symptoms. They then decided whether the best way to affect that causative factor and rebalance the yin and yang was through introducing acrid, sweet, sour, bitter or salty flavours into the body in order to influence the qi in a specific way. Thus, herbal formulas were created by combining herbs with the appropriate flavours to affect the qi - dispersing, moving, building, slowing, draining, drying, gathering, astringing, descending, softening or permeating - which then resulted in resolution of the symptom or disease. In contrast, practitioners today tend to start at the end of this process - selecting a formula or single herbs to treat specific illnesses or patterns - without realising that the formulas themselves do not 'treat' IBS, high blood pressure, diabetes, heart disease or cancer, nor do they expel cold, pacify Liver yang or anchor the shen. In actuality, herbs are simply a vehicle for flavour, and it is the effect of the flavour and nature of the herb that creates change in the body. The difference between these approaches may not seem so profound, but it is actually the basis of the Chinese medicine aphorism, '因人而異' ('[treat each situation] according to the person'). From a classical Chinese medicine perspective the individual is treated by focusing on the appropriate way to affect their qi.

The modern perspective, on the other hand, focuses on the pattern, disease or symptom name, with less thought to the appropriateness of the herbs for the individual as a whole.

The Ben Cao Bei Yao states that the order of our methodology when prescribing herbs is crucial to success:

‘每藥先辨其氣味形色，次著其所入經絡，乃為發明其功用，而以主治之證，具列於後，其所以主治之理，既在前功用之中...’

‘Each herb: first differentiate its flavour and nature, form and colour; secondly the channel it enters. Only then [can one] expound upon its function, and the illness that it treats. After aligning these [qualities], the reason why it is used to treat [a given disease is] already included in the aforementioned functions.’

The Ben Cao Bei Yao echoes the words of the Nei Jing that our first consideration should be the flavours of the herbs we prescribe; only then will we understand the patterns the herbs can treat. While this theory may seem elementary, and one may feel obliged to seek more scientific or erudite explanations of how herbs work in the body, the succinct and profound words from the Nei Jing were the foundation of herbal application for the great doctors who have come before us, who treated both acute and chronic illnesses with considerable success. In the following quotation the Qing dynasty physician Zhou Xueting makes the relationship of flavour, nature and the patient quite clear:

‘周學庭曰：黃芩安胎者也、烏附傷胎者也，而胎當寒結，黃芩轉為傷胎之鴆血烏附又為安胎之靈丹。白朮安胎者也，芒硝傷胎者也，而胎當熱結，白朮反為傷胎之砒霜，芒硝又為安胎之妙品。無藥不可以安胎，無藥不可以傷胎，有何一定之方，有何一定之藥也。彼本草所注安胎，藥性所言禁服，不過為初學導之先路。’

'Zhou Xue Ting states: "Huang Qin [Scutellariae Radix] calms the foetus, Hei Fu Zi [Aconiti Radix lateralis preparata] harms the foetus, but if there is cold accumulation, Huang Qin [Scutellariae Radix] will harm the foetus [as if there is] poison in the blood, and Hei Fu Zi [Aconiti Radix lateralis preparata] will protect it like a miracle medicine. Bai Zhu [Atractylodis macrocephalae Rhizoma] calms the foetus, Mang Xiao [Mirabilitum] harms the foetus. But if there is heat accumulation, Bai Zhu [Atractylodis macrocephalae Rhizoma] will harm the foetus like arsenic and Mang Xiao [Mirabilitum] will benefit the foetus like a magical substance. Every herb could be used to protect the foetus, and every herb could harm the foetus. There can be no set formulas, there can be no fixed herbs. The Ben Cao notes [a herb] as calming to the foetus, or states that the nature of a herb [makes it] forbidden to be used [in pregnancy], this is only for beginning students to guide them in their early path.'"

Although the words of Zhou Xueting discuss the dangers of incorrect herb use during pregnancy and state that prohibitions are just for 'beginning students', his words might be applied to every herb and formula we use today. By focusing herb use on actions and indications without stressing the appropriateness of their flavour and nature, they can become 'as dangerous as poison in the blood'.

The Shanghan Lun

The Shang Han Lun (傷寒論, *Treatise On Cold Damage*) is possibly the greatest example of the application of flavor and nature in herbal treatment. In the Shang Han Lun, Zhang Zhongjing collected the great formulas of antiquity, laying out how the flavour and nature of herbs are best used, as well as pointing out what happens when patients are mistreated by doctors who, for example, use bitter when they should have used acrid, use acrid when they should have used sour, or use sour when they should have used sweet. For example, In the Taiyang chapter of the Shang Han Lun, Gui Zhi Tang (Cinnamon Twig Decoction) is indicated for treating invasion of pernicious wind manifesting with a floating pulse, headache, fear of wind and sweating. In Gui Zhi Tang light, warm and

acrid Gui Zhi (Cinnamomi Ramulus) disperses the pernicious wind from the surface (muscle layer), while thick, warm and acrid Sheng Jiang (Zingiberis Rhizoma recens) disperses the wind that has entered more deeply. Sweet and neutral Da Zao (Jujubae Fructus) and Gan Cao (Glycyrrhizae Radix) slow down the wind, and prevent it from penetrating into the body more deeply. Lastly, cool and sour Bai Shao (Paeoniae Radix alba) restrains the yin fluids that are leaking out through sweat, and prevents the formula from being too warm and damaging the yin. Thus, in a small five-herb formula we see the direct application of three aspects of Nei Jing herbal theory: acrid disperses, sweet slows and sour astringes.

Also in the Taiyang chapter, Gui Zhi Tang is modified by removing Bai Shao (Paeoniae Radix alba) to become a 'new' formula named Gui Zhi Qu Shao Yao Tang (Cinnamon Twig Decoction Minus Peony). The associated symptoms of a skipping pulse and chest fullness are explained as being due to damage to the yang qi from inappropriate purging using cold and bitter herbs. The appropriate treatment in such cases is to use acrid and warm herbs to stimulate the yang qi with movement and warmth. In this situation, sour (Paeoniae Radix alba) is removed because the gathering/astringing effect of its sour flavour would aggravate the fullness in the chest, and of course its cool nature would not be appropriate when warming yang is the focus of treatment.

In the Taiyin chapter of the Shang Han Lun we see the opposite scenario, where Gui Zhi Tang is modified by doubling the dosage of cool, sour Bai Shao (Paeoniae Radix alba). In this situation the patient presents with a soft pulse, diarrhoea and abdominal pain. In this application of Gui Zhi Jia Bai Shao Tang (Cinnamon Twig Decoction Plus Peony), warm acrid Gui Zhi and warm acrid Sheng Jiang (Zingiberis Rhizoma recens) stimulate the yang qi and disperse pathogenic cold, while sweet Gan Cao (Glycyrrhizae Radix) and Da Zao (Jujubae Fructus) assist by building the Spleen qi. The sour function of Bai Shao (Paeoniae Radix alba) is then used to create a gathering action in order to stop

the diarrhoea. In this example we can see that the gathering action is the focus of the treatment. Whereas in unmodified Gui Zhi Tang cool, sour Bai Shao (*Paeoniae Radix alba*) astringes yin due to loss of fluids from sweat, in this formula the increased dosage of a sour herb is necessary as the fluid loss is more severe. It is also apparent that the cool nature of Bai Shao (*Paeoniae Radix alba*) is tempered by warm Gui Zhi (*Cinnamomi Ramulus*) and Sheng Jiang (*Zingiberis Rhizoma recens*), and that the yang has not been damaged to the extent that the inclusion of a cool herb is inappropriate.

The Pi Wei Lun

Examination of historical formulas from a flavour and nature perspective reveals that the brilliance of the doctors of antiquity was simply due to their effective application of Nei Jing herbal theory. Li Dongyuan, author of the Pi Wei Lun (脾胃論, *Treatise on Spleen and Stomach*) states:

‘脾胃為元氣之本而主升發，若因飲食不節，脾胃不主升發，元氣不足。乃百病發生之由’

‘[The] Spleen and Stomach are the root of yuan qi and govern raising and spreading. If there is damage by drink/liquids, food and by physical labour and fatigue, the Spleen and Stomach cannot govern raising and spreading qi, and [therefore] the yuan qi will not be full. Thus, the hundred illnesses can happen.’²

Li Dongyuan founded the Bu Tu Pai (補土派, *Nourish the Earth School*), which recommended an approach to treatment focused on returning the Spleen and Stomach to harmony. He believed that an unobstructed Spleen was the key to preventing the ‘100 illnesses’ and used herbs accordingly to relieve obstructions hindering the healthy movement of the Spleen qi. Li’s approach is today often simplistically presented as being focused on ‘tonifying’ the Spleen with herbs such as Huang Qi (*Astragali Radix*), Bai Zhu (*Atractylodis macrocephalae Rhizoma*) or Fu Ling (*Poria*). In fact, examination of the formulas of the Pi Wei Lun shows a prevalence of acrid and light herbs that are designed to disperse accumulation, separate the

clear from the turbid and assist the raising and spreading of the clear yang qi. Thus, the Spleen is ‘tonified’ by removing what is impairing its function, not by adding/building ‘more qi’ to make the Spleen work better.

Herbs like Chuan Xiong (*Chuanxiong Rhizoma*), Du Huo (*Angelicae pubescentis Radix*), Qiang Huo (*Notopterygii Rhizoma seu Radix*), Fang Feng (*Saposhnikoviae Radix*), Chai Hu (*Bupleuri Radix*) and Sheng Ma (*Cimicifugae Rhizoma*) are not herbs that are typically thought to treat or tonify the Spleen, but they are consistently applied in the formulas of the Pi Wei Lun to do just this.³

It is important to understand that the term ‘tonify’ (補, *bu*), while having the meanings of ‘boosting’ and ‘building’ in the West, also means ‘to benefit’, ‘to be of help’ or ‘to repair’ in Chinese. Thus benefitting or repairing the patient – in other words affecting the patient’s qi in a way that returns the yin and yang of the body to harmony – can be achieved by removing a blockage, expelling pernicious, restraining what is leaking, warming, dispersing and so on. When the qi is moving optimally, the patient returns to a state of health, and in a sense has been ‘tonified’. But this should not be confused with simply prescribing Huang Qi (*Astragali Radix*) or Bai Zhu (*Atractylodis macrocephalae Rhizoma*) in order to give ‘more qi’ to the Spleen, or indeed using tonifying herbs to benefit any other system of the body. In the formulas of Li Dongyuan, strengthening the middle is done by draining, raising and building qi in ratios appropriate to the patient’s condition. It is therefore fundamental that we redefine our understanding of treatment to focus on returning the patient’s yin and yang, and the movement of their qi, to optimal function. This involves applying the words of the Nei Jing by choosing herbs with flavours that affect the patient’s qi in a manner which repairs or benefits them as a whole.

Other texts

It was not only Zhang Zhongjing and Li Dongyuan who focused on the flavour of herbs to inform their treatment strategies. Ming Dynasty physician

(Continued from page 23)

Zhang Jingyue stated that flavour and nature are not just important to consider – they are ‘the Dao’ of herbal usage:

‘用藥之道無他也，惟在精其氣味，識其陰陽，則藥味雖多，可得其要矣。’

‘The way of using herbs, there is one way, there is no other. That is to master the herb’s nature and flavour, and to understand its yin and yang. Only with this understanding, even if the herbs are many, can you achieve desired results.’⁴

Basing herb selection on flavour and nature is critical. By doing so, not only can we understand classical formulas and achieve desired treatment, we can avoid injuring our patients by accidentally affecting the qi inappropriately. In the Song Dynasty Pang Anshi highlighted this important point:

‘設當行辛甘而用酸苦，設當行酸苦而用辛甘，是昧於陰陽之用，如此醫殺之耳。’

‘When the method should be [to use] acrid and sweet

but instead sour and bitter are used, or the method should be [to use] sour and bitter but instead acrid and sweet are used, this is to be blind to the use of yin and yang, and in this way a doctor kills their patient.’

Shang Han Zong Bing Lun (傷寒總病論三卷, Complete Treatise on Cold Damage, Third Scroll).

ENDNOTES

1. Unfortunately there is not space in this article to discuss the yin and yang qualities of herbs (i.e. their thick/thin natures, which subsequently became codified as herb channel theory) in any depth. This subject is discussed in more detail in the Introduction to Classical Herbalism lecture at the following link: <http://www.traditionalstudies.org/intro-to-classical-herbalism/>
2. Li uses the term ‘100 illnesses’ to refer to the many illnesses that affect human beings, not 100 specific ailments.
3. Although the Pi Wei Lun contains more than 40 formulas focused on Spleen and Stomach disharmonies, only half of them contain ‘Tonify Spleen’ herbs such as Bai Zhu (Atractylodis macrocephalae Rhizoma) and less than a third of them contain Fu Ling (Poria). The sheer number of formulas focused on treating the Spleen and Stomach, together with the preponderance of herbs not typically considered as ‘treat Spleen’ herbs, highlights the importance Li Dongyuan ascribed to combining the appropriate flavours in appropriate combinations to treat the varying patterns of Spleen and Stomach qi disharmony. This is a quite different perspective than simply adding Huang Qi (Astragali Radix), Bai Zhu (Atractylodis macrocephalae Rhizoma) and Fu Ling (Poria) to a formula when one wishes to benefit the Spleen.
4. The yin and yang quality of the specific herb refers to its thick/ thin, light/heavy nature, and thus its ability to affect floating or sinking, lowering or raising in the body (see endnote 1).

A dedicated practitioner and teacher, **JulieAnn Nugent-Head** is part of the Association for Traditional Studies, a not-for-profit company dedicated to bringing classical knowledge back to the forefront of Chinese medicine. For more information about the Association for Traditional Studies, its training programs and free online video library of educational material, please visit www.traditionalstudies.org.

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