

THE LUO DOWN

SOUTHWEST ACUPUNCTURE COLLEGE

“A SPECIAL VESSEL OF COMMUNICATION BETWEEN CHANNELS”

Spring Issue
March 2009

Santa Fe & Albuquerque, New Mexico
Boulder, Colorado
www.acupuncturecollege.edu
admin@acupuncturecollege.edu

The Economy of Hope and the Epidemiology of Happiness

By Dr. Skya Abbate, D.O.M.

Executive Director



Inauguration Day, 2009

It is a Saturday morning in a walk-in clinic in January. There is standing room only. People look tired, pale and unanimated. Who wants to be here on a first-come first-serve basis with other sick patients coughing and wheezing? Old and young, newborn, teens and adults are gathered together. A baby plaintively cries in discomfort; an old woman hobbles into the exam room on her leash of oxygen; a man holds his head in his hands, his grief disguised as a cold. Illness has no age or geographic boundaries. It's no fun being sick and yet we are and it is a very hard thing.

Economic reports claim that the best professions to enter right now are those connected with healthcare, for like the poor, the sick will always be with us. Going back to school or entering such a profession for the first time are certainly possibilities for some, and as enrolled students know, it is a

continued on page 3

<i>Contents:</i>	<i>Page</i>	<i>Contents:</i>	<i>Page</i>
The Economy of Hope and the Epidemiology of Happiness	1 & 3	Pearls of Wisdom	14
Bind Each Other's Wounds	2	Notes from the Dean of Studies	14
Open My Mind, Polish My Skill in China	4-5	Acupuncture and the Sham Control	14-15
Yi-Qian-the Saint Doctor of Chinese Pediatrics	6	Reducing Pneumothorax Risk in Acupuncture	16-17
The Gift of Movement	7	Next National and State Exam Dates for SWAC Students	17
Reflections of a Junior Acupuncturist	7-9	Financial Aid News	18
Communication and Understanding Across Generations	10-12	2009-2010 FAFSA Renewal Reminder	19
Holiday Food Drives	12	Continuing Education Opportunities	19
Clinical Corner: Types of Yin Xu	13	Honoring Our Alumni	19
		The Graduate Herb Garden	20

◆ Now Available ◆

BIND EACH OTHER'S WOUNDS

by Skya Abbate, M.A., D.O.M., Dipl. Ac., Dipl. C.H.



All healthcare providers have the sacred responsibility to care for and nourish life in all its manifestations. In these ten short chapters the principles of medical ethics are illustrated through discussions on the nature of illness, the role of the doctor / practitioner in the healing process, the importance of the clinical encounter in the interview and delivering the diagnosis and prognosis, and the value of touch and prayer in healthcare. *Bind Each Other's Wounds* is a poetic reflection on the holiness of human life and how it can be respected and safeguarded through the spiritual practice of clinical medicine.

Order on line at www.acupuncturecollege.edu or send check or money order to
Southwest Acupuncture College (or purchase at your local campus)

1622 Galisteo Street Santa Fe, NM 87505

\$24.95 + \$5.00 shipping and handling

10% discount to alumni, faculty, staff and current SWAC students

Also available from

Amazon.com, Target.com, Borders.com, BarnesandNoble.com, Books-a-million.com and RedwingBooks.com

See Southwest Acupuncture College website for Skya's other best sellers:

Holding the Tiger's Tail: An Acupuncture Techniques Manual in the Treatment of Disease

The Art of Palpatory Diagnosis in Oriental Medicine (also available in Italian)

Chinese Auricular Acupuncture

Advanced Techniques in Oriental Medicine

Beijing: The New Forbidden City (sold out/2nd edition available in April 2009)

huge undertaking, but ask your teachers and they will tell you it is vastly rewarding.

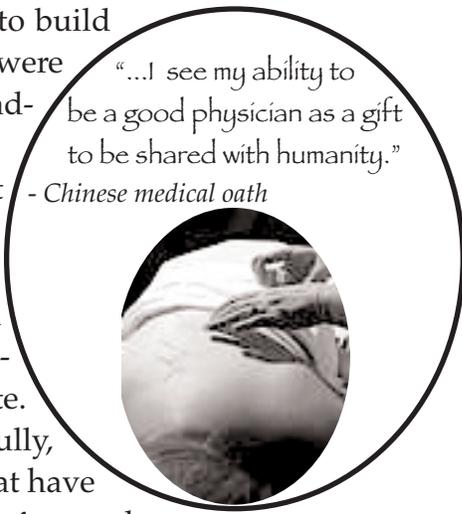
Dedicated student interns and licensed practitioners find great satisfaction in caring for patients and guiding them through the healing process with the simple yet ancient tools of the needle and the other powerful, adjunct Oriental healing modalities. Our college clinics are booked to capacity and it is not just because of our reduced costs - patients come back because of the quality of care they receive as well as for the positive results of treatment they receive for the alphabet soup of illnesses in our modern day society. Alumni likewise cite in our annual alumni survey that they are ready to practice upon graduation and continue in the profession instead of abandoning their education; medicine is a noble profession. Patients await them in every city. While the middle to upper class is the income bracket largely served, the less fortunate are a whole new body of patients who require treatment and can get forgotten if we model and locate our practices in those environs or do not make an effort in the community setting to reach out to them.

Interestingly, in alumni surveys it is noted that very little *pro bono* work, the benchmark of a professional practice, is done by graduates although about half have reduced or sliding scale treatments. Some even feel that it is a disservice to the profession to not charge "the going rate." But there are lots of ways to do this where you can still make a living and pay back student loans as well as offer yourself in service to others. It is a good way to expand your repertoire of skills by treating many illnesses that are socio-economically derived. This is also an active way to build one's practice and community ties, never mind the satisfaction you were looking for that you wrote about in your essays to the college for admission.

Today many traditional educational fields have somewhat less relevance than they had thirty years ago while Oriental medicine is gaining wider acceptance every day. So stay in school, study hard; learn from the experience of your teachers, your day will come to design your own practice. It's not too early yet to formulate your mission statement and code of ethics before you graduate. At graduation you will take the Chinese medical oath, and hopefully, as a practitioner, renew it yearly. One thing that all professions that have oaths have in common is that they are a standard of behavior by us for another.

Imagine your practice, as you would like it to be in the ideal where all are included as you think outside the box. The old "new" paradigm of service to others will never be of disservice to you and the world.

Epidemiology, the study of infectious disease patterns, claims in new research, that mental states such as happiness are a lot like the transmission of an illness. Simply summarized, if we are positive and happy we can spread it even if we don't know the other people! Relationship is more powerful than environment in shaping the world. That relationship begins now in school with hope for the future and the exploration of possibilities that are as wide as you can imagine, in your service to others.





Southwest Acupuncture College China Study Group 2008

Open My Mind, Polish My Skill in China

By Dr. Li Xu, Ph.D., D.O.M., Campus
Director, Albuquerque Campus
2009 China Trip Team Leader

Being Oriental medicine healthcare providers, we all know that the Acupuncture and Oriental Medical system is the wisdom of ancient Chinese people from thousands of years ago. China is the motherland of Acupuncture and Oriental Medicine.

Ever since Southwest Acupuncture College began, we have made every effort to provide opportunities to the students so that they graduate as outstanding practitioners in this field. To go to China and learn first-hand Chinese Medicine is one of the ways to achieve this goal. We started the China program back in the 1980s, and we have been doing it for over 20 years. Every time, students went to China with excitement and curiosity, and returned with new knowledge, new friends, irreplaceable memories and loads of appreciation.

The China trip is not only designed for current students, but also for alumni, and other Ori-

ental Medicine practitioners. In fact, this trip might be more beneficial to those who are currently practicing since it will provide direct help for many diseases that seem difficult to handle in the clinic. You can apply what you learn immediately on your patients upon your return. The 4-week long clinical advanced study is truly worthwhile continuing education.

We changed our China trip destination last year from Beijing to Harbin at the Heilongjiang University of Chinese Medicine, and achieved great success. So this year, we are heading to Harbin again!

What is Heilongjiang University of Chinese Medicine?

Heilongjiang University of Chinese Medicine (HUCM) started in 1959, and is located in Harbin, the capital of Heilongjiang Province. It has nine institutes (including the Clinical Medicine Institute, Acupuncture Institute, Chinese Herbal Pharmacy Institute, etc.), two direct-affiliated hospitals and five indirect-affiliated hospitals. They have a total of 18,505 current students. Among them are 218 Ph.D.'s and Ph.D. candidates, 1,482 in the Masters Program, and the rest are in Bachelor Degree programs. The student body includes 256 foreign students.

continued on page 5

Where do we study?

Our major clinic study location is the Second Affiliated Hospital of HUCM which is located in the center of Harbin. The Tai Ji Sword class is offered on campus. Both the hospital and the campus are beautiful.

What will we learn?

I am sure you will learn more than what I state here in our program that includes four areas of study:

1. *Acupuncture*

- Needle Technique—including the fantastic Free Hand Needling
- Scalp Acupuncture
- Electronic Acupuncture
- Points Injection
- Numerous diseases treated by Acupuncture, diagnosis and differentiation
- Experience from different professors

2. *Herbology*

- Herbal prescription (single herb functions, classical formulas)
- Diagnosis and differentiation
- Herbal pharmacy arrangement and herb dispensary (very fun to watch!)
- Multiple herbal applications
- Lectures on how to use herbs to treat certain kinds of modern diseases (topics are to be arranged)
- Experience from different professors

3. *Tui Na*

- Hands-on teaching and learning experience
- Hands-on practice
- Learn how Tui Na treats different diseases
- Clinic experiences from different professors

4. *Tai Ji Sword*

- Learning, exercising and having fun
- One of the best experiences gained from China Trip — according to last year's feedback

Have fun on this trip as well.

Being exposed to the real Chinese culture is beyond words. Besides that, we will have local scenic trips on weekends, and this time, I would like to lead a 3-day optional trip to Beijing! I'd like to say, whatever you can imagine before the trip, it will still surprise you. So, just go and experience!

What will I gain from this trip?

1. For current students, you will:
 - Gain incredible clinical experiences
 - Gain a China Program Diploma from Heilongjiang University of Chinese Medicine
 - Earn two Southwest Acupuncture College clinic credits (105 hours)
 - Have impressive experience on your resume upon graduating
2. For current practitioners, you will:
 - Resolve your questions and gain incredible experience; use them immediately on your own patients when you are back
 - Gain a China Program Diploma from Heilongjiang University of Chinese Medicine
 - Obtain continuing education (C.E.U.'s pending)

The China trip will deepen your connection with Acupuncture and Chinese Medicine. Let's explore this trip together. You won't regret it, I promise.



Harbin, China

Yi Qian—the Saint Doctor of Chinese Pediatrics

By Dr. Dawei Shao, M.D. (China), D.O.M.
Academic Dean
Albuquerque & Santa Fe Campuses

There were many famous Chinese doctors who made great contributions to the development of Chinese Medicine. People usually called them Saint Doctors in order to honor them, like Dr. Shizhen Li who wrote the *Compendium of Materia Medica*; Dr. Zhongjing Zhang who wrote the *Shang Han Lun*; Dr. Tuo Hua who first used anesthetics and operated on patients more than a thousand years ago; Dr. Qingzhu Fu who was a great Chinese OB/GYN doctor, and so on.

This article introduces another great doctor, Yi Qian, who is the first Chinese doctor who specialized in Pediatrics. Dr. Yi Qian lived during the Song Dynasty, which was more than one thousand years ago. His father, Hao Qian, was a good doctor, but he left home touring the east sea and never came back. Yi Qian's mother died when he was four years old. His aunt adopted him. Dr. Lv, who is Yi Qian's aunt's husband, taught him medicine. When Yi Qian was 20 years old, his aunt told him about his father's story. Yi Qian made up his mind to find his father. It took him ten years and five trips to the East Ocean. He finally found his father in a small fishing village, and took him back home. Yi Qian's story of looking for his father was on the lips of the broad masses.

Hao Qian was good at herbs and Dr. Lv was good at acupuncture and moxibustion. Yi Qian had two great teachers and he made great progress on his medical skills. He also spent a lot of his time reading the *Internal Classic* and the *Shang Han Lun*. Through his hard work, he became an excellent

doctor very quickly. He was especially good at treating children's diseases.

Once the Prince got epilepsy. He used *Huang Tu Tang* (Yellow Earth Decoction) to treat him. All the people were curious as to why he used this formula. He said, "The Earth can control the water. If the water calms down, the wind will stop."



Once a child got sick. After the diagnosis, he said the child was fine, and he could heal without using any drugs. But, the child's brother, the boy standing next to him, will get a serious disease in one or two days. He also said the boy will heal in the afternoon three days after that. The family felt very angry about what he said. The second day, the little brother got epilepsy. They immediately invited Yi Qian to see the boy. After Yi Qian's treatment, the boy healed. Yi Qian said, "The boy's face was red, and his two eyes kept staring forward, which showed the Liver and Heart were invaded by the evils. The boy healed in the afternoon, because it is the time that the evils are not rampant."

Yi Qian was good at using *Zang Fu* differentiation and invented many formulas, many of which are still being used today. We will learn many of them in our formula classes, like *Liu Wei Di Huang Wan* (6 flavors) used to tonify Kidney Yin, *Dao Chi San* used to drain the Heart Heat, *Xie Qing Wan* to drain the Liver Heat, and *Xie Bai San* to drain the Lung Heat. Yi Qian spent forty years on pediatrics, and he wrote the *Xiao Er Yao Zheng Zhi Jue* (*Key to Therapeutics of Children's Diseases*), which is one of the most classic books on Chinese Pediatrics.

Yi Qian died at 82. When he knew he could not treat any more, he asked his relatives to come and say goodbye to him. Then, he dressed himself and awaited death.

The Gift of Movement

By Valerie Hobbs, L. Ac., Dipl. O. M.,
Campus Director, Boulder Campus

Boulder students Doug Petrie and Matthew Sheets know how to give back.

In a remarkable gesture of service, two Boulder students have combined their skills at martial arts, their love for Chinese Medicine, and their compassion for patients to create free Qi Gong classes for Boulder's clinic patients. The inspiration for the classes comes from 3rd year student Doug Petrie, who is a 10-year practitioner of Qi Gong and who has earned black belts in Karate Kempo, and Okinawa Kobudo in addition to 10 years experience teaching martial arts, and two years teaching Qi Gong. Doug asked me last fall if we would be interested in offering a Qi Gong class to our clinic patients. Doug's belief is that Qi Gong is a primary practice and that acupuncture is a subset of Qi Gong. He believes that in order to offer his patients the best possible care, he would be offering Qi Gong along with acupuncture, and he has put his beliefs into practice. As Doug puts it: "Part of acupuncture and Qi Gong is self-healing, and in doing Qi Gong yourself, you promote that self-healing."

Second year student Matthew Sheets began learning karate from Doug, and they discovered their mutual enthusiasm for Qi Gong during their Qi Gong 181 class. Matthew has been assisting the Qi Gong classes ever since. "Qi Gong is actually my reason for studying Chinese medicine," relates Matthew. "I came here because I thought acupuncture was the next step in learning Qi Gong, and I was lucky enough to be able to learn from Doug and have this opportunity to teach Qi Gong to clinic patients."

The patients equally feel the benefits of attending the class. One patient commented, "I feel better when I do it. We just had three weeks off and now I'm back and I sleep better and I'm not congested. My body feels much better, more limber and physically better. I think it's great that

Doug and this school are doing it."

Doug hopes to show patients that it is a daily practice that brings the best results. As he said, "We started doing Qi Gong once a week. Then we added Tuesday. Hopefully the patients will start doing it every day. Before they know it, if they skip a day, they will start to miss doing it."

Each hour-long session has been attended by 6 to 12 participants. The classes are held in a classroom at the college. They began in the Fall of 2008 on an experimental once a week basis, and the second evening class was added in January.

The Qi Gong classes are open to Boulder clinic patients. They are free of charge and are scheduled on Tuesday evenings and Saturday afternoons.



Qi Gong Class - Boulder Campus

Reflections of a Junior Acupuncturist

By Brian Mears, L. Ac., Dipl. O.M.
Alumnus, Boulder Campus

Three hundred sixty five days ago I received the official nod of approval from those-who-hold-all-the-cards to practice acupuncture in Colorado. It has been a year filled with valuable lessons that I will carry with me through the duration of my practice. The following contains some of the lessons that I've learned over the past year. I'm not saying that this is the way to start a practice or that I have been incredibly graceful in making it to this point, but this is what I've done and so I share it with the hopes that others may benefit and

continued on page 8

also share their lessons that they have learned so that we all may become better acupuncturists.

Lesson 1 – Start out by subletting

By subletting you automatically look busier than you already are plus you get low cost rent in a nicer place than you can afford on your own.

Lesson 2 – Study harder than when you were in school

The fancy piece of paper hanging on your wall means that you can now teach yourself what you want to learn about the medicine. For me, I have found the eLotus seminars to be incredibly helpful and practical in its dissemination of information that you can use immediately in your practice.

As for books I've read ... Here's what have been most helpful to date:

Acupuncture: *Pulsynergy, Dao of Chinese Medicine*, and Dr. Tan's series of books

Herbs: *Pulsynergy, Notes from South Mountain*

Lesson 3 – Make your acupuncture count

If you can't get a marked result on the first treatment you are less likely to retain your patient. Use whatever style of acupuncture you want, but at least look into Dr. Tan's style for pain management.

Lesson 4 - Educate your patients well

You are now the professional and people will place their hope and trust in you. Give them as much information as you can so that they will feel empowered by each treatment you give them. Explain where the medicine came from, how it works, and how long you will need to see them. Most of your patients think in dollar signs due to the economy. Also, most if not all of your patients grew up running to the doctor's office when they became ill, and as such, they have no concept of a true preventative medicine. Let them know the true power of your craft.

Lesson 5 – Join a category exclusive referral network

I joined BNI (www.BNI.com) shortly after receiving my license and I truly feel that it is the best use of my marketing budget. They have easily been 50% of my business and have also been invaluable in the business knowledge and contacts that they have provided. The key to finding a good group is to find one where the members are there to build your business as well as their own.

Lesson 6 - Record keeping is an essential pain

Write down EVERYTHING. If you have never done accounting, then find a bookkeeper while you take a basic business class at your local Community College. Taxes will become your new favorite curse word.

Lesson 7 – Invest in a good website

25% of my new business comes from my website.

Lesson 8 – Insurance will (typically only) pay for pain

Doesn't matter what you are treating, always identify a pain the patient has and use it as one of your ICD-9 diagnoses to increase your potential for coverage.

Lesson 9 - Get credentialed

If the insurance company doesn't know who you are they aren't going to pay. Most companies use CAQH which is a universal credentialing company. You can sign up with them at <https://upd.caqh.org/OAS/>.

Lesson 10 – Keep in contact with your patients

Send out thank you's for your (first) visit cards, birthday cards, holiday greetings and any other reason you can think of to contact your patients to remind them you are there for them. I chose to join SendOutCards, which is a low cost online marketing tool that is excellent at helping

me do all of the above. Contact me if you want more information.

Lesson 11 – Find a good multivitamin to recommend

Your patients are going to ask so do some research and choose one that you like. I went with Vemma which is a liquid supplement that has faster absorption (see myvemmas.com/bmears <<http://myvemmas.com/bmears>> for more info). Along these same lines, find some dietary guides to give out. You can find some great ones at <http://acupuncture.rhizome.net.nz/> under practitioner guides or order some from Blue Poppy.

Lesson 12 - Meet your local health professionals

MD, DO, PA-C, NP, DC, and CMT plus dentists, hypnotherapists, homeopaths, doctors and any other medical "ists" you can think of are all great to meet, network with and pass patients between.

Lesson 13 – What you believe you become

Many really smart (and some now dead) people knew this ... prove it to yourself. Have confidence in what you know and if you don't know it then look it up. If you lack confidence then feign it until you do.

Lesson 14 - Patience breeds patients

Put yourself out there but don't be too aggressive. You are an amazing wealth of knowledge but it is useless unless you are humbled by it. People are in need of some calm in their lives, become that calm and share it with everyone you come in contact with. Pretty soon patients will be flocking to you like ants at a picnic.

Lesson 15 – Find someone to trade with

You are an integral part of the healing that your patients receive. The better you take care of yourself the more you have to give.

There is more that I have learned but I think the above list is a good start. I hope that you found a gem in the trials and tribulations that have been my life over the past year. I sincerely wish everyone the best and hope that this article finds all well.



Brian Mears, L.Ac., Dipl. O.M. is a 2007 graduate of the Boulder Campus. He has a private practice in Louisville, Colorado and works at the Kaiser Permanente Complementary Care Medical clinic in Westminster, Colorado. His website is www.MtnSpiritAcupuncture.com and he can be reached by emailing acuwarrior@gmail.com.

Brian Mears

Communication and Understanding Across Generations

By Melanie Crane, M.S. Ed.

Academic Dean, Boulder Campus

A “generation” is normally a 20 to 22 year span in which a group of people who possess certain characteristics and shared values and beliefs. These cohort groups are often defined by significant events experienced as a group, such as World War II, the Vietnam War, Columbine, and 9/11. The events of one generation have ripple effects on the generations that follow. The generations at Southwest Acupuncture College right now (faculty/staff/students) are the Silent Generation born between 1925-1942, Baby Boomers born between 1943-1960, Generation X born between 1961-1981, and the Millennials born between 1981-2001.

The Silent Generation is typified by a willingness to put aside individual needs and wants to work together for a common goal and to accomplish great things. They have faith in institutions, including church, government, and the military. They prefer a top-down management style where leaders lead and the troops follow without question. Silent learners like a traditional classroom structure; do not like to contradict or disagree with the instructor; do not enjoy being singled out in group discussions or for questions; likes to practice alone, not in groups. No one at our school belongs to this group!

The Baby Boomers grew up in a world full of opportunity and focused energy on “righting wrongs.” They also had to contend with 80 million peers also jostling for careers and opportunities. They expect interpersonal communication and information sharing. They deeply identify with who they are and what they achieve at work. Boomer learners enjoy working in creative and independent manners; are sensitive to criticism; possess significant professional experience; require lots of interaction and “talk” time; enjoy icebreaker and introduction activities; prefer a spirit of collegiality in the classroom.

Generation X has less faith in institutions and more faith in themselves as individuals. They participated in an unprecedented technological revolution and are comfortable with multiple media. They are resourceful and independent and count on their peers and themselves to get things done. Generation X learners consider themselves fiercely self-reliant; require regular (if not constant) feedback; may lack interpersonal skills; can be cynical; are often impatient; consider themselves to be technologically capable; are adaptable and informal.

The Millennials “joyride on the information highway” and are comfortable in both physical and virtual space. They have been directly affected by threats to safety (9/11 and Columbine) and have deep “personal safety” issues at school and the workplace. They appreciate and expect diversity and are tough to bully, but great to collaborate. Millennial learners are accustomed to group work; comfortable with active learning; multi-task with ease; technological experts; goal and achievement oriented; require more structure and mentoring; motivated by money and earning potential.

There is a compelling need in education to address different generational characteristics in our faculty, administrators/staff and students. The youngest cohort of students entering our program are from the “Millennial Generation” (also called Generation Y or Nexters), a generation that has grown up immersed in technology and which thrives on collaboration. Yet teaching styles in higher education are largely founded on “Baby Boomer-centric” models that are often counter to Millennial strengths and preferences, thereby setting up “Boomer” or “Gen X” instructors for difficulties in connecting with our youngest cohort. Generational misunderstandings can contribute to many of the teaching, learning, and operational difficulties that seem to bog us down. I focus a great deal of this article on issues (both good and bad) surrounding the Millennial generation.

The Millennials are the largest current generation, making up 36% of the US population. As

continued on page 11

of 2000, there were about 100 million children and youth aged 0-22. They are also the most diverse generation, being 31% minority. Interestingly, they have developed a perception that they are a unique cohort that is distinct from other generations. Sixty-nine percent of Millennials agree that they have a unique generational identity, while the norm for older generations is from 42-50%. Millennials find much in common with each other, perhaps amplifying in their eyes the differences between themselves and their “elders.”

Millennials were born as parenting styles became more protective, from parents who were themselves “latchkey kids” who experienced the period of rising divorce rates and committed to raising their own children differently.

These parents were the “Baby on Board” parents, the parents with video cameras to record first steps, first words, first days at school, and first perfect attendance awards. Adults were focused on child safety and protecting children. Millennial children are growing up in schools focused on character education, cooperative learning, and community service. Perhaps as a result, this is a team-oriented, “good kid” generation, experiencing drops in drug abuse, crime and teen pregnancy.

The down-side of the Millennial generation is reflected in three major areas: Self-esteem, anxiety/depression levels; and “externalizing” or blaming others for problems. The focus on building children’s self-esteem has resulted in young adults who correlate self-esteem with happiness and this can cause defensiveness and unlikeable behavior under threat. The fallout from their parents’ and teachers’ attempts to build good self-esteem in children has led to a generation with high levels of individualistic thinking and self-focus.

While on the surface, having high self-esteem can be construed as a worthy goal, the result is a group of people who see themselves as “special” and this can translate into conflicts with fac-

ulty who fail to see their “specialness.” Their expectation for good grades is high, as they’ve likely experienced grade inflation in their educational history. Their belief in being special can lead to expectations of special treatment, a lack of empathy, and poor relationship skills. Examples would be, “I can’t have failed this test! Can’t you make an exception or throw out some test questions?” “Why can’t I take the exam later?” “It’s not my fault I failed, I really tried.”

College counseling centers are also seeing a sharp increase in students with depression, suicidal thoughts, stress/anxiety issues, and academic skills problems. The Millennial generation experiences increasing loneliness from parental divorce, living alone, general lack of community feeling, dating longer, and the impersonal nature of communicating through technology rather than face-to-face. They feel threats from crime and terrorism. It is harder to get into and to afford college. They keenly feel the pressures being exerted on them and this can lead to alienation and a “victim” mentality.

Likewise, this is a generation used to being consulted by adults, used to participating in decisions that affect them, and used to being protected by their elders. They feel the pressure of high expectations and participation in an adult world. The oldest Millennials have entered higher education and the workforce. Four generations are now working together in close proximity for the first time in history. Couple this with the new global economic and productive pressures, and the bright scrutiny falls on the education of Millennials in preparation for higher education, the workplace and society, and the behavior of the Millennials in higher education, the workplace and society. The potential for generation misunderstandings and clashes is apparent.

As students, the Millennials expect and demand much from those who educate them. Furthermore, Millennials increasingly see little relevance of the traditional instructional delivery



of content to their own experience and reality. They challenge school decision-makers (faculty / staff) to allow consumer / student input to be a driver in school and education design efforts. This causes conflict with the school decision-makers from previous generations who are not used to basing their decisions on theories that run counter to those of "traditional" education.

Today's average college students have spent less than 5,000 hours of their lives reading, but over 10,000 hours playing video games and 20,000 hours watching television. They are "digital natives" who have grown up immersed in technology. By contrast, most educators are "digital immigrants" for whom technology is a second language rather than a native tongue. Digital immigrants tend towards sequential processing and task-oriented uses of technology. Digital natives are increasingly disengaged by the styles of digital immigrants like their teachers, who insist on lecture, text and segmented single tasks. These Millennials parallel-process and multi-task; they prefer their graphics before their text; they prefer random access and perform best when they are networked and "plugged in." They thrive on instant gratification. Most importantly, they do not often find these conditions at school. Faculty in fact find the students to be "rude" and "disrespectful" as they surf the internet during lectures.

So why are generational differences important enough to warrant this article? It's because we have four generations, each with unique and sometimes opposing characteristics, working and learning together. It is difficult even under the best of times to make teaching and learning successful for all, and these are not the best of times. Generational misunderstandings can turn what could be a tremendous asset into a barrier. We all need to open our minds to the strengths that our faculty / staff / students bring to the school and bridge the gaps in communication in order to truly understand one another. Failing to do so will only increase the potential for generational conflict and misunderstandings.

Santa Fe Campus Holiday Food Drive By Richard Shcolnik, Campus Director

Students, faculty, staff, and patients combined to contribute approximately 310 pounds of food to the needy for the Thanksgiving and Christmas holidays. The food was picked up and distributed by the St. Vincent de Paul Society, to the needy, regardless of faith denomination. Thanks to everyone who donated so generously! Their shelves had been bare, and your generosity helped brighten the winter holidays for many.

Albuquerque Campus Holiday Food Drive By Toni Meeks, Administrative Director

Albuquerque campus students, staff, faculty and many patients filled two large containers with several pounds of packaged foods for the Roadrunner Food Bank Holiday Drive.

Serving New Mexico's hungry since 1980, the Roadrunner Food Bank distributes the food through a statewide network of over 600 emergency food pantries, group homes, low-income day care centers, shelters, soup kitchens and six smaller regional food banks.

Our sincerest thanks to everyone!



Toni Meeks, Albuquerque Campus

Clinical Corner
Types of Yin Xu
By Dr. Skya Abbate, D.O.M
Executive Director



In our last newsletter we looked at the co-existence of cold and heat and the importance of differentiating whether that heat was real or arising from stagnation, thus dictating the proper treatment plan. In this issue we will likewise address the diagnosis of *Yin Xu* Heat and how to treat it.

As you remember from first year theory class there are two types of heat, true heat and false heat. If we lived in the classics perhaps this would be easier to recognize and treat but in the real world of patient complexity, multiple deficiencies are usually present along with stagnation and blood pathologies. This may sound elemental, and it is, but rudimentary principles are not necessarily easy to understand. This differentiation is frequently missing in clinic with serious consequences, so a review may be worthwhile.

In the pure clinical arena, true heat manifests as a red tongue with yellow fur and is perhaps dry. The pulse is rapid and excessive, the face and /or neck red, the voice loud and sonorous, anger may be present as well as other signs of true heat. False heat manifestations include a thin, red tongue with little or no fur, a weak, thin, fast pulse, and red cheeks in the afternoon, a thin body, night sweats, perhaps irritability.

True heat is real, excessive, solid heat caused by invasion of pathogenic factors like heat and summer heat or pathogens that stagnate and turn to heat, organs that are hot through the introduction of hot natured food stuffs including herbs, or miscellaneous pathogens. The aim of treatment is to reduce or clear the heat. Moxibustion in this scenario is contraindicated.

False heat is not real heat. It looks like heat, that is, there are heat manifestations but their origin is deficiency of *Yin*. What looks like heat is true *Yang*. The treatment plan is to nourish the *Yin* and this can be done with all the things that nourish *Yin* such as needles, herbs etc. However we need to note that there are three types of *Yin* deficiency: *Yin Xu*, *Yin Xu* with Heat and *Yin Xu* with Fire.

Yin deficiency like Blood *Xu* or *Yang Xu* can be measured on a continuum. *Yin Xu* does not have heat signs, for instance the person is thin, has a thin pulse or a thin tongue. *Yin Xu* with Heat has heat manifestation such as a thin red tongue, a thin fast pulse, thirst with small sips, malar flush etc. *Yin Xu* with Fire has more virulent heat symptoms that we call fire such as a deep red tongue with thorns, night sweats, mouth sores, and other signs of hyperactivity of fire.

Note that moxibustion is only contraindicated in the *Yin Xu* with Heat or Fire. In fact the classics point out that for all cases of deficiency of *Qi*, blood, *Yin* or *Yang* that moxibustion is essential. *The Miraculous Pivot* maintains, "Deficiency of both *Yin* and *Yang* should be treated with moxa." The *Yin* meridians carry not only *Jing* fluid but also fire to help them in their function of nourishing/ moistening. So if using moxa, monitor the patient closely for signs of heat aggravation such as fever, restlessness, and insomnia and use small moxa modalities such as thread moxas, tiger thermie or small quantities of moxa.

Yin deficiency does increase with age, and as Bob Flaws points out, in the 40's the *Yin* is half consumed, especially the *Yin* of the Kidney. We can see that in the *Qi* cycle for men and women, so that perspective should be helpful in guiding your diagnosis. In our next issue we'll look at a very interesting type of heat, *Qi Xu* Heat. Till then... think about that and stay cool.



Pearls of Wisdom

By Dr. Mary Ellen Marino, D.O.M.
Clinic Director, Santa Fe Campus

Over the years, as I have poured over the feedback from our alumni, I have noted a response that seems to repeat itself over and over again. That response regards the externship clinics that students took during their education at Southwest Acupuncture College. They all feel that these externships prepared them for an actual practice in ways that are significantly different from the regular student clinics. Externship clinics offer a unique and intensive experience within a focused population. The administration well understands the value and importance that externship clinics offer to the students, not to mention the far-reaching, *pro-bono* services to the local community.

At our Boulder campus we offer Golden West which is a retirement home, working with geriatric patients, and the Boulder County AIDS Project which treats AIDS patients. The Santa Fe Campus offers The Santa Fe Indian Hospital. This is a fast-paced clinic where students learn a lot about treating pain in a hospital setting. Other clinics in Santa Fe include Santa Fe Care Center that works with the geriatric population in a wide variety of circumstances, and the Pediatric Tuina Clinic, which gives students first hand experience applying tuina treatments to children. Albuquerque offers Health South Rehabilitation Hospital which focuses on physical rehabilitation of many traumas. The Safe House provides treatment for women and children leaving a domestic violence situation. And last, but not least, Albuquerque offers La Familia which provides acupuncture experience with children.

As you can see, there is something for everyone. I sincerely hope that you will all take full advantage of these opportunities during your school days at Southwest Acupuncture College.



Notes from the Dean of Studies

By Dr. Hilary Broadbent, Ph.D., D.O.M.
Dean of Studies
Clinic Director, Albuquerque Campus

I just wanted to thank all of you who have made my first official semester as Dean of Studies so much easier than I feared it might be. You have all been so patient with me! The staff at SWAC have been incredibly supportive, bailing me out at every turn with their expertise and great helpfulness. I couldn't ask for a better faculty to fill the slots in the schedule, or better students to attend the classes. There will inevitably be friction and difficulty at times (for example, just wait until you see all the Friday classes I've scheduled!), but that goes with the territory. Thank you all for making it such a pleasure to navigate that territory.

Acupuncture and the Sham Control

By Dr. Hilary Broadbent, Ph.D., D.O.M.
Dean of Studies
Clinic Director, Albuquerque Campus

As a former research scientist, I am always bemused as I prepare for the Microsystems class. Each year, I prowl around the internet, searching in *PubMed* and other scholarly sources for good data on the effects of the various microsystems and techniques that I cover during the semester. And each year, I run into the formidable puzzle of the sham control.

The sham control is, in theory, a great idea. A person responding to an acupuncture treatment might just be responding to the idea of an acupuncture treatment, a placebo effect. Naturally, we want to rule this out, so we need a control group for comparison. The best control group would think they received the same treatment, but actually didn't, so the psychological factors would be the same. Any difference between the groups

continued on page 15

would be best explained by the treatment itself.

It sounds so simple until you actually try to devise a good control. In many studies, the sham control is simply the placement of needles in places not thought to be acupuncture points. This presents problems. If you Google the phrase “sham acupuncture”, you will get a list of articles with headlines that proclaim “Acupuncture No Better Than Sham Acupuncture for [insert condition here].” A large percentage of the time, the sham acupuncture turns out to be insertion of needles in alleged non-points. But does the body really have non-points or irrelevant points? Probably not, given the demonstrable efficacy of ashi-point techniques, as well as various microsystems. Are we really surprised that so-called true acupuncture gives similar results to so-called sham acupuncture?

Other researchers have developed sham needles with blunt tips that retract into the shafts, rather like the fake hypodermic syringes used in movies. In 2006, Kaptchuk and colleagues even published a report in the *British Medical Journal* that actually pitted two placebo treatments against each other. Patients with arm pain reported more relief of symptoms with sham acupuncture using retractable needles than with treatments using a sugar pill. (Que placebo es mas macho?) But a 1998 study by Streitberger and Kleinbenz in *Lancet* reported that several patients tested with a sham needle experienced *deqi* sensation. This was given as evidence that the sham needle was convincing enough to be a valid placebo control. Couldn't it also be evidence that the sham needle isn't as sham as we might think?



So what's an acupuncturist to do? If the study includes a drug control, then we have a little more to work with. Most mainstream drug treatments for a given condition have been tested

against a drug placebo. So if the acupuncture works as well as or better than the drug, then by a kind of implied transitive property, we can conclude that it also probably works better than a placebo. That reasoning would make a hard-core-experimentalist twitch (indeed, I can feel a twitching in the back of my own mind), but it's logically sound, providing that we lace it with statistically-appropriate caveats. (We do of course have to remember Kaptchuk's study and realize that acupuncture may just be a better placebo than a sugar pill.)



Bottom line is that as a practitioner, my chief goal is knowing what works. In my clinic, I'm less a scientist than an engineer. A scientist might study the molecular forces that keep the materials in a bridge coherent, but it's the engineer who has to make darn sure the bridge will stay up. My treatments have to work, whether we understand the mechanism or not. I'm less interested in the sham control comparison than I am in the actual results reported. If improvements were obtained, then I know acupuncture does something good for the condition under consideration.

But what if it is all a placebo effect? I don't think it is, because acupuncture works wonderfully on animals, and we don't usually attribute a placebo effect to them. Secondly, I have found that acupuncture works pretty well on skeptics, who should, if anything, have an anti-placebo effect. But what if it is all a placebo effect? The human mind is probably the best healing tool we have available to us. Obviously I have to make sure my treatments are not just masking symptoms, which could be dangerous and irresponsible. Other than that, if the mechanism of acupuncture turns out to rely on evoking the ability of the patient's mind and brain to regulate the body with a minimum of side effects, I have to say I think I'm okay with that.

Reducing Pneumothorax Risk

in Acupuncture

By Joanne Neville, Dipl. Ac., C.H., L. Ac.,
Clinic Director, Boulder Campus

As Acupuncturists, we are here to help our patients to heal. However, whenever we needle in the area of the Lung, there is a risk of pneumothorax, (a puncturing of the pleural cavity). Here are some tips to help to minimize this risk.

First and foremost, always needle to the size of the patient. The beauty of Oriental medicine is that it treats the individual as they are presenting to us on any given day. As individual as each patient and each treatment is, so should be your needling depths.

It is important to be aware of the "correct textbook" depths of needling over the lung and any other vital areas, but applying this knowledge alone is not always sufficient to keep our patients safe. Here are some needle depths over the lung field excerpted from two of the commonly used textbooks in Acupuncture schools today.

Chinese Acupuncture and Moxibustion (CAM):

LU 1 & LU 2 -.5-.8 in. oblique, towards the lateral aspect of the chest. (Never puncture deeply towards the medial aspect of the chest.)

ST 13-18- .3-.5 in. oblique

BL 11-20- .5-.7 in. oblique

BL 42- 49- .3-.5 in. oblique

A Manual of Acupuncture by Peter Deadman & Mazin Al-Khafaji with Kevin Baker:

LU 1- .5-1 in. transverse-oblique medially along intercostal space.

LU 2- .5-1 in. transverse-oblique (Both have caution of: deep perpendicular or oblique insertion carries a substantial risk of pneumothorax.)

ST 13-18- .5-.8 in. transverse-oblique laterally or medially or transverse superiorly or inferiorly along the channel.

BL 11-20- .5-1 in. oblique insertion towards the spine (oblique medial) or transverse-oblique in-

sertion 1-1.5 in.

BL 42-49- .3-.5 oblique (Caution: deep perpendicular or oblique medial needling carries a substantial risk of pneumothorax.)

As you can see, the depths and angles presented in these two books differ. Keep in mind that perpendicular needling is 90° to the surface of the body, oblique is 45° and transverse oblique is 20°. To put this into practical perspective, the tip of a needle inserted .5" at a 20° angle, (or transverse-oblique), will arrive at a depth of 1/8" from the surface of the body. Inserted at a 20° angle to 1" it will arrive at a depth of 3/8" from the surface of the body.

A needle inserted at a 45° angle (or oblique), .5" will arrive at a depth of 3/8" (or the same as a 20° insertion at 1"). A 45° insertion to 1" will arrive at a depth of 5/8" (more than .5"). Having an awareness of these depths when inserting needles in a thin, frail or elderly patient will reduce the risk of pneumothorax. Keep in mind that the depth you needle to may need to be less than the standard given in any text.

The next thing to take into account is the health conditions of each individual patient. If they have a known history of emphysema, chronic bronchitis or have been a smoker for a long time, they are at higher risk for pneumothorax. These conditions can weaken or thin the wall of the pleural cavity, and can lead to Blebs. These are small air blisters that can actually extend up through the intercostal spaces into the area usually considered safe to needle.

Even the most knowledgeable acupuncturist, who needles every point with full consideration of size and constitution of their patient and perfect needle depths, can still be at risk of a pneumothorax occurring. Because we are needling over the lung field, respiration is also a factor. When a patient is breathing, the body is constantly moving, and this action can sometimes cause a needle to be drawn in deeper than the initial insertion. Many patients, when receiving acupuncture will breathe more deeply than normal, using the breath

continued on page 17

to relax themselves on the treatment table. When you needle in these areas, check the points often and adjust for any changes that may occur during the treatment.

Consider the length of the needle that you choose to use. I always instruct my students to use the correct length of needle for the point you are needling. It is not necessary to use a 40 mm needle (more than 1.5") for a point with a needle depth of .5-1". Using the correct needle for a point reduces the chance that a needle will be drawn into a dangerous depth. Note that a 25 mm needle is 1". Many needle companies make 30 mm needles that are closer to 1.25" long. If you are a visual person and think that half the length of a 30 mm needle is .5" you could well be needling too deeply for safety. Know what size needle you are using and know the equivalent size in inches.

If you do needle top moxa it is very important to pay close attention not only to the depth of needling, but the technique that you use to apply the moxa to the needle. The first thing to do is as-

sess the necessity of needle top moxa in these areas. Next, if you decide that this is what you want to do, use the depth information above, to make sure you are not needling too deeply as you will be using a perpendicular insertion so the lit moxa does not come in contact with the patient's skin. You will want to use a needle length that allows the needle to stand up with the weight of the moxa on it. Too long and it will flop over and burn the patient unless inserted deeper than is safely advised.

Make sure you pre-drill a hole in the bottom of your moxa ball to avoid any downward pressure on the needle when applying it. (I use a paper clip for this). Even with a hole drilled, use every caution to hold the base of the needle handle to stabilize the needle while applying the moxa to the needle and use a slight upward pressure so the needle does not insert deeper.

Putting all of these factors in place while doing acupuncture in the lung area will greatly reduce the risk of a pneumothorax occurring in your practice.

NEXT NATIONAL AND STATE EXAM DATES FOR SOUTHWEST ACUPUNCTURE COLLEGE STUDENTS

	EXAM DATES	APPLICATION DEADLINE	SWAC INTERNAL DEADLINE
NCCAOM Year Round Testing	Began February 15, 2007	No deadline dates for eligibility and once you are found eligible, you can schedule your exams at your convenience. Please remember to allow 10-12 weeks for processing your application before you are approved to test.	We send the transcripts to NCCAOM once a month. You are within one calendar year of your graduation date.
New Mexico State Exam	May 2 & 3, 2009	March 3, 2009 (Application is received by the office)	February 3, 2009
New Mexico State Exam	Sep. 26 & 27, 2009	July 28, 2009 (Application is received by the office)	June 28, 2009
California State Exam	August 15, 2009	April 3, 2009 (Application is received by the office)	March 3, 2009

Financial Aid News
By Angela Anaya, Financial Aid Director
Albuquerque Campus



Dear Students,

This past year has presented a lot of changes in the Financial Aid Department and the economy. With all of the changes, we are building a stronger and more efficient Financial Aid Department to service you throughout your education with Southwest Acupuncture College. Communication from this department will be in various methods, such as e-mail, phone, student mailboxes, or through the administrative staff at your campus. Please make sure that you check your e-mail, voicemail, student mailbox, etc. on a regular basis so that there are minimal delays in processing your financial aid.

2009-2010 FAFSA RENEWAL REMINDER

The 2009/10 FAFSA is now available on the web at www.fafsa.ed.gov for students who plan to re-apply for financial aid during the 2009 academic year. This would apply to the Fall 2009, Spring 2010, and Summer 2010 semesters.

Please file your Federal income tax return **BEFORE** you submit this FAFSA. If you answer "Will File", loan processing will be delayed and you will be required to correct and re-submit this FAFSA.

If you have questions about your renewal FAFSA, online help is available at www.fafsa.ed.gov. For PIN assistance or help with correction issues, you can also contact the Federal Student Aid Information Center at 800-433-3243.

**THE DEADLINE TO SUBMIT YOUR 2009-2010 FAFSA
IS MAY 15, 2009**

Continuing Education Opportunities

China 2009

Apply no later than March 16, 2009. For further info, contact Skya@acupuncturecollege.edu
Continuing Education Credit pending

For Pain, Injury and Facial Rejuvenation Microcurrent Workshop

in Albuquerque, March 14 & 15, 2009
15 NCCAOM Continuing Education Credits

Honoring Our Alumni

By Richard Shcolnik

Santa Fe Campus Director

One of the foremost reasons our school has gained a reputation for excellence is the quality of our alumni. Nearly one thousand graduates from our three campuses populate the United States and abroad with effective healthcare providers. I regularly receive inquiries from patients seeking treatment and, when possible, direct them to a graduate in their area. Many of our new applicants have received treatment and/or guidance from a graduate, and as a result, choose to apply to Southwest Acupuncture College. We recognize and appreciate that our alumni are the school's ambassadors. They speak well of the school via their expertise and professionalism as well as by relating their educational experiences. By means of the Alumni Association that we are in the process of forming, we intend to give something back to our alumni for their help to the school and to the community at large.

To find the Alumni Page of our website: www.acupuncturecollege.edu go to News/Events, and then Alumni. There we provide an Alumni Directory that makes it easy for classmates to keep in touch as well as for potential patients to locate a graduate. A form is available on-line for alumni who would like to be listed in the directory or to update information. Also, Alumni can obtain a Request of Transcript Form on-line. Our Events page lists Continuing Education Classes, offered at a discount to graduates, and will keep graduates informed of alumni related activities.

In addition to the resources available on our website, we offer a 5% discount to alumni who visit one of our campuses to purchase books or supplies. Other discounts are listed as specials on our website. We are happy to supply brochures or catalogs for alumni who want to place them in their offices. We would also like to post alumni profiles and/or success stories on our website and/or print them in our newsletter. If you are one of our alumni reading this and would like us to put an article in the newsletter, please submit your profile to richard@acupuncturecollege.edu.

We are always pleased and interested to hear from alumni regarding alumni relations. Please let us know what you would like an Alumni Association to do for you! Feel free to contact me at richard@acupuncturecollege.edu with any ideas or suggestions.

An additional way to express your support is to join the Graduate Herb Garden. Please complete the membership form on the next page.

THE GRADUATE HERB GARDEN

Dear Alumni,

Just as you are the seeds of Oriental medicine in the United States, we ask for your patronage in helping us bring this seed of an idea to birth. Your support will enable future graduates to receive a more comprehensive education in pharmacology and, we hope, better patient care as a result of our live outdoor Chinese botanical garden. The purpose of the garden is as educational and functional as it is aesthetic. We plan to integrate it into the school environment to educate students and patients in the care and appreciation of medicinal plant life. Classes in Botany, Advanced Prescriptions and Pharmacology will teach student plant physiology, preparation, and chemistry.

Donations will be used to purchase correct strains of seeds from China, books and tools for harvesting and preparation of plant care, statuary, benches, trees, fountains, and other physical needs and the establishment of the soil and gardens for cultivation. All money donated for this purpose will be put into a special fund only for the realization of this project. The first herb garden was established in May 2002 and is doing well. We have also received donations for Santa Fe and Albuquerque that have partially been implemented. If you would like to contribute to the Graduate Herb Garden, please fill out the membership form on this page.

Membership Form

Contributions in various increments are described below:

Yes, I want to support the Graduate Herb Garden of Southwest Acupuncture College. Enclosed please find the corresponding donation for my support.

{ } I am a Life Supporter of the goals of Southwest Acupuncture College Graduate Herb Garden. Please find a check for \$300.00. I will be acknowledged with my name on an individual plaque dedicated to this concept. The plaque will be placed in front of a particular genus of plant.

{ } I am a Patron of the goals of Southwest Acupuncture College Graduate Herb Garden. Please find a check for \$200.00. I will be acknowledged on a group plaque as a graduate dedicated to this concept.

{ } I am a Supporter of the goals of Southwest Acupuncture College Graduate Herb Garden. Please find a check for \$100.00. I will be acknowledged as a supporter by having my name listed in a permanent Herbal Supply Registry Book.

{ } I am a Friend of Southwest Acupuncture College Graduate Herb Garden. Please find a check for \$50.00, which is what I can contribute at this time. I will have my name published along with all of the other contributor categories when the college catalog is published every three years.

Name: _____
Address: _____
City: _____ State _____ Zip _____
E-mail Address _____
Office Address: _____
City _____ State _____ Zip _____
Work Phone: _____



Check off the campus of your choice for the donation: Albuquerque Boulder Santa Fe

Please fill out this form and mail it with your check to:
Southwest Acupuncture College
1622 Galisteo Street
Santa Fe, NM, 87505

Thank you for your generous patronage!