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SOUTHWEST ACUPUNCTURE COLLEGE

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“A SPECIAL VESSEL OF COMMUNICATION BETWEEN CHANNELS”

Fall Issue
September 2009

U.S. Healthcare Reform Plan: Questions & Answers Regarding the Action & Strategy for Acupuncture

1. Q: What is the U.S. Healthcare Reform Plan?

A: President Obama has long noted that continued skyrocketing healthcare costs would be disastrous in both fiscal and human terms for this country. The rising costs of healthcare have been a burden on our families and a drain on our nation’s economic health.

The goals of healthcare reform will include: (1) to reduce the out-of-control skyrocketing healthcare costs effecting individuals, business, and government; (2) to protect families from economic ruin, resulting in bankruptcy or overpowering debt attributed to healthcare costs; (3) to guarantee choice of doctors and health plans; (4) to invest in prevention and wellness; (5) to improve patient safety and quality of care; (6) to assure affordable, quality health coverage for all Americans, including the 46 million-plus Americans who don’t

have any health insurance currently; (7) to maintain coverage in the event of job change or loss; and (8) to eliminate barriers to coverage for people with pre-existing medical conditions.

U.S. legislators are discussing a detailed healthcare reform plan and have been working on language for this legislation. This legislation will hopefully be finalized and introduced in Congress for deliberation in September of this year. However, because such a healthcare reform plan will have a direct impact on insurance carriers, medical providers, pharmaceutical companies, and the insured, finalizing such legislation that will truly provide real reform will be extremely difficult.

2. Q: Why should the acupuncture community take any action to convince the legislators to consider the inclusion of acupuncture in the U.S. Healthcare Reform Plan?

A: We don’t know if the current Administration will

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be able to push such a legislative initiative successfully. We don't know what the final reform bill will look like and how many compromises will have to be agreed to. This is a powerfully political subject and the insurance companies and pharmaceutical companies -- and many Republican members of Congress -- DO NOT want to see the President succeed in the effort. We do, however, believe that it will greatly benefit the patient and the acupuncturist if we are able to share the healthcare market with other healthcare providers in such a healthcare reform plan. Otherwise, acupuncturists and patients of acupuncture will face more severe challenges to survive. To ensure that Acupuncture is a part of the U.S. Healthcare Reform Plan, we must immediately take action to convince Members of Congress of the importance of including Acupuncture in the Plan.

3. Q: How can I participate in this effort?

A: You may participate in this effort in one or more of the following ways:

- (a)** Write a petition letter to President Obama on behalf of yourself, your organization or your school telling him why the inclusion of Acupuncture in the Plan is so important to Americans;
- (b)** Write a letter on behalf of yourself, your organization or your school to the key individuals in Congress and the Senate who are working on crafting legislative language for the Plan;
- (c)** Write a letter on behalf of yourself, your organization or your school to your own Congressman or Senator from your district;
- (d)** Share the information on this issue with your colleagues, classmates, students, and patients, and ask them to get involved in the effort and write letters.
- (e)** Locate potential political, media or personal channels and deliver letters to them directly.

We have drafted a sample of the petition letter and provided a list of the key-persons' contact information (please see pages 19-20), for your reference. Of course, you may write a letter with your own words if you would like to do so.

4. Q: Who are key persons in Congress and the Senate working on the Plan? How can I contact them?

A: The key persons who are working on legislative language include: Senator Edward M. Kennedy (D-MA, Chairman of the Senate Committee on Health, Education, Labor and Pensions), Senator Bernard Sanders (I-VT, the member of the same Committee), Senator Max Baucus (D-MT, Chairman of the Senate Finance Committee), and Senator Chuck Grassley (R-IA, member of the Senate Finance Committee). Of course, President Obama is the key advocate for a comprehensive U.S. Healthcare Reform Plan. We suggest that you send your petition letter to the above listed persons via postal mail and fax, or submit a comment form via their website, by the end of July. Again their contact information is on pages 19-20.

5. Q: What are the key points needed to express to those legislators on our petition letter?

A: To make a compelling case for the inclusion of Acupuncture in any U.S. Healthcare Reform Plan, The following points should be included:

- (a)** Acupuncture is a safe, reliable and cost effective healthcare protocol;
- (b)** Acupuncture is a proven, scientific, evidence-based and peer-reviewed healthcare protocol;
- (c)** Passage of a U.S. Healthcare Reform Plan that includes Acupuncture will benefit thousands of constituents who are in need of these services;
- (d)** Inclusion of Acupuncture in a U.S. Healthcare Reform Plan will reduce healthcare costs;
- (e)** Acupuncture is key in any healthcare system for the prevention of disease and promotion of overall wellness.

6. Q: Can we reach this goal successfully?

A: Because of our limited political strength and resources, we are unable to predict our success. However, we certainly must make every effort available to us to succeed. The more people involved in this effort, the better chance for having an impact on the outcome we will have.

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Clinical Corner
The Origin of Qi Xu Heat
By Skya Abbate, D.O.M.
Executive Director

In the last two newsletters we explored two of the three clinical scenarios of Heat - Excess Heat and Yin Xu Heat. In this final article on Heat, we take a look at a mysterious yet logical etiology of Heat that oftentimes is misdiagnosed – that is, Heat due to Qi deficiency.

As the name points out, Qi deficiency Heat or fire if stronger has as its origin Qi deficiency. In order to understand the nature of this Heat, we have to understand its etiology. Because the treatment principle is correlated with the diagnosis we need to know where the Heat comes from in order to care correctly for this condition.

The problem with Qi deficiency, part from any deficiency manifestation, is that it stagnates. For the most part stagnation turns to Heat due to the lack of movement and the underlying substrate of our nature that is warm. Relatively speaking as moving, sentient, growing organisms we are more Yang than Yin, about 3/5 to 2/5, and so the Qi that is stagnant adapts to our underlying Yang terrain and turns to Heat. This is true of all of the six stag-nations (Liu Yu): Qi, Blood, Damp (Phlegm), Heat, Cold and Food.

So if the Heat is arising out of Qi deficiency leading to Qi stagnation turning to Heat, our aim of treatment is to tonify the Qi, but slowly and carefully so as not to cause Heat exacerbation. As we know, the organ most prone to stagnation is the Liver and it is the job of the Liver to promote the free flowingness of Qi and Blood throughout the organism. We do not talk about Liver Qi deficiency as a zang-fu syndrome although we do have Liver Blood deficiency as a syndrome and the Qi is the commander of the blood so this is more the approach than to tonify Liver Qi, which we do not speak of. When the Liver Qi stagnates due to Qi deficiency (but not of the Liver), or Blood stagnation of the Liver we get Heat. The Heat will occur

with movement, as simple as turning over in bed in the night when the Blood returns to the Liver and builds up as we are reclining or exertion like exercise as the Qi -Heat stagnation is freed up via that movement, or when the Qi and Blood get heated up through hot natured foods and drinks like alcohol, caffeine, spices, warm rooms, etc.

The Liver derives its Qi from the Lung via the Ko (control cycle), and also from the Yang of the Kidney, so Lung and Kidney functioning is important. Remember that the Lung is the Master of the Qi but if the Lung is weak how can we strengthen the Lung? The Five Element strategy: when an element is deficient, tonify the mother. The Mother of Lungs is the Spleen.

Strengthening Spleen Qi is the key to tonifying the Lung Qi. This will also tonify the Kidney Yang and thusly moving stagnant Liver Qi and the Heat stasis. There are numerous approaches to do this. Exercises that strengthen the muscles that belong to the Spleen thereby build Qi and move blood. Tonifying herbs that tonify Spleen Qi and move Blood and clear some Heat are useful. Diets that strengthen Spleen Qi versus damp foods that weaken it also help. A three-pronged lifestyle approach will produce faster results. If properly diagnosed and treated, Heat manifestations should immediately abate in frequency, duration and intensity and over a 2-3 month period be under control and on the way to resolution as long as healthy life style practices continue. Herbs and foods that also augment Yin are also helpful as Yin can assist the Qi in moving and Yin helps to create more Blood, the other more liquid side so to speak of Qi. The Japanese Jing treatment around the navel discussed in the Fall 2008 newsletter is a great treatment strategy since the navel corresponds to the Spleen and tonifying it tonifies the Lung and Kidney. See Table I for a summary on heat differentiation.

(ALL NEWSLETTERS ARE ARCHIVED ON OUR WEBSITE)

Table I
The Differentiation of Heat

Type (i.e. Diagnosis)	Causative Factor	Clinical Manifestations	Treatment Principle
Excess Heat	1. Invasion of exogenous Heat pathogens, i.e. Heat, Summer Heat, Wind Heat. 2. True organ heat, i.e. Heat in the Stomach	Red face, red tongue, rapid full pulse May be sweating, thirst, restlessness, anxiety	Clear Excess Heat
Yin Xu Heat or Fire	Heat or Fire due to Yin deficiency. This is False Heat meaning the Heat is a reflection of the true Yang	Malar flush, thin rapid pulse, red tongue, not coat. Five palm heat, night sweats	Subdue Yin Heat or Fire by nourishing the Yin
Qi Xu Heat	Heat due to Qi deficiency of the Spleen, Lung and Kidney. May be Blood deficiency as well	Heat generated by movement or exertion or produced through Liver stasis such as daytime sweat, heat sensations, night sweats and hot flashes	Tonify Spleen Qi to tonify Lung Qi and Kidney Yang to move Liver Qi stagnation

Suiting the Medicine to the Illness

By Dr. Dawei Shao, M.D. (China), D.O.M.
Academic Dean, Albuquerque Campus

Dr. Tuo Hua was a very famous doctor in Chinese history. Once two civil servants, Xun Ni and Yan Li, both had headache and fever. They went to see Dr. Tuo Hua together.

Dr. Hua carefully performed the interview, looked at their faces and palpated their pulse. He prescribed two different formulas and asked them to go home to take it. Xun Ni and Yan Li looked at their prescription. Xun Ni was given a laxative and Yan Li was given releasing exterior herbs. They both wondered why they have the same symptoms, but their herbs are different? Is it a mistake? They told Dr. Hua about their doubts.

Dr. Hua explained that Xun Ni was sick because he over ate and had food stagnation. The stagnation was inside the intestines. So, Dr. Hua used a laxative formula to get rid of the stagnation

to heal Xun Ni. Yan Li was sick because he got a wind cold invasion. The pathogen was on the surface. So, Dr. Hua needed to relieve the exterior by promoting sweat. The pathogen would be eliminated with sweat and his fever and headache will also be gone. Xun Ni and Yan Li went home and took the herbs. They both healed.

Chinese Medicine emphasizes the importance of differentiation. The symptoms may be similar, but the causes can be different, and treatment will definitely be different. Later, people used the term "suiting the medicine to the illness" to describe that you have to use different methods to solve different problems.



Southwest Acupuncture College
Clinical Census

June 2008 – June 2009

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

This year the college continued to offer low cost healthcare to the New Mexico and Colorado populations through the services of the in-house college clinic. 18,000 patients were treated at our three campuses in addition to the hundreds treated at our externship clinics in all three locations. See Table 1.

This number was slightly lower than last year and as with all statistics, it must be interpreted in the correct light. The number of patients we can see is of course a function of students available to treat which translates into the number of slots available. See the Table II 2008-2009 chart for our success at filling clinical appointment slots.

This year we see some new trends to be interpreted in connection with new specialty clinics, especially in Albuquerque where 38% of the patients were treated for wellness, cancer and HIV. This is an interesting comparison to see the use of Oriental Medicine both for prevention and some of our culture's most devastating illnesses. Santa Fe was differentiated more by its treatment of allergies and Boulder with OB/GYN. As usual the treatment of pain especially of the back, neck, shoulder, knee and hip remains high: 65% - 60% - 34% in Santa Fe, Albuquerque and Boulder respectively. Fatigue was lower than usual as a major complaint.

The college converted to a new data base management system for each campus last year so the data is reported in slightly different ways but will become standardized by next year. Now that we are collecting longitudinal data, it is interesting to look at our patient census over the years. See Table III for trends in the student clinic using Oriental Medicine for the treatment of disease.

Thanks to all students and supervisors for your compassionate care of our patients and patients, thank you for your support of our students' education!



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TABLE I			
EXTERNSHIP CLINICS JUNE 2008 - JUNE 2009			
	Albuquerque	Boulder	Santa Fe
Summer 08	Safe House	Golden West Gerontology	Santa Fe Care Center
	Health South Hospital	Boulder County AIDS Project	Santa Fe Indian Hospital Pain Clinic
	La Familia		Pediatric – Adventure Co.
Fall 08	Safe House	Golden West Gerontology	Christus St. Vincent Regional Medical Center
	Health South Hospital		Santa Fe Indian Hospital Pain Clinic
	La Familia	Boulder County AIDS Project	Clinic
Spring 09	Safe House	Golden West Gerontology	Santa Fe Care Center
	Health South Hospital	Boulder County AIDS Project	Santa Fe Indian Hospital Pain Clinic
	La Familia		Pediatric – Dragonfly School
Summer 09	Safe House	Golden West Gerontology	Santa Fe Care Center
	Health South Hospital	Boulder County AIDS Project	Santa Fe Indian Hospital Pain Clinic
	La Familia		Christus St. Vincent Regional Medical Center

Safe House – Assists women and children involved in domestic violence with emotional, sexual and physical trauma.

Health South Hospital – Physical rehabilitation for post-surgical, post-stroke, head injury, etc. Patients are treated in hospital rooms. Tuina is beneficial.

La Familia – Treatment foster care state agency w/ patients from 5 – 10 and one clinic that treats caretakers of foster children.

Golden West Gerontology – Elder clients (potentially significant population of students’ future practices) in independent living facility. Format is common room for patients to relax while needles are placed in ears or extremities. Meets at the Golden West Senior Residence.

Boulder County AIDS Project – Opportunity to work with HIV-positive clients of the Boulder Co. AIDS Project, community organization that provides a variety of support services.

Santa Fe Care Center – Nursing home with elders in need of support in their healing process of disabilities, fatigue, pain, dementia, Parkinson’s, etc.

Santa Fe Indian Hospital Pain Clinic – Opportunity for senior students to refine skills in Japanese Acupuncture and to develop and clarify skills pertaining to integration of Western and Eastern medical theories.

Christus St. Vincent Regional Medical Center – Interns work directly with therapy staff and attending physicians and nurses in rehabilitation wing of hospital and learn how to read and understand patient files and complete all treatment forms required by the facility.

Dragonfly School and Adventure Co. – Students practice intakes and Tuina on children ages 5 - 10

TABLE II
SOUTHWEST ACUPUNCTURE CLINIC
DATA COLLECTION SUMMARY JUNE 2008-JUNE 2009

Campus	# of Patients	# of New Patients	# of New Female Patients	# of New Male Patients	Age Group	# of Patients	Top 10 Illnesses Treated	# of Top 10 Illnesses Treated	% of Top 10 Illnesses
SANTA FE	3133	413	272 (66%)	141 (34%)	1-10	3	1. Low Back Pain	26	15%
					11-20	10	2. Back Pain	24	14%
					21-30	48	3. Shoulder Pain	21	12%
					31-40	66	4. Knee Pain	18	10%
					41-50	57	5. Allergies	18	10%
					51-60	79	6. Neck Pain	16	9%
					61-70	77	7. Insomnia	15	9%
					71-80	45	8. Fatigue	14	8%
					81-90	7	9. Stress	13	7%
					91-100	2	10. Leg Pain	9	5%
Total Possible Patients				3360				100%	
Actual Patients				3133				93%	
ALBUQUERQUE	6060	319	224 (70%)	95 (30%)	1-10	3	1. Back Pain	34	21%
					11-20	8	2. Cancer	28	17%
					21-30	36	3. Wellness	19	11.60%
					31-40	43	4. Neck Pain	17	10.30%
					41-50	42	5. HIV	15	9%
					51-60	91	6. Shoulder Pain	13	8%
					61-70	55	7. Knee Pain	12	7%
					71-80	30	8. Leg Pain	11	7%
					81-90	10	9. Low Back Pain	9	6%
					91-100	1	10. Foot Pain	7	4%
Total Possible Patients				6307				100%	
Actual Patients				6060				96%	
BOULDER	7861	554	380 (69%)	174 (31%)	<18	8	1. Stress	92	16.60%
					18-19	7	2. Back Pain	69	12.50%
					20-21	15	3. Shoulder Pain	34	6.10%
					22-24	28	4. Knee Pain	32	5.80%
					25-29	73	5. Fatigue	31	5.60%
					30-34	71	6. Knee Pain	30	5.40%
					35-39	42	7. OB/GYN	26	4.70%
					40-49	95	8. Neck Pain	24	4.30%
					50-64	156	9. Insomnia	19	3.40%
					65+	59	10. Hip Pain	14	2.50%
Total Possible Patients				8904				100%	
Actual Patients				7861				88%	

Table III
 Southwest Acupuncture College
 Patient Statistics Compilation 2005-2009

SANTA FE				
Top 10 Illnesses Treated				
2005	2006	2007	2008	2009
1. Back Pain	1. Shoulder Pain	1. Shoulder Pain	1. Back Pain	1. Low Back Pain
2. Shoulder Pain	2. Low Back Pain	2. Neck Pain	2. Shoulder Pain	2. Back Pain
3. Low Back Pain	3. Back Pain	3. Low Back Pain	3. Neck Pain	3. Shoulder Pain
4. Neck Pain	4. Neck Pain	4. Back Pain	4. Stress	4. Knee Pain
5. Knee Pain	5. Sciatica Pain	5. Knee pain	5. Knee pain	5. Allergies
6. Sciatica Pain	6. Fatigue	6. Arthritis	6. Leg Pain	6. Neck Pain
7. Hip Pain	7. Hip Pain	7. Allergies	7. Foot Pain	7. Insomnia
8. Allergies	8. Allergies	8. Fatigue	8. Headache	8. Fatigue
9. Anxiety	9. Leg Pain	9. Headache	9. Fatigue	9. Stress
10. Fatigue	10. Stress	10. Stress	10. Insomnia	10. Leg Pain
ALBUQUERQUE				
Top 10 Illnesses Treated				
2005	2006	2007	2008	2009
1. Back pain	1. Back pain	1. Back pain	1. Back pain	1. Back pain
2. Foot/Knee Pain	2. Neck Pain	2. Shoulder pain	2. Shoulder Pain	2. Cancer
3. Shoulder pain	3. Knee pain	3. Neck pain	3. Neck Pain	3. Wellness
4. Stress	4. Shoulder pain	4. Stress	4. Stress	4. Neck Pain
5. Headaches	5. Sciatica	5. Knee pain	5. Knee pain	5. HIV
6. Neck pain	6. Stress	6. Leg pain	6. Leg Pain	6. Shoulder Pain
7. Allergies	7. Migraines	7. Foot pain	7. Foot Pain	7. Knee Pain
8. Leg pain	8. Hip pain	8. Headache	8. Headache	8. Leg pain
9. Sciatica pain	9. Leg Pain	9. Fatigue	9. Fatigue	9. Low Back Pain
10. Hip pain	10. Anxiety	10. Insomnia	10. Insomnia	10. Foot Pain
BOULDER				
Top 10 Illnesses Treated				
2005	2006	2007	2008	2009
1. General	1. Back pain	1. Back pain	1. Back pain	1. Stress
2. Back Pain	2. Shoulder Pain	2. General	2. Joint Pain	2. Back Pain
3. Allergies/Colds	3. Fatigue	3. Shoulder pain	3. Fatigue	3. Shoulder Pain
4. Foot/Knee Pain	4. Headaches	4. OB/GYN	4. Stress	4. Knee Pain
5. Neck Pain	5. Stress	5. Neck pain	5. OB/GYN	5. Fatigue
6. Joint Pain	6. Neck Pain	6. Stomach	6. Knee Pain	6. Knee Pain
7. Shoulder Pain	7. Cold/Flu	7. Fatigue	7. Headaches	7. OB/GYN
8. Headaches	8. Knee Pain	8. Headache	8. Sinusitis	8. Neck Pain
9. Digestion	9. Depression/ Anxiety	9. Stress	9. Depression/ Anxiety	9. Insomnia
10. Stress	10. OB/GYN	10. Hip Pain	10. Allergies	10. Hip Pain

WHO ARE YOU?

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

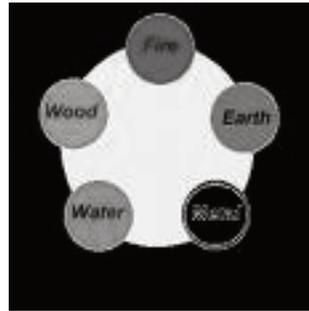
In TCM, people are miniatures of the cosmos that is composed of the 5 elements. Every person embodies all 5 elements, yet one or two will be predominant in the personality. Which type are you? If this wets your appetite for more information, you can refer to the book *Between Heaven and Earth* by Harriet Beinfield and Efreim Korngold.

WOOD ARCHETYPE: The Pioneers are people who are driven by the adventure of penetrating the wilderness. They are adaptive, cunning and fiercely independent. They strike out on their own, infatuated with what is new, curious about what is untried, eager to innovate, reform and revolutionize. Action compels the wood type who vanquishes resistance with great determination. The power of wood comes from the capacity to rapidly expand and build up pressure. They need to modulate their intensity and stay flexible, to be able to retreat and yield as well as to surge forward and be undaunted.

FIRE ARCHETYPE: The Wizards are people who imbue the mundane with the extraordinary, merging human aspirations with divine purpose. The wizard manifests miracles by welding divergent elements into one, generating the heat of excitement so that the reaction of fusion occurs. With catalytic energy, they bring the transforming power of light, love and awareness into the world. Enchanting and persuasive, the wizard uses personal magnetism and the gifts of expression to meld an assemblage of individuals into one body, gathering us up into a shared expanse of vision and feelings. The power of fire comes from

the capacity to liberate heat and light and realize joy and fulfillment. Fire types must learn to temper their chemistry and contain their fervor, conserving as well as sharing, withdrawing and separating as well as embracing and merging.

EARTH ARCHETYPE: The Peacemakers have the power to establish and sustain relationships. They nurture and promote our connectedness to each other and the world. They value serenity and stability, mediating conflict through their gift of focusing on what is mutually shared, converting discord into harmony. Chameleon-like, they can assume and enhance the attributes of those around them. They have the ability to put people at ease in an environment of trust. They embody care and sympathy, and are advocates for those less fortunate. They have a great capacity to nurture and sustain. One of their challenges is to learn balance between developing self-reliance and introspection with caring for others and building community.



METAL ARCHETYPE: The Alchemist seeks the perfection of form and function. Through their power of discernment, they distill what is good and pure from what is coarse and primitive. In their striving to exact order from chaos, they mold situations so that people carry out their tasks with elegant precision. They define and refine their place in the world on a continuous basis, and are the keeper of standards and measures. They understand aesthetic and moral values and are the defender of virtue, principals, and beauty. The power of metal comes from the capacity to shape and define. Their challenges lay in balancing rationality, meticulousness, and self-control with passion, spontaneity, and social involvement.

WATER ARCHETYPE: The Philosopher brings light to that which is hidden, uncovering new knowledge, dispelling mystery and eroding ignorance. Like an old time prospector, they sift through the gravel of notions and beliefs, tireless in their efforts to apprehend the nature of reality. Time is the pick and shovel of the philosopher who exhumes the bones of our culture that endure in search of the truth. They are able to envision our true potential and are critical of what the world is now. They are the custodians of our ancestral memories and dreams and can articulate our aspirations. Their challenge is to balance toughness, bluntness, and detachment with tenderness, and sensitivity, risking softness, contact, exposure and attachment.



Talk the Talk with the Docs by Tracie Dissinger Student, Boulder Campus

For those acupuncturists who would like to continue their education in the western sciences without the cost, there is a vast amount of free information at the tip of your fingers. Many of the top colleges offer free courses online. They are referred to as open courseware initiatives. Berkeley, Johns Hopkins, MIT, and even Harvard Medical School offer free courses online so you can study the same information that medical students are required to master. Even our own Valerie Hobbs espouses the benefits of Talking Doc and networking

with the MD's for those entering into the infertility arena.

Some of us may want to work in hospitals with integrative medical centers, some may want to enter into medical school, and some may want to simply understand the western medicine behind our patient's test results in order to make a well-rounded treatment. This is your chance.

If you have 3 hours a week to sit in front of your computer, you are as good as there! Webcasts, power point presentations with the audio of the professor's lecture, and full syllabus access are just some of the perks of the free online courseware. Cognitive Neuroscience with Berkeley, Radiology I with Harvard, and Human Nutrition with Johns Hopkins are part of the arsenal of information at your fingertips. Knowledge is power, my friend, and it may be the difference between a good career and a great one!

Below are some links to grab on to start the adventure:

- **Johns Hopkins Bloomberg School of Public Health:** <http://ocw.jhsph.edu/>
- **Harvard Medical School:** <http://mycourses.med.harvard.edu/public/>
- **Berkeley:** <http://webcast.berkeley.edu/courses.php>
- **MIT:** <http://ocw.mit.edu/OcwWeb/web/home/home/index.htm>



Acupuncture in an Age of Fear

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

Last weekend, there were ten pages of foreclosure notices in my local newspaper. I've been thinking of taking a plunge into the housing market, so I've been pouring over MLS listings and classified ads. It occurred to me that I should look at foreclosures, wondering if and how I might actually find something there. What shocked me was how many listings there were, and how many fine places to live had become a dead-end for so many people in my community.

Over and over I hear that acupuncturists' practices are taking a bit of a downturn, just like any other profession that is based in service economy jobs. In Boulder, Colorado, we haven't seen the economic effects that have happened back East, but we are all seeing a degree of change that tends to spark some concern over our livelihood decisions. And it leaves me with this basic question: who in their right minds takes the leap to change their life and enter a new career, much less one that must rely on some degree of entrepreneurship?

And then I have to recognize that I am thinking out of fear...fear that people won't choose this career....fear that people won't make it in this career...fear that bills won't be paid...fear that the worst is yet to come. Fear, fear, fear, fear, fear.

It seems that everywhere I turn, I see thinking in an Age of Fear. And I don't mean the Brazilian heavy metal band or the references to New York Times articles on Obama's election. What I see is people making daily decisions, relationship decisions, money decisions based on fear.

Now I get reality. I live in reality. I really understand that times are very tough for so many.

I also have the fortune to be in contact with some pretty amazing people. Two of our graduates' words keep rattling around inside my brain.

Brian Mears once said that he always teaches his patients about how good acupuncture is for stress, and that when times get tough, he often sees his patient load go up. We see developing in our profession exciting ways to re-create and re-form to make our medicine more tangible, more affordable, more workable for our patients. And they will use it to get by.

The second graduate who has taught me much lately is Cyndy Lakowske. In addition to her acupuncture practice, Cyndy is a very gifted Nia (Neuromuscular Integrative Action) fitness instructor. One of the principles of Nia is a Love-Fear-Peace triad where fear is recognized as the emotion that keeps us blocked and moving away from peace, and love is the emotion that furthers us and moves us toward peace. So when she starts into a fear-based thought, which for me might be, "How does anybody decide to re-create their life in such economic times?", Cyndy talks about changing that thought to come from a place of love, which for me might be, "This is a medicine that you practice because you love it so much, you cannot imagine your life in any other way." And when you come from such a place, the positive outlook is inspiring, and people see it, feel it, and want to be around it.

So when I look into the future I see amazing bright spots on the horizon. I think the next few years have big challenges for us all, but I see a particular bright future for Chinese medicine practitioners because:

Growing evidence-based research points to acupuncture as a first line of safe, efficient, effective and economical treatment.

New healthcare plans will in all likelihood include wellness and prevention, with acupuncture among the most accepted of alternative modalities.

Increasing insurance coverage opens opportunities to expand care to populations that have not considered acupuncture before.

In fact, I think this might be about the best time to enter a program to become an acupuncturist. While the world economy reaches equilibrium, school may be one of the best places to be. The old paradigms are not working. New paradigms are coming, and alternatives are an essential part of it.

Being able to recognize that there is wisdom everywhere is one of the useful tools to get oneself out of fear. Honora Wolfe, our professor for Practice Management, has been posting some great sayings on her Facebook page lately. One of my favorites is, "Worry is like a rocking chair; it gives you something to do, but it doesn't get you anywhere."

And I can leave you with this: we all experience fear. Fear can be a useful part of turning to transformation, moving, re-inventing one's expression of destiny. But I really think that to find some peace, you have to change the way you approach and act. The way out of an age of fear is by doing something you love.

All three campuses have formed library committees. The committees are variously formed of staff, faculty, and students and will be responsible for decisions regarding library operations and acquisitions. The committees will devise mechanisms to formalize input from all concerned constituencies thereby enriching the knowledge base out of which decisions arise.

One such decision to be examined by the New Mexico committees concerns joining the New Mexico Consortium of Academic Libraries. Via the "Passport" program, we could further extend the walls of our libraries by gaining access to materials from other academic libraries in New Mexico. If it seems useful to our constituencies, we will proceed with membership.

At the Santa Fe campus, we recently reconfigured our wireless network to gain speed and reliability. We are also in progress of changing our service provider and having cables run to our campus in order to significantly increase our download and upload speeds.

We seek to enclose in the walls of our libraries a comfortable space conducive to study and research. We will extend the walls as necessary to accommodate the needs of our constituencies and the expanding opportunities of the 21st Century.

Within and Without the Walls of Our Library By Richard Shcolnik Campus Director, Santa Fe

The walls of our libraries expanded considerably with our subscription to two on-line medical journal databases. All faculty, students, and administrators have free access to full text articles from over 1500 journals through *MEDLINE® with Full Text* and *Alt Health Watch™*. We trust this expansion will supplement classroom material, aid with assignments, augment research potential, and, ultimately, broaden and deepen the knowledge that informs an excellent healthcare practitioner.



AMSS AIMS!

By Dr. Li Xu, Ph.D, D.O.M.
Campus Director, Albuquerque

This summer, Albuquerque students and faculty were granted opportunities to learn about other alternative medicines because of AMSS.

Alternative Medicine Seminar Series (AMSS) aims to broaden our knowledge and to open our minds. Our campus invited a wide variety of speakers to share a brief seminar that will help our future practitioners and faculty in understanding other medicines and their relationship to acupuncture and Oriental medicine. All seminar speakers volunteered their time to share and explain their particular modality of alternative medicine.

Below is a list of the varied speakers that were invited to speak to our students and faculty:

May	<i>Chiropractic</i>	<i>By Dr. Glenn Gardener, D.C</i>
	<i>Reiki</i>	<i>By Martyne Beckman (Reiki Master)</i>
	<i>Verbal First Aid</i>	<i>By Judith Acosta, LISW</i>
June	<i>Essential Oils</i>	<i>Peggy Langen Walter</i>
	<i>Ayurvedic</i>	<i>Sonia Masocco, LDT, CAY</i>
	<i>Homeopathy</i>	<i>Dr. Steven Weiss, M.D.</i>
	<i>Hypnosis</i>	<i>Lois Prinz, CCH</i>
July	<i>Kinesiology (Muscle Testing)</i>	<i>Gwen Pullen, Certified Wholistic, Kinesiologist</i>

Our seminar survey showed 99% of attendees believed these seminars were helpful to their current studies and future practice. One hundred percent would like to know more about different kinds of alternative medicine.

“It indeed opened my mind and enriched my knowledge of alternative medicine,” one student commented.

I'd like to use this opportunity to thank all seminar speakers and great therapists for their generosity of donating their time and sharing their knowledge with us.

Encouraged by students, we plan to hold AMSS every summer semester at the Albuquerque campus. All students, faculty, alumni are welcome to join us. AMSS aims!



Dr. Steven Weiss, M.D. - Homeopathy



Lois Prinz, CCH - Hypnotherapist

Digital Distraction

By Melanie Crane, M.S. Ed.
Academic Dean, Boulder Campus

CU Boulder Professor Diane Sieber can spot the telltale signs: Eyes that never look up from the laptop screen, the flick of fingers when a student should be paying attention. Sieber, who teaches Humanities for Engineers at CU Boulder, has done an informal study of her students showing that many students who bring computers to class get lower grades. Maybe they're instant messaging or playing a video game. She says students who sit near them are having a hard time concentrating too.

Professor Sieber's work has attracted the attention of other professors who fight "digital distraction" in their classrooms. Sieber argues that the answer isn't to ban the electronic devices outright, despite the fact that students in the classroom are e-mailing, playing "World of Warcraft," reading and commenting on news and blog items, instant messaging, browsing the web, etc. This activity distracts other students as well, even ones without laptops in the classroom. There is a "cone of vision" behind anyone who has a laptop, and since anything that's on a computer screen is designed to attract attention, it's almost impossible to ignore, even if you want to pay attention to the class. Videogames are particularly eye-catching. Fellow students find their eyes straying involuntarily and they report they can miss parts of the lecture by getting caught up in what's going on on-screen rather than in the classroom.

Sieber says that faculty can sense when digital distraction is occurring and they feel a "horrible negative energy" from the students that she calls being "virtually absent." The students may be physically present in class, but are "virtually absent" because their mind and thoughts are elsewhere. The faculty senses no feedback from the students, which is disturbing. The faculty doesn't always have clues about why they're not getting feedback, such as hearing any sounds from the

digital devices, which can pinpoint the source of the digital distraction. Students are often not aware how distracted they are by the computer.

Laptops are only one form of digital distraction. Smart phones, PDAs, and mobile devices of all sorts make the banning of computers in the classroom pretty worthless. The problem is behavior and of people being distracted by these electronics in their lives. Sieber found, informally, that students who were distracted earned lower grades. She noted at the end of every class who was not "mentally present" and who were not focusing on the class. As they reached the first test, she graded the test and ran a correlation. The test average on the first exam was 83%. The test average for the "laptop subset" was 71%. The laptop subset included anyone who was using mobile devices of any sort in class. Sieber was surprised at the spread between students with and without portable devices.

Professor Sieber decided to create a feedback loop, as digital distraction was going to be a part of all of the students' lives. If higher education's mission is to teach students how to learn for the rest of their lives, then they'd have to learn how to deal with digital distraction. Sieber's solution isn't to remove the laptops from the classroom, as digital distractions are a reality and need to be managed even after graduation when the students have entered the workforce. Her goal is to make her students aware of how they learn, and since they're adults, they can make choices of how and when to properly work with and deal with digital distraction.

When Professor Sieber's students were presented with the results of her informal study, some chose to stop bringing their portable electronics to class. When the students completed the second exam in the class, there was a noticeably smaller spread between the students with and without portable devices. By the third exam,

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even the students who still brought electronics to class had learned to better manage their digital distractions and improved their exam scores. To Sieber, this represents real learning.

Sieber used to hear complaints from students who were being distracted by other students' portable devices. At the beginning of each semester, Sieber has her class write a "social contract" with one another. The students themselves propose the rules of engagement for the class. Starting in about 2002, digital distraction rose to the top of the students' lists of classroom issues. The students have now developed policies about how personal electronics should be used in the classroom.

To quote from one contract, "Using your laptop is okay, excluding computer games (even solitaire), social networking sites, and stuff unrelated to class, and we are all responsible for enforcing this." A student who was being distracted could now lean forward to the distracting student and Sieber could see whispers happening. She noticed that students who continued to use their laptops eventually moved to the back of the room. Sieber did not ask or tell the students to move, the students themselves were encouraging the students with distracting devices to move towards the back of the room.

Professor Sieber says that if she promises her students that she will come to class completely prepared and she comes with information and interaction to offer in the classroom, the students will feel it is worth paying attention. Sieber has done seminars for other professors on how to deal with digital distraction. She says it has been interesting to hear how puzzled faculty are and how eager they are to find out not just what to do about the problem, but how to find opportunities for better learning from the presence of electronics in the classroom. Learning will continue even outside

the classroom. Students with electronics can engage in a "backchannel" process of formulating and asking questions and can obtain information for the use of the class with their mobile devices.

Faculty can integrate laptops into active learning. Gary Poole, director of the Centre for Teaching and Academic Growth at the University of British Columbia, believes that it is important for faculty members to "bring activities to class that invite the constructive use of internet connections and feature measures of accountability for that use." For example, students can be asked to work in groups to either solve a problem requiring internet access or to find a resource on the web that is relevant to a topic at hand. "Each group would then be responsible for reporting to the class and



perhaps displaying their finding," he says. Others suggest that it may be appropriate to have laptop-free periods without necessarily having a complete ban.

While other schools may struggle with how to address this issue, at Southwest Acupuncture College there is no ambiguity about the use of technology in the classroom. Using a laptop computer or other electronic device in the classroom to do anything other than class work does not support the class objective. Outlined on page 26 of the current Policy and Procedure Manual is stated that "No activities other than appropriate student response are allowed in the classroom (i.e. no sewing, knitting, eating, sleeping, lying down, etc.)." This policy is not meant to stifle the personal freedoms of the students, but to protect all students and faculty from the problems associated with "digital distraction" as well as any other type of distraction that would negatively affect the classroom learning environment. Students should communicate with one another about in-class distractions of any kind and can approach the faculty or administration if the issues remain unresolved through peer discussion. Use of computers for research, note-taking and learning is highly encouraged!

**INTEREST RATES FOR STAFFORD AND PLUS LOANS IN THE DIRECT LOAN AND
FEDERAL FAMILY EDUCATION LOAN PROGRAMS EFFECTIVE JULY 1, 2009**

by Angela Anaya, Financial Aid Director

Students are welcome to contact Angela at the Albuquerque Campus: 505-888-8898

Fixed Rates for Loans First Disbursed on or after July 1, 2009

LOAN TYPE	GRADE LEVEL	First Disbursed	First Disbursed
		Between July 1, 2008 and June 30, 2009	Between July 1, 2009 and June 30, 2010
Subsidized Loans	Undergraduate	6	5.6
	Graduate	6.8	6.8
Unsubsidized Loans	Undergraduate	6.8	6.8
	Graduate	6.8	6.8
PLUS Loans	Parent and Grad Student	7.90 for Direct Loans and 8.50 for FFEL	7.90 for Direct Loans and 8.50 for FFEL

Effective July 1, 2009

EdFund will no longer cover the 1% default rate

All loans certified and guaranteed by EdFund after July 1, 2009 with the following lenders will have a minimum of a 1% origination fee and a 1% default fee subtracted from their loan prior to disbursement is released. This means you will receive 98% of your loan for tuition, books and living expenses:

Bank of America

Nelnet

Sallie Mae



ANNOUNCEMENTS!



Visit our website at www.acupuncturecollege.edu for these opportunities:

- ✓ Learn how to join our Alumni Directory
- ✓ How to donate to the Graduate Herb Garden
- ✓ Order transcripts on-line
- ✓ Read our latest publications
- ✓ What & when our next continuing education classes are
- ✓ Employment opportunities
- ✓ ...and MORE!!



Southwest Acupuncture College has purchased several advertisement slots for the summer with KOAT-TV Channel 7 to promote our school!

Check out KOAT-TV during the month of August and September and catch a glimpse of one of the many ads that will be running during either the mornings, afternoons or evenings, weekends and weekdays!

Continuing Education Opportunities

Southwest Acupuncture College is pleased to present its
Fall line-up of *Continuing Education Classes*

Honora Lee Wolfe

for a one day workshop in Santa Fe
1622 Galisteo Street 505-438-8884 on

The Successful Acupuncture Practice

Saturday, October 31, 2009

9:00am-5:30pm

7 Continuing Education Credits

Learn How To Set-up Your Business From a Master!

Free Reception Friday Evening
For Southwest Acupuncture College
Students, Alumni, and Faculty

Robert Carpenter, D.O.M.

for a two day workshop in Albuquerque
7801 Academy NE 505-888-8898 on

Chi Testing

Saturday & Sunday, October 10 & 11, 2009

9:00am-6:00pm

16 Continuing Education Credits

**In a simple way, Chi Testing
offers a technique that opens
the door to all acupuncture
points.**

**The Successful Acupuncture Practice:
From Start-up to Long Term Prosperity Through
Effective Patient Care**

- Basic business start-up planning
- The power of setting goals
- Budgets: what does it really cost to run your practice?
- Marketing your practice
- Paperwork management
- Patient management and education
- Front Desk Procedures
- Ethical Record Keeping
- Scheduling your patients; Basic ways to grow that number through efficient patient care.
- Making an efficient diagnosis
- *Sample worksheets, basic forms, promotional material, and more provided!*

Extraordinary things Chi Testing can do for you:

- Bring Chi energy field awareness into your practice and get *Da Chi* every time
- Renew confidence in complex multi-syndrome differentiation with Facial Diagnosis
- Precise and easy pulse reading with exacting point selection
- Discover the root cause for patients who seem never to get well
- Interface the latest technologies into your treatment therapies and select with accuracy the best modalities for your patient
- Comprehend the complexities of TCM and discover new uses for seldom used points
- Diagnose pregnancy and the sex of the child
- Diagnose heavy metal and teeth relation, parasite infestation and location

Register online at www.acupuncturecollege.edu

Please call for more information

**NEXT NATIONAL AND STATE EXAM DATES FOR
SOUTHWEST ACUPUNCTURE COLLEGE STUDENTS**

	Exam dates	Application Deadline	SWAC Internal Deadline
NCCAOM Year Round Testing	Began Feb. 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 to 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. For herbal exam, you need to be within one semester of your graduation
New Mexico State Exam (Spring 2010)	Dates not determined yet		
New Mexico State Exam (Fall 2010)	Dates not determined yet		
California State Exam (Spring 2010)	February 16, 2010	Complete application and application fee must be post-marked no later than Oct 16, 2009.	September 16, 2009
California State Exam	August 11, 2010	Complete application and application fee must be post-marked no later than April 9, 2010.	March 9, 2010

Continued from page 2

7. Q: Why should we unite together and concentrate our strength on promoting this legislative action immediately?

A: To reach our stated legislative goal, we must convince those Legislators who are working on crafting the legislative language for the Plan to consider Acupuncture as a covered benefit for inclusion in that Plan. Since the bill must be finalized in August, we must express our will to those Legislators by the end of July. Otherwise, our voice will not be heard.

If we are able to reach our goal of inclusion of Acupuncture in the Plan, we will initiate the second phase of the effort – to lobby all members of the Senate and Congress for their support of a comprehensive U.S. Healthcare Reform Plan. We believe that millions American will work together to urge the passage of an effective and comprehensive U.S. Healthcare Reform Plan.

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8. Q: Who is initiating this effort for Acupuncture?

A: The action is being initiated by the Council of Acupuncture and Oriental Medicine Associations (CAOMA), the American TCM Society (ATCMS), and the United Alliance of NYS Licensed Acupuncturists (UANYSLA). We have formed a temporary working team to promote this effort.

We are looking forward to working with other TCM/acupuncture organizations on this issue, and welcome any individuals or the representatives of professional organizations or schools to join the team.

9. Q: How can I get more information about this effort?

A: Please visit websites at: www.ATCMS.org, or www.CAOMAUS.org, and www.acupunctureny.org.

10. Q: How can I share my suggestions or opinions on this issue with the coordinating team?

A: If you have any suggestions or opinions to share with us, please feel free to contact our Eastern Coast coordinator: Dr. Ling Zheng (Tel. 212-689-1773, Email: lingzheng62@yahoo.com), or Western Coast coordinators: Dr. Anyork Lee (Tel. 714-572-9481, Email: anyork@gmail.com) and Dr. Michelle Lau (Tel. 916-960-7000, Email: lautung@msn.com).

Whom should you submit the letter to? How?

Please send the letter to President Barack Obama, Senator Edward M Kennedy (D-MA, Chairman of the Senate Committee on Health, Education, Labor and pensions), Senator Bernard Sanders (I-VT, the member of the same committee), Senator Max Baucus (D-MT, Chairman of the Senate Finance Committee), and Senator Chuck Grassley (R-IA, the member of the Senate Finance Committee), via postal mail and fax, or submit your comment form via their website.

1. President Barack Obama

The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500
Tel. (202) 456-1111
Fax. (202) 456-2461
Website: www.whitehouse.gov/contact/

3. Senator Christopher Dodd

448 Russell Senate Office Building
U.S. Senate
Washington, DC 20510
Tel. (202) 224-2832
Fax. (202) 224-1083
Website:
www.dodd.senate.gov/index.php?q=node/3130

2. Senator Edward M Kennedy

317 Russell Senate Office Building
U.S. Senate
Washington, DC 20510
Tel. (202) 224-4543
Fax. (202) 224-2417
Website:
www.kennedy.senate.gov/senator/contact.cfm

4. Senator Bernard Sanders

332 Dirksen Senate Office Building
U.S. Senate
Washington, DC 20510
Tel. (202) 225-5141
Fax. (202) 228-0776
Website: www.sanders.senate.gov/comments/

5. Senator Max Baucus
511 Hart Senate Office Building
U.S. Senate
Washington, DC 20510
Tel. (202) 224-2651
Fax. (202) 224-9412
Website:

www.baucus.senate.gov/contact/emailFORM.cfm?subj=issue

6. Senator Chuck Grassley
135 Hart Senate Office Building
U.S. Senate
Washington, DC 20510
Tel. (202) 224-3744
Fax. (202) 224-6020
Website: www.grassley.senate.gov/contact.cfm

This is an example only, please personalize

(Please type your name and address here)

(Date)

To: *(Please type recipient's name and address here)*

RE: Petition for Including Acupuncture in the U.S. Healthcare Reform Plan

Dear *(Recipient's name here)*:

I am writing this letter to ask for your support for the inclusion of Acupuncture as a part of primary medical services to be covered in the U.S. Healthcare Reform Plan.

It is well known that Acupuncture is a safe, successful and cost-effective primary healthcare protocol, and a primary healthcare system that is routinely utilized by millions of Americans. Clinical studies have proven that to include Acupuncture as a source of primary healthcare will significantly increase the quality of medical care and markedly reduce conventional medical costs. Inclusion of Acupuncture in the U.S. Healthcare Reform Plan clearly meets the specific goal of President Obama's healthcare reform and is in keeping with the best interests of Americans.

My personal experience with acupuncture...*(personal experiences adds to the letter, but it is up to your discretion)*

Thank you for your considering my opinion.

Sincerely,

(Type your name and professional title here)

(Type your contact information including email, and phone number here)

The above Questions & Answers, sample letter for the grassroots campaign for U.S. Healthcare Reform Plan, and the information list for President Obama and Legislators are courtesy of the following organizations:

Council of Acupuncture and Oriental Medicine Associations (CAOMA)

American TCM Society (ATCMS)

United Alliance of NYS Licensed Acupuncturists (UANYSLA)