

# GUIDEPOINTS:

News from NADA

September 2012

Next NADA Conference: Denver, CO May 2-4, 2013 -- See ad on p. 3

## *SPIRIT OF NADA: AFTER SHOOTING TRAGEDY IN AURORA, FIRST RESPONDERS RECOUP WITH NADA TREATMENTS*

by Mara Sobotka

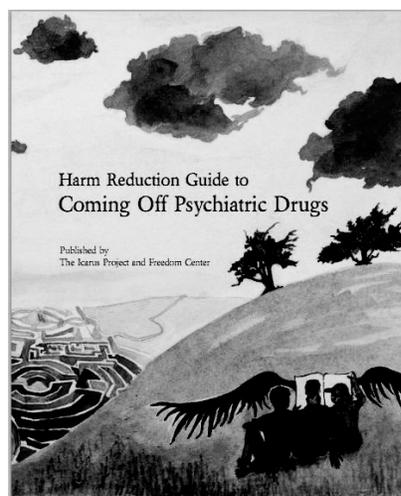
Around 12:38 a.m. on July 20, a man wearing a gas mask quietly slipped into Century 16's theater #9 in Aurora, Colorado, where people gathered to see the last chapter of Christopher Nolan's Batman saga. People thought nothing of it, assuming it might be a prank by the management. Then the tear gas grenades exploded. In the ensuing chaos, the man opened fire.

The night had not been without incident at the University of Colorado Hospital (UCH). A dozen people sat in the waiting room, and most beds in the emergency department were occupied; a fairly standard weeknight at US News and World Report's #1 ranked hospital both in the Denver area and the state of Colorado. Relatively speaking, things were quiet.

At 1:06 a.m., the first wave of police cruisers tore into UCH's ambulance bay. Officers carried between one and three injured people out of the back seats with the help of UCH security and nursing staff. For thirteen minutes following the shooting at the Century 16 theater, cruisers came, released their passengers, and returned to the scene. The last three victims were the only ones to arrive by ambulance, as the rows of cars in the parking lot prevented nearly all emergency access.

Everyone at UCH was touched by the tragedy. Hospital staff saw most of the people admitted in the immediate aftermath of the shooting; many more victims who came in later were transferred to other hospitals. There was no

*AURORA continues on p. 2*

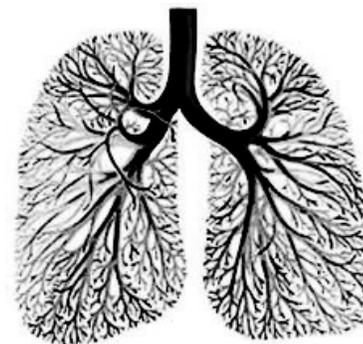


The 2nd edition of the Harm Reduction Guide written by ADS Will Hall has just been published by the Icarus Project and the Freedom Center.

Read the full article and Michael Smith's endorsement of this guide on p. 4.

## **A**UTUMN: SEASON OF THE LUNG POINT by Nityamo Lian

In NADA training, we learn that stimulating the Lung point helps with breathing ailments caused by smoking, colds, flu, and asthma among other conditions, and that we can use this point to help the body excrete alcohol and other drugs. Chinese medicine offers a deeper insight to share about why we might include this point in the NADA protocol.



The Lung point and the season of autumn are aspects of the Metal element, one of five elements that in Chinese medicine are part of Five Element Theory, a method of diagnosis and treatment practiced for over 2,000 years. The other elements are Wood, Fire, Earth, and Water. The

*LUNG continues on p. 10*

*AURORA* continued from p. 1

rest that night for anyone on duty. “It was like a human assembly line,” recalls Geina Horton, acupuncturist with the Integrative Medicine department (TCIM) at UCH. “It was a battlefield for them.”

As the atmosphere calmed down, Horton and Denver acupuncturist and NADA trainer MK Christian, also faculty at UCH, saw an opportunity to fill a need. Horton has used the NADA protocol in her private practice for many years, and knows how effective it can be for stress relief.

A day after the shooting, Horton contacted the president and the CEO of UCH to organize an acupuncture treatment program for the hospital staff, in the hopes that those who gave so much to others could have a chance to rest. It was not a sure thing, Horton recalls. “We weren’t sure if people realized the gift they were being offered—no one had had acupuncture before.”

The next morning, close to forty emails flashed in Horton’s inbox, all expressing support for the program. Horton was shocked at the fast response and overwhelming support. Said Horton about the reactions to the kind of treatments being offered: “It didn’t seem to matter how it happened; only that it happened.”

The date was set for July 28 and August 3-4 starting at 7 am so overnight workers could be treated. Everyone with a UCH badge was invited.

TCIM posted encouragement to all UCH staff on their Facebook page: “You all have done an incredible job taking care of others. Please come take this opportunity to take care of yourself. Relieve some stress and anxiety



**Hospital staff receive a treatment at UCH.**

and take a moment to thank yourself, to heal yourself, and to re-energize yourself.”

On July 28, Horton, Christian, and fellow acupuncturist Misun Oh arrived early in the morning to prepare massage areas and chairs. The cost of needles was not an issue for the team. Mike Bailey of Lhasa OMS donated 40 boxes of SEIRIN needles, easily enough to treat most of the



**From left to right, acupuncturists Misun Oh, Geina Horton and MK Christian.**

staff at UCH.

Lhasa OMS’s generosity did not go to waste. 42 people from every department were seen in the first week’s session alone. “We saw nurses, MDs, psychologists, techs and security staff,” recalls Christian. “One person from psych staff, who was there when the first wave of people came in, came for massage. He was reluctant to try [acupuncture] at first, but after 10 minutes, he was quiet and still. He said he never would have believed it could be so calming.

By the time the team arrived the morning of the second week, half the ER department was waiting for them. Luckily, Horton and Christian had added four more acupuncturists and two massage therapists to their team.

As staff hands gave their healing touch to shooting victims and their families, so did the TCIM team’s hands return the kindness. The effects were immediate and visible. “People went from being nervous to instant meditation,” says Horton. By the end of the second week, 126 people had been treated.

Horton and Christian are thankful for the chance to give back. Says Horton, “We’re opening one Western mind at a time.”

MK Christian also reached out to the community at large. Christian had worked closely with Aurora nonprofit group It Takes A Village (ITAV) in the past. ITAV is a non-profit organization whose mission is to reduce health and social disparities among people of color in the Denver/Aurora, Colorado metropolitan area, according to their website ([ittakesavillagecolorado.org](http://ittakesavillagecolorado.org)).

ITAV runs several outreach groups, including HIV testing and counseling, a re-housing program for homeless

individuals, substance abuse treatment, and a women's program focused on attaining safety and inner strength.

For two years, Christian provided full-body and auricular acupuncture treatments free of cost to women in the Seeking Safety group, as well as occasional treatments for staff members.

"I ask not for a lighter burden,  
but for broader shoulders."

~Jewish Proverb

Imani Latif, executive director of ITAV, witnessed the positive changes in those who were treated. If the effects were that strong for her clients, she thought, "Imagine the impact on people in the community." When Christian asked if NADA volunteers could use ITAV's space to provide this service to the people of Aurora, Latif readily opened her doors.

ITAV headquarters is not far from Century 16. Twelve white crosses stand on a grassy slope in front of the empty theater, adorned with flowers, teddy bears, baseball caps and prayers. It is a space of unity and sorrow, love and grief. "Seeing the memorial refreshes the memory whenever I pass by," says Latif.

Safety is no longer a common feeling in this once quiet Aurora neighborhood which Latif and many ITAV clients call home. "Those of us that live and work in the neighborhood have a constant sense of 'what's next?'"

At It Takes a Village headquarters, NADA-trained volunteers came every day for two weeks following the tragedy. Some police and paramedics came to ITAV for treatment, sitting in circle with other community members. Christian and Latif are still actively working to reach out to Aurora's police officers, and though it has been a challenge, efforts to create awareness are ongoing through flyers.

Thanks to the outreach work coordinated by Christian and ITAV staff, as well as nonprofit group Acupuncturists Without Borders, open treatment groups are still happening as needed at ITAV headquarters. "Through exposure, through word of mouth, we're getting the word out," says Christian.

*If you are in the Denver/Aurora area and would like to help with It Takes a Village NADA treatment groups or receive a treatment yourself, email ITAV at [info@ittakesavillagecolorado.org](mailto:info@ittakesavillagecolorado.org). To contact NADA trainer MK Christian: [mkechristian@msn.com](mailto:mkechristian@msn.com)*

*Next NADA Annual  
Conference: Denver, CO*

*May 2 - 4, 2013*



## NADA 2013: Fostering Community Resilience and Healing

Conference location: Courtyard Marriott  
in Cherry Creek, Denver.

Room rate = \$119/night.

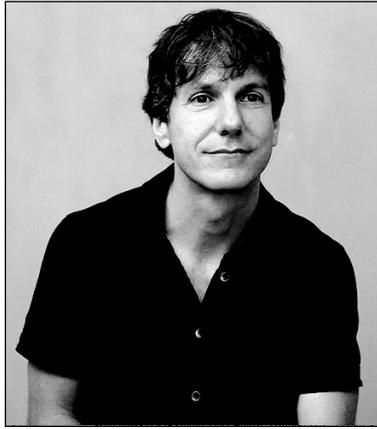
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## THE NEW EDITION OF THE HARM REDUCTION GUIDE AN INVALUABLE RESOURCE FOR CLIENTS AND PRACTITIONERS

Resources available to NADA members continue to grow as new studies, books, and articles get published about the effectiveness of NADA acupuncture for both addiction treatment and mental health. At the end of July, we learned that the second edition of *The Harm Reduction Guide to Coming Off Psychiatric Drugs* (first published in 2007) was just released and available as a free download from Will Hall's website ([willhall.net/comingoffmeds/](http://willhall.net/comingoffmeds/)).

This guide comes strongly endorsed by NADA founder Michael Smith. "The 2<sup>nd</sup> edition of the *Coming off Meds Guide* is a profoundly mature book that is directed to clients, doctors, family, and other practitioners alike. The focus is on healthy balance and compassion for the long haul. It is an



**Will Hall**

obviously cooperative group effort. One of the central people, Will Hall, was an ADS trainee at Lincoln and has recently named me to their advisory board. Another ADS, Lee Hurter, is also mentioned. Every serious NADA member ought to understand the long term compassionate issue involved. NADA acupuncture needs to earn its way into this book."

Hall, one of the principal authors of this guide, is an Acu Detox Specialist and mental diversity counselor and consultant with a private therapy practice based in Portland, Oregon. Hall was part of a conference panel on the use of NADA as an alternative to psychiatric medication at the 2011 NADA conference in Kansas City, Missouri. NADA also published a program profile on the Freedom Center (May 2011 issue of *Guidepoints*), a peer-led organization in Northampton, Massachusetts where Hall and others introduced NADA treatments in 2006 that are still provided on a weekly basis.

According to Hall, "Freedom Center pioneered use of NADA acupuncture in the mental health peer recovery movement. We found that more and more people were coming off their psychiatric medications, and wanted ways to support the detox and withdrawal process. NADA

also helped introduce people to acupuncture who had never had it before, and our licensed acupuncturist got many individual clients as a result of the group treatments we did. We really hope that acupuncturists will support expanding NADA around the country in mental health settings, because it is so needed -- and it benefits private acupuncture practices as well.

"We found that NADA treatments give immediate relief to many people suffering from the two biggest withdrawal symptoms from psychiatric medication: insomnia and anxiety.

"Throughout medicine in general, people are getting smarter, seeking second opinions, doing their own research, and exploring holistic options. It's only natural that this is spreading to psychiatric treatments, where people have the same rights to choice and alternatives. The fear and stigma around psychiatric diagnosis are slowly giving way to more honest discussion about the risks of medications and the benefits of alternatives, including NADA acupuncture."

Published by the Icarus Project ([theicarusproject.net](http://theicarusproject.net)) and the Freedom Center ([freedom-center.org](http://freedom-center.org)), the 56-page guide is chock full of information and resources, including how psychiatric drugs work, how they affect the brain, the politics of withdrawal from psychiatric medication, and alternatives to using psychiatric drugs as well as the option of intermittent use.

"This is a guide I wish I had when I was taking psychiatric drugs," writes Hall in the author's note. The candid narrative of his own story sets the tone for the rest of the guide – Hall's voice is honest, straightforward, avoids jargon, and urges readers to exercise caution and tread carefully when embarking on the process of tapering off psychiatric medication. As the medical disclaimer notes, "this guide is written in the spirit of mutual aid and peer support. It is not intended as medical or professional advice. While everyone is different, psychiatric drugs are powerful and coming off suddenly or on your own can sometimes be dangerous."

The principal approach advocated throughout the guide is one of harm reduction. Below is an excerpt from the first chapter in the guide, *Harm Reduction for Mental Health*:

"Absolutist approaches to drug and sex education teach abstinence, 'just say no,' and one way for everyone. They work for some people, but not most, and people who don't follow the model end up being judged, not helped.

**“Every serious NADA member ought to understand the long term compassionate issue involved.” -- Michael Smith**

“Harm reduction’ is different: pragmatic, not dogmatic. Harm reduction is an international movement in community health education that recognizes there is no single solution for each person, no universal standard of ‘success’ or ‘failure.’ Getting rid of the problem is not necessarily the only way. Instead, harm reduction accepts where people are at and educates them to make informed choices and calculated trade-offs that reduce risk and increase wellness. People need information, options, resources and support so they can move towards healthier living – at their own pace and on their own terms.

“Applying harm reduction philosophy to mental health is a new but growing approach. It means not always trying to eliminate ‘symptoms’ or discontinue all medications. It recognizes that people are already taking psychiatric drugs, already trying to come off them, and already living with symptoms -- and that in this complicated reality people need real help, not judgment. It encourages balancing the different risks involved: the harm from

5

extreme states, as well as the harm from treatments such as adverse drug effects, disempowering labels, and traumatic hospitalization.

“Making harm reduction decisions means looking honestly at all sides of the equation: how drugs might help a life that feels out of control, how risky those same drugs might be, and the role of options and alternatives. Any decisions involve a process of experimentation and learning, including learning from your own mistakes and changing your goals along the way. Harm reduction accepts all this, believing that the essence of any healthy life is the capacity to be empowered.”

To contact Will Hall, email: [wiltonhall@gmail.com](mailto:wiltonhall@gmail.com).



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# MANITOBA OUTCOME DATA SHOWS PROMISE FOR RECOVERING WOMEN

In the fall of 2008, the Addictions Foundation of Manitoba (AFM), a comprehensive addictions treatment agency which serves the entire Canadian province, sought to measure the efficacy of acudetox in addictions treatment with a one-year acudetox pilot project (see March 2009 Guidepoints for the full story on the beginnings of this pilot). The final evaluation report of the pilot was completed in May of 2011 and can be downloaded for free from <http://www.afm.mb.ca/About%20AFM/documents/AFMAurAcupReportFinalMay2011.pdf>.

Funded by a small grant from the Manitoba Department of Health, the pilot project was run in two women's treatment programs, River House, a 4-week residential program, and WISER (Women Invested in Sobriety, Empowered in Recovery), a 12-week day program. Many of the women admitted to River House and WISER have a history of trauma, making them ideal candidates for a non-verbal treatment such as acudetox.

The majority of clients who chose to participate in the study had no prior knowledge of acudetox. Before each session participants indicated their reason for seeking a NADA treatment that day. According to the evaluation report, the top seven problems for which clients sought auricular acupuncture included: depression (84%), anxiety (78%), cravings (77%), difficulty relaxing (74%), concentration problems (73%), decreased energy (72%), and anger (71%).

The pilot was designed so that women attended two acudetox groups a week and were given a choice of receiving acupuncture needles, seeds/tacks, a mix of the two, or nothing. Symptom manageability was one of the measured outcome criteria and "an improvement in manageability of symptoms was statistically significant for anxiety" when participants attended four consecutive sessions (p. 27).

Based on post-treatment surveys most participants reported a marked decrease in depressive symptoms, anxiety and sleeplessness after two to five sessions.

The outcomes evaluation of the pilot reports that clients did not approach the new acupuncture program without concerns or trepidation. Many felt anxious and indecisive prior to their first session, expressing worries about potential pain and unease about the group and community setting, a hallmark of the design of NADA treatments. However, most of these concerns were quickly allayed.

6

One woman's appreciation of treatments stood out to staff: for her, the most beneficial part of the treatment was "be[ing] in a group of people and not be[ing] anxious... to be able to sit in a room full of people and not have to watch your back."

Five staff members participated in focus groups to assess the benefits and drawbacks of the program, and to discuss their perceptions of the effects on clients. One of the observations were that staff were overwhelmingly supportive of starting the acupuncture services, though at first many expressed concerns regarding the sacrifices the program would have to make to accommodate the pilot. There were no concerns regarding the acupuncture itself.

Staff observed clients being able to be more calm and still as the treatments progressed. More pronounced, though, was staff's perceived ability to connect with the women on a deeper level through the acudetox treatment process.

One staff member remarked: "...it really does help to build relationships with them...and to be able to be part of that process with them...I found it very enriching personally and professionally."

At final count, a total of 88 women took part in the NADA study. The evaluation reports that the conditions weren't always ideal for running a quiet acupuncture session or for following up with people who completed the program. Nevertheless, staff and clients concluded that, all things considered, the program was a success.

AFM continues to run acudetox groups which are open to all clients across their many programs and has invested in training its staff to provide the treatments. In the three years since Guidepoints last ran a story about the AFM, the number of Acu Detox Specialists in Manitoba has doubled.

## GUIDEQUOTE

"If you assume that there is no way to disconnect no matter how far apart you try and make yourself, that you are still connected, you are still impacting each other, then you will pay more attention on how to make the impact more positive, instead of pretending that there is no impact at all."

-- *Kay Pranis, Restorative Justice leader and trainer in the Peacemaking Circles process*

# NEW NADA BROCHURE FOR MEMBERS AND THE PUBLIC!

NADA has heard your requests for outreach and promotional material we have finally come out with a new brochure. We have actually designed two brochures whose content is the same, but the second is designed for members only, where you can attach your business card to the back, or write in your contact information, as a proud member of NADA that provides services in your

**NADA OFFERS**

*Public Education*

- Workshops, demonstrations, and trainings regionally, nationally, or at your location.
- Annual Conference for updates and sharing (Continuing Education Units available).

*Advocacy*

- Guidance from the NADA Board and administrative office in collaboration with regional advocates to expand access to NADA treatment.
- Support for preparing meetings with legislators, policy makers, and regulatory agencies.

*Resources*

- The NADA Literature Clearing House offers articles and DVD/videos on addiction-related research and clinical topics such as the treatment of pregnant women and people with HIV, cultural sensitivity, setting up a new program, and dual diagnosis.
- *Guidelines:* NADA member newsletter covers clinical issues, member news, international usage, research, and public policy.

*Consultation and Technical Assistance*

- Consultation for integrating the acupuncture component with existing services.
- Opportunities to observe local programs.
- Consultation for treatment of diverse populations.
- Assistance in establishing acupuncture-based programs in Drug Courts and other criminal justice systems.

**MEMBERSHIP**

NADA is a not-for-profit corporation under the guidance of a diverse and dedicated volunteer Board of Directors. It is not necessary to be a NADA trainee, acupuncturist or health care professional to be a member.

By joining NADA, you will provide direct support for accessible and responsible acupuncture-based treatment. Communities request access to the NADA group ear acupuncture model and NADA members respond with their skills and advice to help create new programs and support ongoing treatment.

Membership dues directly support our mission of making NADA treatment barrier free and accessible worldwide within behavioral health settings, psychiatric hospitals, recovery programs, and disaster relief care.

*Dues:*

- \$65 per year, or \$40 if you are a student

*Membership Benefits*

- Bimonthly subscription to member newsletter
- *Guidelines:* News from NADA
- Support for starting and sustaining an acupuncture-based public health, addiction, psychiatric or disaster relief program
- Assistance with collecting outcomes, researching, assimilating and publishing data on NADA programs
- Opportunities to apprentice and become a NADA Registered Trainer
- Discount on annual conference registration and purchases from our online bookstore.

*To join, go to the Membership page on our website [www.acudetox.com](http://www.acudetox.com), call the NADA office at (888) 765-NADA or send an email to [nadaoffice@acudetox.com](mailto:nadaoffice@acudetox.com).*



**National Acupuncture Detoxification Association**

NADA Office  
PO Box 1066  
Laramie, WY 82073

Toll-free phone:  
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*In 2011, trainees in Joplin, MO learn how to respond to communities in crisis.*

7  
community.

These member-designed brochures are available as a download from the Resource page of the website, but you have to log in to access the PDF. The non-member brochure will be available as a free download from the Resource page to any member of the public.

We have created both color and black and white brochures to make printing easy for you. Contact the NADA office with any questions at (888) 765-NADA.

**NADA MISSION STATEMENT**

The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster & emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with other Western behavioral health modalities.

**WHAT NADA DOES**

- Trains health providers to use a simple, safe and standardized ear acupuncture protocol to treat addiction, behavioral health, trauma and disaster relief.
- Provides education, technical support and assistance in establishing and sustaining ear acupuncture services within behavioral health and addiction treatment programs.
- Advocates for public policies that increase access to NADA ear acupuncture.

**WHAT IS THE NADA MODEL?**

A non-verbal approach to healing that involves the gentle placement of up to five small, sterilized disposable needles into specific sites on each ear. The recipients sit quietly in a group setting for 30-45 minutes.

NADA ear acupuncture is an adjunct therapy which is clinically effective, cost-efficient, drug-free and compatible cross-culturally. It can easily be established within behavioral health, addiction or disaster relief settings or in any location that a group of people can sit together. The combined application of acupuncture with counseling, education, medical support and self-help groups such as AA and NA, enhances opportunities for success.

**BENEFITS SHOW:**

- Reduced cravings for alcohol and drugs, including nicotine
- Minimized withdrawal symptoms
- Increased calmness, better sleep, and less agitation

**RELIEF FROM STRESS AND EMOTIONAL TRAUMA**

- An easier connection with counseling
- A discovery of inner quiet and strength
- An intention for recovery

**TRAINING**

NADA trains worldwide lead workshops and trainings on the use of acupuncture in the field of mental health, addiction, recovery and as part of disaster relief efforts. Trainings are also provided through public and private agencies and hospitals, within acupuncture and medical schools.

*Who conducts NADA training?*

In the U.S., NADA Registered Trainers are various health professionals including social workers, nurses, licensed acupuncturists and medical doctors as well as professors at universities and colleges.

*Who Can Be Trained? (Depending on State Laws)*

- Addictions & harm reduction counselors
- Mental health therapists & social workers
- Correctional officers & drug court personnel
- Disaster relief teams and trauma support center staff
- First responders, health promoters, nurses, and EMTs
- Acupuncturists, medical doctors

**HISTORY**

For centuries, various cultures around the world have placed needles in precise locations on the body to relieve pain and treat disease. Only since 1972, when a Hong Kong neurosurgeon, H.L. Wen, M.D., discovered that acupuncture could alleviate the symptoms of opiate withdrawal, has this method been used for detoxification and relapse prevention.

In the United States, acupuncture detoxification was first introduced on an outpatient basis in 1974 at Lincoln Hospital, a city facility in the South Bronx area of New York City. By the mid-1980s, the success of this unique procedure had become so evident that treatment facilities across the United States began incorporating acupuncture into their substance abuse programming.

Diagnostic assessment was found to be unnecessary for an effective treatment to be delivered. Therefore trainees need not attend Oriental medical school for years in order to learn the technique. In 1985, the National Acupuncture Detoxification Association (NADA) was established to promote education and training of clinicians in the NADA ear acupuncture protocol.

In 1987, Bullock, Culliton and Olander published the first of many research reports now available on the effectiveness of acupuncture in treating addiction. Acupuncture detoxification has grown rapidly, evolved and is now used effectively for acute and prolonged withdrawal as well as relapse prevention.

More than 1,000 programs in the United States and Canada now use acupuncture and NADA is proud to have contributed to their success. It is being used as an aid for stress reduction in people with psychiatric illness, sickle cell, and HIV.

NADA has trained more than 25,000 clinicians in North America and worldwide. Affiliated NADA groups exist in over 60 nations in Europe, the Middle East, Asia, Africa and Latin America. The protocol has since become understood to have less of one specific effect on addictions or any single behavioral health condition, rather as a stress reduction and calming technique beneficial as an adjunct to many different conditions. Globally it is utilized by various international acupuncture and medical aid groups as a capacity building tool for disaster relief, refugee and international health care.

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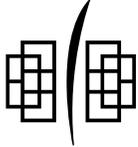
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VETERANS continued from p. 12  
medicine to find holistic health.

Some have had nightmares that kept them awake for all but two hours each night. They've had pain so bad it was difficult to walk. They've harbored uncontrollable anger. They've had flashbacks to their time in combat. With the help of Duncan and other doctors at the VA Medical Center in Northwest Washington, they've been able to find peace.

In 2011, the Department of Veterans Affairs conducted a study of Veterans Health Administration centers to investigate the extent of complementary and alternative medicine treatments across the VA. It found that 89 percent of VHA centers were using or prescribing some kind of non-traditional medicine.

At the VA Medical Center in Washington, 748 acupuncture treatments were administered to nearly 170 veterans in the first half of fiscal year 2012.

The VA has been struggling to take care of new generations of injured soldiers. The doctors at the VA Medical Center do their best, but there are still holes.

The VA created the War Related Illness and Injury Study Center (WRIISC) in 2001 to study new ways to treat veterans. There, doctors study post-deployment health concerns and oversee CAM treatment.

"It's really has been a grassroots effort here since 2007," Duncan said. "We didn't really go out to make banners and with a bullhorn to tell what we were doing. The veterans told their own story, and the veterans grew the program from the beginning."

Jeanette Akhter – a doctor who specialized in obstetrics and gynecology for 35 years in the U.S., Pakistan and Afghanistan – was hired as the first full-time acupuncturist at the VA Medical Center in 2009.

"I realized that I was getting a bit older and really couldn't keep up that pace," Akhter said. "I was not interested in retiring, but I wanted to look at another way of looking at medicine and health." That kind of holistic treatment is just what the doctor ordered for many returning veterans.

In the dark conference room, soft sounds of chirping birds and crashing waves came from small speakers as 11 veterans dozed. "This is a time that's meant to come inside," Akhter said. "Some sleep because some veterans will say they only feel safe when they're asleep."

8

Evans imagined himself at "a place they call the sweet place," on the banks of a running stream in a small country town outside Birmingham, Ala., where he grew up. It's quiet and peaceful.

Tom Delvin, 65, was a Marine in Vietnam where he was hit by a booby trap and thrown 20 feet in the air. A retired police officer from Silver Spring, Md., Delvin has been suffering from pain in his knee and lower back.

As the lights dimmed, he pictured himself on the Central Jersey Beach in Seaside Park, N.J., where he spent time growing up. He thinks back to cottages near the beach where he spent his summers as a teenager.

"It's just a real nice, calm place. I love the ocean," Delvin said. Four years ago, he began coming to the acupuncture group at the VA and has seen dramatic results. He used to take high-dose painkillers that never seemed to work. Now his pain is manageable. "My sleep's better, I don't have the pain. I notice, and a lot of my friends notice, that I'm a lot calmer," Delvin said.

Most of the patients in the CAM groups are Vietnam-era veterans. Although more Iraq and Afghanistan veterans are returning from war, the majority of veterans in VA care served in Vietnam.

Duncan was listening to the radio in 2005 when she first thought about treating veterans. She heard the family of a young man who had served overseas. Unable to cope with what he had seen and done, he committed suicide.

"It struck me in that moment that acupuncture could have served that young man and could have served his family with coping with the impact of the war," Duncan said.

She began studying the relationship between traumatic stress and acupuncture. In 2006, she worked on a research project at Walter Reed Army Medical Center that studied the effects of acupuncture on PTSD patients.

In 2007, Duncan started as a part-time acupuncturist in the WRIISC. She soon had a waiting list of referrals from throughout the hospital. That's when she started the ear acupuncture group.

"Our time together is coming to a close," Duncan said softly to the veterans in the dark room. "Take that way you feel overall and bookmark it."

*Alaine Duncan presented about her work with veterans at the 2011 NADA conference in Kansas City. Go to the 2011 Conference page on our website to see her powerpoint presentation.*

## SPECIAL MENTION: EULOGY FOR RON VICKERY

In the July issue of *Guidepoints* we printed a *Spirit of NADA* story about Ron Vickery, an ADS from Missouri. Several days after publication of that issue, we learned the very sad news that Ron passed away. Below is a eulogy written by his wife, Daphne Moor, who attended the 23d annual conference in New Haven with Ron.

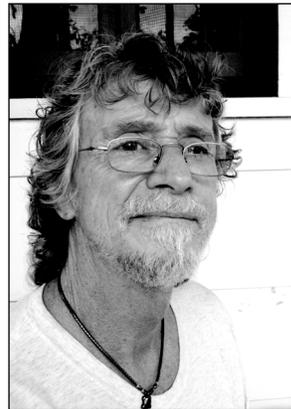
"The main diagnosis was lung cancer. It also took a strain on his heart which caused a series of heart attacks. There was a genetic heart condition diagnosed as well. If I look back at the last year of his life, I would say something had a profound impact on him from his experience in Joplin. He remembers one day losing some lung capacity suddenly and having memory loss for a while. Since then I noticed a change in his health and so the rest speaks for itself.

His last year was where he believed he really made his "mark". The first heart attack was May 19th when the diagnosis of lung cancer was discovered. Well with June being the month of the Yale invitation and the workshop Dr. Smith was going to teach Ron put off any treatment plan to "live his dream" of being recognized for his passion and achievements.

9

Ironically, his last year was his most celebrated on all levels. At the funeral I had the acceptance of the Leadership and Vision award that he received at the New Haven conference and that presentation that he gave running continuously for all to see as they passed by arriving and leaving. It was indeed his 15 minutes of fame.

Thank you all for praising Ron for his efforts. He had long been an activist of many sorts always with good intention but often not heard or recognized. Thank you for all your support of Ron and his wisdom and love of humanity. He is and will be truly missed. I will do my best to carry on his work. I just recently completed my NADA training and my 40 treatments so I am ready!"



*The July Guidepoints story described how Ron Vickery helped NADA join the Missouri chapter of VOAD – Voluntary Organizations Active in Disaster. Daphne will now serve as the Missouri NADA contact in this group of organizations which are mobilized in the event of a state-wide disaster.*



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LUNG continued from p. 1

element of Metal represents value. What is truly valuable within us and in the world around us? Imbalances in this element lead to an inflated or diminished sense of self-worth.

Autumn is the season associated with Metal. According to the Su Wen, an ancient Chinese text, the season of autumn is described as follows: “The three months of autumn contain and balance. Heaven’s qi is agitated, while the qi of earth shines brilliantly. We should go to bed early and get up early, rising with the chickens. We should make our minds calm and peaceful, in order to be careful and deliberate in our punishing. We gather in the spirit and qi, making the qi of autumn even. We should not extend our intention outward, in order to keep our Lung qi clear. This is what is proper for the qi of autumn, the way of nourishing and gathering in” (Chapter 2, *Harmonizing the Spirit with the Four Seasons*).

In traditional Chinese culture, autumn is the time to get ready for the long winter by harvesting crops and killing animals for preserving. As trees lose their leaves and grasses die back to their roots, the earth demonstrates how conserving resources, or “punishment”, is essential for survival in the winter.

The lung is also involved in connecting us to our spiritual source. As described in the fifth chapter of the Su Wen, “Heaven’s qi (energy) passes through the Lung” (Chapter 5, *The Great Discussion of the Correspondences and Patterns of Yin and Yang*).

The emotion of the Lung point has to do with grief, sadness, and loss. This includes the sadness around losing things and people that are important to us. Sometimes we notice that this feeling “hits you in the chest.” Treating the Lung point helps us work the grief out so it can pass through and not stay knotted up inside us.

On a physical level, the Lung is involved in how our body uses and prioritizes the energy it has. If we have a certain amount of energy, and we eat a big meal, we don’t want to go for a run right away. We need to digest so our bodies can convert our meal to fuel; *then* we can hit the road. If we are catching a cold, we might feel tired—a signal which, when heeded, helps our body fight off the disease.

If we’ve been under a lot of stress, we can lose sight of what we need to do and in what order. The Lung point helps us restore that sense of priority. As the Su Wen text points out, “The lung is the official who provides assistance and support (the Prime Minister). Order and

*Guidepoints News from NADA*

## NADA’s Mission

“The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster and emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with (other) Western behavioral health modalities.”

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limits come from it” (Chapter 8, *The Discussion of the Secret Law of the Miraculous Orchid*).

Our clients, like all of us, feel many emotions around self worth and value, and around losing family and friends and being close to death. The Lung point helps us not only with the physical aspects of breathing and detoxification, but can also help facilitate our acceptance of life and death as it presents itself to us.

*The description of the Lung point was adapted from talks given by Selah Chamberlain, a NADA member and long-time five element acupuncturist. All quotes are from chapters of the Su Wen (c) Translations by Selah Chamberlain.*

Nityamo Lian is an acupuncturist and NADA trainer in Albuquerque, NM as well as a NADA board member at large. She operates the nonprofit, Public Health Acupuncture New Mexico. To contact: nityamollian@gmail.com.



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## *In This 09/12 Issue:*

Spirit of NADA: First Responders in Aurora	1-3
Autumn: Season of the Lung point	1, 10
New Edition of Harm Reduction Guide	4-5
Manitoba Outcome Data	6
New NADA Brochure	7
Eulogy for Ron Vickery	9
Acu Care for Veterans in D.C.	12, 8

## **DOCTORS, SPECIALISTS USE NON-TRADITIONAL MEDICINE TO TREAT VETERANS**

*by* Charles Scudder, Scripps Howard Foundation Wire

*This is an excerpt of an original story published online on August 9, 2012 by the Scripps Howard Foundation, an internship program for college journalism students in Washington, D.C. To view the full story, please visit <http://shfwire.com/node/6763>. Note that although it is not expressly mentioned in the excerpted part of the story, the providers are NADA members using the 5-point NADA protocol with all of the clients.*

Before they start the treatment, Alaine Duncan rests a comforting hand on her patient's shoulder and speaks softly. "I'm going to place the needle, then invite you to inhale, and I'll push the needle in as you exhale," Duncan whispers.

Johney Evans, 63, takes off a black baseball cap with "BRONZE STAR" stitched in gold letters and a pin featuring the screaming eagle of the 101st Airborne Division. He takes off his dark-rimmed glasses, leans back and closes his eyes.

The retired police officer from Oxon Hill, Md., is a Vietnam veteran who participates in a weekly complementary and alternative medicine program that seeks to help former soldiers who can't get relief from traditional medicine.

He's seen improvement in the two years he's been coming to acupuncture on Thursdays. He doesn't have as many nightmares and is no longer afraid to go to sleep. "At first, I didn't know what to expect, but the second time I felt something I didn't understand," Evans said. "I can't wait for Thursday. Tonight will be nice."

Within minutes, some of the veterans start to smile. They lean back, close their eyes and relax. Some bow their heads. Others fold their hands in prayer.

They are all veterans. They have all been broken. They are all reaching out beyond the bounds of Western

*VETERANS continues on p. 8*