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# PAST, PRESENT AND FUTURE OF TRADITIONAL CHINESE MEDICINE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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